

PLANNING AND COMMISSIONING COMMITTEE

MINUTES OF THE MEETING HELD ON FRIDAY 7th MAY 2021, 9.30 AM

Via MS Teams

Present

V Rawcliffe, NHS Hull CCG (Clinical Member) – (Chair)
B Ali, NHS Hull CCG, (Clinical Member)
M Balouch, Hull CCG, (Clinical Member)
J Crick, NHS Hull, (Consultant in Public Health Medicine and Associate Medical Director)
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)
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) (Vice 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)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)
A Oehring, NHS Hull CCG, (Clinical Member)
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)
K Memluks, NHS Hull CCG (Commissioning Lead – Quality)
R Palmer, NHS Hull CCG (Head of Contracts)

WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

T Fielding, Hull CC, (Assistant Director Health and Wellbeing/Deputy DPH)
D Pullen-Higham, NHS Hull CCG, (Strategic Lead Mental Health)
J Mitchell, Associate Director of IT for the CCG's across the Humber

2. MINUTES OF PREVIOUS MEETING HELD ON 5th MARCH 2021

The minutes of the meeting held on 5th March 2021 were submitted for approval and taken as a true and accurate record,

Resolved

(a)	The minutes of the meeting held on 5 th March 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 5th March 2021 had been provided for information, and the following updates were provided:

Committee Members were advised that the outstanding actions would be discussed within agenda items 6.7,6.8 and 6.9.

Resolved

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

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	6.7	Financial Interest – Partner at Haxby Group the declaration was noted.
Bushra Ali	6.7	Financial Interest – Partner at Modality Partnership Hull and member of Modality PCN with Dr Cook, the declaration was noted.

Name	Agenda No	Nature of Interest and Action Taken
Amy Oehring	6.7	Financial Interest – Partner at Sutton Manor Surgery, the declaration was noted.
Vince Rawcliffe	6.7	Financial Interest – Member of Family works within the Modality Partnership Hull. The declarations were 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 March 2021.

Resolved

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

The Chair provided a report highlighting the activities of the Planning and Commissioning Committee during 2020/21.

It was noted that 2 out of the 8 meetings held had not been quorate.

The Planning and Commissioning Annual Report once endorsed by the Committee would be presented to the Hull CCG Board for approval.

Resolved

(a)	The Planning and Commissioning Committee endorsed the Chair's Annual Report.
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5.4 TERMS OF REFERENCE

The Deputy Director of Commissioning provided draft amendments to the Planning and Commissioning Committees Terms of Reference for review and agreement.

The following changes where emphasised:

The Humber Coast and Vale Health and Care Partnership link and changed to ***Humber Coast and Vale Integrated Care System.***

Within quoracy the Director of Integrated Commissioning or Deputy Director of Commissioning had been changed to ***Director of Integrated Commissioning or Deputy Director of Commissioning or senior commissioning strategic lead.***

Deputy Director of Quality and Clinical Governance or Senior Representative had been changed to ***A senior representative from either Finance or Quality Committee Members.***

The Associate Director of Commissioning and Engagement advised that NHS Hull CCG do not have any ***Deputy Lay Member*** therefore this title should be removed from quoracy section of the Terms of Reference.

Resolved

(a)	The Planning and Commissioning Committee approved the proposed amendments as identified within the Terms of Reference.
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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:

COVID Update – The COVID numbers for Hull had dropped dramatically and were now at a rate of 35/40 per 100,000 residents, that was approximately 100 – 120 cases per week and were not translating into significant activity within the Trust. Outbreaks within the city were reducing. The vaccination programme continues to be rolled out with additional work being undertaken on inequalities for cohorts where there was not the expected uptake.

The service specification for the 0 – 19 re-procurement was due to be published on 26th May 2021.

Information around digital weight management would be brought to the June 2021 Committee.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the update provided.
(b)	Members of the Planning and Commissioning Committee requested that information around digital weight management be brought to the June 2021 Committee

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.

