# Our Dorset

## Looking Forward

## 2019-2024

# 01 Our integrated care system

This plan has been written by the Dorset Integrated Care System (ICS), responding to the NHS Long Term Plan (2019).

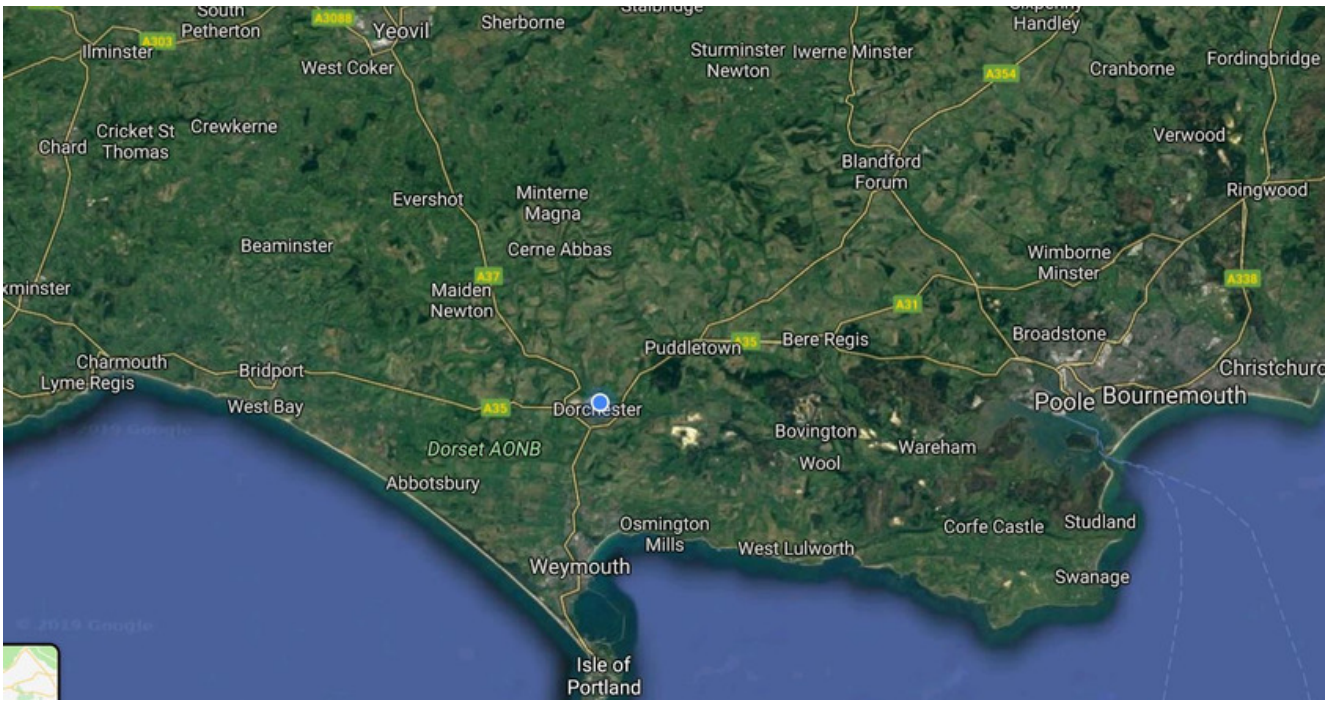
It sets out our vision, plans and aspirations for the next 5 years to improve health and wellbeing outcomes for children, young people, families and adults in Dorset.

Our plan has been informed by the public, our partners and our staff.

The term 'we' in the plan refers to all the ICS partners. This is a partnership plan bringing together a number of high level plans relating to health and care across all partner organisations.

Dorset's ICS partners are:

- Bournemouth, Christchurch and Poole Council
- Dorset Clinical Commissioning Group
- Dorset Council
- Dorset County Hospital NHS Foundation Trust
- Dorset HealthCare University NHS Foundation Trust
- Poole Hospital NHS Foundation Trust
- Public Health Dorset
- South Western Ambulance NHS Foundation Trust
- The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust



# 02 Our vision

**"Everyone will start, live and age well and die with dignity no matter where they live or what their circumstances are."**

Our plan is built around the needs of children, young people, adults, families and communities so that everyone in Dorset is able to grow up healthy and stay healthier for longer.

People will be supported to manage their own health and everyone will have a high standard of care. This care will be delivered in the right place, at the right time and from the right team.

We will use information we have about people's health and wellbeing to understand their needs providing care in a effective and efficient way.

In 2018, Dorset was officially recognised as one of England's first wave of Integrated Care Systems (ICS) in which all partners (including primary care, hospitals, community care, local authorities and the community and voluntary sector) agreed to work together to address our health, wellbeing, quality and financial challenges.

We have a successful track record and a strong commitment to collaborative working across all of our organisations.

This plan builds on our Sustainability and Transformation Plan (STP) 2016.

The focus still remains on delivering sustainable health and care services, shifting care closer to home, and delivering a radical scaling up of prevention to help people stay well. It also responds to the ask set out in NHS England's Long Term Plan (2019).

Our Dorset – Looking Forward, recognises the opportunities that come from bringing services together in communities. We can improve outcomes through personalised care, tackling inequalities, working more closely with the community and voluntary sector and improving the quality of services.

# Our vision

**Dorset will be a place where**...

- Children get the best start in life, feel safe and, as they grow, be inspired to be the best they can be
- People are able to make changes to improve their health and wellbeing and make sure children experience good health
- People value their own health and wellbeing and pro-actively take steps to live well
- Older people are valued within communities, independent, safe and able to take control of their own care
- Access to coast and countryside promotes physical and mental health and emotional wellbeing
- Public services listen to, value and pro-actively work with communities and the voluntary sector to deliver better outcomes for people
- Public services are seen as a good place to work and we maximise the skills we have across the system.

**Our Challenges**
To plan the right services and achieve our vision, we need to respond to issues such as health inequalities, social isolation and an ageing population.

**Workforce**
Our investments to increase our workforce are not able to keep up with demands on services. We have shortages in staffing groups and a growing demand for services.

To deliver high quality, sustainable services we need to invest in our workforce.

**Finance** *figures as at 24/09/19
If we carry on as we are now and, don't make changes, by 2023/4 NHS services in Dorset will have a gap of £272M*, this includes a shortfall of £25M* on NHS England specialised services. Local authorities also face a significant challenge, and together will need to save over £xxxM over the same time period. Our funding cannot keep pace with our growing demand and costs. To deliver our services we need to continue to use time and money wisely.

**Health and wellbeing**
People in Dorset generally live healthier and longer lives than the average for England, but this does vary on where people live. We have a higher population of older people with long-term health conditions, which results in increased demand for health and care services.

We have unacceptable variation in the life expectancy of different groups, including those with mental health problems. We need to improve the health and wellbeing of our current and future population.

**Care and quality**
We always strive to deliver high quality services but, we know in some cases this falls short of what people expect.

We know that to meet the standards we and others expect of us, we need to invest more in appropriately skilled staff.

# Our vision

Factors that keep people well are more than just health and care services. We recognise that there are opportunities to work more closely with a wide range of partners and voluntary and community groups.

Together, we can make sure that children, young people and adults have the best possible experiences, leading to better chances of a decent home, job and independence.

At the heart of this plan are ambitious aspirations to take a population health approach to improve outcomes for people in Dorset.

To achieve our vision, our plan is based on three themes, putting people and communities at the heart of what we do:

**1. Wellbeing**
Helping all residents get the best start in life, living well into adulthood, ageing well and dying with dignity. We will focus on other factors that affect someone's health and wellbeing such as early childhood experiences, family relationships, education, employment and housing.

**2. Prevention at Scale**
Improving health and wellbeing outcomes for all residents so we all have the same opportunities to live well no matter where we live or what our circumstances are.

**3. Quality care**
Making sure people are getting the right care, at the right time and from the right team. Providing high quality care in the community that is personalised, responsive and adaptable, keeping people out of hospitals as much as possible.

We also have two enabling themes to support our vision.

**4. Workforce**
Increasing workforce resilience, training and development, so we are an employer of choice. Recruiting and retaining excellent people with a grass roots approach through apprenticeships and schools. Making public services and the wider health and care sector a great place to work and develop.

**5. Digital innovation**
Using digital technology, research and innovation to deliver services in new ways. Supporting people to be independent through more and better information about health and wellbeing and giving our workforce the right tools to do their job.

# 03 Our objectives

Our five key objectives are:

- More people having a positive experience and living the life they want to lead
- Better healthy life expectancy and reducing the gap in health outcomes between the richest and poorest across the county
- Improvements in the quality and equality of care
- Within public services, higher staff retention with fewer instances of staff sickness to become an engaged and effective workforce
- Better access to services through digital channels and innovative solutions to manage health and wellbeing. Giving people online access to their health and wellbeing information and records

**Local people will see...**

- Improved experiences of care
- A high standard of care across all health and care settings
- More opportunities to access health, care and wellbeing support in their local communities
- More and better information about health and wellbeing through digital and other channels
- Support to have more choice, control and ownership over their care

# 04 Our commitment to climate change

We are committed to making sure our health and care system is sustainable, by delivering high quality care and improved public health, without impacting on our environment.

We have an obligation to work in a way that has a positive effect on the communities we serve. Sustainability means spending public money well, smart and efficient use of natural resources and building healthy, resilient communities.

A key element of sustainability is reducing the impact of climate change and adapting to a changing environment.

Following advice from the UK Committee on Climate Change the UK Government has approved a target for the UK to be net zero carbon by 2050. Net zero means any emissions would be balanced by schemes to offset an equivalent amount of greenhouse gases from the atmosphere. This includes planting trees or using technology like carbon capture and storage.

Nationally the NHS, Public Health and social care have committed to reducing their carbon footprint by 34 per cent by 2020 and reduce carbon emissions by 28 per cent by 2020/21.

Bluebell Woods, Bloxworth, Dorset

In 2019 both local authorities declared a climate change emergency. Bournemouth, Christchurch and Poole set a target to be carbon neutral as a council by 2030 and, to make the region carbon neutral, ahead of the UK target of 2050. Dorset Council has established an Executive Advisory Panel to discuss and form policies as to how the council will set carbon reduction targets.

As a partnership we are committed to the good that we can achieve within our communities, relating to environmental, economic and social value factors.

We will continue to reduce the impact of the environment through creating green spaces for people to be active, using digital technology where we can, reducing unnecessary car journeys and making sure our buildings are as efficient as possible.

# 05 Our challenges

Although there have been improvements in health and care services in Dorset and, people in Dorset generally live healthier and longer lives compared to the average for England - we still have challenges.

We continue to have a number of priority areas:

- Workforce shortages in some staffing groups. Our investments to increase our workforce are not able to keep up with demands on services
- Finance and efficiency, there is increasing pressure on resources across all our organisations with insufficient funds to maintain the way we currently work
- Health and wellbeing, there are variations in the health and wellbeing outcomes for different people
- Care and quality, there are differences in the quality of care received across our services and we have been unable to reach some national standards.

# Workforce gap

Demand for services has increased - in particular referrals for potential cancer which have risen by around 15 per cent. We have struggled to meet all the performance standards such as A&E waiting times, Referral to Treatment Times, 26 and 52 week waits, and diagnostics. Similarly in social care, the demand for care and support is stretching the available capacity.

Investments to increase our workforce are not able to keep up with demands on services. Through our work in prevention we are working towards changing demand (page 20). We also have difficulty recruiting to some posts, in particular roles there are national shortages of skilled staff.

More people are needing urgent and emergency care, waiting times for elective (planned or-non emergency) services have grown and some patients are waiting longer to access services than ever before. For example urology, ENT (ear, nose and throat), dermatology, gynaecology and ophthalmology services.

A reducing population of working age adults and competition from the private sector makes it difficult to recruit to and retain the social care workforce.

Dorset Healthcare worker at St Anns Hospital, Poole

This is leading to service users waiting for community based domiciliary care and challenges filling nursing posts within care homes. It is also impacting on our ability to recruit to social worker and social care manager posts that support children, young people and families.

Despite their unwavering commitment, staff working across all our services (both NHS commissioned and independent sector) are fatigued by the daily challenge to meet demands for care, support, advice and treatment. Unless we make changes, we will be unable to continue to recruit and train staff to meet everyone’s needs.

# Finance and efficiency gap

Together the NHS and local authorities in Dorset spend over £XX billion on public services (health spend £1.2 billion, local authorities spend £XX billion). We need to be sure that we use our resources including our workforce, technology and buildings, in a way that brings the greatest benefit to local people.

In Dorset, if we don't make changes, NHS services will have a gap of £272M* a year, this includes a shortfall of £25M* on NHS England specialised services. Local authorities also face a shortfall of over £XX million over the next XX years. *figures as at 24/09/19

More than 30,000 people work within the local health and social care sector. The way that services are currently organised means that we don’t always have staff with the right skills, where and when they are needed. We have gaps in some staff groups, particularly in domiciliary care, nursing staff and GPs.

Our funding cannot keep pace with growth in demands and costs. To get the most from the money we do have, we face a significant challenge of needing to bring our system back into financial balance.

We have to be more efficient, organise and deliver our services in different ways to provide health and care that meets our changing needs.

Significant savings have been achieved over recent months as a result of Local Government Reorganisation. Despite this, councils are forecasting an overspend due to a growing demand for services to support children with special educational needs and social care support for vulnerable and frail older people and people with disabilities.

