

## PLANNING AND COMMISSIONING COMMITTEE

### MINUTES OF THE MEETING HELD ON FRIDAY 3 JANUARY 2020 THE BOARD ROOM, WILBERFORCE COURT

#### PRESENT:

V Rawcliffe, NHS Hull CCG (Clinical Member) – Chair  
M Bradbury, NHS Hull CCG, (Strategic Lead Mental Health and Learning Disabilities)  
B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)  
P Davis, NHS Hull CCG, (Strategic Lead Primary Care)  
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)  
J Dodson, NHS Hull CCG, (Director of Integrated Commissioning)  
I Goode, NHS Hull CCG, (Lay Member)  
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)  
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)

#### IN ATTENDANCE:

Varun Anand, Modality Partnership, (GP)  
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.

The Chair advised that the meeting was not quorate and papers which required an approval would be circulated to voting members virtually after the meeting for approval.

#### 1. APOLOGIES FOR ABSENCE

B Ali, NHS Hull CCG, (Clinical Member)  
M Balouch, NHS Hull CCG, (Clinical Member)  
A Oehring, NHS Hull CCG, (Clinical Member)  
J Crick, NHS Hull, (Consultant in Public Health Medicine and Associate Medical Director)  
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)

#### 2. MINUTES OF THE PREVIOUS MEETING HELD ON 1 NOVEMBER 2019 and 6 DECEMBER 2019

The minutes from 1 November 2019 and 6 December 2019 were submitted for approval and taken as a true and accurate record.

#### Resolved

(a)	The minutes of the meetings held on 1 November 2019 and 6 December
-----	--

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 6 December 2019 was provided for information, there were no matters arising to be updated.

**01.11.19 - 6.4d - Prescribing Of Medicines Available To Purchase Over The Counter For Self-Care**

**03.01.20** – A draft letter was awaiting internal approval which would be circulated to practices along with leaflets.

**06.12.19 – 6.3a Integrated Commissioning Officer Board (ICOB)/General Update**

**03.01.20** – Hull CC representatives requested that the Director of Public Health’s annual report be deferred to the February agenda instead of the January agenda to ensure there was representation to provide additional information if required.

(a)	Members of the Planning and Commissioning Committee noted the updates to the Action List.
-----	---

**4. NOTIFICATION OF ANY OTHER BUSINESS**

There were no items of Any Other Business to discuss.

**Resolved**

(a)	The Planning and Commissioning Committee noted that there were no items of Any Other Business to discuss.
-----	---

**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 to be noted.
-----	--

### 5.2 GIFTS AND HOSPITALITY

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

## Resolved

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

### 5.3 DRAFT WORK PLAN

The Director of Integrated Commissioning provided a draft work plan for Committee Members to review and modify so the committee had the appropriate topics at the appropriate times.

The work plan was reviewed and discussed with the following items being proposed as revisions:

#### Strategy:

Vulnerable People & LD – the identified Lead should read - Strategic Lead – Mental Health and Learning Disabilities Commissioning.

Cancer Network should read Cancer Alliance.

Procurement Update – the identified lead should read The Director of Integrated Commissioning.

Procurement Framework – the identified lead should read The Director of Integrated Commissioning and should be bi yearly.

Financial Planning should be moved to May and October each year.

#### System Development:

Communication and Engagement Action Plan should be moved to May each year.

Patient Experience Report to be removed from the work plan as this report goes to Quality and Performance Committee.

CIC Board minutes frequency to be changed to 'as available'.

Humber Acute Services Review (HASR) to be added to the work plan with a frequency of as and when with an identified lead of The Director of Integrated Commissioning.

Director of Public Health (DPH) annual report to be added to the work plan with a frequency of yearly in December with an identified lead of Assistant Director Health and Wellbeing/Deputy DPH.

The date of the work plan requires amendment.

The work plan would be brought to the November Committee each year.

The annual report to be added to the work plan in May each year with an identified lead of the Chair.

**Resolved**

(a)	Members of the Planning and Commissioning Committee noted the workplan and agreed the proposed revisions.
-----	---

**6. STRATEGY**

**6.1 PUBLIC HEALTH BY EXCEPTION**

There were no exceptions to report.

