

**PLANNING AND COMMISSIONING COMMITTEE**

**MINUTES OF THE MEETING HELD ON FRIDAY 5 JULY 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)  
M Bradbury, NHS Hull CCG, (Strategic Lead Mental Health and Learning Disabilities)  
B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)  
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)  
J Stamp, NHS Hull CCG, (Lay Member)  
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)

**IN ATTENDANCE:**

V Harris, NHS Hull CCG, (Assistant City Manager, Integrated Public Health Commissioning)  
K McCorry, North of England Commissioning Support, (Medicines Optimisation Pharmacist)  
D Robinson, NHS Hull CCG, (Minute Taker)  
R Thompson, NHS Hull CCG, (Head of Nursing and Quality)

**WELCOME & INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

**1. APOLOGIES FOR ABSENCE**

P Davis, NHS Hull CCG, (Strategic Lead Primary Care)  
D Lowe, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)  
A Oehring, NHS Hull CCG, (Clinical Member)  
M Whitaker, NHS Hull CCG, (Practice Manager Representative)

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 7 JUNE 2019**

The minutes of the meeting held on 7 June 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 7 June 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 7 June 2019 was provided for information and the following update was provided:

(a)	Members of the Planning and Commissioning Committee noted the updates to the Action List.
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#### 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
Dr B Ali	6.2a, 6.3c, 6.5	Declared a Personal Interest – GP Partner at Springhead Surgery, The declaration was noted
Jason Stamp	7.1	Financial Interest - Chief Officer North Bank Forum, a local voluntary organisation sub contracted for the delivery of the social prescribing service. Member of Building Health Partnerships. Independent Chair - Patient and Public Voice Assurance Group for Specialised Commissioning, NHS England public appointment to NHS England around national specialised services some of which are delivered locally or may be co-commissioned with the CCG. Chief Officer North Bank Forum host organisation contracted to deliver Healthwatch Hull from September 2017. 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 June 2019.

## Resolved

(a)	Members of the Planning and Commissioning Committee noted there were no gifts and hospitality declared.
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## 6. STRATEGY

### 6.1 PUBLIC HEALTH BY EXCEPTION

The Assistant City Manager, Integrated Public Health Commissioning advised that Rough Sleepers funding bid would be submitted today after the CCG Director of Integrated Commissioning had signed the memorandum of understanding (MOU).

## 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) - FLASH GLUCOSE MONITORING SYSTEM (FREESTYLE LIBRE)

Dr Bushra Ali, declared a personal interest in agenda item 6.2a which was noted and stayed in the room for the agenda item.

The Medicines Optimisation Pharmacist provided an update to consider and agree a CCG commissioning statement in the relevant therapeutic areas.

FreeStyle Libre® was previously commissioned as per regional MO committee areas.

There were two elements to the products used to support Flash Glucose Monitoring. One was the monitoring device itself, the other was the sensors, usually worn on the person's arm, to which the monitor was applied to take a glucose reading. Each sensor lasts up to 14 days and so needs replacing after that time.

The initiation of patients on to FreeStyle Libre® would be the responsibility of the diabetes specialist team in secondary care, continued supplies would be the responsibility of primary care prescribers.

Treatment outcomes must be included in the national ABCD audit for Flash Glucose monitoring. This auditing and Valued Based Commissioning for all patients started on FreeStyle Libre® was to be completed by the specialist teams. The specialist teams would be responsible for ensuring FreeStyle Libre® was being appropriately used by ensuring patients and would provide audit data to the CCG if requested who would periodically review the data.

It was stated that although GP's cannot initiate prescribing FreeStyle Libre they were able to refer into the specialist team who would make a decision on whether their medical condition would be suitable.

Concern was raised around the disposal of the sensor into the burn bin, it was stated that the entry hole into the burn bin should be larger. Clarity was also sought on the prescribing of "burn bins" and if they were required as they were prescribed by primary care.

A clinician could make an Individual Funding Request (IFR) for treatment when a patient does not meet criteria for funding. Funding could only be approved if a case of "exceptional clinical need" had been demonstrated.

