

## PLANNING AND COMMISSIONING COMMITTEE

MINUTES OF THE MEETING HELD ON FRIDAY 6<sup>th</sup> NOVEMBER 2020, 9.30 AM

Via MS Teams

### Present

I Goode, NHS Hull CCG, (Lay Member) (Chair)  
A Oehring, NHS Hull CCG, (Clinical Member)  
B Ali, NHS Hull CCG, (Clinical Member)  
M Balouch, Hull CCG, (Clinical Member)  
J Dodson, NHS Hull CCG, (Deputy Chief Finance Officer)  
M Whitaker, NHS Hull CCG, (Practice Manager Representative)  
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)  
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)  
D Lowe, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)  
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)

### IN ATTENDANCE:

D Robinson, NHS Hull CCG, (Minute Taker)  
J Crick, NHS Hull, (Consultant in Public Health Medicine and Associate Medical Director)  
K McCorry, North of England Commissioning Support, (Medicines Optimisation Pharmacist)

### WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting.

#### 1. APOLOGIES FOR ABSENCE

J Mitchell, Associate Director of IT for the CCG's across the Humber  
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)  
T Fielding, Hull CC, (Assistant Director Health and Wellbeing/Deputy DPH)

#### 2. MINUTES OF PREVIOUS MEETING HELD ON 4<sup>th</sup> SEPTEMBER 2020

The minutes of the meeting held on 4<sup>th</sup> September 2020 were submitted for approval and taken as a true and accurate record,

### Resolved

(a)	The minutes of the meeting held on 4 <sup>th</sup> September 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 4<sup>th</sup> September 2020 was provided for information, and the following updates were provided:

### 05.06.20 – 6.2a Mental Health and Learning Disabilities

Dr Masood Balouch advised that GP's required direct number to the crisis team as mental health assistance was required on a daily basis from GP practices. when patients where in the practice and required urgent assistance. The Dep Director of Quality and Clinical Governance / Lead Nurse advised that a paper had been taken to SLT. It was agreed that the paper that was taken to SLT would be shared with the Committee and a specific action be recorded.

## 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
A Oehring	6.4b, 6.10, 6.11	Financial Interest – Partner at Sutton Manor Surgery, the declaration was noted.
B Ali	6.4b, 6.10, 6.11	Financial Interest – Partner at Modality Partnership Hull and member of Modality PCN with Dr Cook, the declaration was noted.
M Balouch	6.4b, 6.10, 6.11	Financial Interest – Partner at Haxby Group the declaration was noted.

### Resolved

(a)	The Planning and Commissioning Committee noted the declarations of interest declared.
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## 5.2 GIFTS AND HOSPITALITY

There had been no declarations of Gifts or Hospitality made since the Planning and Commissioning Meeting in September 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 Consultant in Public Health Medicine and Associate Medical Director updated Committee Members on the following topics:

Committee Members were advised that the public would not stop providing services as these would be delivered in an alternative way during the second national lock down.

The target Lung Health Check had been postponed.

NHS Hull CCG and Hull Public Health were working collaboratively on the flu vaccination campaign.

A Joint COVID Plan for NHS Hull and Hull City Council had been submitted to NHS England on 6<sup>th</sup> November 2020.

### 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 were no Clinical Commissioning Drug Policies to discuss.

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

The Medicines Optimisation Pharmacist provided an update on recent new drugs or change in usage applications and traffic light status.

The Summary of new drug/change in usage application had been circulated for information. It was conveyed that the only amendment which would have an effect on CCG prescribing was Glycopyrronium Liquid which would be added to the formulary for paediatrics only.

### Resolved

(a)	Members of the Planning and Commissioning Committee approved the report provided re: new drugs or change in usage applications and traffic light status
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### 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 Committee Members were asked to note the July 2020 and August 2020 NICE Guidance summary in particular:

Members were advised that slight amendments had been made to COVID 19 guidance that had been presented at previous Planning and Commissioning Committees.

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

#### July 2020

QS195 – Renal and ureteric stones – NICE stated the guidance was applicable to secondary care – acute – Commissioned by NHS Hull CCG – NICE stated this would be cost neutral.

