

Joined Up Care Programme - Update Report

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 As previously reported the JUCB oversees a five year transformation programme supported by the Transformation Programme Office (TPO).
- 1.3 Delivery of the transformation programme remains a high risk to each of its member organisations and as a consequence the Joined Up Care Board (JUCB) and the Transformation Programme Office (TPO) continue to take forward critical work to address the significant challenges facing the health and social care economy.
- 1.4 The purpose of this report is to provide the Health & Wellbeing Board with an overview of the progress of the 5 year transformation programme; overseen by the Joined Up Care Board and supported by the Transformation Programme Office.
- 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 7 January 2016 no new 'wicked issues' were highlighted.
- 1.6 The attached reports contain further 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 7 January 2016.

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 Joined Up Care Board (JUCB) consists of the following partners from across the health and social care community within the south of Derbyshire:
 - 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.

4.2 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 (7 January 2016).

4.3 The content of this report has been presented and 'signed off' by the Joined Up Care Board on the 7 January 2016. The Health and Wellbeing Board's attention is drawn to Appendices A to F which 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 - 7 January 2016

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)	
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 - 7 January 2016

TPO Highlight Report - December 2015

Appendix A

TPO progress and completed work	Priorities next month
<p>TPO Portal</p> <ul style="list-style-type: none"> Work has continued on the TPO portal with the 'go live date' confirmed as first week of January 2016. <p>Delivery Groups Milestones</p> <ul style="list-style-type: none"> Further meetings have taken place with delivery groups to consolidate milestones for the next 3-5 years. Finance have been involved and where possible are attaching financial values. <p>Dashboard</p> <ul style="list-style-type: none"> A paper was circulated to the Whole System Transformation Group (WSTG) outlining proposed measures for each delivery group. This will be an iterative process as further national guidance is expected. <p>PI</p> <ul style="list-style-type: none"> Met with Children's delivery group members and PI to see how the tool can be used to assist transformation. The initial focus will be on Autism Spectrum Disorder (ASD) where it was felt real benefits could be gained from integrated data. Shortlisted for a LGC Award in the category 'Driving Efficiency through Technology' using Frail Elderly Assessment Team (FEAT) as a case study. <p>Discussions with other areas/Conferences</p> <ul style="list-style-type: none"> Meeting with Leicester postponed <p>360 Audit</p> <ul style="list-style-type: none"> Meetings took place with auditors to agree the outline of the audit and links to both transformation and QIPP. Awaiting final brief. <p>Organisational Development Diagnostics</p> <ul style="list-style-type: none"> On-going work with Linda Garnett on the OD diagnostics – interim report due early New Year <p>Review of TPO Risk process</p> <ul style="list-style-type: none"> The Transformation Programme Manager has reviewed the risk process and register, working with Risk managers in both CCGs. This is now in-line with CCG reporting and will be presented to JUCB in February 2016 <p>Investment process and decision support tool</p> <ul style="list-style-type: none"> A business case outline, a decision support tool and a process have been discussed with the Chief Finance Officer (CFO) of Southern Derbyshire CCG and will be taken to the Finance Group in January 2016. <p>Review of the system resilience function and links to transformation</p> <ul style="list-style-type: none"> A full review of System Resilience Group (SRG) guidance and links to current transformation groups and projects, together with lessons learnt from other areas. <p>Meeting with Primary Care Leads</p> <ul style="list-style-type: none"> Discussions took place with Director, Head of Primary Care Transformation and GP Lead to look at ways of involving primary care more fully in the transformation programme. 	<ol style="list-style-type: none"> Meeting with Leicestershire Director of Transformation Go Live for TPO portal Actions from JUCB Second workshop (following initial Speed Dating) focusing on enabler groups Draft a monthly update for GPs to be reviewed by Lead GPs
Risks	Mitigating actions
<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 Insufficient communication on the transformation strategy between providers and within providers i.e. to staff 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. 	<ul style="list-style-type: none"> A re-launch of the plan and greater clarity will inject pace 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 Communications and engagement plan being aligned with the System Change Plan 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 December 2015

