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Gina Lawrence
Chief Operating Officer
NHS Trafford CCG

Monday, 21 July 2014

Dear Gina,

Re: CCG Annual Assurance – 02.06.2014

Many thanks for meeting with us on 2nd June 2014 to discuss the annual assessment of NHS Trafford CCG, and establish the development priorities for the coming year. This letter is a summary of the Quarterly Assurance meetings that we have held over the last year and provides a synopsis of the improvements and ambitions for future development laid out against the assurance domains.

Key Areas of Strength / Areas of Good Practice

The CCG's main priority is the delivery of the Integrated Care Programme through a collaborative approach with stakeholders. The CCG has delivered the first phase of this as the Trafford New Health Deal and is now monitoring the impact of these changes. Through the development and implementation of the New Health Deal the CCG has engaged with GPs, Patient and service user groups, CCGs, Local Authorities, Community and Acute providers. The CCG has built on this to ensure effective communication and engagement with all stakeholders for the local implementation of integrated care and the Healthier Together redesign programme.

The CCG has worked collaboratively with commissioners across Greater Manchester and the North West taking lead roles in a number of areas including:

- Oxygen Services for the North West
- Cancer Commissioning across Greater Manchester
- Alcohol Services
- Risk Share arrangements
- Clinical Leadership for Adult Safeguarding across Greater Manchester
- Mental Health and Offender Health

At the Area Team we have a very good working relationship with NHS Trafford CCG. You regularly keep us informed of any issues or future concerns therefore we feel assured of the ability of the Trafford health economy to proactively deal with issues. The CCG endorses collaboration and partnership working, with risk management embedded across the organisation it is a strong decision maker.

The CCG should be commended on the finance management and delivery of the financial plan. There is however an anxiety on the slippage of investment.

There are excellent monitoring systems in place at the CCG which supports assurance for yourselves and the Area Team.

The case study presented demonstrated that failing to deal with mental and physical health issues together leads to poorer health outcomes and costs the NHS more money. Trafford's RAID service was developed collaboratively became operational between January and March 2014. The patient stories were very powerful and proved how important this type of intervention is in improving outcomes.

The Anticipated Outcomes include:

- Early detection a proactive mental health RAID team are aware of the case at an early stage
- Comprehensive assessment and review, a complex multi-disciplinary assessment with regular reviews as appropriate
- Effective care planning providing confidence that a patient can be managed away from the hospital, e.g. at home with appropriate package of support
- Reduced loss and improve outcome by facilitating earlier discharge and better outcome for patient.

NHS Constitution Standards

There is an increasing national focus on elective pathways with the expectation that backlogs can be cleared by September.

NHS Trafford CCG achieves Referral to treatment (RTT) on aggregate. The main issue for the CCG is with Children's services at CMFT, The Service Improvement Team which supports Central Manchester, South Manchester and Trafford CCGs is monitoring the improvement plan agreed with the Trust which includes a plan to reduce the backlog. There is clinical review of all children on the list to ensure safety. The aim is to deliver sustainable improvement to prevent reoccurrence the plan to be complete by September. Another issue is cardiothoracic surgery at UHSM. The back log is reducing following additional capacity being delivered including the workforce requirement. Trauma and Orthopaedics (T&O) has seen increased demand across all core areas at UHSM, Trafford CCG is working with the Trust to deflect patients to spare capacity at the orthopaedic service at CMFT Trafford site.

Trafford CCG hosts the new Greater Manchester Cancer Commissioning group. This group has had its inaugural meeting and a follow up workshop. All the Greater Manchester CCGs have representation on the group and there are identified link members with the parallel provider forum. The group's priority is the development of a two year strategic plan.

Cancer screening breaches is an issue for Trafford CCG this is small numbers and complex patients where one patient breach will mean failure.

A&E performance for Trafford CCG is impacted on by both UHSM and CMFT. The CCG is a member of the UCWGs for both of these health and social care economies, leads a weekly meeting regarding the impact of the New Health Deal and is linked to the South Sector distressed economy group which all link to A&E performance. Both CMFT and UHSM failed the A&E four hour targets in Q3, CMFT recovered to achieved Q4 and the year but UHSM failed Q4 and the year. A whole system meeting has taken place to consider improving the position at UHSM in which the CCG participated.

The Mental Health provider for Trafford CCG is Greater Manchester West. The Provider has seen increased referrals for IAPT; with access achieved at 12% in 2013/14 the aim is to achieve 15% in 2014/15. The position regarding dementia is improving with the diagnosis rate above plan for 2013/14. The CCG is on track to achieve the 67% rate for 2014/15. The basic service has been expanded with £500k investment. Trafford is working with GMW on adaptation and implementation of the Bolton model of service.

