



**TRAFFORD
COUNCIL**

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

Date: Tuesday, 3 March 2015

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 6 January, 2015.	To Follow
3.	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.	
4.	ACTION LOG To receive an update from the Chief Clinical Officer, NHS Trafford Clinical Commissioning Group.	1 - 2
5.	BETTER CARE FUND UPDATE To receive a report from the Chief Operating Officer, NHS Trafford Clinical Commissioning Group.	To Follow
6.	THE CARE ACT UPDATE To receive a joint presentation from the Programme Manager, Children, Families & Wellbeing and the Joint Director for Adults (social care).	3 - 12

Health and Wellbeing Board - Tuesday, 3 March 2015

7. PATIENT CARE CO-ORDINATION UPDATE

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

To Follow

8. TRAFFORD HEALTH AND WELLBEING BOARD STRATEGY ACTION PLAN

To receive a report from the Director of Public Health.

To Follow

9. SEXUAL HEALTH ACTION PLAN UPDATE

To receive a report from the Director of Public Health.

13 - 22

10. LOCALITY PLANNING

To receive a report from the Head of Partnerships & Communities.

To Follow

11. DEVO MANC

To receive a joint verbal update from the Chief Clinical Officer, NHS Trafford Clinical Commissioning Group and the Executive Member, Adult Social Services and Community Wellbeing.

Verbal Report

12. TRAFFORD CLINICAL COMMISSIONING GROUP UPDATE INCLUDING HEALTHIER TOGETHER

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

23 - 28

13. HEALTHWATCH TRAFFORD UPDATE

To receive a report from the Chairman of HealthWatch Trafford.

29 - 32

14. HEALTH FUNDING FOR SOCIAL CARE 2014/15

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

To Follow

15. DATES OF FUTURE MEETINGS

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

To Follow

16. KEY MESSAGES

To consider the key messages from the meeting.

17. URGENT BUSINESS (IF ANY)

Health and Wellbeing Board - Tuesday, 3 March 2015

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.

THERESA GRANT

Chief Executive

Membership of the Committee

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

Further Information

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

Chris Gaffey, Democratic and Scrutiny Officer

Tel: 0161 912 2019

Email: chris.gaffey@trafford.gov.uk

This agenda was issued on **23 February, 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 & Well Being Board
Date: 3rd March 2015
Report for: Information
Report of: Dr Nigel Guest, Chair of Health and Wellbeing Board

Report Title

Health and Wellbeing Board Action Log 6th January 2015

Purpose

The Action Log provides an update on the actions from the last Health and Wellbeing Board meeting on 6th January 2015

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, Communities Officer x1361

ACTIONS ARISING: Health and Wellbeing Board Meeting 6th January 2015

Date 3rd March 2015

Action Ref No.	Meeting Date	Item No.	Item	Action	Action Lead	Status
1	06/01/15	7	Co-commissioning	Terms of Reference to be forwarded by Rob Bellingham to the Partnerships Team; Robina Sheikh contact Rob Bellingham to request that they are forwarded	Rob Bellingham & Robina Sheikh	Update due at HWBB 03/03/15
2	06/01/15	10	Sexual Health Needs Assessment	Update to be provided to future meeting on the data and Action Plan	Abdul Razzaq	HWBB agenda 03/03/15



TRAFFORD
COUNCIL



Care Act – HWB Board March 2015

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Agenda Item 6



Reshaping Trafford Council

THE COLLEGE OF
SOCIALWORK
The voice of social work in England

The National
Skills Academy
SOCIAL CARE



INTRODUCTION

- § The Care Act received Royal Assent on 14 May 2014
- § The Act is in three parts:
 1. **Care and support**
 2. Care standards
 3. Health
- § Part 1 of the Act consolidates and modernises the framework of care and support law:
 - § New duties for local authorities
 - § New rights for service users and carers

