

**NHS Dorset Clinical commissioning Group**  
**Clinical Delivery Group Priorities Report -**  
**May 2016**

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### Clinical Delivery Group Priorities Overview

CDG	PROJECT REFERENCE	PRIORITY	RAG	STATUS SINCE LAST REPORT	PROJECT PLAN Y/N
Maternity and Family Health	MAT001	Maternity and Paediatric acute hospital network development	Yellow	↔	Y
	MAT002	Define and develop local integrated community children's health service	Yellow	↔	Y
	MAT003	To implement a 24 hour dedicated Dorset telephone labour line	Green	Gone live 11 April 2016	Y
	MAT004	Improve emotional wellbeing and mental health outcomes by developing and implementing the Emotional Wellbeing and MH Strategy	Green	↑	Y
Long Term Conditions Frailty and End of Life Care	LTC001	Integrated Teams and End of Life Care	Green	↔	Y
	LTC002	Intermediate Care	Yellow	↔	Y
	LTC003	Develop out of hospital model of care for phlebotomy DVT and anticoagulation	Yellow	↔	Y
	LTC004	Remodelling of Diabetes service provision	Yellow	↔	Y
	LTC005	Longer term project: Out of Hospital Respiratory Services	Green	↔	N
	LTC006	Longer term project: Heart Failure: Nursing care to support frail elderly with heart failure at end of life and avoid hospital admission	Green	↔	N
Planned and Specialist Care	PS001	Rheumatology	Green	↑	Y
	PS002	Radiology and Diagnostics	Green	↑	Y
	PS003	Dermatology	Green	↑	Y
	PS004	Cancer	Green	↑	Y
Urgent and Emergency Care	UE001	Integrated urgent care hub (Out of Hospital/111)	Yellow	↓	Y
	UE002	Weymouth urgent care centre mobilisation to be completed including an assessment of transferability of service across system	Green	↑	Y
	UE003	Trauma model of care developed to support the proposed acute model configuration	Green	↑	Y
	UE004	Implementation of discharge to assess county wide (linked to the work of the systems resilience group).	Green		Priority moved to SRG
	UE005	Provision of specialist advice and guidance within one clinical pathway that assists admission avoidance.	Green	↔	Y
Mental Health	MH001	Co-produced model for acute mental health services resulting in enhanced access and service user experience (Acute Care Pathway Project)	Green	↔	Y
	MH001	Improved rates of dementia diagnosis (67% by March 2016 – stretch target 70%) and improving post diagnostic support	Red	↔	Y
	MH003	Development of effective provision to support the delivery of the 4 stage crisis model for learning disabilities (LD Crisis Assessment and Support)	Green	↔	Y
	MH004	Deliver the national MH waiting times for IAPT and EIP	Green	↔	n/a
	MH005	Work with the Maternity and Families CDG to develop an All Age Psychiatric Liaison Service by 2020.	Green	↑	M&FH leading
	MH006	Co-produce model for rehabilitation and recovery services incorporating related employment services and supportive housing	Green	↔	Due to commence Sept/Oct 16
	MH007	Co-produce model for organic specialist pathway (in-patient and community provision)	Green	↔	Due to commence April 16

## Maternity and Family Health CDG Monitoring Report as at 11 April 2016

Clinical Lead: Karen Kirkham    Head of Service: Jane Brennan

Reference	Priorities/Projects	Commencement Date of Project	Progress Updates / Comments	Current Milestone	Milestone Timescale	Project Timescale	RAG	Status Since Last Report
MAT001	Maternity and Paediatric acute hospital network development	NEW	Work being progressed through the Acute Vanguard against their milestones and timescales	Attending second Acute Vanguard meeting on the 19 Jan to discuss priorities to go forward to the next Acute Vanguard Board	First Draft PID to CDG in Feb 16	Timescale to be agreed at CDG meeting		↔
MAT002	Define and develop local integrated community children's health service	Nov-15	Collated feedback from stakeholder workshop. Vision to be further defined and agreed by project group once established. Created a template for collating childrens services from Local Authorities. Received update from DCC. Chasing Bournemouth and Poole for feedback. Developing terms of reference for project group, inviting stakeholders and setting up first meeting.	A draft PID has been developed, outlining the whole system redesign programme and overarching programme.		30-Dec-16		↔
MAT003	To implement a 24 hour dedicated Dorset telephone labour line	NEW	This project has now gone live as of 11 April 2016.					Gone live

