# JOINEDUP – STRATEGIC OVERVIEW FOR TORBAY HEALTH & WELLBEING BOARD

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## PURPOSE OF PAPER

This paper outlines the work to date of the JoinedUp (Pioneer) project in South Devon & Torbay. Five overarching objectives are presented, along with detail of the emerging workplans and a possible governance structure. It is important that the work of JoinedUp aligns to the objectives of the Health & Wellbeing strategies for both Torbay and Devon. For Torbay, the vision for a 'Healthier Torbay: where we work together to enable everyone to enjoy a healthy, safe and fulfilling life' is underpinned by three priority work areas:

1. Children have the best start in life
2. A healthy life with a reduced gap in life expectancy
3. Improved mental health and wellbeing

These objectives are reflected in the five, over-arching strategic objectives for JoinedUp, outlined below.

The Health and Wellbeing Board is asked to endorse the proposed method for managing the work of JoinedUp through milestone reporting and full consultation where major service change is proposed.

A method of defining the relationship between the JoinedUp programme and the Health & Wellbeing Board is outlined at the section entitled 'Governance' and the Health and Wellbeing Board is asked to endorse this definition and approach.

## INTRODUCTION

The bid to become one of only 14 national Pioneer Integration sites was submitted to NHS England and the Minister of State for Health and Care, Norman Lamb MP, in June of last year. In October, it was announced that South Devon and Torbay had been awarded Pioneer status. Locally, we have agreed to brand ourselves as 'JoinedUp', since this is recognisable and distinctive.

Being a Pioneer site affords us national support in our aim to become a fully integrated care and health system by 2020. We already have a history of integration through Torbay Care Trust, formed in 2005. Mrs Smith was an effective figurehead for many years, but what we need to achieve now is altogether more ambitious and transformational.

We envisage a single point of access for anyone who needs care (whether social or health) across South Devon and Torbay; for it to be delivered equally and equitably across seven days, and for communications about care to be seamless and simple. The JoinedUp Board has set five, overarching objectives against which they intend to make visible and discernible change by 2020. They are:

- Inequalities across children and young people's care will be reduced

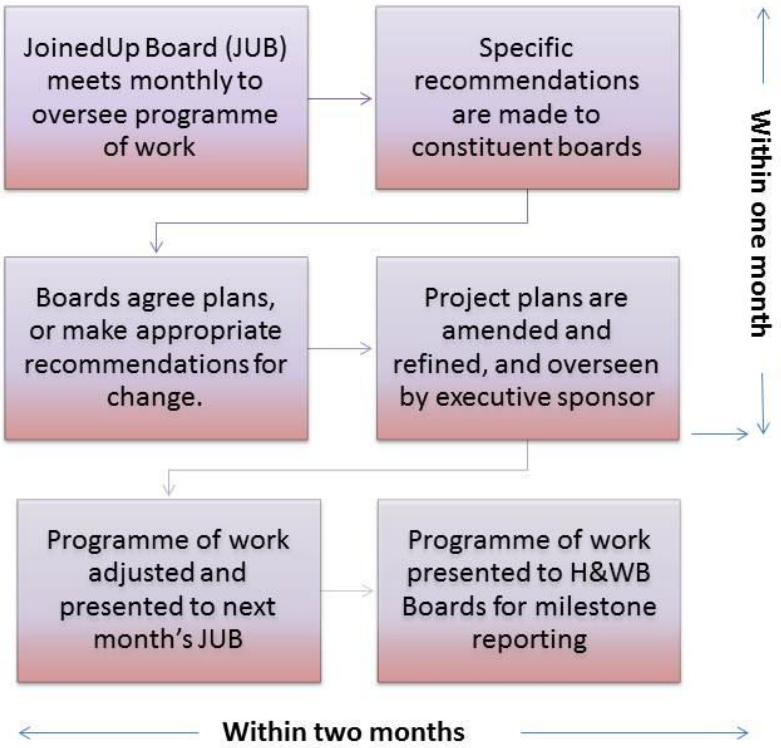
- Mental health will be 'mainstreamed' as part of overall wellbeing and health
- Frail older people – structural pathway problems and patient experience improved
- Seven-day services equally available for all, through a 'broad front door'
- Community resilience and enhanced social fabric will form the basis for health and wellbeing

