Executive Summary

1. This paper provides the ICB with an update on the following:

   **Programme Delivery** – describing transformation progress:
   - Appendix 1 – Transformation Theme Report

   **Finance** – an update on the expenditure review will be provided to ICB via a separate presentation.

   **Local Care Organisation** – update of progress 10 months into operation.

   **Performance** – update on progress against measuring the performance of transformation interventions.

   **Communication and Engagement** – An overview of the progress made towards a collaborative Communication and Engagement Programme

   **Risk** – High level update on operational risk

Recommendation

2. To note the content of this paper.

Reason for Recommendation

3. Report provided for discussion to update members on progress.

Key Points for Consideration
4. Programme Delivery

Appendix 1 – Transformation Theme Report – The Month 10 (December) report has been broken down to summarise each Theme by the following categories:

- Mobilisation Status
- Outcomes
- Risk
- Good News
- Finances – Expenditure vs Plan

Each Theme Summary is followed by a more in-depth description at intervention level.

Progress to note:

1. Prevention: Connecting You Seed Fund: Community Builders have assisted 17 groups to access small grant pots since the service mobilised in October 2018. All service information, including the application process, is accessible on the Directory of Service, Our Rochdale.

2. Prevention: Open Door: Work has begun to recruit and establish the new Open Door mental health access team. The team will be part of the Connecting You core team, bringing mental health expertise and further capacity to the wider system.

3. Access: Easy Hubs (Community Connectors) continue on an upward trajectory having now connected with over 759 residents since May 2018. Directory of Service activity continues to outperform the same period in the previous year by 34%.

4. Primary Care: Focussed Care Workers: As at December 685 individuals/families have now been referred into the service by their GP since March 2018. The service is on track to achieve its target of 800 referrals before year end. Examples of the impact of the service will be provided in the next report.

5. Children’s: One System Approach: 2326 Early Help Assessments have now been performed; this is an increase of over 30% in comparison to same period last year. The Locality Team continues to be the highest initiator of Early Help Assessments, demonstrating teams are continuing to raise awareness and support agencies.

6. Children’s: Paediatric Nurse Practitioners have seen 1680 children in a community clinic since mobilisation. 1609 of those did not attend an Urgent Care setting after seeing a PNP within a 3 month period. 44.3% of parents within this period self-reported that if they had not accessed this service they would have otherwise attended and Urgent Care setting. This would indicate that 713 children were deflected from an Urgent Care setting or A & E within a 6 month period. 3 more PNP’s have been trained and join the service in January 2019.

7. One Rochdale (LCO): Progress continues in the following areas:
   - Enhanced Access and Clozapine in the Community – Scheme is fully mobilized and is already reducing the waiting list for Clozapine treatment.
   - A recent recruitment day resulted in the appointment of 6 Mental Health Nurse appointments which is a great success story for these previously hard to fill posts. Credit is being given to enhanced communication via social media.
   - HEATT Service continues to perform well, however further delays to the mobilisation of the second car are being managed. Activity data is due to be updated in February.
   - Primary Care Academy launched their website in November 2018. Progress is now being made on regular content updates, a staff login...
area and a training calendar.

- Care Homes Support is starting to demonstrate an impact. Calls received by NWAS from nursing/care homes have reduced by 3% YTD and conveyances to A&E have reduced by 4.5%.

### Local Care Organisation (One Rochdale Health and Care)

Legal advice in response to the proposed contracting model for the LCO is due in January, which in turn will inform the phasing and scoping for the LCO moving forward. The LCO Development Group met formally in November 2018 and will meet again in January following the outcome of the legal advice.

The LCO has linked into the Person and Community Centred Approaches (PCCA) programme to ensure that as the LCO grows, this approach becomes a fundamental component of how services are designed, planned and delivered. A workshop is planned for January to engage with system leaders and plan how to develop this approach in the Rochdale Borough system.

Key LCO delivered events between October and December 2018 were:

- **Developing a Neighbourhood Approach** – The LCO held a neighbourhood event in November to agree as a system and deliver a neighbourhood approach that also links to the wider Public Sector Reform agenda.

- **Mental Health Transformation Event** - In recognition of World Mental Health Day in October, 160 people came together for a special event at Rochdale town hall, to transform and plan better mental health services for local people.

- **Scoping Working** – In November system partners (Providers and Commissioners) attended an event to scope ideas to close to anticipated system gap. This event produced a shortlist of ranked ideas that were grouped into No Cost, Low Cost and Investment Required.

### Performance

The following provides an update on the approach for performance monitoring of transformation. The HMR CCG Programme Management Office (PMO) have defined a 2 stage approach to the development of TPIs. This includes stage 1 as an initial establishment of service activity reporting and monitoring, through to stage 2 and a more sophisticated indicators using datasets to track patients/service users accessing services and how they flow through the system i.e. a patient receives support, and the dataset will be able to identify if that patient then went on to A&E.

The PMO have identified dedicated resource to support the development of TPIs and link to the wider system in developing reporting and datasets. This work has also led to the development of a process to support the development of TPIs, which can be found in the flow chart below:
The table below highlights the current status of the TPI’s. Although some are still showing as pending, much of this work has been agreed within teams and is awaiting final agreement.

<table>
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<tr>
<th>Theme</th>
<th>Intervention</th>
<th>Service Activity TPI Agreed?</th>
<th>Full TPI List Agreed?</th>
<th>Direct/Indirect/Other?</th>
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<td>Access</td>
<td>Easy Hubs</td>
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<td>Access</td>
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The next steps for this work are:
- Finalise agreement on outstanding TPIs for stage 1 – Service Activity Monitoring
- Provider partners to develop/establish systems of reporting Stage 1 TPIs
- Integrate/align TPI reporting into Highlight reporting
- Developing Stage 2 – sophisticated indicators linked to datasets
  - Develop and agree more detailed TPIs with Provider Partners
  - Understand and agree data sharing requirements
  - Establish reporting for new measures and adopt into highlight reports
- Review Progress
  - 3 month review to ask:
    - Is reporting happening?
    - Is it fit for purposed?
    - What are we missing?
  - 6 month review to ask:
    - Have we moved to the stage 2 level TPIs?
    - Is reporting happening on this new developed basis?
    - Reflection on the process for developing TPIs and how this informs the system moving forward?

**Communication and Engagement**
Work has begun to create a truly collaborative Communication and Engagement programme across all Partnership organisations of Transformation. A group was established some months ago and will meet at a workshop in January to commence the planning process with a further focus session in February to start the plan.

