

PLANNING AND COMMISSIONING COMMITTEE

MINUTES OF THE MEETING HELD ON FRIDAY 4th FEBRUARY 2022, 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)
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)
M Littlewood, NHS Hull CCG, (Interim Deputy Director of Nursing & Quality)
K McCorry, North of England Commissioning Support, (Medicines Optimisation Pharmacist)
A Oehring, NHS Hull CCG, (Clinical Member)
D Pullen-Higham, NHS Hull CCG, (Strategic Lead Mental Health)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)

IN ATTENDANCE:

D Robinson, NHS Hull CCG, (Minute Taker)
C Grantham, NECS, (Senior Medicines Optimisation Technician) (item 6.2d)

WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

P Davis, NHS Hull CCG, (Strategic Lead Primary Care)
T Fielding, Hull CC, (Assistant Director Health and Wellbeing/Deputy DPH)
D Lowe, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)
M Whitaker, NHS Hull CCG, (Practice Manager Representative)

2. MINUTES OF PREVIOUS MEETING HELD ON 7th January 2022

The minutes of the meeting held on 7th January 2022 were submitted for approval and taken as a true and accurate record.

Resolved

(a)	The minutes of the meeting held on 7 th January 2022 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 7th January 2022 had been provided for information.

It was noted that there were no outstanding actions to be discussed.

Resolved

(a)	The Planning and Commissioning Committee noted that there were no outstanding actions to be discussed.
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4 NOTIFICATIONS OF ANY OTHER BUSINESS

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

There were no items of Any other Business to discuss.

Resolved

(a)	Members of 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

Resolved

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

There had been no declarations of Gifts or Hospitality made since the Planning and Commissioning Meeting in January 2022.

Resolved

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

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

It was noted that there were currently 36 risks on the CCG Risk Register, 8 of which related to Planning and Commissioning. All the risks included within the report were rated as high risk and had a risk score of 8 or above.

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

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

It was noted that when risks are accessed at the review date specified.

Resolved

(a)	Committee Members noted or commented, where appropriate, on the relevant risks, controls, and assurances within the risk register.
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5.4 BOARD ASSURANCE FRAMEWORK 2021/22

The Chair presented the Board Assurance Framework 2021/22. The report presented the current board assurance framework (BAF) for discussion.

The report was taken as read.

Resolved

(a)	Committee Members reviewed and commented on the BAF.
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6. STRATEGY

6.1a PUBLIC HEALTH BY EXCEPTION

The consultant in Public Health Medicine and Associate Medical Director updated Committee Members on the following topics:

Covid cases remain stable at approximately 1000 case 100,000. The Omicron variant was indicating less severe if a patient was fully vaccinated. The Omicron variant of Covid was worse than the Delta variant if the patient was not vaccinated.

It was noted that the flu season was near completion, there had been very few cases of flu in the Hull area.

Internal conversation had taken place with the Public Health Team to ascertain what the team was presently and what roles it undertakes. Traditionally a programme-based approach had been undertaken via Public Health. Concern had been raised as to if this approach would fit with the future direction of population health management, local systems and places. A revised model of what Public Health is currently be devised.

It was noted that there are wider system pressures between Hull University Teaching Hospital NHS Trust (HUTHT) and Adult social care around discharging patients.

The Hull City Council Lead for maternity, Children and Young People presented an update about the 0 – 19 Integrated Public Health Nursing Service.

The update provided incorporated the following areas:

- Re-commission of the 0-19 IPHN Service.
- Tender outcome for the 0-19 IPHN lots.
- New service model (0 – 19 IPHN).
- New service model (Oral Health).
- New service model (Unintentional injuries and safer sleep).
- Challenges.
- Mobilisation of service models.

Committee Members were advised that there would be a Health Visitor and a school nurse linked to every GP Practice within the city with regular contact being made.

Dr Ali asked whether the additional health visit proposed would be provided by the team City Health Care Partnership (CHCP) are providing at present or would additional health visitors be recruited? The Lead for maternity, Children and Young People advised that 4 additional school nurses would be employed along with approximately 5 health visitors. The recruitment into these roles would reduce caseloads providing more time with families.

The Chair queried whether due to the deprivation within Hull there would be more health visitors/ school nurses per 1000 than East Riding? It was noted that the need in Hull had been reviewed, the national calculations for caseloads had been assessed and Hull City Council had gone below this therefore health visitors would have a smaller caseload.

