



## **AGENDA PAPERS MARKED 'TO FOLLOW' FOR HEALTH SCRUTINY COMMITTEE**

**Date: Tuesday, 23 January 2018**

**Time: 6.30 p.m.**

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

<b>A G E N D A</b>	<b>PART I</b>	<b>Pages</b>
6.	<b>CCG CHANGES IN SERVICE DELIVERY AND TRANSFORMATION</b>	1 - 14
	To receive a presentation from the Interim Accountable Officer, Trafford CCG.	
8.	<b>SINGLE HOSPITAL SERVICE</b>	15 - 18
	To receive an update from the Director of Strategic Projects, MFT.	

**THERESA GRANT**  
Chief Executive

### Membership of the Committee

Councillors J. Harding (Chairman), Mrs. P. Young (Vice-Chairman), Miss L. Blackburn, Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, R. Chilton, Mrs. D.L. Haddad, J. Lloyd, K. Procter, S. Taylor, Mrs. V. Ward and M. Young (ex-Officio).

### Further Information

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

Alexander Murray,  
Tel: 0161 912 4250  
Email: [alexander.murray@trafford.gov.uk](mailto:alexander.murray@trafford.gov.uk)

## Health Scrutiny Committee - Tuesday, 23 January 2018

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This agenda was issued on **Monday, 15 January 2018** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester, M32 0TH.

Any person wishing to photograph, film or audio-record a public meeting is requested to inform Democratic Services in order that necessary arrangements can be made for the meeting.

Please contact the Democratic Services Officer 48 hours in advance of the meeting if you intend to do this or have any queries.

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# Health Scrutiny Committee

## 23 January 2018

Updates on:  
Changes in service delivery and  
transformation  
Trafford Co-ordination Centre

Cameron Ward  
Interim Accountable Officer

[www.traffordccg.nhs.uk](http://www.traffordccg.nhs.uk)

  
Trafford  
Clinical Commissioning Group

## Topics for discussion

- Transformation
- CCG and local authority integration
- CCG finances
- Proposed areas of service change
- Trafford Co-ordination Centre

# Trafford map

*“Together with residents we will support and improve the health and wellbeing of the people of Trafford”*