MIB219 CFHealthHub for managing cystic fibrosis during the COVID-19 pandemic

MIB220 Prontosan for acute and chronic wounds

ES29 Remsima (infliximab biosimilar) for subcutaneous injection for managing rheumatoid arthritis

Where brought to the Committees attention. Committee Members were advised that no direct action was needed.

#### August 2020

QS 194 – Decision making and mental capacity NICE stated the guidance was applicable to Primary care and secondary care – mental health – Commissioned by NHS Hull CCG and the Local Authority – NICE stated this would be cost neutral.

NG180 – Perioperative care in adults – NICE stated the guidance was applicable to Secondary care – acute – Commissioned by NHSE and NHS Hull CCG. NICE stated to assess locally.

NG181- rehabilitation for adults with complex psychosis – NICE stated the guidance was applicable to Primary care, Community health care, Secondary care – acute, Secondary care – mental health and Social Care – Commissioned by NHSE, NHS Hull CCG and the Local Authority – NICE stated to assess locally.

DG40 – High-sensitivity troponin test for the early rule out of NSTEMI – NICE stated the guidance was applicable to Secondary care – acute – commissioned by NHS Hull CCG – NICE state there would be a cost saving.

It was noted that all guidance had been discussed at HUTHs Drugs and Therapeutic Committee.

**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 Deputy Chief Finance Officer (JD) advised Committee Members that the Integrated Commissioning Officer Board (ICOB) were meeting on 06.11.20 and would be focusing on Better Care Fund, Better Care Funding review of Mental Health, Section 117 funding responsibility and Homecare recommissioning

It was stated that development work around Building Forward Together Resetting the relationship with Voluntary & Community Sector was being undertaken.

Committees in Common had met and approved the extension to the contract for Community Equipment and Integrated Wheelchair Service.

It was noted that the financial plans for Hull City Council and NHS Hull CCG were in the development phase therefore had not been joined together as present.

#### Resolved

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

#### 6.4a FOCUS AREAS

##### URGENT & EMERGENCY CARE

The Deputy Chief Finance Officer (JD) in the absence of the Deputy Director of Commissioning provided a report to update Committee Members on Urgent and Emergency Care.

Members were advised that an Urgent Treatment Centre review was taking place across Humber Coast and Vale. It was noted that work was underway around the pathway for City Health Care Partnerships (CHCP) Urgent Treatment Centres (UTC). It was noted patients were not being seen within 60 minutes of arrival at UTCs. As patients were not being seen within 60 minutes the UTCs were not compliant to the UTC DOS.

The Walk in Centre at Story Street was in the process of being altered to a Primary Care HUB or a UTC.

It was noted that 95 % of all patient hospital discharges should be to the patient's homes and 5% to commissioned discharge beds.

The Chair requested clarity on the future of the Walk in Centre at Story Street as at present it does not fit into any specific criteria. It was stated that the Walk in Centre fits more with a Primary Care Hub rather than a UTC as the requirements for an UTC were more particular.

It was agreed that clarification would be sought on what services would be within a Primary Care Hub.

The Associate Director of Communication and Engagement advised that a desk top review of relevant engagement (urgent care services, community services) work undertaken on Story Street was underway.

The Chair stated that an up to data volume analysis was required around Story Street and would be brought back to a future meeting.

Clarity was requested on when the Story Street contract with CHCP would be terminated. The Strategic Lead Primary Care Head advised this would be investigated Committee Members would be advised.

### **Resolved**

(a)	Members of the Planning and Commissioning Committee noted the contents of the report.
(b)	Members of the Planning and Commissioning Committee requested clarity on the future on the Walk in Centre on Story Street.
(c)	Members of the Planning and Commissioning Committee requested clarity on what services are within a Primary Care Hub.
(d)	Members of the Planning and Commissioning Committee requested clarity on when the contract for Story Street was up for renewal.

### **CANCER NETWORK**

The Deputy Chief Finance Officer (JD) in the absence of the Deputy Director of Commissioning provided a report to update Committee Members on the Cancer Network.

