

PLANNING AND COMMISSIONING COMMITTEE

**MINUTES OF THE MEETING HELD ON FRIDAY 6 SEPTEMBER 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)
P Davis, NHS Hull CCG, (Strategic Lead Primary Care)
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)
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)
M Whitaker, NHS Hull CCG, (Practice Manager Representative)

IN ATTENDANCE:

V Harris, NHS Hull CCG, (Assistant City Manager, Integrated Public Health Commissioning)
K McCorry, North of England Commissioning Support, (Medicines Optimisation Pharmacist)
Sarah Milner, NHS Hull CCG (Senior Finance Manager)
E Shakeshaft, NHS Hull CCG (Head of Communications)
D Robinson, NHS Hull CCG, (Minute Taker)

WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)
R Thompson, Hull CCG, (Head of Nursing and Quality)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)

2. MINUTES OF THE PREVIOUS MEETING HELD ON 2 AUGUST 2019

The minutes of the meeting held on 2 August 2019 were submitted for approval and taken as a true and accurate record after minor typographical errors had been amended.

Resolved

(a)	The minutes of the meeting held on 2 August 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 2 August 2019 was provided for information and the following update was provided:

03.05.19 02 NICE MEDICINE UPDATE

Status Update – 06.09.19 – An arrangement had been made with secondary care, for referrals from the Lung Health Check to be referred directly to a specialist if significant incidental disease is identified and patients with more minor disease would be referred directly back to Primary Care for initial management. Patients with a positive lung health check for nodes / nodules would advise Primary Care and undertake a virtual MDT before being referred to a Consultant. A flow chart advising of the process would be circulated to GPs imminently. A standard letter would be forwarded to GP for them to send out to patients after an eligibility search had been undertaken.

(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

An EU exit update would be provided at agenda item 10.1.

Resolved

(a)	The Planning and Commissioning Committee noted that there would be an EU exit update 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, 6.2d, 6.2e	Declared a Financial Interest – GP Partner at Haxby The declaration was noted
Jason Stamp	6.6	Declared a Personal 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

Name	Agenda No	Nature of Interest and Action Taken
		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.
Dr B Ali	6.2d, 6.2e	Declared a Financial Interest – GP Partner at Springhead Surgery, The declaration was noted
Dr A Oehring	6.2d, 6.2e	Declared a Financial Interest – GP Partner at Sutton Manor Surgery, 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 August 2019.

Resolved

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

The Chair provided the Committee with an annual report for approval prior to submission to the NHS Hull CCG Board.

It was requested that:

Hull and East Riding: Children’s Integrated Care Partnership: A Case For Change

Members reviewed the content of the report and the case for change and was assured of plans to take this programme of work forward.

be changed to:

Hull and East Riding: Children’s Integrated Care Partnership: A Case For Change
Members reviewed the content of the report and the case for change and had received assurance in respect of plans to take this programme of work forward.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the report for submission to the NHS Hull CCG Board.
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6. STRATEGY

6.1 PUBLIC HEALTH BY EXCEPTION

The Assistant City Manager, Integrated Public Health Commissioning advised that the consultation response to the prevention green paper had been presented to Hull CCG Senior Leadership Team and was also being presented to the Health and Wellbeing Board.

It was noted that there is currently a media campaign about the link between alcohol and breast cancer this may increase the campaign may increase enquiries at GP practices.

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 were no clinical commissioning drug policies to approve.
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6.2b HULL & EAST RIDING PRESCRIBING COMMITTEE (HERPC) SUMMARY OF NEW DRUGS OR CHANGES IN USAGE APPLICATIONS AND TRAFFIC LIGHT STATUS

There were no Hull & East Riding Prescribing Committee (HERPC) summary of new drugs or changes in usage applications and traffic light status to approve.

(a)	Members of the Planning and Commissioning Committee noted there were no Hull & East Riding Prescribing Committee (HERPC) summary of new drugs or changes in usage applications and traffic light status to approve.
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6.2c NICE MEDICINES UPDATE (STANDING 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:

TA588 - Nusinersen for treating spinal muscular atrophy – NICE stated this would be applicable to Secondary Care – acute.

