



**TRAFFORD
COUNCIL**

**AGENDA PAPERS FOR
HEALTH AND WELLBEING BOARD MEETING**

Date: Tuesday, 1 July 2014

Time: 6.30 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
1. ATTENDANCES		
To note attendances, including officers, and any apologies for absence.		
2. MINUTES		
To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 1 st April 2014.		
3. MEMBERSHIP		
To note the membership including Chairman and Vice-Chairman of the Health and Wellbeing Board for the Municipal Year 2014/15.		1 - 2
4. DECLARATIONS OF INTEREST		
Members to give notice of any interest and the nature of that interest relating to any item on the agenda in accordance with the adopted Code of Conduct.		
5. ACTION LOG		
To receive an update from the Chairman.		3 - 8
6. BETTER CARE FUND UPDATE		
To receive a report from the Deputy Director Children, Families and Wellbeing and the Associate Director of Commissioning, Trafford Clinical Commissioning Group.		9 - 18

7. THE CARE ACT PROGRAMME

To receive a report from the Programme Manager, ASC Commissioning and Service Development. To Follow

8. HEALTHWATCH TRAFFORD UPDATE

To receive a report from the Chairman of HealthWatch. 19 - 22

9. HEALTH AND WELLBEING STRATEGY ACTION PLAN

To receive a presentation from the Deputy Director Children, Families and Wellbeing. To Follow

10. INTEGRATION OF COMMUNITY HEALTH AND SOCIAL CARE

To receive a presentation from the Joint Director Trafford Children, Young People and Families (Health Care). 23 - 34

11. HEALTHIER TOGETHER AND NHS SOUTH SECTOR LOCAL RECONFIGURATION

To receive a presentation from the Chief Operating Officer and Director of Commissioning, NHS Trafford Clinical Commissioning Group. 35 - 38

12. TRAFFORD CLINICAL COMMISSIONING GROUP UPDATE AND FIVE YEAR STRATEGIC PLAN

To receive a presentation from the Chief Operating Officer and Director of Commissioning, NHS Trafford Clinical Commissioning Group. 39 - 52

13. CLINICAL COMMISSIONING GROUP ESTATE STRATEGY

To receive a presentation from the Chief Operating Officer and Director of Commissioning, NHS Trafford Clinical Commissioning Group. To Follow

14. TRAFFORD PARTNERSHIP UPDATE

To receive an update from the Partnerships Officer. 53 - 54

15. KEY MESSAGES

To consider the key messages from the meeting.

16. URGENT BUSINESS (IF ANY)

Any other item or items which by reason of special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

17. **EXCLUSION RESOLUTION (REMAINING ITEMS)**

Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of "exempt information" which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

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, Superintendent J. Liggett, M. McCourt, A. Razzaq, A. Vegh, S.Webster and C.Yarwood

Further Information

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

Marina Luongo,
Tel: 0161 912 4250
Email: marina.luongo@trafford.gov.uk

This agenda was issued on **23 June 2014** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH.

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TRAFFORD COUNCIL

MEMBERSHIP OF COMMITTEES 2014/15

Notes on Membership:

- (1) The Council Membership is nominated by the Leader of the Council.
- (2) The Executive Member for Adult Social Services and Community Wellbeing will Chair the board and a nominated individual will serve as Vice Chair.
- (3) * Denotes that this position must be represented on the HWB as per the Health and Social Care Act 2012 (Note at least one Councillor and one member of the CCG must be appointed.)

COMMITTEE		NO. OF MEMBERS
HEALTH AND WELLBEING BOARD		3
(plus the Corporate Director of Children, Families and Wellbeing* and 11 External Partners)		
CONSERVATIVE GROUP	LABOUR GROUP	LIBERAL DEMOCRAT GROUP
Councillors:-	Councillors:-	Councillors:-
Executive Member for Adult Social Services and Community Wellbeing CH	Shadow Executive Member for Adult Social Services and Community Wellbeing	-
Executive Member for Children's Services		
TOTAL	2	1
		0

Membership of the Health and Wellbeing Board shall also comprise of:

- Accountable Officer Trafford Clinical Commissioning Group
- Trafford Representative, NHS England Area Team
- Director of Public Health*
- Chair Health Watch Trafford*
- Director of Commissioning, Clinical Commissioning Group
- Representative, Central Manchester Foundation Trust
- Representative, University Hospital of South Manchester
- Representative, Pennine Community Care Foundation Trust
- Representative, Greater Manchester West Mental Health Foundation Trust
- Representative, Trafford's Third Sector
- Representative, Greater Manchester Police Trafford Division

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TRAFFORD COUNCIL

Report to: Health & Well Being Board
Date: 1st July 2014
Report for: Information
Report of: Nigel Guest, Chair of Health and Wellbeing Board

Report Title

Health and Wellbeing Board Action Log 1st April 2014

Purpose

The Action Log provides an update on the actions from the last Health and Wellbeing Board meeting on 1st April 2014

Recommendations

That the Health and Well Being notes progress against the actions/

Contact person for access to background papers and further information:

Name: Robina Sheikh, Partnerships Officer x1361

Agenda number	Agenda Item	Action	Lead	Timescale	Comments
2	Better Care Fund (BCF)	A decision to be made on the Better Care Fund	Linda Harper/Julie Crossley	1 st July 2014	Decision to be made by Board On agenda 01.07.14
3	The Care Act Programme	An update	Tamara Zatman	1 st July	For information On agenda 01.07.14
4	HealthWatch Update	A report by the Chair of HealthWatch Trafford	Ann Day	1 st July 2014	For information On agenda 01.07.14
5	Health and Wellbeing Strategy Action Plan	Update for information and decision	Linda Harper	1 st July 2014	D Brownlee agreed for this Item to be reduced to 3 times per year. Decision to be made by Board On agenda 01.07.14
6	Integration of Community Health and Social Care	A presentation on the Integration	Carol Baker-Longshaw Diane Eaton	1 st July 2014	Presentation and Paper for information On agenda 01.07.14
7a	Healthier Together	Presentation for Information	Gina Lawrence	1 st July 2014	Presentation for Information On agenda 01.07.14
7b	NHS South Sector Local Reconfiguration	Presentation for Decision	Gina Lawrence	1 st July 2014	Decision to be made by Board On agenda 01.07.14
8a	Trafford CCG update	Paper for Information	Gina Lawrence	1 st July 2014	Paper - On agenda 01.07.14
8b	5 Year Strategic Plan		Gina Lawrence	1 st July 2014	Public Facing Document Presentation or Paper On agenda 01.07.14
9	CCG Estate Strategy	Presentation for Information	Gina Lawrence	1 st July 2014	Presentation for Information On agenda 01.07.14
10	Trafford Partnership update	Paper for Information	Robina Sheikh	1 st July 2014	Paper - On agenda 01.07.14

	MENTAL HEALTH PROPOSALS	Overview of mental health provision to come to a future HWB meeting	Gina Lawrence	2 nd September 2014	Deferred to September Meeting
	PATIENT COORDINATION CENTRE	Presentation on the progress made and the phased introduction of services at the next HWB meeting	Julie Crossley	2 nd September 2014	Deferred to September Meeting
	THE PUBLIC HEALTH – A STRATEGIC PLAN FOR GREATER MANCHESTER	Report back on progress to a future HWB meeting	Abdul Razzaq	2 nd September 2014	Deferred to September Meeting
	GREATER MANCHESTER WORK PROGRAMME LEAVERS PILOT	Report progress to next HWB meeting	Abdul Razzaq	2 nd September 2014	Deferred to September Meeting
	FINAL PHARMACEUTICAL NEEDS ASSESSMENT	CCG to consider if pharmacies could deliver enhanced services across all localities in Trafford, and report back to the next HWB meeting.	Gina Lawrence	2 nd September 2014	G Lawrence to report on pharmacies delivering enhanced services across Trafford
	DIGNITY IN CARE	<p>Timetable of actions to be produced</p> <ul style="list-style-type: none"> • Adult Social Care Commissioning led survey in September • Meeting of adult social care providers in October • Trusts to revisit recommendations in October • Healthwatch report to be included • Coordinated report to be 	Deborah Brownlee / Hospital Trusts / Ann Day	4 th November 2014	Deferred to November Meeting

		presented to HWB meeting in November			
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Board meeting dates 2014/15 (deadline for papers and presentations)

- Tuesday 1st July (20th June)
- Tuesday 2nd September (22nd August)
- Tuesday 4th November (24th October)
- Tuesday 6th January (19th December)
- Tuesday 3rd March (20th February)

Workshop dates 2014/15

- **Tuesday 5th August –cancelled**
- Tuesday 7th October
- Tuesday 2nd December
- Tuesday 3rd February
- Tuesday 7th April

Forward Planning HWB Workshop Items Agreed

- 7th October Mental Health
- 2nd December Stronger Communities
Strategic Housing and Health
- 3rd February Strategic Clinical Network
Manchester Cancer
- 7th April Trafford Environmental Factors inc GMP, Strategic Housing and Climate

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**TRAFFORD COUNCIL
TRAFFORD CLINICAL COMMISSIONING GROUP**

Report to: Health and Wellbeing Board
Date: 1st July 2014
Report for: Information and Decision
Report of: Linda Harper, Deputy Corporate Director Children, Families and Wellbeing, Director Service Development, Adult and Community Services
Julie Crossley, Associate Director Commissioning, Trafford Clinical Commissioning Group

Report Title

Better Care Fund Update

Purpose

This report is to update the Health and Wellbeing Board on progress made in relation to the implementation of the Better Care Fund 'draft' plan in Trafford.

