

Cheshire and Merseyside Joint Forward Plan (Draft)			
Meeting	Board of Directors		
Date	21/06/2023	Agenda Item	12
Lead Director	Tony Bennett Chief Strategy Officer		
Author(s)	Neil Evans, Associate Director of Strategy and Collaboration, C&M		
Action required (please select the appropriate box)			
To Approve <input type="checkbox"/>		To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>
Purpose			
<p>To sight and assure the Board of the Cheshire & Merseyside (Draft) Joint Forward Plan (JFP)</p> <p>This draft JFP will go to Cheshire & Merseyside Integrated Care Board for Formal approval 29 06 2023. The purpose of this paper was an ask from C&M to ensure all Board members of partner organisation have sight of the document.</p> <p>The C&M JFP describes how Cheshire and Merseyside Integrated Care Board (ICB), our partner NHS trusts, and our wider system partners will work together to arrange and provide services to meet our population's physical and mental health needs.</p>			
Executive Summary			
<p>This Joint Forward Plan contains the actions it will take as an Integrated Care System (ICS) to deliver the priorities identified in:</p> <ul style="list-style-type: none"> • The Cheshire and Merseyside draft interim Health and Care Partnership Strategy • The Joint Local Health and Wellbeing Strategies of our nine Place based Health and Wellbeing Boards • The priorities outlined by NHS England in The NHS Long Term Plan and the national NHS Planning guidance for 2023-24 <p>The Joint Forward Plan aims to:</p> <ul style="list-style-type: none"> • Improve the health and wellbeing of our population • Improve the quality of services • Make efficient and sustainable use of our resources 			



This JFP builds on the draft interim Health and Care Partnership Strategy. The strategy is built around four core strategic objectives:

- Tackling Health Inequalities in outcomes, experiences, and access (our eight Marmot principles)
- Improving population health and healthcare
- Enhancing productivity and value for money
- Helping to support broader social and economic development

Risks and opportunities:

Not applicable to this paper.

Quality/inclusion considerations:

Quality & Equality Impact Assessment completed and attached No.
Not applicable to this paper.

Financial/resource implications:

Not applicable to this paper

The Trust Vision – To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:

- 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

Please select the top three Trust Strategic Objectives and underpinning goals that this report relates to, from the drop-down boxes below.

Place - Improve the health of our population and actively contribute to tackle health inequalities	Place - Increase our social value offer as an Anchor Institution	Place - Make most efficient use of resources to ensure value for money
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The Trust Social Value Intentions

Does this report align with the Trust social value intentions? Yes.

If Yes, please select all of the social value themes that apply:

Community engagement and support

Purchasing and investing locally for social benefit

Representative workforce and access to quality work

Increasing wellbeing and health equity

Reducing environmental impact

Board of Directors is asked to consider the following action

Be assured about the intentions / purpose of the draft Cheshire & Merseyside Joint Forward Plan.).

Report history (Please include history of where the paper has been presented prior to reaching this meeting, including the title of the meeting, the date, and a summary of the outcome)

Submitted to	Date	Brief summary of outcome



Cheshire and Merseyside Joint Forward Plan

SUMMARY – DRAFT VERSION 1.5



1. About this document

We know that people's lives are better when organisations that provide health and care work together, particularly at the times when people need care most.

This document – our Joint Forward Plan (JFP) – describes how Cheshire and Merseyside Integrated Care Board (ICB), our partner NHS trusts and our wider system partners will work together to arrange and provide services to meet our population's physical and mental health needs.

This Joint Forward Plan contains the actions we will take as an Integrated Care System (ICS) to deliver the priorities identified in:

- The Cheshire and Merseyside draft interim Health and Care Partnership Strategy
- The Joint Local Health and Wellbeing Strategies of our nine Place based Health and Wellbeing Boards
- The priorities outlined by NHS England in The NHS Long Term Plan and the national NHS Planning guidance for 2023-24 (Appendix 1)

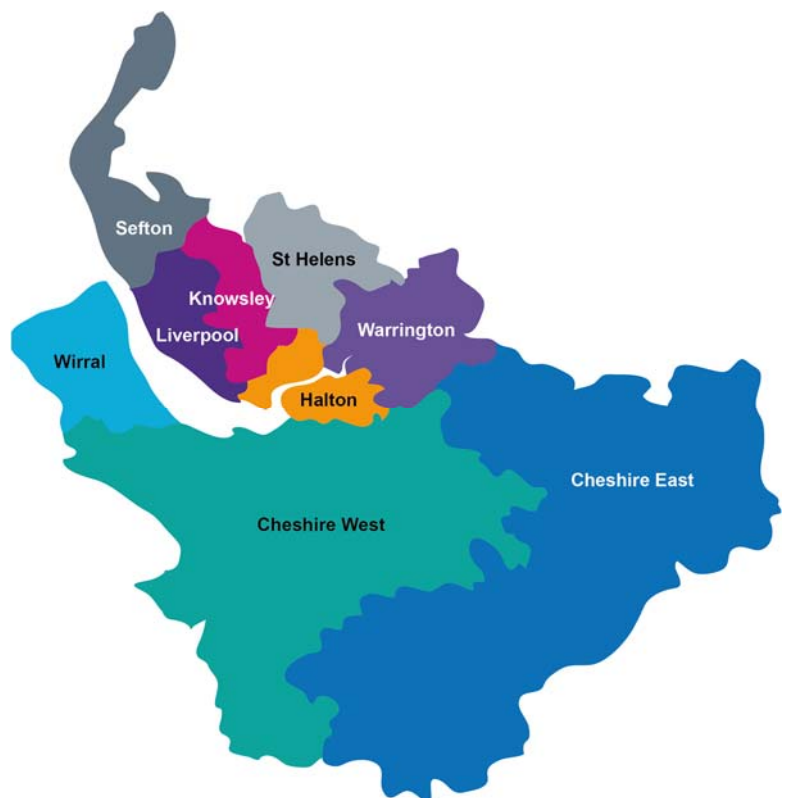
Our Joint Forward Plan aims to:

- improve the health and wellbeing of our population.
- improve the quality of services.
- make efficient and sustainable use of our resources.

We are committed to working on all three of these aims simultaneously to best meet our population's needs and to reduce inequalities in access and outcomes.

These aims also align to our statutory duties as an ICB. The details of these statutory duties can be [found here](#).

Our Joint Forward Plan aligns with the recently published Hewitt Review (April 2023), which considers the future development of Integrated Care Systems in England. The review supports taking a 'whole system approach' to addressing wider determinants of health, and a shift of focus away from treating problems towards maintaining good health. These two themes align with our statutory duty and also our local commitment to integrate services to benefit our population.



Our approach to developing this Joint Forward Plan

The Cheshire and Merseyside Integrated Care Board was formally established in July 2022. We have already made significant progress, but we are still in a developmental phase and we have considerable work to do to further develop our plans and priorities. This Joint Forward Plan should be read in this context.

Whilst the responsibility to develop this plan sits with NHS Cheshire and Merseyside, and our NHS Providers, we have adopted a collaborative approach to developing this plan. We drew on the wide range of expertise, knowledge, and experience of our health and care professional leaders and partners to help us identify ways to improve integration and innovation. This will help us to deliver better outcomes for our population.

This 2023-2028 Cheshire and Merseyside Joint Forward Plan describes at a summary level the approach we are taking to tackle the current challenges we face in recovering access to services following the Covid 19 pandemic.

It also outlines a programme of radical transformation across our health and care system to address longstanding issues of inequalities in outcomes and financial sustainability.

This JFP builds on our draft interim [Health Care Partnership Strategy](#). The strategy is built around four core strategic objectives:

- Tackling Health Inequalities in outcomes, experiences and access (our eight Marmot principles).
- Improving population health and healthcare.
- Enhancing productivity and value for money
- Helping to support broader social and economic development.

These objectives support us to work towards achieving our vision and mission. The draft interim Health Care Partnership Strategy is broadly focused and contains many priorities. The HCP recognise the need to decide what to prioritise to enable progress to be made. Our residents provided feedback on the draft interim strategy during March and April 2023 which supported this view.

Figure 1: Cheshire and Merseyside Health Care Partnership Vision and Mission

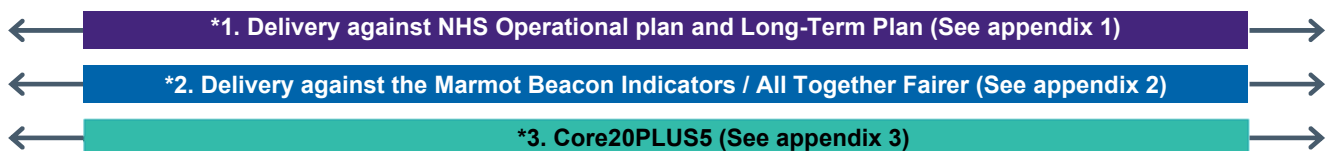


The HCP Strategy is currently in draft form and will be finalised later in 2023, in recognition of this ongoing work we have identified a number of priorities which contribute to making early progress against the ambitions outlined in the draft interim Strategy.

When the priorities in the HCP Strategy are finalised, we will refresh these priorities in our updated Joint Forward Plan, which will be published in March 2024.

