TRAFFORD

NEW MODELS OF CARE
DELIVERING PRIMARY CARE AT SCALE

Operational Plan
2016-2017
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Executive summary

Trafford CCG, in collaboration with all GP practices, is developing a single system primary care delivery model, which will dramatically restructure the way primary care services are delivered to improve the quality and enhance access to those services.

The Trafford wide system will be delivered through the four neighbourhoods, each of which has a different emphasis on care delivery depending upon and tailored to their specific population needs.

The delivery vehicle has yet to be decided but is proposed to be radical. Options include super partnership and 'John Lewis' type models.

The reform of primary care is an essential element in the continuing work and investment that Trafford has been undertaking for several years, namely, developing an extensive integrated health and social care delivery system, in partnership with our Community care provider and council and utilising a common IT platform.

Trafford is unique in so far that it has invested in a comprehensive care co-ordination centre which is at the centre of all service delivery for Trafford registered population, facilitating delivery of all elements of health and social care. The design of this service has been extensive and inclusive of all stakeholders. The system went live in January this year and continues to expand its multiple functions.

Primary care has supported and is engaged fully with integrated and co-ordinated care and recognises that primary care reform is the concluding element, or ‘final piece of the jigsaw’.

All practices have engaged with the initial design phase of the new model and have given a clear mandate to progress full system redesign and investigation of radical delivery models and estate reconfiguration. Early adoption of some elements is in progress. A protected team with senior leadership has been established, as has stakeholder engagement.

The new model will encompass a variety of reform, recognising that current primary care provision is increasingly unfit for purpose, inefficient and has increasing workload being provided by an increasingly demoralised workforce;

There will be a single system with a single ethos, identity and ownership. Management will be reformed, centralising overall control, providing efficiency of scale and scope, through better;

- Estates management
- Human resources
- Support services i.e. IT, equipment, supplies, disposables
- Single secretarial typing function
- Scanning
- Paper record single storage/library function
- CQC support/assessment
- Standardised SOP’s

Quality will be driven up by reforming current systems. The Quality and Outcome Framework (QoF) will be replaced with a more appropriate, but no less rigorous, Trafford specific quality framework with neighbourhood specific targets. The Trafford Care Co-ordination Centre will provide the performance management mechanism, providing real time data to enable maximised performance and quality.
There will be an emphasis on supporting GM programmes and in particular, Trafford wide prevention and screening services, e.g. cancer screening and encouraging physical exercise as a pan Trafford initiative.

The workforce will be reviewed with a view to utilising skills and skill mix more appropriately, through;

- Stocktake of workforce and skills
- Appropriate pay, incentive and work/life balance
- Training and education support to widen skills resource and enable inter referral between colleagues, reducing secondary care usage for new referral/follow up, e.g. diabetes care
- Centralised locum management
- Innovative response to urgent appointment provision
- Appropriate extended and 7 day service provision
- Appropriate expansion of wider primary care workforce

Financially the new model will be self-supporting through;

- Efficiencies created by economies of scale in management and services
- Efficiencies of estate consolidation and management
- Gain share with CCG savings created through reductions in scheduled care (10% and unscheduled care (15%) and prescribing (resultant share pot of circa £15m per annum recurrently)

There will be double running costs, reducing over a 3-5 year period, which will require investment, for example as an ask to the GM Transformation Fund.

Estates are being reviewed and already in Trafford we are developing neighbourhood hubs, consolidating practices and supporting the provision of care into fit for purpose, high quality premises.

We are developing close partnership working with all stakeholders, but in particular with our stand alone community provider Pennine Care, who have formed an integrated working structure with social care services and who we envisage being a key partner in the new model.

Trafford is now combining all elements required to provide excellence in health and social care delivery, working closely with our partners in primary, social, community and secondary care, utilising the integrated and co-ordinated services already in place and as such are able to provide primary care reform at pace. This will ensure high quality health and social care services provision from a highly motivated, sustainable workforce.

Dr N Guest
Chief Clinical Officer
Trafford CCG
### Key requirements

The table below sets out the response against the key requirements identified by GMHSC:

<table>
<thead>
<tr>
<th>Definition of the population the model will cover</th>
<th>The model will cover the registered population of Trafford. The delivery of the model will be based on our four neighbourhood footprints, to ensure re-design meets the needs of each specific neighbourhood population.</th>
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<tbody>
<tr>
<td>Delivery timeline based on current status and future aspiration</td>
<td>The current status in Trafford, which includes the development of the TCCC, established health &amp; social care integration, Extended Access, Clinical Leadership Programme and Access &amp; Demand Programme, sets us in a strong position as early adopters, to work at pace to deliver the proposed changes. Our intention is to have an agreed new model of care, agreed organisational form, locally focused quality standards and an agreed contracting model for primary care by February 2017.</td>
</tr>
<tr>
<td>Contract models and organisational forms of delivery</td>
<td>The GPs in Trafford support the exploration and options appraisal of a new contract model that is fit for the future. GPs have given the mandate for this to be facilitated in collaboration with Trafford CCG, GP Federation and the health and social care providers.</td>
</tr>
<tr>
<td>Service model and scope of integrated care delivery</td>
<td>A Trafford wide single service model will be delivered on a neighbourhood footprint and will include all community and primary care services. TCCC will provide patient and business intelligence that will support the design of multidisciplinary health and social care services, co-located within the neighbourhood and centered around the patient.</td>
</tr>
<tr>
<td>Definition of Neighbourhood and Local Delivery Plans</td>
<td>There are four neighbourhoods in Trafford; North, West Central and South. Each has distinct demographics, health and social care needs. The population, place based services will be designed as part of each neighbourhood Local Delivery Plan.</td>
</tr>
<tr>
<td>Linkage through the enabler plan/vision to include workforce/IT and Estates</td>
<td>Our proposals are linked to the work highlighted in Trafford’s Locality Plan. The service model incorporates a robust workforce plan and a common IT platform across primary and community care. This is supported by the further development of neighbourhood hubs. The key deliverables are linked to existing Trafford CCG Estates and IT strategies and will work in co-operation with GM Enabler Groups.</td>
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<tr>
<td>Description of the programme governance to oversee the process</td>
<td>We have developed a Programme Board and Stakeholder Group which links into the existing CCG governance structure for the planning period 2016-17. This will ensure accountability, robust risk management and assurance of progress throughout the programme and will report through delegated commissioning committee arrangements.</td>
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</table>
| Outline plan of the approach to the development of outcomes in terms of health and wellbeing, clinical and financial sustainability | **Health & wellbeing** – we aim to better understand the needs, risks, strengths and assets of our population at a Trafford wide and neighbourhood level building on intelligence from Joint Strategic Needs Assessment.  