## New models of care

**Integrated organisation (TCCG and TMBC)**

**Intelligent strategic commissioning**

**TCC**

**Care complex**

**New models of primary care**

**Integrated health and social care**

Other partners inc Housing and Leisure

Social care

Community provision

Mental health

Single acute hospital

**LCO**

Acute services

Voluntary sector

Other LCOs

Pre-requisites

IT

Experience & engagement

Workforce

Estates

Finance including transitional funding

OD and values

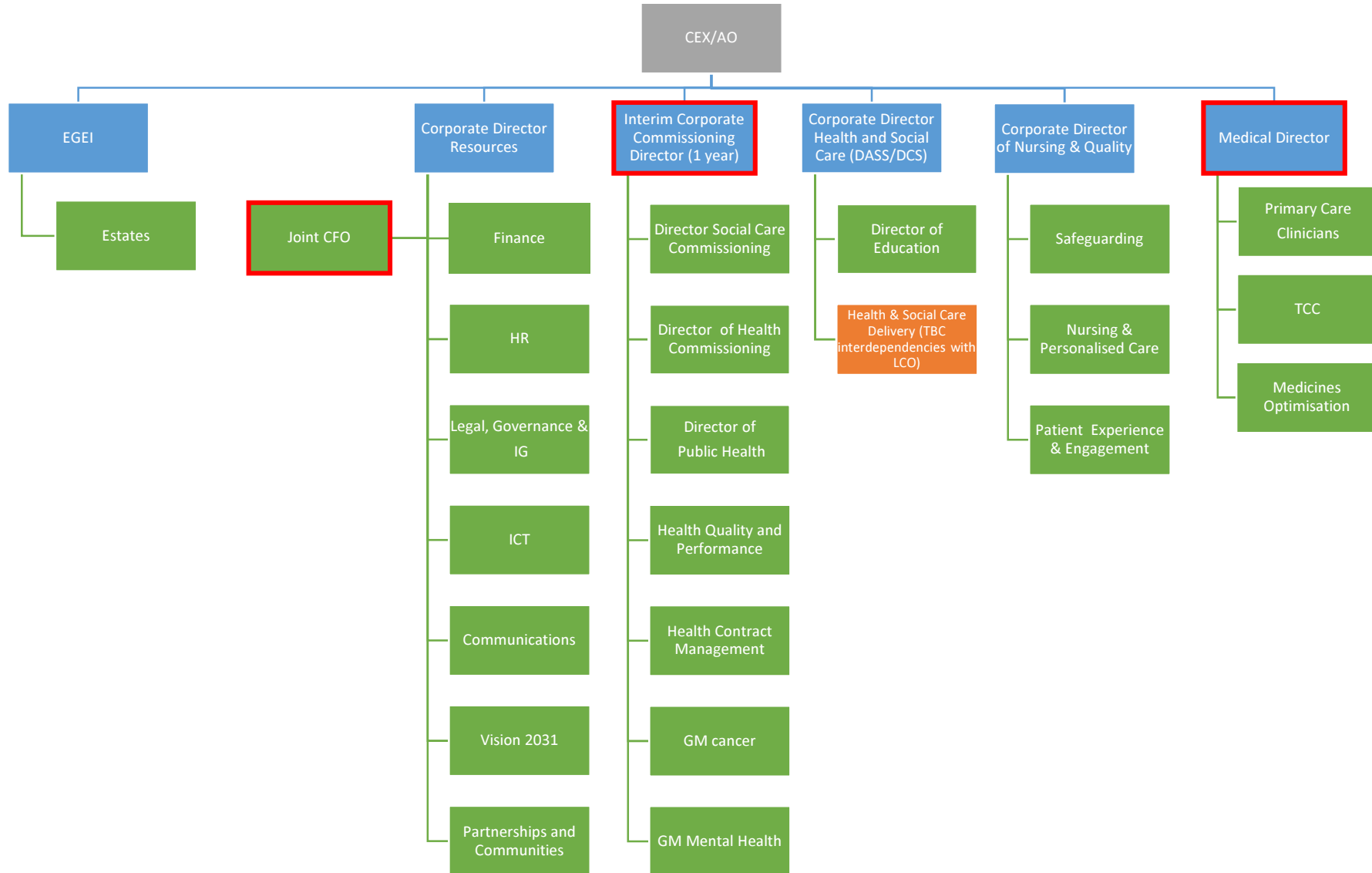
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# CCG and Local Authority integration

- Part of GM wide initiative for place based strategic commissioning
- Building a strategic commissioning function
- Part of the architecture with a Local Care Organisation
- Consultation with staff October to December
- Benefits include:
  - Deliver better outcomes to all citizens, as one organisation
  - Ensure our future health and social care economy is sustainable
  - To deliver the GM devolution requirements
  - Combine expertise, knowledge and skills
  - Closer working between staff with more efficient working and streamlining systems and processes
  - Maximising our funds through the pooling of budgets
  - Deliver Trafford's Locality Plan
- Operational from 1 April 2018
- Single Accountable Officer
- Single leadership team
- Single support structure

