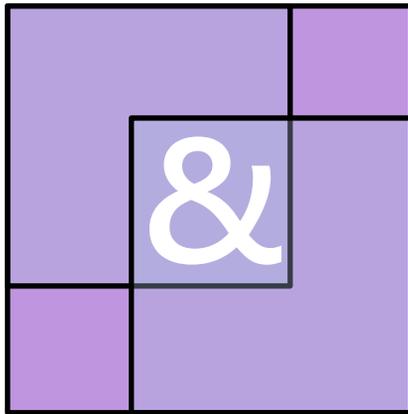


Health & Care Partnership for Cheshire & Merseyside



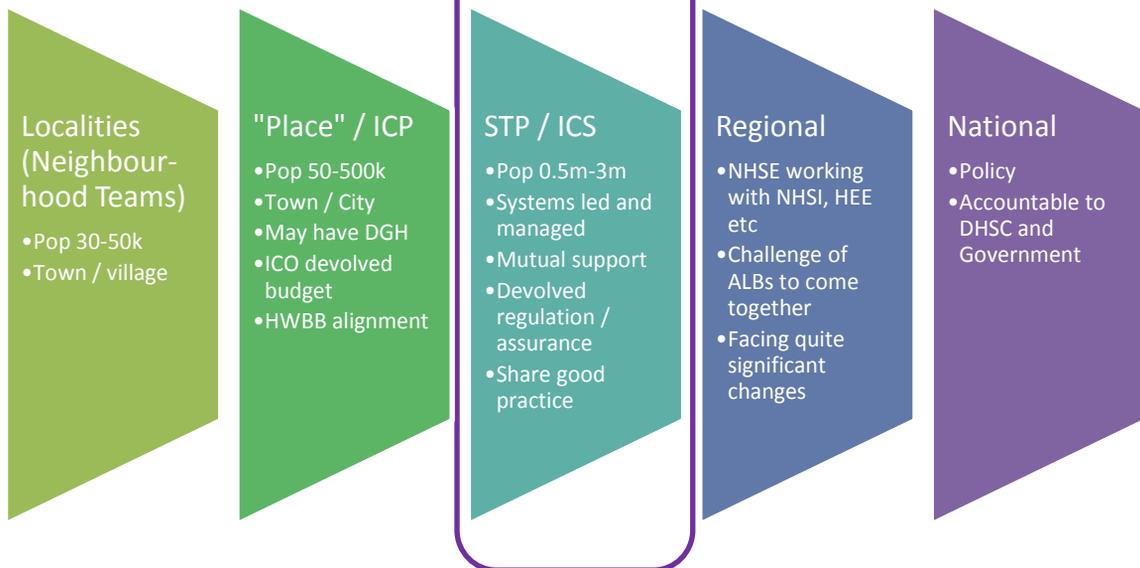
Our Business Plan 2018-19

"Be the reason someone gets better care today"

Final Version



The Sustainability and Transformation Partnership (STP) operating under the name of 'Health & Care Partnership for Cheshire & Merseyside' (C&M) is the 'System Manager' for health and care services for our population of approximately 2.6 million people.





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Welcome & Introduction

To be delivered initially at March Partnership Board



2.1 Our Case For Change

There have been **significant improvements** in the NHS and social care over the past 15 years in Cheshire and Merseyside (C&M). Survival from cancer and heart disease has increased, waits for treatment are shorter and the quality of care is higher. More people are cared for in their homes and extra support has been provided to families with children. These gains have been achieved, despite global recession and austerity, thanks to efficiency improvements and the commitment of health and social care staff.

But there are **major challenges ahead**. As the population ages, needs are changing, new treatment options are emerging and demand is rising. People are living longer, but not always healthier, lives. There are more frail elderly, more people with complex needs and more children, young people and adults with mental health challenges. There is a rising burden of illness caused by smoking, drinking, obesity and similar public health threats.

These developments have put the **NHS and social care under increasing pressure**. A growing number of people with multiple problems receive care that is fragmented, confusing, or leads to wasteful duplication. Many people are treated in hospital when their needs could be better met in primary care or the community. There is too little co-ordination between NHS services, local authority services and the voluntary sector to provide care which meets modern standards and reduces variations in quality.

We have been **spending more on health and care services than we can afford** in an increasingly inefficient way as a result of short term firefighting to meet growing demand, and a competitive rather than collaborative approach to provision.

Despite this extra spending, waiting times in A&E, for cancer diagnosis and for routine surgery are now lengthening. We face a growing financial deficit which, on present trends, will rise to almost £1 billion in C&M by 2020/21 if we do nothing and cannot be resolved without changing fundamentally how we work. This demonstrates why **radical change is needed**, both in the way services are delivered and in the way the public use them.

It is now widely accepted that there is an **urgent need to transform our caring services**. Running health and social care separately no longer makes sense. It creates confusion, perverse incentives and distress for individuals trying to navigate an NHS free at the point of use and a social care system that is needs- and means-tested.



