

# Governing Body

25 January 2017

<b>Details</b>	Part 1	<input checked="" type="checkbox"/>	Part 2	<input type="checkbox"/>	Agenda Item No.	<b>13</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	<input type="checkbox"/>	For Information	<input checked="" type="checkbox"/>	For Discussion	<input type="checkbox"/>
<b>Executive Summary</b>						
<b>Summary</b>	A summary of the items considered at the Clinical Cabinet meeting on 4 <sup>th</sup> January 2017.					
<b>Risk</b>	<b>High</b>	<input type="checkbox"/>	<b>Medium</b>	<input type="checkbox"/>	<b>Low</b>	<input type="checkbox"/>
	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>	<b>The Board is asked to: Note the contents of the report.</b>					

## Strategic themes

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

# Clinical Cabinet Chairs Summary Report

## Items considered were as follows:-

Finance Report: The CCG is still forecasting achievement of its 1% surplus for the year despite the fact that we were not able to develop QIPP schemes to bridge £3.5M of the financial gap. Non recurrent mitigations have been put in place to deal with this but the situation remains very challenging for next year.

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

Draft Pathways for the Integrated Community Cardiology Service: Work has been ongoing with secondary care clinicians on five proposed pathway changes. These are for Chest Pain, Heart Failure, Syncope, Valve Disorder and AF. Draft versions were shared for comment in advance of a cabinet development session at Townside on 1 February (3:30pm to 5:00pm), to which sector attendance is welcome.

**The Clinical Cabinet: Acknowledged the work undertaken to date to develop pathways to support an Integrated Community Cardiology service and supported the next steps as outlined in the paper.**

**Discussed the draft pathways and Heart Failure benefit slide and provided feedback to enable the pathways to be further refined prior to coming back to Cabinet in March for final sign off.**

**Recognised the tight timescales to support mobilisation of parts of the re-design in April due to governance processes.**

**Living With and Beyond Cancer (LWBC) – Strategic Outline Case:** Cabinet received this business case having previously had sight of the progress this workstream was making. The case was mostly funded by Macmillan and was supported.

**The Clinical Cabinet:**

- **Supported the investment required whilst acknowledging the potential for opportunity savings.**
- **Supported the resubmission of a revised pipeline bid to Macmillan (250 words).**
- **Supported the commencement of the working up a full Macmillan partnership application.**

**Early Intervention in Psychosis (EIP) Phase 2:** Cabinet received a proposal for the inclusion of consultant psychiatrist support as per NICE recommendations. This would involve not recruiting to a previously agreed advanced practitioner post at this stage. CCG would later receive a further proposal to facilitate full compliance with NICE.

**The Clinical Cabinet:**

- **Approved the ongoing phased approach to implementation of the Early Intervention in Psychosis Access standards, in line with NICE recommendations and national guidance.**

- **Approved the proposal to suspend recruitment of a 0.5WTE Advanced Practitioner. This post was approved by Clinical Cabinet in January 2016 as part of the EIP business case (see Appendix A).**
- **Acknowledged that provision of dedicated consultant psychiatry provision has been recommended as a priority for Phase 2 Implementation of the EIP Access standard.**
- **Approved new recurrent investment of £57,860 from the Mental Health Investment Reserve, to commission provision of a dedicated Consultant Psychiatrist and Medical Secretary.**
- **Approved the proposed next steps and approach for development of Phase 3 of the EIP standard implementation to support NICE compliance.**

**Any Other Business:** The Chief Officer provided an update on A&E performance across Pennine Acute which was under considerable pressure.

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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