

Vision 2018: an update for partner Governing Bodies/Organisational Boards

Document History

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The purpose of this paper is to provide an update to Cabinet/Board members of partner organisations in respect of the Vision 2018 programme.

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1. Vision 2018 Context

Vision 2018 is the plan to re-shape health services and social care in Wirral, whilst supporting people to take more responsibility for looking after their own health. Over the next 20 years, the number of people who are aged 85 or over will more than double, meaning many more people with multiple, long term health conditions and increased financial pressures. However the challenges also present opportunities. Vision 2018 will transform GP, primary care, community health, hospital and social care services in Wirral.

It will mean:

- Community based health services (e.g. access to GPs, community nurses and social workers) seven days a week
- More hospital services in the community, with consultant led teams
- Health and social care professionals working together for people with on-going needs: one assessment, one care plan, one key coordinator
- Specialist in-patient hospital care for those that need it
- Support for people to look after themselves and stay healthy

We are developing a Vision 2018 Strategy to outline the case for change, to describe the vision for Wirral health and social care economy and how this will be achieved.

We have established a new shape to Vision 2018 which allows us to focus our efforts on 3 key programmes of work; Planned Care, Unplanned Care and Long Term Conditions and Complex needs (Appendix B). We also have a number of enabling programmes, for example Integration Adults, which focuses on the development of integrated teams, services and systems to provide coordinated care for people aged over 18. For the full programme structure see Appendix A.

We have done more work to ensure we have really clear strategic outcomes defined for Vision 2018; these have been informed by local evidence base and national drivers including the Better Care Fund aims and objectives (Section 4 – Strategic Outcomes). Each of the programmes are developing a detailed definition of scope to ensure its aims and objectives are linked back to these strategic outcomes. This will enable a clear description of how those programmes will enable benefits that will ultimately improve health outcomes for the people of Wirral together with their experience of health care. At the same time, balancing quality and value to improve the efficiency of services delivered will be the third major consideration for each programme.

As part of a series of 30 day challenges each of the programmes are identifying the projects that can be done quickly to start to make a real difference in 2015 i.e. ‘the Fast 5 projects’ along with those bigger, transformational projects that will need further planning ‘the Big 5 projects’. It is important that we balance the need to re-imagine health and wellbeing in 2018 and consider how best we achieve this future state vision with the need to make real and practical improvements to the services we have today. It is this balance that the Vision 2018 team is now focused on achieving.

2. Governance

The Vision 2018 Strategic Leadership Group (SLG) is made up of the Chief Executives from NHS Providers and Commissioners along with equivalent Stakeholders from Local Authority (see Terms of Reference in Appendix D). The SLG recognises that there exists already a Health Economy governance framework; the Health and Wellbeing Board and the Joint Strategic Commissioning Group, there are also respective Provider and Commissioner Boards or similar Governance Arrangements. In no way shape or form is any proposed governance arrangement for Vision 2018 intended to replace or interfere with any of these established governance models.

Rather, the Vision 2018 SLG is seeking to establish the best way to integrate decision making within the context of Vision 2018 into this broader established framework, the desired outcome being an appropriate balance of pace and rigour to enable safe but rapid progress to be made meeting the challenges this health economy faces.

It is proposed therefore that respective Governing Bodies delegate through their Chief Executive some level of decision making authority to enable the SLG to take certain decisions in a more timely fashion, but at the same time provide clarity on the expectations each Board has for when their CEOs will refer back to their Boards. It is also proposed that the Implementation Group, on behalf of the SLG, provides recommendations to the Commissioners on matters which affect Commissioning, contracts and use of Better Care Fund (Figure 1).

If this is done, and done effectively, there is increased probability that the organisations can become better performing collaborators in defining solution options for Wirral’s Health and Social Care Economy, and that an effective delivery and tracking mechanism can be wrapped around the whole transformation agenda to ensure a joined up approach, informed decision making, robust benefits and costs management plus effective dependency and risk management.

There will need to be different ‘checkpoints’ during the development and implementation of the projects within Vision 2018 and to ensure that the governance model enables faster projects to be implemented quickly whilst ensuring that they align to the longer term vision and principles of the individual organisations. There are four scenarios that have been developed to describe how the governance model will be applied to 1) Faster projects 2) Bigger Projects 3) Commissioner Led Projects and 4) ‘Other’ non contractual projects.

