

STP Highlight Report

Highlight Report

01 November 2016 to 31 November 2016



Dorset

Clinical Commissioning Group

Programme Overview

Programme	Finance	KPI	Delivery Progress	Planning
One Acute Network of Services				
Integrated Community & Primary Care Services				
Prevention at Scale				
Leading & Working Differently				
Right Care				
Digitally Transformed Dorset				

Programme Status

Programme	Delivery Status	SRO (R)	Programme Lead (A)	Clinical Lead (c)	Medical Lead (c)	Agreed Plan	Planning Status	Status Overview
One Acute Network of Services						N		No Update Provided
Integrated Community & Primary Care Services		Ron shields & Karen Kirkham	Sally Sandcraft			N		The ICPS portfolio will transform general practice, primary and community health and care services in Dorset so that they are truly integrated and based on the needs of the local populations.
Prevention at Scale						N		No Update Provided
Leading & Working Differently		Patricia Miller	Charles Summers			N		<p>The Leading and Working Differently Strategy sets out how we will support staff to lead and work differently. It focuses on four priority work streams:</p> <ul style="list-style-type: none"> Developing our leaders Recruitment and retention of our staff Development of our staff Supporting our staff through change. <p>Each work stream is led by an HR Director and progress and scrutiny of delivery is through the Dorset Workforce Action Board. All STP partners are members of the Dorset Workforce Action Board. The Board is represented by senior leaders with a responsibility for workforce across NHS and social care organisations, primary care and Partners in Care, as well as key partners such as Health Education England, Thames Valley and Wessex Leadership Academy and Bournemouth University.</p> <p>An implementation plan to underpin the Leading and Working Differently Strategy is in place with assigned leads, progress details and associated budget (and spend) financial allocations. Financial resource has been secured through the Better Together legacy funds, Health Education England and Thames Valley and Wessex Leadership Academy.</p>
Right Care		Sally Shead	Emma Seria-Walker			N		<p>Since the decision to approve the initiation of a programme of work around RightCare, a system collaborative agreement has been signed by all four of our main providers, Dorset Healthcare Trust, Royal Bournemouth and Christchurch Hospital, Poole Hospital and Dorset County Hospital.</p> <p>As part of this agreement a number of actions were agreed at a system level to be implemented during 2017-18, with the Operations and Finance Reference Group (OFRG) taking a lead role in overseeing this as part of their remit to ensure delivery of the system wide agreement. The actions agreed included RightCare and a number of others, which link to or impact on the RightCare programme of work.</p>
Digitally Transformed Dorset		Phil Richards on	Stephen Slough			N		Governance routes for the six programmes within the Portfolio have now been resolved. Three will be operated through the Vanguard ESG and then to the DIG, and three will report directly into the DIG. It is expected fully collaboration and cooperation will exist across the programmes by default. Resources for project roles are being identified and priority topics being confirmed for both quick win and medium term delivery. Clarity has materialised on funding for the LDR, and this is now our single largest risk. DCR funding has seen excellent support from the System Leaders, and we are hopeful that the solution will be awarded and the Partnership agreement will remain unchanged.

Programme	SRO	SRO Comments
One Acute Network of Services		
Integrated Community & Primary Care Services		<p>The first of the Integrated Community & Primary Care Service Portfolio Board meetings was held on 25th January 2017. Those present were all keen to ensure that collaborative working resulted in improved models of care.</p> <p>Karen Kirkham: "Positive first meeting. All key partners around the table, keen to progress work at pace. 1. Desire for real momentum whilst recognising the importance of localising work 2. Importance of communicating with all inter-related and interfacing workstreams 3. Re-work the various work programmes around the models of care. 4. Next meeting will include a workshop"</p>
Prevention at Scale		
Leading & Working Differently	Patricia Miller	<p>SRO Comments</p> <p>The programme is progressing in areas of activity to lay the ground work for the 3 core programmes it has been established to support. An open invitation to all partners was made to take a lead on the 4 work streams, and I welcome the leadership shown by those HR Directors who have taken on this work.</p> <p>We are further refining the working of the Dorset Workforce Action Board and develop work stream groups to deliver the activity in the plan and bring this forward for system agreement. It is recognised this will need fuller engagement across all partners as we continue to grapple with releasing operational resources to take forward the work, hence the discussions now to align activity to established networks and groups.</p> <p>We have begun to develop reciprocal Portfolio Director representation at DWAB with other STP programmes and Charles Summers is in contact with other programmes to align our support to the other STP delivery portfolios.</p> <p>We are receiving financial requests for DWAB support. We have non recurrent resources which will need to be carefully managed. We are therefore prioritising support for activity that is already in the implementation plan.</p>
Right Care		
Digitally Transformed Dorset		

