

# **NHS DORSET CLINICAL COMMISSIONING GROUP**

## **DRAFT TWO YEAR DELIVERY PLAN 2014/15 to 2015/16**



## INTRODUCTION TO NHS DORSET CLINICAL COMMISSIONING GROUP'S DELIVERY PLAN 2014/15 TO 2015/16

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This is the second Delivery Plan developed by NHS Dorset Clinical Commissioning Group (CCG) and it outlines how we will deliver the first two years of our refreshed five year Strategy.

It is recognised that the NHS is facing significant challenges, which we have set out in our strategy. Over the next two years the CCG will be focussing on the delivery of local priorities as well as those identified in the refreshed '*NHS Mandate 2013 to 2015*' and in '*Everyone Counts: Planning for Patients in 2014/15 to 2018/19*'. In doing this we will build a high quality, sustainable health and social care system for future generations.

Our plan outlines how we will focus on three transformational programmes of:

- Better Together;
- Clinical Services Review;
- Urgent Care Review.

Delivery of these programmes will be supported by our Clinical Commissioning Programmes (CCPs) and through working in partnership with stakeholders.

Our plan also includes how our internal commissioning support team will work to support the delivery of these projects, our CCP's and will ensure that the CCG continues to meet all its legal duties.

The involvement of the public and patients in the work that we do is considered key to the achievement of our aims and the delivery of our priorities. We are committed to and will continue to develop positive working relationships with our partners, providers other key stakeholders.

The plan recognises the need to ensure that robust and sustainable financial performance is maintained alongside the delivery of safe and high quality service and outlines the key funding allocation and challenges for the CCG.



## DELIVERING NATIONAL PRIORITIES- EVERYONE COUNTS PLANNING FOR PATIENTS 2014/15 to 2018/19

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The national planning guidance '*Everyone Counts: Planning for Patients 2014/15 to 2018/19*' was published in December 2013 and sets out the challenges and priorities for NHS in England to achieve their ambition of '*high quality care for all, now and for future generations*'.

The guidance reiterates the challenges outlined in 'A Call for Action' and reemphasises the need for commissioners to make courageous decisions with partners and providers to transform how services are delivered. In doing this, it will ensure that we raise the quality of care to the best international standards whilst closing the potential funding gap of £30bn by 2020/21.

Dorset CCG is committed to delivering the national priorities identified within '*Everyone Counts: Planning for Patients*' and improving the health of the population of Dorset. Through the delivery of our three transformation programmes and our Clinical Commissioning Programmes (CCPs) we will:

- improve outcomes for patients as measured through the five domains of the NHS Outcomes Framework and the seven outcome ambition measures;
- reduce inequalities that exist across Dorset;
- ensure that we continue to focus on improving people's mental health as well as their physical health;
- ensure that all of our stakeholders are involved and engaged through every stage of service development and change;
- transform service models with partners to deliver high quality, integrated care, incorporating innovative technologies;
- maintain the focus on the essentials as follows:
  - Access- we will ensure services are accessible, timely and convenient;
  - Quality- we will focus on patient safety, experience and effectiveness and will work with providers to implement the actions required from the Francis, Berwick and Winterbourne View Reports and ensure that we achieve the standards and pledges set out in the NHS Constitution;
  - Innovation- we will continue to be committed to supporting research and implementing innovative solutions to care delivery;
  - Value- we will continue to strive to ensure the best use of our resources, delivering high quality, sustainable services.



## LOCAL DELIVERY IN 2014/15 to 2015/16

As already highlighted the NHS is facing significant challenges and those faced nationally are the same as those in Dorset.

Dorset has a high and rising population of older people and although fallen, inequalities in life expectancy still exist. We also have increasing numbers of people living with long term conditions, with the main causes of death being cardiovascular disease and cancer.

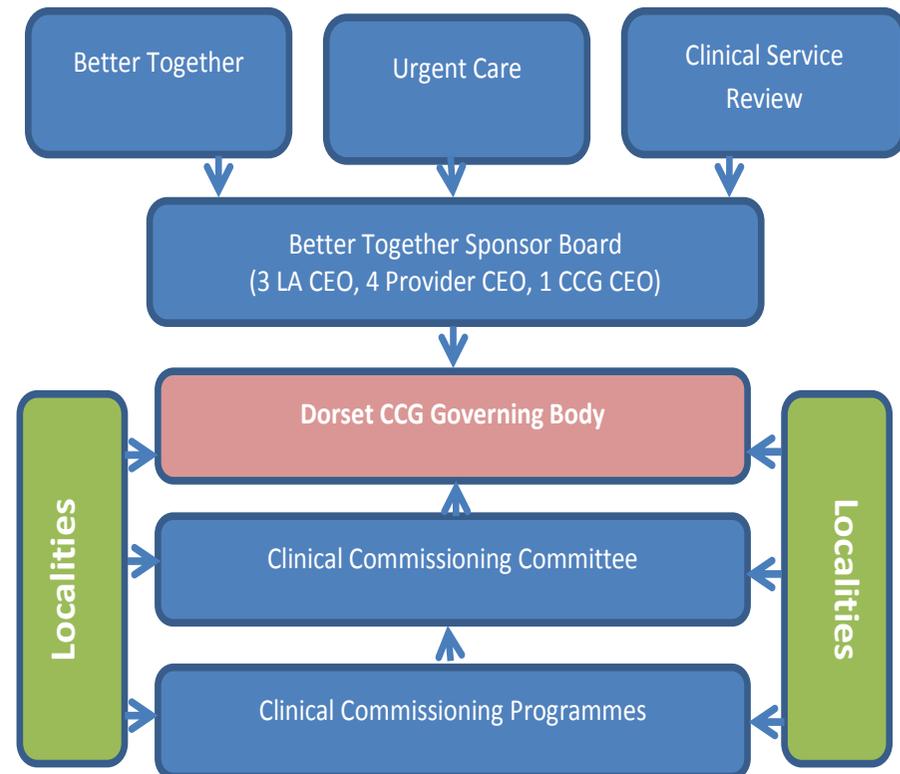
In addition to this we will need to meet the financial challenges facing the health and social care system in Dorset.