The Minister remains openly supportive of our emerging plans (which were presented to him in February), and we are fortunate that our national senior sponsor is Jon Rouse (Director General for Social Care, Local Government and Care Partnerships at the Department of Health). Having such support will allow us to directly seek help at the highest levels for specific initiatives (for example, risk-sharing, pooled budgets and workforce changes) which might otherwise be subject to cumbersome systems of bureaucracy.

***The Health and Wellbeing board is asked to endorse these objectives.***

## GOVERNANCE OF JOINEDUP BOARD

A range of options for governance of JoinedUp within the system have been explored. These include statutory delegation of powers from constituent boards to JoinedUp Board (JUB), right through to an informal model which depends upon good communications. The former would require lengthy constitutional and legal change, and the latter may not afford us the rigour to ensure that strategic plans are fully embedded and agreed throughout our agencies. For now, we propose a model of governance which looks like this:



Whilst the JoinedUp Board has no statutory powers of change within the current system, it creates the prime focus for the system leadership required to integrate care across our community. ***Therefore the Health & Wellbeing Board is asked to endorse the above approach, which does not give formal powers of delegation to the JoinedUp Board. It requires the JoinedUp Board to provide regular (two-monthly) milestone reports to the Health & Wellbeing Board. Fundamental proposed changes to services will be a matter of full consultation through appropriate channels (Scrutiny Committee, public consultation).***

## BRANDING AND COMMUNICATIONS

The success of JoinedUp will depend to a very great extent on our ability to blend community engagement, bring about workforce and behavioural change (of all stakeholders) and continuous agreement across a very complex landscape of interested people. We are therefore seeking financial support from NHS England to strengthen engagement and communication.

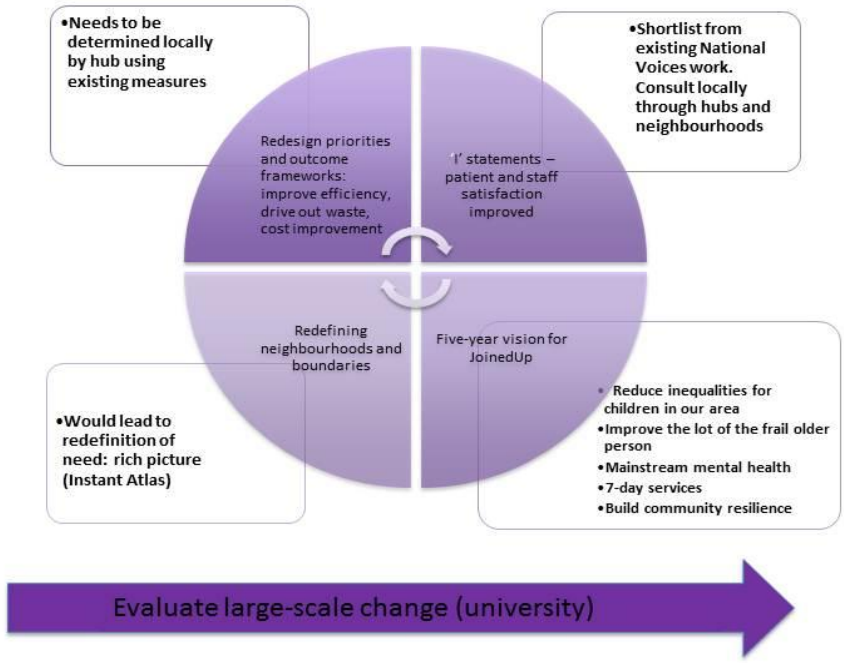
## EVALUATION AND METRICS

Pioneer sites will be required to set a baseline for their work, showing metrics and measures which will lead to the outcomes which they have set mutually with their communities. The JoinedUp Board recognises that a range of measures already exists within the system (for example – the National Outcomes Frameworks) and there is no plan to either duplicate or conflict with these.

