



Pennine Care
NHS Foundation Trust

Position Paper – Trust Strategy 2019-22: Maximising Potential December 2018

Purpose

This paper provides an update further to the initial position paper considered by the Trust Board on 31 October 2018 regarding the refresh of the Trust's Organisational Strategy.

The paper makes a final proposition for our future service portfolio and organisational focus; and requests approval from the Board in order to enact the work necessary to implement this strategic direction.

The paper also sets out a refreshed programme approach to manage a very large and complex set of changes in the implementation of the strategy; and provides an update on the preparatory work undertaken thus far. As the Integrated Mental Health Programme is already in place and has been reported separately to the Board, the scope of this paper is limited to the decision regarding community services; and the detailed programme of work relating to the two streams affected by this decision, namely the multiple transactions to effect a transfer of community services and the resultant impact on the organisation and our corporate services.

It was originally intended that a final strategy would be presented to Board on 19 December 2018. However, on reflection, it was considered the work necessary to engage and develop our future vision and compelling narrative about future organisational offer would not make sense to be undertaken whilst we were engaging on the proposed change in portfolio. Our long term strategy needs to reflect final decisions on portfolio and consideration of sustainability. Accordingly, this will be developed over the coming months once agreement has been reached on our service portfolio and we can engage on our future service offer with staff and partners. The work to develop a final long term strategy needs to include:

- Testing of the vision and values work undertaken thus far and developing an environment and systems where this can be embedded and realised;
- Developing a coherent and compelling 'offer' with our future service portfolio – what we do; what we want to excel in and what will define our organisation?
- Refreshing the associated strategies linked to the delivery of the strategic direction e.g. Quality, People and Workforce, Health Informatics, Estates;
- A review of organisational design including structure and systems for delivery of the future model;
- A considered plan regarding operational and financial sustainability. This is likely to require a review of the optimum organisational form to deliver our revised strategy including the possibly of closer relationships with one or more other providers to make the most of our collective resources.

It is anticipated that the full strategy will be developed from January 2019 into early summer, linked to the national timescales for submission of long term sustainability plans to NHS Improvement (NHSI).

Background and Context

The initial position paper considered by the Board in October 2018 set out a case for change for a refreshed strategy, including:

- The increasing challenge of how to balance our quality aspirations within existing resources which has impacted on the achievement of required levels of performance; resulting in increased regulatory scrutiny from NHS Improvement;
- An evolving and changed health and social care economy, bringing heightened complexity but increased opportunities to operate within different models of care. In particular, over the last 18 months there has been significant progress in the development of locality-based models of joint working and an aspiration for community services to play a critical part in new service models that are led and managed through new forms of formally constituted partnerships (LCO Contracts);
- The growing national focus on Mental Health services and need to ensure parity of focus and development in the transformation of mental health services; and that the voices of mental health and learning disabilities are fully heard within evolving care models;
- Stakeholder and staff feedback which has reflected a lack of clarity regarding our organisational vision and clarity of purpose; and an ability to fully serve all of our localities to the standards we expect across the breadth of our current portfolio

In this context, the Board had already agreed earlier in October not to continue with an extension to our contract for community services in Trafford.

On 31 October 2018 the Trust Board considered a position paper which set out a proposition to maximise the potential for mental health and learning disabilities, community services and corporate services. In summary, this recommended a redefinition of service portfolio, focussed on the delivery of an enhanced offer around mental health and learning disability services with a transfer of our community services to an alternative provider.

The Board approved a decision in principle to this proposed direction of travel and instigated an engagement phase to test the proposition with our key stakeholders, most importantly our workforce.

Engagement Phase

Since the decision in principle from the Trust Board in October, we have undertaken an engagement phase with both internal and external stakeholders. Very early into the engagement process, the senior team were challenged as to the purpose of the engagement, and whether any views that staff had could influence the decision making of the Board.

It was explained that the initial decision in principle was based upon a considered process which had been ongoing for a number of months and took into account a range of stakeholder views, as well as an assessment of the internal and external environment. However, it was clearly expressed that the senior team would be listening to stakeholder views and if there were alternative suggestions, expressed with a convincing rationale, then these would absolutely be considered by the Board. It was also clarified that the engagement phase was intended to pick up and address concerns and issues raised, and flag up what needs to be paid attention to going forwards.