2.2 Our Vision

We are committed to improving the health and well being of the 2.6 million population of Cheshire and Merseyside and creating **a strong, safe and sustainable health and care system** that is fit for the future.

By **taking responsibility** for the public money allocated annually to health and social care in our region, we will deliver rapid and radical improvements over the next 3 years that result in better care, better value and better quality of services.

The creation of the Partnership means we can think differently and overhaul services in a way that builds on residents' views, **strengthens local decision-making** and sets out our ambition to overcome the huge challenges facing the caring services.

To deliver our Vision for 2020/21, we have identified our **three priorities** that will create the sustainable health and care system the population of Cheshire and Merseyside requires:

- **delivering care more efficiently**
- **improving the quality of care**
- **improving the health and care of the population**



2.3 Our Three Priorities

1) Delivering care more efficiently

By delivering the first of our three priorities we will ensure sustainable, cost effective services fit for future needs. Health and social care provision will in the future increasingly be designed as a **single, seamless service**, across the 9 local authorities, 12 clinical commissioning groups, 20 NHS trusts and growing number of GP Federations involved in our Partnership.

- The focus on **place-based care**, instead of organisation-based care, means all health and social care for a population in a particular locality will be delivered by a **neighbourhood team**, which will adopt a single integrated approach. The neighbourhood teams covering our 9 boroughs will be funded by joint health and social care budgets, which will transform provision by removing the artificial barriers between primary (GP) care, secondary (hospital) care, social care, self care and social support.
- We will make the best use of existing budgets to transform the outcomes for local communities and **close our health and social care funding gap** by reducing demand and becoming more efficient, through providing early help and consistent social support whose absence often leads to poor health.
- The new focus on neighbourhood teams will enable us to tailor spending to **fit local priorities** and shift the balance to early intervention that can prevent the need for more invasive and expensive interventions later on.
- By moving care closer to home we will **improve residents' independence and wellbeing** while delivering a sustainable hospital sector with a new model of acute care.
- We are committed to supporting **the development and transformation of general practice** through investment and reform, supported by the national commitment to invest significantly more into general practice services by 2021. We will build a sustainable and transformed system of general practice that forms the foundation of place-based systems.
- We recognise that improving efficiency is not all about integration and so we have established programmes to **streamline hospital services**, improve the delivery of specialist care, maximise the gains from RightCare and Getting It Right First Time (GIRFT) and champion the adoption of new technologies to drive efficiency.



2) Improving the quality of care

The Partnership recognises the 3 fundamental arms of quality: effectiveness, safety and experience. Across all our programmes and place-based plans we expect to see evidence of improvement across all of these 3 domains. Examples of some of our top priorities where we are aiming to improve quality across Cheshire and Merseyside are:

- Mental health: to promote mental wellbeing, we will make progress against all deliverables in the Implementing the Mental Health Forward View. This includes ensuring all CCGs meet the Mental Health Investment Standard (MHIS) by which their 2018/19 **investment in mental health rises at a faster rate** than their overall programme funding.
- Cancer: By 2020 we will have **reduced cancer cases** and achieved the national screening uptake targets and reduce the adult smoking rate to 15%. In addition, we will address the variations in incidence of mortality from cancer.
- Cardiovascular disease: we aim to **prevent heart attacks and strokes** by improving prevention and treatment of high blood pressure. We will **save lives among the under-75s** and materially reduce spending on the cost of admissions (routine and emergency).
- Neuroscience: we will deliver effective **locally accessible care** to people with neurological and spinal problems wherever they live, improving outcomes and facilitating savings of £3m.
- We will provide **better access to diagnostic services**. We will deliver our portion of the national target productivity gain by delivering transformed Pathology services. In radiology, we will deliver chest radiography imaging or CT scan and report within 72 hours of referral and achieve one week (7 day) turnaround for both examinations if indicated.



3) Improving the health and care of the population

We are committed to improving our population's health so that our population lives well for longer. The biggest improvements to population health will occur in Place and will require integrated working between health, social care and public health.

- Through Place and in particular the integrated health and care neighbourhood teams, we will support delivery of Local Authority strategic goals for **creating sustainable communities**, where all citizens are able to contribute, are enabled to take personal responsibility for their own wellbeing and supported to live well.
- To achieve this will require a **focus on the wider determinants of wellbeing** and welfare including housing, education and employment. We will work to minimise the number of people getting to the stage where they need to use health and care services where this is preventable.
- Through improved control of hypertension and subsequently reducing heart attacks, we will **prevent deaths** and avoid significant costs.
- We will achieve a **reduction in alcohol-specific admissions** to hospital with bed days saved and reduce the level of alcohol related disease that presently costs our tax payers £1 billion per annum.
- We will achieve a sustained reduction in the inappropriate consumption of antibiotics to **combat anti-microbial resistance**: the greatest threat to global health in our life time.
- Women and children: By removing variation and spreading excellence we will deliver **safe Maternity, Neonatal, Gynaecology and Paediatrics services** and choice to all women equally across Cheshire & Merseyside.
- Urgent and emergency care: we will provide alternative services to A&E to **significantly reduce admissions annually**.
- We will ensure that more children and young people receive treatment from NHS-commissioned community services, and that we deliver the 2020/21 waiting time standards for **children and young people's eating disorder services**.
- Learning disabilities: By March 2019 we will have delivered the goals of the national programme, specifically by achieving a reduction in the number of people who have a learning disability and / or autism who also have challenging behaviour in hospital and are **enabled to lead good lives in our community**.

