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# AGENDA PAPERS FOR HEALTH AND WELLBEING BOARD MEETING

Date: Tuesday, 6 January 2015

Time: 6.30 pm

Place: Committee Room 2 and 3, Trafford Town Hall, Talbot Road, Stretford M32

0TH

A G E N D A PART I Pages

## 13. TRAFFORD CLINICAL COMMISSIONING GROUP UPDATE

To receive a report from the Chief Operating Officer NHS Trafford Clinical Commissioning Group.

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#### THERESA GRANT

Chief Executive

## Membership of the Committee

Dr. N. Guest (Chairman), Cllr M. Young (Vice-Chairman), D. Banks, Cllr J. Bennett, D. Brownlee, Cllr M. Cornes, A. Day, B. Humphrey, G. Lawrence, Supt Liggett, A. Razzaq, A. Vegh, S. Webster, C. Yarwood and M. McCourt

## **Further Information**

For help, advice and information about this meeting please contact:

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This agenda was issued on Monday 5<sup>th</sup> January 2015 by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH.



## TRAFFORD COUNCIL

Report to: Health and Wellbeing Board

Date: 6 January 2015 Report for: Information

Report of: Dr Nigel Guest, Chief Clinical Officer, NHS Trafford Clinical

**Commissioning Group** 

## **Report Title**

**NHS Trafford Clinical Commissioning Group Update** 

## Summary

The report provides an update on the work of the NHS Trafford Clinical Commissioning Group and provides information and progress on key commissioning activities. It considers locality specific issues and references links to Greater Manchester and national issues where relevant.

## Recommendation(s)

The Health and Wellbeing Board is asked to note the update report.

Contact person for access to background papers and further information:

Name: Gina Lawrence, Chief Operating Officer, NHS Trafford Clinical Commissioning Group

Extension: 0161 873 9692

## NHS TRAFFORD CLINICAL COMMISSIONING GROUP UPDATE

## 1.0 INTRODUCTION

1.1 This report will be in 2 parts.

**Part 1:** is an update to the Clinical Commissioning Group Governing Body on key commissioning activities undertaken since the update provided at the last Health and Wellbeing Board meeting. This section considers locality specific issues referencing links to Greater Manchester and national issues where relevant.

**Part 2:** is an update to the Clinical Commissioning Group Governing Body of the progress of Integrated Care and delivery of CCG's 5 Year Strategic Plan. Updated following the internal meeting of the Transformation Steering Group (formally the Commissioning and Operations Steering Group) this report is to inform both the Governing Body and the Health and Wellbeing Board of relevant progress and to provide reassurance of ongoing internal monitoring. Provided by the Programme Office, it provides a position statement for the entire Integrated Care Programme on a project specific basis.

## 2.0 PART 1: COMMISSIONING ACTIVITIES UPDATE

#### 2.1 South Sector Work

The South Sector Meetings are currently suspended during the Healthier Together Consultation. A meeting of locality CCG Leads will take place in the next month to consider how this work is taken forward.

## 2.2 Trafford CCG Senior Management Team

The Senior Management Team brings together the corporate and clinical leadership of the CCG. The following decisions have been taken by the Senior Management Team since the last formal meeting of the Governing Body.

Senior Management Team Meeting of 21 October 2014

## i) Minute reference SMT 14/156:

The Senior Management Team approved the Strategic Implementation Plan v1, subject to the removal of the red shading on the document (as the plan is not RAG-rated) and to the inclusion of a status update on the plan for information. The Senior Management Team noted the need for prioritisation of this area of work. It agreed the next steps and timescales: 11 November – completion of the validation exercise with individual Heads of Services; 18 November – submission to Senior Management Team meeting; and 27 November – presentation to LAT Q2 assurance meeting. Thanks were given to the Programme Management Office for their work on the plan.

#### ii) Minute reference SMT 14/157:

The Senior Management Team approved the Medicines Management Team work plan for 2014/15 at the date of its production, subject to the undertaking of performance reporting.

## iii) Minute reference SMT 14/158:

The Senior Management Team noted the practice prescribing budget cost pressures report, and approved the actions for Pennine Care NHS Foundation Trust and the revised Medicines Management Team work plan which will be put in place to help mitigate the financial risks. The Senior Management Team noted the risks associated with suspending the current Medicines Management Team work plan.

## iv) Minute reference SMT 14/159:

The Senior Management Team agreed that a revised report regarding 'Early Supported Discharge – North Trafford Patients' should be submitted to the next meeting of the Clinical Commissioning & Finance Committee for approval, which proposes a 12-18 month pilot, followed by a procurement process. This is to include financial figures for a 7-day service.