Figure 2: Cheshire and Merseyside Priorities

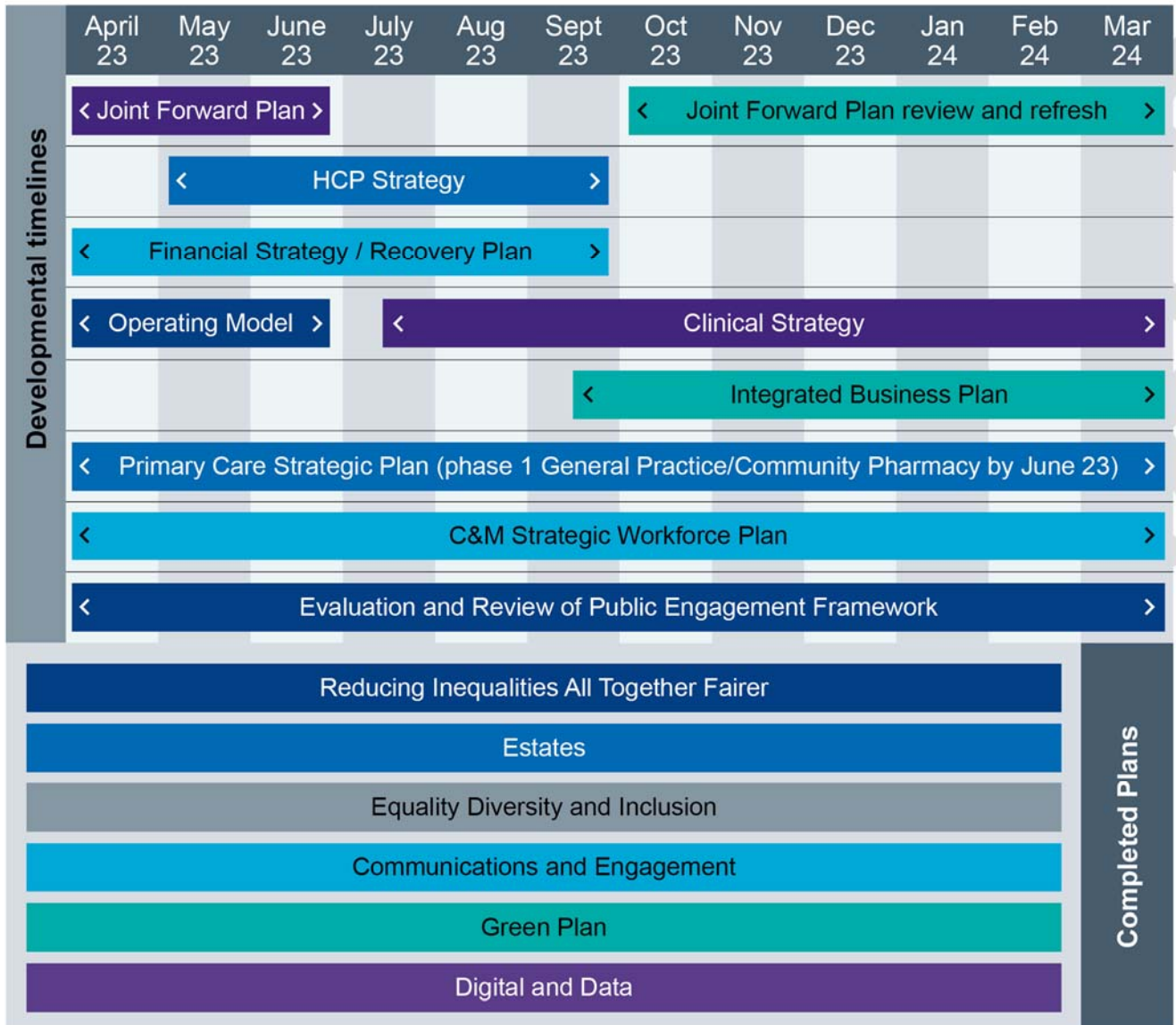
HCP Strategic Objectives	Cross reference to the HCP areas of focus	Priorities	Core plans *	Metric
Tackling Health Inequalities in outcomes, experiences, and access (our eight Marmot principles)	<ul style="list-style-type: none"> Give every child the best start in life Enable all children, young people and adults to maximise their capabilities and have control over their lives Ensure a healthy standard of living for all Tackle racism, discrimination and their outcomes Pursue environmental sustainability and health equity together. 	All our Places are actively engaged in the All Together Fairer Programme	2	Increase % of children achieving a good level of development at 2-2.5 years OR at the end of Early Years Foundation Stage Reduce hospital admissions as a result of self-harm (15-19 years)
		Supporting the safety of vulnerable Women and Children	2	Deliver the agreed shared outcomes through our partnership working within Cheshire and Merseyside in identifying and addressing Violence Against Women and Girls
Improve population health and healthcare	<ul style="list-style-type: none"> Improve early diagnosis, treatment and outcome rates for cancer Improve satisfaction levels with access to primary care services Provide high quality, accessible safe services Provide integrated, accessible, high quality mental health and wellbeing services for all people requiring support. 	In relation to preventing ill Health we will focus on: <ul style="list-style-type: none"> Increase rates of Early detection of Cancer Work towards MECC (Making Every Contact Count) Encourage 'Healthy Behaviours' with a focus on smoking/alcohol/ physical activity Ensure access to safe, secure, and affordable housing 	1,2,3	Core20PLUS5 priorities including cancer, cardiovascular disease and children and young people's mental health services
			2,3	Increased sign up to the NHS prevention Pledge
			2,3	Reduction in Smoking prevalence. Reduction in the % drinking above recommended levels. Increase the % who are physically active. TBD
Enhancing productivity and value for money	<ul style="list-style-type: none"> Develop a financial strategy focused on investment on reducing inequality and prioritise making greater resources available for prevention and wellbeing services 	Deliver our agreed financial plans for 23/24 whilst working towards a balanced financial position in future years	1	Financial strategy and recovery plan in place by Sept 2023
Helping to support broader social and economic development	<ul style="list-style-type: none"> Embed, and expand, our commitment to social value in all partner organisations Develop as key Anchor Institutions in Cheshire and Merseyside, offering fair employment opportunities for local people Implement programmes in schools to support mental wellbeing of young people and inspire a career in health and social care 	Develop as key Anchor Institutions and progress advancing at pace the associated initiatives.	2	Grow the number of anchor framework signatories to 25
		Embed and expand our commitment to Social Value	2	Support a system-wide approach to embedding the minimum 10% social value weighting across all procurement processes (working towards 20%)
		<ul style="list-style-type: none"> Developed focused work in schools around encouraging careers in Health and Social Care Ensure a Health and Care workforce that is fit for the future. 	2	To be finalised in advance of the final publication in June 2023 Publish a Strategic Workforce Plan by March 2024
		Achieve Net Zero for the NHS carbon Footprint by 2040	2	For the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction (from 1990 levels) by 2032.



Whilst this summary document is relatively short, it is underpinned by significant activity across all of the priorities included in the table above. There are various links within this document which provide access to more detail about specific work programmes.

In developing this Joint Forward Plan, we recognise that we are in a developmental phase as an Integrated Care System and that there are some key pieces of planning and strategy work which we will need to align.

We intend to develop a fully integrated business plan during 2023/24 that will incorporate the key strategic plans we have either already developed or intend to develop during this year. These will be reflected in the next iteration of this Joint Forward Plan in March 2024. The table below shows our completed plans and outlines our developmental timeline for 2023/24.



2. How we work as partners for the benefit of our population

Cheshire and Merseyside is one of the largest Integrated Care Systems in England, with a large number of stakeholders working together to improve the health and care of our population.

The figure below illustrates how we are configured at a Cheshire and Merseyside level.

Some of the ways we come together in the Cheshire and Merseyside system are:

- The Cheshire and Merseyside Health and Care Partnership (HCP). This is a statutory joint committee between NHS Cheshire and Merseyside Integrated Care Board and our nine Local Authorities which also includes a wide range of partners from across the health and care system. This Board works together to support partnership working and is responsible for producing our Health and Care Partnership Strategy
- The NHS Cheshire and Merseyside Integrated Care Board. This is a statutory NHS organisation responsible for managing the NHS budget and arranging for the provision of health services whilst supporting the integration of NHS services with our partners.
- Our nine Place Based Partnerships. These work locally to support the integration of health and care services in support of local Joint Health and Wellbeing Strategies

Figure 3: Cheshire and Merseyside Integrated Care System



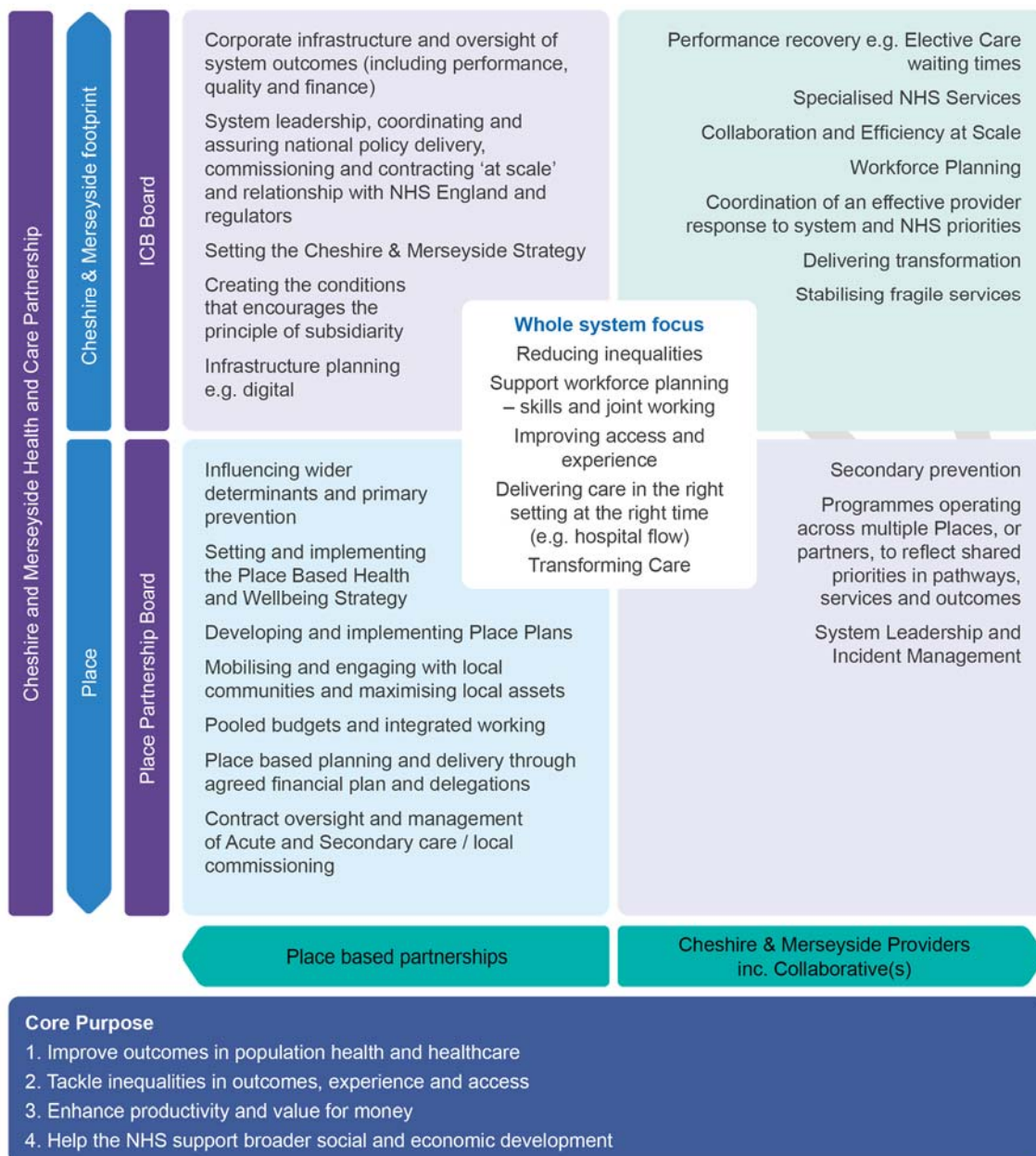
Through our Place based partnerships and the communities within them we are committed to the principle of subsidiarity. This means that we want to make decisions as locally as possible. Our Places and communities are the ‘engine room’ which drive change by designing and delivering services around the needs of the local population.

Complementary to this principle of subsidiarity, our large ICS provides opportunities to work at scale where appropriate. This enables us to share best practice and to work collectively to deliver

efficiencies and manage change. As an example, our two NHS Provider Collaboratives support our NHS providers to work together to deliver service improvement and enhance sustainability.

The picture below shows how we apply the principle of subsidiarity to decision making in our Places and the communities within them, whilst realising the benefits of working at scale in certain areas through our Health and Care Partnership, or ICS wide programmes or through our two Provider Collaboratives.

Figure 4: Decision making and subsidiarity in Cheshire and Merseyside



Communications and Engagement

As system partners we are committed to engaging with people and communities. We know that harnessing the knowledge and experience of those who use and depend on the local health and care system can help improve outcomes and develop better, more effective services including removing or reducing existing barriers to access.

We are committed to working with those with lived experience to understand the impact of health inequalities and to support us in designing and implementing solutions to address these. For example supporting unpaid carers is an essential contribution to narrow health inequalities in access, outcomes & experiences. Our vision is for all carers in Cheshire and Merseyside to have the support they need and recognition they deserve.

Our Green Plan

Climate change poses a threat to our health as well as our planet. Across Cheshire and Merseyside, we are committed to achieving net zero by 2040

(or earlier). The ICB and NHS Trusts and many Local authority partners have well established plans to achieve this.

Complementary to these local plans, NHS Cheshire and Merseyside has a strong system level [Green Plan](#), and we work collaboratively as system partners to maximise the impact of our initiatives.

Our planet will continue to warm until circa 2060 we will continue climate adaptation / mitigation work to ensure we can continue to provide access to quality health and care for our population even as the climate changes. Including work to tackle air pollution, increased access to mental health services, coastal and other flooding, vector-borne diseases / prep for changing patterns of disease / sustained heat and high temperatures / impact on patients and on workforce, etc.

We will:

Reduce the emissions we control directly (the NHS Carbon Footprint), achieving net zero by 2040, with an ambition to reach an 80% reduction (from 1990 levels) by 2032.

Supporting wider social and economic development

Supporting social and economic development is one of our strategic objectives. We are working together on a plan for improving health including addressing wider determinants. Wider determinants, also known as social determinants, are a diverse range of social, economic, and environmental factors which impact on people’s health.

