

PLANNING AND COMMISSIONING COMMITTEE

MINUTES OF THE MEETING HELD ON FRIDAY 3 JULY 2020, 9.30 AM

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Present

V Rawcliffe, NHS Hull CCG (Clinical Member) – (Chair)
A Oehring, NHS Hull CCG, (Clinical Member)
B Ali, NHS Hull CCG, (Clinical Member)
M Balouch, Hull CCG, (Clinical Member)
I Goode, NHS Hull CCG, (Lay Member) (Chair)
J Dodson, NHS Hull CCG, (Director of Integrated Commissioning)
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)
M Whitaker, NHS Hull CCG, (Practice Manager Representative)
P Davis, NHS Hull CCG, (Strategic Lead Primary Care)
B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)
M Bradbury, NHS Hull CCG, (Strategic Lead Mental Health and Learning Disabilities)
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)
T Fielding, Hull CC, (Assistant Director Health and Wellbeing/Deputy DPH)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)

IN ATTENDANCE:

D Robinson, NHS Hull CCG, (Minute Taker)
K McCorry, North of England Commissioning Support, (Medicines Optimisation Pharmacist)
C Denman, NHS Hull CCG (Head of NHS Funded Care)
J Mitchell, Associate Director of IT for the CCG's across the Humber
D Parker, NHS Hull CCG
P Young, NHS Hull CCG

WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

D Lowe, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)

2. MINUTES OF PREVIOUS MEETING HELD ON 5 JUNE 2020

The minutes of the meeting held on 5 June 2020 were submitted for approval and taken as a true and accurate record, subject to the following amendment:

6.4A Project Exceptions

Delete paragraph

“The question was posed as to whether a clinical lead reduces the amount of contact GPs have with care homes, it was stated that this would be the case over time as GP interaction would reduce. “

and replace with

“The work with care homes should mean over time, with new residents moving into residential/nursing care that residents within any given care home be aligned to certain practices or PCNs (not withstanding patient choice). This should make for better communications between a practice/PCN and their aligned care homes. “

Resolved

(a)	The minutes of the meeting held on 5 June 2020 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 5 June 2020 was provided for information, and the following updates were provided:

06.09.19 – 6.2 - **Centralised Stoma and Continence Prescribing Service**

Status Update - 03.07.20 – It was stated that guidance was still awaited, contacts had been escalated and an update would be tabled at the September 2020 Committee.

05.06.20 - 6.2a - **Mental Health and Learning Disabilities**

Status Update – 03.07.20 – Committee Members were advised that there was a direct phone line for clinicians and there had been long waits. The issue had been escalated and an urgent email response team was being implemented where a nurse would triage and streamline. Communications would be cascaded from Humber FT advising what was being delivered. Timelines to respond to emails were required and it was agreed that further discussion would take place at the August 2020 Planning and Commissioning Committee meeting as the service was being monitored closely to ensure the service was suitable for patients.

4 NOTIFICATION OF ANY OTHER BUSINESS

Any proposed item to be taken under Any Other Business must be raised and, subsequently approved, at least 24 hours in advance of the meeting by the Chair.

Resolved

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

Resolved

(a)	The Planning and Commissioning Committee noted there were no declarations of interest declared.
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5.2 GIFTS AND HOSPITALITY

There had been no declarations of Gifts or Hospitality made since the Planning and Commissioning Meeting in June 2020.

Resolved

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

6.1 PUBLIC HEALTH BY EXCEPTION

The Assistant Director Health and Wellbeing/Deputy DPH updated Committee Members on the following topics:

Hull City Council had been undertaking a large amount of work around the a local Outbreak Prevention and Management Plan to be signed off by Cabinet on 27th July 2020 which would be circulated to Committee Members for information.

The Outbreak Prevention and Management Plan is a live document and is structured around 7 themes. A high level action plan providing assurance has been devised for each theme.

An Engagement Board sub group, which would focus on public facing engagement, is led by the Leader of Hull City Council.

The Director of Public Health leads the COVID Outbreak Prevention and Management Board.

The role of the Humber Test, Trace and Isolate Group is to develop the local testing work.

