Governing Body

26th July 2017

Details	Part 1	✓	Part 2		Agenda Item No.	**5a**
Title of Paper:	Clinical Cabinet Chair's Report – June 2017					
Board Member:	Howard Hughes, Clinical Director and Chair of Clinical Cabinet					
Author:	Howard Hughes, Clinical Director and Chair of Clinical Cabinet					
Presenter:	Howard Hughes, Clinical Director and Chair of Clinical Cabinet					
Please indicate:	For Decision		For Information	✓	For Discussion	

Executive Summary

Summary	This paper is presented to the Governing Body to provide an update of the Clinical Cabinet meeting held on 7th June 2017.					
Risk	**High**		**Medium**		**Low**	✓
	The Clinical Cabinet has delegated powers from the Governing Body as described in its Terms of Reference. Without this report there is a risk that the Clinical Cabinet may operate outside the scheme of delegation.					
Recommendations	The Governing Body is asked to: • note the content of the summary					

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?	**NA**	Supports NHS Bury CCG Governance arrangements	✓

Chair of Clinical Cabinet Report June 2017

1. Finance Report

1.1. There was no month 1 update, as usual. Cabinet received feedback on the finance section of the transformation scheme scrutiny meeting which was positive.

2. QIPP Update

2.1. Cabinet received an update on progress of the emerging plans for 2017/18. These were plans not included in the transformation scheme bids.

3. Palliative and End of Life Care Macmillan project

3.1. Cabinet received an update on this project. Coordination of Hospice at Home and PCFT nurses is now beginning. Further work needs to be undertaken to agree shared outcomes.

3.2. The Clinical Cabinet

- Noted the progress made in the EOLC service re-design project. Asked SR to work with hospice to improve line management and initiation and functionality of MDTs
- Noted that further significant work is to be undertaken to develop agreed outcomes for the service.
- The new Senior Manager will lead on this when in post and an update to come to cabinet in September or October.

4. Quality Premium Outturn position 2106/17

4.1. The CCG did not achieve three of the four constitutional measures (A+E maximum 4 hour waits, Cancer – maximum 62 day wait from GP referral to treatment, Ambulance response – maximum 8 minute for cat A) and so there will only be a limited payment. It was agreed that a focus on the areas mentioned above was important in the future.

4.2. The Clinical Cabinet:

- noted the Quality Premium 2016/17 provisional Forecast Outturn.

4.3. In order to better work to their own terms of reference, the Patient Cabinet has now made arrangements to link better with PPGs via the exchange of minutes and agenda and also by reminding PPGs that they have a standing invite to attend their meetings.

5. Evaluation of the Big White Wall:

5.1. Cabinet received a paper which provided an evaluation of this online psychological therapy service which was commissioned by the CCG for a twelve month pilot from April 2016 to April 2017. As a result of under performance in the contract a three month extension was agreed taking the contract end date to 30th June 2017. Cabinet were asked to agree to decommission the Live Therapy session from 30th June 2017 (due to lack of uptake) and to

support an option to provide 225 Support Network Places for 9 months from July 2017 to align the service with the financial year and provide time to scope other opportunities to supplement the current Healthy Minds and Healthy Young Minds offers.

5.2. The Clinical Cabinet:
- agreed to the decommissioning of the Live Therapy sessions from 30th June 2017;
- supported the choice of Option One to provide 225 Support Network Places at a cost of £22,500 for the 9 months from July 2017 to align this to the financial year, with a clear exit strategy; and
- agreed to the CCG seeking other opportunities to supplement the current Healthy Minds and Healthy Young Minds offers.