It was stated that the following new Prescribing Guidelines had been provided and approved by Hull and East Riding Prescribing Committee.

The following drugs were highlighted:

Semaglutide Oral Tablets for Type 2 Diabetes Mellitus to be added to formulary – Blue drug, CCG commissioned.

Acarizax (ImmunoTherapy) for Dust mite allergy to be added to formulary – Red drug, CCG commissioned.

Lyumjev Insulin Lispro (fast acting insulin) for Type 1 Diabetes Mellitus to be added to formulary – Blue drug, CCG commissioned.

Trixeo Aerosphere Formoterol/Glycopyrronium/Budesonide for COPD to be added to formulary – Blue drug, CCG commissioned.

Bevespi® Aerosphere Glycopyrronium/Formoterol for COPD to be added to formulary – Blue drug, CCG commissioned.

Energair® Breezhaler Mometasone/Indacaterol/Glycopyrronium for Asthma to be added to formulary – Blue drug, CCG commissioned.

Risankizumab for Plaque Psoriasis to be added to formulary – Red drug, CCG commissioned.

Filgotinib for treating moderate to severe active rheumatoid arthritis in adult to be added to formulary – Red drug, CCG commissioned.

Entrectinib for non-small cell lung cancer to be added to formulary – Red drug NHSE commissioned and a 2nd line option.

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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6.2b2 Notification of the Rebate Agreement Renewal for Biquelle 2021

The Medicines Optimisation Pharmacist provided a report notifying the Planning and Commissioning Committee of the Biquelle Rebate agreement renewal 2021.

The Biquelle rebate had been endorsed by the Planning and Commissioning Committee previously and approved by the Integrated Audit and Governance Committee previously. The term approved had ceased therefore the Planning and Commissioning Committee had been requested to endorse a renewal term of 24 months with the exact same terms and conditions which would be taken to the Integrated Audit and Governance Committee for approval.

Resolved

(a)	Members of the Planning and Commissioning Committee recommended that Biquelle Rebate agreement renewal 2021 is noted and endorsed by the Planning and Commissioning Committee before this information goes to Integrated Audit and Governance Committee (IAGC) in May 2021 for agreement.
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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 January and February 2021 NICE Guidance summary.

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

January and February 2021

QS198 - Suspected neurological conditions: recognition and referral - NICE stated this guidance was applicable to Primary care and secondary care – acute. Commissioner: NHSE & CCG, NICE stated this would be cost neutral. Implementation to be reviewed via Quality Meetings with HUTHT.

QS199 - Abortion care - NICE stated this guidance was applicable to various organisations. Commissioner: CCG. NICE stated this would be cost neutral. Implementation to be reviewed via Quality Meetings with HUTHT and other providers.

QS29 - Venous thromboembolism in adults: diagnosis and management – no direct action needed.

MTG53 - Venous thromboembolism in adults: diagnosis and management – no direct action needed.

MTG54 - The VAC Veraflo Therapy system for acute infected or chronic wounds that are failing to heal -no direct action needed.

TA672 - Brolucizumab for treating wet age-related macular degeneration - NICE stated this guidance was applicable to Primary care and secondary care – acute, Commissioner: CCG, NICE stated to assess costs locally this had been discussed at HUTHTs Drugs & Therapeutics Committee and then Planning and Commissioning previously and agreed.

TA679 - Dapagliflozin for treating chronic heart failure with reduced ejection fraction - NICE stated this guidance was applicable to Primary care, Community health care and Secondary care – acute, Commissioner: CCG. Hull and east Riding Prescribing Committee (HERPC) to further review.

MTG55 - Leukomed Sorbact for preventing surgical site infection – no direct action needed.

The question was posed as to how the quality standards are implemented out into primary care? It acknowledged that the cascading of standards would be addressed in the Primary Care Sub Committee, assurance and compliance would then be provided at the June 2021 Committee on how this was occurring.

