

PLANNING AND COMMISSIONING COMMITTEE

**MINUTES OF THE MEETING HELD ON FRIDAY 2 AUGUST 2019
THE BOARD ROOM, WILBERFORCE COURT**

PRESENT:

V Rawcliffe, NHS Hull CCG (Clinical Member) – Chair
B Ali, NHS Hull CCG, (Clinical Member)
M Balouch, NHS Hull CCG, (Clinical Member)
J Dodson, NHS Hull CCG, (Director of Integrated Commissioning)
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)
D Lowe, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)
A Oehring, NHS Hull CCG, (Clinical Member)
J Stamp, NHS Hull CCG, (Lay Member)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)
M Whitaker, NHS Hull CCG, (Practice Manager Representative)

IN ATTENDANCE:

V Harris, NHS Hull CCG, (Assistant City Manager, Integrated Public Health Commissioning)
Sarah Milner, NHS Hull CCG (Senior Finance Manager)
D Robinson, NHS Hull CCG, (Minute Taker)
D Guta, Locality Pharmacist, NECS

WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

M Bradbury, NHS Hull CCG, (Strategic Lead Mental Health and Learning Disabilities)
P Davis, NHS Hull CCG, (Strategic Lead Primary Care)
B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)
K McCorry, North of England Commissioning Support, (Medicines Optimisation Pharmacist)

2. MINUTES OF THE PREVIOUS MEETING HELD ON 5 JULY 2019

The minutes of the meeting held on 5 July 2019 were submitted for approval and taken as a true and accurate record after a small number of typographical errors had been amended.

Resolved

(a)	The minutes of the meeting held on 5 July 2019 were taken as a true and accurate record and signed by the Chair.
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3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 5 July 2019 was provided for information and the following update was provided:

02.11.18 – 6.1 – Public Health Work Plan & Lifestyle Workshop

Status Update – 02.08.19 – It was stated that the work on both had been finalised and being reviewed, a highlight report would be brought to the September 2019 Committee when it would be decided if a dedicated meeting should be timetabled to look at how the topics identified would fit in with the wider commissioning schedule.

(a)	Members of the Planning and Commissioning Committee noted the updates to the Action List.
(b)	Members of the Planning and Commissioning Committee agreed that a highlight report would be brought to the September 2019 Committee.

4. NOTIFICATION OF ANY OTHER BUSINESS

There were no items of Any Other Business to be discussed.

Resolved

(a)	The Planning and Commissioning Committee noted that there were no items of Any Other Business to be discussed at agenda item 10.1.
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5. GOVERNANCE

5.1 DECLARATIONS OF INTEREST

In relation to any item on the agenda of the meeting members were reminded of the need to declare:

- (i) any interests which are relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any financial interest (direct or indirect) on any item on the agenda.

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

- (i) the name of the person declaring the interest;
- (ii) the agenda number to which the interest relates;
- (iii) the nature of the interest which the Action taken
- (iv) be declared under this section which at the top of the agenda item which it relates too;

The following declarations of interest declared.

Name	Agenda No	Nature of Interest and Action Taken
Dr M Balouch	7.1	Declared a Financial Interest – GP Partner at Haxby The declaration was noted
Danny Storr	6.9	Declared a Personal Interest as family member works for Eskimo Soup. The declaration was noted.

Resolved

(a)	The Planning and Commissioning Committee noted the declarations of interest declared.
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5.2 GIFTS AND HOSPITALITY

There had been no declarations of Gifts or Hospitality made since the Planning and Commissioning Meeting in July 2019.

Resolved

(a)	Members of the Planning and Commissioning Committee noted there were no gifts and hospitality declared.
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5.3 RISK REPORT

The Chair provided a report to brief the Planning and Commissioning Committee on the planning and commissioning risks on the corporate risk register.

