

**NHS DORSET CLINICAL COMMISSIONING GROUP**  
**GOVERNING BODY MEETING**  
**CORPORATE OBJECTIVES 2017/18 – 2018/19**

<b>Date of the meeting</b>	15/03/2017
<b>Author</b>	C Summers, Director of Engagement and Development
<b>Sponsoring GB Member</b>	Dr F Watson, CCG Chair
<b>Purpose of Report</b>	This report sets out the proposed corporate objectives aligned to the two year operational plans and covering 2017/18 and 2018/19.
<b>Recommendation</b>	The Governing Body is asked to <b>approve</b> the corporate objectives and associated organisational development, ensuring they are consistent with the strategic aims and delivery challenges of the CCG.
<b>Stakeholder Engagement</b>	N/A
<b>Previous GB / Committee/s, Dates</b>	Remuneration Committee on 22 February 2017

**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> [e.g. ✓]	<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 :CS

## 1. Introduction

- 1.1 This paper sets out proposals for the corporate objectives for 2017/18 and 2018/19 in line with the two year operational plan.

## 2. Report

- 2.1 Informed by the Remuneration Committee and executive team, the Chief Officer has developed the corporate objectives for the next two year period. These objectives reflect the increased focus on system leadership required of the CCG. They comprise national objective requirements and the local challenges facing the CCG in the year ahead, notably the CCG contribution to the sustainability and transformation plan (STP), delivering the GP 5 Year Forward View, and responding to the CCGs financial outlook.
- 2.2 In determining the corporate objectives emphasis has been given to the leading role the executive members of the CCG are playing in delivery of STP work programmes. A lead director has been assigned to each objective though delivery will require a high degree of collaboration where competing priorities are already evident. The CCG, as lead NHS commissioner in Dorset also faces significant challenges in meeting national programme objectives as part of our two year operational plan - referred to by NHS England as the "nine must do's".

### National Objectives. - The nine 'must dos'

1.	<p>Implement agreed <b>STP</b> milestones, on track for full achievement by 2020/21 and achieve agreed trajectories against the STP core metrics set for 2017/18-2018/19.</p> <p>This will result in improvements in health and care; restore and maintain financial balance; and deliver core access and quality standards</p> <p>Lead Directorate: Design and Transformation.</p>
2.	<p><b>Finance-</b> Deliver individual CCG and NHS provider organisational control totals and achieve system financial control totals. Also implement local STP plans, moderate demand growth, increase provider efficiencies, including the "<a href="#">Carter</a>" review into productivity in acute hospitals.</p> <p>This will help achieve local targets to moderate demand growth and increase provider efficiencies.</p> <p>Lead Directorate: Finance and Performance.</p>

3.	<p><b>Primary Care-</b> Implement the <b>General Practice Forward View</b>.</p> <p>This will include ensuring the sustainability of general practice through local investment, extend and improve access in line with national funding commitments, and support general practice at scale with locality based practice transformation.</p> <p>Lead Directorate: Service Delivery.</p>
4.	<p><b>Urgent and Emergency Care-</b> Deliver the four hour A&amp;E standard and associated standards for ambulance response times. By November 2017 meet the four priority standard for seven day hospital services for all urgent care networks specialist services. Implement the Urgent and Emergency Care Review.</p> <p>This will result in 24/7 integrated care service for physical and mental health is implemented by March 2020, including a clinical hub that supports NHS 111, 999 and out-of-hours calls and a reduced proportion of ambulance 999 calls that result in avoidable travel to an A&amp;E department.</p> <p>Lead Directorate: Service Delivery.</p>
5.	<p><b>Referral to Treatment and elective care-</b> Deliver the NHS Constitution standards for referral to treatment, including patient choice for first out-patient appointments and achieve 100% of e-referrals by April 2018. Implement the national maternity strategy.</p> <p>This will result in a clearer approach to elective care pathways, including outpatient redesign and avoiding unnecessary follow-ups.</p> <p>Lead Directorate: Service Delivery.</p>
6.	<p><b>Cancer-</b> Implement the cancer taskforce report. Deliver the NHS Constitution 62 day cancer waiting standard. Make progress in improving one year survival rates and ensure all elements of the recovery package are commissioned.</p> <p>This will result in patients having a holistic needs assessment and care plan at the point of diagnosis and the patient's GP appraised at the end of treatment, allowing a cancer care review to be completed within six months of diagnosis.</p> <p>Lead Directorate: Service Delivery.</p>
7.	<p><b>Mental Health-</b> Deliver in full the mental health five year forward view for all ages. Ensure delivery of the mental health access and quality standards Increase baseline spend on mental health and eliminate out of area placements for non-specialist acute care by 2020.</p> <p>This will result in 24/7 access to community crisis resolution teams, home treatment teams and mental health liaison services in acute hospitals and ensure a focus is maintained on dementia diagnosis.</p>

# 8.1

	Lead Directorate: Service Delivery.
8.	<p><b>Learning Disabilities-</b> Work with local government partners to deliver local plans to transform care for people with learning disabilities.</p> <p>This will enhance community provision, reduce reliance on inpatient beds and reduce premature mortality by improving access to health services including annual health checks with people with a learning disability and/or autism.</p> <p>Lead Directorate: Service Delivery.</p>
9.	<p><b>Improving quality in organisations-</b> Develop and implement an affordable plan to make improvements in quality particularly for organisations in special measures.</p> <p>We will work with providers to achieve this by improved use of staffing resources to ensure safe, sustainable and productive services and participate in the annual publication of findings from reviews of deaths and avoidable death rates, and assess the actions taken to reduce deaths related to problems in healthcare.</p> <p>Lead Directorate: Quality.</p>

