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AGENDA PAPERS FOR

HEALTH SCRUTINY COMMITTEE MEETING

Date: Wednesday, 1 March 2017

Time: 6.30 p.m.

Place: Committee Rooms 2 & 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 agree as a correct record the Minutes of the meeting held on 14 December 2016.		1 - 6
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.	**URGENT CARE CENTRE UPDATE**		
	To receive an update on the progress of the Urgent Care Centre based at Trafford General Hospital from a representative from Central Manchester Foundation Trust (CMFT).		To Follow
5.	**SINGLE HOSPITAL SERVICE**		
	To receive an update from the Director of Strategic Projects, CMFT.		To Follow
6.	**TRAFFORD COORDINATION CENTRE**		
	To receive a report of the Chief Operating Officer, Trafford Clinical Commissioning Group (CCG).		7 - 12

7. **GREATER MANCHESTER MENTAL HEALTH STRATEGY**

To receive a report of the Associate Director, Greater Manchester Health and Social Care Partnership Team. 13 - 28

8. **TRAFFORD MENTAL HEALTH SERVICES UPDATE**

To receive a presentation from the Interim Director for Public Health. To Follow

9. **NEW PRIMARY CARE MODEL**

To receive a presentation of the Chief Clinical Officer, Trafford Clinical Commissioning Group (CCG). 29 - 38

10. **COMMUNITY ENHANCED CARE AND SAMS TEAM UPDATE**

To receive a presentation from the Strategic Lead, South Neighbourhood. 39 - 54

11. **INTEGRATED CARE**

To receive a presentation of the Trafford Integrated Network Director for Pennine Care NHS Foundation Trust and Trafford Council. Verbal Report

12. **HEALTHWATCH TRAFFORD UPDATE**

To receive a report of the Chairman of Healthwatch Trafford. 55 - 66

13. **JOINT HEALTH SCRUTINY COMMITTEE UPDATE**

To receive a report of the Vice-Chairman of the Committee. 67 - 68

14. **GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE**

To receive a report of the Vice-Chairman of the Committee. 69 - 70

15. **TASK AND FINISH GROUP UPDATE**

To receive an update from the Chairman of the Committee. Verbal Report

16. **HEALTH UPDATES**

To receive a verbal update of the Chairman and Vice Chairman. Verbal Report

17. **URGENT BUSINESS (IF ANY)**

Any other item or items (not likely to disclose "exempt information") 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 J. Harding (Chairman), Mrs. P. Young (Vice-Chairman), Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, M. Cawdrey, Mrs. D.L. Haddad, A. Mitchell, K. Procter, S. Taylor, Mrs. V. Ward, M. Young (ex-Officio) and A. Western.

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

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This agenda was issued on **Tuesday, 21 February 2017** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford M32 0TH.

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HEALTH SCRUTINY COMMITTEE

14 DECEMBER 2016

PRESENT
Councillor J. Harding (in the Chair),
Councillors Mrs. P. Young (Vice-Chairman), Mrs. J.E. Brophy, Mrs. A. Bruer-Morris, K. Procter, S. Taylor, Mrs. V. Ward and M. Young (ex-Officio).

In attendance

Councillor Stephen Anstee	- Deputy Exec Member, Adult Social Services and Community Wellbeing
Eleanor Roaf	- Interim Director of Public Health
Jill Colbert	- Interim Corporate Director of Children, Families and Wellbeing.
Stephen Gardner	- Director of Strategic Projects, CMFT
Mary Burney	- Divisional Director of Trafford Hospitals, CMFT
Cathy O'Driscoll	- TCC Transformation Lead, Trafford CCG
Chris Anyan	- Operations Director TCC, Trafford CCG
Ann Day	- Chairman, Healthwatch Trafford
Jamie Whyte	- Innovation and Intelligence Hub Manager
Peter Forrester	- Head of Governance
Alexander Murray	- Democratic and Scrutiny Officer

APOLOGIES

Apologies for absence were received from Councillors M. Cawdrey, Mrs. D.L. Haddad and A. Mitchell.

28. MINUTES

RESOLVED:

1) That the minutes of the meeting held 12 October 2016 be agreed as an accurate record and signed by the Chairman.

29. DECLARATIONS OF INTEREST

The following personal interests were declared;

- Councillor Brophy in relation to her employment by Lancashire Care Foundation Trust.
- Councillor Harding in relation to her employment by a mental health charity, as well as being on the Board of Trustees for Trafford Carers.
- Councillor Taylor in relation to her employment by the NHS.

30. TRAFFORD MENTAL HEALTH STRATEGY AND PRIORITIES

The Interim Director for Public Health gave a presentation to the Committee on the Mental Health Services offered within Trafford. The presentation covered Trafford's all age approach to Mental Health, the role and functions of the Trafford Mental Health Partnership, and what was being done in Trafford to treat mental health issues.

Members of the Committee asked a number of questions around various aspects of Trafford's mental health provision including; whether staff took a family approach to mental health, how the root causes of mental health problems were being tackled and how the extra investment in services was being evaluated. The Interim Director for Public Health and the Interim Corporate Director for Children Families and Wellbeing gave detailed answers and the Committee were satisfied with the responses received.

The Chairman of the Committee thanked the officers for attending the meeting and requested that a further update be provided at the next meeting of the Committee.

RESOLVED:

1) That the Interim Director of Public Health and Interim Director of Children Families and Wellbeing be thanked for the update on Mental Health Services.
2) That a further update be provided at the next meeting of the Committee.

31. TRAFFORD GENERAL URGENT CARE CENTRE

The Divisional Director of Trafford Hospitals, Central Manchester Foundation Trust (CMFT) updated the Committee on the progress at the Urgent Care Centre (UCC) based at Trafford General Hospital. The evidence that had been gathered since the implementation of the changes suggested that the predicted patient mix and patient flows had been accurate with all indications showing the UCC was performing as expected. At the time of the meeting the redevelopment of the reception area was underway.

The Committee enquired as to whether there were any contingency plans in place for winter and were told plans had been developed including a plan specifically aimed at minimising delayed discharges of care. The Committee were also told that a written report would be available for the next meeting in March 2017.

RESOLVED:

1) That the update be noted.
2) That a written report on the services at the UCC since the changes were made be brought to the next meeting of the Committee.

32. SINGLE HOSPITAL SERVICE

The Director of Strategic Projects, CMFT attended the meeting to inform the Committee of the progress of the Single Hospital Service Project. The Committee were told that the project would be conducted in two distinct phases. The first phase would be the amalgamation of CMFT and University Hospital of South Manchester Foundation Trust (UHSM) with the second phase consisting of North Manchester Hospital joining the service.

The NHS process for ensuring that plans are robust and in the public's interest was explained to the Committee. The process was comprised of two phases one looking at whether the proposed changes would cause a loss of competition and the second to look at the benefits. As the project would inevitably lead to a loss of competition it was hoped that the first phase could be fast tracked and the whole process completed by the summer of 2017. The project team had identified the consultation of staff and the synchronisation of IT systems as the largest scale pieces of work to be undertaken and were working to ensure that all systems would be running well from day one of the service.

A Member of the Committee raised concerns that people in Trafford were worrying about being diverted from Wythenshawe Hospital to Manchester Royal Infirmary (MRI). The Director of Strategic Projects assured the Committee that there were no plans to move any services from either Wythenshawe or the MRI. The Chairman of Healthwatch Trafford inquired as to whether the public would be consulted directly and the Director of Strategic Projects responded that all stakeholders would be consulted, including the public, but it would be done through organisations such as Healthwatch Trafford.

The Chairman thanked the Director of Strategic Projects for providing the update and requested that a project road map including examples and patient journeys be provided to Committee Members by the end of January.

REOLVED:

1) That the update be noted.
2) That a road map of the Shared Hospital Service Project be provided to the Committee by 31 January 2017.

33. TRAFFORD COORDINATION CENTRE

The Trafford Coordination Centre (TCC) Lead, Trafford Clinical Commissioning Group (CCG) delivered a presentation to the Committee. The Presentation updated the committee with the latest information available from the TCC. The TCC had received over 32000 referrals and delivered £162,000 in savings. This was slightly lower than the projected £171,000 savings. However during the same period, Service Level Agreement Management (SLAM) activity had reduced by £207,000.

The rest of the presentation covered what care coordination was and what it would look like. The TCC Lead provided Members with a case study of a Mrs Jones to show the impact that the TCC could have. Finally, the presentation showed the planned schedule for the remaining integrations of organisations into the TCC.

Councillors were then given the opportunity to ask questions and the Chairman of the Committee informed the TCC Lead that she had tried to use the TCC the day prior to the meeting. When she rang to make a referral on behalf of a vulnerable woman she was told that the TCC was not the correct service to ring and was directed to the Single Point of Access (SPoA). The TCC Lead apologised to the Chairman and stated that the case in question was precisely what the TCC deals with. She then asked the Chairman to contact her outside of the meeting to go through the full details of the case so that she could look into it.

Several other members of the Committee raised questions including; whether the TCC captured data in relation to Trafford residents treated outside of Trafford, whether referrals made by dentists were captured and whether the TCC corrected referrals made to the wrong service. The TCC Lead provided detailed responses to the Councillors involving in depth descriptions of the functionality of the TCC. The Chairman thanked the representatives of Trafford CCG for their presentation and responses to the Committee's questions.

RESOLVED:

1) That the TCC Lead and the TCC Operations Director be thanked for attending the meeting.
2) That the Chairman of the Committee contacts the Operations Director regarding her experience of the TCC.

34. PRIMARY CARE MODEL

As the representative of Trafford CCG was unable to attend the meeting the item was postponed to the next meeting of the Committee.

RESOLVED:

1) That the Primary Care Model be postponed to the next meeting of the Committee.

35. HEALTHWATCH UPDATE

The Chairman of Health watch Trafford went through the report on fibromyalgia highlighting the key information and findings. The committee discussed the report and the treatment available for fibromyalgia sufferers as there were no referral or treatment pathways in place. The Chairman of HealthWatch Trafford informed members that the best thing they could do was to raise the profile of the report and the condition to draw public attention. The Chairman of Healthwatch Trafford asked for the Committees help in disseminating Healthwatch Trafford reports to the public, officers within the Council and partner organisations to increase their profile and maximise the effect of their work.

RESOLVED:

1) That Healthwatch Trafford be thanked for the report.
2) That Committee members help disseminate Healthwatch Trafford reports to members of the public, Officers of the Council and partner organisations.

36. INNOVATION AND INTELLIGENCE LAB

The Innovation and Intelligence Lab Manager delivered a presentation to the Committee. The presentation explained that the hub was set up using government money from the Cabinet Office but was a function of the Council. The hub had been created in 2014 with the purpose of taking data collected nationally and using it in conjunction with local data in order to provide useful tools to perform analysis of the population.

The Innovation and Intelligence Lab Manager informed the Committee that the hub had been extremely helpful for small to medium sized companies in the voluntary sector by offering them a way to evidence the effectiveness of their services. The Innovation and Intelligence Lab could also be used to evidence the needs of areas in order to ensure that services are set up in areas that require them. They had also helped the Council to put together the latest Joint Strategic Needs Assessment which was soon to be available online.

The Committee were given the opportunity to ask questions and one Member asked what protections were in place to ensure that personal data was not divulged? The Innovation and Intelligence hub Manager stated that all of the data that was used was anonymous and if any data could be used to identify any individuals then it is not made available to the public. The Chairman thanked the Innovation and Intelligence hub Manager for attending the meeting.

RESOLVED:

1) That the Innovation and Intelligence hub Manager be thanked for attending the meeting.

37. TASK AND FINISH GROUP UPDATE

The Chairman of the Committee gave a brief update as to the progress of the Children and Young People's Wellbeing group and urged those members involved in the groups to keep on top of the work. The Chairman requested that both groups meet in January 2017 and reminded the Committee that both pieces of work were scheduled to be finished by the end of the municipal year.

RESOLVED:

1) That the update be noted.
2) That both Task and Finish Groups meet before the end of January 2017.

38. GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE

The Vice Chairman of the Committee briefly went through the report which had been distributed with the agenda. The Committee were given opportunity to ask questions but all were satisfied with the information provided.

RESOLVED:

1) That the update be noted.

