

**PLANNING AND COMMISSIONING COMMITTEE**

**MINUTES OF THE MEETING HELD ON FRIDAY 1 NOVEMBER 2019  
THE BOARD ROOM, WILBERFORCE COURT**

**PRESENT:**

V Rawcliffe, NHS Hull CCG (Clinical Member) – Chair  
P Davis, NHS Hull CCG, (Strategic Lead Primary Care)  
B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)  
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)  
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)  
A Oehring, NHS Hull CCG, (Clinical Member)  
J Stamp, NHS Hull CCG, (Lay Member)  
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)

**IN ATTENDANCE:**

Varun Anand, Modality Partnership, (GP)  
E Butters, NHS Hull CCG, (Head of Performance & Programme Delivery)  
C Denman, NHS Hull CCG (Head of NHS Funded Care)  
T Fielding, Hull CC, (Assistant Director Health and Wellbeing/Deputy DPH)  
K McCorry, North of England Commissioning Support, (Medicines Optimisation Pharmacist)  
D Robinson, NHS Hull CCG, (Minute Taker)

**WELCOME & INTRODUCTIONS**

The Chair welcomed everyone to the meeting.

**1. APOLOGIES FOR ABSENCE**

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)  
J Dodson, NHS Hull CCG, (Director of Integrated Commissioning)  
T Fielding, Hull CC, (Assistant Director Health and Wellbeing/Deputy DPH)  
D Lowe, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)  
M Whitaker, NHS Hull CCG, (Practice Manager Representative)  
T Yell, NHS Hull CCG, (Head of Commissioning - Integrated Commissioning)

**2. MINUTES OF THE PREVIOUS MEETING HELD ON 4 OCTOBER 2019**

The minutes of the meeting held on 4 October 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 4 October 2019 were taken as a true and accurate record and signed by the Chair.
-----	---

### 3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 4 October 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.
-----	---

### 4. NOTIFICATION OF ANY OTHER BUSINESS

It was noted that Lung Health Checks would be taken as any other business agenda item 10.1.

#### Resolved

(a)	The Planning and Commissioning Committee noted that there was one item Any other Business to discuss at agenda item 10.1. – Lung Health Checks
-----	--

### 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

#### Resolved

(a)	The Planning and Commissioning Committee noted there were no declarations of interest declared.
-----	---

#### 5.2 GIFTS AND HOSPITALITY

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

## Resolved

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

## 6. STRATEGY

### 6.1 PUBLIC HEALTH BY EXCEPTION

The Assistant Director Health and Wellbeing/Deputy DPH provided a verbal update on the work which was being undertaken at Hull City Council.

It was conveyed that future Planning and Commissioning Committee meetings would be attended by either Tim Fielding (Assistant Director Health and Wellbeing/Deputy DPH) or Dr James Crick (Consultant in Public Health Medicine and Associate Medical Director)

It was stated that Hull City Council were working towards recommissioning the 0 – 19 service, a meeting had been arranged between Hull City Council and NHS Hull CCG to review and scope joint opportunities associated with the recommissioning of this service.

Engagement with stakeholders had taken place in relation to Primary Care Networks.

Conversations were being held with the Humber Coast and Vale Health and Care Partnership regarding the NHS Long Term Plan and the amount of work involved in the support by and delivery of tobacco control, alcohol control and weight management. The Hull Integrated Commissioning Officer's Board (ICOB) was overseeing the allocation of funding to develop and commission these services.

Joint work between Hull City Council and NHS Hull CCG was taking place on a project to support homeless people.

The outcomes from the Healthy Lifestyle Survey would be brought to a Planning and Commissioning Committee in the future and would be delivered in a workshop format.

It was agreed that the role of Public Health within the Planning and Commissioning Committee would be reviewed and adapted for future meetings.

## Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
-----	---

## 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) PRESCRIBING GUIDELINES, POLICIES OR SHARED CARE FRAMEWORKS TO APPROVE

The Medicines Optimisation Pharmacist provided a report for the Planning and Commissioning Committee to consider and approve the following Prescribing Guidelines from the Hull & East Riding Prescribing Committee meeting 25 September

2019. These had already been approved by Hull and East Riding Prescribing Committee.

The guidelines were reviewed with the following areas being identified:

**Managing diabetes patients with potential renal disease (New)**

It was felt that the table on page 5 needed clarifying related to what was needed and at what Chronic Kidney Disease (CKD) stage.

**Erectile Dysfunction following Radical Prostatectomy (Update)**

The following amendments had been made within the guidelines:

Now being asked for 'up to 24 months after' previously was 'for 12 months' 'Prescribe Sildenafil 100mg TWICE WEEKLY if there was intolerance to Tadalafil' – previously Tadalafil was the only option.

The following was discussed;

Tadalafil once daily such as Tadalafil 5mg was included in the NHS England guidance for CCGs - Items which should not be routinely prescribed in primary care i.e. Recommendation

- Advise CCGs that prescribers in primary care should not initiate once daily tadalafil for any new patient.
- Advise CCGs to support prescribers in deprescribing once daily tadalafil in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change.

The price of tadalafil 5mg once daily was now considerably lower than previously therefore it was considered acceptable to include in this guideline for this one indication only.

**Resolved**

(a)	Members of the Planning and Commissioning Committee approved the guidelines for managing diabetes patients with potential renal disease.
(b)	Members of the Planning and Commissioning Committee approved the prescribing guidelines for Erectile Dysfunction following radical prostatectomy.

**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:

The following Technology Appraisal was identified:

TA599 - Sodium zirconium cyclosilicate for treating hyperkalaemia – NICE stated costs would be assessed locally.

The following Quality standard was identified:

QS17 - Lung cancer in adults - NICE expect this to be cost neutral.

Members were advised of the following NICE Guidance:

- NG137 - Twin and triplet pregnancy – NICE stated this guidance was applicable to Secondary care – acute and Tertiary care.
- NG138 - Pneumonia (community-acquired): antimicrobial prescribing – NICE stated this would be cost neutral.
- NG139 - Pneumonia (hospital-acquired): antimicrobial prescribing - NICE stated this would be cost neutral.
- NG140 - Abortion care – NICE stated this would be a cost saving.

The Assistant Director Health and Wellbeing/Deputy DPH stated Hull City Council Public Health would be advised of the suicide prevention alterations.

**Resolved**

(a)	Members of the Planning and Commissioning Committee noted the update.
-----	---

**6.3c NICE UPDATE PROCESS**

The Deputy Director of Commissioning provided a report setting out a proposal to ensure that the updates on NICE Guidelines/Guidance that NHS Hull CCG currently receives were assessed and confirmation was provided to the Committee of the process if the CCG needs to revise its commissioning policy in line with the revised NICE Guidelines/Guidance.

It was stated that further work was required and would be undertaken by the Deputy Director of Commissioning, the Medicines Optimisation Pharmacist and the Deputy Director of Quality and Clinical Governance / Lead Nurse) as the process develops looking at the following areas:

- Who would be responsible for cascading relevant information
- How the Quality and Performance Committee would be involved around Quality Standards, etc.
- Concern was raised in relation to pathway changes, the impact of the changes and updating Primary Care of these changes – systems to be put in place to ensure Primary care were kept informed.
- Quality Standards within the NICE Guidelines could also apply to Social Care and Public Health, a process of how this aspect was to be managed was required.

It was noted that the process should be streamlined and not become onerous or duplicate any processes that were already in place.

The process was supported in principle and it was noted that the appropriate people were to be made aware that a process had been implemented.

**Resolved**

(a)	Members of the Planning and Commissioning Committee considered the proposal and approved in principle.
-----	--

#### 6.4d PRESCRIBING OF MEDICINES AVAILABLE TO PURCHASE OVER THE COUNTER (OTC) FOR SELF-CARE

The Medicines Optimisation Technician provided a report reviewing the NHS Hull CCG produced Policy Engagement Report findings related to the prescribing of Over The Counter medicines and the most effective way to implement the changes.

