



**Dorset  
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group - Business Intelligence

## Delivery Plan Monitoring Report - September 2015

Produced by: Phil Dove  
Data source: CDG Leads  
Date published: 9 November 2015



**Supporting people in Dorset to lead healthier lives**

**DELIVERY PLAN 2015/16 – MONITORING REPORT AS AT: September 2015**  
**Clinical Delivery Groups – Priorities**

**Maternity and Paediatric CDG - Lead : Jane Brennan**

**New Priorities**

Reference	Priorities	Commencement Date of Project	Progress Updates / Comments
1.1	Maternity and Paediatric acute hospital network development	NEW	
1.2	Define and develop local community models integrating health, community and social care	NEW	
1.3	To implement a 24 hour dedicated Dorset telephone labour line	NEW	
1.4	Improve emotional wellbeing and mental health outcomes by developing and implementing the Emotional Wellbeing and MH Strategy	NEW	

**Existing Priorities (which have not been completed or mapped above)**

Reference	Priorities	Commencement Date of Project	Progress Updates / Comments
1.5	Implement pan Dorset Strategy and develop solutions for sustainability of pan Dorset maternity services, this will include a review of maternal mental health pathway	Apr-14	Work on the pan Dorset Maternity Strategy is ongoing. Priorities will be reviewed to be in keeping with those agreed in the new Maternity Vision currently been developed by the all acute providers led by Poole Hospital. The perinatal mental health pathway is been taken forward and implemented alongside the revised Dorset wide specialist perinatal community team. The business case for increased staffing for this service has just been finalised and these additional posts are been recruited by Dorset HealthCare.
1.7	Implement the review of community paediatric services pan Dorset	Mar-14	The remodeling of the Community Paediatric service redesign inclusive of the CCN's will form part of one of the four key priorities within the Maternity and Family Health CDG – “ Out of hospital, integrated community services of children and young people (CYP).”
1.8	Joint commissioning programmes to include: (a) Develop and implement attention deficit hyperactivity disorder/autistic spectrum disorder pathway	Feb-14	Emotional Wellbeing and Mental Health(EWBMH) Strategy for CYP is another key priority of the Maternity and Family Health CDG. A task and finish group has been set up and is ongoing. This group is overseeing the improvement plan on the Child and Adolescent Mental Health Services Review (completed February 2015), the implementation of the agreed business case for Child and Adolescent Mental Health Services in year, the writing of a new EWBMH strategy and the completion and implementation of the Transformation Plan for Child and Adolescent Mental Health Services and Eating Disorders Services for CYP. Special Educational needs and disability is progressing, however the Special Educational needs and disability pan Dorset Board have agreed revised timescales for the local offer, because engagement and cooperation by NHS health providers has been slow, hence all health services are now to be published by the end of November 2015.
	b) Implementation of the Special Educational Needs (SEN) Act 2014 statutory requirements	Apr-14	
	c) Continuation of the Review programme for children and adolescent mental health services	Aug-14	
1.9	Review and redesign of children's audiology service	Jul-14	To date the review of both Tiers 2 and 3 paediatric audiology services is ongoing and would indicate that the re-procurement of Tier 2 services for the east of Dorset may not be necessary as clinicians appear willing to work collaboratively to achieve a new service delivery model across Dorset.

**DELIVERY PLAN 2015/16 – MONITORING REPORT AS AT: September 2015**  
**Clinical Delivery Groups – Priorities**

**Long Term Conditions and Frailty CDG - Lead : Fiona Richardson**

**New Priorities**

Reference	Priorities	Commencement Date of Project	Progress Updates / Comments
2.1	Integrated Teams and End of Life Care including: Risk Stratification, Anticipatory Care Plans, Avoiding Unplanned Admissions, over75s, Clinical Commissioning Improvement Plan and Implementation of End of Life Care Strategy	NEW	
2.2	Intermediate Care including: Intensive rehabilitation and re-ablement (including stroke) Links with Early Supported Discharge - Stroke Rapid Response	NEW	
2.3	Phlebotomy and links with stroke prevention including: Deep Vein Thrombosis AF-Anticoagulation	NEW	
2.4	Remodelling of Diabetes service provision	NEW	
2.5	Chronic Obstructive Pulmonary Disease	NEW	
2.6	Heart Failure	NEW	