## Maternity and Family Health CDG Monitoring Report as at 11 April 2016

**Clinical Lead: Karen Kirkham    Head of Service: Jane Brennan**

Reference	Priorities/Projects	Commencement Date of Project	Progress Updates / Comments	Current Milestone	Milestone Timescale	Project Timescale	RAG	Status Since Last Report
MAT004	Improve emotional wellbeing and mental health outcomes by developing and implementing the Emotional Wellbeing and MH Strategy	NEW	<p>Draft Strategy agreed in principal with agreement to proceed to consultation phase by Pan Dorset Joint Commissioning partnership.</p> <p>Consultation phase commenced being undertaken by the local partnership (CCG and 3 x LA including PH). Closing date for feedback is Friday 6th May.</p> <p>Local Transformation Plan developed and assured by NHS England resulting in additional recurrent funding of £1.5m.</p> <p>Action plan in place to support development of the current Young Peoples Eating Disorder Service (YPEDS) to meet new access standards.</p> <p>£250K agreed for additional development in DHUFT to support hospital liaison and deliberate self-harm assessment, nurse prescribing roles, pathway development role alongside provider contribution to pilot CAMHS post in local authority Early Help Team and development of new use of social media and technology.</p> <p>Development work following the recommendations of the CAMHS Review in 2015.</p> <p>New multi-agency Development and Behaviour Pathway (ASD/ADHD) developed pan Dorset. Project group in place to support implementation. Additional funding allocated to DHUFT for 2015-16 to recruit two case co-ordination roles as part of a networked approach across providers. Agreement of approach pan Dorset for Educational Psychology input needed to develop a multi-agency approach.</p> <p>CYP IAPT training funding awarded by NHSE for 2015-16 academic year and trainees accepted onto courses. (From DHC and Action for Children).</p> <p>CCG Programme Lead role appointed. Planned start date 9th May.</p> <p>Funding agreed for and pilot projects planned within LA's and public Health to test approaches to support the Whole School Approach model. Co-ordination group in place and developing ways of working.</p> <p>Proposed key areas of spend required in 2016-17 from Transformation funding for approval.</p>	Draft strategy agreed in principle Local Transformation Plan assured by NHSE	Launch of new strategy Spring/Summer 16. Assurance monitoring end of Jan 16. Improvement and action plans end of Jan 16.	Launch of new strategy Spring/Summer 16	↑	↑

## Long Term Conditions, Frailty and End of Life Care CDG Monitoring Report as at 05 April 2016

**Clinical Lead: Craig Wakeham    Head of Service: Fiona Richardson**

Reference	Priorities/Projects	Commencement Date of Project	Progress Updates / Comments	Current Milestone	Milestone Timescale	Timescale	RAG	Status Since Last Report	
LTC001	Integrated Teams and End of Life Care including:	Nov-15							
	a) Risk Stratification		Service specification for integrated teams and outcome measures. Frailty reference group established and agreed output, task and finish group will be established. Outcomes agreed for work programme. Mapping of frailty services commenced. 1) Agree frailty risk screening and assessment tools, including the comprehensive Geriatric assessment to recommend pan Dorset. 2) Agree Dorset care plan template pan Dorset interfacing with information systems. 3) Recommend approaches for supporting people in care homes more proactively.	Frailty and End of Life Care Reference Group to provide guidance on risk stratification to build on work of Better Together locality developments.	Apr-16			↔	
	b) Anticipatory Care Plans, Avoiding Unplanned Admissions, over75s, Clinical Commissioning Improvement Plan		Primary Care Enhanced Services AUA, Over 75's CCIP, tracker nurse, vulnerable adult nurse. CDG planning to consider in January. Work on schedule for enhanced services. Frailty reference group to establish task and finish group to make county wide recommendations on ACPs	Primary care team working on "Bundle" re AUA, CCIP, over 75's linking with CDG. Frailty and End of Life Care Reference Group commenced work on ACPs to be shared with providers Dorset wide.	Apr-16			↑	
	c) Implementation of End of Life Care Strategy		Gap analysis of Dorset EOL services against national strategy EOL. Outcomes: 1) Primary care - integrated with frailty work 2) Understand how to support DHUFT EOL strategic vision and integrated community teams 3) Acute care - ensure Trusts have plan to meet national NICE guidance and understand commissioning implications	To define with trusts reporting that is standardised to help inform future planning. DHUFT proposals for more integrated care at end of life in East still awaited.	Apr-16			↔	
LTC002	Intermediate Care including:	Dec-15							
	a) Intensive rehabilitation and re-ablement (including stroke)		Better Together programme review of intermediate care and reablement. Initial meeting taken place. Mapping of service due to complete in February. Links to the frailty work above. DHUFT meeting to review their service action plan in March.	JCOG to agree programme of work and approach	Feb-16			↔	
	b) Links with Early Supported Discharge - Stroke		Community Hospital bed modelling for future needs. Modelling completed for stroke care and tested with clinicians. Community bed requirements identified but Acute Vanguard interface unclear. A task and finish group will be established to develop proposals for early supported discharge/ ESD light touch services that are not disease specific	Recommended model based on the principles above for ESD and ESD light touch - establish task and finish group	Apr-16			↑	
	c) Rapid Response		Recommended model based on the principles above for ESD and ESD light touch - establish task and finish group	Links to the frailty work above there and better together - no separate milestones				↑	

