

PLANNING AND COMMISSIONING COMMITTEE

MINUTES OF THE MEETING HELD ON FRIDAY 1st October 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)
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)
D Lowe, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)
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) for item 4
M Whitaker, NHS Hull CCG, (Practice Manager Representative)

IN ATTENDANCE:

D Robinson, NHS Hull CCG, (Minute Taker)
J Mitchell, Associate Director of IT for the CCGs across the Humber

WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

J Crick, NHS Hull, (Consultant in Public Health Medicine and Associate Medical Director)
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)
P Davis, NHS Hull CCG, (Strategic Lead Primary Care)
T Fielding, Hull CC, (Assistant Director Health and Wellbeing/Deputy DPH)
D Storr, NHS Hull CCG (Deputy Chief Finance Officer)

2. MINUTES OF PREVIOUS MEETING HELD ON 6th August 2021

The minutes of the meeting held on 6th August 2021 were submitted for approval and taken as a true and accurate record after the following amendment,

Paragraph 2 on page 16 should read

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

Resolved

(a)	The minutes of the meeting held on 6 th August 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 6th August 2021 had been provided for information, and the following updates were provided:

Resolved

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

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

MENTAL HEALTH SYSTEM DEVELOPMENT FUNDING & SPENDING REVIEW ALLOCATION 2021/22

The Strategic Lead- Mental Health & Learning Disabilities presented a Mental Health System Development Funding & Spending Review Allocation 2021/22 paper for approval. The paper sought to inform members of non-recurrent allocations received in 2021/22 for the development and resilience of mental health services and gain approval for their use. As the allocations have been issued for specific purposes it was felt that a full business case / funding proposal was not required, however in line with the CCG's governance processes plans must still be approved by the Planning and Commissioning Committee. The proposals outlined in the main body of the report had been produced in collaboration with providers and aligned with the CCG's obligation for the Mental Health Investment Standards and NHS Long Term Plan.

It was noted that SLT had approved the System Development Funding and Spending Review allocation, but the Planning and Commissioning Committee had to provide final approval.

It was stated that the funds received were additional monies which had come via the ICS with specific requirements.

The following risks were highlighted to Committee Members:

18-25 Young Adults – The Long-Term Plan (LTP) acknowledges the impact of transition in adult services and the negative experience that was often experienced. The LTP allows for flexibility at place to deliver services to meet local need. An expression of interest had been submitted ICS wide to be a trauma informed City especially around individuals who were in justice or on the edge of justice. It was noted that the transition of adult services had been a joint bind between the LA and Humber TFT to have a cross over for individuals who may or not yet be known to mental health services.

CYP Community and Crisis - Demand on services was expected to rise in September with the planned return to educational settings. Local Authority (LA) – Headstart,

SEED, Warren and Humber TFT (ADHD) plans have been discussed in detail with colleagues at Humber TFT who acknowledged the increase in demand to date had often had not met the threshold of specialist CAMHS services. Given the allocation was non recurrent it had been agreed a greater impact could be achieved with LA & VCS providers.

Adult Mental Health Community - Funding relates to the introduction of the Mental Health Practitioner ARRS role. The practitioner was to be employed by a Mental Health Provider and work into primary care with a 50/50 split of costs. Undertaking a second pilot of a role prior to implementation. Committee were asked to acknowledge the risk that this funding may not be allocated in year.

Discharge - 536K non-recurrent funding was currently available for Hull CCG. Agreement for the funding could not be agreed at ICS. Plans that were identified, for example care home liaison, were difficult to mobilise in year and carried significant risk of not attracting recurrent funding. Committee were asked to acknowledge the risk that this funding may not be allocated in year. During discussions plans to open 5 additional non-recurrent beds at Maister Lodge were proposed. This followed completion of capital works for which Humber TFT had previously been successful in attracting. Older adult functional beds were a known pressure for the system and currently patients were placed out of area. While the need was acknowledged, a business case was required to understand the long-term impact and cost.

Dr Oehring requested clarity on whether funding would be held by the CCG until appointments had been made. The Strategic Lead- Mental Health & Learning Disabilities advised that some of the money would be transacted. The ADHD allocated money would be around project management, mobilising a project and co-producing the programme with families. It was noted where a staffing model had been suggested recruitment was possible.

