



TRAFFORD
COUNCIL

**AGENDA PAPERS MARKED 'TO FOLLOW' FOR
HEALTH AND WELLBEING BOARD MEETING**

Date: Tuesday, 1 December 2015

Time: 6.00p.m.

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

A G E N D A	PART I	Pages
7. BETTER CARE FUND (BCF) - SUMMARY OF THE JOINT COMMISSIONING BOARD		
To receive a report of the Chief Operating Officer, NHS Trafford Clinical Commissioning Group.		1 - 8
8. TRAFFORD CLINICAL COMMISSIONING GROUP UPDATE		
To receive a report of the Chief Clinical Officer, NHS Trafford Clinical Commissioning Group.		9 - 28

THERESA GRANT
Chief Executive

Membership of the Committee

R. Bellingham, S. Colgan, A. Day, Dr N. Guest (Chairman), Councillor J. Harding, G. Heaton, Councillor M. Hyman, G. Lawrence, Supt Liggett, M. McCourt, S. Nicholls, J. Pearce, A. Razzaq, S. Webster and Councillor A. Williams (Vice-Chairman)

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

Health and Wellbeing Board - Tuesday, 1 December 2015

This agenda was issued on **Thursday 26 November, 2015** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford, M32 0TH.

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TRAFFORD COUNCIL

Report to: Health & Wellbeing Board
Date: 1st December 2015
Report for: Health & Wellbeing Board
Report of: Better Care Fund Programme

Report Title

Progress Report of Better Care Fund for Trafford

Purpose

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

Recommendations

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

Contact person for access to background papers and further information:

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

Trafford Better Care Fund Programme.

1. Introduction

- 1.1 The Health and Wellbeing Board have received previous reports which set out the schemes which contribute to the Better Care Fund programme for Trafford. This is the latest report which provides update on the individual schemes and areas which have been addressed by the Steering group.
- 1.2 The Better Care fund is set out in the CCG's strategic plan as this will be a main contributor to reducing unscheduled care activity and shifting activity from the acute sector into the community. As set out in 2015/16, Trafford commissioners are seeking to reduce activity by 3.5%.
- 1.3 All the schemes are focused on the Frail and Older people, with the schemes supporting this cohort of patients to keep their independence and to support individuals remaining in their own homes with services wrapped around them to support them in the community.
- 1.4 This report provides an overall summary of the actual programme and details of the latest highlight report which have been presented and reported to the Steering Group.

2. The Better Care Steering group


- 2.1 The Steering group responsibility is to monitor progress, address any risks/barriers to improvement. A recent Audit has been completed by internal Audit MIAA and the findings have been addressed by the Steering Group. These include ;
- Section 75 – this has now been signed off by both organisations
 - Risks for the programme – these are being updated and any high risks will be reported to the committee.
 - Finance the joint finance review is being completed and will be shared at the next Steering Group.
- 2.2 National Support - .All localities have the opportunity for some assistance as part of the national team. Trafford are to request support from Logic Modelling.
- 2.3 Trafford has shared the dashboard with NHSE which contains the metrics for the programme together with KPI's for each of the programmes
- Non-elective activity 2015/16
 - Delayed transfer of care
 - Residential admissions for older people into residential and nursing homes
 - Proportion of Older People (65+) who were still at home 91 days after discharge from hospital into re-ablement / rehabilitation services

- Do care and support services help you have a better quality of life? (Adult Social Care User Experience Survey)
- Deaths at usual place of residence (End of life care intelligence network)

2.4 The Better Care Fund programme continues to report the progress of each area against the agreed metrics to NHS England on a quarterly basis.

3.0 Summary Highlight Reports

3.1 The following details a summary position from each of the schemes which were presented to the Better Care Fund Steering Group on the 23rd November 2015.

Integration of Community-based Adult Health & Social Care	
Summary Report 16th November 2015	
<p>Wider staff briefings have been undertaken to ensure teams are aware of the Phase 2 intentions and feedback is being received.</p> <p>Additional training and one-to-one support has been offered to those staff affected by the change. Four additional workshops have been delivered to consider staff feedback and alternative proposals and were successful in engaging 19 staff.</p> <p>Challenge has been received from health staff side and union representatives on several occasions throughout the consultation period. PCFT officers continue to address feedback. Final responses have been issued in relation to concerns raised and an action plan has been developed, however, there are still threats of a grievance being submitted by the unions though every effort is being made through joint working to avoid this. As a result, it has been confirmed that there will be no transfer of health staff on to Pennine Care contracts, policies and procedures in order to ensure smooth progression of the consultation.</p>	
Project Status	

End of Life & Palliative Care	
Summary Report 16th November 2015	
<p>The review and baseline data presented to the SMT on the 8/10/15 resulted in a number of recommendations and actions which the EoL workstream of the Community Nursing Steering Group have continued to progress.</p> <p>They are:</p> <ul style="list-style-type: none"> • <i>The development of an Action Plan which will include opportunities to maximise existing contracts</i> <p>The finance and business analyst teams are supporting the development of the Action plan which is due for completion by 26/11/15.</p>	

- *Hold a mapping event to support stakeholder and partner engagement in the design of a 'Support Service Model' and enable service specification development*

In collaboration with the engagement team and clinical lead the stakeholder mapping day is booked for the 9/12/15

A full update on the progress and details of the Action plan will be presented to the CCGs SMT on the 03/12/15

This report detailing the options and recommendations for future commissioning of end of life service provision will be circulated to the BCF Steering Group Members ahead of the January meeting to avoid delays

Project Status

Community Nursing & Ambulatory Care

Summary Report 16th November 2015

Two revised service specifications for community(domiciliary) nursing and ambulatory care have been issued to the provider for consideration for delivery under the scope of the existing contract

The next steps were scheduled on against the anticipated provider's response, however the Review panel (02/11/15) were advised that the provider, Pennine Care, had failed to submit their response as directed:

- Incorrect mailbox
- Corrupt files

In addition to this the providers' response was presented as an options appraisal with significant financial implications. This was unexpected and outside of the original brief that had been developed in partnership with the Provider; therefore the expected format of the evaluation cannot progress in the timelines as planned.

