



Pennine Care
NHS Foundation Trust

Position Paper – Trust Strategy 2019-22: Maximising Potential

Purpose

This paper is intended to provide an update on the work to-date in refreshing the Trust's Organisational Strategy. It sets out the rationale for the refresh of our strategy, the process undertaken, and the progress made thus far whilst considering the emerging intelligence from our local and national systems.

The paper sets out an emerging proposition which is presented to enable the Board to reach agreement *in principle* on the proposed direction of travel in order to further engage with partners and staff on what is being proposed and to undertake work necessary to finalise the strategy. This engagement would inform a final strategy to be endorsed by the Trust Board on 19th December.

The paper sets out a proposed programme approach to what is likely to be a very large and complex set of changes in the implementation of the strategy, of which communications and engagement will be a key stream.

It is important to note that what is being presented is NOT a draft strategy so there are a number of key areas that are not covered in the paper that we would expect to see in the final strategy. Rather, the paper seeks agreement in principle on a direction of travel with which to undertake further engagement with stakeholders and detailed work on the implications in order to develop a final strategy.

Background and Context

The Board of Directors of Pennine Care endorsed its current 5 year Strategic Plan covering the period 2016 -2021 in March 2016. The Strategic Plan set out a high level vision, mission and strategic goals for the organisation together with the Trust's strategy for its Mental Health and Community services, and its strategy in each town.

Over the last 18 months, there have been significant changes to the context that the organisation is operating within that have necessitated further work by the Board to review its strategy going forwards.

Central amongst these context changes are these drivers for change:

- The increasing challenge of how to balance our quality aspirations within existing resources is raising issues of longer term sustainability. Our organisational performance has shifted, both in terms of quality and financial indicators. We received a 'Requires Improvement' rating from the CQC in 2016 and for the first time in 2017/18 delivered a deficit financial position. This has triggered increased regulatory scrutiny from NHSI and the agreement of 'enforcement undertakings' (a set of mandatory actions to underpin improved performance).

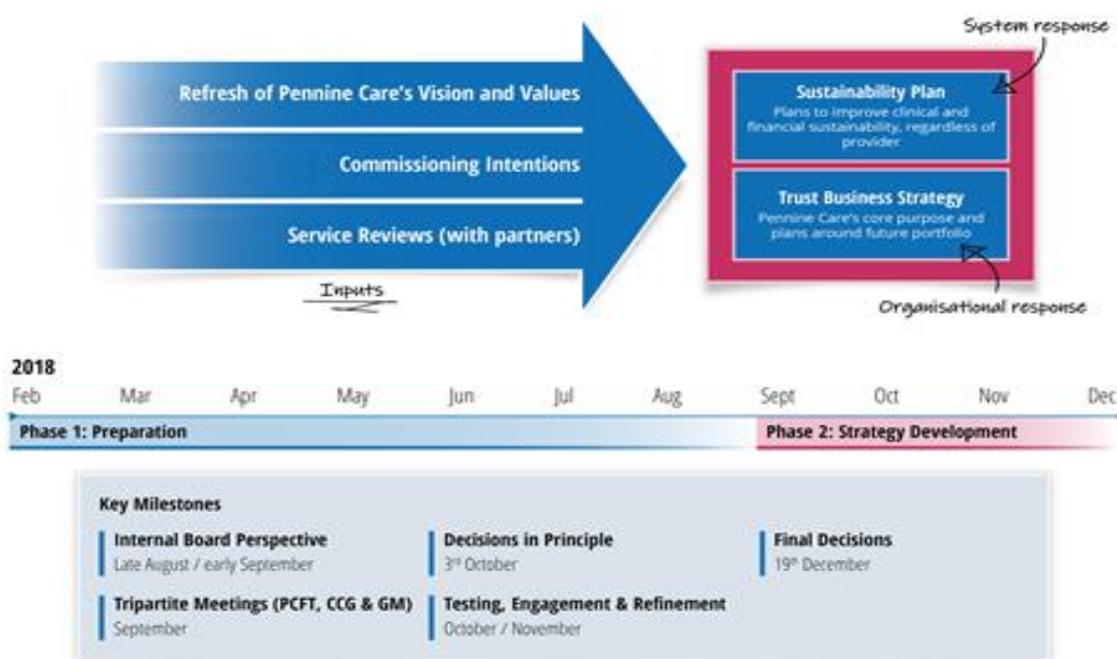
- The world around us, the health and social care economy, has changed bringing both heightened complexity but increased opportunities to operate within different models of care, transforming services in an integrated manner in the best interests of the communities we proudly serve. In particular, the evolution of locality-based models has led to a clearer commissioning intent to create better integrated primary and community care that is boundary-less, and this has implications for how, and from whom, services are commissioned in the future
- The growing national focus on Mental Health creates a shift that we welcome and want to capitalise-upon, in order to maximise the positive impact the organisation can deliver for our communities

In addition, but most importantly, our stakeholders, both internal and external, have stated that our strategy and organisational vision is unclear. Who are we as an organisation and what does that mean for the future? We know that we are under immense pressure and stretched in being able to serve all of our localities to the standards being expected. So, our partners and our staff are looking for clarity of purpose and focus going forwards, and our strategy refresh has been driven by this core principle.

