

Meeting: Governing Body			
Meeting Date	26 September 2018	Action	Receive
Item No.	15b	Confidential	No
Title	Patient Cabinet Chair's Report		
Presented By	David McCann, Lay Member PPI and Patient Cabinet Chair		
Author	Emma Kennett, Corporate Affairs and Governance Manager		
Clinical Lead	_____		

Executive Summary
This paper is presented to the Governing Body to provide an update on the Patient Cabinet meeting held on the 9 th August 2018.
Recommendations
It is recommended that the Governing Body receive the update provided.

Links to CCG Strategic Objectives	
To encourage people so that they want to, and do, take responsibility for their own health and well-being.	<input type="checkbox"/>
To drive and support system wide transformation.	<input type="checkbox"/>
To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	<input type="checkbox"/>
To achieve financial sustainability for the Bury health and social care economy.	<input type="checkbox"/>
To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	<input type="checkbox"/>
To be a high-performing, well-run and respected organisation with an empowered workforce	<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:	
GBAF [<i>Insert Risk Number and Detail Here</i>]	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

relation to this report?						
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<p>< <i>If you have ticked yes, Insert details of the people you have worked with or consulted during the process :</i></p> <p>Finance (insert job title) Commissioning (insert job title) Contracting (insert job title) Medicines Optimisation (insert job title) Clinical leads (insert job title) Quality (insert job title) Safeguarding (insert job title) Other (insert job title)></p>						
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"/>
<p><i>If you have ticked yes provide details here. <Include details of any conflicts of interest declared></i></p> <p><Where declarations are to be made, include details of conflicted individual(s) name, position; the conflict(s) details, and how these will be managed in the meeting></p> <p><Confirm whether the interest is recorded on the register of interests- if not agreed course of action></p> <p><i>Delete this text if you have ticked No or N/A</i></p>						
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
<i>If you have ticked yes provide details here. Delete this text if you have ticked No or N/A</i>						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a 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 including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input 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"/>

If you have ticked yes provide details here. If you are unsure seek advice from Lynne Byers, Email - lynnebyers@nhs.net about the risk register.

Governance and Reporting		
Meeting	Date	Outcome
Patient Cabinet	09/08/2018	Agenda items discussed.

Patient Cabinet Chair's Report

1. Membership of the Patient Cabinet

- 1.1 There was a discussion at the Cabinet meeting in relation to the future membership of the meeting and it was noted that progress was being made with the Bury East Committee and the Chair would be attending the Unsworth Participation Group meeting next week.
- 1.2 It was highlighted that the Cabinet needed to be more representative of the whole of the borough. However, concern was expressed regarding the selection of new members who may wish to use the platform to pursue their own agenda and this needed to be taken into account as part of any recruitment process going forward.

2. OCO Update

- 2.1 The Chair provided an update on the latest OCO developments.
- 2.2 It was reported that the Chair would be meeting with Geoff Little, Chief Executive, Bury Council, in the next week and welcomed the enthusiasm and commitment of senior management within the CCG and Bury Council to joint working. It was noted that the Health Agenda was a priority, with all CCG communications now being discussed with Bury Council.

3. Mental Health Commissioning Children's and Young People

- 3.1 An update paper in relation to Mental Health Commissioning Children's and Young People was presented to the Cabinet.
- 3.2 A discussion took place regarding patients who Do Not Attend (DNA) who then have to go back to their GP and rejoin the referral waiting list at the end. Particular concern was noted regarding children who DNA through no fault of their own. The inflexibility of clinical appointments was thought to be a major factor, also difficulties surrounding taking children out of school and parents not being able to take time off work to take their children to appointments. Additionally, cost of transport to and from appointments and issues regarding child care were also factors.
- 3.3 It was noted that lost time and capacity due to missed appointments remained a significant issue and it was agreed it would be useful to do a piece of work researching into reasons why patients DNA.
- 3.4 The Key National Indicator chart contained within the report was discussed with members and it was noted that the CCG figures confirmed that all targets had been achieved. However, a change in the way we have been asked to present data has resulted in the CYP Mental Health Access criteria showing as not being met. It was further noted that all figures were estimated and it was expected that only around 30% of those on the diagnosis pathway would actually access the services. Members were concerned about those slipping through the net. It was noted that the figures do

not include private care providers and that the impact that private care has on waiting lists is difficult to analyse. It was acknowledged that some families can afford private care, but that there can also be stigma attached to accessing social care for mental health issues, and that this can inform a family's decision to use private providers. It was agreed that a further briefing paper would be provided for the next meeting to elaborate on the rationale behind the figures and what happens to the 70% who do not access services.

3 The Safe Haven and HTT Business

3.1 Members received details in relation to the Safe Haven and HTT Business Case which was a countrywide initiative designed to avoid patients who present at A&E with mental health problems, being trapped in a system of long delays. It was reported that across the NE sector, Safe Haven Hubs would be piloted for 12 months, including reviews at 6 and 12 months. The Bury Hub would be located at the Irwell Unit at Fairfield General Hospital. Clinical Cabinet has approved the pilot, which should be operational by 1st November 2018, in order to alleviate winter pressures. It is hoped that the pilot would be able to offer consistent weekend support. The Hub would be staffed by colleagues on a secondment basis, thus facilitating their own development

3.2 This Business Case was included on the Governing Body agenda for today's meeting therefore would be discussed in greater detail at that point.

4.0 Integrated Pain Service (PIS) – mobilisation

4.1 The Cabinet received an update on the implementation of the Integrated Pain Service (PIS) including plans for the next stage.

5.0 ICT Strategy and Innovation Funding Bids

5.1 The Cabinet received and commented upon a presentation in relation to the ICT Strategy and Innovation Funding Bids. It was reported that all of the local Trusts had signed up to support the strategy which would involve the new overarching team software being linked together and would allow agile, secure online collaboration, including the potential to phase out fax referrals to consultants.

6.0 AGM/NHS 7 TEA Engagement Event

6.1 Feedback was provided in relation to the AGM and NHS 7 Tea Engagement Event held on the 25th July 2018.

6.2 It was reported that the event was very well attended, with a range of interests being represented. Key areas discussed were:

- Additional funding;
- Crisis times;
- The potential for Service provision was being overwhelmed by demand;
- Barriers to accessing support;

- The need for more aligned working;
- The work being carried out to map all services together.

David McCann, Lay Member – Patient and Public Involvement