

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	04 September 2017
Officer	Dr Phil Richardson, Lead Director Dorset ACS/STP, Director of Transformation, NHS Dorset CCG
Subject of Report	NHS Dorset CCG Sustainability and Transformation Plan (STP) Update
Executive Summary	This report is to update members of the Committee on the status and progress of the Dorset Sustainability and Transformation Plan (STP) - to highlight the key work streams of the plan, the governance of the oversight and progress thus far with implementation of the plan.
Impact Assessment:	<p>Equalities Impact Assessment: Equality Impact Assessment have been undertaken, and are continually being amended, for each area of the plan. These are available to view separately if requested.</p>
	<p>Use of Evidence: Report provided by NHS Dorset CCG</p>
	<p>Budget: N/A for DCC</p>
	<p>Risk Assessment: The CCG operate a risk assessment process. The risks associated with the STP are reflected in the CCG Corporate Risk Register.</p> <p>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: LOW (for DCC)</p>

STP Update – NHS Dorset CCG

	Residual Risk: LOW (for DCC)
	Other Implications: N/A
Recommendation	The Committee is asked to note and comment on the contents of this report.
Reason for Recommendation	This paper is presented in response to a request from the Committee. The work of the Health Scrutiny Committee contributes to the County Council's aim to promote the health, wellbeing and safeguarding of all Dorset's citizens.
Appendices	Appendix 1 – STP Governance Appendix 2 – Accountable care systems
Background Papers	None.
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STP Update – NHS Dorset CCG

1. PURPOSE

- 1.1 The report is to update members of the Committee on the status and progress of the Dorset Sustainability and Transformation Plan (STP) - to highlight the key work streams of the plan, the governance of the oversight and progress thus far with implementation of the plan.

2. BACKGROUND

- 2.1 The STP has been jointly developed between the Borough of Poole, Bournemouth Borough Council, Dorset County Council, NHS Dorset Clinical Commissioning Group and the five main health care provider organisations within Dorset.
- 2.2 There are five enabling portfolios within the plan which are progressing at varying pace across the system:
- One Acute Network
 - Integrated Community and Primary Care Services
 - Prevention at Scale
 - Digitally Transformed Dorset
 - Leading and Working Differently.

3. ONE ACUTE NETWORK

- 3.1 The vision is to transform acute hospital services in Dorset so that they provide consistent high quality care that meets the complex and specialist needs of our local population.
- 3.2 The programme will deliver a major emergency hospital with 24/7 consultant presence, a major planned hospital for elective care, opportunities to develop centres of excellence, a single cancer service, improvements in length of stay and reduction in emergency admissions.
- 3.3 There are specific work streams for cancer, urgent and emergency care, maternity and 'one acute network' for key service areas including stroke, ophthalmology, women's health, paediatrics, cardiology, pathology, radiology, health informatics and business support services.
- 3.4 A Programme Director has been appointed and capital bids have been submitted for the reconfiguration of services.

4. INTEGRATED COMMUNITY AND PRIMARY CARE SERVICES

- 4.1 The vision is to implement models of care that reduce barriers across organisational working, alongside increasing the range of services on offer in the community so more people can be supported in community settings, such as in their own homes or through community hubs.

STP Update – NHS Dorset CCG

- 4.2 The vision will deliver: reductions in the number of out-patient appointments, both new and follow-ups; a reduction in unplanned admissions to hospital; a reduction in the length of stay in community hub beds; and people (including children) will be supported by integrated health and care teams to receive the appropriate level of response and care in a setting, according to their need.
- 4.3 A key work stream is Transforming Primary Care, with the aim of implementing the national GP Five Year Forward View delivery plan, with a view to local GP Practices working in collaboration, and in an integrated way, at increased scale that delivers consistent quality and improved outcomes.
- 4.4 Transforming mental health is another large work stream which aims to implement models of mental health care for adults and children that provide high quality, affordable and sustainable mental health services which match local need.
- 4.5 There is a further work stream for transforming learning disability services which aims to improve the health and well-being of people with a learning disability and prevent hospital admissions.

5. PREVENTION AT SCALE

- 5.1 The vision is for people to stay healthy and avoid getting unwell, with the ambition of seeing every person in Dorset stay healthy for longer and feel more confident and supported in managing their own health.
- 5.2 Four project areas have been set up for delivery of this programme:
- Starting well
 - Living well
 - Ageing well
 - Healthy places.

Each of these projects has a lead from Public Health and will have a partner lead.

- 5.3 Primary Care has an important role to play in prevention at scale and work is being taken forward on:
- addressing variation in cardiovascular risk factors, particularly in patients with diabetes;
 - developing the role of the voluntary sector to support improvements in the health and wellbeing of local communities, via General Practice;
 - encouraging more widespread use of LiveWell Dorset.
- 5.4 The most advanced work stream is Living Well where we are at the user testing phase of the new digital platform. Two new GP public health fellows start in June who will be helping with the marketing of this platform to Primary Care, to increase the number of people supported.
- 5.5 Currently Prevention at Scale (PAS) has developed a six-month portfolio delivery plan and 18 month milestones for Starting Well and Living Well programmes.
- 5.6 Logic models have been developed for six projects including the three priority projects.

STP Update – NHS Dorset CCG

6. DIGITALLY TRANSFORMED DORSET

- 6.1 The vision is for a joined up seamless experience for service users and patients, where their story is told once and heard in every care setting.
- 6.2 The vision will deliver the development, implementation and expansion of the Dorset Care Record across the system. There will also be a model for a shared system-wide single IT service. The Dorset Care Record project is progressing, with the roll out due to commence later this year (2017).
- 6.3 There is also a work stream for intelligent working which aims to deliver business intelligence capability and capacity which supports new and different ways of system working.
- 6.4 An additional project is promoting independent self-care by allowing people to make the best use of technology to stay healthy for longer and confidently manage (in partnership with health and care professionals) any conditions that may develop in the future.

