

STP Highlight Report

Highlight Report

01 February 2017 -28 February 2017



Dorset
Clinical Commissioning Group

Programme Overview

Programme	Finance	KPI	Delivery Progress	Planning
One Acute Network of Services				
Integrated Community & Primary Care Services				
Prevention at Scale				
Leading & Working Differently				
Right Care				
Digitally Transformed Dorset				

Programme Status

Programme	Delivery Status	SRO (R)	Programme Lead (A)	Clinical Lead (c)	Medical Lead (c)	Agreed Plan	Planning Status	Status Overview
One Acute Network of Services						N		
Integrated Community & Primary Care Services		Ron shields & Karen Kirkham	Sally Sandcraft			N		<p>The programme is on track, there are no issues to escalate to the SLT at this point, each cluster area is assessing their capacity and skills gaps for delivering the priorities, which will need to be considered.</p> <p>The key risks are;</p> <ul style="list-style-type: none"> As implementation plans become more granular by service line potential implications of further public engagement/consultation requirements, scrutiny processes depending on extent of proposed changes to delivery of services by site. Lack of clarity of which programmes and associated groups will define what outpatients/day services will be delivered from which community site and what level of activity. This is being clarified e.g.; <ul style="list-style-type: none"> Acute Vanguard programmes ICPS portfolio Rightcare Business case for re-investment into primary and community capacity not yet agreed – capital and revenue, and double running costs Workforce transition plan not yet developed and agreed Interdependency on timelines for one acute network changes Primary care pace of change
Prevention at Scale		David Philips	Sam Crowe / Jane Horne			N		<p>Draft PAS Portfolio Initiation Document submitted on 30th March. Engagement continues across the system to clarify areas of opportunity within the four programmes – Starting Well, Living Well, Ageing Well and Healthy Places and overlaps with other areas of the STP.</p> <p>Positive discussions with both Health and Wellbeing Boards to develop a more active role in supporting the delivery and implementation of the Prevention at Scale programme within their local area.</p> <p>Overall transformation work across the system in PAS and other STP areas is still focused on a few individuals. Ensuring there is capacity across the whole system to support prevention at scale remains a challenge because of competing priorities.</p>
Leading & Working Differently		Patricia Miller	Charles Summers			N		<p>The Leading and Working Differently Strategy sets out how we will support staff to lead and work differently. It focuses on four priority work streams:</p> <ul style="list-style-type: none"> Developing our leaders Recruitment and retention of our staff Development of our staff Supporting our staff through change. <p>Each work stream is led by an HR Director and progress and scrutiny of delivery is through the Dorset Workforce Action Board. All STP partners are members of the Dorset Workforce Action Board. The Board is represented by senior leaders with a responsibility for workforce across NHS and social care organisations, primary care and Partners in Care, as well as key partners such as Health Education England, Thames Valley and Wessex Leadership Academy and Bournemouth University.</p> <p>An implementation plan to underpin the Leading and Working Differently Strategy is in place with assigned leads, progress details and associated budget (and spend) financial allocations. Financial resource has been secured through the Better Together legacy funds, Health Education England and Thames Valley and Wessex Leadership Academy.</p>

								<p>We have made changes to the meeting arrangements for the Dorset Workforce Action Board now holding a full meeting of all members on a bi-monthly basis with an interim monthly meeting attended by the SRO, Portfolio Director and Workstream Leads. This was done in recognition of scarce operations resources and releasing capacity to progress in the workstreams.</p> <p>We have identified a need to establish a distinct workforce planning workstream and are currently assigning leadership to this. Work with other portfolios is being regularised through their attendance at DWAB and reciprocal attendance at their portfolio boards. We have also created room for deep dive discussions on relevant themes to support STP implementation.</p> <p>Through the STP Implementation and planning group we have asked for ideas requiring financial support for workforce related activity. We will be prioritising resources alongside the DWAB Implementation Plan giving focus to the mobilisation of One Acute Network and Integrated Community Services implementation.</p>
Right Care		Sally Shead	Emma Seria-Walker				N	<p>Since the decision to approve the initiation of a programme of work around RightCare, a system collaborative agreement has been signed by all four of our main providers, Dorset Healthcare Trust, Royal Bournemouth and Christchurch Hospital, Poole Hospital and Dorset County Hospital.</p> <p>As part of this agreement several actions were agreed at a system level to be implemented during 2017-18, with the Operations and Finance Reference Group (OFRG) taking a lead role in overseeing this as part of their remit to ensure delivery of the system wide agreement. The actions agreed included RightCare and several others, which link to or impact on the RightCare programme of work. The high use of the private sector for elective care has been identified as an area which requires increased focus.</p> <p>Once Task & Finish groups are underway reflection of RC data will need to be reported on.</p> <p>Objectives and measurable benefits still need definition and clarity – work underway to support this.</p> <p>Medical representation in RC groups can be seen.</p> <p>Further primary care representation required in some DM areas. Work underway to support this.</p>
Digitally Transformed Dorset		Phil Richardson	Stephen Slough				N	<p>Governance routes for the six programmes within the Portfolio have now been resolved. Three will be operated through the Vanguard ESG and then to the DIG, and three will report directly into the DIG. It is expected fully collaboration and cooperation will exist across the programmes by default. Resources for project roles are being identified and priority topics being confirmed for both quick win and medium term delivery. Clarity has materialised on funding for the LDR, and this is now our single largest risk. DCR funding has seen excellent support from the System Leaders, and we are hopeful that the solution will be awarded and the Partnership agreement will remain unchanged.</p>

