

PLANNING AND COMMISSIONING COMMITTEE

MINUTES OF THE MEETING HELD ON FRIDAY 6th AUGUST 2021, 9.30 AM

Via MS Teams

Present

V Rawcliffe, NHS Hull CCG (Clinical Member) – (Chair)
M Balouch, Hull CCG, (Clinical Member)
P Davis, NHS Hull CCG, (Strategic Lead Primary Care) only until item 6.2d
B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)
T Fielding, Hull CC, (Assistant Director Health and Wellbeing/Deputy DPH)
I Goode, NHS Hull CCG, (Lay Member) (Vice Chair)
D Lowe, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)
D Pullen-Higham, NHS Hull CCG, (Strategic Lead Mental Health)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)
A Oehring, NHS Hull CCG, (Clinical Member)

IN ATTENDANCE:

D Robinson, NHS Hull CCG, (Minute Taker)
K McCorry, North of England Commissioning Support, (Medicines Optimisation Pharmacist)
J Mitchell, Associate Director of IT for the CCGs across the Humber

WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

B Ali, NHS Hull CCG, (Clinical Member)
J Crick, NHS Hull, (Consultant in Public Health Medicine and Associate Medical Director)
J Dodson, NHS Hull CCG, (Deputy Chief Finance Officer)
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)
M Whitaker, NHS Hull CCG, (Practice Manager Representative)

2. MINUTES OF PREVIOUS MEETING HELD ON 4th JUNE 2021

The minutes of the meeting held on 4th June 2021 were submitted for approval and taken as a true and accurate record,

Page 7 'Ditch the Dipstick' Guidance has changed from

The criteria had microbiology input therefore emphasising not using a dipstick in the over 65. It was stated there had been rejections of dipstick by microbiology and this was due to there being only a dipstick being received and no further information. It was

requested that the guidance be more specific as to what the process should be for GP's.

To

It was stated there had been rejections of urine samples sent to the lab for microscopy, culture and sensitivities (MC&S). Some of this related to Covid and lab capacity and some to limited clinical details on the request form. It was requested that information on which urine samples the lab would accept for MC&S be circulated to primary care.

Resolved

(a)	The minutes of the meeting held on 4 th June 2021 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 4th June 2021 had been provided for information, and the following updates were provided:

Dr Masood Balouch and Dr Oehring declared financial interest Action list 07.05.21 – 6.1 partners in GP practices. The declarations were noted. All remained on the call for that agenda item.

07.05.21 - 6.1 Public Health by Exception

Information around digital weight management be brought to the June 2021 Committee **Status update 06.08.21** – Hull had been identified as a priority area for Digital Weight Management. 2 PCNs (Bevan and NEXUS) had put in a proposal to commence work identifying individuals who are eligible for the Weight Management Programme. Subsequently there was the national enhanced service for practices around weight management, only 3 practices with Hull had not signed up for the service.

04.06.21 - 6.2b2 - Hull & East Riding Prescribing Committee – Prescribing Guidelines/Guidance and Others Relevant Papers

Status Update 06.08.21 – Advice would be sought from Ross Palmer on how to create a challenge.

Resolved

(a)	The Planning and Commissioning Committee noted that the outstanding actions would be discussed within agenda items.
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4 NOTIFICATIONS 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.

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 be discussed 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:

- (iv) 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:

- (iv) the name of the person declaring the interest;
- (ii) the agenda number to which the interest relates;
- (iii) the nature of the interest and 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
Masood Balouch	Action list 07.05.21 – 6.1 7.1	Financial Interest – Partner at Haxby Group the declaration was noted.
Amy Oehring	Action list 07.05.21 – 6.1	Financial Interest – 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 June 2021.

Resolved

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

The Chair presented the corporate Risk Register for discussion. The register provided a brief on the planning and commissioning risks on the corporate risk register.

It was noted that there were currently 38 risks on the CCG Risk Register, 8 of which related to Planning and Commissioning. All the risks included within the report were rated as high risk and had a risk score of 8 or above.