Financial Benefits

Further work is needed to enable tacking of Financial Benefits

STP Benefits Score Card

The completion of benefits framework will enable the production of the benefits scorecard

STP Major Risks

Portfolio	Description	Risk Score	Current Mitigation	Owner
LWD	Programme resources deployable to support the delivery of the areas of priority identified.		<p>Priority programmes of work have identified initial leads to commence system wide working groups to inform action plans. Project management and administration resources are key to support the delivery and implementation of activity.</p> <p>For work which requires expertise not currently available in the system (workforce planning and intelligence), a draft job description has been drafted for sign off. Expected advertising to commence by end of Feb 17.</p>	
LWD	<p>The workforce implications to meet the proposals of the clinical services review are as follows;</p> <ul style="list-style-type: none"> The future design for integrated community services indicates a need for an additional workforce. If the preferred hospital option is approved, a great number of staff would need to be transferred within the system. We have challenges finding available staff for some services/ professions and there are already insufficient staffing levels in some services in and out of hospital. The financial challenge of resourcing this additional workforce should not be underestimated; assurance that this will be available to meet the future workforce requirement is needed. <p>However, if no changes are made, the pressures on primary care would create an unsustainable position, adding pressure to hospital service provision.</p>		<p>The principles of the Leading and Working Differently Strategy which underpins the Sustainability and Transformation Plan, seek to address these challenges. This includes;</p> <ul style="list-style-type: none"> Supporting the emerging models of care through the design and development of the workforce, and a review of the competencies and skills required. Working in partnership to address recruitment challenges, such as marketing and advertising through to use of joint roles and shared resource. <p>Work with Health Education England and education providers to ensure the right number of training places to meet future skills need and to help recruit and retain the existing workforce required.</p>	

LWD	The effective development of medical network models may have unintended productivity impacts arising from cross county travel.		Clinical design work should proactively access relevant workforce advice and digital innovations to minimise travel impact while maintaining patient care.	
LWD	Ensuring shifts in workforce costs between employers are understood and managed in financial and employment terms.		Working with the OFRG, (an approach to schedule joint meetings is agreed) to ensure costs are identified and monitored, and that staff and their representatives are appropriately engaged in proposed changes.	
DTD	Funding is now expected to be completely inadequate to support the completion of the LDR. It will be based on a per capita share basis of an annual £225m for the first 2 years, with no final clarity on the second two years currently given. This will give Dorset at most £5.6m for two years, when we needed ~£20m for two years.	25	Escalation to NHS England Source alternative innovative solutions to staffing and developments	Dr Phil Richardson Stephen Slough

Delivery of Major Capabilities

Portfolio	Programme	On track for Delivery	Update
ICPS	Community Services Transformation		Following the first ICPS Portfolio Board meeting on the 25 th January where a draft proposed project and programme structure was shared, a further rework of the potential project areas has been shared with Board members for feedback the proposed project areas are; <ul style="list-style-type: none"> • Project 1: Service for Specialist care and support for high intensity users • Project 2: Rapid Response & access to MDTs/Intermediate care for medium & high intensity users • Project 3: Pro-active on-going care for people with medium intensity need • Project 4: Routine care • Project 5: Urgent care & treatment for minor injuries Project 6: Care market
ICPS	General Practice Transformation		Work streams/projects being established to deliver the Primary Care Commissioning strategy and supporting GP 5 year forward view;
ICPS	Mental Health Transformation		Detailed will be provided for the March highlight report; Programmes already established with milestones and deliverables, including: <ul style="list-style-type: none"> • Acute Care pathway review(ACP) • Dementia and Improving Access to Psychological Therapies (IAPT) • Complex care and recovery Children's Adolescent Mental Health Service (CAMHS)
ICPS	Learning Disabilities Transformation		
ICPS	Integrated Transport		Producing programme documentation outlining scope of work.

