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TRAFFORD COUNCIL

AGENDA PAPERS FOR

HEALTH AND WELLBEING BOARD MEETING

Date: Tuesday, 1 October 2013

Time: 6.30 p.m.

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

	A G E N D A	**PART I**	**Pages**
1.	**ATTENDANCES**		
	To note attendances, including officers, and any apologies for absence.		
2.	**MINUTES**		1 - 4
	To receive and if so determined, to approve as a correct record the Minutes of the meeting held on 6th August, 2013.		
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.	**THIRD SECTOR REPRESENTATION AT HEALTH AND WELLBEING BOARD**		Verbal Report
	To receive an update from the Partnerships Officer.		
5.	**AREA OF FOCUS: STROKE CARE IN TRAFFORD**		Verbal Report
	To receive a presentation from the Chief Operating Officer, Trafford Clinical Commissioning Group.		
6.	**PHARMACEUTICAL NEEDS ASSESSMENT**		5 - 16
	To consider a report of the Public Health Consultant, Trafford Council.		
7.	**HEALTH AND WELLBEING STRATEGY FINAL SIGN-OFF**		To Follow
	To receive the updated Health and Wellbeing Strategy for final sign-off.		

8. **SOCIAL CARE FUNDING** — To Follow

To consider a report of the Corporate Director, Children, Families and Wellbeing.

9. **HEALTH WATCH UPDATE** — 17 - 18

To receive a report for information from Ann Day, Chair of HealthWatch Trafford.

10. **CLINICAL COMMISSIONING GROUP UPDATE** — 19 - 30

To receive a report for information from Dr. Nigel Guest, Accountable Officer, Trafford Clinical Commissioning Group.

11. **KEY MESSAGES** — Verbal Report

To consider the key messages from the meeting.

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

Any other item or items which by reason of special circumstances (to be specified) the Chairman of the meeting is of the opinion should be considered at this meeting as a matter of urgency.

13. **EXCLUSION RESOLUTION**

Motion (Which may be amended as Members think fit):

That the public be excluded from this meeting during consideration of the remaining items on the agenda, because of the likelihood of disclosure of "exempt information" which falls within one or more descriptive category or categories of the Local Government Act 1972, Schedule 12A, as amended by The Local Government (Access to Information) (Variation) Order 2006, and specified on the agenda item or report relating to each such item respectively.

THERESA GRANT
Chief Executive

Membership of the Committee

Councillor Dr. K. Barclay (Chairman), Dr. N. Guest (Vice-Chairman), D. Banks Councillor J. Baugh, Councillor Miss L. Blackburn, D. Brownlee, A. Day, B. Humphrey, G. Lawrence, A. Razzaq, M. Roe, Dr. A. Vegh, Councillor M. Young and C. Yarwood

Further Information
For help, advice and information about this meeting please contact:
Marina Luongo,
Tel: 0161 912 4250
Email: marina.luongo@trafford.gov.uk

This agenda was issued on 20.09.13 by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall, Talbot Road, Stretford, M32 0TH.

HEALTH AND WELLBEING BOARD

6th AUGUST 2013

PRESENT:

Councillor Dr. K. Barclay (Executive Member for Community Health and Wellbeing) (In the Chair),
D. Banks (Director of Strategic Development, Central Manchester Foundation Trust),
Councillor Mrs. J. Baugh (Shadow Executive Member, Community Health and Wellbeing),
Councillor Miss L. Blackburn (Executive Member for Supporting Children and Families),
D. Brownlee (Corporate Director, Children, Families and Wellbeing),
A. Day (Chair, Healthwatch Trafford),
B. Humphrey (Chief Executive, Greater Manchester West Mental Health Foundation NHS Trust),
G. Lawrence (Chief Operating Officer, NHS Trafford CCG),
A. Razzaq (Director of Public Health).

Also present:
Councillor Cordingley,
W. Heppolette (Director of Operations and Delivery, NHS England) (attending on behalf of Claire Yarwood).

In attendance:
L. Harper (Deputy Corporate Director, Children, Families and Wellbeing, Director of Service Development, Adult and Community Services),
H. Darlington (Health Improvement Manager),
I. Khan (Partnerships Officer),
M. Luongo (Senior Democratic Services Officer).

APOLOGIES

Apologies for absence were received from Dr. N. Guest (Chief Clinical Officer – Designate, NHS Trafford CCG), M. Roe (Acting Chief Executive, Pennine Care NHS Trust), Dr. A. Vegh (Chief Executive, University Hospital South Manchester NHS Trust), C. Yarwood (Director of Finance, NHS England), Councillor M. Young (Executive Member, Adult Social Services)

10. **MINUTES**

RESOLVED: That the minutes of the Health and Wellbeing Board held on 6th June 2013 be approved as a correct record.

11. **DECLARATIONS OF INTEREST**

No interests declared.

12. **JOINT HEALTH AND WELLBEING STRATEGY**

The Health Improvement Manager delivered a presentation and report in respect of the Joint Health and Wellbeing Strategy, which set out how the strategy had been developed, the current position and recommendations. Appended to the report was the draft Trafford Health and Wellbeing Strategy 2013-16. It was noted that the Strategy

would be considered by the Executive in September 2013, then the Health and Wellbeing Board and the Council. Board members were asked to forward any final comments by Monday 12th August 2013 for incorporation into the final draft.