It was noted that Trafford CCG performed very well against the HCAI requirements with no cases recorded for MRSA and within the planned trajectory for C-Diff. Work is ongoing to continue this performance.

The CCG has provision for safeguarding both children and adults with two nurse posts in place and a designated doctor hosted by Pennine Care. There are named links with the provider organisations and representation on the multiagency Safeguarding Committee. The CCG has reconvened the

Safeguarding Board with a Director lead and the outcomes and actions are shared with the wider organisation.

The Quality Committee is the forum for incident and Serious Untoward Incident review and shared learning. This committee reports to the CCG Board. All SUIs for Trafford registered patients are reviewed by the Clinical Lead. Specialist Commissioned service incidents and Mental Health incidents and SUIs are also included for review.

The CCG has carried out targeted work with all care homes; the proactive management team developed to in reach into Care Homes to reduce admissions has been expanded following good outcomes. Care Home quality is managed by joint teams with the Local Authority to ensure a consistent shared view. The Integrated Frail Elderly service includes Care Homes.

The CCG is working to provide more timely reporting and response to Strategic Executive information system (StEIS). The numbers of reported cases increased at UHSM following the inclusion of pressure ulcers. UHSM is improving governance arrangements and is training managers on root cause analysis to ensure cases are reported appropriately.

Pennine Care is an outlier has a large number of open cases on StEIS the CCG will check the Trafford position at Pennine Care and the organisation will be reviewed utilising the Keogh framework.

An application will be submitted by Trafford CCG for amendments to the CCGs constitution in June 2014.

NHS Statutory Duties

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The AT is assured through the CCG annual governance statement, that the CCG has during 2013/14 delivered its statutory duties and has a governance process in place to monitor delivery against them. The CCG Board has approved the annual governance statement. The CCG has received an unqualified audit report with no matters to report.

The CCG has also;

- Delivered a revenue surplus for the year in line with its agreed target
- Earmarked and spent 2% of its budget on non-recurrent expenditure, in line with national guidance
- Managed its running costs within target
- Delivered QIPP savings of £6.5m

Key Areas of Challenge

The results of the 360 degree stakeholder survey was overall positive, showing that the CCG had improved or maintained stakeholder perception across all 28 areas assessed. However the CCG recognises that in some key areas improvements need to be made.

The challenges include:

- Improving the Provider response as the low response, which may be due to the CCG not being a lead commissioner for an acute provider, prevents a valid assessment of provider views being made
- Ensuring GP engagement, while strong in respect of response and feedback, translates into a fuller feeling of involvement in decision making across the whole of the footprint of the CCG.
- Clarification with Healthwatch on their inconsistent view and the improvements necessary.

The outcome of the survey will be presented at the June CCG Board and an action plan will be developed to manage the issues indicated.

As Integrated Care is a priority for the Organisation, the impact of Healthier Together and the South Sector acute services review will be a challenge to the CCG. The impact of change at UHSM, CMFT and SRFT will influence progress of community health and social care redesign.

Throughout the year the CCG has worked on organisational development and succession planning while managing vacancies and interim appointments. All management roles have been filled substantively apart from the Director of Finance the process to manage this is being agreed. The CCG is supporting development across the member practices in both clinical and non-clinical staff. Also a number of associate clinical leads have been recruited to support succession planning.

The Care Co-ordination centre is crucial in the delivery and effectiveness of the Integrated Care programme. With that in mind the CCG is looking to recruit to a temporary IT lead post with the necessary skills and technical knowledge to develop the Centre.

The Personalisation Programme commenced in April 2014. Patients eligible for Continuing Healthcare funding can be offered a personal health budget (PHB). Three patients have opted for the PHB since initiation of the scheme. Challenges regarding the PHB include;

- the development of joint health and social care personal budgets for adult
- Development of education, social care and health budgets for children and younger people
- Standardising unit cost for allocating PHB for Nursing Home provision.

Key Interdependencies and Associated Issues

Trafford CCG's delivery of the Integrated Care programme is dependent on influences from Healthier Together, South Sector service modelling, CCG commissioning intentions, Provider Cost improvement programme, Local Authority plans and Better Care Fund plans agreed at the Health and Wellbeing Boards.

A draft paper regarding co-commissioning between CCGs and Direct Commissioning will be presented to the next Chief Officer's meeting. This paper will describe the principles following which a proposal will be generated.

A number of conversations have taken place regarding Healthier Together which is key in the CCG strategic plan.

Work is ongoing to finalise strategic plans for submission in June. You received the feedback from the Area Team and have taken these comments on board when finalising your plan. You highlighted that there is a gap in your plans around Healthier Together and Specialised Commissioning. We advised that the National Primary Care Strategy is due to be published however this will not be much different from the Greater Manchester strategy that we have previously shared with you.