## v) Minute reference SMT 14/162:

The Senior Management Team agreed the Governing Body meeting dates for 2015.

## Senior Management Team Meeting of 4 November 2014

#### i) Minute reference SMT 14/183:

The Senior Management Team approved the Primary Care Co-Commissioning Assessment document to be submitted to NHS England (Greater Manchester) in support of the CCG's expression of interest.

#### ii) Minute reference SMT 14/184:

The Senior Management Team agreed in respect of the Organisational Development/Human Resources Operational Delivery Plan to April 2015:

- a) the prioritised strands of non-transactional HR/OD activity; and
- b) the time commitment required across NHS Trafford CCG to deliver the non-transactional HR/OD activity.

## iii) Minute reference SMT 14/185:

The Senior Management Team supported the continuation of the direction of travel in respect of Estates work, approval of the initial project costs for the South Trafford Health and Wellbeing Hub, and approval of the commissioning of the Health Care Planner. It noted the need to ensure robust governance in respect of the work and process and that the Estates strategy in its entirety would be discussed at the Governing Body strategy session in January 2015 for full Governing Body approval in February 2015.

#### iv) Minute reference SMT 14/186:

In respect of actions over winter 2014/15, the Senior Management Team:

- a) noted the suggested schemes with providers and to reduce pressure on the service over winter; and
- b) agreed that further discussion is to take place outside the meeting to clarify the detail of the actions to be taken, including approach and measurement.

## v) Minute reference SMT 14/187:

The Senior Management Team agreed to review outside the meeting the list of awards available to the CCG to enter, and to discuss this within teams. A shortlist is to be prepared by the end of November, with further discussion to take place at the Senior Management Team at its meeting on 2 December 2014.

## vi) Minute reference SMT 14/188:

The Senior Management Team agreed its Committee meeting dates for the remainder of 2014/15.

## Senior Management Team Meeting of 18 November 2014

#### i) Minute reference SMT 14/211:

In respect of support to nursing homes, the Senior Management Team agreed:

- a) that the wording in respect of accessing ATT+ through dialling 999 is to be changed;
- b) that arrangements for cover in North Trafford and the process for consultant visits are to be clarified;
- c) the need for an interim model which optimises the use of resources, and the need to advise GPs of agreed arrangements;
- d) the need for continued work on the long-term model; and
- e) that it requested that a full proposal, including financial details, be submitted to a Senior Management Team meeting in December.

#### ii) Minute reference SMT 14/213:

The Senior Management Team agreed that a further meeting, at Senior Management Team level, is to be arranged to consider full clarity on the position, programmes and timescales of the strategic plan: implementation plan, and to consider a prioritisation mechanism which operates within the five-year strategic plan.

## iii) Minute reference SMT 14/214:

The Senior Management Team approved the roll-out of the Information Request System.

## iv) Minute reference SMT 14/215:

The Senior Management Team approved the continuation of the current work and approach in respect of the Commissioning Support Unit Business Intelligence (BI) tool, with a view to convening an evaluation panel, and subsequent recommendation to and decision by the Senior Management Team in December 2014 regarding a BI service.

v) Minute reference SMT 14/216:

The Senior Management Team approved the current status of the 2014/15 Board Assurance Framework, subject to the addition to the Corporate Risk Register in respect of Trafford Council.

## 2.3 Devolution Manchester

Plans are being drawn up to develop a business case for the Treasury to look at how we can accelerate the programmes of work around integrated care delivery in Greater Manchester.

## 2.4 Healthier Together

Please see the briefing note attached at Appendix 1.

#### 3.0 NATIONAL UPDATES

3.1 New Framework for Responding to Care Quality Commission (CQC) Inspections of GP Practices

The CQC have begun to inspect and rate every GP practice in England. Practices will be rated in one of four categories: 'outstanding'; 'good'; 'requires improvement'; or 'inadequate'. A new guidance framework has been developed to ensure that there is a consistent approach for CCGs, area teams and CQC to work together before, during and after inspections and for responding to instances where practices are rated inadequate.

## 3.2 Publication of the NHS Five Year Forward View

The Five Year Forward View sets out a vision for the future of the NHS and has been developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority. Patient groups, clinicians and independent experts have also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services. Further details of the NHS Five Year Forward View are available at http://www.england.nhs.uk/ourwork/futurenhs/

## 3.3 Announcement of NHS England Directors of Commissioning Operations

In October 2014 NHS England announced plans designed, in part, to streamline and align the functions and structures which support the organisation to work more effectively – both nationally and regionally – to minimise duplication and make more effective use of resources. A single integrated team for each of the current regions has been developed. Four geographical locations have been identified in each region, taking into account factors such as numbers of relationships with CCGs, Trusts, Local Authorities, population size and patients flows.

