



Our Dorset

Appendix



Introduction

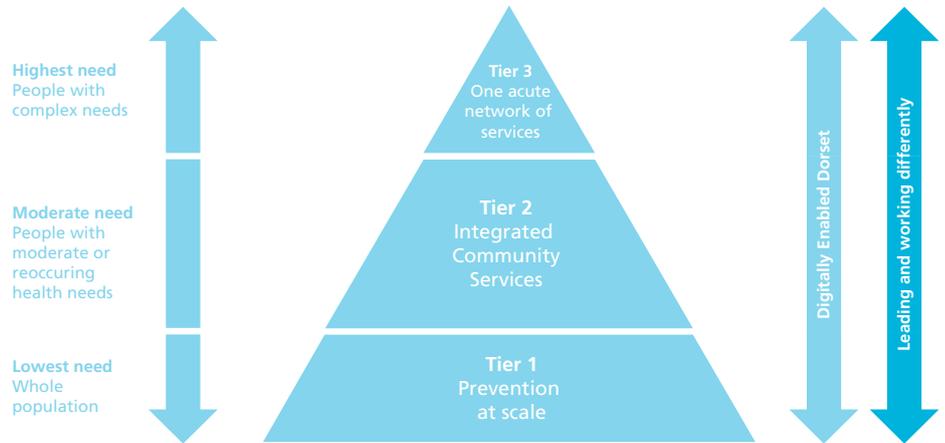
This document provides additional information to support Our Dorset, the sustainability and transformation plan for Dorset.

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Leading and Working Differently

Transforming our workforce and leadership is one of two fundamental enabling programmes of work that are essential if we are to realise our ambitions for our Prevention at Scale, Integrated Community Services and One Acute Network programmes.



Governance and Delivery

We are proud of our track record of working together across organisational boundaries to deliver change. However we have not previously delivered system changes of the scale set out in this plan. To ensure our plan is robustly led we have formed a new System Leadership Team (SLT) from two existing groups of key system leaders: the Chief Executives & Chairs Reference Group supporting the Clinical Services Review; and the Better Together Sponsor Board who have been responsible for building the integration of health and social care across Bournemouth, Dorset and Poole.

Membership of the SLT is drawn from across our health and care system and includes lead cabinet members (including the portfolio holders who chair the Health and Wellbeing Boards), NHS non-executive chairs and chief officers and the pan-Dorset Director of Public Health, as illustrated on page 5.

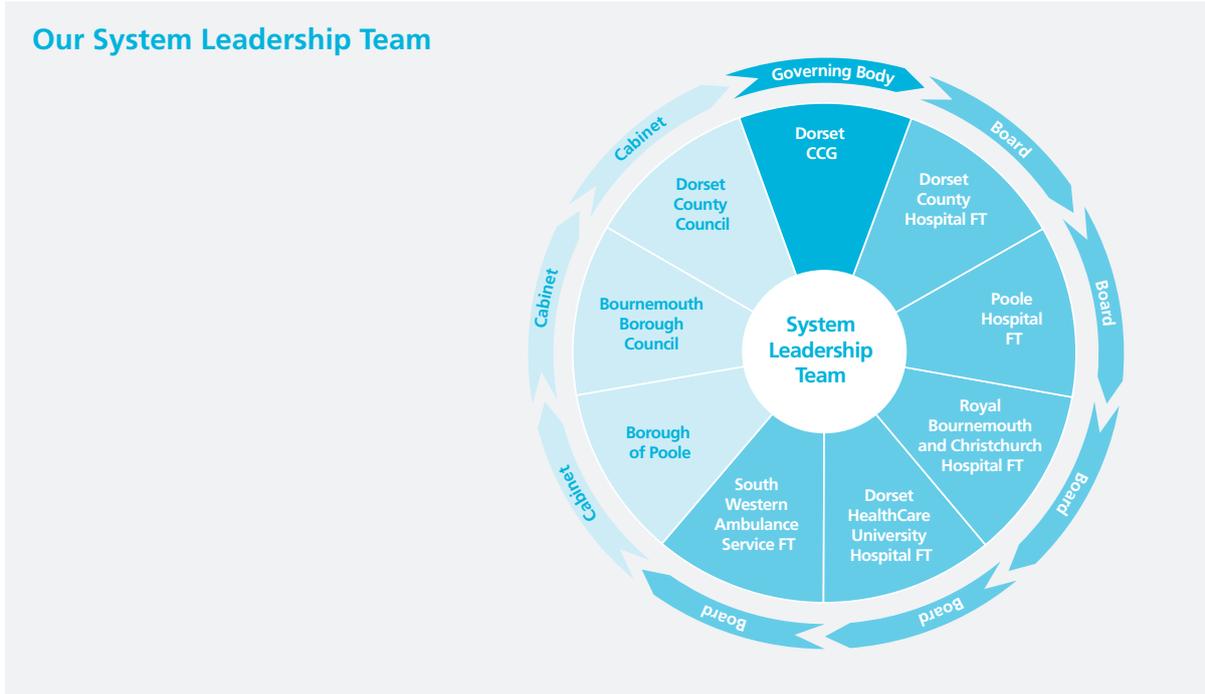
We will further develop the capability of our SLT to work across organisational

boundaries and lead the transformation of our system. This will see a shift from a traditional hierarchical focus of looking inwards at individual organisations to looking outwards to places, populations and partners across the system. This is essential to promote partnerships within and between organisations and foster meaningful relationships that are capable of sustaining collaboration alongside competition.

Accepting the shared sense of responsibility for our health and care system and economy is fundamental, and will be supported by agreeing the shared measures of success against which we can acknowledge progress.