It was stated that there were currently 27 risks on the CCG risk register of these 8 were planning and commissioning risks which include

- 1 risks which were rated as extreme
- 5 risks which were rated as high
- 1 risk was rated as moderate
- 1 risk was rated as low

It was noted that risk 917 was low/moderate and risk 906 was moderate a discussion occurred, it was agreed that a referral should be made to the Integrated Audit and Governance Committee to seek approval for removal from the high level risk register.

It was stated that the Deputy Director of Quality and Clinical Governance / Lead Nurse was attending the Humber Teaching Foundation Trust Quality Meeting were risk 911 and the pressures on skill mix and overall staff resource available would be discussed, further narrative would then be added to the risk register.

Resolved

(a)	Members of the Planning and Commissioning Committee noted and commented on the relevant risks.
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6. STRATEGY

6.1 PUBLIC HEALTH BY EXCEPTION

The Assistant City Manager, Integrated Public Health Commissioning advised that there were no exceptions to report.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.2 MEDICINES MANAGEMENT

6.2a CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

There were no clinical commissioning drug policies to approve.

Resolved

(a)	Members of the Planning and Commissioning Committee noted that there
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	were no clinical commissioning drug policies to approve.
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6.2b1 HULL & EAST RIDING PRESCRIBING COMMITTEE (HERPC) SUMMARY OF NEW DRUGS OR CHANGES IN USAGE APPLICATIONS AND TRAFFIC LIGHT STATUS

In the absence of the Medicines Optimisation Pharmacist, the Locality Pharmacist provided an update on recent new drugs or changes in usage applications and traffic light status.

It was stated that the following new Prescribing Guidelines had been presented and approved by Hull and East Riding Prescribing Committee.

Benzbromarone - which had been proposed to be added to the formulary for Gout and was proposed to be a Red Drug in tariff.

Pristinamycin - which had been proposed to be added to the formulary for Gram Positive Bacterial Infection and was proposed to be a Red drug in tariff.

Sodium Chloride 5% Eye Drops – which had been proposed to change from Red Drug to Blue Drug.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the new drugs or changes in usage application and traffic light status to approve.
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6.2b2 HULL & EAST RIDING PRESCRIBING COMMITTEE – PRESCRIBING GUIDELINES, POLICIES OR SHARED CARE FRAMEWORKS – CHILDREN’S ASTHMA PATHWAY

In the absence of the Medicines Optimisation Pharmacist, the Locality Pharmacist provided a report for the Committee to consider an approve the Prescribing Guideline from Hull & East Riding Prescribing Committee which had been approved by the Hull & East Riding Prescribing Committee.

It was conveyed that the guidelines had not had a large amount of input from Primary Care and responsibilities/rules had not been assigned to an organisation or individual.

Clarity was requested on spirometry, it was suggested that Dr Mary Barraclough should attend the Pathway Review Group to ascertain the process then a recommendation would be brought to a future Planning and Commissioning Committee.

It was requested that the Planning and Commissioning Committee had sight of the process undertaken for the approval of Care Pathway including the minutes and recommendation of all meetings were this had been presented/approved.

A complete list of abbreviations was requested within the pathway as this would make the pathway clearer to understand.

It was stated that the prescribing guidelines had not been approved by NHS Hull CCG and it was agreed that the areas identified be addressed and then brought back to a future meeting.

Resolved

(a)	Members of the Planning and Commissioning Committee do not approve the Children's Asthma pathway.
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6.2c NICE MEDICINES UPDATE (STANDING ITEM)

In the absence of the Medicines Optimisation Pharmacist the Locality Pharmacist provided an update of changes or additions to NICE publications, and their implications for CCG Commissioners with particular attention being drawn to:

TA583 - Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes – NICE stated this would be cost neutral.

NG132 - Hyperparathyroidism (primary): diagnosis, assessment and initial management – NICE stated this would be cost neutral.

NG133 - Hypertension in pregnancy: diagnosis and management – NICE stated this would be cost neutral.

NG134 - Depression in children and young people: identification and management – NICE stated this would be cost neutral.