RESOLVED:

(1) That, subject to eventual sign-off by the Health and Wellbeing Board, Clinical Commissioning Group and the Council, the Health and Wellbeing Strategy formally be launched and published in accordance with the Department of Health statutory guidance.

(2) That the draft strategy and Action Plan Framework be noted and agreed.

(3) That officers ensure that key priorities reflected in the strategy and action plan framework are developed in a timely manner.

(4) The officers encourage cross-border partnership working as recommended in North West Employers Joint Health and Wellbeing Strategy review.

13. **JOINT HEALTH AND WELLBEING STRATEGY - ACTION PLAN**

Further to Minute No. 12 above, Board Members also considered a joint report from the Chief Operating Officer, NHS Trafford Clinical Commissioning Group and the Director of Service Development, Adult and Community Services which provided a detailed delivery action plan for the Joint Health and Wellbeing Strategy. An updated version of the document was circulated at the meeting to which Board Members contributed their comments.

RESOLVED:

(1) That the Action Plan be noted.

(2) That the following items be made available to Board Members:

- An appendix of Sub-plans and relevant performance frameworks which underpin the JHWS Action Plan;
- Information on the Emotional Health and Wellbeing Service Review;
- Briefing note on wellbeing and physical education activities in schools.

(3) That the Health and Wellbeing Strategy Action Plan be further populated with performance measures.

(4) That written submissions from members of the board would be fed in to any revised strategy.

(5) That membership of the Health and Wellbeing Strategy Action Plan Group be widened to reflect a wider partnership approach.

14. HEALTH AND WELLBEING BOARD MEMBERSHIP UPDATE

The Partnerships Officer provided an update on the revised membership of the Health and Wellbeing Board and indicated that representatives had now been appointed to the Board for the following additional areas:

- Central Manchester University Hospitals Foundation Trust - D. Banks
- University Hospital South Manchester NHS Trust - Dr. A. Vegh
- Pennine Care Foundation Trust - M. Roe
- Greater Manchester West Mental Health Foundation Trust - B. Humphrey

It was further reported that an appointment was yet to be made to the following:

- A representative of Trafford's Third Sector

RESOLVED: That the update be noted.

15. INITIAL STOCKTAKE OF PROGRESS AGAINST KEY WINTERBOURNE VIEW CONCORDAT COMMITMENT

The Deputy Corporate Director, Children, Families and Wellbeing (Trafford Council) and the Chief Operating Officer (Trafford CCG) submitted a report which provided an update on the progress Trafford had made to date in respect of the Winterbourne View Concordat Commitment. Board Members were advised that the Winterbourne View Joint Improvement Programme had requested local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings by no later than 1st June 2014.

The report further explained that the purpose of the stocktake was to enable local areas to assess their progress and for that information to be shared nationally. The stocktake was also intended to enable local areas to identify what help and assistance they required from the Joint Improvement Programme and to help identify where resources could best be targeted.

RESOLVED:

(1) That the report, and progress on the Winterbourne View Stocktake, be noted.

(2) That an exception report be provided to the next meeting on the basis of actions flagged as 'Amber' (denoting support may be required).

16. TRAFFORD PARTNERSHIP UPDATE INCLUDING WELFARE REFORM AND LOCALITY PARTNERSHIPS

The Partnerships Officer delivered a presentation in respect of development of the Locality Partnership and priorities and the response to welfare reform in Trafford. In respect of welfare reform, the Board was advised of the main wards affected by the changes, the key themes that were evident and the principles which had been determined to provide community support.

RESOLVED:

(1) That the update, and the Partnership Event on 17th September 2013, be noted.

(2) That the Partnerships Officer circulates a list of voluntary sector recipients to Board Members for information.

17. **CLINICAL COMMISSIONING GROUP UPDATE**

The Board considered a report of the Chief Clinical Officer Designate, NHS Trafford Clinical Commissioning Group, which provided an update on the work of the NHS Trafford Clinical Commissioning Group and progress on key commissioning activities. The report highlighted locality specific issues and links to Greater Manchester and national issues where relevant.

RESOLVED:

(1) That the update report be noted.

(2) That a report on the Primary Care Strategy be submitted to a future meeting of the Board.

18. **HEALTHWATCH UPDATE**

The Board received a report for information from the Chair of HealthWatch Trafford which explained how the national and local HealthWatch Hubs would operate and how colleagues from the Clinical Commissioning Group and Trafford Council would be able to access information. In discussion, Board members considered the monitoring of contracts, the mechanism for primary care complaints and the recognition of roles and divisions between commissioners and providers in terms of the relationship between HealthWatch and other agencies.

RESOLVED:

(1) That the HealthWatch update be noted.

(2) That the Corporate Director Children, Families and Wellbeing and the Chair, HealthWatch Trafford establish arrangements for the local authority to receive HealthWatch feedback on service provision.

19. **KEY MESSAGES**

The Board summarised the key messages from the meeting which it wanted to convey to the general public.

RESOLVED: That the following key messages be agreed:

- Welcomed the draft Health and Wellbeing Strategy and Action Plan.
- Expressed satisfaction that agencies were on course to meet the requirements in relation to the Winterbourne View progress stocktake.

