

12 month workplan 2021/22 - Final Report			
Meeting	Board of Directors		
Date	13/04/2022	Agenda item	12
Lead Director	Anthony Bennett, Chief Strategy Officer		
Author(s)	David Hammond, Deputy Director of Strategy		
Action required (please tick the appropriate box)			
To Approve <input type="checkbox"/>		To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>
Purpose			
To assure the Board of Directors that the Trust identified and delivered key activities as outlined in the 12 month workplan for 2021/22.			
Executive Summary			
<p>The 12 month workplan was developed to provide clarity and structure and maintain focus on key priorities for 2021/22 due to the development of a longer-term strategy being delayed as a result of the response to the COVID-19 pandemic.</p> <p>The Trust's 5 year strategy, developed as part of workplan delivery, will be presented to Board on 13 April 2022.</p> <p>The attached presentation provides an update on the progress against each of the identified activities.</p>			
Risks and opportunities:			
<p>There are no risks identified in the paper. Any risks related to the delivery of priorities in the workplan are managed through the Trust's organisational risk register and monitored through the governance structure.</p> <p>The key priorities described in the workplan are also reflected in the Board Assurance Framework which tracks controls and mitigations in relation to strategic risks.</p>			
Quality/inclusion considerations:			
<p>Quality Impact Assessment completed and attached <input type="checkbox"/> No</p> <p>Equality Impact Assessment completed and attached <input type="checkbox"/> No</p> <p>All QIA and EIAs are completed for individual projects and pieces of work identified in the workplan.</p>			
Financial/resource implications:			
There are no financial/resource implications of the development of the workplan itself. Financial implications of the individual projects and pieces of work are overseen by the groups identified in the workplan.			
Trust Strategic Objectives			
<i>Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.</i>			
Our Populations - outstanding, safe care every time	Our People - improving staff engagement	Our Performance - delivering against contracts and financial requirements	

Board of Directors is asked to consider the following action		
To be assured that the Trust delivered against the great majority of the commitments within its 2021/22 workplan, with clear plans for completing any activities that were originally due for completion within 2021/22.		
Report history		
Submitted to	Date	Brief summary of outcome
Board	03/06/2021	The Board of Directors was assured that the Trust had a workplan which would provide focus for key activities during 2021-22
Board	09/02/2022	The Board of Directors was assured that the Trust had an Organisational workplan to provide focus for key activities during 2021-22 and progress was being made against this plan.

12 Month Workplan 2021/22

Final Report, April 2022
Board of Directors

Context

The 2021/22 Workplan was developed in the context of the COVID-19 pandemic, which affected every aspect of organisational, place-based and national planning and provision.

A 12 month workplan was preferred to an extension of the overarching Trust strategy, allowing a more focused approach in a time of great uncertainty.

In parallel with delivery of this 12 month workplan, a five year strategy was developed (2022-2027) which builds on many of the workplan priorities.

Despite the systemic pressure, this ambitious workplan reflected our aspirations to: ensure our key priorities in 2021/22 supported national and local plans and forthcoming legislation, and continue to address organisational and population needs

 **Strategy**

 **Operations**

 **Quality**

 **People**

 **Mobilisation**

 **IM & T**

 **Capital**

 **Social Value**

Strategy

Task	Aim	Description	Assurance and governance	Timeframe	Update
Revise Trust strategy and Values	<p>Develop a fully engaged, collaborative 5 year Organisational strategy which complements and supports Local and System strategies. It will ensure we consider the population health needs and address health inequality.</p> <p>We also aim to ensure we build upon the digital advancements already made and use data to identify our priority areas and service redesign.</p> <p>Following full workforce engagement launch new Values for our Organisation</p>	<p>Aligned to the evolving strategies in Cheshire & Merseyside and Wirral, develop the Trust's 5-year strategic direction aligned to recently published White Paper.</p> <p>We will ensure we work with our partners across the system.</p>	Executive Leadership Team (ELT) & Board	Complete March 2022	<p>Extensive engagement across Cheshire & Merseyside health system</p> <p>20 focus group discussions</p> <p>Draft shared with informal Board, March 2022</p> <p>Communications team designed document</p> <p>Sign off by Board, 13 April 2022</p>

Operations

Task	Aim	Description	Assurance and governance	Timeframe	Update
Organisational Design	Align the Trust's structure with current national policy direction incorporating Population Health, Integration and Health inequalities	To implement a new organisational operating model delivered through four locality-based, all-age multidisciplinary teams with an integrated management structure, plus a system wide team	Programme Management Board (PMB)	Initial phases, March 2022	Phase 1 (portfolio, electronic systems and governance changes) delivered on 1 April 2022.
Urgent care model development	Provide a modern urgent care facility for the people of Wirral	Work with partners to redesign UTC and A&E model and associated pathways	Managed externally – updates reported to ELT and on to Board	Early 2023	System Business Case submitted for final approval. Pillar 1 within the Healthy Wirral Programme Board tracking the next elements of the project.
Partners for Change: 3 Conversations (3Cs) Transformation programme, adult social care	Work with Wirral Borough Council and Partners for Change to co-design, implement and evaluate innovation sites aimed at delivering more personalised support and reduction in the number of times individuals need to re-refer for help	Testing new, person-focused approaches to adult social care delivery	Managed externally – updates reported to Executive Leadership Team	March 2022	Phase 1 completed in November 2021. Phase 2 commenced Feb 2022, comprising expansion of 3Cs model to whole Birkenhead and West Wirral social care teams, plus intermediate care.



Quality

Task	Aim	Description	Assurance and governance	Timeframe	Update
Quality Strategy Plan	<p>Involve people as active partners in their wellbeing and safety, promoting independence and choice</p> <p>Nurture an improvement culture focused on consistently delivering effective, efficient care</p> <p>Further strengthen our positive safety culture, promoting psychological safety and supporting reflection</p>	<p>Deliver the plan under the themes of:</p> <ul style="list-style-type: none"> • Engaged Populations • Effective and Innovative • Safe care every time 	Quality & Safety Committee	March 2022	<p>Focus groups held as part of wider strategy development.</p> <p>Briefing to QSC, March 2022</p> <p>Quality Strategy, sign off by Board, 13 April 2022</p>
Regulatory preparedness	<p>For Organisation to move out of Requires Improvement rating</p> <p>Ensure WCHC is prepared for proposed changes to Adult Social Care regulation</p>	Ensure WCHC staff are supported in preparation for CQC inspection	Executive Leadership Team	March 2022	<p>Preparation for inspection continues, adapting to Covid pressures</p> <p>Ongoing preparation whilst inspection details awaited</p>

People

Task	Aim	Description	Assurance and governance	Timeframe	Update
People Strategy Plan	<p>Support our people’s health, wellbeing and recovery from the pandemic to allow them to perform at their best</p> <p>A compassionate and inclusive culture, where our people can thrive at work</p> <p>Outstanding opportunities for our people and communities to develop their skills and experience as our employees</p> <p>Modern, agile, integrated working practices, to meet changing population needs</p>	<p>Deliver the People Strategy Plan under the themes of:</p> <ul style="list-style-type: none"> • Wellbeing & Recovery • Culture • Developing Capability and Talent • Transformation of the Organisation 	Education and Workforce Committee	<p>Originally March 2022</p> <p>Extended to June 2022 due to further engagement planned</p>	<p>Focus groups held as part of wider strategy development.</p> <p>Briefing to EWC, February 2022</p> <p>People Strategy, planned sign off by Board, June 2022</p>

Mobilisation

Task	Aim	Description	Assurance and governance	Timeframe	Update
St Helens 0-19	Deliver a high performing quality effective service to the young people of St Helens	Mobilise St Helens 0-19 service	Programme Management Board	September 2021	Successfully mobilised to schedule
Knowsley 0-25 (Additional to original workplan)	Deliver a high performing quality effective service to the young people of Knowsley	Mobilise Knowsley 0-25 service	Programme Management Board	February 2022	Successfully mobilised to schedule



IM & T

Task	Aim	Description	Assurance and governance	Timeframe	Update
IM&T infrastructure improvement	To ensure core infrastructure is performant, resilient and complies with relevant cyber standards	Improve core IM&T network infrastructure to agreed plan	Finance and Performance Committee	Q2 2021/22	Network improvement plan completed. All works delivered successfully and signed off.
Electronic Patient Record	To support the complete and effective digitisation of clinical workflow	Plan procurement exercise for the Trust's EPR	Digital Enablement Group	Originally Q4 2021/22	EPR Project planned to commence in March in accordance with digital strategy. The start of this process has been delayed by up to 8 weeks, to April 2022.
Digital Strategy	To ensure we have a 3 year digital strategy which complements our strategic direction	Working with Staff and colleagues both internally and across our Integrated Care Partnerships and Cheshire & Merseyside to develop a strong digital offer supporting effective working and improved access for service users	Finance and Performance Committee Executive Leadership Team & Board	Originally Q3 2021/22	Focus groups held as part of wider strategy development. Shared and approved at FPC, Feb 2022 Digital Strategy, signed off by Board, February 2022 (Delayed to prioritise pandemic activity)

£ Capital

Task	Aim	Description	Assurance and governance	Timeframe	Update
Marine Lake Health & Wellbeing Centre	To ensure a fit for purpose accommodation for health and care staff and collaboration with primary care and third sector.	Deliver new build health and wellbeing centre in West Kirby	Programme Management Board	2023	Contractors on site and broken ground, January 2022



Social Value

Task	Aim	Description	Assurance and governance	Timeframe	Update
Social Value Award	Be the exemplar for social value in Cheshire and Mersey	Undertake seven steps to successfully apply for Cheshire & Merseyside Social Value Level 1 Quality Mark	Executive Leadership Team	Originally July 2021	<p>Level 1 Quality Mark successfully secured November 2021 following iterations of draft submission – first NHS organisation to do so</p> <p>National and local communications delivered in April 2022</p> <p>Key Value Indicators and social value reporting due to begin in new financial year 2022/23</p>

Organisational Strategy, 2022-27			
Meeting	Board of Directors		
Date	13/04/2022	Agenda item	13
Lead Director	Anthony Bennett, Chief Strategy Officer		
Author(s)	David Hammond, Deputy Director of Strategy		
Action required (please tick the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>	
Purpose			
To approve WCHC's Trust Strategy, 2022-2027.			
Executive Summary			
<p>The development of WCHC's strategy for 2022-27 has been informed by extensive engagement with staff from across the Trust and partners and stakeholders from the Cheshire & Merseyside health and care system. It takes account of the national, regional and local strategies and plans and WCHC's own ambitions for improving population health and service quality.</p> <p>The strategy is supported by key enabling strategies, each of which has their own delivery plan. The delivery of these, and of the overarching organisational strategy, will be tracked and reported to provide assurance that its aims are being met.</p> <p>A communications plan to support this and each of the enabling strategies has been developed to ensure clear and consistent communication of the Trust's vision, objectives and goals both internally and externally.</p>			
Risks and opportunities:			
WCHC's strategy (2022-27) describes the opportunities for improving proactive population health management, health and care services and social value, addressing health inequalities and the causes and effects of poor health.			
Quality/inclusion considerations:			
Quality Impact Assessment completed and attached <input type="checkbox"/> No Equality Impact Assessment completed and attached <input checked="" type="checkbox"/> Yes QIA not required for strategy. EIA attached.			
Financial/resource implications:			
Any financial or resource implications will be addressed by plans related to the implementation of the overarching Trust strategy and enabling strategies.			
Trust Strategic Objectives			
<i>Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.</i>			
Our Populations - outstanding, safe care every time	Our Performance - growing community services across Wirral, Cheshire & Merseyside	Our Populations - improving services through integration and better coordination	
Board of Directors is asked to consider the following action			
To approve WCHC's Trust strategy 2022-27			

Report history		
Submitted to	Date	Brief summary of outcome
Informal Board	01/03/2022	The draft of the strategy was shared with members of the board in an informal session for discussion and comment.

Together...

we will support you and your
community to live well.

Wirral Community Health and Care NHS Foundation Trust 2021

 wchc.nhs.uk |  [@nhsbuzz](https://www.facebook.com/nhsbuzz) |  [@wchc_nhs](https://twitter.com/wchc_nhs)

Five Year Organisational Strategy

2022 - 2027

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Introduction

Our vision is to be a population-health focussed organisation specialising in supporting people to live independent and healthy lives.



Throughout the system response to Covid-19 we have shown the importance of maintaining safe, effective and high quality community health and care services. We have accelerated the development of some services, such as remote monitoring. Significantly, over the past 18 months we have set up a new community intermediate care centre and have implemented a 2 hour, 7 day crisis response service to reduce unnecessary admissions.

Recovery from Covid-19 will take time and effort. We will work with partners across the Cheshire and Merseyside Integrated Care System (ICS) to do this effectively and safely. Alongside this, and building on the delivery of our previous strategy, we want to build and influence a health and care system that provides strong and sustainable community

health and care services, more equitable access and outcomes, and a better future for our populations.

In developing this strategy, we have engaged extensively with our staff and partners, as well as understanding and reflecting the national and local direction.

Over the next five years, we expect a growing focus on holistic and proactive care, delivering the benefits of Place-based working and Integrated Care Systems. We recognise the crucial role we play in ensuring health inequalities are addressed, both through service delivery and how we support local employment and create opportunities for people in more deprived communities.

Strategic alignment

With approximately 2.5m residents, Cheshire and Merseyside Integrated Care System (ICS) is one of the largest ICS areas in England and WCHC is proud to provide services in five of its nine Places.

We offer a wide range of services for all ages, spanning planned, urgent, and intermediate care and public health and social care services.

Our 0-19, 0-19+ and 0-25 Services cover 43% of the Cheshire and Merseyside population.

We are an integrated organisation delivering adult social care services across Wirral on behalf of Wirral Council, as well as our NHS and public health contracts.



Our strategy addresses Cheshire and Merseyside ICS's priority areas that relate to our organisation.



Improve population health and healthcare.



Tackling health inequality, improving outcomes and access to services.



Enhancing quality, productivity and value for money.



Helping the NHS to support broader social and economic development.

Wirral is where we provide most services:

We have mapped our strategy against the thematic priorities of the Wirral Plan (2021-26), the recommendations in Wirral's Public Health Annual Report (2020) and the principles agreed by the Healthy Wirral Partnership.

In developing 0-19, 0-19+ and 0-25 Services in Cheshire East, Knowsley and St Helens, we have similarly reviewed those areas' priorities, particularly for children and young people. We will work closely with all Places to understand their priorities and how we can help them make a difference for these populations.



Health inequalities

We serve some of the most deprived areas of the country. The Covid-19 pandemic has held up a mirror to the existing health, economic and social inequalities in these places.

Deprivation correlates to worse life chances, more years in poor health and means that people are more likely to have to make use of emergency health care, with worse outcomes.



Wirral...

sees very significant health inequality, with an 11.5 year male life expectancy gap. Higher deprivation levels in Wirral wards, as everywhere, correspond to lower life expectancy and affect people badly throughout their lives.

Knowsley...

is the second most deprived local authority in the country. Levels of deprivation in Kirkby are over double that of the England average. Over two fifths of Kirkby's children and older people are income deprived.

In St Helens...

approx. 30% of children live in poverty, with rates as high as 40% in some wards. There is a 10 year life expectancy gap between the most and least well off parts of St Helens.

Cheshire East...

is a relatively affluent area compared to many other parts of Cheshire and Merseyside though it still has significant challenges in some specific areas: parts of Macclesfield and Crewe are in the 20% most deprived nationally, and six areas in Crewe are in the 10% most deprived.



Inclusion

Getting it right for everyone

Our Inclusion and Health Inequalities Strategy describes how we will address these issues through our services and teams.

Improving population health means addressing the wider determinants of health, including people's finances, employment and housing.

Our focus on increasing the social value we deliver for our communities means we will play a full part in realising the potential of more integrated approaches to planning and delivering services, reducing health inequalities and supporting wider social development across Cheshire and Merseyside.



SOCIAL VALUE QUALITY MARK



SOCIAL VALUE QUALITY MARK



Holistic health and care

A key strength of our Trust is how our teams are able to support people at critical points through their entire lives, enabling them to start, live, age and die well. We provide universal services focused on wellness as well as specialist services, working at the heart of communities and across whole Place footprints in Cheshire & Merseyside.

This means we can work with partners to improve all levels of population health through better understanding places and communities, and we will be developing our Locality Teams to work more closely with communities and partner organisations.



Over the next five years, we will be focused on reaching from the individual to the whole community and wider economy, whilst being a great employer and building our digital capacity and innovation.

Achieving this depends on the significant programmes of work and the approaches described in a range of our enabling strategies. These include strategies for Quality, People and Digital and our approach to improving Inclusion and reducing Health Inequalities. Key points from these four strategies are highlighted in this document.



Working with partners to deliver proactive population health management, reducing health inequalities.



Providing accessible, person-centred, efficient and high quality health and social care services, ensuring equity of access and outcomes.



As an Anchor Institution, adding social value through our approach to employment, procurement and sustainability to support stronger, healthier communities.

Strategy engagement

This five year strategy has purposely been developed through extensive engagement, both internally and with leaders from all sectors in Cheshire and Merseyside. We have listened and shaped our strategy around their insight and priorities for improvement.

We identified many opportunities to innovate and further collaborate with sectors including education and local authority, as well as taking a coordinated approach to creating social value.



Other key areas of focus over the next five years will be developing best practice approaches to giving children and families the best start in life and building more integrated neighbourhood models of care, bringing primary, community and social care teams closer together.

We will do this by:

- Looking along pathways from the resident's perspective, designing approaches that are more joined up and enable teams to work most effectively together
- Putting greater focus on early intervention and working with other organisations, including education and social housing providers, investing in relationships and shared understanding
- Making better use of data to direct more proactive care; getting shared systems and processes right and empowering staff to continually improve them

How we will do this is described across our enabling organisational strategies and operational development plans.

