

Meeting: Governing Body			
Meeting Date	27 September 2017	Action	Receive
Item No.	6b	Confidential	No
Title	Patient Cabinet Chair's Report		
Presented By	David McCann, Lay Member PPI and Patient Cabinet Chair		
Author	Nadine Nolan, Operations and Engagement Manager		
Clinical Lead	-		

Executive Summary
This paper is presented to the Governing Body to provide an update of the Patient Cabinet meeting held on 3 August 2017.
Recommendations
It is recommended that the Governing Body <ul style="list-style-type: none"> • Receive the update provided

Links to CCG Strategic Objectives	
To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self-care and navigation of the system.	<input type="checkbox"/>
To deliver system wide transformation in priority areas through innovation	<input checked="" type="checkbox"/>
To develop Primary Care to become excellent and high performing commissioners	<input type="checkbox"/>
To work with the Local Authority to establish a single commissioning organisation	<input type="checkbox"/>
To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.	<input checked="" type="checkbox"/>
To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy.	<input type="checkbox"/>
To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.	<input type="checkbox"/>
Supports NHS Bury CCG Governance arrangements	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	No
GBAF – not applicable	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
Patient Cabinet	03/08/2017	The Committee discussed the items included in the update.

Patient Cabinet Chair's Report

1. Resignation

- 1.1. Owing to a resignation, the membership were prompted to plan to consider their terms of reference and intend to discuss how different ways of engaging with Volunteer Members could be fashioned in order to maintain contact with a range of individuals.

2. Locality Plan Update

- 2.1. Mike Woodhead, Acting Chief Finance Officer, attended and focused on the outcome of the Transformational Fund Oversight Group meeting in June 17. We heard that the next step was for the Strategic Partnership Board of GM Health and Social Care Partnership to consider the submission on 9th August 2017.
- 2.2. The Patient Cabinet was informed that the bid was now composed of a £19 million from the transformation fund supported by a further £1 million from assorted sources and £3 million from the local health economy on an invest to save basis.
- 2.3. Hence the Strategic Partnership Board of GM Health and Social Care Partnership decision would signal the mobilisation of the implementation of the Locality Plan in terms of setting up a programme management structure pending formal ratification processes scheduled for the end of September 17.

3. CCG Locality Financial Plan

- 3.1. Mike Woodhead also gave a presentation on CCG funding describing how local funding was made up and explained growth in real and relative terms. His presentation covered the CCG's statutory financial duties and also demands on the CCG's funding from the ageing population, long term conditions and co-morbidity. He described the NHS payments model and highlighted planned changes envisaged in the future.
- 3.2. Mike demonstrated how investment had been split between primary care services and secondary care services within the last two years confirming that the strategic direction was to invest more in primary care services but recognising that the secondary care sector continued to place pressures within the system.
- 3.3. Members welcomed greater understanding the financial context of the CCG's operations as it provided useful context for members' involvement in work streams and other associated engagement work.
- 3.4. There was a discussion about the needs of secondary care with members giving examples of pressures in the acute sector. They were assured to hear about additional investment towards recovery plans that the CCG had provided but agreed that pressures are not always as a result of funding and instead a result of a lack of collaboration or standardisation which required transformational approaches.

4. Annual Report Of The Patient Cabinet

- 4.1. Lisa Featherstone, Deputy Director of Business Delivery presented on the Patient Cabinet's effectiveness against its terms of reference over a 12 month period including the recent review (September 16) of the governance surrounding the committee.
- 4.2. She outlined the legal duties underpinning the role of the Cabinet and reminded the membership that the Patient Cabinet was one of the sources of assurance to the Governing Body that these duties were being carried out effectively.
- 4.3. Lisa highlighted that there had been 8 quorate sessions of the Patient Cabinet within the review period and 67% attendance of the membership across the committee. She reported that the CCG had increased the level of officer support to the meeting from December 2016.
- 4.4. She went on to describe the work programme and highlighted key ways in which the Patient Cabinet had contributed to commissioning citing, programmes such as Urgent Care, End of Life Services, Cancer and Healthier Together. She said that engaged had been made on PPGs and in gathering patient stories.
- 4.5. In reactive terms, Lisa talked about 459 patient contacts reaching into the Patient Cabinet through consideration of the patient services and primary care patient experience reports which brought richness in generating themes for members to take back into the work streams.
- 4.6. In terms of the next steps, she pointed out that the Communications and Engagement Strategy and the 360 degree feedback reports provided a baseline against which to mobilise the Patient Cabinet's work programme and to map the individual networks that the Volunteer membership linked in with and could engage with on behalf of the CCG in order to bring back the patient voice into commissioning. Patient Cabinet decided that their September informal session is used to honestly reflect and amend the Terms of Reference and produce a work plan.

5. Vulnerable Patient Scheme Update

- 5.1. Paul Juson and Liz Thomas from Bury GP Federation attended to present on the Vulnerable Patient Scheme following on from their original discussion in December 2016. Paul described how the scheme worked to prevent the deterioration of GP referred vulnerable patients within the community at home and in nursing/ care homes.
- 5.2. Paul reported that links had been made with discharge planners in Fairfield Hospital in order to support vulnerable patients who have been discharged back to GP care as the service found that it had additional commissioned capacity and so proactively sought further referral sources.
- 5.3. Discussion took place about the focus being on Fairfield's discharge team pointing out that Bury residents can be discharged from other care settings but members felt that as the scheme was a pilot a narrow focus on Fairfield was appropriate and, if successful, the scheme could be up-scaled to work with all the providers for Bury citizens.
- 5.4. Members also were reassured to hear about a separate workstream was working on delayed transfers of care.

- 5.5. DM asked about the reasons why there was spare capacity in the service which had allowed working with discharge teams. PJ replied that it was to do with changing clinical practice and marketing the availability of a new service option. DM suggested that there should be direct marketing to patients.
- 5.6. The GP Federation were invited to present again at the meeting in April 18.

6. Salford FT And Pennine Acute FT

- 6.1. The Patient Cabinet were reminded of presentations to the Governing Body made by Sir David Dalton in September 16 outlining the model of working proposed between Salford FT and Pennine Acute FT. These proposals would be subject to due diligence and managed by NHS Improvement in terms of monopolies and competition. The Patient Cabinet would be involved in any consultation process.

7. Urgent Care Formal Consultation Update

- 7.1. The Patient Cabinet received its update on the Urgent Care consultation plans and was reminded about the impact that purdah and new national guidance had on the consultation as planned and the pause that was decided as a result.

8. Communication And Engagement Strategy

- 8.1. The Patient Cabinet received the document and agreed to make comment on the draft directly to the authoring department.

9. Complaints NHSE Q4 2016/17 And Patient Services Q3 2016/7

- 9.1. The Patient Cabinet received the document and agreed to champion the key themes raised by the general public as part of their co-production in work streams.

10. 360° Stakeholder Report

- 10.1. The Patient Cabinet resolved to receive the report and consider their own role as being integral to the way that engagement is perceived by stakeholders and use it to influence and baseline their work plan and performance against it.

11. Cardiology Survey Findings

- 11.1. The Patient Cabinet received the results of the recent survey of cardiology patients.

12. Cancer Manchester Vanguard

- 12.1. Patient Cabinet Members were invited to attend a planned meeting on 21st September 2017.

13. Respect Form

The Patient Cabinet asked for more information to be provided to them about the RESPECT form.

Nadine Nolan
Operations and Engagement Manager
August 17