## Long Term Conditions, Frailty and End of Life Care CDG Monitoring Report as at 05 April 2016

**Clinical Lead: Craig Wakeham    Head of Service: Fiona Richardson**

Reference	Priorities/Projects	Commencement Date of Project	Progress Updates / Comments	Current Milestone	Milestone Timescale	Timescale	RAG	Status Since Last Report
LTC003	Develop out of hospital model of care for phlebotomy DVT and anticoagulation	Jan-16	Locality model of care to be finalised with primary care and patient engagement. Locality model shared with all localities and feedback by most localities. Localities have been advised by Trusts model unsafe so concern in localities requiring additional meetings. Little patient engagement by localities Meeting with current providers planned, Poole fixed RBCH not scheduled and no Trust lead identified. Financial modelling near complete but requirement to extract costs from trusts in East or staff resources delivering new model.	Financial analysis to be completed. RBCH have been unable to confirm meeting to discuss model. 2 Bournemouth localities remain to respond.	Feb-16			↓
	Work collaboratively with locality management teams to improve and enhance identification and management of people with atrial fibrillation	Nov-16	Ongoing work on use of risk tools and safety tools					↑
LTC004	Remodelling of Diabetes service provision	Nov-15	Service model for Dorset. Model revised following workshop. 2 areas of disagreement; type 2 diabetes programme and skills and competencies within diabetes specialist services to support people with psychological needs.	West Vanguard working up implementation implications in more detail	Mar-16			↑
		Dec-15	Financial modelling. Unlikely to hit target for end of January	Finance analysis to be completed				↓
			Procurement approach to be agreed. Not commenced.	Options to be discussed				↓
LTC005	Longer term projects including:							
	a) Out of Hospital Respiratory Services	Dec-15	Dairs non-recurrent funding for 2016/17 to be considered at CCC. Completed and outcomes shared with Trusts. Model of care to be developed for Dorset. Detailed work has not commenced.	Current providers for pulmonary rehab unable to agree lead provider. Full procurement to commence. Primary care enhanced service detail to be developed to address Rightcare prevalence reporting as well as management.	Mar-16			↔
	b) Heart Failure: Nursing care to support frail elderly with heart failure at end of life and avoid hospital admission		Detailed work not commenced. Possible cross over with Acute Vanguard					↔