Recommendation(s)

- **The Board note the progress**
- **The Board agrees the proposed governance arrangements**

Contact person for access to background papers and further information:

Name: Linda Harper, Deputy Corporate Director Children, Families and Wellbeing, Director Service Development, Adult and Community Services
Extension: 0161 912 1890

Name: Julie Crossley, Associate Director Commissioning
Extension: 0161 912 9618

1.0 Background

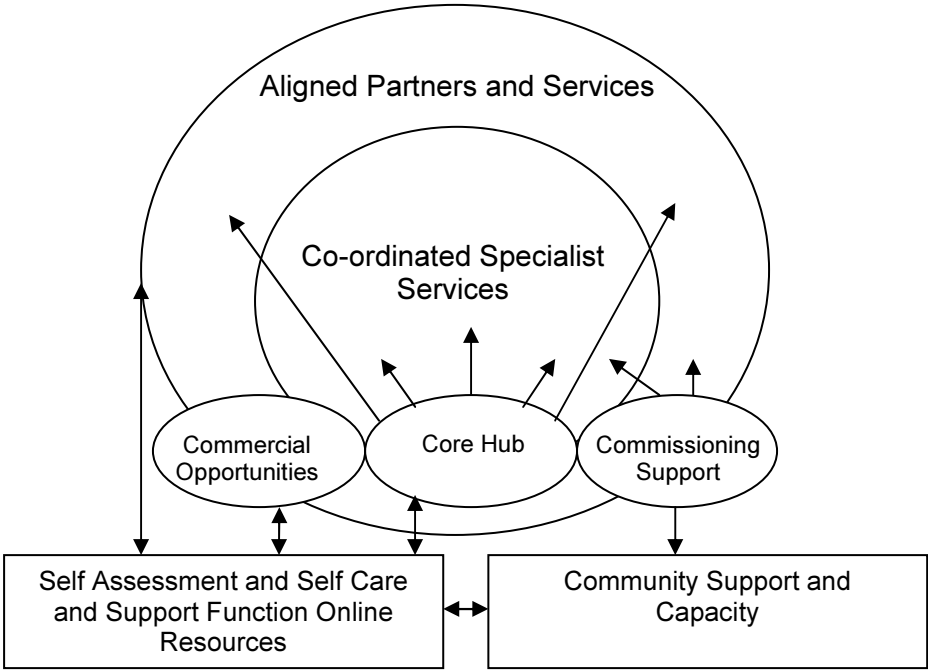
- 1.1 The national 3.8 billion Better Care Fund (formerly the Integration Transformation Fund) was announced by the government in the June 2013 spending round to further support transformation in the integration of health and social care. The BCF is intended to be a single pooled budget to support health and social care services to work more closely together at local level. The BCF seeks to bring together NHS and Local Government resources but also aims to provide an opportunity to improve services and value for money, protecting and improving social care services by shifting resources from acute services into community and preventative settings.
- 1.2 With an ageing population and increasing numbers of people living longer with multiple long term conditions the demand for social care and support is growing and is set to continue to grow in the future. By 2030 almost 20% of the Trafford population will be over 65 with a 78% increase in the number of people aged over 85. This is set against a backdrop of financial challenge, not just for Trafford but for the whole of the public sector. It is clear that the current models of delivery for health and social care are not sustainable. Such challenges highlight the need for a new and innovative solution which delivers the right support to individuals at an early stage with a focus on self-care, ensuring people maintain or increase their independence and, as a consequence, prevent or delay their need for more costly services. The Better Care Fund is a contributor to the potential solution.
- 1.3 The latest draft of the Trafford Better Care Fund Plan was submitted to NHS England as required on the 4th April 2014. A further submission has been required for the end of June 2014.
- 1.4 The draft plan further builds on Trafford's wider Integration Plan, which puts the individual at the centre of the care and support approach, ensuring that individuals in Trafford have: "the right care, at the right time, in the right place". The Better Care Fund submission will further assist with the delivery of this vision. Trafford will continue to transform integrated care to support vulnerable, frail and older people to live the life they choose as a result of innovative and joined up care and support. In parallel with the focus on complex needs there is also a commitment as an integral part of the vision to focus on early intervention and general wellness, encouraging and fostering self-resilience and independence, both for individuals and local communities.
- 1.5 The activity embedded in the draft plan consists of 3 programmes of work:
 - The development of a Trafford Early Intervention and Wellbeing Hub
 - The review and re-design of services for frail and older people
 - The review and re-design of Trafford palliative care and end of life services

2.0 Current Position

2.1 The Early Intervention and Wellbeing Hub

- 2.2 This programme of work is designed to develop an Early Intervention and Wellbeing Hub which will have both virtual and physical aspects with an overall aim to improve outcomes for Trafford residents through a more co-ordinated and integrated approach to wellbeing services for vulnerable people.

2.3 The Hub will aim to manage the increasing demand for services against decreasing resources and will involve a range of stakeholders based on a phased approach.



2.4 In 2015 there will be a fully functioning wellbeing hub in Trafford which will support individuals from birth to death. This will be Trafford resident’s first port of call if they need anything in relation to their health and wellbeing, there will be an easy to use website that connects people to community support, mobile phone applications, discussion groups and Skype sessions with professionals. It will help people to reflect on how happy they are with their health and wellbeing, set goals and link to social network support.

2.5 There will also be a physical hub within the Patient Care Coordination Centre with a small team of paid staff and volunteers who will coach and monitor people around their health and wellbeing in different community locations, based on the four localities and linked to the integrated health and social care teams. They will also link people to things happening in the community and people in similar situations who can learn from each other.

2.6 There will be a number of services and organisations that work together as part of the hub, such as substance misuse, smoking cessation and health and wellbeing services. These services will all be committed to looking at a person as a whole and all aspects of their health and wellbeing. This will build our work linked to Public Service Reform which is all about a wide range of services working in an integrated, coordinated holistic way to target resources more effectively.

2.7 The Hub will use the information about the people of Trafford to help identify where things are lacking and work with communities to develop the support that is needed. The Hub will be creative, high quality, inspiring and give people a feeling of wellbeing, confidence and importance. This will ensure that the growing demand on health and social care reduces, enabling future resources to be targeted at the most vulnerable and those with complex needs.

- 2.8 A Programme Board is in place and has a target date of April 2015 to develop the initial Early Intervention and Wellbeing Hub in Trafford. The first phase of this programme of work in 2014-15 is to carry out engagement with the public, partners service providers and internal staff to test and develop the concept. It is crucial that the Hub is designed in conjunction with the public to ensure that it is well used and provides the types of support that citizens are looking for. It is equally important that other stakeholders contribute to the emerging model given the vast scope of services that the Hub will potentially work with. A series of workshops have been held in the four localities in Trafford throughout June. The results from the engagement activity will be presented in July to support the further development of the Hub. A Voluntary and Community Sector Thought Chamber is being organised by Thrive in July which will look at how the sector might need to change and respond to address the challenges and support the Wellbeing Hub.
- 2.9 Market research has begun with the public in relation to the hub based on questions designed to develop the scope of services within the hub and the model of support offered. The questions are being used and adapted accordingly to specific audiences but cover a general theme of exploring behaviour change and aspirations. Teams and volunteers are taking these questions out to community locations such as markets, hairdressers, shops, residential care homes and local events taking place throughout June and July. Healthwatch Trafford is supporting this work and asking questions within their networks and the community. Groups such as the Diverse Communities Partnership, Youth Services, the Deaf Partnership and the Citizens Reference Board are also supporting the market research. The initial results indicate that the hub needs to look to address a number of underlying contributors to health and wellbeing such as self-esteem, coping mechanisms, body image, financial advice, learning, leisure, careers and relationships. This is in addition to some of the expected results around smoking, drinking and drug use.

3.0 The review and re-design of services for frail and older people

- 3.1 The programme will be clinically driven and will focus specifically on the pathway for frail and older patients. The project will seek to understand how services currently operate both at a borough and locality level making recommendations on how we can deliver services better and in a more integrated way. The project will be developed in future years to ensure that patients aged 60+ are engaged in preventative health care.
- 3.2 Since the initial launch of the programme a series of large transformation projects have been added to the scope of the programme. These include;
- A review and redesign of the Falls Service in Trafford
 - A review of District Nursing provision with regard to the wider Greater Manchester review
 - Develop services which enable patients to live well independently through improved access to primary care and community therapies
 - Roll out of the Alternative to Transfer project to Nursing Homes
 - The redesign of intermediate care provision
 - The implementation of a Patient Care Co-ordination Centre
 - Development of a geriatrician model

3.3 A service provision mapping day was held on June 12th 2014 which focused on the services available to complex patients both in Nursing Homes and those living independently. The outcomes of this day will be shared at the next meeting of the steering group on 2nd July where the identification of quick wins will be discussed.

3.4 Due to the complex nature of this programme a separate operations group has been established to allow service level discussions to take place separately from the overarching programme. This board will meet on a monthly basis.

4.0 The review and re-design of End of Life care in Trafford

4.1 Trafford CCG's End of Life Programme has been developed to address areas for improvement to ensure a proactive, person-centred and integrated end of life pathway which is based on national best practice and delivers improved patient family and carer experience. The programme will also establish efficient and effective monitoring of commissioned services, through contract performance to ensure good clinical outcomes and value for money.

4.2 The programme has been re-launched and will be delivered around the following themes:-

- **Redesigning Services** – We will seek to understand the journey of a patient who is deemed to be 'end of life', review service provision and implement changes to improve patient experience.
- **Education and Technology** - We will develop a comprehensive education programme for nursing home staff, primary care practitioners and hospital staff which seeks to improve clinical care and raise awareness of best practice in delivering end of life care to patients, families and carers. We will introduce new technology to enable all services to access advanced care planning documents to ensure that patient's wishes are acted upon in the final stages of life.
- **Developing the Third Sector** – We will develop the third sector in Trafford to deliver high quality care and support to patients and their families. We will introduce community awareness campaigns which are targeted at varying demographics. We will work with the third sector to 'sense check' all service redesign to ensure we are meeting the needs of our population.

4.3 A Programme Board is currently being established with an intended launch date of July 2014. A sub structure will be implemented by August 2014 to support the delivery of the above work streams.

4.4 A cross-sector workshop will be held in July in order to understand current patient and family experience of end of life care. This will underpin the rationale for any redesign of services.

4.5 A revised set of outcome measures has been developed to reflect the shift in focus of the programme.

5.0 Governance

5.1 The draft governance arrangements for the monitoring and implementation of the Better Care Fund Plan have been developed and will be fully embedded further to the agreement of the Health and Wellbeing Board. The revised governance structure is attached as Appendix 1 to the report.

