Derby City Council

Joined Up Care Programme - UpdateReport


SUMMARY

1.1   The Joined Up Care Board (JUCB) consists of nine partner organisations from across the health and social care community within the south of Derbyshire, including Derby. The organisations are:

Derby City Council	Derby Hospitals Teaching Hospital NHS FT	Derbyshire Community Health Services NHS FT
Derbyshire County Council	Derbyshire Healthcare NHS FT	Derbyshire Health United
East Midlands Ambulance Service	NHS Erewash CCG	NHS Southern Derbyshire CCG

1.2   The JUCB oversees a five year transformation programme supported by the Transformation Programme Office (TPO).

1.3   In order to achieve financial sustainability across the South of Derbyshire system leaders from all health and social care organisations agreed in the autumn of 2014 to engage external support. KPMG were appointed to develop the 'case for change' which included:

- The financial imperative: in a 'do nothing' scenario the system would have a £150m in year gap in 2018/19

- How services needed to change in order to develop a new service model ('The Wedge')

- How organisations would need to adapt to deliver person centred services

- The impact of provider cost improvement programmes

- The impact of service redesign

- Benchmarking from other areas both national and international

- The governance arrangements necessary for a system wide transformation programme. (See diagram below)
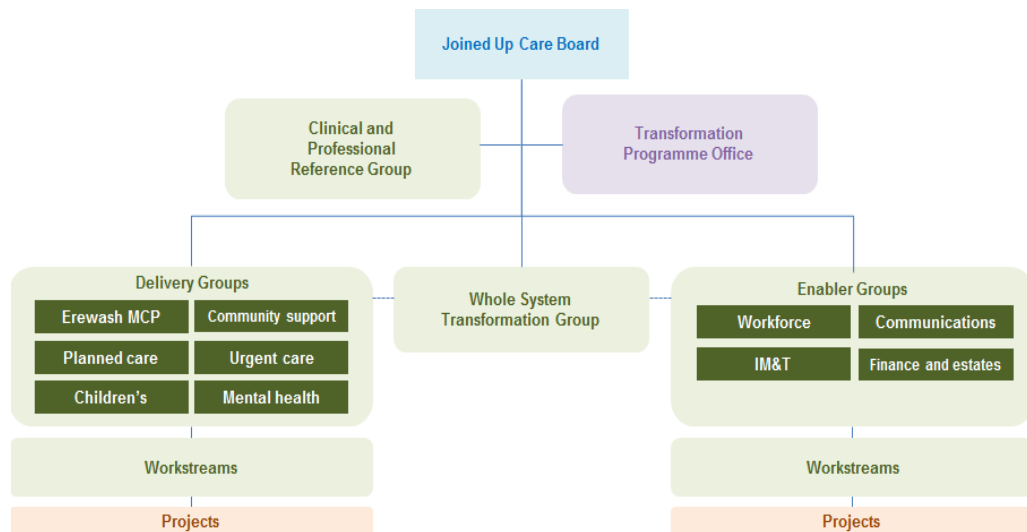
1.4   Delivery of the transformation programme is a high risk to each of its member organisations and as a consequence the JUCB, Whole System Transformation Group (WSTG) and the TPO were established to take forward critical work to address the significant challenges facing the health and social care economy.

1.5   Currently the Transformation Programme is not entirely on track but is considered fully recoverable and a recovery plan is in place.The TPO present monthly highlight reports to the JUCB and any 'wicked issues' are raised. At the meeting held on 5th November the following 'wicked issues' were highlighted:

- Increasing cuts in Local Authority services is likely to mean less capacity at universal/targeted level. This needs to be better understoodincluding the impact it may have.*N.B*. this was raised by the Children's delivery group but will be relevant for others.

- Ensuring the Joined Up Care processes allow the local flexibility required by Southern Derbyshire and Erewash CCGs to meet their local needs and circumstances.

- The integration of technology is a risk to the developments within all of the workstreams within Urgent Care. *N.B*. this has relevance to all delivery groups

- Cultural issues and workforce capacity for transformation.

1.6   The attached reports containfurther detail on the following:

- TPO's progress and priorities for next month;
- Update of the six Delivery Groups' progress;
- Enabler Group's highlight reports on actions to date;
- Key messages from the JUCB on the 5th November 2015.

RECOMMENDATION

2.1   To receive and note this report.

2.2   To consider the role and remit of the Health and Wellbeing Board in supporting system transformation in Derby.

REASONS FOR RECOMMENDATION

3.1   To provide assurance to the Health and Wellbeing Board.

3.2   To support the Board in delivering its duty to improve the health and wellbeing of its population.

SUPPORTING INFORMATION

4.1   The purpose of this report is to provide the Health and Wellbeing Board with an overview of the progress of the five year transformation programme and includes a summary of:

- The TPO Highlight Report which summarises TPO activities, priorities for the following month, identified risks and their mitigation.