Extensive work is underway to address the forecast overspend and councils continue to push for better funding for social care from Government. To achieve our vision and aspirations, we need to make changes.

# Health and wellbeing gap

The GP registered population is just over 804,000 and is expected to grow by 5.5 per cent by 2028.

People in Dorset generally live healthier and longer lives compared to the average for England, this is not evenly spread across our population. Data shows unacceptable inequalities between different groups.

While we have a predominantly older population, we are committed to supporting all residents and understand that investing in children and young people is vital in establishing long-term wellbeing for our residents. Habits for sustaining wellbeing are most effective when started as early as possible.

We know that not everyone experiences positive outcomes. Each of the council areas has a gap in life expectancy – varying between 5-7 years for women and 6-10 years for men – between those living in the most affluent and the most deprived areas.

There is an even bigger gap in how long people live, before they develop long-term conditions or problems that impact on their daily life. Within Dorset this ranges from 6-12 years for women and 8-14 years for men.

Although the percentage of people diagnosed with heart disease in Dorset

has remained the same - as our population continues to grow - there are now an extra 1,500 people living in Dorset known to have heart disease.

The percentage of people diagnosed with diabetes has also increased, with 8.8 per cent of people aged 16 years and older living with diabetes, an additional 4,400 people. The rise has been slower than predicted, but is expected to reach 10.4 per cent by 2030.

In 2010, around 30,000 people in Dorset were living up to 20 years after a cancer diagnosis. This could rise to an estimated 60,000 by 2030. Heart disease, cancer and respiratory disease account for more than half of the gap in life expectancy, almost half of this impacts those under 60yrs old.

# Health and wellbeing gap

In our more deprived areas, people are more likely to develop long-term conditions and other health problems at an earlier age. They may have conditions at the same time and need more support from health services.

Many factors play a part in creating this gap, including the prosperity of an area and lifestyle factors. In Dorset, 60-64 per cent of adults are overweight or obese and a third don't meet government physical activity guidelines.

Based on current trends, obesity will become even more widespread. Since 2013/14 childhood overweight and obesity figures appear to have fallen in most parts of Dorset – just year 6 children in Bournemouth have seen a rise.

People with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people - one of the greatest health inequalities in England.

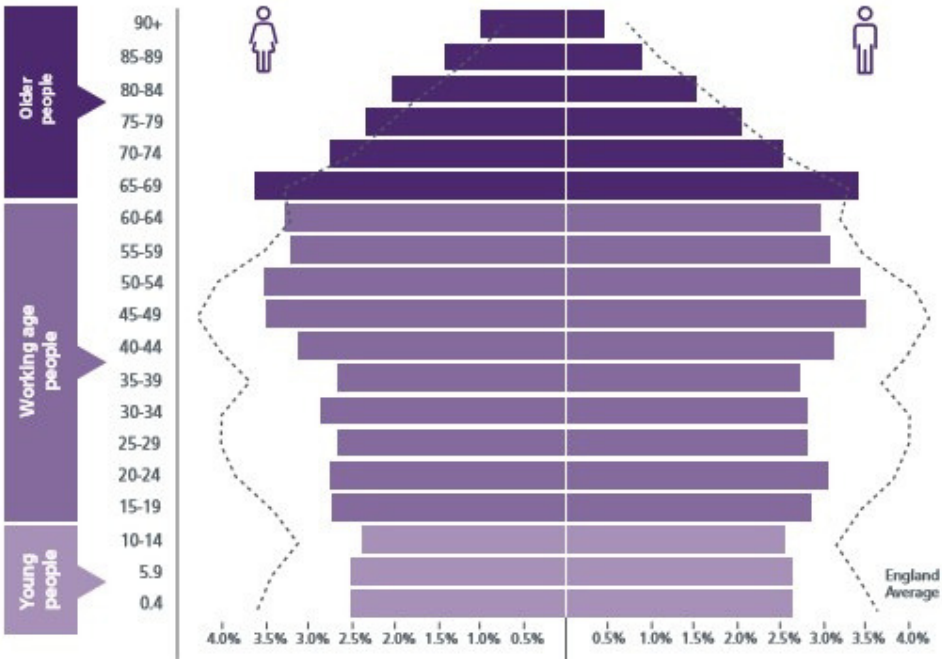
Of these deaths, two out of three are due to avoidable physical illness.

We want everyone in Dorset to receive the same high quality of care, regardless of where they live, what health condition they have, or any other personal characteristic.

We know that people who act as carers are at a higher risk of experiencing poor health outcomes. Their employment or education can be disrupted and they can become socially isolated, which impacts their role as a carer.

We need to work with homeless populations, communities and partners to face challenges of a lack of affordable housing. Limited social housing stock and a buoyant private rented market has resulted in high numbers of families and people in temporary or low quality private rented accommodation.

**Dorset has more older people and less working age and young people when compared to the England average**



# Care and quality gap

In Dorset, we are proud that recent Care Quality Commission (CQC) inspections of local organisations have identified areas of good practice. We are committed to maintaining the CQC quality ratings and will manage this through our quality framework.

We need to build on these strengths to address challenges such as; quality of services being varied, standards not always being achieved, not always meeting expected targets and not having enough appropriately skilled staff.

There are unacceptable variations in the quality of care across Dorset. People with diabetes at some GP practices are more likely to have better control of their condition and less likely to develop further problems such as heart disease. Similarly, there are variations in immunisation rates and dental care among children who are in the care of our local authorities.

National quality standards are rightly high, and continuing to rise. In most cases our services are good, but in some areas we need to do more.

Our emergency departments, urgent treatment centres and minor injury units, are seeing more people attend with more complex conditions than before.

When people are admitted to hospital they may stay longer than necessary.

We know that this demand for urgent and emergency care, often impacts on people waiting for planned appointments, such as surgery and outpatients as they may be cancelled. This means people are waiting longer for some appointments and tests.

Our partnerships have gone from strength to strength. We've had a strong focus on improving the quality and safety of services including care and residential homes.

We have:

- A Quality Surveillance Group managing and monitoring the quality of care provided
- A robust Equality and Quality Impact Assessment process
- A system wide quality framework to support our health and wellbeing services to become outstanding
- Patient safety groups

# 06 Our plan

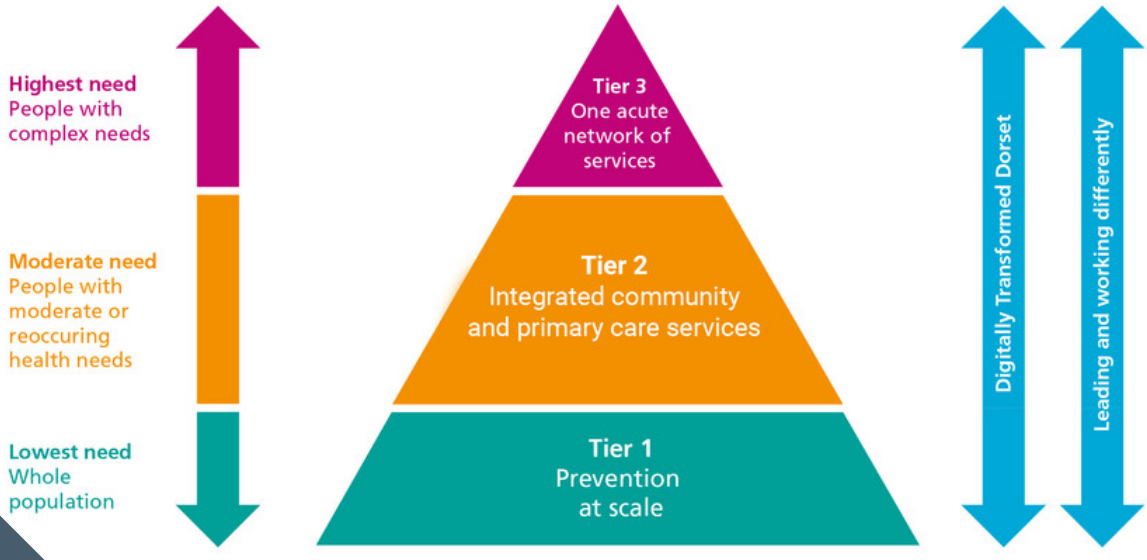
Since we published our Sustainability and Transformation Plan (STP) in autumn 2016 we have continued to build on our existing relationships and developed stronger partnerships through governance arrangements and joint commissioning.

As one of the first Integrated Care Systems in England, we have only been able to achieve all we have by working together.

Our STP set out plans to radically transform health and care to achieve better health outcomes for people.


Beat the street launch in Weymouth

We took a needs-based approach:
**1. Prevention at scale**, helping people stay healthy and avoid getting unwell
**2. Integrated care services,** supporting those who are unwell with care at home or in the community
**3. One acute network**, giving specialist support through a single acute care system across the whole county
This was supported by two enabling programmes:
**1. Leading and working differently,** giving our workforce the skills and expertise needed
**2. Digitally enabled Dorset**, increasing the use of technology across health and care



# Our plan

‘Our Dorset- Looking Forward’ builds on this plan and the needs based approach we set out in our STP, which continues to be the fundamental basis of our plan.

We have structured ‘Our Dorset - Looking Forward’ around three themes which reflects the life journey, putting people and where they live at the heart of what we do.

Our themes are:

**1. Wellbeing**

Helping all residents get the best start in life, living well into adulthood, ageing well and dying with dignity. We will focus on other factors that affect someone's health and wellbeing such as early childhood experiences, family relationships, education, employment and housing.

**2. Prevention at Scale**

Improving health and wellbeing outcomes for all residents so we all have the same opportunities to live well no matter where we live or what our circumstances are.

**3. Quality care**

Making sure people are getting the right care, at the right time and from the right team. Providing high quality care in the community that is personalised, responsive and adaptable, keeping people out of hospitals as much as possible.

We also have two fundamental enabling themes:

**4. Workforce**

Increasing workforce resilience, training and development so we are an employer of choice. Recruiting and retaining excellent people with a grass roots approach through apprenticeships and schools. Making public services and the wider health and care sector a great place to work and develop.

**5. Digital innovation**

Using digital technology, research and innovation to deliver services in new ways. Supporting people to be independent through more and better information about health and wellbeing and giving our workforce the right tools to do their job.

# 1. Wellbeing

We know that good health and wellbeing isn't just about health and care services. It's about having opportunities to play, learn and connect with people. It's also about access to the beautiful environment, a good home life, employment opportunities and living in safe, strong and supportive communities.

We want our communities to be places where people can be active, social and engaged in the natural environment, with an outstanding quality of life where everyone plays an active role. This is reflected in Tier One of our triangle (see page 13) and underpins all the work we do.

In February 2020 the corporate plans of our two local authorities will be approved setting out in detail their plans for the next five years.

Our population is changing in terms of ethnicity and diversity. We need to be responsive to these changes and adapt our services accordingly to meet these different needs.

We will support all residents, young and old, to have a good quality of life.

Parks in mind project, Boscombe

**What people have told us?**
There was high support for a focus on wider factors that affect someone's health.

"People should be proactive with their health and make healthy lifestyle choices..."

"The reliance on the NHS to 'fix me' and lack of personal responsibility needs to change."

"It is all linked! If the basics are not covered, we cannot expect to live well..."

"...insecure job prospects and poor housing lead to more stress and anxiety."

# Wellbeing

**Connected communities**
Developing and supporting our communities is integral to us delivering our vision. The NHS Long Term Plan sets out a vision for place based care where health and care organisations work together. We want to support people to take control of their own care through targeted individual support, integrated community services and digital technology so care is provided closer to home.

Key to this, is the development of our primary care networks (see page 28). Through these networks people will have improved access to, and a wider range of services. Primary care services will be more integrated with wider health, community services and social care.

As well as supporting the development of primary care networks, we want to enable communities to participate, influence and communicate their needs to achieve positive community outcomes.

We need to create more opportunities for communities to come together and better access to coast and countryside. We have already made progress with Bournemouth, Christchurch and Poole Council being one of eight areas to get Future Parks Funding. Five Dorset parks have a Green Flag status and a number of our beaches are Blue Flag accredited.

**Economy**
A range of issues affect our local economy and those who work in it. There are pockets of deprivation which adds to economic and labour market challenges.

Good quality, well paid work is critical for the economic and social success of Dorset's economy. Around 29 per cent of jobs in Dorset are within health, social care or in public services.

We have low unemployment and relatively high levels of skills. But, a high proportion of our workforce is over 50 and looking to retire.

Good quality key worker housing and affordable housing should be considered for the health and social care sector.

# Wellbeing

In collaboration with businesses and councils, the Dorset Local Enterprise Partnership (LEP) are developing a strategy for Dorset. The strategy will support economic growth and wellbeing, making the case to Government for more investment into our county.

**Travel and transport**
Travel can be a key driver of economic growth as it links people to schools, colleges, workplaces and connects businesses. It also affects health, the environment and social wellbeing. Access to services is a common concern for local residents, especially in our rural areas or where there is already congestion on the roads.

Where possible, we want to limit and reduce the number of unnecessary journeys on our roads. By focusing on more sustainable travel like walking, cycling and public transport we'll see benefits for health, the environment and the economy. We recognise that this is not as straight forward for our more rural communities.

In 2017, we started work across the transport and travel system, looking at how we could use community and non-emergency vehicles in a more joined up way. We are supporting local voluntary and community transport solutions to improve access. We are also looking at multi-agency vehicle usage to increase sustainability.