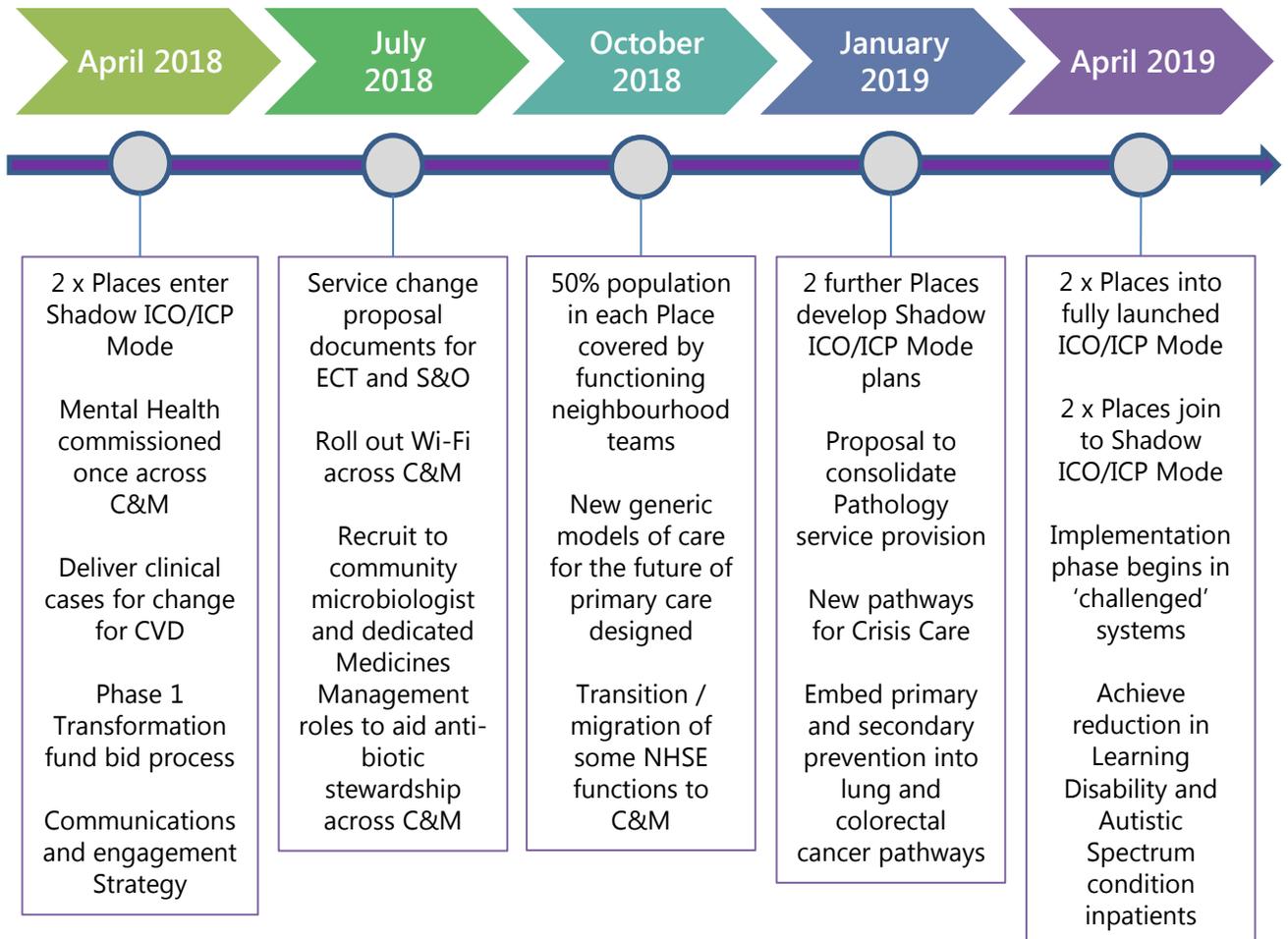


3. Our Roadmap

To achieve our **three priorities** this year, several critical outputs provide us with our ‘roadmap’ for success. Delivering these is key to ensuring we remain on track to deliver our vision by 2020/21. They will make **real transformational improvements** in how the Cheshire & Merseyside system performs. As a result, they have been targeted to receive the most support. The System Management Board will hold us to account for progress being made towards delivering these vital outputs.

Our roadmap for 2018/19 includes commitments whereby:

- All Places have functioning neighbourhood teams covering at least 50% of their population by October 2018, with at least two Places entering into shadow integrated care provider (ICP) mode and delivering early benefits by April 2019.
- We will deliver service change proposals for both Southport & Ormskirk (S&O) and East Cheshire Trust (ECT) by July 2018 and share this learning to support Acute Care Collaborations across C&M.