Committee Members were advised of the following highlights:

FIT testing had been initiated in Primary Care as part of the lower GI pathway. Lung Health Checks had been paused due to the second wave of COVID.

The Strategic Lead Primary Care advised that discussions would be taking place around the opportunity of maintaining a reduced Lung Health Check service.

The question was posed as to how HUTHT were catching up with the colonoscopies and bowel screening in general practice. The Chair was advised that further clarification would be sought and the information disseminated.

### **Resolved**

(a)	Members of the Planning and Commissioning Committee noted the contents of the report.
(b)	Members of the Planning and Commissioning Committee requested clarity on how HUTHT are catching up with colonoscopies.

## **6.4b PROJECT EXCEPTIONS**

Dr Bushra, Dr M Balouch and Dr Amy Oehring declared financial interests in agenda item 6.4b as partners in GP practices, members could participate in the discussion. The declarations were noted. All remained on the call for that agenda item.

### **Mental Health and Learning Disabilities**

The mental health in school project continues. Recruitment was being undertaken for this project.

Mental health commissioning was predominately being undertaken by Humber Coast and Vale through the Partnership Board.

The quality perspective of Mental Health had been aligned to 117. Work was being undertaken with providers around the discharge of LD patients into the community. Concern was raised around the difficulty finding placements for LD patients.

The question was posed as to whether there was a pressure on mental health beds within the acute mental health bed base as patients from Hull had been placed in beds in Darlington. The Deputy Chief Finance Officer (JD) stated that there was a large amount of pressure on the acute mental health bed base and mental health staff in the area. It was noted that patients were not placed out of area by choice.

It was stated that there had been a large amount of work around expediting patient discharges into the community.

The question was posed as to how patients would be discharged into the community. It was stated that there were some challenges around local providers, an additional two significant providers would be providing support in 2021. All cases who cannot be placed locally were escalated up to the Transforming Care Board to be able to access the regional provider network.

### **Primary Care**

There was currently a contract with CHCP for extended access. As of April 2021, the money for extended access would be flowing through the Primary Care Networks (PCN). Work was being undertaken with PCNs to devise a model to be implemented from April 2021.

Committee Members were advised that there was a process to follow where the CCG were contacted and the IPC team were supporting remote working if there was a COVID outbreak which involves staff in a practice. There had been two practices which had had an outbreak which involved significant numbers of non-clinical staff.

Data suggests that there had been an increased uptake of the flu vaccination in the over 65's and at risk groups.

The percentage of uptake of the flu vaccination for all at risk groups and pregnant women would be shared with practices and PCNs.

Concern had been raised around access for vaccinations and 6 – 8 week checks for babies and pregnant mothers.

There had been an increase in head injuries to babies. It was stated that babies and mothers should be seen and prioritised for provision of contact within primary care.

## **COVID Vaccination Update**

Committee Members were advised that a Place Senior responsible officer had to be identified for the delivering of the COVID vaccination which was James Crick and an initial plan was required to be in place by 6<sup>th</sup> November 2020 for potential delivery from 1<sup>st</sup> December 2020.

It was stated that phase 1 would potentially be undertaken at PCN level and would include all care home residents, care home staff, social care staff, all health staff and all individual over the age of 80.

Phase 2 would be everyone else.

The draft of the initial plan had been shared with the Primary Care Network Directors for agreement.

It was stated a pre COVID vaccination request had been added to plan to maximise the uptake of the flu vaccination in the phase 1 groups as a minimum.

The vaccine would be commissioned via the Primary Care Network DES, thus being at network not at practice level.

The COVID vaccination would be a population mass vaccination approach where you were paid for delivery of each vaccination dose.

IT solutions were being reviewed to ensure patients obtain all the necessary doses even if not by the same practice/PCN.

## **Children, young People and Maternity**

Clarity was requested on how health visitor home visits would be undertaken in wave 2 of the COVID pandemic.

A system wide response was being modelled including help and guidance around the early help and prevention strand of children becoming ill and how children were managed if they become ill.

Flu vaccination issues would be addressed. It was stated that HUTHT would be approached to ascertain if they had excess vaccinations and if so could these be shared with Primary Care thus enabling them to vaccinate pregnant women.