The Chair asked if approved was the money for ARRS in addition to the funding already received and not used by Humber TFT to work with Primary Care. The Strategic Lead- Mental Health & Learning Disabilities advised that the money would be for additional ARRS roles 50/50 funded and the post would be employed by the provider not the PCN.

The Chair asked if the GPs present on the call had seen any impact from the original money input into ARRS. A wide and varied discussion conversation took place with GPs agreeing to it being dependant on the mental health worker assigned to the practices.

Resolved

(a)	Members of the Planning and Commissioning Committee approved the requested funding plans.
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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	6.4a,	Financial Interest – Partner at Haxby Group the declaration was noted.
Amy Oehring	6.4a,	Financial Interest – Partner at Sutton Manor Surgery, the declaration was noted.
Bushra Ali	6.2b, 6.4a	Financial Interest – Partner at Modality Partnership Hull and member of Modality PCN with Dr Cook, the declaration was noted.

Resolved

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

There had been no declarations of Gifts or Hospitality made since the Planning and Commissioning Meeting in August 2021.

Resolved

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

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

It was noted that there were currently 37 risks on the CCG Risk Register, 8 of which related to Planning and Commissioning. All the risks included within the report were rated as high risk and had a risk score of 8 or above.

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

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

The risk register had been reviewed by Committee Members.

Risk 932 – The Deputy Chief Finance Office (JD) advised that due to the length of time the risk had been on the risk register along with the current position of the speech and language waiting time significantly reducing the rating may require to be reduced. It was agreed that further discussions would take place outside of the meeting.

Resolved

(a)	Committee Members noted or commented, where appropriate, on the relevant risks, controls, and assurances within the risk register.
(b)	The Deputy Chief Finance Officer (JD) and the Deputy Director of Commissioning (KE) would discuss risk 932 outside of the meeting.

5.4 BAF

The Chair presented the Board Assurance Frame 2021/22 for discussion. The BAF provided the current BAF for Committee Members to review.

The report was taken as read.

Resolved

(a)	Committee Members reviewed the Board Assurance Framework. appropriate.
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6. STRATEGY

6.1a PUBLIC HEALTH BY EXCEPTION

Committee Members were advised that apologies had been received prior to the meeting from the Assistant Director Health and Wellbeing/Deputy DPH, therefore there would be no update.

The Deputy Director of Commissioning advised that a small amount of money had been allocated around weight management for 2020/21. Bids had been prepared for the next 3 years for children and adults weight management services.

Resolved

(a)	Committee Members noted there was no 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, which sets out recent successes and activity going forward.

The update was provided incorporated the following areas:

- YHCR – The Single Point of Truth
- YHCR Headlines
- Digital (first) Primary Care Update (Wider than Primary Care)
- Talk Before You Walk\111 First
- Care Home Digital Maturity
- Community Diagnostic Hubs
- ICS Update

The below presentation had been circulated to ensure completeness.



Committee Members were advised that Andy William had been employed as the Chief Digital Information Officer (CDIO) in Place.

It was noted that a company called 23 Red had been recruited to ascertain which languages needed to be covered within Primary Care to ensure all patients were English was not their first language had access to services.

Dr Ali expressed her enthusiasm that visual picture language boards were being compiled to be used with patients who were illiterate, or English was not their first language.

Concern was raised by Dr Oehring that the Ipads distributed to Care Home for appointment use were not always operational. The Associate Director of IT Humber CCGs advised that a business change was being reviewed on the usage of Ipads within Care Homes. The Acting Director of Nursing and Quality advised if Care Homes had challenges in accessing remote consultation than herself or the Head of NHS Funded Care should be advised.

The Chair voiced the following points:

- As digital access to primary care increases, GP's do not have the capacity to respond to demand. The Associate Director of IT Humber CCGs advised that a piece of work was being undertaken with NHS England to engage with patients to ascertain which was the most appropriate method of access.
- The Pathway Information Portal needed to be reviewed so GPs obtain the correct assistance when managing patients. The Associate Director of IT Humber CCGs advised that a new pathway was being developed. It had been suggested that the maintenance of the pathways would be address with the BI Team.

Dr Ali requested clarity on how to add digital consultation information (free txt) into coded information on the patients' records. The Associate Director of IT Humber CCGs advised a pilot was taking place around the use of artificial intelligence to be able to take off digital consultations and adapt.

