

# Governing Body

22 March 2017

<b>Details</b>	Part 1	<input checked="" type="checkbox"/>	Part 2	<input type="checkbox"/>	Agenda Item No.	<b>14</b>
Title of Paper:	Clinical Cabinet 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"/>

## Executive Summary

<b>Summary</b>	A summary of the items considered at the Clinical Cabinet meeting in February and March.					
<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 Governing Body is asked to:</b> <ul style="list-style-type: none"> <li><b>Note the contents of the report.</b></li> </ul>					

## 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 Report

February 2017

**Community Falls Prevention Redesign:** Cabinet received a paper setting out a proposal to redesign the key functions of the Community Falls Prevention Service. The current service has been extended in order to review the service which is not working optimally. The service is funded via the Public Health grant. The proposed redesign model includes a new Falls prevention pathway, a Falls Lead Practitioner (FLP) and a strength and balance programme for Falls prevention.

**Cabinet: Provided clinical input into the redesign proposal for community falls prevention. It was recognised that this needs to be seen in the wider context and reviewed as part of the output on this workstream within the refresh of the Locality Plan. Any potential effects of primary care services need to be understood before cabinet could support the proposal**

**Finance Report:** There were no changes in the headlines to report from the previous month. Work is ongoing to agree forecast outturn positions with providers and to ensure that any residual financial risk is identified and managed appropriately.

**Cabinet noted the report**

**QIPP Update:** The updated position as reported at 31 December 2016, was received. There has been a reduction in the QIPP savings that be achieved this year due to delays in moving forward with projects, and to the agreement of an in year block contract with PAHT. Looking forward to 17/18, there are 5 thematic areas identified by RightCare to deliver QIPP savings and improved outcomes and these are currently being worked up. Given that the contract negotiations have also confirmed a block arrangement for PAHT in 17/18 to support stability, there will be limited opportunity to extract savings in 17/18 but these will be realised the year after.

**Cabinet noted the report**

**National Diabetes Prevention Programme (NDPP):** Cabinet received an update on the work being undertaken within Bury on the NDPP. The programme involves identifying appropriate patients and then offering them the chance to contact the provider by telephone. It is funded by NHS England. It is anticipated that by July 2017, all practices will be on board and will be aware of the programme. The uptake rate of 20 – 25% has been achieved; this bodes well for prevention of diabetes.

**Cabinet: Acknowledged and supported the contents of the paper.**

**Palliative and End of Life Care (PEOLC) Macmillan Project:** Cabinet received an update on the PEOLC Macmillan project along with three requests for approval. These include the pathway, costings and continuation of the Clinical Lead position.

**Cabinet: Noted the progress made in the EOLC service re-design project, endorsed the developed re-design service model for EOLC with the comments above being taken into consideration and invited the EOL Clinical and Managerial Lead to develop the model further, draft a service specification which will clearly set out the outcomes and the expectations of partners who will deliver the new service.**

**Locality Plan Refresh GM Transformation Funding Investment Proposal:** Cabinet received a brief update on the work being undertaken in advance of a full update, after the round of workshops had been completed, in March.

**CAMHS Local Transformation Plan 17/18 Refresh:** Cabinet received a paper which provided an update on progress made since the original publication of the Bury Local Transformation Plan

(LTP) for Children and Young People's Mental Health and Wellbeing which sought Clinical Cabinet feedback on the identified priorities for the 2017/18 refresh of the LTP which we will sign off at the March Clinical Cabinet.

**Cabinet: Noted the progress made since initial LTP publication, discussed and provided feedback on the draft identified priorities for 17/18 and beyond, discussed and supported the proposal to extend the upper age eligibility for Healthy Young Minds from 16 to 18 and noted the next steps.**

**Podiatry Service Redesign:** Cabinet received a paper which provided a case for change for the AQP and non AQP Podiatry activity to be delivered as a single integrated service via the existing Community Podiatry Service.

The paper outlined a proposal from Pennine Care to address the immediate pressures within the service by revising the referral exclusion criteria for the service, in order to bring it back in to line with the service that was commissioned before the introduction of AQP.

