

TRAFFORD COUNCIL

Report to: Health and Wellbeing Board
Date: 1 July 2014
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:

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NHS TRAFFORD CLINICAL COMMISSIONING GROUP (CCG) UPDATE

1.0 INTRODUCTION

1.1 This 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 April 2014. This section considers locality specific issues referencing links to Greater Manchester and national issues where relevant.

Part 2: is the Integrated Care update which is a summary from the programme office. Following the internal meeting of the Operations and Commissioning group this report is updated by the programme office to inform both the Governing Body and the Health and Wellbeing of relevant progress and to provide reassurance of the internal monitoring. It provides a position statement for the entire Integrated Care Programme on a project specific's basis.

2.0 PART 1: COMMISSIONING ACTIVITIES UPDATE

2.1 South Sector Work

Trafford CCG continues to be an active member of the South Sector Board. This is being led by the DOH as part of the challenged economy work. A number of models have been worked up to look at options for services across the south sector. There are a number of criteria that the models are measured against, such as transport times and viability. The next stage will be to reduce the modelling down to a number of options that can be looked at in more detail.

3.0 NHS GREATER MANCHESTER UPDATES

3.1 Healthier Together

Conversations with stakeholders and the public continue across the 10 localities. All CCGs through their communication leads have reviewed the material which is to be used to ensure that this reflects the current position but also ensures that it is clear for the public to understand the changes which are being considered. The changes proposed are not just considering the service reconfiguration within the acute sector but it has a greater emphasis on the changes which will be required within Primary Care and also as part of local plans to deliver integrated care. For Trafford, changes within Primary Care are set out in the new Primary Care Strategy which is being finalised which will set out changes which will be delivered to increase access, and an increase in the number of local enhance services. Trafford continues to be work collaboratively with the Healthier Together programme through the Committee-in-Common (CiC).

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

4.0 Estates Strategy

The CCG is progressing the following estates work streams which are set out in the strategic plan. These support the delivery of the integrated care model will support the primary care strategy. There will be two hubs one in the North and one in the South as described below in 4.1/4.2

4.1 Shrewsbury Street- led by Trafford Housing Trust

Relocation of current occupants to temporary premises – October 2014
Building work commences March 2015
Centre Operational from March 2017
Consulting with NHS England and North Locality to agree Primary Care Provision
Regular Meetings with Trafford Housing Trust
Expressions of interests from Primary care being sought

4.2 Community Hub (Altrincham Site) - led Trafford CCG

Principles Agreed for the Centre

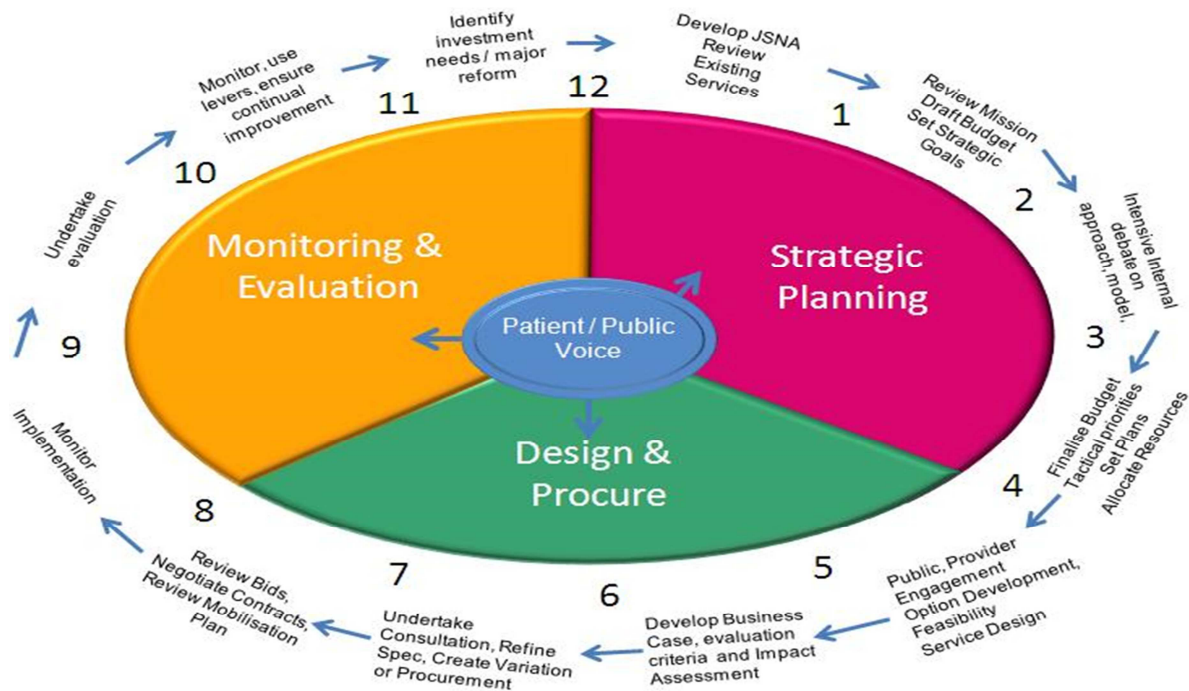
- Name of the Building
- Purpose
- Operating Times
- Aesthetics