39. HEALTH ISSUES

The Chairman informed the committee of process and outcomes of the budget scrutiny exercise for the 2016/17 municipal year as well as the outcomes of the meetings that she and the vice-chairman had conducted since the last meeting of the Committee.

RESOLVED:

1) That the update be noted.

The meeting commenced at 6.30 p.m. and finished at 9.07 p.m.

NHS
Trafford
Clinical Commissioning Group

Trafford Overview & Scrutiny Committee
1st March 2017

Title of Report	Trafford Co-ordination Centre – Progress Update
Purpose of the Report	To provide an update on the delivery of the Trafford Co-ordination Centre including performance and progress.

Actions Requested	**Decision**		**Discussion**		**Information**	✓

Prepared by	Siobhán O'Leary Donkin
Responsible Director	Gina Lawrence, Chief Operating Officer

TRAFFORD CO-ORDINATION CENTRE – PROGRESS UPDATE

1.0 BACKGROUND

1.1 Purpose of the TCC

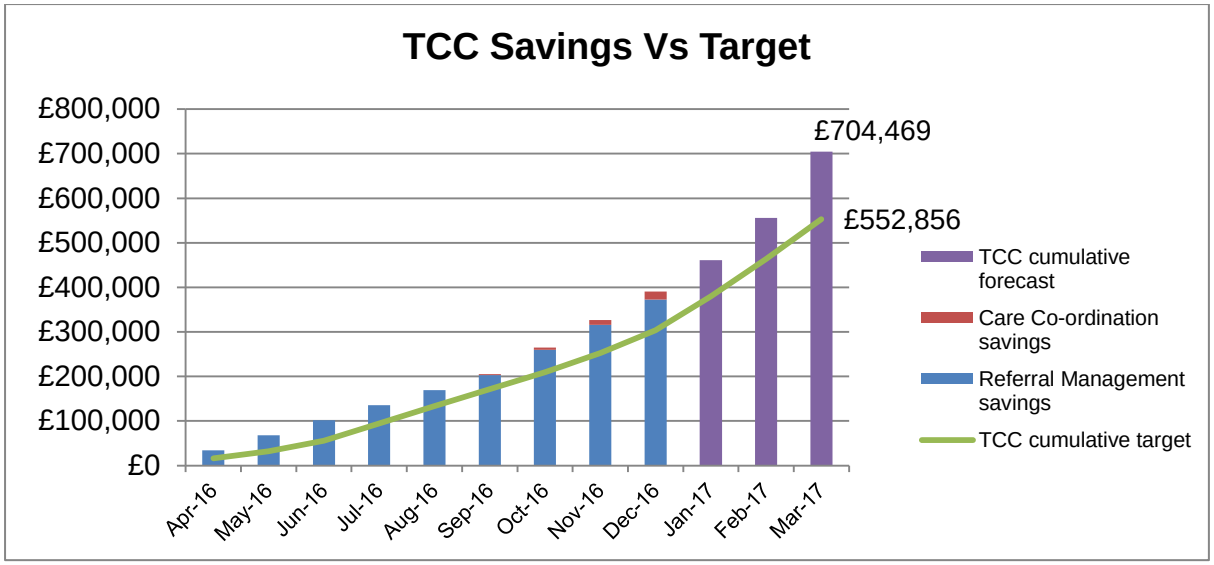
The Trafford Co-ordination Centre (TCC) aims to revolutionise the way local residents are cared for by in a co-ordinated and integrated way. Trafford has a variety of community services that work well together; however, navigating this system is complex for patients, carers and professionals. The centre aims to be a single point of access, tracking patients as they move through the system, guiding them to different services in a more efficient way.

The TCC is currently located in Sale and is open seven days a week 8am – 8pm. Operated by third party provider CSC, it is comprised of an administration team who are responsible for managing referrals and booking patient transport and a clinical team offering specialist advice and delivering Care Co-ordination. This includes a GP, a "stabilise and make safe" Social Worker and 15 nurses with a range of skills (including mental health, community and acute experience). Pennine Care's Single Point of Access for community services is also now co-located in the TCC.

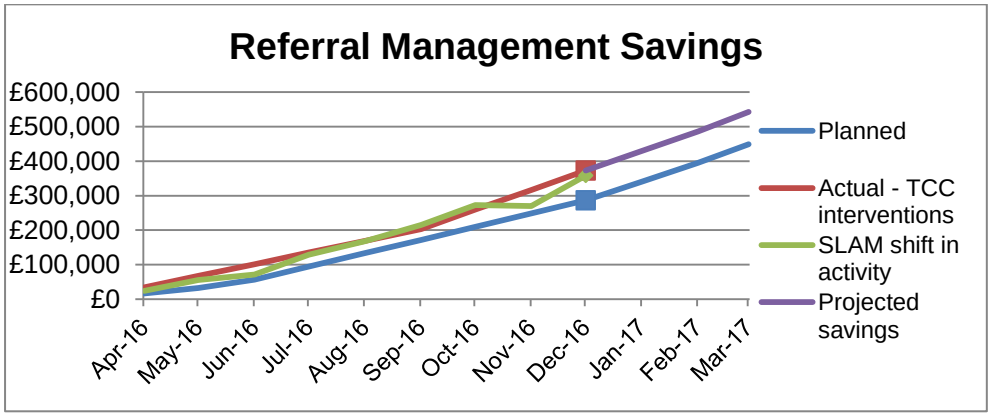
The current focus of the TCC is to deliver financial and quality service benefits via the following four key workstreams; Referral Management, Care Co-ordination, Informatics and Operational Optimisation, section 2 – 5 describes progress and next steps for each area.

1.2 BENEFITS PERFORMANCE

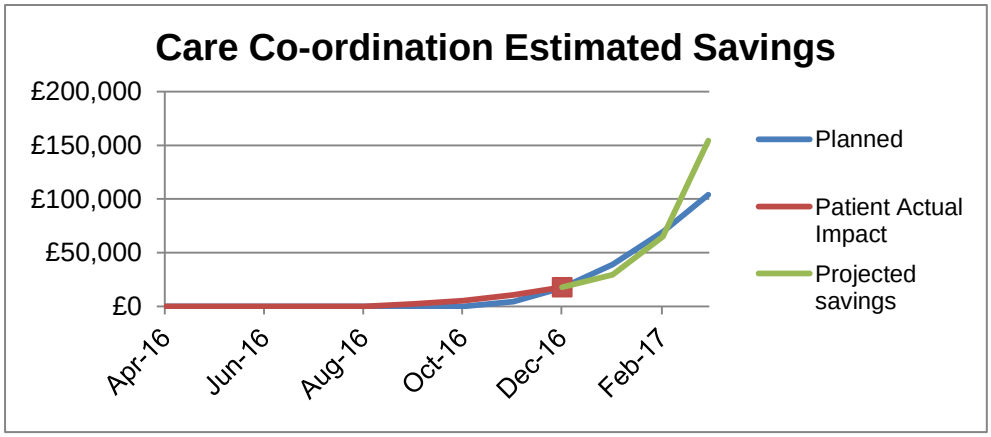
The TCC has been targeted to deliver £553k of savings in 2016/17. From April to December 16 an estimated £391k has been achieved and they are forecast to achieve £705k by the end of the year (120% of target). See chart overleaf.



The savings for Referral Management are shown below. They arise from a) diverting acute referrals to another provider and b) ensuring that all appropriate diagnostic tests are prior to the first appointment.



The savings for Care Co-ordination are currently measured by comparing the rate of A&E attendances and non-elective admissions before and after enrolment for patients in the service. However, as the service has only been live since October 16, this is currently a small sample size and a short period of data. These figures are subject to change over the next 6 months as our information becomes more accurate.



2.0 REFERRAL MANAGEMENT

Referral Management aims to eliminate all “inappropriate” referrals into secondary care by undertaking administrative and clinical reviews of the referrals and intervening when required, for example when information is missing or diagnostics have not been undertaken. Benefits for patients include:

- Better quality first outpatient appointment as all investigations will have been completed
- Reduced need to attend follow up appointments as treatment plans can be agreed at first out-patient appointments
- Improved clinical outcomes as treatment takes place much quicker

Key achievements to date include:

- 45,000 referrals have been received by the TCC from April to date
- Rolled out detailed pathway checks against 35 conditions and 11 EUR policies (4,000 clinical reviews have been undertaken)
- Redirected 1,745 appointments to alternative providers, including significant numbers to new community services MSK and Dermatology
- Established project groups to create a more robust pathway and decision support for GPs for Respiratory, Diabetes and Cardiology

Next steps:

- Implement a generic referral form to improve quality and increase auto-population (freeing GP capacity)
- Develop a protocol for rejecting inappropriate GP referrals (where there is no clinical risk)
- Roll out 50 new conditions for pathway checks by the end of December 2018
- Implement Consultant to Consultant referral reviews (if beneficial)
- Implement a technical solution to check whether diagnostics ordered by a consultant following an outpatient appointment are available in time for the follow next appointment (which wastes time for patients as well as cost)

3.0 CARE CO-ORDINATION

Care Co-ordination aims to support people in their own home avoiding unnecessary attendance and admission to acute hospitals through the deliberate co-ordination of their care. The team undertakes the following key functions:

- Regular “wellness calls” to see how the patient is and if they need any extra support and if they know their plan of care
- Diary of activities produced for medical appointments that can also be set up to include patients’ personal appointments. They can arrange appointments and send reminders
- Contacts agencies to share information to ensure the patient is receiving the right care and that all involved aware of each other’s input

- Acts flexibly to patients' changing needs. Arranges interventions when they are having difficulties, for example asking the doctor or community nurse to visit, arranging for some extra support or helping patients to get involved with a community group
- Support offered to unpaid carers who themselves are becoming less well, helping them to keep well and feel supported
- GP reviews patients after 3 months to identify any required actions/interventions outside of routine calls
- Identify recurrent issues and possible gaps in care

Benefits to the patient include:

- Can speak to one person who has the "whole picture" of their care, a view of all the agencies supporting the patient (the care plan). This central point of contact is also available to carers and family if they are concerned about their care
- Supported in retaining a level of independence and quality of life
- Reduction of recurrent issues as a consequence of interventions, reducing the need for an admission to hospital

Key achievements to date include:

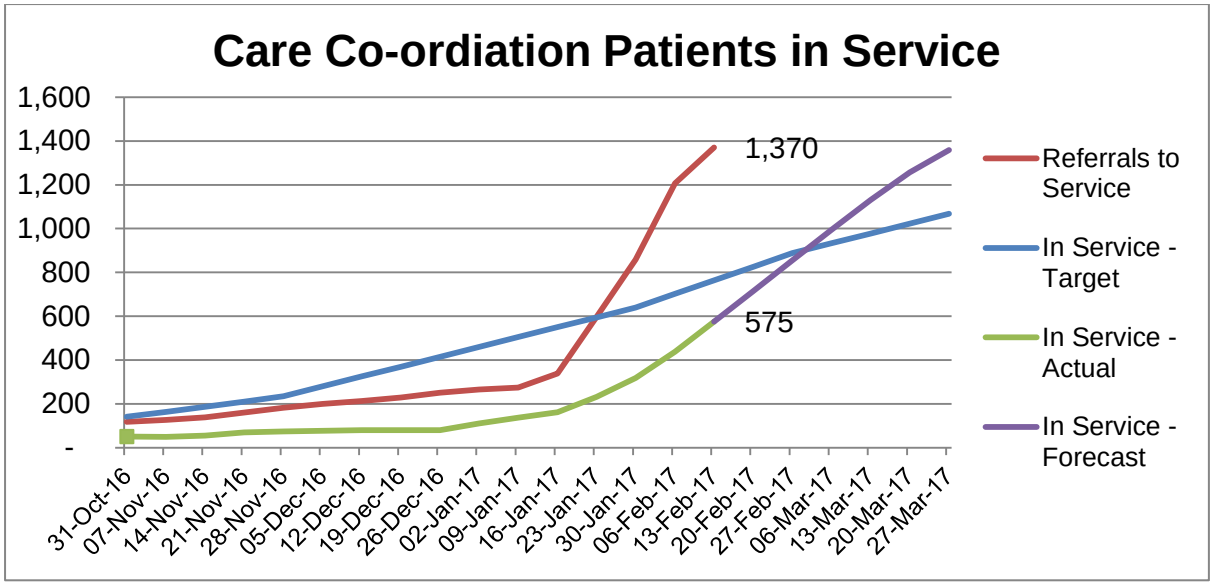
- Service established with clinical team in place and trained
- 575 patients currently enrolled into the service, receiving support
- Case finding established including a 'risk stratification' process, which identifies patients most at risk of having an unplanned admission to hospital
- Referrals being received by a variety of Trafford services, including Community Enhanced Care, acute hospital discharge teams and frailty wards, Mastercall Out of Hours, Neuro Stroke team, Stabilise and Make Safe, Continuing Health Care, District Nurses and One Stop Equipment service
- 1370 patients have been referred into the service to date (not all will be suitable and some will decline the service)
- Engagement with nursing and care homes to provide a specific offer tailored for them
- Achieved an estimated £17,000 of savings since the service went live in October 16

Mr Smith, age 72 **Patient Story**

This patient has complex needs, including mouth cancer and anxiety. He regularly called 999 and Out of Hours service.