# What does it mean for me?

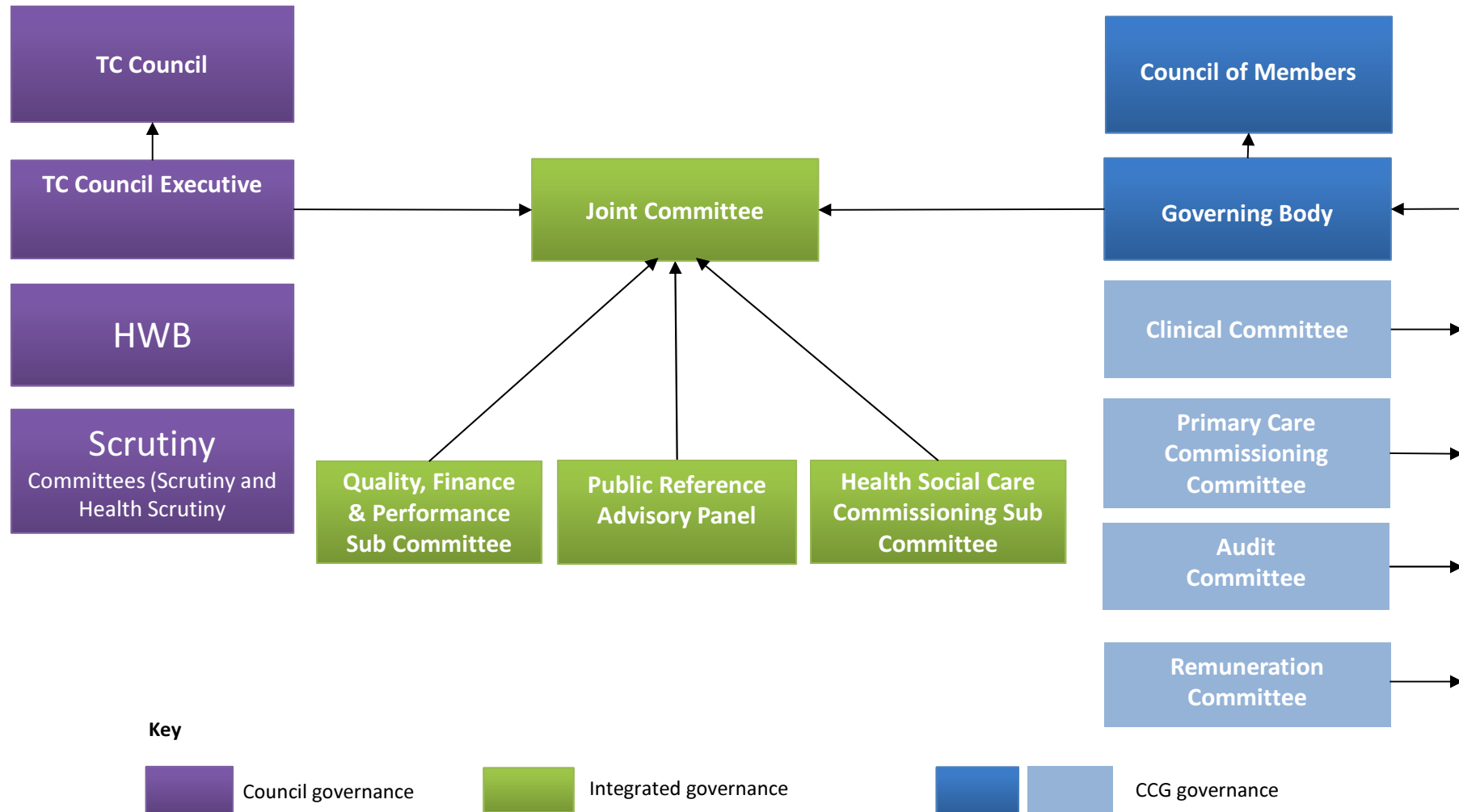
## Phase 1 In Scope Trafford Organisational Structure