5.0 **NATIONAL UPDATES**

5.1 Co-Commissioning of Primary Care

Simon Stevens, Chief Executive of NHS England, announced a new option for local CCGs to co-commission primary care in partnership with NHS England. CCGs will have new powers to improve local health services under a new commissioning initiative designed to give CCGs greater influence over the way NHS funding is being invested for local populations. Mr Stevens invited CCGs to submit expressions of interest in taking on enhanced powers and responsibilities to co-commission primary care. This outlines that in any local changes there will be no conflict of interest.

Within Greater Manchester it has been agreed to a consistent approach. Therefore a framework for the Co-commissioning of Primary care commissioning .has been agreed .This framework recognises that commissioning is a process from needs assessment, design and planning of services, procurement, contract management and review. The diagram below shows the elements of the commissioning cycle.



The framework is based on a number of principles:

- Planning of primary care services should be done as locally as possible
- Improving quality of primary care services should be done as locally as possible
- Co-commissioning will support the already agreed Greater Manchester Primary Care Strategy and standards?
- Some plans and decisions will need to be consistent across Greater Manchester to support the strategic development of primary care (Inc an EG?)
- There needs to be transparency of resource allocation/management so those planning services are confident about the level of resources available to support those plans
- The direction of travel is towards a 'place' based budget
- Data about practices (quality, performance, workforce) will be shared across the AT and CCG commissioner in support of this (via transparent agreements and safeguarded and governed appropriately)
- Co-commissioners will work together to make the most effective use of the scarce commissioning support available

CCG's within Greater Manchester are to submit by the 20th June their local plan which sets their local changes and the aspirations of their CCG's, how it will develop co-commissioning arrangements in going forward. Trafford's position is being finalised and will be submitted to NHS England. As part of this, Trafford CCG will review its capacity and resources required to incorporate these changes within its Primary Care commissioning team

5.2 Care.Data Scheme for Sharing Patient Information

In May, the Care Bill received Royal Assent and became the Care Act and for the first time made clear a statutory basis for sharing information that will enable the

tracking of patient outcomes across health and care services. The new law means that a person's data can only be shared and analysed when there is a benefit to healthcare, never for other purposes, and that all uses will be scrutinised with full transparency by an independent statutory body. In addition, there will now be a legal basis for people to stop their data being shared if they wish to.

There will be a phased roll out for the care.data programme, starting with between 100 and 500 GP practices in the autumn. In this way, the best ways of supporting GPs to ensure patients are informed of the purposes of this data sharing, its safeguards and how they can opt out, can be refined and tested with complete transparency. An Independent Information Governance Oversight Panel (IIGOP) has agreed to advise the care.data Programme Board and Senior Responsible Owner on the implementation of the programme, and in this context to evaluate the first phase pathfinder stage.

5.3 Commitment to Carers

NHS England has published its Commitment to Carers document, which sets out how it aims to help carers to provide better care and to stay well themselves. The 37 commitments are spread across eight key priorities which include raising the profile of carers, education and training, person-centred coordinated care and primary care. This has been developed in partnership with carers, patients, partner organisations and care professionals over the past few months. NHS England will continue to listen to those closer to the frontline including CCGs and healthcare professionals.

