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TRAFFORD
COUNCIL

AGENDA PAPERS MARKED 'TO FOLLOW' (SECOND ISSUE) FOR

HEALTH AND WELLBEING BOARD MEETING

Date: Tuesday, 9 June 2015

Time: 6.00 p.m.

**Place: Committee Room 2 and 3, Trafford Town Hall,
Talbot Road, Stretford M32 0TH**

A G E N D A	PART I	Pages
8.	BETTER CARE FUND UPDATE	
	To receive a report of the Chief Operating Officer, NHS Trafford Clinical Commissioning Group.	1 - 22
11.	TRAFFORD COUNCIL UPDATE	
	To receive a report of the Acting Corporate Director, Children, Families and Wellbeing.	To Follow

THERESA GRANT

Chief Executive

Membership of the Committee

D. Banks, R. Bellingham, A. Day, Dr. N. Guest (Chairman), Councillor J. Harding, B. Humphrey, Councillor M. Hyman, G. Lawrence, Supt Liggett, M. McCourt, J. Pearce, A. Razzaq, A. Vegh, S. Webster and Councillor A. Williams (Vice-Chairman)

Further Information

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

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Health and Wellbeing Board - Tuesday, 9 June 2015

This agenda was issued on **04 June, 2015** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford, M32 0TH.

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TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 9 June 2015
Report for: Health & Wellbeing Board
Report of: Better Care Fund Programme

Report Title

Progress Report of Better Care Fund for Trafford

Purpose

This is to provide the Health and Wellbeing Board an update of the progress of the Better Care Fund for Trafford and the progress of the schemes.

Recommendations

The Health and Wellbeing Board are asked to note the progress outlined in the attached paper

Contact person for access to background papers and further information:

Name: Julie Crossley, Associate Director of Commissioning at Trafford CCG.

Trafford Better Care Fund Programme.

1. Introduction

- 1.1 The Health and Wellbeing Board have received previous report which sets out the schemes which contribute to the Better Care Fund programme for Trafford. Unfortunately Trafford was delayed in having the total programme signed off and this has caused a delay with the commencement of the schemes.
- 1.2 Now following approval by NHS England Trafford CCG and Trafford council are now making progress to deliver the schemes. The Better Care fund is set out in the CCG's strategic plan as this will be a main contributor to reducing unscheduled care activity shifting activity from the acute sector to entreated care within the community. As set out in 2015/16, Trafford commissioners are seeking to reduce activity by 3.5%.
- 1.3 All the schemes are focused on the Frail and Older people, with the schemes supporting this cohort of patients to keep their independence and to support individuals remaining in their own homes with services wrapped around them to support them in the community.
- 1.4 This report provides an overall summary of the actual programme and details of the latest highlight report which have been presented and reported to the Steering Group.

2. The Better Care Steering Group

- 2.1 Following recent changes to the Council, the CCG now chairs the Steering group. This group is responsible for ensuring :
- Trafford has governance across both health and social care, accountable to the Health and Wellbeing Board.
 - To sign off the schemes which contribute to Better Care Fund and to ensure all stakeholders are involved with the redesign of the new services.
 - To monitor progress and to ensure a reduction in 3.5% acute activity.
 - To have a joint financial plan which will support the investment in integrated services for health and social care,
 - To have a section 75 as part of the risk arrangements
- 2.2 The Steering group is developing a dashboard which will include:
- Monitor the deliver the key metrics of the programme
 - The KPI's for each programme to demonstrate improvement
 - To deliver and monitor 3.5 % reduction in acute activity.
- 2.3 It is hoped that this dashboard will be developed so to present as part of the next Health & Wellbeing Board.

2.4 All stakeholders have representation on each of the Trafford CCG redesign groups, this includes representatives from: primary care as appropriate, Pennine Care, Greater Manchester West, UHSM, CMFT and Trafford Council. Pennine care and Trafford Council take the joint lead for the integration of Health and Social care programme. In addition it is essential that the CCG keep all providers updated on progress and this is completed as part of the Operations meeting which take place between the Commissioning Directorate at the CCG and the Operations team meeting with representatives from each of the providers operational teams on a monthly basis.