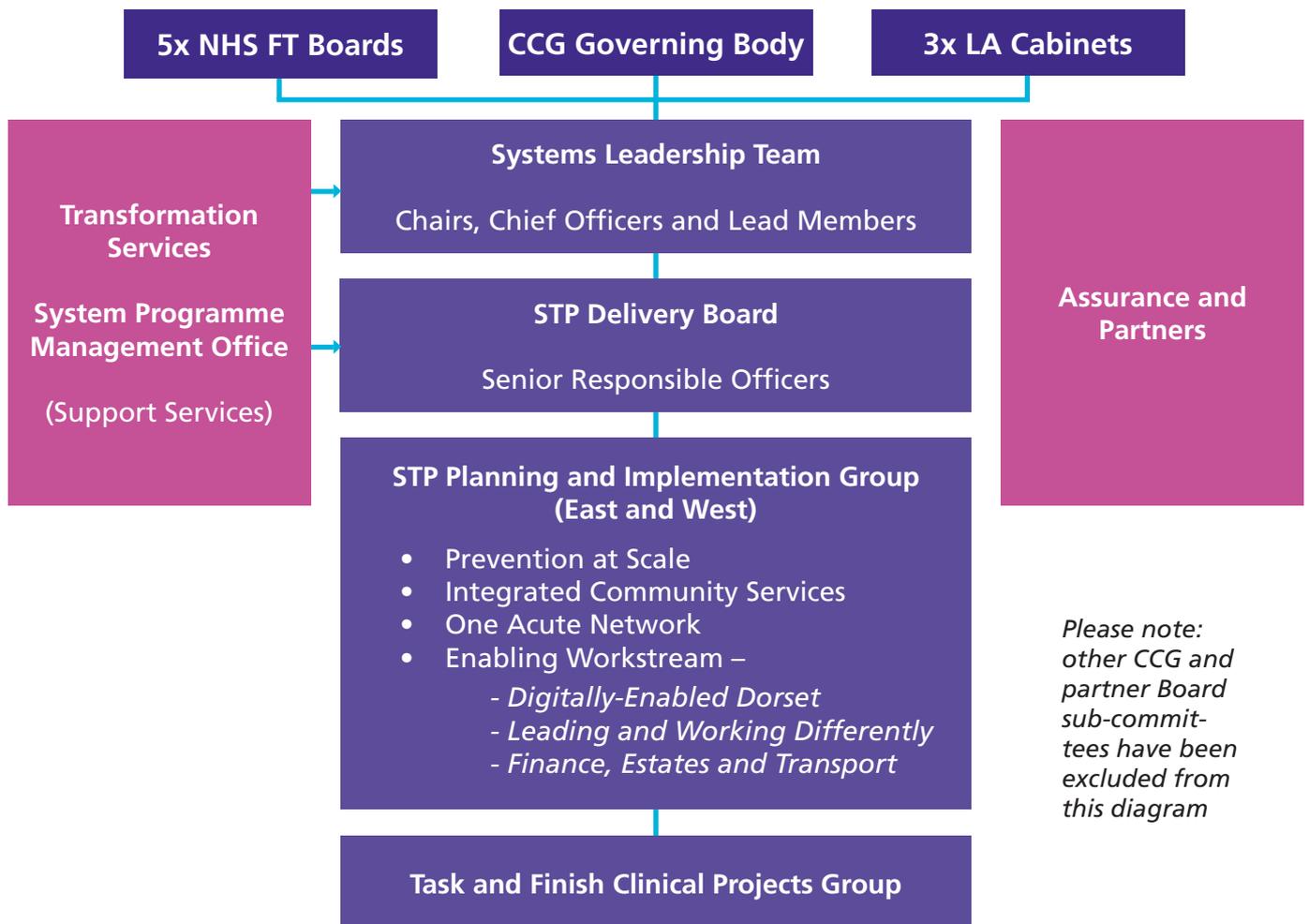
We recognise that each organisation has its own direct part to play in the delivery of our system wide plan, within its own existing governance structures. The relationship between our programmes of work, the SLT and individual organisational governance can be seen in the diagram on page 5.

Our System Leadership Team



Dorset's System Leadership Map

The relationship between our programmes of work, the SLT and individual organisational governance can be seen below:



Working differently

Our health and social care workforce of around 30,000 people needs to be organised more effectively to deliver high quality, safe, timely, accessible and sustainable health and care across our Prevention at Scale, Integrated Community Services and One Acute Network programmes. This requires closer working between and across teams to deliver an integrated seamless service, and to maintain and develop professional skills.

We want all our staff to be able to spend their time using their particular expertise in the most appropriate ways and working to the very top levels of what they have been trained to do. We also want every member of staff to be supported by technology which helps them to use their skills and time effectively, by making greater use of virtual consultations and telehealth.

Our plans for our workforce will help to establish Dorset as an exciting and innovative place to work for health and care professionals, so that we can attract the highest calibre of staff into our local communities.

Our Workforce challenges

We understand who our staff are. We understand our services but there are areas where we struggle to ensure there are enough staff to cover the work. This is causing pressure on teams and the delivery of services.

We know our staff are passionate about what they do, but often struggle with the way things are done, the duplication of effort and computer systems which do not talk to each other. We know some working environments do not always support a healthy work/life balance.

We know we need to be organised differently and we know we need more front line staff to deliver care. We also know we need to consider new types of roles and skills to support future service changes.

We know we need to work more closely across different organisational boundaries for the benefit of patients and to help address our workforce challenges. Our staff have ideas of what will work and how to make things happen. We need to break down the barriers between our organisations whilst respecting their individual values and identities.

We want to...

As health and social care organisations, we can no longer work in a competitive way to secure staff to deliver service; the impact of our actions affects us all.

We have already started to tackle the challenges we face, which are set out in more detail in our Leading and Working Differently Strategy. It identifies four priority areas:

1. **Development of our leaders and organisations**
Working more closely together, organising teams differently, adapting and responding as organisational boundaries (to the public) merge.
2. **Recruitment and retention of our staff**
Working together to ensure we attract new staff whilst ensuring our existing staff stay and work in Dorset. Working together across Dorset to ensure safe and sustainable staffing is in place across all services.
3. **Developing our staff**
Working together to ensure there are great development opportunities for staff which need to be accessible to all.
4. **Supporting staff through change**
Being open, honest and transparent in our conversations with staff, engaging and involving them in the change.

Workforce: the impact to date

All partners in the Dorset health and care system are already working together to tackle the workforce challenges we face across our primary, community and acute hospital services. Dorset's Workforce Plan was developed in January 2016, led by the

Dorset Workforce Reference Group (now Dorset Workforce Action Board) chaired by a secondary care chief executive, with director level leadership from across Dorset's health and social care organisations together with other key partners including Health Education Wessex and Thames Valley and Wessex Leadership Academy, the deanery and the Wessex and Regional Workforce Strategic Board for Nursing and Midwifery.

The plan brings together national and local data and information in a consistent format across the commissioning priority groups in health services, as well as an analysis of primary care and social care. It includes the baseline staff across the system, benchmarked against Royal College staffing recommendations, along with an overview of available training places and the numbers currently in training, to help us understand and predict the future supply of the workforce and determine medium and longer term needs. The plan also sets out a number of recommendations for recruitment, retention, and training.

New ways of delivery

To make these major service changes we will support the development of Accountable Care Partnerships. These build on existing partnerships between health, social care and voluntary organisations in particular localities, and will shift the focus to delivering the best outcomes for patients regardless of organisational boundaries.