Internal engagement

- Staff engagement sessions took place across all services over November. These were delivered by senior managers, in many different formats as appropriate for their directorate and teams (from individual conversations to large scale events with 100+ people in attendance). A *key messages* brief and Q&A were provided to support managers and ensure consistency – with feedback forms to collate views and capture further questions;
- Staff have been updated through weekly briefings, the chief executive's blog, intranet and other communication channels including corporate drop in sessions;
- Senior staff have visited the leadership teams of all Divisions to engage, discuss and seek feedback;
- The Council of Governors have also been engaged with on two occasions to ensure opportunities for feedback from all parties;
- On 5 December 2018 a series of executive-led drop in sessions were also delivered to provide an alternative mechanism to engage with the Board

Key points of feedback from these sessions included:

- Staff appreciated being informed at the earliest possible opportunity, even if there are many unanswered questions. They acknowledged that we are trying to be as open as possible and welcomed this approach;
- There has been a mixed response to the proposed direction of travel. Many staff understand and support the proposal, even if they are anxious about specific aspects of the process and how this could impact on them. Responses vary from seeing this as a positive opportunity (both from community and mental health staff) to concerns about transferring to another provider, losing services and/or jobs;

- In some areas there has been significant disappointment and a sense of being undervalued by the organisation; with staff upset about the decision and worried about services being affected or broken up (e.g. fragmentation of Rochdale children's services and community services delivered across the North East Sector);
- Mental health and learning disability staff are worried we will get distracted with the transfer, and question whether this could lead to a future merger with Greater Manchester Mental Health Trust;
- Corporate staff are particularly anxious about the potential implications for their jobs recognising the potential reduction in size of the organisation;
- The main questions have been about timescales, future providers and TUPE arrangements;
- There have also been general queries from some staff in community health teams about their continued attendance and participation in Trust initiatives, in particular, the roll-out of our electronic patient record to community services. Our message has been that at this stage, it is 'business as usual', with community teams remaining an important and valued part of all activities;
- People are concerned at the potential huge demand that the large-scale transfer of staff and services could place on teams, alongside the day-to-day work – especially on managers;
- There are concerns that this could impact on recruitment and retention of staff during the transition phase.

These points have been responded to as much as possible during the engagement phase via the face to face briefings, the weekly brief and the Frequently Asked Questions document; and will continue to be addressed as part of on-going communication and engagement activity as greater clarity on these issues is developed.

External engagement

During November we have continued to engage with key external stakeholders in our localities and across Greater Manchester including commissioner and provider partners, specifically:

- Accountable Officers in Bury, Heywood, Middleton and Rochdale and Oldham both in person and in written form to seek their views and engagement;
- Key system leaders in Trafford where the programme of work is already being mobilised;
- Ongoing attendance at Local Care Organisation (LCO) meetings across the footprint;
- Joint Health Overview and Scrutiny;
- Healthwatch colleagues;
- Further discussions with the Greater Manchester Health and Care Partnership in relation to the GM mental health transformation programme;

- Ongoing discussions with the Northern Care Alliance (NCA) and Greater Manchester Mental Health FT as key system partners;
- Discussions with communications leads at the respective Clinical Commissioning Groups (CCGs), local authorities and other key organisations to ensure aligned messaging.

Key points of feedback include:

- Broad consensus amongst external stakeholders regarding the direction of travel – felt to be in line with the overall transformation happening within local and national systems;
- A concern around system instability with a number of large scale transactions proposed, with potentially different timescales;
- Concern about whether the large scale transactions would be a diversion from mental health transformation;
- Concern about staff and patient experience during the change process.