Our work on digital transformation will also play a key part, as this will reduce people's need to travel. Although access to services is important, there is also a cost to society of our increasing reliance on road transport. Parking is also an issue at all of our buildings for staff and visitors.

Road travel contributes to immediate and longer-term health hazards and inequalities. This includes increased disease burden due to reduced levels of physical activity, road traffic collisions and injuries, parking problems, air pollution, noise, and increased social isolation.

By giving people the means to make healthy and sustainable choices about how they travel, we will see reduced numbers of local journeys made by car, reducing congestion and improving air quality. Prioritising walking and cycling will also improve people's health and wellbeing.

Our aspirations...

- Improve transport and connectivity across the county
- Create a 21st century digital infrastructure
- Support the creation and growth of new businesses, which in turn, will support job creation
- Encourage more industries to Dorset which will help us with research and development of innovative solutions
- Incorporate active design principles into our local plans

# Wellbeing

**Sustainable housing**
Where we live can affect our health and wellbeing in many ways. A warm and dry home can improve general health and reduce respiratory conditions. Housing also has a huge influence on our mental and emotional health and wellbeing.

In Dorset, as elsewhere, we have seen an increase in the number of people who are homeless. There is a lack of suitable, affordable housing with a reliance on the private rented sector, which in some cases is of lower quality and very costly.

Although home ownership is high in Dorset there is a lack of affordable housing for key workers. BCP Council manage over 10,000 council homes directly or through Poole Housing Partnership. We want people to work and stay in Dorset so we will focus on increasing the availability affordable, decent housing including key worker housing.

Dorset's Adult Social Care Asset Strategy 2018-2028 sets out the need for different models of housing with care, including relocatable housing, to help meet demand and relieve pressure on hospital delays. We have increased supported living accommodation and have more than 800 units across Dorset for people with learning disabilities.

Through our 'Building Better Lives' project we will develop the Wareham Hub providing integrated care and GP practice with key worker housing and relocatable accommodation for adults with additional needs (see page xx)

Our achievements...

- Reorganised from nine councils down to two (BCP Council and Dorset Council)
- 'Building Better Lives', Wareham care campus is in progress bringing together health, social care and housing
- Helped 1150 people with improvements to keep their homes warm through the healthy homes Dorset scheme
- Business travel network reviewed travel plans at the three main acute hospitals

Our aspirations...

- Increase the supply of new homes to meet local needs including affordable, sustainable housing
- Make sure homes are as energy efficient as possible to support people's health and avoid fuel poverty
- Reduce dependence on bed and breakfast accommodation by increasing temporary accommodation
- Help those with specialist care and support needs to live independently
- Develop services to prevent homelessness and rough sleeping

# Wellbeing

**Early years and education**
If Dorset is to thrive it needs to be a place to grow-up and learn. We need to invest in young people so they are empowered to develop the skills, aspirations and drive needed to succeed, reach their full potential and have brighter futures.

The first 1000 days of a child's life has a big impact on their future health. Led by our two councils, we have a key role in encouraging and caring for children, young people and their families.

We want to provide our children and young people with a nurturing environment that supports good relationships, play, physical and emotional development. Children deserve high quality, early learning experiences and the best opportunities to grow and flourish.

We will invest in our children and young people, enabling them to access high quality education and care in all aspects of their growth and development. We will work with schools to develop systems to improve children and adolescent emotional and physical wellbeing. We will strive to make sure all children are supported, regardless of need. This is dependent on robust partnership with parents, carers and wider communities.

In 2019/20 we brought together health visitors and school nurses to work in a more integrated way, with a particular emphasis on school readiness, physical activity and family mental health. We will continue to review our early help services, listening to children, young people and their families to help understand their needs.

We know physically active children learn better in school, we will implement active travel in school plans to support this, particularly in rural communities where transport links make this more challenging.

**Additional needs and disabilities**
We have a higher than average number of educational health care plans (EHCP). We need to work together across the system so that we can meet the needs of children with additional needs, in the most effective and inclusive way.

The Pan Dorset Safeguarding Children's Partnership went live on 1 August 2019. It addresses a range of issues including young people at risk of exploitation and parental issues such as domestic abuse and substance misuse.

Our aspirations...

- Increase availability of school based provision for children with emotional, social and mental health issues by piloting mental health teams in schools
- Create smarter and more impactful education health care plans (EHCP)
- Reduce waiting times for CAMHS and diagnostic pathways

# 2. Prevention at scale

Everyone deserves the same opportunities to lead a healthy life, no matter where they live or who they are. Health inequalities are generally seen in areas where there is high deprivation.

As set out in theme one (page 15) we know that reducing health inequalities isn't just about healthy choices, it is about jobs that local people can get, decent housing and preventing people becoming isolated.

In Dorset we know that there is a gap in life expectancy across the county. There is an even bigger gap in how long people live before they develop long-term conditions or problems that impact on their daily life (see page 10).

There are also vulnerable groups within society, and people with protected characteristics. We need to do more, to understand how well our current services and any planned service changes address their needs.

We will focus on understanding areas of inequality and the reasons behind it, so we can improve the lives of those with the worst health, fastest.

Cycling on the North Dorset Trailway

**What people have told us:**
Most people agree that preventative measures are a priority and someone's circumstances should not reduce their ability to lead a full life.

"...creating a society that does not cause us ill health and working in jobs that do not cause us high levels of stress and illness."

"...Thriving communities will improve wellbeing."

"This is multi-agency and requires full integration with every agency prepared to work at making this possible."

"Most of what keeps us healthy happens outside of hospital and GP surgery."

# Prevention at scale

**Impacts of crime**
Crime and disorder can have a significant impact on the physical and mental health and wellbeing of people and communities. Policing, community safety and criminal justice have a key role in improving health outcomes through effective 'Hard Edged' prevention activity.

Criminal justice and community safety partnerships are strong across the county, and we have a joined up approach to keeping people safe.

Both local and national priorities direct policing towards working with communities to prevent serious harm, reduce crime and anti-social behaviour and make an impact on the health and wellbeing of our communities. We have an exciting opportunity to share resources and work closely together to achieve this.

Our achievements...
- Recruited and trained over 230 collaborative practice champions
- Run five pre-diabetes prevention courses
- LiveWell Dorset has helped over 23,000 people
- 5500 children are running daily through the Daily Mile initiative in schools

We will build on our current programme of prevention work based around the life course these are: starting well, living well, ageing well and healthy places. Evidence shows that early positive experiences are important for improving outcomes throughout life, our prevention strategy focuses on early work with children and families so that they carry on with positive behaviours into adulthood.

**Smoking services**
Smoking remains the single largest cause of health inequalities and premature deaths. It is responsible for 17 per cent of all deaths in people aged 35+.

Over the last four years, the number of people who smoke in Dorset has fallen. We know that the number of people who smoke is higher for some groups e.g. those living with mental health conditions and people who identify as LGBT+.

We have a smoking cessation service through LiveWell Dorset. We have continued to provide support for those people who wish to stop smoking through our smoking in pregnancy and pilot lung cancer projects.

We will continue to make sure there are clear pathways to smoking cessation for people when they are being seen for other conditions such as mental health and during pregnancy (see page 41) and stop smoking support is part of care plans.

# Prevention at scale

**Alcohol and drug services**
Overall alcohol consumption is falling, and most people who drink, do so responsibly, particularly younger people.

Despite this, harm caused by problem drinking continues to rise, with the top four per cent heaviest drinkers drinking nearly a third of all units of alcohol consumed.

Similarly, most of us don't use illegal substances, however, their effects are felt not only by the user but by their family, friends and wider community.

Our relationship with alcohol and other drugs is complex and, in the lowest income groups, the same behaviour may have a bigger impact on health.

The aims of our Alcohol and Drugs strategy are: everyone living in Dorset to have a balanced attitude to alcohol, prescribed and other drugs, supports sustained recovery, and focuses on reducing harm to individuals and the wider community. The strategy is supported by three action plans covering prevention, treatment and safety, we have made good progress in delivering these.

We will continue to improve the way we give advice to people so they understand the risks of using alcohol and drugs.

We will improve the way we screen, particularly for alcohol problems, making sure this is done more consistently across the county.

We have targeted our drug and alcohol treatment services for people who are ready to change. We will also expand the Alcohol Care Team and Assertive Outreach Team model we piloted in Poole.

We are beginning to use information and intelligence more effectively to understand where substance misuse issues may be placing people at risk of exploitation. Examples include information to support the Children at Risk of or Linked to Exploitation model, and early warning of issues with emerging substances.

Our aspirations...

- Reduce alcohol related hospital admissions by 3 per cent and reduce re-admissions by 43 per cent
- Reduce number of smoking attributable admissions
- Decrease rates of smoking in pregnancy
- Increase the number of smokers who we see within two weeks of referral in using a smoking cessation pathway
- Expand smoking cessation services for high risk users and outpatient services

# Prevention at scale

**Physical activity**
Physical activity protects against many physical conditions. It also improves mental health and our quality of life. Our work on physical activity links to every part of our sustainability and transformation plans.

We know that many other factors influence why people over eat and are less physically active. There is a disproportionate affect within the most deprived communities.

We will work to create environments that support physical activity in early years. We'll continue to promote physical activity to all schools, enabling children to carry on being active on a daily basis. Currently 36 schools are signed up to the Daily Mile scheme. We want to double the number of children regularly running The Daily Mile.

A number of schools are using a Whole School Approach tackling rising concerns about children and young people's emotional health and wellbeing. By increasing physical activity we can improve health and wellbeing outcomes for children and young people.

The Live Well Dorset service has improved online services, helping over 23,000 people with healthy lifestyle choices.

More than 75 per cent of people registered, are using the service to help increase physical activity.

Our Active Ageing project, led by Active Dorset and supported by Sport England aims to encourage more 55-65 year olds to be physically active wherever they come into contact with our services. Working together we are actively promoting activity at points when changing someone's behaviour is most likely.

**Obesity**
In 2019/20 the Mid Dorset primary care network is focusing on childhood obesity to understand how better partnership working at this local level can impact on and reduce obesity levels. Learning from this will then inform our plans as a whole system.

Enabling people to have better skills to manage their diet can have a big impact.

Across the UK, the richest 10 per cent of households would need to spend 6 per cent of their disposable income to meet healthy eating guidelines. For the poorest 10 per cent of UK households this rises to 74 per cent. These households often choose to buy foods that will not go to waste, these foods are calorie-rich but nutrient-poor. Locally, we have seen a rise in the use of food banks.

# Prevention at scale

The local Food Poverty Alliance and Sustainable Food City Partnership work to make sure communities have ready and secure access to sustainable, nutritious food.

**Diabetes**
Obesity is a major factor in the rising number of people identified with diabetes. We know we have differences in the outcome of people with diabetes across Dorset.

We are committed to improving outcomes for people with diabetes. Through the WISDOM project, our transformation programmes are focusing on improving the three national treatment targets (cholesterol, HbA1Cand blood pressure).

We are working with practices and primary care networks to identify those people who need better management of the diabetes through a personalised plan (see page 26). We will support people with diabetes as a whole person, including their emotional wellbeing and mental health.

We will continue to expand the National Diabetes Programme for the next three years. Using a variety of strategies we will identify people early, so nearly 3,500 people at risk of diabetes will attend the programme.

We will also support people to self-manage their care by providing access to digital platforms such as My Health and our local online patient education programme.

We are working across Dorset to improve access to patient structured education for people with Type 1 and Type 2 diabetes. Through a variety of channels such as online, face to face we can deliver a more personalised model. It will also link with our digital self care programme, My Health.

Following the Wessex peer review of our foot care services, we are working to improve outcomes for people with diabetic foot related conditions. In 2020-21 we will be developing a Dorset wide specification for all clinical diabetes foot care services. This will focus on community foot care services so people have quicker access to support, the service will also have a multi-disciplinary care service for those people who require specialist care.

Our acute hospitals have diabetes specialist nurses in place. During 2020/21 we will be reviewing our inpatient services for people who have been admitted with a diabetes related problem or who have diabetes not related to their admission.

# Prevention at scale

To improve outcomes for mothers with Type 1 Diabetes and their babies we are looking at how we can offer continuous glucose monitoring. We hope to have this available countywide from 2020/21.

Our aspirations...

- Encourage 20,000 people to become more physically active
- Increase the number of people supported through the NHS Diabetes Prevention programme
- Decrease the proportion of journeys (including staff journeys) made by private car to our major hospital sites
- Reduce the number of people who are inactive, especially those in under - represented groups

**Air pollution**

Air pollution is the top environmental risk to human health in the UK. We know that it can affect more vulnerable communities. There are an estimated 40,000 deaths in England each year linked to air pollution, with costs estimated at £20 billion per year.

Air pollution impacts on lung development and continues to have impacts throughout life, particularly in old age. These include respiratory and heart disease, stillbirth, low birth weight and dementia. There are clear links with climate change.

Locally we are developing an air quality network to understand the local picture better and be able to share information with local people so they can see how air quality is changing over time.

In 2019 both local authorities declared a climate change emergency (see page 6). We have worked to be more energy efficient, use more renewable energy sources, and to reduce travel mileage but we need to do more.

**Active travel**

We will expand opportunities to connect with our services digitally, minimising the need for travel.

Where physical access is needed, we will continue to work on providing local and more sustainable access through walking and cycling, bringing benefits for health, the environment and the economy.

Dorset has a wonderful natural environment with coast and countryside. By encouraging use of these areas we can improve mental as well as physical health and wellbeing.

The challenge is making sure everyone is able to access our coast and countryside and the benefits these spaces provide.