We are planning to develop Accountable Care Partnerships in Dorset which may reflect the outcome of the current Local Government Review.

Practical, early wins for each of the Accountable Care Partnerships in the coming year include:

- implementing a single, integrated hospital discharge team for their area, including single line management of staff;
- improving integrated care at the end of life and developing integrated care pathways;
- developing real-time care capacity management systems to help reduce

Working with Primary Care and their workforce

The sustainability of our general practices in Dorset, in part, rests with the current and future supply of a capable and motivated workforce. We know our practices are faced with challenges in recruiting staff, and increasing pressures in their working environments. Staff are leaving and retiring as a result. Our general practices are filled with staff who are passionate about what they do, but often struggle with the increasing pressure and challenging working environments.

We have already made great progress to support our general practices in Dorset.

- the Primary Care Workforce Centre was established bringing key partners together to progress the education, training, workforce and research development in primary care in Dorset;
- a website has been created (www.doorwaytodorset.nhs.uk) to attract people to work and live in general practice in Dorset
- a post-graduate scheme has been developed, launched in summer 2016, to retain our newly qualified GPs in Dorset. This scheme is now being expanded to support other professionals in primary care
- we are involving our practices in national opportunities, such as the recruitment drive and GP retainer scheme, to help support them to address their workforce challenges
- we have enabled community vanguards to be established, funded by NHS Dorset Clinical Commissioning Group. These vanguards have brought practices together to work collaboratively in a range of ways to improve services for people locally
- we are also working with groups of practices to help them collaborate with neighbouring practices and provide services to the public at a larger scale

unnecessary delays as people move from one care setting to another.

The first step is to develop a programme for commissioners and providers. The programme will address issues including how we share and manage any risks and gains, and appropriate governance for any delegated responsibilities. We have identified models in Northumberland and Tower Hamlets that we can draw on to help us with this work.

What our Leading and Working Different programme means for local people:

- sufficient numbers of appropriately skilled health and care to deliver high quality and safe services
- a health and care system that has been designed around local people's health and care needs, rather than to benefit existing organisational structures and boundaries
- a skilled leadership team to drive the deliverability of the plans

Health and Social Care Integration

The STP has been agreed by our NHS and Local Authority partners as the single plan to support health and care integration over the next 5 years. We do not have a separate plan for integration.

Our STP vision is clear that local needs will be at the centre of all that we do across the whole health and care system. Health and care services and resources will be organised in the best possible way to meet the requirements of local people, rather than around existing organisational structures or facilities.

Further work is needed to understand the impact of potential changes in existing organisational structures, different planning timetables between the NHS and Local Government and the opportunities and risks that they would bring. The District, Borough and County councils across Dorset, Bournemouth and Poole are currently undertaking a public consultation on options for future local government organisational form which would be implemented by 2019.

The benefits of integration in improving health and wellbeing, care & quality and finance and efficiency are highlighted throughout the STP. In particular integration solutions are part of our vision in:

Prevention at Scale for example continuing to improve the quality of homes occupied by vulnerable people, building on existing work to identify and support

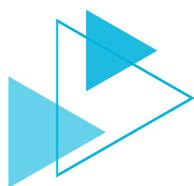
carers and making sure good information is easily available to help people with more complex needs to remain independent

Integrated Community Services and the community hubs that build on our existing integrated locality teams, our work to improve mental health care including a review of supported housing and employment as part of the complex care and recovery pathway, increasing the use of personal health and social care budgets and 'The Big Plan' a new joint commissioning strategy for people with learning disabilities

Leading and Working Differently for example in relation to the work we still have to do to model the social care workforce elements as part of integrated community services and our ambition in relation to place-based, integrated systems of care

Digitally-enabled Dorset for example the Dorset Care Record, covering health and social care, which is currently being implemented.

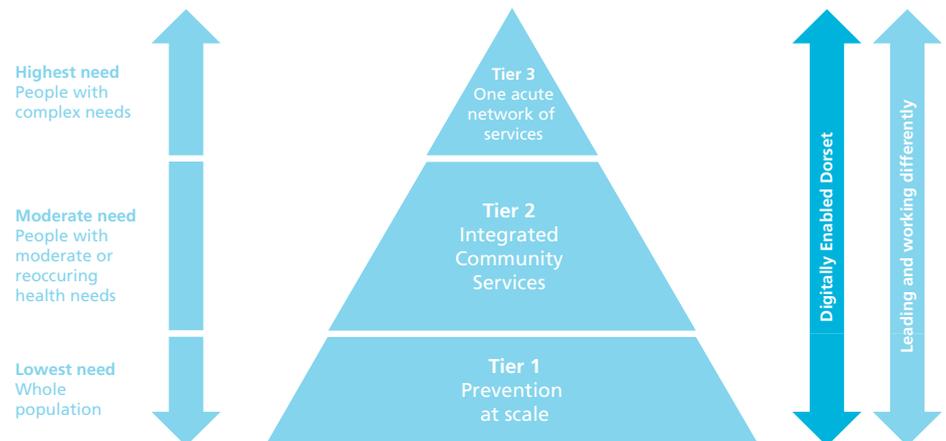
Our Better Care Fund Plan for 2017-2019 will be used to set out the milestones and relevant pooled funding arrangements for key deliverables, acting as the joint operational plan for integration for health and adult social care over the coming two years.'



"Strengthening a highly trained and committed current and future workforce is fundamental to the success of Our Dorset. The establishment of a single system workforce plan has been an important recent development that sees us working collaboratively to realise our ambitions. We have made a positive early start and the next year and beyond will see us working hard and at pace to bring about significant change." Patricia Miller, Chief Executive of Dorset County Hospital NHS Foundation Trust and Chair, Dorset Workforce Action Board

Digitally-Enabled Dorset

Harnessing the power of technology with digital innovation is one of two fundamental enabling programmes of work that are essential if we are to realise our ambitions for our Prevention at Scale, Integrated Community Services and One Acute Network programmes.