Figure 1: Proposed Governance Structure



3. The Case for Change

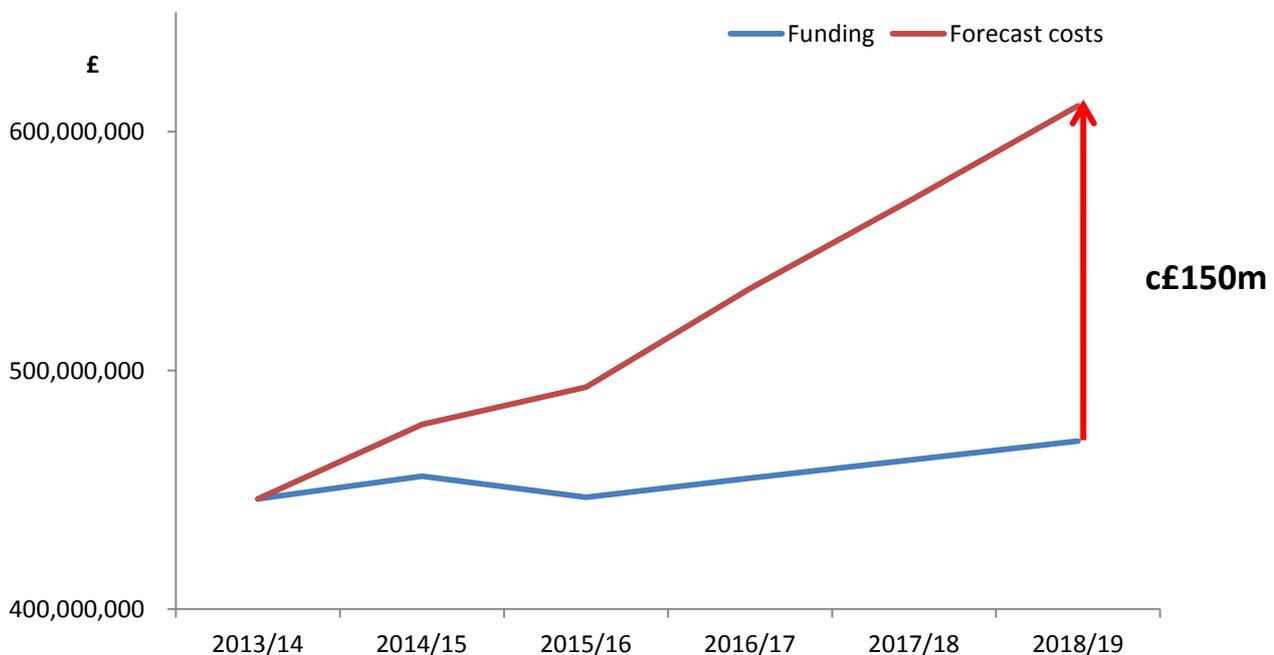
We know from our planning that the demand for health and social care will be increasing against a background of reducing resources across all organisations. In this context, we need to transform the way we provide health and social care, to ensure we are working as efficiently as possible, and we will need services that empower patients to manage their health and wellbeing.

People will need to share in the decision-making process about themselves and their care and support. The interactions between community, residential and hospital services will be improved, with care delivered through integrated services 7 days a week that are joined up around the needs of patients. This integrated care will be provided across the community, bringing specialised care and treatment (when appropriate) into community settings near patients' homes, to enable the right care to be provided at the right time and the right place, with patients supported to self-care as appropriate.

These changes will be implemented between now and 2018, and the model of care will be co-developed with the public and staff to ensure it meets the needs of the Wirral population, with the right capacity and balance across the community, residential and hospital services.

A piece of work has been undertaken which models the scale of the challenge faced by Wirral Health Economy, the 'Shape Change Analysis'. This piece of work requires further validation in the coming months however shows a potential gap of around £150m given forecast of cost pressures and assumptions around funding growth (Figure 2). This is an unprecedented position, and we need to reimagine how health and wellbeing is delivered and consider making assumptions about the scale of change required.

Figure 2: The challenge facing the system

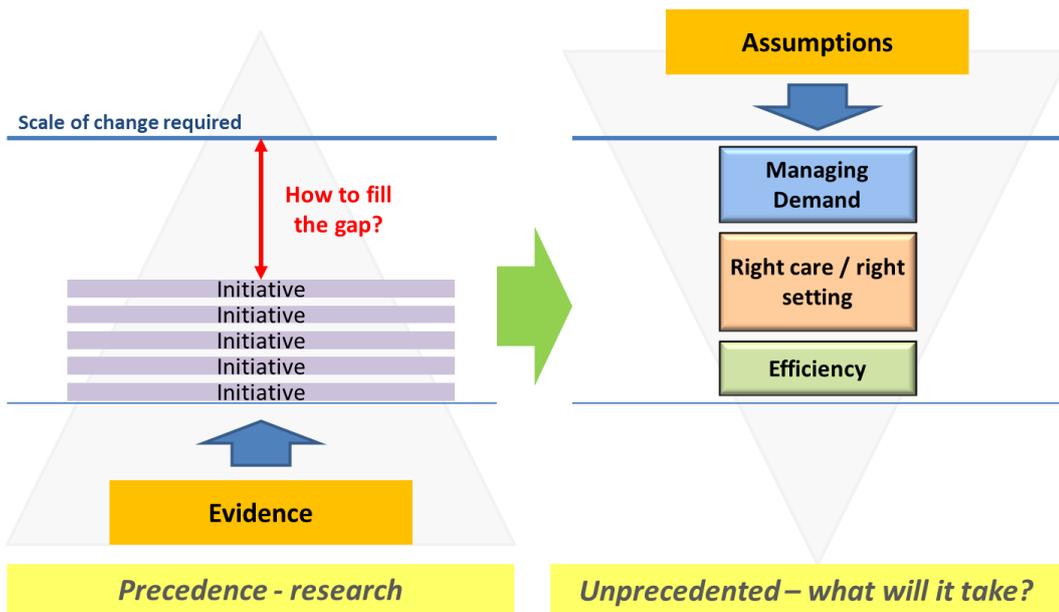


Alongside the financial pressures, the demand for local services is increasing. Wirral's overall population is projected to increase by 1.4% from 319,863 in 2011 to 324,226 in 2021. The older population (aged 65 years and above) are