There had been a gap nationally around palliative care for children. This work was being picked up through the Humber Children's Community Care programme.

A position statement paper was being delivered at the Humber Partnership Board for approval of the Humber children's programme.

The work around children's neurodiversity was progressing slowly. Phase 1 of the transformation includes NHS Hull CCG and East Riding CCG working with Humber THT to separate core neurodiverse services (ASD, ADHD and LD) from core child and adolescent mental health service.

The SEND improvement plan continues. An extraordinary Board had been scheduled for Monday 9<sup>th</sup> November 2020 to consider a draft strategy.



A formal review of Children's services is being undertaken. The review includes SEND but predominately the Local Authority Children Services.

### **Planned Care**

The 52-week wait was deteriorating with Hull being an outlier for services compared nationally. Ongoing discussions are taking place at the highest level.

### **Resolved**

(a)	Members of the Planning and Commissioning Committee noted the exceptions.
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## **6.5 HYDROXYCHLOROQUINE & OPHTHALMOLOGY**

This item was deferred until the December 2020 Committee.

## **6.6 INTEGRATED MENTAL HEALTH AND HOUSING**

The Project Lead Children Young People Mental Health Support Team provided a service specification for a jointly commissioned service between NHS Hull CCG and Hull City Council for provision by Humber Teaching NHS Foundation Trust.

It was stated that the service was presently being delivered. The service was commissioned directly by Hull City Council. NHS Hull CCG had agreed to take on part of the commissioning moving forward.

The service looks at two areas:

Trying to main tenancies so individuals do not become homeless  
Mental Health support for rough sleepers enabling them to gain access to housing facilities.

The service was integrated with the access and wellbeing provision at Hull City Council. If an individual was identified with mental health problems then a specialist social worker would visit to provide short sharp interventions.

Committee Members where advised that Hull City Council are transferring funds to NHS Hull CCG via the Better Care Fund which would then be added to the Humber TFT contract.

### **Resolved**

(a)	Members of the Planning and Commissioning Committee considered and approved the Integrated Housing Wellbeing and Mental Health Service Specification.
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## **6.7 111 First**

The Deputy Chief Finance Officer (JD) in the absence of the Deputy Director of Commissioning provided an overview of the NHS 111First/Talk before you walk initiative and its planned implementation across the HCV ICS including NHS Hull CCG. The report identifies the key areas of work that are underway and provides updates of how they are progressing.

Nationally the ambition was that this initiative would be launched early December 2020 and that there would be a reduction in individuals just presenting at services

and an increase in individuals seeking advice from NHS 111 regarding clinically appropriate services that are open to them.

Yorkshire Ambulance Service who are the provider for NHS 111 and 999 service would email HUTHT advising them of patients who are on route or had been directed there.

Work was underway to implement Emergency Department Digital Integration EDDI which would allocate walk in patients a time slot.

Additional pathways had been mapped onto the Directory of Service offering a wider range of destinations. Including some In-Hospital Departments.

Dr Oehring expressed concern around 111 being able to directly book appointments at GP practices as this takes away the ability to manage demand and triage patients. The Deputy Chief Finance Officer (JD) advised that this concern would be relayed to NHS 111 as they should apply the same triage principles as other services.

Clarity was requested on whether 111 had translation services available. The Deputy Chief Finance Officer (JD) advised that this would be investigated thereafter Committee Members would be advised.

### Resolved

(a)	Members of the Planning and Commissioning Committee considered the initiative and provided views on progression to date.
(b)	Members of the Planning and Commissioning Committee requested clarity and whether 111 have a translation service for when patients call
(c)	Members of the Planning and Commissioning Committee requested that concern would be shared with NHS 111 around the triage process.

### 6.8 OUTCOME OF VIRTUAL PATHWAY REVIEW GROUP

The Deputy Chief Finance Officer (JD) in the absence of the Deputy Director of Commissioning provided a reporting setting out the forms, pathways and information which was considered in October 2020 via a Pathway Review Group. The forms, pathways and processes all relate to Hull CCG solely as the services are commissioned for Hull residents only.

