# DRAFT

# NHS Dorset CCG Annual Operating Plan 2016/17

## VERSION 2- March 2016

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## INTRODUCTION

Welcome to our refreshed 2016/17 Operational Plan, which builds on the successes we have seen during 2015/16 and has been refreshed in light of the changing environment and challenges we face.

The last twelve months have seen us continue to grow and develop into an organisation that is confident to face the challenges ahead and has the experience to make some potentially major decisions about healthcare in the local area.

We have been on a journey of discovery and exploration; our clinical leaders and membership have played a vital role in continuing to shape our organisation and forged new partnerships and built on existing relationships.

NHS England's "Five Year Forward View" published in October 2014 and refresh NHS Mandate 2016/17 recognises the financial challenges which face the NHS and social care over the coming years and indicates a drive towards closer integration and joint commissioning between health and social care services, the development of different models of provision, including multispecialty community providers and primary and acute care systems and the transformation of primary care.

The plan also describes a stronger role for the voluntary sector with more emphasis on putting patients in control of their own care. It also emphasises the need to increase the use of technology and the role of public health in achieving better outcomes for communities.

As a health and care community, through our Clinical Services Review Programme, we have been working together to further understand the challenges facing the health and care system throughout the county. In doing this we have been developing plans for a more integrated care approach to redesign the model of health and social care in Dorset, responding to the change drivers articulated in the Five Year Forward View. We have engaged with the public, patients, clinicians, partners and other stakeholders so they can inform our review, our models of care and how they want us to consult with them.

Over the next 12 months, we will build on this work and develop a Sustainability and Transformation Plan for Dorset, which will align programmes of work across the health and social care system so that together we can:

- close the health and wellbeing gap;
- close the care and quality gap;
- close the financial gap.

Through the implementation of this five year plan we can ensure that the people of Dorset have a sustainable health and care system which is fit for the future.

## DELIVERING NATIONAL PRIORITIES

NHS England, NHS Improvement (Monitor, the NHS Trust Development Authority), the Care Quality Commission, Public Health England, the National Institute for Care Excellence and Health Education England have come together to issue the shared planning guidance called Delivering the Forward View: NHS Planning Guidance for 2016/17- 2020/21, coordinating and establishing a firm foundation for longer term transformation of the NHS.

The guidance reiterates the challenges facing the health and care system of a growing and ageing population, increasing demand for services which are already under pressure, delivering new standards of care and increased access (e.g. seven day working) in a financially constrained system.

NHS Dorset CCG is committed to delivering the priorities identified within 'Delivering the Forward View: NHS Planning Guidance for 2016/17 – 2020/21 to ensure that everybody in Dorset has access to safe high quality health care which makes the most of clinical and technological advances and best practice, whilst being affordable in the long term, therefore ensuring long term system sustainability. In doing this we will:

- work with partners to develop and deliver a **Sustainability and Transformation Plan** for Dorset which sets out how we will transform service models to deliver high quality, integrated care, across the system, incorporating innovative technologies;
- **value** - we will continue to strive to ensure the best use of our resources, delivering high quality, sustainable services aiming to return the system to **financial balance**;
- continue to develop **Primary Care Services** as these are fundamental to ensuring a modern health care service fit for the future;
- we will ensure services are **accessible**, timely and convenient and deliver the NHS Constitution standards, in particular achieving A&E, ambulance waits, referral to treatment and cancer wait targets;
- ensure that we continue to focus on **improving people's mental health** as well as their physical health (parity of esteem), to ensure timely access to services;
- work with partners to deliver local plans to **transform learning disabilities services**;
- develop and implement an affordable plan to make **improvements in quality** particularly for organisations in special measures. In addition providers are required to participate in the annual publication of **avoidable mortality** rates by individual trusts.

We will also:

- promote **better prevention of ill health and reduce inequalities** that exist across Dorset;
- ensure that all of our **communities and stakeholders are involved and engaged** through every stage of service development and change;
- continue to be committed to supporting **research and implementing innovative** solutions to care delivery.

## LOCAL DELIVERY IN 2016/17

### About Us

Dorset GP practices serve a population of around 766,000 living in sparsely distributed rural areas and within the urban conurbations of Bournemouth, Poole and Weymouth.

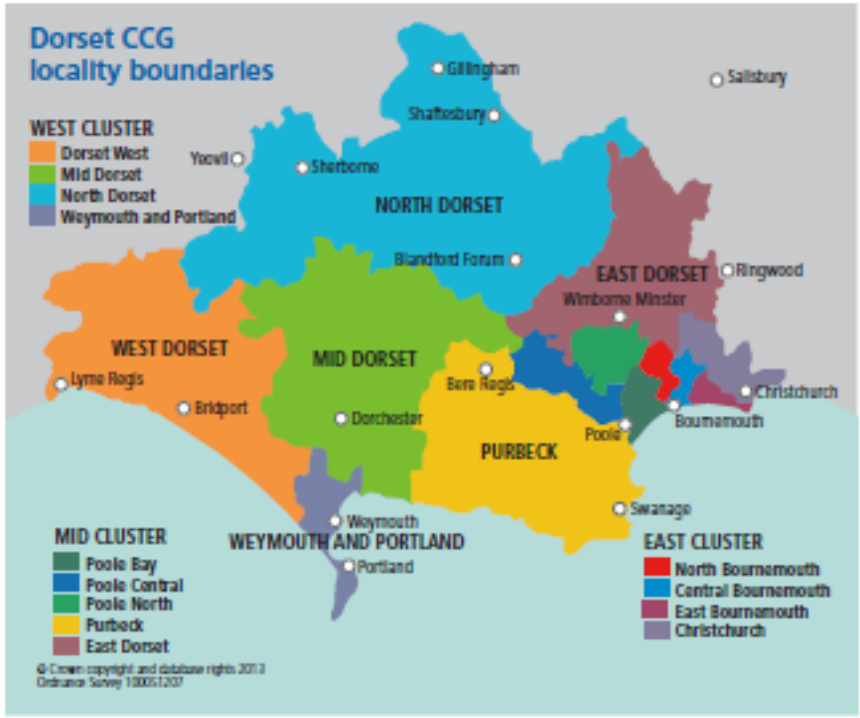
This section outlines the collective challenges we face in terms of health needs and financial constraints and outlines our priorities for delivery in 2016/17.

NHS Dorset CCG commissions (buys) services from a range of providers including:

- Dorset County Hospital NHS Foundation Trust;
- Dorset HealthCare University NHS Foundation Trust;
- Poole Hospital NHS Foundation Trust;
- Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust;
- Salisbury NHS Foundation Trust;
- University Hospital Southampton NHS Foundation Trust;
- Yeovil District Hospital NHS Foundation Trust;
- South Western Ambulance Service NHS Foundation Trust;
- General Practices;
- Third Sector.

We have three local authorities, which provide social care services as follows:

- Dorset County Council;
- Bournemouth Borough;
- Borough of Poole.



## Challenges

If the NHS in Dorset is to have sustainable health and social care services that are fit for the future, we need to continue to work collaboratively across the system with stakeholders, partners and providers to make courageous decisions regarding how local services are best provided and delivered.

Overall the population of Dorset enjoys relatively good health with a higher life expectancy than the England average, with a predicted total population increase of 6% by 2020. The specific challenges we face are:

- **increasingly elderly population** placing a high demand on health and social care services- over 70s expected to increase by 30% over next 10yrs;
- **increasing number of people living with long term conditions** – by 2020, 1 in 10 people will have diabetes and 1 in 8 coronary heart disease, rates of dementia continue to rise;
- **major causes of death** are cardiovascular disease (CVD) and cancer, deaths from CVD and cancer accounted for 29% of deaths in 2011;
- **health related behaviours** in the main are good however issues such as smoking, smoking in pregnancy, sexual health, alcohol consumption, and obesity are a cause for concern.
- **inequalities in life expectancy** – Dorset - 6.7yrs men, 4.7yrs women; Bournemouth - 10yrs men, 4.4yrs women; Poole - 6.8yrs men, 5.7yrs women;
- **clinically unsustainable system** – shortage of key workforce groups including emergency medicine trainees and consultants, high use of locum or agency staff, difficulty in recruiting to GP posts;
- **financial challenges** of an estimated financial gap of £220m gap by 2020/21.

Further detail on the challenges we face and why we need to change can be seen in our Clinical Services Review - Need for Change (Feb 2015) at http://www.dorsetsvision.nhs.uk/

## Priorities for Delivery

In response to the challenges we have set out, and in meeting the national planning requirements, we will focus on our **transformation programmes** as follows:

- **Clinical Services Review –** including the development and implementation of new models of care;
- **integrating health and social care;**
- **systems resilience.**

These programmes are inter-related, will be delivered within the developing Sustainability and Transformation Plan and will be delivered in partnership across the health community in Dorset through our five clinical delivery groups (CDGs), partnership programmes including the Vanguards. Our CDGs are:

- maternity and family health;
- long term conditions, frailty and end of life;
- planned and specialist;
- urgent and emergency care;
- mental health and learning disabilities.

We are committed to reviewing and developing **primary care services** which are fundamental to ensuring a modern health care service fit for the future, as we take on our role as Delegated Commissioners of Primary Care Services.

We continue to focus on ensuring that those who have **mental health needs or learning disabilities** are treated in the same way as any other patient, ensuring parity of esteem. We will also focus on psychosis and dementia pathways.

We will maintain our focus on improving **quality and safety, engaging our communities, organisational development and supporting the workforce.**

# TRANSFORMING HEALTHCARE IN DORSET

## Clinical Services Review

### Programme Overview

The clinical services review (CSR) was designed to review clinical services across Dorset, with the aim of developing a modern model of safe clinically sustainable, high quality health services (including workforce), accessible to everyone, 24 hours a day, seven days a week across Dorset.

Throughout the review, we have ensured that we talk to people who are, and will be, affected by any change to services, so we capture their views and concerns and involve them in design, implementation and on-going review of how the new services are performing. Fundamental to the success of this review has been and continues to be the input from a wide range of partner organisations and the clinicians and other staff that work within them, including but not limited to NHS providers, GPs, other CCGs, NHS England, local authorities, district councils, health and wellbeing boards, voluntary and charitable sector.

### Programme Outcomes

- delivery of care closer to home;
- services which are designed around people;
- integrated 'whole system' services;
- sustainable workforce;
- improved quality and outcomes;
- value for money.

### Progress to Date

During 2015/16 we have worked with clinicians and partners to:

- develop integrated health and social care service to delivering a definitive community offer with locality level modelling in readiness for consultation and subsequent implementation;
- develop acute programme plans, including work on a second option and progression towards a preferred option: delivering lower capital cost options to ensure a robust plan should all the money required for the models not be available and will also deliver a preferred option with which to go out to consultation with the public;
- support the development of the Acute Vanguard: ensuring alignment with the vision of the transformation programme and that these two programmes of work are moving towards shared objectives;
- further engage with and focus on joint work with Local Authorities including work undertaken through Better Together: this work will lay the foundations for strong, collaborative relationships built on a shared vision and objectives;
- develop a system wide **Workforce Plan** which gives local and national context, provide details of the existing workforce and identify gaps in current and future workforce demand. An executive summary brings together each section of the plan, with a series of themed recommendations to address the workforce challenges identified and ensure the future sustainability of the workforce in Dorset.

The Workforce Plan has been led by HR Directors from across the system, who are committed to collectively engaging and bringing the voice of the workforce to commissioning discussions to support both their internal organisations and the system wide workforce development elements of change.

Dorset's Workforce Plan is a large, significant and iterative piece of work which will continue to evolve and develop as new and emerging models of care are developed and confirmed.

During 2016/17 we will:

- continue work on acute modelling in conjunction with clinicians;
- continue to develop the integrated community services work programme, informed through the work of the Clinical Delivery Groups (CDGs) and the acute services configuration. To date, a project plan is in place to develop the integrated community services commissioning strategy and subsequent plan, working with the Local Authorities and engaging stakeholders. In addition to the work of the CDGs there is a task and finish group established to undertake further community hub modelling to identify and define in more detail the services, by locality, in terms of type and scale of these, based on population need and views, best practice and taking into account economic viability and clinical sustainability.
- build on the CSR which sets out our system strategy, and in line with recently released planning guidance from NHS England we have been working with partners to develop a single system wide **Sustainability and Transformation Plan (STP)** for Dorset. This builds on the engagement undertaken over the last 12 months, includes further and closer involvement with Local Authorities as the Better Together Programme evolves, working with our providers including utilisation of the Acute Vanguard and Integrated Community Services workplans and sustained input into the enabling workstreams such as the Dorset Care Record. Key progress to date:
    - agreed the transformation footprint and system leaders (Tim Goodson);
    - established interim governance and system leadership arrangements though the Chief Executive Officers Group- effective from 1 April 2016;
    - developed a draft system wide vision;
    - established a STP planning group consisting of senior managers led by the CCG, and an Editorial Board which will lead the development of the narrative and is overseen by Dr David Phillips, Director of Public Health Dorset. Both these groups have already met and agreed an overarching project plan and timeframes;
    - we have been engaging with both Health and Wellbeing Boards.

The Dorset STP will pull together a number of existing workstreams already identified through the CSR and existing partnership programmes including Vanguards and Better Together. These workstreams include:

- integrated community services – includes the local Dorset Vanguard;
- acute hospital – acute vanguard and value proposition;
- mental health – acute care pathway.

In addition we have identified and progressed a number of enabling programmes as follows:

- delivering Vision 2020 – including digital roadmap and Dorset Care Record;
- workforce – includes the development and on-going modelling of workforce requirements aligned to emerging models;
- development – cultural change;
- engagement and communications – system wide engagement and communications;
- assurance – CSR and national assurance process;
- finance, procurement and estates – financial viability, business case, capital funding and efficiency savings.

## System Leadership

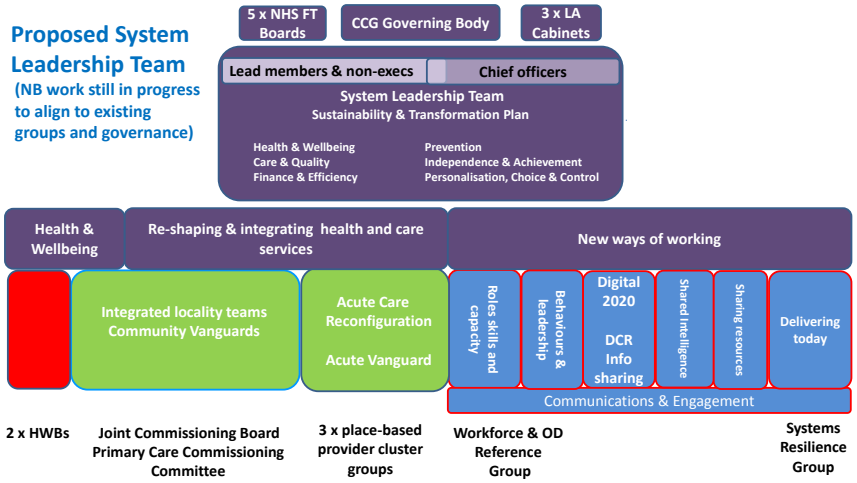
The system leaders have come together to agree proposals for system leadership which will oversee the delivery of the STP. This group has been formed from two existing meetings of key system leaders – the reference group supporting the Clinical Services Review and the Sponsor Board who have been overseeing the Better Together Programme, responsible for helping integrate health and social care across Bournemouth, Dorset and Poole.