TCC made twice weekly wellness calls and identified that he often missed taking his medication, so referred him to SAMS to get on top of this. His living conditions were identified as cluttered and posed a falls risk, TCC referred to Fire Service for a 'Safe and Well' assessment.

The patient has since made no calls to 999 or out of hours. The TCC is now his 1st point of call when he's anxious. SAMS visits have been reduced now he is on top of his medication. A fall has potentially been prevented following advice from the 'Safe and Well' assessment.



Next steps:

- Continue to enrol patients into the service, projected to be 1,300 by the end of March 2017 versus a target of 1,000
- Continue to engage other services including Heart Failure and Parkinson's lead nurses, Community Rehab, Greater Manchester Carers, Greater Manchester Mental Health Trust, and children in transition to adulthood
- Continue to develop and deliver a public facing communications plan
- Engage with voluntary services to refer patients and also as a potential resource for Care Co-ordination patients
- Explore how Care Co-ordination can be utilised to support Delayed Transfers of Care
- Continue to develop the Care Co-ordination methodology, as the approach is innovative we will continue to learn and adapt the service

4.0 INFORMATICS

The Informatics workstream comprises of development to the technical system, the development of a Directory of Services (DOS) as well as Information and Clinical Governance.

Key achievements to date include:

- Development & delivery of a sophisticated CRM system incorporating a TCC Clinical Portal which integrates patient data from a range of providers and allows the admin and clinical teams deliver the services
- Integration has been completed for University Hospital South Manchester (Referrals and OP only), Salford Royal Foundation Trust (Referrals, OP, IP and A&E), and Trafford General (Referrals, OP, IP and A&E)
- The TCC Clinical Governance framework in place (for patient safety etc)
- Compliance with the NHS IG Toolkit and assurance to the Trafford Information Governance Group
- Development of a revised Directory of Services (not yet live to GPs)

- Completion of the risk stratification process to identify patients suitable for inclusion in the care coordination service

Next steps:

- Completion of integration with the Central Manchester MRI, Pennine Care, Greater Manchester West Mental Health, Trafford Council (Adults & Children), The Christie, pathology results for all acute hospitals, and A&E and IP data for UHSM
- Creation of a standalone Clinical Portal, so that A&E staff and GPs (as a minimum) can view the summary patient record held in the TCC
- Creation of a Patient Portal to enable patients to see the summary record
- Further work on risk stratification once NHS Digital enable pseudonymised data in the Mede Analytics tool to be re-identified locally
- Provision of functionality for diagnostic ordering from CMFT / UHSM
- Explore potential for integrations with NWAS and radiology results
- Revised DOS launched to GP community
- Explore opportunities to use new technology to support patients e.g. 'wearable' monitors

5.0 OPERATIONAL OPTIMISATION

The CCG is working closely with CSC and the newly appointed Operations Director to optimise the operational services within the TCC as well as plan for future developments in line with Trafford's longer term plans for transformation and integration. Planned work includes:

- Demand and capacity review to test the operational capability of the service and continue to identify opportunities to increase efficiency
- Embed Pennine Single Point of Access (recently co-located) and maximise the opportunities from working together
- Develop and maximise the mental health resources
- Act as the key platform to enable a variety of agencies to work together as part of the Public Sector Reform pilot
- Support the development of the "All Age Front Door" model with TMBC and other services, moving towards a fully integrated TCC. This will be pursued as part of the development of the Transformation Funding Bid for Greater Manchester Health and Social Care Partnership

6.0 SUMMARY

The TCC has made great strides in recent months in developing the service model and is really starting to have an impact both on financial savings, as well as patient's lives. However, there is significant work planned to maximise the current services, as well develop innovative future offerings alongside our public and voluntary sector partners.

GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

10

GREATER MANCHESTER HEALTH AND SOCIAL CARE STRATEGIC PARTNERSHIP BOARD

Date: 30 September 2016

Subject: Mental Health and Well-Being Strategy Update

Report of: Warren Heppolette and Vicky Sharrock

PURPOSE OF REPORT:

Following the development of the GM Mental Health and Well-being Strategy, this paper describes the means of securing leadership and oversight to implementation. The proposed governance arrangements are aimed at driving collaboration across commissioning and provision at the same time as maintaining the leadership and inclusive approach which supported the development of the strategy.

In addition this paper provides an update on progress to date and highlights key requirements necessary for successful implementation

RECOMMENDATIONS:

The Strategic Partnership Board is asked to:

- Note the governance arrangements put in place to deliver the GM Mental Health and Well-being Strategy
- Note the progress made to date and endorse the proposals for further implementation
- Discuss the requirements for successful implementation and commit to championing the importance of mental health within their organisations and locality plans

CONTACT OFFICERS:

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1.0 BACKGROUND: THE DEVELOPMENT OF THE GM MENTAL HEALTH STRATEGY

1.1 Greater Manchester is working towards a whole system approach to the delivery of mental health and well-being services that support the holistic needs of the individual and their families, living in their communities. This will bring together and draw on all parts of the public sector, focus on community, early intervention and the development of resilience. Improving child and parental mental health and wellbeing is key to the overall future health and wellbeing of Greater Manchester communities.

1.2 Going forward, services will be much more closely integrated within each of the ten GM localities through locality plans as well as across the wider GM conurbation, with consistent and simple access to services. This will see integration within the place at district level bringing social care, primary care and mental health provision together at the community level. It will also see mental health providers collaborating formally across GM in relation to specialist provision. The commissioning and provider landscape will need to be transformed to deliver stronger outcomes, deeper integration, needs based pathway models, pooled budgets and more community based models of support.

1.3 The GM Mental Health and Well-Being Strategy provides the basis for future collaboration. It highlights four priority areas in which we will make significant improvements, aligned strongly to the framework underpinning the National Mental Health Taskforce:

- **Prevention** - Place based and person centred life course approach improving outcomes, population health and health inequalities through initiatives such as health and work.

- **Access** - Responsive and clear access arrangements connecting people to the support they need at the right time

- **Integration** - Parity of mental health and physical illness through collaborative and mature cross-sector working across public sector bodies & voluntary organisations

- **Sustainability** - Ensure the best spend of the GM funding through improving financial and clinical sustainability by changing contracts, incentives, integrating and improving IT & investing in new workforce roles

1.4 Delivery of the strategy will require GM to collectively develop a system wide approach that combines critical mass with the ability to remain flexible locally to address local population needs, potentially restructuring our footprints of delivery. In addition new approaches to commissioning and a strong evidence and research base will be required to support delivery of the GM ambition for Mental Health and to identify clear benefits for our service users.

2.0 PROPOSED IMPLEMENTATION GOVERNANCE FOR GM MENTAL HEALTH STRATEGY

2.1. The GM Mental Health and Well-Being Strategy is a wide ranging strategy that will deliver fundamental reform of services and improved outcomes for GM residents. It is proposed the governance of the implementation phase is delivered through:

- **GM Mental Health Partnership Board** – This senior board will have overall responsibility for overseeing delivery the strategy and will report that progress periodically to the GM Health and Social Care Strategic Partnership Board. The Board will take the lead in engagement with service users and their families – This will build on the existing user engagement group established through the crisis care work with a refreshed membership to ensure it covers all aspects of the strategy.

- **Mental Health Implementation Executive** – to be independently chaired and responsible for the practical aspects of delivering the strategy. The Executive will track delivery of actions within the implementation plan and management of risk. In addition this group will take responsibility for the delivery of the cross-cutting initiatives identified within the strategy. The Executive will co-ordinate the work of a series of groups responsible for the delivery of allocated priorities and strategic initiatives – This will use existing groups where appropriate but will establish new groups where they do not already exist.

This governance arrangement is outlined in the diagram in appendix A.

2.2. In implementing the strategy, the wider governance of the overarching Health and Social Care devolution will also be utilised. For example commissioning related activity will also be reported to the GM Joint Commissioning Board, similarly provider reconfiguration and collaboration will connect to the GM Provider Forum and locality planning groups across GM will need to build into their own Locality Plans their responsibilities for delivery of the GM Mental Health priorities.

2.3. The GM Mental Health Implementation Executive has now been established and an independent Chair appointed. The Executive membership is drawn from across the whole GM system, including health and social care commissioners and providers, voluntary sector and partners. The chairs of each of the groups taking forward specific strategic initiative will also be members of the group and may fulfil a dual role as representatives of specific organisations and / or health and social care sectors to which they will also be accountable for progress. Appendix B contains the list of members.

2.4. In addition to overseeing the working groups, the Implementation Executive will also have direct responsibility for the delivery of a series of Strategic Initiatives that relate to the wider redesign of the GM Mental Health system and new ways of working

3.0 IMPLEMENTING THE STRATEGY

3.1. Implementation of the GM Mental Health Strategy will follow three key stages:

3.2. **Implementation Framework:**

Clear implementation plan for the whole of the strategy with individual delivery plans for each of the strategic initiatives within the GM Mental Health and Well Being Strategy. This will have a particular focus on those priorities areas identified for 2016/17, and will incorporate an understanding of capacity gaps in the current system, a clear understanding of the risks to delivery and mitigating actions and a programme management approach to monitoring and reporting back progress. A key element of framework will be the development of a new commissioning framework for mental health and well-being services at the GM and locality levels (see section 4).

3.3. **Investment Plan:**

Development of an investment plan across the whole strategy which identifies investment requirements to drive the levels of change outlined in the implementation framework. This will form the basis of a submission to the GM Transformation Fund and will bring together the requirements across all strategic initiatives with a specific focus on those identified as priorities for delivery. It will include an understanding of the respective locality level investments aligned to mental health in addition to the investments proposed collectively in support of new GM and national objectives.

3.4. The financial information and cost benefit analysis work undertaken at the national level as part of the implementation plan for the Five Year Forward View for Mental Health will provide a useful insight in to this work and a starting position for this work

3.5. **Benefits Realisation:**

3.6. A framework for understanding the benefits delivered as a result of implementing the strategy, linked to a GM performance dashboard. This will focus on improvements in service for users and their families as well as performance against key national performance indicators.

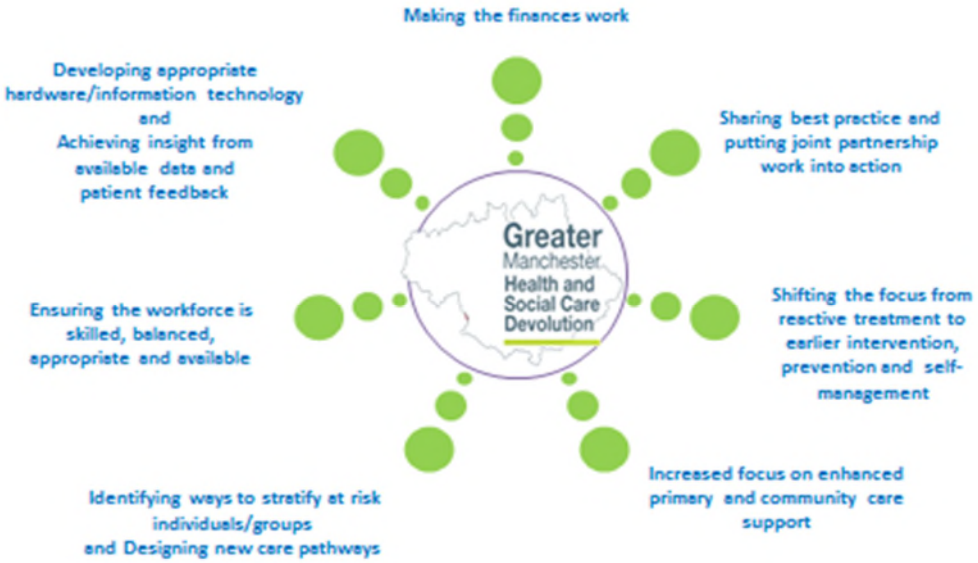
3.7. In starting the process of implementation, each of the strategic initiatives within the GM Strategy has been allocated to a governance group who will take responsibility for their delivery. These are highlighted in the table in appendix C. Discussions have taken place with these groups to initiate the development of delivery plans which will be brought to the GM Mental Health and Implementation Exec for wider input and sign off.