Process to date – what have we done so far?

Our strategy development programme has been made up of three key elements as shown on the diagram below:

Refreshing our organisational strategy

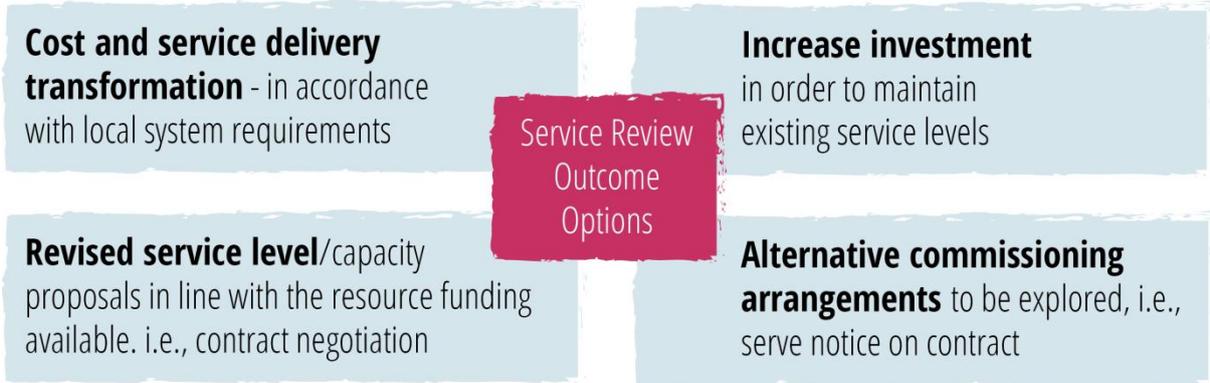


Each of these three elements is described as follows:

- Service reviews (with partners)

One of the key requirements of the enforcement undertakings we agreed with NHSI in January 2018 was to complete a review of our core services to understand their sustainability position. As an organisation we adopted a holistic definition of sustainability, considering a range of quality and operational, as well as financial, indicators within the assessment. A range of services have been reviewed within each of our Divisions, in collaboration with our key commissioners.

As part of the review future sustainability options were considered, specifically:



Whilst actively considered as part of the service review process, it has been difficult to agree a position to increase investment levels into our core services, at a scale that supports our longer term financial sustainability. Therefore, we have given due consideration to the remaining three options.

- Vision and values refresh

We have recently concluded a piece of collaborative work with staff from across the organisation, to re-look at our vision, purpose and values linked to the cultural audit work undertaken earlier in the year. A draft vision, mission and set of values have been produced and are included as appendix a.

- Commissioning intentions

We have also been actively engaging with our commissioners to understand their future intentions for the services we currently provide on their behalf for our local communities. With the exception of our Trafford Community Services contract which expired in March 2018, all of our other significant block contracts expire on 31 March 2019. It has, therefore, been necessary to explore options for the future delivery of these services from 19/20 onwards, both in terms of future clinical service models which has been done through locality partnership arrangements; but also the role that our commissioners see Pennine Care playing with regard to organisational leadership.

Whilst, these discussions are still on-going and intentions are still being crystallised, it is becoming clearer in a number of areas what this might mean and has informed how we are shaping our future strategy.

The conversations are more advanced in both Trafford and Oldham:

- Our Board decided to serve notice on the community services contract in Trafford on 3 October 2018
- Commissioners in Oldham have very recently confirmed their intention to seek a different provider from April 2019, subsequent to the end of the current contract

Summary of process to date

The outputs of these three strands of work were reviewed by the Board in two development sessions on 6th September 2018 and 8/9th October 2018. On the 9th October, a broader group including members of our Collective Leadership Group and our Council of Governors also considered the current findings to inform our future strategy. Feedback from these events has been incorporated into the proposition outlined below.

Proposition and Rationale

Through the engagement in developing our refreshed vision and values, one phrase that was repeatedly mentioned and is now enshrined in our strategy development is the idea that we exist to **maximise potential**.

So, our proposed vision as an organisation is for a “***happier and more hopeful life for each and every person within our communities***” and our mission or purpose: “***To maximise people’s potential to live healthier and more rewarding lives and to create a fulfilling work environment for our employees***”

We now need to ask ourselves how, as an organisation, can we best contribute and make a positive difference to people’s lives, so we maximise people’s potential?

When we became a combined mental health and community services organisation, we believed that we could make a real difference using our deep understanding of our communities to combine skills and deliver care that recognises the whole person.