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

To do this we have identified three transformation programmes which we will focus on, these are:

- Better Together Programme;
- Clinical Services Review;
- Urgent Care Review.

These programmes are interlinked. They will be delivered in partnership with the three local authorities and our four main providers and will be overseen by the Better Together Programme Board. Membership of this board is through the Chief Executive Officer of each organisation (as illustrated).



## BETTER TOGETHER PROGRAMME

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### Programme Overview

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

The programme will be 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 Hospital NHS Foundation Trust. The funding for the Better Together Programme will be through the Better Care Fund and together they will drive integration. Better Together Board will oversee the Better Care Fund.

### Key priorities

- Frail elderly and long term conditions (links to urgent care);
- Early Intervention support and reablement/ intermediate care;
- Mental Health and Learning Disabilities;
- Urgent and Emergency care (links to urgent care).

### Outcomes for patients, their carers and the health system

- Improving the health of people with long term conditions, including frail elderly;
- Reducing the amount of time people spend (avoidably) in hospital through integrated care;
- Enabling older people to live at home independently;
- Improving peoples experience of care across the system;
- Reduced inequalities of outcomes across our population;
- Economies of scale e.g. single not multiple teams, simplified access to services (including information and advice services), single IT system, commissioning/ buying power, single access points;
- Enhanced commissioning and planning capacity to build successful strategies, plans and delivery capability;
- Integrated services;
- Movement of work between services and around the system;
- Reduced levels of inappropriate demand as a consequence of improved work flow, business processes and shared information;
- Reduction in A&E admissions by 10%;
- Total system costs efficiency target required of 5% (of £1.2bn).

### Programme Timeframe:

- September 2013 to October 2013- Programme Set Up;
  - November 2013 to January 2014- Programme Mobilisation;
  - January 2014 to 2018- Programme Delivery.
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## BETTER CARE FUND

The Better Care Fund has been established across the three local authorities (Dorset County Council, Borough of Poole and Bournemouth Borough Council) and the CCG, and is made up from existing budgets.

In Dorset the Better Care Fund together with the Better Together Programme will drive integration of health and social care services across Dorset. The financial allocations for this fund can be seen in the table below- **as at 17 Feb 14.**

Better Care Fund Local Allocation	2014/15	2015/16	
National Funding Allocation	£1.1bn (transferred)	£3.8 bn (pooled)	
		Minimum Contribution (£'000)	Actual Contribution (£'000)
Dorset County Council (£000's)	8,869	11,910	90,049
NHS Dorset Clinical Commissioning Group		33,581	187,009
Bournemouth Borough Council	4,052	5,290	35,798
Borough of Poole	2,922	3,784	31,966
<b>Total</b>	<b>15,843</b>	<b>54,565</b>	<b>344,822</b>

50% of the national funding will be based on achievement of the following performance targets, these are:

- Admission to residential/ nursing homes;
- Effectiveness of reablement;
- Reduction in delayed transfers of care;
- Avoidable emergency admissions;
- Patient/ services user experience;
- Estimated diagnosis rates for dementia.



## CLINICAL SERVICES REVIEW

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### Programme Overview

The clinical services review (CSR) is designed to review clinical services across Dorset with the aim of developing a modern model of clinically sustainable, high quality health services (including workforce) across Dorset.

### Key Priorities

Within the review phase of the project the CCG has agreed all services are in scope. Following the review the CCG will prioritise the implementation of the findings; the implementation of which will be driven through the CCPs.

### Outcomes for patients, their carers and the health system

- Delivery of care closer to home;
- Services which are designed around patients;
- Integrated 'whole system' services;
- Fast, flexible and focussed access to diagnostics, reports, clinical guidance for clinicians for treatment and care planning;
- Sustainable workforce across health and social care provision;
- Improved quality and outcomes;
- Value for money.

### Programme Timeframe

- December 2013 to May 2014- scope project, develop framework, initial engagement with clinicians, GB members, local authorities, providers, establish assurance and governance arrangements, develop communications and engagement strategy to support CSR;
- April 2014 to September 2014- undertake review of clinical services;
- October 2014 to December 2018-programme delivery;
- January 2016 on going- benefits realisation.



## URGENT CARE REVIEW

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### Programme Overview

The CCG has established an Urgent Care Board through which and working in partnership across primary, secondary and community care services will deliver enhanced urgent care with an emphasis on prevention of avoidable admission. This work will form part of the Better Together Programme.

The pan Dorset Urgent Care Board has developed two strands of work as follows:

- Joint partnership programmes based around acute hospital 'sectors' with non re-current funds to enable seasonal pressures to be managed, and to provide opportunities to pilot innovation;
- Development of a transformational Urgent Care Strategy, supported by the Kings Fund, which will include capacity modelling and a commissioning pathway for frail elderly.

### Key Priorities

Following completion of the urgent care review undertaken by King Fund the key priorities are:

- Frail elderly pathway;
- Review and redesign of urgent and emergency care services;
- Embedding NHS 111 into the Dorset health and social care community to ensure effective integration into urgent care;
- Early supported discharge for urgent care.

### Outcomes for patients, their carers and the health system

- Patients feel safe, supported and in control;
- Improving the health of people with long term conditions, including frail elderly;
- Reducing the amount of time people spend (avoidably) in hospital through integrated care;
- Enhanced commissioning and planning capacity to build successful strategies, plans and delivery capability;
- Integrated services;
- Reduced levels of inappropriate demand;
- Reduction in A&E admissions.