We will:

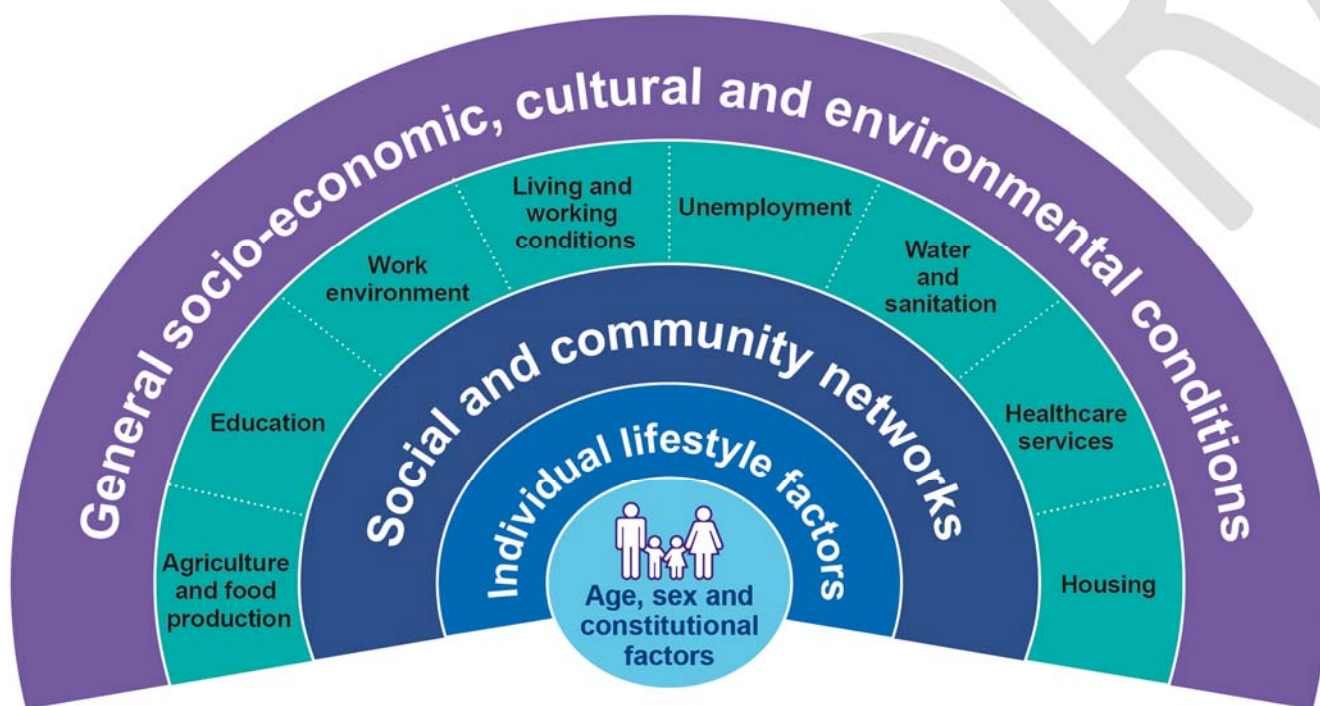
Increase the number of Anchor Framework signatories to 25 by the end of March 2024

And:

- Embed, and expand, our commitment to social value
- Develop as key Anchor Institutions within Cheshire and Merseyside
- Use an asset and strengths-based approach to planning

- Share data and insights, so resource can be targeted
- Ensure service, pathway and care model redesign is undertaken in collaboration
- Develop outcomes-focused funding models and contracts
- Support health and care professionals to think about care and support holistically
- Support a system-wide approach to embedding the minimum 10% social value weighting across all procurement processes (working towards 20%).
- We will maximise our efforts in relation to regeneration and planning including work to support the leveling up agenda.

Figure 5: Wider social determinants of health and health inequalities, Dahlgren and Whitehead 1991



Safeguarding our population

Safeguarding is a shared responsibility across the health and care economy. Our teams work with colleagues from across the NHS, Local Authorities, the Police, and other partner agencies to drive improvements through local and regional partnership working to embed responsive safeguarding practice. This enables us to address national and local priorities and influence safe and effective care and commissioning.

Effective safeguarding at both system and organisational levels relies on systems that ensure safeguarding is integral to daily business.

We are committed to:

- Strengthening Collaboration and Communication
- Improving Training and Awareness
- Early Identification and Intervention
- Strengthening Partnership Working
- Enhancing Monitoring and Evaluation
- Empowering Service Users
- Promoting a Culture of Safeguarding

We will:

Deliver the agreed shared outcomes through our partnership working within Cheshire and Merseyside in identifying and addressing Violence Against Women and Girls.

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3. Our approach to improving Population Health

Our established Population Health Board oversees our Population Health programme of work. The aims of this are to improve health outcomes and reduce health inequalities by embedding a sustainable system-wide shift towards focusing on prevention and reducing health inequality. Our newly appointed Director of Population Health plays a key leadership role in this work.

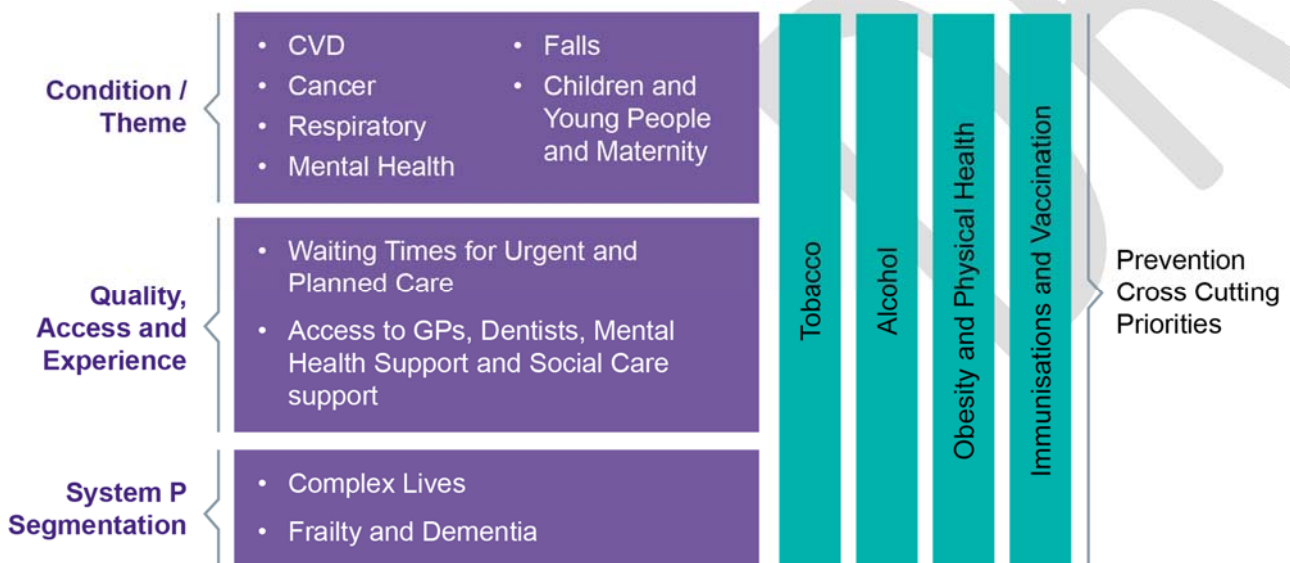
Figure 6 provides a summary of the areas which our analysis tells us that our population experience worse outcomes when compared to the “England average”, and where our people have told us their experience of accessing care does not meet their expectations.

We know that it is often the wider social determinants of health which are the cause of these poorer outcomes and this is why we are committed to addressing these wider determinants and to promote good health.

In line with the Hewitt Review recommendations, as an ICB we intend to increase year on year the proportion of our budget being spent on prevention. Over time we expect that this will improve the health of our population, whilst helping to address the variation and inequality in access and outcomes we see across Cheshire and Merseyside.

The following programmes describe how we are approaching this.

Figure 6: Population Health needs and cross cutting prevention themes in Cheshire and Merseyside



Strategic Intelligence

Strategic business intelligence is vital to underpin, inform and drive a coordinated and sustainable population health management approach across ICS programmes.

As outlined in our Digital and Data Strategy, we will build on our [CIPHA](#) and [System P](#) Programmes to enhance our strategic intelligence functionality. This will enable us to better identify areas for targeted interventions and monitor progress.

All Together Fairer

The primary objective of the draft interim Health Care Partnership Strategy is to reduce health inequalities, this commitment is at the heart of all of our programmes of work. This includes through our established All Together Fairer programme where we aim to improve population health and reduce population level inequalities in health, by focussing on the social determinants of health across Cheshire and Merseyside and supporting action at Place level. The All Together Fairer programme supports the eight Marmot principles, which are to:

1. Give every child the best start in life.
2. Enable all children, young people, and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.
7. Tackle racism, discrimination, and their outcomes.
8. Pursue environmental sustainability and health equity together.

An example is how we will work together to support our population to access safe, secure, and affordable housing.

We know that access to safe, secure, and affordable housing has a huge impact on the health of our population, and also that providing the right accommodation in the community supports people with a mental health condition or learning disability to access services in a more appropriate environment. A number of partners across our Health and Care Partnership provide excellent services which support our population to meet their housing needs.

Within the NHS many of our services such as community nursing services often involve visiting people at home. We can 'Make Every Contact Count' by using these interactions as opportunities to sign-post people to other local services which can help improve the environment they live in, impacting positively on their overall health and wellbeing.

We will measure the success of the All Together Fairer programme in the 2023-28 period against the [22 beacon indicators](#) in the Marmot indicator set (*Appendix 2*).

We will:

- **Increase the % of children achieving a good level of development at 2-2.5 years OR at the end of Early Years Foundation Stage**
- **Reduce hospital admissions as a result of self-harm (15-19 years)**

Core20PLUS5: System-wide action on healthcare inequalities

[Core20PLUS5](#) is a national NHS England approach to inform action to reduce healthcare inequalities. It identifies focus clinical areas requiring accelerated improvement. Making progress against these areas is a cross-cutting, system-wide responsibility, and delivery against priority clinical area objectives sits with respective ICS programmes and workstreams.

Our Population Health Programme strategic intelligence and system leadership will strengthen the oversight and monitoring of progress against the Core20PLUS5 clinical priorities (*Appendix 3*).

We will: Focus on delivery of the CORE20PLUS5 clinical priorities with an emphasis on:

- **Increasing the proportion of cancers diagnosed at an early stage (stage 1 or 2)**
- **Increasing the percentage of patients with hypertension treated to NICE guidance to 77% by March 2024**
- **Improving access, and equity of access, to Children and Young Peoples Mental Health services (0-17).**

System-wide action on Prevention and Making Every Contact Count

We are committed to working collaboratively as a system. As part of this commitment, we are embedding the philosophy of Making Every Contact Count. This is an approach to behaviour change that maximises the opportunity within routine health and care interactions for a brief discussion on health or wellbeing factors. This can support people in making positive changes to their physical and mental health and wellbeing.

We are also focusing on [evidence-based and high impact interventions](#) which include:

- Reducing smoking prevalence
- Reducing harm from Alcohol
- All Together Active Physical Activity Strategy
- Promoting Healthy Weight
- Increasing Health Checks
- Mental Wellbeing.

We will monitor our progress against key system objectives using an integrated framework that is currently being co-produced by system partners, and will incorporate key metrics in ICS, ICB and Marmot (All Together Fairer) dashboards.

We will:

- **Reduce smoking prevalence**
- **Reduce the % drinking above recommended levels**
- **Increase in the % who are physically active.**

NHS Prevention Pledge

Our providers are delivering against the 14 core commitments in the [NHS Prevention Pledge](#). We are strengthening our focus on prevention, social value, and inequalities, embedding Making Every Contact Count (MECC) at scale, and supporting participating Trusts to achieve [Anchor Institution charter](#) status.

We are also exploring how we interpret the Pledge in a primary care setting, which involves considering how it may apply to colleagues such as GPs, dentists, optometrists, and pharmacists. This may provide further opportunities for partners to take early action to support health and wellbeing across a broader range of health and care settings.

We will:

Increase sign up to the NHS Prevention Pledge.

Vaccination and Immunisation

We plan to work with NHS England, UK Health Security Agency (UKHSA) and Place based commissioning teams to strengthen screening and immunisation uptake, and to reduce inequalities.

We will:

Work with partners to strengthen screening and Immunisation uptake and reduce inequalities.

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4. How we will improve our services and outcomes

We have adopted a life course approach to improving services and outcomes.

Starting Well – Living Well – Ageing Well

We are already working hard to improve services and outcomes for our residents through a wide range of programmes. The table below summarises our core areas of focus. Further details of our work can be accessed by clicking against the appropriate link.