Whilst we have achieved amazing things thanks to the extraordinary skill, determination and resourcefulness of our incredible staff, the truth is we have found it hard to realise the vision for integrating physical and mental health.

In addition, our Trust and our partners are all facing challenges of how best to we can collectively balance our quality aspirations within the current resources; and through

locality plans there is a big transformation and service development agenda in both mental health and community services.

Increasingly with the expectation that we will be able to play very strongly into both the transformation of mental health and learning disabilities, and the development of integrated community based care and support, we are finding ourselves spread too thinly and are not serving the whole agenda well.

Plus, through the locality structures we are seeing emerging models of integrated care organisations with other partners being potentially better placed to lead on some areas of our collective agenda.

The upshot of this concept of 'maximising potential' has focused the Board on defining the most appropriate organisational format and service offer for us going forward, in order to leverage the opportunities presented by the current context for the purpose of best serving our communities. In order to define the right service offer, the critical factors that are shaping our decision-making have been identified as:

- Creating simplicity and clarity around our vision and future strategy. This is to ensure we have a proposition that is compelling, authoritative and relevant for our current context, as well as inspiring & galvanising for our staff and partners;
- Maximising potential: creating a clear focus and impact in areas where we will add most value and make the greatest contribution;
- Building on our known strengths and recognised expertise;
- Embedding and realising our values;
- Safeguarding the best interests of patients, carers and staff;
- Developing a strategy that complements and is aligned to our partners and the wider system;
- Better protecting our medium to long term clinical and financial sustainability.

On the basis of a consideration of these factors and the emerging outcomes from the strategy development work outlined earlier, we are proposing.....

For our Mental Health Services

Our recommendation is to create an organisation that builds on its known strengths and recognised expertise in mental health and learning disabilities and positions itself within localities as the advocate for, and facilitator of, positive mental health and well-being by working in strong partnerships with others.

Redefining the organisational remit in this way would capitalise on both our deep understanding of our communities and our expertise in partnership working in order to become a more prominent and assertive voice for the mental health agenda locally.

By creating a single minded clarity of purpose and playing to our acknowledged organisational strengths, the intention is to build the platform to drive forward meaningful change, by taking a lead and giving Pennine Care the opportunity to become more pro-active and energetic within the system: creating a powerful case for service transformation and new models of care in mental health that provide better experiences and outcomes for our service users.

In building a more single-minded proposition as an authoritative voice in the field of mental health, the opportunity to develop new and stronger partnerships with organisations that can support the delivery of whole-person care will also help to ensure better holistic outcomes for our communities

For our Community Physical Health Services

The best interests of our community services are also at the heart of this decision and our ambition for community services is no less than for mental health.

We believe that the answer to maximising potential for our community services lies with greater alignment to the emerging Local Care Organisations who are focussed upon more seamless and patient-centred delivery of primary and community care that supports a shift in care away from more institutional settings. There is a natural fit for our community services provision with, what we believe will be, improved patient outcomes and staff experience.

We believe that there are other providers better positioned to enable our community services to achieve more. We consider that we can best maximise their potential by aligning their skills, expertise and ingenuity more closely with providers that are focussing more heavily on this agenda of 'out of hospital care'.

So, we will continue to work with our partners in supporting the move to new integrated neighbourhood teams and supporting locality services models for intermediate care, long term conditions, frail elderly, children's' for example. But alongside this, we will also work with local systems to make decisions on the providers most able to deliver integrated care; and to agree with our commissioners a timescale over which we will support the move of community services to alternative providers. To support system sustainability we would seek a co-ordinated approach and a unified timescale with all of our community services commissioners.

Coming to these conclusions has not been easy but if we believe we are all here to maximise potential, for our patients, service users, staff and partners, then this approach seems to generate the biggest and most positive impact.

Key themes and considerations:

Service Portfolio

As part of our next steps, we need to consider the implications of our emerging strategy in terms of the composition of our service delivery portfolio. Whilst we are clear that we want to retain the core elements of our mental health and learning disabilities provision, aligned to our current Mental Health Strategy, our ambition is that our offer moving forward has a larger breadth, encompassing the entirety of mental health from wellbeing to more complex, specialist provision. This will be based upon our existing service delivery footprint. We need to be clear of the definition of our ambition, linked to our partnership strategies.

Exploring the scope of any future service portfolio will be a key area of work during our planned engagement phase from now until early December.

Sustainability

In considering our future strategy, the Board has been clear that this has been driven by what is best for our services, the people they serve, and the people who work within them. We recognise our financial position presents an organisational sustainability challenge, but this has not been the primary driver for this set of changes as the proposed changes do not tackle the financial challenges that we have as an organisation. For example, the anticipated gap for mental health services alone is currently £18.5 million by 2020/21. Further work is required on this element, both internally and externally with our system partners and commissioners.