**Resolved**

(a)	Members of the Planning and Commissioning Committee noted that there were no exceptions to report.
-----	--

**6.1b ADULT SOCIAL CARE MARKET POSITION STATEMENT**

The Director of Integrated Commissioning provided the Adult Social Care Market Position Statement 2019-2021 “A life not a service” for Information.

It was stated that the Adult Social Care Market Position Statement was a requirement of Care Act for the Local Authority to publish explaining to the market what their commissioning intentions were and giving context for the strategy of Adult Social Care.

**Resolved**

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

**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**

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

**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.

The NHS Hull Clinical Commissioning Group Summary of NICE Guidance form had been altered to include a RAG rating which indicates who was responsible for the action.

TA610 -Pentosan polysulfate sodium for treating bladder pain syndrome NICE stated this guidance was applicable to Primary and Secondary care acute. – No further

action -Discussed at HERPC and HUTH Drugs and Therapeutics committee – already on the formulary.

TA613 -Fluocinolone acetonide intravitreal implant for treating chronic diabetic macular oedema in phakic eyes after an inadequate response to previous therapy – NICE stated this guidance was applicable to secondary care acute - No further action -Discussed at HUTH Drugs and Therapeutics committee.

NG143 - Fever in under 5s: assessment and initial management - NICE stated this guidance was applicable to Primary care and secondary care - acute- NICE stated this would be cost neutral Communications to occur to raise awareness of changes within Primary care.

NG144 - Cannabis-based medicinal products - NICE stated this guidance was applicable to Primary care and secondary care – acute NICE stated this would be cost neutral - To be further discussed at Hull and East Riding Prescribing Committee.

NG145 - Thyroid disease: assessment and management - NICE stated this guidance was applicable to Primary care and secondary care - acute - NICE anticipate a cost saving - Needs more detailed review in conjunction with HUTHT & Primary Care reps.

NG146 - Workplace health: long-term sickness absence and capability to work - NICE stated this guidance was applicable to GPs and secondary care specialists and support services for people who were not in work and were receiving benefits - NICE stated this would be cost neutral - To be forwarded to CCG HR for their review and awareness raised with primary care often changes

NG147 - Diverticular disease: diagnosis and management - NICE stated this guidance was applicable to Community health care and secondary care – acute - NICE stated there would be a cost saving - Needs assessing via CHCP & HUTHT NICE compliance routes

DG37 - Point-of-care creatinine devices to assess kidney function before CT imaging with intravenous contrast - NICE stated this guidance was applicable to Secondary care – acute - NICE stated this would be cost neutral - No further action – secondary care – in tariff. – It was stated that the protocol at Hull University Teaching Hospital NHS Trust HUTHT be clarified to ensure patients were being treated within a timely/appropriate manner. It was agreed that the protocol of point-of-care creatinine devices be picked up at the Quality NICE meeting.

DG38 Rapid tests for group A streptococcal infections in people with a sore throat – NICE stated this guidance was applicable to Secondary care – acute - No further action – secondary care – in tariff.

It was noted that work was taking place on a structured approach for informing Primary Care of any updates.

## Resolved

(a)	Members of the Planning and Commissioning Committee noted the update.
(b)	The Chair to investigate the protocol at HUTHT for point-of-care

	creatinine devices.
(c)	Deputy Director of Quality and Clinical Governance / Lead Nurse to investigate the protocol at Quality NICE meeting for point-of-care creatinine devices.

### 6.3 INTEGRATED COMMISSIONING

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

The Director of Integrated Commissioning provided a verbal update advising that the next meeting Integrated Commissioning Officer Board was to be held on 31 January 2020.

The last Committees in Common was held on 18 December and approved the Better Care Plan.

#### Resolved

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

### 6.4 INTEGRATED DELIVERY

#### 6.4a FOCUS AREA MENTAL HEALTH AND LEARNING DISABILITIES

The Strategic Lead – Mental Health and Learning Disabilities Commissioning provided a presentation on the following:

- Children and Young People Mental Health Services,
- Children and Young People Neurodevelopmental services
- Adult Mental Health – Functional
- Adult Mental Health – Organic
- Learning Disabilities

The following presentation was circulated to ensure completeness.