LWD	Developing our leaders		Individual discussions with each system partner to understand current activity and future need. This informed a report which was submitted to SLT in January 17. CEO progression of leadership programme extended to all system partners. Primary Care development programme drafted, including transformational leadership support, and out for feedback.
LWD	Recruitment and retention of our staff		Design of agenda for the Local Workforce Development Group to inform the vision, design and activity to support system wide approach to recruitment. Discussions with each NHS organisation to inform the first draft of a Freedom of Movement paper (initial phase NHS, aim to widen to other health and social care employers). Launch of 2 initiatives to support primary care workforce challenges (and building on Doorway to Dorset). Link with Dorset Healthcare admin bank for primary care to access, as well as launched Locum Chambers to give infrastructure and support to recruiting locums. First partnership health and wellbeing group meeting to discuss and forward plan ways to work together as a system.
LWD	Developing our staff		First partnership apprenticeship group held to discuss a system wide approach to appointing apprentices and to respond to the Levy. Group focused on areas of priority and opportunities to work together. Initial discussions taken place with Bournemouth University to look at the data available to understand the movement and motivation of people in health and social care education.
LWD	Supporting our staff through change		Development of the draft Terms of Reference for the first Social Partnership Forum in Dorset, and building on the 2 x engagement conferences held in Dorset in 2016.

RC	RC001 Mental Health:		<ul style="list-style-type: none"> • Physical Health Checks- Project team agreed, Dorset Healthcare leading, planning has started. • Employment -Project team agreed, Dorset Healthcare leading, planning has started. • Acute Care Pathway - NHSE Assurance achieved; 8 week consultation starts on 1st February 2017. • Dementia Review - Review scope agreed by all partners; view seeking currently underway.
RC	RC002 MSK/Trauma:		<ul style="list-style-type: none"> • Falls prevention- Project team agreed and now in place. Falls prevention strategy has been agreed

			<p>by JCB. Workstream meeting</p> <ul style="list-style-type: none"> • has taken place and task and finish groups to be set up • Spinal Pain Project team agreed and now in place. Meeting to agree spinal pathway with partners has taken place. Meeting focused on identifying what elements of the pathway needed to be targeted first. • Elective Hips and Knees-Donna Parker (RBCH) is leading this as part of the referral management / demand management actions linked to the system agreement. CCG is supporting. Programme context and outline papers presented to Acute Provider Clinical Management Boards in Dec/Jan. Meetings/teleconferences have taken place on orthopaedics. Key opportunities and actions have been identified.
RC	IRC003 CVD:		<ul style="list-style-type: none"> • Advice & Guidance - Project team agreed and project plan being developed. Workshops planned for the 31st January and 1st February 2017. Large range of stakeholders attending. • Hypertension and Cholesterol- Project team now in place and project plan being developed. This work links to the primary care demand management action within the system agreement. • Cardiology intervention rates- Donna Parker (RBCH) / Julie Pearce (DCH) are leading this as part of the referral management / demand management actions linked to the system agreement. CCG is supporting. The Acute Vanguard workstream will take the lead on this on behalf of the system. • Diabetes - Project team now in place. Transformation bid submitted to NHSE for funding to support patient education primarily.
RC	RC004 Cancer		<ul style="list-style-type: none"> • Urology pathways- Project team now in place and PID being developed. This links to the demand management work being led by the Chief Operating Officers as part of the system agreement. CCG leads will ensure this is supported and linked into the project to prevent duplication of effort. Currently looking at the data and identifying gaps / data needs to inform development of the project brief / PID. • Dermatology – skin Lesions -Project team now in place. PID was already developed as part of the wider piece of work that commenced pre- RightCare on looking at the model of dermatology care in Dorset. This also links to the demand management / referral management work in the system agreement and the Chief Operating Officers will lead on the demand management elements of this work. Pilot work around using images as part of referrals is already underway. Skin Lesions Pathways project will be a sub PID of Dermatology overall. • Haematology follow Ups- Project team now in place and PID being developed. Currently gathering local data and intelligence on follow ups, working with cancer managers
RC	Non- Key Areas		<ul style="list-style-type: none"> • Maternity – Project team in place. The CCG was successful in becoming an ‘Early Adopter’ site to test maternity services of the future. Our Dorset Early Adopter site will focus on: Improving postnatal care & Providing better personalised care planning DCH’s neonatal unit officially became a Special Care Baby Unit on the 9th January and now only takes babies after 32 weeks. Babies born before 32 weeks will now go to Poole Hospital or Southampton. • Integrated Children’s Community Services - Project team in place and draft PID in place, which is currently being updated. A number of workshops / meetings have taken place in order to shape the scope and shape of the project. • Ophthalmology - Project team in place. This work started prior to RightCare and has been focused on developing an outcomes based commissioning framework / developing the model of care for ophthalmology across Dorset. This work links to the system agreement actions and the CCG will support the work being led by the Chief Operating Officers on demand management / referral management in relation to ophthalmology. • Procedures of Low Clinical Value - Paper went to the GB in relation to a proposal to move to prior approval for certain hand conditions. It was agreed that this needed further consideration and development with support from Christian Verrinder as clinical lead for MSK work