Programme	SRO	SRO Comments
One Acute Network of Services		
Integrated Community & Primary Care Services		
Prevention at Scale		<p>There has been good progress developing the role of the Health and Wellbeing Boards in leadership of prevention at scale. Work continues on a framework linking prevention at scale outputs with selected measures that we want to influence that will demonstrate the impact and scale of the portfolio.</p> <p>Good news from Sport England on our Active Ageing submission, which has gone through to round 2 of the process. We will hear back in June on this and the Place based pilot submission in June.</p>
Leading & Working Differently	Patricia Miller	<p>Key priorities progressed and for SLT to note:</p> <ul style="list-style-type: none"> • Arbinger Programme for building internal capability for systems leadership development programme has been commissioned. Candidates are being sought across the system to join system wide cohort for Train the Trainer Programme scheduled for July and deployment for facilitation from September. • 12-month Fixed Term OD Lead to support the development of our leaders workstream secured and commences in June. • Commission development sessions for teams involved in the Better Care Fund work and Accountable Care System development in the West of the County. Scheduled for May. • System wide talent management research piece (sponsored by TVWLA) initiated with aim of reporting to SLT at mid-year. • Functional group for Dorset wide apprenticeships in place. Resource requirement being considered at the May DWAB. Local concerns for the availability of providers able to deliver new apprenticeships. Progressing with procurement. • Linked work with BSS programme being supported with DWAB funding in areas for HR systems and recruitment. • Workforce Planning events arranged for May and June to inform OAN and ICS implementation. • Workforce Planning Lead agreed to be hosted by Dorset CCG now out to advert. • First Social Partnership Forum took place on 13 April with health and social care representation. Forward schedule of dates outlined to follow the release of the Consultation outcome report and the Dorset CCG Governing Body decision making.
Right Care		<p>Good progress is generally being made. There will be increased focus in the next period on mental health and falls prevention. The Medicines Optimisation Team have now aligned themselves to the Right Care priorities and there is a named medicines link for each programme.</p> <p>The high use of the private sector for elective care has been identified as an area which requires increased focus.</p>
Digitally Transformed Dorset		

Financial Benefits

Further work is needed to enable tacking of Financial Benefits

STP Benefits Score Card

The completion of benefits framework will enable the production of the benefits scorecard