4. Our Programmes

Our System Management Board has developed four **themes** of work each containing a number of work programmes.

1. Place-Based Care Systems
2. Strategic
3. At Scale
4. Enablers

Each programme has a Partnership member as its sponsor (the 'SRO') and equipped them with the resource necessary to deliver their part of our Business Plan.

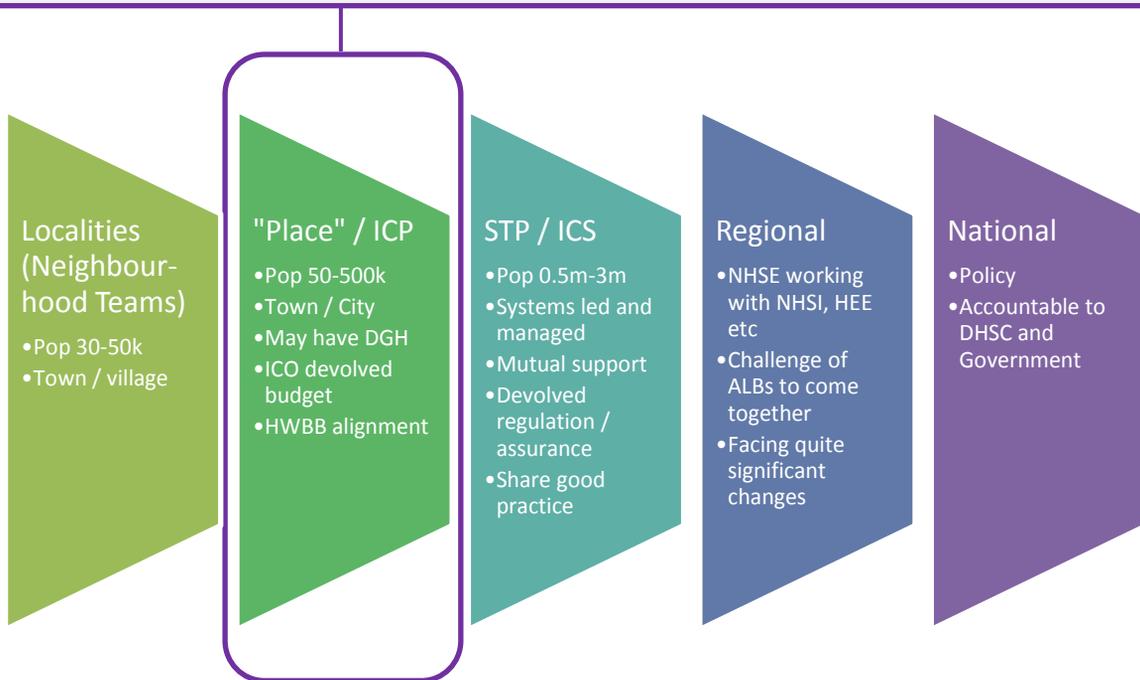
The next section details what each programme has committed to deliver by when, starting with Place-Based Care Systems.



4.1 Delivery Targets

“Place” systems: Four Places plan some degree of **implementation by Q1 2019**. Two plan to enter shadow form during 2018 Q1/2. Other Places intend to move from initial planning to detailed business case and public consultation phases this year with initial implementation of their plans during 2019/20. All are pursuing ‘quick wins’ to initiate a track record of success and build momentum.

The C&M team will provide proactive support of Place development through production of generic Place and general practice ‘models of care’ and methodology to assist with the modelling of Place staffing and impact, and focussed support and development of GP federations to look at implementing new primary care models



Place Name	Deliverables / Outputs 2018/19	Date
St Helens	<ul style="list-style-type: none"> • Integrated commissioning with pooled budgets (section 75). • Implement lead provider contract model with outcomes & governance arrangements. 	April 2018 Oct 2018
West Cheshire	<ul style="list-style-type: none"> • Appoint Chair & SRO of the shadow ICP. Deliver ‘quick wins’. • Adopt Integration Agreement – Implementation of Shadow ICP Board arrangements. 	Jan 2018 April 2018
Central & Eastern Cheshire	<ul style="list-style-type: none"> • Establish governance, develop workstream plans and programme approach. • Deliver initial workstream plans. 	March 2018 June 2018



Place-based systems: Delivery targets continued.