5.2 The Better Care Fund Steering Group has been established and will be accountable to the Health and Wellbeing Board. The Steering Group will be responsible for ensuring the overall direction, implementation and successful delivery of the Better Care Fund. This will include decisions on the BCF spend and subsequent monitoring, in addition to overseeing the programmes of work identified through the BCF. The Steering Group's full Terms of Reference is attached as Appendix 2 to the report

5.3 The BCF Steering Group has been established specifically:-

- To provide assurance directly to the Health and Wellbeing Board on progress of the Better Care Fund and its programme of work and report on risks and deliverables
- To agree the assurance provided to the Health and Wellbeing Board
- To receive regular reports on the BCF and its programme of work, including scope, tolerances, benefits, and outcomes
- To oversee the BCF programme of work and its delivery against the BCF conditions and performance measures.
- To maintain rigorous oversight of the performance metrics associated with the BCF. The steering group will regularly monitor and review the performance against the targets and take corrective action where required
- To receive regular reports on the progress, risks and issues relating to the BCF and its programme of work
- To agree and make recommendations on investment to the Council and CCG Boards regarding the BCF shared financial resource and monitor the use of these funds. Any recommendations must be agreed by the Council and CCG governance structures and the Health and Wellbeing Board, who have final approval
- To ensure that all plans are in-line with the principles of integrated care and the BCF outcomes and ambitions
- To monitor the risks between the BCF Programmes, the Integrated Care Programme and the Commissioning portfolios
- To provide resource/assistance with removing blockers/issues associated with the BCF and its programme of work
- To ensure that the communications and engagement plans for the BCF align to the organisational communications and engagement strategies
- To ensure data sharing and communications within the commissioning teams and integrated care programme is continuous

6.0 Recommendations

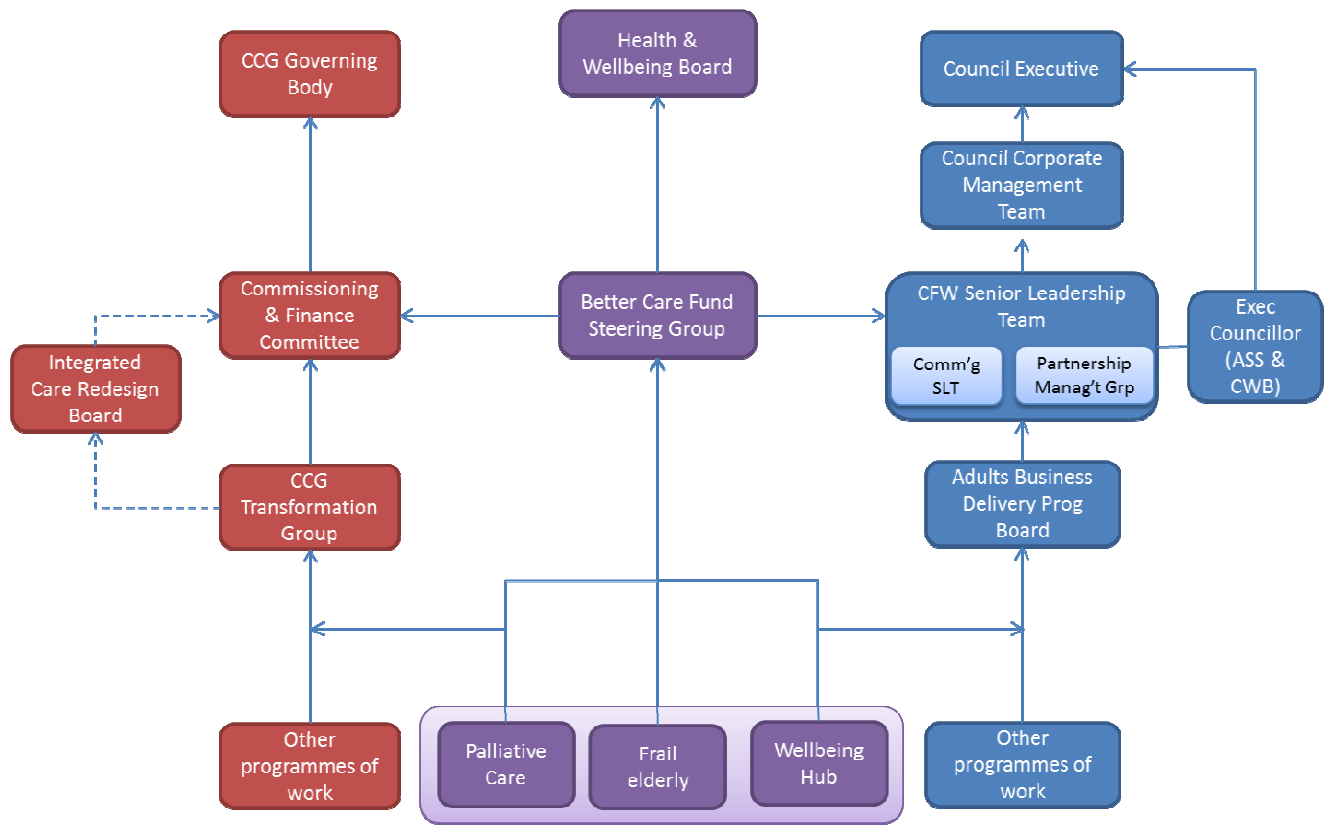
6.1 The Health and Wellbeing Board note the progress to date.

6.2 The Board agree the approach to date.

6.3 The Board agree the proposed governance arrangements.

APPENDIX 1:

Better Care Fund Draft Governance Arrangements



Name of group	Better Care Fund Steering Group
Accountable to	Health & Wellbeing Board (see appendix 1)
Overview	The Better Care Fund Steering Group is responsible for ensuring the overall direction, implementation and successful delivery the Better Care Fund (BCF). This includes decisions on the BCF spend and monitoring of this as well as overseeing the programmes of work identified through the BCF.
Terms of Reference	<ol style="list-style-type: none"> 1. To provide assurance directly to the Health and Wellbeing Board on progress of the Better Care Fund and its programme of work and report on risks and deliverables 2. To agree the assurance provided to the Health and Wellbeing Board 3. To receive regular reports on the BCF and its programme of work, including scope, tolerances, benefits, and outcomes 4. To oversee the BCF programme of work and its delivery against the BCF conditions and performance measures. 5. To maintain rigorous oversight of the performance metrics associated with the BCF. The steering group will regularly monitor and review the performance against the targets and take corrective action were required 6. To receive regular reports on the progress, risks and issues relating to the BCF and its programme of work 7. To agree and make recommendations on investment to the Council and CCG Boards regarding the BCF shared financial resource and monitor the use of these funds. Any recommendations must be agreed by the Council and CCG governance structures and the Health and Wellbeing Board, who have final approval 8. To ensure that all plans are in-line with the principles of integrated care and the BCF outcomes and ambitions 9. To monitor the risks between the BCF Programmes, the Integrated Care Programme and the Commissioning portfolios 10. To provide resource/assistance with removing blockers/issues associated with the BCF and its programme of work 11. To ensure that the communications and engagement plans for the BCF align to the organisational communications and engagement strategies 12. To ensure data sharing and communications within the commissioning teams and integrated care programme is

	continuous		
Chair	Deborah Brownlee (Chair)	Corporate Director CFW	Trafford Council
	Gina Lawrence (Deputy Chair)	Chief Operating Officer	Trafford CCG
Membership	Adam McClure	Programme Office Mgr	Trafford CCG
	Ian Duncan	Director of Finance	Trafford Council
	Imran Khan	Service Transformation Project Manager	Trafford CCG
	Julie Crossley	Associate Director	Trafford CCG
	Joe McGuigan	Chief Financial Officer	Trafford CCG
	Linda Harper	Director of Service Development, Adult and Community Services	Trafford Council
	Mark Astbury	Finance Manager	Trafford Council
	Tamara Zatman	Programme Manager	Trafford Council
	Andrea Glasspell	Programme Manager	Trafford Council
Duration of membership	To be reviewed in 8 months' time		
Frequency of Meetings	The Better Care Fund Steering Group will meet monthly. Extraordinary meeting can be held as and when required.		
Quorum/ attendance	At least two senior officers from Trafford CCG and at least two senior officers from Trafford Council.		
Deputising arrangements	Members who cannot attend should send a named representative. Linda Harper and Julie Crossley will deputise for those representing the BCF projects.		
Decisions	Representatives will have the decision making of the person he / she is representing.		
Agenda & papers	An appropriate set of papers for each meeting will be forwarded to the members at least 2 working days before the meeting.		
Minutes	The Better Care Fund Steering Group will be supported administratively by Trafford Council who will produce action minutes for the group and arrange meetings as required.		

TRAFFORD COUNCIL

Report to: Health and Wellbeing Board
Date: 1st July 2014
Report for: Information
Report of: Healthwatch

Report Title

Healthwatch Trafford Update June 2014

Purpose

To update the Health and Wellbeing Board on current activity of Healthwatch

Recommendation(s)

That the Health and Wellbeing Board note the progress

Contact person for access to background papers and further information:

Name: Robina Sheikh
Extension: 1361

Healthwatch Trafford Update June 2014

The staff and Board of Healthwatch Trafford (HWT) continue to meet with local groups and residents of Trafford as well as having our scheduled meetings with stakeholders, local commissioners and providers of services.

Work of our Engagement Officer Holly Wheeler

Since coming into post at the end of April Holly has had 37 engagement opportunities during which she met with 177 Trafford residents, 23 of these being young people between 14-21 yrs.

She has heard 24 patient stories which have been recorded on Patient Opinion.

She has met with Stretford Parents and Toddlers groups, Davyhulme knitting group, Timperley Library Reading Group and the Children in Care Council.

She has met with Trafford Compass, Stroke Association and the Centre for Independent Living.

During Dementia Awareness week she attended the Human Library event and the Age UK event in Davyhulme.

Additional activity

Monthly drop in sessions have been commenced at the Broomwood Centre in Timperley.

Staff and Board members have attended the Health and Wellbeing Workshops.

The following meetings have also taken place.

- Attended Trafford Information Network
- Attended the Trafford General Quality Forum.
- A meeting took place in May with CMFT Patient Experience Team.
- involvement in the ongoing Patient Care & Coordination Centre tender process
- Trafford's Personalisation Co-production group meeting
- Meeting with Health Overview and Scrutiny Chair.
- Attended the HOSC meeting
- Attended the Diverse Community Board
- The BME SIP
- AQUA
- Public Reference Group
- Development of the PRAP
- Market Management and CQC meeting.
- ICRB
- Ageing Well Partnership
- Greater Manchester West Mental Health
- NHS England GM Quality Surveillance Group

Care Quality Commission

Chair and Development Officer, Marilyn Murray have attended two CQC consultation meetings which were held in Manchester to look at the new inspection processes.

Healthier Together

We continue our involvement with the Healthier Together Program. We continue to attend the External Reference Group meetings and the Communications workshops.

GM Healthwatch Network

We continue to attend the monthly meetings of the GM Network.

The GM wide Arriva Patient Transport Service survey has now been presented to Arriva and the commissioners of the service.

The report was released to all our stakeholders, local MPs and the media on the 9th June.

It has been the subject of discussion on BBC Radio Manchester and an article in the Manchester Evening News

A Trafford only report is available.

Healthwatch England

A Healthwatch England committee meeting was held in Liverpool on 14th May. Healthwatch Trafford attended the Chairs and Chief Officer's workshop which took place prior to the meeting. Topics for discussion were involvement of young people, complaints and advocacy.

Healthwatch England has launched a special enquiry into unsafe discharge which will report in September 2014.