It was stated that all quality standards are circulated to practices although no follow ups are undertaken.

The NHS had the ability to reduce inequalities in provision, access, outcomes and reduce unwanted variation in practice. Quality standard are a good way to reducing unwanted variation in practice.

It was stated that there was a need for a more formal route and process once the report had been delivered at Planning and Commissioning for any Primary Care issues to be taken to the Primary Care Sub Committee.

It was acknowledged the standards should mapped across the PCNs and an analysis of what does that mean for PCNs complied. Each standard would be reviewed looking at the guidance, what pathway was, how it would be delivered and are there any exceptions, the Primary Care Sub Committee would review to see where PCN are at if what support were required.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the report.
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6.2d Self-Care CCG Recommendation Report

The Medicines Optimisation Pharmacist provided a report advising Committee Members of the cost of Self-care prescribing had increased in April to September 20/21 compared with April to September of 19/20. With this in mind it would be beneficial to amend the Commissioning Statement to include the general exceptions, included in the 'NHS England Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for CCGs', which apply to all the conditions listed in the original Commissioning Statement.

The Associate Director of Communication and Engagement raised concern around the wording in the document re: "NHS Humber, Coast and Vale Integrate Care System (ICS) do not routinely support the prescribing of medicines and treatments for self-limiting and minor health conditions" - as a statutory body should it be at individual CCGs position; it was agreed to get further advice on this.

Clarity was requested on the costings within the OTC Medicines spend comparison. It was agreed that the data would be reviewed as there may have been pricing changes and not for the specific condition articulated.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the amended Self-Care Commissioning Statement to include the general exceptions an upload to the CCG website.
(b)	Members of the Planning and Commissioning Committee requested clarity of the wording of the commissioning statement.
(c)	Members of the Planning and Commissioning Commission requested further information on the OTC medicines spend comparison.

6.3 INTEGRATED COMMISSIONING

6.3a ICOB/CIC GENERAL UPDATE/NOTES

The Deputy Chief Finance Officer (JD) advised Committee Members that the CIC had meet on the 28th April 2021 and approved the Homeless Discharge Service procurement report. ICOB are meeting 14th May 2021 and would be reviewing/discussing the overarching SEND strategy, the configuration of the continuing health care service and ICS place development.

Resolved

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

FOCUS AREAS

6.4a PLANNED CARE

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

Committee Members were advised that the outpatient agenda had stalled due to the COVID pandemic, additional focus was now required, the Deputy Chief Finance Office (JD) had been identified to provide this.

The following areas were highlighted from the report.

52 weeks wait – Hull University Teaching Hospital NHS Trust (HUTHT) are required to reduce their 52 weeks wait down by 50% by September 2021, this being 8000/9000 patients. HUTHT had the highest number of 52 weeks wait patients in the country. Patients were being offered appointments at Bridlington, York, and Scarborough Teaching Hospital and across on the South Bank to try and reduce waiting times.

It was stated that Spire were blocking the 52 weeks work and querying why they are not receiving the funding flow through.

Skin Cancer Referrals – Communications were being written and would be circulated to practices W/C 10th May 2021 asking if their practice would like their dermatoscope and iphone and would be willing to use them. A Webinar had been scheduled to take place on the 9th June 2021 to show how to use a dermatoscope and demonstrate the process of linking images to the 2ww referral form.

Ophthalmology - The framework between Ophthalmology and providers had stalled due to pictures being required and providers not being able to undertake these.

Outpatient Parenteral Antibiotic Treatment (OPAT) – HUTHT had identified that in certain areas of the city patients were not attending appointments for treatment post discharge therefore are having to stay in hospital longer to complete treatment. A community site had been suggested in Hull (possibly The Parks). The aim was to offer IV antibiotics in the community to reduce length of stays and, in some cases, avert an admission attending Care homes to provide this service would be further along the line. Their service would be a joint delivery across providers. Clarity was requested on the operational process of the service; it was noted that a more comprehensive paper would be brought to the June 2021 Committee.