2.5 The joint financial plan is being finalised and will be presented to this board once this has been finalised. This will be underpinned the section 75 and the risk share agreement which exists between Health and Social Care. The Board has received a draft copy of the section 75 which will be presented for sign off to the next Health and Wellbeing Board.

2.6 The dashboard will contain the metrics for the programme together with KPI's for each of the programmes this will include:

- Non-elective activity 2015/16
- Delayed transfer of care
- Residential admissions for older people into residential and nursing homes
- Proportion of Older People (65+) who were still at home 91 days after discharge from hospital into re-ablement / rehabilitation services
- Do care and support services help you have a better quality of life? (Adult Social Care User Experience Survey)
- Deaths at usual place of residence (End of life care intelligence network)

This will be used to monitor the improvement of all the schemes once these are introduced later in the year. The timescales for these are set out in section 3.

2.7 The Better Care report is subject to quarterly monitoring to NHS England, latest submission included progress on the following:

Condition	Please Select (Yes, No or No - In Progress)
1) Are the plans still jointly agreed?	Yes
2) Are Social Care Services (not spending) being protected?	Yes
3) Are the 7 day services to support patients being discharged and prevent unnecessary admission at weekends in place and delivering?	No - In Progress
4) In respect of data sharing - confirm that:	
i) Is the NHS Number being used as the primary identifier for health and care services?	No - In Progress
ii) Are you pursuing open APIs (i.e. systems that speak to each other)?	Yes

iii) Are the appropriate Information Governance controls in place for information sharing in line with Caldecott	Yes
5) Is a joint approach to assessments and care planning taking place and where funding is being used for integrated packages of care, is there an accountable professional?	No - In Progress
6) Is an agreement on the consequential impact of changes in the acute sector in place?	Yes

Trafford have made progress which will continue on all schemes.

3.0 Highlight reports from schemes

3.1 The following details the highlight report from each of the schemes which were presented to the Better Care Fund Steering Group.

3.2 Contents

3.2.1 Points to Highlight & Good News Stories

3.2.2 Risks & Issues for Attention

3.2.3 Interdependencies with Other Projects

3.2.4 Projects to Scope

3.2.5 Individual Projects Update

Projects within this workstream (table below)

Ref	Projects covered	CCG	GM	National	RAG
5.1	Community Nursing	✓			
5.2	End of Life	✓			
5.3	Intermediate Care	✓			
5.4	ATT+	✓			
5.5	Falls	✓			
5.6	Community Geriatric Service – Primary Care Model for Nursing Homes	✓			
5.7	Integrated Community-based Adult Health and Social Care		✓		

3.2.1 Points to Highlight - including good news stories

Community Nursing

The District Nursing team (currently acute based) have co-located with the Discharge Team (community based). This is a significant step in the Integrated Community Nursing model.

End of Life

It has been agree that the project scope will be extended to review all existing provider contracts giving a full service review prior to any further changes. This is to ensure that the current spend in excess of £2m is meeting expected standards and VFM

Intermediate Care

It is intended there will be an interim solution in the early autumn with a business case

proposing longer term options

ATT+

The Project team is pursuing a single CCG procurement option

Falls

Since the re-launch of the project with the new project manager – Jenny Shaw, Commissioner manager Unscheduled care the team have progressed and will have a draft service specification ready by the end of May and has already begun early engagement with the procurement team

Geriatrician Model – Primary Care for Nursing Homes

The Clinical Team are currently in the final stages of their evaluation of the models of care and the recent Proof of Concept in Sale, which will inform the procurement options

Integration of Community based Adult health and Social Care

Integration is progressing at a pace and the team are proactively managing any associated risks with IT and Estates delivery ensuring they do not delay the delivery of other work streams in the project.

3.2.2 Risks & Issues for Attention:

Risks (moderate and high risk): Describe all positions of uncertainty which could negatively impact the project. Include all dates, and a detailed description of how the risks affect your project including all any following actions.