The meeting commenced at 6.30 p.m. and finished at 8.40 p.m.

TRAFFORD COUNCIL

Report to: **Health and Well Being Board**
Date: **1st October 2013**
Report for: **Decision**
Report of: **Director for Public Health**

Report Title

Local Authority Pharmaceutical Needs Assessment (PNA) Trafford Consultation Plan - 2013

Summary

The Pharmaceutical Needs Assessment (PNA) is a legal document which details services which would be desirable and necessary in a locality based on the local health needs and population demographics.

The Health and Social Care Act 2012 transferred the responsibility for developing and updating the PNAs to the LA Health and Wellbeing Boards (HWBs).

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the legislative basis for developing and updating PNAs and can be found at: http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/.

There is a legal requirement for the HWB boards to publish the PNA before 31 March 2015 PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups (CCGs).

Recommendation

1. That the Health and Wellbeing Board note and agree the consultation plan.

Contact person for access to background papers and further information:

Name: Abdul Razzaq, (Director of Public Health). Ext. 1300.

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TRAFFORD COUNCIL

NHS
Greater Manchester
Commissioning Support Unit

Local Authority Pharmaceutical Needs Assessment (PNA)

Trafford Consultation Plan - 2013

Author: Gemma Cresswell – [local revisions Abdul Razzaq]
Version: 2.0
Date: 19/09/2013

GMCSU | Enabling Excellence

Contents

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1. Background and current context

The Pharmaceutical Needs Assessment (PNA) is a legal document which details services which would be desirable and necessary in a locality based on the local health needs and population demographics.

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There is a legal requirement for the HWB boards to publish the PNA before 31 March 2015
PNAs will inform commissioning decisions by local authorities (public health services from community pharmacies) and by NHS England and clinical commissioning groups (CCGs).

2. Communications context and scope

This document details the scope of formal consultation and the proposed methods that will be used to engage different stakeholders and ensure patient and public involvement within this PNA.

There is a need for the local authority to understand;

- Local people and their representatives affected by the new service;
- Existing Pharmacy Services/Community based providers;
- Patients affected by possible new services in the area;
- Patient Services and Formal Complaints; and
- Other key stakeholders

Details of these issues can be gathered by public and pharmacy service provider surveys. The information from these can then be used to inform the final PNA document.

Prior to publication of the final document a draft version should be available for interested stakeholders to be able to comment on its content. This is called the formal consultation.

The standard formal consultation programme will commence on **1st October 2013** and will run for a period of 66 days. Therefore, the consultation will formally close on **6th December 2013.**

In Trafford the formal consultation will commence on 3rd October 2013 following discussion at the Health and Well Being Board meeting on 1st October 2013. The link to the consultation documents will be made available on the Trafford Council website and intranet sites.

4. Key outcomes

- To encourage constructive feedback from a variety of stakeholders between 1st October and 6th December 2013
- To ensure a wide range of primary care health professionals provide opinions and views on what is contained within the PNA

5. Key Audiences

The regulations state that:

When making an assessment for the purposes of publishing a pharmaceutical needs assessment, each HWB must consult the following about the contents of the assessment it is making—

(a)any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs); .
(b)any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs); .
(c)any persons on the pharmaceutical lists and any dispensing doctors list for its area; .
(d)any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services; .
(e)any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and .
(f)any NHS trust or NHS foundation trust in its area; .
(g)the NHSCB; and .
(h)any neighbouring HWB.

The consultation must be for a minimum of 60 days.

The following groups of people could be formally consulted on the draft PNA asked to comment on the assessment and the assumptions that it makes. A local decision needs to be made whether these groups are going to be contacted.

- General public
- Patient Participation Groups in primary care
- Community Pharmacy Contractor Superintendent Offices
- Local Authority area CCGs
- Local Authorities employees
- Neighbouring CCGs
- Local Voluntary Groups
- Overview and Scrutiny Committee
- Social services

5. Consultation engagement

Although the timescale for the consultation to begin (**1st October 2013**) and end (**6th December 2013**) is a standard date, the period of consultation between can be locally agreed based on work load. However you do need to ensure that everyone who participates in the consultation has enough time to complete the response forms by 6th December 2013.

Any paper copies of the response forms can be sent back to GMCSU who will electronically input the responses into the survey – they need to be returned to GMCSU by Monday 9th December 2013 to be included in the analysis.

The advert on homepage of council's website and the link on other relevant pages needs to be done on 1st October 2013 to ensure the consultation begins on time. Everything that follows this should be done within the first month to allow time for responses and targeted work where returns have been low.
All the stakeholders listed below who are preceded by a C are in the compulsory list of people who must be consulted on the draft PNA.
You may feel that you do not need to undertake engagement with all the other stakeholders listed below, or that you will do more, which is a decision for your local teams to decide on.

When each section has/has not been attempted we need the two last columns completing to say how many people you engaged with for each element before this is sent back at the end of the consultation period.