It was requested that the flow of money around Freestyle Libre be examined and the finding be provided to the Committee. The Medicines Optimisation Pharmacist advised he would contact the provider and provide the Deputy Chief Finance Officer with the information.

### **Resolved**

(a)	Members of the Planning and Commissioning Committee approved the Commissioning statement recommendations on Flash Glucose Monitoring system (FreeStyle Libre®).
(b)	Members of the Planning and Commissioning Committee requested audit and value based commissioning information on FreeStyle Libre
(c)	Members of the Planning and Commissioning Committee requested the flow of money for FreeStyle Libre be reviewed and reported back.

### **6.2b HULL & EAST RIDING PRESCRIBING COMMITTEE (HERPC) SUMMARY OF NEW DRUGS OR CHANGES IN USAGE APPLICATIONS AND TRAFFIC LIGHT STATUS**

There were no summary of new drugs or changes in usage applications to discuss.

### **Resolved**

(a)	Members of the Planning and Commissioning Committee noted that there no new drugs or changes in usage application and traffic light status to approve.
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### **6.2c NICE MEDICINES UPDATE (STANDING ITEM)**

Dr Bushra Ali, declared a personal interest in agenda item 6.2c which was noted and stayed in the room for the agenda item.

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

NG127 - Suspected neurological conditions: recognition and referral – NICE stated this would be cost neutral

NG128 - Stroke and transient ischaemic attack in over 16s: diagnosis and initial management – NICE stated this would be low cost

NG129 - Crohn's disease: management - NICE stated this would be low cost

NG130 - Ulcerative colitis: management - NICE stated this would be cost neutral

NG131 - Prostate cancer: diagnosis and management - NICE stated this would be low cost – it was stated that providers have to ensure they were compliant with the guidance.

The Head of Nursing and Quality advised that the distribution of NICE guidance and information would be included on the agenda for the Hull University Teaching Hospital NHS Trust Quality Meeting.

### **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:

Targeted Youth Services commissioning had been approved at Committees in Common on 26<sup>th</sup> June 2019.

Work was to be undertaken on the approach for quality and performance monitoring of jointly commissioned services.

### **Resolved**

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

### **6.4a FOCUS AREAS**

#### **Mental Health and Learning Disabilities**

The Strategic Lead – Mental Health and Learning Disabilities provided a report to update the Committee on the Mental Health and Learning Disability's Programme update.

#### **Children and Young People Mental Health and Learning Disabilities**

The Hull Core CAMHS overall waiting list continues to deteriorate as a result of the high volume of referrals. The referral rate in 2018/19 had increased by 4.7% compared with 2017/18. Within that, the number of routine referrals had reduced by 11% but the number of urgent referrals had increased by 83%.

#### **Children's Mental Health Workshop**

On 16 May 2019 NHS Hull CCG, Hull City Council, Humber Teaching NHS FT (Humber TFT) and Voluntary Sector partners held a Development Day Workshop facilitated by National Children's Bureau to review how we worked as a system across Hull to respond to the growing referrals into Child and Adolescent Mental

Health Services (CAMHS) and agree future priorities for the Annual CAMHS Transformation Plan.

The overall agreement from the day was that a family approach was required to support young people presenting with mental health needs. To enhance opportunity for joint working it was agreed that CAMHS Contact Point would co-locate with Early Early Help and Safeguarding Hub (EHASH) and EHAM in Kenworthy House the estimated timeframe being September 2019. It was anticipated that many of the young people waiting on the CAMHS waiting list would already be in receipt of services from other agencies and coordinated support can be more effectively delivered.

### **Autism**

The waiting list had started to reduce.

### **ADHD**

Following the transfer of the City Health Care Partnership (CHCP) community paediatric case load for children with ADHD diagnosis to Humber Teaching NHS Foundation Trust (Humber TFT) in April 2019, further work had been undertaken in partnership with Humber TFT and Hull University Teaching Hospital NHS Trust (HUTHT) and approximately 100 children have been identified to transfer from HUTHT to Humber TFT with suspected Attention Deficit Hyperactivity Disorder (ADHD).

