

Notice of Health and Wellbeing Board

Date: Wednesday, 25 September 2019 at 9.00 am

Venue: Council Chamber Poole, Civic Centre, Poole BH15 2RU



Membership:

Chairman:

Cllr V Slade Leader of the Council (BCP Council)

Vice-Chairman:

T Goodson	NHS Dorset Clinical Commissioning Group
Cllr L Dedman	Portfolio Holder for Adults and Health (BCP Council)
Cllr S Moore	Portfolio Holder for Children and Families (BCP Council)
Cllr K Wilson	Portfolio Holder for Housing (BCP Council)
G Farrant	Chief Executive (BCP Council)
J Thurgood	Corporate Director, Adult Social Care (BCP Council)
J Ramsden	Corporate Director, Children's Services (BCP Council)
K Ryan	Corporate Director, Environment and Community (BCP Council)
S Crowe	Director, Public Health (BCP Council)
D Fleming	NHS Poole Hospital and Royal Bournemouth and Christchurch Hospital
E Yafele	Dorset Healthcare Foundation
S Sandcraft	NHS Dorset Clinical Commissioning Group
R Ramtohal	NHS Dorset Clinical Commissioning Group
D Richardson	NHS Dorset Clinical Commissioning Group
T Knight	NHS Dorset Clinical Commissioning Group
L Bate	Healthwatch
K Loftus	Bournemouth and Poole Voluntary Services Councils
S Why	Dorset and Wiltshire Fire and Rescue Service
J Vaughan	Dorset Police

All Members of the Health and Wellbeing Board are summoned to attend this meeting to consider the items of business set out on the agenda below.

The press and public are welcome to attend.

If you would like any further information on the items to be considered at the meeting please contact: Samineh Richardson or email Samineh.richardson@bcpcouncil.gov.uk

Press enquiries should be directed to the Press Office: Tel: 01202 454668 or email press.office@bcpcouncil.gov.uk

This notice and all the papers mentioned within it are available at democracy.bcpCouncil.gov.uk

GRAHAM FARRANT
CHIEF EXECUTIVE

17 September 2019



Available online and
on the Mod.gov app



AGENDA

Items to be considered while the meeting is open to the public

- | | |
|---|---------------------------------------|
| 1. Apologies
To receive any apologies for absence from Board Members. | |
| 2. Substitute Members
To receive information on any changes in the membership of the Board. | |
| 3. Confirmation of Minutes

a) To confirm and sign as a correct record the minutes of the Meeting held on 24 July 2019.

b) To note and comment as required on the action sheet which tracks decisions, actions and outcomes arising from previous meetings of the Board. |

5 - 10

10 - 12 |
| 4. Declarations of Interests
Members of the Board are required to comply with the requirements of the Localism Act 2011 regarding disclosable pecuniary interests. Declarations received will be reported at the meeting. | |
| 5. Public Issues
To receive any public questions, statements or petitions submitted in accordance with the Constitution. Further information on the requirements for submitting these is available to view at the following link:-

https://democracy.bcpccouncil.gov.uk/documents/s2305/Public%20Items%20-%20Meeting%20Procedure%20Rules.pdf

The deadline for the submission of:
Public questions is Wednesday 18 September 2019
A statement is 12.00 noon, Tuesday 24 September 2019
A petition is 12.00 noon, Tuesday 24 September 2019. | |
| 6. Our Dorset - Looking Forward
To agree the narrative, themes and ambitions of the draft plan for the Integrated Care System. | 13 - 76 |
| 7. The Better Care Fund - Planning for 2019/2020
To comment on and approve the Better Care Fund Plan prior to it going through NHS I and NHS England for a national assurance process. | 77 - 96 |
| 8. Special Educational Needs and Disabilities (SEND) - Quarterly Update | 97 - 100 |

To provide an update on the recommendations presented to the Board at their meeting on 24 July 2019.

9. Pharmacy Applications

To consider two pharmacy applications to NHS England as a statutory consultee.

10. Forward Plan

For the board to receive an update on the development of the Forward Plan.

11. Future Meeting Dates

For Board members to note the meeting dates of the Board, as listed below:

30 January 2020 – 10am - 12 noon

26 March 2020 – 10am - 12 noon

17 June 2020 – 10am - 12 noon

Development Sessions:

28 November 2019 – 10am - 12 noon

27 February 2020 – 10am - 12 noon

101 - 104

No other items of business can be considered unless the Chairman decides the matter is urgent for reasons that must be specified and recorded in the Minutes.

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BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL
HEALTH AND WELLBEING BOARD

Minutes of the Meeting held on 24 July 2019 at 9.00 am

Present:-

Cllr V Slade – Chairman

Present: Cllr L Dedman, Cllr S Moore, Cllr K Wilson, G Farrant, J Thurgood, J Ramsden, K Ryan, S Crowe, E Yafele, S Sandcraft, D Richardson, T Knight, L Bate, K Loftus, M. Mould and S Why

Also in attendance: Cllr G Farquhar

1. Election of Chairman

RESOLVED that Councillor V. Slade be elected Chairman.

2. Election of Vice-Chairman

RESOLVED that T. Goodson of the Dorset CCG be elected Vice-Chairman.

3. Apologies

Apologies were received from R. Ramtohal, T. Goodson and D. Fleming.

4. Substitute Members

M. Mould acted as substitute for D. Fleming.

5. Declarations of Interest

There were no declarations of Pecuniary Interests or any other interests made at this meeting.

6. Public Issues

There were no public questions, statements or petitions submitted for this meeting.

7. Health and Wellbeing Board

The Chairman and The Deputy Head of Democratic Services presented a report, a copy of which had been circulated and a copy of which appears as Appendix 'A' to these minutes in the Minute Book.

BCP Full Council considered and approved the establishment of a Health and Wellbeing Board for the BCP area in accordance with requirements set out in the Health and Social Care Act 2012. The Board was set up to improve the health and wellbeing of local people, reduce inequalities and to ensure joined up working between health and care services.

The report was considered and agreed by Council on 16th July 2019. The Health and Wellbeing Board were asked to consider the Meetings and Business Protocol and the Terms of Reference at Appendix 1 and 2 of the report at Appendix 'A', and to submit any proposed amendments to reflect its key objectives.

In particular the Board were asked to consider including representatives from Dorset Police Service and Dorset and Wiltshire Fire and Rescue Service as either full or co-opted members of the Board. The Board recognised the contribution the aforementioned services made in the area and supported the appointment of their representatives as full members of the Board.

RESOLVED that:-

- (a) the Board agreed the Meeting and Business Protocol, including the proposed membership of the Board as set out in Appendix 1 of the report. The Board unanimously decided to include the Dorset Police Force and the Dorset and Wiltshire Fire and Rescue Services representatives as full members of the Board.**
- (b) the Board sought to amend the Protocol to allow substitute members**
- (c) the Board agreed its Terms of Reference as set out at appendix 2 of the report, without amendment.**

8. Better Care Fund - Planning for 2019/20

The Principal Officer, Planning and Quality Assurance presented a report, a copy of which had been circulated and a copy of which appears as Appendix 'B' to these minutes in the Minute Book.

The report provided an update on progress in the implementation of the Better Care Fund (BCF) Plan for 2019/20. The report also set out the proposed governance route for ensuring delivery of the BCF along with alignment with the Integrated Care Systems Governance arrangements. The BCF fund started in 2013 and provided financial support for councils and NHS organizations to jointly plan and deliver both local health and social care services. Its aim was to improve the integration of services to better manage the health and wellbeing of residents. It also aided the delivery of 'Our Dorset' the Integrated Care System Plan.

The progress, resources and schemes of the plan were explained to the Board. It was also highlighted that Dorset CCG and BCP Council were focusing their work on establishing strong sustainable care markets and on understanding joint expenditure to better align with NHS and Social Care budgets in the future.

It was explained that the BCF Plan for 2019/20 was a refresh of the 2017/19 Plan. The Joint Commissioning Board had oversight of the Plan however it would require sign-off by the Health and Wellbeing Board between the 18th-26th September. The Plan would then go through NHS I and NHS England for a national assurance process. The BCF Plan was part of the wider transformation work already underway to align incentives and strategies. It was a representation of wider work on identifying vulnerable populations earlier, of collaborative working to provide a tailored and personalized response to improve outcomes for people and of an ambition to reduce or delay individuals need for intensive services.

It was explained that the responsibilities of the Board would include the ongoing monitoring of the plan, the budget and the performance metrics. Additional monitoring of the Plan would be undertaken by the directorate monthly and through the Council and Cabinet quarterly. It was highlighted that there were challenges to the sustainability of funding for both the CCG and the Local Authority with the continued short-term funding arrangements being insufficient to cover the resource gap in the system. It was highlighted that the metrics and the targets associated with them were complex because they were set both nationally and locally and could be understood differently by different partners. It was therefore considered important to align and make transparent how the performance indicators were measured and to connect with other organizations around these.

Board members felt the explanatory narrative around the metrics was important in order to understand underlying drivers and how they link to opportunities to reform the system. They also felt it was important to effectively monitor progress over time to see where progress was being made and where there were opportunities for improvement.

RESOLVED that:-

- (a) the Board agreed to consider the BCF Plan at their next scheduled meeting or to delegate approval of the BCF Plan to the Chair and Vice-Chair if the Board is unable to meet within the timescales set in national guidance;**
- (b) the Board agreed to receive monitoring reports on the delivery of the BCF plan at six monthly intervals.**

9. Special Educational Needs and Disabilities (SEND)

The BCP Interim Service Director for Inclusion and Family Services presented a report, a copy of which had been circulated and a copy of which appears as Appendix 'C' to these minutes in the Minute Book.

The report set out the statutory framework for the strategic and operational response to the Children and Families Act 2014 and the subsequent SEND Code of Practice 2015 and was recommended to the Board to ensure compliance with the Act and the Code of Practice. The report requested that the Health and Wellbeing Board agree to provide governance and strategic oversight for the delivery of SEND services for children and young people across BCP, in accordance with the Act and the Code.

The Board were asked to consider and support the recommendations in the report. The recommendations identified areas for progressing the reimagining of the service and areas to support the establishment of a framework of operation that would improve outcomes for children and young people with special educational needs and disabilities across BCP. It was highlighted that a better understanding of the baseline of services would help in the determination of the direction of services in the future.

It was explained to the Board that Ofsted and the Care Quality Commission (CQC) would be undertaking a joint, system wide, inspection. The inspection could be as early as the new year and would review how the Councils responsibilities to children and young people (from birth to age 25) who had special educational needs or disabilities (SEND) were being met.

A focus on working alongside parents and carers of children and young people and other vulnerable young people who may not have a SEND was highlighted to the Board. It would also be a priority to consider Child and Adolescent Mental Health Services (CAMHS). An opportunity to raise the profile of Children's Services and work with partners including Dorset on shared learning and best practice was recognized.

The Board also recognized the importance of giving a voice to children and young people through engagement and participation, it was particularly highlighted that a forum for young adults would be worth considering. Permission was sought from the Health and Wellbeing Board to ensure all groups of children and young adults were represented and enabled to have a voice that informed how services were improved.

A number of questions were raised and discussed by the Board including;

- The need for greater clarity around the governance expectations of the Board. It was suggested that a new Transformation Board for BCP would look at this and bring back clear proposals to the Board within the next 6-12 months.
- That following the Self-Assessment and the updating of the Joint Commissioning Plan the Transformation Group would consider the best options for either collaborative working or work as BCP Council;
- That consideration needed to be given to how disengaged parents and carers could be engaged in the Parent and Carer Forum. Additionally, the gap between those presenting with a need for SEND

support and those who receive the support should be monitored. This would be covered when the Board considered the Improvement Plan;

- It was requested that future papers include the SEND population numbers and whether this figure was increasing or decreasing.

RESOLVED that:-

- (a) the Health and Wellbeing Board unanimously agrees to provide governance and strategic oversight for the delivery of services for children and young people with SEND across BCP in accordance with the Code of Practice (2015) and Children and Families Act (2014), with the expectation that more detailed proposals around governance be brought to the Board in the next 6-12 months. This should include clear guidance on the differing functions of Cabinet and the Board;
- (b) the Board considered and supports the areas identified for development and agrees to regular reports on progress being brought to the Board to meet the requirements of the Code of Practice 2015;
- (c) the points raised above are taken into consideration, and the Board receive an update on the Implementation Plan.

10. Calendar of meetings and development of Forward Plan

RESOLVED that:-

- (a) the Board agreed on dates for developmental sessions and future meetings;

Board meetings

25 September 2019 – 9am - 11 am

30 January 2020 – 10am - 12 noon

26 March 2020 – 10am - 12 noon

17 June 2020 – 10am - 12 noon

Development Sessions

28 November 2019 – 10am - 12 noon

27 February 2020 – 10am - 12 noon

- (b) a draft Forward Plan be brought before the Board at the next meeting for approval.