In line with this, we have established an Integrated Mental Health Programme to drive the scale of transformation required. This is broadly comprised of two distinct but inter-related parts:

- A more internally focused transformation programme linked to the development and implementation of a refreshed clinical strategy, linked to the overarching mental health strategy;
- A systems-based transformation programme, working with commissioners and other stakeholders to set and deliver on the future plan for mental health provision over the next 3-5 years.

To further support organisational and service sustainability, we have initiated conversations with our commissioners regarding a programme budgeting approach. This aligns to our strategy to provide system leadership for mental health in a much broader sense moving forward. What this would mean is that we would take on increased system leadership with responsibility for the entire mental health spend within our five mental health localities. We know that currently only 60% of the total mental health spend from our commissioners is spent with ourselves with a remaining £85 million spent with a range of other providers.

Our proposal would be to enter into a contract with our commissioners whereby we would be responsible for managing more of, or the entirety of, the MH programme budget. We could then subcontract some activities to other providers or expand current service provision, in light of having a full understanding of mental health

provision across the footprint. This would increase opportunities for redesign of pathways and service provision within the overall funding envelope.

Whilst this would help to support our organisational sustainability, this requires detailed consideration and due diligence to understand the implications of taking on this role as we would need to increase organisational capability around commissioning of services.

In addition, a core component of our future organisational and service sustainability approach will be to adopt a more focussed partnership strategy, comprised of two main parts:

- Partnerships for clinical sustainability – looking for potential provider partnerships where we have fragile services and would benefit from developing critical mass; or where there are workforce challenges and benefits from better use of staff across services
- Partnership for corporate services – looking for opportunities to deliver corporate services in the most efficient manner possible which could include working with and across other partner organisations

In line with the recently issued national requirement for STPs to facilitate all NHS organisations to develop a plan for long term sustainability by next summer (2019), we will use this opportunity to develop our own long term financial plan in support of our strategy. This will include a realistic definition of sustainability to support a collective understanding of our financial recovery plan and the timescales within which we believe we can move to medium to longer term sustainability. This is likely to require a review of the optimum organisational form to deliver our revised strategy including the possibility of closer relationships with one or more other providers to make the most of our collective resources.

The sustainability programme will be enabled by a clear contracting strategy and approach to be agreed with our commissioning colleagues at both a locality and GM level.

Additionally we would look to pursue transitional/support funding as we recognise the pressure to release overhead costs over a short timescale could be destabilising for the Trust and/or the broader economy.

Corporate Services

The proposition will have a significant impact upon our corporate service support functions as contract income potentially declines, and services transition to new providers. Whilst TUPE will apply in any situation where a contract moves to another provider, it is likely the level of income reduction will be greater than the posts identifiable through this process.

A significant organisational change and redesign programme will need to be enacted to support future organisational sustainability whilst having an effective support function to allow us to achieve the ambitions of the strategy. We know that in support of organisational sustainability, there are key enabling work streams that are driven by the corporate infrastructure, namely health informatics and estates. These need to be adequately resourced to allow us to optimise on these efficiency opportunities.

One consideration, as outlined above, will be to explore how we can deliver some corporate functions in conjunction with our partners on a local and regional level, however, we will also need to consider how corporate services can best add value and work together in a much more integrated and streamlined manner in support of the organisational agenda.

Communications and Engagement

It is important, as we progress the strategy development programme that we engage and communicate with our stakeholders, particularly with those who are directly impacted by the proposed change. It is essential that we do this well, in a timely and co-ordinated manner and understanding that a 'one size fits all' approach will not provide meaningful engagement. In planning our approach we will draw on the lessons learnt from our recent engagement programme with Trafford community services and mixed sex accommodation.

A proposed communications and engagement plan has been produced and is attached as appendix b. This is a 'live' plan, which will expand to include team engagement sessions and tailored briefings, and remain flexible as the communications and engagement activities progress.

Programme Infrastructure

Programme Remit

How we will enact the required changes is a key consideration, particularly in light of the multi-faceted nature of our strategy. Our initial thinking is that the strategy will be enacted based on a number of key work streams, all of which will be delivered via clear programme methodology.

| | Delivery of Trust Strategy | | |
|--|--|--|--|
| | 1. <i>Maximising Potential in Mental Health Services</i> | 2. <i>Maximising Potential in Community Services</i> | 3. <i>Maximising Potential in Corporate Services</i> |

| Internal Delivery Vehicle | Integrated Mental Health Programme | Community Services Transition Steering Group | Corporate Services Transformation Steering Group |
|---------------------------|------------------------------------|--|--|
| Enabled by | 4. Sustainability Programme | | |
| | 5. Communications and Engagement | | |

1. Maximising Potential in Mental Health Services

As mentioned above, in support of the mental health transformation agenda the Trust has established the Integrated Mental Health programme, with associated programme infrastructure including an Executive Director Sponsor, Senior Responsible Officer and Programme Director.