### Programme Timeframe

- 2013 to 2014- Programme set up, review undertaken, programme mobilisation, including strategic direction and pathways for frail elderly;
- 2014/15 to 2018- Programme Delivery.



## CLINICAL COMMISSIONING

Within the CCG clinical commissioning is undertaken by our Clinical Commissioning Programmes (CCPs) which are chaired by GPs and are multi professional teams supported by a director and commissioning support staff as well as local authority and clinical members.

The CCPs can be seen in the diagram overleaf along with the assurance and delivery routes.

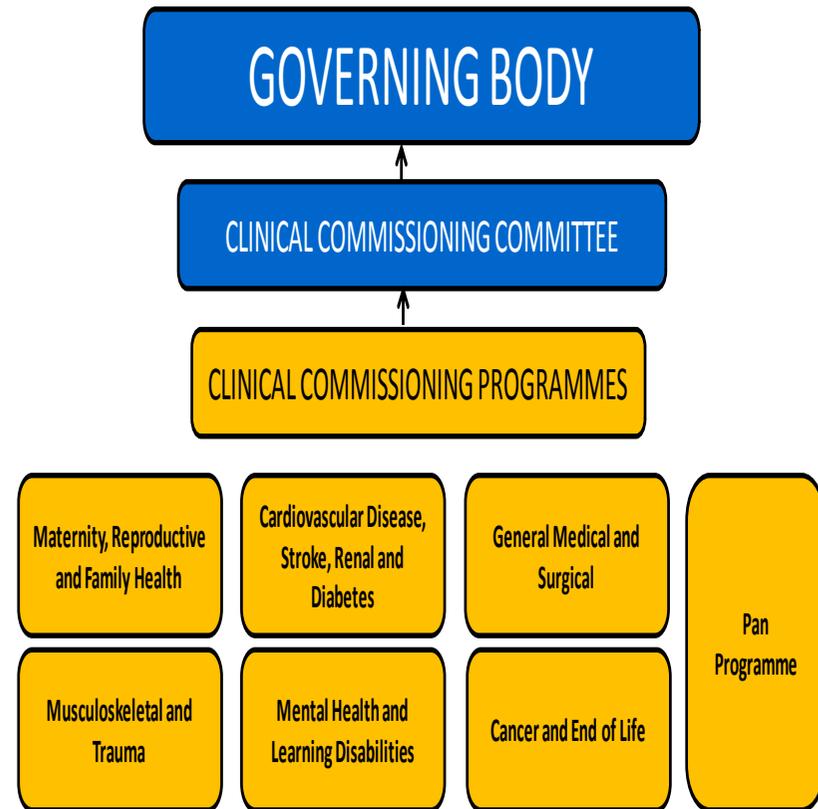
The CCPs are accountable to the Clinical Commissioning Committee and then to the CCG Governing Body. This will ensure the capacity and capability to commission across pathways both now and in the future. The diagram identifies the accountability structure for CCP.

The CCPs and their multi-professional subgroups enable us to continue to work with our partners and stakeholders to deliver quality, innovation, productivity and prevention (QIPP) schemes to ensure improved health outcomes and a high quality sustainable healthcare system for Dorset.

Each CCP will support the delivery of the CCG three transformational programmes, which will in turn create the system changes required to deliver clinical and financial sustainability.

The CCP projects have been prioritised at a programme level and these have been tested with the CCG Governing Body, and the wider membership at the Governing Body Workshop in October 2013 and CCG Membership Event also held in October 2013.

The priority projects for implementation and review over the next two year and their links to the three transformational programmes and Health and Wellbeing Board Strategies can be seen in the following sections.



## CLINICAL COMMISSIONING PROGRAMMES PRIORITIES

### MATERNITY, REPRODUCTIVE AND FAMILY HEALTH CCP

**Vision:** Equitable high quality services that meet the identified needs of local women, children and their families

Members of this CCP are responsible for reviewing, redesigning and commissioning maternity, sexual health, gynaecology and children's services. It has a particular focus on prevention and early intervention as much of its work focuses on the delivery of care to children and young people. Over the next 2 year the CCP will focus on:

Priority Project	Supports Delivery of:					
	National Priority	Better Together	Clinical Services Review	Urgent Care	CCP Specific Priority	Health & Wellbeing Strategies
Implement pan Dorset strategy and develop solutions for sustainability of pan Dorset maternity services, this will include: <ul style="list-style-type: none"> <li>Review of maternal mental health pathway</li> </ul>	✓		✓		✓	✓
Implement review of community paediatric services pan Dorset			✓	✓	✓	✓
In order to meet statutory requirements, to meet the health needs of looked after children (LAC) we will implement the review of LAC health pathways including appointing a designated nurse	✓				✓	✓
In line with NHS England pathway for with children spasticity, produce a local Botulinum policy	✓				✓	
Joint commissioning programmes to include: <ul style="list-style-type: none"> <li>Develop and implement Attention Deficit Hyperactivity Disorder/Autistic Spectrum Disorder pathway:</li> <li>Implementation of the SEN BILL 2014 statutory requirements;</li> <li>Continue with review programme for Children and Adolescent Mental Health Services.</li> </ul>	✓		✓		✓	✓
Update the local assisted conception policy and guidance in line with national policy and guidance					✓	
Re design of Termination of Pregnancy services			✓		✓	
Review and redesign of children's audiology service			✓		✓	✓



## CARDIOVASCULAR DISEASE CCP

**Vision:** Our vision for CVD services that focusses on risk management, disease prevention and better supporting people within their home or locality. Members of this group are responsible for reviewing, redesigning and commissioning services for services for both adults and children. Existing workstreams within this programme are:

- Diabetes;
- Stroke;
- Renal;
- Cardiac Disease.

