

Transformation Programme Office and Joined Up Care Board Update

Date: February 2016 – Adult Care Board

Report title	Transformation Programme Office and Joined Up Care Board Update
Presented by	Lynn Wilmott-Shepherd, Director of System Transformation (the South of Derbyshire)
Author	Lynn Wilmott-Shepherd
Purpose of the paper	<p>The purpose of this report is to provide the Adult Care Board with an overview of the progress of the 5 year transformation programme; overseen by the Joined Up Care Board (JUCB) and supported by the Transformation Programme Office (TPO).</p> <p>The Joined Up Care Board (JUCB) consists of the following partners from across the health and social care community within the South of Derbyshire:</p> <ul style="list-style-type: none"> - Derby City Council - Derby Teaching Hospitals NHS Foundation Trust - Derbyshire Community Health Services NHS Foundation Trust - Derbyshire County Council - Derbyshire Healthcare NHS Foundation Trust - Derbyshire Health United - East Midlands Ambulance Service - Erewash Clinical Commissioning Group - Southern Derbyshire Clinical Commissioning Group <p>Delivery of the transformation programme is a high risk to each of its member organisations and as a consequence the JUCB and the TPO were established to take forward critical work to address the significant challenges facing the health and social care economy.</p> <p>If any additional information is required on any aspects of the work programme, please contact Lynn Wilmott-Shepherd (Lynn.Wilmott-Shepherd@erewashccg.nhs.uk).</p>
Key matters for consideration and recommendations	To consider the contents of the report; for information and assurance.

Attachments	<p>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: The key messages from the JUCB on 7th January 2016. Appendix G: The key messages from the JUCB on 4th February 2016.</p>
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TPO progress and completed work	Priorities next month
<p>TPO Portal</p> <ul style="list-style-type: none"> The 'go live' date has been postponed owing to technical difficulties and change in personnel. Now expected to be mid-February 2016. <p>Delivery Groups</p> <ul style="list-style-type: none"> Work continues with delivery groups to agree milestones and financial measures. This remains challenging and some work has been delayed owing to planning and contract rounds <p>Discussions with other areas/Conferences</p> <ul style="list-style-type: none"> A telephone conversation took place with the Isle of Wight Programme Director – notes circulated A telephone conversation took place with Clinical Director/Consultant Psychiatrist/Honorary Lecturer Ashcombe Centre and Service Director from Staffordshire about their 'dual/shared care' ward – notes circulated <p>Organisational Development Diagnostics</p> <ul style="list-style-type: none"> On-going work with Linda Garnett on the OD diagnostics. Discussions about development programmes for delivery group managers and members Discussions about the need for supporting very senior staff during times of change <p>Review of TPO Risk process</p> <ul style="list-style-type: none"> The Transformation Programme Manager has reviewed the risk process following the JUCB decision to 'closedown' the current register until we have greater clarity on the direction of travel i.e. the 'blueprint'. Risks are being 'handed back' to appropriate delivery/enabler groups with support. <p>Communications for GP's</p> <ul style="list-style-type: none"> Following requests by GP Leads an idea for a newsletter was forwarded to the Commination's Group who will take this forward with TPO input. <p>Clinical and Professional Reference Group</p> <ul style="list-style-type: none"> The first meeting took place on the 20th January 2016 <p>Review of previous STAR/JUCB actions</p> <ul style="list-style-type: none"> A review of previous Leadership workshops, Case for Change and action lists have been reviewed to ascertain what actions had previously been agreed. Actions were limited to those with a system wide consequence i.e. 5-15% reduction in non-elective admissions of long term conditions and minor injuries <p>'First date' Event held</p> <ul style="list-style-type: none"> Successful event held to enable delivery groups to meet enabler group members and understand how they can support the work <p>System Resilience Group</p> <ul style="list-style-type: none"> First meeting took place on 21st January 2016 	<ol style="list-style-type: none"> Further work on the dashboard following feedback PI training for 'superusers' and additional analysts Meetings with Nottinghamshire and Leicestershire Transformation Programme Manager to review progress with establishing timelines, together with interdependencies between Delivery Groups Actions from first Clinical & Professional Reference Group (CPRG) Actions from Joined Up Care Board and System Resilience Group
<p>Risks</p> <ul style="list-style-type: none"> The 'Stocktake' will impact on the current system in place Pace of change: milestones require further work and financial modelling – resources are limited 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. 	<p>Mitigating actions</p> <ul style="list-style-type: none"> Development of a 'blueprint' and links to STP TPO together with the Finance Enabler Group are supporting the Delivery Groups in offers of help to develop the milestones, model the financial impact and monitor achievement via the developing dashboard Delivery Groups are mindful of this issue and the Workforce Enabler Group is seeking new ways of working, different professions etc. to reduce pressure on GPs.

