NHS Trafford Clinical Commissioning Group

Agenda Item No. 18

Part 1 | X | Part 2 | |

NHS TRAFFORD CLINICAL COMMISSIONING GROUP GOVERNING BODY 28th January 2014

Title of Report	Chief Clinical Officer's and Chief Operating Officer Report
Purpose of the Report	This report provides an update to the Clinical Commissioning Group Governing Body of NHS Trafford. This report is in two parts **Part 1:** is an update to the Clinical Commissioning Group Governing Body on key commissioning activities undertaken since the update provided to the Governing Body in November 2013. This section considers locality specific issues referencing links to Greater Manchester and national issues where relevant. **Part 2:** is the Integrated Care Update and is in the form of a highlight report. It provides a position statement for the entire Integrated Care Programme. The highlight report breaks down each of the work stream detailing the progress made over the previous reporting period, highlight any issues and detail the planned next steps.

Actions Requested	**Decision**	**X**	**Discussion**		**Information**	**X**

Strategic Objectives Supported by the Report	1. Consistently achieving local and national quality standards.	
	2. Delivering an increasing proportion of services from primary care and community services from primary care and community services in an integrated way.	
	3. Reduce the gap in health outcomes between the most and least deprived communities in Trafford.	
	4. To be a financial sustainable economy.	

Recommendations	The Governing Body is asked to note the contents included in this joint report from the Chief Clinical Officer's and Chief Operating Officers report. The Governing Body is asked to agree to move the Project Initiation Documents (PID)/Green Papers identified in Part 2 (section 3) of this report from Phase 1 to Phase 2.

Discussion history prior to the Governing Body	Project updates provided to the Commissioning & Operations Steering Group on the 17th January 2014
Financial Implications	N/A
Risk Implications	Any risks relating to any of the issues are included in Trafford's CCG risk log.
Impact Assessment	All redesign services will have a full impact assessment completed.
Communications Issues	The CCG has a comprehensive communications plan for New Health Deal. Communications relating to Trafford's Integration plan is being expanded to include the comprehensive programme.
Public Engagement Summary	Trafford CCG has had a full and inclusive public engagement programme for New Health Deal and is commencing on a local conversation for Healthier together

Prepared by	Dr Nigel Guest, Chief Clinical Officer and Gina Lawrence, Chief Operating Officer
Responsible Director	Dr Nigel Guest, Chief Clinical Officer

CHIEF CLINICAL OFFICER'S REPORT

1.0 PURPOSE OF THE PAPER

1.1 The layout and content of this report has been changed. The report will be in 2 parts.

Part 1: is an update to the Clinical Commissioning Group Governing Body on key commissioning activities undertaken since the update provided to the Governing Body in November 2013. This section considers locality specific issues referencing links to Greater Manchester and national issues where relevant.

Part 2: is the Integrated Care Update and is in the form of a highlight report. It provides a position statement for the entire Integrated Care Programme. The highlight report breaks down each of the work stream detailing the progress made over the previous reporting period, highlight any issues and detail the planned next steps.

The Governing Body is asked to agree to move the Project Initiation Documents (PID)/Green Papers identified in Part 2 (section 3) of this report from Phase 1 to Phase 2.

2.0 PART 1: COMMISSIONING ACTIVITIES UPDATE

2.1 South Sector Work

Work continues within the South West Sector Board to consider how services can align under the Healthier Together programme. The emphasis is on locality reconfiguration being led by the CCGs and providers in the area. Several models have been looked at

2.2 Oxygen Services

One of Trafford leads for Oxygen has been asked to become a member the National Patient Safety Group. This recognises the work which the team from the North West has undertaken. Also the Cluster Headache Pathway/algorithm which has been developed one of the Oxygen Leads has been submitted for a NICE shared learning award in February.

2.3 Asylum Seekers

Trafford CCG and NHS England have worked collaboratively to implement primary care services for this new community. The services have been in place which includes full health checks to avoid where clinically appropriate the demand on acute sector. This service will be available until early February when this population will be moving out of Trafford.

2.4 Podiatry Procurement

Trafford CCG are progressing to ITT stage of its procurement for this service. The CSU are responsible for this procurement

2.5 Community Dermatology Service

Trafford have agreed to be part of the joint procurement for community dermatology services with South Manchester CCG services.