Membership of the System Leadership Team (SLT) includes lead Cabinet members, non-executive chairs, lead governors and Chief Officers from:

- Dorset Clinical Commissioning Group;
- Dorset Healthcare University NHS Foundation Trust;
- Dorset County Hospital NHS Foundation Trust;
- Poole Hospital NHS Foundation Trust;
- Royal Bournemouth and Christchurch Hospital NHS Foundation Trust;
- South Western Ambulance Services NHS Foundation Trust;
- Borough of Poole;
- Dorset County Council;
- Bournemouth Borough Council.

Our SLT is meeting monthly with chief officers and is including lead members, non-executives and governors every other month. The primary role of the team is to own the development of the STP and ensure its delivery. SLT is taking responsibility for ensuring that the necessary governance mechanisms within individual organisations are being managed and aligned to ensure timely decisions can be taken and that the required level of engagement and scrutiny is achieved.

## Proposed System Leadership Diagram




## Timeframes

Further information on these programmes can be found within the following sections of our annual operating plan along with a high level milestone plan in **Appendix 1**.

**Accelerating Partnership Working**- is fundamental to the development and delivery of the STP. As commissioners we want to commission services on a Dorset wide basis and are therefore seeking providers to come together to do this. As a system this will enable us to better deal with the current system pressures and implementation of plans.

**New Models for Commissioning** – we are looking at alternatives to traditional models for commissioning to move to an outcome focussed based commissioning model.

## Delivering Vision 2020 as part of Dorset's STP

NHS Dorset CCG's Information Plan set out a vision for information management and technology across the organisation and reflects our mission to support people in Dorset to lead healthier lives by using IM&T to help achieve its aims and values. The plan reflects local requirements driven by improvements in the quality of care, patient health and care outcomes, the reduction of inequalities and increased productivity and efficiency and reflects 'Personalised Health and Care 2020' which was published in November 2014.

The National Information Board has been established and has published a series of work programmes around enabling services to interoperate, and citizens to be more actively involved in their care. These workstreams have now been formed into six priority domains for delivery that will help transform health and care services through data and technology. These workstreams form the basis of our Vision 2020 Strategy Local Digital Roadmap which is a key enabler to the delivery of our transformation programmes and in achieving a sustainable health and care service in Dorset.

### During 2015/16 we have:

- agreed the footprint for the digital roadmap (Dorset) which includes our three acute trusts, South Western Ambulance Services NHS Foundation Trust, Dorset HealthCare University NHS Foundation Trust, 98 GP practices, and our three local authorities;
- established the Dorset Information Reference Group (DIG) which is represented by senior clinical, social care and technical leaders to set priorities and respond to emerging clinical need, driving forwards the shared informatics agenda to support transformation of care, applying national strategies to implement the vision of paperless practice, across the Dorset health and social care community;
- appointed a Chief Information Officer;
- worked with partners to develop the Dorset Digital road map including the development of Dorset Care Records;
- undertaken digital maturity index assessment to inform the digital roadmap and the outcomes have been shared with DIG;
- developed, and have system sign up to, Dorset Information Sharing Charter (DISC) and will ensure it is being utilised to optimise care for patients. The DISC was launched by the Information Commissioner in January;
- gone out to tender for a provider for Dorset Care Records which is our programme to create a single view of summary health and social care information to improve co-ordination of care and communication between partners so that members of the public only have to tell their story once. The plans are aligned with national strategies and are closely related to developments in the GP Systems of Choice Programme that will improve integration between GP clinical systems;
- developed the physical infrastructure and network links between sites, rationalisation of IT on disparate bases and consolidation of services on key HQ bases;
- investigated collaboration tools for remote working in an office independent setting, including mobile working initiatives, and started with SKYPE for business in March 2016;
- invested in the refresh of the GP IT infrastructure;
- implemented GP Wi-Fi to offer greater resilience and access to IT. In doing this we have delivered Jeremy Hunt's promise ahead of schedule, it can be used by other health partners to improve use of NHS estate by other agencies and helps to enable service integration;

- ran a Vision 2020 conference with best practice from London, Leeds, Newcastle and Dorset with over 100 practitioners and clinicians. The enthusiasm generated will become the focus group for Vision 2020 as we go into 2016/17.

### Our strategy for 2016/17:

Dorset is in a strong place as a system. The newly constituted DIG has already started to explore the interoperability opportunities and the alignment of information across the county. In 2016/17 we envisage that there will be a number of quick-wins in prescribing, care records and integration between secondary care and community services. As we are 18 months into the CSR programme we already have a good understanding of the clinical needs, the models of care and the future services and the proposed ways of working. This is particularly important with the current workforce pressures. In 2015/16 we made a conscious decision to move away from a focus on IM&T to a strategy of delivering our transformation using digital in a joined-up way. We are at the early stages of making this transition and welcome the national vanguard for the three acute trusts, as this support will help us accelerate that transformation. Our intention is to be a flagship system and will be proactively exploring the support available from the NIB, Technology Fund and the STP incentives to further accelerate our strategy.

We have moved (March 2016) to a single system leadership team (SLT) and the Vision 2020 work will report directly to the SLT via the DIG. We are taking an organisation agnostic approach and looking to develop how we pool digital, funding, assets and resources. As the DIG evolves during 2016/17 we will see the scope including the enablement of new ways of working, digital innovation, the six NIB domains, collaborative working and improving both the patient/citizen and clinician/practitioner experience. This will be in addition to the IT essentials of infrastructure and operational systems.

During 2016/17 we will:

- align the Vision 2020 strategy work with the STP to provide a clear approach that incorporates STP, CSR, Better Together, Dorset Care Record, Better Care Fund and provider IM&T strategies into one plan for Dorset;
- our Vision 2020 strategy is experience focused providing the best possible experience for patients and professionals. This approach means that we can align fully behind the patient benefits case for our STP and CSR to prioritise investment in a system context;
- we will also work with the recognised expertise in Health and Social Care Information Centre (HSCIC), Academic Health Science Network (AHSN), Kings Fund and NHS England to embed the best solutions for patients into our strategy;
- we will move (in April 2016) all of Better Together under the System Leadership Team (SLT) so that there will be one governance for Dorset's health and wellbeing;
- continue to develop and implement the Digital Roadmap which includes the **Dorset Care Record** with a priority focus on clinical record integration and record sharing;
- continue to improve management and resilience of CCG IT systems and plan to move these to services;
- continue to implement national systems such as **Electronic Prescription Service, GP2GP, Summary Care Record and Enhanced Summary Care Record** which are being rolled out with increasing compliance across the patch. Smartcard services are being provided for the Area Team along with Information Governance and mail for primary care contractors. Dorset currently has 20% of its practices enabled for Patient Online (in the upper quartile nationally) and will focus this year on achieving 100%;

- we will continue to work with and encourage GPs to move to a more mobile, flexible way of working offering secure remote access to the clinical applications (EMIS/ TTP System One). This will include a strategy to align all of the current GP systems onto one platform;
- to complement primary care developments we are providing acute providers with access to System One; providing access to primary care and community care records to secondary care clinicians, improving record sharing for clinical purposes. We will also be hosting a number of best practice sessions to help key users drive the effective and efficient use of the system. We hope to do this with partners such as the LMC;
- **implementing GP SMS tool** which will allow patients to cancel appointments via a simple SMS reply, therefore reducing the number of non-attendance. Evidence has shown that eight cancelled appointments per practice will pay for service in terms of GP cost per consultation.

Our ambition this year is to have one plan for Dorset that focuses on CSR and the delivery of the STP both in-year and future proofing for subsequent years. We will do this through leadership of the DIG and governing through one SLT for Dorset. Our patient and clinical focus means that we will prioritise on what matters most to delivering care and how we can enable the scarce workforce resource to work at the top of their licence. Wellbeing is a core component of our STP and to deliver this we will be looking at how the prevention agenda can be supported through self-service, access to information and better decision support.

## New Models of Care

### 'One NHS Dorset' Acute Vanguard

#### Programme Overview

Our three acute trusts, Dorset County Hospital NHS Foundation Trust (DCH), Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH) and Poole Hospital NHS Foundation Trust (PHT) were successful in their application to become a national Vanguard site in September 2015 to deliver CSR.

The national Vanguards were set up to test new models of care as described in the Five Year Forward View and include the following types:

- integrated primary and acute care systems;
- enhanced health in care homes;
- multi-specialty community providers;
- urgent and emergency care;
- acute care collaborations.

The vision is to create a new joint venture 'Developing One NHS in Dorset), to improve the delivery of health services to the people of Dorset. The programme will:

- co-design high quality services with patients that can be delivered seamlessly and consistently across Dorset;
- create an innovative new county-wide service delivery joint venture, whilst ensuring the sustainability of services that remain outside of this;
- realise efficiencies in the delivery of our services to ensure the long-term viability of a high quality and innovative health and care service in Dorset;
- develop a coherent approach to integrating services and shifting of traditionally hospital-based services into the community;

- address and overcome historical organisational cultures, behaviours, and barriers to county-wide decision making;
- enable us to move forward at pace with delivering county-wide service provision, building on the Dorset CSR blueprint;
- recognise and meet the ambition of the national Vanguard programme to achieve a step change in new care model provision;
- put in place and share a replicable service delivery model that can be implemented elsewhere.

The nine priority services that have been identified as part of the programme are:

- women' health;
- paediatrics;
- cardiology;
- stroke;
- ophthalmology;
- non-surgical cancer services;
- imaging;
- pathology;
- Dorset wide IT and other transaction related services.

As commissioners working with our partners we will be clear about our commissioning intentions in relation to the above areas, to ensure that there is alignment with the clinical services review and the vision of services that cover the whole of Dorset. With that in mind our broad, overarching commissioning intentions are that, we want to commission:

- a single maternity service across Dorset;
- a single paediatric service across Dorset;
- a single cardiology service across Dorset;
- a single stroke service across Dorset;
- a single ophthalmology service across Dorset;
- a single cancer service including non-surgical cancer;
- a single A&E service.

### Programme Outcomes

- reduction in avoidable variations in care;
- standardisation of best practice;
- spread innovation;
- more equitable delivery of services;
- patients' needs first, not organisations;
- collaboration not competition.

### Timeframes

- April 2016: Permanent PMO in post;
  Financial and workforce models developed;
  Costs model developed;
  Fully developed workstreams and detailed project plans.
- May 2016: Local enabler workstreams in place;
  Contracting form and financial flows agreed with CCG.
- June 2016: Service models and transformation plans agreed;
  Detailed service design documentation;
  Common IT strategy developed.
- July 2016: Workforce strategy and implementation plan complete;
  Service level business cases reviewed;
  Framework for Joint Venture created;
  Service transfer decision.
- October 2016: Transition to new service delivery models begin.

## Integrated Community Services Vanguard

### Programme Overview

In August 2015, we launched our own locally developed Vanguard Programme to support the development of new models of integrated community services (ICS). This provided primary care with the opportunity to submit applications that supported the development of collaborative plans with partners and the public and providing an opportunity for designing services in a different way and closer to home. Six applications were approved and progressed, covering most of the population of Dorset. The Dorset ICS Vanguard sites are:

- West Dorset Cluster - covering a population of over 245,000 and bring together a wide range of key stakeholders, including four of the GP Localities, Dorset County Hospital NHS Foundation Trust, Dorset HealthCare University NHS Foundation Trust, South Western Ambulance Service NHS Foundation Trust and Dorset County Council;
- Healthstone Medical covering a population of 188,978 bring together a wide range of stakeholders including GPs, Dorset HealthCare University NHS Foundation Trust and Poole Hospital NHS Foundation Trust;
- Castleman covering a population of 117,000 bringing together a wide range of stakeholders including GPs, Dorset HealthCare University NHS Foundation Trust and Poole Hospital NHS Foundation Trust;
- Coastal Health GP Services - covering a population of 64,000 across nine GP practices in the Christchurch and Bournemouth area;
- North Bournemouth Primary Health Care Centre - covering a population of between 16,000 and 66,000 in the North Bournemouth locality;
- Compass Healthcare Provision Ltd - covering a population of 125,000 in Bournemouth.

### Programme Outcomes

Each ICS Vanguard Group will be required to produce a final plan which describes how their vision could be realised and how this will support their local population in receiving care.

### Timeframes

- 20 April 2016 – final plans submitted;
- End April 2016 – evaluation of plans undertaken;
- April 2016 onwards – consideration of how proposed new models of care could be commissioned and delivered across Dorset.

## Integrating Health and Social Care

### Programme Overview

The Better Together Programme was established to transform health and social care across Dorset to enable and deliver sustainable improvements in health and care outcomes through person centred, outcomes focussed, preventative, co-ordinated care.

The programme has been delivered in partnership across the health and social care system in Dorset. Partner organisations include Dorset CCG, Dorset County Council, Bournemouth Borough Council, The Borough of Poole, Dorset County Hospital NHS Foundation Trust, Dorset HealthCare University NHS Foundation Trust, Poole Hospital NHS Foundation Trust and the Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

It has been instrumental in delivering change to support current and future integration of health and social care. Key projects and outcomes include:

- integrated locality teams with health and social care co-ordinators in place in all CCG localities;
- shared information and communication technology implemented with Dorset Information Sharing Charter sign up from NHS and social care partners with plans to widen to other public sector partners;
- carers vision and statement of intent delivered with carers groups;
- work to support implementation of Tricuro which is a pan Dorset local authority trading company formed by Dorset County Council, Borough of Poole and Bournemouth Borough Council in partnership.

The programme comes to an end on 31 March 2016 although key workstreams which derive from the programme will be absorbed into CSR and delivered through the STP, these are:

- the Dorset Care Record which is our programme to create a single view of summary health and social care information to improve co-ordination of care and communication between partners and so that members of the public only have to tell their story once;
- Joint Commissioning Board with subgroups of Joint Commissioning Officers' Group and Joint Finance Officers' Group supporting a workplan designed to deliver further integration.

## Better Care Fund

The Better Care Fund (BCF) has been established across the three local authorities (Dorset County Council, Borough of Poole and Bournemouth Borough Council) and NHS Dorset CCG, and is made up of seven key schemes designed to deliver the BCF objectives.

Work is in progress to form a pooled budget in respect of Moving on From Hospital Living learning disability campus closure – and bring this within the BCF. Our ambition is to grow pooled budgets and joint working and we see the governance arrangements around the BCF as the vehicle for this.

Pan Dorset the BCF is seen as an enabler and is driving integration of health and social care services across Dorset. The financial allocations for this fund can be seen in the table overleaf.

Our key focus for 2016/17 will be implementing a system wide improvement plan for delayed transfers of care (DTOC). We are discussing a risk share across CCG and Local Authorities linked to DTOC performance. Our Systems Resilience Group continues to develop strategies to reduce unplanned admissions.

Our Better Care Fund schemes also aim to improve performance in the high level performance metrics:

- admission to residential/nursing homes;
- increased effectiveness of reablement;
- reduction in delayed transfers of care;
- improved patient/services user experience;
- increase diagnosis rates for dementia.

The implementation of the BCF in line with the policy framework is being led by the Joint Commissioning Board and an action plan was discussed by them at their meeting of Friday 22 January 2016.

