



**Dorset  
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group  
**Delivery Plan Monitoring Report - December 2015**

Produced by: Kelly Spiller  
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**Supporting people in Dorset to lead healthier lives**

**Maternity and Family Health CDG Monitoring Report at 06 January 2016– Lead Jane Brennan**

New Priorities			
Reference	Priorities	Commencement Date of Project	Progress Updates / Comments
1.1	Maternity and Paediatric acute hospital network development	NEW	Work on the pan Dorset Maternity Strategy is ongoing. Priorities are been reviewed to be in keeping with those agreed in the Acute Vanguard for Maternity services 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 service. The business case for increased staffing for this service has just been finalised and these additional posts are been recruited by Dorset HealthCare. Further work in needed with the Midwives during 2016-17
1.2	Define and develop local community models integrating health, community and social care	NEW	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).”
1.3	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	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 CAMHS Review (completed February 2015), the implementation of the agreed business case for CAMHS in year, the writing of a new EWBMH strategy and the completion and implementation of the Transformation Plan for CAMHS and Eating Disorders Services for CYP. SEND is progressing, however the SEND 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. This date was not met, this work is still moving forward slowly with the revised date of the end of January 2016.

Existing Priorities			
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	Agreement has been reached by both current providers to work together to redesign a new service model across Dorset and agree a timetable for implementation

**Long Term Conditions, Frailty and End of Life CDG Monitoring Report at 06 January 2016– Lead Fiona Richardson**

New Priorities				
Reference	Priorities	Milestones	Commencement Date of Project	Progress Updates / Comments
2.1	Integrated Teams and End of Life Care	Risk stratification & next steps; service specification for integrated teams and outcome measures	Nov-15	Detailed work has not commenced
		Primary Care Enhanced services AUA, Over 75's CCIP, tracker nurse vulnerable adult nurse		CDG planning to consider in January. Work on schedule
		Gap analysis of Dorset EOL services against national strategy EOL		Detailed work has not commenced
		Review of genreal palliative care team and interface with integrated teams		Detailed work has not commenced
2.2	Intermediate Care including: Intensive rehabilitation and re-ablement (including stroke)	Better together programme review of intermediate care and reablement	Dec-15	Focus of better together on reablement rather, Initial meeting taken place.
	Links with Early Supported Discharge	Community hospital bed modelling for future needs	Dec-15	Modelling completed for stroke care and tested with clinicians. Community bed requirements identified.
	Stroke Rapid Response	Stroke rehabilitation model of care for dorset	Dec-15	Workshop on right time right place stroke rehabilitation completed. Project on target
2.3	Phlebotomy and links with stroke prevention including: Deep Vein Thrombosis AF-Anticoagulation	Locality model of care to be finalised with primary care and patient engagement	Nov-15	Locality model shared with all localities and feedback form most localities received. Meeting with current providers planned
		Financial modelling	Dec-15	Work commended on this and due for completion end of January
		Procurement approach agreed		Not commenced
2.4	Remodelling of Diabetes service provision	Service model for Dorset	Nov-15	Model shared and workshop planned for January. Positive feedback on model to date main issues are how we move from where we are now and the governance process.
		Financial modelling	Dec-15	Unlikely to hit target for end of January
		Procurement approach agreed		Not commenced
2.5	Chronic Obstructive Pulmonary Disease	Dairs non-recurrent funding for 2016/17 to be considered at CCC	Dec-15	Completed and outcome shared with Trusts
		Model of Care for Dorset		Detailed work has not commenced
2.6	Heart Failure			Detailed work has not commenced

Existing Priorities				
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	This will be built into future enhanced services covered in 2.1 and 2.3 above
2.8	Anticoagulation and Venous Thromboembolism pathway redesign		Apr-14	This is picked up in 2.3 above
2.9	Nursing care to support frail elderly with heart failure at End of Life and avoid hospital admission		Dec-13	This is covered in 2.6 above
2.10	Redesign of referral management following completion of 2013/14 review		Apr-14	This needs to move to planned as not part of LTC
2.11	Review of Frailty Pathway		Feb-14	This is part of 2.1 and 2.2 above