The overall profile of the P&C risks on the risk register were as follows:

- 5 risks were rated as high;
- 3 risks were rated as moderate;

The risk register had been reviewed by Committee Members.

The Lay Member - Strategic Change asked if there were any more up to date figures/information on risk 932 - Paediatric Speech and Language (SLT) Service. It was stated that at present this was the only information held. The Deputy Director of Commissioning would investigate and update the risk register.

Resolved

(a)	Committee Members noted or commented, where appropriate, on the relevant risks, controls, and assurances within the risk register.
(b)	Committee Members requested additional information be sought on risk 932.

6. STRATEGY

6.1 PUBLIC HEALTH BY EXCEPTION

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

COVID Update

COVID rates were reducing in all areas across the Humber apart from within Hull.

The vaccination rate for Hull had been lower than in other city's due to the population being younger and more deprived.

An integrated model for popup clinics and focused door knocking had been used in Hull, which had been a huge success.

An announcement was expected on 16th August 2021 around isolating after being in close contact with an individual who has been diagnosed with COVID 19.

National guidance had been received for Health and Social Care staff which sets out expectations and guidance of how social care need to be preparing for mandatory vaccination of homecare staff.

Commissioning within Hull City Council was being shaped by several quick turnaround, fragmented funded schemes.

Committee in Common had approved the following schemes which were now being implemented:

- Children and Family Weight Management Grant.
- Adult Weight Management Grant.
- Prevention and Promotion Fund for Better Mental Health 2021 – 22.
- Rough Sleeping Drug and Alcohol Treatment Grant.
- PHE Universal Funding 2021/22.

The Assistant Director of Health and Wellbeing/Deputy DPH advised that the grants had been a sizable investment into the city although they come with sustainability risks as the grants were only short term.

Resolved

(a)	Committee Members noted there was no representative from Public Health at the Committee.
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6.2 MEDICINES MANAGEMENT

6.2 CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

There were no Clinical Commissioning Drug Policies to discuss.

6.2b1 HULL & EAST RIDING PRESCRIBING COMMITTEE (HERPC) SUMMARY OF NEW DRUGS OR CHANGES IN USAGE APPLICATIONS AND TRAFFIC LIGHT STATUS

The Medicines Optimisation Pharmacist presented the Hull & East Riding Prescribing Committee: Summary of new drugs or changes in usage applications and traffic light status for approval. The report provided Committee Members with recent new drugs or changes in usage application and traffic light status.

The summary of new drugs/change in usage application had been circulated for information.

The following drugs were highlighted relevant to CCG commissioned drugs:

Ketofall® Ketotifen Single Use Eye Drops – Blue drug - CCG Commissioned after specialist recommendation.

Nilemdo ® Bempedoic Acid - Red drug - CCG Commissioned.

Natalizumab Subcutaneous - Red Drug - NHSE Commissioned

Naldemedine – Blue drug - CCG Commissioned after specialist recommendation, thereafter prescribe via primary care.

Cefazolin – Red drug - CCG Commissioned but not PbR excluded therefore in tariff.

Cyanocobalamin 1000microgram oral preparation – Green dug - CCG commissioned.

Resolved

(a)	Committee Members approved the report provided re: new drugs or change in usage applications and traffic light status
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6.2b2 HULL & EAST RIDING PRESCRIBING COMMITTEE – PRESCRIBING GUIDELINES/GUIDANCES AND OTHER RELEVANT PAPERS

The Medicines Optimisation Pharmacist presented the Hull & East Riding Prescribing Committee – Prescribing Guidelines/Guidances. The report requested Committee Members to consider and approve the Prescribing Guidelines and other relevant papers from the Hull & East Riding Prescribing Committee meeting in July 2021 as per below.