The meeting ended at 10.00 am

CHAIRMAN

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ACTION SHEET – BOURNEMOUTH, CHRISTCHURCH AND POOLE HEALTH AND WELLBEING BOARD

Minute number	Item	Action* *Items remain until action completed.	Benefit	Outcome (where recommendations are made to other bodies)
Actions arising from Board meeting: 24 July 2019				
7	Amendment to the Protocol	Decision Made: The Board sought to amend the Protocol to allow substitute members.	To enable members to send representatives in their absence	N/A
8	Approval of Better Care Fund Plan 2019/20 –	Decision Made: That the Health and Wellbeing Board agree the Better Care Fund Plan prior to it going through NHS I and NHS England for a national assurance process	To enable the Boards views to be considered and to enable the Board to maintain oversight of this issue.	N/A
10	SEND Update Transformation Board Governance Proposals Transformation Plan	Decision Made: That the Transformation Board bring back clear proposals on the Governance expectations of the Board. To include clear guidance on the differing functions of Cabinet and the Health and Wellbeing Board That the Improvement Plan is brought back to the Board and includes consideration on how to include disengaged parents and carers in the Parent and Carer Forum and suggestions for monitoring the gap between those presenting with a SEND need and those receiving services.	To ensure greater clarity around the Governance expectations of the Board	

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BCP Health and Wellbeing Board

Report subject	Our Dorset – Looking Forwards (Dorset Integrated Care System Long Term Plan)
Meeting date	25 September 2019
Status	Public Report
Executive summary	<p>Members of the BCP Council Health and Wellbeing Board discussed and agreed the high-level themes and vision for the refreshed Integrated Care System plan – Our Dorset, Looking Forwards, at an informal session on 24th July.</p> <p>This paper presents the first draft of the plan - our local five-year strategy in response to the NHS Long Term Plan. It builds on our existing Sustainability and Transformation Plan (STP), which set out our aspiration to become an integrated care system, with a focus 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.</p> <p>All Integrated Care Systems and Sustainability and Transformation Partnerships in England are required to develop these plans in response to the NHS Long Term Plan, published in January 2019. Local systems are required to submit to NHS England:</p> <ul style="list-style-type: none"> • A five-year strategic delivery plan-setting out our response to the national Long Term Plan; • Strategic Planning Tool - finance, activity and workforce templates - high level, by NHS organisation; • Long Term Plan Collection Tool - setting out the high-level outcome metrics. • Digital assurance template; • Health Education England Workforce Template. <p>This paper presents an overview of the five-year strategy - Our Dorset – Looking Forward (see Appendix 1).</p>

	Board members should note that this is a draft plan containing estimates of the financial gap for the system that may be subject to change between now and November, when the final plan is submitted to NHS England.
Recommendations	<p>It is RECOMMENDED that:</p> <ol style="list-style-type: none"> 1. Health and Wellbeing Board members note and approve the narrative of the draft plan, Our Dorset, Looking Forwards; 2. Delegate authority to the Chair and Vice Chair to approve any subsequent changes to the draft plan before submission to NHS England on 27 October 2019.
Reason for recommendations	To ensure the BCP Council Health and Wellbeing Board supports the vision, objectives and planned themes of work in the refreshed Integrated Care System plan, in view of the Board's system leadership role for prevention, health and wellbeing and integration. Delegated authority for authorising subsequent changes is required because of the national timescales for submission.
Portfolio Holder(s):	Councillor Vicky Slade
Corporate Director	Jan Thurgood, Corporate Director, Adults Social Care
Report Authors	Rebecca Kendall, Dorset CCG Head of Assurance and Strategic Planning, Sam Crowe, Director of Public Health
Wards	All BCP Council Wards are covered by this plan
Classification	For decision

Background

- 1.2 This paper follows on from the informal Health and Wellbeing Board meeting held on 24 July 2019 to discuss the vision, approach and main themes of the refresh of the Integrated Care System Plan, in response to the national NHS Long Term Plan guidance. The plan, known as 'Our Dorset - Looking Forward' covers the five year period 2019-2024, and provides a narrative summary of the main challenges, ambitions and aspirations for the ICS, and how the system will deliver the NHS Long Term Plan. The informal board session was used to share the

emerging plan narrative, and look at opportunities to align the ICS plan with the corporate plan of Bournemouth, Christchurch and Poole Council. Board members supported this collaborative approach to improving the health and wellbeing outcomes for the people we serve.

- 1.3 'Our Dorset - Looking Forward' is a place-based, five-year plan for the people of Dorset. It captures how the main ICS organisations intend to work together to deliver the aims of the national Long Term Plan. This includes 5 NHS Foundation Trusts (Dorset County Hospital, Poole Hospital, Royal Bournemouth and Christchurch Hospitals, Dorset HealthCare University and South Western Ambulance Service) 2 Councils (Dorset Council and BCP Council), and Dorset Clinical Commissioning Group. The Systems Leadership Team of the ICS has overseen the development of the plan on a monthly basis, supported by a planning group comprising leads from each constituent organisation working closely with programme and subject matter leads.
- 1.4 The plan builds on our existing Sustainability and Transformation Plan (STP), which set out our aspiration to become an integrated care system (ICS), with a focus 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.
- 1.5 Our Dorset - Looking Forward takes a further step in developing our ICS and recognises the opportunities that come from bringing services together in communities to improve health and wellbeing outcomes through more personalised care, tackling inequalities in access, and driving improvements in quality by delivering services differently.
- 1.6 The plan recognises that keeping people well is more than just health and care services, and identifies opportunities to work more closely across the system on some of the wider determinants of health. It recognises that the emerging corporate strategies of both Councils will be crucial in identifying opportunities for closer working to improve outcomes for residents. The plan sets aspirations to work with communities and local people in re-designing services, to overcome some of the current challenges with access and take up of support. There will be a strong focus on tackling inequalities, and how health and care services can do more to support groups that may not have always been served well previously.
- 1.7 At its heart this plan sets out ambitious aspirations to take a population health approach to improvements for people in Dorset. As we redesign and improve services in our communities, better information about local populations' health and wellbeing needs will be used to work out how to provide support and care in a more effective and efficient way that meets individual needs.

Our Dorset - Looking Forward Overview

- 1.8 Our plan sets out the significant challenges we face in Dorset in terms of workforce and finance and the opportunities that digital innovation provides.

- 1.9 It has been informed by our staff, the public and partners. During July and August 2019 we have engaged through a range of activities such as stakeholder events, online surveys, social media which is currently being analysed by Bournemouth University and will further inform our plan.
- 1.10 We have also engaged with HealthWatch Dorset who have provided further input from their engagement activities.
- 1.11 The draft plan has been informed by and shared with system leaders, including members of the System Partnership Board, System Leadership Team, Clinical Reference Group, Operations and Finance Reference Group, Quality Surveillance Group, Dorset Workforce Action Board programme leads and directors. It has been shared and discussed with both Health and Wellbeing Boards, recognising their statutory role in providing leadership for health and wellbeing and integration.
- 1.12 Our vision is for everyone to *start well, live well, age well and die with dignity* no matter where they live or what their circumstances are. To set out how the ICS partners will achieve this are three themes, Wellbeing, Prevention at Scale, and Quality care – all aimed at putting people and communities at the heart of what we do:

- **Wellbeing-** helping all residents get the best start in life, living well into adulthood, ageing and dying well. We will focus on other factors that affect individual's health and wellbeing such as employment, housing and family relationships.
- **Prevention at scale-** improving health and wellbeing outcomes for all residents so we all have equal opportunities to live well no matter where we live or what our circumstances are.
- **Quality care-** making sure people are getting the right care, at the right time, in the right place and from the right team. Providing high quality care in the community that is responsive and adaptable.

Two fundamental cross-cutting and enabling programmes are also included, in view of their importance to achieving the plans' objectives:

- **Workforce** - increasing workforce training and development, recruiting and retaining excellent people with a grass roots approach. Making public services and the wider health and care sector a great place to work, grow and develop.
- **Digital innovation** - using digital technology to deliver services in new ways, giving people more and better information about health and wellbeing and our workforce the right tools to do their job.

- 1.13 Our plan is structured around these themes, and sets out the priorities for each programme over the next five years, supported by high level timelines.

- 1.14 Alongside the narrative document outlining our plans, NHSE requires the CCG to submit specific high level details on finance (predominantly NHS finances), activity (in secondary care as this is what we currently measure) and workforce (predominantly NHS) for the system against a 'do nothing' scenario and showing potential high level solutions. It is recognised across the Dorset ICS that this work is an iterative process, as we continue to work on building a better understanding across all parts of the system. These high level plans will not tie organisations into these models as more robust work is undertaken to shape plans into detailed delivery work streams.

2. Next steps

- 2.1 The timelines for submission of the documents set out in paragraph 1.1 are as follows:
- Friday 27 September 2019 - draft plans;
 - 1 November 2019 - second draft plan;
 - 15 November final plans, date to be signed off by NHS England/Improvement.
- 2.2 To enable us to meet these timelines and to ensuring the appropriate governance and sign off of each organisation we have:
- circulated to all partner organisations to take to their Boards and the Health and Wellbeing Boards to approve the direction of travel.
 - requested partner organisations to delegate authority to their Chair and Chief Executive (Chair and Vice Chair of Health and Wellbeing Boards) to approve the draft plans for submission at the System Leadership Team on 26 September 2019;
 - System Leadership Team to delegate authority to the Integrated Care System (ICS) Chair to approve the final plans for submission in November 2019.
- 2.3 Over the next month we will:
- continue to work on refining the finance, activity and workforce information with leads across the system in preparation for subsequent submissions;
 - update the narrative plan based on feedback from partners and NHS England and Improvement; and
 - review the plans to ensure alignment of finance, activity, workforce assumptions.

- 2.4 We also propose to establish a task and finish group to work with programme leads from across the system to develop detailed implementation plans, covering the period of the plan. This will include detail on projects, timelines, benefits and outcomes- aiming to have a first draft by end December 2019, to inform the 2020/21 operational plans of each organisation.

Health and Wellbeing Board members are asked to **note and approve** the draft plan (Appendix 1) and to delegate authority to the Chair and Vice Chair to approve the draft submission to NHS England/ Improvement on 27 October 2019 at the System Leadership Team being held on 26 October 2019;

Summary of financial implications

3. Our Dorset – Looking Forward highlights the financial challenges for the Dorset system if we do nothing, both for the local NHS and for our local authorities. It also outlines plans to address this gap, and will provide a framework for how we continue to work together as a system to address this issue.
- 3.1 As set out in paragraph 1.13 the plan will detail the ‘do nothing; scenario and the potential solutions. These high level plans will not tie organisations into these models as more robust work is undertaken to shape plans into detailed delivery work streams.
- 3.2 Partner organisations across the system support this work as part of their own transformation, cost improvement or service improvement work, and there are additional funds that we can draw on because of the way we work as a system. Over the last three years our Integrated Care System work has helped to secure additional funding for the Dorset system through a variety of funding routes, including NHS England transformation funds, Health Education England funds to support workforce development, Sport England Active Ageing fund, the Department for Transport Transforming Cities Fund, and the National Lottery & National Trust’s Future Parks Accelerator fund. One element of the plan sets out how we will use the additional allocations from NHS England over the next 5 years to meet national requirements in tandem with our local plans.

Summary of legal implications

4. Not applicable.

Summary of human resources implications

5. The plan sets out the significant workforce challenges faced by the system and how we will work to address these. Further work is required to fully understand the implications across all sectors who work to improve the health and wellbeing of the people of Dorset, including voluntary and charitable sectors.

Summary of environmental impact

6. The plan sets out a commitment to sustainable development, and reduce the impact of health and care services on 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.

Summary of public health implications

7. The plan focuses 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 recognises that factors that keep people well are more than just health and care services and the opportunities to work more closely with a wide range of partners, voluntary and community sector to promote independence, increase community resilience and reduce an over reliance on services.
- 7.1 At the heart of the changes this plan sets out, are ambitious aspirations to take a population health approach to improvements for people in Dorset, and to tackle inequalities in health, working with people and communities to improve outcomes.

Summary of equality implications

8. The plan brings together a diverse range of underpinning plans and strategies across different work streams. Equality impact assessment is considered at this level rather than for Our Dorset – Looking forward as a whole. However, central to the plan is an understanding of our local challenges including inequalities and how these can be addressed to meet our aspiration for everyone in Dorset.

Summary of risk assessment

9. Not applicable for this narrative plan. The main ICS programmes are all subject to regular review of key risks, reported through the System Leadership Team.

Background papers

NHS Long Term Plan

NHS Long Term Plan Implementation Framework

Appendices

Appendix 1: Our Dorset – Looking Forward 2019 – 2024.

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Our Dorset

Looking Forward
2019-2024



01

Our integrated care system

Facts here about the county

Use statistics from latest reports and other info....

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Your NHS and local councils working together:

- BCP Council
- Dorset Clinical Commissioning Group (CCG)
- Dorset Council
- Dorset County Hospital
- Dorset HealthCare
- Poole Hospital
- Public Health Dorset
- South Western Ambulance Trust
- The Royal Bournemouth and Christchurch Hospitals



Map to go here

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 and adults so that everyone in Dorset is able to 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.

By taking a population health management approach we will have better information about people's health and wellbeing needs. We'll be able to use this intelligence to provide care in a more 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 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), which set out Dorset's aspirations to become an ICS. The focus is still 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 and as they grow, be inspired to be the best they can
- People are able to make changes to improve their health and wellbeing
- People value their health and wellbeing and pro-actively live well
- Older people are valued within communities, independent, safe and able to take control for their own care
- Access to coast and countryside promotes physical and mental health and wellbeing
- Public services listen to, value and pro-actively work with communities and voluntary sector to deliver better outcomes for people
- Public services are a good place to work, develop and innovate

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 growing demand for services.

We have to invest in our workforce, without this we will not have a sustainable workforce to deliver our services.

Finance

If we carry on as we are now, by 2023/24 we will have a shortfall of XXX million, this includes a shortfall of XX on NHS England specialised services. Our local authorities also face a significant challenge, and together will need to save over XX million 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, voluntary and community sector to promote independence, increase community resilience and reduce an over reliance on services.