expected to increase at the fastest rate, with an 18% increase projected by 2021. They are also more likely to have a long term condition; the 2011 Census reported about 36,000 (57%) people living in Wirral aged 65 years and over have a long term condition or disability that limits their daily activities. The health outcomes of Wirral residents vary depending on the area of Wirral in which they live, which has an impact on the health inequalities across the population.

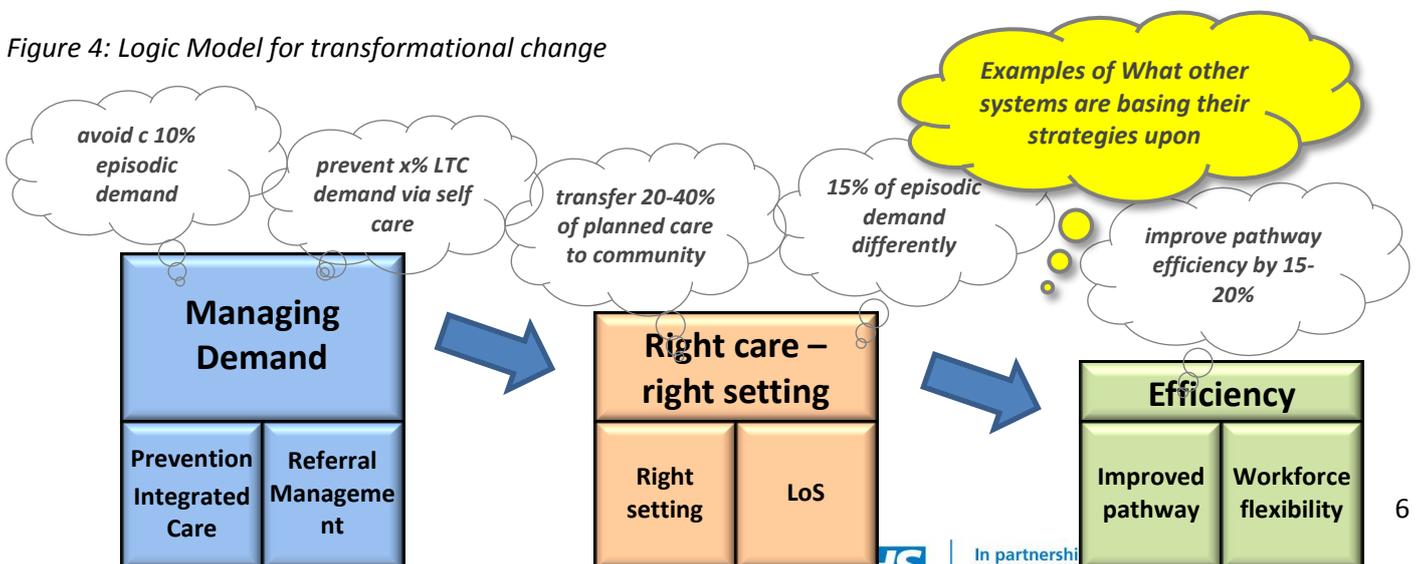
Due to the size of the gap and the needs of the population changing there is a need to reimagine health and social care and make transformational changes that will create a new health and social care system to improve health outcomes, patient and service user experience and value for money (Figure 3).

Figure 3: A significant change in approach



In addition to continuing with traditional incremental change (Cost Improvement Programmes (CIP) based on current operating models), the transformational change that we will need to make begins with **managing the demand** on services e.g. via prevention, referral management, integrated care. Then, making sure that of those people who do require services that they are provided with the **right care in the right setting** and finally a focus on the **efficiency** is needed to ensure the pathways are delivered in the most efficient way (Figure 4). As much of the evidence base is focused on efficiency rather than managing demand and right care right setting it is necessary for us to create some high level assumptions of how we can change the health and social care system in a different way.