Key actions are to develop a whole system action plan in respect of delayed transfers of care and carry out a full review of compliance with the national conditions. The CCG and local government partners are discussing CCG contributions to the BCF above the mandatory minimum through our joint Finance Officers Group.

| **Better Care Fund Local Allocation** | **2015/16** | **2016/17** |
|---|---|---|
| National Funding Allocation | £3.8bn (pooled) | £3.9bn |
| | **£000s** | **£000s provisional** |
| Dorset County Council | 4,496 | 6,096 |
| NHS Dorset Clinical Commissioning Group | 53,549 | 62,812 |
| Bournemouth Borough Council | 1,794 | 3,069 |
| Borough of Poole | 1,431 | 1,730 |
| **Total** | **61,270** | **73,707** |

### Better Care Fund Schemes 2016/17

The table below identifies CCG funding areas as part of the Better Care Fund.

All figures are provisional as awaiting final agreement due allocations due to delayed guidance.

| Scheme | Dorset CCG – B&P HWB | Dorset CCG – Dorset HWB | Dorset CCG – Combined |
|---|---|---|---|
| | £m | £m | £m |
| Integrated equipment | 2,346 | 3,025 | 5,371 |
| Reablement | 1,152 | 2,500 | 3,652 |
| Early help | 183 | 0 | 183 |
| Carers | 545 | 1,135 | 1,680 |
| Accessible homes | 150 | 700 | 850 |
| Enhancing social care to support health | 6,638 | 6,693 | 13,331 |
| Integrated health and social care teams | 12,032 | 15,007 | 27,039 |
| Moving on from Hospital Living | 4,764 | 5,942 | 10,706 |
| **TOTAL** | **27,810** | **35,002** | **62,812** |

## SYSTEMS RESILIENCE AND URGENT CARE

### Systems Resilience

In line with new national guidance NHS Dorset CCG has established the Dorset System Resilience Group (SRG), through which, and working in partnership across primary, secondary and community care services, we will deliver enhanced urgent and emergency care with an emphasis on year round resilience. This work will be aligned to the work of the Wessex Urgent and Emergency Care (UEC) Network (established November 2015). There are good links already in place with Dr Forbes Watson Chair of the UEC Network who is also the Chair of the CCG. The plan is under development and will be available in June 2016 and will inform the Sustainability and Transformation Plan.

The Dorset System Resilience Group has developed two key strands of work as follows:

- further development and delivery of the Organisational Resilience and Capacity Plan;
- implementation of the national 8 High Impact Changes for urgent care;
- Oversight of cancer and mental health targets.

Central to the delivery of these strands of work will be joint partnership programmes established and developed by three geographically based Health and Social Care Clusters that will support the effective allocation and use of non-recurrent funds to enable seasonal pressures to be managed, and to provide opportunities to pilot innovation. We will ensure the alignment of this work into the Sustainability and Transformation Plan as this develops during the year.

Our approach to preparing for winter 2016/17 will be based on learning from 2015/16's approach and evaluation of schemes and issues that affect health and social care system in Dorset. We will do this through:

- a series of specific workshops to review all stakeholder plans, identifying gaps and agreeing actions;
- individual review of winter plans with providers and local authorities using the vehicle of emergency planning assurance meetings;
- development of a pan Dorset delayed transfer of care action plan to support the system, especially during winter.

The CCG is reviewing current levels of performance against the 4hr A&E target. Current performance for the Dorset system is variable and the CCG have implemented recovery action plans during 2015/16 where performance has failed to meet standards. We will work with partners (NHS Improvement, NHS England, and SRG stakeholders) to agree recovery trajectories, this includes the issue and review of high risk monthly reporting requirements for NHS England.

During 2016/17 the system resilience priorities are:

- planning for seasonal fluctuations in activity;
- reducing delayed transfers of care, linking with the Better Care Fund;
- achieving the 4hr A&E standard;
- DTOC planning;
- promoting and maintaining 'hear and treat', 'see and treat ambulance services, to reduce conveyance rates to A&E;
- to consider wider system capacity to deliver the national standards for cancer (see page 34), mental health (see page 40-43), Referral to Treatment (see page 34), and admission avoidance (linking with Better Care Fund and risk stratification);
- responding to the Wessex Urgent and Emergency Care Network work plan for 2016/17 and beyond once developed.

As part of the wider quality improvement for ambulance services delivering urgent and emergency care and in response to the review of dispatch and disposition South Western Ambulance Services NHS Foundation Trust (SWAST) will continue to lead on the national development of clinical outcome targets (moving from time to quality outcomes). SWAST have piloted **dispatch on disposition** (ambulance response review) across the South West. Currently for Dorset CCG, RED 1 performance has been maintained. RED 2 performance was revised to a 70% target for 2015/16 in agreement with all other collaborative commissioners and has been delivered. Discussions are currently ongoing on how commissioners will agree targets for 2016/17 and beyond.

## Urgent Care Priorities 2016/17

The urgent and emergency care transformational projects currently underway for delivery in 2016/17 are:

- **integrated urgent and emergency care advice and assessment service** (111, out of hours and single point of access) based at the clinical hub at St Leonards Hospital. Full delivery of this service by April 2018 will enable the CCG to deliver all 12 of the integrated urgent and emergency care commissioning standard published in September 2015. In 2016/17 we aim to deliver 5 of the 12;
- **Weymouth urgent care centre mobilisation** to be completed including an assessment of transferability of service across system. The new service will be in place during July 2016, the service will provide a local integrated response to urgent care needs in hours and signposting out of hours to the local community;
- exploring the **major trauma pathway to** understand and inform the proposed new acute model configuration;
- provision of **specialist advice and guidance for falls** that will assist admission avoidance. This will include prevention and alternative to conveyance to hospital, this will include a revision of the current multiagency falls strategy;
- review and further develop **discharge to assess schemes** county wide (linked to the work of the systems resilience group, specifically delayed discharges).

All of these projects and initiatives are monitored monthly through internal performance monitoring processes as part of the Clinical Delivery Groups in line with CCG reporting processes and with providers through contract monitoring systems.

# PRIMARY CARE

In our strategy we have identified the need to transform primary care, as without change and support it will not be fit for purpose or sustainable.

Primary care is also crucial to the development of out of hospital and integrated community services models, one of the key components of our Clinical Services Review.

Following the establishment of joint commissioning arrangements with NHS England in 2015 Dorset CCG has now successfully applied for full delegation of commissioning responsibilities from 1 April 2016.

### What we have achieved:

In 2015/16 the Joint Primary Care Commissioning Committee approved a primary care development plan consisting of:

- **development of collaborative models for out of hospital care**: supporting the 'scaling up' of general practice to deliver improved access and weekend services as well as effective economies of scale via strong GP federations. Currently there are nine federations covering approximately 635,000 patients in Dorset;
- **promote innovation**: promotes an innovation culture within Dorset's primary care community. Its main focus is the development of an 'innovation pipeline' to encourage and channel innovative ideas and projects more efficiently consistent with the general strategic direction of the CCG;
- **workforce**: as part of the wider Dorset Workforce Plan there is a dedicated section on primary care which provides local and national context, it profiles the existing workforce and identifies gaps in current and future workforce demand. We have used national and local information and insight to identify a series of primary care workforce recommendations, which are aligned to the ten-point plan

to build the primary care workforce. We have started to address these recommendations jointly with key partners including Wessex LMCs and Health Education Wessex (Deanery). Highlights in 2015/16 include:

- developed proposals in partnership with the Wessex Deanery to establish a Primary Care Centre in Dorset for education, training, research and workforce development (we anticipate that this will launched in April 2016);
- developed a Primary Care Recruitment Campaign for Dorset which will run throughout 2016/17;
- introduced and delivered a series of development sessions for the younger generation of GPs in Dorset and gained valuable insight from them about their view on the GP partnership model and what they are looking for in terms of future career and employment opportunities;
- this work stream is now led by the Engagement and Development Directorate (workforce team) and it aligns to the system wide Workforce Reference Group.

- **Contracting**: aims to reduce red tape and streamline reporting mechanisms. To make use of contracting flexibilities to encourage integration, collaborative working and patient centred care. Initial work has identified two areas where it would be more effective to 'bundle' existing local contracts into new approaches: (a) the frail and the elderly, (b) Phlebotomy, Anticoagulation and DVT Services;
- **Premises**: we have developed a draft Strategic Estates Plan (SEP), which underpins the Dorset's bid to the national transformation fund in April 2016. This capital resource should enable the CCG to set up a pipeline of premises developments. A baseline survey of GP premises and related localities needs assessment will further strengthen the SEP and our planned pipeline, in the context of the Integrated Community Services (out of hospital models) programme. Our current position:
  - PCT legacy scheme will be delivered in 2016 – major redevelopment of Christchurch site as a community hospital including reprovision of Grove Surgery and formation of Community Hub;
  - four Primary Care Infrastructure Schemes – due diligence progressing;
  - 2015/16 premises improvements – over £500K investment across Dorset General Practice Estate co-commissioned with NHS England;
  - interim Local Estates Strategy published in December 2015;
  - Dorset Joint Asset Management Board, Local Estates Forum and General Practice Estates Group in place;
  - Clinical Services Review with oversight of sustainability and transformation planning including new models of care, workforce, estates and digital technology.
- **Business intelligence**: this set out to develop adequate level of information and business intelligence to support service improvement and efficient contract management. The work includes two key elements: (a) supporting vulnerable practices, (b) developing a Dorset General Practice profile.

**Key priorities for 2016/17 are:**

- implementation of full **delegation for primary care commissioning**;
- **develop and implement the primary care strategy**, ensure the people of Dorset have improved access to high quality, sustainable primary care services. Key workstreams are:
  - secure high quality primary care services for Dorset: ensuring that the population of Dorset has access to high quality sustainable services at all times and place. We will do this

through the management of the GP contract as well as local contractual arrangements, organisational, contractual and workforce development of general practice. We will also work closely with the quality team to develop and deliver plans to improve quality of primary care during 2016/17 (see pages 29);

- develop primary care providers: our aim is to ensure that primary care is fit for purpose from an organisational, infrastructure and service delivery point of view, to contribute to the delivery of out of acute hospital vision for Dorset. This includes service integration, services closer to patients and enhanced access seven days a week, through federated/ collaborative working linking with the Dorset Community Vanguard Programme. Key enablers for this are IT (including Dorset Care Records), estates and workforce, for which plans are already in place.

  The Primary Care Transformation Plan contains detailed planning for developing primary care at scale across Dorset including prioritisation of need working across the NHS and with local Authorities. Proposals for new schemes have been received from across Dorset and include premises improvements to improve access, plans to integrate IT to provide primary care at scale, major infrastructure developments to co-locate services;

- workforce: we have developed a shared vision for the establishment of the Primary Care Centre in Dorset which will provide formal governance arrangements between key partners (Dorset CCG, Health Education Wessex and Bournemouth University) to achieve the following objectives:

  - facilitate alignment of existing related functions in order to maximise resources, outcomes and return on investment;
  - provides support to GP practices in a range of functions including Training Needs Analysis, placement support, Continued Professional Development and workforce development;
  - develops relationships and insight with other key partners in order to establish a central knowledge base for information, resources, funding, research and innovation opportunities;
  - provides support to the younger generation of GPs, facilitating opportunities for them to engage and influence the future landscape and career/roles in primary care.
  - A key outcome will be to maximise existing resources and enhance primary care workforce development, supporting practices to 'deliver today, whilst transforming tomorrow'.

- address variation in access, outcomes and health inequalities across primary care: there is variation in some key clinical areas and outcomes within general practice, including access, care of people with diabetes, cardio-vascular conditions, dementia, and emergency admissions rates for over 75s and referral rates. In addition Dorset public health has drawn attention to considerable variation in areas such as children immunisations and screening.

  Our strategy and action plans to improve variation and outcomes will involve working with GP federations and CCG localities to provide peer support, develop new models of care where appropriate and target and up-scale contracting as required. This will be underpinned by improved business intelligence. We are also developing a 'primary care profile' that will seek to identify practices most at risk (e.g. workforce) or requiring support to improve services and patient outcomes, this work links up with the 'Vulnerable Practices' programme;

- investing in future primary care: following the primary medical service review we have been working with members to consider the best way to commission across primary medical care (PMS and GMS) to meet the needs of our population. We have established a primary care investment working group (PCIG) to identify what might constitute a 'basket' of non-core or 'plus' services that the CCG was in a position to commission from all general practice with the resources available from the PMS 'premium' (funding recovered via the PMS process), and additional investment designed to ensure equity of both funding and service provision across primary care. We will continue to evolve this approach to contracting and investing in primary care as part of the primary care strategy;
- develop capacity, capabilities and skills for full delegation: to meet the current and new responsibilities for delegated commissioning the CCG has been reviewing its functions to ensure the provision for a number of key functions identified in NHS England's guidance as follows:
  - commissioning and primary care contracts management;
  - primary care provider development and estates;
  - CCG localities engagement and support.

  The CCG proposes to meet these functions via its current localities and primary care team plus some additional resources identified for the primary care team as well as for the quality, finance and medicine management functions. Overall co-ordination of full delegation will be achieved via an operational group set up to bring together the main CCG teams, Wessex Local Medical Committee and the NHS England – South (Wessex).

  In supporting this, the CCG has commissioned a training programme from Primary Care Commissioning to skill up its teams.

## IMPROVING HEALTH AND WELLBEING

The CCG is working closely with both Dorset and Bournemouth and Poole Health and Wellbeing Boards to tackle the wider health issues to improve health and reduce inequalities that exist across Dorset, which is a key focus of both CSR and the developing STP.

Bournemouth and Poole Health and Wellbeing Board have a major change programme for inequalities and integrated health improvement services. Dorset Health and Wellbeing Board also focuses on inequalities. Public Health Dorset have commissioned a new health improvement service which aims to provide access for the whole population to provide service at scale with an outcomes focus on delivery in areas of deprivation.

Partners are working across the system, focussing on the recommendations from the Marmot report to frame our inequalities agenda. These have been considered at both HWB boards and are being taken forward by all members as part of the joint HWBS.

Working with Public Health Dorset a task and finish group had been established to look at **childhood obesity**, which will report to the joint Public Health board in February 2016 setting recommendation for action.

**Smoking in pregnancy** has been a particular problem in Dorset and focussed targeted work has been on going and includes the development of a jointly commissioned service.

'Live well Dorset' has been set up to **support people** who are currently well and have no known health problems. 'My Care My Way' has been established for people with existing health problems to provide addition support to enable then to move towards more **empowered self - care**.

A drugs and alcohol strategy has been developed and was presented at the joint Public Health Board in February 2016 which set recommendations for actions including prevention, treatment and safety.

During 2015/16 our localities and Clinical Delivery Groups have been closely working with partners to deliver joint priorities set out in the Health and Wellbeing Strategies and to implement the five most cost-effective high impact interventions recommended by the **NAO report on health inequalities,** as follows:

- increased prescribing of drugs to control blood pressure;
- increased prescribing of drugs to reduce cholesterol;
- increase smoking cessation services;
- increased anticoagulant therapy in atrial fibrillation;
- improved blood sugar control in diabetes.

