TRAFFORD COUNCIL

Report to: Health & Wellbeing Board

Date: 22 September 2015

Report for: Information

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

Commissioning Group

Report Title

Dr Nigel Guest, Chief Clinical Officer, NHS Trafford Clinical Commissioning Group

Purpose

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.

Recommendations

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

Contact person for access to background papers and further information:

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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 PART 1: COMMISSIONING ACTIVITIES UPDATE

2.1 <u>Trafford Care Co-ordination Centre (TCCC)</u>: <u>Implementation update</u>

Following successful phase 1 go-live with the Referral Management Booking and Peer to Peer Review Services in July, implementation remains on-track for phase 2 go-live currently scheduled for week commencing Monday 19 October.

At this stage it is anticipated that complex care, discharge and referral management services will commence as a core part of phase 2 go-live. Significant planning and development activity is well underway with partner organisations critical to go-live which has included process re-design and IT technical requirements to support via patient data flows.

To date partner engagement has been very positive and supportive; partners will be required to commit significant time during September and through October to support required process and IT development activities and training.

The Implementation Sub Groups are continuing to play a vital role in both assurance and assisting with key development and design activities. The sub groups continue to meet formally on a fortnightly basis; steady progress is now being made with development of the Benefits Realisation Plans and Profiles.

In follow-up to the contract change control notice received in July advising the CCG of a change in clinical partner to Mastercall (previously Care UK). Ongoing discussions have concluded regarding the level of mental health staffing, this will now be provided at the levels outlined in the original contract, as agreed at the Clinical Model Sub Group.

2.2 Primary Care Access

Trafford CCG has submitted its vision and overall model for delivering 7 day access for Primary Care across Trafford. This is now subject to further discussions with NHS England and further progress will be report to the Governing Body, the Primary Care Co-commissioning Committee, and the Health and Wellbeing Board.

2.3 Resilience Monies

Trafford CCG continues to work with both South Manchester and Central Manchester CCGs to agree the priorities for investing in schemes to deliver resilience in Trafford locality for 2015/16.

2.4 Estates

The CCG continues to progress with NHS Property Services the Head Lease arrangement for the South Trafford Health and Wellbeing Hub development. Further progress is being made with partner organisations to identify and confirm space requirements for this new development.

The property developer has held a public engagement event at Altrincham Town Hall as part of the planning applications. NHS Trafford Clinical Commissioning Group will continue to work with NHS Property Services Ltd as part of the development of this scheme. A full work programme is currently being developed in consultation with NHS England, Local Area Team and further updates will be provided.

3.0 GREATER MANCHESTER UPDATES

3.1 Healthier Together

On Wednesday 15 July 2015, commissioners agreed new standards of care for emergency medicine and general surgery (surgery on the abdomen and bowels) in all hospitals across Greater Manchester. Under the Healthier Together proposals, 'single services' will be formed – networks of linked hospitals working in partnership. This means care will be provided by a team of medical staff who will work together across a number of hospital sites within the single service.

All hospitals will improve to ensure they meet the quality and safety standards. The new standards will mean an additional 35 consultants recruited across A&E and general surgery, a minimum of 12 hours of consultant cover in A&E seven days a week, and a consultant surgeon and anaesthetist present for all high risk general surgical operations. All hospitals will keep their existing specialisms and will continue to provide care to their local populations as they do now.

There are three elements to the Healthier Together programme – *Joined-up Care, Primary Care and Hospital Care.* Clinically led, the programme aims to provide the best health and care for patients across Greater Manchester. Healthier Together is a key building block for a fully devolved health and social care system in Greater Manchester (GM); the decisions have been named as early priorities for the region's ground-breaking devolution programme. Involving NHS England, the 12 Greater Manchester CCGs, the 10 local authorities and 15 NHS Trusts, the GM health and social care

devolution programme aims to bring organisations together to work in partnership to deliver the biggest and fastest improvement to health and wellbeing for the people of Greater Manchester.

The changes to hospitals are being supported by improvements to primary care and joined up care. These improvements are already underway with, for example, pilot sites in Manchester, Bury, Heywood and Middleton now providing 500,000 people in Greater Manchester with same-day access to primary care services. This has led to a reduction of 3% in total A&E activity in the pilot site areas, compared to the rest of Greater Manchester. By the end of 2015 access will be expanded to everyone living in Greater Manchester with the aim of making care more easily accessible to patients and reducing the number of people going to A&E.

Greater Manchester has a long history of change; the way some specialist conditions such as major trauma and stroke are treated has already been changed. There is evidence that consolidating services onto a fewer hospital sites has already saved lives and improved patient care and Greater Manchester want to do more of this. Learning from the changes to major trauma and stroke services has been used to design the single service model.