6. GM EUR policies for Clinical Engagement

6.1. The following GM EUR polices were circulated for Clinical Engagement along with comments by Dr. Rob Stokes:

- **GM043 – Orthotics, Bespoke Orthotics and 24-Hour Posture Management**

6.2. Cabinet agreed with Dr Rob Stokes' comments and supported the policy. No further comments were noted.

- **GM045 – Wide Bore, Open and Open Upright MRI Scanning**

6.3. Cabinet agreed with Dr Rob Stokes' comments and supported the policy. No further comments were noted.

- **GM046 – Low Back Pain with or without Sciatica (this policy once adopted will replace the GM021 Persistent Non-Specific Low Back Pain Policy)**

6.4. Cabinet agreed that this policy, once a number of minor inconsistencies had been eradicated, represented best practice. Once agreed across GM, this policy would have implications for some GPs or practices depending on how fully they were already following NICE guidance. It was agreed some services may have to be commissioned differently and that primary care would need to be supported with an educational programme.

7. IM & T Update

7.1. John Hampson provided a verbal update on IM&T projects. The following points were noted:
- Bury is ahead of the curve in terms of Primary Care IM&T. Bury were the highest ranking CCG of all CCGs in Greater Manchester and Lancashire in the league table for digital maturity published in January 2017.
- Bury has robust and uniform infrastructure and is the only CCG that does not have any servers in practices.
- Bury was the second least affected CCG in GM with regard to the recent ransomware attacks.
- Bury practices have recently appointed digital champions, who will be instrumental in promoting the digital offering in practices. Bury has a high uptake in online usage. GM is looking at developing apps.

- First meeting on the Bury Transformation IM&T group was held on 31 May. Initial request is to do some mapping and analysis to the Locality Plan and how this project will be developed.
- A bid has been submitted for resources including a Head of IM&T for the whole of Bury and three project managers to provide support.
- Bury needs to put in a bid by September for a share of the £69m GM Digital fund. The bid needs to include how the funding will support wider developments across GM.
- Early discussions are underway in terms of quick wins around Care Homes and improving the availability of care plans.
- The Local Authority operates in multiple streams with regard to IM&T. There is some potential benefit of rationalisation in this area. A cultural change is necessary within and between organisations regarding appropriate and necessary sharing of information.
- GM Information Sharing Gateway – opportunity for collaborative development across Bury. A GM Partnership database is being developed and this needs to be a priority. GM is working on a framework sharing agreement and it is hoped this will be used within the next 2 months when implemented. All organisations need to be encouraged to register on the Information Sharing Gateway and there may be scope for collaboration
- Integrated Care Shared Record - Two organisations have not yet signed an Information Sharing Agreement for NE Sector Integrated Digital Care Record.
- Care Homes initiative – Setting up of NHS Mail in care homes is proving a bureaucratic process, Alternative options are being investigated.
- Vision Anywhere – Significantly upgraded primary care system on a new platform and also available to other organisations due roll-out November, Significant support for integrated teams. Organisation change will be required in getting this embedded.

7.2. National pilots that are embargoed until the end of Purdah period include public facing Wi-Fi and potential risks include:
- dependency on getting Vision Anywhere embedded and associated process change;
- challenges in getting GM submissions completed within given timescales;
- capability and Capacity of GM Shared Services;
- dependency on peer organisations moving forward; and
- Section 251 of the Health and Social Care Act in terms of sharing of patient identifiable information.

7.3. The Cabinet was also advised that the IM&T Operational Group has been suspended due to the formation of the IM&T Transformation Group. This will be reinstated, JH suggested going forward the group will cross over more with the Primary Care Group.

7.4. Dr Hampson also advised that a Chief Digital Officer has been appointed who will work across GM. GM has selected the Lumira DX product for integration of information from existing systems. This is branded Datawell. Bury has expressed an interest in piloting pathology information from Salford and Christie's systems as an early Datawell project. This will have significant clinical benefits.

7.5. The Cabinet:
- received the update.

8. Briefing Notes from the GM Health and Social Care Partnership Board

8.1. Cabinet received these for information.

9. CCG Board Minutes

9.1. The Cabinet received the minutes for the previous Governing Body Meeting

Howard Hughes
Clinical Director and Chair of the Clinical Cabinet
June 2017