For different localities, the position is as follows:

North East Sector (NES)

- Conversations have continued with accountable officers for commissioning and senior personnel within the Local Care Organisation's;
- The Local Care Organisation's in Oldham and Bury have been asked by commissioners to lead a process to identify a recommended future host provider for all Clinical Commissioning Groups and Local Authority commissioned community services for a period of 2 years – the Trust has been advised that both Local Care Organisations have made a recommendation that this will be the Northern Care Alliance (via Salford Royal). This has been formally ratified in Oldham and will be taken to the Clinical Cabinet in Bury as a recommendation for formal sign off on 19 December 2019;
- In Heywood, Middleton and Rochdale (HMR), commissioners have recommended that adult community services within the borough transfer to the Local Care Organisation contract (One Rochdale, already hosted by the Northern Care Alliance/Salford Royal). This will complement the existing adult community services provided by Pennine Acute (under the umbrella of the Northern Care Alliance). One Rochdale are currently reviewing this proposal with all partner agencies and we await formal confirmation;
- Discussions are still on-going about children's services (as their Local Care Organisation was originally set up to be focussed upon adult services); and partners are considering a range of options. A decision on the future arrangement for children's services is likely to be made at the end of January 2019;

- A decision has been taken in relation to the HMR #thrive service. This currently sits within the community services contract but from 2019/20 will be realigned to the mental health contract (this has now been confirmed in writing);
- Conversations have subsequently been initiated with Commissioners and the Northern Care Alliance as to the transfer approach and programme of work, and it is proposed that the contractual change for services in scope will be 1st July 2019 subject to due diligence requirements; with shadow management arrangements to be agreed and enacted in advance of this date to facilitate an effective 'handover' of responsibilities;
- A NES Community Services Partnership Board has now been established with representation from across partners. The first meeting took place on 10th December;
- There has been significant engagement and discussion with our mental health commissioners in the system redesign programme for mental health across the North East Sector during this period; with agreement about how to progress in parallel with this important work stream.

Trafford

- The initial stage of the procurement process in Trafford has identified more than one interested provider;
- Trafford Clinical Commissioning Group has now instigated an Invitation to Tender (ITT) process to conclude by the end of 2018 (ITT closes 19 December 2018), with a legal requirement for a 10 day 'stand still' period following the procurement;
- We are, therefore, anticipating notification of the new provider late January 2019. Trafford are looking to mobilise the new contract as soon as possible but it is anticipated that the earliest this change could be effected is 1st July 2019;
- Trafford Community Services Partnership Board has been established with senior representation from Pennine Care, commissioning colleagues and key stakeholders. This will be Chaired by the new incoming Accountable Officer and will oversee the change;
- Conversations have been instigated regarding contracting position and funding for 2018/19.

Stockport and Tameside

- Conversations have taken place in these localities with key stakeholders who have welcomed the renewed and heightened focus on mental health and learning disability services;

- The focus of discussions has been on the MH work-stream and alignment to localities aspirations. In particular, there is a strong alignment to the work progressing in Tameside re mental health developments.

Proposition and Rationale

The engagement phase has been positive in terms of high levels of interaction, constructive and honest dialogue; and a range of opinions and views have been expressed.

Whilst there have been a range of views expressed about the general direction of travel, the majority of concerns have been about the impact of this for individuals and the way any decisions are implemented.

There does not appear to be a strong case for any alternative direction of travel, although a number of areas have been highlighted during the engagement period where we need to respond to specific feedback, in particular:

- Heywood, Middleton and Rochdale's children's services (as described above) – there are on-going discussions with commissioners about the optimal arrangement for these services;
- Child Health and Dental services – these services are commissioned by NHSE and we are currently exploring options for the future provision of these services.

We are still working through these issues which might impact on the timescale, phasing and future options for these specific services. However, overall, the feedback has not been considered to significantly affect the general proposed direction of travel. This paper therefore asks the Board to provide final approval on the proposition as outlined below:

For our Mental Health Services

We want to create an organisation that builds on our known strengths and recognised expertise and positions ourselves within localities as the advocate for, and facilitator of, positive mental health and well-being by working in strong partnerships with others. This would capitalise on 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, we will build the platform to drive forward meaningful change, by taking a lead and giving Pennine Care the opportunity to become more pro-active and visible 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. The opportunity to develop new

and stronger partnerships with organisations that can support the delivery of person-centred care will also help to ensure better holistic outcomes for our communities.