The next steps will now be determined following the outcome of an Exec to Exec meeting of the CCG and Pennine Care, scheduled for 24/11/15.

Risks

Timeline

Delay to evaluation may impact on the timeline to implement any service changes

Financial

The current proposal is not financially viable as each option seeks considerable financial recurrent investment

Project Status

Falls Service

Summary Report 16th November 2015

Following the presentation of the Falls Business Case to the CCG in September 2015, it was agreed that this service and the dynamics of the patient pathway would best lend itself to the TCCC (Trafford Care Coordination Centre).

In using the TCCC it also afforded the opportunity to take a phased approach to the delivery of this change, to the current mixed economy in relation to service delivery/availability, access routes, discharge pathways and clinical skill-mix.

The TCCC will act as the single point of access for data collection and for onward referral into services.

In Phase 1, (A three month evaluation period) the TCCC will gather commissioning intelligence on those in receipt of and those providing the various services pertaining to Falls

The timescales for the Falls Service requires alignment to the TCCC implementation plan. This is still yet to be agreed.

This date will follow the successful go live of the TCCCs implementation of referral management and discharge management functionality.

Risks

Timeline

Interdependency with the TCCC

The current delay to the TCCCs Go Live is having an impact on their capacity to commence Phase 1 – the Falls Service evaluation period (data collection) and subsequent project milestones (options appraisal, new service model go live).

As the timescales are yet to be confirmed, alternative data collection methods and the provision of a single point of access should be explored by way of avoiding further delays to the project.

A testing questionnaire has been developed for use in areas such as sheltered housing for the collection of data.

The option of using the existing referral route via Pennine Care has been suggested, the costs, benefits and disadvantages of this need to be further described when/ if appropriate to do so.

Eleanor Roaf (Public Health) continues to manage this project for an interim period whilst a new project manager is recruited (anticipated start date for new post holder mid-January 16). Head of Unscheduled Care will offer additional support until this time.

Project Status

Intermediate Care – Phase 1 Ascot House

Summary Update – 16th November 2015

In October, as a result of the delay in nurse recruitment the Intermediate Care Development Group recommended an interim approach to the development of the service at Ascot House. The proposal was to increase rehabilitation bed capacity while retaining the existing eligibility criteria, until such time as that the new nurses are in post at which point the full new model would go live. A paper setting out this recommendation has been taken through the CCG governance process and well received.

The paper, in the interim report of the 20/11/15, detailed an incremental increase to the rehabilitation bed capacity with the following time lines:

Monday - 9/10/15	Increase from 5 to 9 intermediate care beds (i c beds)
Monday - 19/10/15	Commence phased increase from 9 i c beds
Saturday - 31/10/15	Completion of phased increase from 9 to 18 i c beds

Further delays have occurred and the timelines are now:

Monday - 5/11/15	Increase from 5 to 9 i c beds
Monday – 30/11/15	Completion of phased increase from 9 to 18 i c beds

Mobilisation of the Nurse-led Model

Recruitment:

- Band 7 & 6

Successful recruitment to posts

Anticipated start date – 04/01/16

- Band 5

Unsuccessful recruitment. Post re-advertised

- Band 3

HCSW recruitment remains on-going

GP input to Ascot House has been awarded to Washway Road.

The timescale for GP recruitment is January 2016.

Julie Crossley will be arranging a tripartite meeting between Washway Road, PCFT and the CCG to progress mobilisation plans.

The BCF Steering Group have authorised a change in post status (from Fixed-term 12 month to substantive) of 3 x Band 5 Nurse posts, to test if this will make a difference to the applications/recruitment for these vacancies.

Project Status

ATT+

Summary Report 16th November 2015

Previously during the proof of concept period this scheme was limited to a discrete number of nursing homes. The Unscheduled Care Team are now working with the Providers of ATT+ (Mastercall & NWAS) to deliver an engagement plan that will ensure full roll out of the service across all nursing homes in Trafford.

Following the roll out of the existing model, the utilisation of the service will be monitored, with proactive engagement to encourage service take up. There will be a full review and financial evaluation, which will report to the Review panel and Clinical Commissioning and Finance Committee in May (17/05/16)

Project Status 

Care Homes - Enhanced Primary Medical Services

(previously named PC Model for Nursing and Residential Homes)

Summary Report 16th November 2015

Irregularities with the references of the selected candidate for the Project Manager position has resulted in the offer of employment being withdrawn and the position remains vacant:

Given that this was a 12 month post aimed at delivering the interim solution, whilst developing the final solution, consideration is now being given to alternative resource options with the aim of avoiding further delays in the delivery of this scheme and reduce the extending pressures to the primary care team.

The primary care team are continuing in the short term to keep the interim solution on track With the next steps being the establishment of a project group including (but not limited to) patient engagement, primary care representatives, finance and clinical leadership.

Risks

Resource capacity is currently a risk to the timescales of this project and delivery of the business case for the long term solution (*Option 5 - Service Design Options Appraisal Selection – Council of Members July 15*)

Project Status 

4. Recommendations

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

TRAFFORD COUNCIL

Report to: Health & Well Being Board
Date: 1st December 2015
Report for: Information
Report of: Dr. Nigel Guest, Chief Clinical Officer, NHS Trafford
Clinical Commissioning Group

Report Title

Chief Clinical Officers update report.