A public engagement event will take place in Middleton in January to talk to public members about progress and future plans for following Transformation themes:

- Mental Health
- Access
- Family Services
- Neighbourhoods

Risk

The following provides an update on key Operational risks:

- **Clinical Pharmacists** – Previous risk raised concerns to securing recruitment and delivery of the 18/19 financial targets. Following workshops and discussions the risk scores have been reduced and the current action list for clinical pharmacists is:
  - Finalise specifically what areas contributed to the savings in 18/19 to calculate recurrent value and understand the gap and level of work required in 19/20
  - Business case (high level) development for future opportunities ie Nutrition, additional opportunity for diabetes that is not already in train via BAU routes
  - Removal of underspend in 18/19 from the TF expenditure profile
  - Consider if there are savings to be delivered in relation to the Stoma service – this would fall under the savings programme rather than transformation as it is in relation to contract monitoring

- **Planned Care** – Previous high risks within the theme around the Integrated Elective Care Pathway (IECP) contract over performance and potential failure in achieving deflection targets still remain within the transformation risk register.
  - IECP will undergo a full review in mid-February instigated by the IECP Contract Board
  - Full deflection review during Nov resulting in removal of £ 5.3M Benefits from transformation vs. GM Roll up value.
  - Urgent work is ongoing to develop a detailed planned care work programme to deliver transformation benefits and support the savings programme.
  - Discussions required at leadership regarding resource requirements as limited commissioning capacity has caused delays

- **TPI's / Outcomes tracking** – The majority of themes reference ability to track and monitor activity and performance against defined TPI's as a risk to the intervention delivery in year and beyond.
  - The Activity Monitoring Group has been setup to bring Commissioners, BI & Performance closer together to provide analysis of data for each programme.

- **Mental Health Safe Haven** – Contractor delays with mechanical and electrical engineering / remodelling at Rochdale Infirmary delay the mobilisation of the service delivery. The project costs following return of tenders is considerably over budget. The Capital Projects Team at Pennine Acute have requested the detailed priced bill from the contractor to identify the cost increase. The construction work cannot commence until the costs have been finalised.

- **One System Approach** – The One System approach remains a high residual risk because of the current position around high numbers of care packages and overspend in children’s social care and we are currently unable to demonstrate a direct impact on this through the FSM. Also a red risk is the unsuccessful implementation of a radical and
collaborative model due to political or financial factors. The current provider of Children's Community service has indicted intention to disinvest due to financial implications; as a main stakeholder in the FSM and Alliance Model it is necessary to consider and explore different options. An options appraisal will be presented to ICB in the near future.

### Costs and Budget Summary

5. The financial information in relation to the transformation programme is provided in a separate paper to ICB.

### Risk and Policy Implications

See risk section above

### Consultation

7. Theme leads
   One Rochdale Health and Care (LCO)

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<th>Place of Inspection</th>
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<td>8. Not applicable</td>
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For Further Information Contact: Sandra Croasdale, scroasdale@nhs.net 07747 473888
High level description of interventions:

Directory of Services: The Directory of Services project will provide an authoritative online source of information, advice and guidance relating to signposting of health and social care services, community services, social groups, wellbeing activities and events. The website provides an holistic assessment tool will also be included along with self-care information.

Housing Triage: The Housing Triage service will support professionals across the Health and Social Care system who are working with patients who are facing inadequate housing or those facing housing difficulties to access a community connector and to access information and advice.

THEME LEAD EXECUTIVE SUMMARY:

Mobility/Travel

- All interventions within the Access Theme are fully mobilised with all recruitment in place and expenditure on track.

Outcomes

- 20% of services are performing well with Directory of Service (Our Rochdale Website) seeing 17.9k users visited the website from October to December versus 13.3k for the equivalent period in 2017/18. The Community Connectors (EASY Hubs) have now supported over 759 people since the launch in May 2018. Housing Triage service is working at capacity supporting people with a broad range of Housing needs, further consultations are taking place to understand how the wider health and housing sector can support this service and what scale up possibilities where and a service offer has commenced to inform this.

- Further development is underway to further articulate the outcomes data for each intervention to gain a better understanding of the impact to the system and to residents of Rochdale. This will be a part of the Evaluation Framework and agreement of TPI’s.

- There are no red risks highlighted for this theme, however, the largest overarching risk is being able to accurately measure and reach the assigned deflection targets. Mitigating actions are being undertaken to describe in outcomes section above.

Directory

- The Our Rochdale website is now live with content additions being implemented based on feedback received. A meeting is to be scheduled in January to explore the potential to use Google Analytics data to include Health 4G in quarterly reports. This will show the spread of site activity across the range of service information and advice/guidance and will help inform site management as well as an understanding of local population need. By cross referencing this information with hospital need and GP activity it may also allow an understanding of the net effects of digital signposting and guidance on patient presentations at those services.

Risk

- There are no significant risks to report however significant work continues to develop the evaluation framework to measure and understand the impact of the prevention programme of work to the system and the local population for Rochdale.

Finance:

- Project Budget of c. £50k was rolled over from 2017/8. Of this £26k has been committed toward development work. A further opportunity to upgrade the site back-end infrastructure to version 3.0 is being carried a current underspend of £4k. “DS5” will be explored as a possibility within remaining project budget. (DS5 offers a range of improvements around site performance, search functionality, administration and reporting).

Outcomes

- Website traffic has continued on an upward trend over the course of the year. 17.9k users visited the website from October to December versus 13.3k for the equivalent period in 2017/18. This represents a 34% increase on the previous year’s activity.

Easy Hubs (Community Connectors)

- With all community connectors in place Easy Hubs continue to deliver with 759 people engaging with the service between May to November 2018. The Evaluation Framework and TPI’s: Evaluation Framework for Community Connector service is operational, report May to November 2018 in progress. Elements of the framework to be agreed across Prevention Core team as part of the memorandum of standing.

The online Wellbeing Checker project is progressing towards the build and test stage, aiming for completion of development in January 19.

Communication plan: Connecting You on site of Directory of Services: now in place but requires more work, communications leads have plans in place for service advertising/raising awareness January 2019 and onwards.

Mental Health Outreach Model Pennine Care Rochdale Infirmary: Alternative accommodation will need to be found onsite for a period of 6 weeks to allow for building work; initial identified space in Radiology Dept at Rochdale Infirmary unsuitable due to lead lined walls; no WiFi access. The service has found temporary accommodation across the road from the urgent care entrance in Whithall Street clinic. WiFi access good.

Risk

- There is currently an overarching theme risk around the delivery of the current targets set for deflections. There is significant work underway to mitigate this through the evaluation framework to understand and understand the impact of the prevention programme of work to the system and the local population for Rochdale.

Finance:

- Project is carrying an underspend of £8k, majority of which is linked to the training budget training budget and is scheduled to be spent before year end.

Outcomes

- Currently rated as Amber as although community connectors are supporting increasing numbers of people 759 since May 18), there is still work to be carried out to define TPI’s and measure A&E deflections. This work will be carried out in the develop an Evaluation Framework to further understand the impact of the service and the support needs delivered.

Housing Triage

The project continues to deliver the unique service as previously described and receives referrals from an ever increasing base of professionals from across the health and social care system.

The second triage officer started at the beginning of November and this is ensuring we have capacity for the volume of enquiries and it does mean we can begin to trial case working where required with other key professionals. This will now allow the capture of a fuller range of monitoring data looking to use the Councils CRM system to record action and data.

The project is now starting to see transformation in user organisations which are looking to copy the key aspects of how the triage service is delivered.

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High level description of interventions:

Community Outreach: Expanding the capacity of the existing prevention system through directly delivering health and wellbeing interventions (coaches) and facilitating the improvement of community assets for people to access to help themselves to improve health and wellbeing (builders). Includes help for stopping smoking in pre-operative adults. This intervention will also include funding for an Income Generation post (now called Voluntary Sector Development Manager) which will aim to research additional funding for the necessary services provided by the voluntary sector.

Elderly Oral Health: This intervention aims to improve the oral health of frail elderly Rochdale residents, living in a care home or receiving support from a carer. Training and education will delivered to staff around improvement of oral health for this cohort.

