

**NHS DORSET CLINICAL COMMISSIONING GROUP**  
**GOVERNING BODY MEETING**  
**SUSTAINABILITY AND TRANSFORMATION PLAN (STP) UPDATE**

<b>Date of the meeting</b>	15/11/2017
<b>Author</b>	M Gorman - PMO Assurance Lead
<b>Sponsoring Board member</b>	T Goodson – Chief Officer
<b>Purpose of Report</b>	To provide an update on progress of the STP and recent items for discussion and decision at SLT.
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	Summarise engagement with members, clinicians, staff, patients & public.
<b>Previous GB / Committee/s, Dates</b>	N/A

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b>	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials : MG

## 1. Introduction

- 1.1 The report highlights the progress of the Sustainability and Transformation Plan (STP) Portfolios and indicates the major decisions and key areas for discussion being taken at the Senior Leadership Team (SLT).

## 2. Report

### Portfolio Summary

Programme	On track for delivery (Work started)
One Acute Network of Services	
Integrated Community & Primary Care Services	
Prevention at Scale	
Digitally Transformed Dorset	
Leading & Working Differently	

RAG	Status
Green	On Track
Amber	At Risk of Delay
Red	Off Track – remedial action required

## 3. Portfolio Progress

### One Acute Network

- 3.1 A two day clinical design workshop initiated the clinical design work required for both the East Reconfiguration and Clinical Networks.
- 3.2 The CMA (Competition and Markets Authority) external support was awarded to Hempsons and Aldwych Partners. The work commenced 9 October 2017, with dedicated support from A Betts, CCG Deputy Director of Design & Transformation leading on this workstream on behalf of the programme.
- 3.3 McKinsey have been appointed to lead on writing the OBC (Outline Business Case), with support from Paul Miller and Michelle Robinson. It is expected to be delivered by mid-December 2017.
- 3.4 The Portfolio PID (Project Initiation Document) and Programme PID for the East Reconfiguration have been drafted and continue to be developed as the programme progresses. These will be sent to the December OAN board for approval.
- 3.5 Recruitment continues for the OAN team, further programme support is now in place, with additional roles advertised.
- 3.6 Work is ongoing with COOs (Chief Operating Officer) for Clinical and Managerial leads to drive the workstreams forward.

- 3.7 As anticipated, there are concerns regarding access to money and resources which are key enablers to ensuring the transformation is successful, however we are working closely with our partners and key stakeholders to try to overcome some of these challenges.

## **Integrated Community & Primary Care Services**

- 3.8 Each of the ACS groups have now agreed system level management and clinical leads for the delivery of the six ICS priority projects.
- 3.9 They are now developing key action and milestone plans for each project area and also identifying who is available to provide project support to deliver these project areas and what gaps there are in capacity and skills. An update on progress was reported at the last ACS meetings.
- 3.10 There continues to be a lot of activity and focus on progressing:-
- Community hubs outline business case development through the feasibility studies process;
  - Delivery of the GP 5 year forward view work streams and locality delivery plans, including the development of workforce plans;
  - Moving to mobilisation of the accelerating access to general practice services, three business cases were submitted to the CCG from collaborations of local providers, these have been supported and providers are now implementing;
  - Progressing the dementia review, mental health acute care pathway and steps to well-being implementation;
  - Improving the take up of health checks for people with learning disabilities;
  - Community children's health services review in line with the planned timetable.

## **Prevention at Scale**

- 3.11 Enabling and connecting work to localities profiles will be complete by mid-November, working closely with primary care team to connect this with locality transformation plans. Altogether Better starting to work on collaborative practice in priority neighbourhoods.
- 3.12 Place based bid to Sport England was not successful, but secured £650k through Active Ageing bid. Development work in progress with partners and identifying connections and links across work streams.
- 3.13 Engagement work – productive School and Sports Conference highlighting opportunities for physical activity in schools. Bournemouth and Poole Leadership development event focused on primary care transformation plans

in the East, highlighting opportunities for engagement. Continued exploration with DWAB about connections and interdependencies.