Figure 4: Logic Model for transformational change

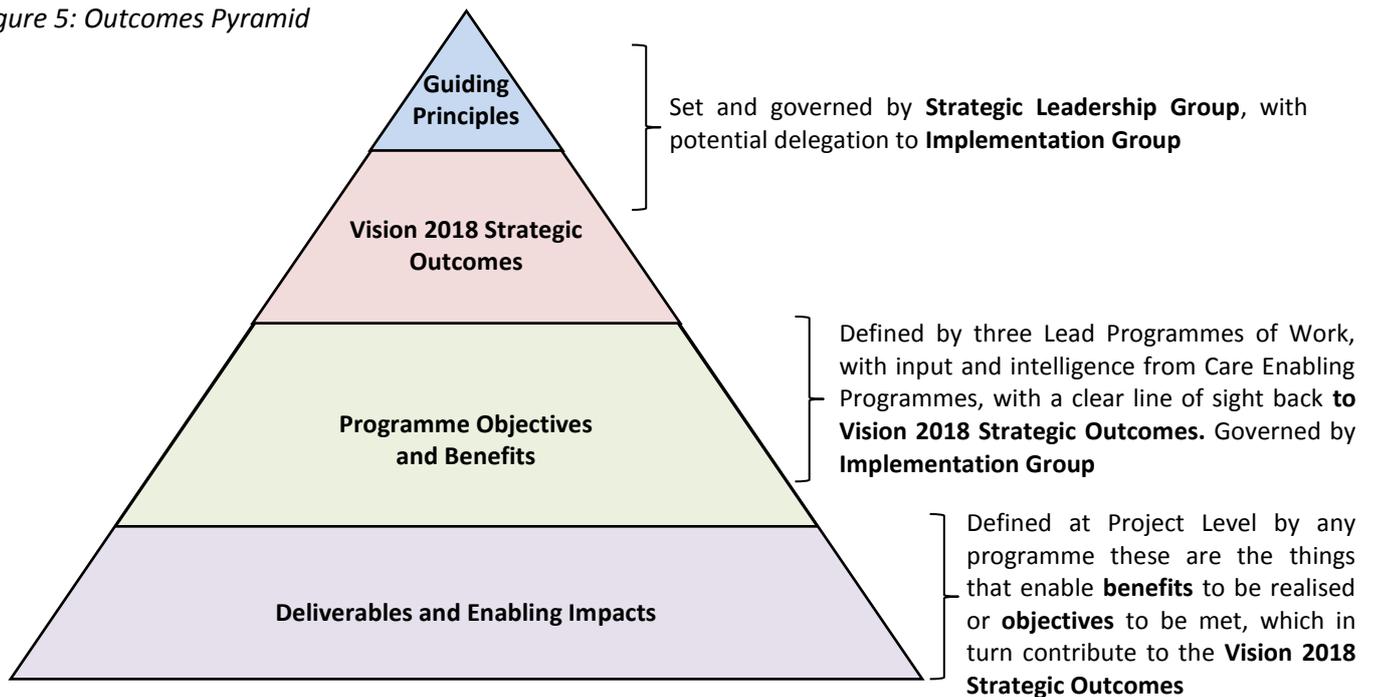


4. Strategic Outcomes

To provide some further guidance to colleagues working on Vision 2018, and to ensure we have the right focus on patient safety and quality in addition to the financials, we have identified three guiding principles that underpin the scope of work within Vision 2018;

1. We will improve Health and Wellbeing outcomes
2. We will improve patients' and service users' experience
3. We will reduce the cost of health and social care

Figure 5: Outcomes Pyramid



These guiding principles, the 'triple aim' have then been further defined in a set of Strategic Outcomes that we are striving to achieve through Vision 2018. Some of these are highly aspirational and ambitious, but they serve as a goal that all programme objectives and benefits should directly link back to. Taking this approach will ensure that the deliverables at project level will be demonstrably and directly linked back to one or more of the triple aims.

The Strategic Outcomes defined are listed below.

Table 1: Vision 2018 Strategic Outcomes

Vision 2018 Strategic Outcomes	
1	We deliver the right care in the right place at the right time. First time and every time.
2	We deliver an improved health and wellbeing experience to all patients, service users and carers, in all health, community and social care settings
3	We reduce the frequency and necessity for emergency admissions and for care in hospital, residential and nursing home settings
4	We enable more people to access appropriate and effective services closer to home
5	We improve health and social care outcomes in early years to improve school readiness
6	We enable more people to live independently at home for longer
7	We improve the health and social care related quality of life for people with more than one long term condition, physiological and/or psychological
8	We increase collaboration and effective joint working between health and social care partners
9	We improve the satisfaction levels for our workforce colleagues across all health, community and social care settings
10	We improve the end of life experience for individuals and their carers.
11	We are better able to prevent ill health and diagnose conditions quickly thereby reducing the burden on treatment facilities
12	We enable people to live longer, healthier lives
13	We reduce the cost of health and social care while maintaining balance of quality and value
14	We ensure equal and fair access to clinically appropriate services for everyone on the Wirral
15	We will reduce health inequalities so that all Wirral's residents can expect and receive the same health and wellbeing opportunities

5. Programme Scopes

Each of the programmes are developing a detailed definition of scope to ensure its aims and objectives are linked back to these strategic outcomes. This will enable a clear description of how those programmes will enable benefits that will ultimately improve health outcomes for the people of Wirral together with their experience of health care. At the same time, balancing quality and value to improve the efficiency of services delivered will be the third major consideration for each programme.