- (a) Moderate-severe allergic rhinitis uncontrolled by maximal conventional therapy pathway (Acarzax) (New)
- (b) Emergency Steroid Card Guideline (New)
- (c) Diagnosis of airway disease guideline
- (d) COPD Guideline
- (e) Adult Asthma Guideline

Moderate-severe allergic rhinitis uncontrolled by maximal conventional therapy pathway (Acarzax) (New)

The pathway had been produced relevant for secondary care specialist use. Acarizax and Oralvac would be red drugs and would be via HUTHT only. Grazax is an amber drug and shared care. The service would undertake an audit for the use of the drugs and would be presented at the HUTHT Drug and Therapeutics committee.

Emergency Steroid Card Guideline (New)

It was noted that the guidelines had been discussed at HERPC and the HUTHT Drug and Therapeutics Committee. The guidelines are relevant to a national patient safety alert for implementation. The implementation of steroid cards was an ongoing piece of work. The guidance states who should have an emergency steroid cards and who was responsible for ensuring this was carried out.

It was stated that not all primary care sites were systemically going through patients to issue steroid cards. The Medicine Optimisation Team had been working with PCNs/GP practices around the patient safety alert. The guidance states that the prescriber would issue the card. The Medicines Optimisation Pharmacist advised that the technicians had been assisting through the quality work although now the CCG workplan was being worked on assistance had stopped.

It was agreed that the Emergency Steroid Card Guidelines would be further discussed at the pathway review group and interface group to advise general practice re: the guidelines and the expectations. It was stated that the clinical validity of the guidelines were not in question although the application and awareness of the guidelines was a concern.

Diagnosis of airway disease guideline

The Medicines Optimisation Pharmacist stated the document circulated had minor changes and had been circulated for information.

COPD Guideline

The Medicines Optimisation Pharmacist advised that the COPD guidelines circulated had been based on existing guidelines and highlighted the relevant changes.

Dr Oehring asked who the complex case managers were referred to within the guidelines The Medicines Optimisation Pharmacist advised that the case managers were previously known as the long-term conditions team. Post meeting it would be determined if the information around case managers should be included within the treatment algorithm.

PCN links managers were in the process of reviewing spirometry and access to; each practice would be contacted to ascertain what position they were in. It was noted that Karen Mazingham was leading a piece of work around the use of spirometry across Hull and East Riding. Spirometry would potentially be in the community diagnostic hubs.

Adult Asthma Guideline

The Medicines Optimisation Pharmacist advised that the adult asthma guidelines circulated had been based on existing guidelines and highlighted the relevant changes.

Dr Balouch asked about if all practices commenced referring patients to the respiratory clinic as per the guideline; how long would the referral waiting time be? It was questioned that the guidance should possibly be altered to state clinical judgement should be used, Dr Oehring advised this could not be done as the documents were national guidance. It was requested that The Medicines Optimisation Pharmacist would feed back that the Planning and Commissioning Committee approved the guidelines but did not feel the system could manage referrals applicable to what was in the guidelines.

It was agreed the guidelines approved would be circulated via GP contact us.

Resolved

(a)	Committee Members approved the following:
	(a) Moderate-severe allergic rhinitis uncontrolled by maximal conventional therapy pathway (Acarzax) (New)
	(b) Emergency Steroid Card Guideline (New)
	(c) Diagnosis of airway disease guideline
	(d) COPD Guideline
	(e) Adult Asthma Guideline

6.2c NICE MEDICINES UPDATE (STANDING ITEM)

The Medicines Optimisation Pharmacist presented the NICE update for April and May 2021. The report informed Committee Members of changes or additions to NICE publications, and their implications for CCG Commissioners.

The Committee Members were asked to note the April and May 2021 NICE Guidance summary.

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

TA694 Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia - NICE stated this guidance was applicable to Secondary care – acute – Commissioned via CCG - NICE stated this would be cost neutral.

QS37 Postnatal care the following implementation tools were available, QS service improvement template (March 21), Practical steps to improving the quality of care and services using NICE guidance.

NG193 Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain - NICE stated this guidance was applicable to Primary care, Community health care and Secondary care – acute - Commissioned via CCG (or via ICS & NHSE in some areas) - NICE expect this to result in a cost saving.

NG194 Postnatal care - NICE stated this guidance was applicable to Secondary care – acute – Commissioned via CCG - NICE stated this would be cost neutral.

