Birmingham Older People’s Programme
Making Birmingham a great place to grow old in

Expression of Interest
Early Intervention – Improvement Manager
Why we need to change

The proportion of people we admit into hospital who could have been better looked after elsewhere. 23% 36%

The proportion of people in elderly care and longer stay wards who are medically fit but delayed, waiting to leave hospital. 51% 37%

The proportion of people who could benefit from a different pathway out of hospital, one better suited to their needs. 19% 50%

- Fragmented services, inconsistent capacity and an overreliance on beds
- Phyllis production – true stories of working that isn’t joined up
- Sticking plasters as tactical responses to pressures
- Financial situation – must inject pace

The people of Birmingham have been let down (CQC)
Our joint vision for the future

Prevention

Early Intervention

Personalised Ongoing Support

A universal wellbeing offer enabling older people to manage their own health & wellbeing, based in local communities and utilising local resources. It will address the issues that lead to older people entering into formal health & care systems, such as social isolation, falls and carer breakdown. Access to good quality information & advice will be the cornerstone of our wellbeing offer, enabling people to identify and access the support that they need in order to maintain living fulfilled lives.

A range of targeted interventions to promote faster recovery from illness or injury, prevent unnecessary hospital admission and premature admission to long-term residential care, support timely discharge from hospital and maximise independent living. We will respond quickly, minimise delays and not make decisions about long term care in a hospital setting.

Some older people will need ongoing support to remain living in their own homes and communities. These services aim to maintain individual wellbeing and self-sufficiency, keep older people safe and enable them to be treated with dignity, stay connected to their communities and avoid unnecessary admissions to hospitals or care homes. We will change the way our services are commissioned and delivered to be more focused on achieving better outcomes for older people.

The right care at the right time in the right place
Our joint approach to change

We need specialist external capacity & capability which will support us to deliver a common evidence based approach to change with 3 criteria for success …

1. Have we delivered intended outcomes?
2. Have we made required savings?
3. Have we created a solid platform for the next phase?

It’s not what you want to do, but how you are going to do it (CQC)

**ASSESSMENT** November / December 2017
- Hold a mirror up to the System
- Identify and quantify opportunities

**PROTOTYPE** September 2018 – February 2019
- Co-design new ways of working with appropriate engagement & consultation
- Engaging front line staff is key, they are the ones with the answers

**ROLLOUT** March – September 2019
- Deliver the solution with local teams & realise benefit
- Not just process, tools & paperwork culture & mind-set of staff is key

**EMBED** October – November 2019
- Support teams to sustain the changes permanently
- New challenges will arise and strong leadership is required

Approach in another area has reduced short term beds by 70% and long term beds by 40%

Rigorously analyse data throughout

November / December 2017
Identify and quantify opportunities

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Early Intervention

Enablement – home based
- Short term support to allow people to recover in their own homes
- Therapy led support for all those that would benefit
- Adjustments for equipment or adaptations
- Enablement as a first option for people being considered for homecare

Quick response
- Multidisciplinary team at the front door of hospitals 7 days a week specialising in treating & supporting older people at home
- Supported by a quick response team that will be linked to their GP and other professionals
- Prompt diagnosis and treatment improving the likelihood of a good recovery

Enablement – bed based
- Bed-based enablement within 4 or 5 specialist centres for people who are in a sub-acute but stable condition, but not fit for safe transfer home
- Consistent criteria, objectives, and clinical / therapy input
- The specialist centres will provide physical space to allow the components of the pathway to come together

Your own bed is the best bed
IMPROVEMENT MANAGER
SUMMARY OF ROLE DESCRIPTION

PURPOSE
To develop and deliver an agreed project/workstream within the Birmingham Older People’s Programme, specifically within the Early Intervention workstream. This role will work very closely with the system appointed external partner (Newton) alongside the Improvement Managers from other Birmingham health and care partner organisations, as well as a range of internal and external stakeholders within Birmingham.