Resolved

(a)	Committee Members noted the update provided.
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6.1c EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE 2019/20 SELF-ASSESSMENT

The Deputy Director of Commissioning presented the self-assessment of CCG Compliance with the National Emergency Preparedness, Resilience and Response/Business Continuity Management core standards for approval. The self-assessment identified that substantial compliance was demonstrated against the Core Standards relating to Emergency Preparedness, Resilience and Response (EPRR) 2021/2022 including Business Continuity Management (BCM). The assurance process had been streamlined and significantly reduced as a result of the ongoing COVID19 Pandemic and this year there was no deep dive topics for the CCG.

The report also presented the Business Continuity / Emergency Preparedness, Resilience & Response Annual Report 2021/2022 for the Board's information.

Committee Members were advised the Hull CCG had undertaken a self-assessment against the required areas of the CPRR core standards self-assessment tool for 2021/2022 and were fully compliant in all areas.

It was noted that all outstanding actions had been reviewed and would be progressed.

Committee Members were advised that there was a gap around loggist as there were no loggist "on call".

Resolved

(a)	Committee Members considered and approved the self-assessed level of compliance identifying that substantial compliance was demonstrated against the core standards relating to Emergency Preparedness, Resilience and Response (EPRR) 2021/22.
(b)	Committee Members note the Business Continuity / Emergency Preparedness, Response Annual Report 2021/22.

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

Dr Bushra Ali declared financial interests in agenda item 6.2b as a partner in a GP practice, The declaration was noted. Dr Ali remained on the call for that agenda item.

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

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

The following drugs were highlighted relevant to CCG commissioned drugs:

Selpercatinib – Reg drug – NHS England commissioned

Carfilzomib with dexamethasone and lenalidomide – Red drug – NHS England commissioned.

Budesonide orodispersible tablet - Red drug – CCG commissioned.

Resolved

(a)	Committee Members approved the report provided re: new drugs or change in usage applications and traffic light status
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6.2c NICE MEDICINES UPDATE (STANDING ITEM)

The Medicines Optimisation Pharmacist presented the NICE update for April and May 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 June and July 2021 NICE Guidance summary.

NG197 – Share decision making - Nice stated the guidance was applicable to various organisations – Commissioned via ICS and CCG – Nice stated this would be cost neutral.

NG198 - Acne vulgaris: management - NICE stated the guidance was applicable to Primary care – Commissioned via ICS & CCG - NICE stated this would be cost neutral.

NG196 - Atrial fibrillation: diagnosis and management – Existing tools were available.

MTG59 - Plus Sutures for preventing surgical site infection - NICE stated this guidance was applicable to Secondary care – acute – Commissioned via CCG

TA715 - Adalimumab, etanercept, infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed - NICE stated this guidance was applicable to Secondary care – acute – Commissioned via ICS & CCG.

TA718 - Secukinumab for treating non-radiographic axial spondyloarthritis - NICE stated this guidance was applicable to Secondary care – acute – Commissioned via ICS & CCG - NICE stated this would be cost neutral

TA719 - Secukinumab for treating non-radiographic axial spondyloarthritis - NICE stated this guidance was applicable to Secondary care – acute – Commissioned via ICS & CCG - NICE stated this would be cost neutral

NG199 - Clostridioides difficile infection: antimicrobial prescribing - NICE stated this guidance was applicable to Primary care, Community health care and Secondary care – acute – Commissioned via ICS & CCG - NICE stated to assess costs locally

NG17 - Type 1 diabetes in adults: diagnosis and management - NICE stated this guidance was applicable to Primary care, Community health care and Secondary care – acute – Commissioned via ICS & CCG - NICE state this would be cost neutral

Resolved

(a)	Members of the Planning and Commissioning Committee noted the report.
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6.2d NOTIFICATION OF THE REBATE AGREEMENT FOR FOSTAIR NEXTHALER DRY POWDER INHALER

The Senior Medicines Optimisation Technician present a paper for endorsement which notified the Planning and Commissioning Committee of the Fostair NEXThaler dry powder inhaler rebate.

The following information was highlighted in relation to the Fostair NEXThaler dry powder inhaler rebate.

- The rebate was until September 2023.
- Chiesi had adopted the PrescQIPP standard terms and conditions.
- There was no notice period for the supplier and the commissioner.
- Payments were made on a quarterly basis.

