

Meeting: Governing Body- meeting in public			
Meeting Date	27 March 2019	Action	Receive
Item No.	15c	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"> • 6th February 2019; and • 6th March 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	
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>n/a</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"/>
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"/>
N/A						

Governance and Reporting		
Meeting	Date	Outcome
N/A		

Clinical Cabinet Meeting Summary: 6 February 2019

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

QIPP Report:

- 2.1. Cabinet received an update on the progress of the 2018/19 schemes and some of the 2019/20 schemes for discussion. These were all linked to demand management in secondary care and were: Patient initiated follow up, Consultant telephone consultations and virtual clinics.
- 2.2. Cabinet supported the progression of all three schemes in consultation with the provider.

Finance Report Month 9:

- 2.3. Cabinet noted the position which was on plan.

3. Substantive items

Non-Medical Prescribing Policy:

- 3.1. Cabinet received this, for consideration and for provision of a clinical view, prior to ratification at the Primary Care Commissioning Committee.
- 3.2. Cabinet supported this comprehensive and clear policy

Alignment of Bury's and GM's Prescribing for Clinical Need Policy:

- 3.3. Cabinet received an update requesting alignment of Bury's position with the emerging GM position.
- 3.4. Cabinet supported the GM position with the proviso that Scabies and Vaginal Thrush be retained in the Bury policy in order to minimise change and approved the suggestion that a local engagement process be undertaken.

Gluten Free Prescribing and Implications for Bury:

- 3.5. Cabinet received a paper requesting clinical opinion on future local policy in the light of a new national decision by the Department of Health and Social Care (DHSC) to restrict the prescribing of some gluten-free foods on the NHS from 4th December 2018.
- 3.6. Comprehensive discussion had previously occurred at cabinet in February 2016 where a recommendation to the Governing Body was made to stop all prescribing of gluten free products for adults from 1st April 2016 with a caveat that education and

increased communication is put in place for those patients affected.

- 3.7 Cabinet supported the recommendation to continue the limited prescribing previously adopted albeit in line with the new restricted list.

Development of Improving Access to Psychological Therapies (IAPTs):

- 3.8 Cabinet received a paper which contained a number of options to consider in response to a request for additional funding from PCFT to increase capacity within the Bury Healthy Minds IAPTs service.

- 3.9 Members fully supported the need for an appropriately staffed IAPT service. It was felt that further work was needed to establish exactly what this looked like, in the light of work being undertaken as part of the joint working with the local authority on the Mental Health Test Bed. Consequently, Cabinet was of the opinion that fixed term funding equivalent to that required for four posts would be a sensible way forward, with the provision that managers work with the provider to agree a form of risk share for this additional funding so that the targets can be achieved and that further proposals were brought back as part of a mental health update in June.

New Draft Greater Manchester Effective Use of resources (GM EUR) Policies for Clinical Engagement:

- 3.10 The following policies were shared:
- GM061 - Asymptomatic Gallstones
 - GM042 – Surgical Management (including banding) of haemorrhoids and anal skin tags

- 3.11 Cabinet supported the policies.

GM EUR Policies for Ratification:

- 3.12 The following policies were presented for ratification:
- Continuous Glucose Monitoring (GM039)
 - Orthoses, Bespoke Orthoses & 24-hour Posture Management (GM043)
 - Knee Replacements (GM051)
 - Hip Replacements (GM056)
 - Ganglion Cyst Removal (GM025)
 - Knee Arthroscopy

- 3.13 Cabinet ratified all the above policies

4 Closing Matters

Professional Congress:

- 4.1 Cabinet received a verbal update on the formation of a professional congress within the Locality Care Organisation and that it was anticipated joint meetings could be held with Clinical Cabinet, assuming any governance concerns could be addressed.

Governing Body Minutes:

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

Clinical Cabinet Meeting Summary: 6 March 2019

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 on this occasion.

3. Substantive items

Posture and Mobility Service:

- 3.1 Approval was sought from Clinical Cabinet for the all age Posture & Mobility service (PMS), provided by Pennine Care Foundation Trust, to adopt three proposed service changes. Namely, to address the unconditional provision of chairs to patients on the Gold Standard Framework, provision in care homes and provision to patients for behavioural reasons.
- 3.2 After discussion, Cabinet agreed that these proposals would enable the delivery of a needs-led service moving away from the current unconditional equipment provision. This would reduce waiting times, enabling the provider to meet the nationally mandated 18 week target for children's equipment provision and the 18 week standard for adult provision.
- 3.3 Cabinet approved the proposals and recognised that further work was required with the provider to develop a robust implementation plan. This would need approval by the CCG before progression.

Children and Young People's Local Transformation Plan for Mental Health and Wellbeing (LTP) – 2019/20 Refresh:

- 3.4 Cabinet received a report which summarised the key updates to be included in the refresh of the Local Transformation Plan for Children and Young People's Mental Health and Wellbeing (LTP) which is due to be published on the CCG and Local Authority websites by the end of March 2019.
- 3.5 Cabinet supported the areas being updated, noted that this was work in progress and agreed that the final version would be shared with Cabinet members electronically prior to the chair signing it off, in consultation with senior finance and commissioning colleagues.

Community Paediatric Service Review:

- 3.6 Cabinet received a report following a review of the service delivered from Fairfield General Hospital (FGH), prepared in collaboration with the Provider at the end of 2018.

3.7 Cabinet supported the recommendation of a full service redesign to include the wider children's community provision. It was recognised that such wide ranging service redesign would sit well, within the locality care organisation (LCO). Accordingly, Cabinet agreed to ask the OCO/LCO Board to Board meeting to agree that this work sit under the Transformation Board. It was recognised that a Children's Board would be important in setting the strategic context of such a review and Cabinet recommended that the Transformation Board consider the setting up of such a body.

Assisted Conception Service Specification:

3.8 Cabinet received an updated service specification ahead of the procurement process led by Trafford CCG on behalf of 8 GM CCGs, including Bury.

3.9 Cabinet approved the specifications and noted the ongoing procurement process and timelines.

Social Prescribing:

3.10 Cabinet received an overview of the Bury Holistic Social Prescribing Scheme, its progress and future plans.

3.11 After some discussion around alignment with the Living With and Beyond Cancer model and promotion of the active involvement of the Voluntary Community and Faith Alliance (VCFA), Cabinet supported the recommendations and noted that funding would be via the Networks. Accordingly, Cabinet advised that this be taken forwards, with the engagement of primary care teams, through the neighbourhoods.

Sleep Hygiene Pilot Service for Children and Young People in Bury:

3.12 Cabinet received a request to support a one year pilot of a sleep hygiene service for children and young people in Bury. Evidence was considered regarding patient experience and outcomes of schemes elsewhere and it was noted that NHS England funding was available to help fund the pilot.

3.13 Cabinet approved the pilot and requested a highlight report before it commences with a full evaluation after 6 months.

New Draft GM EUR Policies for Clinical Engagement:

3.14 The following policy was shared:

- GM072 – Greater Manchester Effective Use of Resources Policy: Dilatation and Curettage (D&C); and Hysterectomy and Heavy Menstrual Bleeding

3.15 Cabinet supported the policy.

4 Closing Matters

Ophthalmology Review:

4.1 Cabinet received a verbal update from the clinical lead with a written paper to come to the next meeting.

Governing Body Minutes:

4.2 Cabinet members received these by a link for information.