**Cabinet: Acknowledged and approved the recommendations as outlined in the report. An Implementation Plan needs to be developed which addresses Cabinet's concerns on arrangements for clients who will fall into the exclusion criteria. It was noted that the paper stated that the risk of challenge was low in regard to the AQP component being amalgamated with the existing non AQP arrangement and Cabinet requested that this be ratified by the Finance and Procurement Sub-Committee.**

## **March 2017**

Items considered were as follows:-

**Finance Report:** The CCG is still forecasting achievement if its 1% planned surplus for the year and officers continue to work with secondary care providers on financial settlements.

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

**QIPP Update:** The current forecasted net saving for 16/17 is £1.65m FYE. As previously reported, the Block contract agreements for 16/17 and 17/18 mean that it will be more difficult to release savings from our main Providers for half of 16/17 and all 17/18 but services redesigned will be able to demonstrate benefits in shadow form before being negotiated into the following year's contract.

Since the previous report two project briefs have been reviewed and options selected to progress, these are; Cardiology pathway redesign, and MSK back pain. The 16/17 High Cost Drugs scheme has also been approved. Officers and clinical leads are currently working up ideas, based on NHS RightCare methodology, for development next year.

**Cabinet: Noted the update as presented.**

**Working Well Bury GP Pilot – 'A Better Life For You':** A pilot, currently working in Radcliffe, involves social prescribing being used to improve employment. Positive qualitative local data was presented and it was explained that National quantitative data supports the rollout of this pilot. Local Authority colleagues were writing this in to the local transformational schemes.

**Cabinet: Noted the contents of the document; asked that the quantitative analysis and cost benefit analysis to support a full evaluation is included in the transformation funding proposal.**

**Bury Locality Plan including outcomes for the Care Redesign Workshops:** Further detail on these workshops, the transformational schemes and the locality plan refresh were not available in time for Cabinet due to the time scales involved. It was agreed to circulate the refresh to members by email and to make the schemes available via the portal.

**Cabinet: Agreed to receive the refreshed Locality Plan by email, for views. Agreed to receive details of the transformational schemes by access to the portal. Agreed to give a collective view on these by attendance at the Governing Body meeting on 22 March (if appropriate) or by email or, if there was any further delay, at the April Cabinet meeting and asked that the GP Engagement event be used to consider how to collate members' and GP Fed's views and further input in to these schemes.**

**Update on Impact of Prescribing for Clinical Need Policy:** A practice level update was provided that showed nearly all practices has made significant progress on the implementation of this policy. Further work was needed in one or two practices.

**Cabinet: Noted the update**

**Bury CCG Direct Access Diagnostic Services – MRI and Endoscopy Year 1 Update:** Cabinet received an update on this newly commissioned service and agreed to a number of recommendations.

**Cabinet: Noted the content of this update and performance of the services in year one. Supported the plans to use the next review meeting to reflect on year one of service delivery and review the effectiveness of the current performance reports and KPIs. Supported further education and engagement with primary care to increase utilisation of the direct access services with regard to endoscopy but a softer approach be used for MRI (where our MSK work may reduce required activity). Advised that feedback to the Contract and Performance Group in March around the expansion of services into community locations is not something the CCG wishes to pursue at this time and requested confirmation that direct access referrals continue to be appropriate via the Contract Group.**

**Trial Without Catheter (TWOC) Business Case:** A paper requesting Clinical Cabinet approve the business case to continue with the Trial Without Catheter scheme was presented.

**Cabinet: Acknowledged and approved the recommendations including the funding of £56,000 per annum as outlined in the Business Case.**

**Children and Young People's Mental Health and Wellbeing Local Transformation Plan – 2017/18 Refresh:** A paper was presented which included a refresh of the Children and Young People's Mental Health and Wellbeing Local Transformation Plan – 2017/18.

**Cabinet: Reviewed and validated Section 9 of the Bury 2017/18 Refreshed Children and Young People's Mental Health and Wellbeing Local Transformation Plan. This section details the actual plan for 2017/18 and beyond. Acknowledged that the refreshed document remains a working draft and remains an iterative process leading up to final publication. The plan will be signed off at the Health and Well Being Board on the 9th March 2017 and the Children's Trust Board on the 22 March 2017.**

**Any Other Business – Our Chief Officer attended the meeting to make the Clinical Cabinet aware of a recent media publication:** The Chief Executive and two other senior officers from Bury Council have been suspended, as a neutral act, whilst a review is undertaken around a

safeguarding issue. The CCG and Bury Council staff were not aware of this situation prior to the publication in the MEN.

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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