Self Care: A Self-Care Strategic Lead (1) will develop and embed a Self-Care approach in all services to promote patient self-management and independence. This project will also train staff in Health and Social Care settings, develop and support Self-Care Champions in services and ensure information we develop provides accessible information for the public on Self Help and Self-Care.

Reducing Diabetes: The funding to allow the continuation of the National Diabetes Prevention Programme past the point that NHS England stop funding it. Project was implemented in October 2016 and is delivered by Living Well Taking Control.

Smoking in Pregnancy: A Specialist Midwife (1) and a Support Worker (0.5) will work with pregnant women to support them in stopping smoking. This project also includes budget for incentive schemes, Baby Clear monitors and Nicotine Replacement Therapy (NRT).

Children’s Oral Health: Provision of twice yearly fluoride varnish application for children aged 3-5 years within early years and school settings (infants and reception classes) for children who haven’t accessed a dentist. This service will be delivered by Pennine Care Salaried Dental Services (NHSE contract).

Accidents in the Home: Continuation of the Rochdale Accident Prevention Scheme (RAPS) that is currently funded by public health. Involves the fire service installing safety equipment in families homes. Referrals for this project come from Children’s Centres and Health Visitors

Community Outreach:
Community Outreach continues to progress with agreed operational plans up to March 2019 in place and implementation commenced with the operational group leads. Work has begun to recruit and establish the new Open Door mental health access team. The team will be part of the Connecting You core team, bringing mental health expertise and further capacity to the wider system.

Contract meeting held on the 23rd October to review progress of the 10 transformation posts (2 health trainers, 4 coaches, 4 community builders) - Health trainers and coaches seeing more people with 127 referred to Health Trainers and 109 to Coaches in quarter 2. Additionally there were 6 new volunteers and 2 new community champions. Community builders are becoming more established supporting 14 groups in quarter 2 with 15 people connected to volunteering opportunities. Also 12 groups were supported to register on the Our Rochdale Directory.

Finance: YTD Underspend of £471k which is driven by phasing of the community budget spend. This will be contained within the financial year and will be updated as part of the next financial reforecasting exercise.

Outcomes: Currently reporting as Amber, as at this stage we are unable to accurately measure and attribute direct A&E deflections for this intervention. However, we can measure the activity data and collate good news stories to develop a trend analysis of the support being provided. Work to develop effective outcome measures is underway and will be assisted by the use of the Patient Activation Measure tool.

Risk: There are no red risks to report for this intervention.
### Elderly Oral Health:
The elderly oral health improvement programme continues to progress well with work to identify Oral Health champions and team training being attended across all streams of the programme. A Star rating has been developed and agreed for care home compliance and will be deployed in January 2019. Resource files adopted by Greater Manchester are to now have electronic version with agreed ongoing in final draft.

**Outcomes:** Deflections not expected until 2019/20 however confidence at this point is high in achieving them and hoping to evidence some early impact through the development of a TPI dashboard - to be signed off and ratified over the next few months.

**Risk:** There are no red risks to report for this intervention.

### Self Care:
This programme is now well underway with a reference group overseeing a number of enabling sub groups to implement the self care agenda in the Rochdale Borough including: COPD pathway, Diabetes Pathway, Comms and engagement and Training and Information Development.

Part of this work has highlighted that the Self Management Service for Rochdale, which is currently delivered by PAHT, is under developed due to under utilisation, under resourced and further comms & engagement required to promote the service. The Programme Lead presented the business case at the last Prevention and Access Board. The service forms an integral part of the HMR Self Care Strategy to improve health and wellbeing of HMR’s population, through focusing on activation and engaging people to self-manage LTC’s and so reducing demand on health and social care services. The service is key to deliver the disease specific pathways being developed within the self care programme. The pathways are attached to the aims of the locality plan around activation and self-management of people with COPD, Diabetes, CVD, Cancer and Mental Health. The board is asked for an update on the progression of the proposed funding for the service enhancement.

**Outcomes:**
- Finance: The is a small YTD underspend of 3k, due to delays in staffing. Staff are now receiving training so assurance is provided that finances will soon be on track.
- Risk: In light of the finance expenditure review there is currently a high level of uncertainty as to whether the self management service business case will be able to be supported which is seen as a key enabler of the self care strategy

### Reducing Diabetes:
The NDPP programme is already underway and is performing beyond expectations as per previous information provided. A review of the Outcome data is being undertaken. Initially we are looking at the top 6 practices that are engaged with the programme to establish the outcomes for patients in terms of their Hba1c blood count which is an indicator of risk of diabetes.

**Outcomes:**
- Finance: £51k underspend due to staffing costs which is still bring funded by NHSE. A change control request has been completed to offer this underspend back up to the central pot.
- Risk: There is a risk that the service can run out of referral numbers with many being made but not resulting in a successful completion of the course. Mitigating actions: working closely with providers and NHSE to manage this.

### Smoking in Pregnancy:

- The numbers accessing the incentive scheme (47?) is the highest in GM, the conversation rate to 4 week quits is lower than expected.

**Outcomes:**
- Finance: There is a YTD underspend of £28k this is primarily made from the phasing of the system change and training budget, however assurance is provided that this will be contained within the financial year.
- Risk: There is a risk that the specialist midwife who is the key post in this project is on long term sick leave. Commissioners are meeting with the provider to discuss performance improvement and the contingency plans for the staffing absence.

### Children’s Oral Health:
Children’s Oral Health project continues to have impact in Schools and Sure Start Centres as well as Private Day Nurseries. 55% of children in the identified cohort have had fluoride varnish applied so far which is above the 18/19 target of 50%. A Syr old dental survey is underway to establish interim data to arrive May 2020, actual final data for this programme won’t be seen until May 2022.

A high number of sicknesses in schools at Christmas have created a pressure, therefore new clinic days have been allocated to make up the loss of clinical time.

A Facebook page linking to School nurses has been developed to highlight the Fluoride application and to promote parents to complete consent forms.

**Outcomes:**
- Finance: Deflections not expected until 2019/20. TPI’s currently in development.
- Risk: There are no red risks to report for this intervention.

### Accidents in the Home:
The Intervention is currently supporting the reduction of accidents in the home and covers the installation of equipment in the home including; child proofing homes to avoid injury. The works also incudes advice and guidance on avoiding accidents and prevention. The intervention is currently funded by CCG (managed by Public Health) and a review will take place on the scope direction and timelines of the intervention moving forward.

Greater Manchester Fire and Rescue Service are the deliverers, however due to other commitments and organisational changes they are unable to meet the demands for the scheme.
To ensure that the scheme continues to meet the set targets GMRFS have sub-contracted Homestart to assist in the delivery

**Outcomes:**
- Finance: Transformation funding from 19/20 as is currently funded by CCG (managed by Public Health)
- Risk: There are no red risks to report for this intervention.

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**10,000 Q2 has seen an slight insignificant increase 254.7 2017/18.**
<table>
<thead>
<tr>
<th>Intervention Name</th>
<th>Annual Values</th>
<th>Mobilisation RAG</th>
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<td><strong>TOTAL</strong></td>
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These figures are based on 2 members of staff (currently in post). In January 2019 there will be 5 members of staff in post, therefore the project is forecasted to exceed scope within the period. The winter months conversion rate is applied this would suggest that 71 children were deflected from a NEL. In the period of 2017/18 40 % of children attending Oldham A and E were converted to a Non Elective Admission. If this Predictions for the purpose of this project were that 10% of avoided attendances would have resulted in a NEL with a deflection target of 240 for 18/19. If the 713 children are deflected from Urgent Care and a 10% this period self-reported that if they had not accessed this service they would have otherwise attended and Urgent Care setting. This provides evidence that 713 children that were deflected from Urgent Care setting.