Rolling out the plans in our Digital Vision 2020 strategy for a Digitally-Enabled Dorset will underpin the ability to deliver safe and higher quality services, and improved outcomes for local people. We will do this through:

Digital Dorset shared service

- align the digital strategies of health and care providers in Dorset into a single digital plan for our area

Shared care record:

- implement the Dorset Care Record, a unified record of local people's interaction with services, with a priority focus on clinical record integration and record sharing between health and social care practitioners
- build on our work to date on Advanced Care Plans, starting with the most vulnerable and linking with ambulance systems during 2017/18
- ensure that diagnostic reports and images are made available as appropriate across organisations, including specific improvements to support the radiology and pathology networks
- provide more timely access to clear and appropriate patient records, prevention information and advice, and the means to increase self-care
- rolling out electronic prescribing and

medicines administration across our hospitals

Self care

- increase the number of patients who take-up accessing their patient records, and support enabling carer access where desired

Independent living

- extend the use of online record access, SMS texting, email and virtual clinics across all services to support self-management of appointment bookings, reminders and cancellations

Intelligent working:

- work with experts in the Health and Social Care Information Centre (HSCIC), Academic Health Science Network (AHSN), The King's Fund and NHS England to develop a network of visionary collaborators from across the clinical, academic, digital and life science sectors with the passion to accelerate development and integration of innovative technology across Dorset

Enabling Technologies

- align current GP, district nurse and community hospital systems. Develop standard templates to support an integrated approach to working
- ensure transfer of care documents are sent between partners promptly and efficiently
- promote mobile working, with extended

Wi-Fi in GP practices and across NHS premises. Ensuring appropriate hardware, software and infrastructure is available

- further develop the use of assistive technology to support independent living

We will continue to review Our Dorset and our models of care to ensure our digital strategy adapts and responds to our evolving requirements and the rapid pace of technology development.

Digitally-Enabled Dorset: the impact to date

This digital plan has been developed and delivered by our Dorset Informatics Group made up of senior clinical, social care and technical leaders including Chief Information Officers, Clinical Chief Information Officers and Lay Member representation. Together they are responsible for setting the priorities regarding how to best respond to emerging clinical need and driving forward the delivery of our vision of a paperless system across the Dorset health and social care community. Our clear aim is for clinical leadership of the priorities that are enabled through technology.

To support our services, and to deliver our ambitions we are working together on clinical noting and electronic prescribing in secondary care, implementing national systems such as Electronic Prescription Service, GP2GP, Summary Care Record and the Enhanced Summary Care Record. All three local authorities have procured new Case Management systems. We have 100% of GP practices providing access to patient records and have introduced SMS texting facilities.



"The Dorset Care Record will solve many of the problems I face in my day to day work as a GP. Sharing of patient records between primary care, secondary care and social services should save time, improve safeguarding, reduce workload and improve patient care. To name just a few benefits, I would need to spend less time chasing results and letters from the three hospitals in Dorset; have instant access to the most up to date care plans; be able to quickly see any medication changes relevant to my patients; see updates from other health and social care professionals notes who are looking after my patients and be alerted when my patients are admitted or discharged from hospital." Dr Ben Chennell, Weymouth GP

Secure remote access to relevant clinical applications is helping clinicians to offer more flexible delivery of services to our patients.

Our Ambulance services have implemented mobile records systems, including electronic handover at A&E. We have held discussions on enhancing shared diagnostic reporting.

What our Digitally-Enabled Dorset programme means for local people:

- improved safety and care for patients, through professionals having more timely access to the right information to inform their decision making
- receiving basic information about their health and care more quickly, with less time spent repeating information to different agencies
- better continuity of care when seen by different health and care professionals because they will have access to patient records
- the chance to stay healthier for longer and engage in self-management and self-care by having more timely access to information and support
- information about and access to their patient records to improve involvement in care management and planning
- quick and convenient ways to manage appointment reminders and cancellations
- faster diagnosis and more accurate treatment
- ability to stay connected via Wi-Fi in health and social care buildings

Engagement

Our Dorset STP has been developed through the system wide planning group, sponsored by our SLT, which consists of members from each of the nine organisations within our footprint and partners including Wessex Local Medical Committee and Academic Health Science Network.

It has been shared widely and the draft plan has been supported by each organisation and has been approved by both our Health and Wellbeing Boards. It has also been presented at all three Local Authority Cabinet meetings and Overview and Scrutiny Committee Meetings.

In addition to this, as set out in 'Our Plans' section of this plan, we have been continuously engaging with the public, staff and organisations across Dorset in the development of our programmes, including the acute reconfiguration, acute mental health and integrated community services.

A synopsis of the engagement undertaken can be seen below:

- **29,000 pieces of feedback themed and used to inform the "Need to Change".**

In November 2014, at the start of the CSR consideration was given to what local people had already been saying. Bournemouth University was commissioned to analyse 29,000 qualitative pieces of feedback collected through four Dorset-wide surveys. They reviewed themes around access to services (time and location), integrated working and communication. The outcomes were shared with all working groups and used to inform the need to change

- **12 Patient (Carer) and Public Engagement Group (PPEG) meetings – providing feedback at all stages of the CSR.**

In December 2014 the PPEG was formed. The group comprises about 20 local people with a wealth of life-experience across Dorset's geography, demography and diversity. It is chaired by a National Patient Leader and meets regularly, providing feedback at all stages of the CSR. Views fed directly into assurance, reference and clinical working groups. Key outputs include:

- o producing *Need to Change* document (January 2015)
- o directly informing the development of the CSR Evaluation Criteria (February 2015)
- o designing consultation principles for the CSR (March 2015)
- o producing a *Guide to person-centred discussions* – shared widely with clinical working group, clinical delivery groups and community vanguards (December 2015)

- **Pan Dorset Engagement Leads Forum set up – representatives from 18 partner organisations.**

In December 2014 the pan Dorset Engagement Leads Forum was set up. This forum is attended by engagement leads from health and social care providers, the local authorities, the voluntary sector, public health Dorset, Healthwatch Dorset, NHS England (South) and South West Ambulance and Dorset Fire and Rescue. The forum was set up to share information, intelligence and approach to engagement, to align work, to reduce duplication and act as a professional group for developing, critiquing and enhancing participation across the county. This approach was applied collectively to the CSR.

- **Public Meetings hosted across the initial CSR design phase – attended by 525 local people and filmed to reach out to a wider audience, including the working well and seldom heard.**

During the initial design phase of the CSR the same information that was shared with clinicians and other working groups was shared with the PPEG and through a series of public meetings. A trio of public meetings were held in December 2014, January 2015 and February 2015. One of each trio was filmed to enable the messages to be shared more widely, providing opportunity for information and involvement via the website, Facebook and Twitter to a wider audience, including the working well and seldom heard.

- **Information and opportunity for involvement provided at 84 forums, meetings and events.**

Across the CSR information and opportunity for involvement has also been provided to 1000s of people at numerous forums, meetings, and public shows. These included voluntary sector health and care forums, learning disability groups, equality and diversity forums, Dorset Youth Council, etc.