Risk description	Score	Mitigating actions	On Assurance Framework
Integrated Health & Social Care Projected risks relate to the need to identify suitable venues to support co-location in north and south localities, and.			
Integrated Health & Social Care IT access to both systems to facilitate integrated working			

3.2.3 Interdependencies & Integration with other Projects

- Community Nursing
- End of Life
- Falls
- Intermediate Care
- ATT +
- Community Geriatrician Model
- Community Out of Hospitals
- Community Therapies

3.2.4 Projects to Scope 2015-16

- Primary Care Model for Nursing Homes

3.2.5 Individual Projects Update:

5.1	Project Name	Community (District) Nursing Project
	Clinical Lead:	Dr Jon Tose
	Project Description	A review of current District Nursing Services and agree new community nursing model for district, including generalist palliative care with pathways to specialist end of life palliative care and links to primary care nursing.
	Project Lead:	Sarah Gunshon

Phase	Planned Project Milestones and Description	Timescale
	(ALL key milestones – Key Actions/Dates through the whole project lifecycle to be detailed at the start of the project within the projects have to be listed in this table with their tentative dates and appropriate phases)	(Actual Dates where possible)
1	Project brief to be submitted to the clinical commissioning and finance committee	31/01/2015
1	Capacity and demand audit to be completed	30/04/2015
1	Stakeholder engagement to be completed	30/04/2015
1	Service model to be agreed	30/04/2015
1	Update Status Report to PRAP	31/05/2015
1	Outcome measures to be agreed	31/07/2015
1	New service specification to be developed	31/07/2015
1	Full Business Case submitted to TSG for approval (papers 28/06/15)	07/07/2015
1	Full Business Case submitted to CC&FC for approval (papers 13/07/15)	21/07/2015
1	Development of Implementation plan	31/08/2015
1	Implementation of new service model and service specification to commence 01/09/2015	01/09/2015
2	Commence Phase 2 Integration with CEC	01/04/2016

Phase	Completed Milestones/Tasks this period From: (18/03/2015)To: (20/05/2015)	Date (completion date)	RAG Rating
1	Capacity and Demand Audit of the current service to be completed	30/04/2015	
1	Development of the engagement plan is ongoing. Patient Stories have been identified Stakeholder engagement with primary care completed	30/04/2015	
1	Agree new model for fully integrated community nursing service	30/04/2015	
1	Full stakeholder engagement to be completed Engagement session with CMFT scheduled for	13/04/2015	
Overall Project Status RAG Rating :			

Phase	Planned Milestones/Tasks for next period From: (20/05/2015)To: (22/07/2015)	Date (estimated completion dates)	RAG Rating
1	Capacity and Demand Audit of the current service to be completed - deadline extended	26/05/2015	
1	Outcome measures to be agreed	29/06/2015	
1	New service specification to be developed	29/06/2015	
1	Update Status Report to PRAP to be arranged and confirmed	02/07/2015	
1	Full Business Case submitted to TSG for approval (papers 29/06/15)	07/07/2015	
1	Full Business Case submitted to CC&FC for approval (papers 13/07/15)	21/07/2015	
Overall Project Status RAG Rating :			

Progress Update – Comment: (More details about the project that are noteworthy; passed/future)	Date Update:	RAG Rating
<p>Implementation plan to be developed during August for implementation of new service model and specification to commence 01/09/2015</p> <p>Community Nursing – as part of the engagement work with CMFT we now have a plan to move the district nurse liaison team from ward 17 at TGH into the same office as TGH discharge team. The move is planned to happen the beginning of June 2015 this should help the teams work more collaboratively in the discharge of Trafford patients from hospital into the community.</p>	21/05/2015	
Overall Project Status RAG Rating :		

5.2	Project Name	End of Life – Adults & Children
	Clinical Lead:	Michael Gregory
	Project Description	The End of Life project takes over patient care from the point of terminal diagnosis until the patient dies.
	Project Lead:	Sarah Gunshon

Phase	Planned Project Milestones and Description (ALL key milestones – Key Actions/Dates through the whole project lifecycle to be detailed at the start of the project within the projects have to be listed in this table with their tentative dates and appropriate phases)	Timescale (Actual Dates where possible)
1&2	Service Design Model Approval: Draft Project Brief & Outline Business Case – TSG, Jan 2015 Final Project Brief 7 Outline BC - CC&FC 20 th Jan 2015	31/01/2015 20/01/2015
2	Dialogue with current providers re commissioning intentions	31/01/2015
1	Project governance realigned and timescales reviewed Project reporting line now through Community Nursing Steering Group	31/03/2015
2	EOL project update to be presented to PRAP EOL steering group to be established	02/04/2015 30/04/2015
2	Approvals Project Brief - TSG - <i>rejected – to change scope</i> Project Brief - CC&FC - <i>withdrawn</i>	6/05/2015 19/05/2015