	Stakeholder	Channel	Detail	Cost	Responsibility	Complete	Reach
	General population	Advert on homepage of council's website	Large advert on the carousel with a link to the consultation document and survey monkey for responses.	No cost	Comms team at LA	*e.g. yes or no*	*e.g. 2,100 people*
	General population	Links to survey on relevant webpages on council's website	Identify relevant webpages and add a couple of sentences about the consultation document/survey along with a link	No cost	Comms team at LA	In progress	-
C	H&WB Board	Health and Wellbeing Board secretary	Sentd out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA	In progress	-
C	Neighbouring H&WB boards	Health and Wellbeing Board	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA	In progress	-
C	NHS Commissioning Board	Email consultation document to GM local area team	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	LA	In progress	-
	General population	Face to face surveys at local events – could be where the LA is already in attendance	Attendance at local events in targeted communities and complete paper surveys face to face with members of the public.	No cost	Comms team at LA	In progress	-
	General population	Advert in local newspapers	Quarter page, black and white advert in local newspaper to direct people to the online survey would be advised	Various cost	Comms team at LA	In progress	-
	General population	Press release	Short news piece with link to the survey.	No cost	council's press office	In progress	-

	General population	Electronic Flyers	Produce and distribute A5 flyers to pharmacies to promote the survey and give the online address.	No cost	GMCSU & LPC to email		
	Local HOSC	Email consultation document	Send out an electronic link to the consultation document with a link to the online response form.	No cost	Comms team at LA	In progress	-
	Local PH Committees	Email consultation document	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA	In progress	-
C	Pharmacy contractors (including appliance and distance selling pharmacies)	Email consultation document to pharmacy superintendent	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	GMCSU / LPC	In progress	-
C	LPS pharmacy contractors	Email consultation document	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	GMCSU / LPC	In progress	-
C	Local Pharmaceutical Committee	Email consultation document to LPC secretary	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	GMCSU / LPC	In progress	-
C	Local Medical Committee	Email consultation document to LMC secretary	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA	In progress	-
	Local Authority Staff	Council internal communications campaign	Desktop wallpaper and Intranet homepage story to encourage staff to complete the online survey.	No cost	Comms team at LA	In progress	-
	General	Council social media	Post regular tweets with a link to	No cost	Comms team at	In	-

	population	Twitter Facebook	the survey and submit content for Facebook		LA	progress	
C	Healthwatch	Email Healthwatch	Contact Health Watch to ask for support to encourage Link users to complete the survey	No cost	Comms team at LA	In progress	-
C	NHS Acute Trusts	Send link to head of pharmacy	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA	In progress	-
C	NHS Mental Health Trusts	Send link to head of pharmacy	Send out an electronic link to the electronic copy of the consultation document with a link to the online response form.	No cost	Comms team at LA	In progress	-
	Local Commissioners	Patient groups at the local CCG	M&C to contact to ask for support for PPI group to complete the survey	No cost	Comms team at CCG/LA	In progress	-
	MPs and Local councilor's	Email MP and Councilor's	Email sent to all MPs and councillors to make them aware of the survey and give more information about it.	No cost	Comms team at LA	In progress	-
	Local Voluntary, Health and community Faith Groups	Email to other relevant groups and organisations to give information about the survey and ask for participation	Below is an example of some groups this could be sent to: • *Prison Pharmacy's* • *Care UK* • *Asylum seekers* • *Schools* • *Colleges* • *Older People's Forum* • *Adult Safeguarding Board* • *Men's Action Group* • *Women's Centre* • *BME Forum* • *Interfaith Network*	No cost	Comms team at LA	In progress	-

			• *Community Committees* • *Carers Centre* • *MIND* • *Breathe Easy*				

6. Budget

It is advised that a budget is agreed with Public Health at a local level to be used to promote the consultation and to cover costs for printing out response forms, consultation documents and postage of forms back to GMCSU if needed.

7. Evaluation

A consultation report and an evaluation report will be provided by GMCSU. The Consultation report will analyse the feedback received and will also be used to update the final PNA. The evaluation report will be used to analyse the level of participants and the number of people engaged with.

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TRAFFORD COUNCIL

Report to: **Health and Well Being Board**
Date: **1st October 2013**
Report for: **Information**
Report of: **Director for Public Health**

Report Title

Healthwatch Update – September 2013

Summary

This report sets out he recent activity of Healthwatch Trafford since the last meeting of August meeting of the Health and wellbeing board

Recommendation

1. That the Health and Wellbeing Board note he report.

Contact person for access to background papers and further information:

Name: Abdul Razzaq, (Director of Public Health). Ext. 1300.

During the period August to October 2013 Healthwatch Trafford undertook the following activities;

Governance
The Board met on 3 occasions to work on the development of the Healthwatch Business Plan for the period 2013-2015.
The draft work plan was completed and will be discussed with the Advisory Group Board members and volunteers at the 26th September meeting.

Staffing
Recruitment for Chief Officer is ongoing with interviews taking place on the 19th and 23rd of September.
Staff members currently employed by VCAT and seconded to Healthwatch will be transferred to Healthwatch Trafford employment from 1st October 2013.

Recruitment of Healthwatch Board
Further recruitment for new Board member's commenced on the 16th September with a closing date of 9th October. Interviews will take place week commencing the 21st October.
We have advertised in the local press, on the council website, Healthwatch website and in the latest Healthwatch newsletter as well as emailing and writing to all

Healthwatch participants. Posters have been displayed in the Old Trafford and Partington areas.