- **3,900 Health Involvement Network (HIN) and 150 Supporting Stronger Voices members - regularly informed and involved.**

Information and opportunities for involvement around the CSR regularly sent to HIN members via the CCG "Feedback" bulletin. 150 CCG patient, carer, lay and public representatives invited to 6 monthly forums with CSR as a standing agenda item.



- **Engagement with NHS West Hampshire CCG.**

CSR presentations given to Involvement Steering Group, New Forest Locality and Patient Public Engagement Group. Information communicated regularly. CSR patient/carers survey in New Forest area - 277 survey responses received and shared with NHS Dorset CCG.

- **CSR and Young People.**

CSR poster co-designed with young people. Two CSR young people's conferences co-designed and co-hosted with young people in October and November 2015.

- **Views collected across the CSR.**

Across the CSR comments and questions have been collated for further consideration as appropriate. Recently, the strongest themes were presented in an information walk through at nine public engagement events around community services.

- **Simple animation of the “Need to Change” produced and shared with over 4100 people. 95% understand the need to change.**

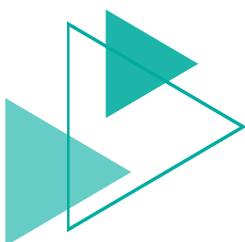
In response to suggestions from PPEG, the public and Healthwatch Dorset a simple three minute animation illustrating a) the need to change b) what is being done about it and c) how people can get involved was produced in October 2015 – to reach out more widely to the working well, the seldom heard, the hard to reach etc. This has been viewed by over 4100 people and those who completed a simple feedback survey 95% said that having watched the animation they understand why local health and care services need to change.

- **9 locality based Integrated Community Services (ICS) public engagement events were hosted in March and April 2016. 339 local people attended providing 2,162 pieces of feedback.**

In response to the need to co-design integrated community services with local people a series of nine public engagement locality based events were held across Dorset in March and early April 2016. This is an important stage in on-going engagement or participation work in Dorset – with a vital local community focus. The focus of each event was to listen and learn from local people, with lived-experience and knowledge of each area, exploring what they felt we need to consider when developing health and care services in their particular area of Dorset. Their views were also sought on emerging models of care. A high-level overview was shared at Clinical

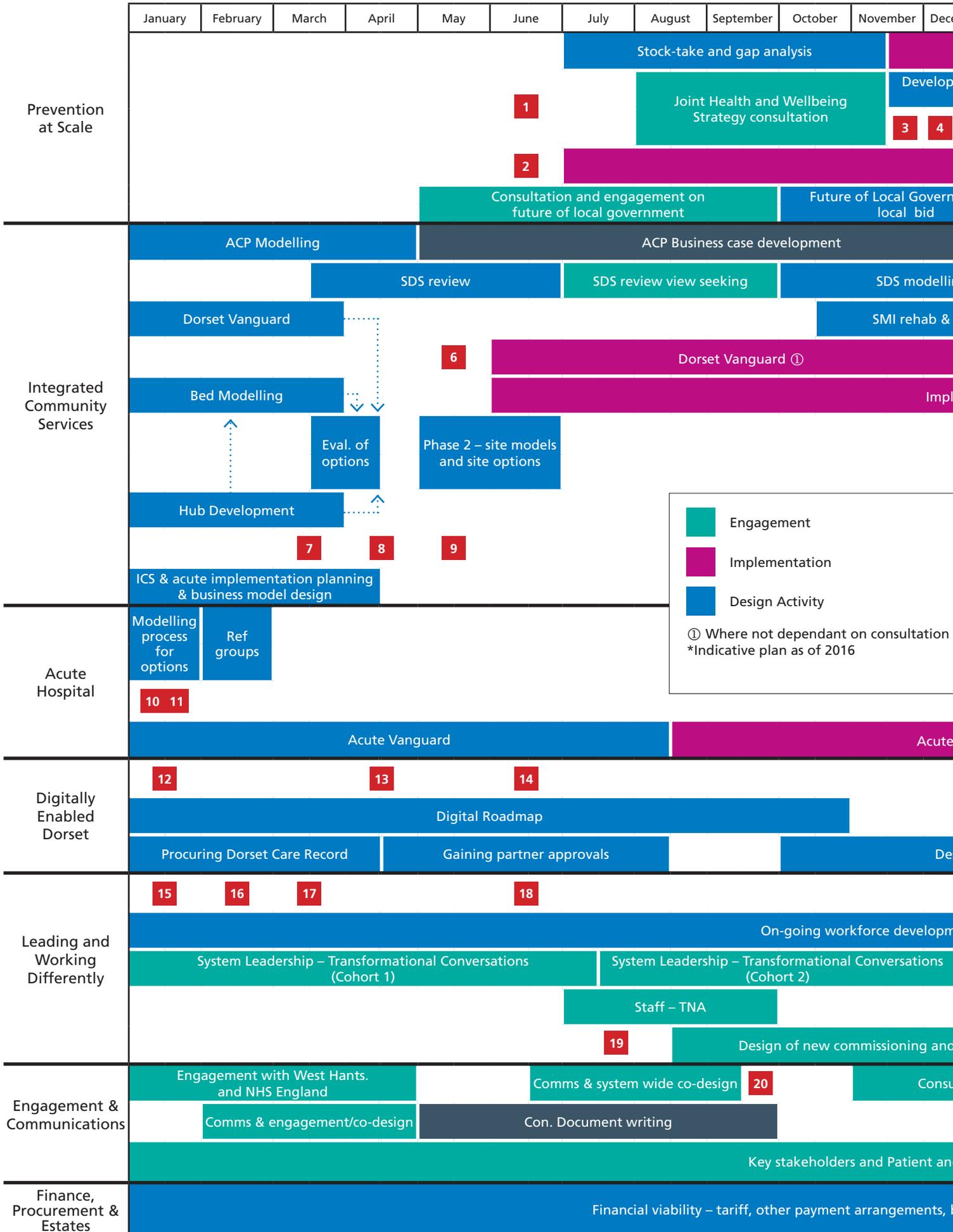
Working Group 9. The 2,162 pieces of feedback have been collated and themed and 9 individual reports and a master report produced. Feedback is being shared to inform emerging models and local people will then be updated.