The new premises for Heywood will soon be near completion, Derby Street Children’s Centre has been remodelled allowing the whole of the locality team to be situated alongside health and children services colleagues. A stock take of the FSM has been undertaken this has been presented to the FSMPB who have requested further exploration across some of the themes, the FSM Strategic lead is developing a working group to look at these areas in more depth. This working group will also aim to revise deflections where required for 2019-2020.

The first of the strengthening practice training is near to completion, an interim evaluation will be undertaken with those who have completed the training.

There are ongoing risks around deflections, description below, however there is one red risk around: Implementation of a radical and collaborative model is unsuccessful due to political or financial factors.

Risk: There are ongoing risks around deflections, description below, however there is one red risk around: Implementation of a radical and collaborative model is unsuccessful due to political or financial factors.

Mitigation: The current provider of Children’s Community service has indicated intention to disinvest due to financial implications; as a main stakeholder in the FSM and Alliance Model it is necessary to consider and explore different options. An options appraisal will be presented to ICB in the near future.

Finance: As previously reported, there is currently a YTD underspend of £86k, however, mitigating plans and actions have been signed off resulting in a balanced financial position.

Outcomes: The programme continues to achieve the Transformation Performance Indicator in relation to the number of Early Help Assessments carried out; as of the end of November there have 2362 Early Help Assessment initiated; this is an increase of over 30% in comparison to same period last year. The numbers of Early Help Assessment supported and initiated by the locality team continues to be the highest number of open Early Help Assessment which demonstrates teams are continuing to raise awareness and support agencies.

We are now able to flow attendance at PNP with attendance at A and E. Recent findings are as follows:

- The first cohort of the strengthening practice training is near to completion, an interim evaluation will be undertaken with those who have completed the training.
- The programme continues to achieve the Transformation Performance Indicator in relation to the number of Early Help Assessments carried out; as of the end of November there have 2362 Early Help Assessment initiated; this is an increase of over 30% in comparison to same period last year. The numbers of Early Help Assessment supported and initiated by the locality team continues to be the highest number of open Early Help Assessment which demonstrates teams are continuing to raise awareness and support agencies.
- We are now able to flow attendance at PNP with attendance at A and E. Recent findings are as follows:
  - Within a 6 month period (May-Oct) the PNP service saw 1680 children in a community clinic. 1609 of those did not attend an Urgent Care setting after seeing a PNP within a 3 month period. 44.3 % of parents within this period self-reported that if they had accessed this service they would have otherwise attended and Urgent Care setting. This provides evidence that 713 children that were deflected from Urgent Care setting or A & E within the 6 month period.
- Predictions for the purpose of this project were that 10% of avoided attendances would have resulted in a NEL with a deflection target of 240 for 18/19. If the 713 children are deflected from Urgent Care and a 10% conversion rate is applied this would suggest that 71 children were deflected from a NEL. In the period of 2017/18 40 % of children by delivery of ‘steady state’ in CSC which, at present is not being achieved, therefore further work needs to be with the PNP team to support in developing mechanisms to extract the FSM cohort from business as usual.

Key messages to ICB: One System Approach
- The programme continues to achieve the Transformation Performance Indicator in relation to the number of Early Help Assessments carried out; as of the end of November there have 2362 Early Help Assessment initiated; this is an increase of over 30% in comparison to same period last year. The numbers of Early Help Assessment supported and initiated by the locality team continues to be the highest number of open Early Help Assessment which demonstrates teams are continuing to raise awareness and support agencies.
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Key messages to ICB: Paediatric Nurse Practitioners
- Following the supported recruitment of an additional 3 Band 6 Trainee posts, there are now 2 of 5 PNP’s in Full Time Posts and an additional 3 in full time training with a view to delivery in January 2019.
- The new premises for Heywood will soon be near completion, Derby Street Children’s Centre has been remodelled allowing the whole of the locality team to be situated alongside health and children services colleagues. A stock take of the FSM has been undertaken this has been presented to the FSMPB who have requested further exploration across some of the themes, the FSM Strategic lead is developing a working group to look at these areas in more depth. This working group will also aim to revise deflections where required for 2019-2020.
- The programme continues to achieve the Transformation Performance Indicator in relation to the number of Early Help Assessments carried out; as of the end of November there have 2362 Early Help Assessment initiated; this is an increase of over 30% in comparison to same period last year. The numbers of Early Help Assessment supported and initiated by the locality team continues to be the highest number of open Early Help Assessment which demonstrates teams are continuing to raise awareness and support agencies.
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**Theme: Primary Care**

**Theme Lead: Sarah Crossley**

**Delivery Mgr: Sarah Crossley (Focussed Care Workers) / Keith Pearson (Clinical Pharmacists)**

**PMO:**

### Intervention High Level Description

**Clinical Pharmacists** - Clinical pharmacists working with GP practices to support them to reduce inappropriate prescribing and increase efficiency. Pharmacists will work collaboratively and closely with practices to support patients with long term conditions, such as COPD/Asthma by tailoring their medications for their needs based on new guidelines.

**Focussed Care Workers** - Focussed Care Workers work with General Practices across HMR to support people & families with complex health and social care needs that present to GP’s with wider psychosocial wellbeing issues, that are not able to be addressed at a GP appointment.

#### THEME EXECUTIVE SUMMARY: Mobilisation / Status

- Focussed Care is full mobilised with workers now embedded within GP practices.
- Clinical Pharmacists is not fully mobilised with currently 1.4 FTE locum pharmacist working across the borough.

### Outcomes

- Focussed Care has no assigned deflections, but is currently at target in relation to support delivered and service by the delivered.
- Clinical Pharmacists is not on track in terms of set outcomes, however work is underway to re-scope to determine expected financial savings.

#### Risk

- The largest risk to this Theme is the OTC consultation within Clinical Pharmacists

#### Finance

Theme Lead Exec Summary - Clinical Pharmacists:

In terms of the future development of the project workshops with representation from RHA, LCO and Clinical Lead for prescribing have discussed current issues and future possibilities of the programme with a number of actions & next steps.

Work on-going for year two savings areas and the level of investment required through the transformation fund to achieve the plans savings: Dietician, Diabetes clinical pharmacist specialist, Potentially 86 for care homes, Band 6 Pharmacy Technician money to increase input into care homes – where patients are on lots of medicines (some will be inappropriate) Techs currently don't go into care homes, but work in practices who have these as registered patients.

Secondments for staff already working within Northern Care Alliance will be explored.

Currently 1.4 FTE clinical pharmacist in post supporting GP in the delivery of Care+2. These are likely to be working by 31 March 2019.

Transformation budget this year may be underspent, meeting with finance to look at this and clarify the exact spending year to date and year to go.