3.0 NHS GREATER MANCHESTER UPDATES

3.1 Healthier Together

The Healthier Together Committee-in-Common, Clinical Reference Group and Steering Group continue to meet regularly. The Chief Clinical Officer is a member of all of the groups.

A formal review of the Healthier Together programme by the National Clinical Advisory Team (NCAT) took place on Tuesday 17 December, to ensure clinical assurance of the proposed Future Model of Care in Greater Manchester. The CCG's Chief Clinical Officer was involved in the session of the review for the Clinical Reference Group. The NCAT panel members were unanimous in their support to the programme, and noted that they were highly impressed with the scale of ambition and excellent work that is taking place across GM.

3.2 Greater Manchester Commissioning Support Unit (GMCSU)

GMCSU launched a Change Programme in November 2013, covering several strategic areas, with the aim of securing its long-term future. In order for GMCSU to meet its clients' requirements to become more responsive and efficient, it is reassessing its cost base, internal structures and pricing. All CSUs are going through the same process, at the same time, and a national 45-day consultation with all CSU staff started the week of 6 January 2014.

Alongside this, GMCSU has announced a formal commitment that it will start to work closely with Cheshire and Merseyside CSU, a decision that was made following discussions in light of the Lead Provider Framework.

3.3 Better Care Fund

Full details of the Better Care Funds have been published. Trafford have had joint discussions between the Council and the CCG to agree the Trafford approach and the submission for the 14th February. It has been agreed for the Trafford's programme to focus and develop the following programmes of work to ensure reduced activity in the secondary health sector.

The Trafford's schemes are:

Scheme	Overview	Lead responsibility
Early years intervention	The development of a Trafford Wellbeing Hub. This would bring together a variety of services into a single, shared, ageless service model with the focus on the holistic health and wellbeing of the individual.	**Lead organisation :** Trafford Council **Lead Officer**- Deputy Corporate Director Children, Families and Wellbeing Directorate Director of Service Development, Adult and Community Services
Palliative Care	To improve the choice of death for Trafford residents. To ensure that families/carers have greater support in the choice of death. This will increase the number of individuals who choice home to be their place of death and for both organisations to ensure that the patients and family is given the appropriate support.	**Lead organisation :** Trafford CCG **Lead Officer**- Associate Director of Commissioning.
Frail and elderly	It is recognised that as people are living longer, both Health and Social care have an responsibility to support, provide the appropriate support to ensure these vulnerable individuals retain independence and have the appropriate health and social care support to avoid unnecessary admissions into hospital. This programme will ensure there are comprehensive services and connectivity across services working across Trafford especially linking Primary and community services to ensure the delivery of quality services	**Lead organisation :** Trafford CCG **Lead Officer**- Associate Director of Commissioning.

4.0 NATIONAL UPDATES

4.1 Planning Guidance for Commissioners

NHS England has circulated its planning guidance for the next five years, Everyone Counts: Planning for Patients 2014/15 to 2018/19. This document describes NHS England's ambition for the years ahead and its on-going commitment to focus on better outcomes for patients. It describes the vision for transformed, integrated and more convenient services, set within the context of significant financial challenge. The CCG has made progress by identifying the commissioning priritires for the next 5 years and ensuring that these fir with the Joint Assessment Needs and ensuring these deliver against the 7 Outcome Ambitions

4.2 CCG Funding Allocations

NHS England has published the funding allocations that CCGs will receive over the next two years (2014/15 and 2015/16). The allocations contain a new funding formula for local health commissioners that will more accurately reflect population changes and include a specific deprivation measure.

4.3 Plan for Seven-Day Services across the NHS

NHS England's National Medical Director, Sir Bruce Keogh, has published his plan to drive seven day services across the NHS over the next three years, starting with urgent care services and supporting diagnostics. The plan is informed by findings of his Forum on NHS Services, Seven Days a Week, set up in February this year.

4.4 Prime Minister's Challenge Fund: Extending Access to General Practice

The Prime Minister has announced that there will be a new £50 million Challenge Fund to help extend access to general practice and stimulate innovative ways of providing primary care services. The Government has asked NHS England to lead the process of inviting expressions of interest and overseeing the pilots.