IS THE ROLE RIGHT FOR YOU?
Are you the type of person that can work across organisational boundaries?
Are you passionate about improving outcomes for patients and service users?
Can you motivate people to embrace change and work in new ways to genuinely join up services around an individual?
Do you enjoy solving problems to ensure that resources are used efficiently?
Do you have the ability to understand information and data, and use it to work within an evidence-based environment?
Do you want an opportunity to focus on personal development with our specialist transformation partner?

TRAINING ACADEMY
In the first few weeks of the role, you will enrol in a comprehensive and bespoke Training Academy, where you will develop the skills and competencies needed to deliver the Early Interventions workstream.

Training is delivered with a lot of variety; there will be a mix of practical exercises, role-plays, presentations, teaching and case studies. There will be a focus on feedback and development so trainees can learn quickly and improve continuously. The training will be completely interactive, led by a team of subject matter experts from Newton and the system.

ROLE DESCRIPTION SUMMARY
• Leading the development and delivery of the transformation programme in order to improve the service for patients and service users.
• Working alongside Newton to develop the prototype and pilot new ways of working. This will include collecting data, mapping pathways, engaging stakeholders, undertaking quantitative analysis of impact, mitigating risk and applying project management.
• Working alongside Newton to implement new ways of working across the system. This will include training and coaching staff, engaging the wider workforce and ensuring sustainability of the changes.
• Applying local knowledge, subject matter expertise and utilising existing relationships to improve the quality and pace of transformation.
A WEEK IN THE LIFE OF AN IMPROVEMENT MANAGER

Here is an example of what a week might look like during the beginning of the prototype phase, where you would be engaging with teams across organisations to co-design new ways of working.

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>Carry out ward studies across QE hospital to investigate the reasons why any patient is delayed. This involves engaging with front-line staff and collecting information.</td>
<td>As a team, analyse the data from yesterday’s study and conclude the main reasons why patients are delayed.</td>
<td>Problem solving: understand the root cause of the delay reasons</td>
<td>Run a case review workshop with other Improvement Managers and a group of social workers, OTs and PTs</td>
</tr>
<tr>
<td>Lunch</td>
<td>Review metrics and present the results of study at Central &amp; South Older Adults Leadership Meeting</td>
<td>Prepare for tomorrow’s workshop and select cases to review</td>
<td>Meet MDT leads to discuss findings</td>
<td>Meeting with finance team to introduce yourself and understand process</td>
</tr>
<tr>
<td>PM</td>
<td>1:1 development catch-up with your workstream lead</td>
<td>Analyse data collected from workshops and conclude true demand on enablement services</td>
<td>Team weekly planning session to plan for next week’s activities and meetings</td>
<td>Go home after a busy and rewarding week!</td>
</tr>
</tbody>
</table>

No week is the same, and the type of activities you do will change as the programme moves through the prototype, rollout and embed stages.

You will be integrated into the Early Intervention Improvement Programme team, along with the other Improvement Managers and members from our system-appointed external partner, Newton. You’ll feel you’re part of a team working together to a common goal, and you’ll be able to take real ownership of your own workstream. This means there’ll be a mix of working independently and working as a team. There will be a strong focus on your personal development.
The first few weeks of the Improvement Managers’ role will be a comprehensive, bespoke training programme that focuses on upskilling and developing the competencies required to deliver the Early Interventions programme.

**TRAINING ACADEMY**

**TRAINING MODULES**

**Problem Solving**
Improvement methodologies, efficiency equations, process mapping, process improvement, carrying out studies, problem-solving methods

**Essential Skills**
MS Excel (no prior experience necessary), applying analytical techniques to solve problems, presenting skills

**People**
Holistic understanding of organisations, motivating people, understanding and influencing stakeholders, running successful meetings

**Programme and Change Management**
Delivering a successful programme, improvement cycle, KPIs and metrics, benefit realisation, stakeholder maps, change management

**Management and Development**
Setting goals and objectives, personal development, management and leadership styles

**DELIVERY OF TRAINING**

Training is delivered with a high variety of styles in order to keep Improvement Managers motivated and increase rate of learning uptake. This includes a mixture of specialist trainers. There is a focus on feedback and development so people continuously improve.