## Local Objectives

L1	<p>CSR Acute Reconfiguration -Decision and implementation. GB decision in September 2017 (based on current plan) through the production of approved (GB) CSR implementation plan.</p> <p>Lead Directorate: Design and Transformation</p>
L2	<p>CSR Integrated Community Services - Decision and implementation. GB decision in September 2017 (based on current plan) through the production of approved (GB) CSR implementation plan.</p> <p>Lead Directorate: Design and Transformation.</p>
L3	<p>Acute Mental Health Care Pathway - Decision and implementation. GB decision in July 2017 (based on current plan) through the production of approved (GB) CSR implementation plan.</p> <p>Lead Directorate: Service Delivery.</p>

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L4	<p>Primary Care Commissioning Strategy – Progress years 1&amp;2 of the GP5YFV with a focus on co-production of local plans (blueprints) to improve health in partnership with local communities, health, social and voluntary organisations; implementation of local transformation programme so that populations are receiving GP Services from practices who are part of a collaboration, working at scale; Phase 1 implementation of the estates and technologies transformation plan; Commence planning to provide additional consultations capacity per 1,000 population including online consultations.</p> <p>Lead Directorate: Service Delivery.</p>
L5	<p>System Structures: Delivery of the CCG/Commissioning strategic remit including remit to develop CCG strategy which includes a refresh and update of STP, Operational plans, delivery plan, Transformation plan and timeline, ensuring Portfolio/programme systems are in place and operational with supporting system structures.</p> <p>Lead Directorate: Design and Transformation.</p>
L6	<p>To ensure continued system financial sustainability through regularly report financial position of Dorset CCG and provider Trusts, monitoring the achievement of cost improvement and quality improvement plans and the cash flows of CCG and Dorset providers.</p> <p>Lead Directorate: Finance and Performance.</p>
L7	<p>Digital Dorset: Ensure the delivery of the Digital Care Record in line with the STP, encompassing an approved digital strategy (GB and STP), GP estate transformation, collaboration platforms, Virtual Reality deployments for, dementia diagnosis and anxiety management, and engagement online systems for Primary Care.</p> <p>Lead Directorate: Design and Transformation.</p>
L8	<p>Leading and Working Differently: Following endorsement of the "leading and working differently" strategy, work collaboratively with all system partners to deliver the agreed implementation plan addressing; development of our leaders, recruitment and retention of our staff, developing of our staff, and supporting staff through change; Seek system level deployment of workforce control measures and workforce developments.</p> <p>Lead Directorate: Engagement and Development.</p>
L9	<p>Accelerating the delivery of the prevention at scale tier using digital innovation with a focus on activity, schools engagement and behaviour change for a healthier lifestyle..</p> <p>Lead Directorate: Design and Transformation</p>

L10	<p>Continuing Healthcare: Maintain good performance of the CHC team and processes by ensuring: high quality assessments of people who may be eligible for CHC funding and high quality care provided for patients in receipt of CHC; Patients are offered PHBs and these are applied appropriately; Ensure effective management of budget and QIPP; Work collaboratively with the LAs to maximise benefits of integration; Ensure all PUPOC cases are dealt with appropriately within required timescale; Reduce complaints and increase patient satisfaction.</p> <p>Lead Directorate: Nursing and Quality</p>
L11	<p>Enhancing Patient and public engagement: Supporting the post CSR consultation phase with a continuing programme of system and locality based engagement; providing design and implementation expertise that initiate a STP level public and patient engagement approach based on principles endorsed by SLT; working with primary care locality teams to deploy practice based PPG coordination; continue to create innovative communications and social media approaches to enhance public engagement.</p> <p>Lead Directorate: Engagement and Development.</p>

### Organisational Development

2.4 To support delivery of the corporate objectives, a range of organisational developments are already programmed:

- A Governing Body, Clinical and Executive Leadership/ Support Plan for CSR is being developed to support decision-making on the preferred options for acute configuration and community development.
- Governing body and clinical leadership core roles and functions have been revised to ensure the appropriate level of leadership across portfolios, supported by a team development and coaching programme.
- The Chief Officer will further refine the executive team's portfolio remits to provide clear line of sight and ownership of the corporate objectives.
- working with NHS England, the transition of full delegated responsibilities for primary care commissioning services will include the associated organisational development, resourcing and leadership of the primary care team.
- Revised and early deployment of the annual personal development review programme of all CCG staff will enable clearer alignment between personal objectives and these corporate objectives.

2.5 The Chief Officer will fulfil his leadership role for the delivery and resourcing of these corporate objectives through his executive team and commissioning support arrangements.

- 2.6 The Chief Officer's approach will be to maintain strategic direction for the CCG, moving forward in collaboration with our stakeholders and partners, and ensuring we are anticipating and responding to the developing challenges ahead.

### 3. **Conclusion**

- 3.1. The Governing Body is asked to **approve** the corporate objectives and associated organisational development, ensuring they are consistent with the strategic aims and delivery challenges of the CCG.

**Author's Name and Title:**

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**1 March 2017**

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