STP Major Risks

Portfolio	Description	RAG	Current Mitigation	Owner
LWD	Programme resources deployable to support the delivery of the areas of priority identified.		Priority programmes of work have identified initial leads to commence system wide working groups to inform action plans. Project management and administration resources are key to support the delivery and implementation of activity. For work, which requires expertise not currently available in the system (workforce planning and intelligence), a draft job description has been drafted for sign off. Expected advertising to commence by end of Feb 17.	Workstream leads
LWD	The workforce implications to meet the proposals of the clinical services review are as follows; <ul style="list-style-type: none"> The future design for integrated community services indicates a need for an additional workforce. If the preferred hospital option is approved, a great number of staff would need to be transferred within the system. We have challenges finding available staff for some services/ professions and there are already insufficient staffing levels in some services in and out of hospital. The financial challenge of resourcing this additional workforce should not be underestimated; assurance that this will be available to meet the future workforce requirement is needed. <p>However, if no changes are made, the pressures on primary care would create an unsustainable position, adding pressure to hospital service provision.</p>		The principles of the Leading and Working Differently Strategy which underpins the Sustainability and Transformation Plan, seek to address these challenges. This includes; <ul style="list-style-type: none"> Supporting the emerging models of care through the design and development of the workforce, and a review of the competencies and skills required. Working in partnership to address recruitment challenges, such as marketing and advertising through to use of joint roles and shared resource. Work with Health Education England and education providers to ensure the right number of training places to meet future skills need and to help recruit and retain the existing workforce required. 	Workstream leads
LWD	The effective development of medical network models may have unintended productivity impacts arising from cross county travel.		Clinical design work should proactively access relevant workforce advice and digital innovations to minimise travel impact while maintaining patient care.	Workstream leads
LWD	Ensuring shifts in workforce costs between employers are understood and managed in financial and employment terms.		Working with the OFRG, (an approach to schedule joint meetings is agreed) to ensure costs are identified and monitored, and that staff and their representatives are appropriately engaged in proposed changes.	Workstream leads
DTD01	Funding is now expected to be completely inadequate to support the completion of the LDR. It will be based on a per capita share basis of an annual £225m for the first 2 years, with no final clarity on the second two years currently given. This will give Dorset at most £5.6m for two years, when we needed ~£20m for two years.		Escalation to NHS England Source alternative innovative solutions to staffing and developments	Dr Phil Richardson Stephen Slough
PAS	Health and Wellbeing Gap is viewed only in how it impacts on the finance and efficiency gap. Result is that less time and effort is devoted to how we close this gap.		Ensuring discussion takes place through Health and Wellbeing Boards which have the statutory responsibility for health and wellbeing of the population. Planned development of locality profiles to show links between variation in health and wellbeing outcomes and finance and efficiency.	
PAS	No ownership of Prevention at scale within health services — seen as a local authority/public health responsibility only		Public health facilitating prevention at scale initiatives with NHS partners ensuring prevention is embedded into current pathways.	
PAS	Insufficient resource and capacity to support this strand of work		Joint Public Health Board have agreed to use part of Public Health underspend as non-recurrent resource to support transformation and development of key projects. Bids submitted/drafted to seek external funding. Work to understand agreed NHS heads of terms and how this may impact for prevention at scale.	

Delivery progress

Portfolio	Programme	On track for Delivery	Update
ICPS	Integrated Community Services		Following agreement on the ICS project areas, further work on refining the project briefs has taken place. Draft briefs for projects 1, 2, 3 and 5 are now substantially complete and have been shared with cluster leads. Work on briefs 4 and 6 continue. <ul style="list-style-type: none"> Project 1: Service for Specialist care and support for people with high intensity needs- including providing a rapid response service for people with moderate/medium intensity needs whose needs are escalating; Project 2: Pro-active on-going care for people with medium intensity need Project 3: Routine care Project 4: Urgent care & treatment for minor injuries (still under production) Project 5: Care market Project 6: Early help (still under production) <p>Transition and implementation planning workshops have taken place and will to inform the work programme delivery and the Decision-Making Business Case. Community hub feasibility studies are progressing in line with plan. Financial modelling continues to be tested and an economic business case is being developed.</p>
ICPS	Transforming General Practice		All the GP 5year forward view work streams are being established and mobilised, priority being made for the 'extending access to primary care' work stream to ensure the milestone of 100% coverage by April 19 is met.