**Clinical sustainability** - we recognise clinical sustainability as a core and measurable dimension to services transformation that underpins quality. We will implement value and outcome based contracts that incentivise shared accountability across provider organisations and full care cycles, with GM standards above current levels.  

**Financial sustainability** - we intend to maintain a focus on access, demand and efficiency in our attempt to balance rising cost pressures against limited resources. We aim to better manage secondary care demand and unplanned admissions/attendances, reduce duplication and improve efficiency by operating at scale. |
**Strategic context**

**National drivers**

The context in which the NHS is operating has changed significantly and is ambitious to continue to do so. There is clear evidence that it has to change as how it functions now will not be sustainable for the future. The Five Year Forward View (Oct 2014) represents the shared view of the NHS’ national leadership, and reflects an emerging consensus amongst patient groups, clinicians, local communities and frontline NHS leaders. It sets out a vision of a better NHS, the steps we should now take to get us there, and the actions we need from others.

**GP Contract**

The GP contract 2016-2017 for England has been negotiated and agreed between the BMA General Practitioners Committee (GPC) and NHS Employers on behalf of NHS England. Changes to the current GP contract will be reviewed over the lifespan of this programme of work. Any change or increased flexibility should be fully utilised to help bring about the strategic change that is needed.

**New deal for general practice**

The Secretary of State has described commitments to general practice under four key headings; a) workforce, b) infrastructure, c) reducing bureaucracy and d) helping to support struggling practices. The new deal for general practices aims to review the way quality of care is assessed. In return there is a requirement for GPs to work towards:

- offering appointments seven days a week
- assuming social prescribing responsibilities
- playing a more prominent role in public health
- taking ‘real clinical responsibility’ for patients

**Local drivers – Greater Manchester Health & Social Care**

In February 2015, the 37 NHS organisations and local authorities in Greater Manchester signed a landmark agreement with the Government to take charge of health and social care spending and decisions in our city region, from April 2016. The scope of the agreement includes the entire health and social care system in Greater Manchester, including adult, primary and social care, mental health, community services and public health. The second part of the agreement provides a framework for strategies around governance and regulation, resources and finances, the property estate, health education, workforce and information sharing, and systems being brought together.

Integrated care in Greater Manchester will focus more on preventative work in the community – putting plans in place to keep people well and as independent as possible. For example, people with long-term conditions like asthma or heart conditions will be treated by specialists in the community as much as possible, only going to hospital when necessary.

This is a significant landmark opportunity to make the greatest and most significant improvements to the health and well-being of our residents. This will not be without challenges, but presents a chance for health and social care organisations to make a step change in the way we do things; to improve outcomes, increase independence and reduce demand on public services.
Trafford Partnership - Locality Plan

Aims:

› Consistently achieve local and national quality standards
› Deliver an increasing proportion of services from primary care and community services in an integrated way
› Reduce the gap in health outcome between the most and least deprived communities in Trafford
› Ensure a financially sustainable health economy

The Trafford Partnership Locality Plan is a joint commitment between Trafford CCG and Trafford Council, describing how we aim to safeguard the great things about Trafford and also presents exciting developments and opportunities, pioneering new ways of working. Trafford’s Locality Plan describes the complex, bold and ambitious changes already underway to address the multiple challenges of austerity, rising population demands and public expectation.

To make these changes a reality, Trafford CCG are unique in that they have commissioned the ground breaking Trafford Co-ordination Care Centre (TCCC), the first of its kind within the country. The aim of the Centre is to provide a single point of contact for patients, their families and health professionals. It will operate like an air traffic control system, tracking patients as they move through the system, guiding them to different services.

TCCC provides a number of benefits to patients and their carers, enabling healthier life choices and support for individuals. It will lead to improved understanding and interpretation of the factors associated with a person’s condition, for the clinical and social care teams involved in providing care to them. The TCCC system will be able to deliver behavioral insights and it will help to identify health trends and efficiencies in real time. This is essential to help inform the way services will be designed and provided in the future. The business intelligence provided by TCCC will reduce the risk of clinical error; enable us to target focused programmes, make treatments more effective, improve patient engagement and promote healthy activities which will prevent ill health.

Trafford has already developed Health and Social Care Integrated Neighbourhood Teams, linked directly to the multi-disciplinary teams at each of the GP practices. The advantage of having these teams in place will enable the new model of care to be implemented at a rapid pace, as the co-dependencies are well established.

This document sets out the next stage of system wide integration, which is to develop a new model of care for primary care and out of hospital services, building on the same collaborative approach between all health and social care partners in Trafford.

This Operational Plan for 2016/17 will provide the opportunity to explore, appraise options and co-design services and processes to enable a robust and safe “go live” in April 2017.
**Asset based community development - our 6 principles for change**

Our six principles for change recognise the role of public services, along with the many solutions we can deliver better together, through co-production amongst service providers within the community.