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 locally 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:

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

Phone 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 locally specific issues referencing links to Greater Manchester and national issues where relevant.
- 1.2 All updates relating to Trafford's Better Care funds are covered under the separate Better Care Fund update report.
- 1.3 This report provides the updates for this Board in two parts, the first being the general updates for commissioning at national, Greater Manchester and local level in Trafford. Part two provides the update national commissioning

2.0 Trafford Commissioning Activities update

2.1 Locality Plan

Trafford CCG has worked collaboratively with Trafford Council to complete the first draft of the Locality plan. This has started to be shared with all stakeholders as part of the consultation which will run between 24 Nov to 18 Dec 2015.

The CCG has held a dedicated session for the ICRB (Integrated Care Design Board) which has provided the opportunity for the Health providers to discuss and feedback on the plan and to ensure this aligns with their strategic plans. A generic email address to receive feedback on the plan has been set up for this period. (traffordlocalityplan2020@trafford.gov.uk) this will collate a summary of the feedback for review at the conclusion of the consultation.

2.2 Trafford Care Co-ordination Centre

Trafford CCG is working with CSC for the next phase of implementation of the TCCC. This is to be for referral management and the discharge management. It has been agreed that will be site specific commencing the implementation with UHSM this will then be followed by implementation at CMFT, SRFT and Pennine Care. The Clinical teams within the TCCC are starting to work with the hospital to understand their internal processes for the pickup of patients.

In addition the CCG is developing with CSC the benefits realisation framework for a number of the work streams.

2.3 Winter Plans

Trafford CCG is working with both South and Central Manchester CCG's to complete the Winter Plans which support system resilience across both localities.

2.4 Primary Care Summit

The 5th Greater Manchester Primary Care submit was held which provided the opportunity for the NHS reforms relating to Primary Care to be shared. A number of local interventions taking place across Greater Manchester were showcased together with a number of interactive workshops which representatives from Trafford CCG and the Trafford Primary care community participated in workshops to examine new models of care. As part of Devolution Manchester expressions of interest will be sought from localities who want to have the opportunity to explore further the development of new models for the delivery of Primary Care, further information is expected at the end of November, Trafford are keen to explore this further.

2.5 Joint Commissioning board

The meeting of the Trafford Joint Commissioning Board has been held which brings together the senior representatives from both organisations to work collaboratively on the commissioning agenda for Trafford. The main focus has been to ensure this new governance structure is in place with the agreed works reams being progressed through this joint board, to monitor and report progress and to reduce any duplication across both organisations.

The first area of work has been the completion of the Trafford Locality plan

3.0 GREATER MANCHESTER UPDATES-

- 3.1 Work continues at a pace with devolution Manchester a number of key areas are underway
 - 3.1.1 Governance – structures and governance process are currently being put in place with the first meeting of the Joint commissioning board running in shadow form in December
 - 3.1.2 Assurance processes for the 12 CCGs is currently being developed and will take over from the NHSE assurance process of 14/15.
 - 3.1.3 The overall strategy for Devolution Manchester is in production with key individuals currently commenting on early drafts
 - 3.1.4 Primary care – work continues to develop a primary care offer that can be used and adapted for localities.
 - 3.1.5 Specialised services -work has been completed on the scope of services that can be managed within Greater

Manchester .papers will be going to the JCB to consider the options of full delegation versus co-commissioning for April 2016

4.0 NATIONAL UPDATES

4.1 NHS England and NICE – Views required on the future direction of the Cancer Drugs Fund

A 12-week consultation on draft proposals outlining a new Cancer Drugs Fund (CDF) has been launched.

The aim of the new CDF is to help patients receive new treatments with genuine promise, while real world evidence is collected for up to two years on how well they work in practice. This will then help determine whether the treatment should be accepted for routine use in the NHS in the future.

The original CDF was established in 2011 to fund cancer drugs in England that are not currently approved by NICE. It will run until April 2016. The CDF has helped more than 72,000 cancer patients in England access drugs not routinely funded, but it is now widely acknowledged that a new system is needed.

The proposal was issued on the 19th November 2015 for public consultation and outlines a new system, fully integrated into the NICE appraisal process, where the CDF becomes a transitional fund – with clear criteria for entry and exit. This is in line with the recommendation of the recently published independent Cancer Taskforce report, which proposed that the new CDF should operate with NHS England and NICE.

A copy of the full consultation document can be found at https://www.engage.england.nhs.uk/consultation/cdf-consultation/supporting_documents/cdfconsultationdoc.pdf

4.2 NHS England response to the industrial action ballot by the British Medical Association (BMA)

Professor Sir Bruce Keogh, National Medical Director of NHS England, has written to the BMA seeking formal assurances that no action will be taken that will endanger patient safety and urgent and emergency care.

It can be noted that NHS hospitals and other services are drawing up contingency plans, but given the potential risks to patients, NHS England have indicated that the right answer for negotiations to resume between the junior doctors and NHS employers in the first instance.

The CCG are working with the acute provides to ensure they have a robust plan in place to cover the days of industrial action. This includes information concerning the local Trusts and the CCG's On Call process.

A copy of the NHS England letter can be found at <https://www.england.nhs.uk/wp-content/uploads/2015/11/bk-letter-junior-drs-strike.pdf>

In response to this vote, the BMA have announced 3 days of industrial action in December, these are;-

- Tuesday 1st December – action short of a strike
- Tuesday 8th December – full strike action
- Wednesday 16th December – full strike action

4.3 New guidelines to drive improvement in orthotic Whilst NHS England continues to call for both sides to negotiate it is clear that any form of industrial action is likely to place significant pressures on the NHS and will require considerable management to ensure patients continue to receive the care and treatment they need.