QS184 – Dementia – NICE stated there would be not additional resource impact expected.

QS185 – Hearing loss in adults – NICE stated this would be cost neutral.

QS186 – Lyme Disease – NICE stated this would be cost neutral.

QS187 - Learning disability: care and support of people growing older - NICE stated this would be cost neutral.

NG115 - Chronic obstructive pulmonary disease in over 16s: diagnosis and management - NICE stated this would be cost neutral.

It was stated work was being undertaken on how NICE publications were and could be cascaded to GP's to ensure they were receiving information in a timely fashion.

Concern was raised in relation to QS186 Lyme Disease and the statement which had been provided, it was agreed that Dr Oehring would investigate further and update the Committee.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
(b)	Dr Oehring to investigate further the statement for Lyme Disease.

6.2d CESSATION OF MANAGED REPEATS

Dr Masood Balouch, Dr A Oehring and Dr B Ali declared a Financial Interest in 6.2d and remained in the room, the declaration was noted.

The Medicines Optimisation Technician provided a report to review and feedback on the Cessation of Managed Repeat prescriptions, to support the provision of resource from the Communication and Engagement team and to consider the outlined financial costs of printing and distributing of letters to patients receiving repeat medication across Hull CCG i.e. £29,200.00.

There would be an implementation stage and would be formulated from engagement with stakeholders. There would be close working with the Local Pharmaceutical Committee whose member community pharmacies operate these managed repeat systems to progress the implementation.

Concern was raised around the potential cost incurred for GP practices advising patients of the changes it was stated that NHS Hull CCG could potentially fund.

Concerns were raised about the limited detail about communication and engagement and it was agreed that a full discussion around the communication and engagement strategy was required to clearly articulate the plan and timeframes.

It was agreed that the implementation of the changed be moved from January 2020 to 1 April 2020 to allow for targeted engagement with practices, pharmacies and patients in receipt of repeat prescriptions and avoid the peak of winter pressures in primary care.

The Local Medical Committee (LMC) should be part of the next stages of the process. A task and finish group would be established to oversee the development of the Communications and Engagement Plan and as part of this would identify key stakeholders to be involved in the development and implementation of this work.

Resolved

(a)	Members of the Planning and Commissioning Committee agreed the principle that the cessation of managed repeats should happen.
(b)	Members of the Planning and Commissioning Committee agreed that a detailed communication and engagement plan needed to be generated to support this approach and should involve all stakeholders.
(c)	Members of the Planning and Commissioning Committee agreed that

	an implementation plan needed to be formulated taking into account feedback from the engagement undertaken working towards a date of 1 April 2020.
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6.2e CENTRALISED STOMA AND CONTINENCE PRESCRIBING SERVICE

Dr Masood Balouch, Dr A Oehring and Dr B Ali declared a Financial Interest in 6.2e and remained in the room, the declaration was noted.

The Locality Pharmacist provided a report for the Committee to consider the opportunity to commission a stoma and continence prescribing service to take over prescribing for all stoma and continence patients and identification of patients requiring review. This would mean that individual GP practices would no longer prescribe these products. The procurement of this Stoma/Continence service would be funded via a reduction to the prescribing budget linked to the estimated savings.

It was stated that the service would improve the outcomes as patients would be reviewed and problems identified with a possible reduction in hospital admissions due to reduced infection and tissue damage along with improved discharge as specialist service could review and support new patients.

It was noted that NHS East Riding of Yorkshire CCG would like to progress the service as a joint venture.

It was stated that no data had been compiled advising what the cost saving would be although a financial assessment from similar services elsewhere had been brought to the attention of the Committee.

Committee members agreed to the proposed service in principle and requested a further paper be brought back to a future meeting with greater detail.

Resolved

(a)	Members of the Planning and Commissioning Committee considered the Centralised Stoma and Continence prescribing Service.
(b)	Members of the Planning and Commissioning Committee requested a further paper be brought to a future meeting.