**Planned and Specialist Care CDG Monitoring Report as 06 April 2016**

**Clinical Lead: Christian Verrinder    Head of Service: Cindy Shaw-Fletcher**

Reference	Priorities/Projects	Commencement Date of Project	Progress Updates / Comments	Current Milestone	Milestone Timescale	Project Timescale	RAG	Status Since Last Report	Project Plan in place Y/N
PS001	Rheumatology including:								
	a) Development of Rheumatology Clinical Network pan Dorset	Nov-15	The Rheumatology Task and Finish Group and the existing Rheumatology Clinical Network will meet on May 18th to establish a new Clinical Network.	Clinical Network established. Stage 2 of the project is complete.	Apr-16	6months		Complete	Y
	b) Move appropriate rheumatology outpatients into the community. Focus on inflammatory disease service provision	Nov-15	Actions have been agreed following the initial Task and Finish Group in March to progress this workstream. At the second Task and Finish Group on the 18th May, the existing provider network of clinicians will join with the Task and Finish Group to become the Rheumatology Clinical Network. At the meeting there will be a full clinical debate around the integrated community services outcome and development of the new model for Rheumatology services.	Actions to from initial Task and finish Group to be completed by 18th May.	Apr-17	18months		↔	Y
	c) Secure new service to ensure any reorganisation agreed to complement and further enable the Dorset MSK strategy and the implementation of the Spinal Pain specification	Nov-15	Stage 5 of the project will commence in October 17.	This priority will commence in stage 5 of the project plan.	Jan-19	4 years		↔	Y
PS002	Radiology and Diagnostics including:								
	a) Develop a pan Dorset unified radiology platform for reporting and accessing images	Nov-15	The project team are assessing the overlaps with the Acute Vanguard work in order to analyse and agree the best approach for delivering the integration of pathology objective at present. The Acute Vanguard Service brief for Radiology has been completed and shared with the acutes in order to inform the Acute Vanguard Radiology agenda and ensure it is in line with the CCG direction.	Project Plan has been established.	01-Apr-20	5 years		↔	Y
	b) Use findings to design and agree the integrated radiology and pathology IT services to include commissioners (quality, procurement, finance, information)	Nov-15	The CCG (IT and Service Development) are working with providers re the use of ICE as a vehicle to deliver an interim one platform for Dorset to request and receive diagnostic reports. The initial meeting has taken place and there is agreement to move this forward at pace. Capital investment has been agreed by the CCG.	On target.	Apr-17	18months		↔	Y
	c) Development of a Dorset radiology clinical network	Nov-15	The CCG team members have met with the Acute Vanguard and have attended meetings. It has been agreed the Acute Vanguard clinical members are the clinical Network for Pan-Dorset diagnostics. The CCG Clinical lead for diagnostics has offered to chair the Acute Vanguard Radiology workstream. A subsequent Acute Vanguard Radiology meeting date has yet to be agreed.	The Radiology Clinical Network is currently facilitated through the Acute Vanguard	Apr-16	6months		↔	Y

**Planned and Specialist Care CDG Monitoring Report as 06 April 2016**

**Clinical Lead: Christian Verrinder    Head of Service: Cindy Shaw-Fletcher**

Reference	Priorities/Projects	Commencement Date of Project	Progress Updates / Comments	Current Milestone	Milestone Timescale	Project Timescale	RAG	Status Since Last Report	Project Plan in place Y/N
PS003	Dermatology including: Development of a Dorset Dermatology clinical network	Nov-15	The Terms of Reference for the Dermatology Clinical Network were agreed at the April Task & Finish Group. A forum has been set up (Sharepoint) for the group	Clinical Network Established	30/04/2016			Complete	Y
	Agree integrating dermatology model (acute, community, primary care)	Nov-15	The Task & Finish Group on the 22nd April 2016 supported the principle of an integrated service model Initial draft model designed with 3 areas identified for more detailed work (Teledermatology, Acute Hospital, Education) Engagement with Patient Reference Group scheduled for 25th May 2016 to discuss the draft model Stakeholder engagement for Teledermatology agreed	Project Plan completed	30-Jun-16			↔	Y
	Move appropriate dermatology outpatients into the community	Nov-15	Final stage of the project.	This priority will commence in the final stage of the project plan.	01-Jan-18			↔	Y