It was stated that pathways had been circulated to Pathway Review Group (RRG) members comments had been outlined within the report.

It was noted that all pathways (Tier3/Tier 4, Weightwise Revised Referral Form, MSK, Upper GI and Evolve/Weightwise) had been supported by the PRG.

### Resolved

(a)	Members of the Planning and Commissioning Committee ratified the consolidated views of the virtual Pathway Review Group regarding acceptability of the considered forms, pathway and information.
(b)	Members of the Planning and Commissioning Committee considered and approved the additional referral proforma/pathway.

## 6.9 PATIENT INITIATED FOLLOW UP

The Deputy Chief Finance Officer (JD) in the absence of the Deputy Director of Commissioning provided an update to Committee Members on the ongoing implementation of Patient Initiated Follow-Up (PIFU), a national initiative designed to encourage individuals to take more responsibility for their own health needs seeking support when they need it. In addition to reduce routine follow-up outpatient activity which enables services to be better focussed upon those who need it.

A wide and varied discussion took place around the practicalities of the initiative with the following areas being identified:

- GP practices being the middle man as some departments within HUTHT do not answer their telephone. It was stated that the process needs to be extremely clear to patients when being removed from the waiting list on how they contact services if they require a future appointment.
- It was questioned how demand and services would be managed opposed to need.
- There would be a cohort of patients who would struggle making decisions around appointments and would potentially be at risk and create more vulnerabilities.

Committee Members agreed with the initiative with a caveat of there being a tight process that does not have a Primary Care position.

It was stated that the initiative should have a Chief Executive at HUTHT default position.

### Resolved

(a)	Members of the Planning and Commissioning Committee considered and commented on the contents of the report.
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## 6.10 INFERTILITY TREATMENT AND GAMETE STORAGE POLICIES

Dr Bushra and Dr Amy Oehring declared financial interests in agenda item 6.10 as partners in GP practices, members could participate in the discussion. The declarations were noted. All remained on the call for that agenda item.

The Deputy Chief Finance Officer (JD) in the absence of the Deputy Director of Commissioning provided a revised Infertility Treatment policy and a revised Gamete Storage policy for approval. The existing infertility treatment and gamete storage policies required updating as they were no longer fit for purpose.

It was proposed that with regard to the Subfertility Treatment policy NHS Hull CCG moves to adopt the Yorkshire and Humber policy.

Committee Members were advised that the policy provided was similar to the existing policy with additional detail around criteria and clear approaches for same sex and transgender couples.

It was stated that the EQIA's for Infertility Treatment and Gamete Storage had not been approved, these would be reviewed and would be approved if appropriate by 9<sup>th</sup> November 2020.

## Resolved

(a)	Members of the Planning and Commissioning Committee approved the revised Infertility Treatment policy and the revised Gamete Storage policy.
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### 6.11 Skin Pathway

Dr Bushra and Dr Amy Oehring declared financial interests in agenda item 6.11 as partners in GP practices, members could participate in the discussion. The declarations were noted. All remained on the call for that agenda item.

The Deputy Chief Finance Officer (JD) in the absence of the Deputy Director of Commissioning provided which presents the Plastics/Dermatology Skin Pathway this was in use within the East Riding of Yorkshire CCG and was proposed for use within NHS Hull CCG. The pathway was designed to ensure that sufficient information was provided to the secondary care clinicians to enable them to effectively triage, and then subsequently manage skin referrals.

It was noted that there was growing national support for photographs to accompany dermatology and plastic referrals.

The proposal provided was for dermatology and skin referrals to be accompanied by photographs locally. The current proposal involves the use of telephone cameras unless there was a digital camera available. A trial of a digital camera and Dermatoscope was proposed

Committee Members raised the following areas of concerns around the use of the pathway:

- The pathway still includes Non-medical/ non Doctor referrals having to be approved by a GP.
- Written consent from the patient as during the pandemic GPs are not seeing all patients. Patients are advised when they are requested to forward a picture this would be shared with a consultant, would this not be classed as consent if they sent a photograph ? - This would be clarified.
- Concern was raised around 2 week waits be downgraded on the sight of a photograph.