This work reports on the internal transformation elements to the Integrated Mental Health Programme Board, chaired by the Executive Sponsor. An infrastructure for the external elements of the work is also emerging (see governance structure below).

This is a huge programme of work in terms of the scale of change required which clearly needs a considered resource investment. The resource requirements to support this change will need to be scoped. In addition, it is likely that we will also need to access specialist knowledge and skills around matters such as health economics modelling, which will also have resource implications.

Moving forward it is anticipated that the development of the Programme Budgeting and the creation of strong service delivery partnerships would fall under the remit of this group. This development will also need to be scoped to understand resource requirements to enable this fundamental element of our sustainability plan.

2. Maximising Potential in Community services

There will be two distinct elements to our strategy for community services over the next 18 months (the timescale which we believe the change would be enacted).

- We will continue to play an active role in our locality systems and deliver the best possible care we can to our patients. This will be managed via existing local and organisational performance and governance mechanisms;
- At the same time, we recognise that there is a large scale programme required to ensure robust governance and oversight of the change programme. The prime focus will be the safe and effective transition of our services, staff and patients to any identified future provider

The second work stream will be managed via a Community Services Transition Group, which will need to be established. It is anticipated that this would require a dedicated team as follows:

- Executive sponsor
- Programme Director
- Project Manager/Support
- Workforce Lead
- Finance/Contracting Lead

In addition, we would also require nominated leads with sufficient capacity for a number of other functions including:

- Information Governance;
- Corporate Governance including memberships/constitution;
- Legal;
- Clinical Governance/Quality
- Health Informatics;
- Estates;
- Communications and engagement.

Work will be undertaken with each of the corporate heads of department to scope the resource requirements once the scale of the programme is clarified.

This work will report internally via the Transformation and Financial Recovery Group and will also:

- Connect to the locality structures and leadership in Bury, HMR, Oldham and Trafford – these vary according to the locality;
- Report externally to two Partnership Transactions Boards – one for Trafford and one for the North East Sector. It is suggested that these groups have an Independent Chair and are attended by senior organisational representatives from all relevant organisations including ourselves, the identified new provider of services and the commissioners. For Pennine Care it is proposed that this is Board level representation, plus the Programme Director.

3. Maximising Potential in Corporate Services

As mentioned previously, there will be a major change programme required for corporate service support to ensure that we are delivering an affordable, re-focussed offer to enable the delivery of our refreshed strategy.

Key work streams will include:

- Supporting and understanding the implications of programme 2 on the corporate service resource, i.e. the resource which would transfer to a new provider and the implications on the remaining resource. Thus requiring a strong interface with programme 2;
- Scoping potential partnership options in pursuit of the most efficient corporate service offer across our localities/region;
- A redesign of corporate functions to ensure a fit for purpose offer for the future.

As a minimum, this will require an Executive Sponsor and a dedicated programme manager, as well as named workforce and finance leads. Head of Corporate Services will clearly be fundamental to the progression of the work stream.

4. Sustainability

It is proposed that the sustainability work stream operates as a cross-cutting enabler (via the Transformation and Financial Recovery Group – chaired by the Chief Executive). This will oversee the work of the three programmes above and receive assurance that the programmes are operating within the framework of service and financial sustainability). The work stream will also provide specific leadership on:

- Contracting expertise and strategy;
- Partnership developments/frameworks to enable our planned developments;
- Management of the CIP Programme.

It is anticipated that existing resource can be realigned to support this work.

5. Communications and engagement

Communications and engagement will also operate as a key enabler, with the need for a strong interface with the programmes above.

Whilst this will be overseen by the Associate Director of Communications, dedicated communications and engagement resource will be required to support the entirety of the strategy implementation.

Accountability and Governance

The diagram below illustrates the proposed governance framework to oversee the delivery of our strategic plan.

In planning this structure we have sought to make the best use of existing meeting structures whilst seeking to ensure effective governance of this extremely complicated programme of work.

Board assurance will be provided by:

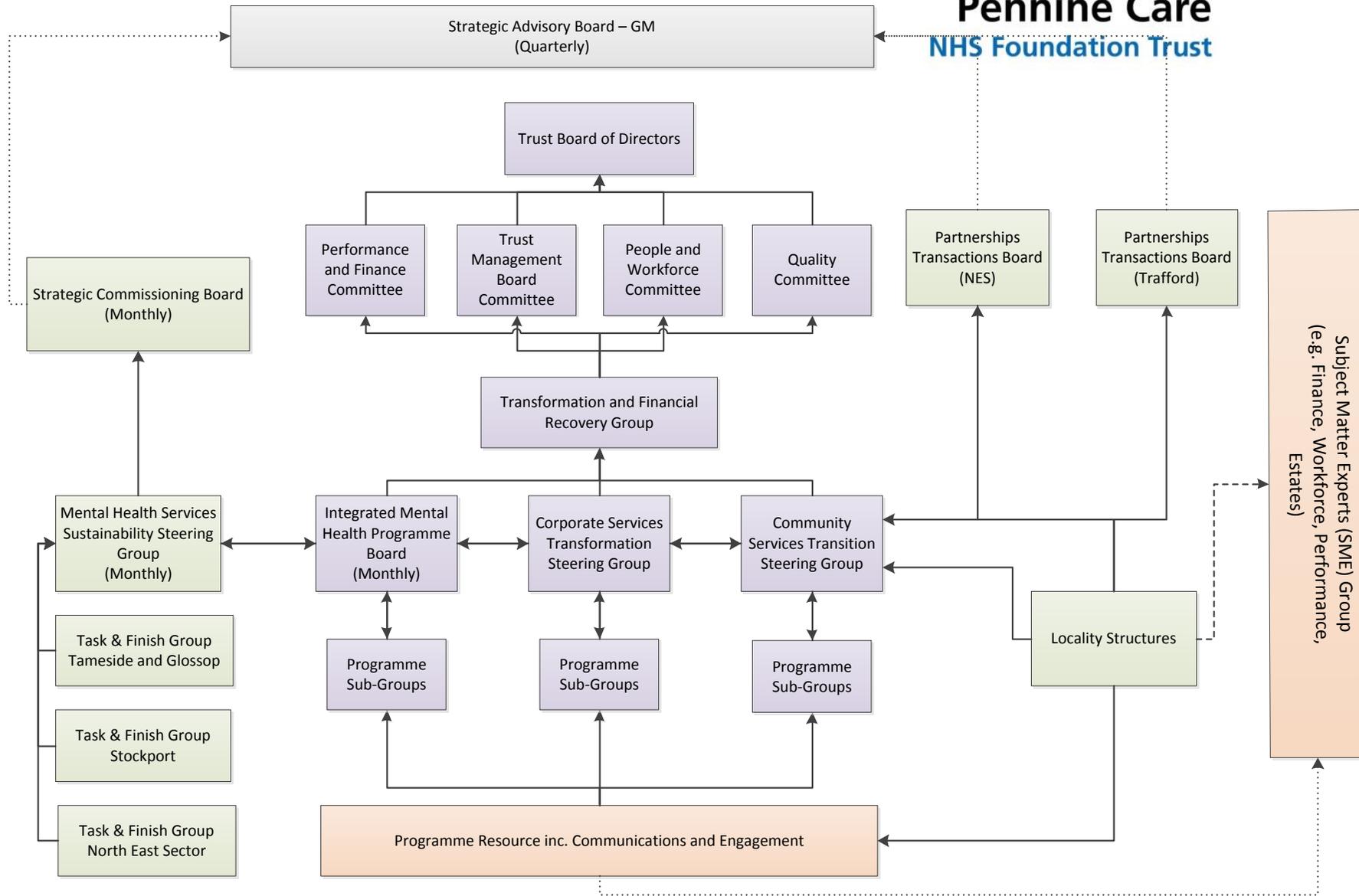
- Board level attendance at the Partnership Transactions Boards (Executive and Non Executive Attendance);
- Reporting of assurance to the relevant Board sub-committees via Transformation and Finance Group;
- Reporting of progress on key strategic objectives at Trust Board
- A standing agenda item at Board meetings with update on progress and exception reporting against agreed delivery plans

Once agreed in principle, the governance structure will be implemented with detailed terms of reference and consideration of membership to ensure best use of our resources.

The work will be driven by the organisation, in conjunction with partners as relevant but will be supported by the Strategic Advisory Board to facilitate alignment with any relevant GM changes.



Pennine Care NHS Foundation Trust



Managing risks and issues

It is recognised that this strategy is not without risk, linked to both operational delivery and organisational reputation in particular. This needs strong alignment and decision making based on the Board's previous assessment of risk appetite.

A full risk and issues log will be developed in support of the programme governance and will feed into Board and its sub-committees as appropriate.

Framework for Change

We have an existing framework for change (see below) which will be considered in light of our emerging strategic position.



We have existing organisational strategies that support these key delivery priority 'pillars'. These will need to be reviewed and refreshed to be more targeted to our future strategy, however, it is believed that the core components will remain unchanged.

Summary

As outlined in the communications and engagement plan, the key next step is to undertake thorough engagement with our key stakeholders to test and further refine the proposals as set out.

This will culminate in a Trust-wide planning day on 5 December 2018 to inform the presentation of the final strategy to Board on 19 December 2018. The strategy will be launched on 7 January 2019.

Running parallel to this will be a series of planning conversations and processes to ensure that we are considering all of the implications of the strategy proposition. This will be supported by the development of the programme governance and architecture as described earlier.

Recommendations

Board are recommended to approve 'in principle' the direction of travel to allow progression of the key next steps to take forward the work, specifically:

- The ongoing communications and engagement plan;
- The establishment of programme governance and initiation of resources to support;
- Development of a contracting position for each locality and mental health.