Planned and Specialist Care CDG Monitoring Report as 06 April 2016

Clinical Lead: Christian Verrinder Head of Service: Cindy Shaw-Fletcher

Reference	Priorities/Projects	Commencement Date of Project	Progress Updates / Comments	Current Milestone	Milestone Timescale	Project Timescale	RAG	Status Since Last Report	Project Plan in place Y/N
PS004	Cancer								
	Adapt cancer pathways to meet agreed performance targets	Nov-15	Remedial action plans in place with Poole hospital and Royal Bournemouth hospital with a robust review of milestones dates in place. Dorset County hospital performance around 62 days in February 2016 was a cause for concern and a contract query notice will be issued.	Remedial action plans agreed with RBCH/PHFT.	Dec-16 Apr-16			↔	Y
	Continue to develop a Dorset Cancer clinical network	Nov-15	It has been agreed that the Dorset Cancer Alliance and the site specific groups will become the Dorset Clinical Network for Cancer and the outcomes from the event on the 26th February 2016 are being aligned with the draft commissioning intentions.	Jul-16	Jul-16			↔	Y
	Continue to develop a single Dorset cancer service	Nov-15	The Cancer patient benefits realisation and improvement in outcomes has been developed for the Senate response. Prostate/Breast/Lung/Bowel Cancer pathways will be used to compare the existing and future pathways and services. Consideration for Patient triggered follow ups for colorectal patients is being discussed on the 11th May with clinicians.  It has been agreed that a Pan-Dorset review of effectiveness and efficiency of all Endoscopy services will be undertaken by the university of Southampton, commissioned by Wessex Cancer SCN. This will report in June 2016.  Draft Cancer commissioning intentions has been developed for further public and clinical engagement. Outcome measures in line with the national strategy for Cancer, the 5 year forward plan and key quality premiums have been developed for Dorset. An event is being organised for professionals/public and patients to develop the commissioning intentions and how they will be delivered. A date has been organised for consultation on 21st June.  New Wessex 2 week wait forms have been agreed across Wessex involving Dorset Clinicians. Increased capacity in diagnostics and fast track outpatients has not yet been secured through the 16/17 planning process and a paper on the risks identified will be developed for CCC on 15th June. An opportunity to visit a diagnostic centre recently established in South London is under discussion to look at the impact of the 2ww forms and changes that may be required.  The lung cancer pathway working session took place on 19th April and was well attended by clinicians and healthcare professionals. The key issues with the current pathway were identified and agreed solutions were developed. This will now be developed into a draft pathway to be finalised with Clinicians.	Project plan has been developed	Jun -16			↔	Y
	CSR Oncology issues	Apr-16	A meeting with the Oncology clinicians took place on 14th March. A report has been made to the CRG in March to discuss concerns re acute oncology and green/purple hospitals in the East. An briefing paper was presented to the CRG on 21st April.  A follow up meeting with medical directors, Oncologists and Haematologists will take place on the 4th May.					Complete	Y
GP Education	Nov-15	GP training to support patients being referred into Secondary Care for suspected Cancer has been developed jointly with the CCG clinical lead and Macmillan. Wessex Strategic Cancer Network has secured some resources to support this. Locality GP protected learning times as well as GP bulletins and social media will be used to deliver this.	Commenced April-16	Jun-17			↔	Y	

## Urgent and Emergency Care CDG Monitoring Report as 11 April 2016

**Clinical Lead: Simon Watkins    Head of Service: Hazel Thorp**

Reference	Priorities/Projects	Commencement Date of Project	Progress Updates / Comments	Current Milestone	Milestone Timescale	Timescale	RAG	Status Since Last Report
UE001	Integrated urgent care hub (Out of Hospital/111)	NEW	Awaiting confirmation that 5 standards have been successfully implemented. Slight delay due to provider capacity issues. Plan to deliver remaining standards by march 2018 being produced.	Implement 5 of 12 integrated hub standards	01/03/2018	01/03/2018		↓
UE002	Weymouth urgent care centre mobilisation to be completed including an assessment of transferability of service across system	NEW	Contract awarded and 1st mobilisation meeting held. Full mobilisation plan anticipated by 15.4.16. Monthly meetings to monitor mobilisation scheduled. Project board with 7 work streams set up. Working through potential issues that have come to light in respect of prescribing budgets and diagnostics - under estimated figures included.	new service mobilised	01/07/2016	30/06/2016		↔
UE003	Trauma model of care developed to support the proposed acute model configuration	NEW	task and finish group has concluded and produced report regarding options for pre-hospital and acute trauma model for Dorset. Further work to develop rehabilitation pathway to be scheduled following final proposals for acute hospitals in Dorset. Task & finish work complete	develop Truama pathway options. Test options with all stakeholders	01/04/2016	01/04/2016		↔
UE004	Implementation of discharge to assess county wide (linked to the work of the systems resilience group).	NEW	Forms part of wider work on Delayed transfers of care (DTCO) that is co-ordinated via SRG due to cross cutting nature. Dorset wide agreed plan developed and linked to Better Care Fund. Updates will be provided via SRG.	MOVED TO SRG				
UE005	Provision of specialist advice and guidance within one clinical pathway that assists admission avoidance.	NEW	Final task and finish group to meet on 8.4.16. expect to sign off falls and bone health strategy	develop revised falls strategy and pathway	08/04/2016	08/04/2016		↔