**Represents the most significant change to
adult social care in more than 60 years**

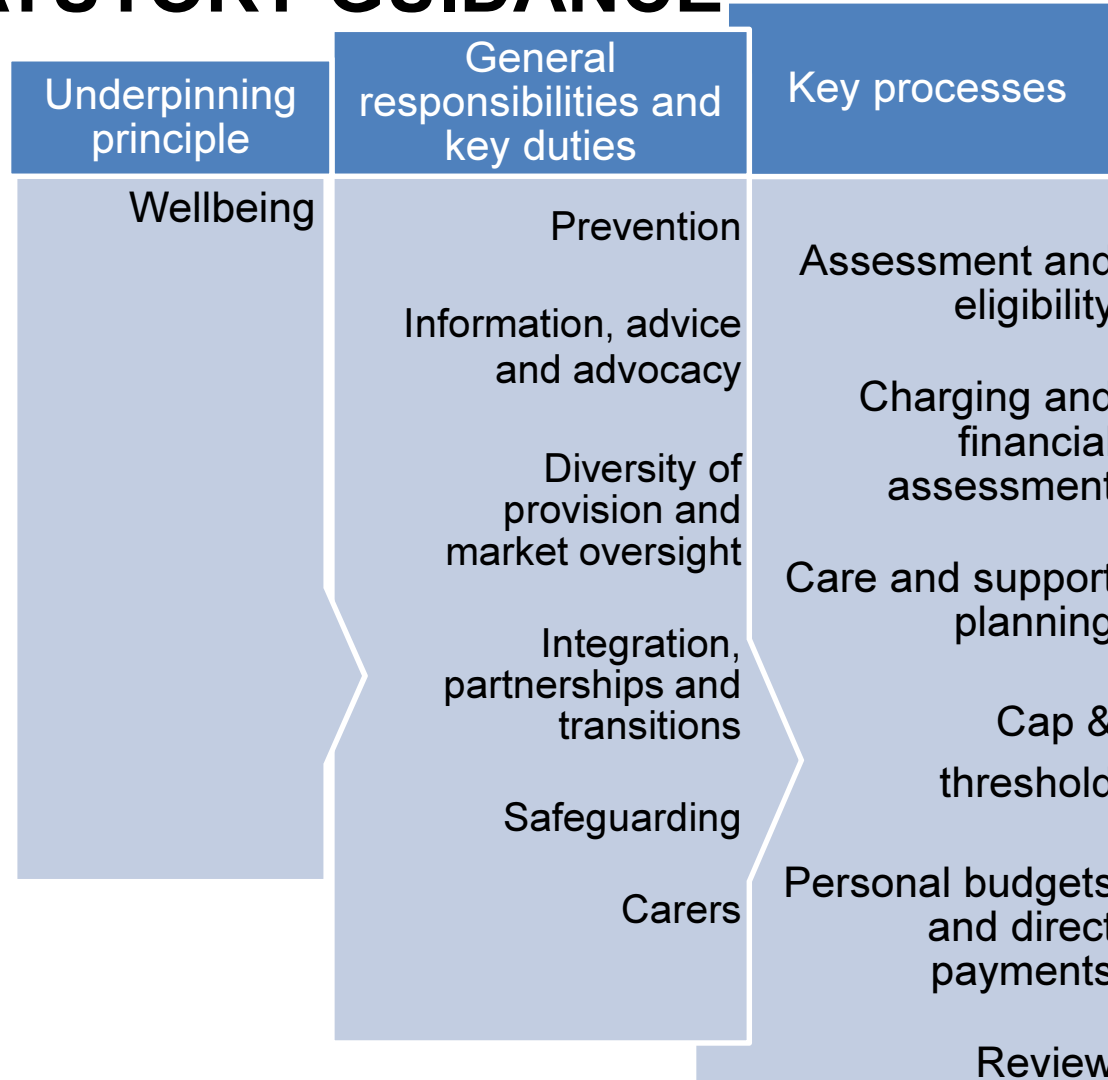


WHAT IS THE ACT TRYING TO ACHIEVE?

- § **That care and support:**
 - § is **clearer** and **fairer**
 - § promotes people's **wellbeing**
 - § enables people to **prevent and delay** the need for care and support, and carers to maintain their caring role
 - § puts **people in control** of their lives so they can pursue opportunities to realise their potential



THE FRAMEWORK OF THE ACT AND ITS STATUTORY GUIDANCE



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WHAT MIGHT THIS MEAN FOR PEOPLE NEEDING CARE AND SUPPORT?

April 2015

- § Better access to **information and advice**, **preventative** services, and assessment of need
- § An **entitlement to care and support**, **plans** and **reviews**
- § **Personal budgets** on a statutory footing for the first time
- § Universal **deferred payments** scheme
- § A common system across the country:
 - § **Continuity of care**
 - § Fair Access to Care Services (FACS) replaced by a **national eligibility threshold**

April 2016

- § A **cap** on care expenditure comes into effect from April 2016 (£72,000 for non working age adults, working age adults tbc)
- § Increase asset **threshold** to £118,000



WHAT THIS MEANS FOR TRAFFORD

- § New duties and responsibilities
- § Changes to local systems and processes
- § More assessments and support plans
- § Responsibilities towards all local people
- § Better understanding of self funders
- § Continued understanding of care market
- § Training and development of the workforce
- § Costs of reforms
- § On-going preparation for reforms