In March 2018 NHS England published guidance for CCGs outlining conditions for which Over The Counter items should not routinely be prescribed in primary care. The guidance issued to CCGs was to support them to fulfil their duties around appropriate use of prescribing resources.

A wide and varied discussion took place around the process which incorporated the order of which the process occurred, the exception criteria and the vulnerable conditions.

It was recognised that the scheme was nationally supported and directed although it was up to individual CCGs to review and adopt.

It was stated that GP's had the opportunity to prescribe at their discretion from the list of conditions included in commissioning statement where products were available to purchase Over The Counter for self-care.

It was agreed that a clear communication plan roll out was required across the city advising patients of the new standard approach of the process as some practices had already commenced use which had increased the number of complaints received by GP practices.

GP communications relating to the criteria and specifics of the change in prescribing were required, as well as key messages of explanation and signposting for patients who would be affected by the changes.

The Minor Ailments Scheme would be reviewed in the context of the prescribing change decided. This would include service user engagement. If this review leads to a substantial change in the Minor Ailments Scheme, formal consultation should be undertaken.

The amount of estimated saving for OTC medication for NHS Hull CCG was requested to be circulated.

It was suggest that an comprehensive targeted action plan be developed for Over the Counter Medication and Minor Ailments be presented to Primary Care Commissioning Committee in December 2019 for approval.

An explanatory letter would be provided with the communication materials for GPs.

#### Resolved

(a)	Members of the Planning and Commissioning Committee approved the Over the Counter Medication proposal.
(b)	Members of the Planning and Commissioning Committee agreed for communications to be circulate communication material to GP's.
(c)	Members requested that the amount of saving for OTC medication be circulated.

## 6.3 INTEGRATED COMMISSIONING

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

The Assistant Director Health and Wellbeing/Deputy DPH provided a verbal update advising that the Committee in Commons scheduled for October had been cancelled. Items discussed at Integrated Commissioning Officers Board included, Better Care Fund, NHS Long Term Plan, feedback on Children's Commissioning Strategy and the SEND revisit which took place 15-17 October 2019.

#### Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
-----	---

## 6.4 INTEGRATED DELIVERY

### 6.4a 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 resources available to support Primary Care Network (PCN) and PCN Clinical Director development which the PCNs have identified via Organisational Development plans. The allocation of resources to Primary Care Networks would be managed via the Humber Coast and Vale Health and Care Partnership Primary Care Programme Board.

#### Children, Young People and Maternity

The formal letter of the outcome of the joint Ofsted and CQC SEND revisit was expected by the end of November and would be published on the LA and CCG websites alongside a joint local area statement. Work continues in relation to the Written Statement of Action including improvements for children requiring Speech and Language Therapy and Autism Assessment and Diagnosis services.

#### Cancer Alliance

The Cancer Alliance continues to experience changes around its form and function, Phil Mettam, NHS Vale of York CCG, was now the Chair of the Cancer Alliance. The Programme Director role remains vacant at present and a new Deputy Programme Director had been appointed and was now in post. A review of the Cancer Alliance was planned to ensure it was delivering the required outcomes. All CCGs in the Humber Coast and Vale Health and Care Partnership were members of the Cancer Alliance and able to participate and influence the programme of work.

#### Medicine Management

There were no exceptions to report.

#### Planned Care

There were no exceptions to report.

## 6.5 CATARACT REFERRAL PROCESS

The Deputy Director of Commissioning provided a report which outlined the CCG's criteria for referral for cataract surgery and the referral pathways into surgery from community based services.

At the August 2019 meeting of the Planning and Commissioning Committee there was a discussion regarding the increase in the number of referrals to the private sector for cataract surgery. The Committee requested that further information be brought back to a future committee.

It was stated that the process of referring patients had not altered and the number of referrals being made into the cataract surgery to private providers in Wakefield continues to increase.