### **Acute Out of Area Beds**

As part of the NHS Long Term Plan NHS England had set a target for zero out of area acute mental health placements by April 2021. In April 2018 NHS Hull CCG commissioned additional 5 in-patient beds, 4 step down beds and access to out of hours crisis pad in an attempt to improve patient flow, reduce occupancy levels on the acute wards and work toward eliminating out of area acute hospital bed days.

The results have been overwhelmingly positive with fantastic feedback from service users and staff.

### **Community Mental Health Teams**

On 5 April 2019 Hull and E Riding CCGs along with both Local Authority Adult Social care leads met with HTFT to review the form and function of the Community Mental Health Team (CMHT) and agree a future model of service delivery.

On the back of the positive meeting Humber TFT were 'invited' to bid for new NHS England funding to enhance CMHT working alongside Primary Care Networks (PCN's). Bid for NHS E monies was submitted 20 June 2019 for a new model working with PCN's across Hull and E Riding.

### **Crisis Response**

The Hull and East Riding Rapid Response service had received a significant increase in calls particularly between the hours of 9-5pm, it was clear at present the current delivery model was not fit for purpose for service users and professionals.

In response to this Humber TFT, have worked with a voluntary sector provider to provide a Structured Mental Health Hub working with Mental Health Matters. The approach was agreed by both Hull and East Riding CCGs with investment of £70k. In addition NHS England had identified funding for Community Mental Health Crisis

Response, a bid from Humber TFT was submitted to NHS England on 20 June 2019.

### **Memory Clinic Service**

Performance against the 8 week referral to assessment target was 71% in April 2019, against the 8 week referral to assessment KPI. The waiting list as at 30 April 2019 was 94 with 1 patient waiting over 18 weeks.

### **Dementia Diagnosis**

The service was consistently above the national target 77.9% (May 2019). Work continues to roll out the new model of memory assessment and treatment looking at the next hub being in the West of the City, there was also work toward integrating an element the pathway into Integrated Care Centre frailty model.

### **Learning Disabilities (LD)**

NHS Hull CCG currently had no patients in the local assessment and treatment unit at Townend Court however there were 5 patients out of area LD patients in specialist bespoke hospital packages of care, all patients were frequently reviewed and followed up and we continue to report progress regarding these patients care packages weekly to NHS England.

There were 7 patients from Hull with a learning disability in secure hospital care had not reduced, these patients were commissioned and case managed by NHS England.

### **Whorlton Hall**

NHS Hull CCG had 1 patient in a sister unit to Whorlton Hall. CCG commissioners and Clinical Case Managers were working closely with the CQC and NHS England on the future viability of the unit. Emergency plans were in place should the decision be to close the unit and transfer the Hull patient to alternative service, NHS Hull CCG were in regular contact with the patients family.

### **Mental Health and the Homeless**

Hull CCG in partnership with Hull City Council had been identified to take part in a national rough sleeping pilot. Rough sleeping was a targeted funding allocation in 2019/20, focused on creating Mental Health provision in existing rough sleeping outreach teams.

Figures were to be confirmed but the amount available to each site was circa £300k. NHS England had advised that funding would be recurrent.

It was stated that funding allocated to each service should be re-evaluated to ensure the service was delivering effectively.

It was also agreed to review the Mental Health and Housing service to ascertain if the monies awarded at the prioritisation panel was still required after receiving £300k from NHS England.

### **Resolved**

(a)	Members of the Planning and Commissioning Committee considered the content of the update.
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## 6.4b PROJECT EXCEPTIONS

### Unplanned Care

Performance at Hull University Teaching Hospital NHS Trust had on occasion been at Operational Pressure Escalation Level (OPEL) 4 but daily attendances varied considerably. The NHSE/I Emergency Care Intensive Support Team (ECIST) will be supporting the provider to understand the variation in attendances and how to effectively manage capacity.

### Primary Care

All 5 PCNs had been approved. Bransholme PCN was now called Bevan.

### Planned Care

Funding had been awarded to participate in the National Transforming Outpatients Programme, an early deliverable would be a clinician to clinician event.