- 3.14 Positive progress continues to be made regarding:
- 3.15 Documentation: the various pieces of work are complete. The September JPHB was cancelled so formal sign off by the board will need to wait till November.
- 3.16 Extending understanding: positive and informative sessions have been had at both the H&WB (Health and Wellbeing) boards and the JPHB (Joint Partnership Health Board). These have been very well received by LA (Local Authority) staff and politicians.
- 3.17 Integration with other workstreams: The public health team is supporting the development of locality plans that set out what prevention at scale would mean for local areas, based on an understanding of the gaps and challenges. There have been very positive discussion about unifying constructs of localities around the GP localities. We meet regularly with Dorset Workforce Action Board to ensure interdependencies with the Leading and Working Differently work streams are identified and actioned.
- 3.18 ACO's (Accountable Care Organisations) and ACC (Accountable Care Communities); akin to the discussion above, PAS workplans have been introduced to both western and eastern groups with a view to better integration. Recent documentation from NHSE offers alternatives for future working.
- 3.19 Funding: we have recently been informed that Dorset is the recipient of a £155k grant to support further work on warmer homes, part of the Healthy Places strand of the programme.
- 3.20 Digital support to PAS: The prototype digital behaviour change platform to support the LiveWell Dorset service is on track and meeting its development milestones. User testing with health professionals is starting, to be followed by branding and content workshops in October and November.
- 3.21 External Linkages: We have agreed with PHE (Public Health England) collaborative working to share resources in rolling out the learning from Dorset's experience as a first wave with others. PHE are setting up a first wave ACS (Accountable Care System) PAS group.

## **Digitally Transformed Dorset**

- 3.22 Key focus has been on the recovery of the DCR programme to the new schedule and implementation of mitigating actions to assure the timely delivery of future phases of work. Additional resources will be assigned where possible, and the priority of DCR development work within each partner is critical to this joint programme success. It is a decision we are asking the SLT to support this month.

- 3.23 As we scale the digital agenda (to satisfy local and national strategies) we will also need to scale the CCIO (Chief Clinical Information Officer) capacity and capability.
- 3.24 A meeting is planned with the CEO of Orion on Monday 30th to create the recommendations for SLT. The Shared Service approach has stalled. Work will continue to find a working solution that fits with all partners. The key is to provide confidence that the current level of service can be maintained.
- 3.25 As this is a system wide challenge it feels more appropriate that this is now owned by the DIG (Dorset Informatics Group) directly rather than through the acute vanguard. Real progress has been made across the other portfolios identifying real opportunities to drive the new way of working.

## **Leading & Working Differently**

- 3.26 DWAB has now revised its membership and named links with other portfolios are agreed. This is a positive step to aid priorities and implementation.
- 3.27 Work streams are refining the PIDs for activity and timelines.
- 3.28 Mindful of the workforce challenges during the implementation phase of transformation, a review of the portfolio risk register is being undertaken with next DWAB starting that process.
- 3.29 The Leadership development offers to support system working are beginning to be deployed, and a fuller offer is being developed.
- 3.30 The system apprenticeship conversations are encouraging, though collectively we will need to start to firm up our numbers required through projected outline workforce planning rather than defer for all details to be known.
- 3.31 Further system resources have joined the team for workforce redesign and scoping work has been identified to progress education and training team collaborative.
- 3.32 Our national credentials for trade union partnership working have been recognised by ministerial briefing and commendation.
- 3.33 We are seeking to progress a number of bids for fund support from DWAB and inform further investment in line with priorities and timetables.
- 3.34 An exploratory conversation has been set up to bring schools, further education leaders, local authority and NHS leads to see how an at scale alliance for early careers development and employment.

## **One Dorset Accountable Care System West**

- 3.35 An overview of the Dorset Better Care fund (BCF) 2017/19 was provided at the October Meeting. A BCF Project Manager is now in place to co-ordinate activity and deliverables.

- 3.36 Project leads and clinical leads have been identified for the 6 ICPCS work streams and a matrix produced that will identify the core project activities, the system level outcomes and how the deliverable interface with other portfolios/programmes for each of the 6 projects.
- 3.37 Updates for Project 1 (High intensity users/rapid response) and 2 (Medium intensity users) were presented at the October meeting.
- 3.38 A review of the terms of reference has been commissioned and this will be discussed at the next meeting on 21 November 2017. There will also be a discussion on whether the future meetings can be mainstreamed into working hours.