- The six Delivery Groups Highlight Reports and four Enabler Group Highlight Reports provide a summary of the progress of the transformation programme, successes, opportunities for shared learning and lessons learnt in addition to 'Wicked Problems', risks and mitigation. Where Delivery Groups' programmes of work are not on track recovery plans are attached.

- Key messages from the most recent Joined Up Care Board (5th November).

4.2   The content of thisreport has been presented and 'signed off' by the Joined Up Care Board on the 5th November 2015. The Health and Wellbeing Board's attention is drawn to Appendices A to Fwhich detail the following:

- Appendix A: TPO Highlight Report

- Appendix B: Transformation Programme Plan Progress

- Appendix C: Transformation Programme Progress Status Summary

- Appendix D: Recovery Plans

- Appendix E: Enabler Group Highlight Reports

- Appendix F: Key Messages from the Joined Up Care Board - 5th November 2015

OTHER OPTIONS CONSIDERED

5.1   Not applicable.

This report has been approved by the following officers:

Legal officer **Financial officer** **Human Resources officer** **Estates/Property officer** **Service Director(s)** **Other(s)**	4

For more information contact: **Background papers:** **List of appendices:**	Lynn Wilmott-Shepherd. 07824 343440. Lynn.Wilmott-Shepherd@erewashccg.nhs.uk Appendix A: TPO Highlight Report Appendix B: Transformation Programme Plan Progress Appendix C: Transformation Programme Progress Status Summary Appendix D: Recovery Plans Appendix E: Enabler Group Highlight Reports Appendix F: Key Messages from the Joined Up Care Board - 5th November 2015

TPO Highlight Report- October 2015

TPO progress and completed work	Priorities next month
1. TPO Portal The TPO are continuing to develop a member's only website where various parts of the TPO content and processes can be managed and displayed; an initial draft should be ready for early 2016. **2. Transformation News** This is produced monthly and brings together national and local transformation related articles and research. **3. Project Support for Delivery Groups** Following discussion with Director Leads, posts are being advertised for up to 18 months where appropriate. The TPO are assisting as required; including being interview panel members. **4. PI Webinar** Attended PI webinar in London to 'showcase' work within Derbyshire – well received **5. Fire and Rescue** Further discussions with FRS – CCG Chief Officers alerted and future presentation at an appropriate meeting is being agreed – this includes both north and south units of planning. **6. Discussions with other areas** • A telephone conversation took place with the Head of Social Care Policy and Joint Director of Integration for Wiltshire County Council Programme Director regarding their work in developing Outcomes Based Commissioning (via BCF Programme Board). • Attended the Mid Nottinghamshire Better Together Programme briefing regarding the development of a commissioner and provider alliance approach. • Joined a webinar on Integrated Care and the 'Esther' model from Sweden. The programme is focused on connecting services to provide seamless care and to prevent patients (or Esther's) from having to constantly repeat their stories using a strong vision. **7. New Contracting Methods** Discussion about the impacts of the new Virgin Health contract. Again, too early to assess impact Conversations with the potential collaboration of DTHFT and BHFT to create more cost effective and coordinated services across the two sites. **8. Meetings with Directors of Delivery and Enabler Groups** These are a monthly occurrence and will assist in links between the groups and the TPO. **9. Dashboard** A positive and productive meeting has taken place and actions are being progressed.	1. Stakeholder event on the 5th November 2. Provide information and support to Gary Thompson on the transformation programme 3. Building of the new website scheduled for December 4. Further collaboration with all delivery group analysts to take forward the system wide dashboard following discussion at WSTG 5. Actions from WSTG 6. Actions from PI meeting re: Carter Reviewand meeting with Nigel Edwards 7. Follow-up developments with EMAS and meeting with Ambulance Commissioners 8. Commencement of 360 audit 9. Further work on estates project – working with Finance and Estates Enabler Group

Risks	Mitigating actions
• Delivery Groups are at different stages of set up and planning; therefore any overlap between groups will cause delays in the implementation of transformation • Pace of change: milestones require further work and financial modelling • Insufficient communication on the transformation strategy between providers and within providers i.e. to staff • Recruitment to B7 and 8a posts – despite re-advertisement for some delivery groups the time delay will mean a lack of capacity remains an issue • Insufficient representation/capacity in primary care to reach consensus on managing the potential increase in demand as activity shifts from hospital to primary care and the community.	• Further work to map the overlap to be undertaken at the 'Speed Dating 2' event. All information and highlight reports are being cascaded to Delivery, Enabler and workstream group leads, directors and clinicians to support collaboration • TPO are supporting the Delivery Groups in offers of help to develop the milestones, model the financial impact and monitor achievement via the developing dashboard • Stakeholder event on the 5th November. • Communications and engagement plan being aligned with the System Change Plan. • Mapping out milestones and actions for each workstream and asking for information on progress against plan in order to inject rigour and pace

JoinedUpCare
in the South of Derbyshire

The purpose of this Transformation Plan Progress Report is to assist the process that enables the Joined Up Care Board, Trust Boards and Governing Bodies to understandand support progressagainst the transformation programme plan. The information contained within the report is a summary of the Delivery Group Highlight reports.