Healthwatch Trafford is taking part in this and is currently collecting patient stories and will be holding several focus groups to gather further information.

Enter and View

An Enter and View visit to the Mastercall Headquarters and Trafford Walk in Centre took place in May. A report of the findings from these visits will be available to the HWB, HOSC and the CCG once a response has been received from Mastercall

A program for Enter and View visits of both health and social care services is planned for 2014 /15. We will inform the Local Authority and the CCG Patient Experience team of services we plan to visit.

Information and Signposting Function

Since the last update there have been 16 instances of signposting or information requests from the public.

There have been 7 concerns / complaints in this time.

- 3 related to GP practices in Trafford
- Access to Sexual health services
- Physiotherapy services in Trafford.
- Fertility Services in Trafford.
- Medication problems for patient with long term condition during stay in hospital.

A more detailed account of complaints/ concerns received is shared with the Patient experience team at the CCG.

Web site activity for 2013/14

We have continued to develop the Healthwatch website throughout the year and recognise that for many people it is the first point of contact with HWT and therefore need to make it as clear and interesting as possible. The Communications Officer, Adam Webb, continues to adapt the site and add new content as and when it is available

Activity in 2013/14

- *3562 users*
- *30045 page views*
- *Average 5 pages per session*
- *Bounce rate 0.94% (represents the percentage of visitors who enter the site and bounce (leave the site) rather than continue viewing other pages within the same site. The lower the rate the more effective the site at retaining visitors)*
- *60.2% were new visitors*

HWT leaflets and newsletters can be down loaded from the website.

There is an access portal for Patient Opinion on the front page of the website which allows members of the public to leave feedback on their experiences of health and social care providers.

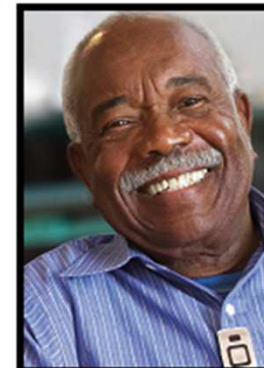
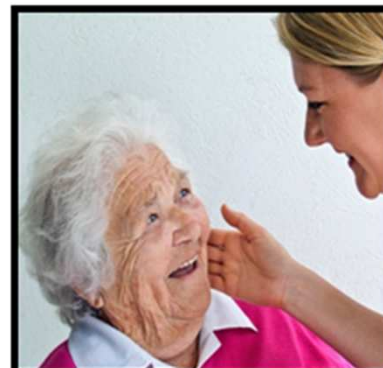
Ann Day

Chair Healthwatch Trafford.

June 2014

Trafford Integrated Health Social Care Services (IHSC)

**Presentation for
Health & Wellbeing Board
1st July 2014**



The Vision

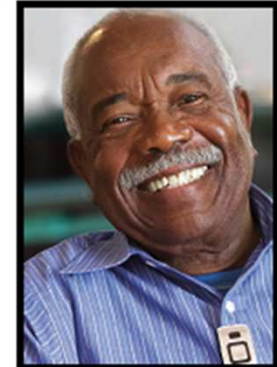
To provide Health and Social Care Services to the population of Trafford which are person centres, seamless, co-ordinated and locally provided by 2016.

Aim

Ensuring access, quality and choice of services supported by an integrated mode of service delivery

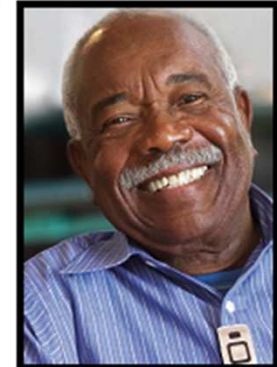
Objectives

- Integrate health and social care practitioners
- Integrate approaches to assessing, planning and managing care

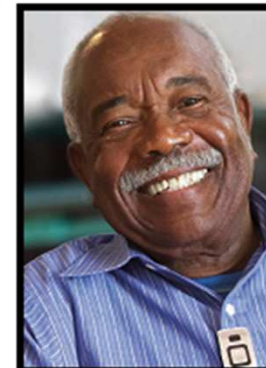
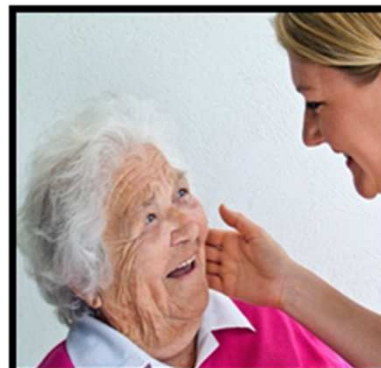
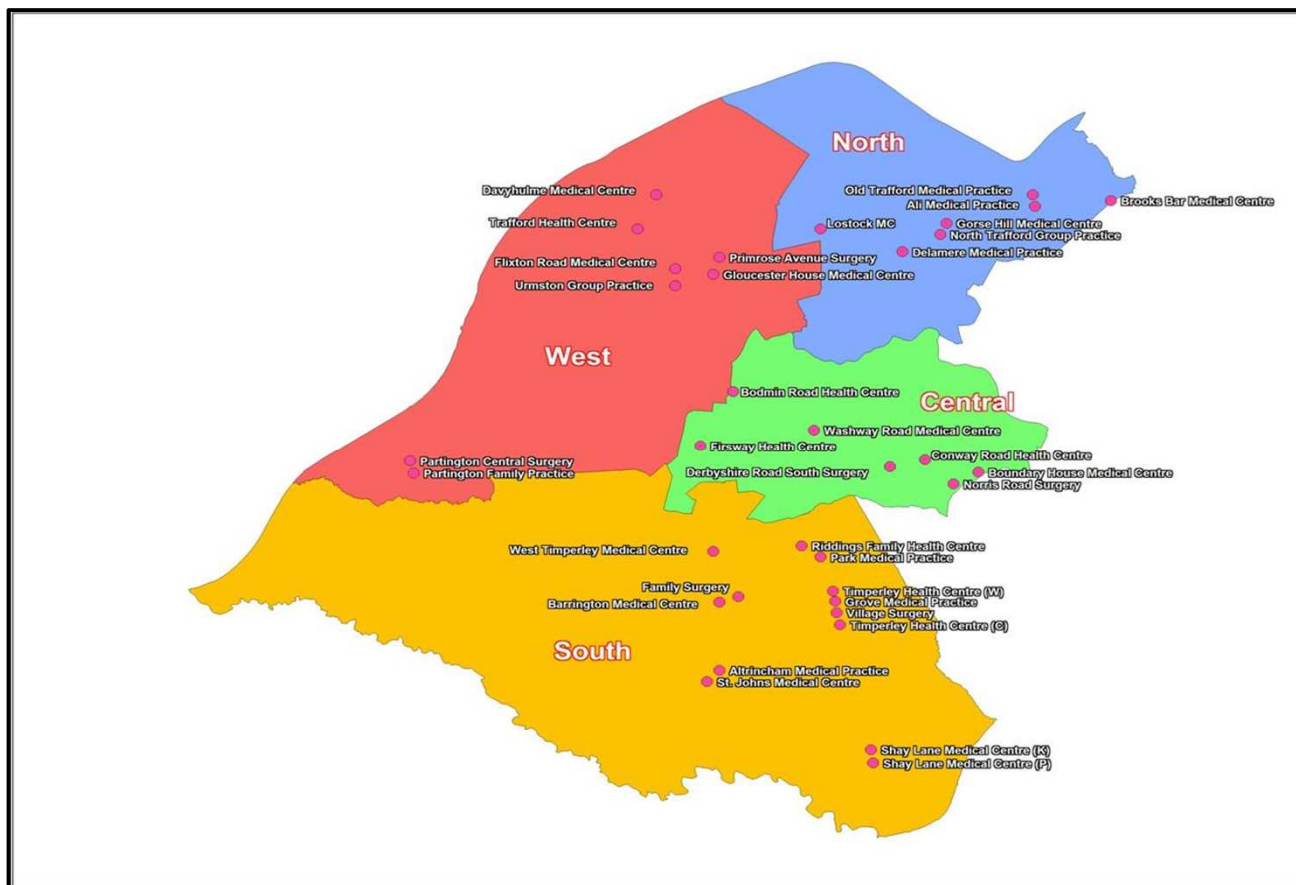


The Drivers

- Right Care; Right Person; Right Time
- Reducing emergency admissions
- Reducing re-admissions
- Reducing excess bed days
- Reducing delayed transfers of care
- Effectiveness of outpatient care planning
- Improving patient experience
- Reducing duplication of services



TCCG Locality Groups (1)



TCCG Locality Groups (2)

NORTH
(40,139)

Old Trafford
Ali MP
Lostock
Gorse Hill
Brooks Bar
North Trafford
Delamere

CENTRAL
(61,268)

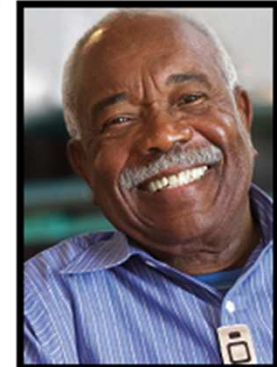
Bodmin
Washway
Firsway
Conway
Derbyshire
Boundary House
Norris Rd

WEST
(51,992)