The Area Team has shared with CCGs the submission required for the financial narrative to support the 5 year plans and you confirmed that you had had sight of this.

Direct Commissioning:

Through the course of 2013/14, we have increasingly recognised the importance of the development of our co-commissioning arrangements as being key to the delivery of our shared ambition to transform primary care. This has been further underpinned by the recent national policy announcement, providing opportunities to formalise and broaden the scope of these co-commissioning arrangements. A CCG led framework for co-commissioning is emerging across Greater

Manchester, providing options for levels of involvement, based on the particular circumstances and preferences of the CCG.

In 2013/14, our working arrangements have supported the following developments:

- Completion and sign off of the GM Primary Care strategy
- Supporting the development of the GM Community Based Care standards
- Joint working to agree the Primary Care element of the proposed Healthier Together consultation
- Establishment of a clinically led, GM Primary Care transformation programme and team

Our joint plans for 2014/15 include:

- Development of detailed plans for workforce, Finance, Estates and IT
- Supporting GP Provider organisations in their development and establishment
- Working jointly to further develop the self-care agenda in the context of the delivery of the Primary Care strategy
- Implementation of the first phase of the co-commissioning agreements
- Working jointly to identify and address issues relating to unwarranted variation in quality and safety, with the Area Team taking the lead on formal performance management issues
- Working together to develop new commissioning models as appropriate, e.g. alliance contracting
- Ensuring appropriate and ongoing engagement with Local Representative Committees, Healthwatch, Local Authorities, Third Sector and others
- Working together to help achieve the necessary coordination of commissioning of services for children.
- Jointly developing strategies to address the significant variation in access to and outcomes of screening and immunisation programmes across GM and within boroughs
- Co commissioning evidenced based whole pathways of care e.g. cancer screening programmes and treatment interfaces to improve equity of access for patients and a more effective and focused use of resources.

Development Needs and Agreed Actions

Although the CCG has improved engagement with member practices and there is confidence in its leadership, the 360 degree stakeholder indicated that further work is required in the areas identified.

The CCG is monitoring the CSU products it commissions. The HR product has been taken back in house to support the delivery of the OD strategy. The expectation is this resource will be utilised to align the strategic direction and increase commercial awareness.

Agreed Actions

Between us we agreed the following actions:

- Trafford CCG to engage with the South Sector programme and ensure governance arrangements are in place.
- The CCG to develop and seek approval of a full business case for withdrawal from CSU products before notice can be given.

Given the limited time available at the meeting to go into the detail of direct commissioning issues, we agreed the following actions or processes to progress key themes:

- Co-commissioning – The development process to continue with regular updates at CCG COOs meetings and where necessary, AGG. Gaynor Mullins to act as the lead COO for this work.
- Direct Commissioning budget – Agreed that the content of the paper presented to the June AGG was extremely helpful and that there should be continuing discussions with AGG and COOs on this topic as necessary.
- Healthier Together – Particular focus has been given to the Primary Care element of the Healthier Together consultation over recent weeks and this has represented a helpful and concrete example of our joint working. A task and finish group is being established to progress key themes arising from this process, convened by Dr Ranjit Gill and involving all CCGs and the Area Team.
- Primary Care bi-laterals – This programme of meetings is underway and agreed that this is a forum where specific issues of detail relating to a CCG area can be discussed. Meetings which have taken place to date have been extremely productive in this regard. The monthly primary care leads meetings also represent a useful forum for the raising and addressing of specific issues.
- Public Health – Agreed that Jane Pilkington, Head of Public Health is available for CCG specific meetings on any aspect of the Area Team public health profile, to ensure that there is good awareness of the agenda locally and for example, to ensure that this agenda can be appropriately referenced in CCG strategic plans. Similarly, Laura Browse, Head of Primary Care is also available for such discussions.

Moving forward into year 2, the Area Team is keen to work with CCGs to further improve the assurance process. In the spirit of mutual accountability, we will look to see how our direct commissioning activities can be better described and we will look to improve the dialogue with all 12 CCGs on collaborative commissioning activities.

Thank you again to you and your team for meeting with us and the preparation you made which was the basis for the open and constructive discussions at the quarterly and regular assurance meetings with the Area Team. I feel the CCG has progressed significantly over the last year.

I hope this letter provides an accurate summary of the discussions and challenges for the year ahead. We look forward to working with you over the next 12 months to address the key issues facing the population of Trafford and Greater Manchester.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Claire Yarwood', written in a cursive style.

Claire Yarwood
Director of Finance
NHS England – Greater Manchester

