

TRAFFORD COUNCIL

Report to: Health and Wellbeing Board
Date: 6th August 2013
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, Director of Commissioning & Operations, NHS Trafford Clinical Commissioning Group

Extension: 0161 873 9692

NHS TRAFFORD CLINICAL COMMISSIONING GROUP (CCG) UPDATE

1.0 Purpose of the Paper

- 1.1 This report provides an update to the Health and Wellbeing Board on the work of NHS Trafford CCG and key commissioning activities, with details of locality-specific issues and referencing links to Greater Manchester and national issues where relevant. The report includes a specific update of Children and Young People commissioning issues provided by CYPS.

2.0 GP Council of Members

A meeting of the GP Council of Members took place on Thursday 20 June 2013. The Council received updates on: the CCG's work, including integrated care; the 2013/14 operational plan; and constitutional changes.

3.0 Acute Sector Redesign (New Health Deal)

Following a review by the Independent Reconfiguration Panel (IRP), NHS England and Trafford Clinical Commissioning Group have been informed by the Secretary of State for Health that the proposed 'new health deal' changes to services at Trafford General Hospital can be implemented as planned.

No changes have been made as yet at Trafford Hospitals, but all organisations involved in new health deal, including Trafford Clinical Commissioning Group, Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM), will be working closely together to ensure that these approved service changes can be made in a safe and effective way.

4.0 Healthier Together

Work is continuing on the Healthier Together programme, with regular meetings involving stakeholders, patients, carers, the public, and CCGs and provider trusts in the Greater Manchester and surrounding area. Dr Nigel Guest is a member of the Healthier Together Steering Group, the Healthier Together Clinical Reference Group and the Healthier Together Shadow Committee-in-Common.

5.0 Procurement

5.1 Patient Care Coordination Centre

Following the Market Sounding day which was held at the Life Centre in Sale on the morning of Friday 7th June, two internal workshops have taken place within Trafford CCG. These workshops drew together the relevant subject matter expertise from across the organisation – as well as engaging with the CSU and Local Authority – in order to develop an overarching Outline

'visioning' document which will explain and guide providers in terms of the high-level outputs the CCG would expect to be achieved through Care Coordination.

This document is in the later stages of drafting, and work has also begun on the development of the Pre-Qualification Questionnaire (PQQ) documentation which will form the basis of the initial stages of the Competitive Dialogue procurement process.

An additional pre-PQQ information session has also been booked to further stimulate the market and to support the CCG preparations prior to publication of the contact notice. This will again take place at the Life Centre, on the morning of 25th July. All providers have been invited to attend this second session, which will focus on addressing any additional queries and concerns providers may have.

The outputs from this session will be used to inform the CCG outline document and will influence the CCG's approach the development of the Outline Specification and PQQ. Publication of the contract notice and the formal start of the procurement are scheduled for 2nd August.

The timescales which the CCG are working to implement this new centre will result in Pennine Care extending their caretaking role of the RBMS. Pennine were requested originally to host this service for one year up to February 2014. The CCG and Pennine have exchange correspondence to extend this arrangement to meet the timescales to implement the Patient Co-ordination Centre.

5.2 CCG Internet / Intranet mini-competition

The tender to secure a provider to develop new internet and intranet sites for the CCG was published via the Government Procurement Service portal on 15th July. The response deadline is midnight on 29th July.

The new web design is expected to go live from 1st November.

6.0 **Scheduled care**

6.1 Clinical Referral Management Programme

The current Peer Review scheme has now been extended until 31st March 2014.

Work had commenced on reviewing the GP Peer Review proforma to provide more information on quality of the referral as well as helping identify non map of medicine referrals to enable to design of local maps. This work is now under the project support of Dr Marik Sangha, the new Clinical Director for Primary Care Interface and Member Relations.

There is a risk to the project following the resignation of two GPs from the reviewer list and a potential third GP also likely to cease this task. This will be discussed at the Clinical Referral Management Programme project meeting w/c 22nd July.

A date for the meeting with Central Manchester Foundation Trust clinicians to agree a revised consultant to consultant protocol – the aim being to have a consistent protocol with both CMFT and UHSM – has yet to be agreed.

6.2 Diabetes – South Trafford Community Pilot

The six-month community pilot for diabetes care for south Trafford practices commenced on 3rd June. Referrals into the new service have commenced but numbers are low at present.

The first GP education session has been scheduled for 30th July, to be held at West Timperley Medical Centre

6.3 Stroke Action Plan

A key priority within the Scheduled Care work stream is the stroke action plan.