			<p>Recruitment to project managers underway to support GP leads in the development and delivery of locality primary care transformation plans.</p> <p>The priority primary care estates development feasibility studies are progressing in line with plan.</p> <p>Transformation support offer finalised</p> <p>More details of progress made will be provided for May Highlight Report.</p>
ICPS	Transforming Mental Health		<p>Dementia Services Review</p> <ul style="list-style-type: none"> View Seeking report published Needs and data report in process of being approved Modelling dates confirmed. Sir Alistair Burns confirmed speaker for the innovation day <p>Acute Care Pathway</p> <ul style="list-style-type: none"> Approval process has been drafted in line with CSR Consultation completed and being analysed Consultation report due May <p>Improving Access to Psychological Therapies (AIPT)</p> <ul style="list-style-type: none"> National Bid successful for expansions into LTCs Project Board meeting being set up for beginning May Project documents completed in draft for Project Board Employment advisors: recruitment in progress <p>CAMHS Review</p> <p>PID in development: draft due end April</p>
ICPS	Transforming Learning Disabilities		<p>April update</p> <ul style="list-style-type: none"> 16 inpatients against target of 9 On-going monitoring of inpatient bed usage and update of HSCIC database. Participation in discharge planning process On-going management of Shottsford House contract Build of 2 bed bungalow (DCC) - initially scheduled for completion 31 March – is on-going 46% health checks carried out (1st of March position – data based on submissions from practices) against internal target of 50% for 16/17 (target is 75% by end of 18/19). Results of Health Checks survey monkey presented to Health Checks Group and actions agreed Support for practices on-going (visits by 'Experts by Experience' and targeted work from the newly appointed health facilitator within the community LD team) Revenue bids not successful. Capital bids submitted in March. Decision on whether bids progress to stage 2 was expected in early April. <p>PHB work currently scheduled for 17/18</p>
ICPS	Transforming Community Children's health services		<ul style="list-style-type: none"> The ICCHS update paper went to the Joint Commissioning Partnership Board Work in progress to finalise PID First draft project plan and schedule produced Fourth ICCHS project board/steering group held which was a successful themed workshop on designing co-production ICCHS themed workshop at the new maternity and family health systems transformation network. Engagement on needs assessment and develop systems thinking about potential models of integration Work in progress with business intelligence and communications and engagement to work in project team Initial meeting of the data for change work stream to design the needs assessment work held with public health, service delivery and business intelligence Paediatrics in primary care task and finish group held and agreement of the recommendations to send to the Clinical Commissioning Committee <p>Paediatrics in primary care paper written and went to the Clinical Commissioning Committee</p>
ICPS	Workforce		<p>Programme documentation outlining scope of work completed. STP SRP identified. Initial scoping discussions have taken place with potential stakeholders involved in any future project work. Work programme commencing.</p>
ICPS	Estates		<p>Following agreement on the ICS project areas, further work on refining the project briefs has taken place. Draft briefs for projects 1, 2, 3 and 5 are now substantially complete and have been shared with cluster leads. Work on briefs 4 and 6 continue.</p> <ul style="list-style-type: none"> Project 1: Service for Specialist care and support for people with high intensity needs- including providing a rapid response service for people with moderate/medium intensity needs whose needs are escalating; Project 2: Pro-active on-going care for people with medium intensity need Project 3: Routine care Project 4: Urgent care & treatment for minor injuries (still under production) Project 5: Care market Project 6: Early help (still under production) <p>Transition and implementation planning workshops have taken place and will to inform the work programme delivery and the Decision-Making Business Case.</p> <p>Community hub feasibility studies are progressing in line with plan.</p> <p>Financial modelling continues to be tested and an economic business case is being developed.</p>
ICPS	Finance & Business Intelligence		<p>All the GP 5year forward view work streams are being established and mobilised, priority being made for the 'extending access to primary care' work stream to ensure the milestone of 100% coverage by April 19 is met.</p> <p>Recruitment to project managers underway to support GP leads in the development and delivery of locality primary care transformation plans.</p> <p>The priority primary care estates development feasibility studies are progressing in line with plan.</p> <p>Transformation support offer finalised</p> <p>More details of progress made will be provided for May Highlight Report.</p>
ICPS	Integrated Transport		<p>Dementia Services Review</p>