At present Hull CC health visitors support an average of 350 families this would be reduced to 250 families.

Health visitor notes are added to Systemone for GP information.

It was noted that Health visitors would respond to needs lead support.

The below presentation had been circulated to ensure completeness.



0-19 - PC
committee.pptx

Resolved

(a)	Committee Members noted the update provided.
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6.1b IMT Strategy and Approach

The Associate Director of IT Humber CCGs presented an update about the IT Programme.

The update included the following areas:

- Yorkshire and Humber Care Record
- Digital First Primary Care
- Targeted Infostructure Funding (TIF)
- Talk before you Walk (TBYW)\Urgent and Emergency Care (UEC)
- ICS\CCG Transition
- Community Diagnostic Centres
- Population Health Management

The below presentation had been circulated to ensure completeness.



Jan IT Update.pptx

Resolved

(a)	Committee Members 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

There were no Clinical Commissioning Drug Policies to discuss

6.2c NICE MEDICINES UPDATE (STANDING ITEM)

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

The Committee Members were asked to note the November 2021 NICE Guidance summary.

TA744 - Upadacitinib for treating moderate rheumatoid arthritis - NICE stated this guidance was applicable to Primary care and Secondary Care – acute – Commissioned via ICS/CCG - NICE stated this would be cost neutral. The HERPC systemic biological therapy in rheumatoid arthritis guideline to be updated

QS43 - Smoking: supporting people to stop - NICE stated this guidance was applicable to secondary care, primary care and community local stop smoking services – Commissioned via ICS/CCG & LA. Implementation to be reviewed via Quality Meetings with all providers and LA commissioning manager to review and assurance

QS60 – Inducing Labour - NICE stated this guidance was applicable to community health care and secondary care – acute – Commissioned via ICS/CCG.

NG206 - Myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome: diagnosis and management - NICE stated this guidance was applicable to Primary care, Secondary care – acute and Tertiary care – Commissioned via ICS/CCG & LA - NICE stated to assess costs locally. Implementation to be reviewed via Quality Meetings with all providers and LA commissioning manager to review and assurance.

NG207 - Inducing Labour - NICE stated this guidance was applicable to Secondary care – acute – Commissioned via ICS/CCG - NICE stated this would be cost neutral. Implementation to be reviewed via Quality Meetings with all providers.

NG208 - Heart valve disease presenting in adults: investigation and management - NICE stated this guidance was applicable to Secondary care – acute - Commissioned via NHSE & ICS/CCG - NICE stated to assess costs locally. Implementation to be reviewed via Quality Meetings with all providers.

NG209 - Tobacco: preventing uptake, promoting quitting and treating dependence - NICE stated this guidance was applicable to primary care, community health care, secondary care - acute, and secondary care – mental health and social care - Commissioned via ICS/CCG, LA & NHSE. Implementation to be reviewed via Quality Meetings with all providers and LA commissioning manager to review and assurance NICE state to assess costs locally.

It was noted that NHSE had provided money directly to trusts to tackle tobacco dependence in health care settings. HUTHT are working closely with Hull City Council to provide the service.

NG28 - Type 2 diabetes in adults: management - NICE stated this guidance was applicable to Primary care, secondary care, and Tertiary care – Commissioned via CCG - NICE stated this would be cost neutral.

NG143 - Fever in under 5s: assessment and initial management - NICE stated this guidance was applicable to secondary care & primary care - Commissioned via NHSE & CCG.

NG126 - Ectopic pregnancy and miscarriage: diagnosis and initial management - NICE stated this guidance was applicable to Primary care and secondary care – acute - Commissioned via ICS/CCG - NICE stated this will would be cost neutral.

NG203 - chronic kidney disease: assessment and management – Implementation tools available.

MTG61 - Synergo for non-muscle-invasive bladder cancer - NICE stated this guidance was applicable to secondary care – acute – Commissioned via NHSE & ICS/CCG - No further action needed.

Committee Members were advised that NG208 - heart valve disease was predominately for acute care although the referral was for primary care.

It was agreed that the Quality and Performance Patient Safety Lead would be asked to address the use of an endorsed resource for the euro king maternity software solution referred to in QS43 and QS60 along with when Maternity Services would revert back to pre-pandemic services with the Head of Midwifery.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the report.
(b)	The Quality and Performance Patient Safety Lead would be asked to address the use of an endorsed resource for the euro king maternity software solution referred to in QS43.
(c)	The Quality and Performance Safety Lead would be asked to address when services would revert back to pre-pandemic services with Maternity Services.

