

TRAFFORD COUNCIL

Report to: Executive
Date: 18th March
Report for: Decision
Report of: The Executive Member for Health and Wellbeing and the Corporate Director of Commissioning

Report Title:

Transformation Fund - Re-purpose of the Funding

Summary:

The purpose of this report is to set out the rationale for the repurposing of part of the Transformation Fund and the proposed areas it is to be invested in.

Recommendation(s)

It is recommended that the Executive :

- a) Notes the report
- b) Approves the repurposing of the fund to those areas outlined in the report.

Contact person for access to background papers and further information:

Name: Sara Radcliffe
Number: 0161 873 6081

Background Papers: None

Relationship to Policy Framework/Corporate Priorities	Value for Money
Relationship to GM Policy or Strategy Framework	Not applicable
Financial	The funding is part of the £22m awarded by the Greater Manchester Health & Social Care Partnership (GMHSCP) to the Trafford Locality in October 2017.
Legal Implications:	None arising out of this report
Equality/Diversity Implications	None arising out of this report
Sustainability Implications	None arising out of this report
Resource Implications e.g. Staffing / ICT / Assets	Not applicable
Risk Management Implications	Not applicable
Health & Wellbeing Implications	This proposal relates to improving health outcomes and reducing variation.
Health and Safety Implications	Not applicable

1. INTRODUCTION AND BACKGROUND

- 1.1 The Trafford system was awarded £22m in October 2017 from the Greater Manchester (GM) £450m Transformation Fund (TF) which is delegated to Greater Manchester Health & Social Care Partnership (GMHSCP) by NHS England.
- 1.2 Trafford's TF bid describes the issues faced by the local health and social care system. The issues include high levels of inequality and Trafford sees large variation between neighbourhoods in terms of life expectancy and other health outcomes.
- 1.3 To address the need to improve health outcomes and reduce variation, the Trafford system requires transformational change with the development of a strategic commissioning function and a new way for partners to work together through the emerging Local Care Alliance (LCA).
- 1.4 To support this shift two Trafford Commissioning reports "Commissioning for People and Place; A Strategic Direction" and "Resetting New Models of Care" were supported by the Trafford health and social care system .
- 1.5 The first report described how, as commissioners, the purpose must be to transform the Trafford health and social care system by having an approach with the focus upon place rather than organisation and person rather than disease. Commissioners will build upon the four-neighbourhood model and use it as a foundation as to how to commission in the future.
- 1.6 The second report described the role of provider partners to deliver the commissioned model of care. Trafford has established a Local Care Alliance (LCA) which brings together the main providers of health and social care to work on integrated care delivery. Primary Care is a major player in the LCA.
- 1.7 Trafford commissioners see the LCA as an opportunity to begin to work differently with providers to transform services. This is a long-term plan to look at how services can be effectively delivered as close to a person's home as possible, be that at practice, community hub, neighbourhood or borough level. The delivery model is a fully integrated, all age, neighbourhood-based health and social care system with Primary Care at its centre.
- 1.8 The new model of Primary Care as described in the TF bid aimed to transform the primary care day, freeing GP capacity to focus on supporting patients with long term conditions, skilling up the wider primary care workforce, improving quality through reducing variation, standardising performance and providing clinical excellence across all pathways. These are principles supported by commissioners through a neighbourhood model of care.

1.9 The new model of primary care as described above was to be achieved via a provider from which would deliver a single system model and part of the transformation funding was allocated to the establishment of a Primary Care Organisation (PCO) in Trafford. This was to be funded through the Transformation Fund.

2. THE PRIMARY CARE ORGANISATION

2.1 In July 2018, following the production of the commissioning reports “Commissioning for People and Place; A Strategic Direction” and “Resetting New Models of Care”, Trafford Clinical Commissioning Group (CCG) requested assurance that the PCO organisational form as outlined was not only supported by GPs in Trafford but was understood as a delivery model and a vehicle for working with partners across the system in the future.

2.2 An external, independent review of the PCO was commissioned as this was a material condition as stated in the award of Trafford’s transformational funding from the GMHSCP.

2.3 As a result of the external review, the development of the PCO was paused whilst the independent review took place built upon primary care engagement across Trafford and with input from senior commissioning leadership.

2.4 The report produced following the external review identified a number of consistent themes and drew a number of conclusions including the lack of clarity with regard to a Primary Care Strategy for Trafford and the role of a PCO to support the delivery model in the future system.