1	EOL pathway to be designed EOL specialist and support overlay service specification to be developed	30/05/2015	
1	Service Design – Engagement Amend scope of EoL Project following submission of Business Case to Transformation Steering Group	30/05/2015	
3	Procurement process to commence	30/05/2015	
2	Approval: Revised Project Brief - TSG (29/06/15 papers) Revised Project Brief - CC&FC (13/07/15 papers)	07/07/2015 21/07/2015	
2	Approval: Full Business Case - TSG (24/08/15 papers) Full Business Case - CC&FC (07/09/15 papers)	01/09/2015 15/09/2015	
2&3	Provider Selection and Implementation period	30/09/2015	
4	Go Live Date: New Service Starts	01/10/2015	
Phase	Completed Milestones/Tasks this period From: (18/03/2015)To: (20/05/2015)	Date (completion date)	RAG Rating
1	Project governance realigned and timescales reviewed Project reporting line now through Community Nursing Steering Group	31/03/2015	
1	EOL Task & Finish group re established		
1	EOL pathway to be design		
1	EOL specialist and support overlay service specification to be develop		
1	EOL project update to be presented to PRAP 2 nd April 2015	02/04/2015	
2	Project Brief Submission for approval Presented to Transformation Steering Group PB – Rejected: current scope to be expanded to included review of current providers and performance against contractual terms	06/05/2015	
Overall Project Status RAG Rating :			
Phase	Planned Milestones/Tasks for next period From: (20/05/2015)To: (22/07/2015)	Date (estimated completion dates)	RAG Rating

1	EoL specialist and support overlay service specification to be developed	30/05/2015	
1	Service Design – Engagement Amend scope of EoL Project following submission of Business Case to Transformation Steering Group	30/05/2015	
1	Review of existing contracts	29/06/2015	
2	Update Status Report to PRAP to be arranged / confirmed	2/07/2015	
2	Approvals: Revised Project Brief - TSG (29/06/15 papers) Revised Project Brief - CC&FC (13/07/15 papers)	07/07/2015 21/07/2015	
Overall Project Status RAG Rating :			

Progress Update – Comment: (More details about the project that are noteworthy; passed/future)	Date	RAG Rating
<p>The presentation of the Project Brief to the Transformation Steering Group resulted in – A recommendation to change the scope of the End of Life programme.</p> <p>The initial review of existing EoL services identified a limited understanding of the VFM and performance against the existing contracts (two of which combined were in excess of £1.5m), therefore prior to any further investment the transformation group recommended an expansion of the scope of this project; to include a full detailed review of the existing contracts, in order to present a comprehensive number of options for service redesign in the full business case , addressing the issues through a short term and long term solutions approach .</p> <p>This project will still report on track until a definitive position is available in the production of the Business Case – Revised Project Brief will be submitted to the TSG on the 07/07/15 and the CC&FC on the 21/07/15</p>	21/05/2015	
Overall Project Status RAG Rating :		

3.3	Project Name	Intermediate Care
	Clinical Lead:	Michael Gregory
	Project Description	The Intermediate Care project accommodates individuals ensuring appropriate support is enhanced until such time as other appropriate support mechanisms are in place. Additionally, the intermediate care facility provides access to pharmaceutical, mental health and geriatrician sessions.
	Project Lead:	Marion Ross