A review of referral pathways suggests that patients who access certain community optometrists were more likely to choose to attend the private provider. The provider offers free door to door transport and a shorter waiting time which were often seen as factors that would influence patient choice. In addition Optometrists receive a referral payment from both NHS and private providers to support the generation of the referral by the optometrist and not sending the patient back to primary care for onward referral.

Referrers were expected to offer a range of choices, which was difficult to monitor in practice, and patients could then choose which service they attend. What cannot currently be evidenced was whether Optometrists who do not tend to refer to the private provider do not offer this as an option or if the Optometrists who do offer it as an option provide equal information regarding alternatives.

It was stated that activity at Hull University Teaching Hospital NHS Trust (HUTHT) was being reviewed as the contract was an Aligned Incentive Contract and the level of activity within HUTHT for cataract surgery needs monitoring and any spare capacity redirected to alternative Ophthalmology services. A query would also be raised with HUTHT in relation to amount of post-operative infections / complications they see following treatment at other providers.

A pathway review of Ophthalmology was being undertaken which would incorporate Cataract Surgery.

Explanation would be cascaded to GPs advising them of any potential/changes within the process.

### Resolved

(a)	Members of the Planning and Commissioning Committee considered the contents of the report.
-----	--

## 6.6 ADULT MENTAL HEALTH SERVICE SPECIFICATION

The Head of Integrated Commissioning provided a report to the Committee with regard to the following services specifications.

- Adult & Older Adult Overarching Service Specification
- Memory Assessment & Treatment Service
- Positive Assets – Recovery College for Employment



There were currently 14 service specifications within the Humber Teaching NHS Foundation Trust (Humber TFT) contract describing the services for Adult & Older People’s Mental Health. Many of the specifications were described by ‘Mental Health Cluster’ rather than service name. This was due to a national programme of work that commenced many years ago with an ambition to move towards a tariff and Payment by Results system aligned to Mental Health Clusters which never came into operation.

It was agreed by Commissioners and Humber HTFT senior team to undertake a piece of work to refine the specifications for their service areas. It was decided to move to an approach similar to what had been undertaken for the community health services; having an overarching specification and annexes.

A decision had been made to bring to the Committee today the Overarching Specification and the other two annexes that had had amendments. All other annexes in the suite had had no change in terms of service delivery, provision or model; except to include their service name as the title of the specification and any updated national guidance. The same process was being followed by NHS East Riding CCG for the overarching specification.

Rationale and explanations were provided for the amendments to each of the specifications. The Positive Assets and Memory Assessment were two of the annexes. It was highlighted that the Positive Assets service had utilised the opportunity to ensure their specification was in line with current delivery and best practice in terms of IPS (Individual Placement Support). The Memory Assessment & Treatment Service specification was a full re-design of the service and the new specification outlines the new delivery model.

The Strategic Lead Children, Young People & Maternity stated that the relationship to perinatal mental health required its own annex as part of the suite of specifications for Humber TFT.

A member of the committee highlighted that the referral form for the Memory Assessment and the new inclusion of scan requests upon referral to the service. It was confirmed that GPs would not be responsible for the interpretation of the scans and the memory assessment service and commissioner had worked with the Consultant Neurologist to ensure this was in place as best practice. A slight amendment on the referral form was required to ensure it was clear that the scan reporting was the responsibility of Neurology and Memory Assessment Service. The Head of Integrated Commissioning highlighted that the Local Authority would require data in terms of the Mindful Employer element of Positive Assets which would be picked up by the Assistant Director Health and Wellbeing/Deputy DPH (Hull CC) and the Head of Integrated Commissioning (NHS Hull CCG) outside of the meeting.