Evidence Based Interventions / Humber Policies - The second tranche of national evidence-based policies had been released. Work with Secondary Care was being undertaken to ensure they have processes in place, mainly around pain injections and diagnostics. Further information would be brought to the July 2021 Committee.

The Strategic Elective Board continues to meet across the Integrated Care System (ICS). Initial work had commenced on having a single Patient Treatment List (PTL). P1 patients should be treated immediately, P2 should be treated within 28 days, if there were any P2 patients waiting for longer than 28 days and other trusts have capacity they should be transferred them.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the report.
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(b)	Members of the Planning and Commissioning Committee were advised that further information around evidence-based intervention would be brought to the July 2021 Committee.
(c)	Members of the Planning and Commissioning Committee were advised that a more comprehensive Outpatient Parenteral Antibiotic Treatment (OPAT) paper would be brought to the June 2021 Committee.

6.4ai CHILDREN, YOUNG PEOPLE & MATERNITY

The Strategic Lead for CYP & Maternity provided a presentation update advising Committee Members of the work which was being undertaken for Children, Young People and Maternity.

The following presentation was circulated to ensure completeness.



CYP & Maternity.
PCC. May21.pptx

Resolved

(a)	Members of the Planning and Commissioning Committee noted the contents of the verbal update.
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6.4b PROJECT EXCEPTIONS

Mental Health and Learning Disabilities

No exceptions to report.

Primary Care

Covid Vaccination programme:

- 5 PCNs continue to deliver vaccines to Cohorts 1-9 – primarily 2nd doses now.
- 3 of the 5 PCNs would be delivering Cohorts 10-12, the National Booking System would be used.

Targeted Lung Health Check Programme had recommenced as telephone assessment mid-April 2021.

Operational planning for 2021/22 – Restoring and increasing access to primary care was a priority focusing on:

- restoration of routine services including vaccines, immunisations, screening, and long-term condition management.
- workforce – especially supporting PCNs increase recruitment to additional roles

Unplanned Care

Performance in ED continues to fluctuate dramatically.

Cancer Network

No exceptions to report.

Medicine Management

No exceptions to report.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the exceptions.
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6.5 HULL & EAST RIDING CHILDREN'S NEURODIVERSITY SERVICE

The Strategic Lead: Children, Young People and Maternity provided a report to update NHS Hull CCG Planning and Commissioning Committee on the work and requirements of the developing Hull & East Riding of Yorkshire (ERY) Children's Neurodiversity Service.

The report requested approval for non-recurrent funding for the dedicated resource that would lead, develop, mobilise, and embed the requirements of the single access 'front door'.

The outline service was a co-produced model working with parents, young people, and professionals.

Work was being undertaken with Humber Teaching Foundation Trust (Humber TFT) for phase 1 developing a single service and working collaboratively with the Children's SEND Sleep Service (Hull). Development of the initial core Neurodiversity Service was in progress and would unite the following Hull and ERY services and teams:- Autism, ADHD, Children's Learning Disabilities and Sensory Processing Service (Assessment Hull Only) and was expected to be completed by Summer 2021.

Phase 2 commenced in March 2021 with a focus on the development and mobilisation of the single access 'front door' by the end of November 2021. This includes integrated working arrangements with both core and interdependent services. The front door was an open access, needs lead service. A request for support form was being developed for parents to complete, this would then be triaged to ascertain what support was required. Children and parents would be fully supported through their journey. There was a challenge to work in a different way and move from a pathway approach to triage approach.

The Committee were requested to approve nonrecurrent funding for 12/18 months to provide a blueprint for a need led population health service.

The Deputy Chief Finance Officer (DS) advised Committee Members that if the Planning and Commissioning Committee approved the service in principle the paper would be cascaded to The Chief Finance Officer for final approval.