Phase	Planned Project Milestones and Description(ALL key milestones – Key Actions/Dates through the whole project lifecycle to be detailed at the start of the project within the projects have to be listed in this table with their tentative dates and appropriate phases)	Timescale (Actual Dates where possible)
1	Scope / Gap Analysis: <ul style="list-style-type: none"> Draft Project Brief & outline BC – TSG, Jan 2015 Final Project Brief & Outline business case to CC&FC for approval Jan 2015 	31/01/2015
1	Establishment of Intermediate Care Development Group	24/03/2015
1	Scope and analyse to report on recommendations / models of intermediate care for the Trafford health economy for next 5 years	30/04/2015
1	Engagement Present (verbal) and update intermediate model and plans to PRAP	07/05/2015
1	Service Design <ul style="list-style-type: none"> Full Business case – TSG (29/06/15 papers) Full Business Case – CC&FC (13/07/15 papers) 	07/07/2015 21/07/2015
2	Procurement process to commence BC outcome dependent, procurement timescale and approach	31/07/2015
2	Implementation phase – new service model	01/09/2015
3	Interim Service Model – Go Live	01/10/2015
3	Evaluation and Monitor service delivery (testing hypothesis and model assumptions)	31/03/2015

	Completed Milestones/Tasks this period From: (18/03/2015)To: (20/05/2015)	Date (completion date)	RAG Rating
1	Establishment of Intermediate Care Development Group	24/03/2015	
1	Scope and analyse to report on recommendations / models of intermediate care for the Trafford health economy for next 5 years	30/04/2015	
1	Engagement Present (verbal) and update intermediate model and plans to PRAP	07/05/2015	

Phase	Planned Milestones/Tasks for next period From: (20/05/2015)To: (22/07/2015)	Date(estimate d completion dates)	RAG Rating
1	Service Design <ul style="list-style-type: none"> • Full Business case – TSG (29/06/15 papers) • Full Business Case – CC&FC (13/07/15 papers) 	07/07/2015 21/07/2015	
2	Procurement process to commence BC outcome dependent, procurement timescale and approach	31/07/2015	
Overall Project Status RAG Rating :			

Progress Update – Comment: (More details about the project that are noteworthy; passed/future)	Date (All dates relating to update or comment)	RAG Rating
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		

<p>It has become evident following the use of winter monies over the period of October- March that there is a priority to complete this review. Over the winter different packages of intermediate care have been tested as exemplified at UHSM by the additional beds and CMFT step down packages of care and re-ablement.</p> <p>This has assisted with the redesign of services. In addition the CCG has commissioned an utilisation review by the CSU. This report is to be shared internally and will require an action plan which will be part of this review. The '<i>Length of Stay Review (Feb 2015)</i>' presented at the beginning of April 2015.</p>	<p>Nov – Jan 15</p> <p>April 2015</p>	
Overall Project Status RAG Rating :		

5.4	Project Name	ATT +
	Clinical Lead:	Michael Gregory
	Project Description	Alternative to Transfer supports those patients who have requested an ambulance via 999. The scheme provides NWS crews with the ability to directly hand over to an on-call GP where it is deemed that a patient could be treated at home either through a direct visit or through healthcare advice over the telephone. Where it is deemed not clinically safe to do so, patients will be conveyed by ambulance to an emergency department and treated as required.
	Project Lead:	Marion Ross

Phase	Planned Project Milestones and Description (ALL key milestones – Key Actions/Dates through the whole project lifecycle to be detailed at the start of the project within the projects have to be listed in this table with their tentative dates and appropriate phases)	Timescale (Actual Dates where possible)
	New service provision, procurement, extension to existing service for 6 months to delivery full procurement of ATT and ATT plus. (existing contract ends 31/03/2015)	30/09/2014
1	Scope new service specification ATT & ATT+ partnership with Stockport CCG	31/01/2015
2	Revision of Scope Feedback from SMT – advised that joint procurement with Stockport would not be an option at this stage/time Business model to procure as single CCG	30/06/2015
2	FBC for service options / procurement plans Full business case – procurement proposal – TSG (29/6/15) Full business case – procurement proposal – CC&FC (13/7/15)	07/07/2015 21/07/2015
2	Procurement process for new service provision	31/07/2015

3	Provider appointed, Service Go Live Date dependent on model and parties engaged in commissioning model	01/10/2015
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Phase	Completed Milestones/Tasks this period From: (24/02/2015)To: (24/04/2015)	Date (completion date)	RAG Rating
1	Extension to existing Contract 6mth extension to allow for joint re-procurement with Stockport	31/03/2015	
1	Explore options for additional GM CCGs to maximise joint procurement opportunities	31/03/2015	
Overall Project Status RAG Rating :			