Place Name	Deliverables / Outputs 2018/19	Date
Knowsley	• Establish Leadership Board & produce detailed implementation plan for Kirkby Place Based Care (PBC).	Jan 2018
	• Produce case for change and detailed plan for Knowsley-wide place based care system.	March 2018 Oct 2018
	• Complete Implementation of Kirkby PBC	
Liverpool	• Initiate re-design phase	June 2018
	• Community team review; Establish plans to embed full MDT working at scale; Pathway redesign.	March 2019 April 2019
	• Initiate Transformation phase (implementation).	
Halton	• Economic evaluation and Full Business Plan; Establish Joint Cx intentions and Local Care Partnership agt.	June 2018
	• Target operating model.	Dec 2018
	• Complete proof of concept.	Mar 2019
Warrington	• Approved SOC	April 2018
	• Agreed detailed Business Case incl. financial model & implementation plan.	June 2018
	• Commence co-location in hubs.	July 2018
	• Complete & operational community-based teams	April 2019
Wirral	• Implementation of Integrated Commissioning model	April 2018
	• MSK transformation as enabled through Prime Provider model for the 'system'	June 2018
	• Development of a Commissioning Prospectus outlining outcome/population based ambitions	Sept 2018
	• Development of formal working model for Wirral Integrated Providers	
	• Urgent Care Transformation delivered	Mar 2019
Sefton	• Develop initial Place-Based Care approach including leadership, programme governance and vision.	Mar 2018



Strategic: These five programmes identify opportunities where a system-wide solution can be shared across all C&M health and care programmes including – via the Places – catalysing changes to the fabric of the system itself. Key outputs include:

Programme	Deliverables / Outputs 2018/19	Date
1. Acute sustainability	<ul style="list-style-type: none"> • Service change proposals for both East Cheshire NHS Trust (ECT) and Southport & Ormskirk Hospital NHS Trust (S&O) setting out clinically sustainable options • Decision-making framework and governance structure to enable an informed legal commissioning decision • PMO and Leadership and engagement plan for both ECT and S&O • Finance / Activity / Capacity modelling for both Trusts • Develop a framework from the structures, governance, and communications required for S&O and EC that could be adopted and/or adapted for the Acute Care Collaborations. 	July 2018
2. Mental Health (MH) & Learning Disabilities (LD) Sustainability	<p>Using protected investment, mental health will deliver:</p> <ul style="list-style-type: none"> • Crisis Care (adults): New pathways for crisis care, including C&M advice line & alternatives to admission • Child and Adolescent Mental Health Services (CAMHS) New Care Model: alternatives to admission • A supported housing strategy jointly with MH and LD • Integrated physical & MH services: Personality Disorder Services: Develop improved pathways and community provision • Health & Justice Services: Map current liaison & diversion provision and respond to imminent tender opportunity aligned with Cheshire footprint • Perinatal MH: New community teams established - move to BAU 	By March 2019
3. Carter At Scale	<ul style="list-style-type: none"> • Estates & Facilities : Develop a single Energy Supplier Contract and consolidated capital estates teams. • Finance: benchmark function, identify and cascade best practice; identify and move to single systems; increase overseas visitors income • Delivering progress on workforce, legal and IM&T collaborations • Pathology: Develop proposals to consolidate Pathology service provision into a single scaled-up hub to deliver £8.8m recurrent productivity gain by 2020-21 • Radiology: Extend open access chest radiography, increase CT scanning capacity, improve image reporting turnaround for both. 	By March 2019



Programme	Deliverables / Outputs 2018/19	Date
4. Population Health	With a focus on reducing high blood pressure, alcohol related harm and a reduction in prescribing antibiotics:	June 2018
	<ul style="list-style-type: none"> • Recruit to community microbiologist and dedicated Medicines Management roles to aid antibiotic stewardship and working across CM; • Develop programme, training, delivery for primary care and acute to deliver Making Every Contact Count (MECC) for hypertension and alcohol • Deliver blood pressure (BP) testing in Pharmacies • Deliver first wave in Quality Improvement in Primary Care Training for management of high BP. 	March 2019
5. GP Forward View	<p>Together with NHSE:</p> <ul style="list-style-type: none"> • Co-design with GP federations new generic models for the future of primary care • Produce a programme of support to GP Federations to implement new models and their integration with Place-based Care models • Support the development of GP Federations to support delivery of primary care at scale at Place level • Identify and develop a multi-disciplinary clinical workforce which operates on an integrated basis • Align with Public Health programme plans which support place-based population health management programme. • Develop Estates plans at Place level and primary care digital technology enhancements to enhance core infrastructure and secure interoperability. 	By Oct 2018



‘At Scale’ Delivery: These programmes work to identify the most significant common issues (e.g. by specialty), the best practice examples in the patch that resolve these issues, and to roll out their solutions once across C&M. The challenge for 2018/19 is to ensure all programmes are initiated with defined outputs and for those that are already up and running to deliver to plan.