# What does it mean for me?

## Proposed Integrated Governance Structure

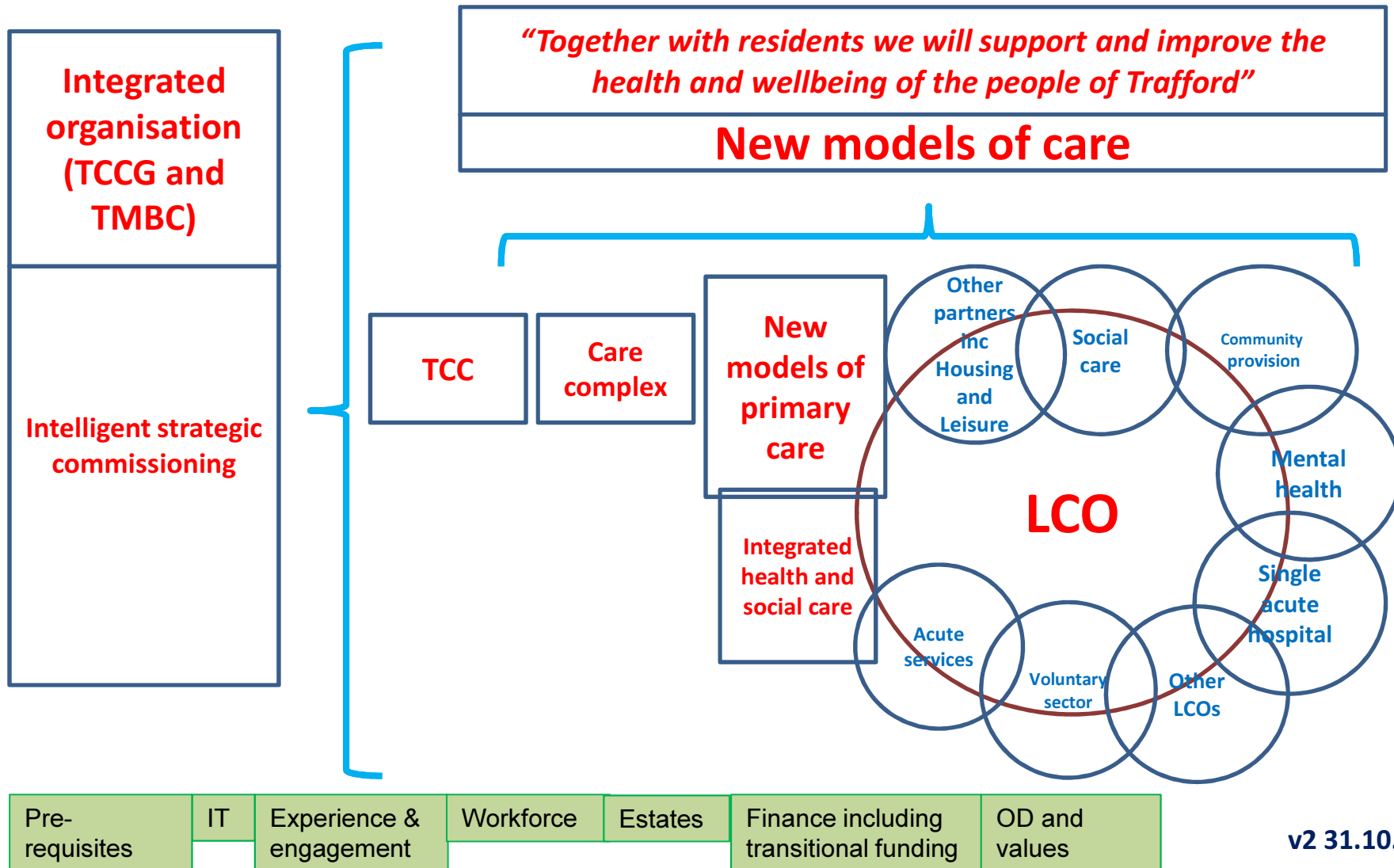
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# Trafford map

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## CCG finances

- Overall budget allocation of £335m per year
- Required to make a surplus of £6m per year ie not spending £6m of our allocation
- Currently spending in excess of our allocation
  - Risk totals £5m
- Need to ensure the CCG is in a balanced financial position over a two year period to March 2019
- Need to look to transformation and increasing the focus on prevention and self-help and new ways of working eg new models of primary care to avoid people becoming unwell and going to hospital when this should not be necessary
- All services are being considered based on evidence eg more of Trafford residents get admitted to hospital than peers; visit hospital due to falls; more die in hospital than their chosen place of death, more emergency referrals

## CCG finances

### Proposed ways forward:

- Transformation proposals looking at new models of care including general practice and community based services
- Reviewing all areas to improve efficiency and effectiveness
- Utilising existing community based services eg musculoskeletal
- Commissioning reviews of pathways including:
  - End of life
  - Alternatives to emergency admission
- Changing one cycle of IVF to exceptions only
- Medications – end prescriptions for items which can be obtained over the counter, end Gluten-free food prescribing
- Requiring healthier lifestyles before surgery, eg smoking and obesity
- Based on: evidence, population-based health needs, equality of access, and value for money