- **The Mental Health Acute Care Pathway (MHACP) Service Review is looking at the changes needed to services such as inpatient assessment and treatment, psychiatric liaison, crisis response and home treatment, street triage and community mental health teams.** Over 3350 views were provided during the review phase and there was widespread involvement in co-producing the design phase with local people, service users, carers, the voluntary sector, NHS providers and Dorset police.
- **Engagement “road show” and two informed audience meetings in June and July 2016.** Local people have asked us to come to where they are and to provide engagement opportunities across a wider geographical area. During June and July 2016 we held our mobile vehicle covered a wide area of Dorset’s geography – providing information and an opportunity for people to provide us with their feedback, views, concerns and questions. As with all previous engagement work - all views will be used to inform emerging models and options that will be taken back out to public consultation. We also held two engagement meetings - one in the west of the county, one in the east – for informed audiences that make up our Supporting Stronger Voices group.



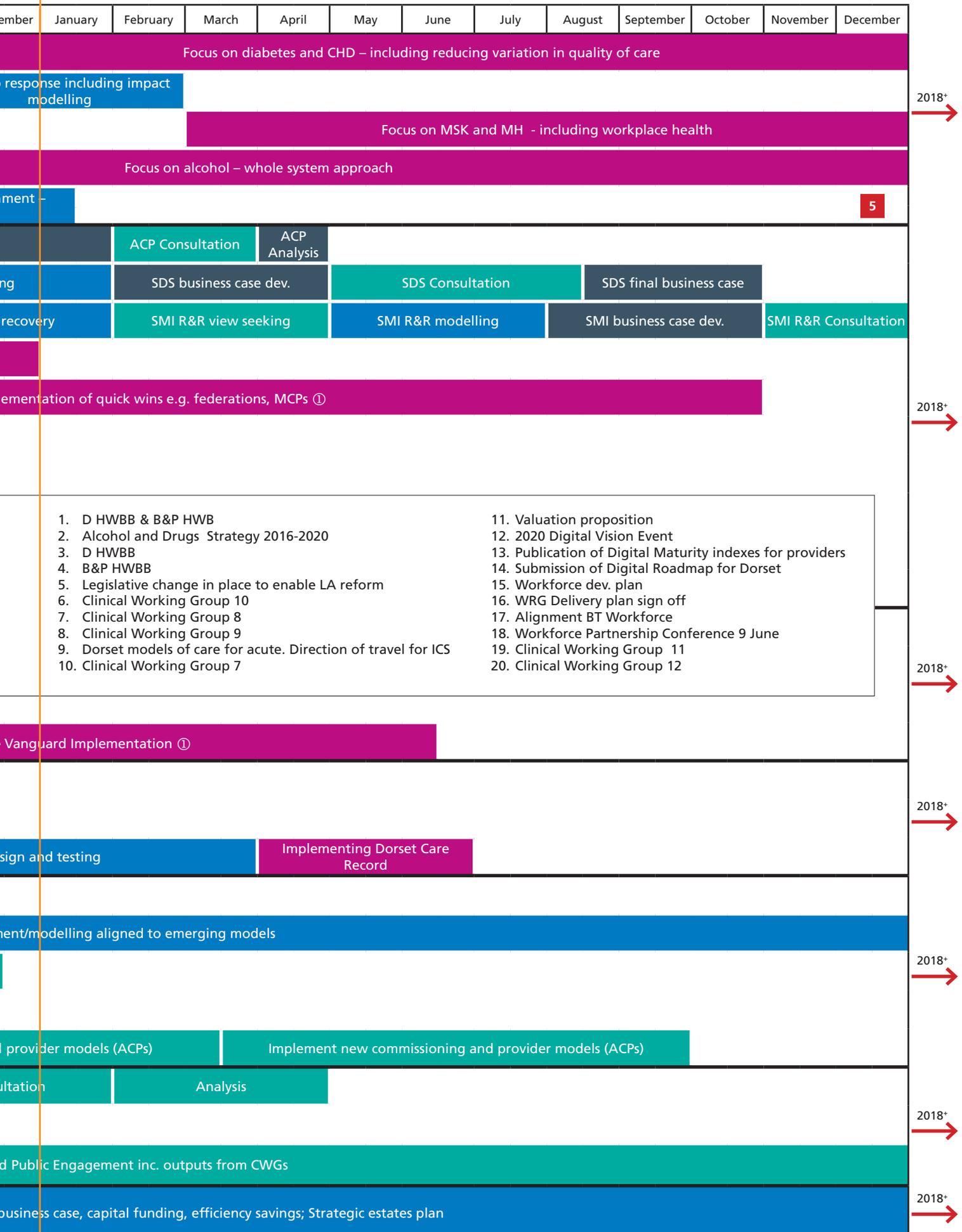
Each of the detailed plans that will need to be produced from this strategy document will be subject to public engagement and consultation as required.

2016



■ Engagement
■ Implementation
■ Design Activity
 ① Where not dependant on consultation
 *Indicative plan as of 2016

2017



Key Risks and Mitigating Actions for Delivery of the STP

RISK	SEVERITY	LIKELIHOOD	MITIGATION
SYSTEM WIDE RISKS			
Access to Sustainability and Transformation Plan Funding for Dorset including provider request for additional financial support and capital funding.	H	H	Work across the system to establish the system benefits of funding coming into Dorset.
Delivery of Sustainability and Transformation Fund (STPF) objectives.	H	H	Work across the system to establish how the objective of the STPF can be delivered.
Local Authority financial position post comprehensive spending review impacting on social care and transformation.	H	H	Work across the system to identify service areas which may be reshaped to release savings and assist with communications in support of changes.
Primary care pressures including the sustainability of the workforce, finances and impact of devolution.	H	M	Implement primary care development plan. Devolved commissioning of primary care enable local decisions. Work with LMC and Deanery to identify placements and support programmes for workforce development.
System wide workforce pressures.	M	M	Work with Health Education England, LMC and Deanery to identify placements and support programmes for workforce development.
Capacity within the system to deliver all workstreams.	M	M	Clear delivery mechanisms in place and additional focussed project support.
Wider political appetite and support- balancing cost, quality, service delivery, outcomes and patient preference.	H	M	Engagement and involvement, testing levels of ambition of all partners at each stage.
Impact of NHS transformation programmes on social care services	M	M	Work with social care to understand and mitigate potential risks

National questions checklist

The table below provides additional supporting information to address the 10 key questions set out in the National Guidance received in March 2016.