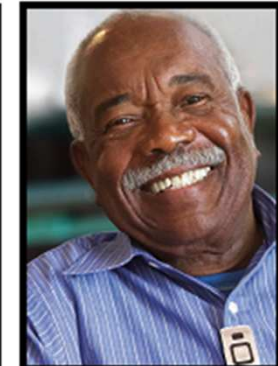
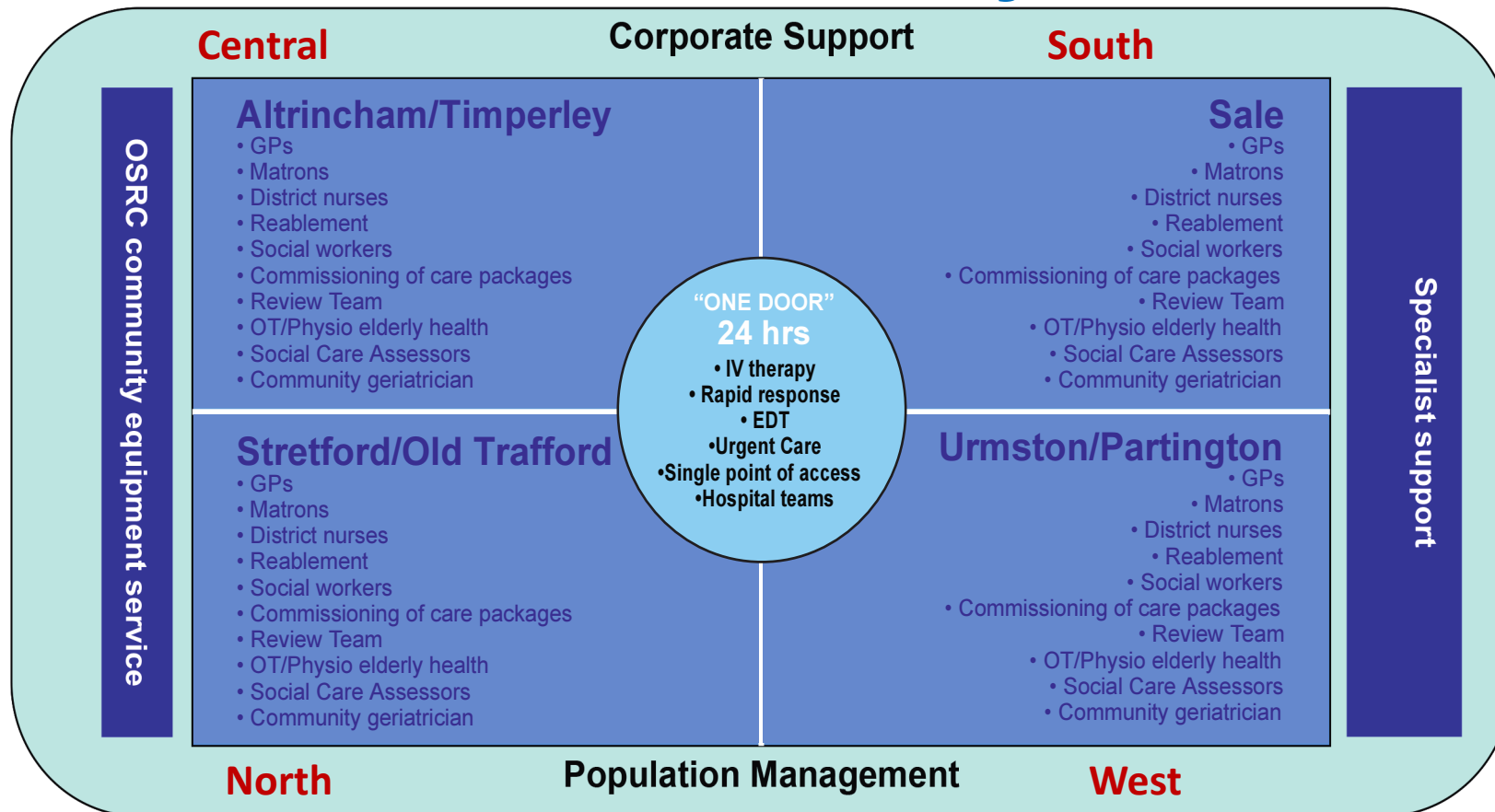
Davyhulme
Trafford
Primrose Ave
Flixton Rd
Gloucester House
Urmston Group
Partington Central
Partington Family

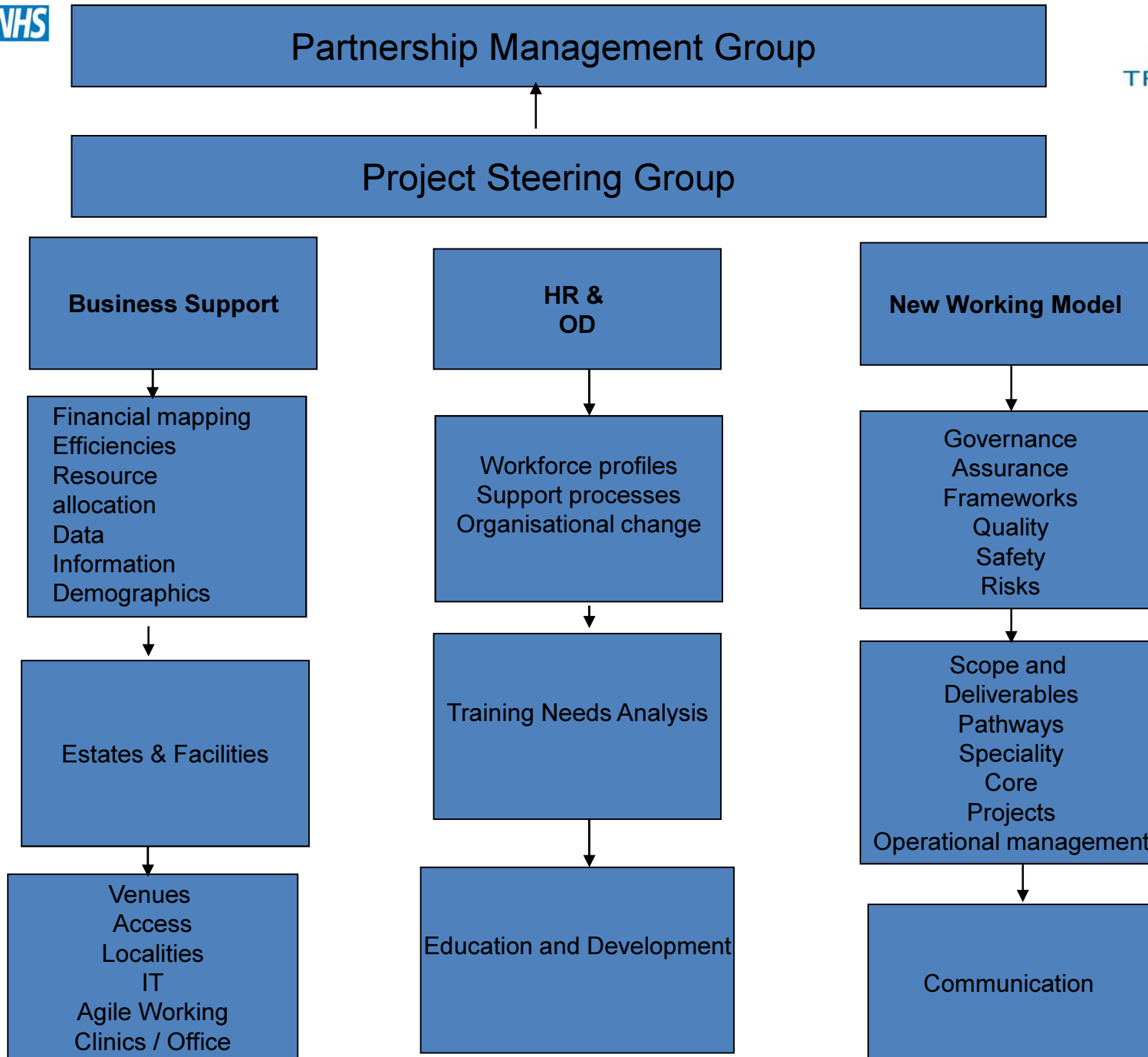
SOUTH
(76,067)

West Timperley
Riddings Family
Park
Family
Barrington
Timperley (Westwood)
Grove
Village
Timperley (Caplan)
Altrincham
St Johns
Shay Lane (Kelman)
Shay Lane (Patel)