# TCC – our 9 priorities from December 2017

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Ops & Engagement	Care Co-ordination	Referral Management
Stabilise and improve internal daily operations: •Options Appraisal complete •Contract meetings •KPIs published & monitored	• Focus on onboarding patients with high risk of admission: • Risk stratification tool • Referrals from clinicians (GP/CEC) • Working with Wythenshaw site to develop protocols for discharge coordination	Improve quality of referrals from GP through support / enforcement: •Generic Referral Form introduced •Receiving all MSK/Gastro referrals in TCC
Implement a direct engagement approach with our GPs: •First round of practice visits completed •Care coordination/referral management reports - patients/benefits	Discharge those patients that will not benefit from our service: •Patients where no interventions in last 3 months •Patients are independent	Use of the DOS by GPs to support improved pathway compliance: •GP Practice Portal launched 21/9 •Working group with Clinical lead identified for further development
Rebuild relationships with key Acutes in support of admission avoidance: •Stakeholder Reference Group/meetings	Increase the clinical focus of the service: •Patient Care Plan template •Condition-based Management – Diabetes pathway produced to support pilot in primary care	Start placing diagnostic tests on behalf of GPs: •System integration not complete •Clinical protocol discussion clinical ownership of the test ❌

# Service KPIs

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Service area	Detail	March 2018	Dec 2017
Care coordination	% of patients that meet agreed criteria	95%	57%
Care coordination	Number of patients in service	2000	1718
Care coordination	% of interventions in relation to interactions with patients	30%	12%
Care coordination	Benefits delivered	£104k	£79k
Referral management	% target referrals clinically reviewed	95%	98%
Referral management	% referrals processed within required time standard	95%	88%
Referral management	Benefits delivered	£67k	£66k
Operations and comms	Calls abandoned	<10%	12%
Operations and comms	Calls – average waiting time	<1 minute	29 seconds

## Key updates – January 2018

- New Clinical Director – Dr Sapna Tandon (Mastercall)
- New Service Director – Faizal Mangeria (DxC)
- New Programme Director – Sharon Richardson (CCG/LA)
- On track to hit in service volume by March 2018 – 2000 patients
- Frailty lists received from approx. 20 GP practices
- Reviewing all care coordination patients and classifying into level of coordination required (with Clinical Director)
- Weekly review of interventions to develop benefits methodology (financial value of interventions/outcomes)
- Agreed referral protocol for care coordination patients into the community matron service

# Next steps

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- Programme Director to finalise programme plan following consultation with stakeholders – to include how TCC can support other work-streams (e.g. One Trafford Response, New Models of Primary Care, social prescribing)
- Programme Board to be developed from Stakeholder Group
- Benefits methodology finalised
- Care Coordination Framework enhancements (lessons learnt from review cycles by clinical director)
- Integrated Clinical Portal launch to partners
- Clinical protocol for ordering TCC ordering diagnostics
- Data available for risk stratification

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## TRAFFORD COUNCIL

**Report to:** Health Scrutiny Committee  
**Date:** 23 January, 2018  
**Report for:**  
**Report of:** Stephen Gardner, Deputy Programme Director, Single Hospital Service

### Report Title

**Single Hospital Service Update**

### Summary

#### **Summary**

This report provides an update on the progress of the Single Hospital Service (SHS) Programme. This includes an outline of the work that is being undertaken following the creation of Manchester University NHS Foundation Trust (MFT) and sets out the structure/process that is being established to complete the acquisition of North Manchester General Hospital.

#### **1.0 Introduction**

1.1 The purpose of this paper is to provide an update for the Trafford Health Scrutiny Committee on the Single Hospital Service (SHS) Programme.

#### **2.0 Background**

2.1 The proposal to establish a Single Hospital Service for Manchester, Trafford and surrounding areas was built on the work of the independent Single Hospital Service Review, led by Sir Jonathan Michael, and the SHS Programme has been operational since August 2016.

2.2 The Programme is being delivered through two linked projects. Project 1, the creation of Manchester University NHS Foundation Trust (MFT) through the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM), was completed on 1 October 2017.

2.3 Project 2 is the proposal for North Manchester General Hospital (NMGH) to transfer from Pennine Acute Hospital NHS Trust to MFT. The acquisition is expected to take place in 2019.