# Prevention at scale

**Long-term conditions and Population Health Management**
We will use a population health management approach (PHM) (see page 29) to give people personalised care.

We will also use information and intelligence to see where we can be most effective in tackling health inequalities.

During 2019 we were part of the national population health management pilot. We created a single source of information for GPs to identify people most at need, with a particular focus on diabetes and respiratory disease. This led to a more personalised approach to care to improve outcomes.

Terry is 55 yrs old. He has diabetes, sleep apnoea, high blood pressure and severe leg pain.

Through PHM intervention Terry saw his GP, a practice nurse for his leg pain and a health coach to talk through weight management and physical activity.

Terry can now see the link between his physical and mental health and how leg pain affected his mood and motivation. Terry is now taking his medication regularly, managing his weight and he has increased his activity levels.

During 2019/20 and 2021/22 we will embed this across Dorset as part of our personalised approach to care, building on work with diabetes and respiratory disease in particular.

Primary care networks (see page 28) will be essential in reducing the inequalities that exist in their areas. We will support them to better understand their local needs and what this means for how they work to reduce inequalities and prevent and diagnose cardiovascular disease from 2012/22

**Mental health and learning disabilities**
Physical and mental health are closely linked. Outcomes are often worse when people suffer from a combination of mental and physical problems. Earlier and wider access to mental health support is key (see page 35). We will work to improve the physical health of those with mental health problems and learning disabilities and to provide personalised support for those with a combination of physical and mental health problems.

During 2019/20 eight of our 18 primary care networks are seeing how more integrated working will improve uptake of regular health checks for people with serious mental illness or learning disability. These checks will encourage people to take up available immunisation and screening offers.

# Prevention at scale

One of the early population health projects has focused on patients with both diabetes and mental health issues. We will build on this learning in preparation for system funding from 2021/22 to support integrated primary and community care.

We have come a long way when it comes to treating mental health problems, and we have begun to pay more attention to what we can do to improve our mental health and wider sense of wellbeing.

A key focus in the last year has been around increasing confidence in taking positive action for your own mental health and wellbeing, supporting people to recognise signs of distress in themselves and others and know where to seek help if needed. In these times of change this may be particularly relevant in our own staff.

Locally we have delivered mental health first aid training across the health, care and the education sector (see page 47). We are establishing a sustainable network to ensure this training becomes an integral part of the local system, and also see this as a key underpinning element to our suicide prevention strategy.

**Screening and immunisations**
Nationally we have lost our measles free status so we are focusing on take-up of the MMR vaccination.

In one area we will test extended clinics, giving parents the opportunity to discuss any concerns. This will be supported by ongoing countywide communications highlighting the value of vaccines.

As part of our additional focus on screening four of our primary care networks have a specific focus on cervical and/or bowel screening to go further to increase uptake and reduce variation. They will work together to provide a wider range of convenient appointments, test a more personalised approach to communications to address barriers to screening, and look at digital opportunities. We will then use what we learn to make a difference in breast screening (see page 42).

Our aspirations...

- Increase the uptake of 2nd dose MMR vaccines in 5 year olds
- Increase uptake and reduce variation in percentage of women aged 25-64 attending cervical screening within the target period (3.5 or 5.5 years)
- Increase the proportion and reduce the variation in people with a severe mental illness or learning disability receiving an annual health check
- Increase uptake and reduce variation in percentage of people aged 60-74 who have had bowel screening in the last 30 months

# 3. Quality care

Our STP set out how we want to make sure people get the right care, at the right time, in the right place, and from the right team by providing more care in the community and out of hospitals.

This care will be joined up, co-ordinated and pro-active improving the way people move between services. We will have a greater focus on prevention and population health management.

Care will be personalised, tailored to meet individual needs and will be supported by digital enabled care (see page 50). When people do need hospital-based services, these will be delivered in centres of excellence, by highly skilled teams.

Transforming our hospitals, community services and primary care will help us to achieve our ambition of financially and clinically sustainable health and social care designed around the person.

We can significantly reduce the number of people attending hospital when they don't need to by delivering more care closer to home.

Building on our prevention at scale priority and linking to the NHS long term plan we will link to lifestyle behaviour change advice at all appropriate communication points across our services.

Dorset Healthcare staff celebrating outstanding status

**What people have told us?**
People want better co-ordination and collaboration between services along with more care in the community.

"...access to local services rather than needing to travel long journeys..."

"Some services are delivered as a 'one size fits all' and this isn't necessarily cost effective..."

"It is often services talking to each other that is the missing element. These services should be easy to navigate."

"Integrate services across health, community, local authority social care so that people are less likely to fall through the cracks..."

# Quality care

People with dementia and their carers told us services are often fragmented and they have to repeat their story to multiple people. This creates unnecessary delays and avoidable hospital admissions.

**Integrated community and primary care services**

We have invested in community and primary care services so people can get care closer to home. By integrating health and social care teams we can increase our focus on the services we provide rather than beds.

2019/20 saw the development of 18 Primary Care Networks (PCNs). We will continue to support the development of practices and networks, making sure they have the right staff with the right skills who can work flexibly (see page 47).

By 2023/24 we'll create additional roles for physician associates, social prescribing link workers, first contact physiotherapists and community paramedics, giving patients access to a wider range of professionals.

Networks will take the lead in delivering services in their areas targeting those in most need using real time information. Working in partnership across health, care and voluntary groups they will be able to address the wider issues that impact on people's health (see page 16).

To help understand our local population and develop these tailored offers, we will bring our information and intelligence together (page 49).

Using a population health management approach we'll support people in making informed decisions and choices. The Intelligent Working Programme (page49) and Population Health Management programme are key enablers to support this work.

In 2018/19, we invested £6.5m in primary and community care creating new roles for advanced nurse practitioners, paramedics and pharmacists.

We will continue to invest £3m each year until 2023/24 to develop our integrated community teams and hubs.

Through community hubs and integrated teams we will support an additional 10,000 people in the community and move 100,000 outpatient appointments from acute hospitals to the community (see page 34).

We will continue to improve our responsiveness for people who are frail and have anticipatory care plans in place. Through additional funding our community teams will be able to respond to the urgent care needs of  people who are frail and who need a rapid response to prevent avoidable emergency admissions.

# Quality care

We will access fair share funding to transform adult and older adult community-based mental health crisis care, providing a 24/7 Crisis Resolution and Home Treatment (CRHT) and crisis/acute alternative provision.

We will focus on, and invest resources in, children and young people's health and wellbeing. We will join up existing services across health, care and education making sure we have the basics right, so children can thrive and reach their full potential (see page 19).

During 2019/20 we will look at the existing services, gaps and needs of children and young people. From 2020/21 we will develop services focusing on inclusion and partnerships.

The National Enhanced Health in Care Homes Framework lays out a clear vision for working with care homes to provide joined up care across all sectors. Enhanced Health in Care Homes (EHCH) will be one of seven areas linked to Primary Care Networks. Plans include providing training, closer working with primary care and improved ICT.

We have been working towards the framework building relationships across health and care services.

**Making personalisation the norm in Dorset**

We aim to design services around the needs of people and place not services and organisations. The NHS Long Term Plan sets out the need for us to provide tailored care and support giving people more control over their health, and personalised care when they need it.

As well as people having more control over their health and wellbeing, fostering social connections and developing communities will reduce people's dependence on services and support.

Through our workforce passport (see page xx) staff will be supported to work across traditional professional and organisational barriers having confidence to use their expertise flexibly.

In 2018 we set up a Collaborative Practice Leadership Programme. Working with 14 practices, we have trained over 230 Practice Champions. They offer non-clinical support and activities such as art therapy and carer support groups, these are becoming embedded in the practices.

Many practice champions are also producing local directories, developing their own social “prescriptions”, helping with flu clinics and implementing changes to waiting areas. We've started a second wave with ten new practices.

# Quality care

The NHS comprehensive model of Personalised Care is reflected in what we do including:

- A proactive and universal offer of support to people with long-term physical and mental health conditions to build knowledge, skills and confidence and to live well with their health condition
- Intensive and integrated approaches to empowering people with more complex needs to have greater choice and control over the care they receive

We have two levels to our approach to delivering this model:

1. Dorset wide

We will support the update of social prescribing, develop and increase the use of personalised care and support planning and increase the use of decision making tools such as total knee replacement decision aids.

2. Place based

We will work with our developing primary care networks (see page XX) to embed personalised care into one area that requires quality improvement.


We will continue to co-design and co-produce personalised care services with people, communities and practitioners, using the data and intelligence from our population health management programmes (see page XX), enhancing the opportunities for digital solutions (page xx) and developing our workforce (see page xx).

**Continuing Health Care (CHC)**

Since January 2019 CHC has been undergoing a significant transformation plan to meet the ambition of the CHC Strategic Improvement Plan.

We want to provide fair access to NHS continuing health care, making sure people have better outcomes, experiences and use of resources.

During 2019/20 and 2020/21 we will make changes to our processes so that we meet National Framework Requirements for children, young people and adults.

# Quality care

Where possible we will standardise documentation and automate processes so we can provide consistent information to people in receipt of CHC, their families and carers.

We will make sure that the resources that are used reflect the framework requirements and service demands.

We will continue to support our staff making sure that they understand their role and responsibility in line with the the CHC national competency framework.

**Carer services**
BCP Council and Dorset Council are leading the way on early intervention and support for carers. Many people don’t see themselves as carers, just family or friends of the person who needs extra help due to age, frailty or disability.

We recognise the role unpaid carers make in Dorset across all our services. We have a clear point of contact for carers of all ages in the community.

This may be through universal services such as the library or existing support groups and agencies.

We will continue to support our carer leads in each GP Practice. Through our Better Care Fund we'll be supporting carers leads and primary care networks to implement the new NHS England Quality Framework for carers.

The Carers Centre in Westbourne provides a wide range of services and specialist support to families of people living in the BCP Council area.

Carer Support Dorset will work closely with us to devise innovative approaches contributing to early intervention and support for an estimated one in 10 residents of Dorset who are carers.

People can also join the carers information service offering free support and advice including a carers discount card via crispweb.org.

# Quality care

**Better Care Fund (BCF)**
to come

**Pharmacy and medicines**
There are over 140 community pharmacies in Dorset, each with a registered pharmacist on site giving people advice, support for self-care and self-management of minor conditions as well as their prescription medicines.

Some of these are in rural areas, often in areas without GP practices or, that are open late into the evening and on weekends.

Our local pharmacies have all achieved Health Living Pharmacy level one, delivering services to improve the health and well being of the local population and helping to reduce health inequalities, including; NHS health checks, smoking cessation, emergency hormonal contraception, needle exchange and supervised consumption. Most are also 'Dementia Friendly'.

Our pharmacies already undertake NHS urgent medicines supply advanced services which includes referrals from NHS 111, we will continue to roll this out across Dorset. We also undertake Pharmacy Urgent Report Medicines Service's, all of which help to reduce the need for people to attend urgent and emergency services. We will work with primary care networks as they appoint pharmacists and support them in medicines optimisation and safety.

# Quality care

Where possible, we'll encourage joint appointments with others such as the acute and community trusts and community pharmacies. These appointments will form part of a clinical network of pharmacists working in primary and community care facilitated by the CCG medicines team. This will also include support for care homes.

We have five pharmacist posts employed to provide services in care homes as part of the NHS England Medicines Optimisation in Care Homes funding (MOCH). We have a number of posts in PCNs and as part of our integrated primary and community services to provide additional pharmaceutical support to care homes, including pharmacy technicians as well as pharmacists.

Integrated primary and community care teams have employed pharmacists to manage long-term conditions, including respiratory disease to improve use of inhalers and condition management.

By April 2020 all three acute hospitals in Dorset will have electronic prescribing and medicines administration (EPMA) systems and the mental health and community trust will begin to implement in some trial sites during 2020.

We will also continue to roll out electronic dispensing to increase efficiency and reduce waste. Although we have achieved national targets for antibiotic prescribing we know there is more to do.

A pan Dorset group oversees infection prevention control and antimicrobial prescribing across all providers.

Our antimicrobial prescribing targets are in-line with the national aims to reduce overall prescribing (specifically broad spectrum antibiotics). We are aiming to reduce total antibiotic prescribing by 25 per cent from the 2013 baseline.

To support these aims we are

- Putting infection reduction plans in place starting with eColi
- Planning for seasonal flu with access arrangements for medical cover, antivirals during outbreaks and increased vaccination rates planned with all relevant stakeholders at the beginning of each season
- Reviewing weekly vaccination rates

Vaccination rates are part of our performance monitoring in primary care and plans are in place with providers and social care staff across the county.

# Quality care

**Community and primary care estates**
Dorset has 126 premises or locations for General Practice. 30 per cent of premises need significant improvement.

We will continue to invest in our estate by 2021 and will complete our two NHS England Estates and Transformation Fund projects. On 2 September 2019 we relocated Lifeboat Quay Medical Centre. We will continue to develop the Wareham Surgery and community hub as part of the One Public Estate Health and Care Campus 'Building Better Lives project'. This will see a new health hub creating a seamless ‘one-stop shop’ for local residents in Purbeck.

We have a strategic planning group in place overseeing capital projects and asset management across the Dorset ICS. Chaired by the chief executive of Dorset HealthCare, the group are responsible for our strategic estates plan (see appendix x).

**Integrated urgent and emergency care**
Our priorities for urgent and emergency care cover five key areas (ambulance, emergency departments, long length of stay, community urgent care offer and seasonal escalation, system resilience and EU Exit). We will be building our workforce so that they can work flexibly and across the community urgent care offer, seasonal escalation and system resilience.