Antigen testing in care homes was being undertaken with staff being tested weekly and residents being tested monthly.

Data intelligence and results informs a daily SitRep which is compiled ..

Antibody testing for staff is being looked into, however antibody testing is about surveillance not tracing.

All public health commissioning work was still being undertaken with a major emphasis on recommissioning 0 – 19 services.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update provided.
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6.2 MEDICINES MANAGEMENT

6.2a CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

There was no report assigned to this item to discuss.

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

There was no report assigned to this item to discuss.

6.2c NICE MEDICINES UPDATE (STANDING ITEM)

The Medicines Optimisation Pharmacist provided an update on 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 indicated who was responsible for the action.

The Committee Members were asked to note the March 2020 and April 2020 NICE Guidance summary in particular:

The following NICE guidance and Technology Appraisal were highlighted to Committee Members.

March 2020

NG159 - COVID-19 rapid guideline: critical care in adults - NICE state this guidance was applicable to:- Health and care practitioners, Health and care staff involved in planning and delivering services and Commissioners. – The guidance was discussed at HUTH Drugs and Therapeutics Committee.

NG160 - COVID-19 rapid guideline: dialysis service delivery - NICE state this guidance was applicable to:- Health and care practitioners, Health and care staff involved in planning and delivering services and Commissioners. The guidance was discussed at HUTH Drugs and Therapeutics Committee.

NG161 - COVID-19 rapid guideline: delivery of systemic anticancer treatments - NICE state this guidance was applicable to:-Health and care practitioners, Health and

care staff involved in planning and delivering services and Commissioners. The guidance was discussed at HUTH Drugs and Therapeutics Committee.

NG162 - COVID-19 rapid guideline: delivery of radiotherapy - NICE state this guidance was applicable to: Health and care practitioners, Health and care staff involved in planning and delivering services and Commissioners. The guidance was discussed at HUTH Drugs and Therapeutics Committee.

TA625 - Recombinant human parathyroid hormone for treating hypoparathyroidism (terminated appraisal) - There were no implementation tools available. The guidance was discussed at HUTH Drugs and Therapeutics Committee.

TA464 - Bisphosphonates for treating osteoporosis – commissioned through CCG's.

NG155 - Tinnitus: assessment and management - NICE state this guidance was applicable to various organisations. NICE anticipate this would be cost neutral and would be commissioned by CCG's

NG156 - Abdominal aortic aneurysm: diagnosis and management - NICE state this guidance was applicable to Primary care, Community health care, Secondary care - acute and Ambulance services and would be commissioned by NHSE and CCG's.

NG158 - Venous thromboembolic diseases: diagnosis, management and thrombophilia testing - NICE state this guidance was applicable to Secondary care – acute and would be commissioned by NHSE and CCG's, NICE anticipate a cost saving. The guidance was discussed at HUTH Drugs and Therapeutics Committee. – The question was posed as to if there had been any change to the prescribing criteria as CHCP would need to be advised of this, it was stated that at present there had been no changes.

NG88 - Heavy menstrual bleeding: assessment and management - NICE state this guidance was applicable to primary care and secondary care and would be commissioned by NHSE and CCG's. The guidance was discussed at HUTH Drugs and Therapeutics Committee.

April 2020

It was acknowledged that there had been slight updates on the following previous COVID related guidance NG159, NG160 and NG161.

NG165 - COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community - NICE state this guidance was for Health and care practitioners, Health and care staff involved in planning and delivering services and Commissioners. – The guidance was discussed at HUTH Drugs and Therapeutics Committee. The guidance was discussed at HUTH Drugs and Therapeutics Committee.

NG166 - COVID-19 rapid guideline: severe asthma - NICE state this guidance was for Health and care practitioners, Health and care staff involved in planning and delivering services and Commissioners. – The guidance was discussed at HUTH Drugs and Therapeutics Committee. The guidance was discussed at HUTH Drugs and Therapeutics Committee.

NG167 - COVID-19 rapid guideline: rheumatological autoimmune, inflammatory and metabolic bone disorders – NICE state this guidance was for Health and care practitioners, Health and care staff involved in planning and delivering services and Commissioners. – The guidance was discussed at HUTH Drugs and Therapeutics Committee. The guidance was discussed at HUTH Drugs and Therapeutics Committee.