Theme	Heading	Focus	Drivers	Link	Cross Cutting
Starting Well	Maternity & Women's Health	Reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury. Deliver the actions from the Ockenden report Workforce development All women have personalised and safe care Reduce inequalities in access and outcomes Women's Health and Maternity (WHaM) programme Gynaecology Network Estate - Women's Health Hubs	Core20PLUS5 All Together Fairer Long Term Plan	Click to Access	Personalised Care and supporting Self Care Supporting Our Carers and Vulnerable Groups
	Children and Young People Beyond Programme	Emotional wellbeing and mental health Learning difficulties, disabilities and autism Diabetes Epilepsy Respiratory / asthma Healthy weight and obesity Oral health Estate - Women's Health Hubs	Core20PLUS5 All Together Fairer Long Term Plan	Click to Access	
Living Well	Physical Health	Cancer Cardiovascular Disease (CVD) Community health services Diabetes Elective Recovery Neurosciences Respiratory Stroke Urgent & Emergency Care Accessing Adult Social Care	Core20PLUS5 NHS Operational Plan Long Term Plan	Click to Access	
	Ageing Well	Mental Health	Improving Mental health access and outcomes Continued investment in Mental Health Improved choice A new community-based Mental Health offer PCNs to have Mental Health Practitioners More comprehensive crisis pathways Improved access for children and young people Suicide Prevention Dementia	Core20PLUS5 NHS Operational Plan Long Term Plan	
Neurodiversity		Learning Difficulties, Disability & Autism (LDDA) Attention Deficit Hyperactivity Disorder (ADHD)			
End of Life Care (EOLC)		Access to information to support EOLC Access and sustainability palliative /EOLC services Specialist Workforce development Engaging with people	Long Term Plan	Click to Access	
Cross Cutting	Primary Care - General Practice / Dental / Optometry /Community Pharmacy				
	Diagnostics - Priority supporting Recovery and Restoration				

5. Our Workforce

Our plans recognise the importance of investing in our workforce.

To achieve Cheshire and Merseyside Health and Care Partnership’s strategic priorities we need to change the way we work. We will have new teams, new roles, and we will need to work across multiple organisations and Places.

In 2022/23 the Cheshire and Merseyside People Board, which has a broad membership across Cheshire and Merseyside stakeholders, agreed a set of ambitious Workforce Priorities for 2022-25 (see below).

Our system Workforce Strategy and the programme to support delivery of these priorities will be further developed during 2023/24.

Systemwide Strategic Workforce Planning to:	Creating New Opportunities across C&M to:	Promoting Health and Wellbeing to:	Maximising and valuing the skills of our staff to:	Creating a positive and inclusive culture to:
<ul style="list-style-type: none"> • Ensure a health and care workforce that is fit for the future • Smarter workforce planning linked to population health need • Creation of a 5-, 10- and 15-year integrated workforce plan • Developing a greater triangulation and monitoring between workforce / productivity / activity / finance. 	<ul style="list-style-type: none"> • Grow our own future workforce • Increased focus on apprenticeships • Embed New Roles • Review barriers to recruitment • Work with the further and higher education sector • PCN Development • Greater links with social care and primary care • Ensuring an effective student experience. 	<ul style="list-style-type: none"> • Ensure appropriate health and wellbeing support for all staff • Ensure good working environment • Focus on retention. • Preventing burnout • Ensuring appropriate supervision and preceptorship is available. 	<ul style="list-style-type: none"> • Understand the impact of 5 generations working together/ changing expectation of the workforce • Developing career options at different stages of our lives and across health and social care • Responding to reviews / staff surveys and recommendations in a positive manner. 	<ul style="list-style-type: none"> • Ensure proactive support of inclusion and diversity as a priority • Collaborative and inclusive system leadership • Understanding the barriers for staff / future employees • Development of learning and restorative practice.

Developing our culture and leadership

We plan to adopt, apply, and invest in the following areas to develop our culture, workforce, and ways of working as a system.

We will:

- **Ensure a Health and Care workforce that is fit for the future.**

And:

- **Publish a Strategic Workforce Plan by March 2024**

- **Create new opportunities across health and care providers**
- **Promote health and wellbeing of all workforce**
- **Maximise and value the skills of our workforce**
- **Create a positive and inclusive culture**
- **Ensure digital upskilling for the whole workforce**
- **Further develop our partnerships with Health Education Institutes (HEI's), further education providers and school**

Cultural transformation

- Organisational and system redesign necessary for integration
- Competence and capability development to deliver integrated ways of working.
- Team cohesion to drive resource optimisation through sustainable collaboration.
- Growth mindset to stimulate systems leadership thinking and practice.
- A shared cultural identity values and behaviours premised on the principles of public service founded by the NHS Constitution, Equality Act and Nolan Principles

Talent management

- Talent management for effective capacity, demand and supply planning mapped to population health / market trends.
- Robust succession planning strategies for business-critical roles and hard to fill roles specifically.
- Reward and recognition strategies to ensure that success is rewarded and celebrated and improve staff engagement and retention.

Leadership development

- Resilient collective (systems) leadership evidenced in the continual enablement of integration for improved health and care integration.
- Compassionate and inclusive leadership cultures towards improving health inequalities.
- Culturally competent leadership to drive cultural competence in decision making for integration.
- Clinical leadership for integration towards health creation models of care

6. System development

Our Integrated Care System is geographically large and comprises a wide range of partners. This is reflected in how we apply our intention to distribute leadership to the most appropriate point in the system, which in many cases is as locally as possible.

In line with the concept of a “self-improving system” described in the Hewitt Review we intend to develop our capabilities and be ambitious in developing our leadership, workforce and improvement approaches alongside the plans already outlined in this document.

In early 2023/24 we will be delivering work to develop and embed an agreed operating model for our system, working alongside system partners. Part of this will involve considering how we can work more efficiently as a system to enable the integration of services across health, care and our wider partners and communities, within our Places and our communities to prosper whilst working collectively at a Cheshire and Merseyside level when it makes most sense to do so.

Clinical and Care Professional leadership

We have developed a Clinical and Care Leadership Framework which outlines how clinical and care leaders across Cheshire and Merseyside will be involved in key aspects of ICS decision making.

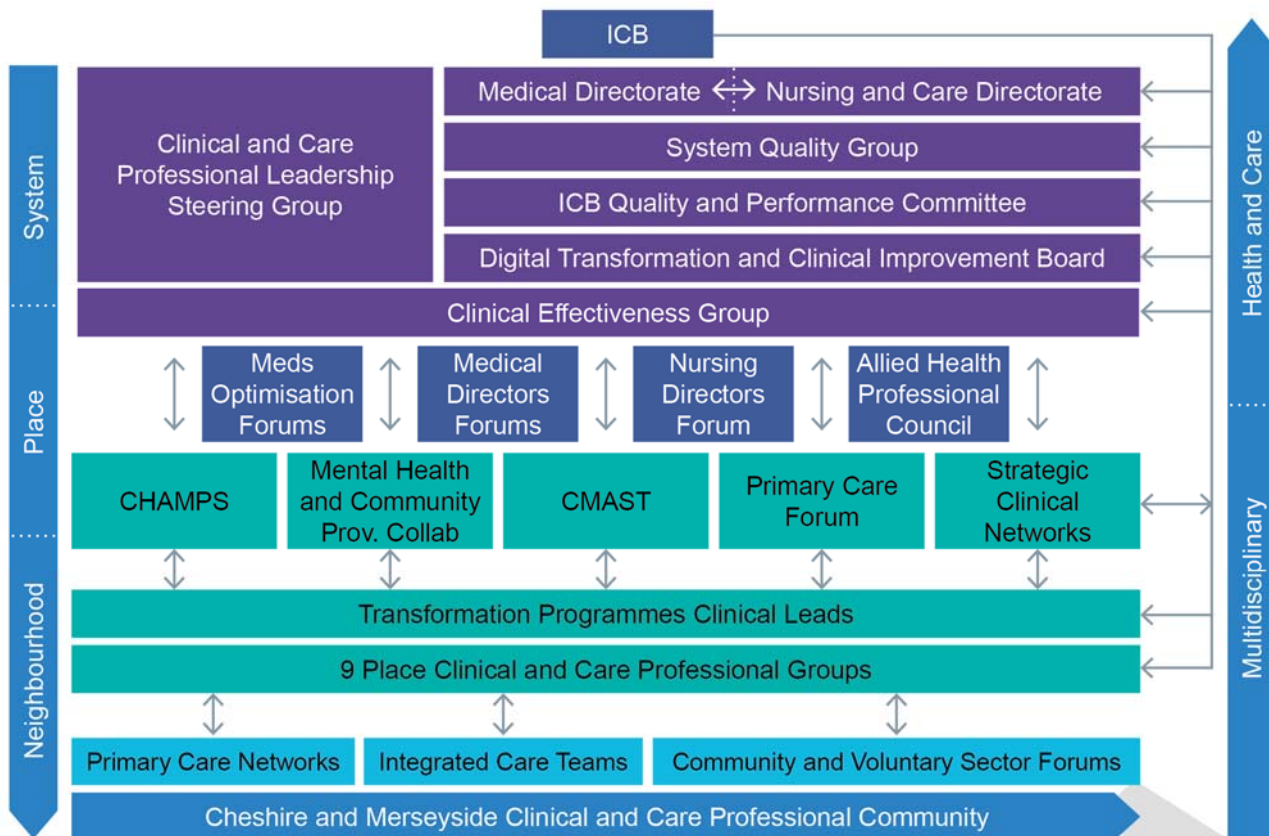
The framework was developed collaboratively with a wide range of clinical and care professionals and in partnership with the Innovation Agency. It will:

- Empower our leaders to work across traditional organisational boundaries
- Support specific groups of clinicians and care professionals to connect their particular areas of work to the ambitions of the ICS
- Create an environment where distributed leadership can thrive
- Maintain and develop the depth and breadth of clinical leadership we currently have, including development of our future leadership to be more reflective the diverse Cheshire and Merseyside population we serve
- Build on the expertise of existing clinical and care professional networks
- Enable clinical and care professionals to collaborate for improved health and care outcomes for people in Cheshire and Merseyside.

We will:

Develop a Cheshire and Merseyside Clinical Strategy by March 2024.

Figure 7: Clinical and Care Leadership in Cheshire and Merseyside



Quality Improvement

The government and public rightly expect Integrated Care Boards and their respective systems to ensure that the services we commission provide the highest standards of care. The development of our system quality strategy is being informed by the National Quality Board (NQB) guidance. The NQB publication [‘Shared Commitment to Quality’](#) provides a nationally agreed definition of quality and a vision for how quality can be effectively delivered through ICSSs.

Quality Principles

We will work together as a system to improve quality and use the key principles for Quality Management, as set out by the NQB, in developing our approach to deliver care that is:

- Safe
- Effective
- A Positive Experience
- Responsive and Personalised
- Caring
- Well-led
- Sustainably Resourced
- Equitable

Our Provider Collaboratives

Effective collaboration and system working requires us to continually evolve, develop, improve and partner to further embed progress and capacity within the ICS and ultimately to provide more and better care to our residents and patients.

In Cheshire and Merseyside, we have two provider collaboratives:

- Cheshire and Merseyside Acute and Specialist Trusts Collaborative (CMAST)
- Mental Health, Community and Learning Disability and Community Provider Collaborative (MHLDC)

Our collaboratives are leading a range of work programmes which support delivery of the Cheshire and Merseyside HCP strategic priorities.

Our Cheshire and Merseyside Acute and Specialist Trusts Collaborative (CMAST) programmes and key areas of focus are listed below:

- Elective Recovery and Transformation
- Clinical Pathways
- Diagnostics
- Finance, Efficiency and Value
- Workforce

Our Mental Health Learning Disabilities and Community Provider Collaborative (MHLDC) is a joint working arrangement between the nine providers of community, mental health and learning disabilities services. The work programme priorities for 2023/24 are:

- Community urgent care:
 - Urgent community response teams
 - Intermediate care
 - Roll out of Urgent Treatment Centre specification
 - Virtual Wards
- Community services for children and young people
- Access to care, fragile services and community waiting times
- Population health and prevention
- Mental health transformation
- Workforce transformation

We will:

Work with Our collaboratives on a range of work programmes which support delivery of the HCP strategic priorities.

Our VCFSE Transformation Programme

In Cheshire and Merseyside we are fortunate to have a strong and engaged Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector across our nine Places. This is supported by established local infrastructure organisations providing skills, knowledge, and capacity to enable two-way communications and engagement between local neighbourhoods and the health and care system.

The new health and care structures which have recently been established provide an opportunity to transform services and make a lasting difference to patients and communities. VCFSE partners will play a vital role in transformation programmes with a focus on:

- Embedding VCFSE as key delivery partners
- Supporting investment in the VCFSE both financially and organisationally
- Building on VCFSE infrastructure and assets

We will:

Focus on embedding the VCFSE as a key delivery partner.