Examples of initiatives delivered in 2015/16 are as follows:

- joint initiative between Public Health and Public Health England and NHS Dorset CCG to reduce the variation rates on immunisation throughout the county. In particular; childhood immunisation. An action plan is in place to address this variation and uptake rates;

- Weymouth Community Urgent Care Centre provides an integrated assessment and treatment service for those individuals who present with an urgent but non-life threatening need. The integrated service brings together the existing urgent care services to ensure a single point of access for service users. Providing same day rapid turnaround medical advice, diagnosis and / or treatment for unexpected illnesses and injuries which require immediate care but which do not require the full services of an emergency department;

- on-going development of a single prostate cancer pathway which supports the improvement of access to surgery, oncology, histopathology and diagnostic testing, communication and electronic platforms for clinical data transfer and administration processes (please see page 35);

- alcohol related admissions and associated services are increasing significantly. In partnership with Poole Hospital the CCG are funding an assertive outreach alcohol service. Focusing on encouraging and facilitating 'meaningful occupation' and whilst encouraging patients to use traditional treatment, focusing on reintegrating back into their own community. During the team's first year the outcomes were extremely positive, ambulance conveyance reduced by 23%, emergency department attendances reduced by 41% and emergency admissions reduced by 60% saving the hospital Trust £114,992. Of greater importance was the general improvement of the health and social wellbeing of the patient group.

During 2015/16 we have continued to work closely with both Health and Wellbeing Boards and Public Health Dorset to further understand the needs of our population through the work of the Joint Health and Wellbeing Commissioning Intelligence Group and develop plans to tackle the causes of ill health (**prevention programmes**) and to reduce inequalities. We have supported the development of the refreshed Joint Strategic Needs Assessment (JSNA) thematic summaries. These can be viewed at http://www.publichealthdorset.org.uk/understanding/jsna/

**Key priorities for delivery in 2016/17 are as follows:**

We will work with Public Health Dorset to:

- understand and reduce the **variation in immunisation** uptake rates;
- undertake a health equality audit;
- support **weight management programmes and healthy living programmes** such as 'Live Well Dorset';
- support **self-care** programmes and initiatives such as 'My Health, My Way';
- **smoking cessation programmes**, including smoking in pregnancy;
- review and implement **adults diabetes models** of care (please see pages 39);
- continue to implement the five cost effective high impact interventions as recommended in the **National Audit Office's (NAO's) Health Inequalities Report.**

## IMPROVING QUALITY, SAFETY AND PATIENT EXPERIENCE

IMPROVING QUALITY, SAFETY AND PATIENT EXPERIENCE

Quality and safety is at the heart of what we do and as such is key in our strategic planning.

To ensure that the services we commission and the care provided to patients is safe and high quality we take an active approach through a range of formal and informal reviews and discussions with providers, the use of contractual levers, and through the implementation of quality improvement plans.

We encourage the services we commission to engage with the patients/service users to ensure that they are fully informed about the care and treatment they are being offered and receive opportunities to exercise their personal choice in the care they receive.

Compassionate care is as important as the quality of treatment. We work with our providers of care to ensure that our patients, their families and carers are treated with compassion, respect and dignity, in safe environments and are protected from harm.

In our commitment to ensuring safe, high quality services during 2016/17 we will continue to focus on:

- improving quality and outcomes as measured through the NHS Outcomes Framework; improving patient safety; patient experience and clinical effectiveness;
- roll out of **'Seven Day' services** across health providers, with particular focus on the four clinical priorities;
- improved Professional System Leadership;
- improved use of medicines, including **antibiotics**;
- safeguarding adults and children.

- development of quality in delegated responsibility for Primary Care.

Key priorities for delivery are through the implementation of the CCG's Quality Framework. We will ensure the following programmes of work are enacted during 2016/17:

**Patient Safety**

In order to ensure that the services we commission are of the safest standards we will:

- work with all providers to develop the systems for review of all deaths in hospital with the intention that overall **avoidable deaths are reduced during 2016/17;**
- work with all providers with the aim of them all achieving 'good' ratings from the CQC;
- maintain a continued focus on sustaining the improvement in relation to sepsis, monitoring key performance indicators in relation to early detection and treatment by screening and early detection of sepsis on admission, initiation of antibiotics within one hour of presentation and ensuring that there is a reduction in **avoidable mortality from sepsis**;
- focus on the **four clinical priorities in relation to the seven day working standards**, with the intention to ensure these are embedded within 25% of clinical services;
- encourage provider organisation to complete the **seven day working** self-assessment tools and develop local improvement plans in response to these findings;
- monitor each local provider on their progress with the "Sign up to Safety programme", ensuring they remain linked in with the Patient Safety Collaborative Programme. Each provider organisation will develop key areas of work as part of the sign up to safety campaign; examples of improvement for 2016/17 include the deteriorating patient;
- take an active part in the Patient Safety Collaborative and support provider organisations to develop improvement programmes through the "Sign up to Safety" campaign which will continue to include Sepsis;
- ensure all relevant providers maintain and continue to improve standards relating to Acute Kidney Injury (AKI);
- work with our providers and use contractual levers available to ensure that patients are treated in a safe environment, with an emphasis on zero tolerance of avoidable harm and ensuring that care is of the highest standard;
- ensure that **systems are in place to measure** and understand harm that occurs in healthcare services, and work with all agencies to improve safety;
- continue to oversee the use of the **Safety Thermometer** in all provider organisations to measure and reduce the level of harm; in addition there is an ambition to achieve zero preventable hospital acquired grade 3 and 4 pressure ulcers;
- continue to work towards reducing the number of Health Care Associated Infections (HCAIs) and remain committed to a zero tolerance approach, with an ambition of maintaining zero MRSA bacteraemia in acute hospitals.
- monitor staffing levels and staff feedback, being open, the duty of candour and taking action when standards are not being met;
- monitor the levels of **incident reporting** in provider organisations, encouraging high levels of reporting of incidents with "no harm" and "near misses", and use this information as an indication of a culture that promotes openness and honesty. The ambition will be for

provider organisations to be amongst the top 25% of Trusts in the country for reporting to the National Reporting and Learning System (NRLS) whilst maintaining low levels of harm;

- ensure that when the **system is challenged** and treatment times are not met that we have systems in place to ensure that safety for patients is maintained.

### Patient Experience

In order to ensure that patients and their friend and family have a positive experience of services we commission we will:

- work with providers to continue to gather patient and carer feedback from the **Friends and Family Test,** complaints and other feedback sources including social media. Providers will be expected to analyse and present a summary of the feedback on a quarterly basis, identify any themes and trends and outlining improvement actions they will take as a result. The Friends and Family Test for staff will be included within the feedback analysis. The ambition will be for all providers to maintain or increase positive feedback;
- benchmark Friends and Family Test scores across providers and share these results; developing a way to use this information at ward/service level, in particular to gain the experience of those people using maternity and end of life care services;
- continue to use **'real-time' feedback** from our patients and carers made directly to the CCG via a number of routes, including visits to clinical areas and patient involvement networks and forums. We will build on this to reduce poor experience of people who receive care and treatment from a range of providers;
- improve our level of **feedback from patients and carers** on their experience of Continuing Healthcare (CHC) funded care;
- ensure we meet the requirements of the NHS England Assurance Framework and Improvement Framework for Continuing Health Care;
- **improve choice for patients** by increasing the number of patients in receipt of personal health budgets;
- **improve patient choice in relation to maternity services** and end of life care, ensuring that women are supported as far as possible to choose the place their children born and at the other end of the cycle of life we ensure that people and their family/friends are offered support to die in the place of their choosing;
- we will ensure that **carers are routinely identified** and that they are provided with the appropriate routine advice and information and where relevant they are signposted to carer support services.

### Clinical Effectiveness, including Research and Innovation

In order to ensure the services we commission are based on the most recent evidence based practice we will:

- monitor the recommendations from national publications and Inquiries are followed within all local health providers as part of routine contract monitoring and for ourselves as commissioners, through monitoring by the professional practice leads;
- ensure that recommendations from NICE and National Audits are considered within each provider for relevance to their service and improvement actions are taken where necessary;
- **support research**, ensuring the CCG maintains a strong culture of leading innovation, for example funding and leading a system wide Innovation Group, which has been identified by the Academic Health Science Networks;

- support research and innovation through continued adoption of measures in “Innovation Health and Wealth” and active promotion of primary care research;
- continue to review and understand the potential impact of research and innovation in regard to genomics, precision medicine and diagnostics as we move forward with our transformational change;
- work with the Academic Health Science Network to promote research in practice, including board member sponsorship of the Dementia Programme.

**Professional System Leadership**

Throughout our work with providers we will ensure that we maintain and develop a professional leadership role across the health providers we commission from and in our relationships with other key stakeholders, to do this we will:

- encourage a culture of transparency, openness and candour across the health system, to ensure that staff, patients and carers feel listened to and safe and secure when raising concerns and that we learn from patient safety incidents and ‘never events’ to prevent them from happening again; the process for reviewing serious incidents ensures that themes and trends are identified and shared with all providers;
- demonstrate our commitment to the full implementation of the national nursing strategy; ensuring that providers regularly monitor and publish staffing levels, ward leaders are given supervisory time to lead and that there is roll out of the indicators to measure patient experience and reduction in harms, as identified in earlier sections of this plan;
- support the roll out of the principles of the nursing strategy to staff groups other than nurses within provider and commissioning organisations;
- gain more in depth understanding of provider staff satisfaction in order to improve patient experience; in addition we will monitor workforce information in relation to training, absence and staff turnover rates and ensure that providers routinely undertake staff and patient dependency audits and take action to address any staffing shortfalls,
- monitor the results of the staff friends and family test from all main providers, we will also review provider action plans in response to the annual NHS Staff survey, with the aim of improving scores for overall engagement;
- undertake CCG assurance visits and include questions that explore staff experience of working in provider organisations, including opportunities for training, development and supervision and also how staff remain informed on organisational development. The quality scorecard for providers will also include reporting on Staff Friends and Family Test results and the staff survey is mandated in the surveys schedule. It is anticipated that exception reporting will be expected to describe changes in scores and represent some triangulation with patient experience results;
- continue to work towards integration of service across health and social care system through the Better Together programme;
- promote organisational development by completion of cultural assessments, to ensure that each organisation we commission services from fosters an open and learning culture. We will do this through the use of cultural barometers and through the implementation of the Freedom to Speak up Guardian roles across the NHS.

## Safeguarding

Within the quality team we have a lead role within the CCG for Safeguarding, both Adults and Children. To ensure we fulfil our duties in relation to this we will:

- meet the legal duties of the NHS Safeguarding Accountability and Assurance Framework and will ensure provider compliance through the contractual process. Safeguarding consideration (including capacity) is considered as part of the procurement and contracting processes. This will include ensuring providers have identified named safeguarding and Mental Capacity Act leads, safeguarding policies and training, safe recruitment practices and engagement with multiagency safeguarding forums;
- continue to be active members of the multi- agency safeguarding boards and their subgroups;
- continue to work closely with the Local Authorities and other partners to improve safeguarding of children and adults within Dorset; ensuring that there are systems in place for early **identification of people who may be at risk of violence and abuse** and that when this is identified there are systems in place to support victims to return to their lives as soon as possible;
- work alongside partner agencies to support the Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM) and honour based crime agendas. This work will be overseen by the Safeguarding Boards of which we are active members;
- continue the development of Multi-Agency Safeguarding Hub (MASH) which became operational during 2015/16;
- ensure there is on-going training for Primary Care staff in both safeguarding children and adults, which will include training on PREVENT;
- contribute to all Serious Case Reviews and Safeguarding Adult Reviews and will work with partners to implement changes to practice as identified through these reviews;
- contribute to the provision of the Mental Capacity Act (MCA) team, who will link with partners and providers to improve the awareness of the MCA and Deprivation of Liberty Safeguard;
- provide MCA training for General Practices and support and monitor providers on their compliance with MCA training to ensure all professionals are aware of their responsibilities;
- appoint additional GP time to further develop work in relation to safeguarding, with a particular responsibility for raising awareness and training both for staff in commissioned services and the public;
- continue to support the PREVENT lead within the CCG who will be responsible for receiving information from provider organisations that demonstrate compliance with the Prevent Duty (2015);
- engage with partners to deliver the PREVENT agenda and will continue as a member of both the Contest Board and Pan-Dorset Prevent Group;
- support workshops to raise awareness of PREVENT (WRAP) ensuring this is built into safeguarding training and that providers' compliance with the Prevent duty is monitored;
- maintain a key role in the Channel Process and associated safeguarding plans.

## Information Governance

The CCG fully supports the principles of information governance (IG) and recognises its public accountability, but equally places importance on the confidentiality of personal information, and has security arrangements in place to safeguard that information and also any commercially sensitive

information. We also ensure that IG arrangements are in place and monitored in all organisations contracted to provide services to the CCG, either under a full contract or through a service level agreement.

The CCG also recognises the need to share patient information with other health organisations, and other agencies, in a controlled manner consistent with the interests of the patient. We will continue to implement the recommendations of the Caldicott Review 2013 ensuring that there is a legal basis for the sharing of any personal data.

We will promote the Dorset Information Sharing Charter and ensure it is being utilised to optimise care for patients.

### Responding to National Publications and Inspections

The findings from CQC inspections and intelligent monitoring reports and other external expert groups will be used routinely to inform the CCG of quality of care in provider organisations, ensuring any improvement actions are taken; learning from where care is good or outstanding.

We will continue to work with NHS England and Local Authorities to continue to transform care for people with learning disabilities, improving the system of care. People with a learning disability who are in crisis and receiving care in an inpatient facility will have their care plan reviewed regularly to ensure that they are moved to a suitable facility out of hospital as soon as possible, with a commissioning intention to develop a local short stay assessment unit.

A summary of the Transforming Care Programme is included on pages 43-45 of this report

### Quality in Primary Care

The CCG will take on delegated responsibility for primary care during 2016/17; the quality directorate will work closely with the primary care team to ensure continued improvement of the quality of primary care services. We will do this by:

- continuing to provide advice and support to General Practices to help prepare them for and support them after CQC visits, with the aim of all Practices achieving at least a 'Good' rating;
- developing a programme of training of awareness on adult and children's safeguarding, PREVENT, information governance and patient safety;
- working with colleagues in the primary care team to support practices identified under the NHS England Vulnerable Practice Scheme;
- supporting the monitoring of quality across primary care in conjunction with the primary care team and the CCG Primary Care Commissioning Committee. With a particular focus on reducing variations across Practices within Dorset;
- working with the CCG primary care lead GPs to co-design and develop a quality improvement programme for primary care;
- continuing to disseminate learning from serious case reviews, patient safety incidents, infection control root cause analysis, drug related deaths, suicides and child deaths to improve the quality and safety of services provided in General Practice.

### Medicines Management Priorities

Priorities for 2016/17 will be to maintain the cost effective and evidence based approach to prescribing advice. This will be done in primary care prescribing through the Medicines Optimisation Group, and the locality prescribing lead GPs.

Across the health community through the pan Dorset formulary, the CCG will ensure new drugs are safely introduced, traffic light statuses updated and shared care systems are overseen by the Dorset Medicines Advisory Group (DMAG).

