

Governing Body

25th May 2016

Details	Part 1	x	Part 2		Agenda Item No.	Paper 16
Title of Paper:	Clinical Cabinet April and May 2016 Summary					
Board Member:	H Hughes, Clinical Director					
Author:	H Hughes, Clinical Director					
Presenter:	H Hughes, Clinical Director					
Please indicate:	For Decision		For Information	<input checked="" type="checkbox"/>	For Discussion	

Executive Summary

Summary	Summary of Clinical Cabinet April and May 2016 meeting.					
Risk	High		Medium		Low	<input checked="" type="checkbox"/>
Recommendations	The Governing Body is asked to: <ul style="list-style-type: none"> Note the content of the summary 					

Strategic themes

Deliver improvement in outcomes for patients		<input checked="" type="checkbox"/>
Deliver service improvement through system redesign in priority areas		
Develop NHS Bury CCG and Primary Care capability as commissioners and leaders		
Deliver through the Health and Wellbeing Board improved population health and reduction in inequalities		
Deliver the CCG element of QIPP through effective system management and working with partners and stakeholders and ensuring a culture with focus on quality, fostering innovation, improving health outcomes and reducing inequalities.		
Equality Impact Assessed?	NA	Supports NHS Bury CCG Governance arrangements <input checked="" type="checkbox"/>

Clinical Cabinet Meeting 06 April 2016

Items considered were as follows:-

Finance Update: Decreased elective activity at PAHT has led to an increased surplus for the year. However, this surplus will be needed to pay for an anticipated increase in elective activity next year.

Minor Eye Conditions Service (MECS) Update 2016: A plan to extend this pilot for a further year was approved pending the development of a GM wide scheme.

Better Care Fund: Cabinet received an update of the latest version of this plan (noting that Bury had out in the minimum permitted investment) and endorsed both the approach taken and the 2016/17 submission.

Prescribing for Clinical Need Progress Report: Some change in patient demand has been noted as a result of the start of this scheme and further work is to be undertaken (by the medicines optimisation team) over the coming months to help review repeat prescribing on an incremental (by therapeutic area) basis. Further Comms work would be necessary.

Cabinet approved the approach and asked for an update in 2017.

QIPP Programme 16/17: Cabinet received an updated plan, noted that work was ongoing to finalise the potential efficiencies that could be achieved, noted that the QIPP target for the CCG may change, pending the outcome of the contract negotiations, noted that work is on-going to continue to identify QIPP opportunities under the auspices of the Finance Sub-Committee and noted that schemes may have to be phased in recognition of management capacity limitations, but that there are proposals to expand capacity during the early part of 16/17

Operational Plan 2016/17: Cabinet noted the draft Operating Plan and advised on comments and amendments, noted the submission date of the Operating Plan to NHS England is the 11th April 2016 and requested that the final submission be circulated to Cabinet.

Update from AGG: Cabinet received an update on the GM locality plan, some early wins, GMMM and identifying gaps in workforce

Clinical Cabinet Meeting 4 May 2016

Items considered were as follows:-

Finance Update: No significant changes from month 11. The CCG has met its strategic target and objectives to reach a balanced position, the accounts will be signed off at the May Audit Committee. The Chair thanked the Finance Team, Clinical leads, Member Practices and all colleagues who have played a part in the financial target being reached.

QIPP Update: The gap in this year's financial plan (known as the QIPP gap) is £5.5M. Cabinet received an update on plans to fill this gap and noted the 2016/17 QIPP Plan position reflecting indicative savings. Cabinet noted that individual QIPP Projects may have to commence at different points in the year in recognition of the current limited managerial capacity and that proposals have been developed to expand capacity in 16/17 which are currently subject to formal consultation.

Feedback from the NHS England Assurance meeting: Cabinet noted that the CCG was assessed against 5 domains;

- Degree to which the CCG works well as an organisation – in 14/15 the CCG was assessed as good, this has been maintained.
- Degree to which the CCG has a grip on finances – in 14/15 the CCG was assessed as limited, this has moved to assured.
- Degree to which the CCG manages its delegated functions – in 14/15 the CCG was assessed as good, this has been maintained.
- Performance – in 14/15 the CCG was assessed as limited assurance this has been maintained; the rationale for this is due to links with Pennine Acute and issues re A&E performance. NES CCGs have recorded limited assurance.
- Planning – in 14/15 the CCH was assessed as limited assurance and this has moved to assurance.

The CCG has been assessed overall as limited assurance, due to the scoring criteria used by NHSE which reverts to the lowest assurance level for the domains.

The CCG received good comments around PMO and it was said as a CCG, Bury has a good grip on its portfolio and to continue the progress being made.

Proposals for Local Transformation Plan (LTP) Third Sector Grant Programme: Cabinet agreed the proposals for the third sector grant funding to support the implementation of the Bury Local Transformation Plan for Children and Young People, agreed that authority can be delegated to the Panel members for grant awards, through the Clinical Director who will be the Panel Chair, agreed to receive an update on the grants awarded in summer 2016 and agreed to receive Evaluation Reports in March 2017, March 2018 and March 2019.

Sexual Health Services Procurement Update: Cabinet received a verbal update on the new Public Health commissioned service and noted that it was still in the 100 day safe transfer period. It was agreed that a further update would be brought back in August and that this would map and explain interlinks with Primary Care and health services in general.

Gluten Free Prescribing: Cabinet received an update on the Governing Body decision and noted that the Cabinet recommendation (that Gluten Free prescribing be stopped for adults subject to more comms) had been accepted with the additional proviso that consideration be given to how affected patients could be reviewed. The plans for delivery of the provisos were to be agreed at the Governing Body in July.

Lifestyle Changes Ahead of Elective Surgery: A paper proposing a modified version of the service (after consultation with sectors) was received. Cabinet suggested more emphasis is needed in the paper around managing conditions at an earlier stage, agreed the flow chart and leaflet be recirculated via email to Cabinet members for suggestions and suggested monitoring needs to be itemised more clearly.

Roles of Clinical Leads and Clinical Directors: Cabinet received an update on the various responsibilities agreed for the year to help deliver the operating plan.

JSNA Our Vision: Cabinet received an update on the work being undertaken to develop the JSNA as an interactive resource. It was agreed to have a workshop on this subject after the next Cabinet meeting (1 June 2:45pm)

Development of Neighbourhood Working: Cabinet received a project initiation document (PID) for Team Bury's proposals for engagement in collaborative working across Bury. Cabinet requested further discussion occurs with regard to the degree of health input and the interlinks between neighbourhood working and health and social care collaboration. Cabinet asked for a review of sector work and ongoing work across Bury, an understanding of the governance involved and of the work and role of Team Bury in general. A revised PID is to come back to a future meeting.

Whitefield Development: Cabinet received an update, for information, concerning this development and noted the progress to date.

As usual, further details of this meeting, including papers, can be obtained informally from the Chair at howard.hughes@nhs.net and approved minutes from previous meetings from Julie Hall at j.hall9@nhs.net

Howard Hughes
Clinical Director
Chair Clinical Cabinet