DELIVERABLES AT TRAFFORD – PART 1 CHANGES



Market Management & Shaping

- § Updated MPS published Mar 2015
- § Policy covering the temporary duty if a local provider fails Mar 2015
- § Appropriate independent advocacy provision and guidance Mar 2015
- § Joined up and comprehensive information, advice and prevention provision Mar 2015 and beyond
- § Guidance on independent financial advice Mar 2015

Customer Journey

- § Operational processes, protocols and guidance Mar 2015 and beyond
- § Review provision with a view to extending OOH provision Mar 2015 and beyond
- § Consider expanding trusted assessors Mar 2015 and beyond

Financial Reform

- § Updated charging and deferred policy and guidance Mar 2015
- § Comprehensive financial modelling for 2015/16 & 2016/17 Feb 2015 and beyond

Transition

- § Updated process, model and protocols Mar 2015

Carers

- § Updated process, model, protocols and guidance Mar 2015



DELIVERABLES AT TRAFFORD – PART 1 CHANGES



IM&T

- § Part 1 changes in place (Version 6 and forms) Mar 2015
- § Agree portals for Part 2 changes and plans in place Mar 2015

Workforce Development

- § Staff Sounding Group/ Champions Sept 2015 and beyond
- § Briefing session for councillors Jan 2015
- § Briefing for staff (managers and champions) Feb 2015
- § Regional workshops confirmed Mar 2015
- § E-learning Mar 2015

Communications

- § Monthly Staff newsletter circulated Jan 2015 and beyond
- § External and internal website live Jan 2015
- § Awareness for stakeholders Feb 2015
- § Regional animation Feb 2015
- § Print and distribute leaflets etc. Mar 2015
- § Press releases Mar 2015



RISK & CHALLENGES

- § Resources and **capacity** to deliver wide range of changes
- § Huge impact on **workforce** development, culture and planning – need right skills across council, health, voluntary and community sector and providers
- § Thorough **modelling** to understand the full impact – budget and workforce
- § Inadequate **funding** for the 2016/17 reforms. Gap between funding and local expenditure
- § Right **ICT** to support the change, processes and manage demand
- § **Timescales** – final guidance published in Oct 2014 (Part 1) and September 2015 (Part 2) and regional activity
- § Tying all the **changes** across the Council and partners together
- § **Board and diverse** impact – policy decisions and changes to procedures
- § Fully understanding the nature of the change and the **unknown and unintended consequences**
- § **Communicating and engaging** with the right people at the right time
- § Unrealistic and unaffordable **expectations** through national coverage



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TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 3rd March 2015
Report for: Information
Report of: Mr Abdul Razzaq

Report Title

Sexual Health Services Commissioning and Action Plan Update

Purpose

The purpose of the report is to update the Health and Well Being Board on the sexual health commissioning arrangements and local action plan following the production of the Trafford Sexual Health Needs Assessment 2014.

Recommendations

The Health and Well Being Board is asked to note the sexual health commissioning arrangements, work in progress and action plan update.

Contact person for access to background papers and further information:

Name: Mr Abdul Razzaq, Director of Public Health

Phone: x1319

Sexual Health Action Plan Update

1. Introduction

Sexual health services are commissioned at a local level to meet the needs of the local population, including provision of information, advice and support on a range of issues, such as sexually transmitted infections (STIs), contraception, relationships and unplanned pregnancy.

Local authorities commission comprehensive open access sexual health services (including free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception). Some specialised services are directly commissioned by clinical commissioning groups (CCGs), and at the national level by NHS England.

2. Commissioning Responsibilities

The commissioning of sexual health services is set across three key organisations with the following responsibilities set out below.

Local Authorities (LAs) commission:

- Comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally provided contraception;
- Sexually transmitted infections (STIs) testing and treatment, chlamydia screening and HIV testing; and
- Specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies.

Clinical Commissioning Groups (CCGs) commission:

- Most abortion services;
- Sterilisation;
- Vasectomy; and
- Non-sexual health elements of psychosexual health services.

NHS England (NHSE) commissions:

- Contraception provided as an additional service under the GP contract;
- HIV treatment and care (including drug costs for Post-Exposure Prophylaxis after Sexual Exposure (PEPSE));
- Promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs;
- Sexual health elements of prison health services;
- Cervical Screening; and
- Specialist foetal medicine services.

3. Governance and Strengthening Existing Collaborative Commissioning Approaches

In order for Local Authorities and Directors of Public Health to be able to collaboratively commission services, they need to be confident that the services they are commissioning represent a good use of funds, directed at priorities for their local population. This Director of Public Health (via their sexual health commissioning lead) needs to ascertain the following for effective local sexual health service provision:

- what is currently spent and what is delivered for that money.
- what outcomes and outputs they want to achieve.
- what response is offered to particular client groups.
- the access criteria to different elements of service and patient pathways between services.
- what efficiencies can be made (eg in service modernisation, skill mix, use of IT and other technology).
- modelling of the impact of changes to service model or mix.
- what level of resource is available.
- what are the priority areas for review and what are the local service improvement areas identified.