The programmes are identifying the projects that can be done quickly to start to make a real difference in 2015 i.e. 'the Fast 5 projects' along with those bigger, transformational projects that will need further planning 'the Big 5 projects'. The Programme Managers are using a checklist to identify if their project is faster or bigger. The existing projects and evidence base including Better Care Fund schemes and Quality, Innovation, Productivity and Prevention (QIPP) initiatives are being incorporated into this work to enable a coherent view and governance over all change projects across the system.

Figure 6: Hexagon 'Deep Dive' model

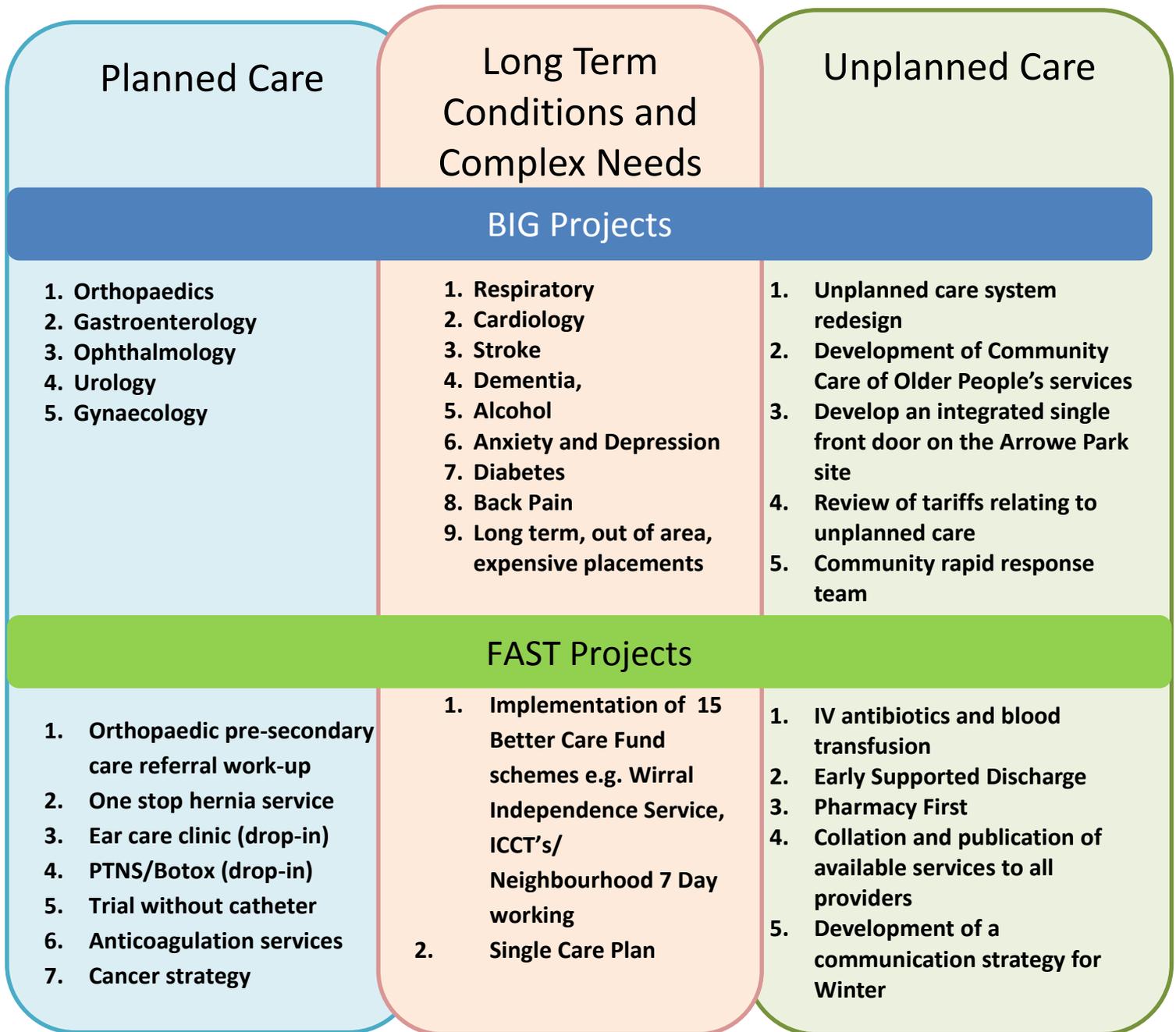
For the Big 5 projects a Hexagon 'Deep Dive' model for data collection is being used to develop a more detailed view of the current model/pathway and opportunities for improvement prior to developing a future state service model with staff, patients and carers (Figure 6). Some initial examples of the Big 5 and Fast 5 projects for the Lead Programmes are in Figure 7.

The next step is to implement the Faster projects identified below and for the Bigger projects to initially focus on a couple that will have the biggest impact such as 'Unplanned care system redesign' and 'Respiratory'. For these Bigger projects a focused approach would be undertaken to identify opportunities to transform models of care in these areas of work and establish the short term and longer term benefits.