Operational development

Over the next five years, we will continue to improve our service offer to support people throughout their lives. Our areas of focus will be children and families, place-based teams, and intermediate and urgent care.

This is fully aligned with the aspirations of the NHS Long Term Plan and strategy for community health services, as well as local plans. We will ensure financial sustainability and value for money so that we can continue investing in high quality care.



Children and family services for improved life chances

'Starting well' is a critical part of a person's life journey, creating the conditions for better health outcomes. We will continue to work with the families, children and young people of Wirral, Cheshire East, Knowsley and St Helens, delivering excellent services and supporting better life chances.

These services are a strategic priority for WCHC. Providing services for children and families in four of Cheshire and Merseyside's nine Places means we are ideally placed to drive consistent best practice across the whole of the ICS footprint.

We will:

- Develop integrated care models in partnership with other providers across Cheshire and Merseyside. We are ambitious to work together to provide better early help, better experiences of support and care, and improve young people's life chances

Integrated neighbourhood services for better coordinated care and population health management

Recognising the importance of place-based care and collaboration, over the coming years our locality model in Wirral will ensure more coordinated working with primary and community care partners.

This also helps an improved understanding and resourcing of community needs across our health and social care teams.

It will enable us to respond to the Core20 PLUS 5* approach to addressing Health Inequalities and create better connections between teams and communities.



Three Conversations

We will:

- Implement locality teams in Wirral, with proactive population health management and care coordination that spans primary and community services, a better understanding of local health needs and resourcing that addresses local circumstances
- Build and implement a holistic model for prevention and management of long term health conditions, supporting Primary Care Networks (PCN) and locality working
- Build on our implementation of the '3 Conversations' model of adult social care to take this person-centred approach to understanding people's lives and needs across our teams
- Support more joined up Adult Social Care domiciliary and care home provision

* www.england.nhs.uk/about/equality/equality-hub/core20plus5/

Intermediate and urgent care that promotes independence and person-centred care closer to home

We are a system leader in intermediate care, spanning crisis response services and both home-based and ward-based rehabilitation. Rapidly evolving virtual ward models also support both the avoidance of hospital admission and earlier discharge.

We plan further developments in all these areas, building on the establishment of the 2hr crisis response service, oximetry at home and the Community Intermediate Care Centre (CICC).

This will maximise people's independence, providing person-centred care closer to home and improving people's quality of life. It also reduces demand on secondary care and long term social care services, supporting the wider health and care system.



We will:

- Expand our 2 hour urgent community response service offer
- Develop virtual ward and technology - enabled care models with partners
- Implement a 2 day response time for rehabilitation services, in line with national guidance
- Enhance our current bed-based Community Intermediate Care Centre
- Implement a single front door model for urgent treatment and accident and emergency as part of Wirral's urgent and emergency care services

Quality and innovation

As we come out of the pandemic and having reflected on all that we have learned throughout that period, our quality and innovation ambitions are more ambitious than ever before.

Quality remains at the heart of our organisation and over the next five years, we will stretch ourselves even further by not only maintaining a focus on quality and safety, but by taking a population health approach and striving every day to create more equitable outcomes for the people we serve.

We will ensure that we use our limited resources efficiently and sustainably. We will shift from a traditional approach to improving quality to one of assertive, proactive action with people and communities inspiring and leading care developments.



Our three Quality Ambitions are:

- 1 Safe care and support every time - continuously nurturing a positive safety culture across the system, promoting safety, wellbeing and psychological safety.
- 2 People and communities leading care - ensuring we hear from all voices, involving people as active partners in their wellbeing and safety, and promoting independence and choice through collaboration and co-design.
- 3 Ground-breaking innovation and research - nurturing an improvement culture and achieving systemic scale and sustainability of developments and innovations.

These ambitions will move our care beyond current boundaries and will improve quality of life for the people we serve. They are supported by our Quality Cycle which provides a clear and systematic process for connecting our three ambitions and providing a framework for continuous improvement.

We will ensure:

- **Safe care and support every time by:** embedding a framework for system-wide learning, using data to drive improvement and facilitate community based initiatives to promote wellbeing and independence
- **People and communities lead care development in partnership by:** embedding inequalities data collection, establish processes for systematically hearing from people and communities and coproduction of care pathways
- **Ground-breaking innovation and research by:** developing a sustainable workforce to lead innovation and research, establish an innovation hub, build a strong innovation and research portfolio



YourExperience

yourvoice
listening • supporting • shaping

Safe



Engaged



Effective



Inclusion



Health inequalities lead to people experiencing systematic, unfair, and avoidable differences in their health, the care they receive and their opportunities to lead healthy lives.

A lot can and is being done by working as a health and social care system to operate at a population level and impact positively on some of these wider determinants of health. We play a significant role in the system and will continue to work with partners to maximise our impact across Cheshire and Merseyside to ensure that we are tackling these wider determinants in a joined up and coordinated way as we move into the new Integrated Care System (ICS) structures.

We will also further develop a diverse workforce who feel valued and supported, embedding our Trust values of Compassion, Open and Trust. A valued and supported workforce provides better care.



Our Inclusion and Health Inequalities Strategy takes account of the Core20 PLUS 5 model and describes how we will tackle inequalities by:

- 1** Ensuring our approach meets the needs of individuals, ensuring equitable access to care and employment for all
- 2** Ensuring that everyone's experience of the Trust and its services is positive, inclusive and reflects our values of 'Compassion, Open and Trust'
- 3** Reducing inequalities in outcomes for people with protected characteristics and those who live in our most disadvantaged areas

We will:

- **Remove barriers to access by:** embedding a system for improving data collection as standard, developing the Equality, Diversity and Inclusion (EDI) skills and knowledge of our workforce and, taking positive action to drive workforce diversity
- **Focus on the experience of care by:** collaborating and co-designing services and pathways to improve inclusivity, using data to better understand inequalities and, developing a culture of inclusiveness and empower positive allyship
- **Improve outcomes for everyone by:** focussing on our population health impact using Core20 PLUS 5 principles, maximising our social value through local purchasing and employment and, delivering effective, intelligence-led preventive programmes focussed on improving outcomes



People

We are committed to creating and sustaining a working environment where our staff feel well looked after, have a real sense of belonging and are supported to work to their full potential.

Our People Strategy is aligned with the NHS People Plan and NHS People Promise. There are four key drivers in the national People Plan which we have adapted to reflect what matters to our staff and Trust:



Looking after our people



Culture and belonging



Growing for the future



New ways of delivering care



Delivering this plan will mean that staff will feel it is a great place to work and choose to work with us because we are renowned for our excellence and living our values. This means practicing a restorative culture, being inclusive and championing innovation.

Leaders at all levels will improve the staff experience by supporting the health and well-being of their staff and demonstrating compassionate leadership. Staff will feel engaged, motivated, and skilled to do their job and we will support our people to fulfil their ambition and potential.

We will deploy the right numbers of staff with the relevant skills to meet demand and the ability to flex staff to meet population health needs at local and system level. Our workforce will be more diverse and representative of our population/footprint. We'll fully develop our digital capability so that our staff can make best use of technology to optimise support to our patients and service users.

We will:

- Train and develop managers to fully support the well-being of their staff
- Enhance our benefits and recognition systems to ensure they reflect what we value in terms of performance, our values and how we improve and innovate
- Develop and embed a restorative and Just Culture so that we learn and continually improve
- Build strong leadership and management capability through our Leadership Qualities Framework
- Provide career progression opportunities and enhance staff skills, knowledge and experience through experiential and formal learning
- Ensure our workforce planning meets the future needs of the health and care system, playing our part in creating a sustainable workforce through growing our own talent and maximising our role as an Anchor Institution

We have accelerated our digital ambitions during the Covid-19 pandemic. This period has highlighted the importance of using data to understand and address population health need, support staff to work in agile ways and communicate with service users in ways that meet their needs.

Our Digital Strategy, is aligned with national and Cheshire and Merseyside priorities and describes this work in more detail.



Investment in infrastructure and systems

It is crucial to ensure staff have the right tools and equipment for the job wherever they are, improving decision-making, and so quality and safety of care. We will further enable working 'on the go' and rationalise systems to improve efficiency and decommission systems that are not able to meet current operating standards for security and interoperability.

Digital tools for access and independence

Realising the benefits of digital communication and technology-enabled care will create a step-change improvement in people's care and ability to manage independently, both in their own homes within the community or in specialist settings. In doing this, we must ensure that digital inclusion is considered at every step.

Data and predictive analytics

There is great insight available from the vast amounts of data available across the health and care system to support planning and providing better services. Providers will face fewer barriers to integrating and using secure health information to manage health resources and improve patient care.

A digital first culture as 'Business as Usual'

Developing a digital first culture within the Trust will ensure that staff have the skills and are empowered to lead innovation. This culture shift is core to our People Strategy.

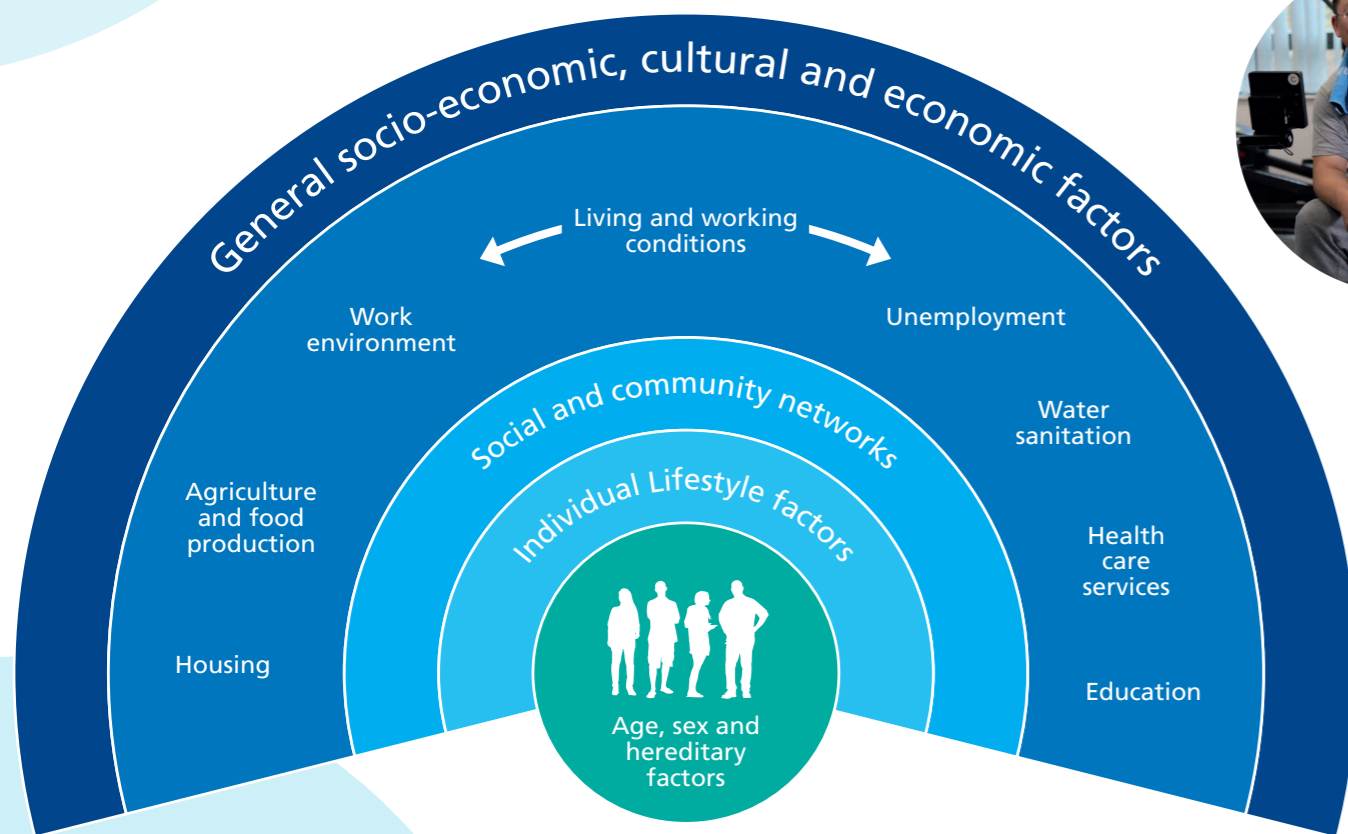
We will:

- Build our IT core by moving to cloud based infrastructure and we will complete Electronic Patient Record future state design and implementation
- Define and embed a strategic telehealth model
- Develop use cases, review existing resources / tools for business intelligence and data analytics at place level
- Ensure that staff are supported to develop the necessary digital skills and are empowered to lead innovation



Social value and partnerships

We aspire to provide exceptional care, but that on its own is not enough. Living a good, independent and healthy life is dependent on many factors beyond the quality of NHS services.



The Dahlgren-Whitehead Rainbow Model



As an Anchor Institution, embedded in our communities, we have an important role in creating the environment in which people can live well for as long as possible. The value we can create as an organisation, beyond the crucial services we provide, is our 'social value'.

We were proud to be recognised in 2021/22 as the first NHS organisation in the country to achieve the Social Value Quality Mark, level 1, awarded in recognition of our commitment to research, measure and report Social Impact and Value.

Helping the NHS to support broader social and economic development is a priority within Cheshire and Merseyside, and nationally. We are a large employer of local people and a big buyer of goods and services. How we approach these things has a significant impact on the wider determinants of health, giving people life chances through employment and supporting economic wellbeing.



We will:

- Build on Social Value Quality Mark Level 1, expanding and delivering our social value agenda with a focus on employment and procurement
- Deliver the Trust Green Plan, improving processes for the effective management of the Trust's environmental impacts, increasing employee engagement and reducing direct emissions and throughout the Trust's value chain
- Collaborate with local partners to improve health outcomes through increasing social value



Strategic objectives and goals

Our Vision

To be a population health focussed organisation specialising in supporting people to live independent and healthy lives.

Our Objectives

Populations

We will:

Support our populations to thrive by optimising wellbeing and independence.

People

We will:

Support our people to create a place they are proud and excited to work.

Place

We will:

Deliver sustainable health and care services within our communities enabling the creation of healthy places.

Our Goals

- Safe care and support every time
- People and Communities guiding care
- Ground breaking innovation and research

- Improve the wellbeing of our employees
- Better employee experience to attract and retain talent
- Grow, develop and realise employee potential

- Improve the health of our populations and actively contribute to tackle health inequalities
- Increase our social value offer as an Anchor Institution
- Make most efficient use of resources to ensure value for money

Our Common Purpose:

Together...

we will support you and your community to live well.

Compassion

Supportive and caring, listening to others.

Open

Communicating openly, honestly and sharing ideas.

Trust

Trusted to deliver, feeling valued and safe.



EQUALITY, HEALTH INEQUALITY IMPACT AND RISK ASSESSMENT – STAGE 2

Please complete all sections
Guidance documents available

Name of Service/Organisation:
Wirral Community Health & Care NHS Foundation Trust

Assessment Lead:
Anthony Bennett – Chief Strategy Officer (CSO)

Service Director Lead for the assessment:
Anthony Bennett

Who is involved in undertaking this assessment: *(please list all involved excluding assessment lead)*
Anthony Bennett, Neil Perris

Start date: 01/04/2022 Completed data: 04/02/2022

Who is impacted by the service / project / change?	Yes	No	Indirectly / Possibly
Patients, Service Users	X		
Carers or Family	X		
General Public	X		
Staff	X		
Partner Organisations	X		

Summary information of the service / policy / function being assessed:

Organisational Strategy 2022 -2027

The Organisational Strategy sets the direction of travel for Wirral Community Health and Care NHS Foundation Trust over the next 5 years. For the rest of the document the Organisation will be referred to as the Trust or WCHC. This includes engagement and collaboration at local, regional and national level.

Aims and objectives of service / policy / function:

The Organisational strategy will enable and support the Trust to take a proactive and leadership role to focus on delivering high quality care for the people and communities we serve. To work closely with our staff and partners to address local, regional and national priorities.

To play a crucial role in addressing population health and addressing health inequality with a key focus on prevention and placed based care.

If this assessment relates to a review / current service or policy, what are the main changes proposed and reason why:

This is a new Trust 5 year strategy building upon the previous 3 year strategy 2018-21 and the Trust 2021/22 workplan.

What engagement work is planned / or carried out and how will you involve people from equality groups to ensure that their views inform decision making:

Delivery of the 5 year strategy will be ultimately accountable to Board. Relevant programmes of work will be tracked and monitored through the appropriate assurance committees within the organisational governance structure. Broad engagement and consultation with relevant internal and external stakeholders have been a part of the development of all supporting strategies.

Does the proposal relate to impacts due to COVID-19? YES

If yes, please summarise these:

The strategy takes into account lessons learned from the pandemic, i.e., supporting remote working, adoption of new and amendment to existing digital clinical, operational and corporate workflows. Introduction of our new rehabilitation and reablement bedded facility.

Evidence section

What evidence have you considered within this assessment? (This can include NICE / research / engagement work / demographics / service data)

The 5 year strategy has been developed through national and local direction and policy as well as extensive engagement and dialogue with key stakeholders at all levels of the organisation. Significant engagement has also been undertaken with the wider health system, i.e., local authority, primary and secondary care as well as community, voluntary and faith sectors as well as Healthwatch and other service user organisations.

If this assessment relates to a policy / strategy, has an equality statement been added or planned to be added?