**Existing Priorities (which have not been completed or mapped above)**

Reference	Priorities	Commencement Date of Project	Progress Updates / Comments
2.7	Work collaboratively with locality management teams to improve and enhance identification and management of people with atrial fibrillation	Sept-13	New service specification for AF screening during flu vaccinations signed up to by 70% of practices. Submission of AF Grasp as the performance metric with aim of 75% of people on anticoagulation. Aim to identify 180-200 new patients as well as increase anticoagulation rates in known patients. Uptake least in East cluster. Outcomes will be presented to the CCC in June. 433 people have been identified through this initiative. During the last quarter 65% of people admitted to trusts with known AF were not having anticoagulation treatment. The emphasis continues to be to support primary care identify and optimally manage (either directly or with acute providers) peoples care.
2.8	Anticoagulation and Venous Thromboembolism pathway redesign	Apr-14	New Deep Vein Thrombosis pathway training completed for the West practices, SWAST and DHUFT with support from Salisbury consultant haematologist. Meetings with Poole and RBCH have taken place to discuss extraction of marginal costs. Recognition of clinical need to change but organisational challenges. Anticoagulation review close to completion with aim to address safety concerns and requirement for new contract specification in 2015/16. A paper was presented to the April Clinical Commissioning Committee. Risk register reflects ongoing issues with pathways in the East which will need to change to better support out of hospital care.
2.9	Nursing care to support frail elderly with heart failure at End of Life and avoid hospital admission	Dec-13	Re-engineering cardiology investment in DHUFT to allow recruitment of one additional heart failure nurse. Post in West of County filled but vacancy in North and currently into third advert. Bournemouth and Christchurch Collaborative funding non-recurrently additional post. DCH service non-compliant with specification. Telehealth use expanding across the County apart from staff in DCH. Evidence now that emergency admissions are less following introduction of Telehealth. Paper presented to CCC in April.
2.10	Redesign of referral management following completion of 2013/14 review	Apr-14	Referral management service is now part of a national provided service. Advice help desk has now been established. The Patient contact centre has now closed.
2.11	Review of Frailty Pathway	Feb-14	

**DELIVERY PLAN 2015/16 – MONITORING REPORT AS AT: September 2015**  
**Clinical Delivery Groups – Priorities**

**Planned and Specialist CDG - Lead : Cindy Shaw Fletcher**

**New Priorities**

Reference	Priorities	Commencement Date of Project	Progress Updates / Comments
3.1	Development of Rheumatology Clinical Network pan Dorset	NEW	
3.2	Move appropriate rheumatology outpatients into the community. Focus on inflammatory disease service provision.	NEW	
3.3	Any reorganisation agreed to complement and further enable the Dorset MSK strategy and the implementation of the Spinal Pain specification.	NEW	
3.4	Develop a pan Dorset unified radiology platform for reporting and accessing images	NEW	
3.5	Develop a pan Dorset unified radiology and pathology platform for requesting and accessing results and reports	NEW	
3.6	Development of a Dorset radiology clinical network	NEW	
3.7	Development of a Dorset Dermatology clinical network	NEW	
3.8	Integrating acute and community models	NEW	
3.9	Move appropriate dermatology outpatients into the community	NEW	
3.10	Adapt cancer pathways to meet agreed performance targets	NEW	
3.11	Continue to develop a Dorset Cancer clinical network	NEW	
3.12	Continue to develop a single Dorset cancer service	NEW	
3.13	Work towards delivering NICE guidelines Cancer 2015	NEW	

**DELIVERY PLAN 2015/16 – MONITORING REPORT AS AT: September 2015**  
**Clinical Delivery Groups – Priorities**

**Urgent Care CDG - Lead : Hazel Thorpe**

**New Priorities**

Reference	Priorities	Commencement Date of Project	Progress Updates / Comments
4.1	Integrated urgent care hub (Out of Hospital/111)	NEW	
4.2	Weymouth urgent care centre mobilisation to be completed including an assessment of transferability of service across system	NEW	
4.3	Trauma model of care developed to support the proposed acute model configuration	NEW	
4.4	Implementation of discharge to assess county wide (linked to the work of the systems resilience group).	NEW	
4.5	Provision of specialist advice and guidance within one clinical pathway that assists admission avoidance.	NEW	

**DELIVERY PLAN 2015/16 – MONITORING REPORT AS AT: September 2015**  
**Clinical Delivery Groups – Priorities**

**Mental Health CDG - Lead : Kath Florey-Saunders**

**New Priorities**

Reference	Priorities	Commencement Date of Project	Progress Updates / Comments
5.1	Co-produced model for acute mental health services resulting in enhanced access and service user experience (Acute Care Pathway Project)		
5.2	Improved rates of dementia diagnosis (67% by March 2016 – stretch target 70%) and improving post diagnostic support		
5.3	Development of effective provision to support the delivery of the 4 stage crisis model for learning disabilities (LD Crisis Assessment and Support)		
5.4	Deliver the national MH waiting times for IAPT and EIP		
5.5	Work with the Maternity and Families CDG to develop an All Age Psychiatric Liaison Service by 2020.		
5.6	Co-produce model for rehabilitation and recovery services incorporating related employment services and supportive housing		
5.7	Co-produce model for organic specialist pathway (in-patient and community provision)		

**Existing Priorities (which have not been completed or mapped above)**

Reference	Priorities	Commencement Date of Project	Progress Updates / Comments
5.8	Review and redesign the organic older peoples mental health pathway (dementia)	May-14	The review and redesign is planned to commence shortly with Dorset Healthcare as part of operational improvements in particular ensuring equity of provision to West Dorset.  Work has begun on a new dementia strategy with the Dementia Partnership involving all local authority partners and other stakeholders.
2.9	Review and redesign of rehabilitation and recovery pathway	Feb-15	On hold
2.10	Implement local recommendations of the confidential inquiry into premature deaths of people with learning disabilities	Apr-14	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: <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> 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.