NHS England has announced the following appointments to the Directors of Commissioning Operations roles in the North region:

- Graham Urwin Lancashire and Greater Manchester
- Clare Duggan Cheshire and Merseyside
- Moira Dumma Yorkshire and the Humber

## 3.4 2015/16 Planning Guidance

The NHS England Board has discussed the process and timetable for the 2015/16 Planning Guidance. 2015/16 is covered by only a single year financial settlement. It will also be a year of transition because of the general election, after which the incoming Government will want to set out its longer term priorities for the NHS.

#### 4.0 RECOMMENDATIONS

The Health and Wellbeing Board is asked to note the contents of the update.

## **Transformation Programme Highlight Report**

Operational Lead: Debbie Dell
Management Lead: Adrian Hackney
Clinical Lead: Michael Gregory

## 1. Introduction & Background

This highlight report provides an update to the Governing Body on the progress of Trafford's Transformation Programme and the delivery against the CCG's 5 year Strategic Plan. The report summarises the progress of each work stream, highlights any issues and details the planned next steps in line with the project management process.

The Programme Office, as part of the Commissioning Directorate, monitors the overall programme plan, ensuring all projects follow a formal project management process in which both patient engagement and benefits realisation are central. This process ensures the delivery of relevant documentation to the appropriate governance level and clearly demonstrates the alignment of projects to the 7 Outcome Ambitions. Timescales for completion and key milestones are contained within the programme plan and are aligned to the CCG's governance reporting and financial investment plan

The work programmes described in this section of the report are referenced in Trafford CCG's Strategic Plan, including their contribution to the overall 10% reduction in planned activity and 15% reduction in unplanned activity across the 5 years of the plan. It will also highlight key schemes and initiatives developed by the CCG in partnership with key stakeholders within Trafford's Health Economy.

## 2. Project Notes

## 2.1 Better Care Fund

Better Care Fund Project, Appendix Section 4.4, it is to be noted that the projects listed in this section are reported at risk due to additional submission requirements by NHS England for these National Schemes. Trafford CCG and Trafford Council are to submit on 12<sup>th</sup> December. This re submission will contain additional supporting information to address the 3 conditions; Protecting Social care, 7 day working and Data Sharing. Every effort by the project team continues to be made, to work on other areas that are none fund reliant in advance of and outside of the approvals process expected following resubmission in January 2015.

## 2.2 Primary Care Co-Commissioning

Co-Commissioning is awaiting NHS England statutory guidance due December 2014.

#### 2.3 Winter Monies

Trafford CCG is work collaboratively with CMFT and UHSM in relation to the winter monies which have been used across the Trafford System. Through The CCG Resilience Group, Trafford is tracking the usage and the impact on its patients across the whole economy

# 3. Programme Outline

| Total Planned Number of Transformational Projects 2014-15 | 21 |
|---|----|
| Projects on track   | 14 |
| Projects reporting minor issues                           | 7  |
| Projects at Risk  | 0  |

| Commissioning Directorate    | Projects   | RAG   |
|------------------------------|--|-------|
| Corporate                    | Estates Programme  | Green |
|                              | PCCC Programme   | Green |
| Primary Care                 | Locality Development Programme   | Green |
|                              | Co Commissioning Programme   | Amber |
|                              | Locally Commissioned Services (New)  • Enhanced Access  • Primary Care Diagnostic  | Amber |
|                              | Primary Care IM&T Programme  | Green |
|                              | Primary Care Estates Programme   | Green |
| Scheduled Care               | Community MSK Clinical Assessment, Triage and Treatment Service  | Green |
|                              | <ul> <li>Community Cardiology</li> <li>Phase 1 - Arrhythmia AF (Inc. Diagnostics)</li> <li>Phase 2 - Community Cardiology – Review of Outreach Clinic</li> </ul> | Green |
|                              | Integrated Diabetes Care   | Green |
|                              | Community Dermatology  | Green |
|                              | Spirometry   | Green |
| Unscheduled Care             | IV Therapy   | Green |
| Better Care Fund             | Community Nursing  | Amber |
|                              | Falls  | Amber |
|                              | Intermediate Care  | Amber |
|                              | ATT +  | Amber |
|                              | Geriatricians  | Amber |
|                              | End of Life  | Amber |
| Children's & Young<br>People | Transforming Community Paediatrics   | Amber |
|                              | Trafford CAMHS transformational review   | Green |