Phase	Planned Milestones/Tasks for next period From: (18/03/2015)To: (20/05/2015)	Date (estimated completion dates)	RAG Rating
2	Commence data collection for business case Submission (Requesting additional June date to support procurement timescale)	31/05/2015	
2	Revision of Scope Business model to procure as single CCG	31/05/2015	
2	FBC for service options / procurement plans Full business case – procurement proposal – TSG (29/06/15) Full business case – procurement proposal – CC&FC (13/07/15)	07/07/2015 21/07/2015	
Overall Project Status RAG Rating :			

Progress Update – Comment: (More details about the project that are noteworthy; passed/future)	Date	RAG Rating
Revision of Scope Feedback from SMT – advised that joint procurement with Stockport would not be an option at this stage/time. Business model to procure as single CCG. Other options to include ATT+ case load into new Service Specifications – i.e. Out Of Hours Provider – Reprocurement exercise will be explored	31/05/2015	
Overall Project Status RAG Rating :		

5.5	Project Name	Falls
	Clinical Lead:	Michael Gregory
	Project Description	The service will be responsive to patients who have fallen in the community and will take referrals directly from NWS where clinical need suggests that there is no requirement to convey the patient to hospital.
	Project Lead:	Jenny Shaw

Phase	Planned Project Milestones and Description (ALL key milestones – Key Actions/Dates through the whole project lifecycle to be detailed at the start of the project within the projects have to be listed in this table with their tentative dates and appropriate phases)	Timescale (Actual Dates where possible)
	Stakeholder, service provider engagement to reach cohesive agreement – September to December 2014	01/09/2014 To 31/12/2014
	<ul style="list-style-type: none"> Project Brief – TSG Then to CC&FC for approval to proceed to develop the FBC 	20/01/2015
	Falls working group reconvened to map current services, identify gaps and develop model and pathway	01/04/2015 to 31/05/2015
	Commence Procurement engagement	15/05/2015
	Financial implications and Outcome Measures be completed	31/05/2015
	Further engagement with key stakeholders, including service users, carers, residential and nursing home providers, third sector and other partners	31/05/2015
	Draft Service Specification	31/05/2015
	Complete Service Specification	30/06/2015
	Presentation to PRAP to be arranged and confirmed	02/07/2015
	Integrated Falls Pathway: <ul style="list-style-type: none"> Full Business case – TSG (29/06/15) Full Business Case – CC&FC (13/07/15 papers) 	7/07/2015 21/07/2015
	Implementation of New Test Model – Proof of Concept	01/08/2015
	Continuous Evaluation, Reviews and Revised models	30/09/2015
	Final evaluation & outcome test best model prior to winter pressure	31/10/2015

Phase	Completed Milestones/Tasks this period From: (18/03/2015)To: (20/05/2015)	Date (completion date)	RAG Rating
1	Falls working group reconvened to map current services, identify gaps and develop model and pathway	30/05/2015	
1	Model agreed and financial implications and KPI development to be completed	30/05/2015	
Overall Project Status RAG Rating :			

Phase	Planned Milestones/Tasks for next period From: (20/05/2015)To: (22/07/2015)	Date (estimated completion dates)	RAG Rating
1	Further engagement with key stakeholders, including service users, carers, residential and nursing home providers, third sector and other partners	30/05/2015	
1	Presentation to PRAP to be arranged and confirmed	02/07/2015	
1	Integrated Falls Pathway: <ul style="list-style-type: none"> • Full Business case – TSG (29/06/15) • Full Business Case – CC&FC (13/07/15 papers) 	07/07/2015 21/07/2015	
Overall Project Status RAG Rating :			

Progress Update – Comment: (More details about the project that are noteworthy; passed/future)	Date (All dates relating to update or comment)	RAG Rating
The proposed short term approach to the falls service offers to provide a response to demands in the health economy , in addition to allowing appropriate time to undertake a procurement exercise, this will additionally inform further service model development options Metrics will include a reduction in non-elective admissions due to falls and an increase in the use of community services		
Overall Project Status RAG Rating :		

5.6	Project Name	Community Geriatric Service
	Clinical Lead:	Michael Gregory
	Project Description	<p>Trafford CCG currently commissions a community care of the elderly consultant service.</p> <p>The scheme aims to reduce the number of emergency admissions to hospital from nursing and residential care homes through proactive management of complex and high risk patients. The scheme will also support general practice in the ongoing care planning for this target group and lead to a reduction of those patients who require a home visit.</p>
	Project Lead:	Julie Crossley