NG196 Atrial fibrillation: diagnosis and management - NICE stated this guidance was applicable to Primary care and secondary care – acute – Commissioned via NHSE & CCG - NICE stated this would be high cost.

NG191 (updated from March 2021) COVID-19 rapid guideline: managing COVID-19

NG172 (updated from April 2020) COVID-19 rapid guideline: gastrointestinal and liver conditions treated with drugs affecting the immune response

NG169 (updated from April 2020) COVID-19 rapid guideline: dermatological conditions treated with drugs affecting the immune response

TA697 Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban - NICE stated this guidance was applicable to Primary care – Commissioned via ICS / CCG - NICE stated to assess costs locally.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the report.
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6.2d REVIEW OF HULL CCG MEDICINES POLICIES, NOT HERPC GENERATED

The Deputy Director of Commissioning presented a report which sets out those medicines policies that the CCG holds that have been historically generated through the Commissioning Team outside of the accepted medicines management/agreement processes that were set up through the Hull & East Riding Prescribing Committee. It demonstrates that the policies have been either superseded by national evidence-based policies or were not part of the joint formulary and requests agreement to remove these policies from the website and, for some, to remove them as active policies.

Armour Thyroid

Originally dates back to 2010, last updated in 2016. States does not commission. No evidence of IFR requests to use.

Dapoxetine

Updated in 2016. States not routinely commissioned.

Racecadotril

Updated in 2016. States not recommended

Siklos – Hydroxycarbamide

From 2011. Used, or not used for sickle cell disease. Sickle cell was v=covered by NHSE Specialised Commissioning and was not part of CCG commissioning. Drug, if it was to be used, would be prescribed within specialised service.

Tadalafil

Developed 2016. Usage described not included in joint formulary.

A wide and varied discussion occurred around Dapoxetine as two GPs were proscripting although it was on the not routinely commissioned list. Committee Members were advised that there was no indication on system one not to prescribe. It was acknowledged that if Dapoxetine should not be prescribed it needed to be linked into formulary. It was agreed to remove the five policies from the website and NHS Hull would be guided by any restriction that come via the ICS.

Resolved

(a)	Members of the Planning and Commissioning Committee supported the removal of these policies from the CCG website and clearer redirection to both the Joint Formulary and the Humber Policies
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6.2e NOTIFICATION OF THE REBATE AGREEMENT RENEWAL FOR MEZOLAR 2021

The Senior Medicines Optimisation Technician present a paper notify the Planning and Commissioning Committee of the Mezolar Rebate agreement renewal 2021.

It was stated the renewal incorporated the same terms and conditions as the original rebate contract that was approved in July 2020.

The total rebate amount for 2020 for Mezolar was £6459.00

Resolved

(a)	Members of the Planning and Commissioning Committee endorsed the Mezolar 2021 rebate agreement renewal before this information goes to Integrated Audit and Governance Committee (IAGC) for agreement.
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6.2f NOTIFICATION OF THE REBATE AGREEMENT RENEWAL FOR INSUMAN 2021 & APIDRA 2021

Committee Member were advised that 9 members had endorsed the Insuman 2021 and Apidra 2021 rebates virtually.

Resolved

(a)	Members of the Planning and Commissioning Committee endorsed Insuman 2021 and Apidra 2021 rebate agreement renewal before this information goes to Integrated Audit and Governance Committee (IAGC) for agreement.
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6.2g NOTIFICATION OF THE REBATE AGREEMENT RENEWAL FOR CLENIL 2021

The Senior Medicines Optimisation Technician present a paper notify the Planning and Commissioning Committee of the Clenil Rebate agreement renewal 2021.

It was stated the renewal incorporated the same terms and conditions as the original rebate contract that was approved in July 2020.

The total rebate amount for 2020 for Clenil was £28032.

