VISION 2018 PROGRAMME BOARD MINUTES

Date: Wednesday 28th May 2014

Duration: 1 hour 55 minutes

Location: Nightingale Room, Old Market House, Birkenhead

MEMBERS	
Clare Fish	WMBC (Chair)
David Allison	Chief Executive, WUTH
Mark Blakeman	Director of Informatics, WUTH
Christine Campbell	Chief Officer, WGPCC
Simon Gilby	Chief Executive, CT
Julia Hassall	Director of Children and Young People, WMBC
Graham Hodkinson	Director of Adult Social Services, WMBC
Tony Kinsella	Head of Performance, BI and Commissioning, WMBC / PH
Val McGee	Service Director – Wirral, CWP
Evan Moore	Senior Clinician, WUTH
Anna Rigby	Vision 2018 Programme Manager, CCG
Iain Stewart	Chief Officer, WACC
In attendance	
Peter Colclough	GE Healthcare Finnamore
John Develing	NHS England
Anita Fletcher	WGPCC Administrator

Clare Grainger	Corporate Support Officer, CCG
Wayne Greenwood	GE Healthcare Finnamore
Neil McKay	GE Healthcare Finnamore

No	(AGENDA ITEM)	Lead	Due
1.1	**Apologies for Absence** Apologies were received from Chris Beyga, Andrew Cooper, Sheena Cumiskey, Andrew Crawshaw, Russell Favager, Mark Green, Fiona Johnstone, Dr Peter Naylor, Dr John Oates, Ewen Sim and Dr Anushta Sivananthan.		
1.2	**Minutes of the previous meeting held on Wednesday 23rd April 2014** The minutes were agreed to be a true record of the meeting. **Actions/Matters Arising** All actions that were now closed were highlighted. Members were advised that the Joint Commissioning Strategy was still being finalised; a version of this would be circulated before the end of the following week.		
2.1	**Items for Noting** There were no items for noting at the meeting.		
3.1	**GE Finnamore Healthcare** Members of GE Finnamore Healthcare were introduced to members and gave a background to their respective knowledge and experience.		

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3.2	**Proposal – Revised Programme Structure** Members were advised that the current workstreams were not fit for purpose so a new approach had been looked at and was presented by Wayne Greenwood. Open discussion would be encouraged within the meeting. The presentation slides aim to provide: • Outline the proposal for streamlining the organisation of the programme • Proposed changes to the current governance structure to support this. • Proposal of the function of the Programme Management Office support • Stimulate discussion to agree on appropriate transition from current to future structures. It referenced that a lot of good work has already been undertaken; the aim is to build on what has already been done. The key principles, rationale/benefits and key decisions for streamlining the organisation of the programme were highlighted. The three new work streams were introduced and members were advised that this would be split into short-term/episodic care which would include planned and unplanned care, and ongoing care which would focus on those with long term conditions and complex needs. The three work streams were agreed, but it was clear that the scope and the objectives for each must be defined. The Programme structure example slide was discussed; thought has started on defining what the roles may be. The Programme Office slide describes the role and relationship of the Programme Office to the key governing bodies and workstreams. The Strategic Leadership Group's remit and responsibility is for agreeing the overall strategy. The		

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	Strategic Leadership Group will be Chief Executive level and will have the opportunity to resolve disputes, a high level group. The Implementation Group brings together Programme Directors to manage pace and the programme deliverables. Going forward, the Programme Board will no longer exist. The key messages/decisions discussed were highlighted from the appropriate slide. All present at the meeting were happy with the proposals being discussed.		
3.3	**Operational Delivery of Integrated Teams in Wirral** Members were advised that the commissioners have set out a framework for delivering integrated care and has been developed by key operational leaders across the divisions. The paper gives greater clarity on what is being undertaken. It represents a shift from a set of Integrated Care Co-ordination Teams for people with Long Term Conditions / complex needs, to an alignment of community based health and social care services around a local delivery of integrated care. There are 18 recommendations set out in the paper. Peter Tomlin was thanked for the work that had been undertaken on this. Attention was drawn to recommendation 16; High calibre Team Leaders who can manage the performance of the local teams, the local team budget and ensure the outcomes for the local people improves through supporting more people to remain independent at home will be required, funded from existing resources and with initial appointments being made from existing health / social care staff working across the Wirral. Members of the meeting were asked for views on the paper and these were shared as follows. The conclusion in looking at four teams, everything should be in them unless the subject does not fit. The next step is to align other services with this. Choosing high calibre team leaders from within organisations		

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Wirral Community NHS Trust
Wirral University Teaching Hospital NHS Foundation Trust

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No	(AGENDA ITEM)	Lead	Due
	to lead the teams is absolutely critical.		
	The questions were raised as to how this would link with unplanned care and who would be the accountable lead for this and what does pace mean?		
	Members were advised that timescales are critical and it was agreed that dates are required. It was highlighted that the Senior Leadership Group are accountable for this although there are dedicated Managers who lead on this. It was suggested that the programme plan will be monitored at the Integration Board, with exemptions escalated to the Strategic Leadership Group. As the revised Vision 2018 programme structure is developed the accountability and reporting arrangements need to be agreed.		
	The paper will develop very substantial pieces of the jigsaw and bring them together to understand who the most vulnerable people are. It was felt that this piece of work in the context of the wider jigsaw is great progress and brings together many elements for older people who we are not getting it right for.		
	The document is a really useful foundation for moving forward in many pieces of work, for example Primary Care.		
3.4	**Risk Register**		
	Members were advised that there are two "reds" on the risk register.		
	V2: Secondary Care Workstream – this is still open regarding signing the contracts.		
	V10: this is an additional risk regarding the financial challenge; work is being undertaken to investigate that risk.		
3.5	**Workstream Urgent Issues**		
	Proposed Strapline – The Communications workstream had been asked to come up with the Vision 2018 branding, this had been undertaken and is now in use.		
	For the strapline, a range of options had been looked at and the proposal from the group is:		

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	"Working together for a healthier Wirral"		
	A suggestion was made not to concentrate on health as Vision 2018 is about the economy.		
	It was agreed that there is the need for a strapline as we need to let people know what is being done for them. A further suggestion for the strapline to include more independent Wirral in it. The strapline would be considered further by the Strategic Leadership Group.		
	Action: Simon Gilby to reconsider option for the strapline and for the Strategic Leadership Group to decide on the final strapline.	SG	18.06.14
	IT and Integration Joint Proposal – In order to deliver healthcare, there is the need to have integrated IT solutions. An integrated IT system would enable the right information to the right place at the right time. NHS England is offering matched funding bids for this to be submitted by 14th July. The Information and IT Workstream would like agreement to an extension to put in a bid by 14th July; the workstream is not asking for permission for funding however if the bid is successful, the amount would have to be matched by the organisations. This would bring in significant money into the health economy; the benefits would highly likely outweigh the costs.		
	Members were advised that this is absolutely essential for going forward into integration. It is a linking pin to what is already there for integrated patients' records, not a completely new system.		
	There have been problems over consent in the past when this has been shared with the public. Going forward, patients will be asked for consent at the point of need and not at the beginning. A written statement will be required here on information governance.		
	The Board approved the paper and agreed for the IT and Informatics Workstream to pursue the Graphnet solution and prepare a match funded business case for Tech fund, July 14th deadline.		

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	Action: IT workstream to develop the funding bid and share with the Strategic Leadership Group prior to submission.	MB	14.07.14
4.	**Items for Information** There were no items for information on the agenda.		
5.	**Any Other Business** There was no other business discussed.		

The meeting closed at 4.55pm