This plan identifies key themes where partnership working with public services and communities can make a real difference, particularly to groups that may not have always been served well.

At the heart of the changes this plan sets out, are ambitious aspirations to take a population health approach to improvements for people in Dorset. Focusing on working with people and communities to improve outcomes.

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 and dying well. We will focus on other factors that affect individual's health and wellbeing such as employment, housing and family relationships.

2. Prevention at scale

Improving health and wellbeing outcomes for all residents so we all have equal 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, in the right place and from the right team. Providing high quality care in the community that is responsive and adaptable.

We also have two enabling themes to support our vision.

4. Workforce

Increasing workforce training and development, 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, grow and develop.

5. Digital innovation

Using digital technology to deliver services in new and innovative 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 through staff wellbeing support
- Better access to services through digital channels. 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

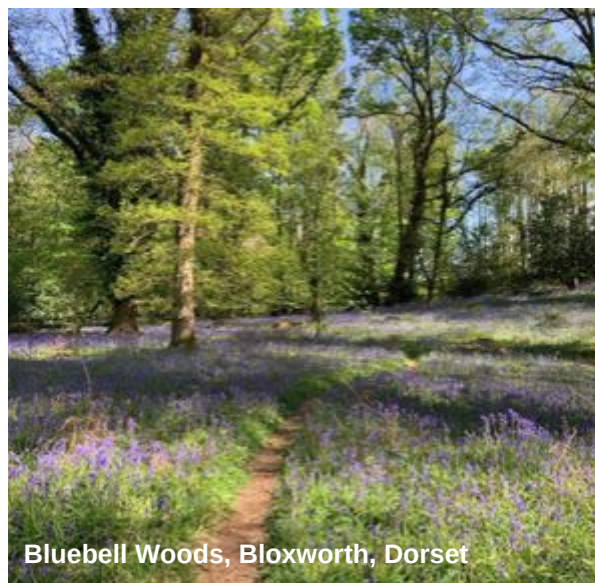
We are committed to making sure our health and care system is sustainable by delivering high quality care and improved public health without impacting on our environment.

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, the 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, such as planting trees or using technology like carbon capture and storage.

We are contributing to the ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system.

We are aiming to reduce our carbon emissions 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 are currently reviewing local information and will be developing plans to tackle climate change.

Health services have committed to a target of 34 per cent reduction in 2020 and 50 per cent by 2025.

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 (see page xx). We also have difficulty in recruiting to some posts and there are national shortages of skilled staff in particular roles.

A reducing population of working age adults makes it difficult to recruit to the social care workforce, leading to waits for community-based domiciliary care, and also to nursing posts within care homes.

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.



Add in content for children's services

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 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 £XX billion, local government £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 we forecast that in five years our health services will have a shortage of £XXX million a year, this includes a shortfall of £XX million on NHS England specialised services. Our local authorities face a significant drop in income that sees a requirement to have to save over £XX million over the next XX years.

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.

More than XXX people work within our local health and social care system. 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.



Bournemouth pier

We have gaps in some staff groups, particularly in domiciliary care, nursing staff and GPs.

LA key gaps to come

We have made savings and have been working more efficiently. Health providers have all saved around X% to X% each year and local authorities have made significant savings. Despite this, to achieve our vision, we need to make further 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, but this is not evenly spread across our population. The data reveals unacceptable inequalities between different groups. We must reduce the gap between the health of the poorest and richest.

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.

This has not really changed in the five years up to 2017. 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 set to continue and 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, with almost half of this impacting on those under 60 years old.

Many residents live in wealthy areas but without the resources to access services in those areas.

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 other 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.

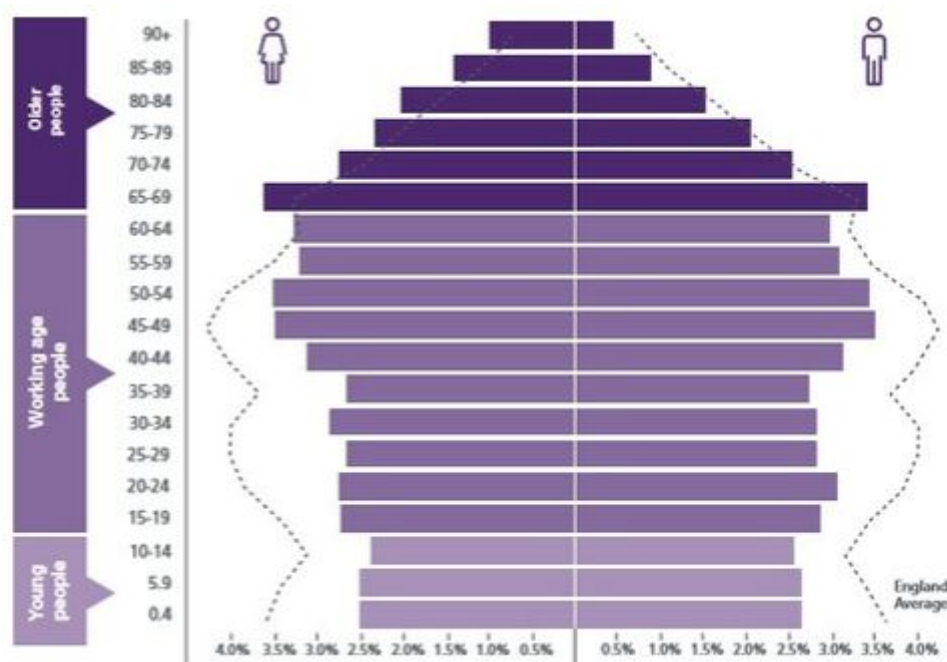
Of these deaths two out of three are due to avoidable physical illness.

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 on their role as a carer.

We need to work with homeless populations, communities and partners to face challenges of lack of affordable housing, limited social housing stock and a buoyant private rented market. This has resulted in a high number 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 inspections of local organisations have identified areas of good practice, despite the pressures in our system.

We now need to build on these strengths to address challenges such as; quality of services are varied, standards being achieved don't always meet expected targets and we don't have enough appropriately skilled staff.

There are unacceptable variations in the quality of care across Dorset. For example, patients with diabetes at some GP practices are more likely to have better control of their condition, meaning they are 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 they are continuing to rise. In most cases our services are good, but in others the evidence shows we need to do more to meet these standards consistently.

Our emergency departments, urgent treatment centres and minor injury units have seen more people attend with more complex conditions than in previous years. 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 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.



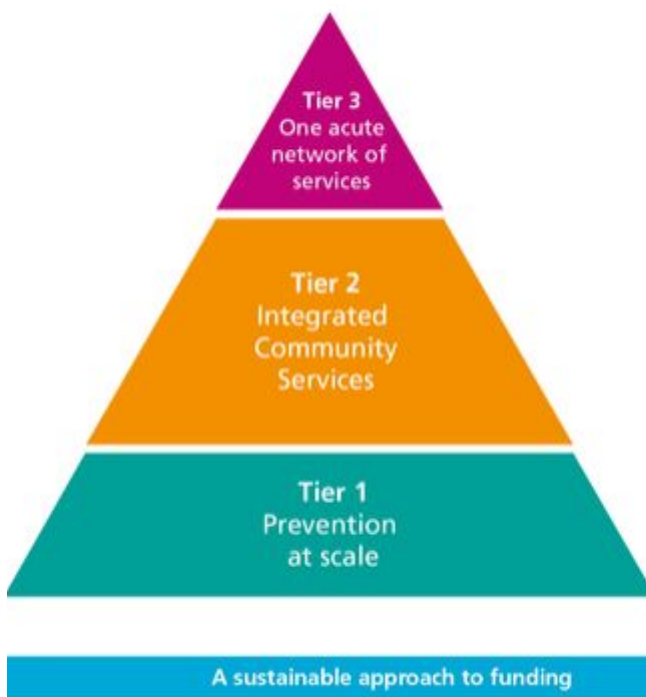
Beat the street launch in Weymouth

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

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 and putting where people live at the heart of what we do.

Our themes are:

- **Wellbeing**

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

- **Prevention at Scale**

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

- **Quality care**

Making sure people are getting the right care, at the right time and from the right person. 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:

- **Workforce**

Increasing workforce training and development, recruiting and retaining excellent people with a grass roots approach. Making Dorset's public services and the wider health and care sector a great place to work, grow and develop.

- **Digital innovation**

Using digital technology to deliver services in new ways giving people 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 the wider factors that affect people's lives including; employment and income, the environment, access to green spaces, good quality housing, living in safe strong communities, social isolation and educational attainment.

We want our communities to be places where people can be active, social and engaged in the natural environment, with outstanding quality of life where everyone plays an active role. This is reflected in Tier One of our triangle (Prevention at Scale) this 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.

We have a changing demographic in Dorset and we need to be flexible to meet the needs of our communities.

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.



What people have told us:

Feedback coming from engagement work and Bournemouth University report

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 XX). 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 needed 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 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 solutions should be considered for the health and social care sector.

Wellbeing

The Dorset Local Enterprise Partnership (LEP) are developing a strategy for Dorset in collaboration with businesses and councils. 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 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.

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, including 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 our transport networks
- Create a 21st century digital infrastructure
- Support businesses to operate more creatively, and promote 'business friendly'
- 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 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 affordable housing with a reliance on the private rented sector, which in some cases is poor quality and very costly.

Although home ownership is high in Dorset there is a lack of affordable housing for key workers. We want people to work and stay in Dorset so we will focus on increasing the availability of key worker housing. Plans for our local authorities setting out the approach to housing will be adopted by 2023.

BCP Council manage over 10,000 council homes directly or through Poole Housing Partnership.

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.

Since 2016 we have increased supported living accommodation. There are more than 800 units across Dorset for people with learning disabilities.

Our achievements...

- Reorganised from nine councils down to two (BCP Council and Dorset Council)
- 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
- Established 18 Primary Care Networks
- Business travel network reviewed travel plans at the three main hospitals

Our aspirations...

- Increase the supply of new homes to meet local needs including affordable 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, where we invest in young people so they are instilled with the skills, aspirations and drive needed to succeed and to 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. ****more to come on early years from LA*****

We want to provide our children and young people with a nurturing environment, high quality education and great opportunities to grow and flourish. We will invest in our children and young people, enabling them to access high quality education. Working with schools we will develop self-improving systems to improve school standards and increase inclusion.

In 2019/20 we bought 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 to school plans to support this.

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 needs at the earliest opportunity.

We have been embedding a graduated response where we all work together to identify and 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. This partnership addresses a range of issues including young people at risk of exploitation and parental issues which can impact a child such as domestic abuse and substance misuse

Our aspirations...

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

2. Prevention at scale

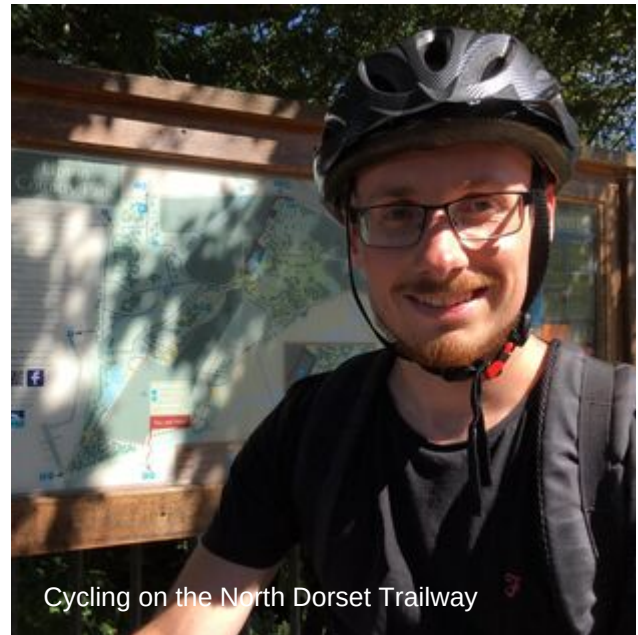
Everyone deserves the same opportunities to lead a healthy life, no matter where they live or who they are. Health inequalities are generally seen in areas where there is high deprivation.

As set out in theme one (page XX) 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 and that 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 xx).

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

We will take action to reduce health inequalities by focusing on improving the lives of those with the worst health, fastest.



What people have told us?

Await Bournemouth Uni Feedback

Prevention at scale

Para to come from Dorset Police re: health impacts of crime

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.

More to come on this from PHD

Smoking

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 xx) and support is part of care plans.

Our achievements...

- 14 GP surgeries 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

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 4 per cent heaviest drinkers drinking nearly a third of all units of alcohol consumed.

There are lots of reasons for this including not knowing about the health risks of drinking alcohol, it's addictive nature and health professionals not addressing alcohol as a cause in someone's ill health. In the lowest income groups, drinking the same amount as someone in a higher income group also has a bigger impact on health.

We have drug and alcohol treatment services and strategy in place and have made progress in delivering this. We have targeted our services for people who are ready to change. We will continue to improve the way we screen and give advice to people. We will also expand the Alcohol Care Team and Assertive Outreach Team model we piloted in Poole.

*** more to come on drug services from PHD***

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

Prevention at scale

Physical activity

Physical activity protects against many physical conditions. It also improves mental health and 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, and that there is a disproportionate affect within the most deprived communities.

We have promoted the Daily Mile to all schools, enabling children to get active and run on a daily basis. Currently 36 schools are signed up to the 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. The team are working with local authorities, primary and secondary care to embed physical activity so that our services promote activity at points when changing individuals behaviour is most likely.