The medicines team will:

- support practices to free up funding to afford new medicines by ensuring maximised use of generics and minimise use of medicines that are either not recommended or of limited clinical value;
- support commissioning and transformation of services through horizon scanning to provide early insight of forthcoming new medicines and their potential impacts;
- ensure National Institute for Health and Care Excellence (NICE) technology appraisal drugs are only being used within the NICE specified criteria, according to commissioning policy;
- ensure that there is appropriate prescribing of drugs to reduce cholesterol and control blood pressure through promotion of relevant NICE guidance;
- support and promote multidisciplinary working encouraging practices to work closely with local pharmacies to identify appropriate patients who can benefit from repeat dispensing, especially in connection with **electronic prescribing systems**;
- ensure that medication reviews, and reconciliation of patient medicines in the practice are done effectively, using polypharmacy tools where appropriate;
- support practices and localities seeking to access additional pharmacist resource, at practice and community level, working with community pharmacists to get the most from their skills;
- support service delivery leads in identifying how community pharmacy can be commissioned to deliver improved outcomes as part of developments in primary care. Advise on the commissioning and development of such services in localities and the whole CCG;
- respond to potential changes in primary care as practices federate or otherwise change the way in which they operate, ensuring that the prescribing budget is considered and amended accordingly, and supporting delegated commissioning;
- maintain a focus on safe medicines use, challenging high or inappropriate prescribing of medicines with known safety or abuse potential;
- benchmark within the CCG and across the sub region and NHS England using the Medicines Optimisation Dashboard, addressing areas where the CCG is an outlier;
- ensure a local focus on optimisation of medicines is aligned to national priorities through use of materials such as NICE key therapeutic topics;
- combine prescribing data collected by the team alongside information from the Business Intelligence unit to provide qualitative tools/oversight of condition management. In particular combining data on incidence of conditions such as atrial fibrillation and prescribing of anti-coagulants;
- explore greater use of social media applications and strengthen existing communication channels to enhance links with the wider health community and ensure information from the team is distributed in an optimum timeframe;
- work closely with member GP practices and locality prescribing leads to better understand individual information and support requirements using feedback surveys/questionnaires;
- work with NHS England colleagues on Controlled Drugs monitoring and safety and on any transitions to CCG responsibility that may arise as part of organisational changes;
- develop medicines audits for practices that allow increased use of technology solutions to some level of automated data collections to minimise excessive work in data gathering;

- work with colleagues in NHS England and across Wessex to support Local intelligence Networks, Local Professional Networks for Pharmacy and engage with the Academic Health Science Network on joint medicines optimisation projects.

### Antimicrobial Resistance Strategy

Dorset CCG has a long term commitment to reducing antibiotic prescribing and supporting practices to audit their prescribing through annual audit plans and supporting education. Annual audits have formed part of a wider focus upon medicines optimisation. To ensure engagement of primary care clinicians, audits from the TARGET toolkit which focus on appropriate prescribing for specific conditions are being utilised. Previously, work has concentrated purely on reduction in prescribing volumes. TARGET Toolkit resources are being used to qualitatively review prescribing choices such as the use of broad spectrum agents such as cephalosporins, quinolones and co-amoxiclav.

### Current Position

Dorset CCG currently performs well on the NHS England antibiotic dashboard measures and as a result is forecast to achieve both components of the quality premium for 2016/17. During 2015/16 a programme of work was undertaken to support practices in improved antibiotic prescribing including:

- educational support- Professor Michael Moore led a learning event with one of the GP localities, this was filmed and shared online to allow all GP colleagues to benefit from the learning opportunity;
- benchmarking- the CCG's Medicines Management team use ePACT data to compile reports on antimicrobial prescribing in primary care. Data is presented in-line with the medicines optimisation dashboard, of antibacterial items per STAR PU and % Items (for co-amoxiclav/ cephalosporins/ quinolones). Reports are routinely provided to GP practices on antibiotics referencing the Medicines Optimisation dashboard, Quality Premium standards, antibiotic prescribing audits;
- Dorset infection control network- infection control network meets twice a year with membership including acute provider trusts, infection control leads, medicines management and GP representatives as well as Public Health;
- social media and communications- used a range of medias (GP Bulletin, Twitter etc) to communicate relevant items on antibiotics including European Antibiotic awareness day, antibiotic prescribing audits and Public Health notifications around the need to prescribe prophylactic antivirals for influenza have been included on the pan Dorset formulary website newsfeed.

### During 2016/17 we will:

The Medicines Management and Infection control teams will continue to support primary care as outlined above. The following is also planned for the coming financial year:

- Primary Care Audits- audit the use of antibiotics in acute cough using the RCGP Target toolkit template. Audit, supporting information and deadline for responses to be circulated in early quarter one 2016/17 with results returned by the end of February 2017.
- Primary Care support: Data from the 2015/16 year antibiotic audits on urinary tract infection and sore throat will be collated and presented to the Medicines Optimisation Group. Prescribing support visits will also follow through results from past years.

  Each practice will continue to receive personalised prescribing data information with quarterly updates on their performance against quality premium, local and national benchmark standards.

- antibiotic stewardship- the safe and appropriate use of antibiotics is monitored and benchmarked across practices within the CCG and across the sub region of NHS England.

  Building on earlier work and data gathered, prescribing of higher risk antibiotics will be further challenged in order that the CCG can achieve quality standards and meet national targets. The medicines team will promote the use of national tools to benefit antibiotic stewardship.

  An anti-microbial working group with secondary and primary care representatives will be set up to ensure a health community approach to antimicrobial stewardship and facilitate sharing of information across interfaces. This should allow additional guidance to be developed to supplement the existing antimicrobial guideline and ensuring implementation of NICE NG13.

- employ a sessional microbiologist- the dedicated support of a microbiologist to support primary care antimicrobial stewardship and education for practices should facilitate improved prescribing and consequently the prevention of resistant strains emerging locally, key roles will be:
  - support GP and primary care education around use of antimicrobials, prioritising practices identified by the Medicines Management team using local data and the medicines optimisation dashboard
  - lead PIR , HCAI groups to act as lead investigator for reported incidents and chair new pan Dorset antibiotic steering group
  - link in with Medicines Management, Infection Control teams as well as consultants and AHP colleagues across provider trusts with priority to develop a stewardship strategy to manage use of antimicrobials across Dorset, which should incorporate NICE guidance on changing risk-related behaviours in the general population.

## COMMISSIONING FOR QUALITY AND INNOVATION (CQUIN)

The CQUIN payment framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals. The CQUIN schemes in provider contracts in 2016/17 will include the national and local schemes of:

### National CQUIN Schemes

- TBC- awaiting national guidance

### Local CQUIN Schemes

The CCG intends to develop a low number of local CQUIN schemes for 2016/17 to reflect the challenges faced by the system. The two local schemes identified are:

- Improving Discharge and Transfer of Care across the health and social care economy- discharge and transfer of care involves transferring professional responsibility and accountability for the care of a patient to another person or professional or a combination of professionals. The transfer or discharge of care plays an important role in enhancing patient outcomes, reducing readmissions, improving hospital efficiency and improving flow across both health and social care services.

  The CQUIN has been developed to support the providers to improve the quality and safety of discharge and transfer of care and will focus on a number of key steps in the pathway. The following key themes will apply across the pathway:

  - promote consistent, high quality discharge and transfer of care packages across the healthcare system;
  - review existing discharge and transfer of care practices and implement more effective processes;

- improved communication between health services and the patient, the patient's family and/or carer, Primary Care (GP) and community service providers.

Work during quarter 1 and 2 will focus on the provision of evidence by the provider that policies and procedures are in place, as well as identification of gaps and development of plans to address gaps. Work will progress throughout the CQUIN to include audit, analysis, patient and staff engagement, observational visits and feedback to enable further improvements to be made.

- maintain safety, quality and experience when performance targets are not met and when there are financial challenges- the scheme will specifically explore how providers maintain safety, quality and experience when performance targets are not met and when there are financial challenges. The scope of the proposed CQUIN is as follows:
- A&E – a data capture of all people waiting for longer than 4 hours with total waiting times and outcome of attendance. A specific follow up to all patients who were not admitted to apologise and ask for feedback on whether they were kept informed of the delay and if their condition had been regular checked for any deterioration and were they provided with pain relief etc. All admitted patients who stayed in the department longer than 4 hours to have a quarterly notes audit of 20 cases to ensure they received appropriate care whilst in the department.
- Cancer – all people who wait in excess of the cancer targets to be clinically reviewed to provide narrative on length of total delay, reasons for delay and impact upon treatment/outcome. Patients experiencing waits over 62 days may require root cause analyses and clinical harm reviews to be carried out in certain situations, with the potential for cases to be reported as serious incidents where appropriate.
- RTT – review of all people who exceed waiting times and clinical impact of this. Patients who wait longer, to be asked for feedback on their experience i.e. kept informed, support to manage condition whilst waiting.

## QUALITY PREMIUMS

### National Quality Premium Indicators

- TBC- awaiting national guidance

### Local Quality Premium Indicators

- TBC

## PLANNED AND SPECIALIST CARE

### NHS Constitutional Standards

In meeting the **NHS Constitutional Standards** we want high quality care to be delivered in the most appropriate setting, accessed in a timely way, in a location closest to home which avoids unnecessary visits to hospital and engages the patient in decisions about their care at every stage.

We continue to review best practice models of care, benchmarking data and local needs to procure better and more relevant services. This includes **faster access to diagnostic tests,** fewer hospital visits, better use of infrastructure such as Estate and IT systems, and best use of all clinical expertise.

We are committed to reducing variability and are planning to implement the **Right Care** principles throughout the CCG.

As a health economy, Dorset CCG is achieving its **18 week referral to treatment (RTT)** target, however at provider level there are some challenges with emergency pressures and concerns such as the junior doctor strikes have put pressure on elective services. However the CCG has significant contracts in place with the independent sector to ensure delivery of our overall RTT. We have been achieving our **52 week waits** locally (with the exception of specialist commissioning patients in North Bristol). The 6 week diagnostic target for endoscopy at one of our providers has exceeded the 1% standard and a robust Recovery Action Plan is in place to recover this by Q1 of 2016/17. This has included outsourcing of endoscopy and good progress has been made in delivering the trajectories. A complete review and re-design of endoscopy services has taken place to ensure the recovery is sustainable.

We are also reviewing our benchmarked referral information to identify areas where we can reduce variability and in 2016/17 we will focus on:

- orthopaedics;
- rheumatology;
- dermatology.

The CCG is committed to ensuring that patient safety and experience is maintained when RTT, A&E and cancer targets are compromised and we have a number of mechanisms and processes in place to do this which are identified below.

Monthly contract review meetings to performance manage all aspects of performance and quality are held with all providers. By reviewing this information together we will be able to identify any early correlation between a deterioration in any aspects of performance relating to access: RTT, A&E and cancer against patient safety indicators. The CCG undertake regular site visits and use these visits as an opportunity to identify any areas of concerns, agree solutions and meet patients face to face.

The plan for 2016/17 is to develop a local CQUIN scheme that will specifically explore how providers maintain safety, quality and experience when performance targets are not met and when there are financial challenges and will focus on A&E, Cancer and RTT targets, full details of the proposed scheme can be seen on pages 32 and 33.

### Cancer Care

The CCG is committed to ensuring early diagnosis and access to effective treatment for cancers. It is recognised that more than one person in three will develop cancer at some time in their lives, and one in four will die of the condition; this needs to be improved. We are working closely with partners across the system to implement the National Cancer Strategy which was launched in July 2015 and the Wessex Regional Cancer Strategy. The Dorset Cancer Alliance was established over 18 months ago, working closely with the CCG to draw together all partners and stakeholders including public health and end of life care partners.

Cancer is one of the main causes of death in Dorset (1964 deaths in 2014). The incidence of all cancers in Dorset is greater than the English average, 637 cases against the England average of 615 cases per 100,000 population. However the cancer mortality rate is lower than in England as a whole, 250 cases against the England average of 284 cases per 100,000 population. Underpinning this position are some specific challenges around site specific pathways and as part of the transformation/CSR work we will be undertaking work on:

- lung pathway;
- prostate pathway;
- colorectal pathway;
- head and neck.

We have pan Dorset commitment to take forward the development of a single cancer service from all three of our acute providers as part of the transformation/ CSR work, the acute vanguard which includes cancer services, and with support from the Dorset Cancer Alliance. We are also working closely with the Wessex Cancer Strategic Clinical Network.

As part of the pathway work we will be implementing the recommendation of the review of the Royal College of Surgeons which was commissioned by Dorset CCG to review the prostate pathway.

One year cancer survival is a good indicator of whether cancer is being diagnosed early and whether access to optimal treatment is available. In Dorset the one year cancer survival rate is 70.9% which is higher than the English average of 69.3%. We are committed to implementing the survivorship programme (cancer recovery package) as part of the wider Wessex Regional Cancer Strategy. This includes developing a pilot for advocacy support for cancer patients targeted at the prostate and lung pathway.

The CCG is working with providers and the Wessex Strategic Clinical Network (WSCN) to understand what happens locally as patients diagnosed through emergency routes may indicate late diagnosis which may lead to poorer outcomes. The findings from this work will inform future pathway redesign.

Early diagnosis and stages of cancer is also a key priority in Dorset. As recognised nationally, presentation to emergency departments (ED) where cancer is first diagnosed, is a key indicator of this. In Dorset 18.3% of patients are diagnosed in the ED and although this is better than the England average of 23.7%, this is a priority to improve the situation.

Achievement of 2 week wait referral standards in Dorset are expected to remain robust and all providers actively delivering a 7 day wait as a target wherever possible.

The Somerset system is used to track and actively manage all 2 week wait patients through the cancer services.

One of our providers has struggled with the 31 day standard for treatment of cancer patients. The main pathway issue relates to prostrate surgical patients and a robust recovery action plan has been agreed with them, including additional surgical capacity for Dorset patients.

The waiting time for robotic surgery for prostate cancer has been improved and the plan for 2016/17 is for this to be reduced to 1 week from decision to treat.

However in order to recover the position, a dip in performance is expected in the first half of 2016/17 for one provider.

This issue will also impact on 62 day performance for this provider for the first part of 2016/17. A robust recovery action plan (RAP) is in place to ensure delivery of this performance with regular review dates as part of the GC9 contract conditions.

Demand and capacity planning using the NICE model for referral of suspected cancers and the impact of fast track referrals has been undertaken and fed into the planning process.

A Positron Emission Tomography (PET) scanner to increase access to diagnostics.

In addition to this we have reviewed the **NICE guidance (NICE guidance for suspected cancer – NG12 – published June 2015**) and have modelled activity to enable us to understand the impact on diagnostic resources, in particular endoscopy. This is now being considered for investment as part of the wider 2016/17 planning process.

We are also working with WSCN who have commissioned Southampton University to develop a modelling tool which we can use to establish resource requirements in primary care.

During 2016/ 17 we will focus on:

- pathway redesign of lung and urology cancers;
- risk stratification for prostate, breast, colorectal and lung cancers;
- improving and maintaining performance against NHS constitution standards;
- work with partners to support the design and implementation of the non-surgical cancers Acute Vanguard workstream;
- work with public health partners to further understand the opportunities to improve cancer services across Dorset and to support prevention campaigns such as 'be clear on cancer'.

## MATERNITY AND FAMILY HEALTH

Dorset CCG is committed to working with partners across the system to improve the health and wellbeing of women, children and their families.

### Maternity

In delivering new models of care for maternity services through the Acute Vanguard 'One NHS Dorset' programme we have achieved four main stages which are preconception, antenatal care, birth, and post natal care.

We are currently awaiting the outcome of the Royal College Review of Maternity and Paediatric services in Dorset. This review will inform how we redesign these services for Dorset, this report is due end Feb 2016.

The regional maternity vision has been published and we have gained sign up from the 3 maternity providers to look at implementation of these recommendations, this includes the implementation of the 24hr labour line, which will be implemented during 2016.

We are committed to delivering the **national maternity strategy 'Better Births: Improving outcomes for maternity services'** which was published on 22 February 2016, through this we will build on our local ambition for improving safety, choice and increased personalisation. We will comply with the recommendations for action as set out within the seven key areas as follows:

- personalised care;
- continuity of carer;
- safer care;
- better postnatal and perinatal mental health care;
- multi professional working;
- working across boundaries to provide and commission maternity services;

- a payment system that is fair and adequately compensates providers for delivery for high quality care to all women.