Overall Transformation Programme Rating

The overall transformation programme status rating is detailed below. This is a best estimation based upon the aggregation of ratings at a workstream level; **Appendix C** provides more detail and recovery plans are attached in **Appendix D**. It should be noted, however, that the workstreams comprise of a number of Programmes with varying ratings therefore this too is an overarching accumulated rating.

Overall Transformation Programme Rating	Last Month's Rating	Status Rating Key	Explanation
		Green	Programme on track or already delivered/implemented
		Amber Green	Programme not on track but fully recoverable, recovery plan in place
		Amber	Programme not on track but partially recoverable, recovery plan in place
		Red Amber	Programme not on track but partially recoverable, agreed recovery plan agreed/to be agreed
		Red	Programme not on track or non-recoverable
		Neutral	Programme not started

Delivery Group successes, opportunities for shared learning and lessons learnt

<u>**Successes**</u>

Children's -Rapid Intervention Service for CAMHS recruitment complete; existing team now present in RDH on weekend days (using overtime) which has and will reduce bed days, planning to cover bank holidays over the Christmas period too; Neurodevelopmental pathway taking shape and now focussing on specific parts of it; County Single Point of Access for children's services goes live on 4th November across all areas (previously only Erewash); more GPs involved in workstreams, which is very helpful; managerial capacity having an impact already in driving the programme forward; CTDG vision nearing completion.

Mental Health - Two of the three follow up meetings with Urgent Care and South Derbyshire CCG workstreams completed.

Erewash MCP - Value proposition approved with release of £2m transformation funds for 2015/16

Elective Care -The Imaging department have been awarded accreditation for Quality of service provision from the UK Accreditation Service ISAS Team. The scheme is owned by The Royal College of Radiologists (RCR) and The Society and College of Radiographers (SCoR) and is a prestigious award for the department and the trust.

Urgent Care –The SPA model is close to final agreement and it is clear from agreed principles between urgent and community care that the Central Access Point should , provide a single contact number for professionals, combine the response available and the community facing functionality of Virtual Ward, pull team, intermediate care, CHC, dementia rapid response, social care reablement and community beds; The engagement and joint planning between stakeholders across the system has been a great success within workstream 3a and 3b; The integrated discharge team which commenced on 5th October now appear to be affecting more weekend discharges and staff from RDH and DCHS are working well together; Priorities for winter 15/16 for each workstream have been shared and agreed with Urgent Care Delivery Board.

Community Support -First PHBs agreed; SPA model is close to final agreement (see Urgent Care successes); Links to WS2 have been established and plans for the development of the Comprehensive geriatric assessment (CGA) process via the Derbyshire Summary care record extension are being formed; A significant training and workforce implication has been identified to implement the CGA as co-ordination is key.

TPO Highlight Report: Transformation Plan Progress

Opportunities for shared learning

Mental Health - Communication is key to acceptance of change.

Erewash MCP -New Care Models team are developing an approach to monitoring progress and outcomes which has been shared with TPO to inform discussions on JUCB dashboard;Team going on study tour to Buurtzog in January 2016

Urgent Care -Since the analysts have been working at RDH this has enabled them to access real time data and also are aware of any reports that are currently prepared which reduces any duplication in work.

Community Support-LAB 2 learning on successful Multi-disciplinary working is being shared.

Lessons learnt
Children's-CTDG needs to look beyond the workstreams and tackle more strategic transformational issues, and assess whether workstream impact will be sufficient.

Mental Health -Ensure systems are in place to ensure formal briefing of transformation plans and their impact are noted

Elective Care - Opportunities for shared learning – Prior to Gynae stakeholder event 1:1 meetings were held with each of the groups. This helped to clarify any issues and deal with individual concerns prior to the event. The success of the evening was greatly improved by these meetings.

Urgent Care-These workstreams were re-launched and plans were developed, but now they have been fully embedded there needs to be more focus on the key deliverables.

Community Support-When engaging with primary care with transformation on community services the focus should be on what needs to change / improve / adapt. Therefore a cluster level HNA tool has been developed for sharing to help illustrate and quantify the challenges faced in primary care.

'Wicked Problems', risks and mitigation

TPO Highlight Report: Transformation Plan Progress

Children's

- Increasing cuts in Local Authority services, notably in County at this time, means we will have less capacity at universal/targeted level. We need to understand this better and the impact it may have on how we use the "Derbyshire Pound" to maintain the wedge strategy.
- How to best involve schools, across two Local Authority areas.
- The sheer complexity of the system, and ensuring all parts know what others are doing, e.g. the multiple autism workstreams across the City/County

Mental Health

- Campus proposed changes - need to ensure impact and pace of change is understood across H&SC community

Erewash MCP

- Ensuring the JUC processes allow the local flexibility required by Southern Derbyshire and Erewash to meet their local needs and circumstances, but within an overall agreed framework when appropriate.