MH & LD Presentation  
3 January 2020.pptx

It was agreed that the presentation would be circulated to members of the committee who were not present.

#### Resolved

(a)	Members of the Planning (a) and Commissioning Committee considered the content of the report.
(b)	Key slides of the Mental Health & Learning Disability would be circulated to members who were not present.

#### 6.4b PROJECT EXCEPTIONS Primary Care

The [GP Contract Framework](#), agreed by NHS England and NHS Improvement and GPC England in January 2019, secured investment for primary care services and established Primary Care Networks (PCNs). A key feature of the contract was five national service specifications, which would be delivered by Primary Care Networks (PCNs) - in collaboration with community services and other providers - from April 2020.

The five specifications were as follows:

- Structured Medication Reviews and Optimisation
- Enhanced Health in Care Homes (jointly with community services providers)
- Anticipatory Care (jointly with community services providers)
- Personalised Care; and
- Supporting Early Cancer Diagnosis

NHSE/I published draft outlines of the specifications including metrics on 23<sup>rd</sup> December 2019 and were seeking feedback.

NHSE/I was proposing to phase in the requirements over time in order to ensure that they were deliverable as PCN workforce capacity grows, and as the wider system infrastructure develops to support them. This potentially means:

- implementing the requirements of two of the five specifications (Structured Medication Reviews and Optimisation, Enhanced Health in Care Homes) in full from 2020/21; and
- phasing in the requirements of the Anticipatory Care, Personalised Care and Early Cancer Diagnosis specifications over the period from 2020/21 to 2023/24.

Where the outline specifications contain requirements for community services providers, it is anticipated that these would be incorporated into the NHS Standard Contract from 2020/21.

The following link to the document would be circulated to members of the Committee.

<https://www.engage.england.nhs.uk/survey/primary-care-networks-service-specifications/>

### **Children, Young People and Maternity**

The outcome letter of the joint SEND inspection revisit (dated 4 December 2019) was received on 16 December 2019 and as required would be published on Hull CC, Hull CCG and the Local Offer websites with a joint statement. The letter states the area has made sufficient progress in addressing two of the four significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing two significant weaknesses.

The revised SEND Improvement Plan (October 2019 – 2020), would focus on co-production with children, young people and families and frontline professionals; improvements to SEND data and performance through the development of Joint Needs Assessment and dashboard that would be used to improve joint commissioning of services. Ongoing progress in relation to short breaks, personal budgets, autism, speech and language and sensory processing services would continue with the aim to evidence improved outcomes for children and young people.

Following the Hull CC Ofsted inspection of local authority children's services (ILACS) and the CCG is reviewing current arrangements for medical assessment of potential and actual foster carers.

#### Unplanned Care

The accident and emergency system had been challenged in relation to winter pressures. HUTHT were operating a 'perfect fortnight' model commencing 3 January 2020.

#### Cancer Alliance

No Programme Director had been appointed to date.

#### Medicine Management

There were no exceptions to report.

#### Planned Care

There were no exceptions to report.

### **6.5 MATTHEWS HUB YOUNG PEOPLE AUTISM SUPPORT**

The Strategic Lead – Mental Health and Learning Disabilities Commissioning provided the Committee the initial Service Level Agreement for the new service. This was designed to enhance and develop a unified approach to delivering care and support services for young people with autism aged fourteen and above, who were awaiting clinical assessment from HTFT and to also raise awareness of support services available across the City.

The investment in this new service was supported at Prioritisation Panel and then ratified at Planning and Commissioning Committee during 2019.

This service level agreement has been developed in partnership with Humber Teaching NHS FT, Matthews Hub and people with autism diagnosis. The new service specification; which would be presented to the February 2020 Planning and Commissioning committee, would also be co-produced with people with autism.

It was requested by the Committee that the section on outcomes and experience for children and their family to be developed further within the Service Specification. A Contract Variation would be developed during January 2020 The Contract Variation would clearly identify that this was a new and developing service and that following further consultation and engagement the service providers would remain flexible in their care delivery model to ensure we meet the changing needs of young people and families.