N.B. Including benchmarking data

Figure 7: DRAFT BIG and FAST Projects for Lead Programmes



6. Current Position and Next Steps

As part of the review of Vision 2018 a programme methodology has been developed (Figure 8) that is based upon Public Sector Programme Management Approach. There are five distinct phases each broken into key steps and can be used across all Vision 2018 programmes or individual projects. The current position of the Vision 2018 programme in is at the initiation phase and depending on the pace and complexity of individual programmes and projects within Vision 2018 the speed at which they progress will differ.

Figure 8: Programme Methodology

INITIATE	DEFINE	DESIGN	IMPLEMENT	CLOSE
1. Mandate/ case for change	3. Organise programme	7. Engage stakeholders	11. Plan project	15. Formal close down
2. Programme brief/ vision	4. Define governance	8. Develop future state	12. Change management	16. Learning capture
	5. Investigate/ scope benefits	9. Define metrics	13. Programme monitoring	
	6. Programme blueprint	10. Consult	14. Benefits realisation	

Progress to date: Review and Initiate Phase

The paper has indicated the progress to date in regards to the review of Vision 2018 governance arrangements and Programme structure and priorities. This has enabled the baseline quantum of change required (£) to enable sustainable health and social care economy between now and 18/19 and a consensus on the Strategic Outcomes. An alignment exercise of all Better Care Fund and QIPP initiatives and along with this strategic direction has informed the development of initial programme plans for each area, identifying co-dependencies and benefits that link back to the endorsed strategic outcomes. It has also led to initial ideas of the 'Faster' and 'Bigger' Projects that aim to deliver the benefits.

Next steps: Define, Design and Implement Phase

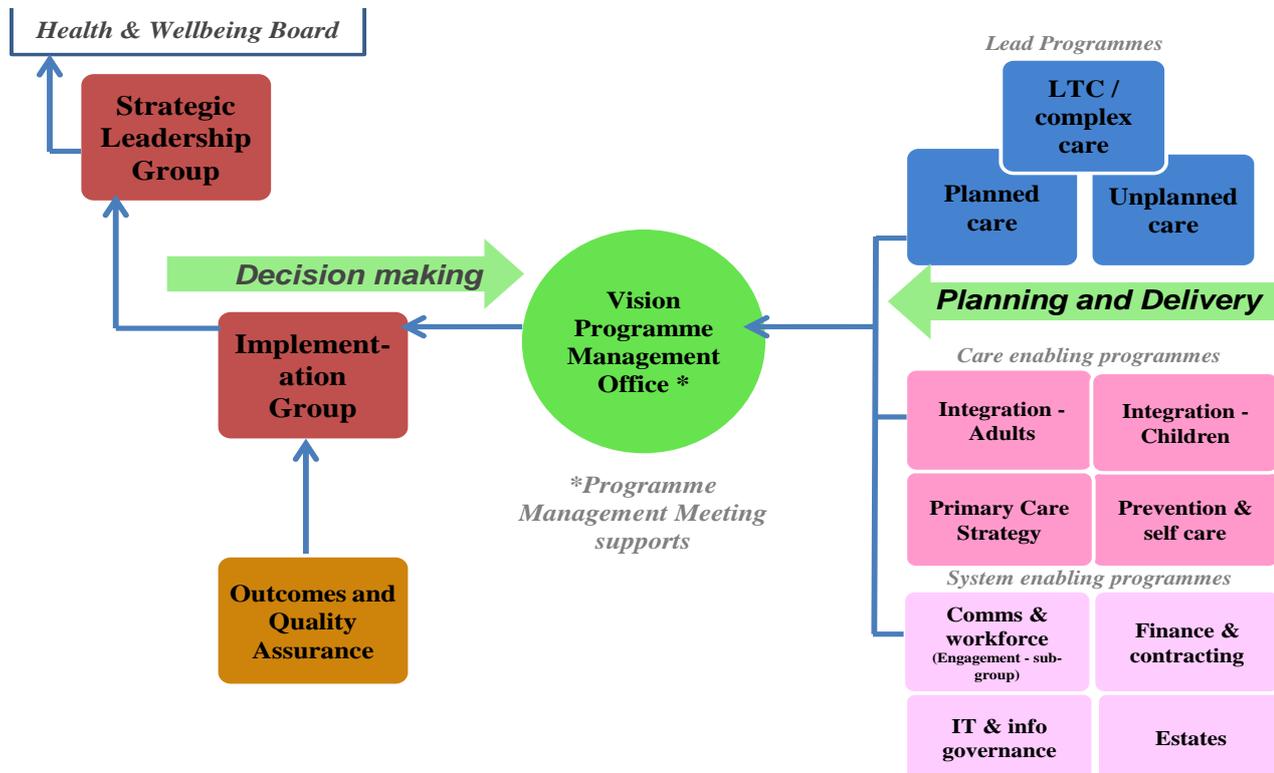
The next steps are as follows:

- Continue the mapping to commissioning intentions and 15/16 contracting round to ensure that the Vision 2018 planning is linked into the Commissioning Cycle.
- Establish rapid cycle testing frameworks for quick wins to enable benefits to be realised at pace
- Establish plans for delivering bigger initiatives for delivery during 2015/16 to follow a methodology to enable transformational change and clarity on the outputs that will be realised.
- Undertake a focused approach for Respiratory to identify opportunities to transform models of care in these areas of work and establish the short term and longer term benefits.
- Undertake a focused approach for Unplanned Care System Redesign to identify opportunities to transform models of care in these areas of work and establish the short term and longer term benefits.