			<ul style="list-style-type: none"> View Seeking report published Needs and data report in process of being approved Modelling dates confirmed. Sir Alistair Burns confirmed speaker for the innovation day <p>Acute Care Pathway</p> <ul style="list-style-type: none"> Approval process has been drafted in line with CSR Consultation completed and being analysed Consultation report due May <p>Improving Access to Psychological Therapies (AIPT)</p> <ul style="list-style-type: none"> National Bid successful for expansions into LTCs Project Board meeting being set up for beginning May Project documents completed in draft for Project Board Employment advisors: recruitment in progress <p>CAMHS Review PID in development: draft due end April</p>
ICPS	Technology		<p>April update</p> <ul style="list-style-type: none"> 16 inpatients against target of 9 On-going monitoring of inpatient bed usage and update of HSCIC database. Participation in discharge planning process On-going management of Shottsford House contract Build of 2 bed bungalow (DCC) - initially scheduled for completion 31 March – is on-going 46% health checks carried out (1st of March position – data based on submissions from practices) against internal target of 50% for 16/17 (target is 75% by end of 18/19). Results of Health Checks survey monkey presented to Health Checks Group and actions agreed Support for practices on-going (visits by 'Experts by Experience' and targeted work from the newly appointed health facilitator within the community LD team) Revenue bids not successful. Capital bids submitted in March. Decision on whether bids progress to stage 2 was expected in early April. <p>PHB work currently scheduled for 17/18</p>
DTD	Portfolio		TOR drafted and circulated for DIG members to input. Final version due for approval in March
DTD	Dorset Care Record		Underfunding issues resolved through CCG and DHC contributions. Borough Councils agreed in principle to remain in the risk sharing element of the project. This needs to be finally signed following no public push back.
PAS	Prevention at Scale		<ol style="list-style-type: none"> Internal work to clearly define projects Validate / align with partners <p>Develop milestones and timeframes for all</p>
PAS	Starting Well		<p>Agreed that delivery will be integrated within the Maternity Early Adopter project</p> <p>Milestones and timeframes in development Projects identified and being validated with partners.</p>
PAS	Living Well		<p>Projects already in train identified, scoped and with clear milestones.</p> <p>Additional opportunities identified and being scoped to ensure greater clarity about potential overlaps with other workstreams.</p> <p>Agreed lead through Health and Wellbeing Leads group and in discussion with DWAB.</p> <p>Scoping potential projects from opportunities identified.</p> <p>Milestones and timeframes to be agreed.</p> <p>Active Ageing bid submitted (£650k) and through to round 2. Presentation May 2017, decision June 2017.</p> <p>Place-based pilot bid submitted. Feedback on progress to stage 2 from Sport England June 2017</p>
PAS	Live Well Dorset		<ol style="list-style-type: none"> On track for delivery
PAS	Ageing Well		<ol style="list-style-type: none"> Define projects already in train. Scope potential projects from opportunities identified Review and validate with our partners Define projects and agree milestones, timeframes etc.
PAS	Healthy Places		<ol style="list-style-type: none"> Define projects already in train. Scope potential projects from opportunities identified Review and validate with our partners Define projects and agree milestones, timeframes etc.
LWD	Developing our leaders		<p>Development Programme to progress Better Care fund and ACS work in West of County.</p> <p>Arbinger Train the Trainer Programme commissioned for building internal capability for systems leadership development.</p> <p>OD Lead position filled and commencing in June.</p>