6.2di

PRIMARY CARE REBATE OFFER NHS HULL CCG - METHADONE HYDROCHLORIDE (PHYSEPTONE)

The NECS Senior Medicines Optimisation Technician presented a paper for endorsement which notified the Planning and Commissioning Committee of the Methadone Hydrochloride (Physeptone) rebate.

This rebate offer has been independently considered by PrescQIPP and by North of England Commissioning Support medicines optimisation team.

An overview of each scheme is detailed below:

- Methadone Hydrochloride (Physeptone)
- The rebate is for 2 years
- Ethypharm have adopted the PrescQIPP standard terms and conditions
- There is a 3-month notice period for the commissioner and a 12-month notice period for the supplier.
- Payments are made on a quarterly basis

Approximate rebate value per 12 months

£95,723 based on November 20 to October 21 prescribing spend of £231,278.

The Consultant in Public Health Medicine and Associate Medical Director queried if the prescription costs for substance misuse sat within the public health commissioning area how much NHS Hull CCG would be contributing. The Deputy Chief Finance Officer advised that NHS Hull CCG would initially pay for the substance and then recharge CGL.

A wide and varied conversation took place, and it was agreed that the Substance Misuse Commissioner would be linked into a further discussion to ascertain who would benefit from the rebate monies.

Resolved

(a)	Members of the Planning and Commissioning Committee endorsed the Methadone Hydrochloride (Physeptone) Primary Care Rebate on behalf of the CCG.
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6.2dii

NOTIFICATION OF THE REBATE AGREEMENT RENEWAL FOR INSUMAN 2022

The NECS Senior Medicines Optimisation Technician presented a paper to notify the Planning and Commissioning Committee of the Insuman Rebate agreement renewal for March 2022.

It was noted that the renewal contract would continue with the same PrescQIPP stand terms and conditions for a further 12-month period.

It was noted the savings for the first 3 quarters had been £3340 rebate paid to NHS Hull CCG.

Resolved

(a)	Members of the Planning and Commissioning Committee endorsed the Insuman Rebate agreement renewal for March 2022 on behalf of the CCG.
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6.2diii

NOTIFICATION OF THE REBATE AGREEMENT RENEWAL FOR APIDRA 2022

The NECS Senior Medicines Optimisation Technician presented a paper for The NECS Senior Medicines Optimisation Technician presented a paper to notify the Planning and Commissioning Committee of the Apidra Rebate agreement renewal for March 2022.

It was noted that the renewal contract would continue with the same PrescQIPP stand terms and conditions for a further 12-month period.

It was noted the savings for the first 3 quarters had been £3482 rebate paid to NHS Hull CCG.

Resolved

(a)	Members of the Planning and Commissioning Committee endorsed the Apidra Rebate agreement renewal for March 2022 on behalf of the CCG.
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6.2div

Primary Care Prescribing Rebate Offer NHS Hull CCG - Buprenorphine (Espranor)

The NECS Senior Medicines Optimisation Technician presented a paper for endorsement which notified the Planning and Commissioning Committee of the - Buprenorphine (Espranor) rebate.

This rebate offer has been independently considered by PrescQIPP and by North of England Commissioning Support medicines optimisation team.

An overview of each scheme is detailed below:

- Buprenorphine (Espranor)
- The rebate is for 2 years
- Etypharm have adopted the PrescQIPP standard terms and conditions

- There is a 3-month notice period for the commissioner and a 12-month notice period for the supplier.
- Payments are made on a quarterly basis

Approximate rebate value per 12 months

£102,603 based on November 20 to October 21 prescribing spend of £172,96

Resolved

(a)	Members of the Planning and Commissioning Committee endorsed the Buprenorphine (Espranor) on behalf of the CCG.
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6.3 INTEGRATED COMMISSIONING

6.3a ICOB/CIC GENERAL UPDATE

The Deputy Chief Finance Officer advised Committee Members of the following reports which would be presented at the February 2022 ICOB or Committees in Common:

Committees in Common (CIC)

Integrated Commission Officer Board

The following items were planning to be discussed and considered at the February ICOB

- Funded National living wage uplifts for adult social care
- Expansion of the pooled fund agreement with Humber Teaching Foundation Trust.
- Trauma informed work.
- Covid vaccination champions.
- Emerging Place Based Partnership Arrangements.