It was noted that the virtual Pathway Review Group broadly accepted the pathway with the following concerns were raised.

- The requirement for the photographs to be reviewed by a GP – there was a consensus that this needed amending to include other primary care professionals. This had been communicated to HUTHT
- Evidence of actual impact of utilising supporting photographs – this was now a national approach and was seen nationally to support better management of these cases
- Are there any guidelines to support taking the photographs – Hull CCG existing guideline could be adapted to support the proposed pathway
- Concerns regarding the use of phones to take the pictures

It was stated that the Vale of York CCG are operating this service and it would be beneficial if more quantitated information around what was the cost of implementing a camera, dermo light and mount to send dermatoscopic images through to Dermatology.

It was agreed that the proposal was not just around implementing a pathway, the cost would have to be reviewed.

If approved a large amount of communication would have to be cascaded to GP's on what information could be given to patients at the initial appointment to avoid confusion.

The Chair advised that the Committee would be happy to relook at the Plastics/Dermatology Skin Pathway when greater clarity was provided on the issues raised.

A vote was undertaken with 7 out of 13 voting members did not approving the pathway.

### **Resolved**

(a)	Members of the Planning and Commissioning Committee did not approve the pathway for use across the NHS Hull CCG.
(b)	Members of the Planning and Commissioning Committee agreed to review the pathway in January 2021 when clarity was provided on the issues raised.

## **6.12 EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE 2020/21 SELF-ASSESSMENT AND 2019/20 ANNUAL REPORT**

The Deputy Chief Finance Officer (JD) in the absence of the Deputy Director of Commissioning provided a report outlining the amended requirements for Emergency Preparedness, Resilience and Response (EPRR) self-assessment against core criteria in place for 2020/21 and the CCG's submission in line with the revised arrangements. The report also presents the Annual Report 2019/20 regarding activities associated with EPRR that had been undertaken over the previous financial year.

Committee Members were advised that the annual self-assessment process had been paused in its usual format due to the COVID pandemic. NHS Hull had been asked to confirm that the actions from the 2019/20 assessment had been delivered and the embedded learning and COVID phase 1 response had been reviewed.

The Annual report set out what had been undertaken 2019/20.

It was acknowledged that there was a requirement to submit the annual report.

The question was posed as to what advice was available to Primary Care around the EU Exit. The Deputy Finance Office advised that this would be addressed with the Deputy Director of Commissioning.

### **RESOLVED**

(a)	Members of the Planning and Commissioning Committee noted the changed requirements for self-assessment against EPRR core competencies from 2021/21.
(b)	Members of the Planning and Commissioning Committee noted the required submission.
(c)	Members of the Planning and Commissioning Committee approved the Business Continuity/Emergency Preparedness, Response Annual Report 2019/2020

## 7. SYSTEM DEVELOPMENT AND IMPLEMENTATION

### 7.1 PROCUREMENT UPDATE (STANDING ITEM)

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

- Approval had been granted by the CCG Board for the extension to the contract for Integrated Community Services for a period of two years to April 2023.
- Approval was expected in late October 2020 by the Committees in Common for the extension to the contract for Community Equipment and Integrated Wheelchair Service for a period of two years to April 2023.
- Mutual agreement had been reached to terminate the contract for Extended Access in Primary Care on 31 March 2021, at which point it would become part of the Primary Care Network Directed Enhanced Service (DES).

#### Resolved

(a)	Members of the Planning and Commissioning Committee considered and noted the procurement activity being planned and undertaken.
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## 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 minutes to circulate.

#### Resolved

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

### 10.1 ANY OTHER BUSINESS

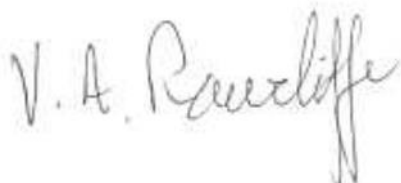
There were no items of AoB to discuss.

## Resolved

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

The next meeting would be held on **4<sup>th</sup> December 2020, 9.30 Via MS Teams.**



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 8<sup>th</sup> January 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 Car Programme
ToR	Terms of Reference
YHCR	Yorkshire & Humber Care Record