Elective Care

- Approval process for projects that require signoff from multiple stakeholders/providers/commissioners.
- Referral CQUIN-. Unfortunately at time of writing, no plan of next steps once audit known. Real risk that the CQUIN has created disengagement of clinicians- will be discussed at internal planned care meeting to review next steps.

Urgent Care
- The integration of technology is a risk to the developments within all of the workstreams within Urgent Care. This has been escalated to the Delivery Board, and is an issue for the whole system.
- Information requirements – Lack of Primary Care and length of stay information is a risk to workstream 1 and 4. A proposal is being developed within Primary Care to start to collect information from GP Practices.
- Delivering transformation with the current workforce remains an issue. Interviews have taken place for the band 7 and 8A transformation roles, with no start date currently for each post.
- The SUSD workstream opportunity is huge. It is truly transformational and system wide – this will need dedicated transformation resource.

Community Support
This _update_ is in advance of the next Community Support Delivery Group and is therefore on progress to date only; the report has not been ratified by the Delivery Group.

- **WS4** the Risk concerns the EPaCC solution required and it is not within the gift of the WS4 to settle. The risk has been raised and the enabler group is engaged in the process.
- Workforce transformation capacity given the size of tasks to be done – transformation post 8a have gone out for CSDG and UCB posts, recruitment is progressing.
- Condition specific and LTC work occupies considerable directorate resources, a workstream approach is required to provide a placeholder for this work including diabetes pathways.

Date: 22.10.2015
Completed by: TPO

TPO Highlight Report: Transformation Plan Progress

Transformation Programme Progress Status Summary

Delivery Group	Workstream	Status Rating	Previous Month
1. Children's	1.1 Early Help & Early Prevention	Green	Green
	1.2 Developing & Sustaining a Neurodevelopmental Pathway	Green	Green
	1.3 CAMHS Crisis Services	Green	Green
	1.4 Reducing hospital attendance and admissions	Light Green	Light Green
2. Mental Health	2.1 Campus	Light Green	Light Green
	2.2 Neighbourhood	Green	Green
	2.3 Central Services	Green	Green
3. Urgent Care	3.1 Primary Care Resilience & Response	Green	Green
	3.3 Reduce the Need for Non-Elective Admissions	Green	Green
	3.4 Reduce Length of Stay	Green	Green
	3.2 / 4.3 Step Up Step Down	Light Green	Light Green
4. Community Support	4.1 Self-Help Prevention and Community Resilience	Green	Green
	4.2 Build Capacity for Proactive Care	Green	Green
	4.4 Dignified Long-Term Care	Green	Green
5. Planned Care	5.1 Out of Hospital	Green	Green
	5.2 Outpatients	Green	Green
	5.3 Diagnostics	Green	Green
	5.4 Inpatients	Green	Green
6. Erewash MCP	6.1 Building community resilience	Blank	Blank
	6.2 Making self-care and shared decision making a reality	Green	Blank
	6.3 Integrated community service provision	Green	Blank
	6.4 Responsive and accessible Primary Care	Green	Blank

TPO Highlight Report: Transformation Plan Progress

Mental Health Delivery Group, Workstream Campus Recovery Plan

The purpose of this recovery plan is to assist the process that enables the Joined Up Care Board, Trust Boards and Governing Bodies to understand and support progress against the Transformation Plan.

Recovery Plan			
Workstream Name:	**Campus**	**Current status rating: Amber Green**	**Previous months' rating: N/A**
Executive Lead Sponsor:	**Ifti Majid**	**Formally signed off by Executive Lead:**	**07 September 2015**
Clinical Lead Sponsor:	**John Sykes**	**Formally signed off by Clinical Lead:**	**19 October 2015**
Project Lead/Author:	**Tess Martin**	**Date of Recovery Plan:**	**19 October 2015**

Critical Issues	Remedial Actions
• *Outline why the project is off track and the key areas this is impacting upon* • *What are the causes for project deliverables to be off track?* The initial Consultation document was questioned once the Commissioning bodies were in receipt of it and a suggestion was made for the document to be broken down into smaller exerts and additional information pertaining to H&SC impact included.	• *Identify the actions that will be undertaken in the next month to get the project back on schedule.* Documents submitted to the CCG's for review and approval. The outcome of this was to supply the SDCCG with a Business Case detailing the development requirements community offerings. This business case is now in development and due to be submitted in early November.