- Implement tools and templates to enable the Implementation Group to have a 'Grip' on the project planning, so that we can effectively manage delivery, interdependencies, cost and benefit tracking.
- Embed the Governance Framework to ensure Programme Directors and Programme Managers have clear checkpoints to report to the Implementation Group and the Strategic Leadership Group so that decision making can be made in a fully informed way by the right people.
- Determine opportunity and right size/capability for a pooled Vision 2018 Change Management Office, and how to align enabling functions 'supply' (e.g. workforce management, communications, engagement, finance, business intelligence) with the 'demand' from primary and system enabling programmes. This will ensure that there is sufficient resource to form the Vision 2018 strategy and deliver it effectively in the timescales necessary.

APPENDIX

A. Programme Structure



B. Lead Programmes

Integrated health and social care system principles: Right care, right time, right place, rapid response, change in culture and expectations, prioritising elderly care, 7 day integrated care, early intervention and prevention, building on community based assets

Short term care

Ongoing Care

Planned Care

begins with a diagnosis in the community, leading to treatment in the community or specialist input for further opinion, diagnosis, treatment or procedure. There is a planned pathway and patient is able to make decisions about their own treatment.

Unplanned Care

not planned or pre-booked with a GP or hospital. It includes urgent / emergency:

- GP appointments
- social care
- mental health crisis
- pharmacists, opticians, dentists
- walk-in centres
- minor injuries units
- North West Ambulance Service
- accident and emergency (A&E)
- emergency admission to hospital
- GP out of hours

Long term conditions and complex needs

represents the largest proportion of people who access planned and unplanned services and require ongoing support. Eg people with diabetes, suffering from drug abuse, alcohol abuse, mental health condition or homelessness

Self-care, early intervention prevention, building resilience and maintaining wellbeing

C. Programme Directors and Managers

	Group	Chair	Programme Manager
Boards	Strategic Leadership Group	Jon Develing (CCG)	Terry Whalley (NWLA) Project Director - Vision 2018
	Implementation Group	Clare Fish (LA)	Anna Rigby (CCG) PMO Programme Manager

	Programme	Programme Directors	Programme Manager
Lead Programmes	Planned Care	Anthony Hassall (WUTH)	Jo Goodfellow (WUTH)
	Unplanned Care	Jon Develing (CCG)	Andrew Cooper (CCG)
	Long Term Conditions/ Complex Needs	Sheena Cumiskey (CWP)	Val McGee (CWP)
Care Enabling Programmes	Integration -Adults	Graham Hodgkinson (LA)	Peter Tomlin (CCG/LA)
	Prevention, Self-Care and Community Development	Clare Fish (LA)	Julie Webster (LA)
	Primary Care Strategy Group	Dr Peter Naylor (CCG)	Christine Campbell (CCG) Barbara Dunton (CCG)
	Integration -Children	Julia Hassall (LA)	Janice Montey(LA)
System Enabling Programmes	Informatics / IT and Information Governance	Mark Blakeman (WUTH)	
	Communications and Workforce	Simon Gilby (CT)	Jane Loughran -Communications (CT), Roger Nielson- Workforce (CWP)
	Engagement (sub group – C and W)	Chairs - Sandra Wall (Older peoples parliament)	Peter Tomlin (CCG) Jane Loughran (CT)
	Finance and Contracting	Mark Bakewell (CCG)	
	Estates	Simon Gilby (CT)	TBC

Key

(CCG) – Clinical Commissioning Group

(LA) – Local Authority

(CWP) – Cheshire and Wirral Partnership NHS Foundation Trust

(CT) – Community Trust

(WUTH) – Wirral University Teaching Hospital NHS Foundation Trust

D. Strategic Leadership Group Terms of Reference

Role/Purpose

- To be accountable for delivering a sustainable Wirral Health and Social Care Economy

Tasks

- To agree the strategy and implications of this
- To agree the processes and resources for delivery
- To steer the implementation group
- To enable delivery/resolution of issues
- To resolve conflict/issues

Interfaces

- Health and Wellbeing Board (the Strategic Leadership Group will report to the Health and Wellbeing Board)
- Wirral Joint Strategic Commissioning Group (this group also reports directly to the Health and Wellbeing Board)
- Strategic planning for each organisation needs to link in with the development of the Vision 2018 strategy
- Organisational Boards to be informed and updated by members of the Strategic Leadership Group
- Implementation Group (this group will report to the Strategic Leadership Group), the Implementation Group Chair will be a member of the SLG to provide a link.

Governance and Accountability

The Strategic Leadership Group (SLG) will be accountable for delivering a sustainable Wirral Health and Social Care Economy. It will hold the Implementation Group to account to lead and manage the successful delivery of the strategy.