Resolved

(a)	Members of the Planning and Commissioning Committee endorsed the Clenil 2021 rebate agreement renewal before this information goes to Integrated Audit and Governance Committee (IAGC) for agreement.
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6.3 INTEGRATED COMMISSIONING

6.3a ICOB/CIC GENERAL UPDATE/NOTES

The Chair advised Committee Members of the following updates:

Committees in Common

Committees in Common meet on 28 July 2021 with the following items on their agendas for approval:

Transitional arrangements for Thornton Court and redirection of resources to meet discharge to assess guidance

The report sets out the rationale for the re-direction of Better Care funding to meet the operational requirements to deliver Discharge to Assess as detailed within the recently issued Department for Health and Social Care guidance. The report also describes the arrangements across both Adult Social Care and Neighbourhoods and Housing to ensure a smooth transition to new operating models which would minimise disruption for staff, permanent tenants and temporary residents residing at Thornton Court.

Provision of Care and Support Services and Catering services within Extra Care

The report outlines the new model for provision of care and support services within the Extra Care facilities, presents options for how that model could be delivered when the existing contracts expire and the preferred option and presents options for recommissioning the catering contract within Extra Care sites which expires on 31st December 2021.

Better Care Fund – Outturn 2020/21

The report sets out the actual spend incurred against the Better Care pooled budget by Hull City Council and NHS Hull Clinical Commissioning Group for the financial year 2020/21.

Adult Weight Management Services Grant

The report advises on the receipt of £269,473 Adult Weight Management Services Grant from Government and seeks approval to develop and deliver an adult weight management service in accordance to grant conditions, Hull CC procedures and in the most pragmatic way possible to meet the short timescales.

Child and Family Weight Management Grant

The report advises on the receipt of £305,000 Child and Family Weight Management Services Grant from Government and seeks approval to develop and deliver a child and family weight management service in accordance to grant conditions, Council procedures and in the most pragmatic way possible to meet short timescales.

Prevention and Promotion Fund for Better Mental Health 2021- 22

The report advises on the receipt of £334,909 Prevention and Promotion Fund for Better Mental Health Grant from Government and seeks approval to develop and deliver a public mental health programme for residents in the City in accordance to grant conditions, Hull City Council procedures and in the most pragmatic way possible to meet the short timescales.

Rough Sleeping Drug and Alcohol Treatment Grant Year 2 (2021-22)

The report seeks approval for the acceptance and distribution of the grant allocation to be received from Public Health England and Authorise the allocation as per grant conditions.

PHE Universal Funding 2021/22

The report was to provide an update on this decision that were made by the Leader of the Council.

Integrated Commissioning Officer's Board

The Integrated Commissioning Officers Board had the following in progress:

- Social Prescribing, Welfare Advice and General Advice
- Continuing Health Care and Children's Continuing Care
- Development of the Hull Place Partnership.

Resolved

(a)	Committee Members noted the update.
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6.4 INTEGRATED DELIVERY

FOCUS AREAS

6.4a PLANNED CARE

The Deputy Director of Commissioning presented a paper to update the Committee on the work being undertaken to deliver improvements around Planned Care.

The following key areas were highlighted from the paper:

MSK

Several meetings had been held nationally; it was acknowledged that the ICS were undertaking MSK as a significant piece of work. The ICS would be promoting a pathway approach. Hull were unique across the ICS in having commissioned health share to provide MSK support. It was acknowledged that other areas were working with primary care and putting first contact physios in primary care to deliver the service. Work was being carried out on whether Hull CCG would continue with the service that was in place or move towards having first contact physios in Primary Care sites. Health Share had spoken to all Clinical Directors about placing first contact physios in Primary Care Sites.

It was stated that the Health Share contract was payment by results therefore NHS Hull CCG would not be financially damaged if the number of appointments reduced.

Skin Cancer Referrals

All practices within Hull hold a dermatoscope, holder and Iphone. It was noted that the PIP pages on the Hull portal had the old versions of documents and referral forms uploaded. It was noted that work was being undertaken to align the pages as the joint PIP page on the portal had the most up to date versions uploaded.

It was requested that Simon Caruthers present quarterly webinars for a year, so all clinicians have the opportunity to attend.