<table>
<thead>
<tr>
<th>By 2020 this means patients will be able to:</th>
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<tr>
<td><strong>Seven day access to treatment and care</strong></td>
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<tr>
<td>- see a GP when clinically appropriate</td>
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<tr>
<td>- obtain support from adults’ or children’s social care outside core working hours</td>
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<tr>
<td>- have services such as homecare and parenting support provided to you at times that make a difference</td>
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<tr>
<td>- have your appointments at any clinic or community facility booked in a sensible order</td>
</tr>
<tr>
<td><strong>Your ability to access the right information at the right time</strong></td>
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<tr>
<td>- find out what is going on in your community that you can join in with, with people to help you find your way around, if you need it</td>
</tr>
<tr>
<td>- have the opportunity to buy services for yourself such as equipment and support through recommended suppliers</td>
</tr>
<tr>
<td><strong>Enable people to retain their independence</strong></td>
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<tr>
<td>- access services that keep you well at home, making sure you can still do the things you enjoy doing</td>
</tr>
<tr>
<td>- reach ‘same day’ equipment and adaptions supplies to help you at home and while you are out and about</td>
</tr>
<tr>
<td>- identify good education, employment and training opportunities</td>
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<tr>
<td><strong>People taking an active role in looking after themselves</strong></td>
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<tr>
<td>- tap into a range of experts through a single contact point, with information provided through one website and one phone number</td>
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<tr>
<td>- talk to staff trained in a whole range of different issues who will be equipped to advise or help with managing any of your problems…whether that is a health related issue, such as asthma, or concerns about debt</td>
</tr>
<tr>
<td>- be assured of accurate reliable, easy-to-follow information based on what works best</td>
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<tr>
<td><strong>Delivery of a financially sustainable and clinically-safe health and social care economy</strong></td>
</tr>
<tr>
<td>- experience community services geared to caring for you at home, as far as possible, whether that is through very skilled mental health support or the ability to attend community based diabetes clinics, in order to help maintain your health and keep you out of hospital</td>
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<tr>
<td><strong>Deflection of activity from inappropriate sources to manage and reduce dependency</strong></td>
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<tr>
<td>- be seen and treated in modern, purpose-built premises which are welcoming and inviting and provide the opportunity to have all your needs met in one building</td>
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<tr>
<td>- you will also know the money available to Trafford is being used well to maintain public services that can last into the future</td>
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Trafford Partnership - the journey so far

› Trafford have a strong track record of responding to new ways of working
› We achieve this by working collaboratively with all of our partners
› We have a culture of supporting innovation and continuous service improvement

Integrated health and social care

Pennine Care Foundation Trust (PCFT) is the current provider of Community Health Care in Trafford and a key partner in the integrated care programme. Core services in each neighbourhood include District Nursing, Specialist Palliative Care, Physiotherapy and a range of other services. Community services are available in either a patient’s own home, or via a number of community premises. In Trafford, our Community Services are already integrated with Trafford Council. This means health teams’ work with social care teams to ensure that care is joined up. The teams have established relationships and work closely with local GPs and the primary care teams. Further development is underway to facilitate the integration of care pathways which include a shared care record, shared IT systems and shared processes, involving the wider health and social partners.

Clinical leadership

Trafford CCG has invested in joint working with member practices to develop the Primary Care Strategy, through a Clinical Leadership Programme. The purpose of this investment has been to support:

• the wider programme of health and social care integration in Trafford
• development of collaborative working within each neighbourhood
• commissioning of services to take into account specific issues and enhanced access within each neighbourhood
• implementation of the community based standards
• each neighbourhood to deliver improved access, choice, outcomes and reduce inequalities

Each neighbourhood has identified a lead GP and Practice Manager, to map the local service provision, consider the health and social care issues affecting general practice within neighbourhood, and to engage with the CCG through a regular Locality Facilitation Group, to support and deliver Extended Access.

GP networking

Trafford General Practitioners have well established partnership working arrangements through the development of a GP Federation, Trafford Primary Health (TPH) in 2009. The majority of GP practices in Trafford have invested to secure an allocation of shares based on list size. TPH is governed through a Board of Directors with regular quarterly and annual meetings.

TPH have recently undergone a period of development to determine the future requirements, identify key development areas and explore organisational tasks and new relationships. This work currently being undertaken by TPH alongside the CCG, will help support and define new models of care and provide the clinical leadership to secure better outcomes and better care for patients.
Extended Access to Primary Care

Trafford CCG recently commissioned the Extended Access Scheme for primary care services, contracting both with individual practices and with TPH.

The contract with TPH operates as a locality service as defined within Trafford’s 4 Neighbourhoods model. TPH deliver a hub service for all practices within the neighbourhood, providing one general practitioner, one nurse practitioner with support from administration and reception. Each hub offers eight hour access of clinical time in two of the neighbourhoods on a Saturday, to increase access to routine primary care services.

As part of the Implementation Plan for the Extended Access Scheme, Trafford CCG and TPH undertook a stakeholder mapping exercise as a key element of the Communication and Engagement Plan. This exercise ensured that we were successfully able to engage with all of our key stakeholders and enable greater understanding and awareness of the Extended Access Scheme within Trafford. We will build upon this as part of our Communications and Engagement Plan for the design and implementation of the new model of care in Trafford.

Managing access and demand in primary care

Trafford CCG has also invested in a programme to review demand and access in primary care. Primary Care Foundation (PCF) has been commissioned to work with each Trafford GP practice, to analyse practice specific operational data. PCF utilise a web based tool that compares key indicators and offers practical suggestions for improving care including learning tools for staff teams. GP practices are able to benchmark their own systems and processes against other local GP practices as well as those from further afield. PCF deliver peer review workshops to discuss the findings and visit GP practices to provide follow up support where necessary. The aim is to reduce unnecessary variation, both across organisations and between individual clinicians. The evidence base demonstrates that GP practices are far more likely to adapt and adopt change if analysis/reports are based on their own data, with practical suggestions for how to make improvements. The key benefits include;

Patient safety
There are obvious benefits if patients can get through to the GP practice by phone quickly, if receptionists are alert and trained to spot signs of urgency and if the GP practice is able to respond quickly, as necessary

Opportunity to work in new ways
The analysis of data enables GP practices to realise efficiencies by working collaboratively, for example, jointly commissioning a home visit service that would ensure patients could be seen promptly, reducing the risk of cases resulting in an emergency response

Working smarter not harder
PCF analysis of GP practice data showed that many who struggle to manage demand are offering a higher than expected level of consultations – the solution is to find ways of treating patients first time rather than offering repeat consultations

Same number or less appointments, scheduled in a better way
Some GP practices experience increasing numbers of ‘extras’ at the end of the day. By rescheduling capacity and using it in different ways, patients can be seen when they want in a way that is planned and makes life easier for doctors, nurses and the reception team

This programme of work is in place for 2015/16, targeting individual GP practices, with follow-up workshops at a neighbourhood level.
TCCC – how does it work?