Activities

Healthwatch continues its involvement with the Youth Cabinet.

The Healthwatch Development worker has met with the Engage group in Partington and members of the former Senior Community Action to discuss the need for an older people's forum. There will be a public meeting on 9th October to bring the older residents of Trafford together to discuss forming the Forum.

We have continued our involvement with the Healthier Together program. Members of the Board have attended meetings of the External Reference Group, Primary care and Surgery Patient Panels. The Chair will represent the Greater Manchester Healthwatch group at the option appraisal events on the 4th and 11th October.
We continue to be represented on the Integrated Care Redesign Board and the Trafford Strategic Program Board.

We have continued our program of meetings with Communities of Interest groups. Recently we have met with Trafford CIL, Victim Support and Macmillan Cancer Support Group.

Healthwatch Trafford has been chosen as a test site for the outcome and impact tool being developed by the Local Government Association and Healthwatch England.

Information and signposting function.

Healthwatch Trafford provides information and advice about access to services and support for making informed choices to the residents of Trafford. This service has now been in place for six months. A variety of requests for information and advice have been received. No trends have yet been identified.

Below is a snap shot of the requests for information and concerns raised.

Since the Healthier Together Trafford meeting we have received five requests for information on the link between the New Health Deal for Trafford and the Healthier Together program.
We have had two requests for information on NHS dentists taking on new patients in the area.

Concerns that have been raised about health and social care services have included:
Dissatisfaction with the reablement services after discharge from the stroke unit. Patient expressed concern about the treatment of a bed sore by the District Nursing Service. Concern was raised about a GP practice advising a patient, who requested an appointment with her GP, to seek advice from local Pharmacy.

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TRAFFORD COUNCIL

Report to: **Health and Wellbeing Board**
Date: **1 October 2013**
Report for: **Information**
Report of: **Dr Nigel Guest, Chief Clinical Officer, NHS Trafford Clinical Commissioning Group**

Report Title

NHS Trafford Clinical Commissioning Group Update

Summary

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

Recommendation(s)

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

Contact person for access to background papers and further information:

Name: Gina Lawrence, Chief Operating Officer and Director of Commissioning & Operations, NHS Trafford Clinical Commissioning Group

Extension: 0161 873 9692

NHS TRAFFORD CLINICAL COMMISSIONING GROUP (CCG) UPDATE

1.0 Purpose of the Paper

This report provides an update to the Health and Wellbeing Board on the work of NHS Trafford CCG and key commissioning activities, with details of locality-specific issues and referencing links to Greater Manchester and national issues where relevant. The report includes a specific update of Children and Young People commissioning issues provided by CYPS.

2.0 GP Council of Members

The Council of Members took place on the 18th September 2013. The Council received updates on: the CCG's work, including integrated care; the 2013/14 business planning process; and the Patient Care Coordination Centre.

3.0 Acute Sector Redesign (New Health Deal)

No changes have been made as yet at Trafford Hospitals, but all organisations involved in new health deal, including Trafford Clinical Commissioning Group, Central Manchester University Hospitals NHS Foundation Trust and University Hospital of South Manchester NHS Foundation Trust, will be working closely together to ensure that these approved service changes can be made in a safe and effective way.

The proposals include:

- Increasing the range of outpatient appointments and day case surgery available at Trafford General;
- Setting up a dedicated centre for planned orthopaedic surgery will be developed on the site;
- Changing the A&E department to a consultant-led urgent care service open seven days a week from 8am to midnight; and
- No longer providing level 3 intensive care treatment or emergency surgery on the site.

A Senior Project Manager, Service Transformation, Healthier Together has been seconded to Trafford CCG to assist with the next phase of delivery of the New Health Deal for Trafford.

4.0 Healthier Together

Work is continuing on the Healthier Together programme.

Dr Guest represents Trafford CCG at the Steering Group and the Clinical Reference Group, actively participating in helping to develop a credible Healthier Together strategy, fit for public consultation early in 2014.

Primary care development is key to the success of Healthier Together. Trafford are developing a local offer in answer to the Healthier Together primary care strategy which complements our integrated care strategy.

5.0 Procurement

5.1 Patient Care Coordination Centre

Following the initial Market sounding day and two internal workshops, a further additional information session was held on 25th July. The purpose of this event was to support the further development of the Trafford CCG proposals, but also to allow the continued engagement of providers who have expressed an interest in the Trafford Patient Care Coordination Centre (PCCC). Subsequent to the first market sounding day, a range of additional providers expressed an interest in the CCG proposals, therefore the additional session was made available to all providers, whether already engaged with the process or not.

The CCG used a panel of experts from across the CCG, Local Authority, and Greater Manchester Commissioning Support Unit (GMCSU), who responded to a series of questions which had been pre-submitted by the attending organisations. There was also the opportunity for an open floor question & answer session.

The CCG outlined the timetable for this competitive dialogue and there was some concern specifically around the timescales to publish a contract notice by the 2nd August. Providers requested additional time to enable them to further develop partnership arrangements with other organisations. Following consideration by the CCG, it was agreed and the revised timescales have been communicated with all providers. The contract notice will be published at the end of September; the CCG will issue the "Visioning Document", and other tender documentation at this time.