Historically Greater Manchester Sexual Health Network working alongside commissioners and clinical leads has been cited as a national exemplar in delivering high quality service provision for local residents. A Greater Manchester sexual health commissioners group meets regularly to discuss collaborative and shared approaches to sexual health services provision. A Trafford Sexual Health Steering Group also meets to oversee the local commissioning of sexual health provision locally.

Please see **Appendix 1** for comparative data on GU and CASH provision and service usage across Greater Manchester. The Local Authority sexual health commissioners are working across Greater Manchester to develop proposals for collaborative commissioning of sexual health services for Local Authorities and Greater Manchester Directors of Public Health to consider in 2015/16.

4. Sexual Health Services - Cross Charging Arrangements

Currently, while there is a recharging system for people using GU services using national NHS tariff arrangements, there is no similar recharge for people accessing CASH services. It is accepted that at present the per capita spending is very different in different areas.

There is a further need for agreement on the level of input expected from primary care, particularly in relation to routine contraceptive services. Such services are funded through NHS England rather than the Public Health sexual health budget: however, where general practices provide a service, local areas have typically made good the shortfall through more extensive provision of community contraceptive and sexual health (CASH) clinics.

Ideally, the scope of collaborative commissioning needs to include commissioning of HIV and abortion services, as these services need to be fully integrated into the rest of

sexual health provision, including prevention, if the full gains from a new service model are to be made. This will require negotiation with NHS England and the CCGs.

Clinical engagement that needs to underpin any move to more standardised commissioning is in place. Although there are currently no formal collaborative commissioning arrangements in place across Greater Manchester for GU and CASH, the Sexual Health Network has produced a number of shared service specifications, in use across Greater Manchester. Providers have been in the main very positive about shared commissioning arrangements, as they recognise the interdependency of services across the conurbation.

5. Joint Commissioning of STI and HIV Prevention Services

At present, the 10 boroughs of Greater Manchester commission a number of voluntary sector organisations to deliver these services. This is to supplement the services provided by statutory sector organisations. The current services are as follows:

Figure 1: Joint Commissioning of STI and HIV Prevention Services

Service	Provider(s)	Commissioners
STI/HIV prevention for men who have sex with men (MSM)	Lesbian and Gay Foundation (LGF)	All 10 boroughs
STI/HIV prevention for black and minority ethnic groups	Black Health Agency (BHA)	Manchester, Salford, Bolton, Trafford, Oldham.
Support to adults with HIV	George House Trust (GHT)	All boroughs
Support to children with HIV	Barnardos	Manchester, Salford
STI/HIV prevention for sex workers	Manchester Action on Street Health (MASH)	Manchester, Salford, Bury
Chlamydia testing for 15-25 year olds	RUClear	All boroughs

With the move of commissioning responsibilities into the local authorities, it is intended to review these contracts and re-commission services, with the aim of having new contracts in place for April 2016.

6. Trafford Health Needs Assessment 2014 – Action Plan

Trafford has updated its sexual health needs assessment in 2014 and the key recommendations were presented to the January 2015 Health and Well Being Board meeting. The health needs assessment recommendations have been formulated into an action plan as outlined at **Appendix 2**.

7. Recommendation

The Health and Well Being Board is asked to note the sexual health commissioning arrangements, work in progress and action plan update.

Appendix 1: Comparative data on GU and CASH provision and service usage across Greater Manchester

Local authority	Population 15-59	Total SH budget 2013/14	Spend per head 15-59 (£)	total clinic hours/week*	All clinic hours per1000 population 15-59	attend local GU service (%)	GU attendance per year	GU attendance as % of population 15-59	Hours of FP or Brook clinics (not including integrated clinics)
Bolton	164086	3,576,581	22	65.5	0.40	88	10929	6.51	12
Bury	109202	Data missing	Data missing	48.2	0.44	70	7813	7.03	8.7
Manchester	344804	8,604,964	25	251.15	0.73	89	34132	9.69	155.65
Oldham	131881	2,282,862	17	104	0.79	82	6515	4.85	39
Rochdale	126693	1,796,101	14	38.25	0.3	60	6521	5.05	17.5
Salford	146420	2,771,377	19	62	0.42	74	18532	12.47	54.5
Stockport	163777	2,723,082	17	59.5	0.36	68	7285	4.18	4
Tameside	131410	1,747,030	13	43	0.33	91	16195	12.22	8
Trafford	134703	1,991,310	15	62.75	0.47	61	8664	6.18	33.75
Wigan	188968	2,788,736	15	160.5	0.85	84	12470	6.29	64

These data are indicative only. There are significant questions about the accuracy of these but they give some indication of the range of provision in the different boroughs and the variation in service usage. The GU attendance data is thought to be reasonably accurate; the variation in people from each borough attending GU clinics each year is striking. Some suspicion attaches to the GU data as there is clearly great variation in the numbers of people seen per hour in the different clinics.

