

Item: 11.1

## PLANNING AND COMMISSIONING COMMITTEE

MINUTES OF THE MEETING HELD ON FRIDAY 8<sup>th</sup> JANUARY 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)  
B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)  
J Dodson, NHS Hull CCG, (Deputy Chief Finance Officer)  
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)  
I Goode, NHS Hull CCG, (Lay Member) (Chair)  
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)  
D Lowe, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)  
A Oehring, NHS Hull CCG, (Clinical Member)  
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)  
M Whitaker, NHS Hull CCG, (Practice Manager Representative)

### 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 CCG's 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)  
T Fielding, Hull CC, (Assistant Director Health and Wellbeing/Deputy DPH)

#### 2. MINUTES OF PREVIOUS MEETING HELD ON 6<sup>th</sup> NOVEMBER 2020

The minutes of the meeting held on 6<sup>th</sup> November 2020 were submitted for approval and taken as a true and accurate record,

### Resolved

(a)	The minutes of the meeting held on 6 <sup>th</sup> November 2020 were taken as a true and accurate record and signed by the Chair.
-----	--

### 3. MATTERS ARISING FROM THE MEETING

The Action List from the meeting held on 6<sup>th</sup> November 2020 was provided for information, and the following updates were provided:

#### **06.11.20 – 6.4a – Urgent & Emergency Care**

Clarity was requested on the future on the Walk in Centre on Story Street.

**Status Update 08.01.21** – There were two options around Story Street, either a full UTC although the centre does not have access to diagnostics or change into a Primary Care Hub (a primary care hub is a walk-in centre without the walk-in facility). The proposal is to change Story Street into a Primary Care Hub in the first instances, comms and engagement need to be undertaken. – **The status of this action was completed.**

Clarity was requested on when the contract for Story Street was up for renewal.

**Status Update 08.01.21** – the contract was an APMS contract and was for 10 years after 2017. - **The status of this action was completed.**

#### **06.11.20 – 6.4a – Cancer Network**

Clarity was requested on how HUTHT were catching up with colonoscopies.

**Status Update 08.01.21** – Services were reducing as staff were being reprioritised into other areas. Figures on colonoscopies would be fed back to the Committee separately. - **The status of this action was completed.**

#### **06.11.20 – 6.7 – 111 First**

Clarity was requested on whether 111 have a translation service for when patients call.

**Status Update 08.01.21** – It was confirmed that 111 have translation services. - **The status of this action was completed.**

It was requested that the concern would be shared with NHS 111 around the triage process.

**Status Update 08.01.21** – This would be further addressed with 111. There is a weekly meeting where the main issues addressed were direct bookings and DoS. - **The status of this action was completed.**

### 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.
-----	--

### 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.
-----	---

**5.2 GIFTS AND HOSPITALITY**

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

**Resolved**

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

**6. STRATEGY**

**6.1 PUBLIC HEALTH BY EXCEPTION**

The Consultant in Public Health Medicine and Associate Medical Director provided the attached email update which was cascaded to Committee Members to ensure completeness.



PH Update.docx

**Resolved**

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

**6.1a FINANCIAL PLANNING**

The Deputy Chief Finance Officer (DS) gave a verbal update of the financial arrangements of NHS Hull CCG.

It was stated that as lead CCG across the patch additional money was being received to be administered and allocated to the appropriate areas.

Vaccine allocation monies was being worked on with Toni Yel as to how the funding flows for vaccination programme.

### Resolved

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

### 6.1b IMT STRATEGY AND APPROACH

The Associate Director of IT Humber CCG's presented an update with regard to the IT Programme, which sets out activity going forward.

An update was provided on the following areas:

- EPACCS – EMAS and YAS would have access to read patient end of life preferences.
- YHCR – St James provides the YHCR portal. Funding was at present being withheld due to being behind schedule. The YHCR is The Single Point of Truth and True Share Care Record, what clinician were providing for patients.
- Digital (First) Primary Care – A piece of engagement work had been undertaken around accessing primary care, this information would be shared explaining the barriers patients were experiencing.
- Primary Care Capital Funding
- COVID Activities – approximately 700 laptops had been deployed into Primary Care to enable activity. Primary Care is now more accessible with digital technology/activity.
- Care Homes
- Inter-organisational Collaboration
- Talk Before you Walk - from 1<sup>st</sup> December 2020 111 could book into E&D.