4.5 Publication of GP Outcomes Data

Increased information about the standards and performance of primary care has been published on the NHS Choices website, as part of NHS England's drive for more transparency and public participation. The information, which is a data set of GP outcome standards and high level indicators, includes screening rates, Quality Outcomes Framework measures, prescribing items and patient survey data.

4.6 Winterbourne View Concordat

To ensure that the NHS is able to assure people with learning disability, their families and carers, the wider public and the Department of Health that its commitments in the Winterbourne View Concordat action plan are delivered, targeted data collection is being undertaken through bespoke quarterly returns to be completed by all NHS commissioners.

4.7 Extension of Leadership Alliance for the Care of Dying People (LACDP) Engagement

As part of the system-wide response to recommendations in More Care, Less Pathway, the LACDP is currently seeking views on what high-quality care should look like for people in the last days and hours of life, no matter where they are being cared for. The engagement has now been extended until Friday 31 January 2014 to allow as many people as possible to take part.

5.0 RECOMMENDATIONS

The Governing Body is asked to note the contents of the update.

The Governing Body is asked to agree to move the Project Initiation Documents (PID)/Green Papers identified in Part 2 (section 3) of this report from Phase 1 to Phase 2.

6.0 PART 2: INTEGRATED CARE PROGRAMME UPDATE

The next section is the Integrated Care Update and is in the form of a highlight report. It provides a position statement for the entire Integrated Care Programme. The highlight report breaks down each of the work stream detailing the progress made over the previous reporting period, highlight any issues and detail the planned next steps.

NHS
Trafford
Clinical Commissioning Group

TRAFFORD INTEGRATED CARE PROGRAMME: HIGHLIGHT REPORT

January 2014

Integrated Care Update

Op Lead: **Adam McClure**
Exec Lead: **Julie Crossley**
Clinical Lead: **Michael Gregory**

Strategic objectives met by Programme	Integrated Care Programme
1. Consistently achieving local and national quality standards.	
2. Delivering an increasing proportion of services from primary care and community services from primary care and community services in an integrated way.	
3. Reduce the gap in health outcomes between the most and least deprived communities in Trafford.	
4. To be a financial sustainable economy.	

Integrated Care Programme Highlight Report

1. Introduction & Background

This highlight report provides a position statement for the entire Integrated Care Programme. The report will break down each of the workstream detailing the progress made over the previous reporting period, highlight any issues and detail the planned next steps.

2. Contents

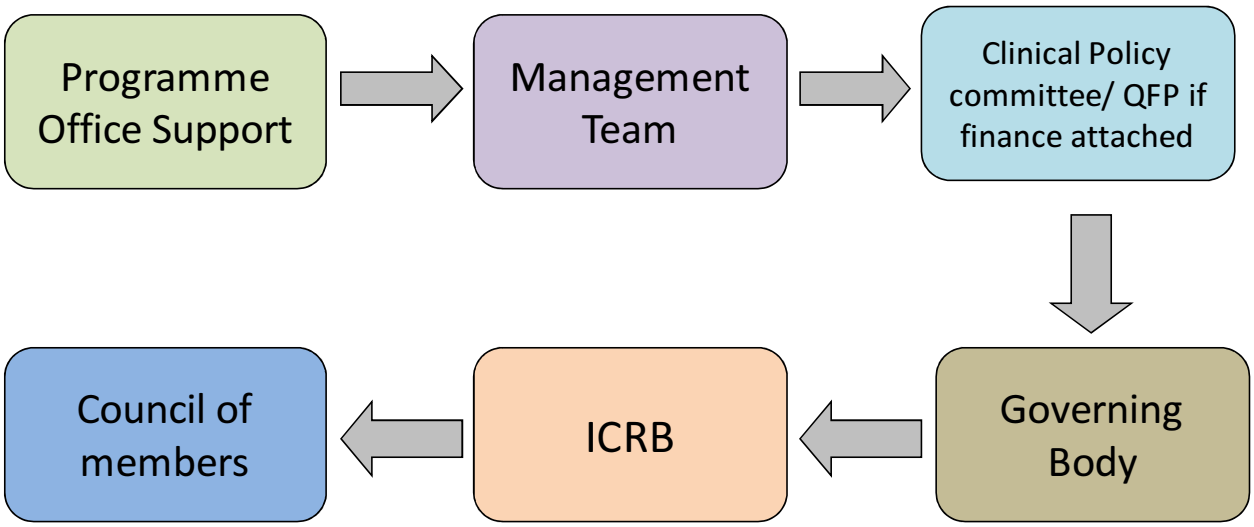
3. Programme Update

Phasing of projects
Each of the projects within the integrated care programme is managed on a phased basis. The four distinct phases are:

- **Phase 1:** Analyse (pre-design & review) – Project bank
- **Phase 2:** Plan (design & plan)
- **Phase 3:** Implement, test & assess
- **Phase 4:** Evaluate, sustain & Share

Phase 1 Project Initiation Documents (Green Papers) in development:
Phase 1 consists of analysing any proposed projects to gauge the potential benefits of the project and decide whether it is a priority for the CCG. During this phase a Green Paper or Project Initiation Document (PID) will be produced and presented to the CCG Governing Body prior to moving to phase 2.

Approval process for PIDs
In order to ensure that there is a robust sign-off process for all projects, the sign-off process below has been agreed with the Corporate Team.



1. All PIDs in development will be overseen by the Programme Office who will assist with ensuring that PIDs transition smoothly through the process;
2. Management Team will assess the PID in the context of capacity and assigning project managers and resources to the project;
3. Clinical Policy Committee will assess the clinical requirements of the project and provide approval. The Quality, Finance & Performance Committee will sign-off any financial commitment required;
4. The Governing Body will provide final approval of the project;
5. The ICRB is required to provide sign-up to the project on an economy footprint and ensure engagement from providers (as and where required); and
6. The projects will be shared with the Council of Members and agreement sought that the project is a priority for the CCG.

PIDs to be signed-off by the Governing Body
During December and January 2014, the Executive Management Team have signed off three Project Initiation Documents, these are:

1. Frail Elderly Programme;
2. COPD Early Supported Discharge Service (EDS); and
3. Palliative Care Programme.

An outline for these PIDs can be found in the table below and the full PID can be found in the Appendices at the end of this report. The Governing Body is asked to approve these documents in order for them to move to Phase 2 (Design & Plan).

Project	Description
Frail Elderly Programme	There are currently 18,500 people aged 75years and over in Trafford. Frail elderly patients with complex care needs represent the largest demand on adult health and social services. Many other frail elderly people are supported in their own homes or other community facilities and services (e.g. intermediate care, nursing and specialist care). Many of these people have complex needs and are susceptible to disease. This results in

Frail Elderly PID v3.2 20-12-13.docx	high admission and readmission rates to secondary care where in the community lack capacity and therefore the ability to use knowledge in managing diseases and complications. Consequently, pathways between levels of care are not targeted to support the delivery of specialist care and advice in the community. Admissions and readmissions of frail elderly patients could be avoided if there were greater support in primary and community services. There are alternative ways of supporting these patients in a community setting and further enhance primary care thereby reducing secondary care capacity. We define Frail and Elderly as: "Any patient over 75 years of age who enters intermediate care or who is a frequent flyer into acute services" This project will be clinically driven and will focus specifically on the pathway for frail elderly patients. It is not anticipated that the project will redesign, decommission or procure any services but rather will identify the potential need for these activities, making recommendations for the next steps and then passing these projects into the Integrated Care Project Reserve for assessment and prioritisation. The project will look at how services currently integrate and will work with services to ensure a smooth pathway, through education and changing working procedures in line with best guidance. In effect the project will perform an assessment/surveillance of the current frail elderly pathway, identifying issues, completing quick fixes (where appropriate), offering solutions to problems and ensuring education, development and communication plans are executed to improve the provision of care offered to frail elderly patients. Mission Statement: To improve the quality of care for frail elderly patients by looking at: • To identify any gaps in the current service provision and make recommendations for next steps • Ensure that services are designed to assist patient to remain independent and spend the majority of time in their own home • Supporting families/ carers through education • To ensure compliance with the Out of Hospital Standards • To ensure that health and social care pathways provide the right care, at the right time, in the right place Prevalence data for 2012-2013 informs that are currently 4,009 patients with a diagnosis of Chronic Obstructive Pulmonary Disease (COPD) within the borough, a figure which is expected to rise. In Trafford COPD admissions account for 13% of all respiratory disease spells to hospital, 85% of which are emergency admissions. COPD patients often experience an extended length of stay and a number of readmissions to hospital.
COPD EDS COPD ESDS PID v1.1 24-12-13.docx	To date Trafford does not have a specialist respiratory service that provides support to patients to manage their COPD within community or assist early discharge from hospital. The provision of commissioned respiratory services varies across Greater Manchester localities and following a review of current pathway it is evident that this variance extends to the support available to Trafford patients dependent on the Acute Trust they are admitted to. Central Manchester Foundation Trust (CMFT) has a well established COPD Team, based at Manchester Royal Infirmary (MRI), an element of which supports the early discharge of patients back into the community. Currently unavailable for Trafford patients, this proposal seeks to provide access by implementing the early supported discharge element of the service to Trafford General Hospital whilst also providing: • A reduction in admissions and length of stay • A reduction in readmissions