We want to measure patient and staff experience. The Picker Institute is working up a range of suggested qualitative statements (based on the work done by National Voices to formulate 'I' statements) from which Pioneer sites may choose their own, 'best-fit' list. Again, this should and will be done in cooperation with our stakeholders and communities. We are fortunate to have been offered (through our national Pioneer status) direct support and help from National Voices to develop our engagement around the 'I' statements.

The Academic Health Science Network South West (AHSN SW) has granted us resource to work with an academic partner to enable us to consider longitudinal measurement of both our change model for transformation, and to assist us with specific methodologies which set adequate baselines and engage communities.

Therefore we have developed the following 'balanced scorecard' approach to measuring Pioneer in the longer term. The detail of this will follow the emergent work plans. ***The Health and Wellbeing Board is asked to endorse this 'scorecard' which aligns to the objectives of its own strategy and will utilise the information provided by the Joint Strategic Needs Analysis (JSNA):***




## JOINEDUP WORK PLAN – COMMUNITY HUBS

Within the five overarching objectives for JoinedUp (see Introduction) as aligned with those of the Health & Wellbeing Board, we recognise that specific work plans need to be rapidly in place to help us describe our changes and gain agreement from all parts of our system. However, this must be balanced with the need to ensure that plans neither bypass good engagement, nor are subject to pressure points which will not support long-term transformational change.

Care will be systematically devolved from centralised silo-based models of care to communities. This will be realised through the creation of community 'hubs', which will offer a blend of community, voluntary, statutory (health and social) and individual care to people when and where they require it. Hubs will be created around existing integrated services (in other words, using what already works) as well as through targeted management of new hubs where localities determine. Initially, we will work across the five footprint localities as outlined in the JSNA (Newton Abbot, Torquay, Paignton & Brixham, Coastal and Moor-to-Sea).

The exact shape and type of hubs will be a matter of local determination, based on need and consultation. Hubs can be buildings, or virtual networks. They will focus alternately on communities (building local assets, using neighbourhoods) and on joining up agencies. The central premise will remain the same: centralisation to localisation. Detailed work plans for the first two hubs – in Torquay (covering children's services) and Newton Abbot (covering services for frail and older

people) will be available by the end of 2014 and senior project managers have been appointed to lead this work.

The CCG will be responsible for producing a programme of work for Pioneer, which covers its existing integrated commissioning plan. This will be available towards the middle of 2014, once the locality plans are approved and following further consultation with the public.

## JOINEDUP WORKFORCE

Achieving a fully integrated workforce will be complex and long-term. Early intervention is required in terms of changing existing working practice. Reshaping the existing workforce must have its roots in influencing professional education. The cultural and structural seeds for future ways of working are set very early on in medical, nurse, social work and other care training and there is evidence to suggest that unless the elements of flexibility for the future are incorporated right from the start, the job to change practice later on becomes much harder. We are brokering this regionally through work with Health Education England South West (HEE SW), but joining up with similar partnerships nationally would be helpful.

We must recognise the greater role which patients themselves, and their carers, are going to have to play in managing their own conditions in the future. In other words – flexibility is not just about professionals and we need a paradigm shift in attitude in this regard.

Improving capacity around workforce modeling has always been weak in the public sector. We need greater skills of horizon-scanning, understanding of policy levers and policy analysis, plus influence at the highest levels to improve this. Blurring the boundaries between registered and non-registered professions, across health and social care and across professional and voluntary sectors acknowledges the difficulty in predicting the needs of a workforce into the future. It will be extremely difficult to predict on typical models of workforce numbers/costs as has been done in the past. At best, this will yield successful outcomes by chance. At worst, it will deflect us from the vital task of influencing the behaviours and future practice of our workforce.