Our Places

Our nine Cheshire and Merseyside Places have been working collectively since before the formation of ICS in 2022, working through local partnership arrangements to deliver against the priorities in their local joint health and wellbeing strategies.

We have used a 'Place Development Assessment Framework' to support our Place Partnerships in their development, applying learning from other geographies. There are 4 key domains:

- Ambition and Vision
- Leadership and Culture
- Design and Delivery
- Governance

Place Partnerships have developed detailed plans to improve local services and outcomes.

We will:

As part of our Operating Model we will enable our nine Places to most effectively deliver functions and decision making at a local level.

Evolving our Commissioning and Corporate Services

We are developing a single suite of commissioning policies across Cheshire and Merseyside by March 2024, and we will publish new policies as soon as these are completed and have been through the relevant engagement and governance processes required.

The Health and Care (2022) Act has created provisions for NHS England to delegate functions relating to the planning/commissioning of certain services to Integrated Care Boards. In April 2023 the ICB took on responsibility for dental, ophthalmic and pharmacy services, and we are planning for future delegation of Specialised Services from April 2024.

We have a number of programmes of work designed to support our system to improve consistency and value for money as its functions evolve. These include:

- Corporate infrastructure: we are reviewing the licenses and applications in use across our nine places, to improve consistency and realise operational and financial efficiencies.
- Commissioning support functions: we are reviewing all services currently provided to the ICB by Midlands and Lancashire Commissioning Support unit for consistency and value for money.

Research and Innovation

As described in our draft interim Health Care Partnership Strategy we have an ambitious vision for research in Cheshire and Merseyside. Our ICS is investing in the clinical leadership to realise this ambition with Director and Deputy Director of Research to work closely with our stakeholders to develop the best performing research network in the country.

We are working closely as a system involving the [CHAMPS](#) public health collaborative, our academic institutions, HCP partners (including population health), research partners (including National Institute for Health and Care Research, National Cancer Research Institute and Academic Health Science Network) and industry.

We will:

- **Establish a Cheshire and Merseyside Research Development Hub**
- **Create a network of research champions across our system**
- **Deliver annual learning events to showcase latest research and to enable the sharing of skills, toolkits and research to support in-house evaluation of projects**
- **Contribute to the development of a North West Secure Data Environment for research.**

Digital and Data

Cheshire and Merseyside ICS published its three year Digital and Data Strategy in November 2022 following endorsement from the NHS Cheshire and Merseyside Board. We are committed to using digital and data to improve outcomes and services for our residents.

The strategy describes an ambition to improve the health and well-being of our region now and into the future by incorporating digital and data infrastructure, systems, and services throughout the pathways of care we provide.

This requires 'levelling up' our digital and data infrastructure to help address the significant inequalities so clearly faced by parts of our population and to ensure we successfully support all we serve.

We are committed to turning 'intelligence into action' by using increasingly sophisticated ways of understanding the health and care needs of our population, and then finding and intervening for those in greatest need to improve their health and care outcomes in an equitable way.

We will:

Work in partnerships to deliver the goals outlined in the Digital and Data Strategy, including making the Share2Care (shared care record) platform available in all NHS and Local Authority Adult Social Care providers, by March 2024.

Effective use of resources

In line with many other systems Cheshire and Merseyside faces significant financial challenges. As a system, we are spending more money on health and care services than we receive in income. We must take action to improve the long-term sustainability of the Cheshire and Merseyside health and care system by managing demand and transforming the way we use services, staff, and buildings.

As part of the Cheshire and Merseyside draft interim Health Care Partnership Strategy there is a commitment to developing a system-wide financial strategy during the first half of 2023-24 to:

- Determine how we will best use our resources to support reduction in inequalities, prevention of ill health and improve population health outcomes
- Support health and care integration
- Identify key productivity and efficiency opportunities at both a Place and ICS footprint
- Outline system-wide estates and capital requirements and plans

As recommended in the Hewitt Review, we are focussed on ensuring we are getting best value from our investments and increasing the proportion of our ICB budgets allocated to prevention of ill health.

We will:

Agree a financial strategy and recovery plan by September 2023 which details how we will move to a sustainable system-wide financial position in Cheshire and Merseyside

Finance Efficiency and Value Plans

As part of our wider development of a system financial strategy, we have established an Efficiency at Scale programme. One of our provider collaboratives, CMAST, is hosting the programme on behalf of the ICB. The programme works across the NHS and links with partners from the wider system as appropriate.

The key areas of focus for the Efficiency at Scale programme are:

- Consolidating financial systems, approaches and capacity across organisations where appropriate, including financial ledgers.
- Delivering a structured procurement workplan to reduce influenceable spend across all providers.
- Building on existing medicines optimisation projects to deliver a more sustainable approach to pharmacy capacity and resourcing across Cheshire and Merseyside.
- Specific discrete workforce projects, for example a collaborative staff bank for Health Care Assistants.

This complements wider work on our financial strategy and recovery plan where system partners work to reduce costs, through ICB, Place, provider and partner led plans.

Capital plans

We have developed a Capital Plan which describes how we will use available capital funding to invest in our buildings and infrastructure. This is publicly available to view at: [INSERT LINK TO CAPITAL PLAN](#)

Our capital plans will be routinely shared with members of the Cheshire and Merseyside Health and Care Partnership and the nine Health and Wellbeing Boards in Cheshire and Merseyside.

We will continue working in partnership to deliver against our Capital plans.

Estates

Cheshire and Merseyside Health and Care Partnership's [Estates Strategy](#) sets out our system commitment for the next five years. We are committed to the NHS, local government and other agencies working together to deliver our Estates Plan and take steps to create stronger, greener, smarter, better, fairer health and care infrastructure together with efficient use of resources and capital to deliver them.

Our focus for delivery will primarily be in eight key areas:

- Fit for Purpose
- Maximising Utilisation
- Environmentally Sustainable
- Value for Money and Social Value
- Services and Buildings in the right place
- Flexibility
- Technology
- Working in Partnership

During the year we will be supporting our nine Place Partnerships and Primary Care Networks to ensure our focus areas translate into deliverable local plans.

All Age Continuing Health Care

The ICB is accountable for the fair and equitable commissioning of NHS All Age Continuing Health Care (AACC) to support the assessed needs of our residents. We are accountable for the quality, safety and financial assurance of the continuing care provided.

We have recently reviewed the services we provide to people who receive Statutory funded continuing care. This review will have a range of benefits. It will improve the appropriateness of the care provided, meaning care is of higher quality. By providing more appropriate solutions, we also expect to improve the value for money of the services we provide meaning our funding can go further.

We will:

Complete the review and work with partners to establish an equitable model for delivery of services across Cheshire and Merseyside.

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7. Our Place Plans

Click her to see our Place plans. [\(link to be added\)](#).

8. Glossary

An online glossary of terms has been developed by NHS Cheshire and Merseyside and can be accessed through this link:

cheshireandmerseyside.nhs.uk/get-involved/glossary/

9. Summary of Outcomes

In addition to the priorities outlined in Section 1 there are a range of additional outcomes the plans outlined in this document will deliver and can be accessed by clicking here [\(link to be added\)](#).

10. Links to our partners plans

Click here to find links to the strategic plans of our NHS Provider and Local Authority Partners. [\(link to be added\)](#).



Appendix 1 NHS Operational Plan and Long-Term Plan

NHS Operational Plan and Long-Term Plan Objectives and Metrics				
Area	2023/24 Planning Objective	Metric	Target Value	Cheshire and Merseyside position
Urgent and emergency care*	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25	Percentage of attendances at Type 1, 2, 3 A&E departments, excluding planned follow-up attendances, departing in less than 4 hours	76%	76.9%
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25	Ambulance Response Times - Category 2 (hh:mm:ss)	00:30:00	N/A
	Reduce adult general and acute (G&A) bed occupancy to 92% or below	Average number of overnight G&A bed occupancy - adult	92%	94.3%
		Average number of overnight G&A bed occupancy - Total (Adult & Paediatrics)		92.8%
Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard	Percentage of 2-hour Urgent Community Response referrals where care was provided within two hours	70%	2022/23 YTD = 74%. 14,985 UCR Contacts planned, 36% increase compared to 2022/23 FOT
	Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals	No specific metric defined		
Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need	% Appointments booked same day		Total GP Appoints 14.98m. Increase of 4.9% compared to 2021/22
		% Appointments booked within 1-14 days		
		% Appointments booked over 14 days		
	Continue the trajectory to deliver 50 million more appointments in general practice by the end of March 2024	Current gap to local ambition (down arrow indicates closing the gap)		
	Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024	Direct Patient Care (DPC) Roles in General Practice and PCNs (NB - manifesto commitment changed from ARRS to DPC roles, trajectory only available at region level)		57.9%
	Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels	2019/20 Baseline scheduled monthly % of usual annual contracted UDAs		83% below 19/20
2022/23 scheduled monthly % of usual annual contracted UDAs				
Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)	Total waiting over 65 weeks	0	0



	Deliver the system- specific activity target (agreed through the operational planning process)	2022/23 Value Weighted Activity including adjustment for advice and guidance (NB - this measure will change for 2023/24)	105%	108.5%
Cancer	Continue to reduce the number of patients waiting over 62 days	The number of cancer 62-day pathways (patients with and without a decision to treat, but yet to be treated or removed from the PTL) waiting 63 days or more after an urgent suspected cancer referral excluding non-site-specific symptoms		1,095
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days	% Patients with diagnosis communicated within 28 days	75%	75.1%
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028	Percentage of stageable cancers diagnosed at stage 1 and 2 (NB - data are Cancer Alliance not ICB footprint)	75%	80.0%
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	% Patients receiving diagnostic test within 6 weeks	95%	89.5%
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition	Acute Trust Diagnostic activity as % of baseline (current month v baseline month for 15 tests in DM01)		116.4%
Maternity	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality, and serious intrapartum brain injury	Stillbirths per 1,000 total births Neonatal deaths per 1,000 total live births		
	Increase fill rates against funded establishment for maternity staff	Workforce data		
Use of Resources	Deliver our agreed financial plans for 23/24 whilst working towards a balanced financial position in future years	Financial strategy and recovery plan in place by Sept 2023		
Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise	Total workforce	Publish a Strategic Workforce Plan by March 2024	
Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)	Number of CYP aged under 18 supported through NHS funded mental health services receiving at least one contact		23/24 = 135,601 Q4 = 37,590
	Increase the number of adults and older adults accessing IAPT treatment	Number of people who first receive IAPT recognised advice and signposting or start a course of IAPT psychological therapy within the reporting period.		23/24 = 72724. 100% of target



	Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services	Number of people who receive two or more contacts from NHS or NHS commissioned community mental health services (in transformed and non-transformed PCNs) for adults and older adults with severe mental illnesses	5%	Q4 23/24 = 20,600 Target achieved
	Work towards eliminating inappropriate adult acute out of area placements	Number of inappropriate OAP bed days for adults by quarter that are either 'internal' or 'external' to the sending provider		Q4 23/24 = 900
	Recover the dementia diagnosis rate to 66.7%	Dementia Diagnosis Rate	66.7%	66.7%
	Improve access to perinatal mental health services	Number of women accessing specialist community PMH and MMHS services in the reporting period		Q4 23/24 = 2,357 372 short of ambition
People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024	% of AHCs carried out for persons aged 14 years or over on the QOF Learning Disability Register in the period	75%	75.0%
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults are cared for in an inpatient unit	Learning Disability Inpatient Rate per Million ONS Resident Population.	<30	36.5
	Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit		12 to 15	14.0
Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024		77%	
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%		60%	
	Continue to address health inequalities and deliver on the Core20PLUS5 approach	No specific metric defined		
Activity	Elective day case spells	Planned Activity Volumes 23/24		363,244
	Elective ordinary spells	Planned Activity Volumes 23/24		54,466
	RTT Clock Stops (admitted and non-admitted)	Planned Activity Volumes 23/24		879,054
	Number of requests for A&G	Planned Activity Volumes 23/24		417,246
	Outpatient attendances (all TFC; consultant and non-consultant led) - First attendance	Planned Activity Volumes 23/24		1,330,322
	Outpatient attendances (all TFC; consultant and non consultant led) - Follow-up attendance	Planned Activity Volumes 23/24		3,357,568

Follow Up Outpatient Attendances without procedure	Planned Activity Volumes 23/24	Reduce by 25%	2,487,559
Number of episodes moved or discharged to PIFU pathway	Planned Activity Volumes 23/24		171,366
Number of attendances at all type A&E departments.	Planned Activity Volumes 23/24		1,181,165
Non-elective spells	Planned Activity Volumes 23/24		398,629

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Appendix 2 Marmot 8 principles and 22 Beacon indicators

The tables below highlight the principles describing how we intend reducing inequalities and the indicators we will use to measure progress.