We have in place a Dorset **perinatal mental health** pathway and as from April 2016 we will have a consistent specialist community perinatal mental health service in place. We will continue to ensure that all midwives have training in screening for mental health conditions during pregnancy, ensuring this is considered part of the delivery of maternity care.

**Children**

Across the acute vanguard agreement has been reached that all services will work as one to deliver health care to children through implementation of joint process and pathways including the **implementation of facing the future**.

We are working with our three Local Authorities, Public Health Dorset and Public Health Wessex to deliver programmes to improve immunisation uptake, prevent obesity and reduce inequalities that exist across Dorset, this is set out on pages 22 and 23.

Emotional wellbeing and mental health is a key priority for the Dorset system, we are working with DHCFT on an improvement plan for Child and Adolescent Mental Health Services (CAMHS) in Dorset.

As commissioners we developed and implemented the **Local Transformation Plan** which will address issues and invest in CAMHS and eating disorder services. **Key priorities for 2016/17 are:**

- **early intervention/prevention** – invest in supporting schools, school nursing service and supporting children and inclusive of self-help, not self-harm campaign;
- **experts by experience (EbE) project** – this project will employ young people to offer peer support and mentoring to fellow peers who have experienced mental health conditions;
- **all age psychiatric liaison** – alongside adult psychiatric liaison we will develop paediatric liaison posts across our three acute hospitals, with links to neighbouring acute hospitals;
- **development and behaviour (ASD/ADHD) pathways** – to streamline the development and behaviour pathway to reflect the child, young person and family journey in the management of neuro-behaviour disorders;
- **all age crisis care** – embed the priorities found within our local action plan to support the needs of children and young people, for local action plan follow the link below: http://www.dorsetccg.nhs.uk/Downloads/Dorset CCC Action Plan 2015.pdf ;
- **targeted support for the most vulnerable – looked after children (LAC), care leavers and children who have experienced abuse** – we will increase the capacity, scope and skills for staff caring for these children and young people (CYP) to include holistic assessment through the delivery of evidence based approaches, thus improving the CYP outcomes;
- **improved access to psychological therapies for children and young people (IAPT)** – the aims of the CYP IAPT are to be embedded as key principles of care into the CAMHS services. The key principles are:
  - participation;
  - accessibility;
  - evidence based practice;
  - routine use of outcome monitoring;
  - awareness;
  - accountability.

- **eating disorders services** – we aim to provide a community based seven day week service in line with new access standards of contact where urgent referrals will be seen within the same day and routine referrals will be seen within 15 days.

The transformation plan will form the basis for the implementation plan part of the newly drafted emotional wellbeing and mental health strategy for children and young people in Dorset. The timetable for this is:

- draft strategy completed- February 2016;
- consultation planning- March 2016;
- consultation with stakeholders- April / May 2016;
- implementation of strategy- May/ June 2016.

## LONG TERM CONDITIONS, FRAILTY AND END OF LIFE

In Dorset the current prevalence for diabetes, stroke and coronary heart disease are higher than both England and South West averages and is expected to grow by 2020 as follows:

- diabetes by 1.4%;
- stroke by 1.2%;
- coronary heart disease (CHD) 1.1%;
- chronic obstructive pulmonary disease (COPD) 1%.

During 2015/16 practices have sought to target people with diabetes and assess their risk of heart failure and Atrial Fibrillation (AF). This early identification should support our aim of reducing the cardiovascular disease (CVD) morbidity and mortality in under 75 year olds.

Working jointly with our partners and the Better Together programme we are seeking to improve the services we commission for people with long term conditions, frailty including their end of life care. Our joint programmes seek to:

- enable greater co-ordination of care and personalised care planning;
- strengthen multi-disciplinary teams with shared accountability and responsibility, working in a co-ordinated manner and delivering services at scale;
- stratification of patients based on need/dependency;
- make in-hours care as good as possible and provide continuity of care through the out-of-hours period;
- provide improved access;
- increase access to appropriate information and technology to support care delivery, improve efficiency and empower patients to self manage;

- increase scale through greater integration and co-location of services;
- increase presence of hospital specialists based in the community, offering hospital in-reach rather than outreach.

### Diabetes

We have been working with practices to support reduction in variation in care. Dorset CCG performance reflected in the most recent commission for value pack indicates a greater proportion of our patients are receiving the eight care processes for diabetes. We have also been identified as having performed better than our comparator group in retinal screening. Despite this our outcomes for patients are not as good as they should be and we are remodelling diabetes service provision.

The remodelled service will provide an integrated, evidence-based diabetes pathway which delivers high quality care closer to home, improves outcomes, represents good value and is responsive to local needs, national guidance and policy. It will focus on empowering patients through enhanced education programmes, reducing lifestyle risks and complications of diabetes.

It also provides the opportunity for decreasing variation across primary care, reducing major amputations and giving more people the opportunity to access lifestyle advice services.

The CCG sought to be included in the national **Diabetes Prevention Programme** and would be keen to work with our Public Health teams and build the Diabetes Prevention Programme into the overall 'Live Well' portfolio of services offered to people. Over the last year we have worked with our diabetes services to increase referrals to our **Tier 3 Obesity management service**.

### Integrated Teams and End of Life Care

In supporting the principles of the Better Together Programme we will ensure integrated health and social care teams better support people and their families throughout their care pathway including end of life, we will seek to develop and support frailty pathways and the quality of anticipatory care planning processes working closely with health, social care and voluntary sector partners across Dorset.

We have established a frailty reference group to ensure that end of life care is integrated within the whole patient pathway and not seen as a separate entity.

### Stroke

We have been undertaking opportunistic screening for Atrial Fibrillation (AF) within 'flu clinics and ensuring medicines optimisation for people at risk of a stroke which will continue to be a high priority. The most recent quarter suggests our growth in stroke admissions has levelled and the number of people presenting with a stroke and known AF but on anticoagulation treatment is increasing. Bringing care into the community and delivering point of care testing is valued by patients and allows primary care to play a greater role in stroke prevention. We have therefore been developing phlebotomy and anticoagulation service models to enable this.

We are developing a commissioning plan to support people in the community and promote earlier discharge and reduction in emergency admissions, particularly in stroke care. This will include:

- intensive rehabilitation and reablement;
- early supported discharge;
- rapid response.

**Key priorities for 2016/17 are:**

- implement remodelled **diabetes service**;
- work collaboratively with locality management teams to improve and enhance identification and management of people with atrial fibrillation;
- stroke prevention pulse checks;
- anticoagulation and venous thromboembolism pathway redesign;
- out of hospital respiratory services;
- heart failure: nursing care to support frail elderly with heart failure at end of life and avoid hospital admission;
- anticipatory care plans, avoiding unplanned admissions, over 75s, Clinical Commissioning Improvement Plan;
- continue support for **carers** through the better care fund;
- implement **personal health budgets**, with a focus on mental health and children – we have just undergone the NHS England training programme for personal health budgets (PHB) and will be developing a local plan and timeframe for delivery of the expanded PHB programme.

## MENTAL HEALTH AND LEARNING DISABILITIES

The vision of the Mental Health and Learning Disabilities programme is "to value mental health equally with physical health to achieve Parity of Esteem and to provide equitable services across Dorset for people with learning disabilities and mental health conditions."

We are committed to delivering the ambitions and targets set out in the Five Year Forward View for Mental Health, published in February 2016. Detailed information on our current performance and the actions we are taking and priority projects to deliver the ambition are set out within this section.

### Mental Health Access

**Improving Access to Psychological Therapies:** the new access time target for 16/17 is to receive treatment within 6 weeks for 75% of people referred to the Improving Access to Psychological Therapies programme, with 95% of people being treated within 18 weeks. Dorset CCG is already achieving the new access targets, the current referral rates are in excess of the 15 % access trajectory and workforce requirements are being modelled along with any additional investment requirements to maintain existing standards to meet increased demand.

**Early Intervention in Psychosis (EIP):** the new target is for NICE concordant interventions to commence within 2 weeks for more than 50% of people experiencing a first episode of psychosis. Currently 83% of people referred to the EIP service are seen within 5 days from referral (local contract reporting). A Service Development Improvement Plan has been produced and clearly outlines the current state as a baseline along with required development to achieve the new standards. Additional funding to enable these standards to be met has been invested in 2015/16 to enable the provider to recruit appropriate skills to deliver NICE concordat packages of care from 1 April 2016.

### Mental Health Crisis Care Concordat and Mental Health Crisis Care

The Crisis Care Concordat (CCC) was introduced in 2014 by Norman Lamb and many major organisations signed up to the concordat. The main organisations who have signed up to the concordat are ADASS, the NHS, Police, Ambulance and Fire Services. One of the major drivers of the CCC was the fact that people in mental health crisis who came to the attention of the police were being held in police custody. One key aim of the CCC is to ensure that people who experience mental health crisis are not held in police cells except in well-defined exceptional circumstances.

### Local CCC Action Plan and Implementation

The CCC was introduced locally at a workshop held on 30 January 2015 with all the key partners including Dorset CCG, Bournemouth, Poole and Dorset local authorities, Dorset HealthCare University NHS Foundation Trust, Dorset Police and South Western Ambulance Services NHS Foundation Trust and other organisations such as Richmond Fellowship, Rethink Mental Illness and Dorset Mental Health Forum. The workshop's aim was to develop a baseline concordat action plan.

The agreed plan was launched in March 2015 in line with national requirements. The CCG and partners received a letter from Rt. Hon Norman Lamb MP, to congratulate the area on achieving this. An update on the progress of the plan was uploaded on to the national website at the end October 2015 and this will continue to be progressed. The link to this is: http://www.crisiscareconcordat.org.uk/wp-content/uploads/2015/11/Dorset-CCC-Action-Plan-2015-2016-Updated-October-2016.pdf

Across Dorset there were a high number of Section 136s being applied but very few people being admitted to hospital. There was general concern about the fact that Dorset as a whole was an outlier in relation to the use of this particular section under the Mental Health Act 1983. The CCC action plan provided an opportunity to develop a Street Triage Service that could be piloted. The aim of the Street Triage Service is to ensure that S136 detentions are absolutely necessary and to reduce the use of police cells to manage people in mental distress. The pilot is on-going and we are currently scoping moving the operation to sit within the South Western Ambulance Service NHS Foundation Trust call centre. The outcomes to date are:

- on-going reduction in Section 136s;
- approximately 54% reduction in the use of police cells during the hours of operation;
- no young people on S136 have been detained in police cells during the hours of operation.

The Acute Care Pathway Review is progressing well:

- the CCG received 3,355 comments in total during the view seeking phase and Bournemouth University's Market Research Group independently analyzed these and produced a findings report. The report highlights the common themes and this is being used to cross check modelling options against what people said was important to them;
- the project is currently in the co-production modelling phase which will produce a strategic outline business case by the end July, in line with the Treasury's five case business case process which is seen as best practice. We expect this to include up to three options for the potential new model of care that will be taken to public consultation;
- the co-production process is working extremely well, encompassing service users, carers, the voluntary sector, NHS providers, Dorset police all of whom bring different insights into the system and how it could be improved. This 'team' also work together to agree the objectives of the project, and it's critical success factors which will play a key part in judging which options should be progressed further;

- more information on the co-production workshops and related videos outlining innovation in mental health can be viewed via this link: http://www.dorsetccg.nhs.uk/involve/launch-innovation-and-visioning.htm

### Dementia

The national report gives the CCG diagnosis rate as 62.6%, with Bournemouth and Poole over reporting at 74% and the rural area reporting in the region of only 55%.

We believe the nationally reported percentage to be inaccurate as there have been over 1000 diagnoses made this year (to end December 2015) which should equate to, in the region of 8% growth. There are continuing concerns regarding the denominator. On further reflection of the audit on 'no diagnosis', it illustrated that very few numbers were being diagnosed with dementia and subsequently rejecting a formal diagnosis.

The CCG continue to undertake activities to try to meet the national aspiration and we have an improvement plan in place. Key actions and activities to date include:

- **accuracy of Dorset dementia prevalence estimates and local diagnosis rates where opportunities for further data harmonisation exist** – the information team is visiting GP practices identified as having discrepancies with numbers on dementia registers and numbers deceased and we will continue to audit this figure and highlight data harmonisation issues. In April, the dementia team will meet with a researcher recommended by NHS England to analyse dementia prevalence rates in Dorset. Data harmonisation project involving care homes and GP practices to align data in care homes with GP practice data is forecast to start in April 2015;
- **support and capacity building within primary care** – Shared Care Guidelines have been reviewed to transfer patients stabilised on treatment to GPs. Memory support and advisory service continues to promote the Memory Gateway at GP education events. The primary care facilitator will be promoting the role of Dementia Champions within General Practice to actively promote case finding and offer support/education to colleagues;
- **improvement in the identification of people with dementia in care homes** – case finding project in care homes is being developed for implementation from April 2016, once the privacy impact assessment has been approved. This will activate care homes and GPs to refer care home residents to the Memory Gateway. A task and finish group is being established to align over 75s initiatives and the quality directorate remit in care homes.

The CCG are far ahead in commissioning patient focused services and implemented the pre and post diagnostic support service in 2014. We will need to focus on the upcoming target of 6 week diagnostic wait by 2020 which will require reengineering of the current pathway.

The specialist organic pathway will be reviewed, starting in 2016/17 with the new models being co-produced with carers and people living with dementia and our other partners. This remodelling will be undertaken within the current budget for the services.

### Parity of Esteem

The CCG have been working with the Strategic Clinical Network to help to deliver Parity of Esteem. These are:

- developed **a local health passport** to prompt better joining up of physical health and health improvement issues in people with mental health conditions;
- assessing smoking rates in the population who have a serious mental illness to identify how best to offer cessation programmes for this cohort of clients;

- additionally the CCG has been leading the development of the Dorset Mental Health **Crisis Care Concordat**: 16 partners have been working together and developed a cohesive action plan for 2015/16;
- we are working with partners to deliver a Street Triage Pilot to ensure S136 detentions are necessary and to reduce detentions in police cells;
- we have invested an additional £650k into psychiatric liaison services and these are now available 24/7 in our acute hospitals;
- we are co-producing the acute care pathway which will take both mental health and physical health needs into consideration for people with a serious mental illness.

The CSR has included discussion on mental health in each of its working groups including:

- delivering of out of hospital care for people living with anxiety and depression;
- improving mental health support and assessment particularly in acute hospitals including emergency departments;
- improving psychological support for people living with long term conditions in the community.

### Learning Disabilities – Transforming Care Programme

Dorset CCG recognises that children, young people and adults with a learning disability and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives.

The CCG is supporting this principle by developing our Local Joint Transforming Care Plan, which was recently rated green by the NHS England regional team. A Transforming Care Board has been established with Local Authority partners from Dorset County Council, Poole Borough Council and Bournemouth Borough Council and NHS England. The Board will progress the transforming care agenda.

#### Key areas for development in 2016/17 and beyond will be to:

- avoid hospital admission unless absolutely necessary;
- ensure any admission will be determined by a Gateway Care and Treatment review (pre admission CTR/Blue Light meeting);
- repatriate current inpatients;
- develop services to enable people to be supported effectively in the community in the long term.