Joint Prescribing efficiencies steering group established & workplan developed

### Theme Lead Exec Summary - Focussed Care Workers:

Pilot project started for Middleton & Heywood for 2 days per week for those without full time coverage – positive uptake so far . Continuation of pilot expansion planned next month

Staff now settled in practices to reflect current capacity – one role successfully recruited to back-fill vacancy. Foundation and annual appraisals completed for current staff cohort

Commissioner/provider assurance meeting took place to review progress, outputs and uptake - Provider to develop and share more patient case studies going forward

Workshop planned Jan 2019 for practices new to Focused Care

Practice meetings continuing across the borough

Theme Lead Exec Summary - Clinical Pharmacists:

Outcomes:
- Focussed Care Workers work with General Practices across HMR to support people & families with complex health and social care needs that present to GP’s with wider psychosocial wellbeing issues, that are not able to be addressed at a GP appointment.

### Risk

- Red risk - OTC consultation. Engagement with local people is required, planned commencement in Q4 2018/19. HMR CCG commissioning statement to be considered and approved. Results of engagement to be considered in Q1 2019/20 and operational plan developed and approved. Following definition of training requirements funding approval required.

#### Outcomes

- The overall position of all GP practices in achieving prescribing targets and the % of practices achieving financial targets associated with transformation monies

### Theme Lead Exec Summary - Clinical Pharmacists:

- Clinical Pharmacists is not on track in terms of set outcomes, however work is underway to re-scope to determine expected financial savings.

### Theme Lead Exec Summary - Focussed Care Workers:

- Clinical Pharmacists is not fully mobilised with currently 1.4 FTE locum pharmacist working across the borough.

### Risk

- Amber risk Currently there are 4 GP practices that do not wish to engage with the project, reducing full borough wide coverage.

### Finance

Expenditure is fixed due to contract cost. It was originally estimated that 12 to 16 focussed care workers would provide full coverage, with the provider working to recruit 16 focussed care workers before the end of the financial year. This does not effect expenditure because this is within the scope of the outcomes-based contract.

### Outcomes

- There are no deflections associated with this Intervention, however it is anticipate that this project will support in the delivery A&E deflections identified in the Prevention theme.

- There have been 562 individuals/families supported by Focussed Care workers since the commencement of the service in March 2018, with an overall target of 800 by March 2019.
**High level description of interventions:**

**Living with & Beyond Cancer:**
Proactive care planning and support for people living with cancer, and who have survived cancer. Earlier diagnosis of cancer project introduces ‘straight to CT’ and ‘vague symptoms pathways, which enables patients to be referred for a CT scan to detect cancer earlier. Cancer -haematology blood withdrawal project aims to reduce unwarranted variation in clinical practice.

**IECP (Integrated Elective Care Pathway):**
Partnership of 4 providers delivering integrated, end-to-end pathways of care for ENT, gastroenterology gynaecology, orthopaedics and urology. Supported by advice and guidance, single point of access and clinical pathway improvement.

**IECP2:**
This is the second phase to integrate and streamline access to elective care looking at the specialties within Ophthalmology whole-system transformation, Integrated MSK partnership, general surgery and referral (SEEM).

**Long Term Conditions Acute:**
This intervention uses Right Care and other data to identify areas of variation in service activity. The projects aims to work with providers to reduce the variation and increase the efficiency of the service provided. Specialties currently include Cardiology single point of access and pathway improvement, Digestive disorders transformation, Respiratory transformation and Neurology.

**Pain Services:**
Implement a new community pain service providing a range of evidence-based biological, psychological and social interventions. Support appropriate patients to transition from a traditional medical-model of pain management to the new service. Work with GP practices and providers to reduce opiate prescribing.

**Theme: Planned Care**

**Theme Lead: Karen Kenton**

**Prog Mgr: Shabnam Sadar**

**PMO:**

### IECP Planned

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**Financial:**
- Service has not yet mobilised and is due to commence in January 2019, impact to expenditure profile -93k.

**Risk:**
- There is a amber risk relating to delays in implementation due to a Nurse leaving the service and providing adequate training to the new post holder.

**Outcomes:**
- TPI's are currently in draft form and are in the process of being finalised with a reporting mechanism and dashboard to understand the current position for direct and indirect deflections.

**The Living With and Beyond Cancer (Cancer Pathways):**

Living with a beyond cancer project is progressing well with 31 referrals received to date. The service continues to be promoted promotion at GP forum, Practice Managers forum, Practice Nurses forum, Oncology forum all local service within Northern Care Alliance, local communities and local health centers and shopping centers throughout HMR. Social media pages are now in place and running (Facebook & Twitter).

The first Health & Wellbeing event was held on 7th December 2018 at Rochdale Town Hall, the event was well attended by all services and voluntary sector. Next events planned for 20th March 2019 (Middleton), June 2019 date to be confirmed (Heywood), September and December planning ongoing.

The team is now embedded in local cancer groups and GM Improvement Group, are known to local support groups and voluntary services and attending INT huddles.

**Finance:**
- Mobilisation delays impact to expenditure profile -78k.
- Risk: No red risks to report.
- TPI’s: TPI’s are currently in draft form and are in the process of being finalised with a reporting mechanism and dashboard to understand the current position for direct and indirect deflections.

**Early Diagnosis of Cancer**

**Direct Access CT Suspected Pancreatic Cancer**
Project launch was expected to be January / February 2019. Due to being unable to secure a meeting with the Radiology Directorate Manager due to leave over Christmas and early January an initial delay to mobilisation of 5 weeks is now expected. Work that still needs to take place is agreeing referral criteria, formulating the referral form, KPI’s and relevant data collection to measure service success. Realistic launch date is 1st April 19. Paper to go to March CPAP outlying potential savings.

**ACE 2 GM Pilot for vague symptoms**
HMR was hoping to join the GM pilot through the establishment of a service at Rochdale Infirmary. There has been difficulties in securing commitment from the Upper/Lower GI Directorate due to her capacity. Radiology are unable to commit at this time due to capacity issues (short staffing). Radiology Clinical Director has been approach by GM Cancer Programme Manger to try and come up with a plan of action. The staff who have been running the pilot have been given permanent positions so the service will continue on the pilot sites. They have capacity to provide a clinic at RI but this is no use without Radiology reporting on site. Unlikely that HMR will join the pilot before end of March 19 but still pursuing the establishment of a service at RI in 2019.

**Finance:**
- Service has not yet mobilised and is due to commence in January 2019, impact to Expenditure profile -93k.
- Risk: There is a amber risk relating to delays in implementation due to a Nurse leaving the service and providing adequate training to the new post holder.

**Outcomes:**
- TPI’s are currently in draft form and are in the process of being finalised with a reporting mechanism and dashboard to understand the current position for direct and indirect deflections.
IECP/IECP2/Longterm Acute & Rightcare.

Scoping of IECP 2 has been temporarily suspended whilst a review of the original IECP specialties takes place. The review will be undertaken by Utilisation Management and part of their focus will be on how successful the SPOA has been. Rough timescales for the review to take place are as follows:
- Brief to be sent over mid January for CCG to approve
- Review to take place in February
- Results to be shared with Contract Monitoring Board by end of March

Agreed full system, review of planned care. Conversation is developing around plans to move forwards.

Initiative specific updates:

Cardiology - Meeting took place between PAHT and CCG. Agreed to co-develop cost benefit analysis for the proposed SPA and pathway improvement, based on evidence of impact in Bury. The SPA has shown good outcomes but Fairfield non-elective cardiology activity is increasing. MIAA have been asked to explore this in more detail. No update as no one leading on this area at this time.