Marmot 8 principles	
1	Give every child the best start in life.
2	Enable all children, young people, and adults to maximise their capabilities and have control over their lives.
3	Create fair employment and good work for all.
4	Ensure a healthy standard of living for all.
5	Create and develop healthy and sustainable places and communities.
6	Strengthen the role and impact of ill-health prevention.
7	Tackle racism, discrimination, and their outcomes.
8	Pursue environmental sustainability and health equity together.

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22 Beacon Indicators

Life expectancy		Frequency	Level	Disagg.	Source
1	Life expectancy, female, male	Yearly	LSOA	IMD	ONS
2	Healthy life expectancy, female, male	Yearly	LA	IMD	ONS
Give every child the best start in life					
3	Percentage of children achieving a good level of development at 2-2.5 years (in all five areas of development)*	Yearly	LA	NA	DfE
4	Percentage of children achieving a good level of development at the end of Early Years Foundation Stage (Reception)	Yearly	LA	FSM status	DfE
Enable all children, young people and adults to maximise their capabilities and have control over their lives					
5	Average Progress 8 score**	Yearly	LA	FSM status	DfE
6	Average Attainment 8 score**	Yearly	LA	FSM status	DfE
7	Hospital admissions as a result of self-harm (15-19 years)	Yearly	LA	NA	Fingertips, OHID
8	NEETS (18 to 24 years)	Yearly	LA	NA	ONS
9	Pupils who go on to achieve a level 2 qualification at 19	Yearly	LA	FSM status	DfE
Create fair employment and good work for all					
10	Percentage unemployed (aged 16-64 years)	Yearly	LSOA	NA	LFS
11	Proportion of employed in permanent and non-permanent employment	Yearly	LA	NA	LFS
12	Percentage of employees who are local (FTE) employed on contract for one year or the whole duration of the contract, whichever is shorter***	-	-	-	NHS, local government
13	Percentage of employees earning below real living wage	Yearly	LA	NA	ONS
Ensure a healthy standard of living for all					
14	Proportion of children in workless households	Yearly	LA	NA	ONS
15	Percentage of individuals in absolute poverty, after housing costs	Yearly	LA	NA	DWP
16	Percentage of households in fuel poverty	Yearly	LA	NA	Fingertips OHID
Create and develop healthy and sustainable places and communities					
17	Households in temporary accommodation****	Yearly	LA	NA	MHCLG / DLUHC
Strengthen the role and impact of ill health prevention					
18	Activity levels	Yearly	LA	IMD	Active lives survey
19	Percentage of loneliness	Yearly	LA	IMD	Active lives survey
Tackle racism, discrimination and their outcomes					
20	Percentage of employees who are from ethnic minority background and band/level***	-	-	-	NHS, local government
Pursue environmental sustainability and health equity together					
21	Percentage (£) spent in local supply chain through contracts***	-	-	-	NHS, local government
22	Cycling or walking for travel (3 to 5 times per week)~	Yearly	LA	IMD	Active lives survey

* Children achieving a good level of development are those achieving at least the expected level within the following areas of learning: communication and language; physical development; personal, social and emotional development; literacy; and mathematics.

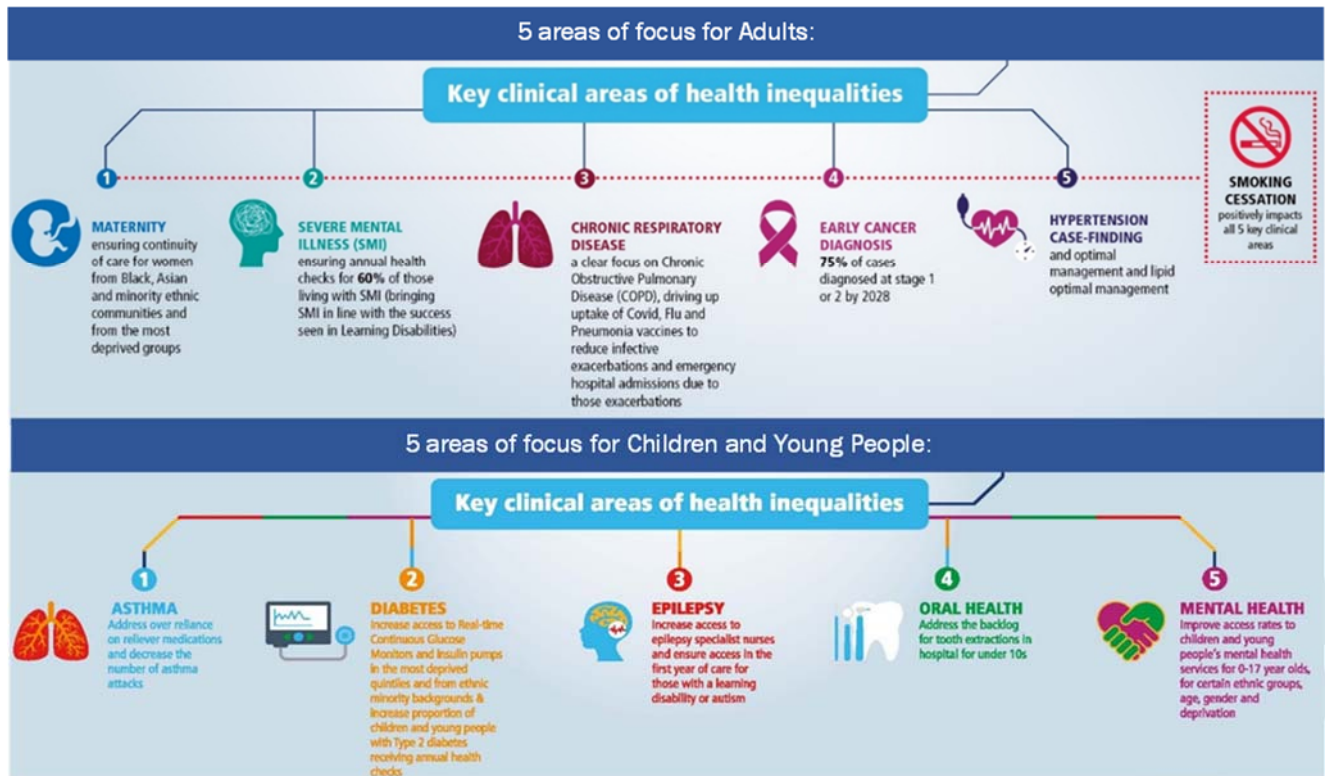
** Both the Progress 8 and Attainment 8 scores are proposed for inclusion. Progress 8 scores at local authority level demonstrate that schools with a negative average score require systematic intervention. Attainment 8 shows the percentage achievement of school-leavers and is a more sensitive measure of annual change within schools.

*** These indicators will require the NHS and local authorities to establish new data recording and collection methods. We have factored the social value indicators into the 2022/23 work programme to align with the rollout of the Anchor Institute Charter. It will also require definitions of "local" in both the local supply chain and employment. All contracts, direct and subcontracted, should be analysed and included. This should be reviewed after the first year of implementation. Collecting ethnicity data related to employment should also be reviewed after the first year of implementation.

**** To be used to demonstrate annual changes, interpretation to factor in population changes.

~ Active Lives Survey states the length of continuous activity is at least 10 minutes.

Appendix 3 Core20PLUS5



Organisational Strategy 2022-27 - Year 2 plan

Meeting	Board of Directors		
Date	21/06/2023	Agenda Item	13
Lead Director	Tony Bennett, Chief Strategy Officer		
Author(s)	David Hammond, Deputy Director of Strategy		
Action required (please select the appropriate box)			
To Approve <input checked="" type="checkbox"/>		To Discuss <input type="checkbox"/>	To Assure <input type="checkbox"/>
Purpose			
This item presents a revised organisational 5 year strategy document, including some revised We Will statements, to Board for approval.			
Executive Summary			
<p>WCHC's 5 year organisational strategy (2022-27) was approved by Board in April 2022. As approved, it contains 29 We Will statements under the themes of Operational Development, Quality & Innovation, Inclusion, People, Digital and Social Value & Partnerships. These statements guide the work of the organisation and enable progress to be tracked against delivery of the strategy.</p> <p>To ensure it continues to reflect organisational and system priorities, the We Will statements from each strategy section were reviewed with relevant director and deputy directors during early May 2023. The revised, proposed We Will statements were reviewed at Informal Board on 17 May 2023.</p> <p>The revised document is presented for approval. Key changes include the following:</p>			
Section and page numbers		Key changes	
Operational Development (p12-13)		<p>Additional We Will statements regarding:</p> <ul style="list-style-type: none"> • Risk stratified waiting list management • Home First service • Transfer of Care Hub <p>Removal of We Will statement regarding 3C's as this was adult social care-specific, replaced with a broader statement about collaborative working.</p>	



Inclusion (p16)	Inclusion Ambitions included for consistency with the Inclusion & Health Inequalities Strategy.
People (p19)	New We Will statement regarding Staff engagement. Other statements reworded to enhance precision.
Digital (p21)	New, broader We Will statement regarding remote and assistive care, which includes telehealth.
Social Value & Partnerships (p23)	Added specificity about reduction of carbon emissions as part of the Green Plan.

Besides the changes noted above, minor amendments have been made to update the text so that, e.g., it refers to ‘the life of the strategy’ rather than ‘the next five years’.

Once approved, the revised document will be published in electronic format on the Trust Staffzone and public website.

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 & Equality Impact Assessment completed and attached No. EIA developed for original strategy and shared April 2023.

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.

The Trust Vision – To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:

- 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

Please select the top three Trust Strategic Objectives and underpinning goals that this report relates to, from the drop-down boxes below.

Populations - Safe care and support every time	People - Improve the wellbeing of our employees	Place - Improve the health of our population and actively contribute to tackle health inequalities
--	---	--

The Trust Social Value Intentions

Does this report align with the Trust social value intentions? Yes.

If Yes, please select all of the social value themes that apply:

Community engagement and support

Purchasing and investing locally for social benefit

Representative workforce and access to quality work

Increasing wellbeing and health equity

Reducing environmental impact

Board of Directors is asked to consider the following action

To approve the revised 5 year strategy.

Report history (Please include history of where the paper has been presented prior to reaching this meeting, including the title of the meeting, the date, and a summary of the outcome)

Submitted to	Date	Brief summary of outcome





Wirral Community
Health and Care
NHS Foundation Trust

Five Year Organisational Strategy

2022 - 2027

SHAPING
OUR
FUTURE

C o n t e n t s

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Introduction

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



The last few years have shown the importance of maintaining safe, effective and high quality community health and care services.

Our new services, such as the community intermediate care centre and 2 hour, 7 day crisis response service reduce improve the care that we can make available in the right place at the right time and 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 engaged extensively with our staff and partners, as well as understanding and reflecting the local and national direction.

Over the coming 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 Wirral Community Health and Care NHS Foundation Trust (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 as well as 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, alongside 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 inequalities, 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 local 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 healthcare, 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 with everywhere, correspond to lower life expectancy and affect people negatively 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...

Approximately 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. 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. This pivotal role will help reduce health inequalities and support wider social development across Cheshire and Merseyside.



SOCIAL VALUE QUALITY MARK



SOCIAL VALUE QUALITY MARK



LEVEL 1

Holistic health and care

A key strength of our Trust is how 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 and Merseyside.

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



Over the life of this strategy, 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 coming 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 enabling 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 life of this strategy, 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, 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
- Continue to collaborate with NHS, local authority and Voluntary, Community Faith and Social Enterprise (VCFSE) partners so that people benefit from person-centred, well-coordinated care
- Take a risk-stratified approach to waiting list management

* 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 Two Hour 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:

- Continue to expand our 2 hour Urgent Community Response (UCR) service offer for admissions avoidance, alongside a 2 day response for community rehabilitation
- Continue to deliver and grow virtual ward and technology-enabled care models with partners
- Develop our Home First service so that all people needing long term assessments after a hospital stay have this whilst being supported at home
- Optimise our current bed-based Community Intermediate Care Centre (CICC) to improve capacity and people's outcomes
- Develop our Single Point of Access into a Transfer of Care Hub
- Implement a single front door model for urgent treatment and A&E as part of Wirral's urgent and emergency care services

Quality and innovation

Having reflected on all that we have learned through the pandemic, our quality and innovation ambitions are more ambitious than ever before.