#### **Resolved**

(a)	Members of the Planning and Commissioning Committee considered and approved the service agreement subject to the agreed enhancements.
(b)	It was stated that the meeting was not quorate, it was agreed that members of the Committee would make an initial decision as above thereafter the papers would be circulated to absent members for them to approve/decline remotely therefore reaching quoracy.



## 6.6 TARGETED LUNG HEALTH CHECK SERVICE SPECIFICATION

The Deputy Director of Commissioning provided the service specification for the Lung Health Check programme for approval.

It was clarified that Key Performance Indicators were currently in development and once agreed would be monitored closely.

It was noted that the service would commence in January 2020.

### Resolved

(a)	Members of the Planning and Commissioning Committee considered and approved the service agreement.
(b)	It was stated that the meeting was not quorate, it was agreed that members of the Committee would make an initial decision as above thereafter the papers would be circulated to absent members for them to approve/decline remotely therefore reaching quoracy.

## 6.7 HULL & ERY ESCALATION AND CHOICE POLICY

This item has been deferred until February 2020 Committee due to the EQIA not being completed.

## 6.8 COMMUNITY EATING DISORDER SERVICE FOR CHILDREN AND YOUNG PEOPLE (CEDS-CYP)

This item has been deferred until February 2020 Committee due to the EQIA not being completed.

## 7. SYSTEM DEVELOPMENT AND IMPLEMENTATION

### 7.1 PROCUREMENT UPDATE

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 and Non-Emergency Medical Transport service both continue with mobilisation for commencement on 1 April 2020.

### Resolved

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

### 7.2 ENGAGEMENT AND FORMAL CONSULTATION ASSURANCE FRAMEWORK

The Associate Director of Communication and Engagement provided a report describing the Engagement and Formal Consultation Assurance Framework and approach.

This Engagement and Formal Consultation Assurance Framework had been developed for use with commissioners and providers in both primary and secondary care.

The purpose of the framework was to ensure that NHS Hull CCG was fulfilling the Engagement and Consultation requirements outlined in the NHS Act and NHS Constitution; as well as support due diligence of service providers that the CCG commissions and co-commissions.

There were four documents that make up the assurance framework:

- Engagement and Consultation Assurance Framework Guidance - This was to support commissioners and providers to identify their requirements to engage or consult.
- Engagement or Consultation Assessment - This form would be completed by commissioners or providers with the support of the Communications and Engagement Team to help determine what engagement or consultation would be proportionate.
- Engagement or Consultation Plan Review - Following the Engagement or Consultation Assessment, an engagement or consultation plan would be developed.
- Engagement or Consultation Report Review - The report review checks that what was set out in the engagement or consultation plan was undertaken as planned and delivered the required information to support and influence decision making.

It was acknowledged that the framework was comprehensive and aligns with the statutory requirements.

The Communication and Engagement Team would offer support to providers and practices wishing to undertake engagement or formal consultation process.

It was stated that the framework had been being piloted and the approval of the framework via the Primary Care Commissioning Committee would formalise the process.

It was agreed to review the documentation in twelve months to ensure it was fit for purpose and include any learning identified during implementation.

**Resolved**

(a)	Members of the Primary Care Commissioning Committee approved the proposed assurance approach.
(b)	Members of the Primary Care Commissioning Committee approved the proposed review timescales.
(c)	It was stated that the meeting was not quorate, it was agreed that members of the Committee would make an initial decision as above thereafter the papers would be circulated to absent members for them to approve/decline remotely therefore reaching quoracy.

**8. STANDING ITEMS**

**8.1 REFERRALS TO AND FROM OTHER COMMITTEES**

There were no items to refer to another Committee.

## 9. REPORTS FOR INFORMATION ONLY

### 9.1 QUALITY & PERFORMANCE MINUTES

There were no Quality and Performance Committee 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

There were no items of any other business to use.

### 10.1 DATE AND TIME OF NEXT MEETING

The next meeting would be held on 7 February 2020, 9.30 am in the Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.

Signed: 

(Chair of the Planning and Commissioning Committee)

Date: 7 February 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