We have two urgent treatment centres in place (one at Royal Bournemouth and one at Weymouth Community Hospital). People can get assessments, diagnostics and treatment for minor injury and illness.

Tackling behaviour is key to the success of this work from how we work to empowering people to manage their own health. Our WaitLess app gives people the latest waiting times at our urgent and emergency care services and travel directions to get there.

**Ambulance services**
South Western Ambulance Service NHS Foundation Trust (SWASFT) covers seven STP areas. Dorset co-ordinates the NHS 999 ambulance contract on behalf of these areas in the South West. In-line with the national framework, we have developed a new approach to commissioning with colleagues across the other STP and CCG areas across the South West.

SWASFT has implemented the new national ambulance standards supporting better care. This prioritises people making sure they get the right response first time.

An additional £12M funding has been agreed for more staff and ambulances across the South West. SWASFT has identified the most effective location for these additional resources in order to meet demand.

# Quality care

We are evaluating all schemes that support ambulance services such as: ambulance cars, GPs in ambulance hubs and NHS 111 call centres. This will help us to understand what best supports the ambulance service and reduce the need for people to go to the emergency department when they could be seen elsewhere.

SWASFT's aim to achieve the ambulance response performance standards by 2020/21 is dependent on the level of activity and funding they get. We'll be working together to identify how demand can be reduced so they can respond quickly to patients in need of urgent care.

Across the South West the 999 Ambulance Service and other urgent and emergency care services will work more closely using an integrated approach. This closer partnership gives us stronger links between 999 services and urgent care centres.

The ambulance service response to patients in mental health crisis is being reviewed nationally. Additional funding is being provided to support the work of the service with people in this group. A key priority will be the development of a vehicle response for the transportation of patients in mental health crisis.

SWAST staff - photo consent pending

We continue to work to reduce the number of handover delays at hospital, using experiences of organisations who have delivered improvements so people get the right treatment in the right place.

We'll be making digital improvements so staff in the hubs and front-line crews can access the right information quickly and easily.

The Dorset Primary Care Workforce Centre is currently in the process of developing a Workforce Plan.

One of the key components to this will be to link in with SWASFT, developing new career frameworks and opportunities for paramedics. This work will then be used as a blueprint to inform other areas across the South West.

# Quality care

We will focus on supporting patients to leave hospital seven days a week. This relies on effective integration of primary, community, secondary and social care services which should be available 24/7.

In 2019/20 emergency departments in Dorset will introduce same day emergency care to support patients being seen and treated on the same day, rather than having to stay in hospital overnight.

We will learn from the testing of the new emergency and urgent care standards at Poole Hospital, from the National Clinical Standards Review.

Our aspirations...

- Provide 63 more ambulances across the South West (10 in Dorset)
- 241 additional staff (65 in Dorset)
- Providing an increase in overall hours by 451.5 hours per week
- Take people to urgent treatment centres and alternative destinations where appropriate
- Reduce ambulance handover delays

**Emergency departments**

Nationally demand for emergency care services increased by 6 per cent based on the previous year in 2018/19 and emergency admissions have increased by 18 per cent since 2014/15.

Dorset County Hospital emergency department

For Dorset, this means 2,434 more people were seen in an emergency department department from October to March in 2018/19 compared with 2017/18.

Despite targeted action weeks, we have not managed to close escalation beds since they opened as part of winter planning measures in 2018/19.

The Dorset Integrated Urgent and Emergency Care System (IUECS) have agreed to progress a number of outcomes ahead of Winter 2019/20 to support the additional pressures the season brings.

Our achievements...

- Discharge and escalation processes have both been improved
- We've progressed work in Type 1 and Type 3 Emergency Department activity
- In and out of hours variances have improved
- Length of stay variables
- Conveyances and handovers

# Quality care

The Integrated Urgent and Emergency Care Delivery Board (IUECB) have looked into the unprecedented pressures experienced during the bank holiday in May 2019.

They identified:

- Increased footfall in attendances are consistent across all three main hospitals at a rate of 4-7 per cent compared with March to June 2018
- More attendances and admissions came from the west of Dorset
- Stranded patient numbers are not reducing, and in fact rose sharply in June compared to last year
- There were more major injuries at Royal Bournemouth and Dorset County Hospitals

Our aspirations...

- Test and implement the new national emergency and urgent care standards
- In 2019/20 provide Same Day Emergency Care (SDEC) services at least 12 hours a day, 7 days a week
- Aim to record 100 per cent of patient activity in emergency care settings by March 2020
- Provide an acute frailty service for at least 70 hours a month, with a frailty assessment within 30 min of arrival
- Look at front door walk-in access, for patients at acute sites and the flow between services

**Long length of stay**

We want to reduce the number of people who have a  long length of stay.

Since June 2018 we have implemented a variety of initiatives including a system wide weekly stranded patient teleconference calls, organisational level stranded patient's meetings and an electronic whiteboard to monitor people in Bournemouth and Poole.

Progress against our targets is challenging and going forwards we'll be looking at how we address this. We have already had feedback from a review team and will focus on taking a population based approach to managing length of stay, putting in processes to measure success and strengthening our placed-based working.

Our aspirations...

- Reduce the proportion of beds being used by people for long stays by 40 per cent

# Quality care

**Planned care**

We need to transform services to manage demand. Through our Elective Care Board we have been:

- Developing our Outpatient Transformation Programme (OTP)
- Developing plans for a one Dorset dermatology service
- Developing a plan for a central point of access for ophthalmology services including cataract and glaucoma
- Using the recommendations from Getting It Right First Time (GIRFT) reports and BRONZE information packs

Making better use of community services and digital solutions we will free up capacity in acute care. This means people that really need secondary care can get the help they need.

- People referred to dermatology will be reviewed online so more of the dermatologists time can be spent in surgery. We will also use this approach to manage urgent cancer referrals
- We will use self-referral for physiotherapy, patient decision aids and first contact practitioners (see page xx)
- We are developing an endoscopy network to share demand. We are training more endoscopists through Health Education England.
- Recommendations from a review of ophthalmology services will be implemented from January 2020

Our aspirations...

- Reduce the number of new outpatients by 4.6 per cent
- Reduce follow-up appointments by 27.1 per cent
- Reduce total elective admissions by 0.4 per cent
- Increase the use of online systems for referrals
- Empower people to self refer to physiotherapy services
- Train xx endoscopists by 20xx

**Transforming outpatients**

We have identified opportunities to modernise and develop services. Some outpatient services may not be needed, some delivered in other ways or by different staff within communities. Our long-term ambition is to reduce the number of face-to-face appointments by up to a third by 2023/24.

We will make better use of technology, more advice and guidance, medical decision aids, patient initiated follow ups as well as supporting the ‘Getting it Right First Time’ programme.

We've already made progress including advice and guidance, e-Referral System, teledermatology and GPs with Special Interest working with dermatology services, virtual fracture clinic pilots, MSK Triage.

# Quality care

In 2019/20 and 2020/21 we will continue to build on the work we have been doing with dermatology and ophthalmology looking at use of photos and a single point of access.

Over the next two years, we will build on what we have already done making better use of digital technology so people can have remote appointments near to, or in their own home.

We will extend video consultations for services such as gynaecology, cardiology and rheumatology. Virtual clinics will mean people can have their care reviewed by a specialist without needing an appointment.

We'll continue to support long-term condition management so that people have easy access to the right information to confidently manage their own conditions.

During 2019/20 and 2020/21 we will make improvements to services for dermatology,ophthalmology, urology, endoscopy, ENT, cardiology, gastroenterology and neurology. Patients will be seen sooner and followed up at the right intervals in these areas as they have the greatest pressures and longest waiting lists.

**Musculoskeletal services (MSK)**
More years are lived with MSK disability than any other condition.

The MSK vision 2019/24 aims to:

- Improve access to self-management
- Improve quality of referrals – to make sure patients are on the correct pathway
- Reduce variation
- Develop consistent pathways

We will build on the work we have already completed such as implementing the MSK triage service and national low back and radicular pain pathway (spinal).

During 2019/20 and 2020/21 we will implement elements of the spinal pathway such as the STarT Back screening tool. This identifies people at low, medium and high risk, making sure they get the right care, from the right team.

New models of care for people with MSK needs a new workforce approach. To meet the demands we will work with the Primary Care Workforce Centre to develop our workforce plan (see page xx).

We are continuing to develop virtual fracture clinics across Dorset, this will support our Transforming outpatients programmes.

We will focus on expanding our workforce plan and develop service model for physiotherapy (including self-referral)and pain injection service, triage and treat services.

# Quality care

Following a review of our pain services we have revised our referral guidelines. We have a decision aid for people empowering them to take control over their own care.

Through 2020/21 we will deliver a networked rheumatology service for Dorset, implement self-referral physiotherapy services and pain services, and roll out first contact practitioner in primary care.

In 2019/20 we will implement the outcomes of the physiotherapy review including self referrals and improved face to face contact with a physiotherapist. We are also looking at how we can implement the national requirement for first contact practitioners, working with local providers and primary care networks to agree the best model.

In 2020/21 we will implement our MSK digital solution providing information and resources for people living with an MSK conditions, their families and carers.

**Cardiology**
A clinically led programme is in place as part of the Elective Care Board.

Through the group we have developed and implemented standardised pathways for atrial fibrillation, palpitation, heart failure and chest pain.

During 2019/20 we'll be doing further work to align the heart failure pathway across Dorset with full implementation in 2020/21. This will include a multi-disciplinary team, improved access to diagnostics and rapid access to heart failure nurses.

In 2019/20 we will be reviewing our current model for cardiac rehabilitation. Following this review we'll be developing a joint plan to improve access to cardiac rehabilitation in-line with national time frames of 2028.

As part of our approach to transforming outpatients we have fully implemented advice and guidance for cardiology across all acute providers (see transforming outpatients page xx).

In 2020/21 we will explore and implement 'consult and connect' and provide other alternatives to ace to face consultations including the use of automated intelligence.

We are nearing the completion of an 18 month project with the continue to work with the Academic Heath Science Network and primary care to identify and effectively treat people with atrial fibrillation, raised blood pressure and cholesterol.

These are areas with the greatest opportunity to minimise longer terms development of cardiac conditions.

# Quality care

**Stroke services**
In early 2020, we will implement our hyper acute stroke unit in the east of Dorset. We'll be putting experts and equipment all under one roof, providing world-class treatment 24/7.

This will improve the outcomes for people following a stroke, so people can go home from hospital as soon as they are able.

During 2020/21 we will continue to work with Somerset CCG to understand the needs of their population and the impact this will have on Dorset residents'. This will help us to establish a hyper acute stroke unit service for residents in the west of the county.

During 2019/20 we are piloting an extension to our early supported discharge services from 2 week to 6 weeks with the aim of rolling it out to the whole of the county in 2020/21.

As part of an overarching Wessex ISDN plan - working with NHS England - we will be developing plans to establish an integrated Stoke Delivery Network.

**Mental health services**
Over the last few years we have made big improvements in services for people with mental health and emotional wellbeing conditions.

We are committed to driving forward improvements to create a seamless experience of care across the range of existing services offered to people with a mental health need. Central to this are opportunities to develop a personalised mental health offer to people in line with primary care networks.

People with serious mental illness, who may have struggled to get the right support when they needed it, will have a wider, more flexible choice of how to get help.

To support our acute care pathway we will reconfigure St Ann's Hospital. Using wave four funding from NHSE/I we'll be building a new ward at Alderney. We will also be relocating our eating disorder services, improving adult mental health services from dormitory accommodation to more modern facilities and increasing our children and adult psychiatric intensive care unit.

Our achievements...

- 24hr connection service via NHS 111
- Seven recovery beds opened (three in Weymouth and four in Poole)
- XX people have used the steps to wellbeing service
- In 2018, 1080 people accessed online counselling tool, Kooth.com
- XX people using Chat Health
- Our elderly mental health units supporting dementia patients were awarded the Gold Standards Framework

# Quality care

We've invested in services so children and young people have timely access to eating disorder services. We have achieved the national access standard in this area.

We have a multi-agency group to develop and oversee our suicide prevention programme. Our strategy covers eight core themes, one of which centres on providing better information and support to those bereaved or affected by suicide. In January 2020 we will develop plans for bereavement as part of our wider suicide prevention strategy.

We will continue to invest and build on existing transformation work to improve community mental health services that provides a responsive 24/7 offer (see page xx). We'll be developing all age psychiatric liaison services across Dorset, as well as expanding and improving access for perinatal mental health patients,

To improve access for children, young people and their carers we will use the THRIVE framework. We are committed to early help and early action on children's mental and emotional health and wellbeing.

We will also develop crisis and home treatment services for children and young people to prevent inappropriate admissions to hospital.

We will work on the roll out of annual health checks, provide psychological therapies and better manage complex trauma cases.

To deliver these services we will make better use of digital technology. Services will be more accessible and improve people's experience.

**Dementia services**

In Dorset, over 10,000 people are living with dementia and with Dorset's growing population of older people this is likely to increase. We want to make sure people living with dementia and their families and carers achieve similar outcomes, no matter where they live in Dorset and to be enabled to live well with dementia.

In 2019 we carried out a Dementia Services Review talking to people with dementia, their carers and professionals. We will review the feedback and implement the final decisions from the review.

Our achievements...