Trafford Care Coordination Centre is an air traffic control centre
It’s about guiding and tracking patients through the system
Checking best practice applied
Sign-posting patients to services
Providing feedback and analytics to the health economy
Changing in the way we plan and manage resources

The TCCC will review patient needs resulting in their onward journey being mapped out on a patient care pathway. Once the patient is assigned to a particular pathway, their ongoing management is overseen by a single care coordinator who is be responsible for arranging all their outpatient appointments, social care support and transport to and from hospital. The Centre is able to provide “live” intelligence that will inform commissioning decisions and help to redirect resources to meet short and longer term service demands. This is invaluable to track patient activity and behaviours to enable robust service re-design and provision in the future.

TCCC – Phase 1

The TCCC became operational in January 2016. Already, the service is providing valuable services and information to patients, carers and healthcare professionals as part of Phase 1 of the development:

- clinical check and peer review of 22 conditions
- single point of referral for GPs
- ability to analyse data across the whole system or to drill down to specific Neighbourhoods
- ability to access evidence based and best practice guidelines and advice
- identification of high risk patients
- prioritised management of high risk patients
- reduction in unplanned admissions to hospital
- reduced delays and transfer of care
- co-ordinated and planned outpatient appointments which reduce DNA and follow-ups
- proactive care of vulnerable patients
- prevention of conditions worsening
- improved medicines concordance
- maximise patient independence when returning to the place of residence
- social care support is in place to reduced unplanned admissions to hospital

TCCC – Phase 2

Phase 2 will commence in 2016/17 and we plan to work with TCCC to explore the possibility of providing:

- primary care booking centre – expanding the current function to incorporate GP and out of hospital appointments
- results management – co-ordination of results in to maximise consultations
- waiting list management – management of patients around the system to minimise waiting times and maximise clinic utilisation
**Kings Fund Peer Review Programme**

Across Trafford, the majority of GP practices have actively participated in the King’s Fund Quality of GP Diagnosis and Referral Scheme. This has involved:

- agreeing what ‘good’ looks like for diagnosis and referral within primary care
- provided evidence about the current quality of referral and diagnosis in general practice
- identified evidence-based means of improving the quality of GP diagnosis and referral
- development of quality measures of diagnosis and referral within primary care

The GP practices who participated in the scheme have developed trust and respect amongst their peers and the outcomes have resulted in an improvement in quality and reduction of inappropriate referrals to secondary care providers.

**Partnership communication & engagement**

Trafford CCG, Trafford Council, Pennine Care Foundation Trust and Trafford Primary Health have already established robust working relationships, with a keen focus on communication.

All partners recognise that implementing new models of care will require a significant system change that will need to be proactively managed and require consensus from the wider primary care community.

Trafford CCG and partners have delivered a number of successful preparatory engagement events:

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<tr>
<th>Date</th>
<th>Purpose</th>
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<tbody>
<tr>
<td>2014-15</td>
<td>Locality Leadership programme - bringing together primary care teams</td>
</tr>
<tr>
<td>2015-16</td>
<td>CCG Locality Facilitation Group – strategic development of neighbourhood teams</td>
</tr>
<tr>
<td>Dec 2015</td>
<td>Neighbourhood meetings (including health &amp; social care) – prepare expressions of interest for exploring new models of care</td>
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<tr>
<td>Mar 2016</td>
<td>Learning Event - briefing/communication and engagement for practice teams</td>
</tr>
<tr>
<td>Mar 2016</td>
<td>NMoC Trafford Event – briefing/communication. Unanimous support/mandate from GP lead partners to proceed as an early adopter</td>
</tr>
<tr>
<td>Mar 2016</td>
<td>Council of Members - briefing/communication. Unanimous support to pursue NMoC design, development and explore new GP contracting options, using the Multispeciality Community Provider (MSP) model</td>
</tr>
<tr>
<td>Mar 2016</td>
<td>Task and finish group meetings - to develop the 2016-17 Operational Plan and trajectory for implementation</td>
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Engagement and feedback from the events has been positive and supportive and provides a solid foundation for the ongoing development of our neighbourhood model.
Developing a new model of care

“The only purpose of developing the new models of care…..is to improve outcomes: better health for the whole population, increased quality of care for all patients, and better value for the taxpayer.”

NHS England: the Forward View into action

‘Intelligent’ commissioning – right care, right time, right place

Trafford CCG recognises that traditional methods of commissioning primary care services need to evolve. As more complex partnership working with diverse professional teams across different organisational boundaries emerge, a clear commissioning strategy, with shared principles, priorities, goals and outcomes, will be critical. We aim to maximise both the quality and capacity of community based services, including primary care, community health and social care and mental health services.

As part of this approach, a service model has been designed in partnership with a range of key stakeholders, including staff, GPs, Trafford CCG and senior leaders across health and social care services in Trafford. It is underpinned by an agreed set of aims and design principles:

Aims

• To improve the health of the population overall
• To keep people safe and families together
• To improve the experience of services
• To develop a sustainable health and social care model in Trafford

Design principles

✓ quality services which are person and family centred
✓ aspirational services which keep people safe, promote independence, focus on resilience and are accessible to all
✓ a workforce that is highly skilled, valued, motivated, adaptive and effective and supported to make an effective contribution to service design and delivery arrangements
✓ services act with integrity, are transparent, accountable, operate to clear standards are responsive and not bound by bureaucracy
✓ at all levels, staff lead by example, by championing change, listening to feedback, engaging others, managing expectations, learning from experience and celebrating success
✓ service deliver value for money; they are efficient, effective and economically sustainable and use technology to increase productivity
✓ partnerships are built which make a difference, are creative and dynamic