**Planned and Specialist CDG Monitoring Report at 06 January 2016– 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	Task and Finish Group established with lead GP and Rheumatologists committed to establishment of Clinical network. ToR and PID agreed.
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	Task and Finish Group established with lead GP and work commenced on this. ToR and PID agreed.
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	Task and Finish Group established with Lead GP. ToR and PID agreed . Workshop set up for end of January with clinicians and managers .
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	Timed cancer tumour site pathways are now in operation across Dorset. A Pan Dorset cancer operational policy has been developed for use in each of the three acute Trusts. The RCOS have reviewed the prostate pathway and released their report with recommendations. RBCH and Poole have been issued with contract performance notices and Poole has agreed their Recovery action plan with the CCG and RBCH will reach final agreement after 11 January 2016. It is anticipated that both Trusts will recover the 62 day standard target for Q3
3.11	Continue to develop a Dorset Cancer clinical network	NEW	This is being delivered via the Dorset Cancer Alliance and a workshop is set up for February 2016.
3.12	Continue to develop a single Dorset cancer service	NEW	National, regional and local strategy will underpin this work including the work of the Dorset Cancer Alliance. This is a 3-5 year objective
3.13	Work towards delivering NICE guidelines Cancer 2015	NEW	2ww referral forms being agreed across Wessex. Via the e-planning process planning for additional diagnostics identified and early identification of resource impact made. GP training with Poole Hospital seminar set for 12 January 2016.

**Urgent and Emergency Care CDG Monitoring Report at 06 January 2016– Lead Hazel Thorp**

New Priorities			
Reference	Priorities	Commencement Date of Project	Progress Updates / Comments
4.1	Integrated urgent care hub (Out of Hospital/111)	NEW	PID agreed. Service specification and Business Plan agreed. CV agreed. Service changes being implemented in place by April 2016.
4.2	Weymouth urgent care centre mobilisation to be completed including an assessment of transferability of service across system	NEW	Procurement process nearing completion. Mobilation of service July 2015
4.3	Trauma model of care developed to support the proposed acute model configuration	NEW	PID agreed . Initial task and finish group held.
4.4	Implementation of discharge to assess county wide (linked to the work of the systems resilience group).	NEW	All providers have D2A processes/pilots in place. Monitored through SRG
4.5	Provision of specialist advice and guidance within one clinical pathway that assists admission avoidance.	NEW	PID agreed . Initial task and finish group to be held Jan 16. Topic selected management of Falls.

## Mental Health and Learning Difficulties CDG Monitoring Report at 06 January 2016– 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)		. Started in 2014 - Modelling phase has started and should be completed by end April 2016 and will then progress to develop a SOC
5.2	Improved rates of dementia diagnosis (67% by March 2016 – stretch target 70%) and improving post diagnostic support	ongoing	62.6% reported in November. GP harmonisation underway but many practices did not respond to this. Request sent to a small number of practice regarding reporting through HISIC. Some practice have not responded and Dr French is contacting them. Care home project in development and should launch in January 2016
5.3	Development of effective provision to support the delivery of the 4 stage crisis model for learning disabilities (LD Crisis Assessment and Support)		Working on proposal to commission a service which will enable people to get intensive support in crisis and reduce the number of placements OOA
5.4	Deliver the national MH waiting times for IAPT and EIP		SDIP received ob EIP and funding released and recruitment in progress at DHC. IAPT currently meeting national targets
5.5	Work with the Maternity and Families CDG to develop an All Age Psychiatric Liaison Service by 2020.		TBC: M&F CDG will be leading on this
5.6	Co-produce model for rehabilitation and recovery services incorporating related employment services and supportive housing		Project will start in late 2016
5.7	Co-produce model for organic specialist pathway (in-patient and community provision)		Data analysis will start in early 2016 and view seeking likely to start in Spring/ summer 2016

Existing Priorities			
Reference	Priorities	Commencement Date of Project	Progress Updates / Comments
2.10	Implement local recommendations of the confidential inquiry into premature deaths of people with learning disabilities. Links to 5.3	Apr-14	<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>