



**Dorset
Clinical Commissioning Group**

**NHS Dorset Clinical commissioning Group
Clinical Delivery Group Priorities Report -
July 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	Green	↑	Y
	MAT002	Define and develop local integrated community children's health service	Yellow	↔	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 Work subsumed within ICS programme	Green	↔	Y
	LTC002	Intermediate Care Work subsumed within ICS programme	Yellow	↔	Y
	LTC003	Develop out of hospital model of care for phlebotomy DVT and anticoagulation	Green	Complete	Y
	LTC004	Remodelling of Diabetes service provision	Green	Complete	Y
	LTC005	Longer term project: Out of Hospital Respiratory Services ICS to conclude work	Green	↔	Y
	LTC006	Longer term project: Heart Failure: Nursing care to support frail elderly with heart failure at end of life and avoid hospital admission Stopped - no work planned during coming year	Grey	Grey	Grey
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)	Green	↔	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	Grey	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
	MH002	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	↔	Y

Maternity and Family Health CDG Monitoring Report as at 30 June 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	Jun-16	Work is being progressed through the Acute Vanguard against milestones and timescales. Two Frameworks for Future Commissioning, one for Women's Healthcare - Maternity and one for Paediatrics/Child Health have been developed and shared with both these workstreams.	Attending Acute Vanguards on a monthly basis linking with the PMO in Onenhsdorset.	Second drafts shared with both Acute Vanguard workstreams	Timescale to be agreed jointly with Acute Vanguards and CDG		↑
MAT002	Define and develop local integrated community children's health service	Nov-15	Feedback from stakeholder workshop (Feb)gathered. Vision to be further defined and agreed following consultation of the Framework for Future Commissioning for Paediatrics/Child Health. A project group is yet to be 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.	Draft PID to be updated following Vision workshop in July on Paediatric/Child Health.	30-Dec-16		↔

Maternity and Family Health CDG Monitoring Report as at 30 June 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	Sep-15	<p>Draft Strategy agreed in principal following consultation period with agreement to proceed to consultation phase by the pan Dorset Joint Commissioning Partnership (JCP). Consultation phase on the implementation is been jointly undertaken by the T&F group (CCG and 3 x LA including PH). Completion date in Oct 16</p> <p>Local Transformation Plan (TP) assured by NHS England resulting in additional recurrent funding of £1.2m, implementation is being reported through the JCP.</p> <p>An implementation plan is in place supporting the development of the current Young Peoples Eating Disorder Service (YPEDS) to meet new access standards.</p> <p>Additional investment for Dorset HealthCare to provide increased hospital liaison including deliberate self-harm, nurse prescribing roles, and two case workers for the development and behaviour (D&B) (ASD/ADHD) pathway occurred during 15/16. These posts have been appointed to, apart from the two case workers for the D&B pathway as following advertising no candidates were successful. Additionally £78k for increased pan Dorset Educational Psychology input has been invested from the TP.</p> <p>The new multi-agency pan Dorset D&B pathway is aimed to be operational May 17.</p> <p>Additional CYP IAPT funding awarded by NHSE for 2015-16 academic year meant training and trainees completed courses. (From DHC and Action for Children).</p> <p>CCG Programme Lead role appointed in May to oversee the co-ordination of this work.</p> <p>Funding agreed for pilot projects within LA's and Public Health are in place testing approaches to support the Whole School Approach model.</p> <p>New proposed key areas of spend required in 2016-17 from Transformation funding have been approved via the Eplan.</p>	Draft strategy agreed in principle Local Transformation Plan assured by NHSE and being implemented	Launch of new strategy 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 30 June 2016

Clinical Lead: Craig Wakeham Head of Service: Fiona Richardson

Reference	Priorities/Projects	Progress Updates / Comments
LTC001	Integrated Teams and End of Life Care including:	
	a) Risk Stratification	Work subsumed within ICS Programme
	b) Anticipatory Care Plans, Avoiding Unplanned Admissions, over75s, Clinical Commissioning Improvement Plan	No further work proposed for CDG. Ongoing lead taken forward by primary care contracts team
	c) Implementation of End of Life Care Strategy	ICS will subsume the DHUFT service development and interface with integrated teams and palliative care team
LTC002	Intermediate Care including:	Work subsumed with ICS Programme
	a) Intensive rehabilitation and re-ablement (including stroke)	Work subsumed with ICS Programme
	b) Links with Early Supported Discharge - Stroke	Work subsumed with ICS Programme
	c) Rapid Response	Work subsumed with ICS Programme
LTC003	Develop out of hospital model of care for phlebotomy DVT and anticoagulation	CDG work concluded transfers to Directorate contracting function and SRGs for implementation
	Work collaboratively with locality management teams to improve and enhance identification and management of people with atrial fibrillation	CDG work concluded. Ongoing work within primary care and part of CCIP for 2016/17