Yes

If no, please state why not:

IMPACT ASSESSMENT:

This section should record any known or potential impacts on equality groups and other groups at risk of poorer health outcomes. Impacts may be both negative and positive. Think about barriers to access and how different groups may be disproportionately impacted. You can copy and paste this tick: ✓

Age	Positive effect	Negative effect	Neutral
	✓		

Explanation:

<p>Core elements of the strategy are focussed on the need to address health inequalities, digital inclusion, access / ease of use and personalised care. Population Health Management will ensure that we are targeting equality of outcomes across all protected characteristics and other inclusion health groups adopting the CORE20Plus5 model to support this work.</p> <p>Individual workstreams will consider impact for all protected characteristics and identify risks and mitigations.</p>			
Disability	Positive effect	Negative effect	Neutral
	✓		
<p>Explanation:</p> <p>Core elements of the strategy are focussed on the need to address health inequalities, digital inclusion, access / ease of use and personalised care. Population Health Management will ensure that we are targeting equality of outcomes across all protected characteristics and other inclusion health groups adopting the CORE20Plus5 model to support this work.</p> <p>Individual workstreams supporting the strategy will consider impact for all protected characteristics and identify risks and mitigations.</p> <p>The impact of the strategy will be positive for people with physical and mental disabilities. A key priority of the 5 year strategy is to create workforce employment opportunities with declared disabilities. Furthermore, people will have access and choice to services to ensure their disability does not inhibit them accessing high quality services. This could be in the form of services closer to their home, services at home and or services via digital technology routes or via a range of reasonable adjustments as part of their personalised care. The aim of the 5 year strategy is to ensure people are not negatively impacted when accessing / receiving care.</p>			
Sexual Orientation	Positive effect	Negative effect	Neutral
	✓		
<p>Explanation:</p> <p>Core elements of the strategy and its sub strategies are focussed on the need to address health inequalities and develop an inclusive culture within the organisation ensuring people with protected characteristics are not disadvantaged or discriminated against and feel welcome and respected</p> <p>Individual workstreams, including a workstream focussed on attaining a quality kitemark for LGBTQ+ inclusivity (NHS Rainbow Badge 2), supporting the strategy will consider impact for all protected characteristics and identify risks and mitigations.</p> <p>The impact for this group is positive</p>			
Gender Reassignment	Positive effect	Negative effect	Neutral
	✓		
<p>Explanation:</p> <p>Core elements of the strategy and its sub strategies are focussed on the need to address health inequalities and develop an inclusive culture within the organisation ensuring people</p>			

with protected characteristics are not disadvantaged or discriminated against and feel welcome and respected

Individual workstreams, including a workstream focussed on attaining a quality kitemark for LGBTQ+ inclusivity (NHS Rainbow Badge 2), supporting the strategy will consider impact for all protected characteristics and identify risks and mitigations.

The impact for this group is positive

Sex	Positive effect	Negative effect	Neutral
	✓		

Core elements of the strategy are focussed on the need to address health inequalities, digital inclusion, access / ease of use and personalised care. Population Health Management will ensure that we are targeting equality of outcomes across all protected characteristics and other inclusion health groups adopting the CORE20Plus5 model to support this work.

Individual workstreams supporting the strategy will consider impact for all protected characteristics and identify risks and mitigations.

The impact for this group is positive.

Race	Positive effect	Negative effect	Neutral
	✓		

Explanation:

Core elements of the strategy are focussed on the need to address health inequalities, digital inclusion, access / ease of use and personalised care. Population Health Management will ensure that we are targeting equality of outcomes across all protected characteristics and other inclusion health groups adopting the CORE20Plus5 model to support this work.

Individual workstreams will consider impact for all protected characteristics and identify risks and mitigations. Positive action programme will support our social value contribution by supporting local recruitment of underrepresented groups at all levels within the organisation. The impact for this group is considered to be positive.

Religion and Belief	Positive effect	Negative effect	Neutral
	✓		

Explanation:

Core elements of the strategy are focussed on the need to address health inequalities, digital inclusion, access / ease of use and personalised care. Population Health Management will ensure that we are targeting equality of outcomes across all protected characteristics and other inclusion health groups adopting the CORE20Plus5 model to support this work.

Individual workstreams will consider impact for all protected characteristics and identify risks and mitigations.

The impact for this group is positive

Pregnancy and Maternity	Positive effect	Negative effect	Neutral
	✓		
<p>Explanation:</p> <p>Core elements of the strategy are focussed on the need to address health inequalities, digital inclusion, access / ease of use and personalised care. Population Health Management will ensure that we are targeting equality of outcomes across all protected characteristics and other inclusion health groups adopting the CORE20Plus5 model to support this work.</p> <p>Individual workstreams supporting delivery of the strategy will consider impact for all protected characteristics and identify risks and mitigations. Whilst the Trust doesn't deliver maternity services our strategy will ensure a culture of quality, safety and inclusion for all pregnant people when accessing our services and as part of our health improvement programmes</p> <p>The impact for this group is positive.</p>			
Marriage and Civil Partnership	Positive effect	Negative effect	Neutral
	✓		
<p>Explanation:</p> <p>Core elements of the strategy are focussed on the need to address health inequalities, digital inclusion, access / ease of use and personalised care. Population Health Management will ensure that we are targeting equality of outcomes across all protected characteristics and other inclusion health groups adopting the CORE20Plus5 model to support this work.</p> <p>The impact for this group is positive.</p>			
Other groups at risk of poorer health outcomes:			
Carers	Positive effect	Negative effect	Neutral
	✓		
<p>Explanation:</p> <p>Core elements of the strategy are focussed on the need to address health inequalities, access / ease of use. The 5 year strategy recognises the need to support carers. Individual enabling workstreams will consider impact for all protected characteristics and identify risks and mitigations.</p> <p>The use of digital technology and access to home-based services will have a positive impact for this group as it will enable easier access to care and will support better co-ordination of care across the system.</p>			
Socio-economic deprivation	Positive effect	Negative effect	Neutral
	✓		
<p>Explanation:</p> <p>Core elements of the strategy are focussed on the need to address health inequalities, digital inclusion, access / ease of use and personalised care. Population Health Management will ensure that we are targeting equality of outcomes across all protected</p>			

characteristics and other inclusion health groups adopting the CORE20Plus5 model to support this work.

The CORE20Plus5 model specifically targets and directs resources to areas of socioeconomic deprivation, aiming to equalise equality of outcomes for these communities

Other groups e.g., Asylum Seekers, Homeless, Sex Workers, Military Veterans, Rural communities – please state	Positive effect	Negative effect	Neutral
	✓		

Explanation:

Core elements of the strategy are focussed on the need to address health inequalities, digital inclusion, access / ease of use and personalised care. Population Health Management will ensure that we are targeting equality of outcomes across all protected characteristics and other inclusion health groups adopting the CORE20Plus5 model to support this work.

The following themes within our strategic direction for the next 5 years will ensure that inequalities for all protected characteristics and other vulnerable groups are identified and addressed:

- Improved data collection and analysis,
- System working around health inequalities and population health management at ICS level
- Focus on quality, inclusion & experience
- Maximising our social value

Individual workstreams will consider impact for all protected characteristics and identify risks and mitigations.

The impact for this group is positive

Equality Legal Duties – compliance

Has WCHC given due regard and given consideration for the following:

<p>Eliminating unlawful discrimination, harassment, and victimisation <i>Unlawful discrimination takes place when people are treated 'less favourably' as a result of having a protected characteristic</i></p>	Yes
<p>Advancing equality of opportunity between people who share a protected characteristic and those who do not <i>Making sure that people are treated fairly and given equal access to opportunities and resources</i></p>	Yes
<p>Fostering good relations between people who share a protected characteristic and those who do not <i>Creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference</i></p>	Yes

Are there any potential Human Rights concerns If yes – please seek advice from the E&I team to discuss carrying out specific human rights assessment		No			
Compliance to the NHS Contract In relation to Service Conditions (SC13) which includes Accessible Information Standard (AIS) – see staffzone for further info on AIS		Yes			
Supporting narrative to support the above responses: <i>This section must be completed</i> The 5 year strategy is aimed to bring positive impact across all areas either directly or indirectly and this principle will be underpinned by strong governance to ensure oversight from all key areas. Key work programmes will be delivered through operational plans and enabling strategies such as the Trusts Quality and People strategies.					
Equality Related Risk Assessment Section					
If you have identified an equality risk, please use the table below to work out the risk score. If you have a score of 9 and above you should escalate to risk management procedures.					
	Level of risk				
Level of consequence	RARE: 1	UNLIKELY: 2	POSSIBLE: 3	LIKELY: 4	VERY LIKELY:5
1.Negligible	1	2	3	4	5
2.Minor	2	4	6	8	10
3.Moderate	3	6	9	12	15
4.Major	4	8	12	16	20
4.Catastrophic	5	10	15	20	25
If you have identified an equality risk: What is the consequence? What is the likelihood? Risk score = consequence x likelihood			Risk Score		
Any narrative relating to risk score:					
Equality Action Plan with target dates					
Please include any related recommendations arising from this assessment. <u>A target date is required for all actions</u>					
Action required	Lead person	Target date	Further comments		
Date for this assessment to be shared with governance processes: DD/MM/YYYY (All assessments should have governance oversight)					
Final Section: Approval from Equality and Inclusion Team					
Date received by E&I Team for assurance check: 24/02/2022					
Person completing the assessment template: Anthony Bennett - CSO					
Date and E&I Team member completing assurance check: Neil Perris 28/02/2022					

What next?

1. Regularly review the action plan and update EHIRA accordingly
2. Save a finalised copy for your records and share with your Divisional SAFE meeting and the E&I Team and upload to SAFE
3. Follow any internal advice from the E&I Team – if provided

Quality Strategy 2022 - 2027			
Meeting	Board of Directors		
Date	13/04/2022	Agenda item	14
Lead Director	Paula Simpson, Chief Nurse		
Author(s)	Paula Simpson, Chief Nurse		
Action required (please tick the appropriate box)			
To Approve <input checked="" type="checkbox"/>		To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>
Purpose			
The purpose of this paper is to present the Draft Quality Strategy 2022-27 and request approval by Board of Directors.			
Executive Summary			
<p>The work of Quality and Safety Committee has significantly influenced the development of the Draft Quality Strategy 2022 – 2027.</p> <p>The Draft Quality Strategy acknowledges the critical role WCHC services has played in keeping people and communities safe during the pandemic and signals an intent to be move forward in an ambitious manner.</p> <p>The strategy includes a clear focus on population health and articulates an ambition to strive every day to create more equitable outcomes for the people we serve. In addition, there is a commitment to ensure that we use our limited resources efficiently and sustainably.</p> <p>Our approach to improving quality also shifts within the draft strategy, moving from a traditional approach to one of assertive, proactive action with people and communities inspiring and leading care developments.</p> <p>The strategy is framed around three themes and nine principles, all underpinned by our organisational values, Trust, Open, Compassion.</p> <p>The strategy incorporates a Quality Cycle which provides a clear and systematic framework for continuous quality improvement and provides a road map to success with measurable outcomes identified under each theme.</p> <p>The strategy has been developed following extensive engagement and consultation and is brought today to request approval by the Board of Directors.</p>			
Risks and opportunities:			
No current risks have been identified.			
Quality/inclusion considerations:			
Quality Impact Assessment completed and attached <input type="checkbox"/> No			
Equality Impact Assessment completed and attached <input checked="" type="checkbox"/> Yes			
A QIA and further EIAs will be completed as part of the delivery planning process.			
Financial/resource implications:			
No financial or resource implications have been identified.			
Trust Strategic Objectives			
Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.			

Our Populations - outstanding, safe care every time	Our Populations – provide more person-centred care	Our Populations - improving services through integration and better coordination
Board of Directors is asked to consider the following action		
The Board of Directors is asked to approve the Draft Quality Strategy 2022 - 27.		
Report history		
Submitted to	Date	Brief summary of outcome
Quality and Safety Committee	02/03/2022	Strategy was reviewed and final comments incorporated
NED Check-in	09/02/2022	Positive feedback received. Comments incorporated into Draft Quality Strategy 2022-27



**Wirral Community
Health and Care**
NHS Foundation Trust

Quality Strategy

2022 - 2027

SHAPING
OUR
FUTURE

Care beyond boundaries

We are extremely proud of our strong track record of delivering high quality, safe services. This consistent commitment to safety has never been so apparent than during the past two years as we have played our part in keeping people safe across our communities throughout the Covid-19 pandemic.

Our teams have gone the extra mile time and again to provide exceptional, safe care in the most challenging of circumstance with our Standards Assurance Framework for Excellence (SAFE) system continuing to evidence a strong system of quality assurance. Our resulting success has been recognised locally, regionally, and nationally.

We have provided significant expertise through our specialist community teams to the local pandemic response and have been instrumental in supporting people to remain safely at home and return home swiftly with the personalised care they require.

Regionally we have been successful in extending our health and wellbeing offer to young people across Cheshire and Merseyside. Our innovative approach to maintaining the safety of our most vulnerable residents also received national acclaim when our Specialist Community Infection Prevention and Control team was awarded Team of the Year 2021 by the Infection Prevention Society.



Understanding the needs of the people we serve has always been central to our philosophy and our understanding of the needs of people has extended during the pandemic. We have worked with communities to address issues such as vaccine hesitancy and our Integrated Children's Therapy team have been recognised for their engagement work with children and families to facilitate easy access of care via video consultation. This initiative was shortlisted for an HSJ Patient Safety Award, a recognition of the value of collaboration and co-design.



In addition, we have further embedded our focus on innovation during this period. Our Community Cardiology Service, for example, have been invited to present their innovations at national events to inspire leaders in other areas. They have demonstrated that exceptional preventative care is possible even in the most challenging of contexts. Our Occupational Therapists meanwhile have published research on therapy outcome measures which assess what really matters to people.



As we come out of the pandemic and having reflected on all that we have learned throughout that period, this quality strategy is more ambitious than ever before. Over the next 5 years, we will stretch ourselves by not only maintaining a focus on quality and safety, but by taking a population health approach and striving every day to create more equitable outcomes for the people we serve. In addition, we will ensure that we use our limited resources efficiently and sustainably. We will shift from a traditional approach to improving quality to one of assertive, proactive action with people and communities inspiring and guiding care developments.

It holds at its heart **three Quality Ambitions** underpinned by our organisational values, **Trust Open, Compassion** and continues to build a culture of collective responsibility for the delivery of safe and reliable care. It will move our care beyond current boundaries and aims to enhance the experience of our staff and improve quality of life for the people we serve.

As Chief Nurse and Director of Infection Prevention and Control, and Executive Medical Director we commend this Strategy to you.



Quality Strategy Model

Supporting our populations to thrive by optimising wellbeing and independence.



Care Beyond Boundaries - Three Ambitions, Nine Principles

Underpinned by a Population Health Focus

Coalition of safety and improvement across system - leading the way in keeping people safe and well.

Building back fairer - focus on inclusion and tackling inequalities at an organisational and system level.

Appropriate access to care and support - expanding the benefits of digital inclusion.



What we've achieved so far...



Safe



- Strong track record of safety across our services supported by local ownership of quality and governance via our established SAFE system
- Excellent training and development of our specialist community workforce
- Psychological safety of all staff prioritised to enable delivery of the safest care and support

Engaged



- 6000 public members supporting us by sharing their experience and inspiring improvement
- Established service user groups including Involve, Your Voice and our Inclusion Forum
- Level 1 Always Events accreditation focussing on what good looks like and replicating this every time

Effective



- Consistent focus on continuous improvement with staff champions trained in Quality Improvement methodology
- Delivery of a wide-ranging audit programme leading to improvements in care and support
- Numerous examples of innovative care delivery, responding to the changing needs of people and the environment we work in

Quality Ambitions

Our Quality Ambitions are...

Safe Care and Support Every Time

We will nurture a positive safety culture across the system, promoting safety, wellbeing and psychological safety.

People and Communities Guiding Care

We will hear from all voices, involving people as active partners in their wellbeing and safety, promoting independence and choice.

Ground-breaking Innovation and Research

We will nurture an improvement culture focused on empowering people to stop, understand, ideate, test and transform at scale.

Our Quality Ambitions are underpinned by nine principles

1. Safety and wellbeing at the core

We will understand and act on our highest areas of clinical risk and take a preventative approach to minimising harm by supporting people to keep active and independent.

2. System wide learning

We will enhance opportunities to learn together across care pathways and involve people in creating improvement ideas.

3. Positive safety culture

We will nurture our positive safety culture by promoting psychological safety and further embedding a Just Culture approach aligned to organisational values.



4. Listen and act

We will ensure that all voices, including under-represented groups can be heard and encouraged to influence change.

5. Collaborate and co-design

Collaboration with community partners and co-design will be central to identifying and delivering improvement priorities.

6. Equality of outcomes

We will take a population health approach, striving to create equality of outcomes across the populations we serve.

7. Understand and improve

We will ensure that we utilise a range of sources to understand and guide continuous quality improvement and innovation.

8. Inspire the future

We will create a virtual and physical space for innovation, encouraging the generation of new creative ideas and solutions.

9. Celebrate success and failure

We will share our improvements, celebrating, and recognising achievements and using this as a springboard for further improvement and innovation.