MTG45 - Endocuff Vision for assisting visualisation during colonoscopy – NICE stated this would be cost neutral

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.3 INTEGRATED COMMISSIONING

6.3a ICOB/GENERAL UPDATE AND NOTES

The Director of Integrated Commissioning provided a verbal update highlighting the following areas:

The Integrated Commissioning Officer's Board (ICOB) meeting being held on 2nd August 2019 would hold discussions on the Homecare Strategy, Better Care Fund, Digital Intervention and the implementation of the NHS Long Term Plan.

Transforming Care Programme (TCP) Board recognise that NHS Improvement (NHSI) had provided a draft pathway within the Long Term Plan for learning disabilities.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.4 INTEGRATED DELIVERY

6.4a FOCUS AREAS

Planned Care Update

The Deputy Director of Commissioning provided a report to update the Committee in relation to the range of projects currently underway around Planned Care, and their progress to date, that support:

- Improved Commissioning Arrangements
- Service redesign and pathway rationalisation
- Changes to the length of waits for assessment and care

Humber Coast and Vale (HCV) Strategic Elective Network covers all 6 CCGs in the Health and Care Partnership as well as the relevant providers within that footprint. Membership was not specifically on an organisational basis but was representatives who were either leading an agreed work programme or who lead local patch elective meetings. The Deputy Director of Commissioning was a member of the Network.

Key projects which were most active include:

Respiratory covering 3 localities
 Diabetes covering 6 localities
 Outpatients covering 3 localities

The Planned Care Delivery Group aims to maintain oversight of all Planned Care work across Hull and the East Riding as well as having a work programme to deliver.

The work programmes to a degree, reflect the same areas as were being progressed across the Health Care Professionals (HCP) but reflect the specific local work.

Key projects include:

Outpatients – Hull University Teaching Hospital NHS Trust (HUTHT) internal system redesign and the national Outpatients Transformation Project.

Respiratory – which needs to be refocussed.

MSK – This was now focusing on First Contact Physios and the low back pain pathway implementation. Concern was raised in relation to experienced staff moving from Healthshare in to primary care.

Ophthalmology – a project was being scoped to review pathways in light of capacity/demand gaps identified. It had been identified that there was a large number of patients were undertaking treatment privately after being referred from community optometrists.

It was agreed that the HUTHT Cataract pathway be reviewed and brought to a future Committee meeting to ensure full use of the service.

Resolved

(a)	Members of the Planning and Commissioning Committee considered the report and work programmes identified.
(b)	Members of the Planning and Commissioning Committee requested a cataract pathway review be brought to the November 2019 committee

6.4b PROJECT EXCEPTIONS

Unplanned Care

There were no exceptions to report.

Mental Health and Learning Disabilities

There were no exceptions to report.

Primary Care

There were no exceptions to report.

Children Young People and Maternity

There were no exceptions to report.

Cancer

There were no exceptions to report.

Medicine Management

There were no exceptions to report.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the updates.
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6.5 PROFOUND AND MULTIPLE LEARNING DISABILITY SERVICE

The Strategic Lead Mental Health and Learning Disabilities provided a report to seek approval of the service specification for people with Profound and Multiple Learning Disabilities.

Adults with Profound and Multiple Learning Difficulties (PMLD) have a combination of physical and learning disabilities. The complexities of their physical impairments results in a need to have ongoing support in managing a range of significant long term health problems and an understanding of the impact of accompanying sensory impairments that limit many individuals ability to communicate verbally with others.

The proposed approach was to work with the individual person and their family to establish a unique bespoke package of health care specific to their identified needs. Families had identified that there was a need for a specialist doctor in learning disability services with a background in general medicine and palliative care that could support the complex interplay of the person's health conditions. Taking an overview on the collective management along with the wider Community Learning Disability Team providing ongoing holistic management of the individual's bespoke package of care. The service will enable the person to be cared for in their own home and reduce the need for an acute hospital admission. Where the individual was admitted into hospital it was proposed that the team will work with the ward staff to facilitate an early discharge home.