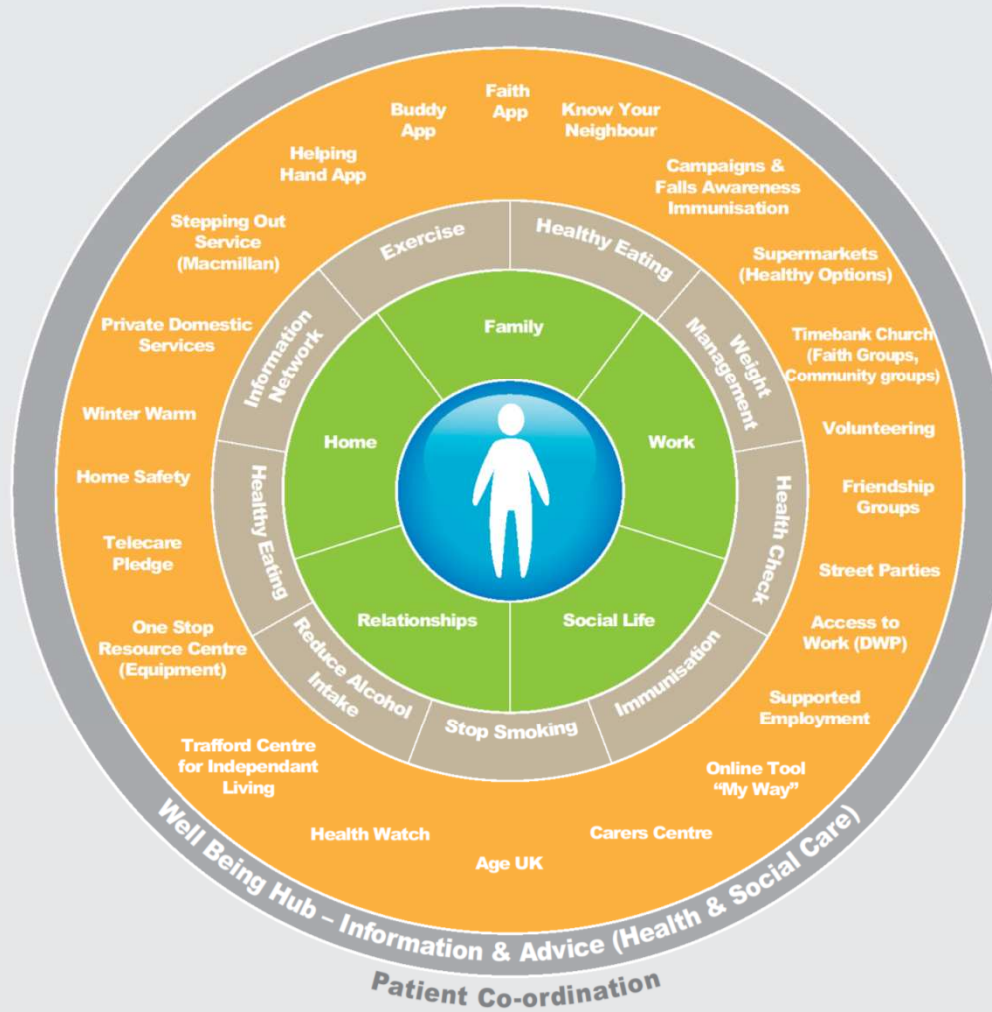


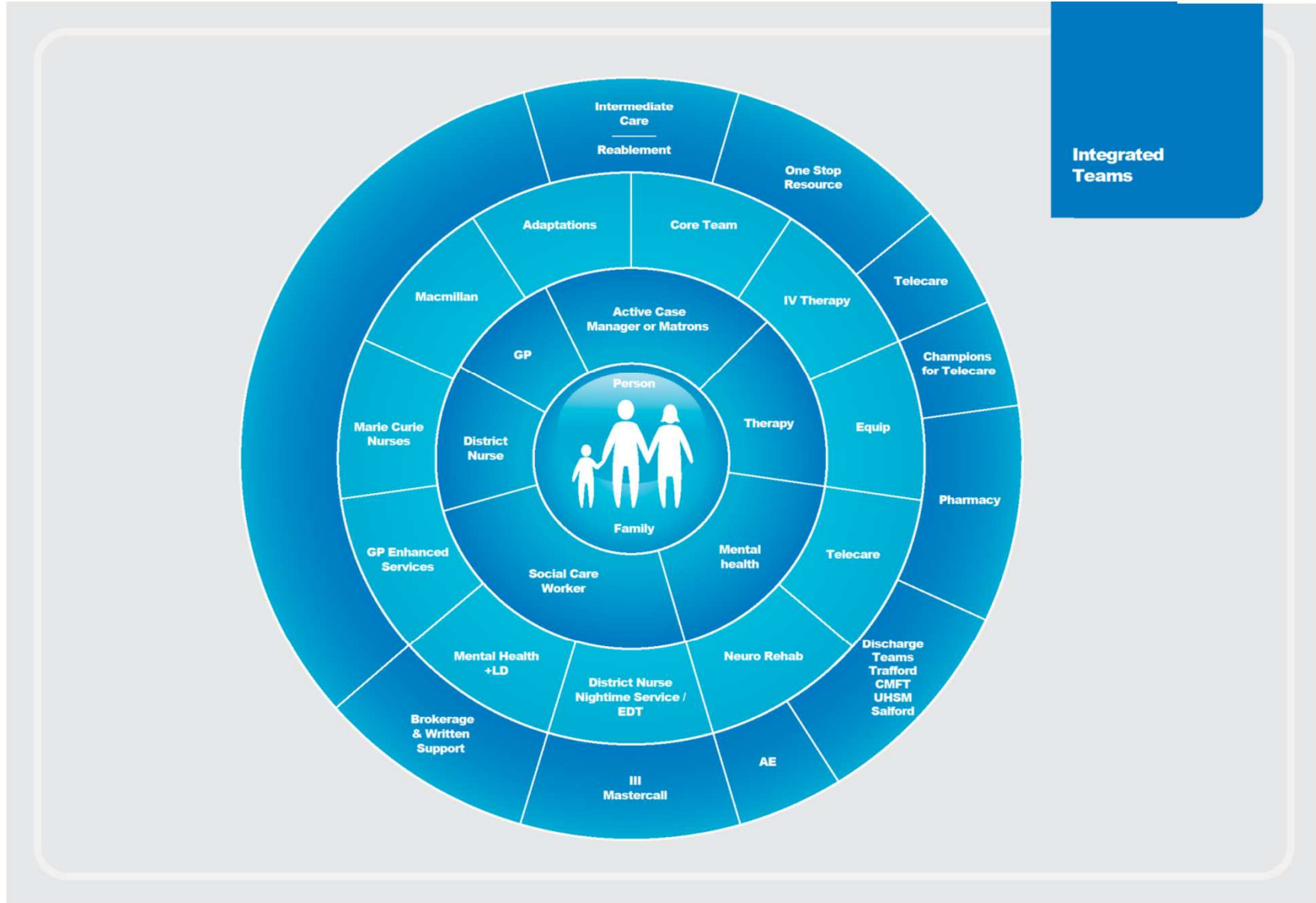
The Service Delivery Model





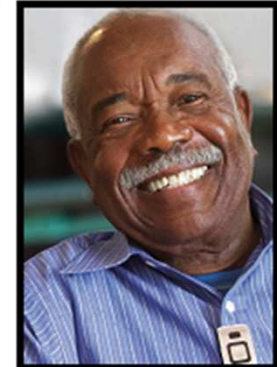
**Enabling Healthy,
Well, Independant
& Resiliant Citizens
in Trafford**





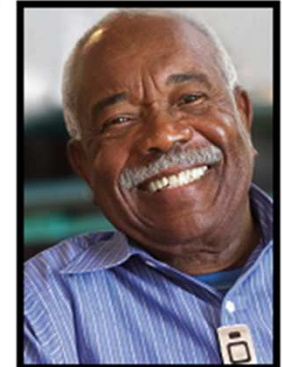
Delivering the Model.....

- Builds on the previous work
- Refreshing the What and How
- Integrating Management Structures (Sept 2014)
- Co-Location of Staff (December 2014)
- Integrating Pathways (April 2015)
- Integrating Systems and Process (April 2015)



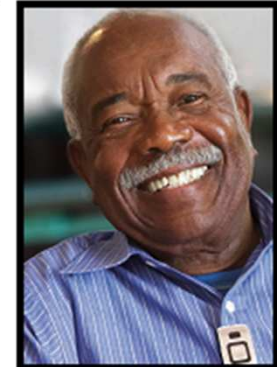
So What ?

- I can remain at home
- I can maintain my relationships with my family, friends and community
- I can manage my own care with support
- I can keep on working
- I do not need to go to hospital for my outpatient appointments, unless I need special diagnostic tests like x-rays
- I have one person who coordinates my care and I know them!!
- I know how to get help and support when I need it
- I am in control of my own social and healthcare needs
- I go into hospital less than I used to and I do not stay as long when I do



And most importantly.....

**I am happy and I feel well and
I am in charge of me!**



Right **CARE**
Right **TIME**
Right **PLACE**

NHS South Sector

Gina Lawrence

Chief Operating Officer & Director of
Commissioning, NHS Trafford CCG

Health & Wellbeing Board: 1 July 2014

Background

Right **CARE**
Right **TIME**
Right **PLACE**

- Southern sector – Tameside, Macclesfield, Stepping Hill and UHSM
- Financially challenged – approx £120 million gap
- Team put in place by the DOH supported by Monitor and the TDA
- External team working with trusts and all commissioners together in the area
- 12-week programme of work

Objectives

Right **CARE**
Right **TIME**
Right **PLACE**

- Align with Healthier Together (accelerated timeline)
- Agree a set of potential options for reconfiguration of the southern sector
- Use of criteria
 - financially viable (for the whole sector – providers and commissioners)
 - Travel times
 - Delivery of minimum standards of care
 - Is aligned with commissioning plans
 - No new buildings

Work to date

Right **CARE**
Right **TIME**
Right **PLACE**

- Currently seven possible models – to reduce to four
- Single sites for services such as MSK / urology
- One CDM1
- All models close the financial gap but don't resolve it completely
- CCG governing bodies will need to sign these models off
- They will require public consultation
- Monitor / TDA / DOH will expect a solution
- Tameside considering becoming an ICO
- Providers to work through cooperation models, such as franchise, mergers and JVs
- Initial modelling complete within the next fortnight

TRAFFORD COUNCIL

Report to: Health and Wellbeing Board
Date: 1 July 2014
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 (CCG) 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 to the Governing Body in April 2014. This section considers locality specific issues referencing links to Greater Manchester and national issues where relevant.

Part 2: is the Integrated Care update which is a summary from the programme office. Following the internal meeting of the Operations and Commissioning group this report is updated by the programme office to inform both the Governing Body and the Health and Wellbeing of relevant progress and to provide reassurance of the internal monitoring. It provides a position statement for the entire Integrated Care Programme on a project specific's basis.

2.0 PART 1: COMMISSIONING ACTIVITIES UPDATE

2.1 South Sector Work

Trafford CCG continues to be an active member of the South Sector Board. This is being led by the DOH as part of the challenged economy work. A number of models have been worked up to look at options for services across the south sector. There are a number of criteria that the models are measured against, such as transport times and viability. The next stage will be to reduce the modelling down to a number of options that can be looked at in more detail.

3.0 NHS GREATER MANCHESTER UPDATES

3.1 Healthier Together

Conversations with stakeholders and the public continue across the 10 localities. All CCGs through their communication leads have reviewed the material which is to be used to ensure that this reflects the current position but also ensures that it is clear for the public to understand the changes which are being considered. The changes proposed are not just considering the service reconfiguration within the acute sector but it has a greater emphasis on the changes which will be required within Primary Care and also as part of local plans to deliver integrated care. For Trafford, changes within Primary Care are set out in the new Primary Care Strategy which is being finalised which will set out changes which will be delivered to increase access, and an increase in the number of local enhance services. Trafford continues to be work collaboratively with the Healthier Together programme through the Committee-in-Common (CiC).

The Healthier Together Committee-in-Common and Clinical Reference Group continue to meet regularly. The Chief Clinical Officer is a member of both groups.

4.0 Estates Strategy

The CCG is progressing the following estates work streams which are set out in the strategic plan. These support the delivery of the integrated care model will support the primary care strategy. There will be two hubs one in the North and one in the South as described below in 4.1/4.2

4.1 Shrewsbury Street- led by Trafford Housing Trust

Relocation of current occupants to temporary premises – October 2014
Building work commences March 2015
Centre Operational from March 2017
Consulting with NHS England and North Locality to agree Primary Care Provision
Regular Meetings with Trafford Housing Trust
Expressions of interests from Primary care being sought

4.2 Community Hub (Altrincham Site) - led Trafford CCG

Principles Agreed for the Centre

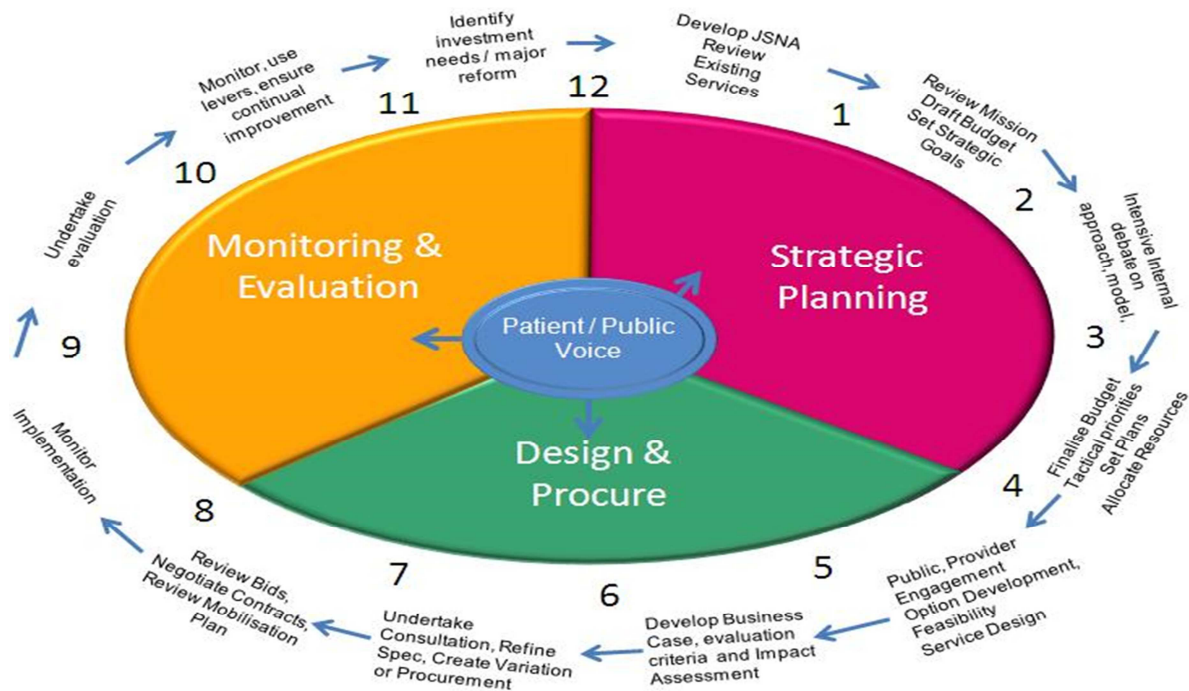
- Name of the Building
- Purpose
- Operating Times
- Aesthetics