- In 2018/19 1752 people had an annual physical health check-up from xx in 2017/18
- Secured £XX funding to provide accommodation to help people get discharged from hospital quicker
- Implemented the LeDeR programme – learning from the deaths of people with a learning disability

# Quality care

**Learning disabilities**
The population of people with learning disabilities is increasing and so is the complexity of their needs. This is especially the case with young people preparing for adulthood and those who are growing older and developing age related conditions, including dementia.

We need to focus on prevention and enabling people to use their strengths living as independently as possible.

Supporting young people to successfully make the transition to adult services is a key challenge. We are working with professionals, families and providers to better support people as they get older so they can live happy, healthy and independent lives for as long as possible.

Supporting people to live independently within the community has the clear potential to provide the quality of life that most people take for granted. We've focused on educating people to stay safe through a number of 'Keeping Safe' events covering online safety, domestic violence, ‘Mate Crime’ and ‘County Lines’.

**Autism**
We need to focus on making sure that people with a Autistic Spectrum Disorder (ASD) receive a timely diagnosis and post diagnostic support.

Our achievements...

- Increased the number of supported living accommodation units
- Introduced specialist Care and Support Frameworks to support people with complex needs
- Supported people to stay safe in their community with over 150 safe places, running Keeping Safe Events) or for those that are victims of crime, to have their say through the courts
- Introduced Preparing for Adulthood Teams to support young people in transition

Our aspirations:

- Increase the number of adults with learning disabilities receiving an annual physical health check to 75 per cent of registered population
- Reduce the number of CCG commissioned specialist in-patient beds for adults to 11 by March 2020 and two for children
- Improve the experience of care for people with ASD
- Support people to live at home or as close to home as possible into settled accommodation

# Quality care

**Acute care**

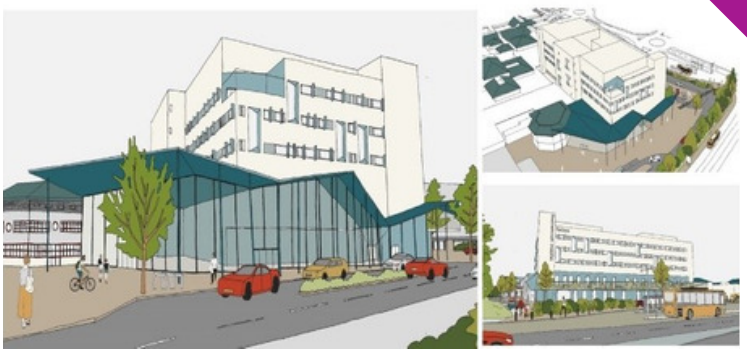
As set out in our Clinical Services Review we aim to transform acute services in Dorset so they meet the complex and specialist needs of our population. As part of our overall vision we aim to develop distinct roles for the three general hospitals in Dorset, implement recommendations from Sir Bruce Keogh and the Five Year Forward View and to develop a single network of clinical services.

Extensive work has led to the design of the new women, children and emergency centre and theatres at Poole and this is included in the capital outline business case to treasury for the £147m national capital. We expect approval towards the end of 2019 or early 2020.

Following approval from the Competition and Markets Authority (CMA) on 17 December 2018 we appointed an interim joint chair and chief executive. The CMA has also approved us to join up seven clinical services in advance of merger – emergency department, trauma and orthopaedics, theatres and older peoples medicine, stroke, cardiology and maternity. As well as a range of supporting functions.

We have also started the NHS transaction approval process with NHS Improvement, this runs alongside the CMA process.

The Royal Bournemouth Hospital – Main Entrance



**Poole Hospital Theatres, ESL and UTC – Indicative building location and scale**

We have shared the plans for developing our sites with the public and applied for planning permission in June 2019; outcome due in October 2019.

For us to create our planned and emergency hospitals by 2025 we will continue to complete the clinical design work looking at pathways and inter-dependencies. The detailed drawings will be sent to the Treasury early 2020 as part of the full business case.

# Quality care

During 2019/20 we will start to bring our workforce together focussing emergency departments, theatre, trauma and orthopaedics and elderly medicine, creating single clinical leads and team.

We will also progress five clinical networks for radiology, stroke (include two hyper acute stroke units), haematology, rheumatology and urology which will include the development and standardisation of clinical and referral pathways and patient information.

Timeline...

- June 2020 (subject to planning), work to start on the new builds
- Royal Bournemouth Pathology Hub complete by 2021.
- Phase one of Poole theatre complete in 2022
- Royal Bournemouth Women's, Children and Emergency Centre (WCEC) completed in 2023
- WCEC wards completed in 2024
- Phase 2 of the Poole Theatre work complete in 2025.

We'll be replacing our three Pathology Laboratory Information Management Systems with a single fit-for-purpose system.

This will support the One Dorset Pathology reconfiguration of pathology services at Dorset County Hospital, Poole Hospital and The Royal Bournemouth and Christchurch Hospitals.

Dorset County Hospital has been designated as the planned and emergency hospital for the communities in west of Dorset with a community hub for west of Dorset on the same site.

We'll be developing plans to make sure the emergency department, ICU and wider hospital has the required investment and development to fulfil this role now and in the future. We'll also be making sure we have the capacity and resources for the ongoing delivery of consultant led maternity and paediatric services at Dorset County Hospital (see page 40) .

# Quality care

**Maternity services**
The first 1000 days of a child's life has a big impact on their future health. Care and prevention is needed in the pre-natal stage to give children and their families the best start.

We set out ambitious plans to improve maternity and paediatric services that are delivered in our acute hospitals and in the community, which would offer a larger and higher quality services reducing the need for local people to attend hospital. This would see 24/7 consultant-led obstetric maternity services and paediatrics at both Dorset County Hospital and Royal Bournemouth Hospital. This includes a new purpose built facility at the Royal Bournemouth Hospital (see page 38).

Somerset CCG is currently completing a review of their maternity and paediatric services. We will continue to work with Somerset to understand any proposed changes that may impact residents and jointly work together to design future services offer the best for local families, with any plans being subject to further public consultation by both Dorset and Somerset CCGs.

We set up a Local Maternity System (LMS) which supports the Better Births strategy. The group includes wide representation of

trust's maternity clinical leads, maternity voices representatives, CCG, public health (NHSE and Dorset), Wessex Strategic Clinical Network, Health Education England, Neonatal services. We will continue to co-produce plans with our partners and our maternity voices partnership.

The Dorset Local Maternity Transformation plan was rated as Green by NHS England in 2018 and the LMS have been delivering Better Births recommendations set out in the plan since February 2017.

We have made significant progress in promoting good practice and safer care implementing 'saving babies lives' version one and working towards version two.

We know that continuity of carers (CoC) is important. We are currently delivering 10 per (CoC) and are committed to delivering the national target of over 51 per cent for most women by 2023 and 75 per cent (CoC) for women from BMAE communities and those living in deprived areas by 2024.

# Quality care

Working with Southampton, Hampshire and Isle of Wight LMS and the Wessex Strategic Clinical Network we will consider and respond to the national consultation for the establishment of Maternal Medicine Networks. We will make sure that women with acute and chronic medical problems have timely access to specialist advice and care at all stages of pregnancy.

Through our prevention at scale programme we will develop our current smoking in pregnancy services to become effective and sustainable. By enabling nicotine replacement therapy (NRT) in hospitals for inpatients, or those visiting for appointments we will reduce the percentage of maternal smoking.

All our SmokeStop midwives are Baby Clear trained, we are rolling this out to all midwifery teams to embed smoking cessation conversations. In two hospitals, risk perception is also offered.

Midwifery assistants are also being trained and supported to offer smoking cessation support to women. In one of our hospitals we're piloting work with the partners and wider families of the mum-to-be in smoking cessation services.

This is the first pilot nationally to take a 'whole-family' approach to smoking cessation. LiveWell Dorset will follow up on referrals and engage individuals to achieve successful quit.

New mum Donna Morton, 36, said the support really helped when she realised she had to give up smoking:

"I've smoked for 15 years and used to be a heavy smoker. I never thought I would be able to give up, I've never even tried before. What really hit home was finding out that the amount of carbon monoxide (CO) produced by smoking is about three times higher for the baby than me – if you smoke 20 cigarettes it's the equivalent in CO for the baby as 70."

Our achievements...

- Dorset LMS still birth and neonatal death rate reduced by half
- Royal College of Midwives award in partnership working for post-natal care pathway
- GP Spotlight project delivering training to 60.6 per cent of GP practices across Wessex
- Increase access by 13 per cent (2018/19 compared to 2017/18) to specialist perinatal services
- Launched Maternity Matters one-stop-shop website and Dad Pad app

# Quality care

We also have a Wessex ambition to routinely take a CO reading at every contact in antenatal care until someone is discharged from maternity services to health visiting services. Health visitors have successfully piloted post-natal CO monitoring in one area of high deprivation.

We are looking to embed this approach and roll it out to another locality.This will mean a smooth transition between midwifery and health visiting making sure women continue to receive smoking cessation support antenatally and postnatally.

Using 'fair share funding' we will increase access to specialist perinatal mental health for women who experience mental health difficulties arising from, or related to, the pregnancy or birth experience from 12 to 24 months.

We will build on the work we have already started to improve support for fathers and partners through services such as the DadPad.

We will look at developing outreach clinics and how psychology can be embedded within Dorset maternity services. Work will continue in Dorset and across Wessex to develop emotional wellbeing and the mental health support and care for fathers and partners.

In 2019/20 we will start work to review current services and understand needs so that postnatal physiotherapy can be offered to women with physical complications because of birth.

Further work will take place to deliver the national better births recommendation working with children's services across the ICS. This work will fit into making sure babies have the best possible start to life.

Dorset LMS are moving towards a single electronic maternity system. Working with health visitors, GPs, maternity and other services we'll make sure all relevant is included in this. By 2023 we will have digital maternity health records across the county. We are also supporting the development of the Wessex Care Records programme sharing information across Dorset, Hampshire and Isle of Wight.

Our aspirations...

- Reduce maternal smoking from 10 to six per cent by 2022
- Improve access to specialist perinatal mental health services
- Halve the rate of stillbirths, neonatal deaths, intrapartum brain injuries and maternal deaths by 2025
- Reduce early births (pre-term) by 25 per cent by 2025
- Improve access to post-natal physiotherapy services by 2023/24
- All providers to be UNICEF baby friendly accredited by 2023/24 to support women to successfully breastfeed

# Quality care

**Cancer services**
A key element of our plans for establishing One Acute Network is to deliver improved outcomes for people living with cancer.

Working as part of the Wessex Cancer Alliance we are committed to supporting the delivery of the 'Strategic Visions for Cancer' (see appendix xx).

This partnership gives us a significant opportunity to strengthen and support our local work, addressing the fragmentation of the current pathways so people experience a seamless service. It also offers us the opportunity to engage in research and clinical trials as well as prevention.

Overall we have seen a 15 per cent increase in cancer demand in 2018/19. This demand has continued to grow an extra 8 per cent in 2019/20. There is a direct impact on elective and emergency care if the demand for cancer is not effectively provided for.

To support us managing this demand we will continue with remote patient self-management, health and wellbeing programmes, and a patient portal. This will start with breast, prostate, colo-rectal and testicular cancers during 2019/20.

To support the national saving 555,000 lives (550 people in Dorset) through early detection of cancer and improving one-year survival rates targets we have been improving the stage at which cancer is diagnosed through improved data collection and ‘real time’ audits of when people present.

We have updated our referral forms to help achieve the 28 day faster diagnostic standard, meaning people have faster access to diagnostic tests.

Royal Bournemouth Hospital was a national pilot for 28 day faster diagnosis and is rolling out learning across Dorset, Wessex and beyond. They have been accepted as a 28 day faster diagnosis implementation site. We will continue to implement the 28 day faster diagnosis pathway through 2019/20 and 2020/21.

We have also developed plans for symptomatic FIT testing and implementation of HPV vaccination for boys. This will be rolled out from September 2019 with vaccinations starting in April 2020.

We'll be improving access to information and support to people affected by cancer, their families and carers through a cancer website and cancer information services for Dorset.

Nationally and locally cancer screening rates are falling. We will continue to work across community and primary care to improve uptake, support prevention and early diagnosis, with a particular focus on reducing variation (see page xx).

# Quality care

Rolling out changes in our screening screening programmes, including the new test for bowel screening (FIT) and how our labs test cervical smears has been a focus for us during 2019/20. We continue to monitor and plan for the impact this has elsewhere, in particular endoscopy, colposcopy capacity (see page xx).

By 2020 we will have agreed local plans between national and local commissioners that address concerns raised in the Independent Review of Adult Screeing Programmes (including cancer and non-cancer screening) published in September 2019.

Gaps in our workforce include oncologist, radiologist, histopathology, dermatology, Cancer Nurse Specialists and medical physics. We are working with Health Education England to develop the cancer workforce plan for Dorset and also with Dorset Local Enterprise and Bournemouth University around the Dorset offer, pre and post graduate education.

As part of the merger of Poole Hospital and Royal Bournemouth and Christchurch Hospitals (page 38) we will continue to integrate haematology and oncology services, which will support workforce challenges and manage demand.

We have secured funding to implement the national optimal lung pathway. Patients can be diagnosed at an earlier stage improving their outcome. An additional CT scanner at Poole Hospital is being used to support early identification and diagnosis.

We will continue to work with the Dorset Cancer Patient and Carer Group to engage members in attending and contributing to service steering groups and workshops within the Trusts to help shape the future of cancer services.