The proposed service model has been developed with our partners for the new integrated all age, place based community health and social service. The model is represented through a butterfly diagram, with core service delivery identified for each of the four neighbourhoods and shared/coordination services at a Trafford wide footprint.
Evidence base

The health needs of our population continue to increase as evidenced by the recent NHS England ‘Commissioning for Value’ pack, which highlighted the key areas where our outcomes and use of resources are benchmarked below against comparable CCGs. The areas highlighted below are the areas that prove challenging to improve. This programme of work will consider how to ensure that these areas are embedded into new ways of working within each neighbourhood and deliver innovative services to improve these outcomes;

- cardio-vascular disease is the largest killer in Trafford
- early diagnosis of cancer is not being achieved and people are still dying from it
- respiratory disease is the third biggest killer in Trafford
- overall the number of A&E attendances & admissions remains high
- year on year the number of alcohol related A&E attendances is rising
- delayed transfers of care are underperforming

Trafford recognises the need to access the relevant data at neighbourhood level, to assist with addressing unwarranted variations in care, to drive clinically led methodology for quality improvement and for making the best of use of resources to secure value for money.
‘Intelligent’ commissioning – key components

We aim to commission services that will add the greatest impact and value for patients. Therefore we will commission the care people need through this community based model, in line with locality and neighbourhood needs assessment and evidence, with the added sense check of ‘right care, right time, right place’.

- we will support and encourage staff, citizens, registered patients and their carers to engage at a neighbourhood level to promote prevention and self-management, and enable conditions to be managed at home, where appropriate.

- we will explore and expand the role of existing neighbourhood services to further develop alternative and preventative community based approaches, from the voluntary and community sectors.

- we will commission an expanded version of core and enhanced general practice, based on larger, more resilient multidisciplinary teams, bringing a broader range of specialist and generalist care closer to patients/citizens.

- we only want people to need to go to hospital when it is absolutely necessary; and we want to keep their stay in hospital as short as possible. The service model will enable a major movement of traditionally provided hospital, through risk stratification and patient population segmentation, to identify patients who will benefit most from intensive case management/support.

- we will support and encourage protocol based care to reduce variation in pathways and improve the quality of care

- we will encourage and support shared clinical and back office services at a neighbourhood level to delivery consistency and more effective use of resources

- we will support and encourage neighbourhood teams to be co-located to maximise multi-disciplinary team working, utilisation of technology and estates.

- we will have a joined up electronic health record for the registered population

- we will develop local metrics to demonstrate progress and include real-time monitoring and evaluation of health and care quality outcomes, the costs of change and the benefits that accrue

- we will support and encourage links to local and national networks/resources to learn from and utilise best practice

- we will take on responsibility for managing a new type of capitated contract for population health and care that encompasses the wider range of services for the registered population
Value and outcome based contracting

Trafford partners have supported the provision of a new type of capitated contract for population health using the Multi-speciality Community Provider (MCP) model. This model is most appropriate for the health economy in Trafford, with multiple community providers, diverse neighbourhoods and no single acute provider. Trafford intend to utilise the new contract form to explicitly commission for values and quality outcomes. By applying values and outcomes to our intelligent commissioning strategy we aim to depart from a predominantly supply driven health care system, organised around specialities and providers, towards the introduction of a patient centred system organised around what patients need across their whole care pathway.

Commissioning for outcomes is only possible if appropriate contracting mechanisms that encourage and reinforce shared accountability, are in place for delivery of those outcomes, across provider organisations and for the full care pathway. To achieve this we will work with partners to:

- develop neighbourhood values and quality outcomes, linked to GM standards
- agree and implement stretch targets – CQUIN system for primary care
- agree, implement & evaluate an Improving Physical Activity Research Programme

Service model – key outcomes and success factors

Initial engagement with primary care colleagues has enabled us to develop some key design outcomes that we believe will deliver the required clinical outcomes and organisational efficiencies.

<table>
<thead>
<tr>
<th>Ensure sustainability and delivery of primary care at scale</th>
<th>implementation of one single contract across GPs representing populations at scale</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>centralisation of back office functions</td>
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<tr>
<td></td>
<td>stable and talented workforce</td>
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<tr>
<td></td>
<td>improved morale &amp; job satisfaction</td>
</tr>
<tr>
<td>Increase provision of care closer to patients’ homes</td>
<td>increase number of patients receiving care closer to home</td>
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<tr>
<td></td>
<td>increased number of community located services</td>
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<td></td>
<td>reduction in acute referrals</td>
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<tr>
<td></td>
<td>increased self-care of patients</td>
</tr>
<tr>
<td>Increased and improved integration</td>
<td>increased integration of services working together across each neighbourhood</td>
</tr>
<tr>
<td></td>
<td>reducing fragmentation and duplication</td>
</tr>
<tr>
<td>Increased community based specialist services</td>
<td>revised workforce model for general practice, making better use of other skills in primary care, such as pharmacists</td>
</tr>
<tr>
<td></td>
<td>access to one single IT platform</td>
</tr>
<tr>
<td></td>
<td>one single care record created</td>
</tr>
<tr>
<td></td>
<td>co-location of multi-disciplinary teams and better utilisation of estates</td>
</tr>
<tr>
<td>Increased use of E-Referral Decrease in acute out-patient appointments</td>
<td>deliver national and locally agreed targets</td>
</tr>
<tr>
<td></td>
<td>delivering consistently ‘good’ outcomes</td>
</tr>
<tr>
<td></td>
<td>delivering enhanced services that are designed to address specific population health and social care needs within each neighbourhood</td>
</tr>
<tr>
<td>Delivering quality outcomes</td>
<td>shadow budgets to each neighbourhood</td>
</tr>
<tr>
<td>Contributing to financial sustainability</td>
<td>delivering 10% efficiency saving for elective activity</td>
</tr>
<tr>
<td>Placed based budgets</td>
<td>delivering 15% efficiency saving for non-elective activity</td>
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</table>
Clinical sustainability

Embracing a new way of working under one type of contract will enable primary care in Trafford to review and design quality standards that reflect the Locality and the four distinct neighbourhoods.

