

## **PLANNING AND COMMISSIONING COMMITTEE**

### **Minutes of the Meeting held on 2<sup>nd</sup> April 2014**

#### **Wilberforce Court in the Boardroom**

#### **PRESENT:**

J Parker GP, Hull CCG, (Clinical Member) Chair  
 R Raghunath GP, Hull CCG (Clinical Member)  
 Paul Jackson, (Lay Member)  
 Julia Mizon, (Director of Commissioning and Partnerships)  
 Penny Stephenson, (Ambassador/Patient Champion)  
 Erica Daley, (Strategic Lead Planning and Integration)  
 Joy Dodson, (Head of Business Intelligence)  
 Sue Lee, (Head of Communications)  
 Elaine Schofield (Assistant Director of Public Health)  
 Karen Billany (Senior Commissioning Manager, Planned Care)  
 Philip Davis (Senior Commissioning Manager, Primary Care)  
 Bernie Dawson (Senior Commissioning Manager, Partnerships)  
 Sarah Smyth (Director of Quality and Clinical Governance/Executive Nurse)  
 Danny Storr, Hull CCG, (Head of Finance)

#### **IN ATTENDANCE:**

Melanie Bradbury (Service Delivery Lead)  
 Jackie Lyon (Head of Medicine Management)  
 Donna Robinson, Hull CCG, (PA, Note Taker)  
 Jenny Walker (Public Health Clinical Policy Support Manager)

#### **250 APOLOGIES FOR ABSENCE:**

Andrew Taylor (Assistant Director, Public Health Science)

#### **251 MINUTES OF THE LAST MEETING–** The minutes of the meeting held on 5<sup>th</sup> March 2014 were submitted for approval.

**Resolved** – The minutes of the meeting be taken as a true and accurate record with minor typographic amendments and adding Tanya Matilainen to those members present and signed by the Chair.

#### **252 MATTERS ARISING FROM THE MEETING–** The Action List from the Committee meeting held on 5<sup>th</sup> March 2014 was submitted for information and discussion.

**Resolved** –that the action list be noted and be amended accordingly.

**253 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 notifications of any other business.

**254 DECLARATIONS OF INTEREST**- In relation to any item on the agenda of the meeting members are reminded of the need to declare:

- (i) any interests which are relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any pecuniary interest (direct or indirect) on any item on the agenda.

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting or as soon as they become apparent in the meeting. For any interest declared the minutes of the meeting must record:

- (i) the name of the person declaring the interest;
- (ii) the agenda item number to which the interest relates;
- (iii) the nature of the interest;
- (iv) be declared under this section and at the top of the agenda item which it relates to;

Name	Agenda Item No	Nature of Interest

**Resolved - (a)** That no declarations of interest were made for this meeting

### **GOVERNANCE ITEMS**

**255 (145) PLANNING AND COMMISSIONING COMMITTEE TERMS OF REFERENCE**– The Director of Commissioning and Partnerships advised the Committee that the Terms of Reference (ToR) had been altered with various amendments as per previous discussions recommendations. The changed title for the Head of Communications and Engagement should be reflected throughout and the wording in section 2.1 should be amended to mirror that in section 4.1.

**Resolved - (a)** That the Terms of Reference be altered to reflect the agreed amendments and submitted to the CCG Board for approval

### **STRATEGY ITEMS**

**256 (146) PLANNED CARE PROGRAMME UPDATE** – The Senior Commissioning Manager for Planned Care (KB) provided this report to update the Committee on the

progress and plans. A walk through of the programme was provided highlighting the following areas:

- Strategic work is being undertaken with ER CCG to include open access diagnostics
- NHS Hull CCG plan to manage referral to secondary care by looking at the 5 highest referring specialities
- Reviewing referrals by practice in the high volume areas and utilisation of e-referral
- Choose and Book timescales and outcomes to be defined
- Work with primary care on Shared Decision Making with a possible PTL

**Resolved** - (a) That the report be considered  
(b) that the timescales and outcomes be further defined

**257 (147) PRIMARY CARE PROGRAMME UPDATE**– The Senior Commissioning Manager for Primary Care (PD) provided this report to update the Planning and Commissioning Committee on the work being delivered through the Primary Care Programme and thereby assurance on delivery of the NHS Hull CCG strategic objectives. The Senior Commissioning Manager for Primary Care highlighted the following areas of work:

- Guidance from NHS England is expected imminently for the new Unplanned Admissions DES
- Various Map of Medicines pathways
- Procurement of the Extended Primary Care Medical Services is complete; all practices have achieved accreditation with work being undertaken defined within contracts
- Community Pharmacy contracts for extended services will continue to be held by NHS England Area Team and have been extended until March 2015; services will be reviewed in 2014/15 to inform commissioning intentions from April 2015
- CORRS procurement is complete but will go out for further procurement as there has been a limited uptake by community optometrists to date

**Resolved** - (a) That the contents of the report be noted,  
(b) that the Committee be assured on the work-streams and initiatives and  
(c) that a low level communication of the CORRS service be circulated

## **258 PROGRAMME UPDATES BY EXCEPTION**–

**Learning Disabilities & Mental Health** – The CSU Service Delivery Lead advised the Committee of the following exceptions:

- Map of Medicine for Dementia has been delayed
- A clinical lead for dementia is being pursued

- CAMHS waiting list is being reduced gradually
- Queries are being raised in relation to the out of hours crisis services

**Partnerships** – The Senior Commissioning Manager for Partnerships advised the Committee on the following exceptions:

- Autism day is April 2<sup>nd</sup> 2014
- There has been an increase in autism referrals - there are at present 60 children waiting for longer than 20 weeks to which Members sought clarity on the longest wait

**Unplanned Care** – The Strategic Lead Planning and Integration advised the Committee that there were no exceptions for Unplanned Care.

**Medicines Management** – The Head of Medicines Management advised the Committee of the following exceptions:

- The 2013/14 programme is now complete
- Dietetics case management support in care homes to be taken to the June 2014 Prioritisation Panel
- Unplanned admissions – work to be conducted with peer groups

**Resolved** - (a) That a summary Medicines Management programme report for 2013/14 be brought to the next Committee

**259 (148) PUBLIC HEALTH WORK-PLAN** – The Assistant Director of Public Health provided this report to update the Planning and Commissioning Committee on the progress of the production of the Public Health Work Plan and to agree the proposed Priority Areas. A discussion took place around the work-plan; Members highlighted that the paper presented was not a work-plan. Following further discussion it was agreed that the draft Public Health Business Plan be brought back to the May 2014 Committee.

**Resolved** - (a) That the Public Health Work Plan be reviewed and  
(b) that the Public Health Business Plan be brought back to the May 2014 Committee

**260 (149) CARDIOVASCULAR DISEASE OUTCOMES STRATEGY ACTION PLAN** – The Senior Commissioning Manager for Primary Care provided this report to update the Planning and Commissioning Committee on the progress in implementing the action plan, approved at the September 2013 meeting, in response to the Department of Health's Cardiovascular Disease Outcomes Strategy – Improving outcomes for people with or at risk of cardiovascular disease published in March 2013; where progress was not in line with the agreed timetable (specifically out of hospital cardiac arrest, familial hypercholesterolemia and some other areas) related to a requirement for the Strategic Clinical Networks to lead. Members discussed the impact of this delay but recognised that the Strategic Clinical Networks had some “catching up” to do in relation to the work following the NHS transition. This will be kept under review and escalated at the next update if there has been no further progress.

- Resolved** - (a) That the contents of the report be noted,  
(b) that the comments on the report be noted and  
(c) that an update report be presented at the October 2014 Committee, at which time the Committee will consider escalation in relation to Strategic Clinical Network actions

**261 (150) PROCUREMENT STRATEGY FOR HEALTHCARE SERVICES** -The Head of Business Intelligence (JD) provided this report to inform the Committee of a revised draft of the Procurement Strategy for Health Care Services. The Committee were advised that the document provides a framework for ensuring that robust procurement processes are followed; members added that the key requirements should be to drive up quality of care for patients and to stimulate the market. Following concerns raised by Members, it was agreed that the document should be titled 'Procurement Framework' which would underpin the Commissioning Strategy, and that further work should be conducted on the framework to identify how it complements the Quality Strategy.

- Resolved** - (a) That the Procurement Strategy be reviewed and brought back to the May 2014 Committee following discussions with the Director of Commissioning and Partnerships and the Director of Quality/Clinical Governance

**262 COMMUNICATION AND ENGAGEMENT STRATEGY** – The Associate Director of Corporate Governance advised the Committee that the strategy is in the process of being refreshed now the Corporate Governance team are at full capacity. It was stated that Hull 2020 is the driving force for the strategy with elements of the work being incorporated within the document along with partnership working as well as the business as usual requirements.