It was acknowledged that although East Riding CCG state they do not have funding to contribute to the service the money would have to be sourced as it was not the sole responsibility of NHS Hull CCG to commission the service. The Deputy Chief Finance Office (DS) would request the Chief Finance Officer NHS Hull to further discuss the funding of the service with the Chief Finance Officer NHS East Riding CCG.

It was stated that the service if approved would commence when the right staffing had been recruited via Humber TFT. It was noted that no funding would be released until recruitment had taken place.

The Deputy Chief Finance Officer (JD) requested that the model be reviewed, and the legacy long waiters be addressed along with new referrals.

A baseline data set was being compiled for all neurodiversity conditions to evidence impact and outcomes.

Committee Members voted unanimously to approve non-recurrent funding for 18 months to embed the service and to be appropriately evaluated.

Resolved

(a)	Members of the Planning and Commissioning Committee reviewed the content of the report and approved non-recurrent funding for a 18 months period.
(b)	The Deputy Chief Finance Officer (DS) would request the Chief Finance Officer NHS Hull to further discuss the funding of the service with the Chief Finance Officer NHS East Riding CCG.

6.6 HULL & EAST RIDING PRESCRIBING COMMITTEE Shared Care Framework to approve (updated). Plus additional commissioning cohort (learning disabilities) for Flash Glucose Monitoring (FreeStyle Libre®)

Committee Members reviewed the paper circulated for the March 2021 Planning and Commissioning Committee and voted unanimously to approve the Hull & East Riding Prescribing Committee Shared Care Framework for Modafinil and additional NHS England commissioning cohort (learning disabilities) for Flash Glucose Monitoring (FreeStyle Libre®)

Resolved

(a)	Members of the Planning and Commissioning Committee approved Shared care framework – Modafinil (updated for a further indication) SCF for Modafinil for Daytime Hypersomnolence and excessive daytime sleepiness in Parkinsons. Agree also that Modafinil was changed on the CCG GP practice near patient testing drug list from Level 1 only to Level 1 or 3 or 4 (Liver function tests were now included in the SCF)
(b)	Flash Glucose Monitoring (FreeStyle Libre®) – approved the additional NHS England commissioning cohort (learning disabilities) to the present CCG commissioning criteria; ‘People with Type 1 diabetes or insulin treated Type 2 diabetes who were living with a learning disability and recorded on their GP Learning Disability register.’ Be added.

6.7 SKIN CANCER REFERRAL PATHWAY

Dr Bushra Ali, Dr Masood Balouch and Dr Oehring declared financial interests in agenda item 6.7 as partners in GP practices, Dr Rawcliffe declared a financial interest in agenda item 6.7 as Member of Family works within the Modality Partnership Hull. The declarations were noted. All remained on the call for that agenda item.

Committee Members were advised that the pathway discussed at the March 2021 Planning and Commissioning had not yet been finalised by the Skin Cancer task and finish Group. Members were asked and approved to delegate authority to the Chair of Planning and Commissioning and Deputy Director of Commissioning to approve the Skin Cancer Pathway when completed.

Resolved

(a)	Members of the Planning and Commissioning Committee considered and supported, delegation of approval of the documentation to the Chair and NHS Hull Deputy Director of Commissioning.
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6.8 COMMUNITY DYSPEPSIA PATHWAY

Committee Members reviewed the paper circulated for the March 2021 Planning and Commissioning Committee and voted unanimously to approve the Community Dyspepsia Pathway.

Action 05.03.21 6.6 from the attached action list would be further investigated.