Our plan is to review data using the Joint Strategic Needs Analysis (JSNA), QOF achievement by neighbourhood, TCCC data, hospital activity and patient flows and public health data. Analysis of this data will shape the services to be delivered and the quality outcomes we want to have associated with these.

The Quality Outcomes will be maintained and monitored based upon current QOF achievement as a minimum within each neighbourhood. However, our aim is to introduce additional stretch targets that:

- address specific health needs within each neighbourhood
- reflect commissioning intentions
- reduce demand on hospital services
- enable the movement of hospital services into the neighbourhoods
- release investment that will support community provision of services nearer to patients

We propose that the Quality Outcomes will mirror the GM Standards so that there is a consistent approach and reduction in variability across the region. We also propose that the Quality Outcomes will address the key areas highlighted below:

- disease prevention measures (population profiling and screening)
- care resource use and utilisation (access, avoidable admissions, emergency admissions and bed days, re-admissions, diagnostic usage)
- care experience (user-rated experience and experience of staff satisfaction)
- care outcomes (quality of life, life expectancy, clinical outcomes, e.g., blood pressure and safety incident rates, wellness scores)
- Per capita spend (reductions in total spend and/or trend)

Payment mechanisms need to be fully explored. One proposal is for the stretch targets managed as a CQUIN style payment upon achievement. We anticipate that this would be based on a percentage of the contract value.

Financial sustainability

Financial modelling has identified a gap in funding in Trafford by 2020-21 of approximately £111m. As well as the increased health demands on our system, we will need to build resilience for a growth in population over the next ten years in Trafford.

To address this, we intend to maintain our focus on access, demand and efficiency in our attempt to balance rising cost pressures against limited resources. The new model of care will need to:

- incentivise cost reductions from efficiency improvements and effective demand management
- incentivise integration within and across health and social care systems
- facilitate a transparent and accountable pathway for patient outcomes
- incentivise prevention to counter rising acute hospital care activity
Neighbourhood Local Delivery Plans

- Further develop neighbourhood profiles
- Continue to support effective, professional relationships across disciplines and organisations
- Promote good information sharing, joint working and communication
- Be responsive to needs at both a Trafford level and neighbourhood level
- Develop stable, sustainable solutions
- Deliver care more effectively

Our neighbourhood offer will build on the already established integrated teams and will move to bring together patients, carers and communities, GP practice teams, community health services, mental health and social care providers to create coherent plans to meet the needs of the neighbourhood population.

The neighbourhood local delivery plans will incorporate primary care services that have traditionally been delivered at individual practice and community level and assess the wider scope for out of hospital services.

Neighbourhood Local Delivery Plans – key components

- promote health, social and cultural wellbeing and support the reduction in health inequalities for the neighbourhood, and Trafford as a whole
- develop the evidence base, mapping all health and social care provision, building effective working relationships across organisational boundaries
- create opportunities for healthy lifestyles, including making physical activity easy to do and creating spaces to meet and support community engagement and social capital
- expand existing provision to include prevention, early intervention and extended support
- design proposals that support strong, vibrant and healthy communities

Health and well-being outcomes

Increasing physical activity is a key enabler, which will improve the mental and physical health of our population. At a population level increased physical activity levels have positive impacts on communities and the environment. However, the health cost of physical inactivity per 100,000 population is £2,231,409.

In Trafford 28.2% of residents are inactive, compared to 28.9% nationally, with 55.9% taking the recommended 150 minutes of physical activity a week compared to 56% nationally. For both these indicators, Trafford is rated as amber. The challenge for the Trafford partnerships is to engage residents to become less inactive, by increasing participation in 1 x 30 minutes of sport and physical activity per week, through a mix of evidence-based behaviour change interventions and behaviour shaping initiatives at the preventative end.

We are working to implement the strategic pledges within the Greater Manchester Moving Blueprint for sport and physical activity, in order to minimise the risk of poor physical and emotional health outcomes in the region. Furthermore, through the objectives set by the Strategic Sport and Physical Activity Partnership, there is a clear commitment from Trafford partners to maximise the use of both the built and natural environments to facilitate progress in this area. Central to this is the work that is underway to map available leisure resources, their uptake and quality in order to inform the re-specification of leisure services in the Borough.

In Trafford we have committed to improving physical activity for every individual as a priority.
Neighbourhood Patient Involvement Groups

Currently, the majority of Trafford GP practices have individual Patient Participation Groups that will support each practice with making suggestions and improving services for those registered at that practice.

Our vision is to build upon the established patient engagement processes that are already in place and described in our Locality Plan, by developing Patient Involvement Groups at each of the neighbourhood levels. In line with the Trafford Locality Plan, we will explore the following three important questions to help influence the design of the new model of care:

- What is the neighbourhood community best placed to do for themselves (build resilience)
- What support can the neighbourhood community and services do better together (co-production)
- What can only public services do (statutory/critical service for the most in need)

We will work with these groups to enhance their understanding and awareness of service developments specific to their neighbourhood, work with them to help them understand what is changing and improving across the whole of Trafford and how it will benefit them and their families

Key enablers

Workforce

Our approach to workforce planning and development will be done in collaboration with primary care, community care, secondary care and will link to the GM Workforce Enabler Group. We need to define our workforce for the future to meet the health and social care needs, operating at scale, in different way and across organisational boundaries to:

- use staff resources and skills more creatively
- share resources effectively across practice and to work at scale
- ensure services are triaged appropriately and based on need
- reduce the burden of administration on GPs, by sharing back office functions
- better access to information from TCCC to make decisions
- explore use of virtual consultations to improve access and maximise use of resources
- develop role of pharmacists to support some service areas, such as minor ailments, medication reviews, clinics and nursing homes
- explore benefits of primary care practice based pharmacist, physiotherapist and paramedic models
- work with local voluntary and community sector to provide different local services
- define new roles around need
- inform education commissioning

Developing new roles

We have identified that within Trafford we have a range of primary care staff with specialist clinical skills. This expertise will support TPH and commissioners with the movement of activity from traditional hospital settings to being provided in the community closer to our patients.