The below presentation had been circulated to ensure completeness.



Item 6.1b Digital & IT Update Jan 21.pp

### Resolved

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

### 6.1c COMMITTEE WORK PLAN

The Deputy Director of Commissioning provided a copy of the 2021 workplan for approval.

A wide and varied conversation occurred, and it was agreed that the workplan would be slightly altered with focus areas providing updates twice yearly.

Committee Members agreed that whilst the COVID vaccination programme was being undertaken (potentially for the next six months) meetings would take place bi monthly.

It was agreed that clarity be gained from the Interim Chief Operating Officer on the frequency of Planning and Commissioning Committee.

### **Resolved**

(a)	Members of the Planning and Commissioning Committee noted the update provided.
(b)	Members of the Planning and Commissioning Committee approved whilst the COVID vaccination programme was being undertaken meetings would take place every other month.
(c)	The Deputy Director of Commissioning to speak to the Interim Director of Commissioning to seek approval that the Planning and Commissioning Committee could be changed to bimonthly for the next six months.

## **6.2 MEDICINES MANAGEMENT**

### **6.2a 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 provided an update on recent new drugs or change in usage applications and traffic light status.

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

The following drugs were highlighted.

Tinzaparin – no proposed change, BLUE traffic light status and CCG commissioned as per indication.

Lenzetto Estradiol Spray, to be added to the formulary, BLUE traffic light status specialist led, CCG commissioned as per indication.

Lurasidone, to Update formulary, BLUE traffic light status specialist led, CCG commissioned as per indication.

### **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
-----	---

### **6.2b2 HULL & EAST RIDING PRESCRIBING COMMITTEE – PRESCRIBING GUIDELINES, POLICIES OR SHARED CARE FRAMEWORK**

The Medicines Optimisation Pharmacist gave an update and request approval on the following Prescribing Guidelines/Guidance's and Shared Care Frameworks from, the

Hull & East Riding Prescribing Committee meeting. It was acknowledged that these had been approved by Hull and East Riding Prescribing Committee.

- a. Thickener Prescribing Guide (new)
- b. Thickeners and Dysphagia in Carehomes (new)
- c. High Output Stoma Guideline (new)
- d. Shared care framework – Sandostatin (new)
- e. Amiodarone

### **Thickener Prescribing Guide**

It was acknowledged that the information cascaded provides information on thickener choice; why certain thickeners may be chosen and usage.

#### **Thickeners and Dysphagia in Carehomes**

It was stated that the information cascaded provided information on choice of thickener, staff training resources, e learning, monitoring and storage.

The Chair requested clarity if care homes could be held to the thickeners and dysphagia in care homes guidance; the Medicine Optimisation Pharmacist advised that the information cascaded was good practice guidance.

### **High Output Stoma Guideline**

It was stated that the guideline cascaded provides information on currently approved treatments for high output stoma which may be appropriate for prescribing in primary care once treatment was stabilised. The guidelines had been present at the East Riding CCG Committee and they had agreed that they would be a useful guideline.

### **Shared care framework - Sandostatin**

This drug was included in the high output stoma guidelines. Patients would be stabilised by the specialist team and then there is a potential transfer of care, hence the need for an agreed shared care framework outlining responsibilities. There was a recommendation within the paper to add the drug to the CCG 'near patient testing' at the levels mentioned within the paper.

### **Amiodarone**

It was stated the shared care framework (SCF) had been written to enable the safe and appropriate continuation of care for patients-initiated amiodarone by hospital specialist.

The SCF aims to provide a framework for the prescribing of amiodarone by GPs and to set out the associated responsibilities of GPs and hospital specialists who enter the shared care framework arrangements.