Programme	Deliverables / Outputs 2018/19	Date
1. Urgent Care	<ul style="list-style-type: none"> Outputs to be confirmed 	
2. Women’s & Children’s Partnership	<ul style="list-style-type: none"> Deliver Local Maternity System plan across 17 project areas. Includes maternity, choice, community hubs, neonatal care and workforce transformation. Support Acute Sustainability programme outputs. 	March 2019
3. Cancer	<ul style="list-style-type: none"> Develop local cancer workforce strategy with HEE – phase 1. Full implementation of vague symptoms pathways. Imaging capacity increased through delivery of advanced radiographer training Future operating model for endoscopy described and business case developed Full implementation of recovery package and remote surveillance Full implementation of the optimal timed pathways for lung and colorectal cancer C&M wide cancer prevention priorities and activities agreed and delivered 	June 2018 Dec 2018 March 2019
4. RightCare & GIRFT	<ul style="list-style-type: none"> Approach to be defined 	
5. Neuro-science	<ul style="list-style-type: none"> Submit final evaluation report on Vanguard phase Establish successor neurology and spinal networks to lead continuous improvement/development and engage with wider C&M change Rollout of Vanguard achievements and toolkits and sharing of lessons learned with C&M and nationally Embed and spinal networks 	June 2018 March 2019
6. Cardio-Vascular Disease (CVD)	<ul style="list-style-type: none"> Deliver all Cases for Change (CVD Prevention, Community Heart Failure, Cardiac Rehab, acute coronary syndrome, Stroke). Pilot Making Every Contact Count at Liverpool Heart and Chest Hospital as exemplar for best practice in smoking cessation Pilot Phase 1 primary pacing; Launch community based IV diuretic service; Cardiac rehab pilot hub launched Deliver C&M Lipid management pathway 	Mar 2018 July 2018 Oct 2018 Mar 2019



Programme	Deliverables / Outputs 2018/19	Date
7. Diabetes Network	<ul style="list-style-type: none"> • Develop the Cheshire & Merseyside National Diabetes Prevention Programme for wave 3. • Oversee delivery and monitor the impact across C&M of the Diabetes Transformation Programmes that have already received national funding. • Identify further areas of work that could be implemented across C&M with the aim of standardising diabetes care, improving outcomes for people with diabetes and reducing the costs associated with diabetes. 	March 2019
8. Palliative / EOLC	<ul style="list-style-type: none"> • Establish programme • Develop deliverables for 18/19 	April 2018
9. Learning Disabilities	<ul style="list-style-type: none"> • Achieve a reduction in Learning Disability (LD) / Autistic Spectrum Condition (ASC) inpatients • Improve access to housing and care provision in the community, in particular for complex individuals • Deliver an agreed, systems-wide all-age approach to community and inpatient health and social care • Develop shared financial approaches to service delivery • Develop the workforce (including families and carers), using the LD/ ASC Core Competency Framework, including training across the region 	By March 2019



Enablers: These five programmes support the others in the delivery of their priorities and in addition deliver some of the most significant contributions to the Partnership, including ‘interoperability’ that enables staff in multi-disciplinary teams to provide seamless care for patients and provide staff with the skill set fit for the next generation of care delivery.

Programme	Deliverables / Outputs 2018/19	Date
Estates & Infrastructure	<ul style="list-style-type: none"> • STP Estates Strategy Workbook - Initial refresh • Revised version taking account of place based needs • Develop capital prioritisation criteria and approach 	<p>March 2018</p> <p>Sept 2018</p> <p>April 2018</p>
Financial Sustainability	<ul style="list-style-type: none"> • Run Phase 1 Place transformation fund allocation process • Min. 4 Places to adopt “CEP-lite” • Place-based reporting developed for C&M • Assure Phase 1 transformation delivery progress • Run Phase 2 Place transformation fund allocation process • Assure Phase 2 transformation delivery progress 	<p>April 2018</p> <p>April 2018</p> <p>June 2018</p> <p>August 2018</p> <p>Sept 2018</p> <p>Jan 2019</p>
Workforce	<p>To deliver a sustainable, high quality and safe workforce for the C&M population, we will deliver the following:</p> <ul style="list-style-type: none"> • Health and Care Workforce Vision developed and ratified by Strategic Workforce Programme Board (SWPB) and STP Partnership • Produce health and care workforce baseline • Health and Care Workforce Strategy developed and ratified by SWPB and STP Partnership 	<p>April 2018</p> <p>Sept 2018</p>
Digital Revolution	<ul style="list-style-type: none"> • Development of single Local Digital Roadmap for C&M • Interoperability: benefits realisation from phase 1, phase 2 trusts added • Ability to use Wifi wherever you are across C&M • A&E App & Bed Management System • Delivery of Health Information Exchange (Interoperability) and all Trusts and ‘other ologies’ onto Picture Archiving and Communication Systems (PACS) 	<p>April 2018</p> <p>July 2018</p> <p>Oct 2018</p> <p>March 2019</p>
Communications & Engagement	<ul style="list-style-type: none"> • Deliver communications & engagement strategy • Establish communications & engagement network • Establish overarching communications to support Place (ICP) plan and C&M engagement • Support consultations on service change 	<p>April 2018</p> <p>June 2018</p> <p>July 2018</p>



5.1 Resources & Financial Support

2018/19 Budget

1. A further allocation from NHSE (national) has been confirmed for 2018/19.

2. C&M Transformation Fund

Starting this year, a 'Transformation Fund' will be deployed to accelerate delivery of our three priorities and the road map.