The more hours of local GU service that are provided, the more likely that people will use their local service (although there are some outliers)

CASH data are currently particularly poor (although the number of clinic hours have been included above). It has been difficult to get data on service usage and patient flows for CASH services.

*Clinics' include all GU, CASH, Integrated services and Young People's services (including Brook) across Greater Manchester

Appendix 2: 2014 Sexual Health Needs Assessment Action Plan

Ref	Health Needs Assessment 2014 Identified Gap	Recommendations	Descriptor	Action Required	Lead	Time-scale
2.5 LGBT	Develop a better understanding of vulnerable groups such as female sex workers, those affected by domestic abuse, sexual violence, drugs and alcohol to determine sexual health needs	The sexual health commissioner to work with partners to identify the needs and report back to the steering group	Develop a better understanding of vulnerable groups such as female sex workers, those affected by domestic abuse, sexual violence, drugs and alcohol to determine sexual health needs	The sexual health commissioner to work with partners to identify the needs and report back to the steering group	Sexual Health Commissioner	Sep 2015
3.2 Chlamydia	Developing a planned approach to increasing the numbers of young people tested for chlamydia is necessary	Bridgewater to produce a delivery plan detailing how this will be achieved	Develop a planned approach to increasing the numbers of young people tested for chlamydia	Bridgewater to produce a delivery plan alongside PHE detailing how this will be achieved	Sexual Health Commissioner	Sep 2015

Ref	Health Needs Assessment 2014 Identified Gap	Recommendations	Descriptor	Action Required	Lead	Time-scale
3.3 HIV	Develop a planned approach to increase the numbers of Trafford residents tested for HIV	<p>Consideration by the sexual health steering group into the feasibility for commissioning POCT from our commissioned HIV prevention services</p> <p>Improve publicity for Trafford clinics offering HIV screening</p> <p>Bridgewater to continue to work with partners to provide screening for vulnerable groups targeting sex workers, and other identified groups</p>	<p>HIV Data Analysis</p> <p>Develop a planned approach to increase the numbers of Trafford residents tested for HIV</p>	<p>Data to be reviewed on a 6 month basis. Analysis to be presented to the steering group</p> <p>Consideration by the sexual health steering group into the feasibility for commissioning POCT from our commissioned HIV prevention services</p> <p>Improve publicity for Trafford clinics offering HIV screening</p> <p>Bridgewater to continue to work with partners to provide screening for vulnerable groups targeting sex workers, and other identified groups.</p>	<p>Public Health Analyst</p> <p>Sexual health commissioner</p> <p>Bridgewater</p> <p>Bridgewater</p>	<p>Oct 2015</p> <p>Sep 2015</p> <p>Sep 2015</p> <p>Quarterly</p>

Ref	Health Needs Assessment 2014 Identified Gap	Recommendations	Descriptor	Action Required	Lead	Time-scale
4 Commissioned service provision	Continue to develop a partnership approach to address sexual health and public health issues	Commissioner to establish a provider group to share good practice and consider a joined-up approach to delivery	Develop a systematic approach to data collection to enable robust future commissioning decisions to be made	The Director of Public Health, the sexual health commissioner and the Public Health data analyst to identify necessary data sets	Public Health Analyst, Sexual Health Commissioner	July 2015
			New service specification for Integrated provision	Alongside GM partners, design new Integrated Service specification	Public Health Analyst, Sexual Health Commissioner	May 2015
			Develop and refine specifications where contracts are split across Trafford and Greater Manchester, e.g. LGF and GHT	Sexual health steering group to review and agree future funding structure for sexual health services.	Sexual health commissioner	May 2015

Ref	Health Needs Assessment 2014 Identified Gap	Recommendations	Descriptor	Action Required	Lead	Time-scale
5.2 Data intelligence for sexual health services	Develop a systematic approach to data collection to enable robust future commissioning decisions to be made	The Director of Public Health, the sexual health commissioner and the Public Health data analyst to identify necessary data sets	Ensure a consistent sexual health commissioning dataset.	Develop a common sexual health dataset for monitoring of contracts and performance data. Develop a quality dashboard.	Public Health Analyst, Sexual Health Commissioner	Jun 2015
5.4 Funding breakdown	Better consideration of how high out of borough access charges can be mitigated, e.g. UHSM Develop and refine specifications where contracts are split across Trafford and Greater Manchester, e.g. LGF and GHT	Sexual health steering group to consider how best to achieve this. Sexual health steering group to review and agree future funding structure for sexual health.	Service Monitoring New service specification for Integrated provision	Continue to quarterly contract monitor Bridgewater and SHOT (sexual health outreach team) Alongside GM partners, design new Integrated Service specification	Sexual health commissioner Public Health Analyst, Sexual Health Commissioner	Quarterly Sep 2015

