

# Governing Body

23 November 2016

<b>Details</b>	Part 1	<b>x</b>	Part 2		Agenda Item No.	<b>15</b>
Title of Paper:	Clinical Cabinet Chairs Summary Report					
Board Member:	Howard Hughes, Clinical Director Chair of the Clinical Cabinet					
Author:	Howard Hughes, Clinical Director					
Presenter:	Howard Hughes, Clinical Director					
Please indicate:	For Decision		For Information	<b>x</b>	For Discussion	

## Executive Summary

<b>Summary</b>	A summary of the items considered at the Clinical Cabinet meeting on 2 <sup>nd</sup> November 2016.					
<b>Risk</b>	<b>High</b>		<b>Medium</b>		<b>Low</b>	
	Please indicate <b>above</b> the overall level of risk associated with the paper then state here what the risks are and how this paper aims to address them. If the above summary itself is around managing risk etc. state "Included in Summary". <b>NB</b> Risks can include failure to act and lost opportunities.					
<b>Recommendations</b>	The Board is asked to: Note the contents of the report.					

## Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	
To deliver service re-design in priority areas through innovation	
To develop primary care to become excellent and high performing commissioners	
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	
Equality Analysis Assessed?	Supports NHS Bury CCG Governance arrangements

# Clinical Cabinet Chairs Summary Report

**Items considered were as follows:-**

**Finance Update:** We are still predicting to meet our statutory requirements this year but have had to put mitigations in place to do this. Consequently, we will start next year in a worse position than we started the current year. When this is considered alongside the local authority's financial pressures and in the context of future joint commissioning, it presents a challenging situation.

**Cabinet: Noted the contents of the report and the risks identified to the delivery of the 2016/17 financial position.**

**QIPP Update:** A number of schemes identified in year, although not sufficient to plug the financial gap, have been progressed and some others have been placed on hold or discarded as non-beneficial.

**Cabinet: Noted the update as presented and considered any appropriate mitigating factors which were also outlined in the Finance Report**

**Living with and Beyond Cancer (LW&BC) Delivery Model:** An update on progress was provided. Cabinet requested that this be worked up in to an outline business case for the December Cabinet.

**Cabinet: Received and noted progress made within the Living With and Beyond Cancer Project.**

**Greater Manchester Effective Use of Resources (EUR) Policies for ratification:** Having received policies previously for comment:

**Cabinet ratified the following policies:**

- **Experimental and Unproven Treatments**
- **Operation on the Prepuce (Circumcision)**

**Draft Commissioning Intentions:** Across the NES CCGs, there are five areas that have been agreed as priorities, these are;

1. Urgent Care
2. Primary care presence at front end A&E
3. Ambulatory care
4. Consistent performance for key national indicators
5. Sub-Acute Rehabilitation

**IAPT – Long Term Conditions and Medically Unexplained Symptoms:** Cabinet received a review of the pilot commenced in August 2015 and delivered by PCFT.

Cabinet: Acknowledged the contents of the paper and approved the continuation of the service for the remainder of 2016/17 and for the enhanced collaborative care pathways aspect of the service to commence from April 2017 subject to final approval of the finances.

Proposal to Deliver IV Therapy within Community Services: There has been a delay in bringing this service in to our core community provision due to some required clarification of the TUPE arrangements with the current provider of the specialist service.

**Cabinet: Agreed that if necessary the current provision could be extended to April 2017**

**Extended Working Hours (EWH) Service Specification:** Cabinet received the latest version of the draft service specification. Some discussion took place with regard to the number and site of the hubs and it was explained that the three hubs was a proposal from the GP Federation that would deliver the required number of appointments in the most expedient manner. The sites had not yet been agreed.

**Cabinet: Noted the service specification and agreed to provide any further comments on the specification by email.**

**Sexual Health Services Procurement Update:** Cabinet received an update on the recently procured services and also noted a local authority proposal that due to low attendances and some premises issues, the spoke services in the south would need to be reviewed.

**Stroke Service Update:** Cabinet received a summary of a review of the Fairfield hospital acute stroke service. The outcomes of the review indicate that the stroke unit within FGH is one of the best stroke units in the country and is consistently providing high quality stroke care as part of the acute pathway in GM.

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

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