6.0 **RECOMMENDATIONS**

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

7.0 **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.

TRAFFORD INTEGRATED CARE PROGRAMME: HIGHLIGHT REPORT

Integrated Care Update

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



1. Introduction & Background

This highlight report provides an update to the Governing body on the progress of Trafford's Integrated Care Programme. The report provides a summary for each of the work streams detailing further progress which has been made since the previous reporting period; it highlights any issues and details the planned next steps.

Governance Changes

A new governance arrangement for the Integrated Care programme was launched in May 2014. The Transformation Steering Group, which replaces the Commissioning & Operations Steering Group, has had its first formal meeting in June 2014. This group will be the forum to report progress, share and evaluate risks and to develop solutions to any barriers which prevent progress. The Transformation Steering Group will meet bi monthly to align with the reporting requirements for the ICRB and the Governing body.

As set out in the CCG's strategic plan, Trafford has a comprehensive work programme which will deliver improvement changes which will monitor and report delivery of these as well as the details of the achievements against:

- Reduced in 15% unscheduled care activity (over 5 years)
- Reduction in 10% scheduled care activity (over 5 years)

This report is the highlights from the first meeting of the Transformation Group.

2. 2013-14 Programme Highlights

Integrated Care Redesign Board

Trafford Integrated Care Design Board. (ICRB) was originally the forum which monitored the progress of "Trafford New Health Deal" and provided an opportunity for Trafford Primary Care Trust now Trafford CCG to share and engage with all stakeholders on the delivery of its integrated care programme.

At the meeting in May, the CCG made recommendations to the ICRB on the future requirements of the board. These were as follows:

- 1. Independent Chair** – the ICRB has had an independent chair which has supported the progress of the New Health Deal and other integration projects through this board. The Chair brings a level of impartiality to the board and challenges the organisations to progress improvements.

The Board was agreed that the existing independent chair should continue for a further 12 months

- 2. Trafford Urgent Care Operations group** – as part of the implementation of the changes across Trafford following the "New Health Deal" an operations group was responsible for ensuring that a multi organisational group was set up to ensure delivery. This group has

representatives from across all Health acute providers, Pennine Care, Greater Manchester West, NWS and Trafford Council. This group wanted to continue but to focus on performance, flow of Trafford patients and the delivery of changes led by the CCG as part of delivering their strategic 5 year plan.

The Board agreed that this group should change into a Trafford Urgent Care Board, chaired by a Trafford CCG Clinical Director with all organisations represented.

- 3. Reporting cycle** – Trafford Integrated Care Programme is a whole system programme and is set out in the strategic plan. It was proposed to reduce the reporting cycle of the ICRB to a bi-month meeting in-line with the reporting requirements of the CCG Governing Body.

This Board agreed to this change

Unscheduled Care

The CCG's is working with all partner organisations to reduce the existing pressure on acute hospitals. As set out in the CCG's strategic plan, there are a number of schemes which will contribute to the 15% reduction in unscheduled care activity to acute Trusts.

Pennine Care Dashboard

The CCG is working with Pennine Care to develop its dashboard for the new Community Enhanced Services. Significant progress has been made with the implementation of all the services. The new dashboard is now providing the evidence of the numbers of referrals in the following format:

- By practice;
- The outcome of each referral; and
- Matching demand against capacity.

The CCG is now working with Pennine Care to evaluate the impact on acute Trusts. It is important for the CCG to evaluate the added value from this investment.

It is anticipated that by July, the CCG will be able to have internal reporting to the new Quality and Performance Committee on the impact of the Community Enhanced services on acute activity.

This activity and impact will be monitored through the new Trafford Urgent Care Group which will identify the impact of the service on reduced activity to the A&E departments at the acute Trusts.

Intermediate Care Provision review

An Intermediate Care Review, following the New Health Deal, has been undertaken. The outcome of this review has been for the CCG to increase on a non-recurrent basis Intermediate Care Capacity. Following joint discussions with South CCG, a joint review of Intermediate Care service in Trafford and South Manchester is to be undertaken. This work is to commence in July. This has the objective to ensure a simple system which will have a service which will include

bedded facilitates as well as services to support patients within their own homes and meet the requirements for step up and step down clinical requirements.