Transformation Programme Plan Progress January 2016

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 understand and support progress against 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

Successes

Children's - update

WS1 – Initial consideration of the provision of parenting classes shows it is patchy, not necessarily accessible to people most in need, and is not joined up. Review of the best practice evidence base nearing completion, there is a strong evidence base for our early years work but not for behaviour. Evidence base for the Family Nurse Practitioner (FNP) to be included. The early intervention joint multi-agency service provision diagram previously developed is being used as a basis for scoping provision. The work stream meeting in January had to be cancelled.

WS2 – Interventions templates now collated into one document and gaps identified. Workshop of key people to take place on 25th January. Sub group meeting to discuss quality of Single Point of Access (SPOA) referrals held on 11th January, education representatives now engaged. Data shows majority of referrals by GP – work undertaken to include referral form on GP practice systems. Triage pilot short business case now drafted now completed for all services and to be discussed with new Clinical Psychology Head of Service.

WS3 – The name for the service is agreed as CAMHS RISE Team = Rapid Intervention Support and Empowerment. Nursing team in post and service live. Increased presence in Children's Emergency Department (CED). Six new staff booked on to **Dialectical Behaviour Therapy (DBT)** training in March 2016 and a plan has been developed for coaching with DBT Consultant and other qualified staff to be delivered before March. Data – Large quantity of data identified and key metrics to be agreed. The programme of daily 'rapid access follow up sessions' will start in January.

WS4 – CED questionnaire report currently being analysed. Programme manager attended EMAS/Derbyshire Health United (DHU) meeting where difficulties with 111 calls being identified as Red 2, which triggers an ambulance, discussed, as it was believed most of the calls should be Green 1, necessitating a 20 minute response. EMAS Paediatric policy appears to have altered and states Children should be taken to CED or urgent care centre, minor injuries unit or GP practice. Paramedics are advised to speak to the GP practice. Red telephone number has not yet been accessed by EMAS – meeting with EMAS locality manager to discuss options. Evolution of HOT clinics into Rapid Access Clinic and telephone follow ups in January. KPIs developed for the winter pressures funding.

Mental Health

Due to the continuing success and support of the Dementia Rapid Response Team (DRRT) the temporary closure of one ward to is continuing and is now approaching the 4 month mark.

Urgent Care

Single telephone number for the SPA is now operational for the whole county

KPIs for the Virtual Ward have been agreed

Step up step down workstream held a successful planning meeting to redefine the priorities of the workstream, these will now be worked up into operational plans

Discharge event was held on 15/01/16, there was exceptional turn out from all organisations and some firm actions have been agreed for both the short and longer term plans

Community Support

WS1 Local Area Co-ordinator (LAC) proposals supported by WS1 have been discussed at Adult Social Care Board and the County Better Care Fund ((BCF) Board. Voluntary Sector Grants in the City look set to have all Council Funding withdrawn – some £700k. The CCG is considering its position regarding how to manage its funding for the voluntary sector with relation to Derby City Council as previously much of the funding was pooled. Some draft principles for aligning the city and county BCF (which often supports activity within WS1) have been discussed. There was limited WS1 group reporting over the festive period. A presentation on Personal Health Budget (PHB) usage by a recipient is scheduled for a future meeting.

WS2 The Delivery Group received a presentation by Ben Pearson following his Care Home exploratory work in Amber Valley area.

The focus on prevention and commissioning pathways including primary and secondary prevention was felt to good learning. Implementing successful prevention plans has been shown to need careful consideration with regard to criteria setting and scale. There was concern that Public Health (PH) planning around prevention should absolutely be part of the System Resilience Plan, The CSDG felt that the JUCB should consider how to maximise the opportunities in this regard. The Locality based Health Needs Assessment (HNA) database has been updated and was demonstrated to Derby Advanced Commissioning (DAC) practice managers and shared with other CCGs. The potential to help inform Place Based developments and set context to Key Performance Indicators (KPIs) has been well received.

WS3 Achieved for winter phone number for rapid response teams - an additional requirement for a portable number has delayed the start date a little to the 11th January. The model for medical input to Step Up Step Down (SUSD) services has been drafted and is currently being discussed. Medical input is improving. A workshop with key Geriatricians is taking place on January 20th. A discharge event with Urgent Care Board (UCB) took place on the 15th January. The event highlighted where cultural change was important and used a case example to show where opportunities lie to reduce Length of Stay (LoS). The misuse of Fast-Track was highlighted and that future care needs assessment and expectations need to be at the RIGHT point in the care process / stay. IL has met with the Frail Elderly Assessment Team (FEAT) and jointly identified areas for potential improvement.