#### Care and Treatment Reviews

Care and Treatment Reviews (CTRs) have been developed as part of NHS England's commitment to transform the services for people with learning disabilities and/or autism who display behaviour that challenges, including those with a mental health condition. The CTR ensures that individuals get the right care, in the right place that meets their needs, and they are involved in any decisions about their care.

The CTR focuses on four areas: is the person safe; are they getting good care; do they have a plan in place for their future and can their care and treatment be provided in the community. They are carried out with:

- people receiving care in a specialist learning disability or mental health hospital – to see if they can move to a community setting;
- people who are at risk of being admitted to a specialist hospital – to see if there are any other options to prevent an admission;
- for people who do need specialist hospital care – to ensure they have a care plan with clear outcomes from the start, that focuses on

transferring them back to a community setting as soon as they are ready, to prevent unnecessarily lengthy hospital stays.

The CTR team involves the commissioner and two expert advisors – an individual or family member with experience of learning disability services (an 'expert by experience') and an independent clinician – to ensure that care plans meet individuals' needs. It also involves those who are providing their current care. Following the CTR, the review team makes recommendations, with follow-up checks to ensure the activity is being delivered.

To date all CTRs have been funded and administered via NHS England. From April 2016 that responsibility falls to individual CCGs. Originally it was suggested the guidance would recommend annual CTRs. This was reviewed as 6 monthly. Our recent analysis suggests that the Dorset TCP will be responsible for around 50 CTRs over 2016/2017. The CCG confirmed that it would like to commission CTR management from the CSU that currently administers this across the region.

### Learning Disability Mortality Reviews

In June 2015 NHS England, the Healthcare Quality Improvement Partnership (HQIP) and the University of Bristol announced the world's first national programme to review and ultimately reduce premature deaths of people with learning disabilities. The three-year project will be the first comprehensive, national review set up to understand why people with learning disabilities typically die much earlier than average, and to inform a strategy to reduce this inequality.

The case reviews will support health and social care professionals, and others, to identify, and take action on, the avoidable contributory factors leading to premature deaths in this population.

The 2010-13 Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD, also carried out by the University of Bristol) found that nearly a quarter of people with learning disabilities were younger than 50 years when they died, with women dying on average at a younger age than men. Elsewhere, CIPOLD reported that up to a third of the deaths of people with learning disabilities were from causes of death amenable to good quality healthcare (they could possibly have been addressed by better healthcare provision). The establishment of a national mortality review programme for people with learning disabilities was one of its 18 key recommendations.

Dorset CCG will work with the steering group established in the NHS England local area to take strategic level oversight of the reviews of deaths of people with learning disabilities in that area. This group to have multiagency representation, including: primary and secondary healthcare, social services, public health, voluntary sector, family representatives.

The roll of the steering group would be to:

- guide the implementation of the programme of local reviews of deaths;
- nominate a member to be the Local Area Contact for the programme;
- monitor action plans resulting from reviews and take appropriate action.

One member of the steering group will act as local area contact for the programme:

- to receive notifications of deaths;
- to help allocate cases to local reviewers;
- to monitor the progress and completion of reviews;
- to provide advice for local reviewers if relevant;
- to liaise with the steering group about any issues as appropriate;

- to receive completed review documents and action plans once a review has been finished;
- in conjunction with the steering group to take appropriate action.

Local reviewers to be appointed in each NHS England local area. Reviewers to have a professional health or social care background and in addition reviewers will need:

- a thorough understanding of the needs of people with learning disabilities and their families;
- the ability to evaluate evidence and understand specialist terminology;
- a questioning mind, able to probe further if necessary;
- excellent communication skills at all levels, including with recently bereaved family members;
- able to synthesise information, and to write reports based on robust evidence accurately and concisely;
- enthusiastic and motivated to improve service provision for people with learning disabilities.

The process of local reviews of deaths will be as follows:

- death notification – centrally – collection of core data;
- deaths reported to local area contact and allocated to local reviewer;
- local reviewer completes core data and conducts initial review. Initial review involves completion of filter questions based on discussion with someone who knew the deceased person well, and review of a relevant set of notes;
- if no further review necessary – completed form (and any action plan) returned to local area contact and Learning Disability Mortality Review (LeDeR) team;
- if further review is indicated, multiagency review led by local reviewer. This involves collation of case documentation, holding a multiagency meeting at which potentially contributory factors leading to death are discussed, learning points, recommendations and action plan agreed;
- completed form (and any action plan) returned to local area contact and LeDeR team.

Within Dorset discussions are already underway to identify people who would be suitable to undertake the role of clinical reviewer and training for reviewers is underway.

The implementation of the mortality reviews is being led by NHS England and updates are provided through the Learning Disability Improvement Forum.

## FINANCIAL SUSTAINABILITY

NHS Dorset CCG, following changes to the recent funding formulation, receives its fair share of resources. This is a movement from the previous year's position which identified the CCG as being under-funded.

Our recurrent resource allocation for 2016/17 is £1,007.4m, with Primary Care being fully devolved to the CCG in 2016/17 with a resource allocation of £103m. Running cost allocation remains with a marginal adjustment at £16.8m, so additional resources for managing the new responsibilities for primary care will need to be sourced from this allocation.

CCGs are required to plan for a surplus which is very challenging considering the pressures within the provider sector. NHS Dorset CCG anticipates a rolled over surplus from 2015/16 of £17.6m and therefore plans to set the same level for 2016/17, equating to 1.7% of the CCG combined recurrent programme and running cost resource limit.

The CCG will continue to pool £52m of health budgets with Local Authorities as part of the Better Care Fund in 2016/17 with the aim to maintain as far as possible the existing pooled budget levels.

The emphasis in 2016/17 will need to be one of continued financial control along with a focus to support the CCG to commission healthcare services for the future and deliver the outcomes necessary to deliver our strategic objectives.

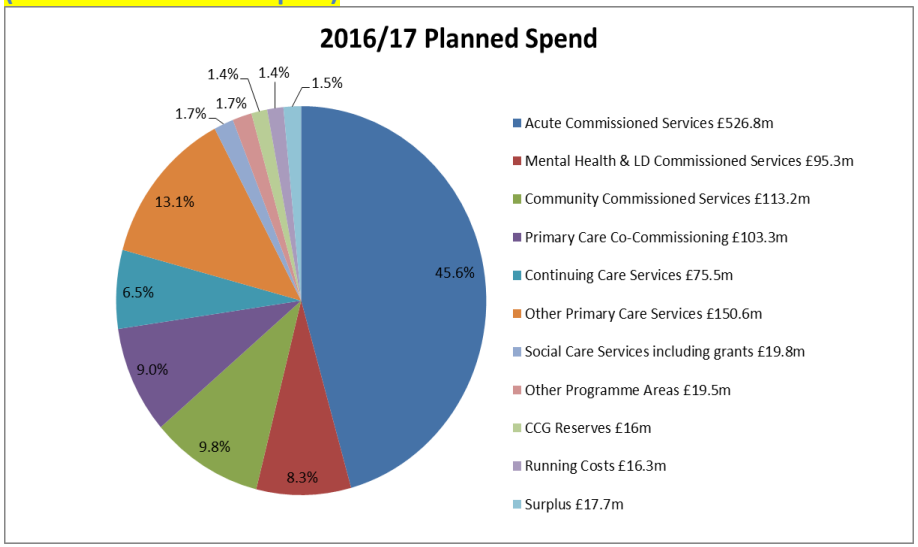
A subset to financial control will be to work with providers to deliver efficiency savings in order to maintain a sustainable position Dorset. This is a considerably challenging area for the health and social care economy.

The financial risk rating for 2016/17 and beyond is seen as high risk for the Dorset health economy, even though we have an excellent track record of achieving our financial duties. We operate in an environment where there is increasing demand for services, provider sustainability recognised in projected deficits for 2015/16 of circa £25m and pressures on continuing healthcare, non NHS sector and prescribing.

As part of the national business rules we are required to set aside 1% of CCG funding previously referred to as headroom, which must remain uncommitted at the start of the year worth £11.1m.

For the forthcoming year recognising that we have a bigger emphasis on 'place' not organisations, the CCG will be working across the system to support and deliver necessary levels of efficiency savings.

**Opening budget 2016/17 £1,154m**
**(to be revised on final plan)**



## ENGAGING OUR COMMUNITIES

We are committed to ensuring we involve patients, carers and the public in everything we do to improve healthcare in Dorset.

Under the terms of the Health and Social Care Act 2012, all NHS organisations must make arrangements to involve users, whether directly or through representatives (whether by being consulted, provided with information or in other ways) in:

a) planning of provision of services;

b) the development and consideration of proposals for changes in the way services are provided, and;

c) decisions to be made affecting the operation of services.

We have developed robust methods of listening, engaging and involving patients and the public which have ensured that their insight and experiences have been acted upon at all stages of the commissioning cycle and have influenced our commissioning decisions.

Over the year we have refreshed our engagement and communications framework, which sets out how we engage and involve our stakeholders (learning from best practice and what works locally).This includes a continued focus on Patient Participation Groups, our Health Involvement Network and our Supporting Stronger Voices forum.

We continue to work closely with and to further develop our **Patient (Carer) and Public Engagement Group (PPEG)** which includes people with a wide variety of life-experience across Dorset's geography, demography and diversity. The group is chaired by a National Patient Leader and the outputs of this group have directly influenced the CSR, including the publication of the Need to Change, the development of our consultation principles and pledge and development of a Guide to **Person Centred Discussions to Inform Service Design** for consideration in all discussions about health and social care.

We have established a Stakeholder Intelligence Team who are responsible for gathering insights on our stakeholder to inform policy and decision making this will ensure that we are listening to our stakeholders and building mutually beneficial relationships.

### Equality Delivery System 2

We are committed to ensuring that we reduce health inequalities and that we have the needs of our communities at the heart of our commissioning functions. We recognise that people access services and need support in a range of different ways. Our challenge is to understand these communities, engage effectively with them and commission services to meet their local needs. The CCG has adopted and is working towards implementation of the NHS Equality Delivery System (EDS 2) and the NHS Workforce Race Equality Scorecard. In line with EDS2 guidelines, the CCG has completed the annual review process, this can found at: http://www.dorsetccg.nhs.uk/Downloads/aboutus/equality/Dorset%20CCG%20Equality%20and%20Diversity%20Report%202015-16.pdf

Key priorities for delivery in 2016/17 are:

- supporting the CSR engagement and communications activity, with a particular focus on pre-consultation engagement and formal consultation;
- proactively supporting our membership enabling them to engage in the work and decision making of the CCG;
- support the engagement activities of the Clinical Delivery Groups;
- to develop a pro-active system wide approach to communication with stakeholders with a focus on the public and patients;

- put in place the required support to take on the engagement and communication role for primary care as we embark on full delegation.

We will also ensure we engage with our diverse communities and:

- implement action plans which have been developed for implementation of EDS 2 throughout 2015/16;

- continue to work with partners and stakeholder groups to improve how we engage with them to reduce inequalities;

- further embed equality and diversity into day to day working, ensuring that we are taking a pro-active approach to commissioning and support services;

- continue to provide updates to directors on organisational workforce scorecard which includes measures in the NHS Workforce Race Equality standard.

## ORGANISATIONAL DEVELOPMENT AND WORKFORCE

The CCG Organisational Development Framework and associated delivery plan has been designed to enable the organisation to respond flexibly to our evolving needs. The following areas have been identified as organisational development priorities, which are aligned to, and will support the delivery of 2016/17 corporate, objectives:

**System Leadership**: the relationships we have built and will continue to build, the values and behaviours that we demonstrate and the way we interact, involve and engage shareholders across the system, shape and define our reputation and ability to work in partnership with others to lead the health and social care system across Dorset. The Clinical Services Review has provided a platform from which system leadership has been accelerated over the last eighteen months, and during 2016/17 as we work with and further build a consensus vision and move into decision making, our role as leaders in the system will continue to evolve. We will continue to work with partners, including Health Education Wessex and the Dorset and South Wiltshire Local Workforce Group to maximise opportunities and increase our collective leadership capabilities.

**Commissioning Support Development:** as an evolving organisation providing direct commissioning support, it is crucial that we remain flexible and agile to changing needs and priorities. We have been on a development journey since the establishment of the CCG in terms of systems and processes, values and behaviours and organisational structures. Our workforce is our biggest asset and greatest strength, therefore we cannot underestimate the value of investing time and resources into supporting staff engagement, leadership development, health and wellbeing and taking the time to listen to and respond to their feedback. The 2016 staff survey results provide a valuable platform to reflect and build on the areas which require the most attention and support, and the organisation is fully committed to working individually and collectively with teams to make improvements where necessary.

**Governing Body and Clinical Leadership Development:** the way we support and develop our Governing Body members to fulfil and embrace their roles is paramount. The challenges facing Dorset and the role they play as leaders within the system cannot be underestimated. The organisation and individual members of the Governing Body commit a significant amount of time, commitment and resource to ensure that they are supported in their roles, and able to make informed decisions which will have far reaching implications for the system for years to come. The support that is provided through the annual development plan is not limited to Governing Body members, it is extended to our wider clinical and management leadership cohort, and whilst as an organisation we are strong in this area, the decisions that we will be making and the challenges that we will face during 2016/17 necessitates an even greater level of commitment and resource.

**Membership Engagement:** the way we communicate and engage with our members has remained a key priority for the Clinical Commissioning Group. Our primary care delegation responsibilities have provided us with a valuable opportunity to review and refocus our methods; learning lessons and building on our successes. Our approach to date has been effective in parts; however we recognise that a more managed and integrated approach is required. Historically our approach has been defined by the purpose of the engagement or communication activity, or by whether we are communicating or engaging with practices as a 'member' or a 'provider of services'. In reality this no longer matters and our approach is now defined by a clear principle that every situation or opportunity is supported and enhanced by meaningful engagement and communications with consistent messaging.

**Health at Work:** We are committed to creating a positive working environment where staff feel involved and motivated in their roles and are able to contribute to the delivery of the CCG's strategy and objectives in lien with the NHS Constitution. In doing this in 2016/17 we will focus on:

- implementing a range of programmes to support health and wellbeing such as walking groups;
- developing a culture which engages and involves staff through a variety of mechanisms;
- creating an organisation which involves staff in key decisions which affect their work;
- developing an environment which encourages internal development and progression.

## GOVERNANCE AND DELIVERY

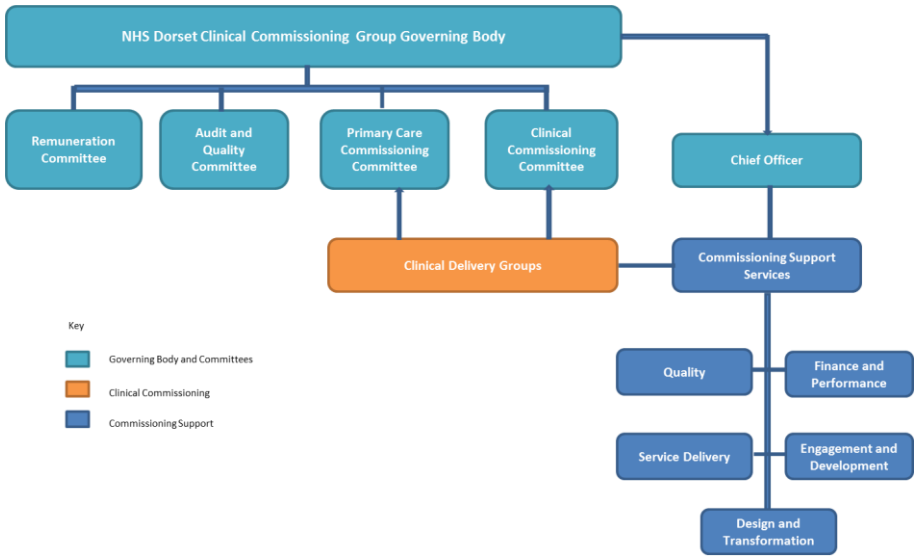
Our programmes have dedicated resource identified in terms of clinical and managerial leadership, and project support from the respective organisations. Each programme has its own detailed project plans and monitoring process in place.