2.5 The report also suggested that in the development of a primary care strategy for Trafford, a number of principles ought to be considered which include; a clear vision and aims, strong neighbourhood based leadership and a relationship of trust between the practices and Trafford CCG.

2.6 As a result of the external review the following recommendations were taken to Trafford CCG’s Governing Body and were approved:

- An immediate stop to the development of a new PCO and a transition of the focus onto neighbourhood development.
- A borough wide engagement programme, to develop 4 neighbourhood plans with a business case, clinical strategy and proposal.
- Trafford Primary Health (TPH) to be engaged to facilitate a series of neighbourhood engagement events to look at developing a Trafford plan and to describe what role they may play in this going forward (stating what organisational development they may also need to do so).

- A reboot and an engagement strategy for the CCG to reassure practices as to the strategic direction, the leadership and the commitment to Primary Care.
- Within this strategy, a clear direction from the CCG as to how neighbourhoods will drive this agenda and not a top down committee approach.

3. TRAFFORD TRANSFORMATION FUND RE-ALLOCATION

3.1 The cessation of the PCO necessitated a re-purpose of TF assigned to support the delivery of the PCO and New Models of Care. To ensure the CCG continued to support the delivery of a Primary Care Strategy aimed at delivering primary care at scale, as part of the LCA model, a stocktake was undertaken on all the schemes in the Transformation Fund. This identified £2.3m of funding which could be repurposed and which had no attached system benefits.

3.2 The proposal for re-purposing the funds which has been agreed in principle with GMHSCP and is awaiting ratification is as follows:-

- £2.1m to be invested in Primary Care and aligned to supporting the development of the Primary Care Neighbourhood Model.
- Enhancement of the LCA approximately £24k.
- Additional programme management costs of £216k to extend a Programme Director for an additional 2 years with administrative support (CCG posts).

3.3 A business case for the re-purposed funding will be developed through the Primary Care Strategy Group which will also outline the system benefits.

3.4 Appendix 1 details the revised list of schemes in Trafford's Transformation Plan.

4. Other Options

4.1 To declare the funding as not required would not address the need to improve health outcomes and reduce variation, by ensuring the CCG continued to support the delivery of a Primary Care Strategy aimed at delivering primary care at scale, as part of the LCA model. The Trafford system requires transformational change with the development of a strategic commissioning function and a new way for partners to work together through the emerging Local Care Alliance (LCA).

5. Consultation

5.1 This re-purpose has been discussed widely within the CCG and through Primary Care engagement and there is agreement in principle from the GMHSCP for the re-purpose to take place.


6. Reasons for Recommendation

6.1 To enable the required transformational changes within the health and social care system to continue by the repurposing of transformation funding into priority areas.

Key Decision (as defined in the Constitution): Yes
If Key Decision, has 28-day notice been given? Yes

Finance Officer ClearanceGB.....

Legal Officer ClearanceJLF.....



CORPORATE DIRECTOR'S SIGNATURE

Appendix 1

Initiative	Workstream	Scheme	£'000s	
Schemes going forward				
New Models of Care	Planned	Primary Care Mental Health and Wellbeing Service	940	
		Medicines Optimisation Team	610	
	Urgent/specialised	Care Workforce :- Diabetes Ambulatory Care A&E Streaming Advanced Clinical Practitioners		1,270
		Domiciliary	Trafford Enhanced Care Home Team (TECHT)	2,630
		Preventative	Administration	50
			Screening LES Payments	70
	Commissioning	Quality and Outcomes Framework	360	
	Training	Training	570	
Primary Care	Primary Care Neighbourhood Model	2,074		
Integrated Health & Social Care	Urgent Care	Discharge to Assess Bed Facility	787	
		Social Work Capacity - improve flow in hospitals	43	
		Discharge to Assess Process Improvements		
		Intermediate Care (Ascot House)	3,040	
		Home Care	4,390	
Local Care Alliance		Development Costs	24	
Adult's and Children's Social Care	Children	Managing Demand	1,720	
	Adults	Asset Based Approach / 3 Conversations		
		Reassessments / Risk Based Tool		
Programme Management		Programme Management	1,806	
Enablers		Enablers	1,140	
Total			21,524	
Schemes Discontinued - Estimated Spend 31st March 2019				
New Models of Care	Overarching	Clinical and Change Resource	43	
	Provider Development	Provider Leadership Capacity	148	
		GP Transitional Relief	0	
		New Organisational Form	285	
Integrated Health & Social Care	Urgent Care	Urgent Care - Community Enhanced Care	0	
Total			476	
Grand Total			22,000	