The key objectives of the service would be

- Resolution of long term health issues thereby improving health
- Building up the confidence of families and care staff to safely undertake complex nursing procedures for the individual
- Reduced duplication of appointments to ensure more coordinated care
- Ability to work across settings including the GP, hospital and community teams, which should result in more effective care, prevented hospital admissions and enable successful early discharges.

- The specialist doctor also supported nursing/residential homes to deliver more co-ordinated medical and nursing care
- To establish holistic individual care plans that capture treatment plans includes accessible plans and the use of MY HEALTH APP
- End of life pathways including RESPECT plans in place and supported by the team
- To enable people with PMLD to stay at home and have a 'good' death rather than face a hospital admission for unnecessary treatments.

The service specification was approved and documents would be circulated virtually with the following caveats:

The flowchart for the PMLD Service Care Pathway to be reviewed to enable clear navigation.

A completed EQIA to be circulated to the Committee
Sexual Health services to be added to the Referral and Access to the Service section of the service specification.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the service specification for People with profound and Multiple Learning Disabilities.
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6.6 IFR MANAGEMENT PROCESS

The Deputy Director of Commissioning provided a report to update the Committee in relation to the progress following the consideration of the report presented at the April 2019 Planning and Commissioning Committee.

A previous paper described a range of options regarding changes to how the IFR process could be changed. These changes focussed on two discrete areas:

- Proposed Changes to Clinical Triage
This proposal was to change the clinical triage to a model where each CCG identified a single GP who undertook all the clinical triage and, in effect, became the official decision maker for Individual Funding Request (IFR).
- Proposed changes to the composition of IFR Panels
There were two main components to this:
 - Combining Panels across more than 1 CCG
 - Reducing Panel Members down to the aforementioned GP who undertakes the clinical triage from each CCG

In line with the decisions made by the Committee none of these proposals have been progressed. North East Commissioning Support (NECS), the service provider, were aware that the CCG was not currently supporting the proposals. The current systems and processes continue as previously.

The Value Based Commissioning system was introduced in April 2019. This consists of 52 policies which have been agreed across the 4 Humber CCGs where there were clear clinical presentations or clinical thresholds that need to be met to be able to access the intervention. The clinician, either in Primary care or

Secondary Care, complete a short tick box proforma to identify if the patient meets the required criteria. If this was the case a 'ticket' was allocated to the case, if not the case was declined.

There had, however, been two significant impacts arising from this introduction: A number of clinicians, especially in secondary care, do not agree with some of the nationally developed Evidence Based Interventions. Where queries are raised these are being worked through with services but the ultimate response was these are nationally mandated.

It had to be acknowledged that some of the national policies are less than clear and have given rise to some confusion. This had led, for example, to 80 cases from a single provider being referred to IFR regarding low back spinal injections as the national evidence based intervention does not reflect local practice. This had led to a significantly increased workload for the IFR Panel.

There had been an increase in clinicians raising queries regarding policies which had been in place for a number of years, it was stated that a realistic approach to reviewing policies be implemented with high risk one being prioritised.

It was stated that the NHS Hull CCG IFR panel was still in place and members were still able to commit the required time.

Resolved

(a)	Members of the Planning and Commissioning Committee considered the impacts identified since the previous report was debated.
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6.7 IMT STRATEGY AND APPROACH

The Associate Director of IT presented an update with regard to the IT Programme, which set out activity going forward.

It was stated that the NHS England and Microsoft had agreed a deal to extend Windows 7 support until January 2021, which would allow streamlining of the planning activities and to understand the compatibility issues on a wider scale.

NHS England had been notified that approximately 70% of devices within Hull GP practices are over 5 years old; work was being undertaken on realigning funds from elsewhere for equipment replacement.

An update was provided on the following areas:

- Health and Social Care Network (HSCN) Fast Network Procurement
- GP IT Procurement
- Summary Care Records (SCR) Update
- System Lead Interoperability Pilot (SLIP) Update
- Yorkshire & Humber Care Records (YHCR) Update
- Electronic Palliative Care Co-ordination System (EPaCCS) Update

The below presentation had been circulated to ensure completeness.