**Palliative and end of life care**
We have completed the ‘Results Through Relationship’ project as an NHSE demonstrator site for End of Life Care.

By June 2019 the ‘test’ and ‘respond’ phases of the project will have been completed and work will commence to roll out the learning across Dorset.

Our aspirations...

- Improve early detection and one year survival rates – saving 550 lives in Dorset
- Speed up the time to diagnosis
- Improve access to screening and immunisation programmes
- Improve access to information and support for people living with cancers, their families and carers

# 4. Workforce

In Dorset we want to make public services and the wider health and care sector a great place to work. By improving staff recruitment and retention, increasing workforce training, and supporting by great leadership we can be employers of choice.

Our staff are really important and by far our biggest asset. By looking after our staff health and wellbeing we'll have a more engaged and productive workforce, delivering high quality services to people across the county.

We have significant workforce challenges in Dorset as highlighted on page 8.

In some areas it's difficult to recruit to and develop our workforce and we're not always able to sustain high quality services.

The demand for staff across all areas outweigh current supply, making us reliant on agency staff (annual spend NHS nursing £24m, LAs £xx). Our challenges are made worse by high costs of living and sustaining services in rural areas.

Attracting new staff is a challenge, many jobs are seen as high pressured and agency working is often seen as a more flexible alternative.

There are in excess of 3000 non-UK staff supporting health and care across Dorset. Ongoing uncertainties are having a worrying lack of take up for support with settlement status, despite local encouragement.

Our achievements...

- Targeted recruitment campaigns
- Set up dedicated websites to attract staff into Dorset
- We've opened the Our Dorset Development Hub bringing our organisations and teams together
- Funded new nurse apprenticeships
- Developed workforce plans to deliver future services
- Implemented the Dorset talent management programme
- Invested in new career routes into nursing

# Workforce

**What staff have told us**
All NHS partners in Dorset have implemented collective leadership,people and culture programmes. Local authorities are developing their plans looking at wellbeing, recruitment, retention and staff culture.

Staff have told us that they want more opportunities to develop their skills and have more flexibility about where and when they work.

Through our Dorset Workforce Action Board (see page 57) we have agreed to:

- Collectively identify and agree priority 'shortage roles' in line with local criteria for Dorset
- Triangulate relevant workforce data, insight and research to inform retention and recruitment initiatives and investment and decisions
- Co design and implement management support and career planning across Dorset
- Pilot the development of careers support (including redeployment opportunities)

Planning for such an ambitious workforce change is a challenge. With an aging workforce, high turnover rates and national shortages of skilled staff, we need to make Dorset an attractive and fulfilling place to work.

We have developed a 'Leading and Working Differently (LWD) Strategy' to support us to retain, attract, recruit and develop our workforce. This will be adapted to reflect national changes in the NHS People Plan

We are already using workforce data and intelligence across NHS organisations and primary care to help us plan services and identify priority areas. The next phase is to add in social care data (planned for 2019/20).

To address staff shortages we have:

- Invested in 50 Registered Nurse Degree Apprenticeships recruited from school leavers and mature applicants
- Visited over 60 schools talking to young people about careers
- Launched 30 new programmes, including apprenticeships, Physicians Associate and Advanced Clinical Practice programmes
- Worked across the South West ADASS at a collaborative approach to workforce planning and gaps in provision
- Implemented accredited social work apprenticeships and 'grow your own' approach

# Workforce

In 2018 we launched joinourdorset.nhs.uk and have run several specific recruitment campaigns across health and social care including nursing, pharmacy, business intelligence and project management.

In 2019 we set up the Our Dorset Development Hub (a shared site with the Ministry of Defence) giving our organisations a space to collaborate, lead and problem solve together. We have a system leadership development programme 'Walking in the Same Direction'. This includes a series of masterclasses on system thinking, compassionate and inclusive leadership, patient and public engagement and quality improvement.

Dorset is the first integrated care system to be piloting the national 'talent management diagnostic tools' and the outputs will inform our plans going forwards.

We have piloted a 'Passport' platform in primary care which has been extended to Poole Hospital, Dorset's Integrated Urgent Care Services and volunteer groups. This means staff can move easily between settings.

We will be making better use of our collective resources, insight and expertise to maximise the capacity and skills of our workforce. 'Growing our Own' is a core strategy for our plans to compliment the development and retention of our existing workforce.

**Within the NHS we aim to...**

- Support high quality clinical placements. Working with Health Education England (HEE) we will make best use of the existing levy (£1.62m) and expand the number of placements by 40 per cent over the next 5 years (currently 2,000 learners on 35 education programmes).
- Grow our Registered Nurse Degree Apprenticeships by 50 students every year for the next 5 years (an additional 250 nurses by 2027).
- Train an additional 452 nurse associates by 2025
- Train an additional 100 pharmacy technicians by 2025

To address shortages in medical capacity, increasing demands on our services and to deliver new models of care, we need to retain and expand advanced, specialist and extended practice skills.

# Workforce

We will support more allied health professionals and development of specialist skills for areas such as primary care networks, dermatology, MSK, spinal triage, frailty and cancer including screening and immunisation.

To help people get care closer to home we will be sponsor different health and social care roles like physiotherapists in GP surgeries and community settings

Within social care we have looked at developing innovative approaches to recruitment by centralising recruitment processes, allowing speedier offers to be made and reducing the need for multiple interviews. This has seen a marked reduction in agency staff provision with permanent positions being filled. Initiatives such as “try before you apply” allow potential staff to find out more about the organisation before they commit to join.

We have recently formed a social work teaching partnership with Bournemouth University, securing national funding to improve social work education within the county.

**Staff health and wellbeing**
We want to incentivise our existing workforce, support their health and wellbeing and attract new people to work within our public services.

We've been engaging with staff and teams across all our organisations, helping them put plans in place to address staff health and wellbeing issues.

We have been working with staff listening to their concerns and what's important to them, so that we can help address what matters for wellbeing.

Working together with Health Education Wessex we have been developing staff skills to be more confident in dealing with their own health and wellbeing as well as supporting others.

**Our achievements...**

- We have 35 making every contact count and mental health first aid trainers who are now running their own courses across Dorset
- We ran mental health first aid courses for all schools in Dorset
- LiveWell Dorset have trained 1200 people in resilience, stress and motivational skills
- Over 500 people are trained in mental health first aid for young people and adults

# 5. Digital innovation

Virtually every aspect of modern life has been, and will continue to be shaped by innovation and technology - health and social care is no exception.

We want to support services and deliver improved health and wellbeing in our local communities through better use of digital technology.

We are already taking a digital approach with recording, sharing and processing information along with greater use of digital devices to help people stay safe and independent at home and in the community.

There is a lot more we can do across health and social care but we need to have the right intelligence and data about the needs of our population.

The digital health agenda requires more than just new digital solutions. Our transformation will only be realised with strong clinical leadership and a culture shift in the way we deliver care.

Tackling behaviour is key to the success of this work from how we work as professionals to empowering people to manage their own health.

As a system we need to close the considerable gap between the potential benefits that the internet could provide in theory, and what it will deliver in practice.

We need to think about how apps and devices such as wearable alarms become part of the way we deliver services to promote independence.

Our digital strategy sets out how we will deliver the digital transformation required to develop a dynamic Dorset where ‘digital as normal and digital first’ is the norm.

# Digital innovation

**Getting the right infrastructure**
This is the building block to our plan. It's vital we get the basics right so we can deliver real transformation across the system. By 2020 we will have implemented Windows 10 across 100 per cent of the NHS estate in Dorset.

Technology such as video conferencing and better mobile phone solutions will support our workforce vision of staff being more agile, flexible and easily able to work across our various organisations.

We will continue to update and improve our systems to keep people's information and data safe and secure.

**Intelligent working**
We have an ambition to significantly transform the way information and data is used across the Integrated Care System to support the design and planning of health and care services.

The Intelligent Working programme will deliver a data warehouse and management information system using data collected from the shared care record alongside that from GP practices, social care, community, mental health services and hospitals.

We will link these data sets and combine with demographic, housing and education information giving us county wide picture of our population health management.

Our achievements...

- Implemented the e-RS, Advice and Guidance, including teledermatolgoy and online consultations
- Electronic prescriptions including repeat prescriptions
- People can view their own care records through GP surgeries
- Population health management intelligence working across ten GP practices
- More than 600 professionals are using the Dorset Care Record
- Working with Hampshire and Isle of Wight STP to deliver our national exemplar Wessex Care Record

**Innovation and research**
We will only achieve our ambitions if we embrace innovation. This could involve digital healthcare technologies, genomics, digital medicine, artificial intelligence (AI) and robotics. We will need to equip our staff with the skills, infrastructure and environment to engage and connect them to industry and academia. This is critical if we want to be at the forefront of digital tech innovation and maximise the potential benefits for people in Dorset.

# Digital innovation

We have established a Dorset-wide innovation and research capability to drive innovation into front-line practice. This not only transforms the health and wellbeing of people in Dorset but supports economic growth. Research Active Dorset (RAD) brings together Dorset ICS partners and Bournemouth and Southampton Universities and Wessex Academic Health Science Networks. Our research priorities are in line with the programmes set out in this plan including; assistive technology, self management tools, oncology, critical care, mental health, respiratory disease, ageing and prevention. More information is at researchactivedorset.com.

The RAD supports us to maximise the potential benefits of adopting digital innovation by:

- Identifying tried and tested innovations to help us solve our challenges
- Creating an environment and culture which encourages and embraces the search for new ideas and innovation
- Working together to co-design and co-develop appropriate solutions
- Promoting Dorset as a place to innovate and conduct research

**Empowering self-care**

Digital developments have altered the way we live our lives and changed how we communicate, bank, shop, organise travel and enjoy entertainment. The health and care industry is catching up quickly.

As a result of increasing waiting lists, and shortage of trained medical professionals, people are increasingly turning to mobile apps and online self-help websites.

In 2018 there were an estimated 366,000 health apps available for download. The convenience and widespread availability of mobile-health presents an accessible, affordable and quick opportunity to those looking to proactively manage their health and wellbeing. But, without being regulated people risk becoming vulnerable to incorrect information, help and advice.

There is significant potential for health-apps, Artificial Intelligence and wearable devices such as GPS trackers and alarms to enhance people's quality of life and increase independence.

In primary care we are

- helping front-line staff adopt new digital solutions through guidance, resources and training
- aligning the scope of digital health with personalised care, population health, primary care network development and new models of care programmes (see page 29)

For elective care settings we are

- helping them set up virtual consultations for follow up appointments (both video and online triage), introducing systems so people can self-manage and self-refer and giving people access to their test results online

# Digital innovation

Within social care we are

- Evaluating apps and devices people can use to maintain their independence and manage their conditions at home.

**Assistive technology**
Technology is not just about apps and accessing information and services online. Simple digital adaptations or products can make a huge difference and really enhance someone's quality of life.

We are supporting people to maximise their strengths and maintain their independence avoiding, reducing or delaying more intensive, costly support.

Rosie is a young mum with Multiple Sclerosis. She has an adapted vehicle and can still drive but, after having two falls she has lost her confidence in going out.

Rosie now has a Buddi wristband that connects with her phone. It alerts people if she has had a fall and tracks her location.

Since getting the Buddi, Rosie is more confident going out and has had only one hospital admission compared with three admissions in the previous year.

Tom was diagnosed with a brain tumour. His condition meant he was not able to manage his medication and needed care visits to support him.

Tom was given a reminder clock (MemRabel 2) set up with regular alerts to take his medicines. He is now consistently taking his medication and his pain levels, memory and mood have all improved.

**Shared care record**
People have told us that they are fed up having to tell their story more than once to different services they come into contact with. People also want easy and timely access to their health and wellbeing information.

We can achieve joined up, seamless care through sharing the right information at the right time, including child protection and looked after children information.

**So far we have...**

- Started to roll out the Dorset Care Record seamlessly linking to our existing systems
- Started work with NHS England Public Health to support the implementation of digital Child Health Service

# Digital innovation

By 2021 all parents will have a choice of paper or digital records and all women will have their own digital maternity record by 2023/24.

We are part of the Wessex Care Records, one of five Local Health and Care Records Exemplar programmes nationally.

Building on best practice from our Dorset Care Record (DCR) and the Hampshire and the Isle of Wight shared care record, known as the Care and Health Information Exchange (CHIE) we are providing shared care records for people living in Hampshire and the Isle of Wight, who are receiving care in Dorset and vice versa. The aim of these exemplars is to ultimately allow sharing of records to take place across the country.

Next steps is to create an online portal so people can access their records easily. We'll first start with maternity care and cancer survivorship. This will provide clinical support to people without them having to attend hospital.

Our aspirations...

- Introduce video consultations for outpatient services and appointments
- Roll out the Dorset Care Record to all clinicians and launch a public facing portal
- Roll out a digital maternity record which will replace the 'Red Book'
- Electronic appointments and sending of letters system run by robotics
-

# 07 Sustainability

We face significant financial challenges over the period of this plan, that will require a sustainable approach to how we deliver our services. In September 2019 we calculated, if we don't make changes, NHS services in Dorset will have an annual financial gap of £272M* by 2023/24. Local authorities in Dorset will have a forecast gap of £xxM.

Working collaboratively across the system and using financial modelling we have calculated the impact of implementing our plans. We know we can close this gap, making sure we are in a financially sustainable position for the future.

We will continue to work with the NHS Sustainable Development Unit to embed environmental, social and financial sustainability.

We will explore and learn how social value can practically and effectively be embedded at scale across our ICS, improving the economic contribution of health and care services in Dorset.