6.3 INTEGRATED COMMISSIONING

6.3a ICOB/GENERAL UPDATE AND NOTES

The Director of Integrated Commissioning provided a verbal update highlighting that the Joint Children and Young Peoples Commissioning Strategy was being taken to the October 2019 Integrated Commissioning Committee (Committees in Common).

Resolved

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

6.4a FOCUS AREAS

There were no focus areas to be discussed.

Resolved

(a)	Members of the Planning and Commissioning Committee noted there were no focus areas to be discussed.
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6.5 VERY LOW CALORIE DIETS AND DIABETES

The Deputy Director of Commissioning provided a report for the Committee to consider commissioning a programme provided by Oviva, to use a Very Low Calorie Diet Programme to support type 2 diabetics to lose weight and to potentially reverse the type 2 diabetes impacts. The programme was to trial the approach with up to 150 patients and to formally evaluate the impact of the programme prior to considering whether to roll out further.

There had been an increasing focus on how the use of Very Low Calorie diets and bariatric surgery could reverse the development of type 2 diabetes in individuals who had a relatively new diagnosis. The actual mechanism that impacts on glucose regulation remains unclear but there was growing evidence that both interventions do have a positive impact on glucose regulation. It was envisaged that, in the future, there may be a tiered approach between the two interventions with very low calorie diets being used at lower levels of obesity and bariatric surgery being used at higher levels.

Concern was raised in relation to whether the programme was a clinical trial, it was stated that HUTHT had advised that programme was an outline business case and not a clinical trial.

A wide ranging discuss occurred with the following areas being highlighted:

- The patient selection was a major factor in the success of the programme.
- Patients would be provided with the actual food which should be consumed.
- Benefits for patients were to be fully investigated.
- The route of the programme was incorrect it acknowledged that navigating through the Research and Development route may be more appropriate.

Committee Members agreed that although HUTHT had advised that the programme was not a clinical trial the programme could not be approved and that approval for a clinical trial should be sought.

Resolved

(a)	Members of the Planning and Commissioning Committee considered and did not approve the introduce of a Very Low Calorie Diet Programme.
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6.6 HUMBER POLICY HARMONISATION

Jason Stamp Declared an Indirect Financial Interest in item 6.6 as Chief Officer North Bank, the declaration was noted

The Deputy Director of Commissioning provided a report to present to the Committee phase 2 of the Humber Policy Harmonisation. A number of the policies were existing Hull CCG policies that had been reformatted. The remaining were existing policies within our partner CCGs.

Concern was raised due to the fact that EQIA's were not available for the policies NHS Hull CCG were adopting and how EQIA's would be received in the future, it was agreed that further conversations be held outside of the meeting to agree a robust process.

It was noted that the four Percutaneous Tibial Nerve Stimulation policies were inaccurate and would be amended to reflect Hull CCG's policy where up to 2 x 12 week courses of Percutaneous Tibial Nerve Stimulation would be offered as opposed to the suggested trial and permanent implantation which did not relate to Percutaneous Tibial Nerve Stimulation.

Discussion occurred regarding the policy regarding management for ear wax and it was confirmed that ear syringing was covered by the GMS core contract.

The Lay Member recommended that the Gamete Storage Policy should have a period of consultation – The Deputy Director of Commissioning agreed to progress this with to The Associate Director of Communication and Engagement in relation to this.

It was noted that the publication and review dates required updating.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the adoption of the attached policies within NHS Hull CCG subject to the amendment of the Percutaneous Tibial Nerve Stimulation and a period of consultation around the Gamete Storage.
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6.7 HUMBER COAST AND VALE HEALTH AND CARE PARTNERSHIP CVD PREVENTION AND DETECTION WORKPLAN

The Deputy Director of Commissioning provided a report briefing the Committee on the workplan of the HCV HCP's CVD Prevention and Detection Workplan.

The paper provides more detail of the CVD prevention and detection work plan as part of a HCV approach to preventing up to 4,500 CVD related events, reducing premature deaths from cardiovascular disease and reducing health inequalities.

The NHS planning guidance for 2019/20 includes the requirement of all systems to work with the NHS RightCare programme to implement national priority initiatives for cardiovascular conditions collectively recognised as the ABC ambitions.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.8 Refresh of Emergency Preparedness Resilience and Response (EPRR) and Business Continuity Management

The Deputy Director of Commissioning provided a report requesting approval for the following documentation.