	• An improvement in patient experience and an increase in patients' independence and confidence to self care. The implementation of an COPD Early Supported Discharge Service (ESDS) at Trafford General Hospital as a one year 'test the concept' pilot will test assumptions and establish the impact and efficiencies a COPD early discharge service provides throughout the economy. Impacts of this service are expected across the COPD pathway and include: • Primary Care; reduction in prescribing and increase in the appropriate use of appointments • Secondary Care; Reduction attendances to A&E, length of stay and Readmissions; and • Community Services; increase in the enhanced care community offer and the increased management of Long Term Conditions (LTC) outside of acute settings. This approach will also facilitate greater coordination of care with Urgent and Enhanced Care during their first year of implementation and further scope the need for a specialist respiratory service in Trafford. A number of projects were initiated by Trafford Primary Care Trust and inherited by Trafford Clinical Commissioning Group (CCG), they are: • Multi Professional Education & Training (MPET) for care homes • MPET for professional and Clinicians • Trafford Advance Planning Portal (TAPS) • Electronic Palliative Care co-ordination System (EPaCCs) • Hospital Palliative Care Plan • Palliative care specification and community provision • MPET funding from NHS England • Management of St Ann's core contract
Palliative Care programme  Palliative Care PID v1.2 19-12-13.docx	This programme seeks to undertake a 'stocktake' of Trafford's current palliative care provision, to review project progress and identify areas for further development which are in line with the CCG's Integrated Care Strategy. It is important to note that following the national clinical change of the withdrawal of the Liverpool Care Pathway, there will be a significant impact on the pathway for many of Trafford CCG's patients and partners. Establishing an understanding of the impact of this change on commissioned services will be a part of the stocktake exercise. Trafford CCG's Palliative Care Programme will be developed to address areas for improvement to ensure a proactive, person-centred and integrated palliative care pathway exists which is based on best practice and delivers an improved patient and family experience. This programme will also establish efficient monitoring of commissioned services, through contract performance to ensure good clinical outcomes and value for money.

Phase 2 - 4 projects and programmes

The current numbers of projects and programmes at each stage is highlighted in the table below; this table will be used to highlight to the Governing Body the high level progress of the projects within the Programme as they pass into each stage:

Numbers of projects in each phase			
Phase 1 (Analyse)	**Phase 2 (design & plan)**	**Phase 3 (implement & test)**	**Phase 4 (Evaluate)**
Currently being agreed	14 *(+3 if agreed)* • *Frail elderly* • *COPD EDS* • *Palliative Care*	18 *(-1)*	4 *(+1)* • *RAID*

Integrated Care Measures

In order to measure the success and track the benefits to patients of the Integrated Care Programme the Programme Office have developed a set of integrated care measures for 2014-15 which have been agreed by all key stakeholders (external and internal).

This November report can be seen on the next page. In order to ensure that the measures are robust and to understand how these measures will be reported next year the table has been designed to show the month on month plan vs actual and the accumulative to date figure. It is important to note that a number of the programmes did not commence until November 2013.

The accumulative picture is showing a shortfall against the target, this information has been discussed with the project leads in a Commissioning Workshop and further details will be presented at the Commissioning & Operations Steering Group in February 2014.

The 'Deflections from Accident & Emergency' measure has shown improvement against the predicted target for October and November and the 'Reduction in re-admissions' and 'Reduction in Length of Stay' targets were achieved in November. Although not statistically significant it is believed that these measures have been impacted upon by the Urgent & enhanced Care Teams implementation in November 2013. Further updates on these measures will be reported through this report on an ongoing basis.