Over the next 2 year the CCP will focus on:

Priority Project	Supports Delivery of:					
	National Priority	Better Together	Clinical Services Review	Urgent Care	CCP Specific Priority	Health & Wellbeing Strategies
<b>Priority 1 Prevention and risk management</b>						
Work collaboratively with locality management teams to improve and enhance identification and management of people with atrial fibrillation	√			√	√	√
<ul style="list-style-type: none"> <li>• To improve the identification of high risk families and reduce their risk factors Familial hypocholesterolaemia</li> </ul>	√				√	√
To continue to enhance primary and community diabetes services and implement improvements in foot care <ul style="list-style-type: none"> <li>• Podiatry access;</li> <li>• Dietetics intermediate care services;</li> <li>• Replacement of LES with service spec to manage growth in diabetes and deliver new model with support of DNS;</li> <li>• More cost effective medicines management</li> </ul>	√	√		√		√
Anticoagulation and VTE pathway redesign	√			√	√	
CVD lifestyle programme	√	√			√	√
<b>Priority 2 Management of acute CVD conditions</b>						
Evaluate the outcome and implications of the King's Fund cardiology review			√		√	



Priority Project	Supports Delivery of:					
	National Priority	Better Together	Clinical Services Review	Urgent Care	CCP Specific Priority	Health & Wellbeing Strategies
East Dorset Cardiology GP				✓	✓	
Locality Direct Access diagnostics	✓			✓	✓	
<b>Priority 3 Living with CVD and End of Life</b>						
Nursing care to support frail elderly with heart failure at EOL and avoid hospital admission	✓	✓		✓	✓	✓
CVD Primary care prevention (established disease)	✓			✓	✓	✓
Community therapy and ESD in N Dorset	✓	✓		✓	✓	
Education programme to support care closer to home & avoid admission	✓			✓	✓	✓



## GENERAL MEDICAL AND SURGICAL CCP

**Vision:** Improve patient outcomes through commissioning equitable, high quality services, sustainable models of care through the right care in the right place.

Members of this group are responsible for reviewing, redesigning and commissioning services including:

- Respiratory services;
- Neurological services;
- Ears, nose and throat services;
- Ophthalmology services;
- Dermatology services.

Over the next 2 years the CCP will focus on:

Priority Project	Supports Delivery of:					
	National Priority	Better Together	Clinical Services Review	Urgent Care	CCP Specific Priority	Health & Wellbeing Strategies
Respiratory – fully implement the primary care COPD pathway					✓	✓
Neurology Service Specification Implementation 2014/15 (Wessex Mental Health Dementia and Neurological Conditions Strategic Clinical Network Project Areas)			✓		✓	✓
Implement Dermatology services in line with review					✓	
Headache pathway changes (Wessex Mental Health Dementia and Neurological Conditions Strategic Clinical Network Project Areas)			✓	✓	✓	✓



## MUSCULOSKELETAL AND TRAUMA CCP

**Vision:** Ensuring equitable high quality, sustainable services that meet the identified needs of local people with Musculoskeletal conditions.

Members of this group are responsible for reviewing, redesigning and commissioning services including:

- Orthopaedics;
- Rheumatology;
- Trauma;
- Spinal surgery;
- Pain management;
- Physiotherapy services.

Over the next 2 years the CCP will focus on:

Priority Project	Supports Delivery of:					
	National Priority	Better Together	Clinical Services Review	Urgent Care	CCP Specific Priority	Health & Wellbeing Strategies
Implementation of community persistent pain management service			√		√	
Specify primary care adult (16+) MSK physiotherapy provision in all primary care and outpatient services contracts including physiotherapy self-referral model			√		√	
Encourage the universal adoption of PROM scoring in patients referred for elective hip and knee arthroplasty.	√		√		√	
Spinal Pain Pathway			√		√	
Review of Physiotherapy Services			√		√	
Development of MSK 5 Year Vision with full patient, public and clinician engagement including education and health promotion	√		√		√	
Review of fracture Neck of Femur pathway and time to surgery	√		√		√	
Rheumatology Services in the West			√		√	



## MENTAL HEALTH AND LEARNING DISABILITIES CCP

**Vision:** To put mental health on a par with physical health, ensuring equitable high quality services that meet the identified needs of local people with learning disabilities and mental health problems.

Members of this group are responsible for reviewing, redesigning and commissioning services for people with learning disabilities and Mental Health conditions. The CCP is structured into three main work areas as follows:

- Mental Health;
- Dementia; and
- Learning Disabilities.

Over the next 2 years the CCP will focus on:

Priority Project	Supports Delivery of:					
	National Priority	Better Together	Clinical Services Review	Urgent Care	CCP Specific Priority	Health & Wellbeing Strategies
Acute care pathway review and redesign pan Dorset	✓			✓	✓	✓
Review and design the organic older peoples mental health pathway (dementia)	✓	✓		✓	✓	✓
Review and redesign of rehabilitation pathway	✓	✓			✓	✓
Implement memory advice and support service pan Dorset (dementia)						
Ensure the recommendations from the Winterborne View report are implemented within all local health providers and our organisation	✓				✓	✓
Implement local recommendations of the confidential inquiry into premature deaths of people with learning disabilities	✓	✓			✓	✓



## CANCER AND END OF LIFE CCP

**Vision:** Ensuring equitable high quality, sustainable services that meet the identified needs of local people with Cancer and require end of life services.

- All adult cancer pathways to include solid and liquid tumours;
- Acute oncology and cancer of the unknown primary;
- Awareness and early diagnosis of cancers;
- Supportive and palliative care for all long term conditions;
- End of life care for adults.