**Resolved**

(a)	<p>Members of the Planning and Commissioning Committee approved the following service specifications subject to the agreed amendments:</p> <ul style="list-style-type: none"> <li>• Adult &amp; Older Adult Overarching Service</li> <li>• Memory Assessment &amp; Treatment Service</li> <li>• Positive Assets – Recovery College Employment Service</li> </ul>
(b)	<p>Members of the Planning and Commissioning Committee agreed for the signed EqlAs for Adult and Older Adult Overarching and Positive Assets</p>

	– Recovery College for Employment to be brought to the December 2019 Committee.
--	---

**6.7 CHILDREN’S SPEECH AND LANGUAGE THERAPY (SLT) SERVICE SPECIFICATION (including KPI’s)**

The Strategic Lead for Children, Young People and Maternity provided a report advising Committee Members of a new specification specifically for SLT and replaces the current Integrated Therapies Specification in relation to the SLT service.

This service specification outlines the transformation for the delivery of SLT service as one element of an integrated system-wide model that supports improved outcomes for children with Speech Language and Communication Needs (SLCN) across the city. The service would provide specialist assessment and intervention, advice and support and workforce development and across the universal and targeted SLCN tiers within children’s services and education settings in Hull.

It was stated that the service specification would be aspirational and include the outcomes of the engagement undertaken. The service specification includes the requirements of the SEND Code of Practice and SEND Tribunals and will be supported by the Service Development and Improvement Plan

Three new posts funded by the CCG are being recruited to within the speech and language service to support early intervention for children across early years services.

It was acknowledged that transition planning the 18 – 25 age range needs to be more prominent within the service specification along with the Public Health commissioning roles.

The EQIA for the service specification had not been signed but completed, it was agreed to bring the EQIA to the December 2019 to update Committee Members.

**Resolved**

(a)	Members of the Planning and Commissioning Committee considered and approved the service specification.
(b)	EQIA for Children’s Speech and Language Therapy to be signed and brought to the December 2019 Committee.

**6.8 PROPOSAL TO CHANGE DYNAMIC MATTRESS SUPPLIER ON COMMUNITY EQUIPMENT CONTRACT**

The Head of NHS Funded Care provided a report to inform the Committee about the benefits, risks and financial implications of the proposal to change the supplier of the dynamic pressure relieving mattress within the community equipment contract.

The potential change of mattress supplier had been highlighted on two occasions in the Quality and Performance Committee meetings, during discussions around the Community Equipment and Wheelchair budget being overspent for 2018/2019. It had been discussed that the dynamic mattresses were frequently-used high-cost items with many hundreds of units out in use in the community at any one time. However, many of the units were identified to be ageing and requiring more frequent service and maintenance.

The Quality and Performance Committee have expressed reservations around the continued use of mattresses without an agreed expiry and whether further market testing was required to ensure that the CCG was managing its Value for Money responsibilities.

The clinical quality and effectiveness of the ageing dynamic mattresses, and the financial implications of the CCG continuing to pay full price for items which could be 5 years old or more were important considerations that required further review particularly in the context of the community equipment budget being overspent.

As a result the Commissioner had begun negotiations with the equipment provider, and the NHS East Riding of Yorkshire CCG, who commission the same mattress, to establish a potential alternative. An alternative product of equivalent clinical quality at a significantly lower cost had been identified.

### **Resolved**

(a)	Members of the Planning and Commissioning Committee approved the change in mattress product.
-----	--

## **6.9 NHS FUNDED CARE UPDATE**

The Head of NHS Funded Care provided a report to inform the committee with an update on progress with the allocation of resource from the Continuing Health Care (CHC) budget in response to the activities that the Local Authority had been providing to support the end to end delivery of the CHC pathway. The original proposal was presented to and endorsed by the March committee.

The interim option proposed and agreed was to allocate the resource to the Council, through their Adult Social Care department in order to deliver the case management, brokerage and financial management processes on behalf of the CHC Team.

The terms of the agreement for the resource to be paid to the Local Authority were dependent on the development and agreement of conditions and oversight processes captured through a service specification.

The project had commenced but with limited progress, therefore no funding had been transferred to the Local Authority at present,

From 1 April 2021 NHS England and NHS Improvement (NHSE/I) data returns for CHC would be merged into one patient level data set to be submitted monthly. This change is significant in terms of the type and complexity of data that would be required.