#### **3.0 Progress to Date**

**3.1 Merger of CMFT and UHSM to create Manchester University NHS Foundation Trust (MFT).**

3.1.1 Following the successful merger of UHSM and CMFT an evaluation report of the

transaction process is being finalised. The aim of this document is to capture lessons learnt to inform the development of the second stage of the SHS Programme – the transfer of NMGH into MFT – and to share with the wider NHS. Emerging strengths of Project 1 include the strategic rationale that was provided in the SHS Review, the commitment of all local stakeholders to the merger process, and the level of clinical engagement maintained over the last two years.

3.1.2 A legacy plan has also been produced following completion of the merger. This plan will ensure the corporate memory of the transaction is retained and that important information relating to the transaction can be accessed in the future.

3.1.3 Arrangements to ensure the new organisation remains focussed on the delivery of sustainable and high quality services for patients are being progressed. A new Council of Governors for MFT has been established and substantive appointments to the MFT Group Board have been made. Leadership arrangements for each of the MFT hospital sites have been developed and hospital Chief Executives have been appointed. It is envisaged that the Hospital Chief Executives and their teams will also have a key role in the continued development and implementation of the integration work.

3.1.4 To support this agenda relevant governance arrangements are in place to oversee the delivery of the Post Transaction Integration Plan (PTIP) and completion of the associated integration planning activities. The work is currently focussed on the implementation of activities for the first 100 days of the new organisation and planning for year 1 and beyond. Corporate integration is progressing to plan and a series of in-depth workshops have provided an opportunity to identify interdependencies and resolve issues promptly.

3.1.4 Clinical and operational integration is also moving at pace through the development of 41 integration projects organised into 27 clinical work streams. These projects vary in size and scale and initially involve service review, due diligence, cross-site clinical engagement, and scoping and testing of the potential opportunities.

3.1.5 Work to define the clinical and operational scheme objectives and timelines for year 1 and year 2 projects, and to develop detailed implementation plans, remains on-going. Planning activities are being carried out in conjunction with the development of an MFT group service strategy and also with reference to the outputs of the Greater Manchester 'Theme 3' programme (standardising acute and specialist care).

## **3.2 North Manchester General Hospital (Project Two)**

3.2.1 The second stage in the creation of a Single Hospital Service is to transfer NMGH, currently part of Pennine Acute Hospitals NHS Trust (PAT), into MFT.

3.2.2 At the request of NHS Improvement (NHS I) the proposed acquisition of NMGH is being managed to run concurrently with the dissolution of PAT and the expected acquisition of the remainder of this Trust by Salford Royal NHS Foundation Trust (SRFT).

3.2.3 The process to acquire NMGH is likely to be complex and will require a significant degree of co-operation and partnership across a range of stakeholders. The proposed transaction will be governed by the NHS I Transaction Guidance which was reissued in November 2017. Based on the criteria described in this guidance the proposed acquisition of NMGH by MFT will be a significant transaction and therefore subject to a detailed NHS I review. This review will be a two stage process involving the development of a Strategic Case followed by the production of a Business Case. Further work will also be required to satisfy the requirements of the Competition and Markets Authority (CMA).

3.2.4 MFT governance arrangements have been established to manage this transaction. A Greater Manchester level 'Pennine Acute Transaction Board' has also been established to provide oversight to the process to dissolve PAT and transfer the relevant services to MFT and SRFT. A timeline for the whole process is being developed by the Transaction Board.

#### **4.0 Conclusion**

4.1 This report provides an update on the progress of the Single Hospital Service Programme. The Health Scrutiny Committee is asked to note the progress made to date.

#### **Recommendation(s)**

The Health Scrutiny Committee is asked to:

- (i) Note the current position of the Single Hospital Service Programme.

#### **Contact person for access to background papers and further information:**

Name:

Extension:

Background Papers:

#### **Implications**

Relationship to Policy Framework/Corporate Priorities	
Financial	
Legal Implications:	
Equality/Diversity Implications	
Sustainability Implications	
Staffing/E-Government/Asset Management Implications	
Risk Management Implications	
Health and Safety Implications	

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