7. LEADING AND WORKING DIFFERENTLY

- 7.1 There are work streams for the following areas:
- Developing our leaders: the vision is to develop leadership behaviours and their impact, resulting in improved organisational and staff performance and staff morale;
 - Recruitment and retention of staff: the vision is to develop a system-wide approach to attract new staff and retain existing staff within the health and social care sector in Dorset;
 - Developing our staff: the vision is to improve the development opportunities for staff, to ensure the future workforce supply, to improve retention and morale within health and social care organisations in Dorset, and to work in greater partnership with education providers to ensure future workforce supply is available;
 - Supporting our staff through change: the vision is to improve the working environment for staff by ensuring they are engaged and involved in changes that affect them;
 - Workforce planning: the vision is to ensure that a workforce with the required skills and competencies to deliver new models of care is available.

8. GOVERNANCE

- 8.1 The STP lead is Tim Goodson, Chief Officer of NHS Dorset CCG and a governance structure for the oversight of the STP delivery has been established (**Appendix 1**).
- 8.2 All partners are represented on the Strategic Partnership Board (meeting bi-monthly) and Senior Leadership Team (which meets monthly).
- 8.3 Senior Responsible Officers and Programme Directors have been appointed for each of the programme areas which have been described above. Each of these areas reports to the Senior Leadership Team, highlighting areas for approval and key risks to delivery.

STP Update – NHS Dorset CCG

- 8.4 The 'Next Step on the NHS Five Year Forward View' (NHS FYFV) published on 31 March 2017 sets out the progress that has been achieved since the publication of the 'Five Year Forward View' in October 2014 and outlines the requirement for the next two years.
- 8.5 This document, produced by NHS Improvement (NHSI) and NHS England (NHSE), sets out the mechanisms by which we will deliver this change, taking into account what we have learnt over the last two years, to accelerate service redesign locally, with an emphasis on integrated working through the STPs and Accountable Care Systems (ACSs).
- 8.6 The report also sets the vision ACSs, identifying nine potential early adopter system, of which Dorset is one.
- 8.7 An ACSs will be an 'evolved' version of an STP that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return, they get far more control and freedom over the total operations of the health system in their area, and work closely with local government and other partners to keep people healthier for longer and out of hospital. Further information on the expectations of the ACS can be seen in **Appendix 2**. Please note this is a developing definition with work being done both nationally and locally to finalise the approach.

9. **PROGRESS**

- 9.1 The outcome and decision making as a result of the Clinical Services Review (CSR) will be a major part of delivering the STP. The results of the public consultation on the CSR have recently been received by NHS Dorset CCG and a period of review of these is now in place.
- 9.2 In addition, the outcome of the public consultation into the Mental Health Acute Care Pathway review have also been received and these will be included in the CCG's review and planning for decision making on future services, which will take place on the 20th September 2017.
- 9.3 Currently the STP Portfolios are working towards signing off the Portfolio Initiation Documents and refining the delivery plans. These documents will provide the content for the Decision Making Business Case (DMBC) for the CSR, specifically around the Implementation Chapter. We are working towards a DMBC completion date of 06 September 2017.
- 9.4 The responses from the consultation process have been shared with key stakeholders across the system. This will be used to help inform decision making on the DMBC.
- 9.5 Additional work on blue-light transport, public and private transport, clinical risk and equality impact assessments will also be completed and published by the 6th September 2017.
- 9.6 The implementation plan is being developed, which includes detailed timelines for the shift of services to community settings as well as acute hospital reconfiguration.

STP Update – NHS Dorset CCG

- 9.7 It is important to note that delivery and implementation of all the areas which are not dependent upon the CSR decision making process are being actively progressed.

10. ACCOUNTABLE CARE SYSTEM

- 10.1 Of the 9 STPs most likely to progress to an ACS, in July 2017, the Dorset STP was assured by NHSE as one of only five outstanding systems. As a result, Dorset has been designated as an Accountable Care System (ACS), operating in shadow form until April 2018 when it will formally become an ACS.
- 10.2 Following the Governing Body decision on the 20th September 2017 work will begin on the development and governance of the ACS. This will include signing a Memorandum of Understanding with NHSE.
- 10.3 NHSE will appoint a national sponsor for the Dorset ACS to support this work.

11. FINANCIAL IMPLICATIONS

- 11.1 The STP highlights a financial gap in public funding which is required to be closed through implementation of the plan.
- 11.2 Following a successful bid for capital as part of the CSR the Dorset system has been allocated £100m+ to support the investment into the acute hospital reconfiguration.

12. LEGAL IMPLICATIONS

- 12.1 The CSR is following legal requirements for a major reconfiguration of services.
- 12.2 The STP and Strategic Partnership Board are not legal entities in themselves and therefore individual organisations maintain their statutory responsibilities for delivery of services.

13. RISK MANAGEMENT IMPLICATIONS

- 13.1 The STP has a live risk register which is overseen by the Senior Leadership Team.

14. EQUALITIES IMPLICATIONS

- 14.1 Equality Impact Assessments have been undertaken, and are continually being amended, for each area of the plan. These are available to view separately if requested.

15. CONCLUSIONS

- 15.1 The Committee is asked to note the large scale of the plan and the progress so far.