

# Governing Body

22 March 2017

<b>Details</b>	Part 1	<b>X</b>	Part 2		Agenda Item No.	<b>13</b>
Title of Paper:	Patient Cabinet Update – February 2017					
Board Member:	David McCann, Lay Member for Patient and Public Involvement					
Author:	Nadine Nolan, Operations and Engagement Manager					
Presenter:	David McCann, Lay Member for Patient and Public involvement; Chair of Patient Cabinet					
Please indicate:	For Decision		For Information	<b>X</b>	For Discussion	

## Executive Summary

<b>Summary</b>	<p>This paper is presented to the Governing Body to provide an update on the of the Patient Cabinet meeting held in February 2017.</p> <p>Also included is an update on additional activity identified during the meeting, but progressed outside, in respect to discussions between the Patient Cabinet Chair and the Youth Cabinet.</p>					
<b>Risk</b>	<b>High</b>		<b>Medium</b>		<b>Low</b>	<b>x</b>
	<p>The Patient Cabinet has delegated powers from the Governing Body as described in its Terms of Reference. Without this report there is a risk that the Patient Cabinet may operate outside the scheme of delegation.</p>					
<b>Recommendations</b>	<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> <li>Note the content of the summary</li> </ul>					

## 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 will 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?	<table border="1"> <tr> <td><b>NA</b></td> <td>Supports NHS Bury CCG Governance arrangements</td> <td><b>x</b></td> </tr> </table>	<b>NA</b>	Supports NHS Bury CCG Governance arrangements	<b>x</b>
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## Patient Cabinet Update – February 2017

### **1. Bury Locality Plan**

- 1.1. The Patient Cabinet received a presentation from David Boulger, Programme Manager, on the Locality Plan refresh.
- 1.2. Members heard about the funding deficit and the need to manage demand and transform services.
- 1.3. The four (4) emergent themes of work were discussed and the needs to co-design and engage to get citizen buy in. It emerged crucial transformational levers would be the Local Commissioning Organisation plans, self-care and the wider social determinants of health.
- 1.4. Reference was made to national exemplars for whole system commissioning and David Boulger replied that Torbay and Tameside were models.
- 1.5. Members were keen to highlight the difficulty in encouraging the population to accept the tenants of self-treatment and the management of demand.
- 1.6. Members were also keen to ensure that those with mental health needs were offered the opportunity to engage and heard about initiatives underway with both Pennine Care NHS Trust and Primary Care. They also offered ways into their own networks outside the Patient Cabinet to engage with specialist support groups in this area.
- 1.7. There was support about social prescribing and the acknowledgement that this model of self-care required clinical change and a default position which was more about self-care than medical intervention.
- 1.8. Reference was made to “worklessness” and also the impact of work related stressors on health.
- 1.9. The Patient Cabinet asked to remain involved in the work.

### **2. Bury Urgent Care Redesign**

- 2.1. Members congratulated the officers on the way that the recent meeting in public of the Governing Body had been conducted.
- 2.2. Members noted the decision to redesign urgent care, as previously supported by the December Patient Cabinet meeting, had been ratified by the Governing Body and that the Chief Officer, under the direction of the Governing Body has been in discussion with the Overview and Scrutiny Committee about formal consultation arrangements to be implemented on 2nd February 2017.
- 2.3. Discussion focussed on the inclusion of North Manchester General Hospital’s urgent care services in the pathway and specifically referenced a pilot being undertaken by BARDOC regarding patients from the 111 service who would have previously been referred to A&E at the end of the call and in the pilot 70% were being retained in primary care.
- 2.4. The Patient Cabinet Members debated the geographical location of some previous survey respondents who were not Bury residents and concluded that as the urgent care service did

not depend on geographical residence that it was important for good consultation practice that all affected patient groups were included.

- 2.5. Patient Cabinet Members noted that many of the Walk In Centre (WIC) users had in fact not tried their GP service prior to attending the WIC contrary to the previously anecdotal evidence on the subject that WIC attendance was in part owing to a lack of primary care access. (Engagement showed that 90% of patients had not tried to get a GP appointment first.) Support was given to the Healthier Radcliffe good model to follow for Out of Hours (OOH) GPs.
- 2.6. Concerns were debated about public transport links from the Walk in Centre (WIC) to Bury A&E and members were reassured that there was no evidence that suggested people diverted to A&E when the Walk In Centre (WIC) was closed during the summer and that the North Manchester General Hospital service may actually be the escalation point of access for this area.
- 2.7. The investment required in the IT infrastructure of some of the GP practices should they have a wider OOH role in the urgent care service was noted and it was acknowledged that phasing of implementation within the proposal allowed issues like this to be addressed.