Resolved

(a)	Members of the Planning and Commissioning Committee endorsed the fostair nexthaler dry powder inhaler Primary Care Rebate on behalf of the CCG. The rebate would now go to the Integrated Audit and Governance Committee (IAGC) for final CCG approval.
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6.2e NOTIFICATION OF REBATE AGREEMENT FOR BECLOMETHASONE DIPROPIONATE WITH FORMOTEROL FUMARATE (FOSTAIR PMDI)

The Senior Medicines Optimisation Technician present a paper for endorsement which notified the Planning and Commissioning Committee of the Beclomethasone dipropionate with formoterol fumarate (Fostair pMDI) rebate.

The following information was highlighted in relation to the Beclomethasone dipropionate with formoterol fumarate (Fostair pMDI) rebate.

- The rebate was until September 2023.
- Chiesi have adopted the PrescQIPP standard terms and conditions.
- There was no notice period for the supplier and the commissioner.
- Payments were made on a quarterly basis.

It was noted that the rebate should not influence prescribing therefore if inhalers were to be switched away from MDI the payments would be reduced. Confirmation was received that patients would not be moved due to a rebate.

Resolved

(a)	Members of the Planning and Commissioning Committee endorsed the beclomethasone dipropionate with formoterol fumarate (fostair pmdi) Primary Care Rebate on behalf of the CCG. The rebate would now go to the Integrated Audit and Governance Committee (IAGC) for final CCG approval.
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6.2f HUMBER AREA PRESCRIBING COMMITTEE MERGER PROPOSAL PLAN

The Medicines Optimisation Pharmacist presented a paper for approval which updated the Planning and Commissioning Committee relevant to the proposed plan for the merger of the two current Area Prescribing Committees to form one Humber Area Prescribing Committee (APC). There was an update paper which describes the new model for the Humber APC. A previous paper recommending the creation of a Humber Area Prescribing Committee was agreed by Planning and Commissioning Committee. A working group was set up of key stakeholders and there have been 3 meetings. A Humber Area Prescribing Committee Merger Proposal Plan (update paper) had been produced from the working group discussions. It was proposed to introduce the Humber APC from January / February 2022 with the present APCs moving into shadow form as soon as possible.

The Humber Combined CCGs Senior Leadership Team have been asked to provide feedback on the key considerations including the funding / resource required and recommend that the proposed plan and new APC model was approved by the CCGs. The outcome of the Humber Combined CCGs Senior Leadership Team meeting was included in the paper. The funding for the APC would continue in the transaction into the ICS. Humber SLT advised that the ICS was looking at the future structures and did not envisage an issue with GP at place representation.

Netformulary was an electronic platform for drug formularies. At present netformulary was not used in Hull or East Riding, when presented at Humber SLT it was recommended that going forward netformulary be used in Hull and East Riding.

It was acknowledged that the Chief Finance Officer would need to be approached by the Deputy Chief Finance Officer (DS) to ascertain if the amount of money requested was available if Committee Members approved the Humber Area Prescribing Committee Merger Proposal Plan. Committee Members approved the Humber Area Prescribing Committee Merger Proposal Plan

Resolved

(a)	Members of the Planning and Commissioning Committee approved the proposed plan and new Area Prescribing Committee model outlined in the Humber Area Prescribing Committee Merger Proposal Plan (update paper). This also includes as appendices the terms of reference, the proposed timeline and the resource paper.
(b)	Members of the Planning and Commissioning Committee approved 50% of the new netformulary costs outlined in the update paper applicable to Hull CCG and East Riding of Yorkshire CCG i.e. 50% each of £3890 = £1945. Netformulary.
(c)	Members of the Planning and Commissioning Committee requested The Deputy Chief Finance Office (DS) approach the Chief Finance Officer to ascertain if the relevant amount of money was available to fund the Humber Area Prescribing Committee Merger Proposal Plan.

6.2g NOTIFICATION OF REBATE AGREEMENT FOR SEREFLO (FLUTICASONE WITH SALMETEROL) INHALER

The Senior Medicines Optimisation Technician present a paper for endorsement which notified the Planning and Commissioning Committee of the Sereflo (Fluticasone with Salmeterol) inhaler rebate.

The following information was highlighted in relation to Sereflo (Fluticasone with Salmeterol) inhaler rebate.