## 4. Appendix - Programme Updates

## 4.1 Corporate

## 4.1.1 Estates Programme

Green

#### Planned Milestones:

- South Trafford Wellbeing Hub
  - Schedule Completion 5<sup>th</sup> December 2014
  - PID Completed and Submitted December 2014
  - Engagement Session with Governing Body January 2015
  - Full Business Case submitted to Governing Body February 2015
  - o Completion Of Build December 2016
  - Commissioning of Building January 2017
  - Occupation of Building April 2017
- Shrewsbury Street (Trafford Housing Trust (THT))
  - Full Business Case to be submitted January 2015
  - Build Commences April 2015
  - Build Completes June 2016
- Primary Care Whole Economy
  - Baseline appraisal of the entire primary care estate to be undertaken, in partnership with NHS England and NHS Property services – March 2015

## **Completed Milestones:**

- Shrewsbury Street (Trafford Housing Trust (THT))
  - PID to NHS England October 2014
  - District Valuer Engaged November 2014

## **Progress:**

 This project continues to progress in-line with the project plan and scheduled milestones.

## 4.1.2 PCCC Programme

Green

#### **Planned Milestones:**

- Evaluation & Sign Off by Governing Body 27<sup>th</sup> January 2015
- Contract award 28th January 2015
- Contract Sign 12<sup>th</sup> February 2015
- Interim Premises Lease Signed February 2015
- BT N3Connections to be ordered February 2015
- Accommodation /spec layout agreed April 2015
- Procure telephony & office furnishing February to August 2015
- Series of workstream / SME Implementation Team meetings February to August 2015

## **Completed Milestones:**

- Competitive dialogue closed November 2014
- Location and selection of interim premises 10<sup>th</sup> November 2014

Publish invitation to submit final tender – 17<sup>th</sup> November 2014

## **Progress:**

This project continues to progress in-line with the project plan and scheduled milestones.

## 4.2 Primary Care

## 4.2.1 Locality Development Programme

Green

#### Planned Milestones:

- Phase 1 Scoping establishment Scope locality profile, health needs January 2015
- Phase 2 Action Planning/Initiating April to June 2015
- Phase 3 Delivery/Implementation and Go Live July to October 2015

## **Completed Milestones:**

Phase 1 in progress

## **Progress:**

- Phase 1 scoping/establishment. Locality leadership consultation in progress, will inform LFG ToR (due 16.1.15)
- Locality Leadership briefing prepared for Corporate Team to discuss models of working (4.12.14)

## 4.2.2 Co-Commissioning Programme

Amber

## **Planned Milestones:**

- Phase 1 Complete scoping work and determine chosen co-commissioning model - November 2014 to January 2015.
  - o December Statutory Guidance Released
  - o CCG's intentions submitted, either;
    - 9<sup>th</sup> January 2015 Full Delegated Model
    - 30<sup>th</sup> January 2015 Joint Commissioning Model
- Phase 2 Regional Moderation Panels reviews and recommends
- Phase 2 CCG informed of the outcome of constitutional amendment request.
- Phase 3 Arrangements fully implemented

## **Completed Milestones:**

Phase 1 in progress

#### **Progress:**

- Initial guidance released in November.
- Under co-commissioning, joint work with NHS England is being undertaken to address capacity issues across sale practices. A meeting is to take place on the 9<sup>th</sup> December with all practices being represented along with CCG and NHS England. Substantial investment from NHS England has been

made available non-recurrent to address issues funding must be committed this financial year.

#### Issues:

 Timescale to make informed decision and capacity to deliver. Internal corporate meetings planned and engagement with member practices and stakeholders. Support from Area Team in proposal application process.

## 4.2.3 Locally Commission Services (New)

**Amber** 

#### **Planned Milestones:**

- Enhanced Hours, Access & Continuity
  - Phase 1 Scope Project Brief, Extended Hours Model Project Brief to go to Clinical Commissioning & Finance Committee for approval – January 2015
  - o Phase 2 Stakeholder Engagement, service take-up.
  - o Phase 3 Implementation, Outcome measures.
- Phase 1 Cardiology (Arrhythmia/Atrial Fibrillation (AF))
  - o Reference Schedule Care for detail

## **Completed Milestones:**

Phase 1 in progress

## **Progress:**

 This project continues to progress in-line with the project plan and scheduled milestones. However progress to Phase 2 will be dependent upon alignment with governance time frame.

#### Issues:

 Timescale to progress to Phase 2 and Phase 3 are reliant upon corporate decisions and the time frame in which agreement of those decisions can be made.