### **3. Bury Children's and Young People Integrated Health Wellbeing Engagement**

- 3.1. Members heard about engagement taking place on service redesign for children and young people's services by the CCG in partnership with the Local Authority (LA) and being led by a steering group chaired by Lesley Jones, Director of Public Health with intended implementation in 2017/18.
- 3.2. Members were concerned about the efforts to reach hard to reach groups in the current engagement plan and asked that this be addressed in future planned engagement activity as the project progressed. Again members referred to their own networks as potential stakeholder groups.
- 3.3. Linking to the issue of school readiness mentioned in the Locality Plan refresh, Members also advised that it would be useful to engage with family centres.
- 3.4. Members were concerned about the inclusion of young carers in the survey and were assured that this group had been identified separately in the responses.
- 3.5. The referral pathway for young cancer patients was discussed and the implications of the diagnostic and treatment journey. It was reported that the Cancer Work Stream Group was investigating a new pathway with Pennine Acute Hospital Trust and that this work would be brought to a future Patient Cabinet and scheduled on the forward plan

### **4. Commissioning Intentions**

- 4.1. The Patient Cabinet heard about the CCG's annual planning process and the work streams highlighted through the Commissioning intention process. An indication of the high priority areas was shared:
  - Integrated ambulatory services at Fairfield General Hospital
  - A&E services Fairfield General Hospital Urgent Care/ Out of Hours

- Cancer Services
- Significant Event Analysis

4.2. It was welcomed that project plans would reflect the requirement to engage and seek input from the Patient Cabinet either through the meetings or direct involvement with the relevant workstreams.

## **5. Patient Participation Groups in Primary Care**

5.1. The Patient Cabinet is undertaking an audit of Patient Participation Groups in primary care and will refer their findings for action to the Primary Care Work Stream Group.

## **6. 360 Degree Stakeholder Review**

6.1. The Patient Cabinet was updated on the 360 Stakeholder survey process and timescale and asked to receive the results of this review which will provide useful feedback on the perceived effectiveness of CCG as a partner in the health economy of Bury.

## **7. Complaints**

7.1. The Patient Cabinet understand complaints as a type of reactive engagement/ feedback remarking that it was possible for themes to be drawn from complaints as a whole and used as secondary research findings in the context of consultations.

7.2. Patient Cabinet Members intend to champion the emergent themes from complaints when presented with management presentations of service redesign to ensure that redesign is responsive to them.

## **8. Coaching**

8.1. Two of the Patient Cabinet Members are part of a cohort of coaching interventions commissioned by NHS England and will provide regular updates and feedback

## **9. Review of the Patient Cabinet**

9.1. Following review of the Patient Cabinet Terms of Reference and ratification by the CCG membership,, the Patient Cabinet has reflected and considers that it would be more beneficial to meet more frequently than the bi-monthly schedule agreed. A programme of 6 formal meetings per annum and 6 informal / development meetings has been supported by the Patient Cabinet Chair. The informal meeting will not require attendance of officers and will provide an opportunity for patient representatives to discuss work stream progress with other colleagues.

## **10. Extended Hours**

10.1. Outside of the meeting, Patient Cabinet Members raised concerns about the impact of Extended Hours work, as reported at the West Sector Meeting, as regards bookable appointments in the light of the Urgent Care Redesign Project.

## **11. Youth Cabinet**

- 11.1. As an action from the meeting, engagement opportunities with the Youth Cabinet in the Borough were explored .
- 11.2. An initially exploratory meeting between the officers of both organisations concluded in an invite for the CCG to attend the Youth Cabinet meeting on 15<sup>th</sup> February 2017. This was received and accepted with the Patient Cabinet Chair attending on behalf of the CCG.
- 11.3. As a result of these interactions, the Patient Cabinet has the consent of the Youth Cabinet to use it as a stakeholder group to respond to specific approaches in the CCG's engagement processes.
- 11.4. The Youth Cabinet members also agreed to act as engagement champions for the CCG, promoting participation in CCG engagement work in their school assemblies and home networks.
- 11.5. Furthermore, Youth Cabinet members volunteered to act as a reader panel to help the CCG communicate in an age appropriate way.
- 11.6. The Youth Cabinet were specifically approached by the Patient Cabinet Chair, to engage in the Transformation of Bury's Children and Young People's Services Engagement Project and the Urgent Care Consultation and provided with links to enable them to do that.
- 11.7. Proactively, the Youth Cabinet expressed their wish to learn more about the CCG's intentions for Sexual Health and Child and Adolescent Mental Health Services and approaches have been made to CCG and Local Authority organisational leads to arrange this.

**Nadine Nolan**  
**Operations and Engagement Manager**  
**February 2017**