The first element of this is to agree a revised service specification and KPIs for the Community Neuro Rehab Team. The specification was signed off by the Service Development Sub-Group on 17th July and costs are currently being agreed by the Finance and Activity Sub-Group

Once the CNRT are working to the new specification the next stage is to implement an Early Supported Discharges service and management team have agreed to a pilot service being run by our community service provider, Pennine Care for 12 months.

A draft service specification has been completed and this is going to be agreed by a group facilitated by a member of the Commissioning Support Unit Total Provider Management function with significant stroke/ED experience and comprising CCG, acute & community providers and social services.

The final specification will then be signed off by the Service Development Sub-Group and the costs agreed by the Finance & Activity Sub-Group.

6.4 MSK Community Pain Management & Education Service

A communication has recently been sent to all GPs and Practice Managers regarding the continuation of this service run in partnership with Angel & Bowden.

The service recently won the HSJ Care Integration award for Musculoskeletal Care.

6.5 Lucentis

A meeting has been arranged week commencing 22nd July with Novartis, the drug company responsible for marketing Lucentis in the UK, to discuss the implications of a potential change of treatment for wet Age-Related Macular Degeneration (wAMD) through a new drug Aflibercept (Eylea). The NICE technology appraisal (TA) is expected this month. Novartis do not market this drug so the meeting will explore whether there will be any potential cost savings to the CCG from the CMFT decision to offer patient choice between Eylea and

Lucantis, the advantage of Eylea being the patient will only require injections every two months whereas treatment with Lucentis is required every month.

The meeting will also explore the new NICE TA 283 recommending Lucentis for patients with visual impairment due to Retinal Vein Occlusion – to understand the financial implications for the CCG.

7.0 Unscheduled Care

7.1 CHC Retrospective Closedown

A continuing healthcare retrospective review officer has been employed on a 3-month fixed term contract. This will be to provide comprehensive reviews and reports on the 150 continuing healthcare cases. These cases have applied for a retrospective review of eligibility for NHS Continuing Healthcare for previously un-assessed periods of care which occurred during the period 1st April 2004-31st March 2012 as determined by the Department of Health.

This officer will assess each case in line with the national framework and present each case to the continuing healthcare panel to make a decision on eligibility.

8.0 Customer Care and Experience

8.1 The new NHS Trafford CCG structure has implemented some changes; the Customer Care and Experience team is now part of the Commissioning and Operations Directorate.

This will provide support to the programme office and the commissioning leads with the Integrated Care Programme. This will ensure that patient experience is at the centre of the new models of care.

The team report activity data (quantitative and qualitative) including identification of themes and trends, service user satisfaction, equality and diversity monitoring data into the Quality, Finance and Performance Committee on quarterly basis.

The team is currently working with colleagues in the Quality and Performance team and with the responsible Clinical Director, responsible for Quality and Performance to understand the changing landscape around GP issues received that could give rise to concerns around performance and quality in Primary Care.

The new changes introduced to the NHS in April 2013 means that the CCG are no longer responsible for dealing with complaints about the Family Health Services practitioners

A priority for the team is to support the CCG's quality lead for the implantation of the Francis Report action plan. The team will also be responsible for any actions which have to be implemented from the recently published Keogh report around patient experience and complaints.

The team is working with Healthwatch to develop their work programme and ensure processes are established with the CCG to follow up on queries and progress on specific issues.

9.0 Communications and Engagement

9.1 Online platform

The procurement process to find a supplier to build a new online platform for the CCG is underway. This platform will encompass a website, staff intranet and GP member practice extranet.

Is it envisaged that this new system will be in place this coming autumn, and as well as being a vital resource for members of the public to find out about local health services, will provide both staff and GP practice members with a useful business tool that will include fully searchable directories of information, policies and procedures.

9.2 Patient and public involvement framework

Work is progressing to put in place a patient and public involvement framework for the CCG, which will include engagement toolkits to support GP practices, and the establishment of four neighbourhood-level Patient Participation Groups.

While the CCG's Public Reference Group continues to oversee some of the new health deal implementation work, an interim Public Advisory Group is being established to cover other areas of CCG work, such as advising on communications and engagement activity or overseeing some general work in relation to the integrated care work streams.

9.3 Internal and external engagement

Two events are being planned to support internal and external engagement activity for the CCG.