Quality Cycle

Our Quality Cycle provides a clear and systematic process for connecting our three ambitions and providing a framework for continuous improvement by:

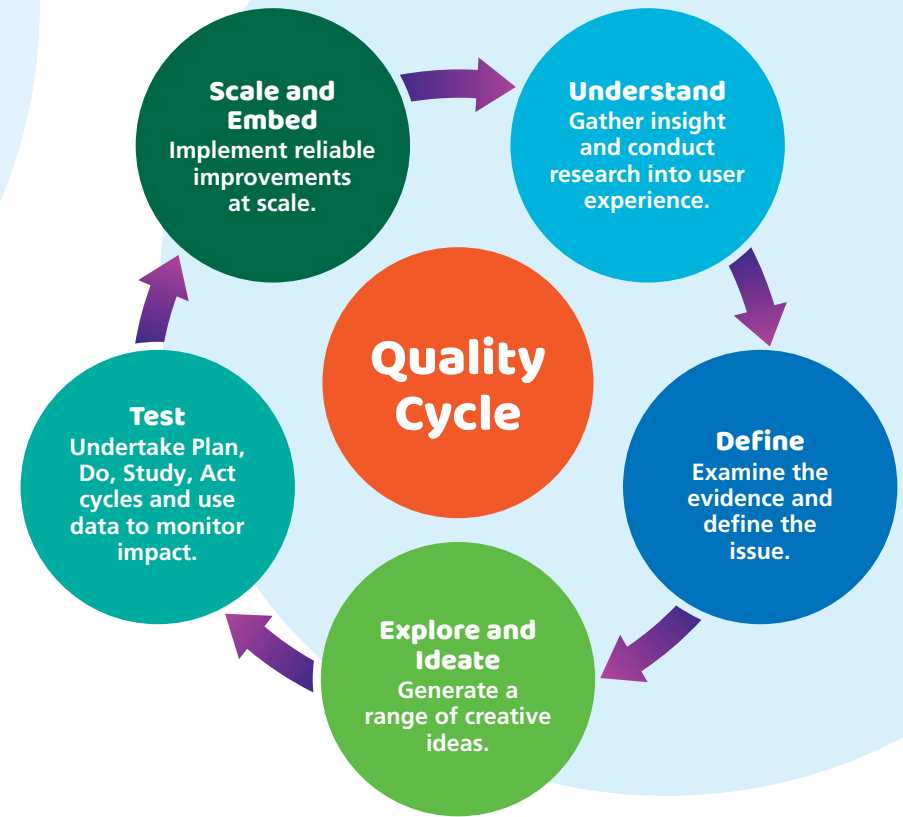
- understanding experience
- defining the issue
- generating ideas
- testing solutions
- implementing improvements at scale

Our quality cycle underpins our approach to understanding, monitoring, assessing, and improving quality.

It continues to drive all we do as we move forward to tackle new and emerging challenges.

During the next five years, we want to place greater emphasis on:

- A multi-professional approach to quality
- How our cycle drives a culture of continuous quality improvement
- How our interventions and actions are timely and focused on prevention rather than remediation
- How the cycle of activities sets and clarifies expectations to empower quality control and self-regulation at a local level



Safe care and support every time

Our five year aspirations...

We will nurture a positive safety culture across the system, promoting safety, wellbeing and psychological safety.

Goal

To create an open environment where safe care is guaranteed, highly skilled staff are empowered and trusted, and safety incidents are managed with compassion.

We will achieve this by

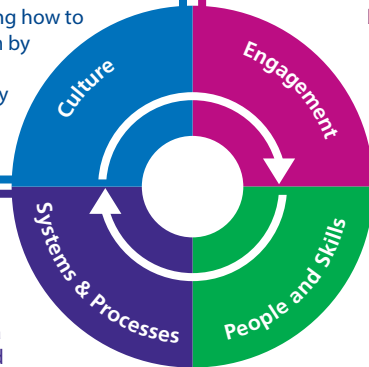
Embedding a Just and Learning culture.

Supporting people to share stories of learning.

Understanding how to prevent harm by encouraging people to stay active.

Ensuring people and families are involved in developing learning from harm incidents.

Communicating learning from errors to enhance broad learning.



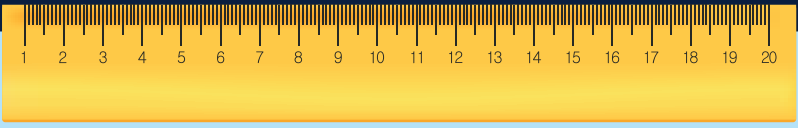
Embedding a strengthened SAFE system.

Building a dynamic, interactive learning hub.

Embedding high quality patient safety training as standard.

Ensuring safe staffing levels are planned, monitored, and maintained.





We will measure success by evidencing that...

We understand and act on our highest areas of clinical risk and take a preventative approach to minimising harm by supporting people to keep active and independent.

Measure 1: Year on year improvements against identified clinical risk priorities.

Measure 2: 20% of eligible staff trained in national patient safety curriculum per annum.

We enhance opportunities to learn together across care pathways and involving people in creating improvement ideas.

Measure 3: 100% of harm reviews will invite people, their families or carers to be involved in the review.

Measure 4: An annual evaluation of the impact of our learning hub will evidence exceptional care because of purposeful learning from incidents and complaints.

We nurture our positive safety culture by promoting psychological safety and further embedding a Just culture approach aligned to organisational values.

Measure 5: 90% compliance with clinical and professional supervision will be maintained.

Measure 6: We will participate in 4 system wide Schwartz rounds (or equivalent) per year.

During the next five years

- We will achieve an 'outstanding' rating from CQC
- People who receive our care will not come to harm and will be actively involved in safety reviews
- Staff will consistently feel safe because of an embedded positive safety culture which has kindness, civility and fairness at its core
- Patient safety expertise and skills will be embedded across all services
- A mature system of data driven analysis will be embedded, demonstrating improved outcomes
- We will have a flourishing learning hub which enables people across the organisation to share stories of exceptional care as well as learning from incidents and complaints
- We will have created strong links and partnerships with local, regional and national organisations and stakeholders and will be viewed as a centre of excellence for the delivery of the safe, integrated community care
- In collaboration with community partners, we will have an extensive programme of preventative initiatives aimed at supporting active, independent lives in our areas of highest social deprivation

People and Communities Guiding Care

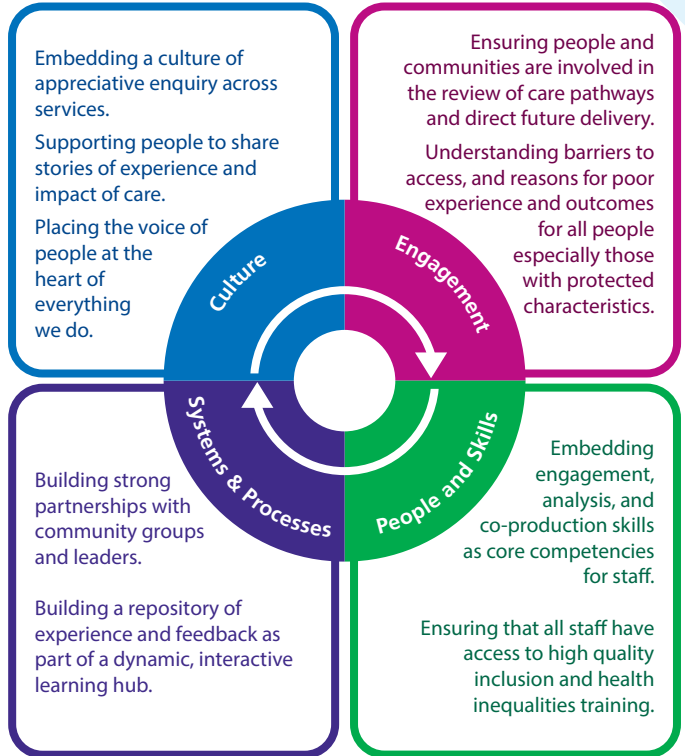
Our five year aspirations...

We will hear from all voices, involving people as active partners in their wellbeing and safety, promoting independence and choice.

Goal

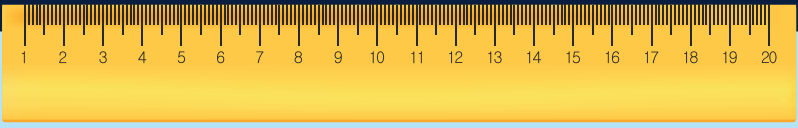
To create an environment where people and communities are empowered to lead, are actively heard and drive improvements in population health.

We will achieve this by



yourvoice
listening • supporting • shaping





We will measure success by evidencing that...

We ensure that all voices, including under-represented groups can be heard and encouraged to influence change.

Measure 7: 20% of eligible staff trained in inclusion and health inequalities curriculum per annum.

Measure 8: Representation of all user groups will include under-represented groups.

Collaboration with community partners and co-design is central to identifying and delivering improvement priorities.

Measure 9: A minimum of 4 pathways of care will be co-designed with people and community partners annually.

Measure 10: 2 sharing events will be hosted per annum to ensure community groups and WCHC services are well connected.

We take a population health approach, striving to create equality of outcomes across the populations we serve.

Measure 11: A formula for the distribution of services will be developed and applied, ensuring that the needs of people who live in the 20% most deprived populations and those from specific inclusion groups are understood and met.

Measure 12: Key clinical areas of health inequality will be understood, and brief interventions offered to create greater equity of outcomes.

During the next five years

- Services will be addressing health inequalities by hearing from those with poorer health outcomes, learning and understanding the context of people's lives and what the barriers to better health might be
- We will have impactful relationships with community partners ensuring all voices are heard and care designed around individual needs
- We will have embedded processes for systematically hearing from people and communities, building a more comprehensive picture of people's lives, what matters to them, how they think services should be delivered and their experiences of care
- Patient Reported Outcome Measures (PROMS) and Therapy Reported Outcome Measures (TOMS) will be central to our evaluation of care, with personalised outcome measures incorporated into all assessments
- We will continuously learn from experience data collected from people and communities at a local and national level
- Engagement and co-production capacity and capability will be exceptional across the organisation, with engagement leaders present in all services

Ground-breaking innovation and research

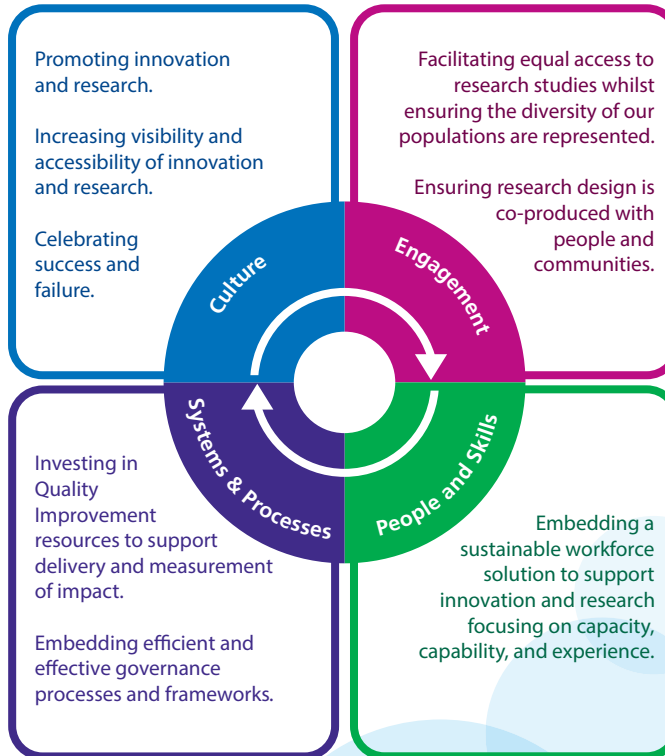
Our five year aspirations...

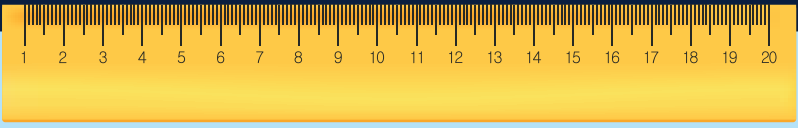
We will nurture an improvement culture focused on empowering people to stop, understand, ideate, test and transform at scale.

Goal

To create an environment where innovation and research flourishes through collaborative partnerships and investing in workforce and education.

We will achieve this by





We will measure success by evidencing that...

We ensure that we utilise a range of sources to understand and guide continuous quality improvement and innovation.

Measure 13: 20% of eligible staff trained in Quality Improvement curriculum per annum.

Measure 14: Year on year growth in research and innovation activity.

We create a virtual and physical space for innovation, encouraging the generation of new creative ideas and solutions.

Measure 15: Development and establishment of innovation hub within the first three years of the strategy.

Measure 16: An annual evaluation of the impact of our innovation hub across our innovation partnership.

We share our improvements, celebrating, and recognising achievements and using this as a springboard for further improvement and innovation.

Measure 17: Delivery of twice-yearly celebration and innovation events, celebrating success and failure.

Measure 18: Publication of ground-breaking community health and care research.

During the next five years

- Continuous improvement will be embedded throughout our organisation and central to the way we improve the outcomes all of our services (clinical or non-clinical)
- The capacity and capability of improvement, innovation and research will be exceptional, with research specific roles existing and embedded within clinical practice
- We will have a flourishing Faculty of QI, Innovation and Engagement, with a dedicated hub in addition to a robust virtual offer to provide accessible resources and support irrespective of where we deliver services
- Failure will be acknowledged and celebrated as a key part of the journey to success and innovation
- We will have created strong links and partnerships with local, regional and national organisations and stakeholders, such that the portfolio of active research and innovation, has enhanced the Trusts reputation within this space
- In collaboration with education institutions, we will provide a unique model of supporting innovation and research which is focused within the heart of our communities and populations
- We will have an established innovation and research associated income stream to deliver sustainability and expansion
- We will be delivering a more digitally enabled offer

Governance, Leadership and Regulation

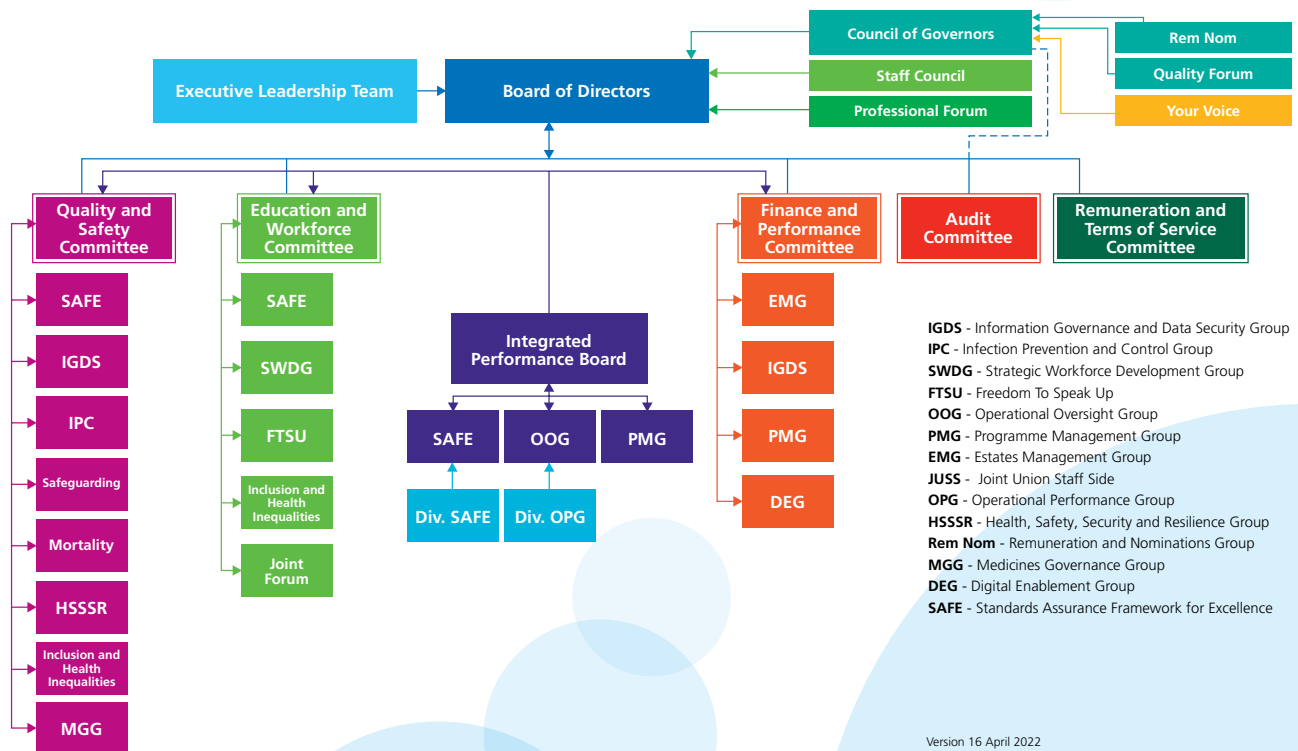
We will embed a strong system of clinical and professional governance including accountability, authority and responsibility for quality, safety and experience at individual, team, service, and organisational levels.

Executive leadership functions

Chief Nurse: Director of Infection Prevent and Control, Executive Lead for Quality Governance and Regulatory Compliance, Executive Safeguarding Lead, Health Inequalities Lead.

Medical Director: Controlled Drugs Accountable Officer, Named Safeguarding Doctor, Caldicott Guardian, Innovation and Research Lead.

Governance Infrastructure



Version 16 April 2022

Quality Governance Framework



✓ Quality Control

Systematic processes for ensuring all staff, clinical and non-clinical, are aware of their accountability in supporting the delivery of high quality, safe care:

- Professional accountability and compliance with professional codes
- Clear clinical and professional standards
- Timely response to risk at all levels

✓ Quality Assurance

Evidence that the highest standards of care are being consistently delivered:

- Standards Assurance for Excellence (SAFE)
- Audit programme
- CQC regulatory and legislative compliance

✓ Quality Improvement

Aspiration and action to continually improve and do better:

- Access, experience, and outcomes focussed
- Data driving improvement
- Focus on effectiveness, innovation and research to design best possible outcomes for people

Relationship to other strategies

In the context of the Trust's five year strategy and other enabling strategies, high quality health and care does not sit in isolation. To realise our quality ambitions, this strategy must be aligned to the following strategies.

We will work together to ensure all priorities within supporting strategies are aligned to achieve best outcomes for the people we serve.