The Implementation Group (IG) will hold the programmes identified below to account to organise and manage the delivery of the goals and objectives assigned to the programme of work/enabling groups. The Strategic Leadership Group will report its progress to Health and Wellbeing Board.

The Programme Management Office (PMO), hosted by the CCG, will support the Implementation Group in organising and managing programme development and delivery, providing a central function for the programme in collating and reporting overall status. The programmes will report progress to the Implementation Group on a monthly basis and exceptions and risks to the Strategic Leadership Group.

The members of the group, through the Memorandum of Understanding, will also hold each other to account for delivery of agreed objectives and ensuring each partner contributes appropriately to overall vision and aims.

The SLG, while appropriately empowered by respective organisations to take decisions with delegated limits, will nonetheless ensure that assurance is provided back to respective Boards and to the Health and Wellbeing Board and Joint Strategic Commissioning Group as to those decisions, and will refer recommendations to those Boards when limits of decision making are reached. This mechanism will maximise the opportunity for effective collaboration while eliminating the risk of collusion.

Programmes of Work

A number of programmes of work have been established to deliver specific elements of the overall aims and objectives of Vision 2018, these programmes of work will report into the Implementation Group.

The lead programmes are;

- Planned Care
- Unplanned Care
- Long Term Conditions and Complex Needs

The programmes that deliver care or system enablers are:

- Communications and Workforce
 - Engagement (sub group)
- Integration - Adults
- Integration - Children
- Prevention, Self-Care and Community Development
- Information Technology and Information Governance
- Primary Care Strategy Group
- Finance and Contracting
- Estates

There is also the Outcomes and Quality Assurance group (OQuA), which is charged with providing scrutiny to proposals and providing oversight and responsibility for ensuring that outcomes and modelling support is made available to programmes.

Role of Members

The members of the Strategic Leadership Group will be of senior level within their respective organisations and have the ability to make decisions and escalate issues as appropriate. They will also ensure compliance with governance arrangements. Members will be responsible for disseminating information to and from their organisations, departments or professional groups.

Membership

Name	Title	Organisation	Role
Jon Develing	Interim Accountable Officer	CCG	Commissioner
Clare Fish	Strategic Director of Families and Wellbeing	WMBC	Commissioner
Fiona Johnstone	Director of Public Health	WMBC	Commissioner
Graham Hodgkinson	Director of Adult Social Services	WMBC	Commissioner
David Allison	Chief Executive	WUTH	Provider
Simon Gilby	Chief Executive	CT	Provider
Sheena Cumiskey	Chief Executive	CWP	Provider
Dr Peter Naylor	Acting Chair CCG	CCG	Provider

In cases where members cannot attend for a single meeting, apologies should be sent. A deputy would not be permissible for the core members section, but is encouraged for the Business Items for Decision.

Also in attendance at the Business Items for Decision segment of SLG are:

Name	Title	Organisation
Anna Rigby	Vision 2018 Programme Manager	CCG
Terry Whalley	Project Director - Vision 2018	NWLA
Clare Grainger	Vision 2018 Project Manager	CCG
Andrew Crawshaw	Director of Operations and Delivery	NHS England

Additional members will be invited as and when required.

Frequency of Meetings

Monthly (to be reviewed after 6 months)

Communication and Accountability Arrangements

Members will retain accountability to their respective organisational governance arrangements, but with agreed levels of delegated authority from their respective organisations

Resources

In terms of publicity, engagement and other activities related to Vision 2018, member organisations should be prepared to contribute resources on an equitable on-going basis as details arise. In addition, partner organisations will be expected to provide resource to enable members to attend and will not be reimbursed additionally.

Administrative Arrangements

Decisions and Actions will be recorded, but there will be no need for full meeting minutes.

Chair/Vice Chair

Chair: Jon Develing
Vice Chair: Pete Naylor

Quorum

2 Commissioners and 2 Providers

Date of Ratification/Date of Review

First draft: 30.05.14
Second Draft: 10.06.14
Third Draft 10.10.14

Date of approval: 22.10.14
Date for review: 01.03.15

E. Glossary of Acronyms

BCF	Better Care Fund
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CIP	Cost improvement Programme
Comms	Communications
CT	Community Trust
CWP	Cheshire and Wirral Partnership NHS Foundation Trust
HWBB	Health and Wellbeing Board
ICCT	Integrated Care Coordination Teams
IG	Implementation Group
IT	Information Technology
IV	Intravenous
LA	Local Authority
LTC	Long Term Conditions
NWLA	North West Leadership Academy
OQuA	Outcomes and Quality Assurance group
PMO	Programme Management Office
PTNS	Percutaneous tibial nerve stimulation
QIPP	Quality Innovation, Productivity and Prevention
SLG	Strategic Leadership Group
WJSCG	Wirral Joint Strategic Commissioning Group
WMBC	Wirral Metropolitan Borough Council
WUTH	Wirral University Teaching Hospital NHS Foundation Trust