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

- WS1: New members representing education and county Children's Centres now joined the group. Excellent response to request to complete documents to scope the current service provision from conception to age three. Collating the information into a meaningful document is proving challenging. Review of best evidence practice base nearing completion.
- WS2: Interventions templates now completed for all services and to be collated. Quality of referrals to Single Point of Access (SPOA) discussed – sub group meeting to take place in January. Introduction of the triage pilot led by Clinical Psychology has been further discussed and a short draft proposal has been prepared for the extra resource required. Attendance of Jayne Needham (work stream 1 lead) at meeting felt to be very beneficial by the group.
- WS3: Full service scheduled to go live in January 2016. Weekend cover is now operational and since beginning of December there is an increased presence in Children's Emergency Department (CED). Six staff booked on to Dialectical Behaviour Therapy (DBT) training in March 2016. Baseline data under review. Key metrics now to be agreed that will identify change. Patient stories are being documented and collated and will be used to identify gaps in service provision and learning. Communications plan under development.
- WS4: CED questionnaire undertaken w/c 30 November – currently being analysed. (also undertaken by DUCC and MIUs) DUCC ducks handed out in CED during the same week to encourage parents to think of attending DUCC in place of CED when appropriate. Work stream now has representation from DUCC. EMAS paediatric activity shows that 30% of conveyances triggered by 111 – discussions taking place about re-triage of 111 calls. The Red telephone number used in CED for advice to GPs has now been circulated to EMAS and DUCC. 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) and temporary closure of one ward this is continuing and is now approaching the 3 month mark.

Urgent Care

- Successfully appointed to the band 7 Transformation Delivery Manager role; start date is being negotiated. The Senior Transformation Delivery Manager has started in post on a phased

approach and will be full time from 1st March

- 52 practices have responded and signed up to the Winter Resilience offer, offering a total of 8,085 additional on the day appointments between 21/12/15 and 11/01/16.
- SPA development and engagement has progressed well, a single number for the SPAs has been awarded to DCHS for a 6 month period
- KPIs for the Virtual Ward have been agreed
- Live waiting times for DUCC and DTHFT can now be seen online
- Discussions between Emergency Department lead clinician and Orthopaedics are progressing well and regular meetings are now set up to discuss further potential projects.

Community Support

Workstream 1

- This was the focus of the Community Support Delivery Group meeting in early December. Particular emphasis was placed on the work of the Local area co-ordinators.
- **Personal Health Budgets** (PHBs) – 40 enquiries and 29 Expressions of Interest received. 8 PHBs approved and 7 declined. Approved PHBs will be reviewed/ evaluated Qtr 1 2016/2017.
- **Personalisation / Workforce Development** -5 sessions held in Belper and evaluated positively. This has been raised with TPO re sustainability moving forwards.
- **Carers** -National Development Team for Inclusion (NDTI) engagement event held in County will contribute to WS 1 plans for carers.
- **Housing** - Housing theme finishing off the process of completing the challenge set to identify the issues about housing that are of most relevance to the CCG
- **Employment** - Exploring the use of the Individualised Placement and Support (IPS) model and its applicability to all LTC
- **Information, Advice, Advocacy – Sean Thornton/Phil Taylor** - Work commenced

Workstream 2

Belper pilot

- Recruitment of pharmacy role out to advert November. Increase care coordinator time in place.
- Agreement reached that DCHS will employ Advanced Clinical Practitioner (ACP) roles , form and function still in discussion
- Ripley group has expressed interest in an extended link worker role for mental health; this is to be discussed with Mental Health services to see how it links to proposed link worker role.

City

- Lister house group looking to increase Multi-Disciplinary Teams and Care coordinator role from – on going
- 2 other City sites interested in meeting agreement to attend their meetings in January and February meetings.
- Comprehensive Geriatric Assessment (CGA) process – on going, linking with workstream 3 ‘Step Up, Step Down’(SUSD) and acute this is being updated via joint commissioning and locality managers.
- Practice profile information shared at staff briefing and with practices, this has now been updated to include some mental health data.
- Meetings taken place with DCHS and Health Education East Midlands (HEEM) re workforce modelling tool [SWIPE] to, this was demonstrated and it has some potential although there are limitations in using in all areas as it relies on frailty factors.
- Care Co-ordinator training being worked on.

Workstream 3

- Achieved for winter phone number for rapid response teams- , Post Babington workshop the SUSD meeting confirmed philosophical differences between FEAT team and Homefirst, Pullteam and Virtual Ward. Meeting scheduled to move this forward in January.
- Dementia and Delirium- précised and identified multiple strands of work between CSDG and Urgent Care Board (UCB) with some breadth of opinion expressed on how to progress options. No decisions were made regarding the use of any alternate bed provision until the need was properly articulated and processes discussed. Pursuant of this the Delirium pathway used in North Derbyshire CCG would be brought to next meeting- to be left on agenda

Workstream 4

- There are now 23 winter resilience beds in operation across the area
- Leadership Development Programme: Cohort 2 signup day scheduled for 27 January (roughly 60% nursing homes and 40% residential homes).
- Recent letter has been circulated to all GP practices and Care Homes re enhanced model recognising positive work and challenges which are being addressed
- The End of Life pathway for people with advanced lung fibrosis will commence in January.
- Second phase of the End of Life Care web based toolkit is now under construction

Elective Care

- Agreement for Imaging to collaborate with shared care pathology website.
- Cardiology advice and guidance now business as usual.
- Implementation plan for Fibroscan agreed
- Achieved 2,702 reductions in follow ups YTD from the follow up schemes; The Trust is also identifying specialties where the follow up ratio has improved and understanding what is being done to improve the position. Potentially further 5000 follow- ups have been avoided. This is being validated further.
- Self-check in pilot has been agreed to take place in Lymphedema
- Electronic Palliative Care Co-ordination Systems(EPaCCs) option appraisal paper to be present to January DDB meeting.