Cancer - HMR has undertaken a benchmarking exercise across a number of trusts to understand their haematology pathways and how they are coded. This is because PAHT are reluctant to accept that their pathway and coding may be flawed. This will be completed by mid Sep. On completion the report and recommendations will be presented back to the NES CCG’s and PAHT for further discussion and negotiation. PAHT were asked to go away and come back with a plan of action. Follow up meeting being organised by Bury CCG to take place in late Jan 19.

Respiratory – The Respiratory steering group have drafted an action plan. The group have been successful in applying for MyCOPD licenses from NHS England. The licenses will be targeted at people with COPD and promoting self care.

Diabetes/renal and neurology - Planning for these workstreams will be determined by impending review of planned care.

Finance: N/A, there is no expenditure associated with this project.

Risk: There are 5 red risks associated to this theme. IECP Overspend, deflection delivery, Commissioning resource and capacity, clinical coding and PAHT digestive disorder capacity. All risk are being mitigated through detailed discussions and plans and will be presented to Finance Performance and Risk.

Outcomes: A workshop has been held to develop TPIs, however, further work will be required once interventions re-scoping is complete.

#### Pain:

- Sept Activity - Agreement from PAHT and IPMS to commence phase 2 of the pain repatriation – this will include an update of the transition inclusion/exclusion criteria to allow more complex patients to transfer and transfer of the mediation review cohort
- Oct Plan - Individual funding request process for pain to be presented and discussed with clinicians at October CPAP.

Commence phase 2 of the pain repatriation – including updating the transition inclusion/exclusion criteria to allow more complex patients to transfer

Nov/Dec - There has been an increase in acute activity in M7 & M8. This is believed to be the impact of PMS referring patients back to PAHT. Meeting with PMS on 30th Jan to discuss. This may impact on deflections delivered.

Finance: Costs of delivering the community model by PMS have been funded by PMS in line with other TF schemes.

Risk: Issue - Deflection / Benefit reprofile activity currently forecasts 50% achievement of original value.

Outcomes: A workshop is yet to be arranged to develop the TPIs for this intervention.

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### 3.5 Primary Care Academy
- The ONE ROCHDALE contract has yet to be signed, contract negotiations have continued with the commissioner. Sub contract arrangements between host provider and sub-contractor starting to be progressed - expectation contract near to state of readiness for signing - awaiting latest version
- Quarter 4 submission due Jan 19
- Website development launched in November - ongoing updates to be made to this over the coming weeks, portal for staff to sign in is being completed and also a training calendar.
- Editorial and full page advert has been submitted to Revolution Radio detailing the work the Academy will do and advertising Health Ambassadors and apprenticeships available. This magazine goes out to approx. 30,000 people across HMR.
- Successful bid for GP Retention funding.
- Successful meeting with the First Practice Management team to offer Enhanced Care Navigator Training to staff - this is set for Jan 28th and 8th Feb 2019.
- Hot Topics scheduled for the 12th January 2019.

### 3.8 Core+2
- The ONE ROCHDALE contract has yet to be signed, contract negotiations have continued with the commissioner. Sub contract arrangements between host provider and sub-contractor starting to be progressed - expectation contract near to state of readiness for signing - awaiting latest version
- Quarter 4 work commenced re submission requirements - evidence of progress achievement of 85% of targets plus updated mobilisation and risk registers
- Quick Start programme commenced - Group based (GB) session 1 held December. GB 2 due 8/1/2019. All others scheduled in and one to one work with 11 practices agreed.
- Workflow optimization - development of implementation and roll out plan
- Online Consultations - roll out taking place
- Standard Operating procedures in development - timetabled roll out of all 10 between Dec - March 2019
- Continued practice specific intervention meetings in place alongside actions and timescales for improvements
- Partnership Group Meeting held 3rd Jan 2018

### 4.1a Expansion of Integrated Neighbourhood Services (Enhanced Respiratory)
Test of change continues with one member of staff based at FGH. Matron education sessions are completed. HMR respiratory steering group due to meet again end of Jan.

Ref’s to COPD response in Dec were 63 which although is a reduction compared with Oct & Nov is a number that service capacity can cope with, whilst we don’t have the 6th day up and running.

### 4.1a Expansion of Integrated Neighbourhood Services (Falls & Frailty)
Longest wait in Neighbourhood’s is 9 weeks, average is 4 weeks for the service whilst still not being fully staffed as 1 x Band 5 Physio post is still out for recruitment.
4.2 Expansion of Intermediate Tier Services

**Expanded ITS via SPOA:** Recruitment continues for 1wte B8a post, however there is currently not a pressure on capacity. The team continue to promote the service to GP’s and we will be working with our communications team to develop a service brochure. The opportunity to self-referral will be trialled from December for those patients known to the service. The team are reviewing daily those HMR patients who attend A&E from care homes that the team may have been able to intercept and going back to the care homes to discuss. Number of referrals to UCCT in November was 92 against the 17/18 baseline of 77 per month.

**IV Service:** Attempts continue to increase activity in the IV Therapy service via promotion of service to GP’s, service literature and attendance at GP forums/meetings. There have been a total of 17 step up referrals in November (85 YTD)

**Care Home Extra Support:** Roll out of Care Home Extra Support is progressing well across the Neighbourhoods with the team visiting GP practices to engage and promote the service. 45 referrals were received in November. They are also exploring direct referrals from NWAS C3.

4.5 Domiciliary Care INT

- Strengths based training has been presented to providers in December.
- Risk re reductions in care packages still exists - update on position will be given in next month’s highlight report.
- Risk regarding community projects exists - a meeting with Heywood and West providers Cherish and Care4U is planned to review how these can be up-scaled on a pilot basis. There has been variance in the engagement of providers, and other emerging issues re transport is being explored.
- Further strengths based approach training has recently been delivered and is starting to be embedded; however this has delayed the development of community projects.
- Community catalyst specification is being drafted
- Apprentice placements working well

4.6 Care Home - Integrated Neighbourhood Teams

**Millfield:**
- Nominations panel has been successfully transferred to the complex case panel procedure.
- 6 of the 17 EMI beds have been filled, with 2 further pending placements. 2 of the 7 Complex beds have been filled with 1 further pending placement. Red risk exists around large number of voids and the financial impact of this, a meeting is being held with care management, finance and commissioning to review position and review proposal to allow for OOB placements.

**Care Homes:**
- Operational group meeting planned with stakeholders for early Jan.
- RHA nurses recruited to
- Independent homecare representative commences on the 14th January 2019
- CHES service delivering deflections

**L4L Chair Based Exercise Project:**
- Attended Caring Together network meeting and shared proposal for expressions of interest for the AMAZ training - expressions of interest due by 31st Dec 18 so providers can be signed up for training to commence in Jan 19.

4.9 Complex Dependencies

Advanced Practitioner has confirmed the view that the CD Hub will not meet the current health deflections that are attributed to them. The work carried out by the CD Hub is predominantly anti-social behaviour and nuisance focused. It has therefore been agreed by all that they are not delivering health deflections initially set out by their transformation funds bid. Advanced Practitioner has submitted an impact analysis report, which analyses the impact on service users if the CD Hub were to close, to senior managers on 14/12/18. A decision is due to be reached mid-January 2019.
In addition to this view, it is worth noting that the Advanced Practitioner recognises the CD Hub as more of an ‘enhanced engagement and advocacy’ service. He feels that there is definitely a place for a complex dependency service, and his intention is to make recommendations as to what this could look like. However, there is uncertainty as to where funding may be sourced for this post August 2019 and this would have to be a discussion amongst Senior Managers in RBC.