### Cancer Network Primary Care

There were no exceptions to report.

### Medicine Management

There were no exceptions to report.

### Children, Young People and Maternity

*Children's Speech and Language Therapy (SLT) Service.*

Hull City Council Children's Services (Early Years and Early Help): Speech, Language and Communication Needs (SCLN) Support Project.

The project team have made contact with the parents of 322 children under 5 years waiting for SLT initial assessment as of 2 June 2019

- 135 children were booked on group sessions over the summer to date
- 1 parent declined
- 11 Home/setting visits agreed

The number of children who appeared to be unknown at the start of the project had reduced as they were either known to the 0 -19 Specialist Public Health Service (Health visitor) or attending an early years setting. The exact numbers were to be confirmed. The project team were triangulating information for school-aged children to scope what, if any support could be offered.

The outcomes and impact of the work would support future joint commissioning opportunities for children with Speech, Language and Communication Needs (SCLN).

### Resolved

(a)	Members of the Planning and Commissioning Committee noted the updates.
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## 6.5 FRAILITY PARKINSON'S SERVICE SPECIFICATION

Dr Bushra Ali, declared a personal interest in agenda item 6.5 which was noted and stayed in the room for the agenda item.



The Head of Transformation provided a report to gain approval for the re-designed Parkinson's Service Specification.

There was an acknowledgement that the existing service was sub-optimal, fragmented, and reactive in nature.

The proposal would be that the Jean Bishop Integrated Care Centre (ICC), as a purpose built facility would function as the central clinical hub for Parkinson's Disease care. The hub would bring all strands of work together across an integrated pathway.

The aim was to make use of risk stratification to support proactive management of all Parkinson's Disease (PD) patients and to redesign pathways to deliver a modernised, integrated service model for patients with complex needs which would address the multifactorial requirements of those at risk.

Consultant Geriatrician's with a specialist interest in PD would be running the clinics at the ICC and would provide a comprehensive and pro-active service. The service would not be age related although at frailty patients were be prioritised initially. Patients who are newly diagnosed at HUTHT would be transferred across to the ICC. It was noted that two services would be running for a short period of time, a timeframe was requested for the implementation of the single service.

It was agreed that further work be undertaken on the service/service specification with Consultant Geriatricians and Board GP members to explore the service specification and required KPI's.

Discussion took place in relation to Parkinson's UK undertaking work at the ICC with PD patients and their carers', it was noted that although Parkinson's UK had expressed a view to work with patients at the ICC for no funding, it was important that the notional value was costed and included in the contract funding envelope to ensure funding was available in future if required.

## **Resolved**

(a)	Members of the Planning and Commissioning Committee considered and approved service specification for Parkinson's Service.
(b)	Members of the Planning and Commissioning Committee requested costing of Parkinson UK work be added to the service specification
(c)	Members (clinical) of the Planning and Commissioning Committee requested an additional meeting with clinicians to be arranged.

## **7. SYSTEM DEVELOPMENT AND IMPLEMENTATION**

### **7.1 PROCUREMENT UPDATE**

Dr Masood Balouch and Jason Stamp, declared a financial interest in agenda item 7.1 which was noted and stayed in the room for the agenda item.

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

- The Homeless Discharge Service had been evaluated with a recommendation for contract award being presented to the CCG Board on 28 June 2019.

- The Primary Care IT Invitation to Tender had been published and was live.
- The Invitation to Tender for Patient Transport Services would be published in early July.

It was stated that the CCG procurement pipeline had been refreshed to include the next phase of contract that were due to expire.

Updates on the Social Prescribing Service and re-procurement would be taken to both Hull City Council and NHS Hull CCG.

### Resolved

(a)	Members of the Planning and Commissioning Committee considered and noted the contents of the report.
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## 7.2 RECOMMENDATIONS FROM THE PRIORITISATION PANEL HELD ON 21<sup>ST</sup> JUNE 2019

The Deputy Chief Finance Officer provided a report incorporating the recommendations made by the Prioritisation Panel held on the 21st of June 2019 following their review of the Project Approval forms submitted by the deadline requesting recurrent / non-recurrent funding be made available within the Medium Term Financial Plan.