Questions	Supporting Evidence
<p>► 1. How are you going to prevent ill health and moderate demand for healthcare? Including:</p>	
A reduction in childhood obesity	<p>This is already a priority in both our Health and Wellbeing Board strategies, in Dorset as part of our priority to reduce cardiovascular disease, and in Bournemouth and Poole as part of our Major Change Programme on Early intervention and support for pre-school children and their families to avoid ill-health and poor outcomes in later years. With the development of Our Dorset this will be a key feature of our systematic approach focusing on heart disease and diabetes (see page p.20).</p> <p>Following a Task and Finish group on this topic led by Elected Members from all three Local Authorities we have developed a draft strategy. This will be finalised following publication of the national strategy, and we will also update this to reflect our continued work as part of the STP.</p>
Enrolling people at risk in the Diabetes Prevention Programme	<p><i>Our Dorset</i> includes a key focus on heart disease and diabetes as part of our Prevention at Scale programme (see pages 19, 20).</p>
Do more to tackle smoking, alcohol and physical inactivity	<p><i>Our Dorset</i> includes a systematic approach to prevention as the key feature of our Prevention at Scale programme (see pages 16-20). Taking a health promoting wider determinants approach as well as working with individuals to help them stay healthy. Alcohol is also a specific focus area for this programme (see page 16).</p>
A reduction in avoidable admissions	<p>Ensuring appropriate admission and therefore achieving a reduction in avoidable admissions is a key outcome of all of our programmes. As part of our ICS programmes our modelling assumption include an estimated 25% reduction of non-elective medical admission and 20% non-elective surgical admissions.</p> <p>The paediatric/child health vanguard workstream we will focus on avoidance admission for 0-19 years olds.</p> <p>The prevention at scale work programme will also impact on avoidable admissions, this work will be phased and modelling will developed over the next 12 months.</p>

Questions	Supporting Evidence
<p>► 2. How are you engaging patients, communities and NHS staff? Including:</p>	
<p>A step-change in patient activation and self-care</p>	<p>We are committed to engaging with public, patients and staff in the design, development and implementation of services and supporting the health and wellbeing of our staff (see Appendix: pages 11-13).</p> <p><i>Our Dorset</i> recognises the importance of patient empowerment and self-care, including providing support for carers. This is a key part of our prevention at scale programme (see pages 16-20) through delivery of our initiatives such as <i>My Health My Way</i> and <i>My Life My Care</i> supporting people who are well, or who have developed a health problem or keeping those people with multiple conditions well.</p> <p>Through our Digitally Enabled Dorset enabling programme we will develop a patient portal to enable people to have better access to their information and decision making support.</p>
<p>Expansion of integrated personal health budgets and choice – particularly in maternity, end-of-life and elective care</p>	<p>Expansion of the PHB programme is a key objective for Dorset CCG (Annual Operating Plan 16/17, page 42).</p> <p>Our Pioneer application wasn't successful, however the development of personalised care and PHB's in maternity care will be taken forward by DCCG as we hope to join the "Early Adopter" with Wessex region.</p>
<p>Improve the health of NHS employees and reduce sickness rates</p>	<p>All organisations are committed to improving the health and wellbeing of their staff and is a key feature of our Prevention at Scale work programme (see pages 16 - 20).</p>
<p>► 3. How will you support, invest in and improve general practice? Including:</p>	
<p>Improve the resilience of general practice, retaining more GPs and recruiting additional primary care staff</p>	<p>Transforming GP services is an integral part of our Integrated Community Services programme (see page 23-24 and 27).</p> <p><i>Our Dorset</i> sets out a brief overview of Leading and Working Differently (see Appendix: pages 4 - 8), is a key enabling programme to deliver this programme.</p> <p>Our Workforce Plan, which has more detail, has a focus on the primary care workforce with our postgraduate programme and the doorwaytodorset.nhs.uk recruitment campaign.</p>
<p>Invest in primary care in line with national allocations and the forthcoming GP 'Roadmap' package</p>	<p>The Primary Care Commissioning Strategy is currently being developed in line with the GP Forward View as stated within our plan.</p>

Support primary care redesign, workload management, improved access, more shared working across practices

The developing primary care strategy considers how general practice could work at scale through networks and federations, collaborations and groups to support the delivery of our approach to community based care (see pages 21- 28). Work is already underway and examples of what we have done can be seen on pages 26 – 28.

► 4. How will you implement new care models that address local challenges? Including:

Integrated 111/out-of-hours services available everywhere with a single point of contact

This is a key aspect of our Integrated Community Services within our Transforming Community Based Urgent Care (see page 24).

A simplified UEC system with fewer, less confusing points of entry

This is a key aspect of our Integrated Community Services within our Transforming Community Based Urgent Care (see page 24).

New whole population models of care

We are looking to implement Accountable Care Partnership across Dorset (see pages 34 and 36 and Appendix page 7).

Hospitals networks, groups or franchises to share expertise and reduce avoidable variations in cost and quality of care

The development of clinical networks is a key feature of our One Acute Network of Services programme, delivered through the One NHS in Dorset (Acute Vanguard) Programme which is an early adopter site for the national Acute Vanguard Programme (see page 34).

Health and social care integration with a reduction in delayed transfers of care

A key feature of our Integrated Community Services Programme is the integration of health and social care. We have already made inroads in achieving this through the Better Together Programme and have 13 integrated health and social care teams in place (see page 27).

A reduction in emergency admission and inpatient bed-day rates

This is an expected outcome of all programme within our STP.

► 5. How will you achieve and maintain performance against core standards? Including:

A&E and ambulance waits; referral-to-treatment times

This has been recognised and set out within challenges section on page 9.

Not specifically mentioned within plan section however improving standards implicit.

Questions	Supporting Evidence
<p>▶ 6. How will you achieve our 2020 ambitions on key clinical priorities? Including:</p>	
<p>Achieve at least 75% one-year survival rate (all cancers) and diagnose 95% of cancer patients within 4 weeks</p>	<p>Transforming cancer services is set out within our STP (see page 31). Our work focusses on earlier diagnosis by implementing NICE NG12, better access to diagnostics, shortened pathways of care, centralisation of expertise where appropriate for some surgery, patient advocacy to support patients.</p>
<p>Implement two new mental health waiting time standards and close the health gap between people with mental health problems, learning disabilities and autism and the population as a whole, and deliver your element of the national taskforces on mental health, cancer and maternity</p>	<p><i>Our Dorset</i> sets out our plans for Transforming Mental Health Services we are already delivering the IAPT standards and we expect EIP targets to be achieved.</p> <p>We are undertaking a number of reviews as part of this programme including the Acute Care Pathway review/ dementia review and rehabilitation and recovery review.</p> <p><i>Our Dorset</i> sets out our Transforming Care Plan for people with learning disabilities which NHSE held up as a good example (see page 26).</p> <p>Our plans for transforming cancer services and maternity and paediatric/ child health services are set out within One Acute Network programme (see pages 29 -32).</p>
<p>Improving maternity services and reducing the rate of stillbirths, neonatal and maternal deaths and brain injuries</p>	<p>Transforming maternity and paediatric services is set out within our One Acute Network Programme (see pages 31 - 32).</p>
<p>Maintain a minimum of two-thirds diagnosis rate for people with dementia</p>	<p>We recognise the growing challenge of dementia (see page 10) and have made good progress towards the minimum dementia diagnosis rate, however in the last year despite maintaining the same number of people being diagnosed we have seen little change in our diagnosis rate. This has been raised with the national team and is currently being investigated.</p> <p>Alongside this part of <i>Our Dorset</i> we are working to Transforming Mental Health Services (see pages 24-26) including a Dementia Services Review, in line with our Dorset dementia strategy, developed by the Dorset Dementia Partnership.</p>