Over the next 2 years the CCP will focus on:

Priority Project	Supports Delivery of:					
	National Priority	Better Together	Clinical Services Review	Urgent Care	CCP Specific Priority	Health & Wellbeing Strategies
Implement the National Awareness and Early Diagnosis Initiative	√				√	
Implement the findings of the East Dorset Specialist Palliative Care review			√		√	
Reduce follow up attendances for patients with specific cancers (for example colorectal, prostate and breast)	√				√	√
Build and develop care pathways to ensure seamless care					√	
Following the recommendations of the DORSET END OF LIFE CARE REVIEW, undertake redesign work of model on care, specification and commence any procurement work			√		√	
INCREASE PUBLIC AWARENESS AND FACILITATE EARLY DIAGNOSIS OF CANCER - Support national work on NAEDI facilitating LAEDI; education and awareness for GPs; improve uptake of screening for hard to reach groups; review fast track and referral criteria; direct access to diagnostics; support Be Clear on Cancer Campaign	√				√	
TREATMENT AND SURVIVORSHIP - Redesign Follow Up for Breast, Prostate and Colorectal cancer patients;					√	√
Redesign of Referral Management following completion of 2013/14 review						



## PAN PROGRAMME

Members of this group are responsible for reviewing, designing and commissioning services that cross all programmes. Key areas for focus are:

- Better Together Programme.
- Clinical Services Review;
- Urgent care Programme.

Over the next 2 years as well as the programmes above the CCP will focus on:

Priority Project	Supports Delivery of:					
	National Priority	Better Together	Clinical Services Review	Urgent Care	CCP Specific Priority	Health & Wellbeing Strategies
Develop Community IV Therapy Services						
Continued implementation of reablement services						
Implementation of Integrated Teams – expansion of district nursing, intensive case manager		✓	✓	✓	✓	✓
Technologies - implementation of telehealth for heart failure, core services and evaluate role with COPD, Mental Health, Oncology and Frail Elderly	✓	✓		✓	✓	
Improving the provision of Leg Ulcer services						
Carers- with social care partners we will continue to develop and implement support programmes for carers		✓				
Personal Health Budgets- Continued roll out of Personal Health Budgets to include: <ul style="list-style-type: none"> <li>• Continuing Health Care- all domiciliary CHC;</li> <li>• Mental Health- acute and community and Section 117 (also see mental health and learning disabilities CCP);</li> <li>• Carers and reablement.</li> </ul>	✓					



## COLLABORATION

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The CCG recognises the importance of partnership working and collaborating with other CCGs, local authorities, NHS England, Clinical Senates, Health Education England and Wessex Deanery to deliver our strategy and the priorities set out in this delivery plan.

We are working closely with NHS England and are continuing to develop effective linkages through our programmes and contracts to ensure smooth pathways of care.

As part of our Clinical Services Review we will be reviewing the whole pathway and will be considering all elements of care delivery including primary care and specialist services and will therefore be engaging with NHS England to ensure the commissioning requirements are considered as part of our integrated approach to care.

When designing services our CCPs work with partners across both organisational and geographical boundaries, for example, review of stroke services with partner CCGs, the development of service specifications such as neurology with the clinical network. The membership of these programmes includes public health, local authority officers, secondary and primary care clinicians, we will continue to develop our programmes and through these, develop and enhance our relationships with our partners including neighbouring CCGs, clinical senates and networks to design and implement services for our population.



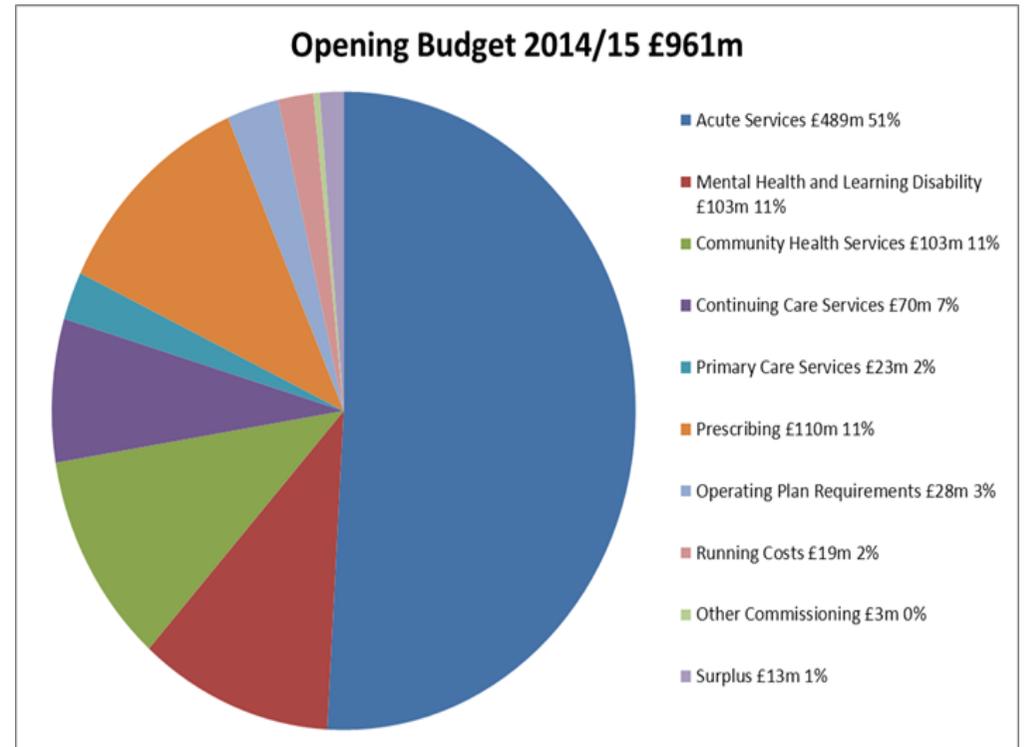
## FINANCIAL OVERVIEW

We will face an increasingly challenging financial year in 2014/15 as the NHS operates within a tight financial framework during a time of further change and a movement towards greater integration with social care.