A highly targeted and professional communications strategy will cover the need to engage workforce at a very early stage of planning in order to achieve the behavioural changes required for flexible and integrated working.

Finally – there is also evidence to suggest that values-based recruitment (as opposed to skills-based recruitment) is helpful to ensuring that a workforce has the understanding and commitment to flexible, patient-centred work. HEE SW is doing some great work on this. It needs to be followed through in the individual organisation development strategies in order to ensure continuity of approach.

We enjoy a good relationship with HEE SW, which is working with us as a Pioneer to consider the major workforce changes needed for integration. We have also established a link nationally with the

Centre for Workforce Intelligence which is working with all Pioneers to consider integrated workforce development.

**Known challenges:**

- Ageing workforce locally, particularly in primary care amongst GPs
- Very little succession planning, either tactical or strategic
- Variations in workforce planning, which tends to lead to an imbalance between education provision and subsequent employability/post requirements
- Over-provision (currently) of some specialisms, for example community pharmacists
- Under-provision (currently) of some specialisms, such as mid-grade nurses in mental health (although see comments under workforce planning)
- Lack of consistency around regulation and training for some sectors – eg, domiciliary care, care home workers, voluntary sector and so on
- HR challenges around cost containment, planning for redundancies, much better recruitment practice, contracts, Ts&Cs etc. How can we align traditional personnel practices to integration? Also need some very robust thinking around reshaping the workforce, generally, in the context of shrinking budgets
- National education policy changes, such as 'Broadening the Foundation Programme' and 'The Shape of Training', a professionalised social care workforce and so on. These also provide opportunities, but getting the headroom to really think through implementation in the context of whole workforce will be crucial

## JOINEDUP INFORMATION TECHNOLOGY (IT)

Our IT JoinedUp strategy is a central pillar to our plans. Using highly innovative methods of procurement, future-proofing and design, our IT strategy is already being hailed as an exemplar in its field. We intend to maximise this strategy in the enabling of any changes we make in bringing together existing systems of care. An example of how this is already yielding results is in the synthesis of clinical systems across Newton Abbot Hospital and local GP surgeries, who have agreed to collaborate using SystemOn software. We recognise that the use of IT to support innovation in research comes with a cost: for example, use of SMART technology to gauge patient and user experience and to aggregate and analyse results as accurately as possible. The invention of Hiblio (already with an international patent) will enable people to view film and graphics specifically designed and approved to self-manage their existing conditions, to prevent ill-health and to communicate virtually with health and care workers.

Our progress on e-prescribing (through a nationally-funded initiative) will enable electronic prescribing and the sharing of information where relevant between agencies. This will achieve savings, quality outcomes and (best of all) a much more seamless experience for people who need care across different parts of the system.

The development of the IT strategy is based upon interoperability, which does not limit us to any system but rather enables existing and future systems to 'speak' to each other. This will include social care, emergency care and possibly even the voluntary sector in the future.

## CONCLUSION

This paper describes not only the ambition of a five-year plan, but the emerging detail of a year-one (2014) plan for JoinedUp. It requires full support of the system, not just at board level but ensuring that the detail of project plans are realised throughout and across the system.

***The Torbay Health & Wellbeing Board is asked to endorse the overarching objectives, the method for delivery (community hubs) and the proposed method for ensuring governance is achieved across the system.***

The following have agreed to be the point of contact for essential organisational communications:

- Caroline Taylor (Torbay Council and Torbay Health & Wellbeing Board)
- Tim Golby (Devon County Council and Devon Health & Wellbeing Board)
- Dr John Lowes (SDHFT)
- Dr Sam Barrell (SD&T CCG)
- Mandy Seymour (T&SDH&CT)
- Dr David Somerfield (DPT)
- Giles Charnaud (Rowcroft Hospice)
- Simon Sherbersky (representing Torbay CDT)
- Sue Wroe (for South Hams Council for Voluntary Services)
- Jill Davies (for Teignbridge Council for Voluntary Services)