Long Term Conditions, Frailty and End of Life Care CDG Monitoring Report as at 30 June 2016

Clinical Lead: Craig Wakeham Head of Service: Fiona Richardson

Reference	Priorities/Projects	Progress Updates / Comments
LTC004	Remodelling of Diabetes service provision	CDG work concluded transfers to Directorate contracting function and SRGs for implementation
		CDG work concluded transfers to Directorate contracting function and SRGs for implementation
		CDG work concluded transfers to Directorate contracting function and SRGs for implementation
LTC005	Longer term projects including:	
	<p>a) Out of Hospital Respiratory Services</p> <p>b) Heart Failure: Nursing care to support frail elderly with heart failure at end of life and avoid hospital admission</p>	<p>ICS team to conclude work for CCC in august for implementation by both contracting and primary care function within Directorate</p> <p>No work planned during coming year. Any further work will form part of the frailty agenda rather than a disease pathway</p>

Integrated Community Services Monitoring Report as at 30 June 2016

Clinical Lead: Karen Kirkham Programme Manager: Sally Sandcraft

Reference	Priorities/Projects	Commencement Date of Project	Progress Updates / Comments	Current Milestone	Milestone Timescale	Timescale	RAG	Status Since Last Report
ICS001	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. Workshop has taken place and this will inform framework and guidance developed. This will be subsumed within the ICS programme and inform the pyramid of need and recommended models of care.	Jul-16			↔
	B) 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. ICS will subsume the DHUFT service development and interface with integrated teams and palliative care team.	To define with trusts reporting that is standardised to help inform future planning. Proposals for more integrated care at end of life in East still awaited. This will transfer to the contract management team in the Directorate. The national Audit will form the basis of future reporting. Awaiting DHUFT report this delay impacts on Do plans				↔

Integrated Community Services Monitoring Report as at 30 June 2016

Clinical Lead: Karen Kirkham Programme Manager: Sally Sandcraft

Reference	Priorities/Projects	Commencement Date of Project	Progress Updates / Comments	Current Milestone	Milestone Timescale	Timescale	RAG	Status Since Last Report
ICS002	Intermediate Care including:	Dec-15	CDG considered output from stroke workshop and have recommended the service model: 1) Is not disease specific, 2) Is based on a 'pull out' of hospital model 3) Ensures specialism/specialists are included within community teams providing rapid response, intensive rehabilitation and reablements, early supported discharge and 4) Services are integrated and minimise the handovers between teams.					
	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 agreed work programme. IPC concluding research to inform key features and functions	Jun-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 - Task and finish group meeting in May. Interface with Stroke Vanguard agreed	May-16			↑
	c) Rapid Response		Stroke rehabilitation model of care for Dorset. Workshop on right time right place stroke rehabilitation completed. Project on target. Acute Vanguard have included within their outputs and direction of travel not including commissioners	Frailty workshop included all clinicians still considerable issues from specialists on more integrated models of care				↑
	Longer term projects including:							
ICS003	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. ICS team to conclude work for CCC in august for implementation by both contracting and primary care function within Directorate	CCIP includes emphasis on COPD. Pulmonary rehab lead provider agreed as DCH. New service spec & performance metrics agreed. Mobilisation plan to be agreed. Proposals for DAIRS resource redistribution to support enhanced primary care will be commenced in June	Apr-16			↔

Planned and Specialist Care CDG Monitoring Report as at 30 June 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
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 as the new Clinical Network. Development of the model of services commenced.	Clinical Network established. Stage 2 of the project is complete.	Apr-16	6months		Complete
	b) Move appropriate rheumatology outpatients into the community. Focus on inflammatory disease service provision	Nov-15	The Task and Finish Group in September will further develop the model. A patient reference group will be held in July/August to gain input for the model with patients . Patient representative has agreed to chair the reference group and several GPs are identifying patients to take part in the reference group. MSK Masterclass (GP education) will be held on 13 October.	Task and finish Group to be held in September.	Apr-17	18months		↔
	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		↔
PS002	Radiology and Diagnostics including: a) Develop a pan Dorset unified radiology platform for reporting and accessing images	Nov-15	The project team are involved in the Acute Vanguard work in order to analyse and agree the best approach for delivering the integration of the pathology objective at present. A service brief has been completed and shared with the COO's. The Framework for Future Commissioning has been drafted and will be distributed for comments. This will act as a guide for the the Acute Vanguard Radiology agenda in line with the CSR and CCG agreed outcomes.	Project Plan has been established.	01-Apr-20	5 years		↔
	b) Use findings to design and agree the integrated radiology and pathology IT services to include commissioners (quality, procurement, finance, information)	Nov-15	The plans to link the instances of ICE across Dorset continue and work has slowed as the Acute trusts face challenges in agreeing this as a priority in their current workstream. The issue has been escalated to gain agreement for it to go ahead. The Acute Vanguard Radiology group has met and they have limited funding available for their work programme.	On target.	Apr-17	18months		↔
	c) Development of a Dorset radiology clinical network	Nov-15	The Acute Vanguard Radiology group continue to be the vehicle for delivering the Clinical Network for Pan-Dorset diagnostics and will be reviewed regularly to ensure this is effective. The CCG Clinical lead for diagnostics has met with the COO from DCH to agree how the acute vanguard for diagnostics and transformational work will deliver ICE across Dorset.	The Radiology Clinical Network is currently facilitated through the Acute Vanguard	Apr-16	6months		↔