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TRAFFORD COUNCIL

Report to: Health and Wellbeing Board
Date: 3 March 2015
Report for: Information
Report of: Dr Nigel Guest, Chief Clinical Officer, NHS Trafford Clinical Commissioning Group

Report Title

NHS Trafford Clinical Commissioning Group Update

Summary

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

Recommendation(s)

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

Contact person for access to background papers and further information:

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

Extension: 0161 873 9692

NHS TRAFFORD CLINICAL COMMISSIONING GROUP UPDATE

1.0 INTRODUCTION

- 1.1 This report provides an update to the Health and Wellbeing Board on key commissioning activities undertaken since the update provided at the last Health and Wellbeing Board meeting. This considers locality specific issues referencing links to Greater Manchester and national issues where relevant.

2.0 COMMISSIONING ACTIVITIES UPDATE

2.1 South Sector Work

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

2.2 Better Care Fund

The Health and Wellbeing Board will be aware that Trafford's initial Better Care Funds submission was approved subject to three conditions. The CCG collaboratively working with Trafford Council resubmitted to NHS England in December 2014. This provided further assurances and addressed the three conditions identified. Trafford CCG and Trafford Council have now received confirmation that the Better Care Fund programme for Trafford has now been approved.

The programme is now being progressed through all the work streams. Each work stream has a governance framework in place which sets out the timescales for delivery. Each of the individual work streams has the appropriate provider organisations represented to work with commissioners on service redesign.

It has been agreed that due to changes at Trafford Council, the CCG will take over the chair of the Trafford Better Care Funds Steering Group. This will report to the Health and Wellbeing Board which is responsible for monitoring the progress of the Better Care Funds programme for Trafford. Further progress is now being made on the Section 75 which will be the vehicle for the joint working of this programme.

Progress on Better Care Funds will continue to be reported via the transformation programme.

2.3 Patient Co-ordination Centre (PCC)

The CCG working with Trafford Council has now completed the full evaluation of the Patient Co-ordination Centre. The preferred provider has been notified of the outcome and progress is now being made to complete the contract. This will conclude the procurement process and attention will be transferred to the implementation of the centre.

2.4 Primary Care Co-Commissioning

All CCGs have had to assess as part of their intentions the level of responsibility as part of the new framework for co-commissioning. Trafford has undertaken a full consultation with its members, the Governing Body and the Health and Wellbeing Board in preparation for its formal submission. Trafford CCG has completed and submitted its formal application for joint commissioning. The CCG is awaiting formal approval from NHS England; shadow governance arrangements have been implemented for 2014/15 prior to formal changes from April 2015. The CCG will continue to work collaboratively with NHS England as part of joint commissioning.

2.5 Trafford Community Contract

Trafford CCG has approved an extension subject to service redesign and will be subject to a full procurement. This extension will facilitate the CCG to progress through continued working with Pennine Care NHS Foundation Trust and Trafford Council: That both health and social care elements are aligned to full integrated working and co-ordinated care.

Following the investment which Trafford PCT made for the Community Urgent Enhanced Services, these are now to be aligned to the community care contract and will be on a recurrent basis and will be formally part of the community contract. The CCG agreed that a number of conditions will be outlined to the current provider, which includes:

- For all services to continue to be subject to service reviews which will include value for money assessments.
- For all integration of services to be agreed and signed off by the joint Programme Board between the CCG, Trafford Council and Pennine Care.
- The partners will continue to work together around the development of a full service specification for the integrated services. This would be used in the future procurement process for the basis of a new service offer.
- All services delivered have to meet national quality and performance standards.
- To evidence all contribution toward reducing pressure on Acute Trusts.
- To ensure IT systems are progressed for community services.

A full procurement will be undertaken by the CCG for services from April 2018.

2.6 System Resilience

The Health and Wellbeing Board is aware that Trafford CCG, along with all other CCGs, received additional “winter monies” to provide further investment as part of system resilience. Trafford CCG has worked collaboratively with both South and Central Manchester CCGs to have a consistent approach across the acute trusts which provide services to both Trafford and Manchester patients. All CCGs are now assessing and evaluating all schemes to consider what worked well and what improvements have been delivered as a consequence. The outcome will be reported through the Locality Urgent

Care and System Resilience groups which will make recommendations for what is required on a recurrent basis.