Patients in England should be able to expect greater quality and consistency in orthotic services in the future thanks to the results of a national review.

On the 19th November 2015, NHS England issued a call for local commissioners to improve how vital orthoses are provided, alongside a suite of guidance and resources to help them do so.

Orthotic services provide prescription insoles, braces, splints, callipers, footwear, spinal jackets and helmets which help people recover from or avoid injury, or live with lifelong conditions.

The correct supply and fitting of orthoses can help improve quality of life by reducing pain, keeping people mobile and independent and preventing more invasive and expensive interventions like surgery, amputation or the need for social care. Previous studies have estimated that for every £1 spent on improving orthotics services, the NHS could potentially save as much as £4.

However, there remain significant variations in the quality of services and waiting times to access them across the country. Not getting things right first time for people who need orthoses is resulting in avoidable inequalities in access, worse outcomes, poor patient experience as well as poor value for money.

NHS England's new guidance, improving the Quality of Orthotics Services in England, aims to help local Clinical Commissioning Groups

address this variation. It has been produced in cooperation with local commissioners, providers and patient groups, and draws on the findings of a recent review of services by NHS Quality Observatory triggered by concerns raised by Healthwatch England.

It sets out 10 recommended steps for commissioners to take towards better services for patients, including understanding local needs and preferences, delivering services in the community rather than out of hospitals, and encouraging joint working between health professionals to streamline the experience for patients and avoid unnecessary duplication.

The Guidance is available at
<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/orthcs-final-rep.pdf>

4.4 Making the difference: diversity and inclusion in the NHS

A report has been produced by the Kings Fund for NHS England using data drawn from the 2014 NHS Staff Survey to assess staff experience at work.

The report showed that discrimination within the NHS was experienced between managers and staff, between colleagues, but also from patients and members of the public. Key findings of the report were:

- Overall, levels of reported discrimination vary significantly by type of trust, location, gender, age, ethnicity, sexual orientation, and religion and disability status.
- Reported levels of discrimination are highest in ambulance trusts and lowest in community trusts
- Reported levels of discrimination are highest for Black employees and lowest for White employees; all other non-White groups are far more likely to report experiencing discrimination than White employees.
- People from all religions report discrimination on the basis of their faith, but this is by far the highest among Muslims.
- Disabled staff report very high levels of discrimination; levels of reported discrimination are highest among all the protected characteristics groups.

NHS England, with the NHS Equality and Diversity Council, has also launched a number of national initiatives to bring about change. This includes the publication of the Workforce Race Equality Standard (WRES) which for the first time requires NHS organisations to demonstrate progress against a number of indicators of workforce equality, including a specific indicator to address the low levels of BME Board representation. Further work is also underway in respect of sexual orientation and disability.

A copy of the report can be found at <https://www.england.nhs.uk/wp-content/uploads/2015/11/making-the-difference.pdf>

4.5 General Pharmaceutical Services in England – 2005/06 to 2014/15

The report from Health and Social Care Information Centre contains data about community pharmacy contractors (community pharmacies) and appliance contractors in England, and the NHS services they provided, between 2005/06 and 2014/15.

It is a National Statistics publication and is the only national level dataset that shows this information. It may be of interest to members of the public, healthcare professionals, policy officials and other stakeholders.

The England level data in this publication covers various time periods between 2005/06 and 2014/15. Data for 2013/14 and 2014/15 are also available at NHS region and NHS area team levels.

4.6 Free HIV home sampling launched to increase HIV Testing

People at higher risk of HIV across the country can now order an HIV home-sampling test kit online, and were encouraged to take the simple finger prick blood sample for National HIV Testing Week, which started on 21 November 2015.

Also released, new PHE figures showed an estimated 103,700 people in the UK were living with HIV in 2014, with around 17% (18,100) unaware and at risk of unknowingly passing on the virus to others.

4.7 Alcohol Academy Briefing Paper

A new briefing paper was published by the 16 November 2015 by the Alcohol Academy, supported by Alcohol Research UK, which warns that unless decisive and coordinated action is taken the effectiveness of the UK's current approach to alcohol brief interventions will wane, hampering the programmer's ability to deliver important benefits to those at risk from harmful levels of drinking.

The report sets out the following key findings:

- Despite significant attention to the issue in recent years, the current national position of IBA delivery still requires significant investment to achieve success.
- Some basic level issues still remain, including an understanding of what brief intervention actually involves, and the role or not of specialist services.
- Issues still exist over Primary Care as the key setting, particularly in identifying both the quantity and quality of IBA reportedly taking

- place, and the impact of the recent removal of the Patient Participation Directed Enhanced Service (DES) incentive.
 - Indications that minimal or ‘lite’ approaches to IBA delivery may be becoming the norm need careful consideration given the limited evidence for these.
 - Other key questions include which further settings IBA should be undertaken in, and the precise role of innovative and digital in IBA approaches.
 - The current IBA agenda may have reached a ‘turning point’ – if further efforts to embed IBA are not continued, longer term implementation may fail.
- Policy-makers, commissioners, academics and potential deliverers of IBA all have crucial roles to play – and must work in a concerted and coordinated way to deliver real benefits to those at risk.

PART TWO Transformation Programme Highlight Report

Operational Lead:	Debbie Dell
Management Lead:	Adrian Hackney
Clinical Lead:	Michael Gregory

1. Introduction & Background

This highlight report provides an update to the Health and Wellbeing Board on the progress of Trafford’s Transformation Programme and the delivery against the CCG’s 5 year Strategic Plan. The report summarises the progress of each work stream, highlights any issues and details the planned next steps in line with the project management process.