NG168 - COVID-19 rapid guideline: community-based care of patients with chronic obstructive pulmonary disease (COPD) – NICE state this guidance was for Health and care practitioners, Health and care staff involved in planning and delivering

services and Commissioners. – The guidance was discussed at HUTH Drugs and Therapeutics Committee. The guidance was discussed at HUTH Drugs and Therapeutics Committee.

NG169 - COVID-19 rapid guideline: dermatological conditions treated with drugs affecting the immune response – NICE state this guidance was for Health and care practitioners, Health and care staff involved in planning and delivering services and Commissioners. – The guidance was discussed at HUTH Drugs and Therapeutics Committee. The guidance was discussed at HUTH Drugs and Therapeutics Committee.

NG170 - COVID-19 rapid guideline: cystic fibrosis – NICE state this guidance was for Health and care practitioners, Health and care staff involved in planning and delivering services and Commissioners. – The guidance was discussed at HUTH Drugs and Therapeutics Committee. The guidance was discussed at HUTH Drugs and Therapeutics Committee.

NG171 - COVID-19 rapid guideline: acute myocardial injury – NICE state this guidance was for Health and care practitioners, Health and care staff involved in planning and delivering services and Commissioners. – The guidance was discussed at HUTH Drugs and Therapeutics Committee, The guidance covers care in a hospital setting. . The guidance was discussed at HUTH Drugs and Therapeutics Committee.

NG172 - COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response - NICE state this guidance was for Health and care practitioners, Health and care staff involved in planning and delivering services and Commissioners. – The guidance was discussed at HUTH Drugs and Therapeutics Committee. The guidance was discussed at HUTH Drugs and Therapeutics Committee.

It was stated that all of the guidance had been endorsed and the Technology Appraisals would be reviewed.

Resolved

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

6.3a ICOB/CIC GENERAL UPDATE/NOTES

The Director of Integrated Commissioning advised Committee Members that the Adult Social Care Infection Grant paper and Audit Social Care Services During COVID 19 Crisis paper, which had been endorsed at the June 2020 Planning and Commissioning Committee, had been approved at Committees in Common held on 22nd June 2020.

The Integrated Commissioning Executive Sub Committee (ICOB) and Joint Commissioning Forum (JCF) would start meeting again.

Resolved

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

6.4a 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 and LD
Presentation .pptx

During the presentation the following areas were discussed in greater detail:

- Thrive Model being adopted across a range of areas.
- Progress towards a single Mental Health Service across Hull and East Riding to provide a seamless service for Children and Young People.
- CAMHS referrals had dropped in the initial phase of Covid, these are now increasing again.
- £600k per annum has been secured by NHS Hull CCG as part of the Wave 4 NHS England roll out of Mental Health Support Teams (MHST) in schools.
- Progress towards targets for perinatal mental health had deteriorated during the COVID restrictions.

It was acknowledged that emerging from the height of the COVID 19 pandemic there has been an increase in mental health referrals which would continue for the foreseeable future.

6.4b PROJECT EXCEPTIONS

Unplanned Care

All projects relating to unplanned care are being reviewed to reflect their current position with Talk before you Walk as the main focus. NHSE and NHSI's main aim is for patients to have spoken to someone regarding their ailment before leaving their home to ensure they attended the correct location.

Minor attendances at A & E had increased following a significant drop in the early stages of the Covid19 pandemic.

NHSE/I are reviewing all Urgent Treatment Centre's (UTC) and once the work is complete local actions would be identified.

Children, Young People and Maternity

Hull & ERY CYP and Maternity System and Hull SEND services are focusing on restoration plans, increasing face-to-face contacts and adopting increased use of digital solutions. Planning is underway as there is an anticipated surge in demand for

services specifically those where schools are the key referrer as children return to early years and school settings these include safeguarding, SEND and children with long term conditions.