Trafford CCG is also part of the national; Intermediate Care national Audit.

Mental Health

Memory Assessment and Treatment Service

The expanded Memory Assessment and Treatment Service have successfully increased the diagnosis of dementia to more than 50% of the estimated Trafford population and range of post-diagnostic support services in line with a refreshed local multi-agency Dementia Strategy Action Plan

Community Eating Disorders Service

The Community Eating Disorders Service has continued to provide an effective service with expanded community clinics in Trafford and continued avoidance of inappropriate admissions to specialist Tier 4 beds

Shared Care Protocols

Shared care protocols for the initiation and follow up of antipsychotics medications are now under review by the CCG's Medicines Management Lead supported by the additional committed mental health pharmacist capacity.

Rapid Assessment, Interface and Discharge

The Rapid Assessment, Interface and Discharge (RAID) service has been implemented

Access to Psychological Therapies

The Improving Access to Psychological Therapies (IAPT) service has continued to be implemented. This service has continued to reduce waiting times for all patients to less than 18 weeks and is performing in line with the required national improvement trajectories for improved access and recovery rates. A summary business case has been developed to achieve the required CCG target to ensure access to 15% of the 30,000+ population of people with common mental health problems in Trafford and at least 50% clinical recovery of all those accessing treatment.

Scheduled Care

Diabetes Strategy

The Clinical lead for Diabetes Network has been appointed and is working with the team to undertake a full Stocktake of the service. This will support the network will now be established to drive the diabetes strategy forward.

Atrial Fibrillation

Initial meetings with Central Manchester NHS Foundation Trust and the Community Cardiology service to design the clinical pathways to managing AF in Primary Care and agree the principles of the e-consult service. The Clinical Referral Management programme group will be working towards the production of a business case to look at options for ECG's across Trafford following a visit to Broomwell Healthwatch Ltd the Greater Manchester provider for all CCG's.

Community Dermatology

The Community Dermatology procurement is currently paused, the GMCSU is to confirm a timetable and procurement officer and final meeting with South and Central CCG's to finalise the service specification.

Minor Eye Conditions Services

The Minor Eye Conditions Services is an AQP Service being procured by the CSU for a number of Greater Manchester CCG's. The next step will be for all CCG's to finalise the specification. A clinical lead for Ophthalmic Services within Trafford has been agreed.

Primary Care

Co-commissioning Expression of Interest

In response to NHS England's letter of 9th May 2014, following direction from Simon Stevens, NHS England Chief Executive, Trafford CCG has submitted and expression of interest for new co-commissioning arrangements of primary care to NHS England.

The new co-commissioning arrangements are designed to enable the CCG to commissioning more effectively and deliver our integrated care aspirations for care outside of hospital.

Trafford CCG hopes that by having a broader range of devolved responsibilities and budgets we can deliver on our commissioning strategic plan with greater assurance by having a greater role in determining how local decisions and developments are made.

Primary Care Strategy

NHS Trafford CCG has produced its strategy for integrated primary care. The strategy has been produced alongside member practices, who have informed its development. The strategy outlines a model in which Trafford CCG operates within four localities. Each locality being clinically led, will work collaboratively to deliver a new model which integrates health and social care around the hub of general practice. Further benefits of having a hub in each locality, will deliver a broader range of access and services to improve care for patients.

Where locality level services are appropriate, these new services will be commissioned on a locality basis to reduce inequity of services offered to patients and enable the shift of resources from acute care into primary care.

Supporting this will be investments in information systems to enable improved continuation of care and facilitate information sharing such that all members of the care team can deliver an improved intervention by having access to patient information.

The strategy is underpinned by the aspirations of the

Enhanced Access

Following extensive engagement with member practices, Trafford CCG is investing in primary care to deliver greater access to and range of services which are offered to patients. Member practices have indicated that this model of enhanced access is best delivered at locality level rather than at an individual practice level.

At a locality level, patients will be able to access planned care at the weekends and in the evenings giving patients new levels of access to care delivered closer to patient's homes.