The Prioritisation Panel reviewed a total of eight schemes across a number of work-stream areas. In total these applications came to £1,425.3k. These were a mixture of recurrent and non-recurrent funding requests.

Of the eight cases put forward four have been recommended for approval, all including various conditions or requirements. One of the schemes was recommended for partial approval. Two schemes were recommended for further development with final approval to be provided by the Senior Leadership Team (both under £75k). One was not recommended for approval.

In total up to £1,196.4m was approved with several of the schemes requiring further clarification of the actual costs to ensure that value for money was being obtained. The two schemes requiring further development and sign off by the Senior Leadership Team total £94,1k. The amount not approved was £134.8k.

Children and Young People ADHD – £421.9 - Recommend for approval, a trajectory needs to be developed, monitored and reported – this should be signed off by Planning and Commissioning Committee.

MIND in Contact Point/The Warren - £45.00 – Recommend for partial approval, The Warren element of the scheme was not approved as needs to be developed further and would reviewed by SLT .

LAC Attachment Service – 50% of £134.90k – Recommended for further development – to be considered by SLT following further development.

Haven – Asylum Seekers Children’s & Adults Specialist Therapy Service - £112.3k – (£91.6k first year) – Not recommended for approval

Community Frailty Programme – Core Workforce Enhancement - £173.8k – Recommended for approval

Mental Health & Housing Project - £26.6k – Recommended for further development - to be considered by SLT following further development.

SLCN – Speech, Language & Communication Need - £100k - Recommended for approval.

Paediatric Speech & Language Therapy Service - £475.7k – Recommended for approval. – to be verified by Planning and Commissioning Committee.

### **Resolved**

(a)	Members of the Planning and Commissioning Committee approved the schemes as recommended by the Prioritisation Panel for inclusion in the Medium Term Financial Plan.
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## **8. STANDING ITEMS**

### **8.1 REFERRALS TO AND FROM OTHER COMMITTEES**

There were no referral to other committees.

## **9. REPORTS FOR INFORMATION ONLY**

### **9.1 QUALITY & PERFORMANCE MINUTES**

The Quality and Performance minutes for 21 May 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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### **10.1 DATE AND TIME OF NEXT MEETING**

The next meeting would be held on **2 August 2019, 9.30 am in the Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.**

*V. A. Rawcliffe*

Signed:  
(Chair of the Planning and Commissioning Committee)

Date: 2 August 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
CAMHS	Child and Adolescent Mental Health Services
C&YP	Children & Young People
CHC/CC	Continuing Healthcare and Children's/Continuing Care Provider
CHCP	City Health Care Partnerships
COM	Council of Members
CMHT	Community Mental Health Team
CQC	Care Quality Commission
DOIs	Declarations of Interests
EQIA	Equality Impact Assessment
ERoY	East Riding of Yorkshire
ECIST	Emergency Care Intensive Support Team
EHASH	Early Help and Safeguarding Hub
HCC	Hull City Council
HCV	Humber Coast and Vale Cancer Alliance
HERPC	Hull and East Riding Prescribing Committee
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
ICC	Integrated Care Centre
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
LD	Learning Disabilities
LDR	Local Digital Roadmap
LAC	Looked after Children
LRM	Local Resolution Meeting
MDT	Multidisciplinary Team
MH	Mental Health
MOU	Memorandum of Understanding
MDS	Minimum Data Set
MSD	Merck Sharpe Dohme

NHSE	NHS England
NICE	National Institute for Health and Care Excellence
OPEL	Operational Pressure Escalation Level
PCCC	Primary Care Commissioning Committee
PCN	Primary Care Network
PD	Parkinson's Disease
PDB	Programme Delivery Board
PHE	Public Health England
SHO	Senior House Doctor
SCLN	Speech, Language and Communication Needs
SLT	Speech and Language Therapy
SPD	Sensory Processing Disorder
SATOD	Smoking Status at Time of Delivery
SOP	Standard Operating Procedure
ToR	Terms of Reference
VBC	Value Based Commissioning