In all five areas changes to the current model and processes were required to ensure that the NHS funded care service remains fit for the future and able to deliver on its intended outcomes which were:

- 1) People in the city were supported by a robust NHS funded care service able to meet the needs of eligible patients.
- 2) The CCG was able to meet its statutory responsibilities in relation to CHC and Children and Young Peoples Continuing Care (CC)

The current priorities for transformation were identifying potential options for the delivery of service, assessment, brokering and case management and the data recording systems that support the process.

**Resolved**

(a)	Members of the Planning and Commissioning Committee noted the progress to date regarding the NHS funded care transformation programme.
(b)	Members of the Planning and Commissioning Committee noted the changes in NHSE/I's expectations in respect of future data submissions.

**6.10 TB DIRECTLY OBSERVED THERAPY (DOT)**

The Strategic Lead – Primary Care, provided a report informing the Planning and Commissioning Committee of the current and proposed financial reimbursement for TB Directly Observed Therapy (DOT) and the current and proposed reporting mechanisms.

It was requested that new financial reimbursement be approved, along with requesting and approving the backdating of fees for the patient recently started on TB DOT, to the start of treatment (21 October 2019).

**Resolved**

(a)	Members of the Planning and Commissioning approved the new financial reimbursement
(b)	Members of the Planning and Commissioning approved the backdating of fees for the patient recently started on TB DOT, to the start of treatment (21 October 2019).

**7. SYSTEM DEVELOPMENT AND IMPLEMENTATION**

**7.1 PROCUREMENT UPDATE**

The procurement update was taken as read and any queries requested. The Committee had no specific areas where they required further clarification.

**Resolved**

(a)	Members of the Planning and Commissioning Committee considered and noted the contents of the report.
-----	--

**8. STANDING ITEMS**

**8.1 REFERRALS TO AND FROM OTHER COMMITTEES**

- Prescribing of medicines available to purchase Over The Counter for self-care to be taken to Primary Care Commissioning Committee.
- NHS Funded Care Update to be taken to Board.
- Lung Health Checks to be taken to Board.

## 9. REPORTS FOR INFORMATION ONLY

### 9.1 QUALITY & PERFORMANCE MINUTES

There were no Quality and Performance Minutes to circulate for information.

#### Resolved

(a)	Members of the Planning and Commissioning Committee noted there were no minutes to circulate.
-----	---

## 10. GENERAL

### 10.1 ANY OTHER BUSINESS

#### Lung Health Checks (LHC)

The Deputy Director of Commissioning and the Deputy Chief Finance Officer provided a report outlining how it was proposed to deliver the national Lung Health Check programme for the relevant population of Hull CCG including anticipated screening and post screening activity and associated financial impact.

The report requested formal support from the Planning and Commissioning Committee to recommend to the CCG Board that the CCG commit financial resources to commission the services required to manage/support those patients who were identified as requiring clinical intervention following the identification of a potential lung cancer, which was the primary purpose of the Lung Health Check, and / or alternative abnormal scan findings which may involve other lung disease, cardiac disease or vascular disease.

It was stated that the initial checks would be funded by a specific funding allocation with the local impact of identified disease to be funded by the CCG and Specialised Commissioning.

It was confirmed that the financial impact had been robustly assessed.

It was queried whether other pilots had the same issue of large amounts of funding being required. It was confirmed that there had been an inability to get this information as both Manchester and Liverpool advised that they had not monitored the data.

National funding would only support the lung health check activity, post check funding should fall under specialist commissioning and NHS Hull CCG.

It was noted that Primary Care input should not be overlooked within the pilot.

#### Resolved

(a)	Members of the Planning and Commissioning Committee gave formal support to the proposal and to recommend to the CCG Board that the CCG should commit financial resources.
-----	---

### 10.1 DATE AND TIME OF NEXT MEETING

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

Signed: *V. A. Rowcliffe*

(Chair of the Planning and Commissioning Committee)

Date: 3 January 2020

### **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