It is recognised that there is a need to create the environment in which the system changes that underpin system transformation can be practically supported. Without funding for place-based care systems to invest in schemes such as invest to save, enabling innovative new models of care and associated transition costs, it is unlikely that the pace of system change will be sufficient to address the clinical, quality and financial sustainability challenges facing the Health & Care Partnership.

To address the need for ring-fenced funding for the purpose of supporting place-based care systems, it is proposed to top slice 0.25% of allocation for all CCGs (with the exception of one) in 2018/19. This will create a Transformation Fund of circa £7m which would be held by Warrington and Halton Hospitals NHS Foundation Trust on behalf of the Health & Care Partnership for this purpose.

The STP Executive will be held to account by the System Management Board for the deployment of the Transformation Fund.

3. STP Provider Partners

To demonstrate the commitment of all partners to the delivery of the C&M-wide strategic programmes, it is proposed that Providers will be asked to contribute in 2018/19, at the same level as charged in 2017/18; i.e. £907k.



5.2 Draft Budget 2018/19

Cheshire & Merseyside Health & Care Partnership

Budget 2018/19

	Budget Annual £
Income	
Balance Brought Forward from 2017/18	626,276
NHSE Funding (via Knowsley CCG) Assumed	388,000
C&M Organisational Contributions:	
Proposed provider contribution	907,000
Transformation Fund (commissioner contribution)	7,000,000
Total Resources	8,921,276
Expenditure	
Core Team / Comms / Governance	(810,307)
Programmes	
Commitments carried forward:	
KPMG / GM TU Phase 2 Estimate	(453,904)
KPMG / GM TU Phase 3 Estimate	(232,474)
Programme management:	
Acute Sustainability	(100,000)
Strategic & enabling workstreams	(324,591)
Total Programmes	(1,110,969)
Transformation Fund	
Phase 1	(4,000,000)
Phase 2	(3,000,000)
Total Transformation Fund	(7,000,000)
Total Expenditure	(8,921,276)
Balance	0



5.3 Estates & Capital

To facilitate delivery of the vision, the C&M Estates Strategy will be refreshed to take account of the needs of the nine developing place based care systems and the requirements to deliver the strategic programmes.

The Estates Strategy will set out the existing estate, the estate needed to deliver the vision and the options for delivering these requirements most effectively.

The priorities will include:

- Improved utilisation of estate, especially PFI and LIFT
- Disposal of surplus estate
- Rationalisation
- Better coordinated utilisation across public sector bodies
- Reduced cost of estate
- Improved quality of remaining estate

A communication to all SROs and estate leads across C&M in January, setting out the proposals for the establishment of the **C&M Estates Programme Board**, with draft governance and proposed actions to facilitate the development of the C&M Estates Strategy. A system-wide workshop on 5th March 2018.

The immediate priority will be to update the STP Estates Strategy Workbook to meet the requirements for any future “STP capital” bids; timescale March 2018. This will be refined as the priorities for C&M are refined to facilitate the prioritisation process in the future.



6. Governance

As System Manager we hold organisations and partnerships to account for delivery, initially especially in the development and implementation of integrated care, with particular emphasis on cross care working with Councils and the third sector.

Last year we reset the scope and governance of our plans to ensure our Partnership was welcoming to all health and care providers including Local Authorities, GPs, the voluntary sector and NHS organisations. The key forums are now established. Current membership of each forum and full terms of reference are available upon request.

This year it is proposed to keep the governance process as simple as possible, focussed upon promoting pace, coherence and timely decisions. Commissioning 'Joint Committees', the 'Provider Group' and the local DCO/DID remain key influencers, as will continuing good relationships with regulators.

Executive Team	<p>Meets: Fortnightly</p> <p>Remit: Leadership, Sponsor of whole system integration, delivery and PMO assurance function, communications & engagement</p>
System Management Board	<p>Meets: Monthly</p> <p>Remit: Direct use of resources, set up and monitor programmes, manage interdependencies, holding to account.</p>
Programme Review Group	<p>Meets: Quarterly</p> <p>Remit: Ensure delivery to plan, Resolve interdependency challenges, Unblock issues, Manage risks, Direct communications.</p>
C&M Partnership	<p>Meets: Twice a Year</p> <p>Remit: Endorse changes to scope; Agree and monitor the annual plan; Agree annual allocations; Receive assurance of progress.</p>



6.1 Governance - Leadership

Each programme SRO (senior responsible owner) is obliged to attend Programme Review Group each quarter and System Management Board as required and in cycle. They work directly with our Executive Team to ensure all resources are maximised and align delivery focus.