- The rebate was until September 2023.
- There was a 60-day period of notice for the commissioner and a 30-day period of notice for the supplier
- The Payments were made on a quarterly basis

Resolved

(a)	Members of the Planning and Commissioning Committee endorsed the Sereflo (Fluticasone with Salmeterol) inhaler Primary Care Rebate on behalf of the CCG. The rebate would now go to the Integrated Audit and Governance Committee (IAGC) for final CCG approval.
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6.3 INTEGRATED COMMISSIONING

6.3a ICOB/CIC GENERAL UPDATE/NOTES

The Deputy Chief Finance Officer advised Committee Members of the following updates:

Committees in Common

The following 5 items were on the October CIC.

- Better Care Fund Revised Financial Plan 2021/22
- Housing Related Support – Homeless Partnership Report
- Hull Food Strategy Development Framework
- Social Prescribing / Community Navigation Procurement
- Alliance Contract Framework

Resolved

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

FOCUS AREAS

6.4a PRIMARY CARE

Dr Bushra Ali, Dr Masood Balouch and Dr Oehring declared financial interests in agenda item 6.4a as partners in GP practices. The declarations were noted. All remained on the call for that agenda item.

The Strategic Lead – Primary Care provided a paper to update the Committee on developments in primary care.

The paper was taken as read.

Dr Balouch stated that GP's do hidden work which was not added to the ledger therefore the ledger was not a true reflection on the role undertaken by GPs.

Dr Ali requested that when City Care were considering premises might new buildings be modern (retro developed) accessible and have adequate space. The Deputy Director of Commission advised that would be addressed at the estate meeting.

Resolved

(a)	Committee Members noted the contents of the report.
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6.4b PROJECT EXCEPTIONS

Unplanned Care

The trial of the 2-hour crisis response would commence on 4th October 2021 which two designated phone lines for professionals only to avoid admissions to hospital. The frail population would be reviewed first.

Mental Health and Learning Disabilities

No Exceptions to report.

Children, Young People and Maternity

Children's respiratory, RSV and hot clinics were being trailed between 10.00am - 4.00pm in Beverley and Bransholme UTC's.

Cancer Network

No Exceptions to report.

Medicine Management

No Exceptions to report.

Planned Care

There were significant waits for planned care. Work with Spire had commenced to try and reduce list sizes. Unplanned activity in A & E had initiated P3 and P4 appointments being cancelled.

Resolved

(a)	Committee Members noted the exceptions.
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6.4c CLINICAL PATHWAYS CONSIDERED BY THE PATHWAY REVIEW GROUP FOR CONSIDERATION AND RATIFICATION

The Deputy Director of Commissioning presented a report for ratification which provided a report which sets out a range of clinical pathways that have been considered, commented on and, where necessary, enhanced by the Pathway Review Group. The pathways have reached a point where the Pathway Review Group was happy to endorse and, as such, the Pathway Review Group had submitted these to the Planning and Commissioning Committee for final oversight and recommendation prior to them being implemented.

The following pathways were discussed, and the following points identified:

Management of Shoulder Pain

Appendix 1 link on the PIP does not work.

Appendix 2 – States to refer direct to orthopaedics – Committee Members were advised that this had not been the case since 2017. The Chair advised that Healthshare were referring patients. It was requested that step 3 in the referral be clarified stating Health Share undertakes the action.

It was noted that the pathway would increase the number of x-rays taken.

The PIP Page injection process had not been clearly explained.

Clarification was requested on if a patient was directed by a Care Navigator straight to Health Share would they reg flag and get the patient straight into orthopaedics.

Committee Members ratified the pathway after the above points had been clarified.

Rapid Diagnosis

Committee Members ratified the pathway.

Faecal Calprotectin

The flow chart was incorrect as on the second check of calprotectin “repeat calprotectin after 2 weeks” the boxes have incorrect information within the drop down boxes

Committee Members ratified the pathway after the above points had been clarified

Irritable Bowel Syndrome

Committee Members ratified the pathway.

Resolved

(a)	Committee Members considered the pathways.
(b)	Committee Members provided additional comments/views
(c)	Committee Members ratified the pathways as being agreed CCG pathways

6.4dHULL & ERY CHILDREN'S NEURODIVERSITY SERVICE: SERVICE SPECIFICATION

The Senior Project Manager for Hull & ERY Children's Neurodiversity Service presented a children's neurodiversity service: service specification for approval.