Clinical and Professional Strategy

- Clinical and professional forum informing innovation and care delivery
- Professional specific workforce priorities
- Clinical risks and transformation opportunities



Inclusion and Health Inequalities Strategy

- Removing barriers to access
- Focussing on experience of care
- Improving outcomes for everyone



Digital Strategy

- Systems and processes
- Data and cyber security






People Strategy

- Culture
- Skills and competencies
- Workforce wellbeing

Public Health Annual Report - Embracing Optimism. Living with Covid-19

- Recommendation 4
Strengthen action to address differences in health outcomes and prevention

Five year Quality Strategy Roadmap

	2022/23	2023/24	2024/25	2025/26	2026/27
 <p>Safe care and support everytime</p>	Embed framework for system wide learning				
			Data driving improvement as standard		
			Facilitate community based initiatives promoting wellbeing and independence		
 <p>People and communities guiding care</p>	Embed inequalities data collection as standard to facilitate better understanding of need				
			Establish processes for systematically hearing from people and communities		
			Co-production of care pathways at system level		
 <p>Groundbreaking research and innovation</p>	Sustainable workforce to lead innovation and research				
			Establish and embed an innovation hub		
			Build a strong innovation and research portfolio		

EQUALITY, HEALTH INEQUALITY IMPACT AND RISK ASSESSMENT – STAGE 2

Please complete all sections
Guidance documents available

Name of Service:
Chief Executives Office

Assessment Lead:
Claire Wedge, Deputy Chief Nurse

Executive Lead for the assessment:
Paula Simpson, Chief Nurse

Who is involved in undertaking this assessment: *(please list all involved excluding assessment lead)*
Neil Perris, Head of Inclusion & Inequalities

Start date: 25/02/2022	Completed data: Ongoing
---------------------------	----------------------------

Who is impacted by the service / project / change?	Yes	No	Indirectly / Possibly
Patients, Service Users	X		
Carers or Family	X		
General Public	X		
Staff	X		
Partner Organisations			X

Summary information of the strategy being assessed:

Digital Quality Strategy 2022 -2027

The Draft Quality Strategy 2022 – 27, Care Beyond Boundaries, sets out our ambition for improving quality and outcomes for the people and populations we serve.

The strategy is based around the following three themes and nine principles:

Safe Care and Support Every Time

- Safety and wellbeing at the core
- System wide learning
- Positive safety culture

People and Communities Leading Care

- Listen and act
- Collaborate and co-design
- Equality of outcomes

Ground-breaking Innovation and Research

- Understand and improve

- Inspire the future
- Celebrate success and failure

It is underpinned by a population health approach and aims to achieve the following:

- Development of a stronger coalition of safety and improvement across system – leading the way in keeping people safe and well
- Building back fairer – with a focus on inclusion and tackling inequalities at an organisational and system level
- Appropriate access to care and support – expanding the benefits of digital inclusion whilst ensuring that all people have access to appropriate care and support, identifying any potential digital exclusion and mitigating this through personalised care planning and delivery.

Aims and objectives strategy:

The aims and objectives of the strategy are

Safe Care and Support Every Time

We will nurture a positive safety culture across the system, promoting safety, wellbeing and psychological safety

People and Communities Leading Care

We will hear from all voices, involving people as active partners in their wellbeing and safety, promoting independence and choice

Ground-breaking Innovation and Research

We will nurture an improvement culture focused on empowering people to stop, understand, ideate, test and transform at scale

Over the next 5 years, we will stretch ourselves by not only maintaining a focus on quality and safety, but by taking a population health approach and striving every day to create more equitable outcomes for the people we serve. In addition, we will ensure that we use our limited resources efficiently and sustainably. We will shift from a traditional approach to improving quality to one of assertive, proactive action with people and communities inspiring and leading care developments.

If this assessment relates to a review / current service or policy, what are the main changes proposed and reason why:

The Draft Quality Strategy has been developed after a holistic review of the previous Strategy and represents a new approach, focussed more clearly on creating equitable outcomes for people and populations and developing an ethos of inclusion and accountability.

What engagement work is planned / or carried out and how will you involve people from equality groups to ensure that their views inform decision making:

A core theme of the Draft Quality Strategy is People and Communities Leading Care.

The consultation of the strategy will include engagement with our existing service user groups (Your Voice, Involve, Inclusion forum) as well as key partners such as Healthwatch, Mencap, Age UK and a range of other community and voluntary sector groups.

Does the proposal or change help to reduce health inequalities? YES
If yes, please summarise these:
 Yes.
 A central ambition of the strategy is to reduce inequalities and this is detailed well within the document.

Does the proposal relate to impacts due to COVID-19? YES
If yes, please summarise these:
 Yes.
 Covid has exacerbated inequalities across the populations we serve and we will work hard through the implementation of the strategy to reduce the gap, creating an enhanced offer to certain groups aligned to the CORE 20 + 5 model.

Evidence section

What evidence have you considered within this assessment? (this can include NICE / research / engagement work / demographics / service data)
 Consideration has been given to population demographics, public health intelligence data, national reports relating to covid related outcomes and Wirral's Public Health Annual Report 2021.

<p>If this assessment relates to a strategy, has an equality statement been added or planned to be added? If no, please state why not:</p>	<p>Yes</p>
---	------------

IMPACT ASSESSMENT:

This section should record any known or potential impacts on equality groups and other groups at risk of poorer health outcomes. Impacts may be both negative and positive. Think about barriers to access and how different groups may be disproportionately impacted. You can copy and paste this tick: ✓

Age	Positive effect	Negative effect	Neutral
	✓		

Explanation:
 We now serve Children and Young People across four of the nine Cheshire and Merseyside Boroughs. Our approach is intended to have a positive impact in addressing health inequalities for the younger age group by improving access to the most vulnerable to a range

of support, both through formal health and care services and through local community and voluntary groups.

The same approach will be taken to those people who are in the ageing well group. The strategy aims to create opportunities to promote health and wellbeing for all and takes a preventative approach across all age groups.

Disability	Positive effect	Negative effect	Neutral
	✓		

Explanation:

Along with our inclusion strategy, there is clear focus on ensuring that all voices, including under-represented groups can be heard and encouraged to influence change.

Physical access to our services is continuously reviewed and we achieve high standards of access for this group.

Throughout delivery of this strategy alongside the Inclusion and Health Inequalities Strategy, we will be placing a high level of priority on ensuring we capture people's distinct communication needs to ensure we achieve best outcomes for those whose first language is not English, for those with sensory impairments and for those with learning disabilities or autism.

An example of progress in this area is the recent procurement of Signalise as our new provider of British Sign Language support.

Our ability staff network will be a key reference group for consultation of the strategy.

Sexual Orientation	Positive effect	Negative effect	Neutral
	✓		

Explanation:

Along with our inclusion strategy, there is a clear focus within the strategy on ensuring all voices are heard and acted upon.

Within the People and Communities Leading Care section, there is a commitment to ensuring that all staff have access to high quality inclusion and health inequalities training. Compliance will be measured as part of our annual plans and there is an expectation that care pathway design will co-developed with people, including those with protected characteristics.

Our LGBTQ+ staff network will be a key reference group for consultation and implementation of the strategy.

Gender Reassignment	Positive effect	Negative effect	Neutral

	✓		
<p>Explanation:</p> <p>The ethos of the strategy is inclusive and promotes appreciative enquiry to promote a better understanding of experience, outcomes and barriers to accessing care.</p> <p>By asking key questions, staff will be better able to approach care delivery in a sensitive, respectful manner.</p> <p>In addition, we will be encouraging the use of pronouns in email signatures as a way of reflecting respect and support by engaging with people in language that reflects appropriate gender identity.</p>			
Sex	Positive effect	Negative effect	Neutral
	✓		
<p>Explanation:</p> <p>Health outcomes vary according to sex and this strategy will ensure that these inequities are understood by staff so that appropriate prioritisation can be made.</p>			
Race	Positive effect	Negative effect	Neutral
	✓		
<p>Explanation:</p> <p>Within the strategy there is a purposeful acknowledgement for the need to build strong partnerships with community groups and leaders.</p> <p>This will enable us to engage more effectively with people in understanding what their distinct needs are relating to race, religion and belief.</p> <p>We will also utilise our learning hub to share stories of how, through stronger relationships with community leaders, we are able to better understand and meet people's individual needs.</p> <p>These partnerships have be strengthened throughout the pandemic as we have worked together to address issues such a vaccine hesitancy and safe access to care.</p>			
Religion and Belief	Positive effect	Negative effect	Neutral
	✓		
<p>Explanation:</p> <p>As above.</p>			
Pregnancy and Maternity	Positive effect	Negative effect	Neutral

			✓
<p>Explanation:</p> <p>As we do not provide maternity services, the impact on this group will be neutral.</p> <p>we will, however, see pregnant people in our other services and this strategy will ensure a culture of quality, safety and inclusion for all.</p>			
Marriage and Civil Partnership	Positive effect	Negative effect	Neutral
			✓
<p>Explanation:</p> <p>There is a neutral impact for this characteristic group</p>			
Other groups at risk of poorer health outcomes:			
Carers	Positive effect	Negative effect	Neutral
	✓		
<p>Explanation:</p> <p>There is a key focus on placing the voice of people at the heart of everything we do within the strategy, and this will have a direct and positive impact in carers. This group will have a greater influence in co-designing care pathways and will be invited to be more involved through our user groups.</p> <p>Our Working Carers staff network will be a key reference group for consultation and implementation of the strategy.</p>			
Socio-economic deprivation	Positive effect	Negative effect	Neutral
	✓		
<p>Explanation:</p> <p>This strategy, along with the Inclusion and Health Inequalities Strategy directly attend to the inequalities that exist associated with socio-economic deprivation by applying the principles within the CORE 20+5 model.</p> <p>This model identifies the impact of socio-economic disadvantage and directs organisations to attend to this disparity by ensuring access is enhanced for these groups.</p> <p>In addition, there is a high risk of intersectionality in these areas, where people with protected characteristics may reside in areas of socio-economic disadvantage.</p> <p>This strategy commits to addressing this issue and has built in a measurable objective to ensure all staff have access to high quality inclusion and health inequalities training. In addition, measure 11 (page 10) describes the development of a formula for the distribution of services aimed at ensuring that the needs of people who live in the 20% most deprived populations and those from specific inclusion groups are understood and met.</p>			

Other groups e.g. Asylum Seekers, Homeless, Sex Workers, Military Veterans, Rural communities – please state	Positive effect	Negative effect	Neutral
	✓		
<p>Explanation:</p> <p>The strategy presents a commitment to ensuring we are responding to the needs of all people who live in our communities. This may include asylum seekers, homeless people, military veterans etc.</p> <p>Our 0-19 service are currently actively supporting a group of refugees and this work will continue.</p> <p>Through the period of delivery of this strategy, we will ensure we establish strong links with voluntary and community groups so that we can be responsive quickly to changing needs in our communities.</p>			
Equality Legal Duties – compliance			
Has WCHC given due regard and given consideration for the following:			
Eliminating unlawful discrimination, harassment, and victimisation <i>Unlawful discrimination takes place when people are treated 'less favourably' as a result of having a protected characteristic</i>			Yes
Advancing equality of opportunity between people who share a protected characteristic and those who do not <i>Making sure that people are treated fairly and given equal access to opportunities and resources</i>			Yes
Fostering good relations between people who share a protected characteristic and those who do not <i>Creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference</i>			Yes
Are there any potential Human Rights concerns If yes – please seek advice from the E&I team to discuss carrying out specific human rights assessment			No
Compliance to the NHS Contract In relation to Service Conditions (SC13) which includes Accessible Information Standard (AIS) – see staffzone for further info on AIS			Yes
Supporting narrative to support the above responses: The Draft Quality Strategy 2022 – 27 is fully compliant with all the above equality legal duties.			
Equality Related Risk Assessment Section			
If you have identified an equality risk, please use the table below to work out the risk score. If you have a score of 9 and above you should escalate to risk management procedures.			

	Level of risk				
Level of consequence	RARE: 1	UNLIKELY: 2	POSSIBLE: 3	LIKELY: 4	VERY LIKELY:5
1.Negligible	1	2	3	4	5
2.Minor	2	4	6	8	10
3.Moderate	3	6	9	12	15
4.Major	4	8	12	16	20
4.Catastrophic	5	10	15	20	25

If you have identified an equality risk:
 What is the consequence?
 What is the likelihood?
 Risk score = consequence x likelihood

Risk Score =

Any narrative relating to risk score:

Equality Action Plan with target dates

Please include any related recommendations arising from this assessment. A target date is required for all actions

Action required	Lead person	Target date	Further comments

Date for this assessment to be shared with governance processes: **02/03/2022**
 (All assessments should have governance oversight)

Final Section: Approval from Equality and Inclusion Team

Date received by E&I Team for assurance check: 07/04/2022

Person completing the assessment template: Paula Simpson, Chief Nurse

Date and E&I Team member completing assurance check: Neil Perris 07/04/2022

What next?

1. Regularly review the action plan and update EHIRA accordingly
2. Save a finalised copy for your records and share with your Divisional SAFE meeting and the E&I Team and upload to SAFE
3. Follow any internal advice from the E&I Team – if provided

Inclusion and Health Inequalities Strategy 2022 - 2027

Meeting	Board of Directors		
Date	13/04/2022	Agenda item	15
Lead Director	Paula Simpson, Chief Nurse		
Author(s)	Neil Perris, Head of Inclusion & Inequalities		
Action required (please tick the appropriate box)			
To Approve <input checked="" type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>	
Purpose			
The purpose of this paper is to present the Draft Inclusions and Health Inequalities Strategy 2022 – 2027 and request approval by the Board of Directors.			
Executive Summary			
<p>The Draft Inclusion and Health inequalities Strategy acknowledges the critical role WCHC has in ensuring access, experience and outcomes of care is inclusive. It also asserts that, as an organisation, we should be working with partners to drive down health inequalities wherever possible.</p> <p>The strategy is framed around three ambitions and nine principles, all underpinned by our organisational values, Trust, Open, Compassion.</p> <p>The strategy incorporates the CORE20 + 5 model which provides a clear and systematic framework for prioritising activity and action to reduce inequality of outcomes.</p> <p>The strategy has been developed following extensive engagement and consultation and is brought today to request approval by the Board of Directors.</p>			
Risks and opportunities:			
No current risks have been identified.			
Quality/inclusion considerations:			
Quality Impact Assessment completed and attached <input type="checkbox"/> No Equality Impact Assessment completed and attached <input checked="" type="checkbox"/> Yes A QIA and further EIAs will be completed as part of the delivery planning process.			
Financial/resource implications:			
No financial or resource implications have been identified.			
Trust Strategic Objectives			
<i>Please select the top three Trust Strategic Objectives that this report relates to, from the drop down boxes below.</i>			
<input type="checkbox"/> Our Populations - outstanding, safe care every time	<input type="checkbox"/> Our Populations – provide more person-centred care	<input checked="" type="checkbox"/> Our Populations - improving services through integration and better coordination	
Board of Directors is asked to consider the following action			
The Board of Directors is asked to approve the Draft Inclusion and Health Inequalities Strategy 2022 - 27.			
Report history			

Submitted to	Date	Brief summary of outcome
Education and Workforce Committee	06/04/2022	Strategy was reviewed and final comments incorporated
ELT	23/02/2022	Positive feedback received. Comments will be incorporated into the Final Inclusion and Health Inequalities Strategy 2022-27



**Wirral Community
Health and Care**
NHS Foundation Trust

Inclusion and Health Inequalities Strategy

2022 - 2027

SHAPING
OUR
FUTURE

Removing the boundaries

We are extremely proud of our strong track record of ensuring Equality, Diversity, and Inclusion in our services and across our workforce during the last three years since we launched our Inclusion Strategy.



We are pleased to be able to present to you our strategy for the next five years which builds on this strong foundation and importantly recognises the impact of Inclusion on Health Inequalities for our communities, and vice versa. We have therefore brought our strategic intent around both themes into one strategic document - our Inclusion and Health Inequalities Strategy 2022-2027.

The Covid-19 pandemic has played out against a backdrop of multiple inequalities, driven by a range of factors including levels of poverty and deprivation, systemic discrimination, safe and healthy housing, education, employment and access to healthy food and green space. Despite a gradual move towards embedding health inequalities and the wider determinants of health as a key responsibility of the health and care system, the NHS' potential to contribute towards a comprehensive approach to population health and narrowing health inequalities has not yet been fully realised.



The pandemic has also highlighted the need for our continued focus on Inclusion, exposing stark differences in impact for various excluded, minority and vulnerable groups and widening inequalities. It's our duty to understand and overcome the root causes of these differences, ensuring that our Trust and the services we offer are as inclusive and welcoming to everyone and we must eliminate barriers, bias or discrimination wherever they are identified.

A lot can and is being done by working as a health and social care system to operate at a population level and impact positively on some of these wider determinants of health. We play a significant role in the system and will continue to work with partners to maximise our impact across Cheshire and Merseyside to ensure that we are tackling these wider determinates in a joined up and coordinated way as we move into our new Integrated Care System (ICS) structures.



It is vital that we continue to prioritise this focus on inequalities. Improvement in this area may take time, may bring additional costs, and will be challenging as we work to reducing waiting lists for NHS services, but it is clearly the right thing for us, the rest of the NHS, and our strategic partners to be focused on if we are to truly impact on years of health inequity.

This strategy, like the trust Quality Strategy which it sits beneath, holds at its heart our organisational values - **Compassion, Open, Trust**. It continues to build a culture of collective responsibility for the delivery of inclusive and equitable care for all. It will move our care beyond current boundaries and aims to enhance the experience of our staff and improve quality of life for all.