Resolved

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

FOCUS AREAS

6.4a PLANNED CARE – COMMUNITY DIAGNOSTIC HUBS

The Deputy Director of Commissioning presented a report to update Committee Members on the current position of the national Community Diagnostic Hub/Centre initiative. The report sets out the current guidance, developing thoughts on the local model and early demand modelling assumptions.

Background was Professor Mike Richards was asked by the government to review the diagnostics cost of country. Two key actions were identified, one being that all diagnostics in secondary care should be no older than five years, the second one being that elective diagnostic be pulled out of hospitals and delivered in a community diagnostic hub/spoke.

It was noted that when established the Community Diagnostic Hub would drive a wholesale change in how diagnostics are delivered.

It was also noted that each ICS had to submit a single proposal for consideration, at present this was an outline business case which is due by the end of the 2022 financial year, setting out a high-level view of what will be commissioned.

Committee Members were advised that a significant piece of communication and engagement work would be undertaken across NHS Hull CCG to ensure all PCNs, collaboratives across the ICS and providers are fully sighted and involved in the establishment of the Community Diagnostic Hub/spokes.

It was acknowledged that there would be hub within central Hull close to all the different transport networks, therefore accessible to all patients. Filtering out from the hub would be a network of spokes across Hull & ERY that would offer a range of services more bespoke to local populations.

It would be proposed that Hull had 1 spoke that would be a frailty spoke at the Jeans Bishop Centre as there was capacity at the site. East Riding were proposing to have 4 spokes across their patch.

It was stated that at present it was unknown what the PCNs in Hull would like to offer as a number of services which are potentially being implemented in spokes PCNs now or may wish to offer. It was acknowledged that one outcome of the planned discussions would be to determine what PCNs would offer as this would influence what goes into the hub/spokes and enable PCNs/GPs to have a clear voice..

The diagnostic model would be looked at in two ways, one being the speciality pathway and the other being the symptomatic pathway, further discussions are taking place with the collaboratives to agree the pathways.

It was acknowledged that pulling diagnostics away from HUTHT could destabilise the acute Trust therefore a large amount of work would have to be undertaken to establish what was the minimum number of diagnostics that needs to stay within the Trust.

The Deputy Director of Commissioning advised that the largest risk of establishing Hubs was workforce and having diagnostic kit that was not being used due to lack of staff. The Hub would take approximately 3 - 4 years to be established therefore allowing time to try and increase training places to provide additional qualified staff.

The Vice Chair asked whether mental health services would be placed within the Hub/spokes The Deputy Director of Commissioning advised that initial discussions are taking place as if hubs/spokes are undertaking purely diagnostics there would be limited mental health input however if hubs/spokes are to be one stop shops then mental health services would be required to be present.

It was noted that work is being undertaken around children's diagnostic requirements.

Resolved

(a)	Committee Members considered the contents of the report.
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6.4b CHILDREN, YOUNG PEOPLE AND MATERNITY PROGRAMME UPDATE

The Strategic Lead – CYP & Maternity present a report to inform and update Committee Members on the Humber Children’s Partnership and the programme along with the Hull Maternity Voices Partnership.

The Strategic Lead – CYP & Maternity present a report to inform and update Committee Members on the Humber Children’s Partnership and the programme along with the Hull Maternity Voices Partnership.

The following salient points were highlighted
Humber Children’s Partnership:

- The Partnership is led by Joanne Hewson (SRO) from Northeast Lincolnshire CCG and Erica Daley NHS Hull CCG.
- A Humber Children’s Partnership oversight group had been established.
- Principles have been agreed which would be applied in all projects.
- The work undertaken at Humber level would also support the SEND agenda and statutory responsibilities.
- The main focus on projects was around early help and prevention, advice and guidance, hospital at home and high intensity users.
- All work undertaken is informed by impact and outcomes data.
- The current changes to the ‘front end’ of ED including the front of paediatric ED has had a significant positive impact especially for paediatrics
- Paediatric oximeters will be distributed shortly
- The SBAR tool was being reviewed to ascertain how this could be used between primary and secondary care.
- The early help and prevention group had been surveying all parents to review health literacy and identify gaps.
- North East Lincs are delivering and monitoring a hospital at home service, this is now being implemented on the north bank.
- A steering group had been established to look at palliative and end of life care.
- The Children’s Neurodiversity service is across Hull and East Riding, work is taking place across the wider system to see how the service could be delivered on the south bank. And North Yorkshire and York.
- Work is being undertaken with partners to ascertain what services should be placed in the Hull Children’s Integrated Health and Care community hub.