Committee members advised the Medicine Optimisation Pharmacist of various points for clarification. One of the GPs agreed to share on email comments added to the document. The Medicine Optimisation Pharmacist was going to share with the Interface Pharmacist so that any amendments could be made.

A wide and varied discussion took place around being added to the CCG 'near patient testing' list at the levels mentioned within the paper.

## Resolved

(a)	Members of the Planning and Commissioning Committee approved
(a)	Thickener Prescribing Guide (new)
(b)	Thickeners and Dysphagia in Carehomes (new)
(c)	High Output Stoma Guideline (new)
(d)	Shared care framework – Sandostatin (new) plus agreed to add to the CCG ‘near patient testing’ drug list at the levels mentioned within the paper
(e)	Shared care framework – Amiodarone (new) with amendments plus agreed to add to the CCG ‘near patient testing’ drug list at the levels mentioned within the paper

### 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 September 2020 NICE Guidance summary in particular.

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

#### September 2020

TA651 - Naldemedine for treating opioid-induced constipation - NICE stated this guidance was applicable to Primary care and secondary care – acute – Commissioned by the CCG.

QS197 - Faltering growth - NICE stated this guidance was applicable to Primary care, Community health care and Secondary care – acute – Commissioned by the CCG - NICE stated this would be cost neutral. – It was stated that the guidance would be highlighted to the Assistant Director Health and Wellbeing/Deputy DPH for specialist nursing.

NG182 - Insect bites and stings: antimicrobial prescribing - NICE stated this guidance was applicable to Primary care and secondary care – acute – Commissioned by the CCG.

There had been slight amendments to COVID 19 - NG 159 and NG 160 which had been approved at previous Planning and Commissioning Committee.

NG59 - Low back pain and sciatica in over 16s: assessment and management – The new recommendations were noted.

NG12 - Suspected cancer: recognition and referral – The new recommendations were noted.

CG173 - Neuropathic pain in adults: pharmacological management in non-specialist settings – The new recommendations were noted.

There was numerous secondary care guidance which would be addressed with HUTHT at the January 2021 NICE review meeting.

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

## Resolved

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

### 6.2d MINOR AILMENTS SCHEME

In the absence of the Pharmacy Technician Project Manager the Medicines Optimisation Pharmacist provided an update to Committee Member relevant to the CCG's current Minor Ailments Scheme delivered by community pharmacies and requested that Committee members consider future options for the minor ailments scheme.

The Medicines Optimisation Pharmacist highlighted the activity within the minor ailment scheme and the 4 options available when the present contract ends on 31 March 2021.

Discussion took place in relation to the following 4 options.

#### Option 1

Extend in current format i.e. to continue with the scheme as it was until March 2022 as the contract expires on the 31st March 2021.

#### Option 2

Deliver a 'reduced' MAS service to 'vulnerable' individuals only:

#### Option 3

Deliver a vastly reduced MAS scheme to current MAS eligible population: based on NHS prescription exemption status for the following conditions, which have not been highlighted in the NHS England guidance:

#### Option 4

Deliver an enhanced Minor Ailments Scheme service to include products via Patient Group Directive:

The Medicines Optimisation Pharmacist stated that option 1 was the preferred way forward and this would extend the current format until March 2022; which would give time to review option 4 and bring further information in quarter 4.

It was stated with the current COVID pandemic it would not be the appropriate time to amend the present arrangements.

The Strategic Lead Primary Care advised that the minor ailment and over the counter policy engagement/consultation work had not been progressed during the pandemic so option 1 would be taking a pragmatic approach to work with primary care before making any significant change to the scheme.

The Associate Director of Communication and Engagement advised Committee Members that moving forward only option 1 was legal as there had been not engagement or consultation undertaken.



Dr Oehring requested clarity on option 4. The Medicines Optimisation Pharmacist advised that the narrative after option 4 would be discussed related to the present commissioning statement at a future meeting and should have been a standalone point.