Please send any comments on the strategy to:

businessplanning.penninecare@nhs.net

Appendix a: Vision and values

Our differentiators and their benefits to patients, service users, carers, colleagues and partner organisations

| | |
|----------------------------------|--|
| Our Partnering Skills | In seeing the whole person, we create positive partnerships with patients, service users, carers, colleagues and other organisations and work together with respect to create understanding, shared goals and meaningful outcomes |
| Our Incredible People | Compassionate, thoughtful care and gritty determination to make a real difference to people's lives. |
| Our resourceful ingenuity | We deliver the outcomes our patients and service users need by being innovative and resourceful in developing creative yet practical solutions to address their needs |
| We are our communities | We are right by you: We live and work within our local neighbourhoods and communities, so we have an in-depth understanding of how to make things work in those contexts We do right by you: We look to understand you and work alongside you to enable you to make best choices to maximise your potential to live a healthy and more hopeful life |

Our core competence as an organisation

- We see the whole person, not just one specific condition.
- We are fully committed to working with individuals in genuine partnership to find and deliver the right care solutions together
- The skills we bring include kindness, resourcefulness and a deep connection with our communities and our partner organisations to provide multi-faceted solutions to complex physical, mental health and social co-conditions.

Vision: A happier and more hopeful life for each and every person within our communities

Mission/purpose

To maximise people's potential to live healthier and more rewarding lives and to create a fulfilling work environment for our employees

Our values

Kindness

We believe that care and compassion underpins everything.

- Kindness assists the recovery of patients & service users and is key in delivering high quality care
- It also means we listen intently to our patients & service users to understand the whole person. We work together in true partnership to provide individual and personalised care that meets real and wider needs.
- We are also kind to our people, valuing colleagues and treating them with consideration and respect. We make time to show we care: recognising and celebrating their achievements and supporting them when needed

Fairness

We do the right thing in order to build a fairer, more just & equal society

- We work together to bring about greater equality in our society by championing the vulnerable and striving to reduce stigma.
- By listening to patients & service users and keeping their needs at the centre of things, we create inclusive, diverse and collaborative partnerships with patients, colleagues and other organisations.
- Listening also means taking time to understand what really matters to people and working with them to secure the outcomes that are important to them
- We find constructive ways to challenge if things aren't right, and are courageous in addressing difficult issues

Ingenuity

We are resourceful and imaginative in improving standards of quality, care and safety

- We recognise that the needs of patients and their carers change over time. Only by developing better and more ingenious solutions in true partnership with others, by pushing boundaries, being open and receptive to change and working to secure the resources we need, will we continue to develop and improve our services and practices.
- In working to improve our high standards, we constantly explore new sources of inspiration, so that we in turn can inspire others. We value ingenuity, resourcefulness and imagination, which prevent stagnation, engendering an exciting and rewarding work environment and better outcomes for those we serve.
- We also recognise that improvement initiatives have to be well-considered but it's important to try out good new ideas. If things don't work out quite as we anticipated, we learn from that and put things right. We are not blamed or discouraged from exploring new potential solutions

Determination

We know that there is almost nothing we cannot achieve, if we have the will

- We accept our distinct and privileged role in maximising the potential of others to live healthy and more hopeful lives and take personal responsibility in doing our utmost to achieve that. If it's the right thing to do, we look to overcome obstacles and collaboratively find answers that really work for people
- Striving for the best possible outcome requires us to be solution-focused, positive, tenacious and optimistic. We surround ourselves with colleagues who are equally determined and supportive.
- In doing right things, focusing on our social purpose and staying true to our values, we will ensure our time, effort and resource is directed in the best way for us to deliver real value for patients, colleagues and partners.