Community Diagnostic Hubs

The principle of having diagnostic hub was that planned elective diagnostics would be out in the community and the hospital should focus on the needs of urgent, emergency care and inpatients.

The expectation nationally for Community Diagnostic Hub was that appropriate elective diagnostic were pulled out of the hospital.

A spending review was under way to ascertain how much money would be required to create a Community Diagnostic Hub.

The ICS would put forward nationally a model of where diagnostic hubs and spokes would be across the whole of the ICS. The ICS information would be high level and non-committal.

Local discussions would be held to determine what was needed and required for the Hull and East Riding Community Diagnostic Hub and escalated to ICS level.

The ICS would then look at sourcing 50m across Hull and East Riding to put in place a Full Diagnostic Hub. The preferred location of the hub was Hull City Centre. Spokes would be identified which would have the majority of services that were in the hub although the CT and MRI would be mobile. Conversations were being held with PCNs and practices on local hublets to ascertain where they would be placed. The hublet, spoke and hub would be connected into a single virtual model using the same documentation and IT.

A general submission would be placed week commencing 9th August 2021, further discussions may occur in September 2021 when the vision for Hull and East Riding would be voiced in more detail.

Engagement/Consultation would be required to move significant amounts of diagnostics from where they were provided at present.

Resolved

(a)	Committee Members noted the update.
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6.4b VULNERABLE PEOPLE AND LEARNING DISABILITIES

The Strategic Lead for Mental Health and Learning Disabilities presented a paper to update Committee Members on the work being undertaken to deliver improvements around Vulnerable People and LD.

It was acknowledged that the national target for Learning Disability Annual Health Checks target had not been reached. It was noted that there had been discrepancies between the national and local data. Quarter 1 data was awaited as the issue which was causing the discrepancies had been addressed. It was stated the Health and Wellbeing service would focus on the nationally reported data to ensure Learning Disability Annual Health Checks being achieved.

An expression of interest had been submitted to become an exemplar site, to work across the Humber sharing the learning of Hull.

COVID Vaccination Data

89.4% of 16 + and on a LD register had received their first vaccination.

92.6% of 16 + and on a LD register had received their second vaccination.

A comparison was being worked on to determine how this data equates to the non-LD population.

The Profound and Multiple Learning Disability Speciality Doctor had been in post for 4 months. Feedback had been extremely positive for this appointment. A piece of research was due to be undertaken to evaluate the appointment, this would be used nationally as the Profound and Multiple Learning Disability Speciality Doctor in Hull was the first appointment of a in the county.

Out of Area placements at the end of Q4 was against trajectory. At present time Humber were 5 above trajectory. It was noted that coming out of lockdown had seen the complexity of cases in the community increase and placement becoming unstable, this was being managed by the Transforming Care Programme.

Resolved

(a)	Committee Members noted the update.
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6.4c PROJECT EXCEPTIONS

Unplanned Care

- The demand for unplanned care was extremely high.
- Patients attending A & E were escalating.
- GP out of hours were seeing extremely high numbers as was Storey Street walk in centre.

There were a number of Paediatric Respiratory Issues across the city and nationally.

HUTHT had just completed a missed opportunities audit which would review themes, where did the patient come, what was the route in and what where the opportunities to access support in an alternative place. An analysis would be received, this would then be shared with the Planning and Commissioning Committee.

Primary Care

All five PCNs have expressed an interest to be part of the booster programme. A process was underway with NHS England to approve and ensure the appropriate workforce was in place.

Children, Young People and Maternity

Paediatric RSV Surge.

An increase in UTC/ED and hospital admissions for children's acute respiratory conditions had been reported. The surge was expected to see a 20-50% increase in hospital admissions from now to March 2022. Various system planning meetings were in place led by NHSE/I. National communications have been shared across the partnership including Hull City Council children's services and the Maternity Voices Partnership. Communications included a push to improve vaccination take-up in pre-school, school age and maternity cohorts. CCGs were meeting with CHCP and other stakeholders to ensure clear pathway and supporting communication for the additional resource through the Urgent Treatment Centres. CCGs are working with Primary Care Directors and strategic leads to ensure plans were in place to manage the increase in demand.