2.7 Estates Next Steps

The CCG has set out its estates strategy in its 5-year strategic plan. Further progress is being made following an internal strategic workshop with the Governing Body for Shrewsbury Street and the South Trafford Health and Wellbeing Hub. The CCG is progressing to the next stage through the already established governance arrangements which are in place. All estates requirements align to the CCG main objective to deliver integrated care across Trafford within the four neighbourhood model. This will bring together all parts of the health system working together and delivering from joint premises to deliver co-ordinated care and improved pathways for patients. The commissioning team is working with the appropriate health and social care providers to understand their requirements for these new premises and how these will align with existing and other new accommodation within Trafford which includes the new Altrincham Community Hospital.

2.8 Norris Road Surgery

Norris Road surgery was placed into special measures by the Care Quality Commission (CQC) following a practice visit in October 2014 under the new inspection regime. The CCG, alongside NHS England, Local Medical Committee and other key stakeholders, have worked with the practice for over twelve months since non-compliance with CQC standards became apparent.

The support provided secured improvement across several CQC domains, however it was not sufficient to achieve full compliance.

The CCG, along with partner stakeholders, will continue to work with the practice over the next six months and will ensure the population of Sale receives locally delivered GP services which meet the required standard.

3.0 GREATER MANCHESTER UPDATES

3.1 Healthier Together

Work is continuing on the Healthier Together evaluation, with no further decisions to be taken this side of the General Election.

3.2 Devolution Manchester

Work continues towards completing a Memorandum of Understanding between health and social care partners with a view to developing a business case to further progress this work with the Department of Health, Treasury and NHS England.

3.3 Greater Manchester, Cheshire & Merseyside Commissioning Support Unit (CSU)

It has been confirmed that the Greater Manchester, Cheshire & Merseyside Commissioning Support Unit has not been successful in joining the Local Provider Framework. An Oversight Transition Board with regional office representation for Greater Manchester CSU will be established to ensure service continuity and safety, customer intentions and transitioning services. Discussions between the CSU, NHS England and CCGs are taking place regarding CCGs' customer intentions and possible models of support.

4.0 NATIONAL UPDATES

4.1 Allocation of Resources 2015/16

NHS England has published the clinical commissioning group (CCG) and primary care allocations for 2015-16 and the notional split to CCG level to support the primary care co-commissioning agenda and the notional specialised commissioning balance by CCG for 2015/16. The allocations include the recently announced £1.98bn of additional funding for frontline health services and to help kick start the transformation agenda set out in the NHS Five Year Forward View.

4.2 Choice of GP Practice

GP practices are now able to register new patients who live out of area without home visiting responsibilities. NHS England sub-regions are responsible for securing access to urgent care for out of area patients when at home during core hours and have assured plans for these to be in place from 5 January 2015. Access during out of hours continues to be the responsibility of CCGs.

4.3 The Forward View into Action: Planning Guidance for 2015/16

Leaders of the NHS in England have published jointly coordinated planning guidance for the NHS, setting out the steps to be taken during 2015/16 to start delivering the NHS Five Year Forward View and to establish a firm foundation for longer term transformation.

4.4 Lead Provider Framework

NHS England has developed a new framework agreement for commissioning support services: the Lead Provider Framework (LPF). The LPF is now live and ready for use by CCGs and other commissioners to buy any combination of support services. A combination of Commissioning Support Units, their partners and independent sector consortia have met the demanding quality and value for money thresholds for the three lots: end to end commissioning support; Medicines Management; and supporting Continuing Healthcare (CHC) and Individual Funding Requests (IFR).

4.5 New Practical Guide to Healthy Ageing

NHS England has co-produced an evidenced-based Practical Guide to Healthy Ageing, with Age UK, to help improve the health and general fitness of people, particularly those aged 70 or over with mild frailty. The guide covers key areas including medicines reviews, exercise, preventing falls and staying well in winter, to help older people stay both physically and mentally fit, with pointers on when to seek medical advice. The guide is being distributed alongside NHS England's 'Feeling Under the Weather?' campaign to encourage the elderly to seek help early, to prevent illnesses developing. The guide is available at: <http://www.nhs.uk/Livewell/men60-plus/Documents/Age%20UK%20and%20NHS%20A%20Guide%20To%20Healthy20Ageing.pdf>

5.0 RECOMMENDATIONS

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

Healthwatch Trafford Update February 2015

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.

We continue our regular, monthly drop-ins at

- Broomwood Wellbeing & Community Centre
- Trafford Centre for Independent Living
- LMCP drop in (Trafford Community Centre, Shrewsbury St)

We also continue our Face to Face Engagement with young people to promote Healthwatch Trafford and gain young people's experiences of using services by working with members of Trafford Youth Cabinet (consulted for guidance on engaging young people as young volunteers) and the young women attending Sale Moor Young Women's Project and Trafford College.