- Resolved** - (a) That the Strategy be brought back to the June 2014 Committee

**263 (151) DRAFT OPERATIONAL PLAN** – The Director of Commissioning and Partnerships (JM) provided this report to update the Planning and Commissioning Committee on the development of NHS Hull CCG strategic and operational plans for 2014/15 onwards . It was stated that the final version of the Operational Plan will be taken to the Hull CCG Board on 25<sup>th</sup> April 2014.

- Resolved** - (a) That the report be noted,  
(b) that the negotiation of medication error reporting thresholds and rates with healthcare providers be supported, and  
(c) that the final plan be taken to the April 2014 CCGB.

**264 (152) CLINICAL COMMISSIONING POLICIES** – The Clinical Policy Support Manager provided this report to update the Committee on an interim Clinical Commissioning Policy on Gastro-electrical Stimulation (GES) for consideration and

approval. The Committee were advised that the GES policy is awaiting NICE guidance and mirrors the preceding Hull PCT position.

Gastro-electrical Stimulation (GES) - Approved, not to routinely commission

**Resolved** - (a) That the interim policy be approved and published on the CCG website.

**266 BETTER CARE FUND**– The Director of Commissioning and Partnerships (JM) updated the Committee on the on-going activity with regard to the Better Care Fund plan submission. It was indicated that verbal peer review feedback has been received with written assurance still outstanding from the NHS England Area Team; it is understood that there are no concerns at this stage. A final version of the bid will be submitted on 4<sup>th</sup> April 2014 with information technology, information sharing and workforce work-streams being crucial.

**267 (153) MEDICINES MANAGEMENT WORK PLAN**– The Head of Medicines Management (JL) provided this report to seek approval from the Planning and Commissioning Committee on the Medicines Management Work Plan for 2014/15. A wide ranging discussion occurred around the Medicines Management work plan, it was agreed that the plan should be brought back to the May 2014 Committee meeting and should incorporate: prioritisation scores and rationale; the extent of the CCG resource expended (workload) on each area, NICE guidance, QIPP potential, quick-win projects as well as fitting in with the NHS Hull CCG Strategy plus the patient impact.

**Resolved** - (a) That the report be noted and  
(b) that a revised work plan including recommendations be brought to the May 2014 Committee

## **SYSTEM DEVELOPMENT**

**268 ASTHMA PLEDGE** – This item was deferred until the May 2014 Committee

**269 (154) COMMUNICATION AND ENGAGEMENT ACTION PLAN**– The Head of Communications and Engagement provided this report to update the Committee on the Communications and Engagement Action Plan. The Committee's attention was drawn to the actions on the plan which are amber; the associated revised timescales with work commencing imminently. All completed actions have been removed with the action plan being fully reviewed in alignment with the delivery requirements of Hull 2020. The Social Prescribing pilot has been delivered as part of the Building Health Partnerships programme; there has been an enthusiastic response from GP Practices - volunteer matching is now taking place across the city.

**Resolved** - (a) That the contents of the report be noted and  
(b) that the Committee be assured with the progress of the Action Plan

**270 (155) PROCUREMENT UPDATE** – The Head of Business Intelligence provided this report for information to update members on the position in respect of procurements

in NHS Hull CCG. It was stated that there are two large procurements which are progressing to the Hull CCG Board for contract award.

**Resolved** - (a) That the report be considered

**271 (156) CANTAB MOBILE PILOT**—The CSU Service Delivery Lead provided this report to update members on the pilot evaluation which aims to identify patients with potential memory problems. The Committee were advised that a positive trial had taken place on CANTAB mobile with 5 practices; 18.5% of patients were assessed as needing further investigation by referral to secondary care and therefore the potential for patients to be better managed and resources to be effectively used; albeit some limitations of the simply extrapolating the data was discussed. It was agreed that a business case identifying potential savings and any hidden infrastructure cost should be completed and taken to the Prioritisation Panel on 18 June 2014

Resolved - (a) That all GP Practices who are signed up to the Dementia DES+ be invited to continue using CANTAB Mobile.

(b) That a business plan be taken to the June 2014 Prioritisation Panel

## **GENERAL**

**272 MINUTES OF MEETING** —There were no minutes for information.

**273 CHAIR'S UPDATE REPORT**— There was no Chair's report for information.

**249 ANY OTHER BUSINESS**— There were no items of any other business to discuss.

**DATE AND TIME OF NEXT MEETING** —The next meeting shall be held on 7<sup>th</sup> May 2014, 2.00 pm in the Boardroom, Wilberforce Court, Alfred Gelder Street, Hull, HU1 1UY.

Signed: \_\_\_\_\_  
(Chair of the Planning and Commissioning Committee)

Date: \_\_\_\_\_