The Humber Children's Community Care (Ill Child) project had prioritised respiratory through Early Help and Prevention, Hospital at Home, Advice & Guidance groups.

There had been 2 of 4 Humber children's respiratory mapping sessions - developing a Children's Acute Respiratory Pathway and guidance based on the NHS/Healthier

Together Bronchiolitis tool. The next sessions focus on Asthma and pre-school wheeze and would feed into the HCV respiratory Network and Children's Asthma.

Children's Neurodiversity Service (Hull & ERY)

The service now had a logo: 19 submissions from local children and young people drawings had been received, the winner would be announced shortly. The logo would be adopted by core and interdependent services and the submitted drawings would be made into a piece of artwork. Work continues to focus on the development of the 'front door' with a series of parent carer focused engagement to revalidate the model. The Sensory Service and Hull CCG had been selected as a HSJ finalist for the Improving Care for CYP Initiative of the Year, a national webinar with NHSE/I was planned for November 2021.

Children's Palliative and End of Life Care (Humber)

A series of stakeholder workshops were being planned from September 2021 to February 2022 based on the child's care journey from diagnosis to bereavement support with a focus on transition. This would inform the development of the Humber Children's PEOC Strategy and workplan for 2022- 2025. 247 end of life care across the Humber had been agreed as a priority. We are working with NHSE/I and peers as one of seven national exemplar sites. The national strategy was expected early October.

CYP contracts

Work was taking place with the procurement team to review the contracts that were due to end March 2022.

Medicine Management

Work had been taking place to establish a Humber wide prescribing committee.

Cancer Network

No exceptions to report.

Resolved

(a)	Committee Members noted the exceptions.
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6.4d OUTPATIENT PARENTERAL ANTIBIOTIC THERAPY SERVICE (OPAT)

The Deputy Director of Commissioning presented a report which provided an update on the background and development of the Outpatient Parenteral Antibiotic Service (CACTAS) trail.

Committee Members were advised that the Outpatient Parenteral Antibiotic Therapy Service (OPAT) had been the initiative between CHCP and HUTHT to offer IV antibiotics in a community setting.

The first community site to go live would be in Marfleet Health Centre Hull as residents from East Hull were identified as struggling to get to the existing Castle Hill service and were having to be kept unnecessarily as an inpatient.

The medicines would come from a mixed provision:

- CHCP would purchase some on behalf of HUTHT as part of their existing contracts
- A local pharmacy had been asked to stock some more common antibiotics that would be prescribed
- HUTHT would provide, transport and securely store more complex drug regimes.

Dr Balouch asked if primary care could refer into the service or did referrals have to come from secondary care, the Deputy Director of Commissioning advised that primary care could refer into the service along with receiving advice and guidance.

Resolved

(a)	Committee Members noted the contents of the report.
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6.4e COMMUNITY OPHTHALMIC REFERRAL REFINEMENT SCHEME (CORRS) AND TRIAGE SERVICE – REQUEST FOR ADDITIONAL FUNDING

The Deputy Director of Commissioning and Head of Contract Management provided a report which informed the Committee of the revised Community Ophthalmic Referral Refinement Scheme (CORRS) Triage Service undertaken during the COVID pandemic based upon the COVID (Community) Urgent Eyecare Service (CUES); it considers the alternative options available to the CCG for the service ongoing and seeks approval for the additional funding required for the new service.

A Community Ophthalmic Referral Refinement Scheme had been commissioned across the city where Ophthalmologist had agreed to see patients who had minor eye emergencies.

When the COVID pandemic had been at its peak it was requested that an COVID Urgent Eyes Scheme which was around re-enforcing the referral refinement, hear and treat, identifying patients who needed to go onto CORRS for see and treat and refining the referrals through to secondary care.

The ICS and HUTHT had stated the care being provided had been an acceptable leave of care and should be continued. Committee Members were advised that there had not been a contract in place, Primary Eye Care had subsequently requesting one.