4.0 DELIVERING A GM COMMISSIONING FRAMEWORK FOR MENTAL HEALTH

4.1. New approaches to commissioning Mental Health services will be a key part of our implementation framework. The GM Mental Health Implementation Executive will work with the JCB to support the development of a new commissioning framework.

4.2. In the development of our implementation plans there are a number of specific examples of joint commissioning that have already been identified where we can drive consistent standards across GM such as ADHD and Eating Disorders for children and young people. As we progress with the implementation planning process there will be further examples of joint commissioning we want to take forward at the GM level. These specific examples will be taken to the JCB through the GM MH Implementation Executive.

4.3. There are a number of challenges and issues to consider in relation to developing a new approach to commissioning as outlined in the diagram below:



4.4. Once developed the framework will help to operationalise the ambition within the strategy across its priority areas for commissioning:

- GM MH Trust / Provider access and quality standards
- Commissioning changes as a result of the MMHSCT transaction
- Rationalising third sector contracts
- CAMHS transformation
- Adult care pathways
- Crisis care
- GM PSR and Public Health work programmes (Working Well, Troubled Families, Alcohol Strategy for example)
- Delivery of the Dementia United pledges

5.0 PROGRESS TO DATE

5.1. The table below outlines the commitments made within the GM strategy for delivery by January 2017.

Strategic Commitment	Current Position
Create fit for purpose governance arrangements responsible for delivering the GM wide all-age mental health strategy	Governance arrangements for moving into implementation have been established and a formal project management approach to developing the detailed implementation plan is underway. Reporting arrangements on progress are also being established.
We will have identified leaders and champions to deliver this strategy	The members of the GM Mental Health Partnership Board and Implementation have been identified as key champions for driving the ambition within the GM strategy. Leads for the majority of the strategic initiatives within the strategy have been identified. Further work is to be done to support community and voluntary sector involvement in the implementation of the strategy In addition we will be using up-coming engagement events to identify service user and family champions to be represented on each of the governance groups.
GM will be working towards the standards set out in the Crisis Concordat. There will be a reduction in need for Section 136 powers which when needed will be used consistently across all 10 LAs in GM through a better understanding of 'places of safety' and introduction of street triage support. Increased integration of RAID into acute services and A&E facilities across GM.	Co-location of specialist mental health professionals in Trafford, Salford and Rochdale. Dedicated S136 suites available to all boroughs in GM, increasing the provision for section 136 in Manchester. 24/7 telephone access for GMP, NWAS and GMFRS to contact local RAID provision for advice. Training provided to professionals in Salford, Trafford and Rochdale Final stage of creating the Crisis Care Concordat Dashboard. The Dashboard draws information from a range of sources including headline data from all four mental health trusts within GM. It is the aim to bring together key intelligence from each of these datasets in order to create a dashboard that enabled the working group to establish how successful the concordat is and where they may be areas for improvement. There is further work to be done in developing our approach to street triage. We are currently developing a new enhanced model of street

Strategic Commitment	Current Position
	triage that will allow Mental health nurses to work in an integrated way with police officers. Deployed at key times they will provide timely advice and assistance to officers and avoid unnecessary use of Sec136 and voluntary attendance at Acute trusts. It is anticipated we will have a new business case finalised by November 2016 for PCC Transformational funding.
We will have agreed an approach for Place based commissioning and provision at locality level with increased collaboration between providers for specialist services. Integrated commissioning approach based on outcomes aligned with GM commissioning standards framework. Social Care and Housing will be fully engaged in commissioning and delivery	The development of a Gm Mental Health Commissioning Framework will be an essential part of our move from strategy to implementation as outlined above (section 4) We have started to work with commissioners in the GM system and through the GM joint Commissioning Board to develop this framework, which will identify the most appropriate geographic special level at which to commission various mental health provision.
We will develop links with the Centre for mental Health and Safety to inform systematic reduction in suicide across GM	Development of a GM Suicide Prevention Strategy with an ambition to reduce suicide rates in our region aligned to national strategy indicators. Draft working GM Suicide Prevention action plan has been created. A mandate has been agreed by the DPHs to share local suicide audits to inform and develop a system for a GM Suicide Audit. CBA on sanctuary work undertaken shows positive outcome. Suicide prevention Conference has been planned and is being delivered on the 4th of November with high profile key note speakers The next steps planned for this work are to undertake a GM suicide audit, developing clear implementation plan for the strategy that drives ownership across the GM system and identifies the impact / benefits it will deliver
We will have established formal provider collaboration to achieve self-sufficiency in GM	The initial focus of this work was around the Manchester Mental Health and Social Care Trust. A preferred provider has now been identified and we are now working towards completion of the transaction at the earliest possible date.

Strategic Commitment	Current Position
	Building on this the Implementation Executive and the Provider Chief Executives will look at wider opportunities around collaborative provision across GM.
The PHE Workplace Charter will be signed by all public sector agencies in GM.	Limited progress has been made to date in this area of work. As such it will be prioritised by the Implementation Executive and a clear understanding of how we can progress this priority identified.
GM Children and Young People outcomes and standards developed and agreed	A draft set of standards has been developed through the CYP Mental Health Board. These build on standards identified in individual locality Transformation plans and respond to the priorities with the national Future in Mind programme. The standards now need to be tested through the Mental Health Governance structures and feed into the GM approach to commissioning through the GM Joint Commissioning Board.

5.2. In addition to the above progress identified against the January 2017 commitments within the strategy, particular progress has been made against other strategic initiatives through the children and young people's mental health and Dementia United as outlined below:

5.3. **Children and Young People**

5.3.1. Progress to date:

- Review of current provision for 24 / 7 crisis provision and 7 day community provision has been undertaken to identify best practice and potential opportunities for GM wide approaches. Links with the wider Gm Crisis Care Concordat work have been established

- GM wide workshop held to understand proposals for models of care for eating disorder services. In addition to which a self-assessment tool has been developed and completed by providers to determine levels of current provision. This has led to common standards for GM being established to be delivered through service specifications across three clusters of localities which jointly cover all of GM

- ADHD clinical best practice guidance developed and used to benchmark current provision across localities. A single specification and proposals for commissioning of ADHD services is underway.

- A North West conference on Thrive has been held to understand the potential for a graduated response to need and the benefits this would bring.

5.3.2. Next Steps:

- Identifying further opportunities for collaborative or single commissioning across GM under the developing GM Mental Health Commissioning Framework

- Identifying the requirements relating to the enablers of reform such as workforce development, technology, estates of new service delivery models

- Understanding the requirements for children and young people's mental health as part of a wider investment proposition for mental health to the GM Transformation Fund

- Further work to progress the draft standards for children and young people's mental health services

5.4. **Dementia United**

5.4.1. Progress to date:

- Development work has taken place in Spring/summer to help the wider system understand the Dementia United offer/model. This focuses on 4 key outputs:

1) Set of GM standards, which have been agreed in principle;
2) Locality profiles highlighting variation;
3) Proposed implementation model and
4) Financial model.

5.4.2. Next Steps:

- Implementation modelling is to take place over the next few weeks, which will be taken back to the GM JCB for sign-off to enable full implementation of the programme (subject to approval).

- A 'One Year On' celebration event for Dementia united is to be held on the 11th November 2016.

5.5. Regular updates on progress will be reported to the MH Implementation Executive and Partnership Board. These will be brought together to form a summary report for the GM Strategic Partnership Board Executive.

6.0 ALIGNMENT TO 5 YEAR FORWARD VIEW FOR MENTAL HEALTH

6.1. In developing the implementation plans for the strategic initiatives within the GM Strategy links will be made to the ambitions within the 5 Year Forward View for Mental Health launched on February of this year:

- A 7 day NHS – right care, right time, right quality

- An integrated mental health and physical health approach

- Promoting good mental health and preventing poor mental health – helping people lead better lives as equal citizens

6.2. In addition the more recently published implementation plan for the 5 Year Forward View for Mental Health identifies the potential investment required to deliver against the priorities within the strategy. It is anticipated there is a need to invest an additional £1bn at the national level by 2020/21. The national implementation plan also breaks down potential investment requirements and savings to specific objectives which provide a useful start point for us to be able to pull together the cost benefit analysis for the GM strategy and therefore understand the potential requirement for support through realignment of existing organisational budgets and the GM Transformation Fund.

6.3. A national Mental Health Assurance Audit has been developed by NHS England to establish an assessment of the work taking place in 2016/17 to deliver existing planning commitments and work on preparing for future years. It focuses on areas where there is currently no national data available to measure progress and on areas where significant service development is being undertaken.

6.4. GM is participating in the audit to help us identify areas of good practice and areas where further improvement and support is required. The information gained through the audit will support the establishment of a mental health investment proposal to the GM Transformation Fund, which will provide resources to enable the delivery of the strategic initiatives within the GM Strategy and the implementation of new service delivery proposals, resulting in improved services to Greater Manchester residents.

7.0 REQUIREMENTS FOR SUCCESSFUL DELIVERY

7.1. The Mental Health and Well Being strategy is a key priority for GM, the delivery of which will be reported to the GM Health and Social Care Strategic Partnership Board. In order to ensure successful delivery of the commitments made by GM there are a number of requirements that need to be considered by the Board:

- **Cultural change** – The GM Mental Health and Well Being Strategy is a whole system approach to delivering services to residents across GM. This will require new ways of working and cultural change to achieve. The GM Mental Health Board and Implementation Exec will need to take a leadership role in ensuring this culture change becomes reality and filters through all our organisations.

- **Capacity to deliver** – There will be capacity implication on all our organisations across GM to successfully implement the changes within the strategy. This will require our GM organisations to release capacity to deliver the specific actions identified.

- **Balancing transformation with reliable delivery today** – GM must approach the task of transforming mental health services with an informed recognition of the availability and quality of our current services. There are clear challenges within GM in delivering against national expectations in a number of service areas and localities. These need to be addressed with a clear understanding of

how implementing the GM strategy affects performance to evidence cause and effect.

- **Understanding the links with the enablers of reform** – the delivery of the GM Mental Health and Well Being Strategy will have implications / requirements for the identified enablers of reform including IM&T, workforce and estates.

- **Links with Locality Plans and Local Care Organisations** – Implementation of the GM Strategy will need to be aligned to the developing Locality Health and Social Care Plans and Local Care Organisations, which will form a fundamental element of the delivery mechanisms at the locality level, particularly around early intervention and prevention.

- **Communications and Engagement** – This will need to be focused on internal and external activity to ensure those within our organisations are aware of and support the new ways of working advocated by the strategy but also to reduce stigma across the whole population of GM.