Erewash MCP

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

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

- Workstream 2 project, one group visited the EMAS call centre; this was felt to be a useful experience in understanding the potential future capacity and the operation

Elective Care

- Priority matrix

Erewash MCP

- Vanguardians 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
- Team going on study tour to Buurtzorg in January 2016

‘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, eg 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.
- There are delays to discharge and admissions due to patients that are presenting with dementia/delirium, but do not require acute care. A working group has been formed to take forward

Community Support

- It was agreed that a winter solution for SPA with a single access number could be achieved as part of the motion towards a Central Access Point vision. This now moves to implementation and communication stages for soft launch.

Elective Care

- Not able to share Clinical Measurement results electronically between Primary and secondary care. The CMD are in talks with IT dept to look how to resolve issues. – still outstanding
- Issue of capacity savings being used for other procedures, reducing or removing impact of financial savings.
- Procedure setting opportunities with Pain Management due to challenges with Coding and counting.











































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

Date: 29 December 2015

Compiled by: TPO

Transformation Programme Progress Status Summary December 2015

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

Mental Health Delivery Group, Workstream Campus Recovery Plan December 2015

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: 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:	<i>Click here to enter a date.</i>
Project Lead/Author:	Tess Martin	Date of Recovery Plan:	16 December 2015

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 Dementia Rapid Response Team full implementation, potential impact upon the Cost Improvement requirements.</p>

Date: 16/12/15

Completed by: Tess Martin.

Erewash MCP Delivery Group, Building Community Resilience Recovery Plan December 2015

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:	Building Community Resilience	Current status rating: Amber Green	Previous months' rating: Green
Executive Lead Sponsor:	Ifti Majid	Formally signed off by Executive Lead:	31 December 2015
Clinical Lead Sponsor:	Sara Bains	Formally signed off by Clinical Lead:	Click here to enter a date.
Project Lead/Author:	Nina Ennis/Ian Summerscales	Date of Recovery Plan:	31 December 2015

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>This workstream has only recently mobilised so is behind trajectory.</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>Good progress is being made with engagement events planned in February, and proposals for time banks and model for voluntary sector to be discussed at January MCP Board</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>No major risks identified. Mitigation as per remedial actions.</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>No major issues requiring escalation.</p> <p>Impact is limited to the delivery of the Erewash MCP Workstream only.</p>

Date: 31/12/15

Completed by: Ian Summerscales (Transformation Programme Manager)

Erewash MCP Delivery Group, Making self-care and shared decision making a reality Recovery Plan December 2015

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

Recovery Plan			
Workstream Name:	Making self-care and shared decision making a reality	Current status rating: Red Amber	Previous months' rating: Green
Executive Lead Sponsor:	Stephen Bateman	Formally signed off by Executive Lead:	31 December 2015
Clinical Lead Sponsor:	Duncan Gooch	Formally signed off by Clinical Lead:	<i>Click here to enter a date.</i>
Project Lead/Author:	Nina Ennis/Ian Summerscales	Date of Recovery Plan:	31 December 2015

progress against the Transformation Plan.

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>Approach to training on self-care and shared decision making still be finalised.</p> <p>Some overlap with work of community resilience group caused some confusion re focus of this group</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>Community resilience and this group brought together under same leadership (Sara Bains) to eliminate potential duplication of effort</p> <p>Planning re revised education programme for people newly diagnosed with type 2 diabetes well advanced.</p> <p>Discussions re role of vSPA and opening to direct access for public.</p> <p>MCP Partners Board on 12 January 2016 to review progress and ensure remedial actions are sufficient.</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>No major risks identified. Mitigation as per remedial actions.</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>No major issues requiring escalation.</p> <p>Impact is limited to the delivery of the Erewash MCP Workstream only.</p>

Date: 31/12/15 **Completed by:** Ian Summerscales (Transformation Programme Manager)