There will be a staff networking event to build on the CCG exhibition that took place at May's clinical education event, which will focus on providing opportunities for members of staff to learn about each other's functions, roles and responsibilities.

A public and stakeholder event will also take place to provide information that will improve understanding of the CCG and its role and priorities. The event will also include some question and answer sessions, and discussions to gather feedback from residents, patients and partners about their local health services.

9.4 Member relations

The appointment of Engagement Officer Tracy Clarke as the CCG's new Engagement and Member Relations Manager is a key step to ensuring that the organisation has a coordinated and effective member relations strategy in place.

Tracy will work closely with the new Clinical Director for Primary Care Interface and Member Relations, as well as colleagues from the OD, primary care, governance and clinical education teams to help to build effective relationships between the CCG and its member practices.

Recruitment is also underway to appoint a Member Relations Administrator who will support this activity with a specific emphasis on the clinical education events

9.5 Oxygen service

Trafford CCG is now the lead commissioner of this service. A comprehensive stocktake has been completed which involved a workshop with the staff to establish the current service. The service is responsible for supporting and monitoring the regional contract. The outcome from this exercise will result in a series of recommendations which will be presented to the three localities, Greater Manchester, Lancashire and South Cumbria and Cheshire and Merseyside.

9.6 Corporate identity

A new corporate identity is being developed for the organisation, and following this a comprehensive 'prospectus' will be produced that will be used to explain the CCG's values and aims to develop integrated care to a wide range of audiences, from staff and members to the general public.

10.0 Integrated Programme Update

10.1 Integrated Care Governance

In order to ensure the delivery of the integrated care programme, a new governance structure which securely moves integrated care to 'business as usual' was launched with the first meeting of the Trafford Commissioning & Operations Steering Group on 4th July 2013. All CCG and Trafford Borough Council commissioning projects and programmes will be reported through the Steering Group in order to ensure oversight of all activity within the locality. As this board becomes established, Greater Manchester Commissioning Support Unit and the Local Area Team projects which impact on Primary Care will be reported into the Steering Group allowing the CCG to have a greater control of the project input/capacity requirement within GP practices.

The Steering Group will consist of two parts: the first part will be to ensure the delivery of the projects and programmes as described above; the second part of the meeting will be to review the QIPP schemes and finances associated with the commissioning agenda, this second part replaces the joint finance and commissioning meetings which have been responsible for developing and progressing the QIPP agenda.

10.2 Reporting and monitoring

A review of the current reporting and monitoring system and templates has been undertaken by the Programme Office in order to understand how this is currently completed and to bring a standard approach to the CCG. Following

this review a set of standard templates has been produced and introduced to the operational leads, these include:

- The One Page Project Manager (this tool was utilised within the Develop a CCG Programme and will become the standard project plan template);
- A milestone tracker for reporting multiple projects;
- A new QIPP report layout incorporating a link to assurance framework (risk logs); and
- Risk logs which link directly to the CCG assurance framework.

The Programme Office and the Risk teams are currently meeting with the operational and project teams to ensure that each project has a detailed project plan (utilising the One Page Project Manager) and risk logs which link back to the CCG Assurance Framework.

10.3 Wider integration

In order to ensure that NHS Trafford is working collaboratively with other CCGs the Associate Director of Commissioning and the ICS Project Lead now attend the South Manchester Integrated Care Delivery Board. Key links have already been identified around MSK projects which are being undertaken in each locality and leads will work closely to ensure that the agendas align to ensure the best care for patients across the south sector.

11.0 Children and Young People

11.1 Everyone Counts Plan: Current Workstreams for Children and Families

Programme Area	Project Name	Project Description	Project Lead
CFW	Acute paediatric asthma pathway	Lead an asthma project to reduce attendances at A&E through enhanced community nursing offer and embed clinical pathways	Jill Colbert
CFW	Children's emotional health and wellbeing	Advisory board established with defined Task and Finish groups to take forward review recommendations	Jill Colbert
CFW	CAMHS (implementation of Pennine contract)	<ul style="list-style-type: none"> • Ensure transition and implementation of CAMHS specification • Review Neurodevelopmental pathway model and outcomes 	Jill Colbert
CFW	Parenting	Implementation of the perinatal mental health pathway	Jill Colbert
CFW	Obesity	Healthy weight pathway including the development of a specification for community dietetics provision	Rebecca Fletcher