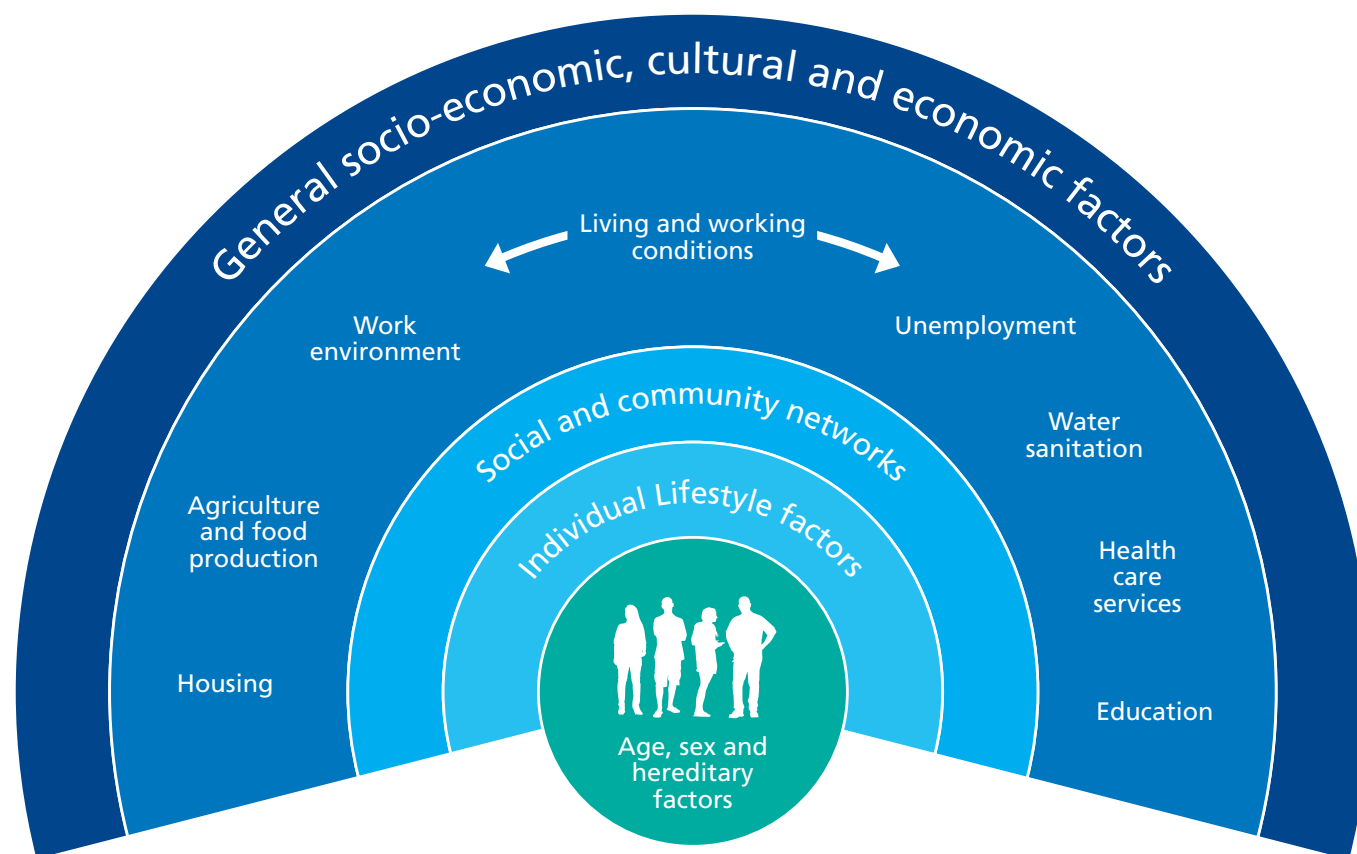
As Chief Nurse and Director of Human Resources and Organisational Development we commend this Strategy to you.



Health Inequalities

...are 'unfair and avoidable differences in health across populations and between different groups within society' (The King's Fund 2020).

Health inequalities arise because of the different conditions in which we are born, live, work and age, and are affected by the factors that determine how easy it is for people to access healthy choices equally - for example, services are designed, funded, and run in a way that means they are equally accessible for everyone; and supporting people by turning into reality government policies that prioritise tackling health inequalities. Some of the people most at risk of experiencing health inequalities are also often those who find it the hardest to access high-quality support (Hart 1971). It is these 'wider determinants of health' that require our coordinated efforts on, working with our key partners across the populations we serve.



The Dahlgren-Whitehead Rainbow Model

As a community health and care trust we see on a daily basis the impact of poverty, low health literacy, homelessness, unemployment, lack of social support and other factors making it harder for people to seek support, understand and engage with their care, navigate the various services that can help meet their needs, take preventive action early, and live life as healthily as possible for as long as possible. You will have also seen variations in the way that services are run or barriers in practice that can also make things harder for people and thus worsen inequality (Baker et al 2017).

A lot can and is being done by working as a health and social care system to operate at a population level and impact positively on some of these wider determinants of health. WCHC plays a significant role in the system and will continue to work with partners across Cheshire & Merseyside to ensure that we are tackling these wider determinates in a joined up and coordinated way.

However, it is important to remember that health inequalities can be tackled by practitioners who focus on the care of the individual and are not just the sole responsibility of those working at population level. Whatever our role, each of us can make a difference, whether that is about supporting an individual during a consultation, through influencing the design of services, or using our influence to advocate for wider changes in the organisation or beyond. (My role in tackling health inequalities: A Framework for AHP, Kings Fund; D Dougal; D Buck (2021)

WCHC also recognises that its workforce is in a large part also part of the local community. The quality of patient experience cannot be separated from the quality of staff experience. The inequalities in workforce diversity can also not be divorced from the inequalities of health outcomes.

Inclusion activity to ensure that our workforce is diverse in its make up and individuals feel heard, included and represented and valued in the wider workforce is another key strand of our approach and this strategy sits alongside our people strategy in supporting this ambition. Much of our activity will be focused around the 9 protected characteristics, identified and protected by law in the Equality Act 2012 comprising;

- Age
- Gender
- Race
- Disability
- Religion or belief
- Sexual orientation
- Gender reassignment
- Marriage or civil partnerships
- Pregnancy and maternity

Alongside these characteristics we will also be working with other individuals and communities

who may experience exclusion, discrimination or disadvantage for a number of reasons. We sometimes refer to these as Inclusion Health Groups and may include people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery, but can also include other socially excluded groups.

The National Director for Health Inequalities at NHS E & I recently described how the NHS can contribute to tackling inequalities. Essentially there are three key fields of work which we can all influence as NHS employees to greater or lesser extent and they impact on both the workforce and the populations we serve.



Bola Owolabi's vision for an NHS that can play its full part in tackling health inequalities:

“for us to get to a place where we have and are delivering exceptional quality healthcare for all, but ensuring equitable access, excellent experience, and optimal outcomes, that is the marker of success for me.”

National director for Health Inequalities at NHS England and NHS Improvement, May 2021.

Our strategic approach therefore focusses on the three domains of:

Access - ensuring that barriers to access are removed or overcome by adjusting our approach to the needs of individual to ensure equitable access for all.

Experience - ensuring that everyone's experience of the Trust and its services is in line with our Trust values of 'Open, Trust and Compassion'.

Outcomes - ensuring that all that we do is focused on improving outcomes for individuals and reducing any inequalities in outcomes between different groups or communities.

Embedding **Equality, Diversity** and **Inclusion** in everything we do is key to Wirral Community Health and Care NHS Foundation Trust delivering our stated values: **Compassion, Open, Trust.**

Equality, Diversity and Inclusion is the building block for compassionate care. Achieving diversity in our workforce and embedding inclusivity in our approach is not 'an optional extra' but a 'must have' for all NHS health and care providers.

With this strategy therefore, we have an aspiration to ensure Equality, Diversity and Inclusion (EDI) is at

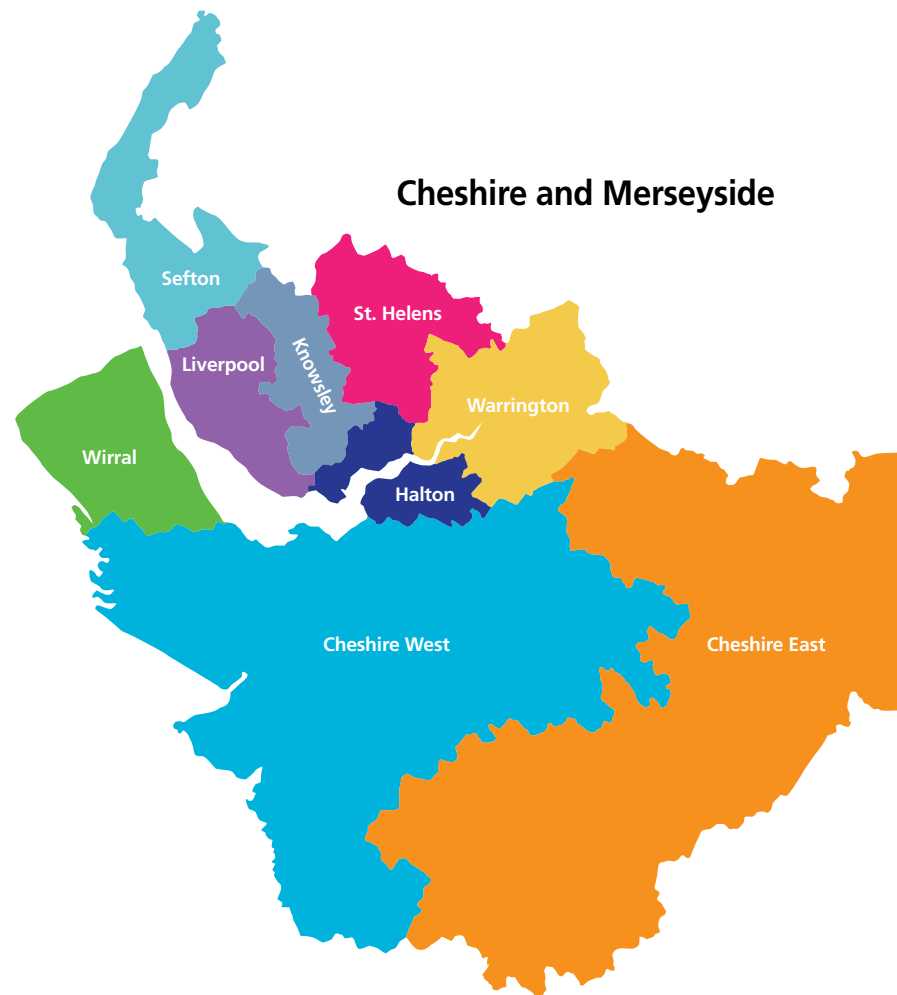
the heart of everything we do. We believe that this agenda is critical to building a future proof workforce that is truly reflective of the diverse communities we serve and critical to reducing widening inequalities. We also believe that in building a diverse workforce, we will increase the talent pool from which we recruit and build services that are responsive to the needs of the local community and contribute to efforts to reduce health inequalities.



The Challenge

The links on this page will take you to the latest 'Joint Strategic Needs Assessment' websites for each of the areas where we deliver our services. These will provide you with the latest available data on population health, inequalities, needs and outcomes.

We will use this data alongside our own data and data and intelligence from other trusted sources, both qualitative and quantitative, to direct our resources and develop our service to tackle inequalities and ensure we are getting it right for everyone.



Wirral

[Wirral Councils Public Health Intelligence service](#)

Cheshire East

[Cheshire East Councils JSNA](#)

St Helens

[St Helens Councils JSNA](#)

Knowsley

[Knowsley Councils JSNA](#)

Inclusion and Health Inequality Strategy Model



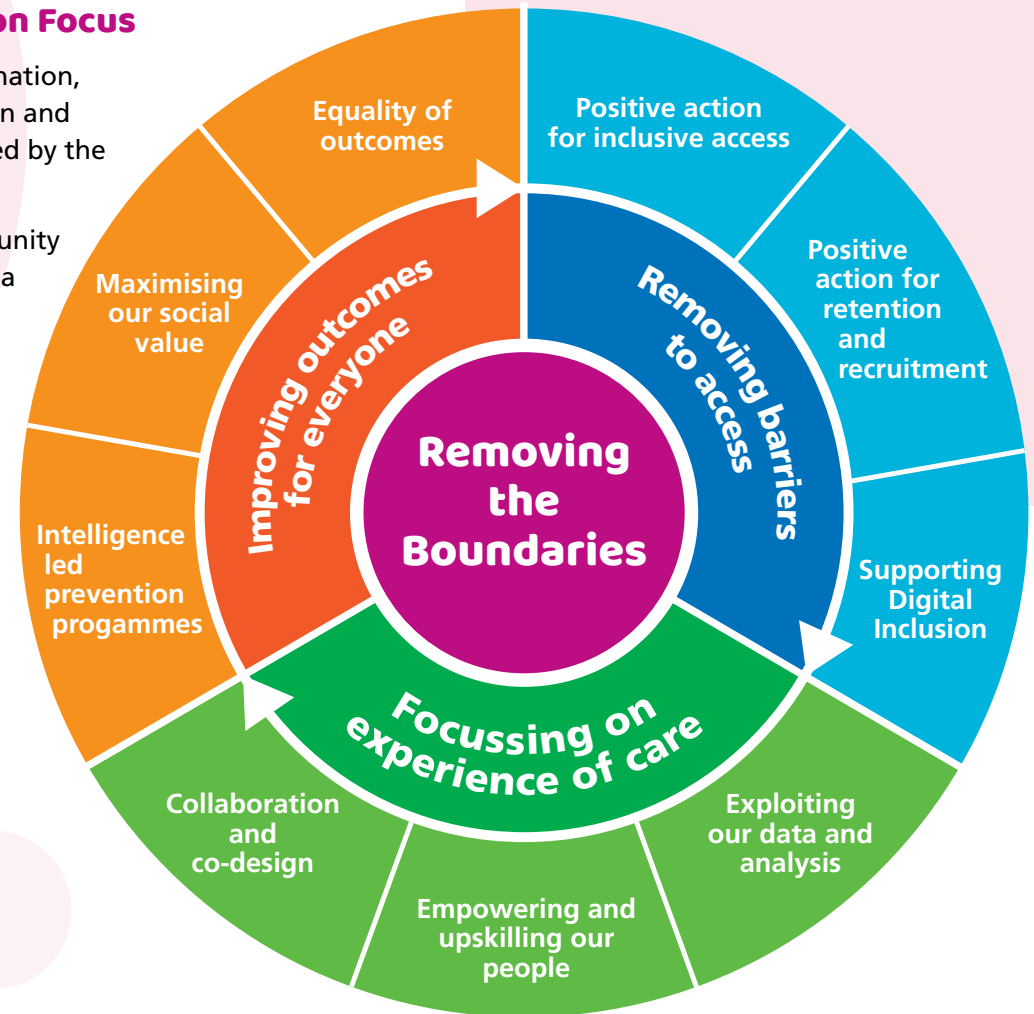
Tackling Inequalities through improved access and enhanced experience resulting in more equitable outcomes for the people we serve delivered by a diverse workforce who feel valued and supported.

Equality and Inclusion Focus

Eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Equality Act 2010.

Advance equality of opportunity between people who share a protected characteristic and people who do not share it.

Foster good relations between people who share a protected characteristic and people who do not share it.



What we've achieved so far...



Removing barriers to access



- Enhanced recording of communication needs and reasonable adjustments at patient level with improved data analysis capabilities
- Service level Covid-19 equality checklist created awareness and educated our staff around the impact of Covid-19 on health inequalities and prompted and supported service to modify their delivery to provide services in other ways
- Developing record systems for improved inclusion data collection and analysis across protected characteristics and inclusion health groups
- Delivered a pilot reciprocal mentoring programme pairing staff from ethnic minorities with senior leaders in the organisation supporting shared understanding of lived experience

Focusing on experience of care



- Developed an Inclusion dashboard to support improved insight into our services
- Established and embedded four staff network groups, with identified executive sponsors, helping us make the trust an inclusive and welcoming place to work and receive care
- Engaged in a wide range of awareness days and campaigns focused on inequalities and protected characteristics and inclusion topics

Improving outcomes for everyone



- Expanded and sustained our partnership forum focussing on engagement and co-production with excluded or under-represented communities
- Delivery of a range of preventive outreach programmes including for example cervical cytology for vulnerable women
- Continue to grow and develop our team of Inclusion Champions across our service who act as Inclusion and Health Inequality advocates and facilitators

Our ambitions

Removing barriers to access

We will strive to remove or overcome barriers to access by ensuring our approach meets the needs of individuals, ensuring equitable access to care and employment for all.

Focussing on experience of care

We will ensure that everyone's experience of the Trust and its services is positive, inclusive and reflects our values of 'Compassion, Open and Trust'.

Improving outcomes for everyone

We will focus our efforts on improving outcomes for individuals and reducing inequalities in outcomes for people with protected characteristics and those who live in our most disadvantaged areas.

Our ambitions are underpinned by nine principles

1. Positive action for inclusive access

We will prioritise the most vulnerable people as our services are restored and delivered. This will consider clinical acuity, social deprivation and people disadvantaged due to protected characteristics or other vulnerabilities.

2. Supporting Digital Inclusion

Appropriate access to care and support - expanding the benefits of digital inclusion.

3. Positive action for retention and recruitment

We are committed to making our workforce reflect the diverse populations we serve through positive action and engagement with our communities and our people.

4. Collaboration and co-design

We will work with those less frequently heard to co-design inclusive services and care pathways.

5. Exploiting our data and analysis

We will focus on maximising our data collection, insight and analysis to understand the experience of those who face barriers or disadvantage to bring about equality of outcomes.