8.0 RECOMMENDATIONS

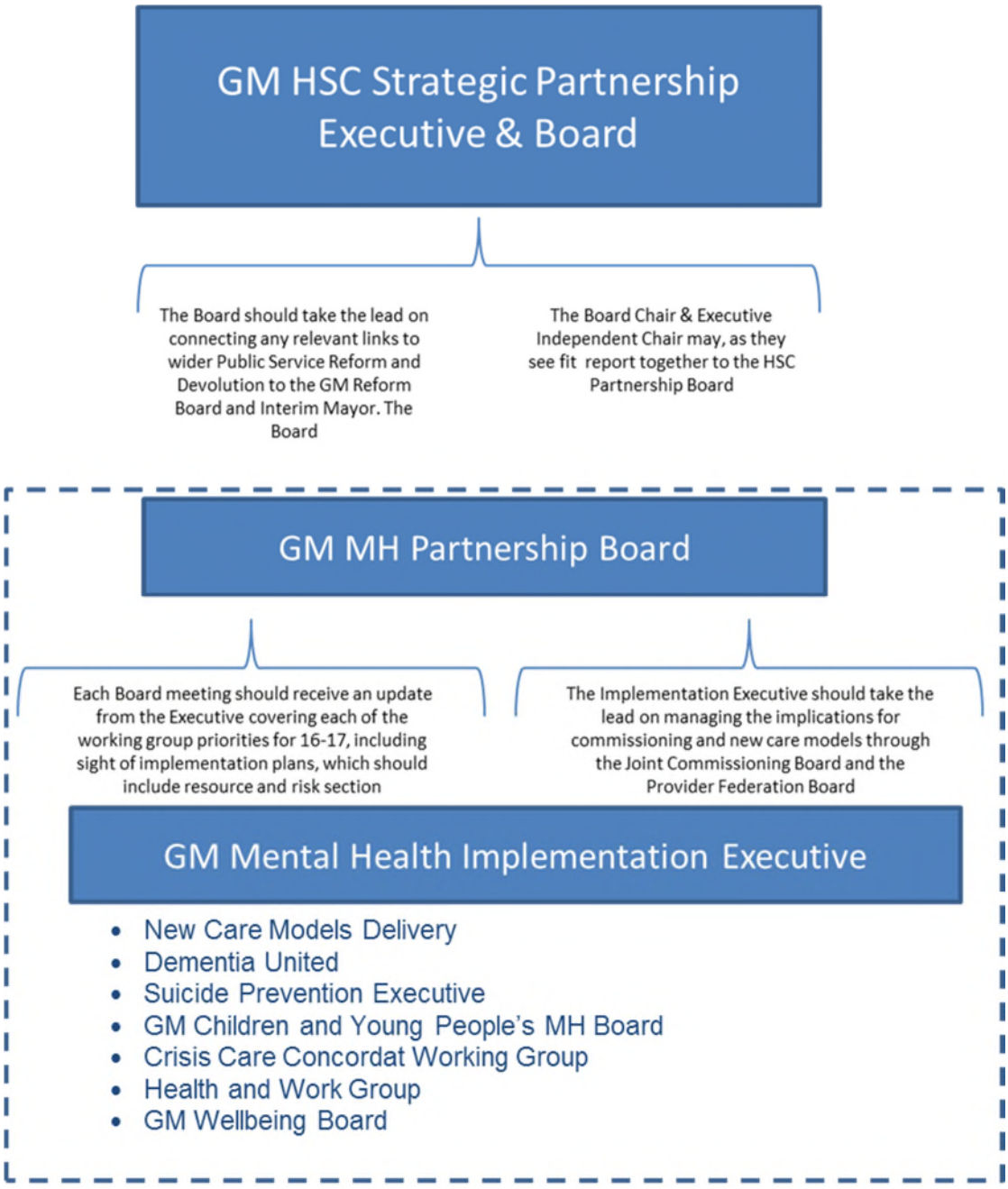
8.1. The GM Strategic Partnership Board are asked to:

- Note the governance arrangements put in place to deliver the GM Mental Health and Well-being Strategy

- Note the progress made to date and endorse the proposals for further implementation

- Discuss the requirements for successful implementation and commit to championing the importance of mental health within their organisations and locality plans

APPENDIX A: GM MENTAL HEALTH STRATEGY IMPLEMENTATION GOVERNANCE



APPENDIX B: MEMBERSHIP OF THE GM MENTAL HEALTH IMPLEMENTATION EXECUTIVE

Name	Role on the Executive
Steven Michael	Chair
Warren Heppolette	GM HSC Partnership Director lead
Vicky Sharrock	GM HSC Partnership
Martin Whiting	Primary care
Sandy Bering	GM CCG lead commissioner
Craig Harris	CCG quality and nursing
Hazel Summers	GM lead Director Adult Services
Chris McCloughlin	GM lead Director Children's Services
Steph Butterworth	GM lead Director Children's Services
John Harrop	Chief Executive MHSC
Beverley Humphrey	Chief Executive GMW
Simon Barber	Chief Executive 5BP
Michael McCourt	Chief Executive Pennine Care
Rachel Volland	Dementia United
Matthew Ainsworth	Employment and Skills
Andrea Fallon	GM lead Director Public health
Andrew Sidbotham	Crisis Care Concordat
Simone Spray	Community and Voluntary Sector
Heather Fairfield	Healthwatch

APPENDIX C: ALLOCATION OF STRATEGIC INITIATIVES

Group responsible	Strategic initiatives
Mental Health Implementation Executive	• Strengthen the role of the GP as an initial point of contact and ensuring there is a consistent care co-ordinator role with the right skills and competencies across GM. • Develop GM minimum standards for IAPT Services around national best practice, taking into the account a need for local variations • Develop and implement consistent standards and protocols for step up and step down • Ensuring self-sufficiency in GM through increased collaboration across providers to tackle current out of area provision, using GM capacity on GM residents, improving care and driving efficiency • **Implement an integrated place based commissioning and contract alignment** • Integrate care both vertically and horizontally across community, primary and acute settings through the implementation of Locality Care Organisations • Whole person integrated vertical care pathways across physical and mental health, care settings and the individual's wider environment. • Building strong partnership with community and voluntary sector ensuring appropriate care is provided in the right place • Taking a GM approach to assets, aligning with place-based working across the public sector • **Develop a consistent set of shared minimum standards and outcomes for GM with a set of standard KPIs that cover the whole range of mental health services** • Improve information sharing between agencies to facilitate collaboration and drive integrated care, through integrated patient records and/or patient ownership of information. • Driving new integrated models of care through system leadership • Facilitate a culture of shared leadership accountability through changes to working practices • Pooling of budgets to enable joint decision making for the system as an integrated whole • Strengthen collaboration between providers to enable full needs based pathways. • Investigating alternatives to payment and incentives models • Pursue freedom to relax or reform regulation to support radical reform of services • Implementing a consistent benchmark for programmes to be implemented in all areas • Recognising the value in alternative sources of investment
Suicide Prevention Exec	• Reduce suicide risk, reflecting the main elements of the national strategy and supporting the development of real time data and information and workforce development to support suicide prevention

Dementia Steering Group	● Developing and implementing a GM Dementia Strategy focused on the lived experience of service uses and families
Children and Young People's Mental Health Board	• Improving perinatal, child and parental mental health and wellbeing ● Supporting those most vulnerable in society to help reduce the risk of developing poor mental health, or from any existing mental health conditions in deteriorating further. ● Develop support services for parents at risk through home visits by professionals, GMs troubled families' programmes and/or befriending initiatives ● **24/7 mental health crisis services and 7 day access to community provision for children and young people** ● Develop flexible specialist Children and Adolescent Eating Disorder (CAEDS) service model through Multidisciplinary community based teams ● Develop Co-commissioned multi-agency care pathway for children and young people with ADHD across the lifespan into early adulthood and service expansion into adulthood.
Crisis care concordat group	● **Consistent implementation of 24/7 mental health and community provision for adults including crisis care**
GM Public Health Mental Health Network	● A GM wide system approach to helping people improve their wellbeing by using the principles of the 'Five ways to wellbeing' framework ● Build the individual's capacity to better manage their own care and increase their resilience through providing self-management resources, creating on-line communities and peer support. ● A targeted public mental health and wellbeing campaign to raise awareness of mental health issues, reducing stigma and discrimination ● Improving early intervention through increased GM wide interventions to building good wellbeing and resilience including universal approaches for the general population and targeted wellbeing interventions for those facing particular risk factors,
Work and skills Exec	● Support working individuals in feeling happy at work and help achieve life satisfaction, through public sector organisations in GM signing to a Best Employment Practice charter then widening this across private organisations

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Trafford Overview & Scrutiny Committee

New Models of Care Update

Dr Nigel D Guest

NHS
Trafford
Clinical Commissioning Group

Trafford New Models of Care

Progress and Way Forward

Vision and Objectives

NMoC aims to radically change the way in which Primary care is delivered in Trafford to meet the increasing and varied demands of its growing and ageing population across each of its four diverse neighbourhoods. The new system will produce better outcomes starting with prevention and concluding with end-of-life care, it will relieve system and financial pressures and create a collaborative environment where people want to work whilst maintaining a sense of practice identity. The new service will also facilitate closer working with community, social, mental health and secondary care providers and partners.

Our Vision:

To provide a sustainable primary care service through a common ethos, single system, owned and run by Trafford GPs, delivered through our four neighbourhoods whilst maintaining strong practice identity.

Our Objectives:

1. Deliver improved outcomes

- Increase the number of years of healthy living.
- Improve all cancer, diabetes, cardio-vascular and respiratory mortality rates to at least nationally and locally agreed targets.
- Improve the level of physical inactivity in the Trafford population.
- Decrease variation in outcomes across Trafford's four neighbourhoods.

2. Ensure a sustainable system resilient to population growth

- Improve GP retention rates.
- Increase self-care of patients.
- Reduce Walk-in-Centre activity back down to originally contracted levels and reduce A&E and NEL activity.
- Reduce acute referrals.
- Shift some outpatient activity out of a secondary care setting into primary care.

3. Improve quality and experience

- Improve GP job satisfaction and morale.
- Create a safe and sustainable working environment for all Trafford healthcare workers.
- Provide more training, education and knowledge sharing opportunities at all levels of the workforce.
- Significantly improve the level and consistency of care provided to vulnerable population groups.
- Deliver primary care in fit for purpose premises.
- Minimise variation in the quality of care across Trafford's four neighbourhoods.

4. Contribute to closing the financial gap

- Deliver primary care back-office efficiency savings.
- Reduce locum costs.
- Reduce secondary care spend.
- Reduce prescribing costs.

Progress

- Prospectus development
- Bid specification development
- Trafford Locality Development Bid

- Partners
- RCGP
- Nuffield
- Manchester Business School

National/GM Picture

- Sustainability + Transformation Plans (STP)
- Multispeciality Community Provider(MCP)
- Local Care Organisations (LCO)
- Joint Commissioning

- At scale / At Risk?
- How?….Not if!

Overview of the Trafford NMoC Programme

Trafford NMoC will provide primary care through a single system with a new contractual and organisational form, delivered at a neighbourhood level. To enable primary care service delivery to be planned differently under NMoC, five workstreams have been created which separate out the key components of traditional care delivery. Each workstream has an established programme team, with a clinical lead, and is designing new models of care for that component.

Five service model workstreams…

1 Proactive Care
- Immunisation programme
- Cancer screening programmes
- Exercise Referral Scheme

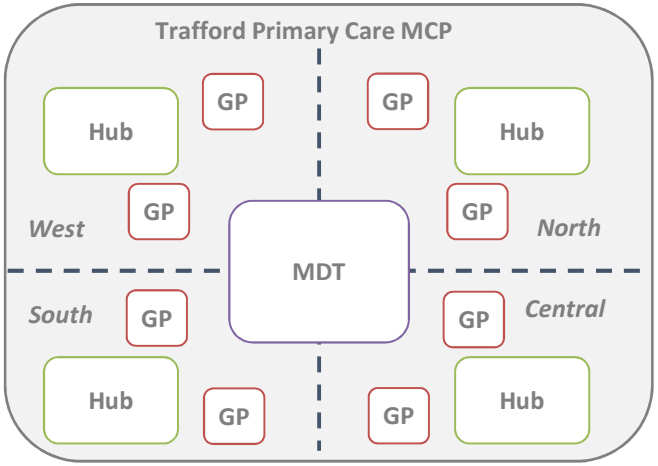
2 Domiciliary Care
- Multi-disciplinary team providing nursing home care across Trafford
- Subsequently rolled out for all homecare

3 Urgent Care
- Interim practice led urgent care
- Neighbourhood hubs delivering urgent care in the longer term

4 Planned Care
- Classical GP planned day
- Long-term condition management
- Embedded pharmacists

5 Specialised Care
- Outpatient clinics in diabetes, gynaecology, ENT and dermatology

…delivered through a single system with a new contractual and organisational form, at a neighbourhood level…



- A single GP-led organisation for Trafford
- 32 practices rationalised down to fewer fit-for-purpose delivery sites
- 4 neighbourhood hubs to deliver Urgent Care and other primary and community services.
- A Multi-Disciplinary Team serving the Domiciliary needs of each neighbourhood

…supported by an augmented workforce with new skills recognising new system needs

- Rebalancing the nurse : GP ratio closer to 50:50
- New MDT team capable of dealing with all domiciliary care across Trafford
- Specialisation in some of the GP workforce to shift activity out of acute setting
- Increased access to practice pharmacists and an enhanced central Medicines Management Team
- Practice managers retrained as organisation management team
- A more compact administrative function

New quality standards and outcome measures for Trafford

Enablers
- **Trafford Care Coordination Centre –** a joined up patient care pathway across the borough of Trafford
- **Estates –** consolidation and relocation of existing practices and development of neighbourhood hubs
- **Technology –** a single clinical and document management system and virtual desktop interface

Quality Standards and Outcome Measures

High quality standards are paramount in providing the best possible patient care and the NMoC will design standards that are both measurable and achievable and share the key features of the Greater Manchester primary care standards. Quality standards and outcome measures will recognise aspects of QOF which are valuable and enhance patient care, whilst producing new outcome measures that recognise specific neighbourhood quality requirements that are locally defined and delivered.

