

Governing Body

27 July 2016

Details	Part 1	x	Part 2		Agenda Item No.	14	Paper 11
Title of Paper:	Clinical Cabinet June 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 June 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 1 June 2016

Items considered were as follows:-

Finance Update: Mike Woodhead was introduced as the interim Chief Finance Officer. He explained that we had no formal finance report as we were only on month 1 but that accounts for the previous year had been signed off and budgets for 2016/17 agreed.

QIPP Update: Cabinet noted the progress made on scoping of project feasibility documents against the QIPP Plan and noted the developments being undertaken to improve the reporting, on and the prioritising of, further schemes.

Workstream Update - Mental Health: Cabinet noted two major risks;

- IAPTS – there are four targets which are being monitored. One of the targets (recovery at 50% or above) was achieved in March but fell below significantly for April. This issue has been escalated and Pennine Care has been asked for the reasons for the drop and to confirm it will be back on track from May.
- Early Intervention Psychosis target may be achieved but there are concerns the service is not consultant led and therefore not NICE compliant. Pennine Care is producing a business case which is awaited.

Strategy for Vulnerable People with a Learning Disability 2016-2019: Cabinet approved the Strategy for Vulnerable People with a Learning Disability 2016-2019.

Proposal from Salford Royal FT re a Change in Renal Services: Cabinet was supportive of the stance to have an outpatient facility in Bury.

Greater Manchester Effective Use of Resources (EUR) Policies for ratification:

Cabinet ratified the Trophic Electrical Stimulation (TES) for Facial Palsy policy and the Functional Electrical Stimulation (FES) for Foot Drop policy.

Personal Health Budgets: Cabinet received an update on progress for the roll out. A steering group would be formed and bring a proposal back to Cabinet with regard to the medium term. In the short term CHC would lead on this.

EUR Policies for Clinical Engagement: Cabinet received and commented upon the following policies:-

- Caesarean Section
- Carpal Tunnel Syndrome
- Out of Contract Spinal Procedures
- Surgical Correction of Trigger

GM EUR Assisted Conception Policy Template for Clinical Engagement: Cabinet supported the use of the GM EUR Assisted Conception Policy Template.

Staying Well Project: Cabinet supported the concept of the scheme, was satisfied with the Clinical evaluation, was happy to recommend the continuation of the current Radcliffe scheme with approval from the Health and Social Care Partnership Board, until a new service is commissioned,

Noted an IG solution needed to be found with regard to sharing information between the LA and practices and asked to receive a further evaluation in August.

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