Appendix b: Communications and engagement plan

| Date | Individuals/Group | Communications | Person responsible |
|---------------------------------------|---|---|-----------------------------------|
| Friday 19 th October | Pennine Care board and senior leaders (am) | CEO email with draft position paper for comments by 9am Tuesday 23 rd October, and key messages briefing attached | Comms team |
| | Pennine Care governors (am) | Chair email with draft position paper for comments by 9am Tuesday 23 rd October | Membership manager |
| | Pennine Care partnership officers (union reps) (am) | Phone-call – with draft position paper for comments by 9am Tuesday 23 rd October, and key messages briefing emailed | Workforce & OD governance manager |
| | Greater Manchester Health and Social Care Partnership (GMHSCP) Chief Officer (Jon Rouse), | Telephone call with draft position paper shared (also shared with NHS Improvement (NHSI) Director of Finance (Stephen Downs) | CEO |
| | Pennine Care HMR senior management team meeting (am) | Face-to-face briefing - with preparations for 23 rd Oct HMR manager briefing | Managing director, HMR |
| | Oldham senior managers (and council CEO) | Face-to-face briefing - with preparations for 23 rd Oct manager briefing | Managing director, Oldham |
| Monday 22 nd October | Pennine Care joint negotiating consultative committee (JNCC) (am) | Face-to-face briefing and discussion | CEO & director of Workforce |
| | Rochdale Council CEO (Steve Rumbelow) (pm) | Telephone call re draft position paper | CEO |
| | Bury Council CEO (Geoff Little) (pm) | Telephone call re draft position paper | CEO |
| Tuesday 23 rd October | Pennine Care managers (am) | Managers briefing (using key messages briefing) | Senior leaders |
| | CQC well-led inspection lead (Jane Garrity) | Mentioned as part of CQC presentation | CEO |
| | Joint Health & Overview Scrutiny sub-committee meeting (<i>already in diary</i>) (2pm) | Face-to-face briefing. With draft position paper shared | CEO |
| | NHS Improvement (NHSI) Director of Finance (Stephen Downs) | Telephone follow-up call re draft position paper | Director of Finance |
| | NHSI Director of Operations (Lesley Neray) | Telephone call re draft position paper | Director of Operations |
| Wednesday 24 th October | Oldham Council CEO (Carolyn Wilkinson) (am) | Telephone call re draft position paper | CEO |

| | | | |
|--|--|--|---------------------------------|
| | All Pennine Care staff | CEO email | Comms team |
| | CCG accountable officers, local authority CEOs, Northern Care Alliance CEO (David Dalton), Pennine Care partner governors | CEO email to share draft position paper Chair email to share draft position paper | CEO Membership manager |
| Thursday 25 th October | Strategic commissioning group (CCG heads of commissioning, 6 boroughs) | Face-to-face briefing | Director of Service Development |
| Monday 29 th October | Strategic advisory board meeting, Bury – Jon Rouse, CCG accountable officers (6 boroughs), Stephen Downs, NHSI | Presentation re position paper | CEO |
| | Comms leads for NHSI, GMHSCP, CCG (6 boroughs), Northern Care Alliance | Telephone briefing re: position paper & comms plan, holding media statement | Comms teams |
| Wednesday 31st October | Pennine Care public board meeting | Position paper on strategy discussed at Board meeting | |
| | Pennine Care staff | CEO blog (with link to position paper) | Comms team |
| | *Key stakeholders & partners (listed) | CEO email with final position paper | Comms team |
| Thursday 1 st November | Public | Final position paper on website | Comms team |
| Monday 5 th November | Pennine Care managers | Priority Brief monthly update | Comms team |
| | Pennine Care staff | Connected weekly update | |
| Tuesday 6 th November | Council of Governors | Presentation | |
| Friday 16 th November | Pennine Care Heywood, Middleton & Rochdale divisional business unit | Position paper re future strategy | Head of Business Development |
| Tuesday 20 th November | Pennine Care Trust Management Board | Strategy discussion | CEO |
| Wednesday 21 st November | Pennine Care Collective leadership group | Strategy discussion | CEO |
| | Pennine Care governors | Strategy discussion | TBC |
| Tuesday 27 th | Pennine Care mental health | Strategy discussion | CEO |

| | | | |
|---|--|---|---------------------------------------|
| November | programme board | | |
| Wednesday 28 th November | Pennine Care Trafford divisional business unit | Strategy discussion | Head of Business Development |
| Wednesday 28 th November | Pennine Care Oldham divisional business unit | Position paper re future strategy | Head of Business Development |
| Friday 30 th November | Pennine Care Bury divisional business unit | Strategy discussion | Director of Service Development |
| Tuesday 4 th December | Pennine Care exec directors | Updated strategy further to engagement | CEO |
| | Joint Health Overview & Scrutiny Committee | Face-to-face strategy discussion | CEO |
| Wednesday 5 th December | Pennine Care planning day with senior managers, Oldham football club | Updated strategy further to engagement Implications for Divisional planning Seeking final refinements | CEO |
| Friday 7 th December | Joint HealthWatch meeting (6 boroughs) | Overview of strategy | Director of Service Development |
| Wednesday 19th December | Pennine Care Board meeting | Strategy paper (2019-2021) discussed at Board meeting | |

Key stakeholders & partners - to receive CEO email with final strategy position paper

| |
|--|
| Pennine Care staff |
| Pennine Care governors |
| Jon Rouse, GMHSCP |
| CCG accountable officers (6 boroughs) |
| Stephen Downs, Lesley Neray, NHSI |
| Jane Gerrity, CQC inspection lead |
| GM lead for dentistry |
| David Dalton, CEO, Northern Care Alliance |
| Colin Scales, CEO, Bridgewater Community Trust |
| Colin McLaren, Chair, Joint Health & Overview Scrutiny |
| CEOs, Local authorities (6 boroughs) |
| Chairs, HealthWatch (6 boroughs) |
| MPs (6 boroughs) |

Media handling

A media statement is ready to send reactively about the position paper.