A set of quality standards and outcome measures will be defined for the Trafford single system and captured in a quality dashboard in real time to enable review and management of performance standards. The following table provides illustrative quality standards and outcome measures for each of the NMoC workstreams:

	Example Quality Standards	Example Quality Outcome Measures
Proactive	Targets for childhood immunisations, flu vaccinations, cervical screening and breast and bowel screening.	• Reduced variation and improved uptake rates for the national screening programmes, measured against defined targets at neighbourhood level. • Improved measurable population physical activity levels.
Urgent	Each neighbourhood would be expected to provide an appropriate number of same day appointments, as stated in the GM standard.	• A defined minimum number of appointments delivered by primary care. • Appropriate same-day access for children under 12. • A measurable reduction in unplanned hospital admissions.
Domiciliary	All patients receive proactive care, including an annual assessment and five review contacts (using a defined template) as a minimum.	• Reduction in unplanned admissions for domiciliary patients, including falls. • Reduction in the number of people who reside in care homes dying in hospital.
Planned	A number of measures from QOF for longterm condition management will be included.	• Completion of a defined single assessment Long Term Condition (LTC) annual review for 90% of the population. • A level of engagement with the TCCC to work together to improve outcomes through risk stratification.
Specialised	The locality would be expected to provide certain outpatient appointments, such as Diabetic clinics, in a community setting.	• Reduction in outpatient appointments for certain specialities such as diabetes, gynaecology, ENT and dermatology.

In order to ensure the system delivers the highest standards of efficiency and quality of care, a supportive system of performance management will accumulate all data collected through the TCCC, that provided through the quality dashboard, and other system performance data. This will enable real time feedback to clinicians and managers to actively performance manage against agreed targets and standards.

Measuring Success

In order to enable commissioners and the new primary care MCP to understand whether NMoC is delivering the transformational change required, a number of key success criteria are being developed which will form the basis of any new contract.

The following measures have been developed as part of NMoC design work to date. These will be refined and added to throughout the period to new organisation go-live in April 2018.

Financial Outcomes

NMoC is expected to deliver significant financial savings once it is fully operational:

- Trafford will bid for and spend a multi million pound sum over four years with an expected return over five years of approx £1.50 for every £1 invested.
- Benefits and efficiencies in the four years to 20/21 include:
  - Savings in acute hospital activity total £15.1m, and
  - Efficiencies through doing things in a more cost effective manner, such as prescribing waste, total £10.4million.

Population Health Outcomes

Trafford will deliver their share of population health improvement objectives set by Greater Manchester:

- More people will be supported to stay well and live at home for as long as possible.
- Fewer people will die early from cancer, respiratory disease and cardio-vascular disease.
- Improved level of physical inactivity in the Trafford population.
- Decreased variation in outcomes across Trafford's four neighbourhoods.

Activity Reductions

The benefit savings will be delivered through the following target reductions in secondary care activity:

- 20% reduction in ambulance conveyances, A&E attendances and NEL inpatient admissions for care home residents and those receiving adult social care home care packages.
- 15% reduction in A&E attendances and emergency admissions for COPD and diabetes.
- 5% reduction in all A&E and 8% reduction in all walk in centre attendances
- Shift in outpatient activity across the following specialisms, equivalent to 20,2621 outpatient appointments and 4,544 outpatient procedudres:
  - 8% in Trauma & Orthopaedics.
  - 6% in Ophthalmology.
  - 15% in ENT.
  - 20% in Gynaecology.
  - 50% in Dermatology.
  - 85% in Diabetic Medicine.

Quality and Experience Measures

Patients and the primary care workforce have told us that they value the following measures of success:

- Improved GP job satisfaction and morale.
- A safe and sustainable working environment for all Trafford healthcare workers.
- Provision of more training, education and knowledge sharing opportunities at all levels of the workforce.
- Significantly improved level and consistency of care provided to vulnerable population groups.
- Primary care delivered in fit for purpose premises.
- More services delivered close to home in an out of hospital setting.

Next Steps

- Bid
- Legals
- Governance
  - NMoC
  - LCO
- Early Wins

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Urgent Care and Delayed Transfer Of Care Update

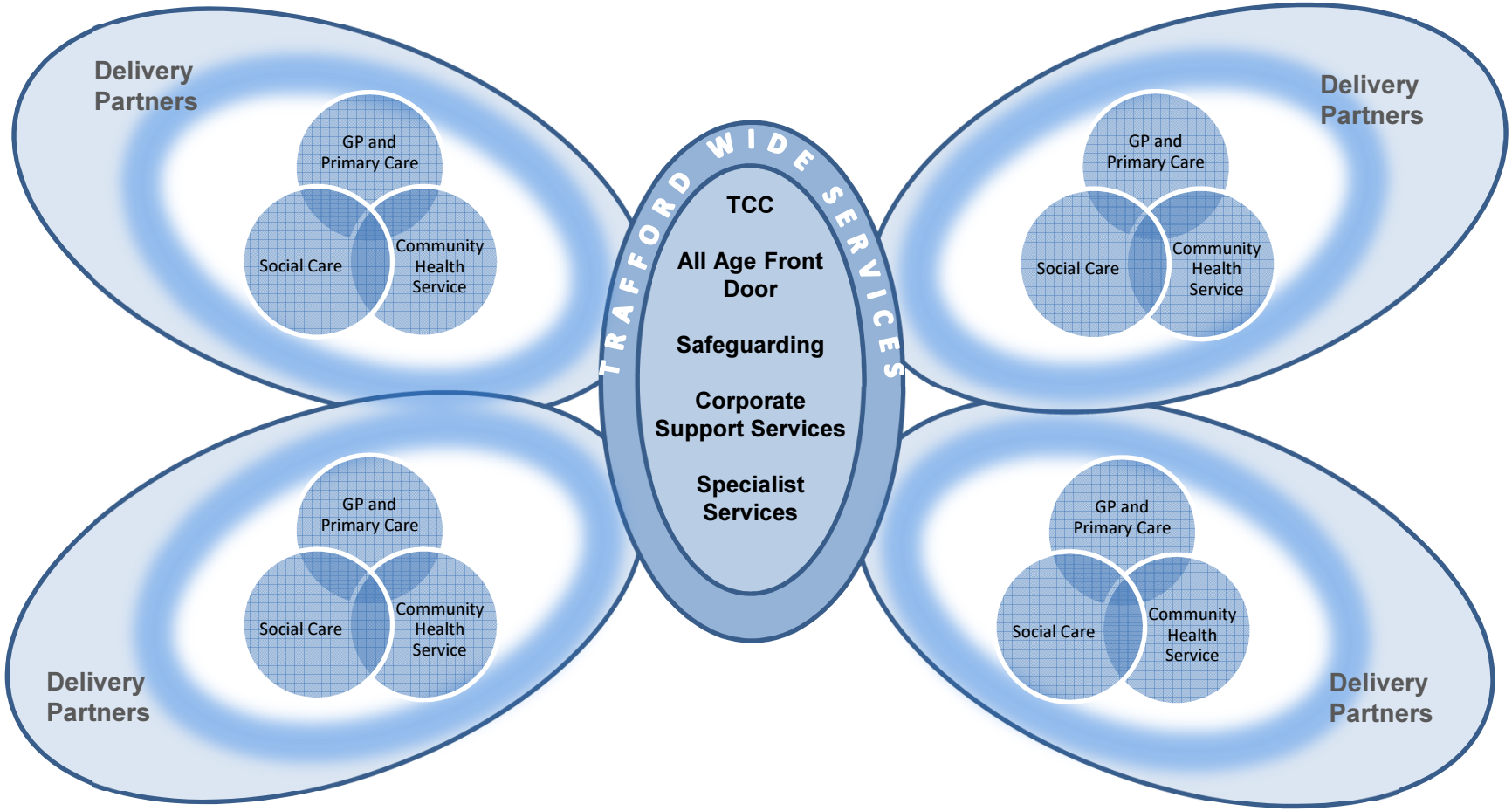
March 2017

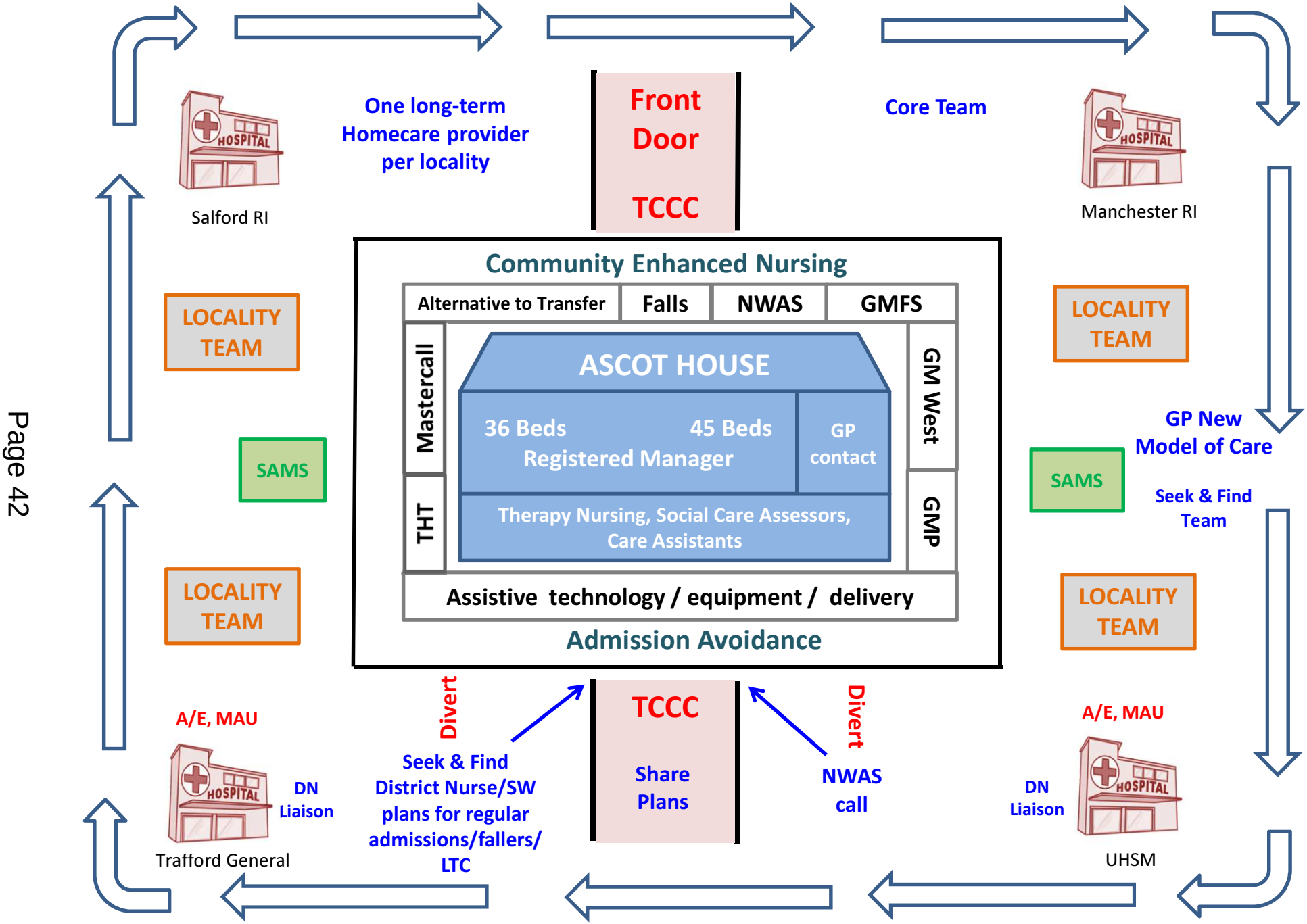
V5 21.02.17

Presentation aims to cover

- Activity levels at Hospital sites
- Home care market
- Residential and nursing care capacity
- Winter pressures and demands

