

Meeting: Governing Body			
Meeting Date	22 November 2017	Action	Receive
Item No.	6a	Confidential	No
Title	Clinical Cabinet Chair's Report		
Presented By	Howard Hughes, Clinical Director and Clinical Cabinet Chair		
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Executive Summary
This paper is presented to the Governing Body to provide an update of the Clinical Cabinet meeting held on 7 November 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 checked="" 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				
Clinical Cabinet	07/11/2017	The Committee discussed the items included in the update.				

Clinical Cabinet Chair's Report November 2017

1. Finance Report

- 1.1. Cabinet received the month 6 finance report that indicated the risks and mitigations previously described. This year would be extremely challenging and new risks around Referral to Treatment (RTT) targets and provider CIP plan achievement were adding to the pressures.
- 1.2. The Clinical Cabinet:
 - Noted the contents of the report and the risks identified to the delivery of the 2017/18 financial position.

2. QIPP Update

- 2.1. The scheme for High Cost Drugs in secondary care has progressed well. An integrated Cardiology service is currently being delivered and piloted. The Persistent Pain pathways detail is being woven into the Commissioning Intentions. A Gastro-Intestinal pathway design scheme is in development. Deep dives and horizon scanning is still being undertaken for cancer and mental health to look for opportunities.
- 2.2. The Clinical Cabinet:
 - Noted the contents of the report and the developing QIPP plans.

3. Commissioning Arrangements for Bury Walk-In Centres

- 3.1. Cabinet received a verbal update from the CCG Chief Officer, Stuart North, in which he explained that a decision needed to be arrived at as part of the integrated commissioner arrangement. More information would be available after the November Governing Body meeting. Recent national and GM guidance on Urgent Treatment Centres (UTCs) suggested each CCG would require one UTC, possibly co-located with the A & E department.
- 3.2. The Clinical Cabinet:
 - Received the update from the Chief Officer.

4. Pennine Acute Sub-Acute Rehabilitation

- 4.1. Cabinet received an update detailing the re-organisation of sub-acute rehabilitation at the Fairfield (FGH) site. This involved patients receiving the service in a variety of settings throughout the hospital rather than on ward 18. The CCG was aware that ward 18 was not functioning in the manner that had been envisaged and so was not opposed to the changes in principle. Further work was needed to assess how well the redesigned service was working and to understand the interdependencies with community provision.
- 4.2. The Clinical Cabinet:
 - Noted the closure of the sub-acute rehab ward at FGH and development of discharge lounge.
 - Agreed to write formally to the LCO to consider any gaps in community rehabilitation services.

5. Bury Hospice Business Case

5.1. Cabinet considered a business case which requested a commitment from the CCG to recurrently fund the hospice at the level of the top-up grant which had previously been annually awarded on a number of occasions. The business case also requested support for further development of the services offered by the hospice.

5.2. The Clinical Cabinet:

- Received the report, noted its content and provided feedback as appropriate.
- Acknowledged progress by Bury Hospice on improvements in governance, leadership and direction of travel.
- Approved the recurrent funding requested.
- Supported the development of a strategic framework which would lead to greater investment in end of life and palliative care services through the transformation themes.

6. Greater Manchester (GM) Effective Use of Resources (EUR) policies for ratification

6.1 The following policies were received:

- Surgical Correction of Trigger Finger
- Carpal Tunnel Syndrome
- Other Aesthetic Surgery

6.2. The Clinical Cabinet:

- Ratified the policies

7. Integrated Cardiology Update

7.1. Cabinet received an update on the three month triage which would inform pathway redesign which it is hoped to implement in February 2018.

7.2. The Clinical Cabinet:

- Received a verbal update from the Clinical Lead, Fin McCaul.

8. Lifestyle Changes ahead of Elective Surgery

8.1. Cabinet received an update which showed a low uptake of this initiative. Consideration was given as to whether this was due to poor recording and discussion occurred as to how best to improve both delivery and recording.

8.2. The Clinical Cabinet:

- Noted the low uptake of the initiative.
- Noted the considerations for increasing uptake and advised on the next steps to be taken.
- Delegated a group to consider the opportunities to develop this initiative further within primary care.

9. Renal Services within Bury and Rochdale

9.1. Cabinet received a proposal from Salford Royal Foundation Trust (SRFT) to reconfigure the current service model for Renal Services to create a single provider pathway delivered by the Trust. It is believed that this will deliver significant benefits, including a better

pathway for patients with kidney disease, improved access, better facilities within which care is provided and better attendance.

9.2. The Clinical Cabinet:

- Reviewed the content of the SRFT proposal and noted the agreements received to date from the various boards in support of the plans.
- Considered the proposal for a change of provider from PAHT to SRFT for nephrology outpatient services and anaemia services and supported these plans.
- Requested the proposal be formally signalled as a change moving forward in the commissioning intentions.
- Noted the plans to move to patient consultation as the next stage in the process, for which the CCG will receive further plans from SRFT with timescales.

10. CCG Board Minutes

10.1. The Clinical Cabinet received the minutes for the previous Governing Body Meeting.

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