Place based care systems	SRO
St Helens	Sarah O'Brien
West Cheshire	Alison Lee
Central & Eastern Cheshire	Tracy Bullock
Knowsley	Diane Johnson
Liverpool	Jan Ledward
Halton	David Parr
Warrington	Andy Davies
Wirral	Simon Banks
Sefton	Fiona Taylor

Strategic Programmes	SRO
Acute Sustainability	Tracy Bullock
Mental Health & LD Sustainability	Sheena Cumiskey
Carter at Scale / Diagnostics	Tony Chambers / Steve Warburton
Population Health	Jon Develing
GP Forward View	Anthony Leo



6.1 Governance - Leadership

At Scale Programmes	SRO
Urgent & Emergency Care	Andy Davies
Women's and Children's Partnership	Simon Banks
Cancer 5YFV	TBC
Getting it Right First Time / RightCare	Ann Marr / Jan Ledward
Neuroscience	Stuart Moore
CVD	Jane Tomkinson
Diabetes Network	Sarah O'Brien
Palliative / End of Life Care	Aidan Kehoe
Learning Disabilities	Hazel Richards

Enabling Programmes	SRO
Estates & Infrastructure	Sam Simpson
Financial Sustainability	Sam Simpson
Workforce	Karen Howell
Digital Revolution	Louise Shepherd
Communications & Engagement	Neil Skitt



7. Communications & Engagement

The fourfold focus for the STP Communications and Engagement function in 2018/19 is:

1. to establish an initial infrastructure and operating arrangements to ensure that early opportunities to build confidence and engagement are not missed including:
 - a new website, twitter account, a regular Stakeholder Bulletin and a forward calendar grid of media and stakeholder announcements
 - further developing our single, shared narrative and clear briefing to help inform stakeholders' understanding of the work underway
 - the appointment of a **C&M Communications Working Group** to represent the health and care system, allowing co-ordination and dissemination of communications messages and joint working on issues and challenges
 - begin continuous stakeholder engagement with key local authority and Westminster representatives
 - presence at events, speaking opportunities and networking events where appropriate
 - identify key clinical spokespeople



2. to develop the approach to engaging and involving the public and staff, a new **C&M Engagement Working Group** will:

- based on insight work ensure key messages are focussed at a public and staff level and answer the questions that audiences are asking
- produce a suitable toolkit containing a range of communications tools such as slide decks, infographics etc. which will allow managers within the localities to communicate the key themes
- explore how video, social media and web based crowdsourcing can be used as successful channels to communicate to a wider and sometimes new audience
- explore with local authority colleagues around a more mainstream public discussion, perhaps with a Question Time approach.



7. Communications & Engagement

3. assess baseline communications capacity and support for STP programmes including:

- assessment of Place-Based communications networks and best practice, fostering intra and inter relationships and help develop local plans
- provide strategic communications advice and work with key programmes that are in critical delivery phase to establish robust, ongoing communications support

4. undertake independent insight work to:

- investigate current views and perceptions of the health and care programmes
- use the results to provide an attitudinal baseline from which communication and engagement strategies, plans and messages will be further developed
- generate insights from members of the public, engaged public and stakeholders, staff working in local health and social care organisations and individual stakeholders



8. Delivering Change – Key messages

Nothing is stopping us from delivering real change.

We have clear purpose:

- We know **why** change is needed
- We know **how** it can be achieved
- We know **what** we must do to deliver it

Enabling this:

- We have a **robust, realistic plan**
- We have been given the **authority** and 'license to operate' from the Partnership and NHS England and NHS Improvement
- We have the **leadership, experience and knowledge**

Critically:

- We have the **resources**

“Be the reason someone gets better care today”

OUR PARTNERSHIP:



Clinical Commissioning Groups	NHS Eastern Cheshire CCG
	NHS Halton CCG
	NHS Knowsley CCG
	NHS Liverpool CCG
	NHS South Sefton CCG
	NHS Southport and Formby CCG
	NHS South Cheshire CCG
	NHS St Helens CCG
	NHS Vale Royal CCG
	NHS Warrington CCG
	NHS West Cheshire CCG
	NHS Wirral CCG
Local Authorities	Cheshire East Council
	Cheshire West and Chester Council
	Halton Borough Council
	Knowsley Borough Council
	Liverpool City Council
	Sefton Council
	St Helens Council
	Warrington Borough Council
Wirral Council	
NHS Providers	Aintree University Hospital NHS Foundation Trust
	Alder Hey Children's NHS Foundation Trust
	Bridgewater Community Healthcare NHS Foundation Trust
	Cheshire and Wirral Partnership NHS Foundation Trust
	The Clatterbridge Cancer Centre NHS Foundation Trust
	Countess of Chester Hospital NHS Foundation Trust
	East Cheshire NHS Trust
	Liverpool Community Health NHS Trust
	Liverpool Heart and Chest NHS Foundation Trust
	Liverpool Women's NHS Foundation Trust
	Mersey Care NHS Foundation Trust
	The Mid Cheshire Hospitals NHS Foundation Trust
	NW Boroughs Partnership NHS Foundation Trust
	Royal Liverpool and Broadgreen University Hospitals NHS Trust
	St Helens and Knowsley Teaching Hospitals NHS Trust
	Southport and Ormskirk Hospital NHS Trust
	The Walton Centre NHS Foundation Trust
	Warrington and Halton Hospitals NHS Foundation Trust
	Wirral Community NHS Foundation Trust
	Wirral University Teaching Hospital NHS Foundation Trust