

**NHS DORSET CLINICAL COMMISSIONING GROUP  
GOVERNING BODY MEETING  
LOCALITY UPDATE**

<b>Date of the meeting</b>	20/11/2013
<b>Author</b>	F Stevens, Deputy Director of Review, Design and Delivery (West)
<b>Sponsoring GB member</b>	T Goodson, Chief Officer Presented by J Pike, Director of Service Delivery
<b>Purpose of report</b>	To update members on: <ul style="list-style-type: none"> <li>• development of the locality support infrastructure;</li> <li>• some current and recent locality/cluster based initiatives</li> </ul>
<b>Recommendation</b>	The Governing Body is asked to <b>Note</b> the report.
<b>Resource implications</b>	Within Budget
<b>Link to strategic principles</b>	<ul style="list-style-type: none"> <li>• Services designed around patients</li> <li>• Preventing ill health and inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>
<b>Risk assurance</b> Impact on high level risks	None
<b>Outcome of equality impact assessment process</b>	Not applicable; this process has been undertaken in line with the Organisational Change Policy in place for the transition from PCT Cluster to CCG.
<b>Actions to address impact</b>	Please see above.
<b>Legal implications</b>	None.
<b>Freedom of information</b>	Unrestricted.
<b>Stakeholder engagement</b>	Not applicable; this process has been undertaken in line with the Organisational Change Policy in place for the transition from PCT Cluster to CCG.
<b>Previous Committees/Governing Body</b>	Governing Body, 18 September 2013.

## 1. Introduction

1.1 This report updates Members on:

- development of the locality support infrastructure, following the detailed report to the September meeting of the Governing Body;
- some current and recent locality/cluster based initiatives.

## 2. Report

### Support Infrastructure

- 2.1 With the establishment of NHS Dorset CCG the locality support infrastructure has been revised to meet the requirements of the organisation.
- 2.2 The revised infrastructure has been developed over the past six months, taking an iterative approach, working with Locality Clinical Chairs and Locality Managers.
- 2.3 The localities have formed three clusters, each with its own locality management support team, aligned with the three Review, Design and Delivery work streams.
- 2.4 Internal recruitment processes have concluded and the three Principal Locality Lead (band 8b) posts are now filled. External recruitment is underway for the remaining vacant posts; a Senior Locality Lead (band 8a) and a Project Officer (band 6) for the Mid team and for the East team. Interviews are taking place during the first two weeks of November.

### Locality Activities

- 2.5 Whilst this has been an uncertain time for staff working in the localities, successful locality/cluster based activities have continued, including:
- intermediate cardiology arrhythmia services in Dorset West and Mid Dorset;
  - sun awareness sessions in Weymouth and at the Dorchester Show;
  - the Purbeck Integrated Health, Wellbeing and Social Care Forum;
  - PPI initiatives in North Dorset;
  - development of a locality intranet in Weymouth and Portland as a pilot which can be extended to other localities;
  - a memory assessment gateway pilot project in Christchurch;
  - the CHAIN hip pain prevention programme in Bournemouth

- a locality nurse in Central Bournemouth working with vulnerable, isolated older people;
- a project between Poole Central, and Poole Hospital to reduce paediatric admissions;
- participation in an NHS England South West Area Team project for support to frail elderly;
- development of a local hub in Poole Central focussing on vulnerable people, alcohol use and admission avoidance.

### 3. Conclusion

- 3.1 The new locality support infrastructure will promote collaborative working within and between clusters, building on activities, initiative and plans currently underway. It will ensure alignment with the wider Review Design and Delivery Directorate activities and will provide a skill mix to provide resilience and opportunities for staff development and progression.

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