WS4 There are now 23 winter resilience beds in operation across the area

Elective Care

Signed up to an agreed vision for the way forward and are developing clearer measures to support this.

Confirm and Challenge event for diagnostic workstreams 5 year plan has resulted in refinement of plan.

Starting to review top 1/3 and bottom 1/3 of practice first outpatient appointments to all providers for cardiology, endocrinology, gastroenterology, general surgery, gynaecology, Trauma & Orthopaedics (T & O) & Urology together with information on discharge after first appointment with demographic/population information.

Outpatient workstream have now developed an overall strategy

Inpatient workstream have now completed the propriety matrix and have ranked specialties. Urology has been identified as the specialty with greatest opportunities.

Erewash MCP

Review with national team highlighted on how joined-up the new models of care looked, and the cohesive leadership and clinical engagement

Opportunities for shared learning/Lessons learnt

Children's

- Breaking larger workstreams into specific strands helpful to move things forward. Using knowledge within the wide system essential.

Mental Health

- Communication is key to acceptance of change.
- Impact of external factors when identifying suitable transformation/cost improvement plans.

Urgent Care

- Discharge event was felt to be a really successful day and worked well to get some key actions that can be taken forwards

Elective Care

- Learning from the development/management and provision of the Shared Care Pathology website has given the diagnostics workstream a starting point to develop the site further to incorporate other services

Erewash MCP

- Workshop on logic models re-inforced the benefit of this approach to ensure clarity of thinking, as well as a useful C&E tool
- Vanguards are required to populate Value Generation Hypothesis Trees with the next submission of the Value Proposition – this is proving to be a robust methodology which may be useful for adoption across the unit of planning

'Wicked Problems', risks and mitigation

Children's (unchanged from November 2015)

- Increasing cuts in Local Authority/Public Health services 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 work streams across the City/County.
- Being pulled in different directions for county-wide facing providers/county council – where is the join up with 21C in north Unit of Planning? Should we be looking to join workstreams up where possible county wide?
- Individual organisations' transformation plans – we should look to have a system-wide single transformation plan.

Mental Health

- Campus proposed changes – need to ensure impact and pace of change is understood across H&SC community.
- Challenge in identifying Transformation and CIP plans for the services for 16/17.