Quality remains at the heart of our organisation and, over the life of this strategy, 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

Groundbreaking 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, establishing processes for systematically hearing from people and communities and co-production of care pathways
- **Groundbreaking innovation and research by:** developing a sustainable workforce to lead innovation and research, establishing an innovation hub and building a strong innovation and research portfolio



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 within 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.

Inclusion
Getting it right for everyone



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

1

Remove barriers to access - ensuring our approach meets the needs of individuals, ensuring equitable access to care and employment for all

2

Focus on barriers to care - ensuring that everyone's experience of the Trust and its services is positive, inclusive and reflects our values of 'Compassion, Open and Trust'

3

Improve outcomes for everyone - focussing our efforts on 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 focused 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 feel the Trust 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 practising a restorative culture, being inclusive and championing innovation.

Leaders at all levels will improve the staff experience by supporting the health and wellbeing 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 will 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 and compassionately support the well-being of their staff
- Improve the employee experience and our brand as an employer which will include a refreshed approach to staff engagement at all levels
- Develop and embed a Restorative, Just and Learning Culture where staff can bring their true selves to work and speak up, challenge, contribute and innovate in a psychologically safe environment
- Build strong leadership and management capability through our Leadership Qualities Framework (LQF) to ensure leaders role-model our values and behaviours
- Provide career progression opportunities and enhance staff skills, knowledge and experience through experiential and formal learning and development
- Ensure our workforce planning meets future needs, creating sustainable workforce, growing talent, and maximising our role as an Anchor Institution

Digital

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

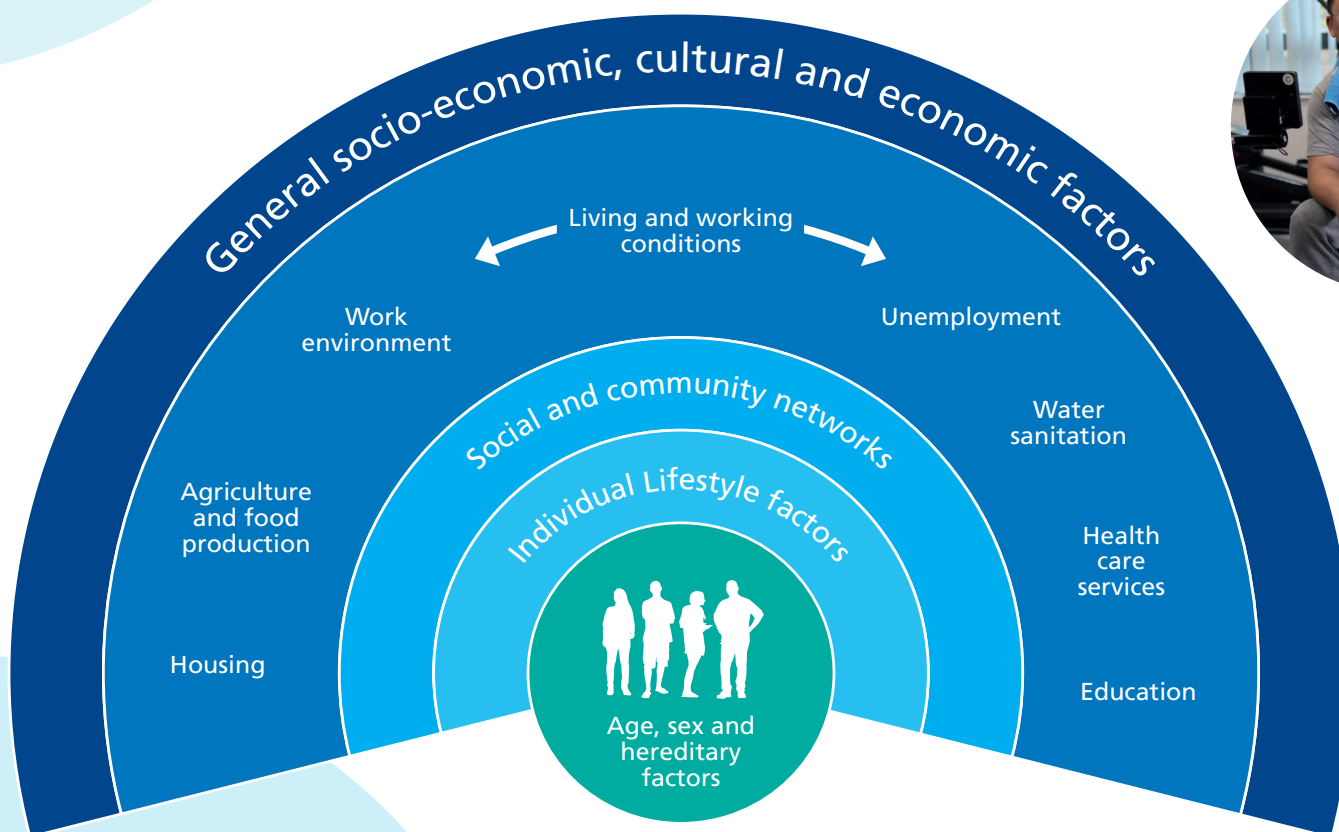
We will:

- Build on our IT core, ensure cyber security and move towards cloud based infrastructure
- Complete Electronic Health Record (EHR) future state design and implementation
- Define and embed a strategic model for remote and assistive care
- 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.

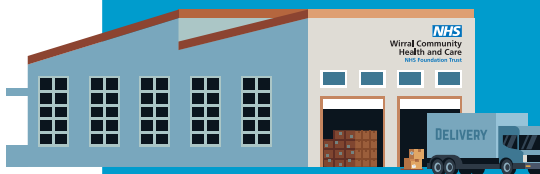
We are working with colleagues across and beyond our Trust to make Social Value a core part of our organisational data collection and decision-making.

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:

- 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 carbon emissions 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 focused 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 where 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
- Groundbreaking 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.





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)

Communications, Marketing and Engagement Activity Update Report for Quarter 4 - 2022/23			
Meeting	Board of Directors		
Date	21/06/2023	Agenda Item	14
Lead Director	Alison Hughes, Director of Corporate Affairs		
Author(s)	Fiona Fleming, Head of Communications & Marketing		
Action required (please select the appropriate box)			
To Approve <input type="checkbox"/>	To Discuss <input type="checkbox"/>	To Assure <input checked="" type="checkbox"/>	
Purpose			
The purpose of this paper is to provide the Board of Directors with assurance on the implementation of communications, marketing and engagement priorities aligned to the Trust strategy.			
Executive Summary			
Q4 (January - March 2023) presented a diverse range of campaigns and a great opportunity for the team to support and respond to the changing needs of staff, patients and service users, explore new ways of engaging with the workforce and raise the profile of the Trust.			
The report details activity against the communications goals:			
<ul style="list-style-type: none"> - Brand Management - External Communications - Internal Communications - System Support - Crisis Management and Sustainability 			
These goals are aligned to the Trust's strategic themes.			
Risks and opportunities:			
No risks identified in this report. The risk in failing to have effective communication and engagement with the local population and the workforce is mitigated by the numerous campaigns and priorities delivered.			
Quality/inclusion considerations:			



All communications and engagement activity aims to positively impact on Trust staff and those who access our services.		
Financial/resource implications:		
There are no financial/resources implications for consideration within the report		
The Trust Vision - To be a population health focused organisation specialising in supporting people to live independent and healthy lives. The Trust Objectives are:		
<ul style="list-style-type: none"> • 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 		
Please select the top three Trust Strategic Objectives and underpinning goals that this report relates to, from the drop-down boxes below.		
People - Improve the wellbeing of our employees	People - Grow, develop and realise employee potential	People - Better employee experience to attract and retain talent
The Trust Social Value Intentions		
Does this report align with the Trust social value intentions? Yes.		
If Yes, please select all of the social value themes that apply:		
Community engagement and support <input checked="" type="checkbox"/>		
Purchasing and investing locally for social benefit <input checked="" type="checkbox"/>		
Representative workforce and access to quality work <input checked="" type="checkbox"/>		
Increasing wellbeing and health equity <input checked="" type="checkbox"/>		
Reducing environmental impact <input checked="" type="checkbox"/>		
Board of Directors is asked to consider the following action		
To be assured that the communications, marketing and engagement activity evidenced in this report for Q4 2022-23 meets the aims of the Trust and actively supports staff, service users and the local community.		
Report history (Include history of where the paper has been presented prior to reaching this meeting, including the title of the meeting, the date, and a summary of the outcome)		
Submitted to	Date	Brief summary of outcome



Quarterly report submitted to the Board of Directors.	NA	NA
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Compassion | **Open** | **Trust**



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

Communications & Marketing Board Report Q4

Date: 21 June 2023

Name: Alison Hughes, Director of Corporate Affairs

Overview of Quarter 4 (January, February, March)

Business as usual

- 26 Editions of The Update
3 Special Editions: Industrial Action, IT, and Social Work Week
- 160 Shout Outs published
- 5 CEO messages
- 65 screensavers
- 1448 email requests received between January - March. Average of 22 jobs per day through the communications mailbox

Digital Summary

- Twitter account @wirralct - Total followers = 4,025 (increase of 81 followers)
- Tweet impressions = 31.8K
 - 12.5K January
 - 4.7K February
 - 14.6K March
- Facebook account @nhsbuzz – Total followers = 1.7k
- Facebook impressions = 20.7K

Top Tweet earned 593 impressions

It's the final day of #SocialWorkWeek @SocialWorkEng This week we have enjoyed celebrating social work and all the achievements of our Adult Social Care workforce, by reflecting on all the campaigns, the awards, the innovations and the development of future social workers #proud pic.twitter.com/R59TiiFWmn



External PR / Wirral Globe column

HEALTH NEWS

Help name the community garden at Marine Lake Health and Wellbeing Centre



Work on new emergency facility at Arrowe Park Hospital

30th January

HEALTH WIRRAL



Arrowe Park Hospital (Library picture)



By Craig Manning
Chief Reporter
[craigiemanning](#)

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0 Comments

CONSTRUCTION of a new urgent and emergency care facility at Arrowe Park Hospital has begun.

Project highlights Quarter 4

Adult Social Care contract transfer	Social Work Week	Community engagement - Marine Lake	Promotion of Telehealth Service
0-19/0-25 Communications and Engagement	RCN Industrial action	IPC digital hub development	Review of social media platforms
Digital Services promotion	Recruitment campaign - phase 2	PSIRF comms development	Training sessions with teams to use WordPress
LGBT History Month	Veteran Awareness	Attend Anywhere	Launch of Learning Hub
Communications Strategy Development	Diabetes Smart campaign	UTC / CICC plasma screens	Get Together – increasing engagement and participation

LGBT History Month - February

- Promotion and celebration of LGBT History Month 2023 giving focus to the use of Pronouns
- A series of Update articles and screensavers to help engage staff and promote the use of Pronouns
- An educational and thought provoking staff video with a member of our LGBTQ+ Staff Network who uses the pronoun they/them.



LGBT+ History Month...

Why Pronouns make a difference...

Neil Perris
Head of Inclusion and Health Equality

Kyle Sherlock
HR Recruitment Officer



Let's celebrate and educate!

Digital Developments - Attend Anywhere

- A series of engaging graphics were shared with staff and the public to promote video consultations, highlighting the many benefits they can bring.
- New posters were designed for clinical waiting areas for patients and service users to consider this option
- A new section was created and published on the public website and StaffZone providing information and guidance about using Attend Anywhere.

NHS
Wirral Community
Health and Care
NHS Foundation Trust

Attend your next appointment via video consultation!

Video Consultations are now very popular across the NHS and bring many benefits.

- More convenient
- Less time out of your day
- Easier to attend from work
- No need to arrange childcare
- No travel costs or parking fees
- Kinder to the environment

Attend Anywhere is a digital platform providing appointments and assessments via video consultation. Ask your clinician at your visit today*.
*Not all care is suitable for this appointment method.

WhatsApp | Facebook | Twitter

Attend Anywhere
video consultations

...can help improve clinic flow, improve waiting times and reduce DNAs.

Attend Anywhere
video consultations

...are kinder to the environment - less unnecessary travel reduces pollution and emissions.