July Update -
Hull.pptx

The Director of Integrated Commissioning acknowledged the incredible work the Associate Director of IT and Team had continued to deliver and that the Associate Director of IT and his team had been nominated for the Innovation in Health Care award for this year’s Hull Daily Mail Health and Care Awards.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.8 SAFEGUARDING ADULT (HEALTH) SERVICE - HEALTH REPRESENTATION IN THE MULTI-AGENCY SAFEGUARDING HUB (MASH)

The Designated Professional for Safeguarding Adults provided a report to seek approval of the service specification for the Safeguarding Adult (Health) Service - Health Representation in the Multi-Agency Safeguarding Hub (MASH) which would support the whole health family.

There was a national legal requirement under the Civil Contingencies Act 2004 and the Health and Social Care Act 2012 for organisations to ensure they maintain their level of EPRR in line with their Civil Contingency response category.

The safeguarding adults service would operate in accordance with the Hull Safeguarding Adults Partnership Board (HSAPB) policies, procedures and guidance.

To provide a credible, accessible and approachable service which empowers staff in safeguarding and protecting individuals in need of care and support who may be experiencing, or at risk of experiencing neglect and abuse. To be a source of specialist knowledge for the multi-agency network in relation to the contribution of health to the safeguarding.

Clarity was requested on the start age of the service, it was stated that patients safeguarding adults was a hard age 18+, people under 18 years of age would be transferred to Early Help and Safeguarding Hub (EHaSH).

Both Humber Foundation Teaching Trust and City Health Care Partnership are involved in the MASH although only represented their own organisations, the service specification was looking to put generic health representative into MASH

Additional narrative was requested to be incorporated within the service specification advising the process of the transition and the continuity of care from EHaSH to MASH.

Pregnancy rationale had not been described within the EqIA it was requested that this be completed prior to sign off.

It was stated that no provider had been identified at present and the opportunity would be published for expressions of interest.

Resolved

(a)	Members of the Planning and Commissioning Committee reviewed and approved the service specification and associated performance indicators for Safeguarding Adult (Health) Service - Health Representation in the Multi-Agency Safeguarding Hub (MASH).
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6.9 STOP SMOKING PROCUREMENT UPDATE

Danny Storr declared a Personal Interest in 6.9 and remained in the room, the declaration was noted.

The Head of Public Health Commissioning Public Health provided a report identifying the risks and mitigations associated with changing the specialist stop smoking provider in the City.

Hull City Council had commissioned via the integrated commissioning process a new specialist stop smoking service (SSSS) with a new provider, Change Grow Live (CGL) being awarded the contract for the interventions element of the service.

A contract variation would be developed that had been agreed by key partners with CGL to provide additional investment and outcomes. This would be developed separately to the mobilisation of the new SSSS contract and was due to commence January 2020, with regular monthly update reports going to the Joint Commissioning Forum. Separate outcomes and KPIs would be developed for this contract variation. Further developing the specialist provider in the City, rather than separate provision, was the practical and best option to help with continuity of care, integration and efficiencies.

The contract for the associated population level marketing was awarded to Eskimo Soup Limited.

It was stated that the current provider ends 30 September 2019, with the new provider taking over 1 October 2019.

Communication, particularly to primary care, about changes in relation to the service would be cascaded prior to the change in provider along with alternative ways of promoting the available facilities. The final decision regarding locations of delivery of service was awaited as there are some benefits to the team to deliver the service within clinics.

It was noted that once the location of delivery of services has been agreed clinicians/staff and prospective users need to be informed to enable smooth referrals.

Communication and Engagement would be fully involved in promoting the service adopting different processes so patients were aware of all of the benefits.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the report.
(b)	Members of the Planning and Commissioning Committee advised the Head of Public Health Commissioning, Public Health of any concerns/recommendations.