5.0 **NATIONAL UPDATES**

5.1 Co-Commissioning of Primary Care

Simon Stevens, Chief Executive of NHS England, announced a new option for local CCGs to co-commission primary care in partnership with NHS England. CCGs will have new powers to improve local health services under a new commissioning initiative designed to give CCGs greater influence over the way NHS funding is being invested for local populations. Mr Stevens invited CCGs to submit expressions of interest in taking on enhanced powers and responsibilities to co-commission primary care. This outlines that in any local changes there will be no conflict of interest.

Within Greater Manchester it has been agreed to a consistent approach. Therefore a framework for the Co-commissioning of Primary care commissioning has been agreed. This framework recognises that commissioning is a process from needs assessment, design and planning of services, procurement, contract management and review. The diagram below shows the elements of the commissioning cycle.



The framework is based on a number of principles:

- Planning of primary care services should be done as locally as possible
- Improving quality of primary care services should be done as locally as possible
- Co-commissioning will support the already agreed Greater Manchester Primary Care Strategy and standards?
- Some plans and decisions will need to be consistent across Greater Manchester to support the strategic development of primary care (Inc an EG?)
- There needs to be transparency of resource allocation/management so those planning services are confident about the level of resources available to support those plans
- The direction of travel is towards a 'place' based budget
- Data about practices (quality, performance, workforce) will be shared across the AT and CCG commissioner in support of this (via transparent agreements and safeguarded and governed appropriately)
- Co-commissioners will work together to make the most effective use of the scarce commissioning support available

CCG's within Greater Manchester are to submit by the 20th June their local plan which sets their local changes and the aspirations of their CCG's, how it will develop co-commissioning arrangements in going forward. Trafford's position is being finalised and will be submitted to NHS England. As part of this, Trafford CCG will review its capacity and resources required to incorporate these changes within its Primary Care commissioning team

5.2 Care.Data Scheme for Sharing Patient Information

In May, the Care Bill received Royal Assent and became the Care Act and for the first time made clear a statutory basis for sharing information that will enable the

tracking of patient outcomes across health and care services. The new law means that a person's data can only be shared and analysed when there is a benefit to healthcare, never for other purposes, and that all uses will be scrutinised with full transparency by an independent statutory body. In addition, there will now be a legal basis for people to stop their data being shared if they wish to.

There will be a phased roll out for the care.data programme, starting with between 100 and 500 GP practices in the autumn. In this way, the best ways of supporting GPs to ensure patients are informed of the purposes of this data sharing, its safeguards and how they can opt out, can be refined and tested with complete transparency. An Independent Information Governance Oversight Panel (IIGOP) has agreed to advise the care.data Programme Board and Senior Responsible Owner on the implementation of the programme, and in this context to evaluate the first phase pathfinder stage.

5.3 Commitment to Carers

NHS England has published its Commitment to Carers document, which sets out how it aims to help carers to provide better care and to stay well themselves. The 37 commitments are spread across eight key priorities which include raising the profile of carers, education and training, person-centred coordinated care and primary care. This has been developed in partnership with carers, patients, partner organisations and care professionals over the past few months. NHS England will continue to listen to those closer to the frontline including CCGs and healthcare professionals.

6.0 **RECOMMENDATIONS**

The Governing Body is asked to note the contents of the update.

7.0 **PART 2: INTEGRATED CARE PROGRAMME UPDATE**

The next section is the Integrated Care Update and is in the form of a highlight report. It provides a position statement for the entire Integrated Care Programme. The highlight report breaks down each of the work stream detailing the progress made over the previous reporting period, highlight any issues and detail the planned next steps.

**TRAFFORD INTEGRATED CARE PROGRAMME:
HIGHLIGHT REPORT**

Integrated Care Update

Op Lead: Adam McClure
Exec Lead: Julie Crossley
Clinical Lead: Michael Gregory



1. Introduction & Background

This highlight report provides an update to the Governing body on the progress of Trafford's Integrated Care Programme. The report provides a summary for each of the work streams detailing further progress which has been made since the previous reporting period; it highlights any issues and details the planned next steps.

Governance Changes

A new governance arrangement for the Integrated Care programme was launched in May 2014. The Transformation Steering Group, which replaces the Commissioning & Operations Steering Group, has had its first formal meeting in June 2014. This group will be the forum to report progress, share and evaluate risks and to develop solutions to any barriers which prevent progress. The Transformation Steering Group will meet bi monthly to align with the reporting requirements for the ICRB and the Governing body.

As set out in the CCG's strategic plan, Trafford has a comprehensive work programme which will deliver improvement changes which will monitor and report delivery of these as well as the details of the achievements against:

- Reduced in 15% unscheduled care activity (over 5 years)
- Reduction in 10% scheduled care activity (over 5 years)

This report is the highlights from the first meeting of the Transformation Group.

2. 2013-14 Programme Highlights

Integrated Care Redesign Board

Trafford Integrated Care Design Board. (ICRB) was originally the forum which monitored the progress of "Trafford New Health Deal" and provided an opportunity for Trafford Primary Care Trust now Trafford CCG to share and engage with all stakeholders on the delivery of its integrated care programme.

At the meeting in May, the CCG made recommendations to the ICRB on the future requirements of the board. These were as follows:

- 1. Independent Chair** – the ICRB has had an independent chair which has supported the progress of the New Health Deal and other integration projects through this board. The Chair brings a level of impartiality to the board and challenges the organisations to progress improvements.
The Board was agreed that the existing independent chair should continue for a further 12 months
- 2. Trafford Urgent Care Operations group** – as part of the implementation of the changes across Trafford following the "New Health Deal" an operations group was responsible for ensuring that a multi organisational group was set up to ensure delivery. This group has

representatives from across all Health acute providers, Pennine Care, Greater Manchester West, NWAS and Trafford Council. This group wanted to continue but to focus on performance, flow of Trafford patients and the delivery of changes led by the CCG as part of delivering their strategic 5 year plan.

The Board agreed that this group should change into a Trafford Urgent Care Board, chaired by a Trafford CCG Clinical Director with all organisations represented.

- 3. Reporting cycle** – Trafford Integrated Care Programme is a whole system programme and is set out in the strategic plan. It was proposed to reduce the reporting cycle of the ICRB to a bi-month meeting in-line with the reporting requirements of the CCG Governing Body.

This Board agreed to this change

Unscheduled Care

The CCG's is working with all partner organisations to reduce the existing pressure on acute hospitals. As set out in the CCG's strategic plan, there are a number of schemes which will contribute to the 15% reduction in unscheduled care activity to acute Trusts.

Pennine Care Dashboard

The CCG is working with Pennine Care to develop its dashboard for the new Community Enhanced Services. Significant progress has been made with the implementation of all the services. The new dashboard is now providing the evidence of the numbers of referrals in the following format:

- By practice;
- The outcome of each referral; and
- Matching demand against capacity.

The CCG is now working with Pennine Care to evaluate the impact on acute Trusts. It is important for the CCG to evaluate the added value from this investment.

It is anticipated that by July, the CCG will be able to have internal reporting to the new Quality and Performance Committee on the impact of the Community Enhanced services on acute activity.

This activity and impact will be monitored through the new Trafford Urgent Care Group which will identify the impact of the service on reduced activity to the A&E departments at the acute Trusts.

Intermediate Care Provision review

An Intermediate Care Review, following the New Health Deal, has been undertaken. The outcome of this review has been for the CCG to increase on a non-recurrent basis Intermediate Care Capacity. Following joint discussions with South CCG, a joint review of Intermediate Care service in Trafford and South Manchester is to be undertaken. This work is to commence in July. This has the objective to ensure a simple system which will have a service which will include

bedded facilitates as well as services to support patients within their own homes and meet the requirements for step up and step down clinical requirements.

Trafford CCG is also part of the national; Intermediate Care national Audit.

Mental Health

Memory Assessment and Treatment Service

The expanded Memory Assessment and Treatment Service have successfully increased the diagnosis of dementia to more than 50% of the estimated Trafford population and range of post-diagnostic support services in line with a refreshed local multi-agency Dementia Strategy Action Plan

Community Eating Disorders Service

The Community Eating Disorders Service has continued to provide an effective service with expanded community clinics in Trafford and continued avoidance of inappropriate admissions to specialist Tier 4 beds

Shared Care Protocols

Shared care protocols for the initiation and follow up of antipsychotics medications are now under review by the CCG's Medicines Management Lead supported by the additional committed mental health pharmacist capacity.

Rapid Assessment, Interface and Discharge

The Rapid Assessment, Interface and Discharge (RAID) service has been implemented

Access to Psychological Therapies

The Improving Access to Psychological Therapies (IAPT) service has continued to be implemented. This service has continued to reduce waiting times for all patients to less than 18 weeks and is performing in line with the required national improvement trajectories for improved access and recovery rates. A summary business case has been developed to achieve the required CCG target to ensure access to 15% of the 30,000+ population of people with common mental health problems in Trafford and at least 50% clinical recovery of all those accessing treatment.

Scheduled Care

Diabetes Strategy

The Clinical lead for Diabetes Network has been appointed and is working with the team to undertake a full Stocktake of the service. This will support the network will now be established to drive the diabetes strategy forward.