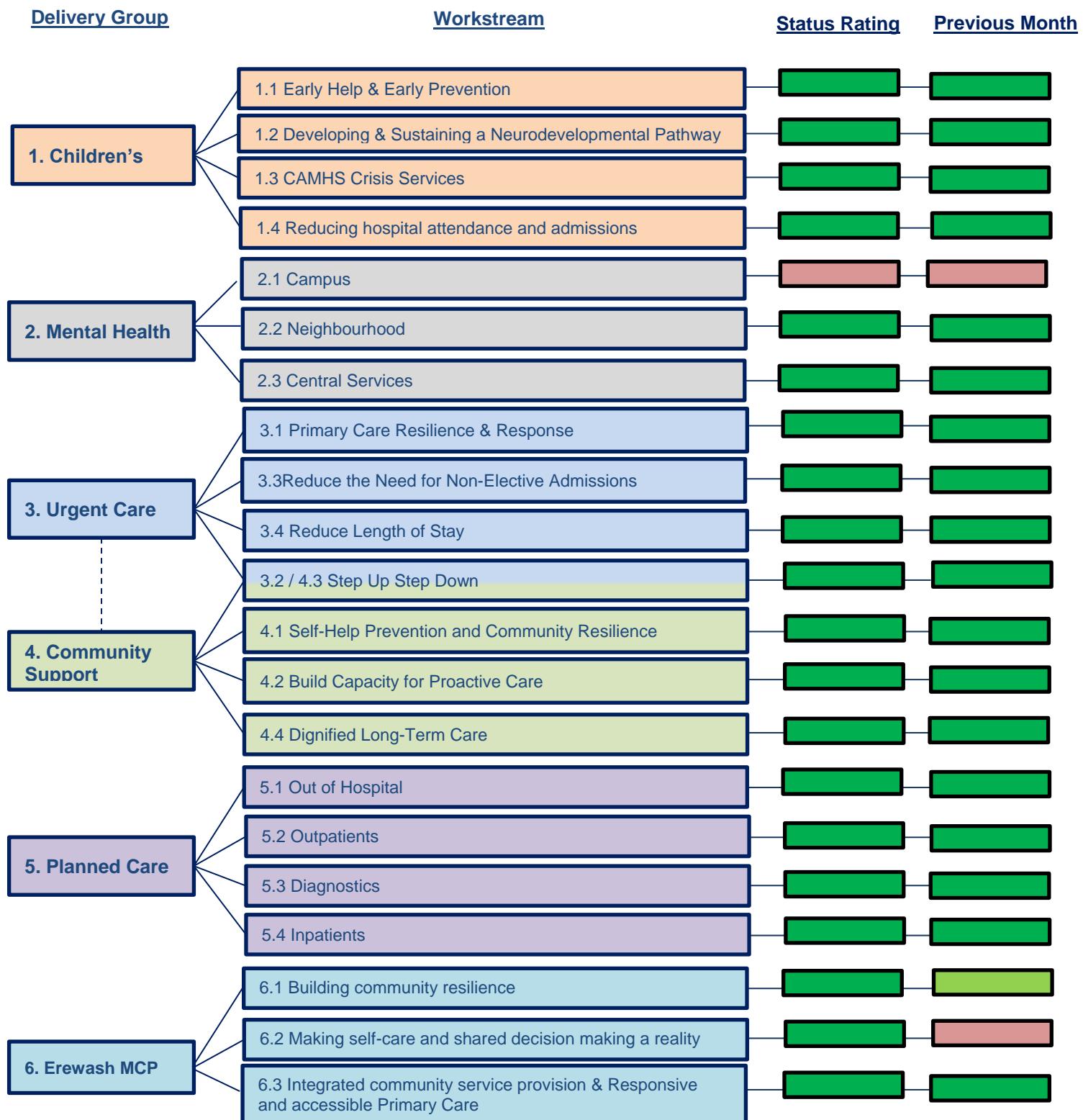
Urgent Care

- 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. Further investigation required as there may be access to Primary Care information via GEM.
- Ownership of the Dementia Strategy and delirium pathway development is proving challenging, both these impact significantly on nearly all of Urgent Care work streams, however where this is governed is unclear, should it be Community Delivery Group or Urgent Care Delivery Group and how does it link in with the Crisis Concordat?

Date: 25 January 2016

Compiled by: TPO

Transformation Programme Progress Status Summary



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: Red Amber Previous months' rating: Red Amber
Executive Lead Sponsor:	Ifti Majid	Formally signed off by Executive Lead: 18 December 2015
Clinical Lead Sponsor:	John Sykes	Formally signed off by Clinical Lead:
Project Lead/Author:	Tess Martin	Date of Recovery Plan: 18 January 2016

Critical Issues	Remedial Actions
<ul style="list-style-type: none"> 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? <p>A letter has been received by the CCG from RDH indicating that progression of this project will incur penalty charges that will be applied to DHCFT. This will have a significant impact on the Trust transformational plans and the CIP planning for 16-17. This is outside the control of Derbyshire Healthcare NHS Foundation Trust and the Trust will now be embarking on identifying any alternative transformational options</p>	<ul style="list-style-type: none"> Identify the actions that will be undertaken in the next month to get the project back on schedule. <p>Urgent meetings have been scheduled to identify and review alternative solutions that may be available to the Trust.</p>
Major Risks/Mitigation	Impact
<ul style="list-style-type: none"> 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. <p>It is evident, following recent communications, that this project will not be concluded by the end of the financial year. The continuance of this project is outside the control of Derbyshire Healthcare NHS Foundation Trusts.</p> <p>Derbyshire Healthcare senior staff will convene to identify other options to be pursued for 16-17</p>	<ul style="list-style-type: none"> Highlight any major issues that need to be escalated Identify the impact on other programmes/project deliverables. <p>Interdependency for DRRT full implementation, potential impact upon the Cost Improvement requirements</p>

Date: 18/1/16

Completed by: Tess Martin.

Workforce Enabler Group Highlight Report – January 2016

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 Programme Overview	
<p><i>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.</i></p>	
Progress and completed work	Immediate priorities and actions for next month
<ul style="list-style-type: none"> Refreshed initial SWIPE work and refined for Belper 5 and Erewash of frail elderly workforce ; report completed for Erewash MCP on 20/01/16 and due w/c 25/01 Developed a system wide vision for a Derbyshire ACP Academy Sent a business case to HEEM to support the funding of a Derbyshire wide ACP Academy Plan of action to develop ACP workforce and utilise the BCF is in place OD support commissioned and in place Support provided to Programme groups (specifically MCP) to develop workforce plan 	<ul style="list-style-type: none"> ACP Academy development is in progressing and some additional funding secured. Presentation to First date on January 27th to advise on Workforce and OD Developing a specific workforce plan for JUC, this will require the establishment of a task and finish group to ensure connectivity with the work in place and work planned Develop support to the programme groups on workforce planning and development Presentation in February 4th to CDSG in relation to Frail Elderly SWIPE Engagement event on 23rd February for Children's SWIPE work
'Wicked Issues' including risks, barriers, capacity etc.	Successes, opportunities for shared learning and lessons learnt Successes OD scoping project progressing well Completed reports on Frail Elderly SWIPE which will support the workforce planning process Engagement of all partners in SWIPE work Opportunities for shared learning Discussed with National colleagues Workforce modelling and triangulation to activity & finance model in MCP, work to progress locally to understand this and how we can then replicate across Derbyshire.