5.2 CCG Internet / Intranet mini-competition

The tender process has been completed for the website/intranet /extra net and the provider is Reading Room which is a Manchester company. This is now in the implementation phase
Phase one: The website is expected to go live from 1st November
Phase two: The extranet and intranet and upgrade version of phase one of the website will follow shortly after this.

6.0 Scheduled care

6.1 Scheduled Care Working Group

The first meeting of the Scheduled Care working group took place on 7th August.

Representation from CMFT, USHM, Pennine Care and TMBC has been agreed

All scheduled Care project plans have been completed and were presented to the group. This group looks at areas where either there are high demand, additional services required or redesign of pathways to move people back to the community services. This covers a range of areas but the of the main focus at the moment is muscular skeletal services where there is very high demand

on the hospital and also the associated support services such as physiotherapy. Work is underway to increase capacity to physiotherapy and also to ensure people are educated to manage their own conditions when they can

6.2 Clinical Referral Management Programme

The current Peer Review scheme has now been extended until 31st March 2014 and this programme now receives clinical project support from Dr Marik Sangha, the new Clinical Director for Member Relations and Primary Care Interface

Work had now been completed on reviewing the GP Peer Review proforma to provide more information on quality of the referral as well as helping identify non map of medicine referrals to enable to design of local maps where required. The new pro forma will commence on 1st October 2013.

Recruitment for forthcoming vacant GP reviewer posts has been completed for all specialties with the exception of dermatology although discussion has commenced with a GP who may be willing to take on this task.

Performance for the first quarter in terms of impact on secondary care referrals is disappointing, although a detailed breakdown of the data has yet to be received to identify the source of the referrals. It may be that GP referrals have continued the downward trend seen last year with consultant to consultant and A&E referrals increasing.

A date for the meeting with Central Manchester Foundation Trust clinicians to agree a revised consultant to consultant protocol - the aim being to have a consistent protocol with both CMFT and UHSM – has still yet to be agreed.

6.3 Diabetes – South Trafford Community Pilot

The six-month community pilot for diabetes care for south Trafford practices will run until the end of November 2013

Referrals into the new service remain low and a further reminder to GPs has been issued and a questionnaire designed requesting feedback on why the service is not being fully utilised.

6.4 Community Dietetic service

The CCG are currently working with the LA to support the review of the community dietetic service. This will include a review of the X-PERT patient programme for newly diagnosed Type-2 diabetics. It is now a Quality Outcomes Framework (QOF) target for all such patients to be referred into a structured education programme and there are now c. 500 patients waiting to be allocated a place on the programme. The X-PERT patient programme is currently coordinated by the Diabetes Centre at Trafford General Hospital.

6.5 Stroke Action Plan

A key priority within the Scheduled Care work steam is the stroke action plan.

An update is to be provided as a separate agenda item with a presentation setting out the current position.

6.6 MSK Community Physiotherapy – Business Case

A business case to increase the community MSK physiotherapy resource for both adults and children has been prepared by the service and been considered internally by Pennine Care.

This will be presented at the next Service Development Group meeting on 25th September before being considered further by the Contract Development Board.

6.7 Community Podiatry Service (non AQP)

The Scheduled Care team are currently finalising the service specification for the non AQP podiatry service which is currently provided by Pennine Care in a pre-agreed holding position. The service was excluded from the community services procurement because of the AQP procurement and the need to identify AQP and (more complex) non AQP activity.

A two year contract will be procured to end at the same time the AQP podiatry contract – procured across Greater Manchester as part of the AQP initiative – terminates – so a full podiatry service can be procured at that point.

7.0 Unscheduled Care

7.1 CHC Retrospective Close down

A continuing healthcare retrospective review officer has been employed on 3 month fixed term contract and will provide comprehensive reviews and reports on the 150 continuing healthcare cases. These cases have applied for a retrospective review of eligibility for NHS Continuing Healthcare for previously un-assessed periods of care which occurred during the period 1st April 2004 – 31st March 2012 as determined by the Department of Health.

This officer will assess each case in line with the national framework and present each case to the continuing healthcare panel to make a decision on eligibility

7.2 Unscheduled Care Business Case

The urgent care business case has been operational for almost 3 months and recruitment for the community based services has been the highest priority. The acute based services, implemented in March 2013 are starting to have a positive impact in UHSM with the average length of stay reducing from 7.2 days to 5.8 days.

Assurance has been provided that the community based services will be fully functioning by 1 November 2013. Only when all of the schemes are in place will the CCG have the evidence of the full impact on the deflection rates from Accident and Emergency (A&E). An Initial review of the measures has highlighted a reduction as A&E activity by 2.5% over the last year.

The CCG, have a commitment to deflect activity from A&E and reducing length of stay as appropriate for all patients. The schemes summarised the table below are those which will achieve the identified 15% reduction in A&E attendance, however, the CCG are now reviewing options to support the system by commissioning additional intermediate care beds for the more complex patient.

Urgent Care business case – evidence of the progress of implementation.

