

PLANNING AND COMMISSIONING COMMITTEE

MINUTES OF THE MEETING HELD ON FRIDAY 7th January 2022, 9.30 AM

Via MS Teams

Present

V Rawcliffe, NHS Hull CCG (Clinical Member) – (Chair)
B Ali, NHS Hull CCG, (Clinical Member)
P Davis, NHS Hull CCG, (Strategic Lead Primary Care)
B Dawson, NHS Hull CCG, (Strategic Lead Children, Young People & Maternity)
K Ellis, NHS Hull CCG, (Deputy Director of Commissioning)
I Goode, NHS Hull CCG, (Lay Member) (Vice Chair)
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)
M Whitaker, NHS Hull CCG, (Practice Manager Representative)

IN ATTENDANCE:

D Robinson, NHS Hull CCG, (Minute Taker)

WELCOME & INTRODUCTIONS

The Chair welcomed everyone to the meeting.

1. APOLOGIES FOR ABSENCE

M Balouch, Hull CCG, (Clinical Member)
J Crick, NHS Hull, (Consultant in Public Health Medicine and Associate Medical Director)
J Dodson, NHS Hull CCG, (Deputy Chief Finance Officer)
T Fielding, Hull CC, (Assistant Director Health and Wellbeing/Deputy DPH)
S Lee, NHS Hull CCG, (Associate Director, Communications and Engagement)
D Lowe, NHS Hull CCG, (Dep Director of Quality and Clinical Governance / Lead Nurse)

2. MINUTES OF PREVIOUS MEETING HELD ON 3rd December 2021

The minutes of the meeting held on 3rd December 2021 were submitted for approval and taken as a true and accurate record after the following amendment,

Resolved

(a)	The minutes of the meeting held on 3 rd December 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 3rd December 2021 had been provided for information.

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.

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 December 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 36 risks on the CCG Risk Register, 9 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:

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

The Chair stated that the report would be taken as read and noted several risks within the report required updating.

Resolved

(a)	Committee Members noted or commented, where appropriate, on the relevant risks, controls, and assurances within the risk register.
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6. STRATEGY

6.1 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.

Committee Members were advised that a Public Health Annual report had been compiled and an electronic version would be circulated to Members.

Resolved

(a)	Committee Members noted the update provided.
(b)	An electronic version of the Public Health Annual report would be circulated.

6.2 MEDICINES MANAGEMENT

6.2a CLINICAL COMMISSIONING DRUG POLICIES (STANDING ITEM)

There were no Clinical Commissioning Drug Policies to discuss.

6.2b NATIONAL PROCUREMENT FOR DIRECT ACTING ORAL ANTICOAGULANTS (DOACS)

The Medicines Optimisation Pharmacist presented a report for approval. The purpose of report was for the Planning and Commissioning Committee to consider the 'National procurement for direct acting oral anticoagulants (DOACS)' and agree on the next steps. Following a national procurement exercise that included rebates on the primary care prescribing of direct acting oral anticoagulants (DOACs), every CCG was being asked to decide if they would like to sign up to a new rebate agreement (to 31/03/2024 which could be extended to 31/03/2025) or if they would like to continue with its existing contracted arrangement (to 31/12/2024). It is not an option to sign up to both.

It was noted that there are 3 rebates relevant to the national scheme for DOACs. At present NHS Hull CCG have an edoxaban rebate in place and it was explained that the edoxaban rebate in the National Scheme was significantly greater. If the national schemes are signed up for there would be a financial increase of £48,704.

It must also be noted that the patent of edoxaban expires in April 2028 compared to rivaroxaban (January 2026) and apixaban (November 2026). Unless there is a greatly improved rebate agreement for edoxaban from April 2025, the NHS will pay significantly more than very low generic rivaroxaban and apixaban prices for 27 months and 17 months respectively. NHSE+I are unable to provide any assurance on this and it is unlikely that the manufacturer of edoxaban (Daiichi Sankyo) would be prepared to commit at this stage.