### 4.10 Substance Misuse & Alcohol Liaison Alignment

The Band 6 Alcohol Nurse position has now been recruited to and the successful candidate commenced in post on 27/11/18. This means that hospital to home detoxes for Rochdale residents in any of the 4 hospital sites can now re-commence. Shortlisting for the 2x MH specialist dual diagnosis workers has concluded and the interviews will take place w/c 10/12/18. All vacant posts should therefore be filled by 14/12/18 meaning deflection targets can hopefully be met. An update with regards to whether the vacancies have been filled and start dates has been sought and will be reported in the January 2019 highlight report.

A change control document requesting to extend contracts and use unspent monies due to posts being vacant for a number of months was approved. The Band 3 alcohol worker to April 2020, Band 6 alcohol nurse to August 2020 and the Grade 6 project officer to June 2019.

### 4.12 High Cost Placements/Shared Lives

This scheme was agreed to be removed from the in-scope services of ORHC following the Black Hat session. This is requested to be approved as part of the Black Hat aggregate report at ICB in November.

### 4.13 Enhanced Carers (Joint Scheme with RBC)

**N Compass:**
- A proposal to upscale this project from the initial 6 GP practices to borough wide is being reviewed internally; a meeting is planned for Jan 19 to agree the proposal and proposed up-scaled deflections/KPIs.
- December deflection data not yet available from provider for Dec.

**Making Space:**
- Contract meeting took place where concerns were expressed about the ongoing delivery of the contract. RBC has asked for monthly management information but the information received has repeatedly not been accurate or robust. Inaccuracies in the data make it difficult to measure the impact of the contract and as such RBC cannot accurately evidence whether the contract is being delivered effectively results in concerns around performance in relation to meeting the terms of the contract.
- Given the value of the contract and the ongoing performance issues is spite of the support provided to Making Space to address identified issues, RBC will be taking Default Action within the terms of the contract.
- Risk in regard to recruitment/staffing has been downgraded as a team leader has been successfully recruited and started, and all befriending co-ordinator posts are filled. Risks in regard to contract and delivery still stand. Making Space have outlined a service action plan which aims to implement volunteer recruitment targets for staff and processes and procedures established for volunteers and staff to report on volunteering hours and management information.

### 4.15 Night Services Project

- Feedback from Cherish is that the night service was very busy over the Christmas period
3.1 MH Plan – Primary in MH INT (Trauma Training/Clinical Psychology in an INT Team)

The resource RAG remains amber for this work stream, the principle Psychologist does not have access to clinic rooms to see patients, patients are currently being seen at home which is not therapeutic and a smaller number of patients are being seen due to travel time. A request has been submitted to the CCG on the 7th Jan for confirmation that the Trust will recharge the CCG for the costs incurred for use of the room- awaiting outcome. This is impacting on delivery of the service and remains as a risk to service delivery.

There are no risks/issues identified for the Trauma training, the programme is running successfully.

4.32 MH Plan - Urgent C-care Offer (Safe Haven Inc. Community Therapy Programme/Supported Discharge Home Treatment/RAID Additional Support)

RAG status for resource changed from amber to red due to the estates delay. Estates construction work was due to commence on the 06/01/2019 with completion date of 10/02/2019. The project cost following return of tenders is considerably over budget. The Capital Projects Team at Pennine Acute have requested the detailed priced bill from the contractor to identify the reason for the high cost. The construction work cannot commence until the costs have been finalised.

There has been progress in recruitment of staff however not all posts have been recruited to successfully, remaining unfilled posts are back out to recruitment.

4.33 MH Plan - Out of Hospital Offer (Living Well Hub / Clozapine in the Community / Enhanced Access & Crisis Offer / AMHP Rochdale)

Living Well Hub - Remains amber for this month, 8a Service Manager has been appointed, start date 4th Feb 2019.
AMHP - Mobilisation changed to green this month - Service operational from the 10th Sep and all staff in post.
### 4.7 Palliative Care & EOL

**Bereavement Counsellors:**
- We have 21 clients currently on the waiting list - 4 are from November and 15 from December, with a 6 week waiting time. We are now offering appointments to patients referred after 15th November 2018. A volunteer counsellor will be starting in January 2019 and will be seeing three clients each Saturday.

**Advanced Care Planning:**
- Advanced Care planning training and support continues throughout the borough from numerous teams.

**Access to Medicines:**
- Ongoing engagement with the LPC from meds management to discuss and implement the revised service specification.

### 6.1 HEATT Service

- Second car mobilisation delay linked to issues with NWAS
- Risk register updated to reflect
- Letter from S Taylor to D Cartwright to express concern and ensure mobilisation continues as planned
- Awaiting activity update for December data - will report in Feb

### 6.3 Discharge to Assess (Joint Scheme with RBC)

- Information re excess bed days to be established with PMO to gain formula to establish whether deflection targets and savings are being met - this still has no information to date
- Bed occupancy in November was 30 beds with average length of stay 10.3 days which has been increase slight increase but still within the 14 day time scale set.
- Recruitment to the four posts in adult care to support with winter pressure is still in process.
  Support from neighbourhood teams with IDT at hospital sites continue when demand requires this will require monitoring to the impact on community provision.

### 6.5 Primary Care/Urgent Care Interface Re-Design

- Viability of original project ambition agreed to be out of sync with local ambitions for Urgent Primary Care.
- No movement on this work pending outcome of the MIAA review, which will result in clearer mandate around Urgent Primary Care for the system.
- Discussions are still developing ideas around future models to deliver Urgent Primary Care in anticipation of the MIAA report outcome and provide movement at the earliest possible opportunity for the Rochdale Borough.
EASY Hubs: This Period: Community Connectors form part of the ‘EASY Hub’ offer. Stage 1 is live and staff have been moved in. Formal occupancy arrangements have been agreed for the 4 locations. Interdependency with Safe Haven at Rochdale Infirmary has been worked through from an operational and tenancy perspective. Cabinet paper regarding leases to be deferred; requires clarity regarding usage of space and sharing space with safe haven at the infirmary.

For stage 2, an Outline Business Case has been drafted and issued to NHS England, response awaited. Phase 2 will only be progressed after a review of the current service has been undertaken (6-12 months). In addition, some Better Care Funding has been allocated to enable some of the capital remodelling works, if required. Other options for utilising this funding can be explored via the Locality Asset Review in line with the BCF funding criteria. As of November 2018, the public engagement and promotion of use has increased significantly and will continue throughout January 2019. In February 2019 there will be a review of activity levels and outputs. This will help determine whether the NHSE funding is still required for its original purpose.

Next Period: Continue the monitoring of the service over a 6-12 month period. Sign off leases for stage 1. Review the requirement for stage 2.