Phase	Planned Project Milestones and Description (ALL key milestones – Key Actions/Dates through the whole project lifecycle to be detailed at the start of the project within the projects have to be listed in this table with their tentative dates and appropriate phases)	Timescale (Actual Dates where possible)
1	Service review , gap analysis	01/10/2014 – 31/12/2014
1	Development of Winter 14/15 model for Sale Locality	01/02/2015 - 31/05/2015
1	Service Design: The implementation of a proof of concept introduced in Sale	01/05/2016
1	Evaluation to feed new service design Primary Care for Nursing Homes This has been on-going by the clinical directors as part of their research	01/09/2014 - 31/05/2015
1	Design sustainable model: <ul style="list-style-type: none"> Clinical Directors to consider other model for Primary care for this cohort of patients Clinical models to be developed to share with Council of members 	01/01/2015 - 31/03/2015 31/05/2015 01/05/2015 2015
1	<ul style="list-style-type: none"> Project Brief submitted to TSC for approval (papers24/08/2015) Project Brief submitted to CC&FC for approval (papers07/09/2015) 	01/09/2015 15/09/2015
1	Business case submitted to TSG for approval(papers 26/10/2015) Business case submitted to CC&FC for approval (papers 9/11/2015)	02/11/2015 17/11/2015
2	Procurement process- this may be required depending upon the outcome	01/10/2015-01/01/2016
3	Implement New Model to be part of the Primary care Offer	01/04/2016

3	Embed new model, monitor and review sustainability for winter pressures , transition to steady state/ Business as Usual	01/04/2016 Onwards
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Phase	Completed Milestones/Tasks this period From: : (24/02/2015)To: (24/04/2015)	Date (completion date)	RAG Rating
1	Development of Winter 14/15 model for Sale Locality	01/02/2015 - 31/05/2015	
	Service Design: The implementation of a proof of concept introduced in Sale	05/02/2015	
Overall Project Status RAG Rating :			

Phase	Planned Milestones/Tasks for next period From: (18/03/2015)To: (20/05/2015)	Date (estimated completion dates)	RAG Rating
1	Evaluation to feed new service design Primary Care for Nursing Homes This has been on-going by the clinical directors as part of their research	01/05/2015 – 30/09/2015	
1	Design sustainable model: Clinical Directors to consider other model for Primary care for this cohort of patients Clinical models to be developed to share with Council of members	31/03/2015 31/05/2015 01/05/2015	
1	Evaluation to feed new service design Primary Care for Nursing Homes This has been on-going by the clinical directors as part of their research	31/05/2015	
Overall Project Status RAG Rating :			

Progress Update – Comment: (More details about the project that are noteworthy; passed/future)	Date	RAG Rating
<p>The Clinical Directors have been undertaking research as to the new service model which will be provided to Nursing and residential homes in Trafford.</p> <p>This has included having presentations from Salford Primary Care, discussions with Knowsley and St Helens and others.</p> <p>Trafford have had the opportunity to use some non- recurrent monies to test out proof of concept, which has brought together a multi-disciplinary approach to supporting the Frail and Older People. This has been delivered by: Pennine Care – provided AHP, admin</p>	On –going for September 2014 - May 2015	

<p>support, Community Matron & project support.</p> <p>UHSM - provided Geriatricians</p> <p>CMFT - provided Geriatricians</p> <p>Mastercall – provided GP</p> <p>Bodmin Practice – facilities</p> <p>CCG- Pharmacy, management, clinical leadership, IT equipment and IT support.</p> <p>This service is currently being evaluated and the outcome will feed into the learning and development of the new clinical models.</p> <p>The clinical model will be shared with the Council of members of arrive at preferred model which will be presented to the CCG for approval to progress to business case.</p>		
Overall Project Status RAG Rating :		

5.7	Project Name	Integration of Community-based Adult Health & Social Care
	Clinical Lead:	Diane Eaton/ Carol Baker-Longshaw
	Project Description	Pennine Care / Trafford Council Adult Integration of Health and Social Care
	Project Lead:	Angela Thornton up to 31 March 2015. Tbc from 01 April 2015