Planned and Specialist Care CDG Monitoring Report as at 30 June 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
PS003	Dermatology including: Development of a Dorset Dermatology clinical network	Nov-15	Access to the Sharepoint forum is being set up for the Dermatology Clinical Network members. Two online discussions are being posted to allow wider input into the final design of the high level integrated Dermatology model.	Clinical Network Established	30/04/2016			Complete
	Agree integrating dermatology model (acute, community, primary care)	Nov-15	The Patient Reference Group met on 25th May and are in support of the high level proposals. A patient questionnaire will be developed to go out wider on key themes discussed at the patient group meeting. This will allow wider input into the final design of the high level model. A teledermatology presentation is being arranged with RD&E and a pilot to use this for triage is being organised.	Project Plan completed	30-Jun-16			↔
	Move appropriate dermatology outpatients into the community	Nov-15	Final Stages. The next stage of the project (July 2016 to December 2016) has commenced. Initial work package meetings have been organised around GP education, technology and paediatric dermatology throughout July 2016. The detailed work of the service specification will be undertaken from July to October 2016. This will also be informed by the detailed questionnaire to patients, the wider input from the Dorset Dermatology Clinical Network and the teledermatology pilot(s). Concurrently, work has commenced to develop content on 5 key areas for GP education to be produced as E-Learning.	This priority will commence in the final stage of the project plan.	01-Jan-18	18 months		↔
PS004	Cancer							
	Adapt cancer pathways to meet agreed performance targets	Nov-15	The Poole hospital RAP for 62 day has been delivered and signed off. The RBCH RAP for 31 day and 62 day has met the first milestone. Dorset County hospital performance around 62 day in February 2016 was a cause for concern and a contract query notice will be issued. RBCH and DCH failed the 2WW target for April, RBCH failed the 31 day target also and DCH failed the 62 day target for April also, particular issues around complex patients i.e lung and prostate. Also still concern around handover day between Trusts, some already breached or near breach date on handover. The Cancer dashboard has been launched, co-produced by NHS England and Public Health England, to enable commissioners and providers to quickly identify priority areas for improvement within cancer services. The domains are survival, treatment, patient experience, quality of life, incidents and mortality and general operational performance of providers and commissioners. We will use this information to populate an internal performance scorecard.	Remedial action plans agreed with RBCH/PHFT.	Dec-16 Apr-16 Jul-16			↔