CFW	Musculoskeletal services	Lead Task and Finish group to agree children's model and new specification alongside adult business case	Jill Colbert
CFW	Complex and additional needs	<ul style="list-style-type: none"> • Refresh CAN needs assessment • Review procurement options for services currently located outside of Pennine contract 	Andy Howard
CFW	Children's acute	<ul style="list-style-type: none"> • Contribute to MIB review • Develop CCNT specification through Healthier Together 	Jill Colbert
CFW	Community equipment	Review of wheelchair provision as per the 6 High Impact Changes objectives	Esther Kavanagh-Dixon
CFW	POAU redesign	Agree and review enhanced model for UHSM PAOU	Jill Colbert
CFW	Safeguarding	<ul style="list-style-type: none"> • Develop safeguarding administration model • Negotiate new LAC specification and tariff with provider 	Jill Colbert
CFW	Children's Diabetic service	<ul style="list-style-type: none"> • Review community provision • Re-specify CCNT activity in light of Best Practice Tariff 	Jill Colbert
CFW	Community CQUIN development	Develop 2 key CQUINS with provider: CAMHS and Long Term Conditions (Asthma)	Jill Colbert
CFW	Specialised CAMHS Services	Development of a Tier 4 referral and admission protocol	Jill Colbert Ric Taylor

11.2 School Nursing

In 2012/13 CYPS commissioners and providers collaborated on a review of the current School Nursing Service as a response to new government guidance and local concerns as to pressures on the service. Local data, professional expertise and good practice were all analysed to provide an accurate picture of the population needs. The review also engaged with local children and young people to discover what they wanted in a school nurse and a service charter is being developed based on this. The review has now been completed. A report has been finished and action plans are being developed. The key finding from the review was the need for additional investment to ensure delivery against the school nursing model, and to cope with the growing school population.

11.3 Emotional Health and Wellbeing

An Advisory Forum has now been established to take forward the recommendations of the comprehensive Trafford review, which reports to the Joint Commissioning Management Board. Four task and finish groups are

being developed to sit beneath it addressing Complex Cases, Early Identification and Early Help, and Evidence of Impact and Quality. These groups are being tasked with delivering on specific recommendations and consist of CFW and CCG commissioners, CYPS providers, schools and other VCS partners.

11.4 Children's Community Equipment

In 2012/13, CYPS commissioners and providers mapped all community equipment services and the processes by which children and young people access these. As a result of this mapping exercise, a number of service improvements have been identified and are currently being progressed. This includes the potential expansion of the One Stop Resource Centre to support the equipment needs of the Special Educational Needs Advisory Service. In addition to this, CYPS commissioners are taking part in the planned visit to WhizKids to undertake a piece of work benchmarking Trafford's current wheelchair service provision as part of the 6 High Impact Changes developments.

11.5 SAM Pathfinder

There are now 19 cases that have a completed Education Health and Care Plan (EHCP). All cases have been offered a one-off payment of £500 in the form of a personal budget; with the condition that they submit a spending plan that links to the outcomes in the child's plan, and that they use a pre-payment card to spend the personal budget. The only other personal budgets offered have been through access to Short Breaks – i.e. in relation to social care needs. No personal budgets have been offered through education or health. Government are tabling an amendment to Children and Families Bill to confer a statutory duty on CCG to commissioning single assessments and provide personal budgets for those children subject to a single assessment plan.

11.6 Quarter 4, 2012/13 Performance Outturn

Table 1 below details the performance outturn for those aspects of activity relevant to children and young people's health and well-being:

Table 1

Performance Measure: Definition	2012/13 Target	Actual	Status
Increase the % of Breastfeeding at 6 – 8 weeks from birth (prevalence)	53.4%	51.4%	Amber
Reduce levels of childhood obesity: Year 6	16%	17.1%	Amber
Reduce under 18 conception rate (Target decrease in rate per 1,000 aged 15-18 from 1998 baseline) <i>Figure for 12/13 relates to data for 2011 released February 2013. This is an excellent outturn against this measure and is the result of many years of work. The rate per 1,000 has reduced in each of the last 3 years and is, at 24.2 per 1,000, the lowest in the GM area (average 37.8). It is also substantially below the NW (35.3) and national (30.7) averages.</i>	-18%	-28.8%	Green
Increase the level of positive screens (as a	N/A	9.1%	Green