Major Risks/Mitigation	Impact
• *Identify foreseeable risks that will prevent the timescales and milestones set out in the project plan from being realised and actions being taken to mitigate against these.* The project timescales will need to be realigned once the desired outcome is approved.	• *Highlight any major issues that need to be escalated* • *Identify the impact on other programmes/project deliverables.* Interdependency for Domiciliary Residential Rehabilitation Treatment (DRRT) full implementation

Date: 19/10/15
Completed by: Tess Martin

Step Up Step Down Recovery Plan (CSDG Workstream 3/UCDG Workstream 2)

The purpose of this recovery plan is to assist the process that enables the Joined Up Care Board, Trust Boards and Governing Bodies to understand and support progress against the Transformation Plan.

Recovery Plan			
Workstream Name: 3 SUSD		**Current status rating: Amber Green**	**Previous months' rating: Amber Green**
Executive Lead Sponsor: Jenny Swatton		**Formally signed off by Executive Lead:**	**16 September 2015**
Clinical Lead Sponsor: Ian Lawrence		**Formally signed off by Clinical Lead:**	**16 September 2015**
Project Lead/Author: Mick Burrows		**Date of Recovery Plan:**	**16 September 2015**

Critical Issues	Remedial Actions
• Project 4 Education and Training – changing culture to home based care, the group has struggled to make progress, specific difficulties in recruiting membership and attendance at meetings • Project 1 scope of SPA needs strategic agreement, i.e. is the high level vision that workstream SPAs will be separate or one? • The management of unplanned activity as a rapid response behind spa has been the subject of conversation. Crisis team vs Unplanned overhead within existing teams. The capacity of the workforce and flow through the teams is an essential quality to improve regardless of which approach is to be taken. The CCG has worked with DCHS on this matter and caseload management/ caseload cleansing has begun as part of the strategic shift whilst the Bravo tool for acuity and complexity of caseload is being developed to include managing flow.	Project 4 will trial meeting at the end of the project 3 and project 1 meetings in order to capture membership and see who can support with actions / what the other project groups can offer.

Major Risks/Mitigation	Impact
Project groups 1 and 3 have worked together to describe the vision for SPA and managed intervention; this need to be agreed by the Community Support Delivery Group to enable progress to be made with a phased implementation plan. Plans within strategic shift to cleanse caseloads prior to caseload management tools being applied. Training for managers must follow after strategic shift completed.	Dedicated resource and programme management support is critical to moving forward. People have prioritised this work in order to reach agreement on a vision but at the expense of their 'business as usual' job, this approach is unsustainable without dedicated resource or a strategic / organisational agreement on stopping other roles Effective capacity will be better understood, leading to management of capacity as a team as a whole and the unplanned overhead or rotation of staff to undertake unplanned work as a crisis response.

TPO Highlight Report: Transformation Plan Progress

Workforce Enabler GroupHighlight Report

The purpose of the Workforce Enabler Group Highlight Report is to update the Joined Up Care Board of the work being undertaken to support delivery of the transformation programme.

Workforce Enabler Group ProgrammeOverview
To develop a workforce and organisational development plan for the JUC Board work programmes. This will include the current workforce, the future workforce requirements (numbers, skills and competencies) and how this will be realised through recruitment, training and development. It will also identify the movement and retraining of employees and the supporting mechanism needed to achieve this. The cultural changes required to support organisational change will be core to the organisational development plan.

Progress and completed work	Immediate priorities and actions for next month
- Modelling of workforce in relation to Frail Elderly population and agreement to support further work by LETC - Ongoing support to the programme groups on workforce planning and development - Held an across system workshop to scope a vision for a Derbyshire ACP Academy - Sent a business case to HEEM to support the funding of a Derbyshire wide ACP Academy - Worked with system leaders to agree an approach to sourcing OD support to the transformation groups.	- Finalise the approach with providers for spending the HEEM funding on the APC pipeline - Developing a specific workforce plan for JUC - Work with Belper 5 to undertake modelling of workforce for that specific locality refreshing and refining initial work - Work with Erewash MCP undertake modelling of workforce for that specific locality refreshing and refining initial work - Appoint OD support to spec out the OD work programme - Plan of action in relation to increasing ACP workforce using BCF allocation.

'Wicked Issues' including risks, barriers, capacity etc	Successes, opportunities for shared learning and lessons learnt
- Ensuring partnership engagement in this work - Ability to develop education and spend money within this financial year - Ability to understand key priorities for education commissioning by December 2015 to inform HEEM for 2016/17 requirements.	**Successes** Belper 5 engaged all partners and commenced work on October 22nd Erewash MCP, started initial meeting on 0ct 22nd to draft scope and action plan **Opportunities for shared learning** None identified as yet **Lessons learnt** None identified as yet.