Workforce Enabler Group Highlight Report– December 2015

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 ; reports available in January 2016 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) 	<ul style="list-style-type: none"> Progress the Academy for ACPs; work with HEEM for additional Academy funding as proposed in the business case 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 Establishment of steering group for SWIPE for Children's services Refinement of the SWIPE reports and presentation in February to CDSG
'Wicked Issues' including risks, barriers, capacity etc	Successes, opportunities for shared learning and lessons learnt
<ul style="list-style-type: none"> Ability to provide adequate support to Programme groups to capture all workforce issues Ability to develop a comprehensive workforce plan with detailed timeline and actions within current resource capacity Ability to develop education and spend money within this financial year to meet all the needs Ability to understand key priorities for education commissioning by December 2015 to inform HEE for 2016/17 requirements 	<p>Successes Initial OD support for scoping work appointed and operating Refresh and refinement of Erewash MCP and Belper 5 SWIPE Engagement of all partners in SWIPE work</p> <p>Opportunities for shared learning Met with National colleagues in relation to Workforce requirements and shared out work, they are interested in providing information such as Job Descriptions, new roles and new ways of working both to us and to other MCPs from our work</p>

Date: 22/12/2015

Completed by: Karen Scott & Amanda Rawlings

Derbyshire Informatics Delivery Board (DIDB) - Enabler Group Highlight Report – December 2015

Enabler Group Programme Overview	
<p>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.</p>	
Progress and completed work	Immediate priorities and actions for next month
<ul style="list-style-type: none"> DCHS Procurement Leads finalising contract and GPSoc Call Off Agreement to procure the MIG Agreement reached to procure the MIG, Erewash to provide the initial funding for the whole of Derbyshire, with staged roll out and Erewash being 1st Stage , in support of the Vanguard Work, with roll out across Derbyshire thereafter IG Consultant input to ensure appropriate contractual additional clauses/variation included in MIG Contract, learning from the Nottinghamshire experiences/Lessons Learned Recruitment Process complete – proceed to advert Work continues on Wi-Fi federation - networks across DHFT, DHCFT, DCHS, CSU. Exploratory discussions on feasibility with Derby City Council GP Wi-Fi programme 84% complete Technical work complete on GP2DerbyshireCC federation Stakeholder agreement (CCG / DCHS) on revised guest Wi-Fi access Business Intelligence - Meeting held for all Derbyshire leaders to agree current issues and future requirements 	<ul style="list-style-type: none"> TPP System 1 e-Referral Functionality – continue roll out across services Meeting to be arranged with Stakeholders and MIG supplier to develop detailed plans 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 Finalise draft of ISP and ISA for use across the Derbyshire Partnership Forum Determine key messages for communications strategy internally and externally on information sharing Determine scope and appetite for cross-agency IG training material
'Wicked Issues' including risks, barriers, capacity etc	Successes, opportunities for shared learning and lessons learnt
<ul style="list-style-type: none"> TPP S1 e-Referral Functionality <ul style="list-style-type: none"> Slow iterative roll out – with face : face Stakeholder engagement/meetings essential to ensure successful delivery + Resource intensive Procurement of Interoperability & Integration Platform/Solution <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 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 almost complete. Resource requirement – recruitment/selection process out to advert Only anecdotal evidence of network adding benefit – need to formalise and publish Opportunities for shared learning /Lessons learnt – continue to communicate liaison with Nottingham & Leicester areas Only anecdotal evidence of network adding benefit – need to formalise and publish

Date: 23 December 2015

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

TPO Highlight Report: Transformation Plan Progress

Finance and Estates Enabler Group Highlight Report – December 2015

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 Transformation Enabler Group Programme Overview

- 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.
- 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.
- To develop system wide co-ordinated Estate plans that supports the Five Year Strategic Plan.

Progress and completed work

- Draft Estates Register nearly complete. Completion delayed as data being enhanced and uploaded to national database called SHAPE.
- Refreshed system wide financial figures.
- Local Estates forum established and operational. Will report direct to the board.
- Options for London Rd site being considered.
- Work on Estates strategy has started and first submission of interim progress report made on 19/12/15.

Immediate/on-going priorities and actions for next month

- Complete work on Estates strategy and establish Task and Finish Group for London road.
- Review overall finances of two Better Care Funds.
- 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.
- Share knowledge and learning on Investment evaluation.
- Consider how to resource a back-office review in health.

'Wicked Issues' including risks, barriers, capacity etc.

- 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, opportunities for shared learning and lessons learnt

Successes

- FDs are meeting regularly to talk about collaboration, working together across the system.
- Local estates Forum established and System wide Estate register nearing completion.

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.

Date: 17 December 2015

Completed by: Phil Cowley, Chief Financial Officer, SDCCG

Communications & Engagement Enabler Group Highlight Report – December 2015

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 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
Risks (including barriers) and mitigation (new risks for this month's risk report)	Successes, opportunities for shared learning and lessons learnt
<p>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 transformational changes needed and financial gap.</p>	<p>Successes</p> <ul style="list-style-type: none"> Ongoing engagement of health and social care community communications professionals in agenda Successfully delivered Stakeholder event, positive feedback received.

Date: December 2015

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 mis-interpretation. 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.