## 4.2.4 Primary Care Estates Programme

Green

#### **Planned Milestones:**

- South Trafford H&WB Hub
  - Engagement Workshop TCCG Governing Body January 2014
  - Full Business Case Governing Body February 2015
- Shrewsbury Street Full Business Case anticipated January 2015
  - Awaiting District Valuer to determine NHS costs and appropriate reconciliation – January 2015
  - o Commence Build April 2015
  - o Completion June 2016
- Primary Care Whole Economy
  - o Baseline appraisal of the entire primary care estate to be undertaken,

in partnership with NHS England and NHS Property services – March 2015

## **Completed Milestones:**

- Shrewsbury Street (Trafford Housing Trust (THT))
  - PID to NHS England October 2014
  - District Valuer Engaged November 2014

## **Progress:**

- This project continues to progress in-line with the project plan and scheduled milestones.
- Altrincham H&WB Hub gap analysis regarding services relocating and available space.
- Shrewsbury Street District Valuer appointed, to assess and reconcile with developer lease costs. This proceeds and patient/stakeholder engagement. Brooks Bar Medical Practice and Ayres Road Practice have been expressed a keen interest to relocate.

#### Issues:

 Process of determining district valuations to projects is slowing project progress. CCG/NHS England estates meetings undertaken. Further meetings planned to obtain resolution.

## 4.2.5 Primary Care IM&T Programme

Green

## **Planned Milestones:**

- Primary Care IM&T Programme
  - Phase 3 Secure single system across all Trafford practices March 2015
- Scope Community and Out of Hours (OOH) providers use of single system December 2014 to March 2015

## **Completed Milestones:**

- Primary Care IM&T Programme
  - Phase 1 Scope community and out of hours providers use of single system – September 2014
  - Phase 2 Initiating & Planning roll out across all providers October 2014

#### **Progress:**

- Primary IM&T Programme
  - Ahead of target, by end of December 2014 they have all 31 of the 31 practices who agreed to a single IT system, EMIS Web. Of the 4 other practices 3 remain on TPP SystemOne and 1 practice is on INPS Vision.
- Scope Community & OOH Providers
  - Work ongoing with community and out of hour's providers in adopting EMIS also. Work needed in operational model to enable collaborative working and access to the care record by those involved the care episode.

#### 4.3 Scheduled Care

## 4.3.1 MSK Project

Green

## **Planned Milestones:**

- Establish a network of patients and stakeholders December 2014
- Develop localised map of medicine, patient info and decision aids February 2015
- Commence integration discussions with IAPT for long term pain February 2015
- Develop GP education strategy shared decision making training and START back pain tool – February 2015
- Meds management, review inappropriate MSK prescribing through the MMG

   June 2015
- Procurement to commence in June 2015
- New MSK Service out for tender July 2015
- New Service fully implemented April 2016

## **Completed Milestones:**

- Explore opportunities to commission a self-management programme as a contract variation to the current physiotherapy provision
- Pennine Care has agreed to develop tele-health assessment/advice physio line and accept self-referrals
- Agreement to develop MSK Network to agree outcomes, patient care plan, decision support tools (Need to beware probity issues as Pennine Care will be part of Network)
- Draft Service Specification completed

#### **Progress:**

- MSK Network meeting commencing in January
- · Finance costing analysis commenced

#### Issues:

- Community Podiatry to be re-procured for 1/4/16 start (AQP & Non AQP) MSK elements will be stripped out and included within integrated community MSK service.
- Community provider has already secured accommodation in new Altrincham Health and Wellbeing Hub (AH&WB). Need to agree if we require new provider to be located in the community hub.

#### Risks:

 MSK – CATS service may stop accepting referrals in December 2015 – new integrated service contract will not commence until April 16 (This is same risk for all CATS services including diagnostics but MSK is where the main impact will be seen). Initially we understand NHSE is challenging provider to accept referrals up to Feb 2016, end of CATS. Chief Finance Officers are discussing the potential financial impact.

## 4.3.2 Community Cardiology (Phase1)

Amber

#### **Planned Milestones:**

- Deliver training programme to PNs/HCAs and order equipment January 2015
- Equipment reconciliation audit has commenced with practices prior to ordering new equipment and outcome service costing – January 2015
- Agree e-consult tariff/process with providers and issue communication to GPs including new local MoM pathways – February 2015
- Finalise patient communication and survey February 2015
- Service Go Live March 2015
- Finalise LCS through LMC December 2015

## **Completed Milestones:**

- ECG protocol/ communication issued to GPs/PMS announcing the locally commissioned service
- Local map of medicine for arrhythmia/AF approved by Clinical Commissioning & Finance Committee
- Patient Focus group engaged and approved new service

## **Progress:**

- Care Strategy Group approved the ECG/24hr BP LCS
- ECG training programme agreed and to be delivered to PNs/HCAs in January 2015.