Date: 21/10/15
Completed by:Amanda Rawlings, Director of People and Organisational Effectiveness, Derbyshire Community Health Services Foundation Trust

Derbyshire Informatics Delivery Board (DIDB) Enabler GroupHighlight Report

Content same as October Report. No report submitted for November

Enabler Group Programme Overview

To lead on an agreed IM&T and Information Governance programme of change signed off by the JUC Board via the Derbyshire Informatics Delivery Board (DIDB). To be a forum for discussion of IM&T change, initiatives and wider issues affecting the key stakeholders in the commissioning and delivery of health and social care in Derbyshire. Provide a mechanism to coordinate IM&T as a further 'enabler' to new change programmes to improve the commissioning and delivery of care across organisational boundaries, ensuring that IM&T is optimised in order to support the patient /client experience.

Progress and completed work	Immediate priorities and actions for next month
• TPP System 1 e-Referral Functionality - Pilots complete; evaluation and feedback collected • Explore Interoperability & Integration Platforms/Solutions - paper developed following discussions and information gathering presented to the Executive Board – to secure buy in and investment for a more cost effective alternative to a full clinical portal • Visited connected Nottinghamshire and have gathered information and costs around their MIG (Medical Interoperability Gateway) deployment and have arranged for a meeting with MIG jointly with North Derbyshire representatives • Work to date concentrated on Wi-Fi federation - networks across DHFT, DHCFT, DCHS, CSU. Exploratory discussions on feasibility with Derby City Council • GP Wi-Fi programme approximately 80% complete • Technical work complete on GP2DerbyshireCC federation • Stakeholder agreement (CCG / DCHS) on revised guest Wi-Fi access.	• TPP System 1 e-Referral Functionality - meeting arranged with provider to coordinate Derbyshire wide roll out approach • Explore Interoperability & Integration Platforms/Solutions - meeting arranged with supplier to explore platform/solution capability to achieve a 'Connected Derbyshire'. The meeting anddemonstration with MIG as been arranged and one will be arranged with Intersystems around HealthShare • Business Intelligence - meeting being convened for all Derbyshire leaders to agree current issues and future requirements • Information Governance Workstream meeting with all SIROs and Caldicott Guardian's to agree future direction • Progress order/implementation for guest Wi-Fi access (CCG/DCHS) • Publish Derbyshire CC SSID across CCG/GP/DCHS/DHCFT • Re-engage with Derby CC re Council House and CRHFT re federation feasibility • Look at exploitation/publicity opportunities.
'Wicked Issues' including risks, barriers, capacity etc.	**Successes, opportunities for shared learning and lessons learnt**

• TPP S1 e-Referral Functionality
  o Slow iterative roll out – with face to face stakeholder engagement and meetings essential to ensure successful delivery and resource intensive
• Explore Interoperability & Integration Platforms/Solutions
  o Executivebuy in and investment mandatory
  o LHC wider stakeholder investment
  o Resource and time requirement for deployment
  o Funding to support deployment team and costs of solution/ integration
  o GP buy-in
• Governance/service management regarding federated network needs establishing – draw up points of principle
• Large federated Wi-Fi network – little known on usage / exploitation / publicity
• Concern over SSID 'sprawl' – look at opportunities to harmonise.
	Successes
	• TPP S1 E-Referral Functionality - 'live' in several GP Practices/Services
	• Positive Feedback - both User and Patient Experience
	• Interoperability & Integration Platform/Solution - Agreement to progress from DIDB; agreement in principle from CCG ISG; presented to Exec Board for consideration/comment
	• Only anecdotal evidence of network adding benefit – need to formalise and publish
	• Information governance/sharing information leaflet drop undertaken in Erewash.
	
	Opportunities for shared learning/Lessons learnt
	• TPP S1 E-Referral Functionality - lessons Learned adopted to feed into wider roll out
	• Interoperability & Integration Platform/Solution - shared Learning gleaned from Nottingham MIG Event applied to Connected Derbyshire Approach.

TPO Highlight Report: Transformation Plan Progress

Communications & Engagement Enabler GroupHighlight Report

The purpose of the Communications and Engagement Enabler Group Highlight Report is to update the Joined Up Care Board of the work being undertaken to support delivery of the transformation programme.

Communications & EngagementEnabler Group ProgrammeOverview
The Communications and Engagement Delivery Group will develop and implement the communications and engagement strategy and associated plans to support the delivery of the Joined Up Care Board's key programmes of work across Southern Derbyshire unit of planning. The Group will ensure there is consistent and timely communications to all stakeholders relating to the work of the JUC Board and Delivery Groups, and advise and support the communications requirements of the Delivery Groups. The Group will lead the development of the communications and engagement plan for public and workforce engagement/consultation and communication, ensuring due process is followed at all times. Deploy joint resources to undertake joint communications and engagement activity. This may include, for example, joint budgets for campaigns, people resource/expertise to undertake local engagement initiatives. Ensure appropriate links are made with the North unit of planning and messages are aligned where needed.