Obesity

In 2019/20 the XXX primary care network is focusing on childhood obesity to understand how better partnership working at this local level can help. Learning from this will then inform our plans as a whole system.

Supporting and 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 working with practices and primary care networks to identify those people who need better management of the diabetes through a personalised plan. 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, this will see nearly 3,500 people at risk of diabetes attend the programme.

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

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.

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. We have worked to be more energy efficient, use more renewable energy sources, and to reduce travel mileage but we need to do more.

Prevention at scale

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 ensuring more 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.

Long Term Conditions and Population Health Management

We will use a population health management approach (see page XX) 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 use to identify people most at need.

This led to a more personalised approach to their care to improve their outcomes. During 2019/20 and 2021/22 we will embed this across Dorset as part of our personalised approach to care.

Primary care networks (see page XX) will be essential in reducing the inequalities that exist in their areas. We will support them to better understand the local needs and the actions needed for them to deliver the reduce inequalities service specification in 2021/22.

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 XX). 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.

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

Locally we have delivered mental health first aid to xxxx across the health, care and the education sector. 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.

Four of our primary care networks will be focusing on cervical and/or bowel screening to increase uptake and reduce variation. They will have a wider range of appointment times and a more personalised approach to communications.

Our aspirations...

- Increase the proportion and reduce the variation in people with a severe mental illness or learning disability receiving an annual health check
- Increase the uptake of 2nd dose MMR vaccines in 5 year olds
- Increase uptake and reduce variation in percentage of people aged 60-74 who have had bowel screening in the last 30 months
- 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)

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 XX). 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.



What people have told us?

Await Bournemouth Uni Feedback

Quality care

People and their carers using dementia services told us services are 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. By integrating health and social care teams we can increase our focus on the services we provide rather than beds.

In 2018 we set up a Collaborative Practice Leadership Programme. Working with 14 practices, we have recruited and trained over 230 Practice Champions.

They offer non-clinical support and activities such as art and craft therapy sessions 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 suggesting and implementing changes to waiting areas. We've started a second wave with ten new practices.

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 xx).

We will continue to work with community teams responding to the urgent needs care of those who are more frail avoiding emergency hospital admissions.

We will also transform community based mental health crisis care (see page xx) to increase 24/7 crisis resolution and home treatments.

Carer services

Dorset Council is leading the way on a new early intervention and support service for carers. 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.

Through our Better Care Fund we'll be supporting primary care to implement the new NHS quality framework for carers.

Quality care

Primary Care Networks

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 XX).

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 about their health and care. Working in partnership across health, care and voluntary services they will be able to address the wider issues that impact on people's health (see page x).

Personalised care

The NHS Long Term Plan set out the need for the NHS to provide more tailored care and support to help people have more control over their health, and more personalised care when they need it.

The NHS comprehensive model of Personalised Care is reflected in our Dorset levels of need triangle, with three levels:

- 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.

As set out on page XX, to help understand our local population and develop these tailored offers we will bring our information and intelligence together.

Using a population health management approach we'll support people in making these informed decisions and choices.

The Intelligent Working Programme as part of our digital workstream and the Population Health Management programme are key enablers to support this.



Quality care

We will raise the focus of children and young people's health and wellbeing, working towards joining 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 XX).

During 2019/20 we will better understand the existing services, gaps and needs of children and young people. From 2020/21 we will develop services focusing on inclusion, partnership and potential.

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.

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 1- 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 referral from NHS 111, which we will continue to ensure this is rolled 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 continue to work with our primary care networks as they appoint pharmacists to support them in medicines optimisation and medicines safety. Where possible we'll encourage joint appointments with others such as the acute and community trusts and community pharmacies.

These will form part of a clinical network of pharmacists working in primary and community care facilitated by the CCG medicines team.

Quality care

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) and 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 underway 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 as this will increase efficiency and reduce waste.

Although we have achieved national targets for antibiotic prescribing we know there is more to do.

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. Including relocating Carlisle House Surgery, development of the Wareham Surgery and community hub as part of the One Public Estate Health and Care Campus.

Integrated urgent and emergency care

We have seen XXX people through our two urgent treatment centres (one at Royal Bournemouth Hospital and one in Weymouth Community Hospital).

These services give people access to assessment, diagnostics and treatment for minor injury and illness. Opening hours increased by XX to give patients an alternative to the emergency department (ED) for when their need is urgent but not an emergency.

We have implemented the WaitLess app giving people latest waiting times at our urgent and emergency care services as well as travel direction on how to get there

Quality care

We have co-ordinated the NHS 999 ambulance contract on behalf of all commissioners in the South West. The South Western Ambulance Service have implemented the new national ambulance standards and continued to improve. Across the South West we'll be integrating the 999 Ambulance service and other urgent and emergency care services, so patients can be seen by the right team and the right place for their need.

During 2019/20 and 2020/21 we'll continue to transform our community urgent care provision working closely with primary care networks (see page XX).

We'll be looking at the needs of communities and developing some of the minor injury units into urgent treatment centres. They'll have longer opening hours, and give the same services across Dorset with better access to tests, diagnosis and treatments of minor illnesses.

By October 2019, we will have evaluated all of the schemes across the South West which support the ambulance services such as: ambulance cars, GPs in ambulance hubs and NHS 111 call centres. This will help us to understand the best services to support the ambulance service and to reduce the need for people to go to the emergency department when they could be seen elsewhere.



SWAST staff - photo consent pending

In 2019/20 we are focusing on ambulance services (including handover), emergency departments, and the length people stay in hospital when admitted. We will build our integrated urgent and emergency care workforce so that they can work flexibly regards of the organisation and undertake varied roles.

Our aspirations...

- Invest £12m across the South West
- Provide 63 more ambulances
- XX improvement in ambulance response times
- XX additional clinical workforce
- Reduce the growth in unplanned medical admissions by 25 per cent
- Reduce the growth in unplanned surgical admissions by 20 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 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

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, Tele-dermatology and GP with Special Interest working with dermatology services, virtual fracture clinic pilots, MSK Triage.

Our aspirations...

- Reduce new outpatients by XX per cent
- Reduce follow-up appointments by XX per cent
- Reduce the number of face to face appointments by up to one third

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 single point of access.

Over the next two years we will build on what we have already done making better use of digital technologies 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.

Quality care

Musculoskeletal services (MSK)

More years are lived with MSK disability than any other condition. The MSK vision and strategy for 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 and during 2019/20 such as the implementation of the MSK triage service.

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

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

Stroke services

In November 2019, we'll implement our hyper acute stroke unit putting experts and equipment under one roof. The unit will provide world-class treatment 24 hours a day, improving the outcomes for people following a stroke, so people can go home from hospital as soon as they are able.

Through our early supported discharge services, people will have support for up to six weeks.

Mental health services

Over the last few years we have made big improvements in services for people with mental and emotional wellbeing conditions. We are committed to driving forward improvements to create a seamless experience of care across the range of existing service functions and interventions 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.

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 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 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 people's experience improved.

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.

Next steps are to review the feedback and implement the final decisions from the review.

Our achievements...

- We have a new process to co-ordinate Care (Education) and Treatment Reviews (CTRs/ CETRs)
- 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 disability services

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 from children's to adult services is a key challenge. We are working with professionals, families and providers to better support people as they get older through information, training and multi-disciplinary support 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'.

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 receiving an annual physical health check by ?? per cent
- Reduce the number of CCG commissioned specialist in-patient beds to 11 by March 2020
- Improve the diagnosis process for people with ASD so people have a seamless experience
- 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 to 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 & 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.

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.

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 Big Build completed in 2023
- Wards completed in 2024
- Phase 2 of the Poole Theatre work complete in 2025.



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 and wider hospital has the required investment and development to fulfil this role now and in for the future.

More to add about services at DCH

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 in the community to reduce 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 Major Emergency Hospitals, this includes a new purpose built facility at the Royal Bournemouth and Christchurch Hospitals (see page xx).

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 Birth 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.

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.

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 (18/19 compared to 17/18 to specialist prenatal natal services
- Launched Maternity Matters one-stop-shop website and Dad Pad app

Quality care

Working with the Wessex LMS 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 the prevention at scale programme we will review our current smoking in pregnancy services and develop an effective and sustainable services to reduce in the percentage of maternal smoking from 10 per cent to 6 per cent by 2022 (in line with England average).

We will improve access to specialist perinatal mental health for women who experience mental health difficulties arising from, or related to, the pregnancy or birth experience.

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 ensuring babies have the best possible start to life.

We will continue to develop the Dorset Care Record, personalised care planning (women's digital personal health record) and on moving towards Dorset's Digital Maternity Care Record. Dorset LMS are currently supporting the development of the Wessex Care Records programme to enable digital information flow across Dorset and Hampshire and Isle of Wight when women and babies transfer across borders into Hampshire.

Our aspirations...

- a
- b
- c
- c

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.

The Dorset Cancer Partnership (DCP) is responsible for the planning and delivery of cancer transformational programmes and cancer standards working closely with and as part of the Wessex Cancer Alliance.

Working closely in 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 cancers is diagnosed through improved data collection and 'real time' audits of when people present – feeding this back through multidisciplinary teams and to GPs.

We have also updated our referral forms which will help to achieve the 28 day faster diagnostic standard meaning that 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 and have just been accepted as a 28 day faster diagnosis implementation site. We will continue to implement the 28 day faster diagnosis pathway through 2019/20 to 2020/21.

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.

We will continue to roll out cancer screening programmes, making sure community and primary care are able to support prevention and early diagnosis, with a particular focus on reducing smoking rates, particularly in the under 15-year age group, UV exposure and obesity.

Quality care

Rolling out screening programmes for Fecal Immunochemical Test symptomatic and non-symptomatic, cervical, bowel and breast has been a focus for us during 2019/20. We have also developed plans for implementation of HPV vaccination for boys, which will be rolled out from September 2019 with vaccinations starting in April 2020.

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 One Acute Network and merger of Poole Hospital and Royal Bournemouth and Christchurch Hospitals (see page XX) in the east of the county we will continue to integrate haematology and oncology services, which will support workforce challenges and manage demand.

We will continue 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

Completion of 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.

What are we doing in up to 2023/24?

need more text for end of life and palliative care

Our aspirations...

- a
- b
- c
- c

4. Workforce

In Dorset we want to make the public services and the wider health and care sector a great place to work, improving staff recruitment and retention, increasing workforce training, and all supported by great leadership.

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 xx.

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 more flexible.



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 have a people plan in place

****check with HR what their plans are called and a brief description of what it is*****

Staff have told us that they want more opportunities to develop their skills and have more flexibility about where and when they work. (add other key themes from People and Culture Programmes and HWB insight work)

Through our Dorset Workforce Action Board (see page xx) 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)

Progress to date

Planning for such an ambitious workforce change is ambitious. 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 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 specific staff shortages we have:

- Invested in 50 Registered Nurse Degree Apprenticeships who started in September 2019, recruited from school, colleges 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.

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% 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 2015

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. 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.

LA information to come

x

y

z

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

Staff health and wellbeing

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.

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 trained in mental health first aid for young people and adults

5. Digital innovation

New technologies and innovation continue to reshape every aspect of our lives. Our digital strategy is to support services and deliver improved health and wellbeing in our local communities through the optimal adoption of digital. Enabling a digital approach to information recording, sharing and processing, so that provision becomes “digital as usual”.

Digital will be at the heart of all our transformation programmes, so we will engage with people to inform all changes so we have meaningful patient outcomes.

Our challenges

tbc



Achievements...

- Implemented the e-RS, Advice and Guidance, including teledermatology and online consultations
- Electronic prescriptions including repeat prescriptions
- People can view their own care records through GP surgeries
- Populations 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

Digital innovation

Our digital strategy (see appendix or add in link when available) sets out how we will deliver the digital transformation required to develop a dynamic Dorset where 'digital as normal/ digital first' is the norm.

Infrastructure, driven by enabling technologies

This is the building block to our plan. By 2020 we will have implemented Windows10 across 100 per cent of NHS estate in Dorset.

Integration/provision of video conferencing and new integrated landline and mobile phone solution so staff can be more mobile supporting our workforce vision of staff working across organisations no matter who their employer will be a focus for us in 2019/20 and 2020/21.

We will continue to update and improve our systems to keep people's information and data are kept safe and secure; providing education for staff and up to date monitoring systems. For example with the national programme to deliver the Integrated child protection system by 2022 for the people of Dorset.



Intelligent working

Supporting the design and planning of health and care services and providing targeted care to people through a greater understanding of existing information. Roll out of health analytics to support population health management by 2020/21.

Empowering self-care and access

Supporting people to confidently manage their long term conditions, and working clinical teams to develop and better use of technology to make the Prevention at Scale agenda accessible to all.

We will roll out the summary care record so that people in Dorset with a long term condition in Dorset will have access to their personalised summary care record by 2020/21.

Digital innovation

We know our traditional approach to outpatient services is no longer sustainable and new technologies mean that people can receive more efficient and effective care. Through our transforming outpatients programme (page XX) we will further our approach to online consultations and alternative to face to face appointments through advice and guidance, consultant connect, and virtual clinics to reduce the need for outpatients appointments by a third by 2024.

Shared care record

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

We will continue to roll out Dorset Care Record and will work with NHS England Public Health to support the implementation of digital Child Health Service. 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 will work to join up the cancer record and patient portal to support those patient who can get support without having to attend hospital e.g. online advice.

Culture, Leadership and workforce

Creating a 21st century digital infrastructure which supports our business, health and care services to operate more creatively and are sustainable will require strong leadership, change in culture and workforce.