Phase	Planned Project Milestones and Description (ALL key milestones – Key Actions/Dates through the whole project lifecycle to be detailed at the start of the project within the projects have to be listed in this table with their tentative dates and appropriate phases)	Timescale (Actual Dates where possible)
1&2	Phased structural re-organisation in accordance with the agreed HR/workforce schedule Phase 1 - Management restructure - Heads of Service (HoS) & Operational Leads) Phase 2 - Team restructure plan/ implementation - Team leaders/ revised skill mix within teams)	31/12/2014 31/07/2015
1&2	Phased transfer/handover of services between HoS/ Operational Managers to facilitate the neighbourhood service delivery model (without loss of day-to-day service provision)	31/05/2015
2&3	Implementation of a Communications and Engagement strategy	31/05/2015

3	Development of new models of care to improve care outcomes particularly linked to falls, EoL, Community nursing, frail elderly, and community geriatricians	Linked to CCG timescales
3	Business Plan that identifies and delivers the required level of efficiency savings from service integration and delivery of new models of care	31/05/2015
3	Estates Plan to facilitate co-location of integrated adult & social care	30/09/2015
3	Delivery of integrated business support functions e.g. estates, finance, HR, communications, governance	31/10/2015
3	Integrated performance and outcomes monitoring to facilitate benchmarking and service improvement	31/10/2015
4	Joint Admin Review Commences	01/04/2016

Phase	Completed Milestones/Tasks this period From: (18/03/2015)To: (20/05/2015)	Date (completion date)	RAG Rating
2	Structural reorganisation: Phase 2 – First draft team structure produced based on outcomes of workshop.	15/05/2015	
2	95% service handovers completed as of 15/05/2015. On target for 100% completion by 30 June 2015	30/06/2015	
3	New Models Workshop – planning session scheduled with external facilitator	15/05/2015	
3	Draft Neighbourhood Welcome packs for integrated care staff produced. Consultation/feedback in progress	15/05/2015	
3	Input to CCG BCF Frail & Elderly Steering Group and task groups in accordance with CCG timescales and work-plans (falls, intermediate care, community nursing, EoL, care homes)	On-going	
3	Estates progress i) Site visit Mossview (Partington) completed for West locality. ii) Requirements for desk space at Waterside identified – Central locality. iii) Alternative options being reviewed for North and South localities.		
3	Integrated business support functions i) IT discussions initiated 28 May - linking with Estates planning. ii) Integrated Finance meetings initiated 15 May 2015 iii) Integrated performance monitoring task group initiated– May 2015 iv) Draft HR policies comparator framework for managers		
Overall Project Status RAG Rating :			

Phase	Planned Milestones/Tasks for next period From: (20/05/2015)To: (22/07/2015)	Date (estimated completion dates)	RAG Rating
1&2	100% Completion of borough-wide service handovers except Single Point of Access (date tbc)	30/06/2015	
2	Business plan that identifies cost efficiencies (Amber) Communications & engagement plan (Amber).	15/06/2015	
3	Workshop to facilitate new working models – mid June 2015	15/06/2015	
3	Identification of suitable venues for North/South co-locations to include CYPS services	June-Aug 2015	
3	Implementation of Phase 2 Team restructuring	July 2015 – March 2016	
3	Completion of collaborative work with CCG to design new models of care (falls, EoL, Community nursing, frail elderly, community geriatricians)	31/07/2015	
3	Communications & engagement strategy	31/07/2015	
3	Integrated business performance, outcomes, and benefits realisation model that identifies efficiency savings model -	July- August 2015	
3	Produce a working model for the proposed 'Early Help' Hub	22/07/2015	
Overall Project Status RAG Rating :			

Progress Update – Comment: (More details about the project that are noteworthy; passed/future)	Date / Update	RAG Rating
Integration work continues to develop at a rapid pace. Projected risks relate to the need to identify suitable venues to support co-location in north and south localities, and IT access to both systems to facilitate integrated working.	21/05/2015	
Overall Project Status RAG Rating :		

4.0 Recommendations

4.1 The Health & Wellbeing Board are asked to note the contents of the Better Care Fund progress report.

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