Progress and completed work	Immediate priorities and actions for next month
• Continued development of proposals for JUC Digital approach, linked to Information, Advice & Advocacy element of Community Support Workstream 1 and benefitting wider JUC programme • Organisation underway for joint stakeholder event date and venue (Derby Conference Centre) confirmed • Community Support Delivery Group summary finalised and in process of being cascaded across organisations	• Organisations to continue communicate vision and outline narrative to staff • Articulate descriptions of Delivery Groups vision and aims • Continue to identify Communications and Engagement requirements from Delivery Groups and workstreams • Stakeholder event preparation –Presentation to be based on Strategic Plan.

'Wicked Issues' including risks, barriers, capacity etc	Successes, opportunities for shared learning and lessons learnt
Overall Plan for JUC is significantly influential on final communications and engagement strategy, approach to be taken, and timescales. Detail in the Plan needs to be better understood by CE Group, including approach to addressing the financial gap.	**Successes** Ongoing engagement of health and social care community communications professionals in agenda. **Opportunities for shared learning** N/A **Lessons learnt** N/A

Date:22nd October 2015
Completed by: Helen Dillistone, Director of Corporate Development, SDCCG

TPO Highlight Report: Transformation Plan Progress

FD Transformation Enabler GroupHighlight Report

The purpose of the FD Transformation Enabler Group Highlight Report is to update the Joined Up Care Board of the work being undertaken to support delivery of the transformation programme.

FD TransformationEnabler Group ProgrammeOverview
1. To support the development of a Five Year Strategic Plan across the South Derbyshire Unit of Planning through the co-ordinated provision of financial and commercial expertise and the provision of financial plans that are triangulated amongst partner organisations. 2. Through the Programme Management Office (PMO) support the provision of information required by the System Transformation and Resilience Board (STAR Board) to enable them to monitor progress against agreed Transformation plans. 3. To develop system wide co-ordinated Estate plan, that supports the Five Year Strategic Plan.

Progress and completed work	Immediate priorities and actions for next month
• Draft Estates Register nearly complete. • Refreshed system wide financial figures. • First Local Estates forum arranged for 12/11/15. • Work on Estates strategy has started.	• Review overall finances of two Better care Funds. • Consider how finance teams collaborate and share information so that system plans for 16/17 can be developed and what resources are needed. Half day session being arranged. • Share knowledge and learning on Investment evaluation. • Considering how to resource a back-office review in health.

'Wicked Issues' including risks, barriers, capacity etc	Successes, opportunities for shared learning and lessons learnt
• Need to speed up rate of developments from the Group. Is beginning to happen but all FD's need to put more time into their lead areas –not always consistently doing this. • Some providers are stakeholders across more than one health system – need to avoid duplication.	**Successes** • FDs are meeting regularly to talk about collaboration, working together across the system. • Estate register nearly complete. **Opportunities for shared learning** • Evaluation - planned for next month. **Lessons learnt** • Agenda still largely health focused still – need to expand agenda to get LA authorities regularly engaged with us. Meetings need to be of value to them as well as to us. • Making sure the group is effectively linked into all Delivery Groups. This now sorted but need to monitor.

Date: 23rd October 2015; Completed by: P Cowley

Key Messages from the Joined Up Care Board on the 5ᵗʰ November 2015

It was agreed at the October JUCB that the main agenda item in November would be workforce. To update the Board on current developments the following people attended the meeting:

- David Farrelly – Local Director (East Midlands) – Health Education England
- Adrian Brooke – Deputy Post graduate and Secondary Care Dean – East Midlands
- Jane Johnson – Executive Lead for Transformation and Innovation (HEEM)
- Amanda Rawlings – Director of People and Organisational Effectiveness – DCHSFT and CRHFT (Workforce and OD Lead for transformation)
- Paul O'Neil – Director of East Midlands Leadership Academy

1. **David Farrelly outlined the work and the funding mechanisms for Health Education East Midlands.** HEEM are one of the 6 arm's length national bodies. Key functions are:
   - Providing national leadership on planning and developing the healthcare public health workforce
   - Promoting high quality education and training that is responsive to the changing needs of patients and local communities including responsibility for ensuring the effective delivery of important national functions such as trainee national recruitment
   - Ensuring security of supply to the health and public health workforce
   - Allocating and accounting for NHS education and training resources and the outcomes achieved

The way workforce planning is undertaken is changing and is now becoming whole system or competency based planning. HEEM commission programmes for nurses, physio's etc. and other non-registered support staff as well as funding post graduate medical training. David explained that modelling and demand profiling are difficult. They are currently looking at future supply, linking this to the private sector and social care where possible as trained staff are often lost to other sectors.

For next year there is a need to think differently about workforce planning. Workforce development spending is possibly an area where we can get some change although there may be national directives about apprentice roles.

Questions were asked about equity of funding for junior doctors across the country, and the issues this creates - how do we solve this? Modelling has taken place and this shows a shortfall of between 600-2000 Doctors in the East Midlands. This is being raised nationally.

HEEM are looking to see what the new associate nursing role will look like and how we can ensure we are ready to take-up any opportunities as soon as possible.