On the basis that the new NHSE+I offer is for a higher rebate value and longer duration, and includes a support package, then the view is to accept as described.

From discussion with other medicines optimisation colleagues across the Integrated Care System, the same recommendation is going to be used i.e. to accept the national framework agreements.

The offer would deliver improved overall savings at a national level and is expected to significantly increase the DOAC rebate for this CCG.

The CCG has the option to either:

- retain the existing local pricing arrangements for edoxaban
- terminate any local pricing arrangements for edoxaban and adopt the national framework.
- A third option of not participating in any rebate arrangement.

The CCG is not permitted to mix and match, that is, it will not be able to access the national edoxaban price while also retaining locally agreed DOAC rebates for any of the three participating suppliers.

This offer may result in higher growth in the use of edoxaban than other DOACs. While this will increase the rebate value, more patients are expected to be on this drug long-term, including for the duration of the period when the edoxaban list price is significantly greater than very low-price generic alternatives. Even if alternative arrangements are not made, then the saving is likely to be worthwhile.

It was highlighted that the final NHSE+I commissioning recommendations which were due to be published by NHSE+I by the end of December 2021 had not been published yet.

The Chair stated that it was expected that many of these DOAC drugs would commence at secondary care.

Committee Members voted unanimously to approve the national framework agreements for Direct Acting Oral Anticoagulants (DOACS)

The Medicines Optimisation Pharmacist stated the NHS Hull CCG Deputy Chief Finance Officer (DS) would be included in communicating the CCG decision to NHE+I, so ensuring a document record was within the system.

Resolved

(a)	Committee Members approved going with the national framework agreements.
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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 October 2021 NICE Guidance summary.

TA733 - Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia - NICE stated this guidance was applicable to primary care - Commissioned via ICS / CCG - Discussed at HUTHTs Drugs & Therapeutics Committee and HERPC lipid pathway to be updated.

NG205 - Looked-after children and young people - NICE stated this guidance was applicable to LA, primary care, NHS mental health and acute trusts, third sector organisations (eg foster care associations) – Commissioned via ICS/CCG, LA Third sector - NICE stated to assess costs locally - Implementation to be reviewed via Quality Meetings with all providers and via relevant CCG commissioning manager to review.

MTG60 - DyeVert Systems for reducing the risk of acute kidney injury in coronary and peripheral angiography - NICE stated this guidance was applicable to Secondary care – acute – Commissioned via ICS / CCG - No direct action needed.

The Medicines Optimisation Pharmacist advised that there were

6 NICE publications which were NHS England commissioned TAs/guidelines were no actions was required and 6 NICE publications for research or information or advice only were no direct action needed.

Resolved

(a)	Members of the Planning and Commissioning Committee noted the report.
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6.3 INTEGRATED COMMISSIONING

6.3a ICOB/CIC GENERAL UPDATE/NOTES

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

Committees in Common (CIC)

There are no reports in the pipeline for the upcoming CIC

Integrated Commission Officer Board

The focus of ICOB at present was predominantly around developing the Hull Place Partnership.

Resolved

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

FOCUS AREAS

6.4ai LEARNING DISABILITIES

The Strategic Lead for Mental Health and Learning Disabilities presented a report providing a brief update on the work being undertaken to deliver improvements around Vulnerable People and Learning Disabilities.

The following areas were highlighted from the report.

NHS England had changed the way Learning Disability Health Checks are reported therefore quarterly reports had not been received at this present time. The new way of reporting the information may change the way the denominator is counted and may impact on the delivery of target. The local data has identified that there are some practices have achieved over 70% uptake however some are under 10% uptake of the Learning Disability Health Checks. City Health Care Partnership (CHCP) are targeting some resources to support the lower performing practices.

NHS England had circulated correspondence stating Learning Disability Health Checks and Severe Mental Illness (SMI) were still a priority for 2022.

Learning Disability vaccinations for COVID 19 continue to progress well. Dr Oehring advised that Humber TFT had not been very proactive at recognising that they would be required at second and booster vaccinations after being required for the first vaccination. The Strategic Lead for Mental Health and Learning Disabilities asked for details on the individual to be emailed to them.