Atrial Fibrillation

Initial meetings with Central Manchester NHS Foundation Trust and the Community Cardiology service to design the clinical pathways to managing AF in Primary Care and agree the principles of the e-consult service. The Clinical Referral Management programme group will be working towards the production of a business case to look at options for ECG's across Trafford following a visit to Broomwell Healthwatch Ltd the Greater Manchester provider for all CCG's.

Community Dermatology

The Community Dermatology procurement is currently paused, the GMCSU is to confirm a timetable and procurement officer and final meeting with South and Central CCG's to finalise the service specification.

Minor Eye Conditions Services

The Minor Eye Conditions Services is an AQP Service being procured by the CSU for a number of Greater Manchester CCG's. The next step will be for all CCG's to finalise the specification. A clinical lead for Ophthalmic Services within Trafford has been agreed.

Primary Care

Co-commissioning Expression of Interest

In response to NHS England's letter of 9th May 2014, following direction from Simon Stevens, NHS England Chief Executive, Trafford CCG has submitted and expression of interest for new co-commissioning arrangements of primary care to NHS England.

The new co-commissioning arrangements are designed to enable the CCG to commissioning more effectively and deliver our integrated care aspirations for care outside of hospital.

Trafford CCG hopes that by having a broader range of devolved responsibilities and budgets we can deliver on our commissioning strategic plan with greater assurance by having a greater role in determining how local decisions and developments are made.

Primary Care Strategy

NHS Trafford CCG has produced its strategy for integrated primary care. The strategy has been produced alongside member practices, who have informed its development. The strategy outlines a model in which Trafford CCG operates within four localities. Each locality being clinically led, will work collaboratively to deliver a new model which integrates health and social care around the hub of general practice. Further benefits of having a hub in each locality, will deliver a broader range of access and services to improve care for patients.

Where locality level services are appropriate, these new services will be commissioned on a locality basis to reduce inequity of services offered to patients and enable the shift of resources from acute care into primary care.

Supporting this will be investments in information systems to enable improved continuation of care and facilitate information sharing such that all members of the care team can deliver an improved intervention by having access to patient information.

The strategy is underpinned by the aspirations of the

Enhanced Access

Following extensive engagement with member practices, Trafford CCG is investing in primary care to deliver greater access to and range of services which are offered to patients. Member practices have indicated that this model of enhanced access is best delivered at locality level rather than at an individual practice level.

At a locality level, patients will be able to access planned care at the weekends and in the evenings giving patients new levels of access to care delivered closer to patient's homes.

Health & Social Care Integration project

Pennine Care and Trafford Borough Council have commenced a project to integrate their Health and Social Care teams. The objectives of the project are to

- Integrate health and social care practitioners; and
- Integrate approaches to assessing, planning and managing care.

This project will see the teams come together under one joint management structure. The teams will be established across the neighbourhood footprint described in the primary Care Strategy. Close links have been formed with the CCGs integrated care projects, specifically the Primary Care Strategy and the Frail & Older People Programme.

3. Better Care Fund

Frail & Older People

As part of the phase 1 of this programme, a mapping event designed to draw out the current service provision for Frail and Older People was held on the 12th June 2014. This event was well attended by a number of partner organisations including North West Ambulance Service, Social Services, Community Services, Acute Trust and 3rd Sector providers.

The Governance of this programme has been reviewed to ensure the connectivity of a number of service reviews which will impact on this programme to feedback into the Steering Group for Frail and Older People. These include:

Falls service

Falls affect 30% of people over 65 and 50% over 80 and are a major cause of hospital attendance and admission. Falls and fragility fractures require a common prevention strategy; both are associated with high mortality, morbidity and cost. Nationally evidence has shown that annual costs of fragility fracture care cost over £2 billion.

Locally the CCG has gathered considerable evidence that would support these assumptions and in particular high numbers of excess bed days associated with a diagnosis of fractured neck of femur in people aged 65 and over. Evidence has also shown that following a fall and episodes of hospitalisation there is often a long-term deterioration in the individual's health leading to an increased dependency on both health and social services

Following review of this evidence the commissioning team, working in partnership and parallel to the Public Health Team who are currently developing a Falls Strategy, are developing a fully costed business case that will seek to establish a robust evidence based and clinically appropriate Integrated Falls Service.

This business case will be monitored through the Transformation group with recommendations being presented to the Commissioning and Finance Group.

End of Life (Previously Palliative Care)

The Palliative Care Project initiation Document (PID) has been re-drafted and the project has been renamed the End of Life Project. This has been completed to ensure the focus of the project encompasses all aspects of end of life care. The New PID reflects the requirements from the Better Care Fund and ensures a greater input from the 3rd Sector and Children's services. The project is to focus on the 3 keys areas:

- Service provision
- Education
- Third sector

This programme has a new governance structure in place which has been signed off by the Better Care Steering Group. The programme has clear KPI's which sets out to improve the number of patients who chose to die at their usual residence

The Health and Well being Hub

This is the third project within this programme. This initiative is being led by the Council. This will create an early opportunity for the people of Trafford to be able to assess their requirements and to sign to the appropriate health and wellbeing services. This project is currently being developed into a PID which will be presented to the Transformation group for information.

Better Care Funds Next submission

All CCG's are to resubmit their Better Care Funds in June, along with their Strategic plan. For Trafford the new submission will include the revised PID for the 3 programmes. These have been amended due to further progress being made together with more information relating to the metric for providing evidence of improvement to the local population.

4. Patient Care Coordination Centre (PCCC)

The PCCC procurement continues to progress according to timescale. Dedicated sessions have been held with the bidders to ensure that the solutions are being developed in line with the CCG's vision. The detailed dialogue process which is taking place with themed dedicated sessions facilitate clarify to be made between the CCG and the bidders and define the functional and technical aspects of each Bidder's solution, to identify key cost drivers and address areas of risk, and to permit drafting of the contract.

The detailed dialogue sessions commenced in April, and to date 4 sessions have taken place separately with each Bidder. These have so far focussed on clarifying the Bidders' functional approach to service delivery, including the approach to managing both scheduled and unscheduled care; as well as exploring how patient experience and engagement will be addressed within the PCCC.

Further sessions are scheduled in late June to consider the development of the IM&T solution. Once the CCG is confident it can identify solutions capable of meeting its needs – once all material, financial, technical and legal issues have been resolved - then a final PCCC specification will be drawn up which both Bidders will be invited to tender against. It is anticipated that detailed dialogue will continue until the July 2014.

This is in line with the original timescale set out to the Governing body at the commencement of this exercise.

- Completion and closure of dialogue and completion in September.
- Invitation to Submit a Final Tender (ITSFT) stage, contract award is scheduled for the early October 2014 service commencement on April 2015

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Welcome to our quarterly e-bulletin, highlighting some of the activities happening across the Trafford Partnership.

The Trafford Partnership brings together public and private organisations, such as police, health, housing, leisure, college, council and local businesses, alongside voluntary, community and faith groups. Partners work together to support Trafford's residents and communities and to achieve a common vision; that is thriving, diverse, prosperous and culturally vibrant. To find out more visit our website www.traffordpartnership.org



Serving Stories

The Armed Forces Partnership, working with Imperial War Museums North has secured a grant of over £51,000 from the Armed Forces Community Covenant for an inspirational 'Serving Stories' project. 'Serving Stories' will enable ex-forces personnel to share their stories to through inter-generational and inter-cultural activities across Trafford's service and non-service communities.

[For more information click here](#)



Residents to decide on community grants

Three of Trafford's Locality Partnerships are inviting local people to decide on who should receive £90,000 from the Council's grants pot. There is still time for community groups to apply; closing date for applications Monday 9th June. The shortlisted projects will go through to local voting events, where residents will get to decide who receives funding. Urmston & Partington is at Partington Community Centre on 5th July, Old Trafford & Stretford is at Stretford Leisure Centre on 12th July and South Trafford at Altrincham Town Hall on 19th July. Please encourage community groups to apply, and residents to come along to these fantastic events.

[For more information visit www.thrivetrafford.org.uk](http://www.thrivetrafford.org.uk)



Trafford is 40

On 1st April 1974 Trafford Metropolitan Borough was formed, which created Trafford as a single place. Trafford Partnership and Trafford Council are celebrating this 40th year anniversary with a programme of events and activities that will celebrate everything that is great about Trafford. On 1st June we held the Big Trafford Lunch, a day of street parties across Trafford, and we are looking for the 40 Faces of Trafford.

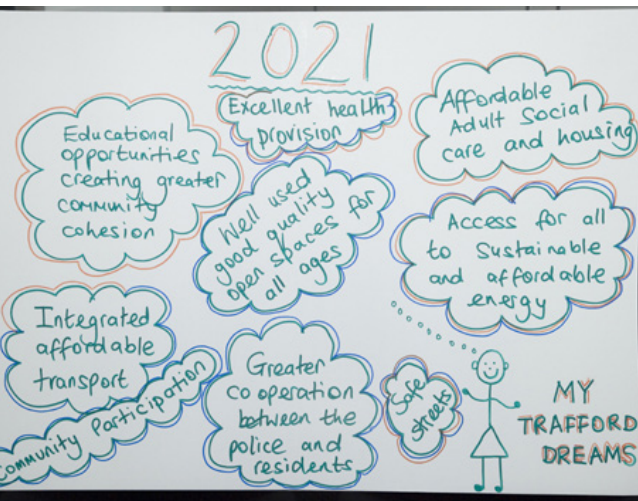
[For more information click here](#)



Partnership Conference April 2014

Our annual conference welcomed 200 voluntary, community, faith, private and public sector delegates to the LifeCentre in Sale. The excellent guest speaker, Cormac Russell, delivered an engaging, informative and interactive day on Asset Based Community Development. To read about the Conference and for information sheets on Asset Based Community Development click below.

[To find out more click here](#)



Vision 2021 Community Strategy refresh

The Partnership is refreshing our Community Strategy, which sets out what we want to achieve by 2021. We want to recognise our achievements so far, reflect changes in our environment, economy and community and focus activities over the next 7 years. Our new 2021 vision is for Trafford to be **'A place where our residents achieve their aspirations, and our communities are thriving.'** We welcome your views, and on what you think we should prioritise.

[To find out more click here](#)



Trafford Partnership's new Executive Chair Group

The Partnership Executive has appointed a new Chair Group. Cllr Sean Anstee, Leader of Trafford Council, Matthew Gardiner, Chief Executive of Trafford Housing Trust, and Rev. Roger Sutton, Chair of the Strong Communities Partnership, have taken over the reins from Cllr Matt Colledge, and his vice-chairs Neil Smith and Ralph Rudden, who we all thank for their contribution to the leadership of the partnership.



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