Health & Social Care Integration project

Pennine Care and Trafford Borough Council have commenced a project to integrate their Health and Social Care teams. The objectives of the project are to

- Integrate health and social care practitioners; and
- Integrate approaches to assessing, planning and managing care.

This project will see the teams come together under one joint management structure. The teams will be established across the neighbourhood footprint described in the primary Care Strategy. Close links have been formed with the CCGs integrated care projects, specifically the Primary Care Strategy and the Frail & Older People Programme.

3. Better Care Fund

Frail & Older People

As part of the phase 1 of this programme, a mapping event designed to draw out the current service provision for Frail and Older People was held on the 12th June 2014. This event was well attended by a number of partner organisations including North West Ambulance Service, Social Services, Community Services, Acute Trust and 3rd Sector providers.

The Governance of this programme has been reviewed to ensure the connectivity of a number of service reviews which will impact on this programme to feedback into the Steering Group for Frail and Older People. These include:

Falls service

Falls affect 30% of people over 65 and 50% over 80 and are a major cause of hospital attendance and admission. Falls and fragility fractures require a common prevention strategy; both are associated with high mortality, morbidity and cost. Nationally evidence has shown that annual costs of fragility fracture care cost over £2 billion.

Locally the CCG has gathered considerable evidence that would support these assumptions and in particular high numbers of excess bed days associated with a diagnosis of fractured neck of femur in people aged 65 and over. Evidence has also shown that following a fall and episodes of hospitalisation there is often a long-term deterioration in the individual's health leading to an increased dependency on both health and social services

Following review of this evidence the commissioning team, working in partnership and parallel to the Public Health Team who are currently developing a Falls Strategy, are developing a fully costed business case that will seek to establish a robust evidence based and clinically appropriate Integrated Falls Service.

This business case will be monitored through the Transformation group with recommendations being presented to the Commissioning and Finance Group.

End of Life (Previously Palliative Care)

The Palliative Care Project initiation Document (PID) has been re-drafted and the project has been renamed the End of Life Project. This has been completed to ensure the focus of the project encompasses all aspects of end of life care. The New PID reflects the requirements from the Better Care Fund and ensures a greater input from the 3rd Sector and Children's services. The project is to focus on the 3 keys areas:

- Service provision
- Education
- Third sector

This programme has a new governance structure in place which has been signed off by the Better Care Steering Group. The programme has clear KPI's which sets out to improve the number of patients who chose to die at their usual residence

The Health and Well being Hub

This is the third project within this programme. This initiative is being led by the Council. This will create an early opportunity for the people of Trafford to be able to assess their requirements and to sign to the appropriate health and wellbeing services. This project is currently being developed into a PID which will be presented to the Transformation group for information.

Better Care Funds Next submission

All CCG's are to resubmit their Better Care Funds in June, along with their Strategic plan. For Trafford the new submission will include the revised PID for the 3 programmes. These have been amended due to further progress being made together with more information relating to the metric for providing evidence of improvement to the local population.

4. Patient Care Coordination Centre (PCCC)

The PCCC procurement continues to progress according to timescale. Dedicated sessions have been held with the bidders to ensure that the solutions are being developed in line with the CCG's vision. The detailed dialogue process which is taking place with themed dedicated sessions facilitate clarify to be made between the CCG and the bidders and define the functional and technical aspects of each Bidder's solution, to identify key cost drivers and address areas of risk, and to permit drafting of the contract.

The detailed dialogue sessions commenced in April, and to date 4 sessions have taken place separately with each Bidder. These have so far focussed on clarifying the Bidders' functional approach to service delivery, including the approach to managing both scheduled and unscheduled care; as well as exploring how patient experience and engagement will be addressed within the PCCC.

Further sessions are scheduled in late June to consider the development of the IM&T solution. Once the CCG is confident it can identify solutions capable of meeting its needs – once all material, financial, technical and legal issues have been resolved - then a final PCCC specification will be drawn up which both Bidders will be invited to tender against. It is anticipated that detailed dialogue will continue until the July 2014.

This is in line with the original timescale set out to the Governing body at the commencement of this exercise.

- Completion and closure of dialogue and completion in September.
- Invitation to Submit a Final Tender (ITSFT) stage, contract award is scheduled for the early October 2014 service commencement on April 2015