6. Empowering and upskilling our people

We will create an environment of positive allyship within the workforce to ensure we are comfortable to bring our whole selves to work and feel equipped and empowered to tackle discrimination, promote inclusion, and reduce inequalities.

7. Equality of outcomes

We will take a population health approach, striving to create equality of outcomes across the populations we serve by using Core20PLUS5 principles.

8. Maximising our social value

As an anchor institution we will also make choices aimed at reducing inequalities with particular focus on purchasing locally and employing inclusively.

9. Intelligence led preventive programmes

We will implement evidence based, intelligence led and innovative preventive programmes across the Trust to maximise our impact in preventing health inequalities and promoting health and wellbeing for our workforce and the communities we serve.

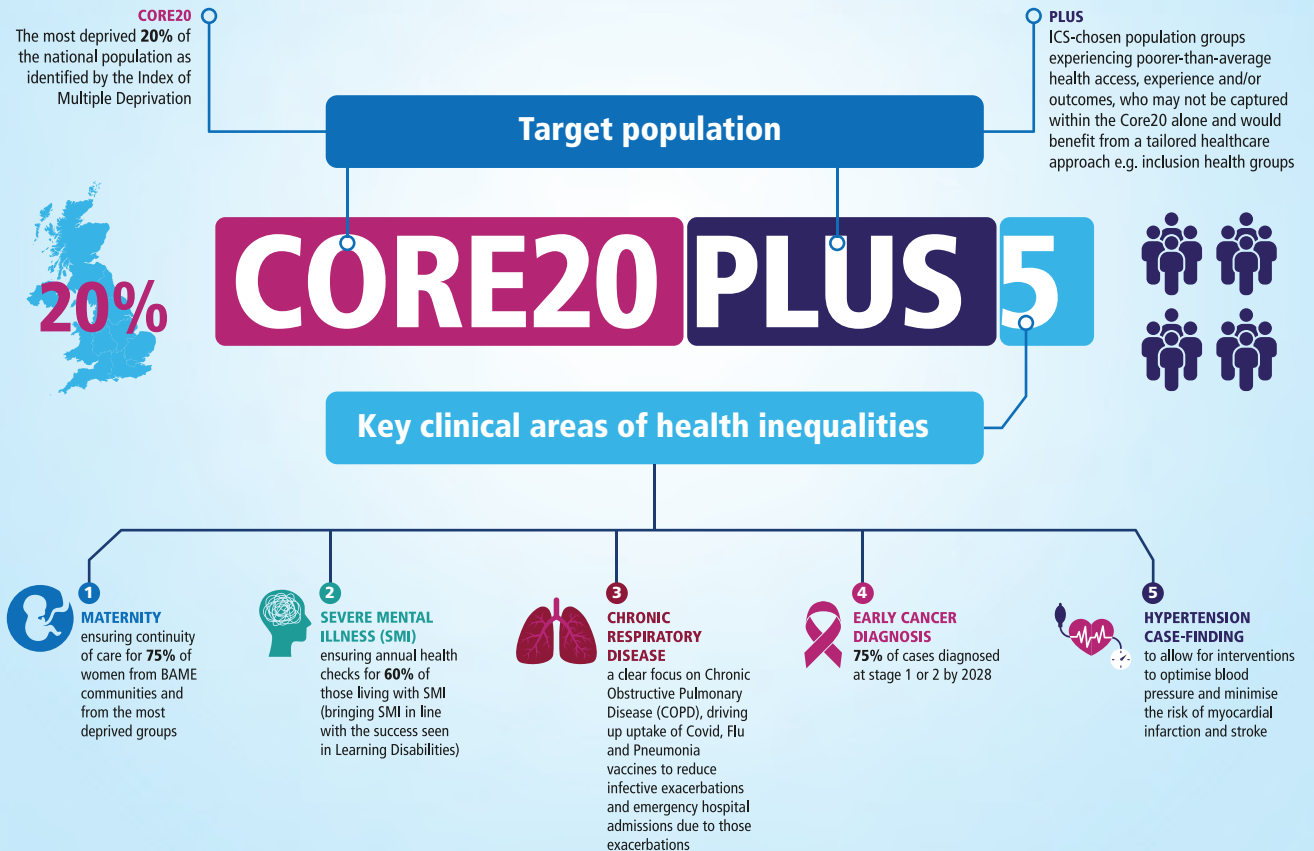
Core20PLUS5

We have embedded the principles of Core20PLUS5 in our strategy to tackling Health Inequalities and will work with our system partners and beyond to synergise our efforts around our shared priorities identified through this approach. This national approach will allow us to target resources and efforts to where we can be most effective in improving health outcomes.



REDUCING HEALTHCARE INEQUALITIES

The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in health inequalities improvement



Removing barriers to access

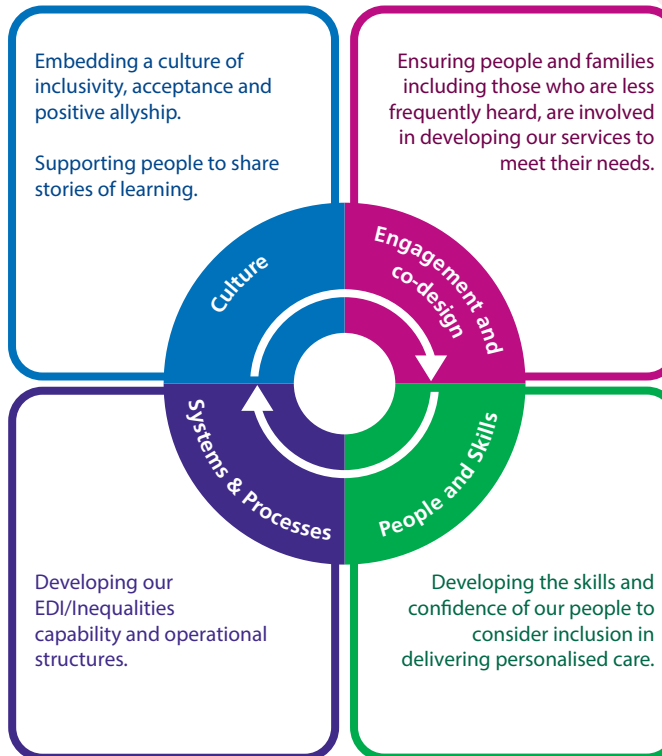
Our five year aspirations...

We will nurture a positive anti discriminatory culture across the system where we actively seek out and eliminate barriers.

Goal

To create an inclusive, positive and anti-discriminatory culture across the organisation that actively addresses barriers to accessing our services and employment opportunities, specifically targeting positive action to tackle inequalities or underrepresentation.

We will achieve this by





We will measure success by evidencing that...



We prioritise the most vulnerable people as our services are restored and delivered. This will consider clinical acuity, social deprivation and people disadvantaged due to protected characteristics or other vulnerabilities.



We will ensure appropriate access to care and support - expanding the benefits of digital inclusion but ensuring alternative provision for those that need it.



We are committed to making our workforce reflect the diverse populations we serve through positive action and engagement with our communities and our people.



During the next five years

- We will be working together as a system to improve person centred and inclusive pathways ensuring our care is accessible and efficient for all
- Digital technology will facilitate one of a number of channel support timely access to holistic care care. We will ensure there is access to digital equipment when necessary and will offer face to face interventions as required to best meet the needs of the individual
- Equitable distribution of outcomes across our population will be supported by the deployment of resources across services and localities based on the Core20PLUS5 principles and informed by sophisticated analysis of health inequalities data. Any waiting lists will be managed using these principles
- We will have a robust induction and essential training programme for Equality Diversity, Inclusion and health inequalities, for all Trust staff, with opportunities for staff to develop skills and understanding around specific protected characteristics or vulnerabilities as needs are identified
- Our Inclusion Champions will operate across our services actively supporting the identification and sharing of best practice and skills and knowledge around EDI and Health Inequalities at service level
- The organisational culture will be benefiting from a strong and empowered staff voice within organisation supported by our high performing staff networks and staff council with embedded in governance structures up to board level

Focussing on experience of care

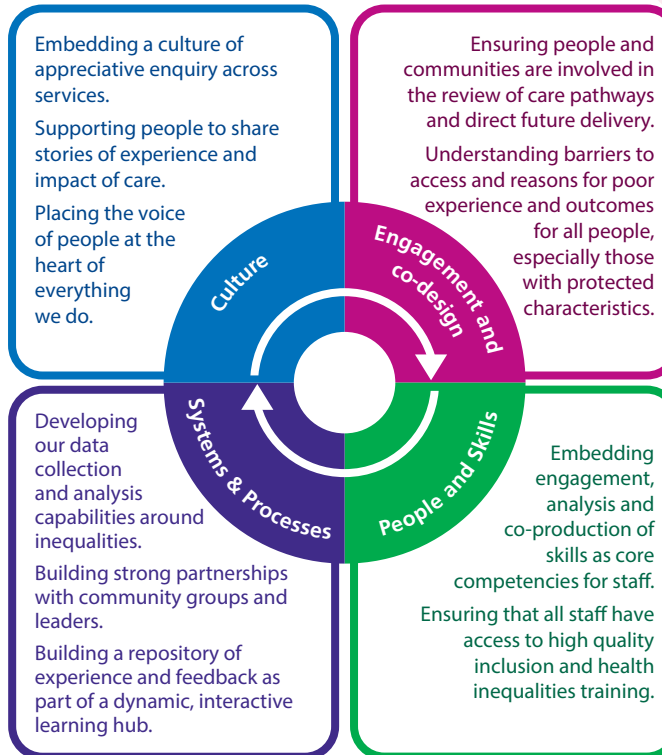
Our five year aspirations...

We will ensure that everyone's experience of the Trust and its services is positive, inclusive and reflects our values of 'Open, Trust and Compassion'.

Goal

To create a system where we positively engage and listen to our service users, using hard and soft intelligence to co-design services delivered by staff who are skilled at inclusion and reducing inequalities.

We will achieve this by





We will measure success by evidencing that...



We work with those less frequently heard to co-design inclusive services and care pathways.



We focus on maximising our data collection and analysis to understand the experience of those who face barriers or disadvantage to bring about equality of outcomes.



We create an environment of positive allyship within the workforce to ensure we are comfortable to bring our whole selves to work and feel equipped and empowered to tackle discrimination, promote inclusion, and reduce inequalities.

During the next five years

- We will continuously learn from experience data collected from people and communities at a local and national level, informing us of who is using our service to better understand exclusion and barriers to access and inequalities
- Services will be addressing health inequalities by hearing from those with poorer health outcomes, learning and understanding the context of people's lives and what the barriers to better health might be
- We will have impactful relationships with community partners ensuring all voices are heard and care designed around individual needs
- We will have embedded processes for systematically hearing from people and communities, building a more comprehensive picture of people's lives, what matters to them, how they think services should be delivered and their experiences of care
- We will benefit from an environment of positive allyship within the workforce to ensure we are comfortable to bring our whole selves to work and feel equipped and empowered to tackle discrimination, promote inclusion and reduce inequalities
- Engagement and co-production capacity and capability will be exceptional across the organisation, with engagement leaders present in all services

Improving outcomes for everyone

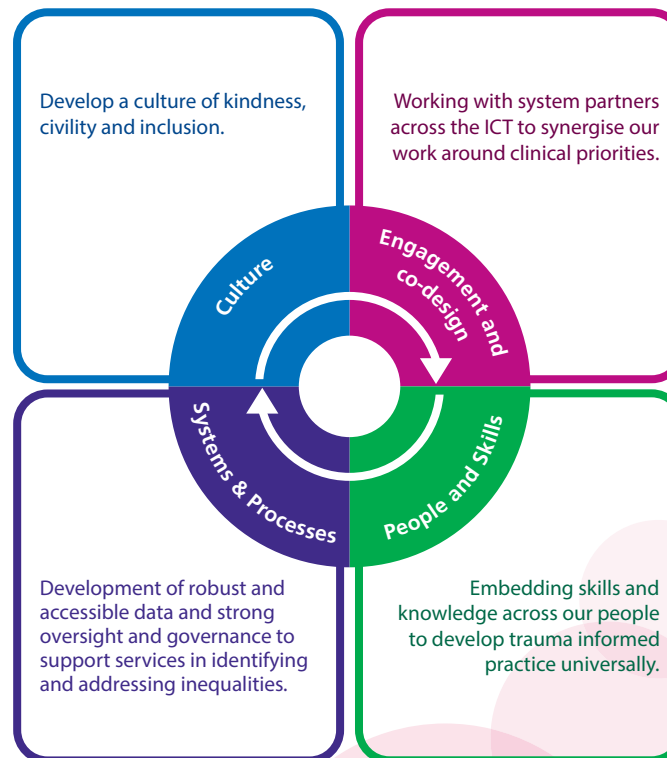
Our five year aspirations...

We will focus our efforts on improving outcomes for individuals and reducing inequalities in outcomes for people with protected characteristics and those who live in our most disadvantaged areas.

Goal

By using Intelligence led preventive programmes and by embedding a population health approach using Core20PLUS5 principles we will contribute to levelling up outcomes for those with protected characteristics or other vulnerabilities, whilst maximising our social value as an anchor institution within the communities we serve.

We will achieve this by





We will measure success by evidencing that...



We will take a population health approach, striving to create equality of outcomes across the populations we serve by using Core20PLUS5 principles.



As an anchor institution we make choices aimed at reducing inequalities with particular focus on purchasing locally and employing inclusively.



We implement evidence based, intelligence led and innovative preventive programmes across the Trust to maximise our impact in preventing health inequalities and promoting health and wellbeing for our workforce and the communities we serve.

During the next five years

- The Trust will be utilising detailed information on an Inclusion and Inequalities Dashboard to support, direct and target its work on tackling inequalities, including a heat map tool presenting population level data on dashboard
- Our electronic patient records and electronic staff records systems will be fully supportive of our data collection methodologies, contributing effectively to our intelligence led approach to inclusion and inequalities
- Interventions will be embedded in partnership with system partners to address the inequalities that exist within areas targeting the 5 clinical priorities identified by Core20PLUS5.
- Our people will be delivering focussed brief interventions and signposting at every appropriate patient contact, using Core20PLUS5 to maximise our impact on outcomes and utilising a holistic, person-centred approach.
- We will be an organisation skilled in building on assets and strengths as well as delivering trauma informed practice across our services, supporting improved access, experience, and outcomes for those impacted by trauma

Governance, Leadership and Regulation

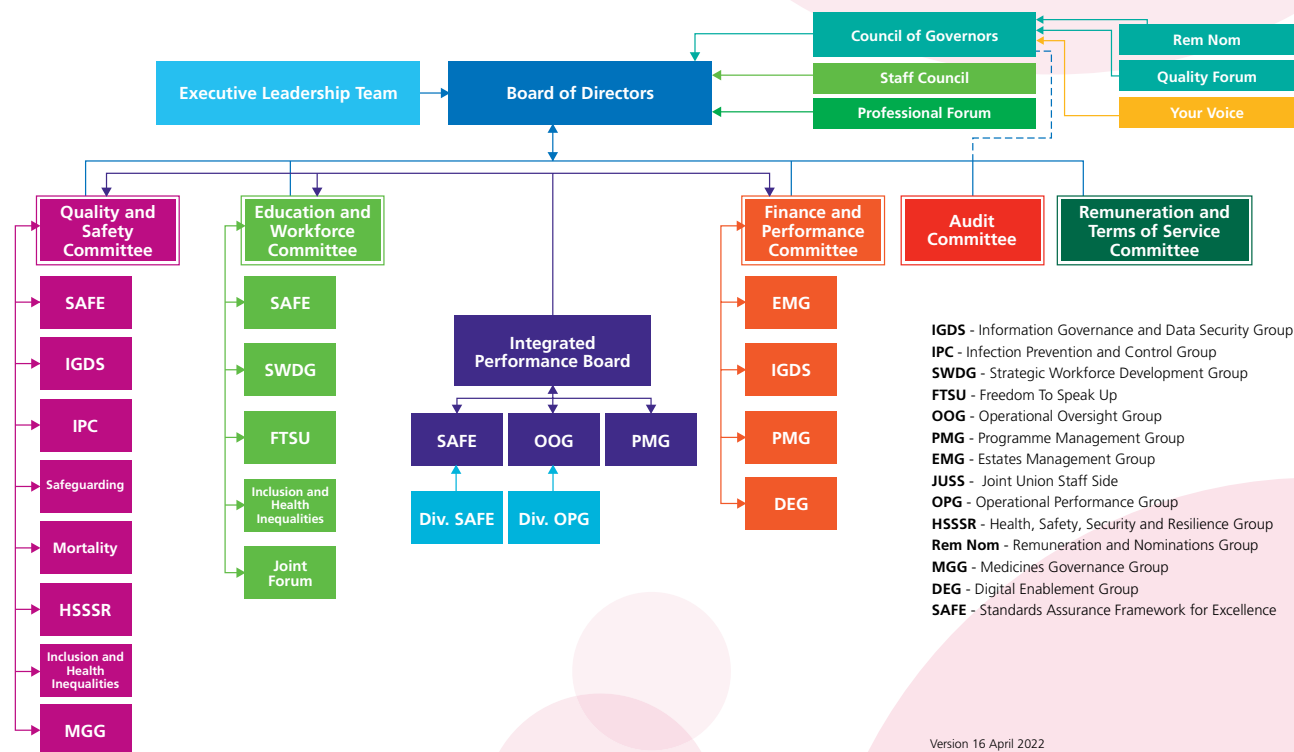
We will embed a strong system of Equality Diversity and Inclusion governance including accountability, authority, and responsibility for compliance with the Equality Act 2010 and the Public Sector Equality Duty at individual, team, service and organisational levels.