Date: 21/01/2016. Completed by: Karen Scott & Amanda Rawlings

Derbyshire Informatics Delivery Board (DIDB) - Enabler Group Highlight Report January 2016

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
<ul style="list-style-type: none"> DCHS Procurement Leads – order for MIG Placed Recruitment Process complete – interviews scheduled w/c 18/1/2016 AGEM CSU Project Management & Benefit Resource identified to support MIG Implementation Work continues on Wi-Fi federation - networks across DHFT, DHCFT, DCHS, and CSU. Exploratory discussions on feasibility with Derby City Council GP Wi-Fi programme 85% complete Technical work complete on GP2DerbyshireCC federation Stakeholder agreement (CCG / DCHS) on revised guest Wi-Fi access Business Intelligence – requirements for this workstream documented Meeting arranged with Stakeholders and MIG supplier to develop detailed plans 22/1/2016 Draft of ISP and ISA for use across the Derbyshire Partnership Forum – sent to CCG Governing Bodies/IG for sign off 	<ul style="list-style-type: none"> Progress order/implementation for guest Wi-Fi access (CCG / DCHS) Publish Derbyshire CC SSID across CCG/GP/DCHS/DHCFT/DTH Re-engage with Derby CC re Council House and CRHFT re federation feasibility Determine key messages for communications strategy internally and externally on information sharing Determine scope and appetite for cross-agency IG training material Develop detailed Project Documentation including PID, Project Plan, Benefits Plan, Communications Plan Appoint IM&T Commissioning & Programme Lead Progress Phase 1 of ISP for health and social care in preparation for the MIG Develop Phase 2 of ISP for future adoption across entire Derbyshire Partnership Forum
'Wicked Issues' including risks, barriers, capacity etc.	Successes, opportunities for shared learning and lessons learnt
<p>Procurement of Interoperability & Integration Platform/Solution</p> <ul style="list-style-type: none"> LHC Wider Stakeholder Investment Resource and Time requirement for deployment Funding to support deployment team and costs of solution/ integration GP Buy-in Health & Care Stakeholder Buy in Information Sharing Campaign <ul style="list-style-type: none"> Governance / service management re 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 @ opportunities to harmonise 	<p>Successes</p> <ul style="list-style-type: none"> Interoperability & Integration Platform/Solution - Procurement phase complete.- order placed Resource requirement – recruitment/selection – interviews scheduled Only anecdotal evidence of network adding benefit – need to formalise and publish Opportunities for shared learning /Lessons learnt – continue to communicate liaise with Nottingham & Leicester areas

Date: 22 January 2016

Completed by: Nikki Hinchley - Head of IM&T Systems Enablement (Derbyshire)

Finance Enabler Group Highlight Report

The purpose of the Finance 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 Transformation Enabler Group Programme Overview	
<ol style="list-style-type: none"> 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 plans that support the Five Year Strategic Plan. 	
Progress and completed work <ul style="list-style-type: none"> 1. Draft Estates Register nearly complete. Completion delayed as data being enhanced and uploaded to national database called SHAPE. 2. Refreshed system wide financial figures. 3. Local Estates forum established and operational. Will report direct to the board. 4. Options for London Rd site being considered. 5. Interim Estates strategy submitted on 19/12/15. 	Immediate/on-going priorities and actions for next month <ul style="list-style-type: none"> 6. Complete work on Estates strategy and establish Task and Finish Group for London road. 7. Review overall finances of two Better Care Funds. 8. FDs undertaking a baseline assessment of the potential initiatives arising out of the work-streams. FDs to meet management leads for the work-streams on which they lead to help prioritise work. 9. Share knowledge and learning on Investment evaluation. 10. System wide financial plan for 16/17
'Wicked Issues' including risks, barriers, capacity etc. <ul style="list-style-type: none"> 1. Very slow progress on all issues. FDs having difficulty creating headroom for the work needed. Some progress is beginning to happen but all FD's need to put more time into their lead areas –not always consistently doing this. 2. Some providers are stakeholders across more than one health system – need to avoid duplication. 	Successes, opportunities for shared learning and lessons learnt <p>Successes</p> <ul style="list-style-type: none"> 1. FDs are meeting regularly to talk about collaboration, working together across the system. 2. Local estates Forum established and System wide Estate register nearing completion. <p>Opportunities for shared learning</p> <ul style="list-style-type: none"> 1. Evaluation - planned for next month <p>Lessons learnt</p> <ul style="list-style-type: none"> • 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.