Our recurrent resource allocation for 2014/15 is £918.9 million for programme spend, and £18.9 million for running costs. Our opening budget includes non recurrent funding of £23.5 million. The planned level of surplus for Dorset CCG is £12.6 million which is circa 1% of the CCG combined recurrent programme and running cost resource limit.

The emphasis in 2014/15 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. This will include providing non-recurrent funding to support a full clinical services review to support a more sustainable health and social care economy in the future.

The Financial risk rating for 2014/15 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 and continuing pressures on continuing healthcare, which requires the support of the localities to ensure our finance remain strong and steady for this financial year and beyond.



## SUPPORTING CLINICAL COMMISSIONING – COMMISSIONING SUPPORT SERVICES

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The CCG has internal commissioning support services that support clinical commissioning, which are organised within four directorates of:

- Quality;
- Service Delivery;
- Finance and Contracting;
- Engagement and Development.

The following section sets out the priorities for delivery for the functional directorates of in-house commissioning support services, in terms of:

- Quality;
- Medicines Management;
- Quality Premiums and CQUINS measures;
- Planning and Assurance;
- Innovation;
- Engagement and Communications;
- Organisational Development;
- Finance;
- Contracting and Provider Management;
- Business Intelligence;
- Procurement.

It also includes how we will monitor performance and manage risks to delivery.



## QUALITY

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The quality team supports the CCG in achieving the aim of 'putting quality at the heart of all we do'. The team is responsible for quality and medicines management.

Compassionate care is as important as the quality of treatment, the CCG works with its 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.

Through the implementation of the CCGs Quality Framework in 2014/15 and 2015/16 we will ensure that:

- The recommendations from the Francis, Berwick and Winterborne View Reports are implemented within all local health providers and for ourselves as commissioners;
- We will work with providers to put mechanisms in place to systematically gather patient and carer feedback including ensuring the Friends and Family Test for staff as well as patients is in place across all providers and will expect providers to improve their scores;
- We will continue to use 'real-time' feedback from our patients and carers and build on this to reduce poor experience of people who receive care and treatment from a range of providers;
- We will continue to work towards reducing the number of Health Care Associated Infections (HCAIs) and remain committed to a zero tolerance approach;
- We will 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;
- We will ensure that systems are in place to measure and understand harm that occurs in healthcare services, and work with all agencies to improve safety;
- We will set improvement expectations against the NHS Safety Thermometer, particularly in relation to pressure ulcers;
- 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.

### Additional Priorities for delivery are:

- Full implementation of the '6Cs' and Compassion in Practice;
  - Roll out of Seven Day services across health providers;
  - Working towards integration of services across the health and social care system;
  - Continue to work closely with our Local Authority partners to continually improve the safeguarding of children and vulnerable adults within Dorset;
  - Improve the application of the Mental Capacity Act;
  - More in depth understanding of staff satisfaction and how to improve this in order to improve patient experience;
  - Ensure sharing and implementation of learning from Serious Case Reviews and Audits across the health community.
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### MEDICINES MANAGEMENT PRIORITIES

Medicines Management in the CCG will be focussing on embedding the principles of optimising existing medicines in use in primary care prescribing, to ensure medicines are adequately reviewed and used to optimum effect, thus reducing waste and improving outcomes, focussing on polypharmacy in the elderly including in care homes, improve patient safety with medicines and increase reporting when errors occur, promoting pan Dorset approaches wherever practicable.

#### Key priorities for delivery are:

- Increase awareness of Patient Safety in medicines use in prescribing, administration and reporting of incidents
- Improve medicines optimisation in elderly patients on Polypharmacy
- Ensure the pan Dorset Formulary is contemporary, functional and accessible for all users and promote usage and adherence.
- Support localities to implement best practice in prescribing at practice level with an emphasis on quality
- Publish and audit implementation of NICE Technology appraisals for medicines in providers and practice prescribing in line with the requirements of Innovation Health and Wealth;
- Ensure smooth transition of prescribing and financial responsibility of specialist drugs to specialist commissioning teams;
- Analyse medicines spend in non PBR drugs and hold providers to account on NICE TA and formulary adherence;
- Further develop medicines input into pathway redesign and support CCP priorities with prescribing analysis, advice on good practice in medicines supply and use in commissioning of services.



## QUALITY PREMIUMS

The CCG has chosen dementia diagnosis as its local quality premium in addition to the nationally defined quality premium measures.

National Quality Premiums
<ul style="list-style-type: none"> <li>• Reducing potential years of lives lost through causes considered amenable to healthcare and addressing locally agreed priorities for reducing premature mortality;</li> <li>• Improving access to psychological therapies;</li> <li>• Reducing avoidable emergency admissions;</li> <li>• Addressing issues identified in the 2013/14 Friends and Family Test (FFT), supporting roll out of FFT in 2014/15 and showing improvement in a locally selected patient experience indicator;</li> <li>• Improving the reporting of medication-related safety incidents based on a locally selected measure.</li> </ul>
Local Quality Premiums
<ul style="list-style-type: none"> <li>• Estimated diagnosis rate for people with dementia</li> </ul>

## 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 2014/15 will include the national and local schemes of:

National CQUINs
<ul style="list-style-type: none"> <li>• Friends and Family Test;</li> <li>• Improvement against the NHS Safety Thermometer, particularly pressure ulcers;</li> <li>• Improving dementia and delirium care, including sustained improvement in Finding people with dementia, Assessing and Investigating their symptoms and Referring for support (FAIR);</li> <li>• Improving diagnosis in mental health – where providers will be rewarded for better assessing and treating the mental and physical needs of their service users.</li> </ul>
Local CQUINs
<ul style="list-style-type: none"> <li>• Initial Consultant assessment within 14 hours of admission to hospital;</li> <li>• Reduce the total number of admissions associated with ambulatory care conditions;</li> <li>• Reduction in the number of late discharges and transfers;</li> <li>• Increase the proportion of patients that are discharged at weekends;</li> <li>• Increase the number of discharge summaries issued within 24hrs of discharge;</li> <li>• Effective joint working of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults.</li> </ul>



## ENGAGEMENT AND DEVELOPMENT

The engagement and development directorate is responsible for three core functions of:

- Planning and assurance;
- Communications and engagement; and
- Organisational development.