Emergency Preparedness Resilience and Response Policy (EPRR) New document
Business Continuity Management Plan (BCMP) Revised document

Major Incident Plan (MIP) New document

These documents are classified as PROTECT and are controlled by NHS Hull Clinical Commissioning Group (CCG). The information contained within was of an operationally sensitive nature and should not be shared without prior reference to the NHS Hull Clinical Commissioning Group's (CCG) Senior Leadership Team. Some elements of this Policy and subsequent Business Continuity Management Plan (BCMP) may have national, regional or local sensitivity. The release of this information could be of material assistance to terrorist groups or other extremist activities and thus directly undermine efforts to sustain security and safety. The responsibility to maintain safety of information within the Clinical Commissioning Group (CCG) was also a legislative duty under the Counter-Terrorism and Security Act 2015 and the Data Retention and Investigatory Powers Act 2014. These considerations should be taken into account when responding to requests for release of the whole or part of this document under the Freedom of Information Act (2000). In all cases Hull Clinical Commissioning Group's Accountable Executive Officer for Emergency Preparedness, Resilience and Response (EPRR Business Continuity Management (BCM) should be consulted before any decision about release was made.

The above mentioned suite of documents represent the core documents that the NHS Hull CCG requires to demonstrate that they were able to respond effectively in times of negative impact or wider system emergencies to maintain core CCG business and to support the wider system in discharging their duties in an emergency situation.

Resolved

(a)	Members of the Planning and Commissioning Committee approved Emergency Preparedness Resilience and Response Policy (EPRR), Business Continuity Management Plan (BCMP) and Major Incident Plan (MIP).
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6.9 EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE 2019/20 SELF-ASSESSMENT

The Deputy Director of Commissioning provided a report to approve the self-assessment of CCG Compliance with the National Emergency Preparedness, Resilience and Response/Business Continuity Management core standards. The self-assessment identified that SUBSTANTIAL COMPLIANCE was demonstrated against the Core Standards relating to Emergency Preparedness, Resilience and Response (EPRR) 2019/20 including Business Continuity Management (BCM) and the deep dive topic of Severe Weather and Climate Change.

The report also presents the annual report for Business Continuity / Emergency Preparedness, Response Annual Report 2019/20 for the Committee's information.

The partially compliant/non-compliant areas were reported to be in respect of training for on-call directors and 24/7 Loggist availability and action plans had be implemented to address these.

Resolved

(a)	Members of the Planning and Commissioning Committee considered
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	and approved the self-assessed level of compliance identifying that substantial compliance was demonstrated against the core standards relating to Emergency Preparedness, Resilience and Response (EPRR) 2019/20
(b)	Members of the Planning and Commissioning Committed noted the Business Continuity / Emergency Preparedness, Response Annual Report 2019/20

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 mobilisation process continues positively with Bevan Healthcare CIC in respect of contract for the Homeless Discharge Service for service commencement on 1 October 2019.
- The Primary Care IT Invitation to Tender had closed and evaluation was in progress for anticipated contract award at the end of September 2019.
- The Invitation to Tender for Patient Transport Services closed on 30 August 2019 with evaluation being undertaken for anticipated contract award at the end of October 2019.

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

There were no items to refer to other committees.

9. REPORTS FOR INFORMATION ONLY

9.1 QUALITY & PERFORMANCE MINUTES

There were no Quality and Performance minutes for circulation.

Resolved

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

10.1 ANY OTHER BUSINESS

An EU Exit event for senior executives across the NHS North East and Yorkshire region had taken place on the 5 September 2019.

Attendees were advised of plans to maintain business continuity across the health system including medication, medical devices and workforce.

Attendees also undertook a desktop exercise to test proposed plans.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update in respect of EU Exit.
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10.1 DATE AND TIME OF NEXT MEETING

The next meeting would be held on **4 October 2019, 9.30 am in the Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.**

Signed:



(Chair of the Planning and Commissioning Committee)

Date: 4 October 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