All hospitals specialise in providing certain types of care, for example some hospitals specialise in stroke care, others in cancer care. Similarly, one of the hospitals within each of the single services will specialise in emergency medicine and abdominal surgery, for patients with life threatening conditions.

On 15 July 2015, clinical leaders decided unanimously that Stepping Hill hospital in Stockport will be the fourth hospital in Greater Manchester to provide emergency medicine and specialist abdominal surgery as part of a single service, under the Healthier Together proposals to drive up quality and standards.

In June 2015 commissioners decided that there should be four single services introduced in Greater Manchester. On 15 July, the 'Committees in Common' (CiC), comprising GPs from each Clinical Commissioning Group (CCG) in Greater Manchester, reviewed a range of evidence including the feedback from the public consultation held last year and data relating to: travel and access, quality and safety, transition (how easy it will be to achieve the change) and affordability and value for money, and decided that the fourth hospital would be Stepping Hill.

The following hospitals will work in partnership to provide shared single services:

- Manchester Royal Infirmary, Wythenshawe Hospital and Trafford General Hospital
- Royal Oldham Hospital, North Manchester General Hospital, Fairfield General Hospital in Bury, and Rochdale Infirmary
- Salford Royal Hospital, Royal Bolton Hospital and Royal Albert Edward Infirmary in Wigan
- Stepping Hill Hospital in Stockport and Tameside General Hospital

A verbal update on the current situation will be provided at the Health and Wellbeing Board meeting.

3.2 Devolution Manchester

A submission has been made for the financial and organisational ask for the Comprehensive Spending Review, the outcome of which is expected at the end of November 2015.

A resilience and strategic plan for Devolution Manchester is in preparation, and the CCG is heavily involved through the Corporate Director, Children, Families & Wellbeing, Trafford Council, and the Head of Governance, Planning & Risk, Trafford CCG. A locality plan is in production and will help to form the basis of the Greater Manchester overall plan.

The next Devolution Manchester Programme Board meeting will take place on 18 September 2015. A verbal update will be provided at the Health and Wellbeing Board meeting.

4.0 NATIONAL UPDATES

4.1 <u>Health Secretary vision for the future of the NHS</u>

The Health Secretary has set out the government's ambition for a patient-led, transparent and safer NHS. In a statement to Parliament, the Health Secretary also announced the government's response to the Freedom to Speak Up consultation, the Morecambe Bay Investigation, the Public Administration Selection Committee review into clinical incident investigations and the Lord Rose report into NHS leadership.

4.2 Re-appointment of Chair of NHS England

Professor Sir Malcolm Grant, who originally took up the post of Chair of NHS England in 2011 as founding chairman of the NHS Commissioning Board (which subsequently changed its name to NHS England in 2013), will continue in his role from the end of October for another three years.

NHS England's current Deputy Chair, Ed Smith, is stepping down following his appointment as the joint chair of Monitor and chair-designate of the NHS Trust Development Authority (TDA). The new jointly-led Monitor and TDA will be called NHS Improvement.

4.3 New care models: Vanguard sites

NHS England has announced eight new vanguards to transform urgent and emergency care. The vanguards will change the way organisations work together to provide care in a more joined up way. This includes delivering care, not just in hospitals but also via GPs, pharmacists, community teams,

ambulance services, NHS 111, social care and others. Six vanguards will cover smaller local systems which may include hospitals and surrounding GP practices and social care, while two network vanguards will be working with much larger populations to integrate care on a greater scale.

NHS England has also published an initial support package for the new models of care vanguards announced in March 2015. The support package, which covers 2015/16, focuses on eight areas:

- designing new care models;
- evaluation and metrics;
- · integrated commissioning and provision;
- empowering patients and communities;
- harnessing technology;
- workforce redesign;
- · local leadership and delivery; and
- · communications and engagement.

4.4 Achieving world-class cancer outcomes: A strategy for England 2015-2020

The Independent Cancer Taskforce has published 'Achieving world-class cancer outcomes: a strategy for England 2015-2020'. This report sets out recommendations for a new cancer strategy for England. A detailed implementation plan will be developed later this year in light of the outcome of the Spending Review.

The six strategic priorities proposed over the next five years are:

- Spearhead a radical upgrade in prevention and public health
- Drive a national ambition to achieve earlier diagnosis
- Establish patient experience as being on a par with clinical effectiveness and safety
- Transformation in support for people living with and beyond cancer
- Investment to deliver a modern high-quality service
- Overhauled processes for commissioning, accountability and provision

4.5 Friends and Family Test

Updated guidance has been published to help make the NHS's biggest patient feedback tool, the Friends and Family Test, more inclusive and accessible, following review of feedback received.

The new guidance covers services across the NHS that are provided to children and young people – with special provisions for looked after children – as well as patients with learning disabilities, dementia, language and literacy issues or patients who are deaf or deafblind.

5.0 RECOMMENDATIONS

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