Committee Members were asked to consider if NHS Hull CCG wish to continue with the service which was being delivered (on the back of the East Riding contract) if so, a formal contract would be implemented.

It was noted that there would be a number of changes (Humber Eye Health were implementing a digital system and national mandatory pathways were expected) for Eye Health, CORRS and Community Optometry that were being brought in shortly.

Primary Eye Care were wishing to alter their service to introduce a direct access where patients could go straight to the Ophthalmologist with minor disorders, The Deputy Director of Commissioning would be advising Primary Eye Care that this would not be possible.

The service being provided by Primary Eye Care would continue as a direct award if Committee Members approved the additional cost of £104.434.00 to implement a CORRS triage service.

It was noted that an evaluation of the effectiveness of the service would be undertaken to review the value for money element.

Dr Oehring queried why additional funding was required when the new model was a telephone triage model with fewer patients being assessed face to face by an optician: she thought this would have in fact brought about cost savings.

It was stated that within the flat triage fee Primary Eye Care would pay for all the treatment supplied by the CORRS service.

Committee Members approved the additional funding request with a caveat that The Deputy Chief Finance Officer requested that the numbers be clarified thereafter The Deputy chief Finance Officer (DS), Deputy Director of Commissioning and Head of Contract Management would produce document highlighting the money allocation for final signoff by the Chief Finance Officer.

Resolved

(a)	Committee Members approved the additional funding required to maintain the new CORRS triage service of £104,434 recurrently.
(b)	The Deputy chief Finance Officer, Deputy Director of Commissioning and Head of Contract Management would produce document highlighting the money allocation for final signoff by the Chief Finance Officer.

7. SYSTEM DEVELOPMENT AND IMPLEMENTATION

7.1 PROCUREMENT UPDATE (STANDING ITEM)

The Deputy Chief Finance Officer provided a paper to update Committee Members of the position in respect of procurement in NHS Hull CCG.

Dr Masood Balouch declared financial interests in agenda item 7.1 as a partner in GP practices. The declarations were noted. All remained on the call for that agenda item.

The paper was taken as read.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the procurement activity being planned and undertaken.
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7.2 DEPRESSION AND ANXIETY SERVICE –SERVICE SPECIFICATION

The Strategic Lead Mental Health and Learning Disabilities provided the service specification for the Depression and Anxiety Service for Hull.

Committee Members were advised that the revised IAPT service specification moves away from the clusters of 1 – 4 into a stepped approach. The revised service specification had implemented the use of telephone and video consultation.

It was acknowledged that Perinatal had not been included in the service specification, The Strategic Lead Mental Health and Learning Disabilities advised that the service

specification did not include Perinatal as it was making sure that the service recognises and refers to the specialist perinatal service. It was agreed that this would be addressed with the Deputy Chief Finance Officer (JD)

Resolved

(a)	Members of the Planning and Commissioning Committee approved the service specification for the Depression and Anxiety service for Hull.
(b)	Members of the Planning and Commissioning Committee requested Perinatal Mental Health (PMH) be added to the service specification.

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 9 April 2021 Quality and Performance Committee were distributed for information.

Resolved

(a)	Committee Members noted the distributed minutes
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10. GENERAL

10.1 ANY OTHER BUSINESS

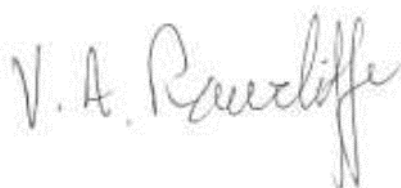
The frequency of the Planning and Commissioning Committee was further discussed, and it was agreed to continue with holding monthly Planning and Commissioning Committees.

Resolved

(a)	Members of the Planning and Commissioning Committee agreed to continue to hold the Planning and Commissioning monthly. .
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10.2 DATE AND TIME OF NEXT MEETING

The next meeting would be held on 1st October **2021, 9.30 Via MS Teams.**



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 1 October 2021

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 Care Programme
ToR	Terms of Reference
YHCR	Yorkshire & Humber Care Record