<p>percentage of the total number of screens completed by services commissioned by CYPS) for Chlamydia among 15-24 year olds.</p> <p><i>This is a new indicator that has been developed in line with the national direction of travel to look at positive screens rather than take up levels. Reporting systems have been established with commissioned providers. The outturn figure equates to 124 positive screens out of 1362 tests undertaken by commissioned services. In all, a total of 2348 tests have been carried out by all providers in Trafford, with 174 of these being positive (7.4%). Services have been commissioned on a targeted basis so we will be looking to increase the proportion of positive screens in these services.</i></p>			
<p>Reduce the levels of childhood obesity in target areas with the highest levels of obesity: Year 6.</p> <p><i>A number of areas in Trafford have been identified as hotspots against this indicator. These have been designated as target localities for specific work around this issue. These areas are Flixton, Urmston, Davyhulme, Sale Moor, Timperley and Village wards. A project funded through LAA monies is supporting this activity.</i></p>	<p>2011/12 Actual 18.2%</p>	<p>N/A</p>	<p>Amber</p>

12.0 Medicines Management

12.1 Patient Group Directions (PGDs)

The two new PGDs that have been developed by NHSE for two of the new vaccination schedules; Rotavirus for Infants aged 6 to 24 weeks and Meningitis C, have been signed by the identified CCG lead doctor; lead pharmacist and governance lead and communicated to practices to allow the vaccination schedules to commence on the appropriate dates.

12.2 Practice Prescribing Budget Letters

The individual practice prescribing budget letters have been communicated to all practices following agreement of the methodology and budgets. In addition the team are visiting all practices for their annual update

13.0 Recommendations

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

Appendix A: Strategic programme Board Recommendations for the New Health Deal

	SPB recommendation	Progress	Next steps
1	The development of additional Integrated Care services for some parts of the Borough (Partington), specifically the introduction of a community matron and a consultant community geriatrician, before changes take place to the A&E service.	<p>Scope out the required services Determine implementation by pt group Introduction of Community Geriatricians Introduction of Community Matrons Introduction of mental health and alcohol services Scoping of community dermatology services to commence end of this year</p>	
2	. Identification of appropriate pathways for those affected with Mental Health who currently access the TGH site	<p>Review of current 136 arrangement Analyse activity data – very few mental health patients through A&E between 12-8am Agree models of care which include: Develop MoM pathway for alcohol services, additional provision available (Turning Point) 136 arrangements agreed and ready to implement Phoenix Futures & Blue Sci services in Partington (case management) RAID</p>	<p>1. Develop a solution to support Model 3</p>
3a	Investment in a subsidy for local Link services for access to alternative hospital sites	<p>Assess what is currently in place in terms of LINK services. Assess the need for the subsidy and understand how to use the subsidy to improve access Work with the new provider organisation to outline the change needed Agree an implementation and start date and put in place monitoring mechanisms Determine the investment timetables</p>	<p>1. Determine the level of communication/engagement required both by Trafford CCG and the LINK service 2. Undertake communication activity</p>

3b	The health transport bureau to be substantially in place before any changes to TGH services are made	Stage 1: Health transport bureau Integrated Care plan developed by Trafford CCG Develop plan for implementation of Health Transport Bureau with the new provider of RBMS (Pennine Care). Launch Health Transport Bureau (Phase 1)	
		Stage 2: Health transport bureau linked to Patient Co-ordination system Develop plan for implementation of Health Transport Bureau linked to patient co-ordination system Phase 3 Implementation of Health Transport Bureau linked to patient co-ordination system Ready for full implementation	1. Implement communications strategy 2. Requires link to CMFT for Manchester surgical centre patients
4	The Integrated Care Redesign Board should be tasked to develop a set of clinical criteria which outline the circumstances under which a safe move from the proposed Urgent Care Centre (Model 2) to the proposed Minor Injuries Unit (Model 3) can be made	ICRB meetings to be held (yearly timetable now in place) Data analysis of patients accessing alternative hospital sites Scoping exercise completed by clinical leads from 3 organisations	1. Trafford CCG to coordinate clinical engagement meeting to finalise clinical criteria for model 3
5	Prior to any service changes, an assurance process should be established to further ensure alternative provider capacity is in place and services can be safely moved	Revised terms of reference for the Trafford Steering Group and Trafford Transition Group are to be developed This is the role and function of the ICRB	1. Following the Secretary of States announcement this will be reviewed to consider the role of NHS England to ensure that the correct level of assurance is gained - this will require further direction from GMLAT
6	The recommendations made by the Public Reference Group should be fully accepted and be made available to local and national NHS organisations planning consultation processes	The recommendations have been shared with the Communication and engagement group and with NHS North West	