The Transforming Care Programme (TCP) – Safe and Well Being Reviews

An audit is being undertaken for patients in specialist inpatient units. six patients have been identified on a risk matrix as requiring a visit. Visits are likely to take over 7 hours per patient. The results will feed into the TCP assurance and then would be reported nationally.

Resolved

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

Children, Young People and Maternity

NHS England have issued each CCG with paediatric oximeters, 20 have been distributed to each PCN. NHS Hull CCG are looking at sourcing funding to ensure each GP practice has a monitor and to provide additional monitors to Urgent Treatment Centres and Children’s Community Nursing Service.

Medicine Management

No Exceptions to report.

Planned Care

Planned Care is required to continue, The backlogs in planned care need to be reduced, however there is a significant number of planned operations being cancelled due to the current system escalation processes.

Primary Care

Omicron impact

Omicron is resulting in significant workforce pressures in primary care with staff off due to COVID illness or COVID related isolation requirements. Anticipate this to continue for the whole of January. Use of the RAIDR app by practices to report daily sitreps had commenced.

It was noted that Planned Activity in Primary Care was significantly being delayed due to the delay in PCR results. The Strategic Lead – Primary Care stated that NHS Social Care staff can use the walk-in access at Inglemire Lane and Southcoates. Discussions are taking place around pillar 1 test for NHS staff. It was stated that the point of constraint was lab constraints.

The number of positive COVID case in the over 60 was increasing 8 fold.

PCN Reconfiguration

Discussions on-going regarding future configuration of PCNs in Hull. Going through the necessary processes with NHS England but currently still expecting 6 PCNs from April 2022.

Prioritisation of COVID Vaccine Booster Campaign

In line with National policy PCNs in NHS Hull CCG are focussing on expanding capacity for the COVID vaccination programme and in particular the offer of a booster vaccination to all adults. Certain national contractual requirements of practices and PCNs have been relaxed and income protection put in place as in earlier stages of the pandemic.

Winter Access Fund

In light of the focus on the COVID vaccination programme some of the Winter Access Fund schemes have been paused to focus resource on the vaccination drive. Work on - going with PCNs to establish which schemes can commence in January.

Cancer Alliance

Simon Cox had been appointed as the new Managing Director of Cancer Alliance. Cancer services are impacted by cancellation due to the use of ICU.

Unplanned Care

The Humber Local Resilience Forum are in major incident mode.

A significant piece of work around patients who are at the lower-level discharge pathway are going home to an existing package of with family support.

Staff who have COVID and are not symptomatic. and would be fit for work are being used for telephone support for patients and family members.

ED has a new front door service seeing 70/80 patient per day.

Humberside Fire and Rescue are supporting with COVID swabbing and home visits.

Resolved

(a)	Committee Members noted the exceptions.
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6.4c COMMITTEE WORKPLAN

The Deputy Director of Commissioning represented the proposed Committee Workplan for discussion.

The Planning and Commissioning Workplan was circulated for information, it was stated that an extended work plan would be compiled due to the ICS not being established until July 2022.

Resolved

(a)	Committee Members discussed the Committee Workplan.
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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 contract award for Non-Patient Transport services (blood, pathology specimens and mail), for which Hull University Teaching Hospitals NHS Trust are the lead contracting authority, was awarded to ERS Medical Limited and mobilisation is in progress.

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

There were no referrals to any other Committees.

9. REPORTS FOR INFORMATION ONLY

9.1 QUALITY & PERFORMANCE MINUTES

The minutes of the 29th October 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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9.2 Planning & Commissioning Committee Dates 2022

Committee Members noted the dates for future Planning and Commissioning Committees.

Resolved

(a)	Committee Members noted the dates of future Planning and Commissioning Committees.
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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 February 2022, 9.30 Via MS Teams.**



Signed:

(Chair of the Planning and Commissioning Committee)

Date: 4 February 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