We currently have 2 young people from Trafford College on work placement with us.

Healthwatch staff and volunteers have attended the following events, meetings and forums:

Ongoing Events

- CCG Locally Commissioned Services Review Group (Previously Enhanced Services Review Group)
- CMFT Liaison Meeting
- Moorside MH Unit liaison meetings
- CCG Public Reference and Advisory Panel (PRAP)
- HW Information & Signposting Group
- Personalisation Co-Production Group
- Locality Partnership Board (North)
- Greater Manchester Healthwatch Meeting
- North West Healthwatch Meeting
- External Reference Group of Healthier Together
- Youth Cabinet meeting
- Integrated Care Redesign Board
- PCCC Project Group
- Trafford Information network
- Health & Well Being Board
- Integrated Patient Reference Group
- Information & Signposting Meeting GM
- Trafford Signposting and Accessibility Delivery Group
- Diverse Communities Board

- Ageing Well Partnership Board
- Sale West Health Group Meeting
- Quality Surveillance Group (NHS England LAT)
- Primary Care Quality Surveillance Group. (NHS England LAT)

2. Below is an update on specific areas of work and involvement since the last update in January.

Healthier Together

We continue our involvement with the Healthier Together Program. We were involved in the production of the ERG report to the Committees in Common.

Working with young people

Primary School Health Champions

- The young health champion's project with pupils at a primary school in the Sale area has been completed. The project was very successful and received positive feedback from the children, school nurse and head teacher.
- We are looking at ways that this project could be progressed in other primary schools across the borough.

The Mental Health Survey for young people.

- Young people in Trafford are constantly telling us that mental health is an important issue to them
- We are very grateful to a student on work placement with us from Trafford College who has created a mental health survey for young people to help us find out about how well they feel supported by services. This survey is on the HWT website.
- Trafford Youth Cabinet members have approved this survey and have told us they hope it will provide useful evidence for their ongoing work with schools and other services to provide better support for young people's mental health.

Enter & View

- We have now undertaken two Enter & View visits to Trafford Housing Trust (THT) extra care facilities at Fiona Gardens and Newhaven. These were successful visits that were well received by the respective managers. No areas of major concern were identified and we are in the process of compiling the reports, which we will then share with the providers for comment ahead of publication on our website.

CMFT/Trafford General

- We have now completed 3 drop-ins in public locations at Trafford General and have spoken to 270 people. We have agreed to look at future dates and including other sites such as Altrincham Hospital. A report has been circulated on the drop-ins and has been well received by the Head of Nursing) and Clinical Effectiveness & Patient Experience Lead.
- We are also now in the process of agreeing dates with both volunteers and CMFT for HWT to conduct Enter & View visits on the Orthopaedic Centre, Day Surgery, Outpatient's Dept and Acute Medical Unit/Medical Assessment Unit.

Patient Experience Platform (PEP)

- There has been some progress on the development of the PEP.
- Partners have agreed to joint fund the informatics reporting element of the PEP (circa £10k).
- AQuA (Advancing Quality Alliance) has built the cost of a pilot of the sentiment analysis (£5k) into their business plan for 2015/16, which has been approved. The two pilot areas being Trafford and St Helens.
- We have also presented the PEP to the Associate Clinical Directors at Trafford CCG and they have asked us to look at how we can progress it with the Associate Director of Corporate Services and OD. Discussions are ongoing.

Quality Checkers

- The Chief Officer met with the co-ordinator of the Trafford Quality Checkers and we have agreed to share information about our respective 'visit' schedules. This was a very useful and informative meeting that gave us both a much clearer understanding of what the other does. As their role is much closer to our E&V than the CQC, it is important that we liaise on schedules so that we can both make our schedules as efficient and effective as possible.

Patient Care Co-ordination Centre (PCCC)

- We continued our involvement in the procurement process for the PCCC. Now that the successful bidder has been announced we will continue to be involved in the implementation phase of the project.

Prime Minister's Challenge Fund

- The Chair has been involved as lay assessor for the PMCF bids (GM).

3. Information and Signposting Function. Social Media.

- Since the last update there have been 320 contacts with the public.
- There have been 44 instances of signposting or information requests from the public.
- There have been 7 concerns / complaints logged with us in this time 3 of these are ongoing.
- There have been 90 reviews on the PEP
- We have had 1,236 hits on the website
- Twitter. We have made 1,014 tweets and have 100 followers.
- Facebook. We have 54 likes.

Ann Day

Chair Healthwatch Trafford

February 2015

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