Initiative	Completed	Next steps
Community geriatricians	South geriatrician employed GPSI employed in the south	• Alignment of North geriatrician's role - all Trafford residents receive a consistent, fair and equitable service. • Develop close working relationships with the community matrons.
Community matrons	7 Community Matron's employed	• Once all in post development of seven day a week service • Link to Risk stratification project
Discharge co-ordinator	The discharge co-ordinator employed	
Rapid response team	72 hour service implemented	• Recruit to remaining positions • Once fully in post, the team will have the capacity to support 15 people at one time, providing 72 hours of intensive assessment, observation and support • Integration with the matrons and social care teams
Intermediate care services	10 beds implemented at Ascot House 5 'virtual beds' in the community	• Scope potential providers for additional intermediate care beds • An update will be provided at the Governing Body Meeting in October 2013
Vulnerable patients	GP health checks in nursing and residential homes	
Primary care schemes	An additional £30k was given to the One Stop Resource Centre All GPs have been	• Explore telehealth options

	allocated diagnostic equipment to help support long term condition management. (24 BP machines and ECGs)	
Long term conditions	IV therapy team (specialist nurses) implemented	• Develop links with established community teams • Establish a 7 day service to prevent admissions. • Link into the education strategy for primary care

7.3 NHS 111

A paper on NHS 111 was presented to the GM Association of CCGs Association Governing Group (AGG) on 8th August. The paper set out the potential options for the new NHS 111 clinical model with comparative costs. The CCG attended the OSC and gave a full briefing to the members on the position of 111.

NHS Direct has now given notice to withdraw from the contract and the stability partner during the transition has been agreed as North West Ambulance Service (NWAS). There is the possibility that the stability partner may request additional resources particularly if there is additional clinical input.

The AGG felt there were benefits of joining up 111 with Out-of Hours (OOH) which would also benefit from joint procurement arrangements.

The North West model, proposed by the clinical group is as follows:

- NHS 111 calls would be received by the new service and through initial triage, calls requiring a 999 disposition would be identified and an ambulance dispatched; calls requiring health information would be completed and information supplied; and those needing sign-posting to other services would be so directed. This mirrors the existing service.

- However, the recommended model provided the option for those calls with a primary care disposition to be sent on for definitive clinical assessment and management within Out of Hours providers (an alteration to the original model where all dispositions were part of the NHS 111 service). It would remain possible for a mix of handling the final primary care disposition at CCG level if CCGs required a mix of the 2 options for final definitive clinical assessment.

- In hours, the definitive clinical assessment would be performed by a senior clinician (this being defined as nurse practitioner, senior paramedic or doctor) A variation of this is for the assessment to be performed by a doctor only although this option was considered by the North West Clinical Group but discounted as likely to be both unaffordable and unachievable with the need for large scale doctor appointment.

8.0 Customer Care and Experience

The team are working with the CCG's quality lead for the implementation of the Francis Report action plan. Also responsible for any patient experience and complaint actions which are identified within the recently published Keogh report.

The team is working with Health watch to develop their work programme and ensure process are established with the CCG is follow up on queries and progress on specific issues.

8.1 Patient Experience within Integrated Care

As part of integration, it is essential for patient experience to be used as part of the redesign of services. The team will be working across all the work streams to provide this expertise ensuring patients experience and voice is at the centre of the new models of care.

The team are working on the new respiratory work stream to understand how this experience can be collated, understood and used in a meaningful way to improve the commissioning of services.

The team will continue to report activity data (quantitative and qualitative) including identification of themes and trends, service user satisfaction, equality and diversity monitoring data into the Quality, Finance and Performance Committee on quarterly basis.

9.0 Communications and Engagement

9.1 Patient and public involvement framework

Work is progressing to have a patient and public involvement framework for the CCG; this will include engagement toolkits to support GP practices, and the establishment of four neighbourhood-level Patient Participation Groups.

While the CCG's Public Reference Group continues to oversee some of the new health deal implementation work, an interim Public Advisory Group is being established to cover other areas of CCG work, such as advising on communications and engagement activity or overseeing some general work in relation to the integrated care work streams.

9.2 Internal and external engagement

Two events are being planned to support internal and external engagement activity for the CCG.

Building on the success of the internal event which was held in May where the CCG corporate staff held a "CCG exhibition" to share with GP Practices, the next events will focus on providing opportunities for members of staff to learn about each other's functions, roles and responsibilities.

A public and stakeholder event is planned to provide information that will improve understanding of the CCG and its role and priorities. The event will also include some question and answer sessions, and discussions to gather feedback from residents, patients and partners about their local health services.

10.0 Integrated Programme Update

10.1 Integrated Care Governance

In order to ensure the delivery of the integrated care programme a new governance structure with CCG and Local Authority membership has been established. The Trafford Commissioning & Operations Steering Group who is responsible for monitoring and reporting progress, risk and benefits realisation. This group has senior representation from both the CCG and Trafford Borough Council.

10.2 Reporting and monitoring

The Programme Office is currently completing a mini-project to implement a set of integrated care measures within the locality. The measures being developed are required to link the Integrated Care Programme Metrics/KPIs to the CCGs EveryOne Counts Strategic requirements.

The Programme Office will explore how Social Care measures can link into this work. Initial high level thoughts on these measures consist of, but are not limited to:

- % Reduction in emergency admissions;
- % Deflections form MAU;
- % Reduction in Length of Stay; and
- % Increase in community contacts.

Potential social care measures may include:

- % reduction in nursing home admissions; and
- % reduction in residential admissions.