It was noted that in response to parent feedback and recognition of service pressure, a series of service reviews, survey's and workshops culminated in a whole system event called 'Lets Talk Children's Neuro Stuff', where collectively young people and their parents/carers and Hull and East Riding stakeholders shared their views and experiences, discussed challenges and co-produced the service vision and delivery model.

It was acknowledged that the Children's Neurodiversity service would be a needs-led service, via a single point of access 'the front door' via a request for support. The development of a single and shared care record will support individuals accessing the service to share their story once with additional information being added through the child's care journey.

The needs led service specification focuses on the requirements of the front door and reflects the vision and model. It was stated the needs-led approach included access to coordinated early help, information and support from system partners including voluntary community sector services. For children and young people requiring assessment and diagnosis, the process would take that into account as part of the care plan and would not support quicker access to those on waiting list for assessment.

It was noted that the local outcomes within the specification did not have direct read across in terms of key performance measures. The key performance measures will be reviewed and further refined with a baseline understood within the first 6-months of service mobilisation. The neurodiversity dashboard was in development, and it was anticipated will measure the impact of this service on both core and some interdependent targeted and specialised pathways and services.

It was noted that the service would commence January 2022 once the Service Operational Manager was in post. Bernie advised that there was a standard operating procedure which sits behind the service specification, these would be shared with all system partners that would operate within the front door

The Deputy Chief Finance Officer (JD) advised that the EQIA although was comprehensive and robust the point raised around accessible information standards should be addressed as a number of the children would be non-verbal.

It was acknowledged that once approved, providers would be informed of what the requirement were and a variation would be undertaken on the contract as the service was a reshape. This specification will also be approved by NHS ERY CCG.

Resolved

(a)	Committee Members approved the service specification for the Hull & East Riding of Yorkshire Children's Neurodiversity Service.
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7. SYSTEM DEVELOPMENT AND IMPLEMENTATION

7.1 PROCUREMENT UPDATE (STANDING ITEM)

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

- The Homeless Health service contract had been awarded to Modality Partnership LLP and mobilisation was being progressed towards service commencement on 1 October 2021.
- The pre-procurement Community Navigation and Advice services (formerly Social Prescribing, Welfare Advice and General Advice) would be presented to the Integrated Commissioning Executive (Committees in Common in October 2021).
- NHS Hull CCG continues to support the recommissioning of Non-Patient Transport services (blood, pathology specimens and mail) for which Hull University Teaching Hospitals NHS Trust were the lead contracting authority

Committee Members were advised the consultation which was published in the Spring would be taken forward as the proposed provider selection regime as described.

It was acknowledged that until legislation had changed current rules and regulations to procurement continue to apply.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the procurement activity being planned and undertaken.
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8. STANDING ITEMS

8.1 REFERRALS TO AND FROM OTHER COMMITTEES

The Chair advised that the Chair of The Quality and Performance Committee had requested assurance that there was sufficient capacity commissioned for Pulmonary Rehab as waiting list were starting to increase again.

It was noted that work was happening across the ICS and NHS Hull CCG and NHS East Riding would work together to align with this.

It was agreed that The Chair would update the Chair of The Quality and Performance Committee.

9. REPORTS FOR INFORMATION ONLY

9.1 QUALITY & PERFORMANCE MINUTES

The minutes of the 20 August 2021 Quality and Performance Committee were distributed for information.

Resolved

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

10.1 ANY OTHER BUSINESS

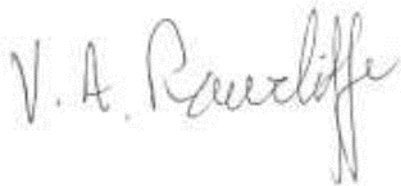
Mental Health System Development Funding & Spending Review Allocation 2021/22.
Discussed under item 4.

It was agreed that the ownership of pages within the PIP will sit with the Deputy Director of Commissioning.

A further discussion would be held outside of Planning and Commissioning around the pathways, access and responsibilities of who was required to review the information.

10.2 DATE AND TIME OF NEXT MEETING

The next meeting would be held on **5th November 2021, 9.30 Via MS Teams.**



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 3 December 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