**Practical exercises**
Wherever possible, the training will focus on making real improvements rather than hypothetical ones. A large proportion of the academy will involve carrying out exercises “on-site” rather than in a classroom, for example conducting Point of Prevalence studies or running a case review workshop, then analysing the results.

**Role plays**
If an on-site practical isn’t appropriate, trainers will simulate realistic situations to give trainees the opportunity to practise new concepts.

**Presenting**
Trainees have a significant role in training and there will be plenty opportunity to present work back to the rest of the group in order to get feedback, share knowledge and findings, and improve on presentation skills.

**Teaching**
New concepts will be introduced by Subject Matter Experts in a classroom-style teach. This method is normally paired with one of the others to make it as interactive as possible.

**Case studies**
Exercises are used to practise concepts and solidify learning. These are in the form of case studies to test the application of new concepts, rather than only testing understanding of the concepts in isolation. This includes problem-solving from a set of information and data.
Questions and Answers

How will the secondment work?
You will remain within your own organisation and be seconded to the office of the lead within your organisation. Please see details of individuals on the last page of this pack. Support and appraisals will be provided jointly by this person and the programme leads. Day-to-day working instruction will be through the programme structure and identified programmes leads including our improvement partner, Newton. Sickness and annual leave will be co-ordinated through the programme and your organisational lead.

Who will the opportunity be open to?
Clinicians, professionals and non-clinicians who are passionate about improving services for older people. As a guide, the role is appropriate for Health Bands 5 to 8a, or Birmingham City Council bands 4 to 6, although applications will be accepted from all full-time and part-time staff at any grade.

How will employing people on different bands work?
Staff will be seconded on their existing terms and conditions commensurate with existing grade. As well as getting the job done, this is a development opportunity and, whilst a project management skill set would be useful, it is important that the individuals have the right attitude and approach. Newton are used to working in this way and the appropriate support will be put in place for individuals.

Will training be provided?
Yes, everyone will go through the Newton training programme called the “Training Academy”.

How soon will I be expected to start?
This is a twelve-month opportunity and we expect people to start the Training Academy on 12th November 2018. Some phasing to complete work will be negotiable.
How to apply

If you are interested in this opportunity, please email EIIM.recruitment@birmingham.gov.uk, with responses to the following questions:

1. Why are you interested in applying for the role of Early Intervention Improvement Manager?
2. Why are you passionate about improving outcomes for patients and service users?
3. What experience do you have that makes you suited to the role?
4. What qualifications do you have?
5. What is your name, phone number, current role, and name of your current line manager?

As a guide, your answers to questions 1-3 should be around 500 words (or one side of A4 at size 12pt). The deadline for applications is Wednesday 17th October, 18:00.

Interview Process

Depending on the number of applications received, you may be asked to complete a short online competency test before Sunday 21st October to aid the shortlisting process.

If you are shortlisted, you will need to be available for a Selection Day on Tuesday 23rd, Wednesday 24th or Thursday 25th October. Please make any availability issues known at the time of application, and every effort will be made to accommodate you. The Selection Day will consist of different exercises to assess how well you work in a team, your problem solving skills, your numerical/data skills, and your ability to build productive relationships. It will also include an interview.
For further information, please contact...

**UHBFT** – Andrew McKirgan  
Andrew.McKirgan@uhb.nhs.uk

**BCC** – Melanie Brooks  
Melanie.brooks@birmingham.gov.uk

**BCHCFT** – Angie Wallace  
Angie.wallace@bhamcommunity.nhs.uk

**BSMHFT** – Derek Tobin  
Derek.tobin1@nhs.net

**BSCCG** – Karen Helliwell / Helen Kelly  
khelliwell@nhs.net  hkelly@nhs.net

**Programme leads** – Mark Lobban / Judith Davis  
Mark.lobban@birmingham.gov.uk  Judith.davis@uhb.nhs.uk

**Newton programme director** – Rosanne Furniss  
Rosanne.furniss@newtoneurope.com

**Special Adviser Older People** – Dr Zoe Wyrko  
Zoe.wyrko@uhb.nhs.uk