

Meeting: Governing Body- meeting in public			
Meeting Date	25 September 2019	Action	Receive
Item No.	10b	Confidential	No
Title	Clinical Cabinet Chair's Report		
Presented By	Howard Hughes, Clinical Director		
Author	Howard Hughes, Clinical Director		
Clinical Lead	Howard Hughes, Clinical Director		

Executive Summary
<p>This paper is presented to the Governing Body to provide an update on the decisions taken and recommendation made at the following Clinical Cabinet meetings</p> <ul style="list-style-type: none"> • 7th August 2019 (including notes from a supplementary meeting on 14th August) • 4th September 2019.
Recommendations
<p>It is recommended that the Governing Body:</p> <ul style="list-style-type: none"> • Ratify any decisions with a value in excess of £250K • Receive for information any decisions of £250K and below, along with any other discussions detailed

Links to CCG Strategic Objectives	
<p>SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life</p>	☒
<p>SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value</p>	☒
<p>SO3 Budget To deliver a balanced budget for 2019/20</p>	☒
<p>SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.</p>	☒
<p>Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:</p>	
<p>GBAF N/A</p>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	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 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 checked="" 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
N/A		

Clinical Cabinet Meeting Summary: 7 August 2019

This meeting immediately followed a meeting of the Locality Care Organisation Professional Congress, to which Cabinet members were invited. Members of the Professional Congress were invited to remain for the Clinical Cabinet meeting in a non-voting capacity.

Prior to the formal meeting a workstream update was given by the Maternity and Children's Workstream.

Prior to the formal meeting a Workstream update was provided by members of the Primary Care workstream

1. Regular items: Governance

- 1.1. The meeting was quorate and no interests declared that affected members or guest participating fully in the meeting.
- 1.2. The minutes of the previous meeting were ratified and the action log updated.

2. Regular items: Business

- 2.1. None

3. Substantive items

3.1. Community Paediatric Physiotherapy:

The paper sought approval from Clinical Cabinet to progress short term actions which included a change to the referral criteria to reduce demand. A further paper with a longer-term solution to ensure a sustainable and resilient service will come back to a future meeting.

Cabinet noted the short-term funding that had successfully been used to bring down waiting times, approved a change in referral criteria and the development of a new referral template and supported the promotion of primary care to support patients in self-care.

3.2. GM Standard 3 – Improving cancer survival rates and earlier diagnosis:

Cabinet received a report on the success of significant event analysis/audit (SEA) work that had taken place in Bury and suggestions as to how this work can be taken forward.

Cabinet agreed to support the inclusion of significant event analysis/audit in the primary care quality contract with linked educational sessions.

3.3. Mild Cognitive Impairment Pathway:

Cabinet received a paper requesting approval for the implementation of a diagnostic pathway and post diagnostic support model for Mild Cognitive Impairment (MCI) in Bury, which included the review of the currently commissioned Dementia Advisor Service (DAS). MCI registers have increased as part of the Quality in Primary Care Contract and there is some evidence to suggest lifestyle changes may help reduce the incidence of dementia.

The CCG and Bury Council had successfully submitted a joint bid for £10k to develop and implement a diagnostic pathway and post diagnostic support model in Bury using the DAS.

Cabinet approved the extension of the current DAS contract until March 2020 and recommended the procurement of the current model thereafter, within the current financial model but with improved reporting.

3.4 Potential CCG Contingency Measures:

Cabinet was asked for clinical views and recommendations linked to a number of potential contingency measures linked to the CCG financial position as a prelude to wider discussions that would inform a Governing Body paper to be presented at a meeting on 28 August 2019. After extensive discussions, including an extra session to complete the discussion, **Cabinet made the following recommendations: 1. To decommission the Walk-in Centres with a simultaneous review of the woundcare and lymphoedema service. 2. To give notice on the provision of respite services at Cambeck Close and to use the notice period to work with partners to develop a redesigned equitable offer, possibly to include personal health budgets. 3. To expedite the intermediate care review. 4. To cease Vitamin D testing within primary care with the expectation that any essential testing could be undertaken in secondary care. 5. To expedite the review of consultant to consultant referrals to establish areas for opportunity. To request prior approval prior to secondary care clinicians undertaking procedures designated as of limited clinical value.**

4 Closing Matters

Governing Body Minutes:

4.1 Cabinet members received these by a link for information.

Clinical Cabinet Meeting Summary: 4 September 2019

This meeting immediately followed the meeting of the Locality Care Organisation Professional Congress, to which Cabinet members were invited. Members of the Professional Congress were invited to remain for the Clinical Cabinet meeting in a non-voting capacity.

Prior to the formal meeting a workstream update was given by members of the Urgent Care Workstream

1. Regular items: Governance

1.1 The meeting was quorate and no interests declared that affected members or guest participating fully in the meeting.

1.2 The minutes of the previous meeting were ratified and the action log updated.

2. Regular items: Business

2.1 None.

3. Substantive items

3.1. GM Specialist Services Review

Cabinet received a paper outlining proposals for four of the services under review. Namely, benign urology, paediatric surgery, vascular and breast services.

Cabinet supported the proposals for urology, paediatric surgery and vascular services. Cabinet supported a configuration outlined in option 4 for breast services. Cabinet requested that Bury representatives on the GM Joint Commissioning Board present these options for the Bury system and noted that the recommended options would provide a mandate for the Improving Specialist Care Board to present these to the GM Joint Health Scrutiny Committee sense check 1 for major reconfigurations and to commence preparation of a pre-consultation business case. The output will be presented back to CCGs prior to moving to the next stage, as will initial proposals for MSK/Orthopaedics, cardiology and respiratory services.

3.2. Physical Activity Strategy

Cabinet received an update on this strategy which Strategy was rewritten in 2015. There is now an appetite to take this to a whole system approach which will be community led.

There are 4 key areas with priority actions being focused on in the Strategy;

1. To create active societies;
2. To create active systems;
3. To create active environments
4. To create active people.

Cabinet noted the update, made recommendations and noted that a final strategy would come back to Cabinet in October for sign-off.

3.3. Current GM EUR (Effective Use of Resources) Policy for Review / Clinical engagement

The Greater Manchester Effective Use of Resources (EUR) Policy Team sought the views of clinical professionals on the new draft Greater Manchester Effective Use of Resources (EUR) Policy GM073 Cough Assist.

Cabinet supported the policy

4 Closing Matters

Governing Body Minutes:

- 4.1. Cabinet members received these by a link for information.