Date: 23rd January 2016; Completed by: P Cowley

Communications and Engagement Enabler Group Highlight Report – January 2016

Communications and Engagement Delivery Group Programme Overview

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
<ul style="list-style-type: none"> Continued development of proposals for JUC Digital approach, linked to Information, Advice & Advocacy element of Community Support Workstream 1 and benefitting wider JUC programme Community Support Delivery Group summary finalised and in process of being cascaded across organisations 	<ul style="list-style-type: none"> Organisations to continue communicate vision and outline narrative to staff Articulate descriptions of Delivery Groups vision and aims Collate and summarise feedback from JUC Stakeholder event, feed this to JUCB and Delivery Groups Continue to identify Communications and Engagement requirements from Delivery Groups and workstreams Supporting Enabler Group Speed Dating Event 27th Jan – this will help to clarify expectations of DG requirements from Comms, and also to share what CE group can offer in terms of support.
'Wicked Issues' including risks, barriers, capacity etc.	<p>Successes, opportunities for shared learning and lessons learnt</p> <p>Successes</p> <ul style="list-style-type: none"> Ongoing engagement of health and social care community communications professionals in agenda

Date: Jan 2016

Completed by: Helen Dillistone, Director of Corporate Development, SDCCG

Key Messages from JUC Board – 7th January 2016

The meeting in December had been a 'stocktake' of the current way of working and of how the JUCB would work going forward. There were no notes from the meeting. However, two pieces of work had been requested:

1. **The development of a 'blueprint'** - Nina (Ennis) had been asked to look at how we could develop a blueprint which would help the system enact the vision. Initial work and thinking had been completed and a presentation was given looking at possible 'design principles'. These were put forward as a way of ensuring that everyone has the same understanding and is signed up to the way forward with no misinterpretation. The principles were:
 - a. Do we have a shared understanding of the wedge and does this needed redefining?
 - b. The unit of planning - what footprint should we be working to?
 - c. The power of communities and resilience - do we have enough emphasis on this area?
 - d. Transforming primary and community services - are we putting enough emphasis and do we have a clear view of what primary care will look like? What would organisations look like in the future? Is there a shared understanding?
 - e. How do we ensure we are not double counting financial savings?
 - f. Adopting new care models and new forms of contracting - how and what will this look like?
 - g. Have we really gone far enough with joined up care and the integration of health and social care?

A full debate took place and members of the group were asked to sign-up to the principles. There were a number of suggested changes to some of the wording and detail below the high-level principles.

ACTION: NE to summarise discussions and revise initial work.

Some of the questions raised were linked to how we use 'the wedge' and whether it may lead to silo thinking. On the whole it was agreed that 'the wedge' is a conceptual model which provides an enabler for moving things forward, it is also recognised by both professionals and stakeholders. There was a great deal of discussion about place-based working and some of the benefits and difficulties. However, it was felt that to radically change the system we required a more place-based approach. A question was raised as to whether we should be thinking wider than health and care i.e. a public sector offer, including Fire and Police.

Further discussions took place about whether we have a clear direction of travel and how we can inject real pace into the changes required. There was also recognition that areas would go at different paces and that there was a need for resources to deliver the programme. Owing to limited resources there was a suggestion that we should be concentrating on a segment of our population and also prioritising our work i.e. if this does not meet the needs of the system plan, why are we doing it?

Following the latest planning guidance (*Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21*) there may be a need to review what could be done at a Derbyshire level and what at a local level.

ACTION: RM/GT to raise the geography of the Sustainability and Transformation Plan (STP) at Chief Executives.

There was some discussion about prevention and its importance as an underpinning element across all work. This also led to questions being raised about the responsibility of patients in managing their care. The BCF was briefly discussed mainly linked to whether in its current form it was transformational or transactional.

It was agreed that the JUCB need to set some clear priorities to the delivery groups. However, the point was raised that we need to not start from a 'blank sheet of paper' as much good work has been done already. The JUCB asked for a review of what we had promised to do and what has been achieved by reviewing previous minutes.