Planned and Specialist Care CDG Monitoring Report as at 30 June 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
PS004	Continue to develop a Dorset Cancer clinical network	Nov-15	On the 21st June, Dorset CCG and Dorset Cancer Alliance(DCA) held a joint event to develop the framework for future commissioning, following this it was agreed that DCA representation will be reviewed and strengthened to include appropriate engagement with Public Health, Primary Care, Dorset Healthcare and Local Authorities and will be renamed the 'Dorset Cancer Partnership'. This group will be used as a mechanism to deliver the transformation of Cancer services. A clear work programme will be defined (short and long term timescales and ambitions). Key enablers will be linked like IT, workforce, and single referral system developed. There will be a lead clinician and a Senior Manger/Co-ordinator who will oversee work and produce the national/regional reporting stream. It has been agreed that the dorset Cancer Alliance will be known as the Dorset Cancer Partnership in future. The outputs from the event on the 21st June have been summarised and will be acted upon in the development of cancer services. One of the key issues to be addressed is patient experience and this will be at the heart of all cancer work.	Jul-16	Jul-16			↔
	Continue to develop a single Dorset cancer service	Nov-15	<p>Patient triggered follow ups for colorectal patients has been designed and the Dorset Cancer Partnership will agree this workstream.</p> <p>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 due July 2016.</p> <p>New Wessex 2 week wait forms have been agreed across Wessex involving Dorset Clinicians, local amendments made to ensure only e-referral used for 2ww referrals, not faxed. Phone numbers of providers not within Dorset cancer pathways removed to prevent confusion. A meeting to be arranged with CCG IT to integrate new 2ww forms in Primary Care when roll out commences in September. At the CCC on the 15th June, the paper recommending the roll out of NICE NG12 was approved and discussions and negotiations with providers are currently taking place with the aim of rolling out from September 2016 onwards.</p> <p>Following the lung cancer pathway working session that took place on 19th April the key issues with the current pathway were identified and agreed solutions were developed. The draft pathway has been circulated and Clinicians have adjusted/amended so that not only aspirational and faster pathway but now realistic and transformational for the patients. Dorset has been asked to develop the lung pathway on behalf of Wessex and present at the September Stratrgic Cancer Network.</p> <p>RBCH/PHFT and the CCG have got through the first round to become a demonstrator site to test 28 day referral to diagnostics including patients being informed about whether or not they have cancer. Lung, Prostate and Colorectal pathways will be included.</p>	Project plan has been developed	<p>March 17</p> <p>July -16</p> <p>Sept-16</p> <p>June/July 16</p>			↔
	CSR Oncology issues	Apr-16	The CCG met with Haematologists and oncologists on 4 May and recommended an amended disposition of services. This was agreed at the CRG of 26 May 2016, however will be subject to the senate response expected in June 2016.					Completed
	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. GP Membership events, Locality GP protected learning times as well as GP bulletins and social media will be used to deliver this. Initial meeting with North Dorset has taken place.	Commenced April-16	Jun-17			↔

Urgent and Emergency Care CDG Monitoring Report as at 30 June 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)		5 standards fully implemented and adopted as standard working practice within integrated hub. Plan being reviewed to identify specific milestones for each of the remaining standards by march 2018.	Implement remaining 7 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		Urgent Care Centre opened and service commenced 01 July 2016 as planned.	new service mobilised	01/07/2016	30/06/2016		↔
UE003	Trauma model of care developed to support the proposed acute model configuration		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 Trauma 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).		Forms part of wider work on Delayed transfers of care (DTC) 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.		Final task and finish group held on 8.4.16. Falls and bone health strategy agreed - being taken to joint commissioning board and Health & wellbeing Board for ratification and sign off. Once signed off stage 1 complete. Stage 2 due to commence.	Refresh SWAST non-conveyed fallers pathway	31/08/2016	tbc		↔

Mental Health and Learning Disabilities CDG Monitoring Report as at 30 June 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)		Project board approved change to current milestone timescale to allow sufficient time to complete financial modelling of emerging options. Workshop to complete shortlisting of options scheduled for 22nd June	Stage 3 modelling & business case	Aug-16			↔
MH002	Improved rates of dementia diagnosis (67% by March 2016 – stretch target 70%) and improving post diagnostic support		Awaiting feedback from national team in light of queries raised about the accuracy of the denominator. Continue to visit GP practices to interrogate their systems. No recorded increase in diagnosis rate despite an additional new 1800 diagnoses this year.	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		Awaiting feedback on 3rd draft TCP plan that was submitted. All areas rated as green. Next deadline for plan submission is Jun 16. 6 workstreams have been identified - implementation project plan being finalised.	multi agency implementation project plan agreed	16/06/2016	31/03/2019		↔
MH004	Deliver the national MH waiting times for IAPT and EIP by 1st April 2016		Delivery by 1st April achieved. Being monitored and managed as business as usual. New Access standards for IAPT to continue to be met monthly. EIP - Interim data collection via UNIFY put in place nationally pending improved reliability of data collected via HSCIC. Work required to enable reporting capability within RiO IT system.	Achievement of new national Mental health access standards for Early Intervention in Psychosis and IAPT	Apr-16	01/04/2016		↔

Mental Health and Learning Disabilities CDG Monitoring Report as at 30 June 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
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	Priority owned by M&FH	
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) - Dementia Services Review		Project structure in place. PID finalised. Inaugural project team meeting held 02 June. EIA/PIA produced. Engagement and comms plan in draft form. Briefing for Dorset HOSC held w/c 06 June. Considering links to broader ICS model as part of the CSR. PID going to the joint commissioning board on 14 July 2016 in relation to changes in scope related to Local Authority services.	PID/PIA/EIA Risk & Issues log / Engagement & Comms Plan produced and agreed	Jul-16	Dec-17		↔

Key	
	On schedule to meet target
	Potential to miss target
	Likely to miss/missed target
↑	Improvement
↓	Decline
↔	no change