#### Issues:

- Cost of delivering ECG service between GPs with new machine and oldstyle. Consider a business case to provide new ECG machines to all practices.
- Delays on part of providers for the e-consult element of this project: CMFT
  have yet to provide e-mail address and confirm start date. UHSM have yet to
  provide tariff. To be discussed at Commissioning Managers meeting with
  CMFT. Tim Weedall to join SMCCG/UHSM Planned Care Board cardiology
  task & finish group and to finalise through this group.

## 4.3.3 Integrated Care Diabetes (Phase 1)

Green

#### Planned Milestones:

- Trafford Diabetes Strategy / Model Finalised January 2015
- Completion of Advisory/Network groups and diabetes strategy to be presented through TSG and to Quality & Performance Committee –

## February 2015

## **Completed Milestones:**

Administration of delivering X-PERT service

## **Progress:**

 Successful completion of two rounds of advisory groups reporting into Network Steering Group on 27/11

#### Issues:

Need to agree governance process for Phase 2

## 4.3.4 Community Dermatology

Green

## **Planned Milestones:**

- ITT closed December 2014
- Evaluation and award of contract January 2015
- New service commencement May 2015

## **Completed Milestones:**

Complete phase 1 – review and scoping

## **Progress:**

- Phase 2 Initiating & Selecting Provider
- ITT closes on 12<sup>th</sup> December. ITT evaluation meeting set for 8<sup>th</sup> January to identify preferred bidder

#### Issues:

- ITT evaluation on 8<sup>th</sup> January however size of contract would require Governing Body ratification of selected bidder and meeting date is not until 27th January 2015. Dermatology Project Lead (SMCCG) to write to Trafford and Central Manchester CCGs to ask for project group to be given delegated authority to select bidder.
- One of current providers has indicated it may not be able to maintain a
  dermatology service (for urgent referrals) once the community service
  commences due to volume of work being lost. Awaiting formal decision from
  provider and project meeting to consider this risk option would be to refer
  into other two main providers for this service.

## 4.3.5 Spirometry

Green

#### **Planned Milestones:**

Practice Nurse Training Programme scheduled –February 2015

## **Completed Milestones:**

PID Approved by Quality and Performance Committee – November 2014

## **Progress:**

 Implementation Plan to proceed to Senior Management Team (SMT) for approval – December 2014

#### 4.4 Unscheduled Care

## 4.4.1 IV Therapy

Green

#### **Planned Milestones:**

- Phase 3 Delivery/Implementation and Go Live December 2015
  - Produce Implementation plan clinical organisational models of working
  - Ensure organisational governance operational accountability structures are cohesive

## **Completed Milestones:**

- Phase 1 Scoping & Reviewing, Scope locality profile, health needs May 2014
- Phase 2 Action Planning/Initiating September 2014
  - Build the evidence base
  - Engage stakeholders
  - Develop the vision
  - o Identify the aims, ambitions, outcomes
  - Produce draft outline business case

## **Progress:**

 This project continues to progress in-line with the project plan and scheduled milestones.

## 4.5 Better Care Fund (BCF) – Frail & Older People

## 4.5.1 Community (District) Nursing Project

Amber

#### Planned Milestones:

- Stakeholder Engagement Sharing the Vision December 14
- CN Steering Group December 14
- CD Agreement January 2015
- Task & Finish Group January 2015
- CC&FG Review & capacity investment in the future March 2015
- Operationalise April 2015

## **Completed Milestones:**

- Scope current service provision gap analysis August to October 14
- Learning from Frail & Older People analysis August to October 14
- Public Health –Needs Assessment August to October 14
- Design Future State Desired Model October to November 14

- Objectives & Outcomes model to align with PC October to November 14
- Neighbourhood model integration & social care, End of Life Model October to November 14

## **Progress:**

 This project continues to progress in-line with the project plan and scheduled milestones.

4.5.2 Falls Amber

## **Planned Milestones:**

- Stakeholder, service provider engagement to reach cohesive agreement September to December 2014
- Integrated Falls Pathway Model approval January 2015
- Implementation of New Model May 2015
- Monitor revise model May to September 2015
- Full review outcome test best model prior to winter pressure September 2015

## **Completed Milestones:**

Scope service provision economy assessment – August to October 2014

## **Progress:**

 Stakeholder and service provider engagement has concluded. There is now agreement on an integrated falls pathway. This pathway will proceed through the Governance process for approval in January 2015, aiming for an implementation date of May 2015.

