

PLANNING AND COMMISSIONING COMMITTEE

**MINUTES OF THE MEETING HELD ON FRIDAY 4 OCTOBER 2019
THE BOARD ROOM, WILBERFORCE COURT**

PRESENT:

V Rawcliffe, NHS Hull CCG (Clinical Member) – Chair
M Balouch, NHS Hull CCG, (Clinical Member)
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)
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:

K McCorry, North of England Commissioning Support, (Medicines Optimisation Pharmacist)
D Robinson, NHS Hull CCG, (Minute Taker)
E Shakeshaft, NHS Hull CCG (Head of Communications)
R Thompson, Hull CCG, (Head of Nursing and Quality)

WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

B Ali, NHS Hull CCG, (Clinical Member)
M Bradbury, NHS Hull CCG, (Strategic Lead Mental Health and Learning Disabilities)
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)

2. MINUTES OF THE PREVIOUS MEETING HELD ON 6 SEPTEMBER 2019

The minutes of the meeting held on 6 September 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 6 September 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 6 September 2019 was provided for information there were no matters arising to be updated.

(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 at agenda item 10.1.

Resolved

(a)	The Planning and Commissioning Committee noted that there were no items of Any other Business to discuss 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 to;

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 M Balouch	6.4a	Declared a Non Financial Professional interest - GP Partner at Haxby The declaration was noted
Dr M Balouch	6.4a	Declared an indirect interest as spouse is Clinical Director at a PCN The declaration was noted
Mark Whitaker	6.4a	Declared a Non Financial Professional interest – PM at Newland Group, The declaration was noted
Vincent Rawcliffe	6.4a	Declared an indirect interest as family member is management within a PCN
Dr A Oehring	6.4a, 6.6	Declared a Non Financial Professional 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 September 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

There was no representative from Public Health in attendance.

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.

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

The Medicines Optimisation 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. There were no clinical commissioning drug policies to approve.

Thalidomide which had been proposed to treat one patient where everything else had failed and was proposed to be a Red drug in tariff and would be CCG Commissioned if IFR agreed after being requested.

Guselkumab which had been proposed to be added to the formulary for Severe Plaque Psoriasis and was proposed to be a Red drug commissioned by NHS England.

Durvalumab which had been proposed to be added to formulary for treating locally advanced unrespectable non-small-cell lung cancer after platinum-based chemoradiation and was proposed to be a red drug in tariff commissioned by NHS England.

Ciprofloxacin with Fluocinolone (Cetraxal Plus) which had been proposed to be added to the formulary for Acute Otitis Externa/Acute otitis media in patients with acute otitis media in tympanostomy tubes (AOMT) and was proposed to be a Green drug in tariff.

Perampanel Suspension (Line Extension) which had been proposed to be added to formulary for Epilepsy and was proposed to be a Green drug in tariff.

Tezacaftor/Ivacaftor/Elexacaftor which had been proposed to be added to the formulary for Cystic Fibrosis and was proposed to be a Red drug commissioned by NHS England.

Aviptadil and phentolamine solution for injection ampoules (Invicorp 25 micrograms/2mg/0.35ml) which had been proposed to be added to the formulary for Erectile dysfunction and was proposed to be a Blue drug in tariff.

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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6.2c 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:

TA596 -Risankizumab for treating moderate to severe plaque psoriasis
- NICE stated that they do not expect this to have a significant impact on resources.
TA597 -Dapagliflozin with insulin for treating type 1 diabetes – NICE stated that this would be low cost.
QS188 - Coexisting severe mental illness and substance misuse – NICE and LA stated this would be cost neutral.

Members were advised that

NG135 - Alcohol interventions in secondary and further education
NG136 - Hypertension in adults: diagnosis and management
NG89 - Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism
NG28 -Type 2 diabetes in adults: management
NG25 - Preterm labour and birth

had been updated with particular attention be drawn to NG136 Hypertension, a wide and varied discussion took place and it was agreed that an update would be circulated via GP contact us to ensure GP's were made aware of the update.

Resolved

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

6.3a INTEGRATED COMMISSIONING OFFICER BOARD (ICOB)/GENERAL UPDATE AND NOTES

The Director of Integrated Commissioning provided a verbal update highlighting that the Integrated Commissioning Officer Board being held on 4th October 2019 would be focusing on Better Care Fund, Homelessness and Rough Sleepers.

A SEND revisit was scheduled for 15th – 17th October 2019 following a full inspection in 2017.

Resolved

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

6.4a FOCUS AREAS

Dr M Balouch Declared a Non-Financial Professional interest, Dr M Balouch Declared an indirect interest as spouse was Clinical Director at a PCN, Mark Whitaker Declared a Non-Financial Professional interest Vincent Rawcliffe Declared an indirect interest Dr A Oehring Declared a Non-Financial Professional interest all The declarations were for 6.4a and were noted. All members stayed in the room.

Primary Care Update

The Strategic Lead for Primary Care provided a report to further update the Committee on the establishment of Primary Care Networks (PCN) and the Network Contract Directed Enhanced Service (DES).