The priorities for the directorate can be seen in the following sections.

### PLANNING AND ASSURANCE PRIORITIES

The role of the team is to embed strategic processes across the Clinical Commissioning Group. The team will work across organisations in Dorset including local authorities and providers to ensure alignment of plans, champions and leads on the development of clinical commissioning in good practice and business processes and governance within the Clinical Commissioning Programmes and Clinical Commissioning Committee.

In addition, the responsibility of discharging emergency preparedness, resilience and response duties sits within the team, working closely with colleagues from the emergency services, local authorities and voluntary sector.

#### Key priorities for delivery are:

- Enhance existing strategic management and planning systems and processes, including supporting the Dorset Commissioning Intelligence Group and development of strategic planning framework;
- Development of the refreshed CCG 5 year Strategy;
- Working across the CCG implement local processes to support CCG Assurance;
- Working across the CCG and with partners develop and implement Business Continuity plans, Emergency Planning rotas, incident plans and provider assurance and support multiagency working;
- Lead a programme for partnership development and support, including development of voluntary sector, Health and wellbeing board liaison and carers review.

### INNOVATION

We will encourage, support research and innovation. We will incentivise providers to undertake innovative redesigns and the implementation of innovative technologies such as assistive technologies. All provider contracts include plans to achieve agreed high impact innovation areas.

#### Key priorities for delivery are:

- Work with all providers to fully implement their plans to achieve high impact innovation changes;
- Develop a Dorset Innovation leaders group;
- Develop an innovation framework;
- Establish a senior GP commissioner to lead on commissioning innovation;
- Establish a Lead CEO role to spear head innovation across the Dorset health community;
- Formalise our joint working arrangements with NHS Innovation South West through a service level agreement with all providers;
- Work with industry and the university sector to establish joint working as part of the Wessex academic health science network;
- Support a 'culture of innovation' to develop across the local NHS.

## ENGAGEMENT AND DEVELOPMENT

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### COMMUNICATIONS AND ENGAGEMENT

The communication and engagement team provides effective and professional advice and support to the CCG at a corporate and programme level. The team ensures patient, public, stakeholder and staff views and issues are anticipated, heard and managed consistently for the best outcomes for the organisation.

#### Key priorities for delivery are:

- Development of Health Involvement Networks and Patient Participation Groups, including locality engagement;
- Support the communication and engagement plans for the three transformational programmes;
- Undertake a communication review with the aim to ensure high quality communication is delivered across the CCG;
- Further develop media management;
- Lead and develop Equality and Diversity within the CCG ensuring that our statutory responsibilities are achieved;
- Working across the CCG produce the CCGs Annual Report;
- Support the Clinical Commissioning Programmes to plan, lead and deliver their engagement plans and activities.

### ORGANISATIONAL DEVELOPMENT

The organisational development team provides organisational development and strategic human resources advice, support and guidance within the organisation.

#### Key priorities for delivery are:

- Continuing to develop and embed our role as confident and consistent leaders, enabling us to build stronger and more meaningful relationships with partners, stakeholders and our membership;
- Governing body development and clinical succession planning;
- Review and alignment of CCG development events, to the commissioning cycle, enabling membership, locality and commissioning support development;
- Leadership and management development which enhances succession planning and is based on role modelling our values and behaviours;
- Supporting and enabling CCG and CSS assurance (capacity and capability of the Governing Body and Commissioning Support workforce to meet and where possible exceed expectations);
- Understanding and supporting the wellbeing of our workforce.



### Finance

Commissioners are expected to make sound financial investments to ensure sustainable development and value for money. Excellent financial skills and clinical resource management will enable the management of the financial risks involved in commissioning and to take a proactive rather than reactive approach to financial management.

The key skills of the team are:

- Professional financial management;
- Business-case modelling;
- Financial impact and risk assessment;
- Programme budgeting;
- Processes and knowledge requirements of the complex world of NHS finance.

#### Key priorities for delivery are:

- Customer satisfaction with Financial support service to clinical programmes;
- Support greater working with localities;
- Compliance with Department of Health statutory duties;
- Achieve the financial targets set;
- regularly report and monitor the financial performance of the CCG;
- Cash Management- ensure all undisputed commissioning invoices are paid within 30 days;
- Financial training for clinicians and managers.

### Contracting and Provider Management

The provider and contract management team supports the organisation to implement effective and robust contracts from providers of health care. They hold providers to account for delivery of these services and ensure the improvements against the outcomes that have been agreed with the commissioner are delivered.

Using the support of the business intelligence and finance functions they will:

- Provide comparative analysis of provider cost and performance to help the Dorset CCG to achieve measurable improvement in the quality of healthcare, while controlling the overall costs to the system through more sophisticated contract management.
- develop the systems and processes to enable access to real time information and feedback about the organisations which supply services, the economics of the providers, and other benchmarks that reveal impacts upon the provision of services.

Provider management operates contract governance arrangements and clear accountabilities for leadership on contract negotiation and management.



## FINANCE AND CONTRACTING

### Business Intelligence

Good Business Intelligence services ensure that the right information is available at the right time to support clinical insight enabling the Dorset CCG to make effective commissioning decisions for patients. Data is an essential and valuable organisational resource; critical to the management of services, budgets, forward planning and to the timely identification of provider and service issues.