We are also committed to making better use of other primary care professionals. For example, pharmacists are the third largest health profession after medicine and nursing. Pharmacists are highly trained, yet their skills are not always fully utilised. Our new roles development will feed into the Trafford Workforce Enabler that is described in the Locality Plan and facilitate positivity and openness to doing things differently.
In Trafford we have a wealth of talented staff and we want to be in a position to work with GM to build upon this. We will work with our colleagues to develop physician assistants, extended role practitioners and enhanced healthcare assistant roles. This will then create additional capacity for GPs to focus on complex patients and out of hospital activity.

Health estate management

Trafford CCG has developed an integrated strategy 5 years ago which had neighbourhood health and well-being hubs at its core, identifying teams operating from neighborhoods which would have integrated hubs as their base for service delivery location. It is the intention that these premises will be suitable for offering state of the art integrated care and be easily accessible for the Trafford public, providing safe, sound and quality services and an alternative to hospital care. The hubs will bring together a range of health and social care providers to offer responsive local services for all local people; including easy access, flexibility of operating hours, Disability Discrimination Act (DDA) compliant along with parking and other transport links, delivering a broader range of services, at scale, to the population.

Information technology

In Trafford the majority of practices operate EMIS as their clinical system and significant progress has been made to integrate the system across health and social care services, including community and out of hours services. All of our community provider clinical teams can view Trafford patients’ records and can directly input consultation and treatment data. This enables primary care teams to have real time information about their patients to support treatment decisions. In addition to this, University Hospital of South Manchester clinical staff, have access to view patients’ EMIS records when they are being treated at the hospital.

Mobile working for GPs is being piloted at present. This entails the provision of a laptop with 4G and Smartcard to take on home visits and nursing home ward rounds. When this scheme is expanded it will play a crucial role in the new model of care. Clinicians having access to patient information remotely will support decisions and contribute to avoiding admissions to hospital and keeping patients independent at home.

It is planned that by mid-2016 the TCCC portal will be installed and operational across Trafford. The TCCC portal will support the development of a single up-to-date record which can be shared across the whole health community. This will allow healthcare commissioners and multi-disciplinary teams to plan, develop and deliver integrated care services. This is particularly useful for patients identified as being at risk of unscheduled or unplanned care, for those with long term conditions such as diabetes, or for frail older people. All authorised professionals involved in that patient’s care, including hospital and community-based services, then have immediate, on-the-spot access to that patient’s records and care plans. Data sharing agreements are in place with TCCC, Pennine Care and TPH. This will, again, enable robust commissioning decisions to be made based on detailed activity information.

New types of contract for General Practice

Within Trafford there is a clear mandate from all General Practices to further explore proposed models of contracting for the future. The opportunity to work differently, develop improved local quality standards and redesign QOF is seen as the best fit for Trafford GPs. An event focusing on the New Voluntary Contract was held on 3 March 2016 and was attended by all Trafford Practices. The event focused on current challenges and how a new contract model would potentially alleviate some of these pressures. It was agreed that the key outcomes of adopting new ways of working will ensure:
• working together with local providers in health and social care to develop new and better ways of providing the best possible care for patients, and to keep patients out of hospital and treated in or closer to their home;
• freeing up time for doctors and clinicians to spend with patients by having management, administrative and regulatory requirements dealt with centrally
• providing protection against the risks of competition from other providers
• supporting the practices and reducing the risk of practices failing and closing, as is happening and will continue if radical changes are not made

Further discussions will include how to;

• retain self-determination, autonomy
• bring cost efficiencies through operating at scale, procurement, CQC fees, indemnity
• secure investment in premises, new technology and information systems
• build multi-disciplinary care teams and new career pathways
• bring capacity to bid for contracts
• provide resilience to improve sustainability

Contractual models

Salaried model - this approach gives each employee part-ownership of the company, a share of its annual profits, and a say in how it is run. In theory, it makes employees more invested and motivated to achieve good clinical outcomes. The adoption of this model would entail all practices terminating their contracts as independent contractors with NHSE and the CCG and becoming fully salaried.

Super Partnership Model – this works as one single organisation on behalf of the member practices. It is a Partnership and not a corporation and is managed a single partnership agreement. Practices maintain their independent contractor status and the single organisation manages the contract on the members’ behalf. The model supports smaller practices with clinical resource and operational management

In the NHS, the activity-based payment approach used to reimburse acute providers is often highlighted as deterring reductions in potentially avoidable acute activity. Providing joined-up care in co-operation with other types of provider may reduce acute activity and hospital revenue. Loss of revenue is unlikely to result in a proportionate fall in costs. Similarly block payments, often used for community and mental health services, offer little incentive for providers to expand the volume of care and encourage early discharge from an acute hospital. Therefore providers’ financial incentives are not currently aligned with the system-wide changes and outcomes we want to achieve.

Multilateral gain/loss sharing is a potential way to solve these issues. The salaried contract would adopt the gain share principles which would encourage expansion of primary care services, attract alternative income streams to support sustainability and reduce activity to secondary care providers.

A full options appraisal and benefits realisation of the choice of contractual models will be undertaken, working in partnership with Greater Manchester enabling groups.
**Communication and engagement**

To create a patient-centered new model of care, there has to be real involvement and engagement with those who receive services and those who provide services, so that we develop a meaningful dialogue to influence decisions about how we design care that is fit for the future.

Trafford Partnership will develop a communications and engagement plan specific to the new models of care programme that will ensure all stakeholders are involved at all stages of service development.

Trafford CCG Communications and Patient Experience teams will work with the new models of care Programme Board to develop the proposed neighbourhood Patient Involvement Groups to further develop our approach to developing a new relationship with those who receive services.

**Change management**

A key element to the success of building new models of care will be the ability to effectively manage the necessary change required. We will support the development of neighbourhood groups in the planning process to clearly articulate what needs to change, the required behavior of individuals and teams, and identify a coordinated aligned approach to designing the local work plan.

We will encourage each neighbourhood to adopt this clear and simple structured approach to move from the current situation, to ensure that the lasting benefits of change are achieved.