It was stated 5 Primary Care Networks in Hull had been approved in June 2019 and were established with effect from 1st July 2019, these being:

Name of PCN	Practices	List size	Accountable Officer / Clinical Director
Bevan Limited	9	c. 43,800	Dr S Richardson
Medicas	2	c. 45,500	Dr M Abdulla
Modality	5	c. 85,500	Dr E Dobson
Nexus	9	c. 73,400	Dr L Balouch (Accountable Officer) & Dr M Findley
Symphonie	8	c. 52,800	Dr K Pande

It was noted that each PCN requires a Clinical Director, Nexus had a dual Clinical Directors (Dr L Balouch & Dr M Findley) with Dr L Balouch also being the Accountable Officer.

Each PCN were required to provide extended hours appointments (outside of 8am – 6.30pm Monday to Friday) to all of their patients. Each PCN was required to provide a total number of hours, which could be provided by a range of staff, equivalent to 30 minutes per 1,000 patients. The CCG was currently in the process of seeking assurance from PCNs that the total number of hours were being delivered and that all other aspects of the extended hours service were being met.

In 2019/20 PCNs were able to claim reimbursement for the costs of Clinical Pharmacists (70% reimbursement) and Social Prescribing Link Workers (100% reimbursement). In future years the amount that each PCN would be able to claim reimbursement for would be based on weighted patient populations.

A key component of the Network Contract DES would be the development and implementation of seven national service specifications. The specifications would develop over time and focus on areas where primary care could have significant impact against the *NHS Long Term Plan* 'triple aim.' Five of the service specifications would be introduced from April 2020 and a further two introduced from April 2021.

To identify the support PCNs require, a Maturity Matrix had been developed. The matrix outlines core components that underpin the successful development of a PCN and sets out a progression model that evolves from initial steps and actions that enable PCNs to begin to establish through to growing the scope and scale of PCNs in delivering greater integrated care and population health.

The matrix was being used by PCNs to:

- Identify where PCNs were now in their journey of development and how PCNs can build on existing improvements such as those that may have been enabled by the GP Forward View and other local integration initiatives.
- Develop plans for further development that help networks to continue to expand integrated care and approaches to population health.
- Identify support needs using the PCN Development Support Prospectus as a guide for framing support plans and coming together to form links with their new team.

It was stated that all of the 5 PCNs within Hull CCG had submitted their Maturity Matrix.

It was noted that to access the development monies PCNs were required to submit an organisational development plan, the plans would then be reviewed across the 29 PCNs in Humber Coast and Vale (HCV) and resource allocated to progress development for both PCNs and Clinical Directors.

Meetings with Clinical Directors had been established, information which needed to be escalated Philip Davis (Philip.davis@nhs.net) , Nikki Dunlop (Nikki.dunlop@nhs.net) or Daniel Roper (Chair) would cascade to the meeting Chair.

It was stated that Health and Social Well Being OSC would be given an update on PCN's and Faith House on 11 October 2019.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update in relation to PCN development in Hull and the Network Contract DES.
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6.4b PROJECT EXCEPTIONS

Unplanned Care

Accident and Emergency attendance was variable. Capital had been received from NHS Improvement for additional bays and an urgent treatment centre positioned at the entrance of Accident and Emergency, a meeting had been arranged on 7th October 2019 to further discuss.

Mental Health and Learning Disabilities

There were no exceptions to report.

Primary Care

There were no exceptions to report.

Children, Young People and Maternity

A SEND revisit was scheduled for 15th – 17th October 2019.

Cancer Network

Cancer Network had morphed into Cancer Alliance, Phil Mettam had been appointed to take over as CCG Accountable Officer Lead (Chair).

Medicine Management

There were no exceptions to report

Planned Care

An outpatient transformation event for GPs/Consultants to attend had been arranged for 16th October 2019.

6.5 EDGE OF CARE PROJECT

The Strategic Lead for Mental Health and Learning Disabilities the Director of Integrated Commissioning provided a report informing the Committee of a service developed by Hull City Council Children Directorate to reduce the number of Looked After Children placed outside of the City.

Hull City Council 'Edge of Care' project involves the identification of children who were considered to be on the verge of being taken into the care system (or, in some cases, who were already in care but where there was considered to be the potential for the child to return home). The service aims to support these children in staying with their families and avoiding statutory services, through activities such as family counselling and targeted educational/emotional support.

The service would be provided by Humber Teaching NHS Foundation Trust and contracted via NHS Hull CCG.

A mapping and scoping exercise for the provision for looked after children was required ensuring the emotional journey and defined outcomes were fully encompassed.

An EQIA had been completed and approved for the Edge of Care Service Specification.