Questions	Supporting Evidence
<p>▶ 7. How will you improve quality and safety? Including:</p>	
<p>Full roll-out of the four priority seven day hospital services clinical standards for emergency patient admissions</p>	<p><i>Our Dorset</i> (see page 4) highlights the need to "continue to deliver high quality services at the same time as we transform the system."</p> <p>It is our ambition to achieve full roll and although not specifically mentioned within these plans, plans have been identified within the annual planning process and are being driven forward through the contracts as part of the Service Delivery Improvement Plan.</p>
<p>Achieving a significant reduction in avoidable deaths</p>	<p><i>Our Dorset</i> (see page 4) highlights the need to "continue to deliver high quality services at the same time as we transform the system."</p> <p>Although not specifically mentioned within this plans it is implicit. Programme of work are on-going across the system and include reduction in harm, mortality reviews and patient safety workstreams.</p> <p>Prevention is a key element of our plan which will lead to lower mortality.</p>
<p>Ensuring most providers are rated outstanding or good– and none are in special measures</p>	<p>Our ambition is to see all our providers rated either outstanding or good.. Currently three of our main providers require improvement and 1 of our GP practices are in special measures.</p> <p><i>Our Dorset</i> (see page 4] recognises the need to "continue to deliver high quality services at the same time as we transform the system.", The CCG Quality Team will continue to work with Trusts, Practices and care homes whilst we transform the system.</p> <p>We believe that although the transition will be challenging by making the system transformation outlined in our plan this will address the underlying issues reflected in these ratings:</p> <p>Staffing issues will be addressed through working together (see pages 21-27 and 31)and Leading and Working Differently (see page 36 and Appendix pages 6-7); GP transformation (see pages 23-24 and 27), Information sharing as part of Digitally Enabled Dorset (see page 37 and Appendix pages 9 - 10).</p> <p>In particular our Integrated Community Services programme (see pages 21-28) will enable better partnerships with care homes, where we currently have 5 providers rated as inadequate (at 1st October 2016).</p> <p>The CCG is aiming for all their providers to achieve a 'Good' or outstanding rating, both Providers and commissioners will work together to achieve this.</p>

Questions	Supporting Evidence
Improved antimicrobial prescribing and resistance rates	<p><i>Our Dorset</i> (see pages 4) highlights the need to "continue to deliver high quality services at the same time as we transform the system."</p> <p>We are currently meeting our Quality Premiums measures but recognise that there is always room for further improvement. The CCG Medicines Management and Infection Prevention and Control Team will continue to incentivise good prescribing practice, monitor and take action with partners as outlined in the CCG Annual Operational Plan 16/17, page 31, as part of the Anti-Microbial Resistance Strategy.</p>
8. How will you deploy technology to accelerate change? Including:	
Full interoperability by 2020 and paper-free at the point of use	<p><i>Our Dorset</i> sets out a brief overview of Digitally Enabled Dorset (see page 37 and Appendix pages 9 - 10), one of two critical enabling programmes. More detail on this area of work is set out in our Digital Roadmap.</p>
Offering all GP patients e-consultations and other digital services	<p><i>Our Dorset</i> sets out a brief overview of Digitally Enabled Dorset (see page 37 and Appendix pages 9 - 10), one of two critical enabling programmes. More detail on this area of work is set out in our Digital Roadmap.</p>
9. How will you develop the workforce you need to deliver? Including:	
Plans to reduce agency spend and develop, retrain and retain a workforce with the right skills and values	<p><i>Our Dorset</i> sets out a brief overview of Leading and Working Differently (see page 36 and Appendix pages 6-7), one of two critical enabling programmes. More detail on this area of work is set out in our Workforce Plan, which includes a focus on the primary care workforce with our postgraduate programme and the www.doorwaytodorset.nhs.uk recruitment initiative already live.</p> <p>In developing our workforce plan a review of agency spend and providers across NHS providers took place, with revised agreements now in place.</p>
Integrated multidisciplinary teams to underpin new care models	<p>This is integral to our whole Integrated Community Services programme (see pages 21-28) and our One Acute Network programme (see pages 29-35).</p> <p><i>Our Dorset</i> sets out a brief overview of Leading and Working Differently (see page 36 and Appendix pages 4- 7), which is a key enabling programme to deliver this. Our Workforce Plan includes a focus on cultural change that builds on work begun as part of our Better Together programme, and examples of how this has impacted to date are included in <i>Our Dorset</i> (see pages 26-28).</p>

New roles such as associate nurses, physician associates, community paramedics and pharmacists in general practice

Our Dorset sets out a brief overview of Leading and Working Differently (see pages 36 and Appendix pages 4-8), one of two critical enabling programme.

More detail on this area of work is set out in our Workforce Plan. Examples of progress to date include paramedic and pharmacist roles in general practice. Our Dorset Workforce Action Board will play a central role in supporting new role developments.

▶ 10. How will you achieve and maintain financial balance? Including:

A local financial sustainability plan

A summary is included within *Our Dorset* (see pages 38 - 41).

Detailed financial templates have been completed in line with national guidance.

Credible plans for moderating activity growth by c.1% pa

A summary is included within *Our Dorset* (see pages 38 - 41).

Detailed financial templates have been completed in line with national guidance.

Improved provider efficiency of at least 2% p.a. including through delivery of Carter Review recommendations

A summary is included within our STP (see pages 38 - 41).

Detailed financial templates have been completed in line with national guidance.

Our Dorset

Our Dorset is a once in a lifetime opportunity to build a strong and integrated health and care system that delivers high quality and safe services that meet the needs of our population. The health and well-being of people in Dorset depend on us delivering this plan.