Item 3 - Action List
-March 2021 (2).doc

Resolved

(a)	Members of the Planning and Commissioning Committee approved the pathway in line with the Pathway Review Group recommendations.
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6.9 FIT (FAECAL IMMUNOCHEMICAL TEST) < 10 IN RELATION TO COLORECTAL CANCER/REFERRALS

Committee Members reviewed the paper circulated for the March 2021 Planning and Commissioning Committee. A wide and varied discuss occurred around who should take responsibility for outstanding test results and continuing symptom assessment. Concern was raised around the point that if the responsibility would lie with the GP then there may be delay in the patient not being contacted. It was agreed that it would be the patient's responsibility and a conversation emphasising this would take place when the test was being undertaken.

Committee Members approved the service and agreed that patients should be counselled appropriately around receiving results. It was stated that there would always be the facility to refer patients through the routine route.

Resolved

(a)	Members of the Planning and Commissioning Committee approved It was recommended that Planning and Commissioning Committee approve the proposed change in relation to how a <10 FIT result was managed, in that those with FIT <10 and normal blood indices would be
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	discharged from the 2 week wait pathway with advice regarding symptom monitoring and re-presenting if symptoms do not resolve/escalate.
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6.10 REPEAT CONTRACEPTION – SEXUAL HEALTH SERVICES

The Commissioning Lead – Quality provided a paper to request that Planning and Commissioning Committee approve NHS Hull CCG stopping the additional payments to City Health Care Partnerships (CHCP) for the prescribing of repeat contraception from 1 July 2021.

Committee Members were advised that approval was being sought to stop the additional payment to CHCP for repeat contraception.

The paper had been presented on 23rd April 2021 at the Primary Care Commissioning Committee who had made suggestions and how the service should be run and monitored.

The Commissioning Lead Quality advised that the following amendments had been implemented:

The service would be closely monitored for 6 months to highlight patients who choose to continue to access the service via CHCP rather than going to their GP for repeat prescriptions thereafter a report would be taken to the Primary Care Commissioning Committee in February 2022.

Clarity was requested on how vulnerable patients and patient with hectic lifestyles would receive contraception. Committee Members were advised the Dr Chiddick was undertaking a piece of work looking at how this would be addressed.

It was noted that repeat prescriptions for contraception should be provided for at least 6 months but could go up to 24 months.

It was stated that the Primary Care Quality and Performance Committee would investigate if practices were actively signposting patients into the CHCP service or are patients choosing to use this as their preference.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the stopping of the additional payments to CHCP for repeat contraception prescriptions and the service ceases on 1 July 2021.
(b)	Members of the Planning and Commissioning Committee approved the request to closely monitor the service to highlight the patients who chose to request their contraception from the service for six months.
(c)	Members of the Planning and Commissioning Committee approved the CCG report the outcome of the six-month monitoring to Primary Care Commissioning Committee in February 2022.

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 procurement route for the Homeless Health Service was approved at the April 2021 Committee in Common.

Social Prescribing and Welfare Advice had been approved at the April 2021 Committees in Common. This would extend the existing contract into its final year and outlines the work to be undertaken identify the design of the service to be re-procured in future.

Several projects are now being led by the Humber Coast and Vale Integrated Care System however as the ICS was not yet a legal entity, the contracting and financial management requires support from the CCGs as the existing statutory bodies in line with their established corporate governance arrangements.

The Procurement Panel Terms of Reference had been reviewed and Committee Members approved the one minor amendment.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the procurement activity being planned and undertaken.
(b)	Members of the Planning and Commissioning Committee approved the revised Terms of Reference for the Procurement Panel.

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 February 2021 Quality and Performance Committee were provided for information.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the February 2021 minutes.
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10. GENERAL

10.1 ANY OTHER BUSINESS

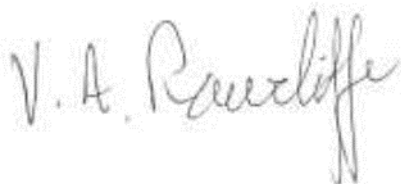
There were no items of Any Other Business to discuss.

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 **4th June 2021, 9.30 Via MS Teams.**



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 4 June 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