The Chair queried whether the hospital at home was a service that takes on patients, manages them from home and does not ask GPs to undertake care that would have taken place in hospital. It was agreed that the Strategic Lead Children, Young People & Maternity would review this as part of the impact and outcomes of this virtual consultant led service.

Maternity

- A Maternity Voices Partnership had been established at place and meets on a quarterly basis.
- Place would be paramount around supporting the maternity agenda, it was noted that there was a local maternity system that works across the ICS
- There is an ‘ask the midwife’ service.
- Plans are being reviewed to restore the baby carousel.

- The perinatal mental health pathway for Hull is being finalised with includes guidance and a GP toolkit.
- Smoking at the time of delivery is down to 17%.
- Breast feeding rates are up.
- Primary/Secondary Care meetings are now in place as a sub-group of the Primary/Secondary Care interface group. Dr Ali and Dr Oehring are active within these meetings.

The Chair stated that the breast-feeding rates would be higher if more support had been provided in the early stages of breast-feeding. The Strategic Lead – CYP & Maternity advised there is a push on the improving the information given at discharge, so the patient is aware of who to contact. It was noted that the health visitor could also support at the 10-day visit.

The Chair advised that he had dealt with two cases, one of the women had been turned away from the maternity unit 12.00pm and had given birth at home 4 hours later, the second woman being refused admission by a midwife and told to call back at 8.00am who then gave birth at home. The Chair then asked if whether an unplanned home birth would qualify for a Significant Incident (SI).

The Interim Deputy Director of Nursing & Quality stated the NHS Hull CCG had not been made aware of any of the cases. It was noted that if it was felt that harm had been caused that it would be recorded as an SI, it was agreed the Strategic Lead – CYP & Maternity and the Interim Deputy Director of Nursing & Quality would further discuss this outside of the meeting.

Resolved

(a)	Committee Members noted the contents of the report.
(b)	The Strategic Lead – CYP & Maternity and the Interim Deputy Director of Nursing & Quality would further discuss the turning away of patients at the Maternity ward outside of the meeting.
(c)	Committee Members requested that further information on the SBAR would be brought to a future Planning and Commissioning Committee when the modelling approach had been agreed.
(d)	The Strategic Lead Children, Young People & Maternity would review the hospital at home service as part of the impact and outcomes of this virtual consultant led service and update Committee Members what the role of the GP would be.

6.4c PROJECT EXCEPTIONS

Medicine Management

No Exceptions to report.

Primary Care

PCN Reconfiguration

- Changes to PCN membership are now confirmed.
- There Will be 6 PCNs from April 2022.
- Support will be provided in the development of new PCNs where necessary including the development of Health Inequalities Plans.

Prioritisation of COVID Vaccine Booster Campaign

PCNs continue to deliver the Vaccination programme including Boosters although the scale of activity had been reduced.

Winter Access Fund

Winter Access Fund schemes with PCNs had commenced to deliver additional capacity in general practice.

Cancer Alliance

No Exceptions to report.

Unplanned Care

There had been an increase in Covid admissions at the HUTHT.

There are issues with social care as home care cannot be delivered at the level required.

Available care home beds are at a minimum causing a problem with discharges.

Hull is now on the Secretary of State watch list for discharges and elective care.

Vulnerable People & LD

No Exceptions to report.

Resolved

(a)	Committee Members noted the exceptions.
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7. SYSTEM DEVELOPMENT AND IMPLEMENTATION

7.1 PROCUREMENT UPDATE (STANDING ITEM)

There was no report assigned to this item.

7.2 COMMUNICATION & ENGAGEMENT ACTION PLAN

The agenda item had been deferred until March 2022 to align work with the wider HCV programme.

8. STANDING ITEMS

8.1 REFERRALS TO AND FROM OTHER COMMITTEES

There were no referrals to any other Committees.

9. REPORTS FOR INFORMATION ONLY

9.1 QUALITY & PERFORMANCE MINUTES

The minutes of the 11 December 2021 Quality and Performance Committee were distributed for information.

Resolved

(a)	Committee Members noted there were not minutes to be circulated.
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10. GENERAL

10.1 ANY OTHER BUSINESS

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 **4th March 2022, 9.30 Via MS Teams.**

Signed: 

(Vice chair of the Planning and Commissioning Committee)

Date: 4 March 2022

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
ODN	Operational Delivery Networks
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