Quick reminder




One long-term Homecare provider per locality
Front Door
TCCC
Core Team
Salford RI
Manchester RI
Community Enhanced Nursing
Alternative to Transfer
Falls
NWAS
GMFS
Mastercall
ASCOT HOUSE
36 Beds
45 Beds
Registered Manager
GP contact
GM West
THT
Therapy Nursing, Social Care Assessors, Care Assistants
GMP
Assistive technology / equipment / delivery
Admission Avoidance
LOCALITY TEAM
LOCALITY TEAM
SAMS
SAMS
GP New Model of Care
Seek & Find Team
LOCALITY TEAM
LOCALITY TEAM
Divert
TCCC
Share Plans
Divert
Seek & Find District Nurse/SW plans for regular admissions/fallers/ LTC
NWAS call
A/E, MAU
DN Liaison
Trafford General
A/E, MAU
DN Liaison
UHSM

Conversion Rate Comparison (2015/16 to 2016/17)

Hospital	Conversion Rate Comparison						
	Q1 Avg	Q2 AVG	Q3 Avg	Q4 Avg	Variance	Trend	15/16 Avg
TGH	43.2%	39.5%	38.5%		-1.0%	Down	N/A
UHSM	47.8%	39.9%	43.2%		3.3%	Up	29%
Manchester Royal Infirmary	44.3%	35.6%	28.6%		-7.0%	Down	N/A
Salford Royal Infirmary	50.3%	43.1%	39.7%		-3.4%	Down	N/A
Other	31.8%	31.1%	23.2%		-7.9%	Down	N/A

*N.B The trend relates to the change from the previous quarter
December data subject to change once all care plans have been updated in Liquid Logic

Trying to increase the appropriate number of referrals/reduce unnecessary assessment activity

Initiatives to support the pressure

- Contact officers completing telephone triage for all wards
- Ward rounds occurring daily with contact officers to support early identification
- Community Enhanced Care pilot completed in ED for 3 months at UHSM
- Dedicated Trafford Manager has been put in place at UHSM to support the work
- CHC presence on all sites at key points to ensure decisions are made quickly and an improved CHC application process.
- Increased District nurse liaison
- Home care commissioning presence at key points to support the process
- Increased commissioning of Stabilise And Make Safe

Home care

- Additional providers brought into Trafford in last 12 months (9). Further Mini block tenders in November 2016 proved unsuccessful. Providers used off Framework during December 2016/January 2017
- New stabilise and make providers piloted for 12 months producing extremely positive outcomes —commissioning looking to expand current offer further
- Developing an innovation site to model a sustainable integrated homecare offer which builds on community assets and individual strengths
- Bidding for well-being teams
- Developing a strengthened voluntary sector offer

Residential and nursing care

- Analysis of market completed by TMBC and CCG to establish capacity required for winter
- 30 Additional rapid discharge beds commissioned and being refreshed as required.
- GM work commenced to redesign the framework and improve access
- Redesigned process at UHSM and TGH to support timely discharges
- Intermediate care beds fully operational at Ascot House (step up/stepdown)

Ascot house Intermediate care unit

Ascot House Intermediate Care Unit

The new Therapy Lead Model commenced in October 2016 delivered jointly by Trafford Council and Pennine Care NHS Foundation Trust.

The bed capacity over a period of time has increased to 36 beds across 4 units each containing 9 beds.

The unit is staffed with Physio therapy, Occupational therapy, In Reach Nursing Staff, Support Workers, Social Care Assessors, Social Care Management team, Domestic staff and cooks.

We have a GP from Washway Road Medical Practise on site each day for several hours. Weekends and evenings are covered by MASTERCALL.

Referral Criteria

Referrals to the unit can be made from both the acute and community sector, for anyone who meets the admission criteria. The patient must be aged over 18 years and with a Trafford GP.

- The patient is medically fit with no outstanding investigations
- For step-up referrals only – a recent GP summary been received prior to referral
- The patient is able to transfer with one or two members of staff with or without a mobility aid (hoist transfers are not accepted)
- The patient's primary need is for short-term therapy input and rehab

- The patient is currently compliant during therapy treatment and interventions (if applicable)
- The patient has consented to this referral and is willing to actively engage with a therapy treatment plan set by the therapy team
- The patient has the ability to actively engage with therapy (including being able to follow and retain verbal instruction and/or information as may be offered to them)
- The patient's current needs are not complex and can be met by health care assistants over a 24 hour period
- Relevant forms - The admission criteria for hospital discharges, admission criteria for community referrals and the referral form are attached to this email, and also available to download at www.penninecare.nhs.uk/traffordcs

From **October 2016** the number of patients who have been admitted to our service and their average length of stay

October 2016 Patients 9 with an average stay of 47 days

November 2016 Patients 21 with an average stay of 56 days

December 2016 Patients 23 with an average stay of 48 days

January 2017 Patients 21 with an average stay of 62 days

Community Enhanced Care (CEC)

- Team completed a 3 month Pilot in A&E at UHSM July to August 2016
- Identify appropriate patients to ‘turn around’ therefore preventing admission.
- Provided overview of reasons why Trafford’s older patient’s were attending A&E especially from Care Homes.
- Increased presence in the hospital and raised profile of the team.
- Identified patients who would on discharge benefit form enhanced care on discharge.
- In total 633 patients who met the referral criteria were reviewed by CEC staff during the project.

- Only 6 patients from a care home presented during the 3 month period. All but one was admitted appropriately.

- The majority were not medically fit for discharge and needed to be cared for in hospital.

- Of those seen 62 were discharged home with no further support.

- There were 13 urgent referrals to CEC during the three month period which was similar to the number normally received from UHSM. This demonstrated that the A & E staff understood the CEC criteria and correctly identified appropriate patients.

- There were 17 patients out of the 633 who were currently on the CEC enhanced caseload and were followed up once home.

- 46 patients were identified as fitting the criteria for enhanced care and were given a leaflet on the service, and the ward staff were asked to refer to CEC on discharge.

Next steps to continue the improvements

- Greater Manchester 7 day policy
- Step down beds being delivered while long term decisions are made
- Exploring options with south Manchester and Salford for support into AMU wards
- Rolling out innovation sites on an incremental basis
- Collaboratively commissioning across authorities and CCGs to support hospital systems

Any Questions

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healthwatch Trafford

Activity report for Quarter ending 31st December 2016

Date published - January 2016

Contents

Healthwatch Trafford narrative report for Quarter Three 2016/17

This is our report on the activities Healthwatch Trafford conducted over the course of the last three months. It is targeted at our commissioner Trafford Council and key committees such as Trafford Clinical Commissioning Group (CCG) Governing Body, the Health and Wellbeing Board and Overview and Scrutiny. A separate Highlight Report is circulated to the public and for use as promotional material at the various Trafford events in which we participate.

As with our previous reports, Appendix 2 shows our progress against specific indicators from our work plan for the year, including Enter & View visits, engagement targets and surveys.

During October and November Healthwatch Trafford enter and view volunteers undertook visits to six care homes and two homecare providers in Trafford as part of Trafford Council's Dignity in Care Award six monthly reviews. The Dignity in Care Campaign was launched in 2006 by the Department of Health to generate an emphasis on improving quality of care and experience of citizens using Health and Social Care services. The Trafford Dignity in Care Award provides an opportunity for providers to take this commitment a stage further by evidencing that their service meets the requirements of the ten Dignity Challenges. The role of the Healthwatch Trafford volunteer was to provide Trafford Council with observational evidence on how the care home/provider were currently meeting the Dignity Challenge. The reports of the eight visits were submitted to the Local Authority on 14th December 2016.

In addition to these, we conducted an enter and view visit to Beech House care home. The visit was a positive one and the report will be published on our website soon. We also in this quarter published our Enter and View report on Mayfield care home, which can be found on the 'Reports' section on our website.

Also in the 'Reports' section of our website our updated report on Manchester Royal Eye Hospital, which we carried out alongside Healthwatch Manchester, can be found. The updated report includes the hospital's response and commitments to the recommendations we made.

In December we published our report on the Fibromyalgia patient experience survey. Produced by Joanna Melville, an intern funded by Manchester University, the report is available on our website.

We are very close to publishing our eagerly anticipated ME/CFS patient experience report. Produced from a survey that received over 1000 responses from around the world, we have worked with Manchester Metropolitan University on analysing the data. Currently in draft form, the report will be published with a press release in the coming weeks – keep an eye on our website news pages for more information.

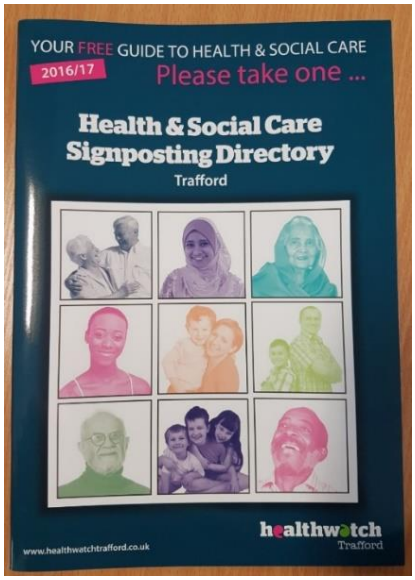
We are also close to producing a report on the project undertaken by the Adult Health and Social Care group (AHSC) on the opinions of health and social care services from parents and carers. Created with face to face engagement at parent and toddler groups, the report focusses on a number of key areas, including access to services such as GPs, blood tests or mental health care.

Healthwatch Trafford has agreed to co-Chair the new Manchester and Trafford Sector Patient Participation Group along with Healthwatch Manchester and the first meeting of this group was held in October. As part of the development of a new model of services for general surgery in the Manchester and Trafford Sector (MaTS), a commitment has been given to ensure that patients have the opportunity to offer perspectives on the model of care in partnership with single service teams in each locality.

Healthwatch Trafford attended a number of events in the quarter, covering a range of topics and organisations. We had a stall at the Trafford 'Let's talk youth' conference, where we spoke to a number of young people about their experiences and opinions about health and social care and recruited a few potential volunteers. At the other end of the spectrum, we also had a stall at the Trafford carers rights day event, where we provided information about Healthwatch Trafford and signposted to other local services.

We attended Trafford Clinical Commissioning Group's (TCCG) equality system 2 grading event, which identifies challenges and improvements within healthcare with key stakeholders for the coming year. An action plan will be developed by the TCCG as a result of this to look at ways to address any issues raised. We also attended the Advancing Quality Alliance (AQuA) Experience and Engagement event on shared decision making. These events are led by members of the Lived Experience Panel and provide a forum for members to discuss experience of care topics, as well as develop understanding in how they can advance this complex and challenging agenda.

We also attended a Sustainability and Transformation Plans (STPs) briefing at Salford University, where NHS trusts from around the region gathered to talk about implementation and consultation strategies for their plans. For Greater Manchester it was confirmed that the plans submitted last year for devolution would be used as the STP for the area. You can see the plan at http://www.gmhsc.org.uk/delivering-the-plan/



During the quarter, we have been distributing our new health and social care signposting directory, with around 15000 copies being given out around the borough. The directory lists contact details of GP surgeries, pharmacies, dentist surgeries, opticians, residential care, care homes and nursing homes in Trafford. It also includes useful guides and information on a range of subjects including carers rights, NHS continuing healthcare funding and also includes a social care jargon buster.