10.3 Risk Stratification

Trafford has made a firm commitment to data driven decision making as a founding principle for a sustainable and effective health economy
Some of the benefits of having data at the heart of decision making are as follows. Some of the benefits are about improved responsiveness, some about better prevention and others about more informed planning. Others are enablers for one of those three.

The ability to risk stratify its population is a key enabler to the development of the integrated care model within Trafford. The following benefits are anticipated from the introduction of an established risk stratification tool into the locality:

- Improved clinical decision making in real time;
- Improved identification of patients at high risk of admission based on risk;
- Improved identification of patients who would benefit from other interventions;

- Improved patient registers;
- Better data quality;
- Improved ability to develop robust service improvement measures; and
- Linking of different data 'intelligence'.

Following a review by the Clinical Directors, Trafford CCG has made the decision to utilise the GMCSU Risk Stratification and Business Intelligence Tool. This tool will be available to GP practices and neighbourhood MDT's from October 2013. Trafford CCG are working closely with the GMCSU to understand the technical aspects of the roll-out of this tool within the locality.

10.4 Wider Integration

In order to ensure that NHS Trafford is working collaboratively with other CCGs the Associate Director of Commissioning and the ICS Project Lead now attend the South Manchester Integrated Care Delivery Board. Key links have already been identified around MSK projects which are being undertaken in each locality and leads will work closely to ensure that the agendas align to ensure the best care for patients across the south sector.

11.0 Medicines Management

11.1 Patient Group Directions (PGDs)

The two new PGDs that have been developed by NHS England (NHSE) for two of the new vaccination schedules; Rotavirus for Infants aged 6 to 24 weeks and Meningitis C, have been signed by the identified CCG lead doctor; lead pharmacist and governance lead and communicated to practices to allow the vaccination schedules to commence on the appropriate dates.

11.2 Homecare

The GMCSU have performed a scoping exercise to assess the Trusts' adherence to the Hackett report. A meeting has been scheduled for 22nd August 2013 with the GMCSU and will focus on the progress of work in secondary care.

11.3 Practice Prescribing Budget Letters

The practice prescribing budget is showing a projected under spend for the year of 156k as at the end of June 2013. The Medicines Management team are continuing their programme of work with practices.

12.0 Recommendations

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

Appendix A: Strategic programme Board Recommendations for the New Health Deal

	SPB recommendation	Progress	Next steps
1	**The development of additional Integrated Care services for some parts of the Borough (Partington), specifically the introduction of a community matron and a consultant community geriatrician, before changes take place to the A&E service.**	Scope out the required services Determine implementation by pt group Introduction of Community Geriatricians Introduction of Community Matrons Introduction of mental health and alcohol services Scoping of community dermatology services to commence end of this year	
2	**. Identification of appropriate pathways for those affected with Mental Health who currently access the TGH site**	Review of current 136 arrangement Analyse activity data – very few mental health patients through A&E between 12-8am Agree models of care which include: Develop MoM pathway for alcohol services, additional provision available (Turning Point) 136 arrangements agreed and ready to implement Phoenix Futures & Blue Sci services in Partington (case management) RAID	1. Develop a solution to support Model 3
3a	**Investment in a subsidy for local Link services for access to alternative hospital sites**	Assess what is currently in place in terms of LINK services. Assess the need for the subsidy and understand how to use the subsidy to improve access Work with the new provider organisation to outline the change needed Agree an implementation and start date and put in place monitoring mechanisms Determine the investment timetables	1. Determine the level of communication/engagement required both by Trafford CCG and the LINK service 2. Undertake communication activity

3b	**The health transport bureau to be substantially in place before any changes to TGH services are made**	**Stage 1: Health transport bureau** Integrated Care plan developed by Trafford CCG Develop plan for implementation of Health Transport Bureau with the new provider of RBMS (Pennine Care). Launch Health Transport Bureau (Phase 1)	
		Stage 2: Health transport bureau linked to Patient Co-ordination system Develop plan for implementation of Health Transport Bureau linked to patient co-ordination system Phase 3 Implementation of Health Transport Bureau linked to patient co-ordination system Ready for full implementation	1. Implement communications strategy 2. Requires link to CMFT for Manchester surgical centre patients
4	**The Integrated Care Redesign Board should be tasked to develop a set of clinical criteria which outline the circumstances under which a safe move from the proposed Urgent Care Centre (Model 2) to the proposed Minor Injuries Unit (Model 3) can be made**	ICRB meetings to be held (yearly timetable now in place) Data analysis of patients accessing alternative hospital sites Scoping exercise completed by clinical leads from 3 organisations	1. Trafford CCG to coordinate clinical engagement meeting to finalise clinical criteria for model 3
5	**Prior to any service changes, an assurance process should be established to further ensure alternative provider capacity is in place and services can be safely moved**	Revised terms of reference for the Trafford Steering Group and Trafford Transition Group are to be developed This is the role and function of the ICRB	1. Following the Secretary of States announcement this will be reviewed to consider the role of NHS England to ensure that the correct level of assurance is gained - this will require further direction from GMLAT
6	**The recommendations made by the Public Reference Group should be fully accepted and be made available to local and national NHS organisations planning consultation processes**	The recommendations have been shared with the Communication and engagement group and with NHS North West	