Hull and ERY CCG's are working with CHCP in the restoration plans for Short Break Services at Sunshine House, with a plan to reopen as soon as possible due to increasing parental fatigue especially for those with complex and long term health conditions.

Cancer Alliance

The current focus is to risk assess and safety net patients who are waiting for diagnostics and treatment.

There are now a number of patients who are exceeding the 62 day wait for treatment.

Specific attention is being paid to the colorectal pathway and Faecal Immunochemical Test (FIT) testing.

Work is progressing across the ICS to look at how an elective and cancer treatment hub could be delivered using the 3 main NHS providers and the independent sector.

Diagnostics capacity is a significant constraint for both elective and cancer work.

Planned Care

HUTHT are working at 30% - 40% of its pre-COVID capacity due to infection control and social distancing measures to maintain patient and staff safety.

Primary Care

Work on the availability of antibody testing for primary care staff is being undertaken in light of NHS England guidance. Practices have developed triage models to reduce face to face consultations when patients can be seen either by telephone or video consultation. The question was posed as to whether all practices are offering face to face appointments as anecdotal evidence suggested that some patients were being diverted away from their practice. It was agreed that further investigation be undertaken to ascertain if this was the case.

Medicine Management

The Medicines Management work plan had been placed on hold due to the COVID 19 pandemic.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the exceptions.
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6.4c AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC) AIDS

The Clinical Commissioning Officer – Equipment and Wheelchairs provided a report outlining the proposed new process around the supply of augmentative and alternative communication aids. The proposed changed pathways were set out from the current process to a revised, more integrated equipment process.

The Local AAC service is responsible for undertaking assessment for low tech AAC equipment for individuals without highly complex needs. Which included the assessment for, and provision of, literacy based, direct access high tech communications aids (to individuals with no language or access difficulties).

Currently Speech and Language Therapists from Humber NHS Foundation Trust and City Health Care Partnership arranged for provision of tablets and specialist AAC app technology through the CCG IFR Process and in terms of low level vocal aids for children have used adhoc methods including IFR; charitable or parental funding for items.

A review of current processes has been undertaken and a proposal made to improve the assessment and supply process locally to provide a timely access to a range of agreed switches and voice output devices and introduce a clear approval route for android tablets using locally agreed criteria.

A wide and varied discussion occurred around the process flow with the following areas being highlighted:

- The ordering of communications aids has been streamlined.
- The ordering of equipment for schools to be reviewed, the budgets from Hull CC and NHS Hull CCG would need to be aligned if this was to occur.
- Equipment would be recycled and will not always be new
- The IFR panel had fully supported the proposed changes in the process these being:

Where needs could not be met through low level provision, other technology solutions; i.e. android tablets and iPads would be provided against the following criteria:

- Android pads are considered in the first instance with a suitable free app.
- Use of iPads with a suitable free app would be considered with clinically appropriate supporting information as to why an iPad was the better option
- If a 'paid for' app was recommended there should be clear rationale as to why a free app was unsuitable
- With devices that can be decontaminated the CCG would discuss with the prescribers on the potential to maintain the device for onward use. There would also be opportunities for the prescriber to request funding to add applications to the decontaminated device.
- If more than one piece of equipment was requested; for example 2 iPads so that one can be charging; there needs to be a clinical rationale as to why duplicate equipment was required.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the proposed changes in the process.
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7. SYSTEM DEVELOPMENT AND IMPLEMENTATION

7.1 PROCUREMENT UPDATE (STANDING ITEM)

There was no report assigned to this item to discuss.

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

The minutes of the Quality and Performance Committee on 21st April 2020 and 19th May 2020 were circulated for information.

Resolved

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

10.1 ANY OTHER BUSINESS

There were no items of AoB to discuss.

Resolved

(a)	Members of the Planning and Commissioning Committee noted there were no items of Any of Business to discuss.
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10.2 DATE AND TIME OF NEXT MEETING

The next meeting would be held on 7th August 2020, 9.30 Via GoToMeetings.



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 4th September 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
CAB	Citizens Advice Bureau
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
PHBs	Personal Health Budgets
PHE	Public Health England
PMLD	Profound and Multiple Learning Difficulties
PTL	Protected Time for Learning
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