We have in place a leadership team across Dorset of Clinical Chief Information Officers, Chief Information Officers we will support them to continue to develop through training and accreditation programmes. We will provide training for our frontline staff so they are equipped to deliver services in a new way.

Innovation, driven with Research Active Dorset

We know how important it is to continue to develop and adapt. We are going to build a wide reaching research new who will develop the best new digital approach and facilitate the implementation and learning from new approaches to help Dorset be a vanguard in digital solutions.

07 Sustainability

We face significant financial challenges over the period of this plan, that will require a sustainable approach to how we deliver services.

In September 2019, we calculated an annual financial gap of £272m by 2023/24 for health services in Dorset.

Working collaboratively across the system we can close this gap and make sure we are in a financially sustainable position for the future.

We have undertaken financial modelling work to calculate the impact of implementing our plans to better understand how we can close the gap.

Efficiency programmes: £145m

All NHS trusts are required to deliver at least a 1.1 per cent saving each year on their existing costs. Those trusts that are currently 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 2 per cent or more. Our plan is to deliver £145m 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: £107m

If we do nothing differently our modelling shows that there will be substantial additional costs for health care across Dorset.

Our programmes of work to transform the way we deliver services will manage these pressures and avoid costs, such as transforming outpatient programmes which will reduce the need for face to face outpatient appointments through digital technologies and different models of care which will allow 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.

We will look to automate processes, reducing delays and paperwork whilst also providing innovation in the way care can be delivered.

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.



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: £20m

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.

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, and a system planning and assurance lead. Some of the system-wide roles have been sourced from the CCG, although it has been important to ensure that these roles are seen as working for the whole system in a cross-cutting way. Staff are often 'embedded' within particular providers or programmes.



****more to come****

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, Directors 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.

The Clinical Reference Group (CRG)

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 and works with external partners and advisory bodies to ensure service models are in line with best practice, improve quality and safety and equity across the system.

Delivering our plan

The Operations and Finance Reference Group (OFRG)

Provides financial, performance, operations, contract performance and quality oversight, and assurance for the ICS and associated business cases/benefits realisation. The system control total is primarily managed through OFRG which is a monthly meeting chaired by the Chief Finance Officer of the CCG and includes all of the system Directors of Finance, Directors of Operations, CCG Director of Nursing and Quality, and ICS programme Director.

The Quality Surveillance Group (QSG)

Provides system wide overview and management of quality including performance and recommendations for improvement and overview of delivery. It is 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 representation, Public Health, Local Authority leads for adults and children's, primary care, specialist commissioning.

The Dorset Workforce Action Board (DWAB)

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 and representation includes Directors of Workforce, Directors of Nursing, Director of Primary Care Workforce Centre, Public Health, Allied Health Professional Lead, Health Education England, Medical Education, Staff Representation, Communion and Care Sector.

Integrated Health and Care Partnerships (IHCPs)

Responsible for the implementation of programmes and projects to support the delivery of the STP and LTP at a place level. This ensures 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 or Public Health, GP leads, LA 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. The IHCPs report to the local Health and Wellbeing Boards as well as 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

In October 2019 we will undertake an assessment against the NHS England Maturity Matrix to further understand what we need to do to develop into a mature ICS.

Once this has been completed we will review the outcomes and develop and implement plans to move us forward. We will continue to embed our population health management approach (see page XX) to make sure that the design of our services meet the needs of communities, which will be delivered by strong primary care networks and integrated teams, improving the outcomes for the people of Dorset.

We will review and consider the Integrated Care Provider Contract once published.



Report subject	Better Care Fund – Planning for 2019/20
Meeting date	25 September 2019
Status	Public Report
Executive summary	<p>This report provides an overview of the content of the Better Care Fund (BCF) plan for 2019-20.</p> <p>The BCF is a key delivery vehicle in providing person centred integrated care with health, social care, housing and other public services, which is fundamental to having a strong and sustainable health and care system.</p> <p>National planning guidance was released in July 2019 advising that plans need to be completed and submitted for national assurance by NHS England by 27th September 2019. The plan needs to be jointly agreed and signed off prior to this by the Health and Wellbeing Board as one of the planning requirements.</p> <p>This is to be a year of minimal change to BCF plans. Any major changes from a national review of BCF will be from 2020 onwards.</p> <p>The aim is to use the 2019-20 plan to continue to help deliver ‘Our Dorset’ the Integrated Care System Plan. This is also going through a process of review in light of the national NHS Long Term Plan issued in January 2019.</p>
Recommendations	<p>It is RECOMMENDED that:-</p> <p>the Better Care Fund Plan for 19/20 taking into account the investment and delivery plans outlined in this report, be approved.</p>

Portfolio Holder(s):	Cllr Lesley Dedman, Adults and Health
Corporate Director	Jan Thurgood, Corporate Director, Adult Social Care, BCP Council Sally Sandcraft, Director Primary and Community Care, Dorset Clinical Commissioning Group
Report Authors	Kate Calvert, Deputy Director Primary and Community Care, Dorset Clinical Commissioning Group Phil Hornsby, Director-Adult Social Care Commissioning, BCP Council Elaine Stratman, Principal Officer, Adult Social Care Commissioning, BCP Council
Wards	All
Classification	For Decision

Introduction

1. This report provides an overview of the content of the Better Care Fund Plan (BCF) for 2019-20 including the schemes, priorities, governance, metrics and spending for the year. The full narrative of the plan is attached at appendix 1.

Background and Better Care Fund 2019-20

2. Since 2013 the Better Care Fund (BCF) has been a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.
3. The majority of the pooled resources for the Better Care Fund come from existing activity within the health and social care system such as Disabled Facilities Grants used for aids and adaptations, and additional contributions from Local Authority or CCG budgets. Also, extra short-term grants from central government have been paid directly to local authorities such as the Winter Pressures Grant and Improved Better Care Fund which are used for meeting adult social care needs, reducing pressures (including seasonal) on the NHS and ensuring that the social care provider market is supported.
4. In addition, the BCF is funded by a CCG minimum contribution. An uplift to this contribution must be applied to meet one of the imposed conditions for meeting the national assurance process.
5. The planning guidance for 2019/20 has specified that to meet the assurance process plans need to be submitted through a prescribed excel template. This considers narrative information including progress on plans, the High Impact Change Model, income and expenditure and metrics an outline of the plan is detailed below.

The Better Care Fund Plan

Progress on plans

Section A- Delivering person centred outcomes by promoting choice, independence, prevention and self-care.

6. This section of the plan acknowledges the significant system changes for both the Local Authority in regard to Local Government Re-organisation and the councils previously serving Bournemouth, Christchurch and Poole being replaced by one new council, responsible for all local government services, known as BCP Council; and changes to the Integrated Care System as it continues to evolve around place.
7. It explains that the Council and CCG budgets have been set in order to plan and deliver services to the diversity of residents across the BCP area. This includes incorporation of budgets from the two Unitary Councils of Bournemouth and Poole and a population split of 11.7% for disaggregation of funding of former Dorset County Council for Christchurch to the new Council area for both Local Authority and CCG.
8. It describes the delivery of support in community settings including social care front door services, reablement, care planning and direct payments and considers the need to reconfigure and deliver a consistent approach across the new health and wellbeing area. The section also describes how Primary Care Networks are delivering a new model of care based on new nationally set service specifications which focus on being personalised to meet individual need.
9. The plan then provides an overview of how health and social care staff are working together on a range of measures in order to support timely discharge from hospital settings, including initiatives at the front door of the hospital to avoid admissions and support to adults who've had a long stay in hospital.

Section B1- Approach to integrated Services at Health and Wellbeing level

10. This section of the narrative describes the five schemes that Dorset CCG and BCP Council (working in conjunction with local NHS providers and the wider market) are proposing to continue to invest all BCF allocation in. These are:
 - (a) Maintaining independence- early intervention and prevention services, information and advice, support to self-funders, integrated community equipment and increasing use of assistive technology.
 - (b) Early supported discharge- responding to the 8 high impact changes that make a difference to discharge planning, linking closely with acute hospitals in particular for safe discharge into community settings. Maintaining wrap around services such as reablement, step down beds and intensive care packages.
 - (c) Support to carers- ensuring available resources are being deployed in the most appropriate areas of significance to carers, focussing on respite, direct payments and the sitting service.
 - (d) Moving on from hospital living- providing integrated personalised care for people with complex needs who moved on from long stay hospital accommodation.

- (e) Integrated Health and Social Care Locality Teams- continuing to develop community hubs across the BCP Health and Wellbeing area; developing more personalised models of care provision within the newly formed primary care GP networks.

11. This section also describes additional areas of work for 2019-20 in regard to developing strong and sustainable care markets and understanding joint expenditure.

Section B2- Your approach to integration with wider services including Housing

- 12. This part of the plan considers the journey of integration with Housing, with BCP Council developing its housing strategy with a focus on specialist support accommodation including Telecare and Disabled Facilities Grants.
- 13. It also focusses on the growing relationship with the voluntary sector and how this contributes to the Integrated Community Services work through social prescribing and development of models of care through the Primary Care Networks.

Section C- System Level Alignment

- 14. This part of the plan describes how the Better Care Fund Plan aligns to the Integrated Care System Plan and provides the Health and Wellbeing area's annual operational plan for joint delivery of services to adults. This section also describes the composition of the Health and Wellbeing Board and how the Board will have governance and oversight of the delivery of the performance measures, outcomes and budget management of the plan.
- 15. A joint Commissioning Board will lead on the development of joint commissioning strategies for the system and financial monitoring of the plan. Alongside this will be corporate reporting for BCP Council and the CCG.

The High Impact Change Model

- 16. This part of the plan describes how the system is working together to implement the High Impact Change Model. The model is recognised and adopted nationally by the NHS and Local Government as a method that has the greatest impact on reducing delayed discharges from hospital. It identifies eight system changes as detailed below:
 - early discharge planning
 - systems to monitor patient flow
 - multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector
 - home first/discharge to assess
 - seven-day services
 - trusted assessors
 - focus on choice
 - enhancing health in care homes.
- 17. There is also a self-assessment to grade maturity of implementation. This ranges from not yet established to exemplary. The System has assessed itself as a mid-range grading of established, apart from one area rated as mature which is in multi- agency discharge team.

Income and expenditure

18. This section of the plan provides a very granular breakdown of the spending by scheme type, source of funding and expenditure. A high level view of this is detailed below:

Scheme Description	CCG contribution	BCP contribution	Total
	£000	£000	£000
Maintaining Independence	7,798	13,374	21,172
Early Supported Hospital Discharge	4,883	3,086	7,969
Carers	1,148	0	1,148
Moving on From Hospital Living	7,265	2,182	9,447
Integrated Health & Social Care Locality Teams	19,105	0	19,105
Total	40,199	18,642	58,841

Performance Metrics

19. This section of the plan asks for a narrative around how the Better Care Schemes and enabling activity will impact positively on the four national performance metrics of:

Non-elective admissions in hospital per 100,000* population (all ages). The narrative focusses on the priorities set by the Urgent and Emergency Care Board which include length of stay in hospital, Emergency Department Initiatives (admission avoidance) and Ambulance Service transformation and use of alternative pathways. The target for the year is to be confirmed and will be set through the NHS operating plans.

Delayed Transfers of Care (ages 18+). This section focusses on enhanced seasonal service provision through the use of the Winter Pressures Grant. The local target for 19/20 has been nationally set as 25.0 bed days daily (it is recognised nationally that this target does not take into account the new BCP geographical area)

Admissions to Residential and Nursing Homes (older people 65+). This part of the narrative considers schemes in place to promote independent living but also recognises the dichotomy that placing adults with complex care needs into a care home setting has a positive impact on reducing delayed discharges. The local target is 592 per 100,000 population. (This is based on Pan Dorset BCF metric for 2018/19. This target has also been used for the ICS long term plan).

Percentage at Home 91 days after discharge (older people 65+). The narrative outlines how reablement services will be bolstered over the winter pressure period to enhance therapy led services. Due to the 2018/19 target of 79.7% not being met, this target has been retained for 2019/20.

Summary of financial implications

20. The non-recurrent nature of funding solutions in 19/20 and the challenges to the sustainability of funding for both the CCG and LAs means that managing the BCF budget creates risks for both Dorset Clinical Commissioning Group and BCF Council.
21. The mandatory 2019/20 uplift for BCP is 4.6% calculated on the Expenditure on Social Care from the Minimum CCG contribution of £10.437m. The uplift increases the minimum CCG contribution to be spent on Social Care to £10.919m. That is an increase of £482k.
22. The table below summarises the sources of funding and area of spend.

Sources of funding	Area of spend		Total
	Social Care £000	Community Health £000	
BCP contributions			
- Disabled Facilities Grant	3,101		3,101
- iBCF	11,296		11,296
- Winter pressures Grant	1,748		1,748
- Additional LA contribution	2,497		2,497
CCG contributions	10,919	29,280	29,975
	29,561	29,280	58,841

23. There is also £1 million funding pressure experienced by the CCG, BCP Council and Dorset Council in regards to the Integrated Community Equipment Service in 2019/20. A recovery plan is in place. Funding partners have agreed not to reduce their contributions for 2019/20 and 2020/21. This still leaves a potential funding risk to all partners if demand outstrips resource. There is also pressure within the pooled funding agreement for Moving on From Hospital Living. This is due to cost of living and national living wage increases as well as increasing complexity for those individuals funded through the scheme. Any cost pressures impact on both partners through the risk share agreement.

Summary of legal implications

24. New Section 75 agreements will be put in place by November 2019 as prescribed in the planning guidance for each of the pooled budget components in the fund.