7. SYSTEM DEVELOPMENT AND IMPLEMENTATION

7.1 PROCUREMENT UPDATE

Dr Masood Balouch declared a Financial Interest in 7.1 and remained in the room, the declaration was noted.

The Director of Integrated Commissioning Officer provided an update to the Committee on the procurement activity taking place currently in NHS Hull CCG.

- The contract for the Homeless Discharge Service had been awarded to Bevan Healthcare Community Interest Company. The mobilisation was in progress for the service to commence on 1 October 2019.
- The Primary Care IT Invitation to Tender remains live with tender submissions due by 9 August 2019.
- The Invitation to Tender for Patient Transport Services was published on 11 July 2019.
- The national procurement for the supply of home oxygen had been subject to legal challenge, this was notified after the last meeting of the procurement panel.

Initial engagement had taken place in relation to the Walk-In Centre on Story Street which was now being developed.

Resolved

(a)	Members of the Planning and Commissioning Committee considered and noted the contents of the report.
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8. STANDING ITEMS

8.1 REFERRALS TO AND FROM OTHER COMMITTEES

It was agreed that risks 906 & 917 would be referred to Integrated Audit and Governance Committee to seek approval for removal from the high level risk register.

9. REPORTS FOR INFORMATION ONLY

9.1 QUALITY & PERFORMANCE MINUTES

The Quality and Performance minutes for 25 June 2019 had been provided for information.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the minutes.
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10. GENERAL

10.1 ANY OTHER BUSINESS

There were no items of Any Other Business to be discussed.

Resolved

(a)	Members of the Planning and Commissioning Committee noted there were no items of AoB to be discussed.
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11. DATE AND TIME OF NEXT MEETING

The next meeting would be held on **6 September 2019, 9.30 am in the Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.**



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 6 September 2019

Abbreviations

A&E	Accident and Emergency
ADHD	Attention Deficit Hyperactivity Disorder
APMS	Alternative Provider Medical Services
ASC	Adult Social Care
BCF	Better Care Fund
BHC	Bransholme Health Centre
C&YP	Children & Young People
CHC/CC	Continuing Healthcare and Children's/Continuing Care Provider
CHCP	City Health Care Partnerships
COM	Council of Members
CQC	Care Quality Commission
DOIs	Declarations of Interests
EHaSH	Early Help and Safeguarding Hub
EPaCCS	Electronic Palliative Care Co-ordination System
EQIA	Equality Impact Assessment
ERoY	East Riding of Yorkshire
HCC	Hull City Council
HCP	Health Care Professional
HCV	Humber Coast and Vale Cancer Alliance
HERPC	Hull and East Riding Prescribing Committee
HSCN	Health and Social Care Network
HUTHT	Hull University Teaching Hospital NHS Trust
Humber TFT	Humber Teaching NHS Foundation Trust
IAGC	Integrated Audit and Governance Committee
IBCF	Integrated Better Care Fund
ICOB	Integrated Commissioning Officer's Board
IFR	Individual Funding Request
IPC	Integrated Personal Commissioning
ITT	Invitation to Tender
IRP	Independent Review Panel
JCF	Joint Commissioning Forum

LA	Local Authority
LDR	Local Digital Roadmap
LAC	Looked after Children
LRM	Local Resolution Meeting
MDT	Multidisciplinary Team
MH	Mental Health
MSD	Merck Sharpe Dohme
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
NHSI	NHS Improvement
PCCC	Primary Care Commissioning Committee
PCN	Primary Care Network
PDB	Programme Delivery Board
PHE	Public Health England
PMLD	Profound and Multiple Learning Difficulties
SCR	Summary Care records
SHO	Senior House Doctor
SPD	Sensory Processing Disorder
SATOD	Smoking Status at Time of Delivery
SLIP	System Lead Interoperability Pilot
SOP	Standard Operating Procedure
SSSS	Specialist Stop Smoking Service
TCP	Transforming Car Programme
ToR	Terms of Reference
YHCR	Yorkshire & Humber Care Record