Mental Health Living Well Hub & Safe Haven: This period: A Mental Health Living Well Hub and Safe Haven Steering Group has been established to progress this work at the Rochdale Infirmary. A temporary location has been identified for the Community Connectors whilst the works are being undertaken. The planned scheme completion was the 10 February 2019. Works were due to start on 7 January 2019 but tender prices received from the contractor are significantly over the originally estimate for the works. This is being reviewed and challenged but will impact on the completion date and new timescales are yet to be determined. Staff recruitment is underway and as an interim solution recruited staff will be trained up ready for when the site is completed whilst utilising alternative space onsite.

Next Period: A focus on finalising the tender agreement with the chosen contractor with a view to works commencing imminently.

Urgent Care GP Streaming: Currently under review.

Locality Asset Review: This Period: The stage 3 LAR workshop report was issued in draft on the 16th November 2019 and initial feedback has been collected. The report has been tabled at the SEG meeting and will be updated in January 2019 in preparation for Cabinet, Governing Body and LCO meetings.

The Stage 1 Report has been issued, Stage 2 is ongoing and will be presented by September. Capacity modelling and collating associated data but there are some gaps e.g. future population projections by Neighbourhood. Also need to clarify existing and future activity (incorporating deflections) by theme / sector. This is key for the spatial modelling to assess how much space (and what type) may be needed in the future compared to what is available to identify any gaps. Stakeholder engagement is ongoing and links have been made with the INTs, Township Officers and Cllrs.

Next Period: Capacity modelling. Stakeholder engagement. Finalise Stage 3 of the LAR.

Risk: The service model and specification for the Safe Haven are required before the Estates Theme can progress with the remodelling of the EASY HUB (daytime service) space, which will be utilised for the Safe Haven during the night from 5pm - 8am. The remodelling works are likely to take 4-6 weeks to complete, however there is a risk that the service mobilisation will not happen until January 2019. PCFT are developing a detailed specification for the remodelling works at the EASY Hubs at RI and all recruitment will commence so that all staff are in post by January 2018. INTs and linking with social care teams.

Budget vs. Expenditure:

Theme Lead Exec Summary: ESTATES The two main areas of focus from an estates perspective remain to be the EASY Hubs and the Mental Health Living Well Hub & Crisis Café. This highlight report also provides a progress update on the Locality Asset Review and Rochdale Infirmary Masterplanning.

EASY Hubs: This period: the EASY Hubs are now live and staff have been moved in. Formal occupancy arrangements have been agreed for the 4 locations. The EASY Hubs are part of the ‘EASY Hub’ offer, and the services are currently operational. The decision to defer the leasing of the EASY Hubs has been made, and the process is underway to negotiate the lease agreements.

Risk: The risk is that the EASY Hubs may not be completed on time, impacting on the implementation of the EASY Hub offer. The risk management plan is being updated to reflect this.

Next Period: Continue to monitor the progress of the EASY Hubs and ensure that the leasing process is completed on time.

Mental Health Living Well Hub & Safe Haven: This period: The Mental Health Living Well Hub and Safe Haven Steering Group has been established to progress this work at the Rochdale Infirmary. A temporary location has been identified for the Community Connectors whilst the works are being undertaken. The planned scheme completion was the 10 February 2019. Works were due to start on 7 January 2019 but tender prices received from the contractor are significantly over the originally estimate for the works. This is being reviewed and challenged but will impact on the completion date and new timescales are yet to be determined. Staff recruitment is underway and as an interim solution recruited staff will be trained up ready for when the site is completed whilst utilising alternative space onsite.

Next Period: A focus on finalising the tender agreement with the chosen contractor with a view to works commencing imminently.

Urgent Care GP Streaming: Currently under review.

Locality Asset Review: This Period: The stage 3 LAR workshop report was issued in draft on the 16th November 2019 and initial feedback has been collected. The report has been tabled at the SEG meeting and will be updated in January 2019 in preparation for Cabinet, Governing Body and LCO meetings.

The Stage 1 Report has been issued, Stage 2 is ongoing and will be presented by September. Capacity modelling and collating associated data but there are some gaps e.g. future population projections by Neighbourhood. Also need to clarify existing and future activity (incorporating deflections) by theme / sector. This is key for the spatial modelling to assess how much space (and what type) may be needed in the future compared to what is available to identify any gaps. Stakeholder engagement is ongoing and links have been made with the INTs, Township Officers and Cllrs.

Next Period: Capacity modelling. Stakeholder engagement. Finalise Stage 3 of the LAR.

Risk: The service model and specification for the Safe Haven are required before the Estates Theme can progress with the remodelling of the EASY HUB (daytime service) space, which will be utilised for the Safe Haven during the night from 5pm - 8am. The remodelling works are likely to take 4-6 weeks to complete, however there is a risk that the service mobilisation will not happen until January 2019. PCFT are developing a detailed specification for the remodelling works at the EASY Hubs at RI and all recruitment will commence so that all staff are in post by January 2018. INTs and linking with social care teams.

Budget vs. Expenditure:
**Graphnet:** This Period: The Data sharing framework was signed off in October 2018 and there are currently 25 GP practices signed up with formal agreements in place. Other providers have also signed up, including PAHT, BARDOC, RBC and Springhill Hospice. Technical go live commenced on 3rd December 2018 and the data now includes information from the Patient Demographics Service, PAHT Admissions, Discharges and Transfers, as well as some data from Adult Social Care. Graphnet are working on an issue with GP feeds that needs to be resolved before the 25 signed up GPs can be activated for sharing into the system, this is expected to be resolved imminently.

**Next Period:** Phase 2 will look at Care Plans, Self Care, Business Intelligence and Population Health.

**Directory of Services:** This Period: 17.9k users visited the DoS website from October to December 2018 compared to the equivalent period in 2017. A list of health categories have been re-worked and will be used in January to form a list of category contacts. A governance strategy was developed and approval from the Prevention & Access Board was granted in November 2018. The Google Analytics reports will be reviewed in January 2019. There is a proposal to upgrade to the back end version of the DoS website (DSS) and this option is currently being explored using existing project budget.

**EASY Hubs:** This Period: Some device connectivity issues prevail via wi-fi at the hub sites due to the way the council VPN operates; the planned Govroam solution is currently being addressed by GMSS. The council’s IT manager is looking into an interim remote access option using Citrix. In the interim the community connector staff are using My-fi 4g dongles to connect. It is now concerned that the Mental health Safe Haven at the Infirmary will not displace the community connectors.

**Next Period:** Continue to review wifi access with council IT team until Govroam is available.

**INT EMIS Community Project:** This Period: Project behind baseline but now underway with go live scheduled for October 2018.

**GM Funding for Mobile Working:** Primary Care Tablets rollout is in under way with 2 practices complete; this will accelerate in October. Social Care mobile working equipment in stock and being deployed. Pennine Care has begun to deploy mobile devices to support community based working across the locality. Pennine Acute Mobile devices deployed.

**Risk:** Graphnet: IG Framework is complex, may lead to delays, especially when interacting with IG Leads, Clinicians and Care Professionals. EASY Hubs: Delays in council completing Govroam work may cause delays in Wi-Fi availability at Littleborough and Middleton

**Budget vs. Expenditure:**

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<th>Expenditure RAG</th>
<th>Deflection RAG</th>
<th>Headcount RAG 18/19</th>
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The image contains a table with columns labeled 'Enabler Programme', 'Mobilisation RAG', 'Expenditure RAG', 'Deflection RAG', and 'Headcount RAG 18/19'. The rows represent different categories such as ESTATES, WORKFORCE, and IM&T.

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