Summary of equality implications

25. An overall Equalities Impact Assessment (EqIAs) was completed when the 2017-19 BCF plan was agreed. The plan for 19-20 has minimal changes. An EqIA will be carried out if there any proposed future changes to policy of service delivery.

Strategic Narrative

What is your approach towards integration of health and social care from:

A. Person centred outcomes your approach to integrating care around the person

To include:

- Prevention and self-care
- Promoting choice and independence

Changing organisations and systems

It should be acknowledged that significant organisational changes are taking place within the Dorset area and as a system. This is in regard to the forming of two new unitary Councils across the Dorset area now known as Dorset Council and Bournemouth, Christchurch and Poole Council (BCP); and running concurrently are changes to the integrated care system as it continues to evolve around place.

On 1st April 2019 the councils previously serving Bournemouth, Christchurch and Poole were replaced by one new council, responsible for all local government services for the area, known as BCP Council. The new Council will provide services to around 395,600 residents and now has the twelfth largest resident population of any council in England.

Forming as a new Council and a new Health and Wellbeing area from 1st April 2019 poses as an opportunity to review existing services working in conjunction with Dorset CCG and other key stakeholders.

A new Health and Wellbeing Board has been established and has had oversight of the development of the jointly agreed plan and will be signed off by the Board prior to submission on 27th September 2019.

The Council and CCG budgets have been set in order to plan and deliver effective services to the diversity of residents across the BCP area. This includes incorporation of budgets from the two Unitary Councils of Bournemouth and Poole and a population split of 11.7% for disaggregation of funding of former Dorset County Council for Christchurch to the new Council area for both Local Authority and CCG.

Alongside changes for Councils is the continued development and delivery of Dorset's Integrated Care System plans. It is continuing to implement plans for:

- service redesign of primary and community care services, through workforce reshaping and redistribution: matching resource to demand to develop more sustainable services through improving skill mix and providing more consistency of care from community hubs (with or without beds);
- service configuration to provide services at a time that reflect people's needs and ensure that there is more comprehensive support for carers and service users, as well as care professionals; and

- right sizing the capacity of community health beds across Dorset to best reflect the changing population growth/need and working with the independent care home market to enable more people to be supported closer to home.

These plans now incorporate a more focussed place-based approach, with the establishment of 18 Primary Care Networks. These will support general practice coming together, in partnership with community services, social care and other providers of health and social care to provide proactive, personalised and coordinated out of hospital care within geographically defined areas in Dorset. Networks will form around natural communities, and serve a population of around 30,000 to 50,000.

This backdrop of significant organisational and system change offers up real opportunities to reconfigure how services are currently organised with person centred care being the central component to every aspect of service delivery.

Below is an overview of the current system approach and future developments in regards to personalisation and person centred care. It also highlights where plans are being put in place to review the current approach based around the opportunities described above:

Person centred care and support in community settings

In community settings social care front door services continue to meet the Care Act duty and promote and encourage self management, wellbeing and short term low level support to reduce and delay the need for long term care. The Assist Service in Poole and Care Direct for Bournemouth and Christchurch offer information, advice and signposting services to individuals based on their desired outcomes and need.

In Poole visiting officers are on hand to offer rapid intervention for low level services such as equipment provision, reablement and telecare support.

Plans are in place to review these current functions so that a consistent offer is in place across the health and wellbeing area. The Council are working with KPMG, as our digital transformation partner, to develop the future operating model for the Council; specifically for adult social care, taking an evidence based and best practice approach in the context of partnership working. Longer term benefits should be realised by both residents and health and social care practitioners in promoting wellbeing, choice and independence, reducing and delaying need for more formal or clinical interventions.

BCP Council currently operates two models of reablement services provisions, inherited from its predecessor Councils. There are plans for these services to be reviewed in order to offer a consistent service delivery model that will maximise potential outcomes for individuals using the service.

Better Care Fund targets for the percentage of people at home 91 days after discharge (older people 65+) are not being met. This is likely in part due to the emphasis on reducing delayed discharges and maintaining system flow, which increases the potential risk of patients being discharged, although medically fit, not always being able to be fully supported back to independence.

The quality of reablement services, as judged by Care Quality Commission inspections, is very good but we need to ensure consistency with rehabilitation services such as

intermediate care. The potential outcomes and benefits of a review are unlikely to be achieved in the current financial year, but improvements from the review will be delivered in 2020/21 onwards. A proportion of the winter pressure grant will be used in order to grow the reablement offer and improve performance in the interim, with a focus on deploying extra reablement assistant capacity and employment of an Occupational Therapist to enhance therapy led services.

An asset based approach has been rolled out across community and hospital social care teams for care planning for those with long term care and support needs. The 3 conversations model has been adopted and explores what a good life looks like to the user, and how best to mobilise those resources needed, based on both personal and community assets available.

Plans are also in place to review the service delivery model for social care Direct Payments in order to maximise choice and control for recipients and encourage wider usage as the service has relatively low take up across the area. This includes rolling out a consistent approach by using pre-paid cards for new and existing users, thereby making managing an account easier.

One of the aims of the new Primary Care Networks is to offer more differentiated support with a focus on being tailored to meet individual need. Dorset CCG are currently working with the networks, local authorities and other stakeholders to support the personalisation agenda.

End of Life (EOL) care will be personalised by building on the mobilisation of pilot to wider networks. The plan will continue to have a focus on training and development of a system-wide workforce to support personalised care using a train the trainer model. Social Prescribing mobilisation and delivery of the new Social Prescribing contract is underway across Dorset working with voluntary sector partner Help and Care to deliver this. There is scope to expand the model further in line with the PCN requirement for link workers and social prescribing across networks. This will continue to support the development of the role of the community and voluntary sector as an integral part of PCNs.

A significant focus is placed, at pace, on extending the use of Personal Health budgets and integrated budgets. The legal right has been extended to include personal wheelchair budgets and for those eligible for Section 117 mental health aftercare, together with it being the default for those in receipt of Continuing Healthcare.

Person centred care and support for out of hospital settings

Hospital social care leads are developing flexible ways of working in order to assist hospital teams most effectively in responding to high demand and priority which include the stranded patient, admission avoidance, using electronic monitoring (health of the wards) and frailty. This involves having a stronger presence at the hospital front door including ED, medical assessment and rapid access clinics. The practice model will put patients at the centre throughout the assessment and follow up support, working positively with individuals and families with the person retaining control of care decisions and with support to set realistic expectations.

These measures should not only impact on improved patient experience but positive health and wellbeing outcomes by focussing on reduction of emergency admissions, where Better Care Fund targets are only just being missed but also reducing the number of long stays in hospital.

These areas reflect the priorities set by the Urgent and Emergency Care Board which include reducing length of stay, Emergency Department Initiatives (Admission avoidance) and Ambulance Service transformation and use of alternative pathways.

A care brokerage service is arranged across the BCP area to assist social care and health practitioners find the most appropriate care and support for individuals. This service will be expanded and enhanced over the winter period, offering a service in both acute hospitals by using some of the winter pressure grant. This service will expedite discharge from hospital through prioritised packages of care and reablement.

Using money from the winter pressures grant current support for people who fund their own care will be enhanced by expanding the independent living advisor service to be in place across both acute hospitals. This will enhance the service to patients across Poole and Christchurch as well as the current Bournemouth service. The service will help prevent delayed discharges by assisting people who fund their own care and support and provide timely information and assistance as they make decisions about services and paying for them. The advisor will also facilitate social care assessments, best interest decision making and deputyships as required.

B1 Approach to integrated services at Health and Wellbeing level

A collaborative approach is taken in the delivery and commissioning of services. This will continue to develop and mature moving forward as a new Health and Wellbeing area and are reflected in the 5 Better Care Fund Schemes as below:

Maintaining Independence

Information, advice and early help is supported through joint commissioning of the digital online offer “My Life My Care” which is widely promoted and has been rolled out and supported by health and social care staff across the BCP area.

Support to self funders is also funded through the BCF pooled budget. This area has been prioritised in order to boost capacity in the acute hospitals in 2019/20 through the use of the winter pressure grant. It has been acknowledged by acute providers and the council that support to those who fund their own care has a positive impact on reducing length of stay in an acute bed.

We continue to commission a PAN Dorset Integrated Community Equipment Service through a pooled budget, with the lead commissioning role transferring from the previous Bournemouth Borough Council to BCP Council. Performance monitoring takes place through the monthly Pan-Dorset equip for Living Partnership Board.

The use of the Disabled Facilities Grant has a maintained level of service in place providing adaptations within the home through Poole and Bournemouth teams and a commissioned service for Christchurch which will end in March 2020. Work is taking place to align the teams for one service across BCP Council ready for April 2020.

Carers Services

Priority has been to ensure Carers across the new council area are receiving consistent services across the conurbation. This has involved ensuring carers resident in Christchurch receive services new to them including membership of Carers in Crisis, the local Emergency Back up scheme.

As we enter 2020 a new contract will start, offering befriending and mentoring to local carers. Carers have been involved with the design of this service, and the process leading up to the award of the contract.

There have been new ways of supporting carers agreed with the voluntary sector and we will be introducing more ways of encouraging carers to take a break, some of these include the person they care for.

We are looking at how the Council may develop new ways to show their appreciation of the local carer population, and its commitment to carers will be reflected in the forthcoming BCP Council plan.

Early Supported Hospital Discharge

We continue to work with acute hospitals in planning for safe discharge into community settings. Better Care Fund targets for Delayed Transfers of Care are being met. However, length of stay continues to be challenging and more focussed work on long stay patients is taking place collectively. A dashboard has been rolled out to acute hospitals to enable more active monitoring and management of patient flow. Weekly structured calls take place between senior officers to ensure that everything is being done to support long stay patients.

We will continue with Integrated hospital discharge practices in both acute hospitals which is influencing more efficient and co-operative ways of working, linking closely with community hospitals to facilitate timely discharge.

A newly constructed 80 bedded care home (Figbury Lodge) will be opening shortly in the Poole area. The home is for adults with specialist nursing care needs and dementia. Having this facility available should have a positive impact on reducing delays and long length of stay in hospital. Dorset CCG will be commissioning a number of short stay beds within the home and the home will offer 20 transitional beds across the BCP area to support timely discharge.

We continue to work to Home first philosophy and D2A practices. These are now embedded in daily practice and the Council have services in place in line with the principles of Home First through use of the winter grant.

There are also a number of initiatives being invested in through the winter monies including additional community equipment for care home discharge, small grant practical help and support to carers in regard to overnight sitting support in order to facilitate timely discharge. To increase confidence for those returning home from hospital we will be working with Housing colleagues to extend the Councils' use of the community alarm and response service.

Using the winter pressures grant we will also make additional funding available to facilitate timely discharge through care home placements and care packages for very complex/high cost cases. This will provide a budget to enable us to agree quickly high cost placements. We will also extend protected hours for care providers, in order to secure hard to source packages of care for up to 2 weeks. For those with complex care needs (in particular those adults difficult to place in a residential setting out of hospitals), it will continue to have a negative impact on performance for meeting the target for new admissions to care homes, but a positive impact on reducing delayed transfers of care.

In line with the High Impact Change Model we will be deploying increased social work capacity in both of the acute hospitals through extended weekday working (up to 8pm) and weekend capacity (up to 8 hrs per day). It is anticipated that this will begin mid to late November 2019.

We are retaining reablement support, to support adults maximise their independence on discharge from hospital using funding from the Improved Better Care Fund. As mentioned previously, reablement will be reviewed to consider consistency of service and process across the new council area.

We will also continue to use additional step down beds for enhanced discharging at Coastal Lodge (10 beds) and additional interim beds.

Progress is being made in the commissioning and delivery of the integrated electronic patient record "Dorset Care Record". This will improve data sharing between organisations and fulfil previous national conditions relating to information sharing. So far practitioners with access can view the records for GP practices, demographic data, radiology reports, medical appointments and attendances from Bournemouth, Poole and Dorset County Hospitals.

Integrated health and social care locality teams

The integrated health and care partnerships across the BCP area are continuing to provide and further develop quality services in line with the newly formed primary care networks. Significant investment is being directed in developing rapid response services in order to deploy rapid intervention, treatment and monitoring of patients that have an immediate and/or escalating need. Multidisciplinary working, virtual wards, home visiting and risk profiling tools ensure that the right support is provided at the right time and in the right place.

A stocktake of the ICS' Integrated Community and Primary Care Services investment is currently underway, with the aim of better understanding the impact from the model of care that has been implemented across Dorset. This piece of work will help inform future investment decisions across the various funding streams (including BCF) to ensure we continue to deliver on the aspirations identified within the Clinical Services Review and now incorporated within our system's long term plans.

Moving on From Hospital Living

This relates to providing integrated personalised care for people with complex needs who moved on from long stay hospital accommodation. The Dorset wide pooled budget has

provided a shared approach to managing financial risks over the past 3 years. A decision was made in early 2019 by partners to separate the current Dorset wide arrangement into two separate pooled budgets, reflecting the two new councils.

In addition to this Dorset CCG and BCP Council continue to focus on some additional areas of work for 2019-20 as detailed below:

Strong and sustainable care markets

A number of initiatives have taken place or are in train to support the care provider market. Joint procurement of home care; mobilisation of a new 80 bedded care home (Figbury Lodge) for people with specialist nursing care needs and dementia in Poole with the NHS commissioning a number of short stay beds and 20 transitional beds to support timely discharge; and purchasing of a care home in the Bournemouth area are progressing. Increasing capital funding for care homes to support improvements and enhanced quality in return for stabilisation of fees continues. There is also a strategic intention agreed to work towards an integrated quality function and team covering home care, nursing homes and residential homes. There is also an intention to work towards developing a shared market management plan.

