

**NHS DORSET CLINICAL COMMISSIONING GROUP  
GOVERNING BODY MEETING  
INTEGRATED CARE SYSTEM (ICS) DELIVERY UPDATE**

|   |  |
|---|--|
| <b>Date of the meeting</b>              | 22/01/2020   |
| <b>Author</b>                           | M Gorman, Head of PMO  |
| <b>Sponsoring Board member</b>          | T Goodson, Chief Officer   |
| <b>Purpose of Report</b>                | To provide an update on progress of the STP and recent items for discussion and decision at SLT. |
| <b>Recommendation</b>                   | The Governing Body is asked to <b>note</b> the report.   |
| <b>Stakeholder Engagement</b>           | N/A  |
| <b>Previous GB / Committee/s, Dates</b> | N/A  |

**Monitoring and Assurance Summary**

|  |   |                                |           |
|--|---|--------------------------------|-----------|
| <b>This report links to the following Strategic Principles</b>   | <ul style="list-style-type: none"> <li>• Prevention at Scale</li> <li>• Integrated Community and Primary Care Services</li> <li>• One Acute Network</li> <li>• Digitally Enabled Dorset</li> <li>• Leading and Working Differently</li> </ul> |                                |           |
|  | <b>Yes</b><br>[e.g. ✓]  | <b>Any action required?</b>    |           |
|  |   | <b>Yes</b><br>Detail in report | <b>No</b> |
| All three Domains of Quality (Safety, Quality, Patient Experience)   | ✓   |                                | ✓         |
| Board Assurance Framework Risk Register  | ✓   |                                | ✓         |
| Budgetary Impact   | ✓   |                                | ✓         |
| Legal/Regulatory   | ✓   |                                | ✓         |
| People/Staff   | ✓   |                                | ✓         |
| Financial/Value for Money/Sustainability   | ✓   |                                | ✓         |
| Information Management & Technology  | ✓   |                                | ✓         |
| Equality Impact Assessment   | ✓   |                                | ✓         |
| Freedom of Information   | ✓   |                                | ✓         |
| <b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b> | ✓   |                                |           |

Initials : MG

## 1. Introduction

- 1.1. The report highlights the progress of the Sustainability and Transformation Plan (STP) Portfolios and indicates the major decisions and key areas for discussion being taken at the System Leadership Team (SLT)

## Portfolio Progress

### One Acute Network

- 1.2. The merger is making excellent progress and a lot of the design time over the past few months has gone to focusing on merger related activities to keep this on track for the 1st July 2020. Work on the reconfiguration is dependent on an approved Outline Business Case, and the OBC is awaiting NHSI approval so we are likely to incur a 3-6 month delay to finalise our building costs (known as Guaranteed Maximum Price GMP).
- 1.3. The clinical design of both sites has been checked and reviewed by external partners and shown to be delivering a Value for Money solution, yet costs have escalated and the design exceeds the trusts available budget. Costs have primarily risen through inflation. Inflation has added approx £30-35m to the building costs since the Clinical Services Review was completed in 2016. The £147m was not index/inflation linked and so the trusts are having to bear the cost of inflation.
- 1.4. Reviews are ongoing to minimise the cost of the scheme and to explore opportunities to fund inflation, however some redesign of the building may be necessary. A review of the costs will continue through to Dec 2019/Jan 2020 and partners and colleagues will be kept up to date as this review progresses.

### Dorset Clinical Networks

- 1.5. Dorset Clinical Networks continues to make good progress with 20% of the targeted deliverables already complete and of the remaining 80% all have started. The Benefits associated with the deliverables has seen 25% of the planned benefits realised, with a further 25% already partly on-track for delivery.
- 1.6. Pathology has seen the pan-Dorset collaboration agreement supporting the pathology IT replacement project (LIMS) signed by all three trusts and the contract has reached the final stages.
- 1.7. Rheumatology: Successful trial of 'Attend Anywhere' Video consultation tool to facilitate rheumatology clinicians from community and acute sites joining together to review management of complex patients with Lupus. First appointments with patients scheduled for mid-December.

## **Merger**

- 1.8. All the key merger products will now be submitted to NHSI at the beginning of March 2020.
- 1.9. Interim Shadow Board now in place. Tier 2 and some tier 3 leadership posts within both the Clinical and Corporate areas will be in place by April 2020.

## **Clinical Design**

- 1.10. Work is progressing to reduce the bed gap of 96 at RBH. Audits have been undertaken and approx. 20 specialist rehab beds identified as a result of auditing and potentially 25 orthopaedic beds and around 30 Frailty beds are being worked up and audited.

## **Capital & Finance**

- 1.11. NHSI have completed the recommendation reports for the Regional Directors, however approval of the OBC has been impacted by the Long Term Plan submission for the ICS and is reliant upon showing an improvement in the financial sustainability of both Poole and Bournemouth.