The demand profile for adult and mental health nursing shows a 29% increase is required. Modelling has been undertaken to see if we can support this. 14% is usually the level that can be supported. However, attrition rates are high so work is being undertaken to see how these can be reduced. The East Midlands is well thought of for the work done on forecasting demand and supply.

TPO Highlight Report: Transformation Plan Progress

There is a great deal of work happening on looking at new roles e.g. Physician associate role. Work on clinical fellows. Looking nationally at anything we can adapt, key areas of interest are:

- Upskill Vanguards in Workforce Modelling and Planning, innovation, change and human factors
- Care Navigators (dementia and other services)
- Health Champions
- Specialist Intermediate Care Teams
- Signposting (111/Clinical Triage/Out of Hours)
- Supporting independence
- Clinical and non-clinical apprentices
- Care home collaborative training programmes
- Piloting GP Pharmacist collaborative training
- Assistive technology training to improve uptake of patient telecare
- Family based assessment training, single point of contact for families.
- Review of AHP impact on service redesign

Lessons from vanguards shows workforce plans are generally not well thought out. Derbyshire is possibly ahead of the game and is presenting a webinar on ongoing work.

There was a discussion about the need to look at competences and how we work together to ensure an agile workforce as we are all essentially 'fishing from same pond'. Need to change competencies when we know what we want I.e. the models of care. We know we want people in the community we want people doing what doctors previously did but we don't know what the model is so we need to develop competencies and allow people to learn on the job. An Academy is being set-up in Derbyshire to assist with this.

Amanda Rawlings stated there is a project group looking at competencies but not waiting, getting on with it - experiential learning. Get people on the training and get on and do it. The Academy will bring it all together.

We have historical levels of funding which do not fit what we want to do. However, the premise is that we just need to get on with it, the concern is this may not be fast enough.

2. **Amanda Rawlings gave a update on the work in Derbyshire relating to workforce transformation**
   - Derbyshire workforce plan developed through the summer and agreed in September 15
   - Flexible non-medical budget of £1.2m for 15/16 allocated as follows:
     - £500,000 to focus on ACP development
     - £500,000 distributed across Derbyshire organisations on fair share basis including Primary Care
     - £200,000 for EOL and small projects

- Strategic Workforce Group will lead and coordinate the £1.2m spend and provide assurance on the investment delivery plans and focus; bid has been made to HEEM for additional flexible money
- Work is on-going to commission support for developments throughout the county e.g. Belper 5, Care Support Workers with DCC etc.
- Talent Management - System working together to identify a band 8 plus talent plan supported by EMLA
- CEO system leadership development event delayed until new CEO's are in post
- Link with EMLA on system leadership development offer
- Joint commission of an OD lead to identify the OD requirements across each North and South work stream
- Aim is to have a OD requirements identified so we can then commission the appropriate resources to support the needs

3. Paul O' Neil outlined the System Leadership work of EMLA

- Paul outlined the research work that has taken place to develop a 'menu' based system development programme based around four areas of leadership. These are:

RELATIONSHIPS AND CONNECTIVITY	INDIVIDUAL EFFECTIVENESS	INNOVATION AND IMPROVEMENT	LEARNING AND CAPACITY BUILDING
Facilitated discussions	Facilitation skills workshops	Improvement and Innovation science skills programme	Talent Champions
Action Learning sets	Supporting transformation programme	Experience based design	Talent development centres including career coaching and career development sessions
Team and Group coaching	Individual Coaching	Designing and leading Agile services	Developing community engagement/ social movements programme (Inclusion Champions)
Relationships and conflict management	Coaching talent conversation skills for leaders	Designing and leading Lean services	Unconscious bias workshops
Conferences- System Leadership Social media	Job swap programme	Quality improvement	System Leadership Train the trainer package and resources
Visible Leaders Network			Online community and Resource hub
Masterclasses			Transferring and sharing learning

- Work will continue with Derbyshire to ensure that leaders have access to these development opportunities.

It was stressed throughout the discussions that Derbyshire is in a good place and is ready to take up offers of development and training.

Other Agenda Items

4. **December Stocktake Meeting** – it had previously been agreed that the December meeting would include the WSTG and the Directors of Finance so that a 'stocktake' could take place one year on. The aim of the session was agreed to be to take stock of the South of Derbyshire Joined up Care Programme one year on from the original 'Case for Change'.

5. **Risks** – the risks that had been added or changed were outlined. The JUCB asked that more assurance be given about the actions being taken to mitigate risks. There was also discussion about the status of JUCB risks as each organisation was a statutory body with their own risk register. It has been agreed that when the new Transformation Programme Manager commences he will further review and revise the Risk Register.

6. **TPO Highlight Report** – this was discussed and the 'wicked issues' identified on the exception reports were highlighted to the Board. (The report is circulated separately).

7. **WSTG Key messages –** these were for information (circulated separately).