#### 4.5.3 Intermediate Care

Amber

#### Planned Milestones:

- Funding used to test new concepts October 2014 to March 2015
- Continued scoping and analysis to report on recommendations / models of intermediate care for the Trafford health Economy for next 5 years – April 2015

#### **Completed Milestones:**

- Scope Existing Service provision across the economy June 2014
- Winter Pressures monies supports opportunity to implement and evaluate new concepts of service delivery/ models of care — September 2014 to March 2015

#### **Progress:**

- To Identify Intermediate Care requirements for Trafford residents now and over the next five years – i.e. using ONS data, disease prevalence registers to analyse and predict
- To Identify bed stock by bed type via site visits/provider engagement
- To Identify gaps and risks in service with stakeholders i.e. acute/primary care/community services

## 4.5.4 Alternative To Transfer (ATT) +

Amber

#### Planned Milestones:

- Scope new service specification ATT & ATT+ –partnership with Stockport CCG – November 2014 to January 2015
- New service provision, procurement January to March 2015
- Provider appointed, Service Go Live April 2015

## **Completed Milestones:**

• ATT + Live - October 2014

## **Progress:**

 This project continues to progress in-line with the project plan and scheduled milestones.

## 4.5.5 Community Geriatricians

**Amber** 

#### **Planned Milestones:**

- Design sustainable model January to March 2015
- Implement New Model April 2015
- Embed new model, monitor and review sustainability for winter pressures, transition to steady state – September 2015

## **Completed Milestones:**

- Service review , gap analysis October to December 2014
- Development of Winter 14/15 model October to December 2014
- Implement Winter model December 2014

## **Progress:**

 This project at the completion of Phase 1 stage scope, review and analyse current provision. It is unable to progress further as it is awaiting NHS England National Scheme Approval.

## 4.5.6 End of Life - Adults & Children

**Amber** 

#### **Planned Milestones:**

- Model to be approved through Governance process January 2015
- Dialogue with current providers re commissioning intent January 2015
- Procurement process January to August 2015
- Provider Selection Implementation August to September 2015
- New Service Start Date October 2015
- New Model Implemented October 2015

## **Completed Milestones:**

- Review current models and service provision May to October 2014
- Engagement & Scoping May to October 2014
- All integrated Stakeholders: Health Commissioners, Acute, Community

- providers, Social Services, NWAS, 3<sup>rd</sup> Sector, patients and their carers May to October 2014
- Design New Model for Future State November to December 2014
- New Model developed with feedback and recommendations from all stakeholders and organisations – November to December 2014

## **Progress:**

 This project continues to progress in-line with the project plan and scheduled milestones.

## 4.6 Children's and Young People (CYP)

## 4.6.1 Transforming Community Paediatrics

**Amber** 

#### Planned Milestones:

- Phase 1 will implement a general paediatric community clinic, staffed by existing Trafford Community Paediatricians commissioned through the existing community block contract, with expertise in acute paediatric medicine, and in its second and subsequent phases – January 2015
  - PID Awaiting Approval through Clinical Commissioning & Finance Community – January 2015
- Phase 2&3 subject to evaluation, will go to scale borough wide, using a cluster/federated model, with a final phase developing to scope out an acute deflection scheme – October 2015 to March 2016

## **Completed Milestones:**

Phase 1 in progress

#### **Progress:**

 Latest version of PID went to CCG CC&FC on 18<sup>th</sup> November. Agreement to proceed was paused for further clinical discussion. Dialogue to be had with Clinical Directors to obtain their views and support.

#### 4.6.2 CYP Mental Health

Green

#### **Planned Milestones:**

- Phase 1 Review and Scope, January to June 2015.
- Phase 2 Future State, July to August 2015. The purpose is to ensure that the future service is able to:
  - To provide a clinically safe, cost effective and efficient quality service to meet the changing mental health needs of the registered GP and/or resident population (aged under 18) in Trafford;
  - o To make best use of, and prioritise, the available resource;
  - To achieve required cost savings;
  - To improve alignment with other services and developments i.e. early help; and
  - To maximise its contribution to improving outcomes.
- Phase 3 Stakeholder Engagement, sign-off and agreement August to

September 2015.

## **Completed Milestones:**

• Project plan to commence January 2015

## **Progress:**

A steering group has been established and met on a couple of occasions (most recent being 1<sup>st</sup> December). It has representation from the CCG, Council and Pennine Care. Draft terms of reference have been drawn up. It will meet on a six weekly basis, supported by task and finish groups as required.