The Programme Office, as part of the Commissioning Directorate, monitors the overall programme plan, ensuring all projects follow a formal project management process in which both patient engagement and benefits realisation are central. This process ensures the delivery of relevant documentation to the appropriate governance level and clearly demonstrates the alignment of projects to the 7 Outcome Ambitions. Timescales for completion and key milestones are contained within the programme plan and are aligned to the CCG’s governance reporting and financial investment plan

2. Programme Management Office Update

2.1 The Review Panel

In May the PMO reported the successful testing of a new approach to approving project briefs, business cases and commissioning reports, using a Review panel comprising of executive team members and associate directors and leads from the PMO and Procurement.

Given the success and added value of this panel in the governance process, the SMT supported this panel in assuring the commissioning approvals process; with all cases needing to be submitted to and approved by the panel prior to their submission to the CC&FC or PCCC.

2.2 Submission Outcomes

The table overleaf summaries the outcomes of those papers submitted to the July and November Review panel and subsequent CCAF and PCC Committees’:

Project/Scheme	Paper	Committee	Outcome
MSK Service	Business Case	Review Panel – 01/09/15	Approved
		CC&FC - 15/09/15	Approved
Wet AMD	Business Case	Review Panel – 01/09/15	Approved
		CC&FC - 15/09/15	Approved
Falls Service	Proposal Report	Review Panel – 01/09/15	Approved
Community Nursing	Service Specs	Review Panel – 01/09/15	Approved
		CC&FC - 15/09/15	Approved
AQP Adult Hearing	Proposal Report	Review Panel – 01/09/15	Approved
		CC&FC - 15/09/15	Approved
PC Extended Access Offer	NHSE copy paper	Review Panel – 01/09/15	Approved
		PCCC - 01/09/15	Approved
PC Locality Development – Managing Access and Urgent Care	Project Brief	Review Panel – 01/09/15	Approved
		PCCC - 01/09/15	Approved
Community Nursing *	Status update	Review Panel – 02/11/15	Acknowledge
Care-homes – Enhanced PMS *	Service Spec – Interim Model	Review panel – 02/11/15	Approved
		PCCC – 08/11/15	Approved

2.3 Planning for 16/17

The Associate Directors of Commissioning and Transformation are currently working with the Heads of Service to review work-plans for the remainder of 15/16.

A workshop held on 23rd October started to identify the schemes for 16/17 in line with the CCGs locality plan and strategic objectives as part of the commissioning cycle.

In addition to this, project managers will continue to progress existing schemes through the procurement and implementation stages as detailed in each highlight report.

Following are the details of the papers to be submitted to the Review Panel and approving Committees in January 2016:

Review Panel and Clinical Commissioning and Finance Committee

- Diabetes Interface – Business Case
- Diabetes Screening – Business Case
- End of Life – Options Appraisal and Recommendations

2.4 Programme Outlines

In an effort to reduce the number of papers reviewed by the Health and Wellbeing Board only the active schemes will continue to be reported. Approved, realigned and deferred schemes (Archived Schemes) will appear for one reporting period only and will then be archived.

Scheme numbering will remain for governance reference purposes.

A summary table of all Archived schemes will also be included with each report for on-going reference.

Better Care Fund Schemes are reported separately but are represented in the total numbers reported by the PMO

3. Programme Outline

Total Planned Number of Transformational Projects 2015/16	33
Projects in progress on track (3 BCF)	16
Projects Archived (detailed in 3.1)	12
Projects reporting minor risks (3 BCF)	4
Projects at risk (1 BCF)	1

Commissioning Directorate		Projects	Status
Corporate	4.1.1	Estates Programme	
	4.1.2	South Trafford Wellbeing Hub	
	4.1.3	Shrewsbury Street (Trafford Housing Trust (THT))	
	4.1.4	Sale Moor Hub	
Primary Care	4.2.1	Locality Development Programme	
	4.2.4	7 Day Access to Primary Care (previously named Extended Access Offer)	
Scheduled Care	4.3.1	Community MSK Clinical Assessment, Triage and Treatment Service	
	4.3.4	Diabetes Interface Service	
	4.3.5	Diabetes Screening Service	
	4.3.7	Community Endoscopy / Gastroenterology	
	4.3.8	Community Podiatry	
	4.3.10	Wet AMD	
Children's & Young People	4.6.1	Transforming Community Paediatrics	
	4.6.2	Trafford CAMHS - Transformational Review	

3.1 Archived Schemes

Total Number of Archived Transformational Projects 2015/16	12
Projects complete – (archived)	5
Projects complete – (this period)	0
Projects deferred or discontinued (archived)	7
Projects deferred or discontinued (this period)	0

Commissioning Directorate		Projects	Status
Corporate	4.1.5	TCCC Programme	Phase Complete
Primary Care	4.2.2	Co Commissioning Programme	Realigned
	4.2.3	LCS – Enhanced Hours Access & Continuity	Discontinued
	4.2.5	LCS – Extended Access (Saturday)	Realigned
	4.2.6	General Practice Out of Hours Procurement	Deferred
	4.2.7	Primary Care Estates Programme	Realigned
Scheduled Care	4.2.8	Primary Care IM&T Programme	Realigned

	4.3.2	Community Cardiology Phase 1 - Arrhythmia AF (Inc. Diagnostics)	Live
	4.3.3	Integrated Care - Diabetes Care Strategy	Approved
	4.3.6	Community Dermatology	Live
	4.3.9	AQP Commissioning	Approved BAU
Unscheduled Care	4.4.1	IV Therapy	Discontinued