Resolved

(a)	Members of the Planning and Commissioning Committee considered and approved the service specification for Edge of Care.
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6.6 IMPLEMENTATION OF THE NATIONAL LOW BACK PAIN PATHWAY

Dr A Oehring, declared a Non-Financial Professional interest in item 6.6 and stayed in the room, The declaration was noted

The Deputy Director of Commissioning provided a report updating the Committee on the progress to date and next steps of the National Low Back Pain Pathway

Nationally a model of self-help / empowerment and the use of First Contact Physiotherapists / Practitioners (FCPs) were being implemented. FCPs can assess, diagnose, treat and manage and they would eventually become the first point of contact for patients seeking advice/treatment around Musculo-Skeletal (MSK) issues in primary care.

In 2020/21 PCNs would be looking to develop a FCP model within their geographical areas. Within Hull only one was reporting having FCPs in July 2019 but all were planning to have FCPs in place during the next year with the majority of PCNs considering working in Partnership with other providers to support the model of delivery. Healthshare Hull were due to meet with the PCN CDs before the end of October 2019 to discuss opportunities for joint working.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.7 HIGH INTENSITY USER SERVICE

The Deputy Director of Commissioning provided a report outlining the principles behind the development of a high intensity user service in May 2019. The report provides an update on changes to the national requirements and local progress to better understand the needs of local patients.

The initial national requirement regarding High Intensity User (HIU) services was to offer a non-medicalised programme that offered practical problem solving and health coaching to change behaviours amongst individuals who had the highest recorded usage of unplanned health services.

It was recognised that across Hull there were a range of services in place that are either designed primarily to work with high intensity users or have, as a consequence of the service offer, an impact upon patient behaviours in line with the coaching / behaviour management principles required.

A wide and varied discussion took place in relation to the top 20 reasons/outcomes identified for attendance at A & E and the top 20 reasons for admission of these patients, it was stated that further information on how the patients were treated when admitted would also be beneficial along with HIU being compiled across all service to ensure the same approach was adopted by all providers.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
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6.8 COOPERATION AND COMPETITION DISPUTE RESOLUTION PROCEDURE

The Head of Procurement provided a report advising the Committee of an update of the Cooperation and Competition Dispute Resolution Procedure.

It was stated the 2013 Cooperation and Competition Dispute Resolution Procedure had been updated removing obsolete items and adding the following:

- Disputes cover by this Procedure
- Application, notice of acceptance and response
- Lead Director Review
- Panel Membership
- Contractual Dispute Resolution

Clarity was requested on the difference between the National Health Service (Procurement, Patient Choice and Competition) Regulations 2013 and the Public Contracts Regulations 2015.

The Head of Procurement advised that Public Contracts Regulations were governed by the Courts of Law through formal legal proceedings. The Regulations were a set of defined processes for public sector organisations (Contracting Authorities) to follow in relation to the procurement exercises, and failure to adhere to the defined processes allow for suppliers (economic operators) the opportunity to issue legal proceedings and seek remedies through the Courts of Law.

The National Health Service (Procurement, Patient Choice and Competition) Regulations focus on the procurement objectives for procuring health care services and were governed by NHS Improvement / NHS England. The National Health Service (Procurement, Patient Choice and Competition) Regulations does not involve formal legal proceedings through Courts of Law.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the Cooperation and Competition Dispute Resolution Procedure
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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 provided an update to the Committee on the procurement activity taking place currently in NHS Hull CCG:

- The Primary Care IT service had reached consensus with contract award recommendations being presented to the CCG Board on 27 September 2019 after which the 10-day mandatory standstill period was being observed.
- Bids for the Non-Emergency Medical Transport Services were in the process of evaluation with potential provider presentations being delivered on 18th October 2019 thereafter an Extra ordinary Board would take place on 25th October 2019 to approve award of the contracts.

Resolved

(a)	Members of the Planning and Commissioning Committee considered and noted the contents of the report.
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7.2 RECOMMENDATIONS OF THE PRIORITISATION PANEL

The Deputy Chief Finance Officer provided a report advising the Committee of the recommendations made by the Prioritisation Panel held on the 20th of September 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 three schemes across a number of work-stream areas. In total these applications came to £309k which were a mixture of recurrent and non-recurrent funding requests.

Of the three cases put forward all three had been recommended for approval, all including various conditions or requirements.

In total up to £309k was approved with several of the schemes requiring further clarification of the actual costs to ensure that value for money was being obtained.

Early Years Speech Language and Communication Support – amount approved £118.2k with recommendation for approval, funding would be varied into the contract as posts were recruited to.

Wellbeing Service – amount approved £105.4k with the recommendation for approval. The level of on-costs/CQUIN etc included in the bid need to be approved by Chief Finance Officer.

Improving outcomes for Autistic Children and Young People – amount approved £80k with recommendation for approval. It was felt that the model for this service should be aligned to the same model used for adults i.e. the contract was held with Humber and they sub-contract it to Matthews Hub.

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 items to refer to other committees.

9. REPORTS FOR INFORMATION ONLY

9.1 QUALITY & PERFORMANCE MINUTES

The July 2019 Quality and Performance minutes were circulated 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

10.2 DATE AND TIME OF NEXT MEETING

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

V. A. Rowcliffe

Signed:

(Chair of the Planning and Commissioning Committee)

Date: 1 November 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
MSK	Musculo-Skeletal
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