Attend Anywhere
video consultations

...can help reduce the costs of fuel, parking fees and public transport.

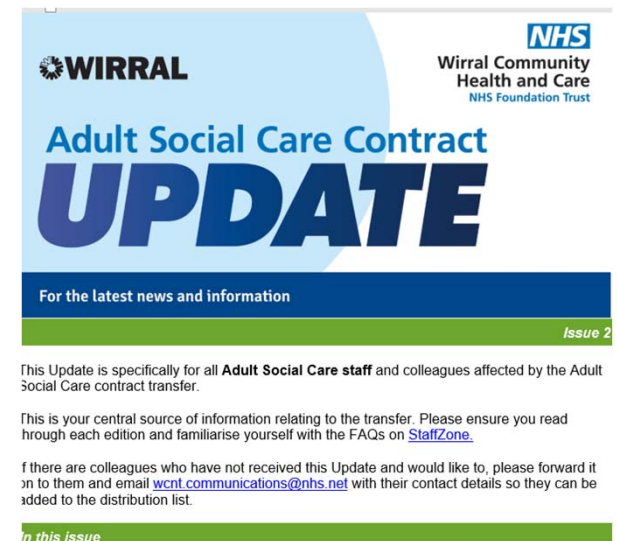
RCN Industrial Action

- Special edition of The Update
- Messages from Paula Simpson, Chief Nurse
- Screensavers
- Regular messages in The Update
- Signposting to support
- Update information and FAQs on StaffZone
- Cascade of public messages from NHS Cheshire and Merseyside ICB
- Stakeholder engagement - service specific messages and updates for Primary Care and care homes
- Get Together - reflection (January)



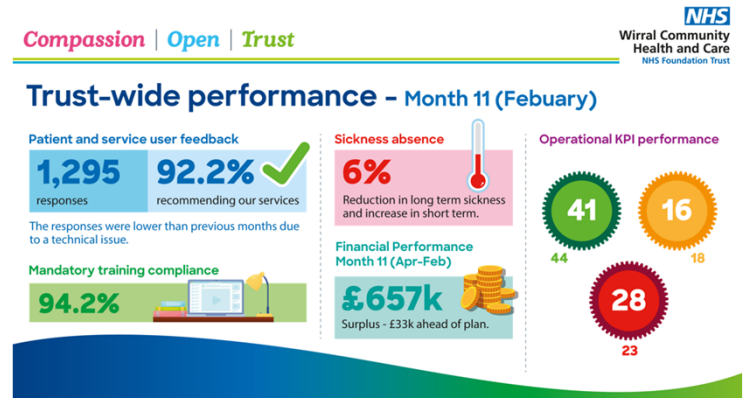
Adult Social Care staff engagement

- Management of a series of face to face and virtual engagement sessions with ASC colleagues (approx. 100 staff attending)
- Development of presentations working closely with workstream leads
- Support for staff FAQs – via StaffZone and direct engagement with individuals
- Partnership working with Wirral Council communications team
- Written briefings to staff with key operational updates and information



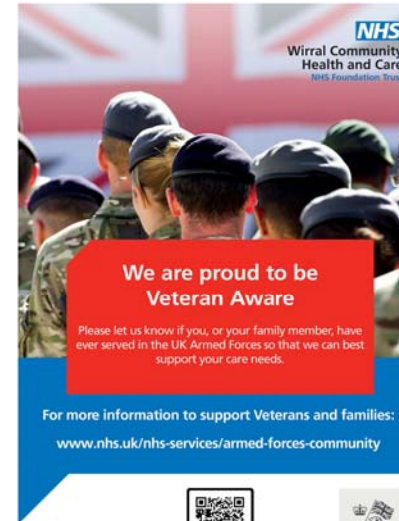
Get Together – increasing engagement and participation

- Development of an annual content plan
- Scheduling of Standout voting to close in time to be announced at the Get Together that month
- New – Spotlight on Services feature each month
- Feature awareness days/events/campaigns to raise awareness
- Engagement with staff to find out what they would like to see and encourage them to submit questions



Armed Forces and Veteran Awareness

- Promotion and celebration of gaining Bronze Award in ERS – including Update articles and news item to staff, social media posts, screensaver and a press release featured in Wirral Globe
- New posters developed for all waiting rooms and public areas to promote the Trust as Veteran Aware.
- New section created and published on the public website and StaffZone to showcase our ongoing work and signpost to support.



Recruitment campaign - phase 2

- Preparation for filming showreel in Q1:
 - script writing
 - location scoping
 - storyboarding
 - lining up services and patients
- Utilising photography and videography from phase 1 for new communications assets (roller banners, leaflets, internal communications, social media) to support awareness campaigns, ongoing recruitment and career events



Implementing the Patient Safety Incident Response Framework (PSIRF)

- During Q4 we have:
 - Developed a clear brand for PSIRF
 - Promoted role essential patient safety training to all staff
 - Created StaffZone hub of information which will develop and grow as PSIRF becomes embedded across the Trust

Patient Safety Incident Response Framework

Introducing PSIRF...

Effective learning and improvement, contributing to better patient safety.

[Find out more on StaffZone.](#)



COMPASSIONATE INVOLVEMENT



PROPORTIONATE RESPONSE



SYSTEM IMPROVEMENT APPROACH



SUPPORTIVE OVERSIGHT

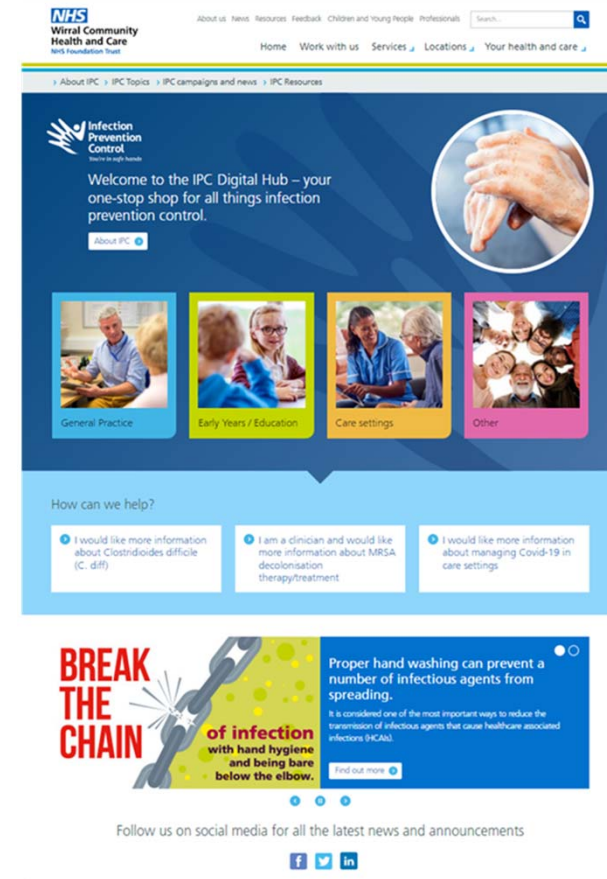
Social Work Week

- The Update Special Edition celebrating the work of our ASC colleagues
- Promoting Social Work England events
- Staff video - what it means to me to work in social care
- Staff case study - celebrating CPD
- Reflecting on social work campaigns and achievements
- Celebrating our first cohort of Social Work Degree graduates



IPC Digital Hub

- Development of dedicated section of Trust website
- Staying well connected with health and care professionals, voluntary and community organisations as well as members of the public
- Central hub - 24/7 access and easy to navigate
- Sharing best practice across the system
- From online tools, resources, newsletters and an electronic referral form to comprehensive training packages, an e-leaflet library, videos and localised campaign materials



ChatHealth - engagement sessions (0-19 and 0-25 Services)

- Development of discussion guide and resource pack
- Facilitation of engagement sessions at Our Place in Knowsley
- Gaining insight from young people:
 - Testing a range of ChatHealth promotional materials
 - Understanding what channels to use to cascade messages about the text messaging service
 - Opportunity to promote ChatHealth and the School Nursing Service
 - Understanding the barriers faced when accessing services
 - Co-creating promotional materials

The poster features a young man wearing headphones and looking at his smartphone. The background is a gradient of blue and green. Text on the poster includes the ChatHealth logo, the '0-25 Knowsley' logo, the title 'Aged 11-19?', and details about the service: 'Text your friendly School Nurse for confidential advice and support.', 'Chat about feelings and emotions, bullying, body image, relationships, healthy eating and much more.', 'Send a text Monday - Friday, 9.00am - 5.00pm: 07312 263254', 'For more information, visit wchc.nhs.uk/chathealth', 'ChatHealth is confidential, anonymous and non-judgemental.', the NHS logo, and 'Wirral Community Health and Care NHS Foundation Trust'. At the bottom, there are social media icons for a website, Facebook (@SNHubK), and Twitter (@wchc_nhs).

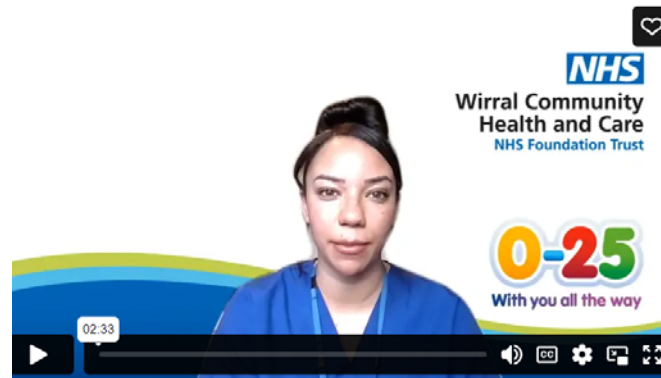
Marine Lake - community garden engagement sessions

- We asked local residents and staff to vote for their favourite name:
 - The Flourish Garden
 - The BeeWell Together Garden
 - Grow Together Garden
- Face-to-face engagement / social media posts to encourage people to get involved
- Local businesses and organisations got involved
- Voting options: online or via voting slips at local businesses and organisation – we received over 600 votes from local people



Promotion of Safer Sleep Week (0-19 and 0-25 Services)

- Awareness campaigns are a key feature of the communications, marketing and engagement plans for the children and young people's services
- National campaign from the Lullaby Trust - Safer Sleep Week
- Development of video - subject matter expert from the 0-25 Service in Knowsley
- Internal messages for staff
- Cascade of social media messages across Trust wide platforms



Launch of Enhancing Families Programme in Cheshire East

- Delivered in Crewe/Nantwich area, along the Sealth Visiting Service and Family Nurse Partnership
- Potential for further roll out across Cheshire East
- Development of service materials
- Development of an online referral form
- Website and StaffZone content
- Social media posts



Promotion of Telehealth Service

- Creation of a Telehealth visual
- External communications - stakeholder engagement
 - Primary Care
 - Healthwatch Wirral
- Internal communications - The Update, screensavers, staff Facebook group, dedicated section on StaffZone, including *Meet the Team*
- Journey of care and staff story (Public Board)
- Social media messages



Meet the team

Maria Pugh, Senior Community Matron/Long Covid Lead



Launch of Learning Hub on StaffZone

- Development of dedicated section of StaffZone
 - Journey of care and staff story videos
 - Beyond Boundaries
 - Sharing best practice
 - Lunch and learn session videos
- Video production
- Collation of content and materials from subject matter experts across the Trust
- Design of screen savers, messages in The Update



Priorities for Quarter 1 (April, May, June)

Staff Awards launch	Marine Lake opens to the public	HCA recruitment	Trust wide recruitment
Dying Matters week	Men's Health Week	Veteran aware/accreditation	International Nurses Day
Deputy Chief Nurse visit	Adult Social Care transfer	Hand hygiene awareness	Appraisals / coaching
Filming Trust showreel	Professional Nurse Advocate campaign	IPC Digital Hub - stakeholder comms and Twitter launch	School engagement - Marine Lake
NHS Cadets - engagement sessions	0-25 Commissioning report	Joint delivery of the staff engagement plan	Internal comms review (see final slide)

Internal communications review Q1 & Q2 (2023)

- The last internal communications review took place in 2018
- Since then there has been significant change, particularly due to Covid
- Expansion of communications channels
- Increase in use of digital platforms
- The review is a key action in the Trust's staff engagement plan

- During Q4 the team undertook a review of activity and priorities
- Priorities for 2023-24 are being considered to ensure alignment with the Trust's organisation and enabling strategies and the internal comms review will further inform this work