## **Integrated Community & Primary Care Services**

- 1.12. Mental Health - Dementia Services Review Full Business Case completed and approved by CCG GB (subject to final LTP financial settlement)
- 1.13. Dorset CCG has received £354,000 non-recurrent funds to invest in Palliative and End of Life Care Children's and Adults' Services. This is part of the Government's one off fund for hospices and palliative care services. Expressions of interest will be sought from providers across Dorset and a panel decision process taken to allocate this money.
- 1.14. Workforce dashboard has been launched. Data has been received from 76/80 (95%) practices for Q2 with 14 of the 18 Primary Care Networks (PCNs) having complete baseline workforce data. Feedback has indicated the value of the data for workforce planning in PCNs, although consistency of completion requires more focus.
- 1.15. Personalised Care - Place-based planning and design work to create three Exemplar Primary Care Network (PCN) areas. Kick-start days in January / February 2020 will support the three PCNs to take a prototype approach to learning what it takes to establish Personalisation as a foundation approach.

## **Prevention at Scale**

- 1.16. Starting Well - In terms of evaluations we are expecting by March 2020; a 6-month evaluation for; Risk Perception (DCH), Maternity Support Worker (MSW)/Sunshine Team (RBCH) and Partners NRT (PGH) – a 12-month evaluation will also hopefully follow for these.

- 1.17. Ageing Well - Activation levels of physical activity pathway at LWD remain above 75% for all clients registered. 2nd survey sent to LWD advisor team to assess understanding of physical activity, confidence and any training needs

## **Digitally Transformed Dorset**

- 1.18. All GP signed up to DCR and sharing information. Only 2 GP practices information not available as not part of the MIG
- 1.19. There are difficulties with the installation of the secondary HSCN circuit into DCH owing to a blocked duct which will require re-digging. This may add significantly to the delay. Discussions are on-going about whether it will be acceptable to run both circuits down the same duct as a temporary workaround.
- 1.20. Intelligent Working - Development environment moved from Dorset Healthcare infrastructure to Azure.
- 1.21. Telephony Project Development Progress - Lack of progress due to lack of resources and poor supplier response.

## **Leading & Working Differently**

- 1.22. Collaborative agreement in place to extend the use of DC's MyeCoach platform to include 50 NHS coaches. Re-config work happening in December once contract is signed
- 1.23. Clinical Lead appointed to the Dermatology Workforce and Education sub-group
- 1.24. Identification of a workforce lead in each PCN and workforce planning lead in trusts will enable smarter coordination, development and ownership of workforce plans across Dorset.

## **Urgent and Emergency Care**

- 1.25. The Urgent and Emergency Care Board (UECB) continues to have strategic oversight of the UEC programme. The new Ambulance delivery group chaired by SWASFT County Commander has been established.
- 1.26. Ambulance Delivery Plan currently being developed and will be shared at the UEC Board in December
- 1.27. Hospital Ambulance Liaison Officers (HALO) will be implemented into all three acute sites over winter which will support the reduction of Ambulance Handover delays.
- 1.28. 999 Call stacking risk has been entered on the CCG corporate risk register. The risk score has now been reduced from '25' to '20'. Risk will continue to be assessed via the SW Quality Assurance Group (QAG).

- 1.29. EU Exit arrangements for January 31 are being undertaken across providers and the CCG. The CCG's EU Exit Plan will be reissued in following approval by Chief Executive and SRO for EU Exit.

### **Integrated Travel Programme**

- 1.30. DC Adult Services have agreed that clients receiving Personal Social Care Budgets is inclusive of the persons transport needs. DC have yet to agree if this will be extended to clients who use other Adult Services transport, e.g. those who use LA transport into day care centres.

## **2. Conclusion**

- 2.1. The Governing Body is asked to **note** the report.

### **Table of Abbreviations**

|      |   |
|------|---|
| DCH  | Dorset County Hospital                          |
| DCR  | Dorset Care Record                              |
| DHC  | Dorset Healthcare                               |
| DIG  | Digital Informatics Group                       |
| ICS  | Integrated Care System                          |
| IPG  | Implementation and Planning Group               |
| LMS  | Local Maternity System                          |
| NHSE | NHS England                                     |
| OAN  | One Acute Network                               |
| PAS  | Prevention at Scale                             |
| RBH  | Royal Bournemouth Hospital                      |
| UEC  | Urgent and Emergency Care                       |
| OJEU | Official Journal of the European Union          |
| JET  | Joint Executive Team                            |
| NHSI | National Health Service Improvement             |
| CQC  | Care Quality Commission                         |
| PIR  | Post Infection Review                           |
| AHP  | Allied Health Professionals                     |
| HEE  | Health Education England                        |
| UTC  | Urgent Treatment Centre                         |
| MIU  | Minor Injuries Unit                             |
| ED   | Emergency Department                            |
| BCP  | Bournemouth, Christchurch & Poole Council       |
| COPD | Chronic Obstructive Pulmonary Disease           |
| EPRR | Emergency Preparedness, Resilience and Response |

**Author's name and Title:** M Gorman, Head of PMO  
**Date:** 06/01/20  
**Telephone Number:** 07989171294