## Committees in Common Briefing Note - 17th December 2014



A meeting of the Healthier Together Committees in Common (CIC) was held on 17<sup>th</sup> December 2014.

Members received a number of reports and presentations focused on the recent public consultation; these included:

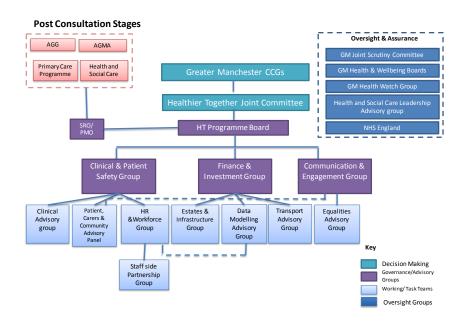
- The revised governance structure and decision making phase of the programme with a report from the Department of Health Gateway Review Team.
- **the consultation responses** from the independent organisation, Opinion Research Services, and an interim Integrated Impact Assessment from an independent organisation, Mott MacDonald.
- the public consultation process an interim report from the External Reference Group, which was set up to scrutinise and provide independent feedback on the communication and public engagement processes; and a lessons learnt report from the Service Transformation team.

Resolutions of the CIC meeting are captured below in **bold**.



# Revised governance and decision making phase

A presentation was given on the new governance structure for the decision making phase.



The main changes are:-

- an overarching Programme Board with commissioner and provider membership. Whilst not a decision
  making body this will provide advice and guidance to the Committee in Common and meets monthly
  from January, allowing discussion of all aspects of single services including new and emerging models.
- a number of "working/task and finish groups" to assist decision making and plan for implementation.

The CIC confirmed its commitment to high quality standards of patient care being implemented as soon as possible; working with providers, with the aim to reach consensus on change across Greater Manchester if possible.

A report was presented from the Gateway review team who met with senior stakeholders in November 2014, to discuss the next phase of the programme and the challenges of the decision making phase. The report included 6 recommendations to be completed by the end of March 2015, which included: gaining a greater understanding of the practical workforce implications of the modelling undertaken to date; and ensuring the source for the capital expenditure required is identified for each option.

A commitment was made that the HR and Workforce Group would take forward the recommendation on workforce and undertake more detailed supply/pipeline analysis to aid discussions on the transition implications for Healthier Together. The group will also initiate thinking about the implementation phase, starting to develop Greater Manchester workforce and recruitment policies. The Finance and Investment group will take forward the recommendation on capital.



# The consultation responses

The review of the first part of the consultation responses shows that there is widespread support for the need to change services as well as support for the primary care standards, joining up health and social care and the need to improve quality and safety standards.

The review of responses also highlighted that a number of potentially different ways of meeting the quality and safety standards set by Healthier Together have been put forward:-

- that four hospitals could compromise a Single Service, not only three hospitals;
- that there is a need for 6 single services;
- that there is a need for only 3 single services;
- three joint submissions from Trusts with 'sector' models; and
- better terminology could make clearer to the public the concept of single service.

A commitment was given that the Service Transformation team, firstly through the Clinical and Patient Safety group would review the responses (mainly from organisations) which have highlighted different approaches, to determine where enhancements could be made to the model of care, or where there are viable alternative models of care or options. Consideration of other issues such as transition, affordability and travel will also need to be considered for any new models.

The review of consultation responses and the Integrated Impact Assessment also highlighted the importance of travel and access, with responders ranking this as the second most important criteria after quality and safety, and with the need for local services being emphasised.

A commitment was given that the Transport and Assess group would lead the further development of the transport analysis, updating existing analysis to account for any updates to the transport infrastructure and adding additional detail through the inclusion of further metrics.



# The public consultation process

An initial report was provided by the Chair of the External Reference Group. The report is framed around how effective the pre-consultation period was in terms of engagement; whether the public consultation was robust, open and transparent; and whether the public consultation satisfies the four tests of reconfiguration- namely strong patient and public engagement.

The ERG reflected that a range of effective and engagement activities were used, with action being taken to rectify or improve processes where issues where raised, although a number of lessons could be learnt for subsequent engagement. The final ERG report will be provided to the CIC at a later meeting.

In addition, a report was presented summarising the lessons learnt through the public consultation period. The report was based on feedback from three events held with key stakeholders.

The report was welcomed by the CIC as a tool to share with other areas that may be reconfiguring services and initiating public consultation, a commitment was also made that the key lessons would be used to set some principles for future meetings of the CIC, including for example principles around communication, governance, engagement and transparency.

The next meeting of the CiC will be held 39@h221st January 2015.