## **One Dorset Accountable Care System East**

- 3.39 The most recent East ACS meeting was held on the 2nd November.
- 3.40 The main area of focus moving forward will be the identification of key schemes of work and leads/links for these.
- 3.41 Work will also be continuing to agree the pace of each work stream to align with need in each area, as well as agreeing connectivity with other groups.
- 3.42 In addition to this, reporting arrangements to the ICPS Board and East SLT Group will be agreed. Moving forward, there will also be an opportunity to review the ToR (Terms of Reference) in line with the changes in the West Accountable Care Community and take stock of the Mental Health, Learning Disability and Children's Services work streams.

## **4. Items raised for discussion at SLT**

### **One Acute Network (OAN)**

- 4.1 **SLT has been asked to discuss managing workload in the run up to winter pressures.**

### **Leading and Working Differently (LWD)**

- 4.2 **SLT has been asked to discuss;**
- 4.3 The Workforce supply strategies that make transformation possible;
- 4.4 The appetite for system level marketing and recruitment and retention to deliver on workforce at scale;
- 4.5 Connecting talent management at system level to create capacity and the behavioural leadership to succeed;
- 4.6 Aligning a consistent approach to system (not employer level) leadership development;
- 4.7 Enabling freedom of movement across health and social care employers;

- 4.8 Clarity on each delivery portfolios approach to phasing service changes.

## **Integrated Community & Primary Care Services (ICPCS)**

- 4.9 Please note: As requested by the SLT a further discussion will be had at SLT (meeting date to be confirmed) on the resourcing of the new ICS model of care, this is also being considered by OFRG (Operations and Finance Reference Group) and DWAB (Dorset Workforce Action Board).

## **5. Items raised for decision at SLT**

### **Digitally Transformed Dorset**

- 5.1 **SLT has been asked to decide agreement regarding the prioritisation of DCR (Dorset Care Record) work over Trust developments to avoid delays to the System priority topic.**

## **6. Finance Update**

- 6.1 Work is continuing to review the STP submission made in October 2016, including reviewing the solutions for closing the financial gap and how current programmes of work, including schemes have progressed since this point. This will include the modelling work undertaken for ICPS, collaborative agreement actions to manage demand to 2016/17 outturn levels and current performance on delivery of both provider cost improvement plans and CCG QIPP.
- 6.2 Operational plans for 2018/19 are currently also just in the process of commencing a refresh, with an initial draft anticipated in quarter 3, with the completion due in quarter 4. The national timetable has not been issued, however this is the expected requirements.
- 6.3 In respect of modelling changes for ICPS specifically a presentation has been shared with the Operations and Finance Reference Group at the October 2017 meeting, which reflect the current modelling impact for the community teams and the additional workforce that will be required to deliver the model of care. This is still the area that provides the most significant challenge as it links to how resources will need to shift between settings of care. A principle is being shared at the November OFRG meeting to determine a potential approach to move this forward.
- 6.4 Work is ongoing to review the reporting to take account of developments around the ACS status, as well as reviewing the work-streams for the collaborative agreement actions to align the different strands along single pathways where there are current overlaps identified.

## **7. Conclusion**

- 7.1 The Governing Body is asked to note the report.

## 8. Table of Abbreviations

ACC	Accountable Care Communities
ACS	Accountable Care System
CCIO	Chief Clinical Information Officer
CMA	Competition and Markets Authority
COO	Chief Operating Officer
DCR	Dorset Care Record
DIG	Dorset Informatics Group
DWAB	Dorset Workforce Action Board
JPHB	Joint Partnership Health Board
OAN	One Acute Network
OBC	Outline Business Case
OFRG	Operations and Finance Reference Group
PHE	Public Health England
PID	Project Initiation Document
SLT	Senior Leadership Team
STP	Sustainability and Transformation Plan
ToR	Terms of Reference

**Author's name and Title:** M Gorman, PMO Assurance Lead  
**Date:** 01/11/2017  
**Telephone Number:** 07989171249