We are also planning to undertake a media campaign to expand the audience and success of Proud to Care by reaching providers and care workers across Bournemouth, Christchurch & Poole areas. To ensure that this has the maximum impact a professional marketing agency is being sought to optimise the success of the campaign in promoting a career in care as a rewarding and fulfilling job role.

Understanding joint expenditure

Prior to further aligning NHS and social care budgets it has been agreed that we will share financial information in order to better understand our joint expenditure and common areas of spend. This will enable us to make informed decisions of where we align budgets in the future.

B2 Your approach to integration with wider services, including housing

Integration with Housing

Since 2015 considerable improvements have been made to how older and disabled residents are supported to remain at home safely and independent through integrated plans within BCF. The additional DFG allocation has allowed a greater flexibility to provide more responsive and tailored outcomes for people. This includes the provision of the nationally prescribed DFG, minor adaptations, assistive technology and equipment.

The new BCP Council is developing its housing strategy which will incorporate the need for specialist and support accommodation, this will include identifying how we can maximise the part that housing adaptations, daily living aids, and assistive technology can play to prevent, delay or reduce hospital admissions through homefirst/ reablement pathways and care home placements or demand for other social care services.

In order to increase confidence for those returning home from hospital we will be working with Local Authority Housing colleagues to enhance the Council's community alarm and

response service and further promotion and development of the wide range of technology available to support people in their own homes.

There are several extra care schemes across the Council area and more will be considered as part of the housing strategy delivery plan to cater for a range of needs including physical disabilities and learning disabilities.

Local authority housing departments commission a range of support services which work in conjunction with health and social care partners for people with complex needs.

BCP Council have a dedicated role within housing who works closely with adult social care commissioners and health partners.

Voluntary Sector

There are strong links with voluntary sector organisations and we recognise the value that these organisations bring to our services and communities by offering valuable services within local communities that contribute to the support and wellbeing of many individuals.

The Council and the CCG provide grants to the Council for Voluntary Service (CVS), which operates across the health and wellbeing area, to enable it to provide support and advice to the thousands of voluntary sector organisations across the area. With the formation of the new Council there is the potential to work with the CVS to enhance our procurement services to enable the voluntary sector to be better placed to apply for work and tenders that we might be offering.

Voluntary sector partner Help and Care is working with the CCG to deliver social prescribing services and delivery of the new Social Prescribing contract is underway across Dorset. There is scope to expand the model further in line with the Primary Care Network requirement for link workers and social prescribing across networks. This will continue to support the development of the role of the community and voluntary sector as an integral part of PCNs.

The Council are also exploring ways we can work with the voluntary sector in order to enhance current short intervention home from hospital initiatives across the acute hospitals.

The Dorset Integrated Care System are also embarking on the Building Health Partnerships programme, working with the voluntary sector and community to inform work on models of care emerging from Primary Care Networks. This is likely to impact on future planning for the Better Care Fund schemes and reducing health inequalities, considering those people often not currently served by current care models.

C System level alignment

The Better Care Fund plan aligns to the Integrated Care System Plan and the local vision of providing services to meet the needs of local people and deliver better outcomes. The system partnership has grown building on the track record of collaborative working. The refreshed Long term plan reflects the life journey of starting well, living well and ageing well regardless of circumstances.

It focusses on the wider factors that affect people's lives, so that people have brighter futures, living in communities which are safe, secure and people are engaged. It considers local planning policies to encourage people to be more physically active, make healthier choices through creating sustainable environments.

The plan aims to address the varying health and wellbeing outcomes and inequalities by designing services based on local population needs in line with locality working and the newly formed primary care networks.

The plan also responds to variances in care provision with enhanced quality monitoring of commissioned services across health and social care, with the health and wellbeing area having a higher than the England average proportion of CQC rated good and outstanding health and social care provision.

The plan is also responsive to the increasing pressure on resources and ways of managing increasing demand and complexity of health conditions within health and social care in order to maximise self management and capitalise on community based resources. It considers the workforce challenge and shortages in key roles and skills.

The 2019/20, Dorset Integrated Care System Operating Plan provides the vehicle for delivering the STP. This plan sets out the priority for integrated services and draws upon the success of the BCF in delivering this to date.

The Better Care Fund 19/20 aligns with the ICS Operating Plan 19/20 and provides the Health and Wellbeing area's annual operational plan for joint delivery for adults.

The content of the BCF aligns well with new structural developments such as the Primary Care Networks.

The BCF plan currently aligns to the Health and Wellbeing strategy, but this is due for revision based on a new health and wellbeing area and Board, political environment and newly formed Council. The new council is currently developing its four year corporate strategy which is currently out to consultation.

We are developing a JSNA to understand need and inequality in health outcomes. The area has one of the highest proportions of older people with high impact care needs in the country and also a high proportion of younger adults aged 18-24 years due to expansion of three local universities.

Governance arrangements

The BCP Health and Well-Being Board will provide governance oversight to the delivery of the performance measures, outcomes and budget management of the BCP Better Care Fund plan for 19/20. Senior officers of the Dorset CCG, BCP Council, Dorset Public Health Service, NHS Trust providers, Dorset Police Force and the Wiltshire and Dorset Fire and Rescue Service; BCP Council Leader and Cabinet members and representatives of the Dorset Healthwatch service and the BCP voluntary and community sector will form the Board membership of the new Health and Well-Being Board. The BCP Health and Well-Being Board is part of the Governance framework of the Dorset Integrated Care System

and will provide oversight of the delivery and outcomes in the BCP area of key joint plans, including the BCF.

The Health and Wellbeing Board receives six monthly reports on the progress of the BCF. A joint Commissioning Board of lead health and social care officers provides the forum for the development of joint commissioning strategies for the system as well as decision making in implementing the agreed BCF plans.

Regular meetings are held between lead commissioners from each Council and their CCG colleagues to implement work specific to each Health and Wellbeing area.

Financial monitoring

Our jointly agreed plan includes agreed expenditure, scheme by scheme. Monitoring is undertaken through our joint commissioning structures, ensuring schemes provide value for money and that funding is used for its intended purpose. BCF financial reporting also forms part of the normal corporate reporting for the Council and the CCG.

Explain your priorities for embedding elements of the High Impact Change Model locally:

There are a number of workstreams in place that make up the overall plan of delivering the improved management of transfers of care, through the High Impact Change Model.

Early Discharge Planning. The pan Dorset Integrated Community Services programme of work has been established and work has begun on improving the process and experience for those patients who have experienced a long length of stay in hospital. There are planned regular meetings and calls in place focussing on this area. There is an identified pathway for highlighting which patients need to be picked up under this pathway and there are regular review and learning workshops in place. National support from ECIST and a nationally commissioned evaluation by McKinsey Rand have added further focus to this for 2019/20 and health and social care stakeholders have been fully involved with this work.

Systems to monitor patient flow. There are regular forums now established that have good attendance at an executive level where patient flow is discussed, monitored and where needed issues addressed and changes made to improve patient flow. Hospital social care leads are looking at ways to flex in order to assist hospital teams most effectively in responding to high demand and priority in particular in areas such as the long stay patient, admission avoidance and frailty. This involves having a stronger presence at the hospital front door (Emergency Department, medical assessment and rapid access clinics) offering a model which puts patients at the centre throughout their assessment and follow up. The aim is to work positively with individuals and families with the person retaining control of care decisions whilst being supported to set realistic expectations.

These measures should not only impact on improved patient experience but positive health and wellbeing outcomes by focussing on reduction of emergency admissions and reducing the number of long stays in hospital.

Multidisciplinary/ multi-agency discharge teams. The discharge bureaux are working as one which involves doing cross cutting work across the conurbation. This is a real

positive and is reducing duplication and creating more time for patient assessments. The greater focus and dedicated staff being applied to front of house encompasses a whole system approach to discharge and is showing really positive signs within the acutes and at the same time is bringing benefits to patients being able to return home promptly. Locality integrated hubs have developed across the whole of the county and the key features of the hubs have been mapped to ensure consistent response to admission avoidance, supported hospital discharge and coordination of community referrals.

Home first and D2A is embedded in daily practice and the use of the winter pressures money has enabled home first/D2A to be responsiveness. The Council have in place services that are accessed for discharge in line with the principles of home first. These once again are linked to winter pressure plans.

Seven day services. Winter pressure money is being used to extend working hours running into the evening and has enabled weekend cover to be in place for longer periods of time. This also covers being able to access Brokerage and other operational teams. These extensions to working hours have enabled there to be access to front of house in the evening which is showing higher discharge numbers. Investment in ICPCS and the integrated hubs will enhance the offer available 7 days per week.

The Trusted Assessor model is embedded within the hospital discharge process and is done collectively with Council and hospital staff. Opportunities to extend the role of the Trusted Assessor will be further explored through the Long Length of Stay programme of work.

Focus on Choice. The Council has been involved and continues to be involved in difficult conversations and have escalation processes in place. It is evident from the Length of stay work that the hospital discharge standards and the discharge policy and choice elements need updating. This work is currently taking place via a system wide discharge planning task and finish group.

Enhancing Health in Care Homes. Two bids totalling 48k have been approved by NHSE which will support /accelerate the delivery of this whole programme. Two workshops have taken place training Care Homes in completing the Decision Support Process toolkit. A new governance structure has been developed and agreed which will support the full implementation of the programme. End of Life and Dementia, Rehab and Reablement Sub Groups have commenced; Refocussed Clinical Leadership for the programme has been agreed. In response to the NHS long term plan the programme is focussing on the seven elements that describe the EHCH care model. These include better use of technology in care homes and enabling homes to access NHS Mail and System 1. This will enable care homes to have access to a consistent named GP and to out-of-hours/urgent care when needed.

The Councils have established and mature regular provider forums and have in place a well-established quality function which monitors and reviews regulated service providers and when needed this is carried out as a whole system approach.

Performance Metrics

Please set out the overall plan in the HWB area for reducing Non-Elective Admissions, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

NEA target for the year will set through the NHS operating plans.

We will be continuing to build on our investment in developing new integrated care models within primary and community care to prevent unnecessary hospital attendances/admissions. As referenced above, one of Dorset's Urgent and Emergency Care priorities this year is on admission avoidance within Accident and Emergency Departments.

Better Care Fund Schemes such as Early Supported Hospital Discharge, use of the Winter Pressure Grant and the High Impact Change Model will have an impact on the number of non elective admissions by having a stronger presence at the hospital front door. There will be increased investment in social work capacity and independent living advisors with hospital social care leads looking at ways to flex in order to assist hospital teams most effectively in responding to high demand. With priority in particular areas such as the stranded patient, admission avoidance and frailty; having a stronger presence in the Emergency Department, medical assessment and rapid access clinics.

These measures should not only impact on improved patient experience but positive health and wellbeing outcomes by focussing on reduction of emergency admissions and reducing the number of long stays in hospital.

These areas reflect the priorities set by the Urgent and Emergency Care Board which include length of stay, Emergency Department Initiatives (Admission avoidance) and Ambulance Service transformation and use of alternative pathways.

Please set out the overall plan in the HWB area for reducing Delayed Transfers of Care to meet expectations set for your area. This should include any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric. Include in this, your agreed plan for using the Winter Pressures grant funding to support the local health and care system to manage demand pressures on the NHS, with particular reference to seasonal winter pressures.

25.0 bed days per day is nationally set target

The High Impact Change Model is established and will be an enabler for the system to keep hospital delays to a minimum. However, we need to bear in mind that BCP is establishing as a new council footprint with differing population needs, resources and infrastructure, therefore there are still a number of unknowns. It is too early to define what delayed transfers of care will look like compared to the Bournemouth and Poole Health and Wellbeing area. Since forming as a new Council early signs have indicated that there is a higher number of delays in the Christchurch locality than had been anticipated. It will take time for a baseline of need to become clear. In order to mitigate these concerns winter pressure money has been focussed across the two acute hospitals to what we

know works well currently and what our acute hospital partners find beneficial. A winter pressures plan has been agreed and the schemes agreed include:

- Ensuring there is enhanced Brokerage Services working in both acute hospitals in order to prioritise packages of care and reablement in order to expedite discharge from hospital
- The independent living advisor service will be expanded in order to cover Poole and Christchurch as well as the current Bournemouth service. The service will help prevent delays by assisting people who fund their own care and support. Providing timely information and assistance as they make decisions about services and paying for them. The advisor will also facilitate social care assessments where one is required, best interest decision making if necessary and deputyships as required.
- Tricuro hospital discharge support team will continue to be delivered. It has three pathways. Pathway 1 is for those ready to be discharged from hospital, but they are unable to manage at home, and who are not yet safe to receive care or therapy there. Pathway 2 is for those who are assessed as fit for discharge to **return home** and who require further reablement/therapy support with the benefit of assistive technology where appropriate. A third pathway is a combination of the two.
- Related to above there will be also additional capacity injected into the Poole area this includes enhanced use of interim beds at Figbury Lodge, extra reablement assistant capacity and employment of an Occupational Therapist in order to enhance therapy led services.
- In line with the High Impact Change Model we will be deploying increased social work capacity in Poole and Bournemouth Hospitals through extended weekday working (up to 8pm) and weekend capacity (up to 8 hrs per day). It is anticipated that this will begin mid to late November 2019.
- There will be additional funding available to facilitate discharge through care home placements and care packages for very complex/high cost cases. This will provide a budget to agree quickly high cost placements to facilitate timely discharge. We will also extend protected hours for care providers, in order to protect hard to source packages for up to 2 weeks.
- In order to reduce or prevent admissions and increase confidence for those returning home from hospital we will be enhancing BCP's community alarm and response service.
- There are also a number of lower costs initiatives being invested in through the winter monies including financial and childcare incentives in order to attract staff into the care industry, additional community equipment for care home discharge, small grant practical help and support to carers in regards to overnight sitting support in order to facilitate timely discharge of the person they care for.
- There will also be a scheme to promote care home assessments being undertaken at weekends prior to discharge to the home in a planned and timely way on Monday mornings. Providers will be paid a premium payment to enable assessments to be undertaken at weekends for both publicly funded and self-funding patients

Please set out the overall plan in the HWB area for reducing rates of admission to residential and nursing homes for people over the age of 65, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

592 per 100,000 population

The current BCF schemes in place have been designed to promote independent living and reduce the numbers of older people needing residential and nursing provision. This includes the use of equipment, Disabled Facilities Grants, enhancing support to carers and expanding and enhancing reablement services to be more therapy led. Working with Housing colleagues more extensive use of assistive technology can also bolster confidence for those anxious about returning home. Further expansion of using Discharge to Assess and investment in the integrated health and social care teams, rapid response services and frailty risk profiling should all have a positive impact on reducing the numbers of older adults entering a care home.