The management and interpretation of nationally evolving requirements relating to system security and information governance will continue to dominate the complex and evolving data sharing environment. Such changes will continue to influence and shape the delivery and effectiveness of Business Intelligence Services throughout 2014/15 and beyond.

#### Key priorities for delivery are:

- Continue to work with clinicians closely and proactively as part of a locality wide Business Intelligence resource;
- Further development of key Business Intelligence systems and resources to enable local level reporting, analysis and interpretation;
- Increased emphasis on patient centric systems and management of data and reporting functions with specific attention given to the evolving national requirements around data sharing and use.
- Deployment of systems, developed with reference to customer requirements and engagement, that support and add value to clinical decision making;
- Increased emphasis on benchmarking clinical quality and performance indicators across providers, including across primary care providers;
- Focus on the further development of a full suite of automated Business Intelligence resources that reflect customer requirements.

### Procurement

Procurement and market management support the delivery of commissioning priorities and facilitate the agreement of strong, secure contracts which ensure services meet the health needs of the population and the priorities of the organisation.

The service supports the Dorset CCG, clinical teams and other support functions during the planning and design of services. The team has skills in project management and provides the facilitating role for the accreditation, tendering, evaluation and negotiation with potential providers. They also ensure robust performance and reporting arrangements are included in the final contract to support the performance monitoring of providers.

#### Key priorities for delivery are:

- Support the delivery of the annual operating plan through a structured procurement workplan;
- Interpret and implement the requirements of Section 75 of the Health & Social Care Act;
- Continue to provide educational and support programmes for:-
  - GPs as commissioners
  - Localities
  - Procurement for review, design and delivery;
- Integrate and align best practice procedures for procurement alongside other commissioning support services.

## MONITORING PERFORMANCE AND MANAGING RISK

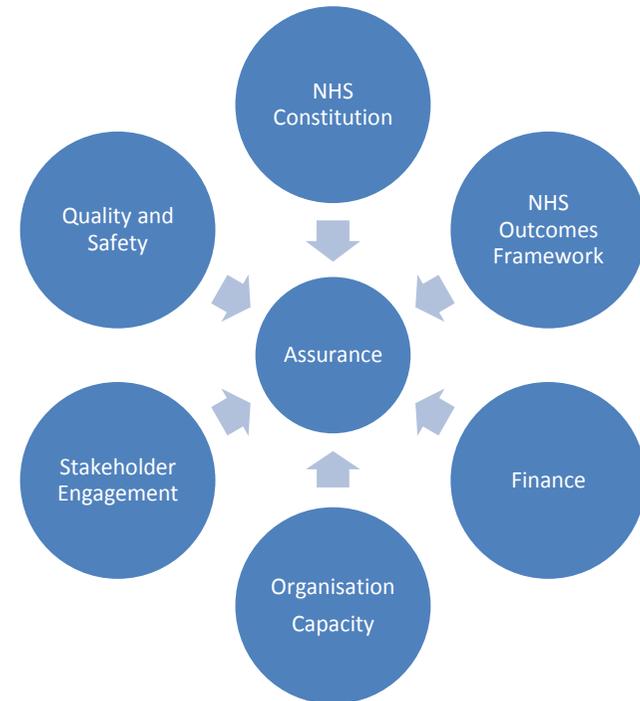
### Monitoring Performance

We will take a robust approach to performance management, building upon a strong base developed over previous years.

We will monitor the quality standards and outcomes set out in Everyone Counts: Planning for Patients and NHS Outcomes Framework. This will be done through:

- CCP reporting bimonthly of progress against outcomes and ensuring where appropriate agreed CCP outcomes are reflected into acute and non-acute contracts;
- Reports on progress against outcome and performance measures set out in Everyone Counts: Planning for Patients. 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. Key risks and mitigating actions can be seen overleaf;
- CCG will be required to provide assurance to NHS England on six domains, working closely with the Wessex Area Team as required.

### CCG ASSURANCE FRAMEWORK



## KEY RISKS TO DELIVERY

Risk	Severity	Likelihood	Mitigation
Organisational self-interest- ineffective partnership working resulting in ineffective integration of services.	H	M	Robust clinical commissioning programmes in place with appropriate communications networks, partners and stakeholders. Development of joint priorities and action plans.
NHS Providers sustainability Budgetary - impacting on services deliver and implementation of service changes.	H	H	Work with providers to ensure safe, effective and efficient implementation of services. Continued monitoring and review of contracts.
Health and Social Care Integration Pooled Fund.	H	M	CCG to align contractual spend against pooled fund.
Increase in prescribing growth.	M	M	Robust monitoring of prescribing spend primary care in place; Implementation of formulary and NICE TAs will support budgetary control and demonstrate adherence to NHS constitution. Medicines input into pathway development linking to CCPs.
Increase in secondary care referrals.	H	M	Full range of evidence based pathways and referral protocols in place; Contract levers and activity thresholds in place.
Increase in Continuing Health Care (CHC).	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. Work with providers to ensure safe, effective and efficient implementation of services.
Public, patient, stakeholder challenge and judicial	H	M	Detailed communications and engagement plans for each service change ensuring involvement through each stage of the process. Regular media/ press releases to ensure wide involvement.
New health system and commissioning arrangements as well as new officers in place which will take time to embed.	M	M	Develop strong relationships and links with NHS England, Local Area Teams, and specialist commissioners, clinical senates and Local Education and Training Board.
Change of political direction.	M	M	Maintain strong links with partners and providers to ensure service deliver y is not impacted by changes in policy.
Failure of internal Commissioning Support capacity to deliver commissioning requirements of CCG.	H	M	Robust performance monitoring of internal commissioning support against locally defined key performance indicators to enable identification of any cause for concern.
Failure of outsourced services to deliver against anticipated expectations.	H	M	Contract monitoring in place to identify any cause for concern and taking appropriate action.

