

Meeting: Governing Body			
Meeting Date	28 March 2018	Action	Receive
Item No.	9a	Confidential	No
Title	Clinical Cabinet Chair's Report		
Presented By	Howard Hughes, Clinical Director and Clinical Cabinet Chair		
Author	Howard Hughes, Clinical Director and Clinical Cabinet Chair		
Clinical Lead	Howard Hughes, Clinical Director and Clinical Cabinet Chair		

Executive Summary
This paper is presented to the Governing Body to provide an update of the Clinical Cabinet meeting held on the 7 March 2018.
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	07/03/2018	The Committee discussed the items included in the update.				

Clinical Cabinet Meeting 7 March 2018

Items considered were as follows:-

1.0 QIPP Update: Cabinet received a report detailing what was expected to be the final QIPP position for 2016/17 and outlining current and developing themes. The proposed 2018/19 programme would be shared at the next Cabinet.

Cabinet: Noted the contents of the report.

2.0 Finance Update: Cabinet received an update that stated the CCG was on track to meet its financial obligations for 2017/18. However, this would be achieved by using a number of non-recurrent measures that would place even greater emphasis on finding recurrent savings in the following year.

Further detail on the 2018/19 planning guidance had been received and was shared. The financial gap at this stage appeared to be in the order of £7.5M. Further information on how this would be addressed would be considered later in the meeting.

Cabinet: Noted the update for 2017/18 and noted the initial forecasts for 2018/19.

3.0 Local Transformation Plan (LTP) refresh: Cabinet received the annual refresh of this plan for Children and Young People's Mental Health and Wellbeing.

Cabinet approved the plan, acknowledged that it was a working draft, to be submitted by the end of March and agreed that any further amendments be agreed with the Chair under delegated authority.

4.0 Integrated Community Cardiology: Cabinet received a high level evaluation of a Consultant Led Cardiology Triage System, which has been in place in Bury over a 3 month trial period. This had also been to sectors and had been positively received.

Cabinet: Received the evaluation report and noted the outcomes of the triage function to date and intention to continue this and monitor its longer term impact as part of the 12 month integrated community cardiology pilot and evaluation.

5.0 EUR Policies for Ratification:

Cabinet ratified the following policies, having previously commented upon them:

- **Caesarean Section (GM033)**
- **Wide Bore, Open & Open Upright MRI Scanning (GM045)**
- **Correction of Dermatochalasis (GM048) this policy will replace GM047**
Correction of Eyelid Ptosis

6.0 Pennine Care Foundation Trust (PCFT) Cost Improvement Programme (CIP) for Community Services 2018/19: A discussion was had regarding the context of this plan and it was outlined that savings of the order of 7-9% would need to be made.

Detail was not available and a further discussion occurred regarding the sharing of all providers' and commissioners' CIP plans. It was agreed to do this at the April cabinet following a truncated business meeting.

Cabinet agreed to host a 'Show and Tell' session for all local 2018/19 CIP plans in April

7.0 Financial Task and Finish Group Update Report: Cabinet received a progress report on this service line review. It was apparent that a number of procedures of limited therapeutic value were still being undertaken and further work need to be completed to review this. All other contracts and costs were being reviewed and these taken to Governing Body on 28 March following a final review at the sector leadership meeting on 21 March.

Cabinet received the update and requested that the outcomes of the Governing Body meeting be considered as part of the April Cabinet CIP review

8.0 Response to National Consultation on Over the Counter (OTC) Drugs:

Cabinet reviewed proposed responses from GMMMG and AGG and discussion occurred around the points addressed. It was agreed that the chair pull these together and then forward them to Kiran Patel for submission.

9.0 AOB:

Cabinet received an update on the Pennine Acute CQC report and noted the improvements made across PAHT with limited financial support.

Cabinet noted that this would be the final meeting that Kiran Patel would attend as Chair of the CCG. The cabinet chair, on behalf of all members, wished Kiran every success in his new role and thanked him for his leadership and the way he has empowered clinicians during his time as Chair.

10.0 CCG Board Minutes: The minutes from Bury CCG's Governing Body meetings can be found at the following link:

<http://www.buryccg.nhs.uk/board-papers/CCGBoardPapers/CCG-Papers-Index.aspx>

11.0 As usual, further details of this meeting, including papers, can be obtained informally from the Chair at howard.hughes@nhs.net and approved minutes from previous meetings from Julie Hall at j.hall9@nhs.net

**Howard Hughes
Clinical Director and Chair of the Clinical Cabinet
March 2018**