## Mental Health and Learning Disabilities CDG Monitoring Report as 11 April 2016

**Clinical Lead: Paul French    Head of Service: Kath Florey-Saunders**

Reference	Priorities/Projects	Commencement Date of Project	Progress Updates / Comments	Current Milestone	Milestone Timescale	Timescale	RAG	Status Since Last Report
MH001	Co-produced model for acute mental health services resulting in enhanced access and service user experience (Acute Care Pathway Project)		Next modelling group scheduled for 29.4.16 to discuss and refine options in the context of urban / rural conurbations. Affordability and finances also being worked through to support emerging options	Stage 3 modelling & business case	Jul-16			↔
MH002	Improved rates of dementia diagnosis (67% by March 2016 – stretch target 70%) and improving post diagnostic support		Team continue to work through data to understand anomalies. Issues with denominator identified resulting in expected numbers being 700 higher than they should be. Denominator is based on ONS estimates and not actual over 65 registered GP population. Dialogue with national team continuing in relation to these issues as well as problems with the HSCIC calculator. An additional 400 diagnoses have been identified on non QOF codes - relevant GP practices being informed. Increased numbers of diagnoses being tempered by death rates and individuals moving between practices. Pilot linked to identified care homes due to commence as a means of improving diagnosis rates in care home settings.	Increased accuracy of Dorset dementia prevalence estimates Identification, care and support of people with dementia within Care homes	Mar-17			↔
MH003	Development of effective provision to support the delivery of the 4 stage crisis model for learning disabilities (LD Crisis Assessment and Support)		Transforming Care Plan: draft submitted to NHSE and approved. Final submission will be submitted on 11.4.16. Positive feedback received on plan and recognised as good practice nationally.	Formal Board sign up to plan	11th April 2016	11/4/16 final plan submission		↔
MH004	Deliver the national MH waiting times for IAPT and EIP		New Access standards for IAPT achieved and continue to be monitored monthly. Recruitment to new posts in EIS to meet new standards progressing well. Further work still required regarding enabling reporting capability within IT system. Interim data collection via UNIFY put in place nationally pending improved reliability of data collected via HSCIC.	Achievement of new national Mental health access standards for Early Intervention in Psychosis and IAPT	Apr-16	01/04/2016		↔
MH005	Work with the Maternity and Families CDG to develop an All Age Psychiatric Liaison Service by 2020.		M&F CDG will be leading on this. Meeting convened with M&F team to develop planning for all age psych liaison service			01/04/2020		
MH006	Co-produce model for rehabilitation and recovery services incorporating related employment services and supportive housing		Project will start in late 2016					
MH007	Co-produce model for organic specialist pathway (in-patient and community provision)		PID in the process of being drafted to be approved by CDG on the 12/5/16.	PID produced	May-16			↔

## Mental Health and Learning Disabilities CDG Monitoring Report as 11 April 2016

Clinical Lead: Paul French    Head of Service: Kath Florey-Saunders

### Other Priorities

Reference	Priorities/Projects	Commencement Date of Project	Progress Updates / Comments	Current Milestone	Milestone Timescale	Timescale	RAG	Status Since Last Report
MH008	<p>Implement local recommendations of the confidential inquiry into premature deaths of people with learning disabilities.</p> <p>The CCG continues to progress the commissioning of experts by experience to support to ensure insight from service users perspective is used to improve the quality of services and commissioners to meet obligations and recommendations associated with:</p> <ul style="list-style-type: none"> <li>• Confidential Inquiry into Premature Deaths of people with learning disabilities</li> <li>• Transforming care: A national response to Winterbourne View Hospital</li> <li>• Improve the quality of services provided to people with a learning disability.</li> <li>• Improve the uptake of annual health checks amongst the learning disability population.</li> </ul> <p>Through the LD Joint Commissioning Board, the CCG is continuing to work with the local authorities to scope the options available to commission intensive residential nursing services for people with challenging behaviour in-county. This supports the four stage crisis model and national policy to minimise the numbers of people out of area in in-patient settings.</p>	Apr-14	Complete - service commenced as planned.	Service Commencement	01/04/2016	01/04/2016		↔