ACTION: LWS to review last 12 months of STAR/JUCB minutes ([Link to NE](#))

2. **Review of the System Resilience Group and Joined-Up Care Governance** – Lynn had been asked to do a review of the current meeting structure linked to NHS Guidance and to the current transformation structure. A presentation was given and recommendations made, mainly linked to the separation of the 'here and now' (resilience) and the 'future state' (transformation). A key issue for provider organisations is the attendance at two SRG's (North and South) so the suggestion was made about working with the north at the very senior level i.e. leaving local operational groups in place. This would also link to the above discussion about planning at a Derbyshire wide level.

ACTION: GT/RM to raise the suggestion of a Derbyshire wide SRG at Chief Executive's

A further recommendation which was agreed to was the setting up of 'Commissioning and Contracting models' enabler group as this linked to previous discussions about place based working.

It was further recommended that the number and structure of delivery groups remain until we have a clear blue print/STP. However, this would not stop chairs/Exec Leads revising membership to ensure maximum benefit.

Other agenda items

- **System Risks** – a paper was presented about how we view risks and the system's appetite for risk. A further iteration of the risk register was presented. Following a debate about the risks presented it was felt that until a full plan is available it is difficult to truly have system risks as those presented tend to be programme risks. It was agreed that the current risk register should be 'closed' and the risks handed back to appropriate groups. Any areas where risks are not being managed or they are likely to be a threat to system sustainability they will need to be raised on monthly delivery/enabler group reports for escalation to JUCB.
- **ACTION: LWS to 'close' the current risk register ensuring that there is assurance from the various groups those risks will continue to be managed and escalate if they become a likely threat to system sustainability.**
- **Future meetings** – it was agreed that the next meeting would be on 4th February and the possibility of fortnightly meetings would be discussed at that meeting.

Key Messages from JUC Board –4th February 2016

Appendix G

1. Actions from previous meeting

At the previous meeting the TPO had been asked to review minutes and key documents over the previous 12-18 months and provide an update on progress. It was reported that there had been a lot of progress and some good work completed. However, several areas remained RED, these were:

- **The system wide dashboard** – a proposal by analysts for KPI's to be included in a dashboard was circulated to the WSTG. This work has not progressed pending the outcome of the Blueprint work which will mean revised KPI's.
- **The original financial savings in the 'Case for Change' e.g. £12.8m from EOL** – these have been difficult to measure owing to the lack of information on how the assumptions were made. However, it was pointed out that there has been a lot of good work across the system which has allowed beds to close etc. Other measures are being looked at to show the good progress that has been made.
- **5 year plan** – the 'System Change Plan' tells the story of why we are where we are and what we want to do, but does not give clear direction or milestones. The STP and the Blueprint will provide this level of clarity
- **Realigning consultant led care** – the transfer of elective care currently undertaken by DCHSFT at Ilkeston Hospital to DTHFT did not take place as planned. However, a partnership forum is in place and talks continue.
- **Commissioning and contracting approaches** – this has not progressed as planned, although it is agreed that this piece of work needs to be done, potentially at a Derbyshire wide level.

2. Feedback from Chief Executives meeting

It was confirmed that the STP will be Derbyshire wide including the City. A lead CCG has had to be named and this will be SDCCG. A conversation will be taking place at the Chief Executives meeting on 5th February to discuss how the STP will be taken forward i.e. co-ordinated and written.

It was confirmed that both City and County Local Authority members saw the sense of a wider footprint and this had been agreed at Health and Well-being Boards.

3. Blueprint design

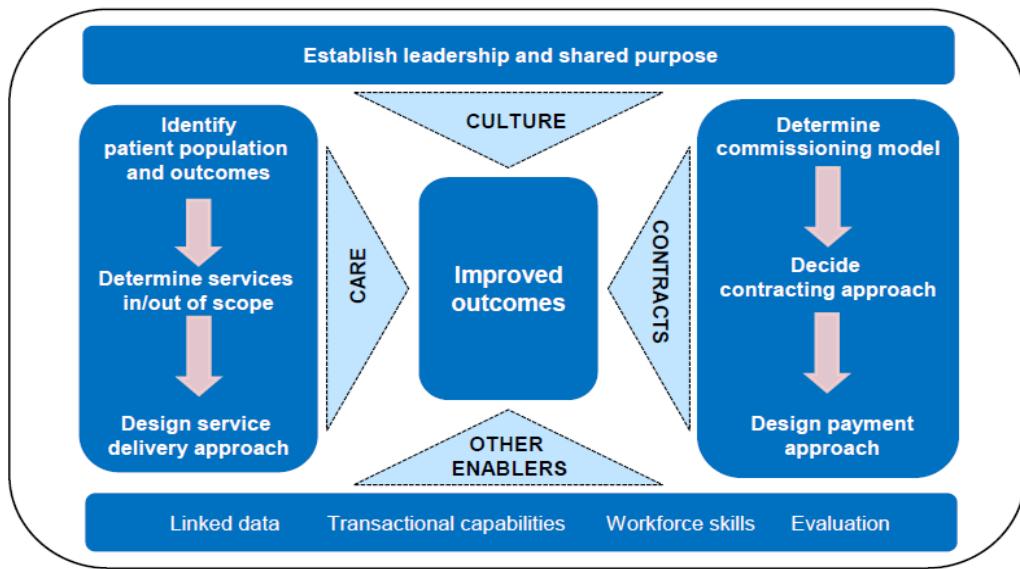
The design principles were signed off.