4. Appendix - Programme Updates

4.1 Corporate	
4.1.1 Estates Programme	
<p>Completed Milestones:</p> <ul style="list-style-type: none"> ○ Publish TCCG's Community and Primary Care Asset Map on SHAPE – 18/11/15 ○ Project Support West Locality GP Practice to relocation to Davyhulme Library – 18/11/15 <p>Planned Milestones:</p> <ul style="list-style-type: none"> ○ Continuation of Project Support to relocate a West Locality GP Practice to former Davyhulme Library – 18/12/15 ○ Supporting three Central Locality GP Practices in re-allocation of accommodation within a health centre to improve patient access and infection control recommendations following a recent review – 20/01/15 ○ Present a paper to Senior Management Team with initial capital costs to develop a health and wellbeing centre in the Central Locality – 17/12/15 ○ Present TCCG's Estates Strategy to Senior Management Team – 17/12/15 <p>Progress - Update: Progressing to plan</p> <p>Trafford CCG have supported a GP Practice in crisis and through negotiations with Trafford Council have been able to secure the lease of a vacant council owned building that will become the new home for the Practice from December 2015.</p>	
4.1.2 South Trafford Wellbeing Hub Altrincham – South Locality	
<p>Completed Milestones:</p> <ul style="list-style-type: none"> ○ Formal Sign off by each provider of the accommodation schedule and financial model 18/11/15 ○ Formal approval of Project Management arrangements for the scheme - 18/11/15 ○ Appointment of Technical Advisor – 18/11/15 <p>Planned Milestones:</p> <ul style="list-style-type: none"> ○ Formal Sign off by each provider of the accommodation schedule and financial model – 17/12/15 ○ Formal approval of Project Management arrangements for the scheme – 18/11/15 ○ Appointment of Technical Advisor – 18/11/15 ○ Recruitment of Project Officer – 17/12/15 <p>Progress - Update: Progressing to plan</p>	
4.1.3 Shrewsbury Street (Trafford Housing Trust (THT) North Trafford Health & Wellbeing Hub	

Completed Milestones:

- Project Initiation Document to be presented to NHS England Local Area Team – Capital Pipeline Committee for support
- Full Business Case presented to Primary Care Co-Commissioning Committee for support
- Full Business Case presented to NHS England Primary Care Infrastructure Fund/Capital Pipeline Committee

Planned Milestones:

- Formal confirmation from NHS England re: Capital Contribution – 31/12/15
- Completion & Occupancy – Winter 2017

Progress:

Project continues to progress to plan

4.1.4 Sale Moor Health & Wellbeing hub Central Trafford Locality

Completed Milestones:

- Formally written to all Central Locality GP Practices to invite expressions of interest in the Central Locality Health & Wellbeing Scheme – 23/09/15
- Establish formal project group with Trafford Housing Trust and stakeholders to scope out scheme and develop PID – 31/10/15

Planned Milestones:

- Present Paper to Senior Management Team setting out the capital requirements to develop a health and wellbeing centre – 31/12/15

Progress:

This project in the early stages of developing and is progressing to plan

4.2 Primary Care

4.2.1 Locality Development Programme

Completed Milestones:

Implementation

- Authorisation to waive formal tendering procedures/single tender approval form for Primary Care Foundation to be prepared for J McGuigan sign off - 31/09/15
- Single Tender Approval for Primary Care Foundation – Submission to Audit Commit – 27/10/15

Planned Milestones:

- PCF to hold launch workshops for each locality - 18/11/15
- Individual practices to complete data collection exercise – Jan-March 16
- PCF to provide practice specific support/visits – Jan March16
- PCF to produce practice specific comparative report/feedback for individual practices - March-April 16
- Individual practices to share action plans with Locality Leads and CCG Primary Care Interface Team, to support learning and sharing of best practice - April –May 16
- PCF to hold end-project workshops for each locality – April-May 16

Progress:

The Locality Development Programme for 2015-16 has focused on supporting primary care leadership/provider readiness/integrated health and social care required to deliver 7 Day Access to Primary Care (see 5.3)

This has resulted in the development of the business case for each practice to work with Primary Care Foundation (PCF) to improve management of demand, access and urgent care

Practice specific action plans will form part of the Primary Care Interface quality improvement

programme for 2016-17

It is anticipated that the Locality Development Programme will run until 31 March 2016

- Work progressing with Trafford Primary Health (TPH) federation to secure provider readiness.
- Approval for Primary Care Foundation (private provider) to support general practices in developing capacity and managing access and urgent demand.

4.2.4. 7 Day Access to Primary Care (*Extended Access Offer*)

Completed Milestones:

- Preparation of LCS Service Specification to deliver Phase 1 – 31/10/15
- Secure provider readiness and CQC registration – ongoing
- Develop appraisal for Management Team to assess options for 2015-16 implementation – 14/11/15
- CCG awaiting confirmation of NHSE recurrent funding allocation - tbc

Planned Milestones:

- Demonstrable Phase of Project in line with funding by key milestone date – 31/12/15
- Full completed Roll Out – 01/04/16

Progress:

Approved delivery plan, funding 15/16 awaiting further clarity on recurrent full year effect funding. Work progressing with Trafford Federation to secure provider readiness for the delivery of 15/16 service plan

Option appraisal in place to determine impact of 2015-16 implementation

Project team to be appointed once funding confirmed

CQC application in progress

4.3 Scheduled Care

CATS – The Head of Scheduled Care met with SMT on 22/10/15 to agree that Trafford CCG will be part of the Continuing Service provision alongside all other GM CCGs but that the CCG will only require bridging arrangements for Gastroenterology/Endoscopy – negotiations have taken place with Pennine Care to offer and extended/increased MSK service after 1/2/16 and until the procurement of the new service is completed. The procurement of the new Gastroenterology/Endoscopy, MSK and Macular services was approved by the Governing Body on 27th October 2015.