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**Diagram 3: Delivering change at neighbourhood level**

- **Step 1 – Where to look?**
  Triangulation of indicative data to identify which programmes offer the best value

- **Step 2 – What to change?**
  Using service reviews to identify what needs changing and building the case for change

- **Step 3 – How to change?**
  Driving through changes with clinical leadership and business process engineering
Governance

process for making and implementing decisions

The new model of care developmental year will require robust governance to ensure there are sufficient assurances in place and there is accountability of the proposed organisational changes.

To ensure that the programme delivers the key milestones within the agreed timescales we are proposing a programme board with a dedicated clinical and administrative team to support this. The NMoC Programme Board will be accountable to Trafford CCGs Primary Care Committee, as constituted under delegated arrangements.

The NMoC Programme Board will consist of representatives from Trafford CCG, partner provider organisations and patient/public representation from each of the neighbourhoods. A detailed membership and list terms of reference will be developed as part of the implementation plan.

The NMoC Programme Board will agree a number of Task and Finish Groups that will execute specific work packages that will underpin the clinical and operational model.

Accountability

The NMoC Programme Board will be accountable to the Primary Care Programme Sub Committee. The Primary Care Programme Sub Committee will report progress, risk management and assurances to the Primary Care Committee, who is ultimately accountable to the Governing Body. All of these reporting processes will be on a monthly cycle and will be supported by Programme Highlight Reports, Risk Log, Issues Log and progress against the Implementation Plan Milestones.

Diagram 4: Proposed Accountability Framework
Summary

› Deliver a radically redesigned single primary care system
› Develop and work within one health and social care system with TCCC at the core
› Agree and implement one organisational form
› Agree and implement one contract for primary care
› Work at scale, with centralisation of back office functions
› Further develop integration at 4 Neighbourhood Levels
› Implement a shared IT platform and single care record

Key steps and milestones

This Operational Plan seeks to identify the issues, find the best local solution that works for patients and providers and then create the necessary route from planning to inception.

The key steps and milestones are outlined in the NMoC Programme Plan 2016-17 (Appendix 4). Clinical and non clinical teams will be identified to take responsibility for the delivery of this project and will report through the governance structure accordingly.

We will ensure that the NMoC Programme Plan 2016-17, takes into account the wider CCG change programme, reflects TCCC growth and expansion proposals, and is in line with our statutory responsibilities.

We will work with an extensive range of stakeholders to ensure effective delivery of this plan.

We will also forge links with the transformational projects at a Greater Manchester level. We will work closely with the GM Health & Social Care Team to source expertise from within and out of GM to secure delivery.

The allocation of Transformation Funding will provide the necessary resources to fund this development and implementation.

Our intention is for the new model of care to cover the whole registered population of Trafford across the 4 neighbourhoods. This will enable the design and delivery of population needs focused services, to ensure our workforce has the greatest impact on improving health and wellbeing of Trafford residents.
Trafford – Neighbourhood Model

**North**
Old Trafford, Stretford, Gorse Hill, Longford, and Clifford

**West**
Urmston, Partington, Bucklow St Martins (Partington), Davyhulme East, Davyhulme West and Flixton

**Central**
Sale, Bucklow St Martins (Sale), Ashton upon Mersey, Brooklands, Priory, Sale Moor and St Marys

**South**
Altrincham, Bowdon, Broadheath, Hale Barns, Hale Central, Timperley and Village
Appendix 2

Trafford – Design Partners

Reference

Trafford Primary Health (TPH)
Pennine Care (PCFT)
Trafford Care Coordination Centre (TCCC)
Central Manchester University Hospitals NHS Foundation Trust (CMFT)
University Hospital South Manchester NHS Foundation Trust (UHSM)
Greater Manchester West NHS Foundation Trust (GMW)
Salford Royal NHS Foundation Trust (SRT)
Trafford Council (LA)
## Trafford - Neighbourhood profiles

The four neighbourhoods in Trafford are all unique and face differing health and demographic challenges. The key characteristics of each neighbourhood are described below:

<table>
<thead>
<tr>
<th>Neighbourhood</th>
<th>Registered</th>
<th>Proportion</th>
<th>Age Distribution</th>
<th>Mortality Rates</th>
<th>Childhood Obesity</th>
<th>Life Expectancy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NORTH</strong></td>
<td>49,347</td>
<td>56.3% white British 45.7% BME</td>
<td>Age distribution younger than Trafford average</td>
<td>Higher level of childhood obesity</td>
<td>Lower life expectancy (male and female)</td>
<td>Worst mortality rate for cancer</td>
</tr>
<tr>
<td><strong>WEST</strong></td>
<td>54,493</td>
<td>91% White British</td>
<td>Lower proportion of 25-44 yrs, higher proportion of 15-19 and 60-64 yr. olds than Trafford average</td>
<td>Childhood obesity in reception years higher than average</td>
<td>Mortality rates worse than Trafford average for Cancer, COPD and circulatory disease</td>
<td></td>
</tr>
<tr>
<td><strong>CENTRAL</strong></td>
<td>59,912</td>
<td>85.7% white British</td>
<td>Age distribution in line with Trafford average with a slightly lower proportion of 5-25 yr. olds</td>
<td>Pockets of higher than average mortality rates from circulatory disease and cancer</td>
<td>Mortality rates from COPD is lower than Trafford average</td>
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<tr>
<td><strong>SOUTH</strong></td>
<td>71,101</td>
<td>85% white British/Irish</td>
<td>Age distribution older than Trafford average</td>
<td>Pockets of high childhood obesity</td>
<td>Higher life expectancy than Trafford average</td>
<td>Life expectancy gap between male and female is 6.1 years</td>
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# NMoC Programme Plan 2016/17

<table>
<thead>
<tr>
<th>ID</th>
<th>Key steps and milestones</th>
<th>Months</th>
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<tr>
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<td>Engagement and consultation</td>
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<td>Financial assessment and payment structure</td>
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<td>Head of terms or MOU – provider delivery model</td>
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<td>Heads of terms – commissioning contract</td>
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<td>16</td>
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