Executive leadership functions

Director of Human Resources and Organisational Development: Executive Director responsible for compliance with the Equality Act 2010 and the Public Sector Equality Duty

Chief Nurse: Executive Lead for Health Inequalities

Governance Infrastructure



Version 16 April 2022

Quality Governance Framework



✓ Quality Control

Systematic processes for ensuring all staff, clinical and non-clinical, are aware of their accountability in supporting the delivery of equitable and inclusive care:

- Professional accountability and compliance with Public Sector Equality Duty
- Clear equality and diversity standards
- Mandatory education and learning

✓ Quality Assurance

Evidence that the highest standards of care are being consistently delivered:

- Inclusion and Health Inequalities Group
- Inclusion dashboard
- EDS and legislative compliance

✓ Quality Improvement

Aspiration and action to continually improve access, experience, and outcomes:

- Data driving improvement
- Focus on understanding and addressing systemic discrimination
- Purposeful and targeted engagement and co-production

Relationship to other strategies

To implement our Inclusion and Health Inequalities priorities, we must align our thinking and connect our strategy ambitions. The information opposite summarises our strategic ambitions around Inclusion and tackling health inequalities pulling outcome measures from across a number of organisational strategies, ensuring that Inclusion and Health Inequalities are mainstreamed in our strategic thinking and operational intent.

We will work together to ensure all priorities within supporting strategies are aligned to achieve best outcomes for the people we serve.



Quality Strategy

- We ensure that all voices, including under-represented groups can be heard and encouraged to influence change
- We take a population health approach, striving to create equality of outcomes across the populations we serve



Digital Strategy

- Appropriate access to care and support - expanding the benefits of digital inclusion
- Development of information to predict and identify health inequalities



People Strategy

- Improve our workforce equality, diversity and for all staff leading with our board members

Public Health Annual Reports across the populations we serve

- Strengthen action to address differences in health outcomes and prevention

Inclusion and Health Inequalities

Inclusion and Health equity are principles that are embedded across all key organisational strategies. We have included appropriate measures to meet the ambitions of this strategy within these key documents. In addition to the measures we have mainstreamed in our other strategies, the following additional measures will monitor our success on implementing this Inclusion and Health Inequalities strategy.



Access

Delivery of an annual positive action programme targeting access or recruitment or retention of underrepresented communities.



Experience




Attainment of appropriate inclusion charter marks and year on year improvements in the level of award.



Outcomes

Development of the inclusion and inequalities dashboard to demonstrate improvements across the domains of access, experience and outcomes.

Over the next 5 years we will deliver against the following timeline:

	2022/23	2023/24	2024/25	2025/26	2026/27
 Removing barriers to access	Embed a system for improving data collection as standard				
			Developing EDI Skills and knowledge of our people		
			Positive action driving workforce diversity		
 Focussing on experience of care	Collaboration and co-design of services and pathways to improve inclusivity				
		Exploit our data and analysis to better understand inequalities			
			Develop a culture of inclusiveness and enable and empower positive allyship		
 Improving outcomes for everyone	Focussing our population health impact using Core20PLUS5 principles				
		Lever maximum social value in our role as an anchor organisation through local purchasing and employment			
			Effective intelligence led preventative programmes focussed on improving outcomes		

EQUALITY, HEALTH INEQUALITY IMPACT AND RISK ASSESSMENT – STAGE 2

Please complete all sections
Guidance documents available

Name of Service:
Quality & Governance

Assessment Lead:
Claire Wedge, Deputy Chief Nurse
Neil Perris, Head of Inclusion & Health Inequalities

Executive Lead for the assessment:
Paula Simpson, Chief Nurse

Who is involved in undertaking this assessment: *(please list all involved excluding assessment lead)*
Neil Perris, Head of Inclusion & Inequalities

Start date: 01/03/2022	Completed data: Ongoing
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Who is impacted by the service / project / change?	Yes	No	Indirectly / Possibly
Patients, Service Users	X		
Carers or Family	X		
General Public	X		
Staff	X		
Partner Organisations	X		

Summary information of the strategy being assessed:

Inclusion & Health Inequalities Strategy 2022-27

The Draft Inclusion & Health Inequalities Strategy 2022-27- Removing the Boundaries, sets out our ambition for ensuring our service are inclusive for all; our culture is one which embraces diversity and champion's anti-discriminatory practice; and we are focused on identifying and reducing health inequalities for the people and populations we serve.

The strategy is based around the following three themes:

Removing barriers to access

Focussing on experience of care Improving outcomes for everyone Our ambitions are underpinned by nine principles We will strive to remove or overcome barriers to access by ensuring our approach meets the needs of individuals, ensuring equitable access to care and employment for all.

Focussing on Experience of Care

We will ensure that everyone's experience of the Trust and its services is positive, inclusive and reflects our values of 'Open, Trust and Compassion'.

Improving Outcomes for Everyone

We will focus our efforts on improving out-comes for individuals and reducing inequalities in outcomes for people with protected characteristics and those who live in our most disadvantaged areas

It is underpinned by a population health, utilising the CORE20Plus5 approach and aims to deliver using a diverse, skilled and inclusive workforce.

Aims and objectives strategy:

The aims and objectives of the strategy are

Removing barriers to access

To create an inclusive, positive and anti-discriminatory culture across the organisation that actively addresses barriers to accessing our services and employment opportunities, specifically targeting positive action to tackle inequalities or underrepresentation

Focusing on Experience of Care

To create a system where we positively engage and listen to our service users, using hard and soft intelligence to co-design services delivered by staff who are skilled at inclusion and reducing inequalities.

Improving Outcomes for Everyone

By using Intelligence led preventive programmes and by embedding a population health approach using CORE 20+5 principles we will contribute to levelling up outcomes for those with protected characteristics or other vulnerabilities, whilst maximising our social value as an anchor institution within the communities we serve

Over the next 5 years, we will stretch ourselves by not only maintaining a focus on Inclusion and Diversity, but by taking a population health approach and striving every day to create more equitable outcomes for the people we serve. In addition, we will ensure that we use our limited resources efficiently and sustainably. We will shift from a traditional approach to improving quality and equity to one of assertive, proactive action with people and communities inspiring and leading developments.

Implementation of the strategy will support our compliance with the Public Sector Equality Duty of the Equalities Act 2010, the Human Rights Act 1998 and the Health & Social Care Act 2012.

If this assessment relates to a review / current service or policy, what are the main changes proposed and reason why:

The Draft Inclusion & Health Inequalities Strategy has been developed after a holistic review of the previous Inclusion Strategy and represents a new approach, in line with and supporting the Quality Strategy, focussed more clearly on creating equitable outcomes for people and populations and developing an ethos of inclusion and accountability.

What engagement work is planned / or carried out and how will you involve people from equality groups to ensure that their views inform decision making:

The consultation prior to the development of the strategy has included engagement with our existing Inclusion & Partnership forum which includes key partners such as Healthwatch, Mencap, Age UK and a range of other community and voluntary sector groups. Consultation also included the Wirral Wide system Inequalities Group. Consultation during its development has also included key staff groups such as the Staff Network Groups, Staff Council and Staff side colleagues and the wider workforce via three bespoke Inclusion/Health Inequalities/Population Health strategy focus groups.

Does the proposal or change help to reduce health inequalities? YES

If yes, please summarise these:

Yes.

The central ambition of the strategy is to reduce inequalities and advance inclusion and diversity and this is detailed well within the document.

Does the proposal relate to impacts due to COVID-19? YES

If yes, please summarise these:

Yes.

Covid has exacerbated inequalities across the populations we serve and we will work hard through the implementation of the strategy to reduce the gap, creating an enhanced offer to certain groups aligned to the CORE 20 + 5 model.

Evidence section

What evidence have you considered within this assessment? (this can include NICE / research / engagement work / demographics / service data)

Consideration has been given to population demographics, public health intelligence data from across Wirral, Cheshire East, Knowsley and St Helens, national reports relating to covid related outcomes and Wirral's Public Health Annual Report 2021 and national rhetoric around the emergent CORE20Plus5 model for tackling health inequalities

If this assessment relates to a strategy, has an equality statement been added or planned to be added?
If no, please state why not:

Yes

IMPACT ASSESSMENT:

This section should record any known or potential impacts on equality groups and other groups at risk of poorer health outcomes. Impacts may be both negative and positive. Think about barriers to access and how different groups may be disproportionately impacted. You can copy and paste this tick: ✓

Age	Positive effect	Negative effect	Neutral
	✓		

Explanation:

We now serve Children and Young People across four of the nine Cheshire and Merseyside Boroughs. Our approach is intended to have a positive impact in addressing health inequalities for the younger age group by improving access to the most vulnerable to a range of support, both through formal health and care services and through local community and voluntary groups.

The same approach will be taken to those people who are in the ageing well group. The strategy aims to create opportunities to promote health and wellbeing for all and takes a preventative approach across all age groups.

Our Inclusion activity will ensure that are services are appropriate, accessible and welcoming to individuals of all ages regardless of age or any other characteristic or vulnerability.

Disability	Positive effect	Negative effect	Neutral
	✓		

Explanation:

Along with our Quality strategy, there is clear focus on ensuring that all voices, including under-represented groups can be heard and encouraged to influence change.

Physical access to our services and estate is continuously reviewed and we achieve high standards of access for this group.

Throughout delivery of this strategy alongside the Quality Strategy, we will be placing a high level of priority on ensuring we capture people’s distinct communication needs to ensure we achieve best outcomes for those whose first language is not English, for those with sensory impairments and for those with learning disabilities.

Our Ability staff network will be a key reference group for consultation of the strategy alongside engagement with individuals and organisations via other engagement forums e.g. Inclusion & Partnership Forum, Your Voice group and the Involve group.

Sexual Orientation	Positive effect	Negative effect	Neutral
	✓		

Explanation:

Along with our Quality strategy, there is a clear focus within the strategy on ensuring all voices are heard and acted upon.

Within the strategy, there is a commitment to ensuring that all staff have access to high quality inclusion and health inequalities training. Compliance will be measured as part of our annual plans and there is an expectation that care pathway design will co-developed with people, including those with protected characteristics.

The strategy also commits the organisation to an LGBTQ+ inclusivity assessment as part of the NHS Rainbow Badge 2 programme, where we will aim to improve our rating year on year until we achieve the highest attainable rating for our trust

Our LGBTQ+ staff network will be a key reference group for consultation of the strategy and ongoing implementation.

Gender Reassignment	Positive effect	Negative effect	Neutral
	✓		

Explanation:

The ethos of the strategy is inclusive and promotes appreciative enquiry to promote a better understanding of experience, outcomes and barriers to accessing care.

By asking key questions, staff will be better able to approach care delivery in a sensitive, respectful manner.

Within the strategy, there is a commitment to ensuring that all staff have access to high quality inclusion and health inequalities training. Compliance will be measured as part of our annual plans and there is an expectation that care pathway design will co-developed with people, including those with protected characteristics.

The strategy also commits the organisation to an LGBTQ+ inclusivity assessment as part of the NHS Rainbow Badge 2 programme, where we will aim to improve our rating year on year until we achieve the highest attainable rating for our trust

Our LGBTQ+ staff network will be a key reference group for consultation of the strategy and ongoing implementation

In addition, we will be encouraging the use of pronouns in email signatures as a way of reflecting respect and support by engaging with people in language that reflects appropriate gender identity.

Sex	Positive effect	Negative effect	Neutral
	✓		

Explanation:

Health outcomes vary according to sex and this strategy will ensure that these inequities are understood by staff so that appropriate prioritisation can be made.

Race	Positive effect	Negative effect	Neutral
	✓		

Explanation:

Within the strategy there is a purposeful acknowledgement for the need to build strong partnerships with community groups and leaders and our staff who are from ethnic minority backgrounds..

This will enable us to engage more effectively with people in understanding what their distinct needs are relating to race, religion and belief.

We will also utilise our learning hub to share stories of how, through stronger relationships with community leaders, we are able to better understand and meet people's individual needs.

These partnerships have been strengthened throughout the pandemic as we have worked together to address issues such a vaccine hesitancy and safe access to care

This strategy, alongside the People Strategy also includes action to strengthen the diversity of our workforce and includes positive action to recruit and develop staff from ethnically diverse backgrounds

The strategy also commits the organisation to adopting a positive anti-racist to tackling discrimination, using methodologies such as reciprocal mentoring to better understand lived experience and create positive allyship and advocacy across the organisation

Religion and Belief	Positive effect	Negative effect	Neutral
	✓		

Explanation:

Along with our Quality strategy, there is a clear focus within the strategy on ensuring all voices are heard and acted upon. Within the strategy, there is a commitment to ensuring that all staff have access to high quality inclusion and health inequalities training which will include cultural and religious competence

Pregnancy and Maternity	Positive effect	Negative effect	Neutral
			✓

Explanation:

Whilst we do not provide maternity services, we recognise that we do deliver services that care for service users who may be pregnant. Our strategy will ensure that appropriate reasonable adjustments are made to support these individuals access, experience and outcomes are not negatively impacted.

Marriage and Civil Partnership	Positive effect	Negative effect	Neutral
			✓

Explanation:

There is a neutral impact for this characteristic group

Other groups at risk of poorer health outcomes:			
Carers	Positive effect	Negative effect	Neutral
	✓		
<p>Explanation:</p> <p>Alongside the quality strategy, this strategy puts a focus on placing the voice of people at the heart of everything we do, and this will have a direct and positive impact in carers. This group will have a greater influence in co-designing care pathways and will be invited to be more included through our user groups. The strategy also supports the continuation and development of our staff network for Working Carers.</p>			
Socio-economic deprivation	Positive effect	Negative effect	Neutral
	✓		
<p>Explanation:</p> <p>This strategy, along with the Quality Strategy directly attend to the inequalities that exist associated with socio-economic deprivation by applying the principles within the CORE 20+5 model.</p> <p>This model identifies the impact of socio-economic disadvantage and directs organisations to attend to this disparity by ensuring access is enhanced for these groups.</p> <p>In addition, there is a high risk of intersectionality in these areas, where people with protected characteristics may reside in areas of socio-economic disadvantage and experience overlapping and compounding inequalities and discrimination.</p> <p>This strategy commits to addressing this issue and reinforces the measurable objectives already mainstreamed into our strategic documents. Specifically, these include: Ensuring all staff have access to high quality inclusion and health inequalities training (Quality strategy) The development of a formula for the distribution of services aimed at ensuring that the needs of people who live in the 20% most deprived populations and those from specific inclusion groups are understood and met (Quality Strategy).</p>			
Other groups e.g. Asylum Seekers, Homeless, Sex Workers, Military Veterans, Rural communities – please state	Positive effect	Negative effect	Neutral
	✓		
<p>Explanation:</p> <p>This strategy, along with the Quality Strategy directly attend to the inequalities that exist for a number of excluded or vulnerable groups within the populations and communities we serve by applying the principles within the CORE20Plus5 model.</p>			

<p>More specifically the Plus element of this model presents a commitment to ensuring we are responding to the needs of all people who live in our communities. This may include asylum seekers, homeless people, military veterans, sex workers, drug & alcohol users etc.</p> <p>Our 0-19 service are currently actively supporting a group of refugees and this work will continue.</p> <p>Through the period of delivery of this strategy, we will ensure we utilise our data and establish strong links with voluntary and community groups so that we can be responsive quickly to changing needs in our communities.</p>	
<p>Equality Legal Duties – compliance</p>	
<p>Has WCHC given due regard and given consideration for the following:</p>	
<p>Eliminating unlawful discrimination, harassment, and victimisation <i>Unlawful discrimination takes place when people are treated 'less favourably' as a result of having a protected characteristic</i></p>	<p>Yes</p>
<p>Advancing equality of opportunity between people who share a protected characteristic and those who do not <i>Making sure that people are treated fairly and given equal access to opportunities and resources</i></p>	<p>Yes</p>
<p>Fostering good relations between people who share a protected characteristic and those who do not <i>Creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference</i></p>	<p>Yes</p>
<p>Are there any potential Human Rights concerns If yes – please seek advice from the E&I team to discuss carrying out specific human rights assessment</p>	<p>No</p>
<p>Compliance to the NHS Contract In relation to Service Conditions (SC13) which includes Accessible Information Standard (AIS) – see staffzone for further info on AIS</p>	<p>Yes</p>
<p>Supporting narrative to support the above responses:</p> <p>The Draft Inclusion & Health Inequalities Strategy 2022 – 27 is fully compliant with all the above equality legal duties.</p>	

Equality Related Risk Assessment Section

If you have identified an equality risk, please use the table below to work out the risk score. If you have a score of 9 and above you should escalate to risk management procedures.

		Level of Risk					
Likelihood	Almost Certain	5	5	10	15	20	25
	Likely	4	4	8	12	16	20
	Possible	3	3	6	9	12	15
	Unlikely	2	2	4	6	8	10
	Rare	1	1	2	3	4	5
			1	2	3	4	5
			Insignificant	Min or	Moderate	Maj or	Catastrophic
		Impact/Consequence					

If you have identified an equality risk: What is the consequence? What is the likelihood? Risk score = consequence x likelihood	Risk Score = 0
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Any narrative relating to risk score:

There are currently no risks identified

Equality Action Plan with target dates

Please include any related recommendations arising from this assessment. A target date is required for all actions

Action required	Lead person	Target date	Further comments

Date for this assessment to be shared with governance processes: **16/03/2022**
 (All assessments should have governance oversight)

Final Section: Approval from Equality and Inclusion Team

Date received by E&I Team for assurance check: 15/03/2022
Person completing the assessment template: Neil Perris, Head of Inclusion & Inequalities
Date and E&I Team member completing assurance check: Neil Perris 15/03/2022
What next?
<ol style="list-style-type: none">1. Regularly review the action plan and update EHIRA accordingly2. Save a finalised copy for your records and share with your Divisional SAFE meeting and the E&I Team and upload to SAFE3. Follow any internal advice from the E&I Team – if provided