PQs for both Gastroenterology/Endoscopy and MSK services have now been published.

Recognition for the Procurement Team – especially when fronting joint CCG procurements – all members of the team come across as highly professional and knowledgeable. (Costs for the team still need to be finalised)

4.3.1 MSK Project

Completed Milestones:

Procurement workstream progressing:

- Period for clarification questions closed – 25/11/15
- A précis of the business case submitted Governing Body – 27/10/2015 - Approved
- Final Business Case approved by Governing Body

Planned Milestones:

Clarification Questions close – 25/11/15
 Final Draft of ITT – 26/11/15
 PQQ Submissions – 15/12/15
 Successful/unsuccessful bidders notified - 22/12/15
 ITT issued – 05/01/16

Progress & Update:

Procurement progressing well with a number of bidders interested in the procurement.

Issue & Mitigation:

- Accommodation – a dual choice location (in Altrincham and Trafford General) is not considered acceptable for the MSK service from an access perspective
- Year 1 the sites used are TGH and ALG.
- Year 2 TGH, AGH gym and hub.
- Year 3 move to new sites as they come on line
- Engagement team have raised concerns and will work with PM and Estates PM to ensure issues are resolved prior to go live and service procurement
- The MSK Business Case recommends that due to the complexities relating to estates, as a consequence of progressing the estates strategy, details relating to accommodation, building and facilities will be provided within the estates strategy and associated Business Cases.
- TCCG to meet with CMFT 16/11/2015 to discuss estates and leasing of equipment.

4.3.4 Diabetes Interface Service

Completed Milestones:

- First meeting of the Primary Care Training Group – 24/09/15
- First meeting of the Interface Group – 01/11/15
- Development of business case for completion by – 30/10/15

Planned Milestones:

- Review Training Needs Assessment Survey – 15/12/15
- Business Case – Review Panel for approval (papers 28/12/15) – 05/01/15
- Business Case – CC&FC for approval and sign off (papers 11/01/16) – 19/01/15

Progress:

Position Statement Paper presented to SMT 03/12/2015

4.3.5 Diabetes Screening Service

Completed Milestones:

- Further discussions held with NHS England to discuss Trafford care process screening service – 23/09/15
- Develop business case start date 23/09/2015 – planned completion date 28/12/2015

Planned Milestones:

- Position Statement Paper presented to SMT (papers 2/1/2015) - 03/12/2015
- Business Case – Review Panel for approval (papers 28/12/15) – 05/01/15
- Business Case – CC&FC for approval (papers 11/01/16) – 19/11/15

Progress:

Position Statement Paper presented to SMT 03/12/2015

4.3.7 Community Endoscopy – Gastroenterology

Completed Milestones:

- Final Business Case approved by Governing Body – 27/10/15
- Publish PIN to marketplace – 18/09/15
- Tender Notice / PQQ published – 29/10/15

Planned Milestones:

- PQQ clarification questions close - 23/11/15
- PQQ Submission - 30/11/15
- Evaluation completed by - 16/12/15
- Bidders notified - 21/12/15
- ITT issued - 08/01/16

Progress:

Procurement progressing well. A Finance sub-group of the project team has met to review costs and agree consistent methodology of costs/pathways for ITT stage. Evaluators identified.

Negotiations have commenced with Care UK to enter into a bridging arrangement for the period from 1/2/2016 until the new service commences and next GM CCG/Care UK meeting is on 16/11/15

4.3.8 Community Podiatry**Completed Milestones:**

- Develop podiatry project plan – 23/09/15
- Implement podiatry project plan – 10/10/15
- Develop KPIs and CQUIN – 31/11/15

Planned Milestones:

- Develop KPIs - 01/12/15
- Project Lead to meet with Pennine to discuss new service specification - 07/12/15
- Head Contracting and Deputy CFO to determine future costings - 22/11/15
- Sign off by FQ&P Committee - 26/02/16

Progress - Update:

The podiatry business case was approved by the Clinical Commissioning and Finance Committee

The Head of Contracting and Deputy CFO are now to determine the future costings of the service provision

Key milestones are progressing with the aim of commencing the new service ahead of plan 01/03/15

Once the service is live it will be monitored through the standard governance of the Pennine Care Contract (FQ&P Committee)

4.3.10 Wet Age Related Macular Degeneration**Completed Milestones:**

- Business Case submission to CC&FC (papers 07/09/2015)
- Outcome - approved
- Final Business Case approval by Governing Body

Planned Milestones:

- Finalise clinical model/service specification
- Commence Procurement Process – publish Tender Notice/PQQ

Progress - Update:

We are still awaiting formal confirmation from Central Manchester CCG as to whether they will join the procurement. While North & South Manchester CCGs have confirmed in principle, the business case is going through their Citywide Joint Finance Committee w/c/16/11 and will then need formal Board approval. There are still clinical discussions ongoing about the service model and whether Oraya Therapy and Avastin by choice are to be included. These discussions will need to be concluded by time PQQ is published. GMMMGM has been asked to review evidence for Oraya Therapy. Novartis has written to Devo GM about use of unlicensed drugs threatening their involvement in other GM value initiatives – we are awaiting minutes of AGG meeting to guide direction here

NHS Bury has also recently expressed interest in joining the procurement – they have been informed they would need to have formal approval by end of November and we are awaiting clarification on

whether this can be achieved

Issue & Mitigation:

Issue - Other GM CCG interest in joining procurement –to agreeing clinical model/service specification opportunity for financial savings but potential risk /delay to start date of service

Mitigation – Formal confirmation of other CCG involvement is expected w/c/16/11 (and is required before PQQ publication date on 1/12/16). We are awaiting confirmation from NHS Central Manchester and NHS Bury. (North/South Manchester have confirmed)

4.6 Children's & Young People

The General Paediatric Clinic trial in Seymour Grove has now completed the 6 month trial period and initial data and patient feedback is available which is positive and the future of the service now needs to be considered.