**Efficiency programmes: £128M**
All NHS trusts must deliver at least a 1.1 per cent saving each year on existing costs. Trusts that are in deficit (the three acute hospitals in Dorset) are required to deliver an additional 0.5 per cent.

In recent years the Dorset foundation trusts have all delivered two per cent or more. We will deliver £128M through increased productivity and greater efficiency.

Further efficiencies will be realised in the way we commission services and through programmes such as prescribing and Personal Health Care.

**Managing demand together: £105M**
If we do nothing differently our modelling shows that there will be substantial additional costs for health care across Dorset.

Our transformation programmes will manage these pressures and avoid costs. Including transforming outpatients (page 34) reducing the need for face to face outpatient appointments through digital technologies and, different models of care allowing care to closer to home.

# Sustainability

The way care is provided in different locations varies, sometimes without any clear reason. We will focus on reducing this variation and adopt best practice, avoiding costs and delivering a more equitable service to all.

Our investment in new technologies will deliver efficiencies across the system and help give people greater control over their health and wellbeing. We will look to automate processes, reduce delays and paperwork and provide care in more innovative ways.

The Integrated Community and Primary Care Services programme is already underway across Dorset, with £6M* invested in new models of care. We will continue this investment, totalling £18M* by 2023/24, and reduce the demand on the acute hospitals to save an estimated £40M*.

By working more closely together and forming clinical networks across the county we will improve the quality of care and manage our resources more effectively.

Reconfiguration of the way acute services are delivered in Dorset is already underway and the merger of the hospitals in the east of the county will provide a more sustainable model of care.

*figures as at 24/09/19

The substantial capital investment in these hospitals will be completed after the period of this plan and will deliver additional savings of £20M*.

Prevention at scale will realise further savings through work to improve the health and wellbeing of the local population. The reduction in demand across our services could be substantial but inevitably takes longer to be realised as savings.

**Health system stretch target: £39M***
Even with all the planned work over the next four years we will not reach a fully sustainable position. We have set ourselves a challenging target to stretch the efficiencies to close the gap and will work on developing these plans. There are opportunities to look at ways to use our estates more effectively and at the mixture of skills and roles we employ to deliver care.

# 08 Delivering our plan

In 2018, Dorset was officially recognised as one of England's first wave of Integrated Care Systems in which all partners, including primary care, hospitals, community care, local authority and voluntary sector, agreed to work together to address our health and wellbeing, quality and financial challenges. Our ICS covers the local authority boundaries of Dorset Council and BCP Council.

We have a long history of system-wide working across Dorset. In particular, the NHS partners started working together before the national ICS programme by signing the Dorset NHS System Collaborative Agreement, 2017/18 to 2018/19.

This set out shared performance goals, a financial system control total for Dorset and plans to deliver this.

We already have a number of system roles that work across the ICS, including a clinical lead, system-wide PMO, programme directors for system workforce and acute reconfiguration, a system planning and assurance lead and head of communications.

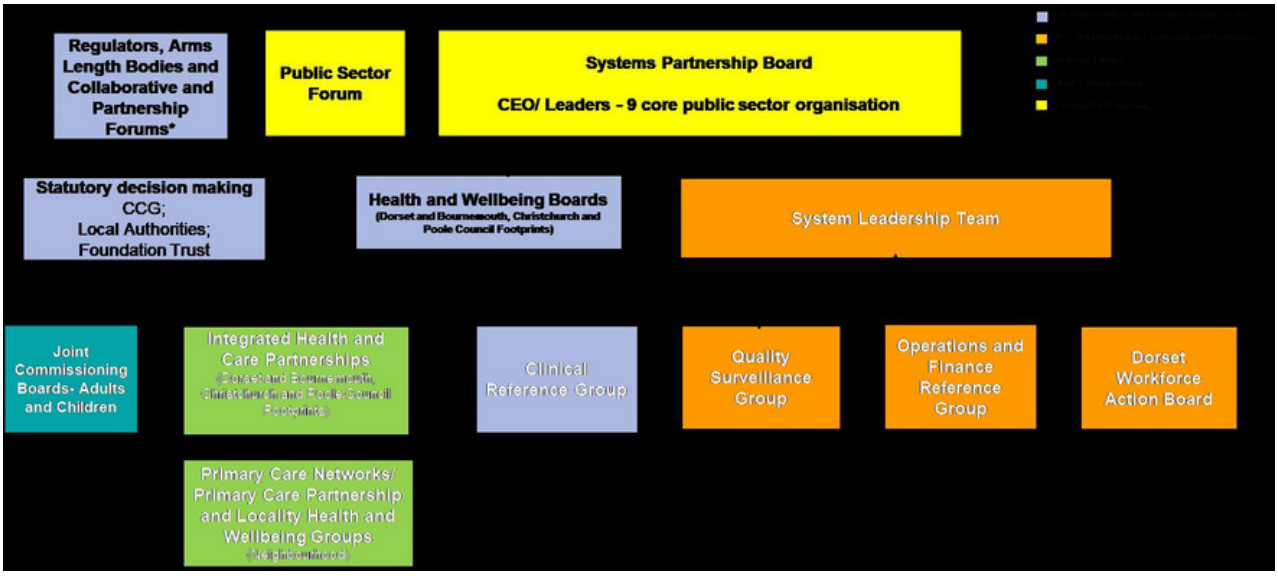
These roles work for the whole system and staff are often 'embedded' within particular teams or programmes.

We have strong clinical leadership and safety of people in our care is paramount. We continue to strive to make sure that no harm come to people their carers and families.

Safeguarding of children, young people and adults who are at risk is a fundamental obligation of everyone who works public services in Dorset. Safeguarding children and adults who are at risk of abuse or neglect will be kept constantly under review in line with requirements from the National Quality Board.

We have multi-agency safeguarding adults board in place along with a Pan Dorset Safeguarding Children Partnership to strengthen the safeguarding of children and young people across the county.

# Delivering our plan




**The System Partnership Board (SPB)**
Working as a round table assembly provides and confirms the strategic direction for the system. It has an independent chair and membership includes Health and Wellbeing Board chair, elected member portfolio holders, NHS chairs, NHS and local authority chief executives. The SPB meets every two months.

**The Senior Leadership Team (SLT)**
Chaired by the ICS lead, and includes the chief executives of the partner organisations, directors of adult social care, directors of children's services, GPs, director of public health alongside the ICS clinical chair, portfolio chair, chief finance officer and a representative from NHSE/I. The SLT meets monthly and its role is to develop the strategy, make recommendations and decisions and provides oversight and assurance of delivery via four sub groups.

**Health and wellbeing boards**
We have two boards one for each of our local authority areas. The boards are responsible for the development and update of a Joint Strategic Needs Assessment; any Pharmaceutical Needs Assessment and the Better Care Fund. It also assists in the development and overseeing of various other plans and strategies in relation to health and wellbeing. Board members include local authorities, NHS, police, fire and community and voluntary representatives.

# Delivering our plan

**The Clinical Reference Group**
Provides clinical leadership to inform clinical decision making, and manage programme delivery, including clinical design aspects of programme deliverables. It makes representation to SLT on clinical priorities, works with external partners and advisory bodies to make sure service models are in line with best practice, improve quality and safety and equity across the system.

**Operations and Finance Reference Group**
Provides financial, performance, operations, contract performance and quality oversight, and assurance. It also monitors business cases/benefits realisation. The system control total is managed through the group. It meets monthly and is chaired by the Chief Finance Officer of the CCG. It includes all system Directors of Finance, Directors of Operations, CCG Director of Nursing and Quality, and the ICS programme Director.

**The Quality Surveillance Group**
Provides system wide overview and management of quality including performance and recommendations for improvement and overview of delivery. Jointly chaired by the CCG director of nursing and NHS E/I director of nursing, membership includes directors of nursing and medical directors from providers, NHS E/I clinical quality lead, CQC, public health, local authority leads for adults and children's, primary care and commissioning.

**The Dorset Workforce Action Board**
Responsible for the strategic direction and delivery of Dorset's Leading and Working Differently Strategy, and the Workforce Capacity and Capability Plan,

These set out the approach to the organisational, leadership and workforce development of health and social care organisations in Dorset. It is chaired by the CCG clinical chair, representation includes directors of workforce, directors of nursing, director of primary care workforce, public health, allied health professional lead, Health Education England, Medical Education, staff rep, community sector.

**Integrated Health and Care Partnerships (IHCP)**
Responsible for the implementation of programmes and projects to support the delivery of our plans at a place level. They support integration, delivering care closer to home, supporting people to stay well, including delivery of community hubs, care home support and locality plans. Membership includes director of public health, GP leads, heads of service (Tier 3) adults and children's, acute trust clinical and management leads, community services clinical and management leads, CCG service improvement leads, voluntary service leads. IHCPs report to the Health and Wellbeing Boards and SLT.

# Delivering our plan

**Primary Care Networks**
These networks will take the lead in delivering services in their areas targeting those in most need using real time information about their health and care working in partnership across health, care and voluntary services, addressing the wider issues impact on people's health.

**Programme boards**
We also have in place programme boards who oversee the delivery of the workstreams including:

- Urgent and Emergency Care Board
- Integrated Community and Primary Care Service
- Elective Care Board
- Cancer Partnership
- One Acute Network
- Dorset Informatics Group

We want to grow the core membership of our ICS bringing in primary care networks, police, fire and rescue service, voluntary and community groups. By focusing on the whole system we can improve health and wellbeing outcomes and get the best value from our collective resources.

**ICS development**
In November 2019 we will do a full assessment against the NHS England Maturity Matrix to understand where we are and what we need to do to develop into a mature ICS.

Actions will be implemented from March 2021. We have shared our learning with other systems including Norfolk STP, Hywel Dda local health board and Gloucester ICS.

We will continue to embed our population health management approach (see page 26) to make sure that the design of our services meet the needs of communities. We will review and consider the Integrated Care Provider Contract once published.

**Managing Relationships**
We will continue to work with all providers of health and care services through the development of strong relationships and manage all provider contracts (independent, non NHS providers) in line with the standard contract.

Our refreshed Quality Framework and strong relationships through the quality Surveillance Group will support us to maintain our quality standards and our ambition for all providers to be rated as outstanding.

Work has started to deliver the priorities set out in the NHS Patient Safety Strategy (July 2019); we are also committed to delivering the Investigations Framework, when published. In line with national time frames for full implementation by summer 2021.

# Delivering our plan

This will include the commitment to establish an acute trust based medical examiner scrutiny of all deaths in acute hospital by 2020 and all deaths by April 2021.

Once the Patients Safety Incident Management System is launched we will ensure that we use this system is used for reporting by March 2021.

We will work to standardise how we involve and engage people and families in investigations, as well as making sure there are two or more patient representatives on safety-related committees by April 2021.

All providers have in place their own quality improvement process this is aligned and further strengthened as a system through the refreshed quality framework.

**Equality and Quality Impact Assessments (EQIA)**
All statutory organisations are required to carry out EQIAs. In line with the National Quality Board guidance we have a robust process in place to make sure we consider any disproportionate impacts on people and services as we develop our plans. Considering equality and diversity in our plans is a continuous process.

All impacts are considered by the Clinical Reference Group, recommendations are made and actions are monitored through the group.

QIAs and EQIAs will be developed for areas which fall outside of the previously agreed Clinical services review.Local authorities have in place a robust EQIA process. This includes screening and completion of assessments which are available to the public online.

**Seeking views to inform our plan**
To inform the development of this plan views were sought by Healthwatch Dorset and the Dorset ICS 'Our Dorset'.

Healthwatch Dorset sought views in April and June 2019. 306 people completed an online survey and the team visited five local groups, engaging with 195 people.

During July and August 2019 we sought views on six draft priority areas for improving health and wellbeing across Dorset. These areas were in line with the aspirations of the NHS Long Term Plan. 892 people provided their views through an online, hard-copy or easy read survey.

We also held a number of face to face events involving about 200 public and community and voluntary sector representatives.

# Delivering our plan

Views were sought from a wide range of stakeholders including staff from all ICS partner organisations (primary/secondary care, adults and children's social care), community and voluntary sector, volunteers, community champions, patient participation groups, elected members, town and parish representatives, MPs, hard to reach groups through the Dorset Race Equality Council and the public.

Our survey was promoted through various channels including social media, local newspapers and radio, face to face meetings and events, staff forums, e-newsletters, town and parish magazines, GP surgeries, local hospitals and libraries.

From the feedback we changed our priority areas from six to five with a stronger focus on prevention and wellbeing. We included more about mental health services, digital options, primary care closer to home and personalisation, all of which came out strongly in the feedback.

For a summary of the report and full details of engagement activities see appendix “x”.

**Our Dorset approach to engagement**
Following work with local people to review ‘what is being done well’ and ‘what could be done better’ our current approach to public engagement has a strong focus on consistency, joint working and building stronger links with the communities.

We have a system-wide Public Engagement Group, Engagement and Communication Networks, a network of local people, active Patient Participation Groups and 80 staff Engagement Champions bringing a consistent approach to engagement, experience, facilitation and co-design

We will continue to use the feedback we received from people using our services, HealthWatch, and our engagement activities.

**Achieving our plan**
We can only achieve the ambitions we have set out in this plan by working together. We will build on the progress we have already made with our ICS so people in Dorset can access truly integrated care.

As we move towards becoming a mature ICS, we will continue to develop our approach and governance, making shared decisions on population health, service redesign and long term plan implementation.