A presentation was given on 'Developing the Blueprint' with the key messages being:

- We need to achieve the triple aim of better care, better health and best value.
- Review the 'what and the how'.
- Determine system priorities and the scope of the programme possibly using a logic model (as used in MCP)
- There needs to be a clear message on priorities

A recent presentation by Monitor used the following diagram to explain the components of system redesign:

New care models: barriers and enablers



The diagram and the design principles helped to frame a number of questions which were presented to the JUCB:

- Are the initial priorities still appropriate and will they deliver the triple aim?
- Do we need to rethink? Do our current priorities help us achieve our ambition and design principles?
- Have we got the right delivery mechanisms i.e. are there too many projects within the current structure?
- What are the big things we need to address?
- Are our current priorities conflicting? We need to ensure that services are delivered closer to home so are we currently fragmenting things too much?
- Should IM&T be a priority not just an enabler? (the point was raised that there needs to be a separation of technical and cultural issues)

Following some debate it was stated that we are really saying that there are areas where we need to put a disproportionate amount of effort into developing them in order to make a real difference. It was further mooted that in reality we need to focus on two areas:

- Demand – we need to understand what drives demand and this will be understood better by moving towards 'place based' delivery. The point was made that we need to take care not to be judgemental and that increased use of statutory services can be multi-faceted i.e. ageing population, lack of services in the community, people not being aware of the service offer or choosing to use services in a different pattern to that assumed by statutory services. We need to understand these drivers, ensuring that work is linked to prevention and increasing both personal and community resilience.
- Productivity – this will prove more difficult to understand although again it needs to link to place based work.

Further discussions agreed that we need to understand the drivers and put in localised solutions.

More work is required on delivery mechanisms and if everything can work around the place base? It was felt that there needs to be an organising framework which supports specialist services linking to local communities. Relationships will be essential between the place and specialist services. Some services

may have to be at a Derbyshire level with a framework agreement. Good evidence that some specialist services need to remain at scale but need to challenge whether things could be done differently. It will also be crucial that we change the culture of how we work.

Actions:

- **Next steps and draft Blueprint – Nina to write-up next steps and circulate. The DRAFT Blueprint will be presented at the March JUCB.**

4. Community financial outlook

A paper was presented which outlined the huge financial challenge we have and how the current tariff based system inhibits transformation. A proposal was made to move towards a block to 'protect' organisations and free the system up to concentrate on transformation. If approach is agreed there is a lot of work to put plans in place. Pace of change is paramount. Next year will be difficult but 17/18 will be more so.

A great deal of debate took place and it was felt that in order to make any decisions the 'full story' was required i.e. a 4 year projection including activity forecasts. The point was also made that general practice was not included in the picture and this would make a difference to the outcome. It was stated that they do have an impact, although issues are not always visible to commissioners. It was agreed that primary care cannot be ignored.

It was felt that the STP will help us move towards system risk management, giving us a more collective incentive to manage demand. This approach will remove 'the hassle' of the current contracting arrangements - all agreed that this was the case.

A plea was made to agree the same principles in both north and south as organisations work across both.

A point was made that if we are seen to act as a system it is more powerful with national bodies such as Monitor.

The outcome of discussions was that the concept was supported **BUT** subject to working up the detail i.e. 4 years, primary care detail and risk share etc.

5. NHSE and Monitor

A request had been received from NHSE and Monitor to meet with system leaders so that they can talk to the system rather than hold separate organisational focused round table meetings. This would be for 1 hour after JUCB. All agreed

NHSE had also asked if they could attend JUCB – it was agreed that they would be invited to observe one meeting, but not be a routine member of the Board.

6. Update from TPO

The report was received and key points were highlighted

7. Meeting frequency

It was agreed to continue monthly meetings.