The CAMHS review continues, online surveys (developed for the public and professionals) have been completed, the results of which are now being analysed to inform the development of the service model.

The Service Model task and finish group held its first meeting and a half day workshop for professionals to work together to further develop the future CAMHS model. The review process has now been subsumed to a degree by the development of our CAMHS Local Transformation Plan, 'Future in Mind' review, which was submitted in October. We have now received confirmation that funding will be released from NHS England to operationalise our plan along with feedback requesting additional assurance in some areas to be resubmitted at the beginning of December

4.6.1 Transforming Community Paediatrics

Completed Milestones:

- Initial 6 month period complete.
- CPD session previously delayed by the GP cluster took place. – 30/09/15
- Evaluation of all existing data - 30/11/15
- A service evaluation form for service users has been developed and rolled out to service users.
- On-going feedback has been gathered from the GPs involved, the Paediatrician and CCNT.

Planned Milestones:

- Review Paper to CCG SMT – 03/12/15
- Outcome dependent / resource dependent
- Subject to discussion with CCG SMT, the project could be extended to deliver to another locality (with high referral rates) using the same model – 31/12/15
- Service Go Live – second locality – 27/02/15

Progress & Update:

It is has now been acknowledged that in order to provide a more a meaningful and accurate evaluation of the future benefit of the model, assessment of a greater patient group over a larger geographical area and timescale is necessary. This will be presented to the SMT for consideration

4.6.2 CAMHS - Transformational Review

Completed Milestones:

- Service Model Development Workshop – 10/11/15

A half day workshop was held with key professionals to discuss the proposed future model. This will be built on by the task and finish group to further develop the service model and its recommendations to the steering group.

- The CAMHS service with support from Jill Colbert has completed the Future in Mind self-assessment tool which sets Trafford's baseline position. This was shared at the CAMHS Transformational Review Steering Group – 01/10/15.
- Local Transformation Plan completed – 09/10/15

- LTP signed off and submitted for regional assurance -16/10/15
- Feedback received and funding granted by NHSE – 10/11/15
- Amendments and additional assurance to be provided -04/12/15
- LTP published locally 31/12/15

Planned Milestones:

- LTP published locally – 31/12/15
- Task and Finish groups -31/11/15
- Existing groups continuing and to complete against their specific work streams
- These groups are now concluding their evidence gathering in order to produce a summary report and recommendations for the CAMHS Transformational Steering Group. 15/12/15

Progress & Update:

All task and finish groups are working to an agreed action plan

Engagement activity with children, young people and their families has been ongoing via Trafford CYPS and Trafford CAMHS. From September, an increased focus on engagement with schools has commenced. The online professional's survey has been shared through the school bulletin and Special Educational Need Co-ordinators (SENCO) forum and commissioners attend the Primary Head Teacher's Conference to promote the review and how they can get involved. Analysis of the survey data is now underway to inform the development of the service model. An invitation to the Secondary schools Deputies meeting has also been received.

November 2015

Public Health have completed a rapid health needs assessment to identify what issues we would expect to see locally for comparison and to help with predicting future service demand. This is to be shared with the service model task and finish group.

October 2015

The data and performance task and finish group has highlighted the gaps, risks and issues associated with existing data collection mechanisms. An interim solution of Share Point for the collation of data until EMIS becomes live has been provided which should be available by December 2015. Work is on-going to agree activity and performance measures as well service user profiling to inform commissioning.

November -December 2015

Leigh Lord (CCG Medicines Management Lead) has now taken over as chair of the Medicines Management task and finish group. There have been issues re requesting blood tests and prescribing. The CAMHS service is unable to request blood tests and access results for review and so are asking GPs to do this on their behalf which does not fall under their remit. An interim solution has been agreed with the lead GP for mental health and a communication to GPs will be circulated in due course. A further issue regarding availability of diagnostic tests has also been raised for consideration within the new pathway

September 2015 - November 2015

George Kissen has chaired the first Service Model task and finish group. The action plan for the group has been agreed and a development workshop arranged for key partners to start to work up the future model. A stepped care service model based on the Thrive Model has been put forward by Pennine Care at the second task and finish group. A half day workshop was held with professionals across a variety of agencies to look at how this will be operationalized locally and what training and support will be required from specialist CAMHS for successful delivery of the model. A skill mix review to of specialist CAMHS is to commence shortly in accordance with the proposed service model. This work will be built on and developed to form the basis of the group's recommendations to the Steering Group in December.

Work has commenced on the Local Transformation Plan which will set out our intentions to facilitate the shift towards a future state whereby Children and Young People (CYP) along with their parents/carers have an improved experience of CAMHS on an on-going basis; through a shift in the model of service delivery in recognition of the need to modernise the way mental health services are delivered for CYP and those who care for them. The development of the Local Transformation Plan is not a specific function of the CAMHS review but will be an integral part of re-shaping the mental

health service offer for children and young people in the future. The LTP was submitted to NHS England in October.

Feedback has been received from NHS England on the LTP.

Funding allocation has been granted however further assurance on some elements of our plan have been requested for resubmission in early December 15.

November – December 2015

An allocation of funding to support the development of Community Eating Disorder provision has been made by NHS England.

A proposal for the provision of an eating disorder pathway in the form of a hub and spoke model in conjunction with Stockport and Tameside and Glossop has been put forward by Pennine Care NHS Foundation Trust, this is to be discussed by GM Commissioners late November. Once finalised implementation of this pathway will commence in the new year.

November 2015 – March 2016

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