

**MEETING:** Governing Body

**Item Number:** 10.6

**DATE:** 24 January 2017

<b>REPORT TITLE:</b>	<b>Chairperson's Report – Service Design and Implementation Committee</b>
<b>CORPORATE OBJECTIVE ADDRESSED:</b>	<b>All corporate objectives are met.</b>
<b>REPORT AUTHOR:</b>	<b>Dr Peter Marwick, Chair</b>
<b>PRESENTED BY:</b>	<b>Dr Peter Marwick</b>
<b>RECOMMENDATIONS/DECISION REQUIRED:</b>	<b>Receive.</b>
<b>EXECUTIVE SUMMARY</b>	
<p><b>The Governing Body is asked to receive the Chairperson's report from the Service Design and Implementation Committee meeting held on the 15<sup>th</sup> November 2016.</b></p>	
<b>FURTHER ACTION REQUIRED:</b>	<b>None.</b>
<p><b>EQUALITY AND DIVERSITY:</b> Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p>	



## CHAIRPERSON'S REPORT

<b>Chairperson's Name</b>	Pete Marwick
<b>Committee Name</b>	Service Design & Implementation Committee
<b>Date of Meeting</b>	Tuesday 15 <sup>th</sup> November 2016
<b>Name of Receiving Committee</b>	Governing Body
<b>Date of Receiving Committee Meeting</b>	Tuesday 24 <sup>th</sup> January 2017
<b>Officer Lead</b>	Jennie Gammack

<b><i>The top 3 risks identified during the meeting &amp; initials of lead with designated responsibility</i></b>		
1.	Integrated Community Nursing and Therapy Service	RW
2.	Outpatients Redesign Service	JG
3.	Delivery of schemes within Transformation Fund	PL
<b>Attendance at the meeting#:</b>		<b>Acceptable</b>
<b><i>Was the agenda fit for purpose and reflective of the committees Terms of Reference?</i></b>		Yes.

### Narrative report outlining the key issues of the meeting

- The committee received an update on the progress to date of the delivery of the Integrated Community Nursing and Therapies Service (ICNT). The service is now operating a Single Point of Access (SPA) with staff members co located in three hubs across the borough.

It was reported that there has been a new management structure introduced in order to implement the service to ensure appropriate capacity is available. This has meant that some of the original dates included within this year's contract SDIP will require revisiting and this will be completed within the month.

The Committee are asked to note the concerns about the deliverability of the £2 million savings this year and an analysis will be brought to the SDI committee meeting in January 2017.

It was reported by GP members of the committee that the system is working better with GPs being allowed to make verbal referrals.

The committee were informed that communication with GPs has improved due to a communication plan which has been created in association with the Tactical Programme Board, however the committee heard that this is still not reaching all GP surgeries.

The governance structure overseeing the ICNT programme was described. The Assurance meeting is ensuring that the overall service is delivered to what was originally agreed. The three groups which are supporting this service are the Performance Task and Finish Group, Operations Group and the Communications Group.
- The committee received an update on the latest position of the Outpatient Redesign. It was noted that the November GP locality meetings would be focusing on a single agenda item of Outpatients.

Specialist Consultants are due to attend the locality meetings to give an overview in relation to the development of the pathways, take part in a Q&A session regarding the pathways and look at opportunities for integrated working/ better management of the patient.

# **Excellent** (well attended) **Acceptable** (some apologies) **Unacceptable** (not quorate)

It was reported that referral activity data has been reintroduced for practices which shows information at a practice and locality level. Individual specialty updates were received and the committee were informed that the lack of managerial representation at the pain management meetings has been escalated to the Outpatient Redesign Assurance Group. The committee noted that the risks to delivering the outpatient redesign remain the same in terms of capacity and engagement.

3. The committee welcomed the update on the GM Transformation Fund applications for Phases 1 and 2.

The current application for Phase 1 remains on track for a decision by the 5 December 2016 with positive indications for a favourable outcome.

A workshop has been planned to discuss which areas of work will be financed by Phase 2. Further engagement is required with primary care and Localities. All proposals will be subject to Cost Benefit Analysis with the Phase 2 application being ready for the second year of the operation of the Fund in April 2017. Therefore, the application will need sign off via organisational and partnership governance by March 2017.

It was reported to the committee that as this money is for transformation it will be closely monitored by GM and if not delivering schemes the money will be taken back. If we are able to prove that the schemes for Phase 1 are being delivered then we will be in a better position to receive the Phase 2 monies.

Questions were raised in relation to how services can be moved out of hospitals when the main enabler is a workforce who is working quite differently. It was recognised that workforce plans are further behind. There is a new workforce strategy which has gone to Wigan Leaders.

Risk	Name of lead with designated responsibility for the action/s
Delivery of the schemes attached to the GM transformation funding – the funding received from Greater Manchester will receive close monitoring. Failure to deliver key milestones could result in the funding being clawed back.	Paul Lynch – to ensure that appropriate monitoring, escalation processes and governance is in place.

Chairperson's Additional Comments
N/A