Reducing rates of admissions to residential and nursing homes has been a significant challenge for the Bournemouth and Poole Health and Wellbeing area and is likely to remain a challenge for the new health and wellbeing area with the Christchurch locality older people population being 3.5% above the England average. For those with complex care needs in particular those adults difficult to place in a residential setting out of hospitals it will continue to have a negative impact on performance in this area but conversely a positive impact on reducing delayed transfers of care.

Please set out the overall plan in the HWB area for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation, including any assessment of how the schemes and enabling activity for Health and Social Care Integration are expected to impact on the metric.

79.7% based on 18/19 target in BCF Plan

Better Care Fund targets for the percentage of people at home 91 days after discharge (older people 65+) were not met during 2018/19.. This is likely in part due to the emphasis on reducing delayed discharges and maintaining system flow, which increases the potential risk of patients being discharged, although medically fit, not always able to be fully supported out of hospital.

We know the quality of reablement services is very good but we need to ensure consistency with rehabilitation services such as intermediate care. There are plans for Local Authority reablement services to be reviewed in order to offer a consistent service delivery model for health and social partners to access in order to maximise potential outcomes for individuals using the service. The potential outcomes and benefits of a review are unlikely to be achieved in the current financial year, but is a longer term ambition.

However in order to improve performance in this area a proportion of the winter pressure grant will be used in order to grow the reablement offer and improve performance in the interim, this is focussed on deploying extra reablement assistant capacity and employment of an Occupational Therapist in order to enhance therapy led services.



Health and Wellbeing Board

Report subject	Special Educational Needs and Disabilities (SEND)
Meeting date	25 th September 2019
Status	Public Report
Executive summary	This paper provides the Health and Wellbeing Board with an update against the recommendations presented in the Board in July 2019.
Recommendations	<p>The recommendations are:</p> <ol style="list-style-type: none"> 1. To note the progress against the recommendations 2. To reiterate the Board's support for a BCP Joint Commissioning Strategy 3. To consider and agree a Peer review for SEND to be held in January 2020.
Reason for recommendations	Ensure compliance with the Children and Families Act 2014 and 2015 SEND Code of Practice

Portfolio Holder(s):	Cllr Moore (lead member Children's Services)
Corporate Director	Judith Ramsden (Director of Children's Services)
Report Authors	Sharon Buckby (Interim Service Director Inclusion and Family Services)
Wards	All
Classification	For Decision

Background

1. In July 2019 we presented the Board with several recommendations that would support the BCP local area partnership to be better able to meet the breadth and depth of the SEND Code of Practice. During the summer months the SEND Management Team have been working towards achieving those ambitions.

Details

2. In July the Board requested a quarterly update on performance within the SEND teams. We are currently refining our new SEND performance framework to ensure it can provide a robust reflection of activity within the system and progress against key statutory performance indicators. This has been partly affected by the different approaches of how preceding councils collected and managed their performance. A robust performance framework will be operational by October 2019.
3. Over the last three months we have seen a consistent rise in the numbers of EHCPs in BCP with 2268 in June 2019 and 2379 in August 2019. At mid -September we have 18 EHCP request waiting a decision as to whether they will be assessed and a further 137 EHCP assessments underway.
4. In working through the substantial number of recommendations we have begun to make progress on the following areas:
 - A. To establish a SEND Transformation and Development Group with a refreshed membership. The first meeting is on the 26th September. At this meeting we will discuss the governance expectations of the Board and report back in January 2020.

B. To prepare a joint self-assessment. A multiagency workshop on 13th September will begin to establish a robust joint self- assessment. This will be presented, along with an action plan, at the next Health and Wellbeing Board.

C. Work is underway with a range of parents' groups to establish a participation network so that coproduction is at the centre of strategic development.

D. Public Health have begun the JSNA for SEND, this will form part of the self - assessment.

E. We are in the process of designing a new Quality Assurance audit tool that assesses the effectiveness of casework and how EHCPs lead to improved outcomes for children and young people with SEND. A report on the quality of EHCPs will be included in the self-assessment presented to the next Board meeting.

F. We have organised a workshop in October 2019 to enable the local area partnership to develop a SEND joint commissioning plan. The plan will be presented at the next Board meeting. We ask that the Board reiterates its support for this strategy.

5. We proposed an LGA Peer Review for November 2019 but through discussions with the LGA, giving consideration for their capacity and our readiness, we suggest that the peer review now moves to January 2020.
6. We are hosting an alternative provision and SEN Inclusion schools conference in October 2019 where we intend to begin to shape a BCP approach to Inclusion and as such will help inform our SEND strategy.

7. Summary of financial implications

Across education, health and care we are experiencing increased identification and demand in terms of special educational needs and disabilities. Education funding is provided through the Dedicated School's grant and the High Needs Block funding allocation is specifically to cover all pupils with education, care and health plans education provision. Section 3.7 of the code of practice clearly states that joint commissioning arrangements should enable partners to make the best use of all the resources available in an area to improve outcomes for children and young people.

This is further detailed in section 3.36 of the Code of Practice. Under section 10 of the Children Act 2004 and section 75 of the National Health Service local authorities and CCGs have a statutory duty to consider the extent to which children and young people's needs could be met more effectively through integrating services and aligning or pooling budgets in order to offer greater value for money, improve outcomes and/or better integrate services for children and young people with SEND.

Whilst the impact of the SEND reforms has had a known national and local impact on all resources part of the transformation work needed is to consider together how we achieve best value by pooling budgets and integrating services.

8. Summary of legal implications

. None

9. Summary of human resources implications

Rethinking how services are configured

10. Summary of environmental impact

None

11. Summary of public health implications

None

12. Summary of equality implications

The BCP SEND Strategy is aimed at addressing inequality for this cohort of children and young adults -in terms of health, education outcomes and life chances.

13. Summary of risk assessment

Risks: reputational for BCP and CCG through potential poor inspection result and intervention from DFE and CQC and risks of poor child level outcomes if the SEND strategy is not successfully embedded .

14. Background papers

Links to:

Code of Practice

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf) ,

Children and Families Act:

<http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

SEND Inspection framework: <https://www.gov.uk/government/publications/local-area-send-inspection-framework>

Dorset SEND Inspection Reports: <https://reports.ofsted.gov.uk/provider/44/80463>

15. Appendices

None



BCP Health and Wellbeing Board

Report subject	Pharmacy Applications
Meeting date	25 September 2019
Status	Public Report
Executive summary	<p>Health and Wellbeing Boards have a role as a statutory consultee when pharmacies make an application to NHS England through its Primary Care Support team.</p> <p>Primary Care Support England have notified the BCP Health and Wellbeing Board of two applications for:</p> <ol style="list-style-type: none"> 1. Relocation of a Day Lewis pharmacy in Christchurch – response due by 20 September 2. Consolidation onto the site at 190-196 High Street, Poole, of Boots UK Ltd already at that site and Rowlands Pharmacy currently at 138 High Street, Poole – response due by 27 September <p>This paper sets out recommendations to note the applications and agree a response in respect of applications 2 (the consolidation of pharmacies).</p>
Recommendations	<p>It is RECOMMENDED that:</p> <ul style="list-style-type: none"> (a) The Board notes the applications and that no response has been made for application 1 (b) The Board approves the response to the Primary Care Support team in respect of application 2, as set out in appendix 1; (c) The Board delegates authority to the public health team to respond to applications for relocation where there is no significant change.
Reason for recommendations	<p>The BCP Health and Wellbeing Board may make written representation to the Primary Care Support Team within a set timescale. The relocation in Christchurch has no overall impact on overall access times to pharmacies within the locality. The consolidation of the pharmacies in Poole does not appear to create a gap in pharmaceutical services.</p>

Portfolio Holder(s):	Cllr Lesley Dedman, Adult Social Care and Health
Corporate Director	Jan Thurgood, Corporate Director of Adult Social Care
Report Authors	Jane Horne, Consultant in Public Health
Wards	Poole and Christchurch
Classification	For Decision

Purpose of report

1. This paper sets out recommendations for responses to Primary Care Support England in regard to two pharmacy applications.

Background

2. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (amended) provides the framework for how pharmaceutical services are contracted, and sets out the roles of NHS England, Health and Wellbeing Boards and other partners within these arrangements.
3. One role of the Health and Wellbeing Board is to publish a Pharmaceutical Needs Assessment (PNA) every three years. A joint PNA with the Bournemouth & Poole Health and Wellbeing Board, as allowed by section 198 of the Health and Social Care Act, was published in April 2018.
4. Health and Wellbeing Boards also have a role as a statutory consultee when pharmacies make an application to NHS England through its Primary Care Support team. Such applications may cover:
 - The entry of a new pharmacy onto the market
 - The relocation of an existing pharmacy premises
 - A change to the pharmaceutical services that a particular pharmacy provides.
 - The 'consolidation' of two current pharmacies together onto one site
5. Where the application is for 'consolidation' the Health and Wellbeing Board is required to make a statement.
6. Primary Care Support England have notified the BCP Health and Wellbeing Board of two applications for:

- i. Relocation of a Day Lewis pharmacy in Christchurch – response due 20/9/19
- ii. Consolidation onto the site at 190-196 High Street, Poole, Dorset, BH15 1SX of Boots UK Ltd already at that site and Rowlands Pharmacy currently at 138 High Street, Poole, Dorset, BH15 1DN – response due 27/9/19

Analysis

6. The original notification for the first application (relocation of pharmacy in Christchurch) was sent to the Dorset Health and Wellbeing Board. A response is optional and has not been sent on this occasion due to timescales. However, analysis has been undertaken and has shown that the change is unlikely to have any impact on overall access times to pharmacies within the locality because:
 - The relocation is a distance of around 20m, adjacent to the current location
 - There would be no impact on percentage of residents able to access a pharmacy within 20 minutes of where they live – the standard used within our PNA.
7. In assessing the second application (consolidation of pharmacies in Poole), the following issues were considered:
 - The relocating pharmacy is 450m from the remaining pharmacy, a 6-minute walk.
 - There will still be 4 pharmacies within a mile of the closing site
 - There would therefore be no impact on percentage of residents able to access a pharmacy within 20 minutes of where they live – the standard used within our PNA.
 - The remaining pharmacy is open for longer hours than the closing site.
 - The remaining pharmacy provides a wide range of enhanced services and will continue to do so. The single additional service this pharmacy does not currently provide that is provided at the closing site will also be made available
8. It does not appear that the application would create a gap in pharmaceutical services.

Background papers

[Dorset, Bournemouth and Poole PNA 2018](#)

Appendices

Appendix 1: Draft response to Primary Care Support England

Dear Sir/Madam

Thank you for advising us of this application for consolidation of two pharmacies onto site. Schedule 2, paragraph 19(5) of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (as amended) requires the Health and Wellbeing Board to make representations on consolidation applications to NHS England. This letter therefore fulfils this requirement and sets out the Bournemouth, Christchurch and Poole (BCP) Health and Wellbeing Board view.

The Dorset Pharmaceutical Needs Assessment (PNA), published in March 2018 and available at <https://www.publichealthdorset.org.uk/our-partners/> notes that the local population in Poole Central have good access to pharmaceutical services. Although there is housing growth planned within the locality this is not of sufficient scale to significantly impact on the need for pharmaceutical services in the area. The PNA therefore concluded that in Poole Central there are no current gaps identified for pharmaceutical services, and that the number of pharmacies and their locations are more than adequate for the area.

The application is for Rowlands pharmacy, currently at 138 High Street to consolidate with the Boots pharmacy at 190-196 High Street, a distance of around 450 metres. There are a number of other pharmacies within the locality and this change would therefore have no significant impact on overall access times to pharmacies within the locality. The application confirms that there will be no reduction in opening hours, and that all the services currently offered between the two pharmacies will continue to be available at the 190-196 High Street site.

The application does not make specific reference to staffing levels, and further assurance that these will reflect the consolidated workload would be helpful. In particular assurance that access to pharmacist advice and the number of reviews available through advanced services such as the Medicines Use Review and New Medicines Service will not be reduced.

In summary our view is that the application does not create a gap in pharmaceutical services.

Yours sincerely