We have also been distributing our updated 'How to make a comment, compliment or complaint' leaflet. The leaflet, which has been one of our most popular publications, details in a simple flow chart who to speak to if you wish to contact someone about your care, as well as how to go about it. If you would like a copy of either

the leaflet or the signposting directory, please contact us. You can also find digital versions on our website.

Our public engagement this quarter has taken many forms. Our active team of volunteers has helped us to conduct four drop-in sessions to gather the views and experiences of those using services. These have been in Sale Waterside library, Partington wellbeing centre, Altrincham hospital and Trafford General hospital, and have given us the opportunity to speak to large numbers of people.

We also had a full page feature in Pulse magazine. Pulse, the magazine produced by Trafford Housing Trust (THT), goes out to every THT property, office and building across Trafford and featured in its Christmas issue an article all about Healthwatch Trafford. It explained what we do and also gave information about how to get in touch for anyone interested in volunteering with us.

Our young volunteers continue to help us connect to the younger members of Trafford's population. The Healthwatch Trafford Media Squad have been helping us design communications for younger people, running our young persons' social media channels as well as designing a website specifically aimed at young people. They have undergone training sessions in the use of social media and have added an Instagram account to their channels and have held a competition to encourage more followers, with the prize-winner to be drawn in February.

Our young volunteer Yusuf has been spreading the word about Healthwatch Trafford among his fellow students and teachers at Altrincham Grammar School for Boys and even ran a stand for Healthwatch Trafford at their Christmas fete. He also gave an assembly about us & what we do, and has collected more than 30 patient experiences so far.

Finally, we are delighted to be able to announce that we have been successful in our tender bid to run Healthwatch Trafford for a further two years. That means we will continue to deliver the service until at least April 2019!

Ann Day

Chair

Andrew Latham

Chief Officer

Appendix 1: Analysis of Activities

Activity	Target	Year to date	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016	October 2016	November 2016	December 2016	January 2017	February 2017	March 2017
Drop-ins	8	10	1	1	1	1	0	2	1	2	1			
Quarterly Highlight report	4	2	0	0	0	1	0	0	1	0	0			
Radio interviews	2	1	0	0	0	1	0	0	0	0	0			
Members of the public signposted	N/A	46	Unavailable	Unavailable	Unavailable	4	8	11	6	8	9			
Enter & View visits completed and reported on	6	4	0	0	1	1	0	1	0	0	1			
Volunteers recruited	5	9	0	0	1	0	1	4	1	1	1			
Number of complaints received	N/A	31	3	4	1	3	3	2	4	5	6			
Number of comments via feedback centre	N/A	236	17	22	57	36	5	22	16	46	15			
Hits on website	N/A	14212	Unavailable	Unavailable	1059	1853	3079	1609	1979	2373	2260			
Individual contacts (with members of the public)														

Appendix 2: Outcomes as per the Healthwatch Contract with Trafford Council

Progress to date					
Communications Outcomes	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	Comments/ Remedial Action
At least 2 drop ins within each locality per year[1]	Locality 1 = 2 Locality 2 = 0 Locality 3 = 1 Locality 4 = 1	Locality 1 = 2 Locality 2 = 0 Locality 3 = 1 Locality 4 = 0	Locality 1 = 1 Locality 2 = 1 Locality 3 = 1 Locality 4 = 1		
Quarterly distribution of Highlight report to approximately 1,000 people	In production	Q1 Complete and on website	Q2 Complete and on website		On track
A minimum of 2 radio interviews during the year e.g during mental health week	0	1 (Trafford Sound)	0		
HWT staff to respond to public enquiries within 48 hours	Complete and ongoing	Complete and ongoing	Complete and ongoing		
Progress towards achievement of targets will be reported to commissioners via the monthly activity report which will be discussed at each HWT Board and then published within 1 week.	Complete and ongoing	Q2 activity report due October 2016	Q2 activity report published, Q3 due January 2017		On track

[1]Locality 1 - Old Trafford, & Stretford, - Gorse Hill, Longford, Stretford and Clifford, Locality 2 - Sale - Bucklow St Martin's (Sale) Ashton upon Mersey, Brooklands, Priory, Sale Moor and St Mary's, Locality 3 - South Trafford - Altrincham,Bowden, Broadheath, Hale Barns, Hale Central, Timperley and Village, Locality 4 - Urmston & Partington - Bucklow St Martin's (Partington), Davyhulme East, Davyhulme West, Flixton and Urmston.

Engagement Outcomes	Quarter 1	Quarter 2	Quarter 3	Quarter 4	
All survey results to be incorporated into the monthly activity report which will be discussed at each HWT Board meeting, published within 1 week and shared with commissioners and participants via the HWT website.	Complete and ongoing	Q2 activity report due October 2016	Q2 activity report published, Q3 due January 2017		
All outcomes included in the Annual Report and, if appropriate, provided to Trafford Council, Ofsted, Healthwatch England, Trafford CCG and CQC.	Complete	Complete	Complete		
6 Enter and View visits to be undertaken following consultation with commissioners and reports published within 6 weeks and sent to CQC, commissioners and providers.	1	2 (3 in total)	1 (4 in total)		On track
Increase volunteer numbers from 15-20 by December 2016.	30	31 (total number)	39 (total number)		
Half yearly analysis of complaints to ICAS - July and December 2016	No data received from ICA (CiL)	Q1 stats received from ICA, requested further detail	Q2 stats received		Analysis ongoing
A report from the Health and Social Care Steering Group on Phlebotomy Services - end September *Changes to service already made. Review need for further work.					On hold

Governance Outcomes	**Quarter 1**	**Quarter 2**	**Quarter 3**	**Quarter 4**	
Director representation (and named Deputies) will contribute to the Health and Wellbeing Board, Trafford CCG, Greater Manchester Healthwatch, any Social Care Forums and other key groups as agreed between the parties. Membership of forums and groups will be reviewed regularly to ensure that HWT is adding value.	Complete and ongoing	Complete and ongoing	Complete and ongoing		
HWT will provide an Annual Report by 30 June 2016. This will report on work undertaken in accordance with the requirements of the Department of Health and will be circulated to the British Library, Companies House, Healthwatch England, Ofsted, commissioners and providers in Trafford. This will also be placed on the HWT website. HWT will routinely review its accounts and its Articles of Association. It will performance manage this work plan in accordance with HWT's contract with Trafford Council commencing 1 April 2016 for a one year period.	Complete	Complete	Complete		

Appendix 3: Summary of meetings attended in Quarter Three

- Independent Complaints Advocacy – This contract is now held by Trafford Centre for Independent Living (CiL) and we meet with the Trafford advocate on a regular basis to discuss sharing progress and statistics on referrals to ICA.

- Advancing Quality Alliance (AQuA) – Experience and Engagement event [see page 4]

- Sustainability and Transformation Plans briefing @ Salford University – Interesting briefing on methods of engaging the public in STPs and consultations, as well as background and legal responsibilities [see page 4]

- Trafford Clinical Commissioning Group Equality system 2 grading event [see page 4]

- Healthier Together: Manchester and Trafford Sector Patient Participation Group (MaTS PPG) – [see page 4]

- Suicide Prevention conference - Key actions were to spread good practice and evidence of effectiveness and thereby reduce variability. Looked at risk factors and statistics. The draft suicide prevention strategy was shared

- Greater Manchester Healthwatch Network mental health group – To ensure Healthwatch' influence would be strengthened under the devo-Manchester arrangements in terms of implementing the GM mental health strategy. A Healthwatch Trafford director chairs.

- Greater Manchester Mental Health Implementation Executive – Discussed progress on children and young people, dementia, suicide prevention, work and health and adult mental health.

- Dementia United : 1 year on meeting – Discussed shortfall of funding, dementia strategy and Dementia Action Alliance (DAA) work.

- Greater Manchester Crisis Care Concordat – Discussed Children's care, pathways and examples of good models. Also changes in legislation and street triage.

Appendix 4: Analysis of complaints, comments and compliments

Central Manchester University Hospitals NHS Foundation Trust (CMFT)

Altrincham Hospital

Altrincham Hospital received an average of 3.5 out of five over the period, with four feedback submissions citing long waiting times as an issue and two specifically that comment on the poor waiting times for blood tests. There were also two negative comments about poor communication, but three positive about the reception staff.

Sentiment: 50% Positive; 25% Negative; 25% Neutral.

Trafford General Hospital

Receiving an average 4 out of five rating in the quarter, all but one feedback was positive, with long wait times and 'very busy' being the only negatives factors mentioned.

Sentiment: 85% Positive; 0% Negative; 15% Neutral

Manchester Royal Infirmary

Only one piece of feedback was received about MRI in this period. It was negative and talked about the poor cleanliness of the hospital environment that was observed.

Sentiment: 100% Negative

University Hospital of South Manchester NHS Foundation Trust

Wythenshawe Hospital

All the feedback captured about Wythenshawe hospital in quarter 3 was positive, receiving three 5 star reviews.

Sentiment: 100% Positive

GP Surgeries

Very mixed comments about GP practices this quarter with 38 pieces of feedback giving an average rating of 3.8 out five. Positive experiences of staff were most commented on and 20 people rated their experiences 5/5. Most negative comments were about long waiting times, issues with receptionists and problems booking appointments.

Sentiment: 68% Positive; 11% Negative; 21% Neutral

Experiences of other services were collected but were either too different to identify themes or were too few to make scalable comparisons meaningful.

Your voice counts!

If you require this publication in an alternative format, please contact us

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TRAFFORD COUNCIL

Report to:	**Health Scrutiny Committee**
Date:	**1 March, 2017**
Report for:	**Information**
Report of:	**Cllr Mrs Patricia Young, Vice-Chairman of the Health Scrutiny Committee**

Report Title

Joint Health Scrutiny Committee Report

Summary

The report provides the Committee with an update from the Joint Health Scrutiny Committee meeting on 31 January, 2017.

Recommendation(s)

That the report be noted.

Contact person for access to background papers and further information:

Name: Alexander Murray
Extension: 4250

Background Papers: None

JOINT HEALTH SCRUTINY REPORT

The last meeting was held on 31 January 2017. It was disappointing that the only members from Trafford who attended were Cllrs Mrs Ward, Mrs Bruer Morris and me.

UHSM

We received a report from UHSM. The final A & E contract to complete the construction was about to be signed and they are now looking at completion of the entire project by April 2019.

TGH

The operation of the Urgent Care Centre changed to the new mode of operating on 3 October and we were told that the system if working well.

NEW HEALTH DEAL FOR TRAFFORD

A report was given by Gina Lawrence.
Ascot House is now operating at 100% of its capacity. However 130 more beds would be required to resolve the current problems. The CCG have arranged for 45 beds in various nursing homes in Trafford to be reserved for Trafford patients in a jointly scheme between them and Trafford Council.

The next meeting is scheduled for the 27th March.

Greater Manchester Health Scrutiny Report

A meeting took place on Wednesday 11th January 2016.

Touched on an update of the financial plan to ensure best use of the £450M granted to GM.
The first allocation has been made towards mobilising Integrated Care models.
Other awards will be given within the next 2 years and routine updates will be made to the GMHSC

The Greater Manchester Fire and Rescue services spoke about their Community Risk Intervention Pilot. This operates 24/7 and is the GMFRS response to falls/cardiac arrests (heart attacks) and identifying where help is needed in response to 999 calls. This is due to increased collaboration between the North West Ambulance Service and the GMFRS. Interestingly this is the only Fire Service in the UK that is now responding to cardiac arrests.

Final presentation was from the NWAS. Work is taking place to streamline this service where the Red Alert calls are steadily rising. Currently 48% of calls are classed as a Red Alert emergency up from 42% 4/5 years ago. Action is being taken to try and deal with all calls more efficiently and ensure that only the calls needing immediate and urgent medical care are taken to hospital. Currently 12.6% of calls received are dealt with on the phone by a Nurse Practitioner, 21.7% are taken to walk-in centres and 65.6% are taken to A%E. Their average turnround time is 38 minutes This averages out at around sixty thousand people taken to hospital each month.

I was not happy with the response times for Trafford as compared to Manchester and Salford and will arrange to call the Ambulance Service in to the first meeting of the Health Scrutiny Committee for 2017/2018 to explain.

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