Integrated care measures, month on month breakdown and YTD accumulative: November 2014

Monthly movement - of Shortfall/(excess) achievement		**Cumulative to M5**	**M6 only/cumulative**	**Oct'14 M7 only**	**Nov'13 M8 only**	**Dec'13 M9 only**	**Jan'14 M10 only**	**Feb'14 M11 only**	**Mar'14 M12 only**	**Shortfall/ (excess)**	**YTD cumulative**
Unscheduled Care	Deflections from Accident & Emergency	864	125	-253	-159					577	577
	Reduction in admissions - Urgent care business case activity only	80	8	111	58					257	257
	Reduction in re-admissions	N/A	282	186	-58					410	410
	Reduction in length of stay - TGH only	N/A	2.23	0.34	-0.55					2	2
Scheduled Care	Reduction in procedures	411	122	90	418					1,041	1,041
	Reduction in out patients new	N/A	797	284	667					1,748	1,748
	Reduction in out patients follow up	N/A	1,437	503	197					2,137	2,137

4. Project Updates

Project updates are provided by exception. Due to the Christmas break the Commissioning & Operations Steering Group did not hold a full meeting in January 2014. This meeting was used to catch up with the wider integrated care agenda and a focus on business planning for 2014/15. Normal reporting will resume in this report from February 2014.

New Health Deal

Trafford CCG continues to monitor the post implementation of the New Health Deal for Trafford. An Operations group which has representatives from all partner organisations continues to meet on a weekly basis. This ensures all operations issues are resolved; it also reviews the weekly activity and performance data to ensure that all parties are aware of performance. A full pack of information is being collated to share and present at the Joint Overview and Scrutiny on the 28th January.

Trafford CCG continues to monitor the schemes which have been implemented to support the system and remove pressure from the secondary care Trusts.

From 20th December, the CCG introduced the Alternative to Trafford (ATT) Scheme. This scheme has been commissioned by Mastercall who work collaboratively with NWAS this scheme has to date reduced admissions to acute services by 96 since it was introduced. Mastercall are undertaking an audit to validate these patients was not admitted within 7 days.

There has been a small number of deflections from SRFT and UHSM back to practices from the GP deflection scheme.

As part of Trafford's CCG dashboard this now includes the utilisations of Trafford Intermediate Care services including the 18 beds at Trafford General. This unit has only received a number of patients from the acute units, the majority from UHSM. To date the maximums number of patients has been 10 out of the 18 beds available.

Patient Co-ordination Centre

The procurement has now progressed to the next stage with bidder's days being held with the providers. The information appertaining to the next stage has been shared with providers via the procurement software.

5. Programme Issues (Here and Now)

Issues are reported by exception, the project may have identified low level issues which do not require review by the Governing Body. Only those issues which may have an organisation impact will be reported.

The Programme Office and the Head of Governance, Planning & Risk are coordinating a piece of work to ensure that Risks and issues are reported in a robust and consistent way. In order to achieve this, the definitions of risks and issues were agreed at the Commissioning & Operations Steering Group in January 2014.

Issue definition: An **issue** is an event or condition that has already happened and has impacted or is currently impacting the project objectives. ***There is no uncertainty or probability aspect associated with an issue***

For example the probability of a **risk** may range between 0 and 100%, but it can't be either 0 or 100. The probability of an **issue** is 100% (Here and Now).
Further updates on Programme issues will be reported through this report once the work to tidy up the issues logs has been completed.

6. Programme Risks, 12 and above (Horizon scanning)

Risks are reported by exception and are recorded on the Board Assurance Framework, for the purposes of this report only risks which are 12 or above have been included. A project may have identified low level risks which do not require review by the Governing Body.

The Programme Office and the Head of Governance, Planning & Risk are coordinating a piece of work to ensure that Risks and issues are reported in a robust and consistent way. In order to achieve this, the definitions of risks and issues were agreed at the Commissioning & Operations Steering Group in January 2014.

Risk definition: The Programme Management Body of Knowledge (PMBOK) defines a risk as an ***uncertain event*** or condition that, if it occurs, has a positive or a negative effect on project's objectives.

The event has *not* happened yet but there is a chance it could occur (Horizon Scanning).

Further updates on Programme risks will be reported through this report once the work to tidy up the risk logs has been completed