

Governing Body

27 July 2016

Details	Part 1	✓	Part 2		Agenda Item No.	13	Paper 10
Title of Paper:	Patient Cabinet – July 2016 update						
Board Member:	D McCann						
Author:	I Trafford						
Presenter:	D McCann						
Please indicate:	For Decision		For Information	✓	For Discussion		

Executive Summary

Summary	Summary of Patient Cabinet activity.						
Risk	High		Medium		Low		✓
Recommendations	The Cabinet is asked to: <ul style="list-style-type: none"> Note the content of the summary 						

Strategic themes

Deliver improvement in outcomes for patients		✓	
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 QUIPP 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	✓

Patient Cabinet Update – July 2016

Patient Cabinet Meeting – 7th July 2016

At the meeting Members feedback on their involvement in various workstreams. This is detailed below.

The main item on the agenda was consideration of proposals around the future of the Patient Cabinet. This follows a review with Members, a MIAA review of committee effectiveness and a survey of the approach other local CCGs are taking to ensuring a patient perspective influences plans and commissioning decisions. A draft proposal was shared with members along with a series of recommendations relating to the format of the Cabinet, its place in the CCG governance structure and the way in which the CCG engages with the Cabinet. Members reiterated their desire to make a difference to the quality of health care that people receive in Bury and keenness to be involved in a useful and meaningful way. However there was a recognition of the need for change to strengthen the Cabinet and ensure that the CCG makes best use of the experience and knowledge of Members. Members were invited to provide further feedback in order to inform a final model and recommendations that will to the Governing Body in due course.

Members have inputted into or been directly involved in a number of other areas of work including:

- **Cancer** – Robin Ward continues as a patient rep on the North East Sector Cancer and Living with and Beyond Cancer Boards and is also involved with the Manchester Cancer User Group. Jackie Roscow continues to input into the CCG Cancer workstream meetings. In addition there has been engagement with a number of patient groups and voluntary sector organisations.
- **Palliative and End of Life Care** – Ann brown & Yaakov Wise have continued to be closely involved in the workstream in addition to the engagement work that has happened with cares, ADAB and members of the Muslim and Jewish Communities
- **Primary Care** – Anne Brown, from the Patient Cabinet, has continued to be involved in the Co-commissioning Committee. Current priorities for the committee include the re-procurement of the Alternative Provider Medical Services contracts.
- **Urgent Care** – Joan Hutt continues to attend the Urgent Care Workstream meetings. Recent work has focussed 'system resilience' with funding being allocated to a mix of schemes designed to increase urgent care capacity and reduce urgent admissions and increase capacity to support timely discharge and re-ablement. Schemes to be funded are likely to include:
 - Additional social work capacity based at Bealey's to support discharge
 - Additional beds at Bealey's Hospital with enhanced physio and occupational therapy support
 - Increase in the capacity of the Re-ablement service
 - Increase in capacity to provide nursing support to enable sick children to remain at home / enable timely discharge
 - Ambulatory care

In addition work is progressing on plans for wider scale redesign of the urgent care system which will come back to the Cabinet in August.

- **IM&T** – Christine Arrowsmith continues to attend the CCG’s Information Management & Technology steering group. She reported that one of the interesting proposals under consideration is the possibility of implementing a text messaging service to patients by practices. This could have a number of benefits including appointment and medication reminder and the use of SMS for health promotion campaigns.

In addition Christine attended a British Computer Society Health Northern Specialist Group meeting which a GP and a patient from a practice in Hyde <http://www.htmc.co.uk/> which has led the way in providing patients with online access to their medical records. The patient who has a chronic heart condition gave an example where she became unwell while on holiday and was able to provide a detailed history to the doctors treating her because of the ability to access her records.

- **Mental Health** – Stan Edwards has now joined the Board of Bury Involvement Group [Big]. One of the issues that has come up through his contact with users of BIG is that of some patients feeling that they are falling ‘through the gap’ i.e. whose diagnosed mental health problems are too complex for the IAPT service Healthy Minds but who for whatever reason are not meeting the thresholds for ongoing support through Community Mental Health and crisis services. Issues have also been raised by service users about lack of responsiveness when people contact mental health services.

Stan is working to facilitate links between local VCS organisations and Pennine Care with some success including proposals that PCFT will promote volunteering opportunities to users of BIG.

Following his involvement in the walk around of the Inpatient Irwell Unit there are now examples of the Unit staff taking patients to the BIG drop-in as part of their rehabilitation.

Stan also attended a meeting with greater Manchester Police on mental health. Positive practice examples included:

- Manchester CCGs have commissioned a service user group to interview other service users so as to feed back their impressions and experiences of the police.
- The police and Manchester hospitals have set up a designated 24/7 phone line. This will be used where an officer encounters a vulnerable person to see if the N.H.S. have information that will help the situation. Example given, ‘An officer encountered somebody aimlessly roaming the street, rather than take them to A+E he called the number, and was told they know the person and taking him back to his mother/carer was the most appropriate response. This saves both the officers and A+E time and the service user potentially gets a better and quicker outcome.
- The police have E-Cards which vulnerable people can carry which will have information about the person, which will also help the officer make the right decision on how to deal with that person. Stan has arranged to get a number of these cards to make them available to mental health service users in Bury.

In addition Alwen Bowes joined the panel to assess bids from local voluntary sector organisations to deliver innovative interventions with children and young people experiencing or at risk of developing mental health problems. As a result of this process the CCG and Local Authority will be funding 3 innovative schemes working with children young people and families focusing on early intervention and prevention.

In May Yaakov Wise YW write a feature on dementia care for the Jewish and local Bury media to mark of Dementia Care week.

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