### **Resolved**

(a)	Members of the Planning and Commissioning Committee approved option one until March 2022 and during this period Medicine Optimisation Team would scope out option four.
-----	---

## **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) where meeting on 08.01.21 and would be focusing on social prescribing, welfare advice and SEND commissioning strategy, these would then go to Committee in Common in February 2021.

Longer term areas to be addressed include telecare/telehealth, developing digital platforms across health and care and options for continuing health care.

### **Resolved**

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

## **6.4 INTEGRATED DELIVERY**

### **6.4a FOCUS AREAS PLANNED CARE**

The Deputy Director of Commissioning provided a report to update Committee Members on Planned Care.

Committee Members were advised that due to going into lockdown and the level of COVID across the system was increasing there would be a further growth in 52 weeks waits and waits across the whole system as the amounts of elective care were dropping.

Hull University Teaching Hospital Trust (HUTHT) at present were undertaking P1's, P2's challenging. There were several cases which had waited over 4 weeks and had not been allocated an appointment. Work was being undertaken across Harrogate, York FT, NLAG and HUTHT to ensure the same offer is being provided across all the trusts.

Guidance was still awaited on Ophthalmology. As guidance had not been received the revised framework had not be produced and circulated at wider level. From the framework a service provider to provide electronic communication between the Ophthalmologists and hospitalised services.

The Chair expressed his concern that there would be increasing difficulty around deliver during the national lock down and pandemic.

### **Resolved**

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

## **6.4b PROJECT EXCEPTIONS**

### **Unplanned Care**

There is a Health Cell meeting which is a sub cell of the local resilience forum of the Humber and is coordinating the health response across the health systems.

A & E performance is in the late 60's early 70% due to staffing. HUTHT have the highest level of sickness over the north of England.

Virology does not have the capacity to work 24/7 therefore any patients attending A & E overnight could not be test therefore they need to wait in ED. Due to patients having to wait in ED there is a knock-on effect to ambulances being able to unload. Clarity was being gained on whether lateral throw testing could be used on patients within ED to assist with the flow.

111 first had been introduced and is going extremely well and is having some impact on patients calling before walking.

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

There were currently 19 patients across Hull and East Riding that were placed out of area mainly due to beds being closed to support infection control within facilities.

### **Primary Care**

NHS England had circulated a letter on 9 November 2020 which set out priorities for Primary Care with additional money.

The specifics for receiving the money included.

- establishing a COVID at home service
- identifying and supporting long COVID patients,
- supporting clinically vulnerable patients
- maintaining the shielding list,
- To make inroads into the backlog of disease management
- make progress around learning disability health checks.

There was a national enhanced service that PCNs have signed up to and would be delivering the vaccine programme.

There would be 5 sites delivering COVID vaccinations across Hull,

- KCom Stadium
- Alf Marshal Centre
- Kingswood Health Centre
- Morrill Street Practice
- Diadem Practice

A letter had been received from NHS England around the vaccine programme asking CCG to take a support and pragmatic approach to routine care and were being asked to suspend any locally commissioned services that do not support the vaccine programme or COVID support.

There would be further funding to support Clinical Directors to use supporting the vaccine programme.

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

The Humber Children's Community Programme was circulated for completeness.



Humber Children's  
Community Program

The assurance had been sent in December 2020 for the Ocenden report to CEO and the full assurance framework must be submitted by 15 January 2020. There were some issues around maternity which have been resolved.

### **Cancer Network**

A meeting had been arranged following an audit on the use of FIT testing.

Dermatology and the use of photograph would also be discussed further after the issues raised around security and transmission and assurance on how secondary care would respond to photographs had been feedback.

### **Resolved**

(a)	Members of the Planning and Commissioning Committee noted the exceptions.
(b)	Clarity was requested on whether lateral throw testing could be used on patients within ED to assist with the flow.

## **6.5 HOME DISCHARGE SERVICE**

This item was removed from the agenda.