			<p>Diagnostic tool to use out with HRDs for sign off.</p> <p>Primary Care development programme to help practices to sustain and transform in development and will be launched in April 17.</p>
LWD	Recruitment and retention of our staff		<p>Discussions at LWDG took place on 9/3/17. Summary of commitment:</p> <p>Marketing</p> <p>Share existing good practice; I Care Work together on promotional material, and promote together Use of social media and different routes to advertise Develop a podcast- link it to key marketing for Dorset i.e. the air show Influence national campaigns</p> <p>Events</p> <p>Hold open days in organisations Hold careers days or fairs- Dorset only- include wider support i.e. schools, accommodation etc.</p> <p>Retention</p> <p>Gain better intelligence of the movement of staff- do we know where they are going Highlight the opportunities in Dorset; if leaving, guide them to another role in the system Develop rotational posts</p> <p>Benefits</p> <p>Have the same approach to incentivising staff to work in each organisation Overcome/ sign post to barriers i.e. accommodation Staff referrals schemes</p> <p>Health and wellbeing Group met on 8/3/17. Summary of agreed actions:</p> <p>Develop a strategy with supporting benchmarks/ measures (national and local drivers) Develop a brand and Comms/ marketing approach Look at existing wellbeing resource- consider need to bid for funding to secure/ backfill Bid for funds- resource and branding Scope out activity for MH and MSK Develop guidance and training for the H&W champion role Pull together guidance Inc. insurance etc. for running classes and wellbeing initiatives on and off premises Review membership and terms of reference. Next meeting 25/5/17 and chair arrangements being revised.</p>
LWD	Developing our staff		<p>Functional group of Dorset Wide Apprenticeships in place. Resource requirement being considered at May DWAB. Local concerns for the availability for providers able to deliver new apprenticeships. Progressing with procurement.</p> <p>Apprenticeship Group met on 13/3/17. Summary of agreed actions:</p> <p>Brand and market the apprenticeship opportunities in Dorset- Develop one brand, supporting video and promotional material to advertise apprenticeships in health and social care organisations in Dorset. Develop one central point for apprentices to go to find out about opportunities in Dorset; consider including triage to help guide apprentices to the right opportunity. Pay and terms of appointment- Harmonise terms and pay for apprentices across health and social care organisations in Dorset, benchmarking with other comparable sectors or organisations. Measuring the impact of the apprenticeships- To set a series of measures and KPIs to assess the impact and success of marketing together to secure apprenticeships. DWAB sign off- Organisations to consider every vacancy as a possible apprenticeship post. Funding for the brand and marketing campaign. Resource to move actions forward (backfill). Pay rates for system Membership of group- Review circulation list. Draft terms of reference. Set dates for next 12 months</p>
LWD	Supporting our staff through change		<p>First Social Partnership Forum took place on 13 April with health and social care representation.</p> <p>Currently workstream leadership has been devolved to a senior colleague at Poole Hospital pending return of the Director of HR and OD.</p>
RC	RC001 Mental Health:		<ul style="list-style-type: none"> Physical Health Checks- Project team agreed, Dorset Healthcare leading, planning has started. Employment -Project team agreed, Dorset Healthcare leading, planning has started. Acute Care Pathway - NHSE Assurance achieved; 8-week consultation starts on 1st February 2017. Dementia Review - Review scope agreed by all partners; view seeking currently underway.
RC	RC002 MSK/Trauma:		<ul style="list-style-type: none"> Falls prevention- Project team agreed and now in place. Falls prevention strategy has been agreed by JCB. Workstream meeting has taken place and task and finish groups to be set up Spinal Pain Project team agreed and now in place. Meeting to agree spinal pathway with partners has taken place. Meeting focused on identifying what elements of the pathway needed to be targeted first. Elective Hips and Knees-Donna Parker (RBCH) is leading this as part of the referral management / demand management actions linked to the system agreement. CCG is supporting. Programme context and outline papers presented to Acute Provider Clinical Management Boards in Dec/Jan. Meetings/teleconferences have taken place on orthopaedics. Key opportunities and actions have been identified.
RC	IRC003 CVD:		<ul style="list-style-type: none"> Advice & Guidance - Project team agreed and project plan being developed. Workshops planned for the 31st January and 1st February 2017. Large range of stakeholders attending. Hypertension and Cholesterol- Project team now in place and project plan being developed. This work links to the primary care demand management action within the system agreement. Cardiology intervention rates- Donna Parker (RBCH) / Julie Pearce (DCH) are leading this as part of the referral management / demand management actions linked to the system agreement. CCG is supporting. The Acute Vanguard workstream will take the lead on this on behalf of the system. Diabetes - Project team now in place. Transformation bid submitted to NHSE for funding to support patient education primarily.
RC	RC004 Cancer		<ul style="list-style-type: none"> Urology pathways- Project team now in place and PID being developed. This links to the demand management work being led by the Chief Operating Officers as part of the system agreement. CCG leads

			<p>will ensure this is supported and linked into the project to prevent duplication of effort. Currently looking at the data and identifying gaps / data needs to inform development of the project brief / PID.</p> <ul style="list-style-type: none"> • Dermatology – skin Lesions -Project team now in place. PID was already developed as part of the wider piece of work that commenced pre- RightCare on looking at the model of dermatology care in Dorset. This also links to the demand management / referral management work in the system agreement and the Chief Operating Officers will lead on the demand management elements of this work. Pilot work around using images as part of referrals is already underway. Skin Lesions Pathways project will be a sub PID of Dermatology overall. • Haematology follow Ups- Project team now in place and PID being developed. Currently gathering local data and intelligence on follow ups, working with cancer managers
RC	Non- Key Areas		<ul style="list-style-type: none"> • Maternity – Project team in place. The CCG was successful in becoming an 'Early Adopter' site to test maternity services of the future. Our Dorset Early Adopter site will focus on: <input type="checkbox"/> Improving postnatal care & Providing better personalised care planning DCH's neonatal unit officially became a Special Care Baby Unit on the 9th January and now only takes babies after 32 weeks. Babies born before 32 weeks will now go to Poole Hospital or Southampton. • Integrated Children's Community Services - Project team in place and draft PID in place, which is currently being updated. Several workshops / meetings have taken place to shape the scope and shape of the project. • Ophthalmology - Project team in place. This work started prior to RightCare and has been focused on developing an outcome based commissioning framework / developing the model of care for ophthalmology across Dorset. This work links to the system agreement actions and the CCG will support the work being led by the Chief Operating Officers on demand management / referral management in relation to ophthalmology. • Procedures of Low Clinical Value - Paper went to the GB in relation to a proposal to move to prior approval for certain hand conditions. It was agreed that this needed further consideration and development with support from Christian Verrinder as clinical lead for MSK work