### CCG Governance arrangements

The diagram shows the relationship between the CCG Governing Body, its committees and our commissioning support services.

### CCG Governance

The CCG's internal governance arrangements are illustrated below. The CCG provides assurance to NHS England Wessex through regular assurance meetings and also provides regular updates on its progress to both Health and Wellbeing Boards, Joint Commissioning Boards and Better Together Board.



## MONITORING PERFORMANCE

The performance team takes a robust approach to performance management, building upon a strong base developed over previous years.

The team monitors the quality standards and outcomes set out in 'The Five Year Forward View' and NHS Outcomes Framework, including the elements within the CCG Quality Premium. Close working with the finance and provider management teams ensures a joined up approach to ensuring NHS England and CCG performance goals are achieved. The team will be focussing on:

- reporting bi-monthly on progress against CCG commissioning;
- outcomes and ensuring where appropriate agreed outcomes are reflected into acute and non-acute contracts;
- reporting on progress against outcome and performance measures set out in The Five Year Forward View. These will be reported bi-monthly to the executive team and quarterly to the CCG Board;
- reports on the progress against the Quality Premium measures incorporating the NHS Constitution and agreed local health measures;
- any risk to delivery will be managed through existing structures and using appropriate contract controls and levers with providers;
- the CCG being required to provide assurance to NHS England on six domains, working closely with the Wessex Area Team as required;
- supporting the Clinical Services Review in achieving its aims.

## CCG ASSURANCE

We are committed to and will continue to strive for improvements in our overall CCG performance as measured through the CCG Assurance Framework.

During 2016/17 we will work with NHS England to embed the new CCG Assessment Framework, which encompasses the triple aim of the Five Year Forward View as follows:

- better health and wellbeing;
- better quality care for patients;
- better value for taxpayers.

We will ensure that we have in place the local mechanisms to enable us to provide an assessment and evidence on our performance against the four proposed areas of:

- better health;
- better care;
- sustainability;
- leadership.

Through our programmes we will continue to progress work to improve services for the six clinical priority areas which we will be independently assessed, as follows:

- maternity;
- mental health;
- dementia;
- learning disabilities;
- cancer;
- diabetes.

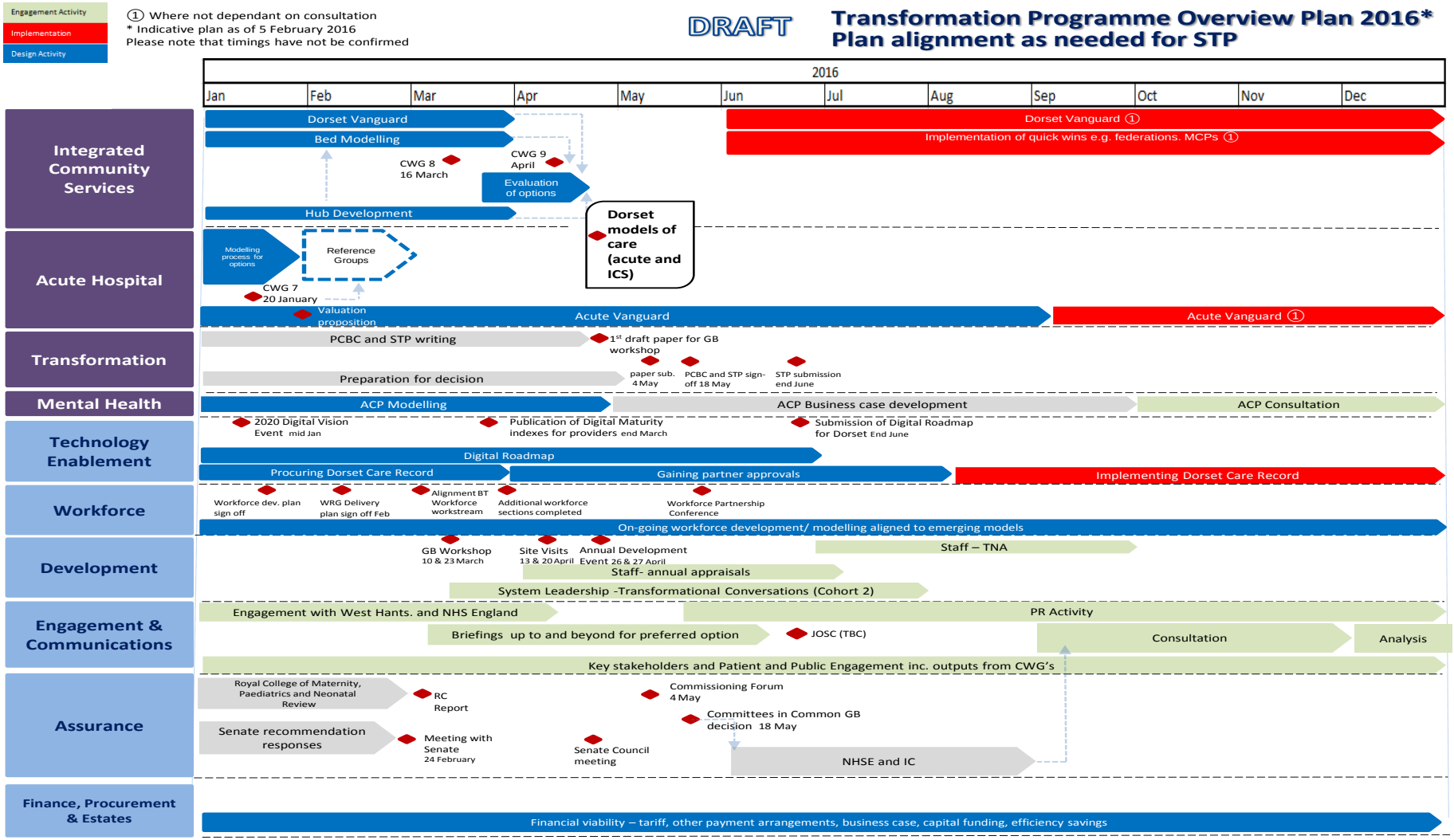
## KEY RISKS AND MITIGATING ACTIONS

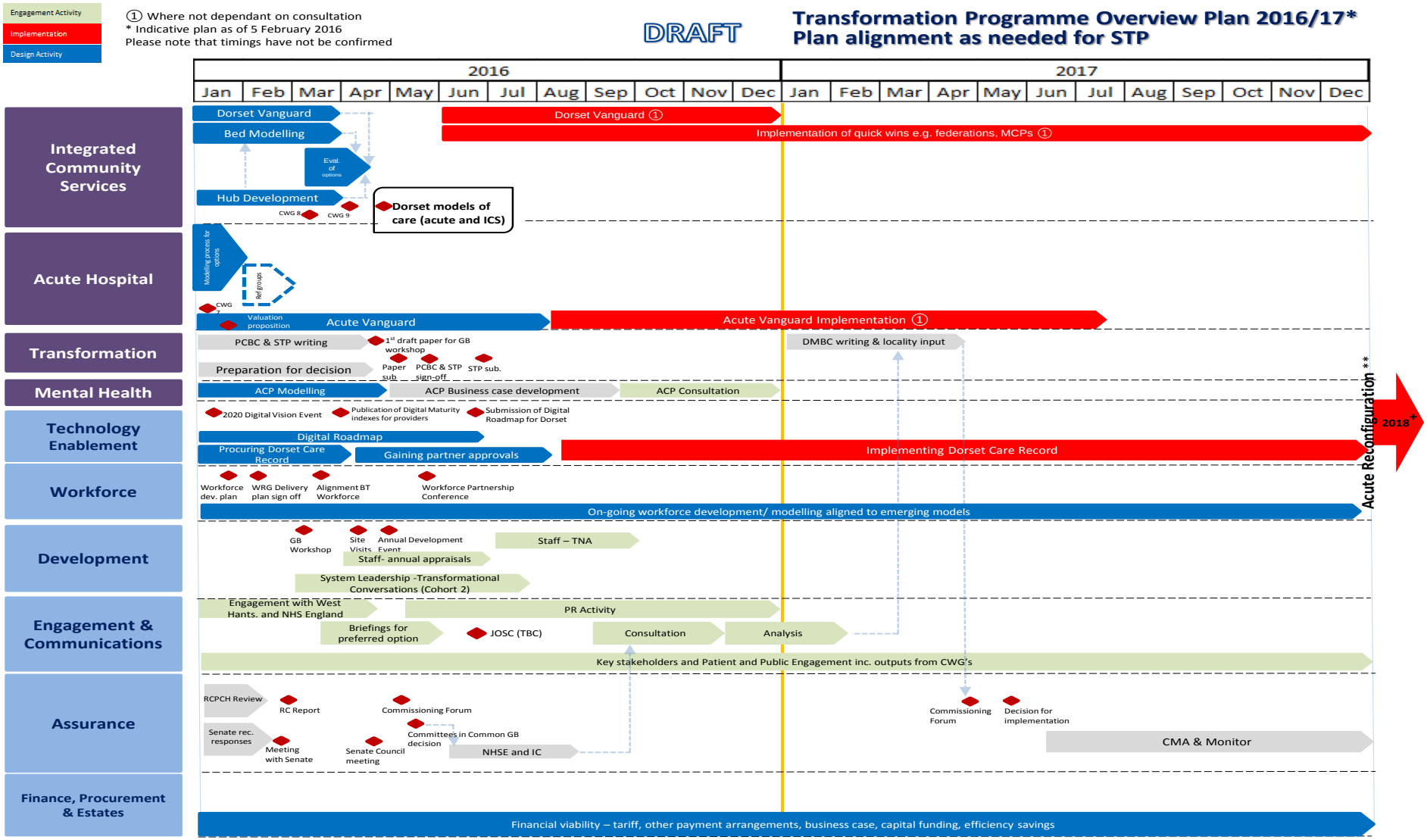
The table below identifies key risk and mitigating actions from both a CCG and System View.

| RISK | SEVERITY | LIKLIHOOD | MITIGATION |
|---|---|---|---|
| **CCG RISKS** | | | |
| Organisational self-interest – ineffective partnership working resulting in ineffective integration of services (RDD2) | H | M | Robust clinical commissioning programmes in place with appropriate communications networks, partners and stakeholders.<br>Development of joint priorities and action plans. |
| NHS providers sustainability – impacting on service delivery and implementation of service changes (Q22) | H | H | Work with providers to ensure safe, effective and efficient implementation of services.<br>Continued monitoring and review of contracts. |
| Impact of diminished cash reserves impacts on ability to pay core function on time (CSR073) | H | M | Support providers to deliver the efficiency required to deliver a balanced position. |
| Impact on NHS providers, particularly secondary care in transferring money to the Better Care Fund, and diverting from front line NHS services. (FIN20) | H | M | CCG to align contractual spend against pooled fund. |
| Increase in prescribing growth (Q29). | M | M | Robust monitoring of prescribing spend for primary care in place.<br>Implementation of formulary and NICE TAs will support budgetary control and demonstrate adherence to NHS Constitution.<br>Medicines input into pathway development linking to CDGs. |
| Increase in secondary care referrals. | H | M | Full range of evidence based pathways and referral protocols in place;<br>Contract levers and activity thresholds in place. |
| Increase in Continuing Health Care (CHC) (Q34) | H | M | Robust management of CHC and monitoring of CHC contracts in place. |
| Failure to achieve QIPP target. | M | M | Robust clinical commissioning programmes in place.<br>Work with providers to ensure safe, effective and efficient implementation of services. |
| Public, patient, stakeholder challenge and judicial review (025). | H | M | Detailed communications and engagement plans for each service change ensuring involvement through each stage of the process.<br>Regular media/press releases to ensure wide involvement. |
| Urgent care/A&E pressures impacting on system sustainability, discharge and patient care (CDG4.2). | H | H | System resilience group have system wide plans in place to mitigate against these pressures. |
| **SYSTEM WIDE RISKS** | | | |
| Access to Sustainability and Transformation Plan Funding for Dorset including provider request for additional financial support from the CCG. | H | H | Work with providers to establish the system benefits of funding coming into Dorset. |

| | | | |
|---|---|---|---|
| Delivery of Sustainability and Transformation Fund (STPF) objectives. | H | H | Work with providers to establish how the objective of the STPF can be delivered. |
| Local Authority financial position post comprehensive spending review impacting on social care and transformation. | H | H | Work with Local Authorities to identify the lower risk service areas for decommissioning and support them in messaging around this. |
| Primary care pressures including the sustainability of the workforce, finances and impact of devolution. | M | M | Implement primary care development plan.<br>Devolved commissioning of primary care enable local decisions.<br>Work with LMC and Deanery to identify placements and support programmes for workforce development. |
| System wide workforce pressures. | M | M | Work with Health Education England, LMC and Deanery to identify placements and support programmes for workforce development |

Appendix 1: DRAFT Transformation Programme Overview Plan 2016




Engagement Activity
Implementation
Design Activity
① Where not dependant on consultation
* Indicative plan as of 5 February 2016
Please note that timings have not be confirmed
DRAFT
Transformation Programme Overview Plan 2016/17*
Plan alignment as needed for STP
2016
2017
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
Integrated Community Services
Acute Hospital
Transformation
Mental Health
Technology Enablement
Workforce
Development
Engagement & Communications
Assurance
Finance, Procurement & Estates
Dorset Vanguard
Dorset Vanguard ①
Bed Modelling
Implementation of quick wins e.g. federations, MCPs ①
Eval. of options
Hub Development
CWG 8
CWG 9
Dorset models of care (acute and ICS)
Modelling process for options
Ref groups
CWG 7
Valuation proposition
Acute Vanguard
Acute Vanguard Implementation ①
PCBC & STP writing
1st draft paper for GB workshop
DMBC writing & locality input
Preparation for decision
Paper sub
PCBC & STP sign-off
STP sub.
ACP Modelling
ACP Business case development
ACP Consultation
2020 Digital Vision Event
Publication of Digital Maturity indexes for providers
Submission of Digital Roadmap for Dorset
Digital Roadmap
Procuring Dorset Care Record
Gaining partner approvals
Implementing Dorset Care Record
Acute Reconfiguration **
2018+
Workforce dev. plan
WRG Delivery plan sign off
Alignment BT Workforce
Workforce Partnership Conference
On-going workforce development/ modelling aligned to emerging models
GB Workshop
Site Visits
Annual Development Event
Staff – TNA
Staff- annual appraisals
System Leadership -Transformational Conversations (Cohort 2)
Engagement with West Hants. and NHS England
PR Activity
Briefings for preferred option
JOSC (TBC)
Consultation
Analysis
Key stakeholders and Patient and Public Engagement inc. outputs from CWG's
RCPCH Review
RC Report
Commissioning Forum
Commissioning Forum
Decision for implementation
Senate rec. responses
Meeting with Senate
Senate Council meeting
Committees in Common GB decision
NHSE and IC
CMA & Monitor
Financial viability – tariff, other payment arrangements, business case, capital funding, efficiency savings