## **6.6 PREVENTION OF STOKES RELATED TO ATRIAL FIBRILLATION**

The Chair of NHS Hull CCG provided a report to secure funding to establish a system for identifying the condition of Atrial Fibrillation (AF) in the course of routine Primary care work in Hull Patients aged over 60 using a variety of technologies which have been tried and tested with many successful published projects.

The identification of Atrial Fibrillation, which was largely asymptomatic, would lead to appropriate managements and the prevention of up to 80 severe strokes annually.

The initial one-off capital outlay for the purchase of equipment would be £50k with a further £50k to support PCNs in annual review and optimisation of management by an appropriate Health Care Professional, the latter being an important element in optimising health gain and savings each year. There would be recurring £30k annual costs for increased capacity in the HEYHT cardiology and Cardiac Physiology for additional Holter monitor capacity.

The Chair of NHS Hull CCG stated the paper requests additional resource to support work by practitioners in PCNs to deliver the scheme and that KPI's would be developed.

It was stated that the investment would be approximately £100k to generate cost savings of £2-3 Million pounds annually and relieve pressure on High Dependency beds at a critical time for the NHS.

It was acknowledged that the scheme could not be commenced immediately but possibly in April 2021. Discussions had taken place with Hull University Teaching Hospital Trust around how much increase capacity might be needed and how many devices would be required. PCNs had acknowledged that the system would be beneficial and that they would be prepared to undertake the work and background work had also started at some PCNs.

The Chair of NHS Hull CCG advised that the purpose of the report was to gain the commitment of £100k to the project.

The Deputy Chief Finance Officer (DS) advised that at present investment on services was on hold as financial guidelines and planning process had not been received and further clarity would need to be gained from the Chief Finance Officer.

The Chair of NHS Hull CCG acknowledged that further clarity was required and asked if Committee Members would support the proposal if funds were available.

It was stated CCGs across Yorkshire and Humber were looking to undertake a similar proposal.

It was acknowledged that if NHS Hull CCG were in a block contract with HUTHT then the savings may not be realised by PCNs but seen within the Trust therefore could be difficult to be monitored.

Committee Members approved in principle moving forward.

### **Resolved**

(a)	Members of the Planning and Commissioning Committee approved to fund health care professional time in the PCNs to ensure that care of identified AF patients was optimised.
(b)	Members of the Planning and Commissioning Committee approved for one off capital funding for equipment if the Chief Finance Officer advised there was funding available.

## **6.7 Refresh of Emergency Preparedness Resilience and Response (EPRR) and Business Continuity Management (BCM) Documents.**

The Deputy Director of Commissioning provided a report requesting Committee Members approve the new/refreshed Emergency Preparedness Resilience and Response Policy (EPRR), Business Continuity Management Plan (BCMP), Major Incident Plan (MIP), documents.

Emergency Preparedness Resilience and Responses (EPRR) policies and procedures were required to be updated each year. The document circulated includes all of the amendments to completeness.

## Resolved

(a)	Members of the Planning and Commissioning Committee approved the Emergency Preparedness Resilience and Response Policy (EPRR), Business Continuity Management Plan (BCMP) Major Incident Plan (MIP) documents.
-----	--

## 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.

- The Committees in Common approved the extension to the contract for Community Equipment and Integrated Wheelchair Service for a period of two years to April 2023.
- The CCG Board agreed to procurement recommendations in respect of Community Musculoskeletal services, Depression and Anxiety Services, Medicines Optimisation and Individual Funding Requests.
- 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).

Committee Members were advised that there could be potential legislative change.

***Integrating Care: Next Steps to building strong and effective integrated care systems across England*** which had a recommendation about taking NHS out of contract regulations.

The Cabinet Office published the Green Paper ***Transforming Public Procurement*** aligned to the EU exit transition period ending.

## Resolved

(a)	Members of the Planning and Commissioning Committee considered and noted the procurement activity being planned and undertaken.
-----	---

## 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.
-----	---

## 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.
-----	---

### 10.2 DATE AND TIME OF NEXT MEETING

The next meeting would be held on **6<sup>th</sup> March 2021, 9.30 Via MS Teams.**



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 6<sup>th</sup> March 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