We will undertake further work in the New Year to cement our plans and future vision for our mental health and learning disability service delivery.

For our Community Physical Health Services

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. There is a natural fit for our community services provision within local integrated neighbourhood and locality models which are supporting the drive to deliver more care closer to home and improved patient outcomes.

To facilitate this, we believe that there are other providers better positioned to enable our community services to achieve more; and we consider 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'. The predominant model for this across GM is for acute providers to be positioned to lead this approach.

So, we will continue to work with our partners in supporting the move to new locality-based, service models. 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 an appropriate timescale over which we will support this change (described further below).

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.

Corporate Services

In taking forward this direction of travel, it is recognised that this represents a potential significant impact upon corporate service colleagues. This has been reflected in the response to the engagement phase, with a number of concerns raised, and consequently a number of areas taken on board for action.

The continuation of Paris has been a key point of feedback from the engagement activity. The current position is to operate as 'business as usual' and our Chief Information Officer has been asked to write to all localities to understand their plans and preferences associated with the proposed move. Linked to this is the need to quickly identify the requirement for ongoing IM&T support post transfer as this will significantly impact on the implementation phase, and consequently on the corporate services provision. Other particular issues which have been acted upon include the

significant implications for the management of our health records prior to the transfer date (which is being mapped as part of the enabling resource requirements).

We have been hearing mixed messages in the system that front line staff are 'protected' whilst the situation for corporate services may be different. It is important to stress that where staff have a legal right to TUPE (both for corporate and operational staff) there is equitable application of the law. This will be a fundamental principle of the programme of work moving forward. A priority piece of work will be to start a detailed mapping of which staff would be eligible to TUPE. This would be supported with communication with both individuals and teams.

However, as stated previously due to the reduction in income across the organisation we will need to carefully consider the future model for corporate services to support organisational sustainability and delivery of the future strategy. This will have a strong interface with the broader organisation design piece and will continue to be led with Heads of Corporate Services and their teams.

Specific corporate drop in sessions have been held for staff and the Chief Executive offered individual appointments to all staff on 5 December 2018. Engagement activity will continue as a core part of the Corporate Services Transformation programme (see below).

Programme Infrastructure and Governance

As proposed in the initial position paper, as a preparatory action, we have initiated a programme infrastructure in anticipation of a final decision, as follows:

| | 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 | | |
| | 6. Organisational Redesign Programme – 7S | | |

An addition to the original position paper is the inclusion of a piece of work to review and plan the future organisational design. This recognises the significant organisational development work required to wrap around the change, specifically thinking about the future model. This includes some of the ‘hard’ organisational development activity such as a consideration of structure and systems, but also the ‘softer’ organisational development elements including style and shared values. As set out in the previous position paper, a significant amount of work has taken place to develop a refreshed vision and set of values within the organisation, and it is imperative that we do not lose sight of this whilst implementing the change programme described.

Programme Governance

The diagram below illustrates the governance framework to oversee the delivery of the strategic plan. Key points of change/note include:

- The Board agenda will include dedicated time on Strategy Development/Implementation progress to ensure Board leadership and oversight;
- An Executive Director sponsor has been allocated for each work stream whose responsibility it is to chair the working group and oversee the development and delivery of its work programme. It has been agreed that this will be supported by a Non Executive Director sponsor to promote assurance in the development and implementation of the programme. The Executive Director and Non Executive Director sponsors will ensure relevant reporting and escalation to the appropriate Board Committees.

| Programme | ED Sponsor | NED Sponsor |
|--|---|------------------|
| Maximising potential in mental health services | Henry Ticehurst, Medical Director | Joan Beresford |
| Maximising potential in community services | Keith Walker, Director of Operations | Mike Livingstone |
| Maximising potential in corporate services | Judith Crosby, Director of Service Development and Delivery | John Scampion |

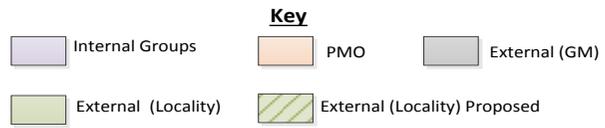
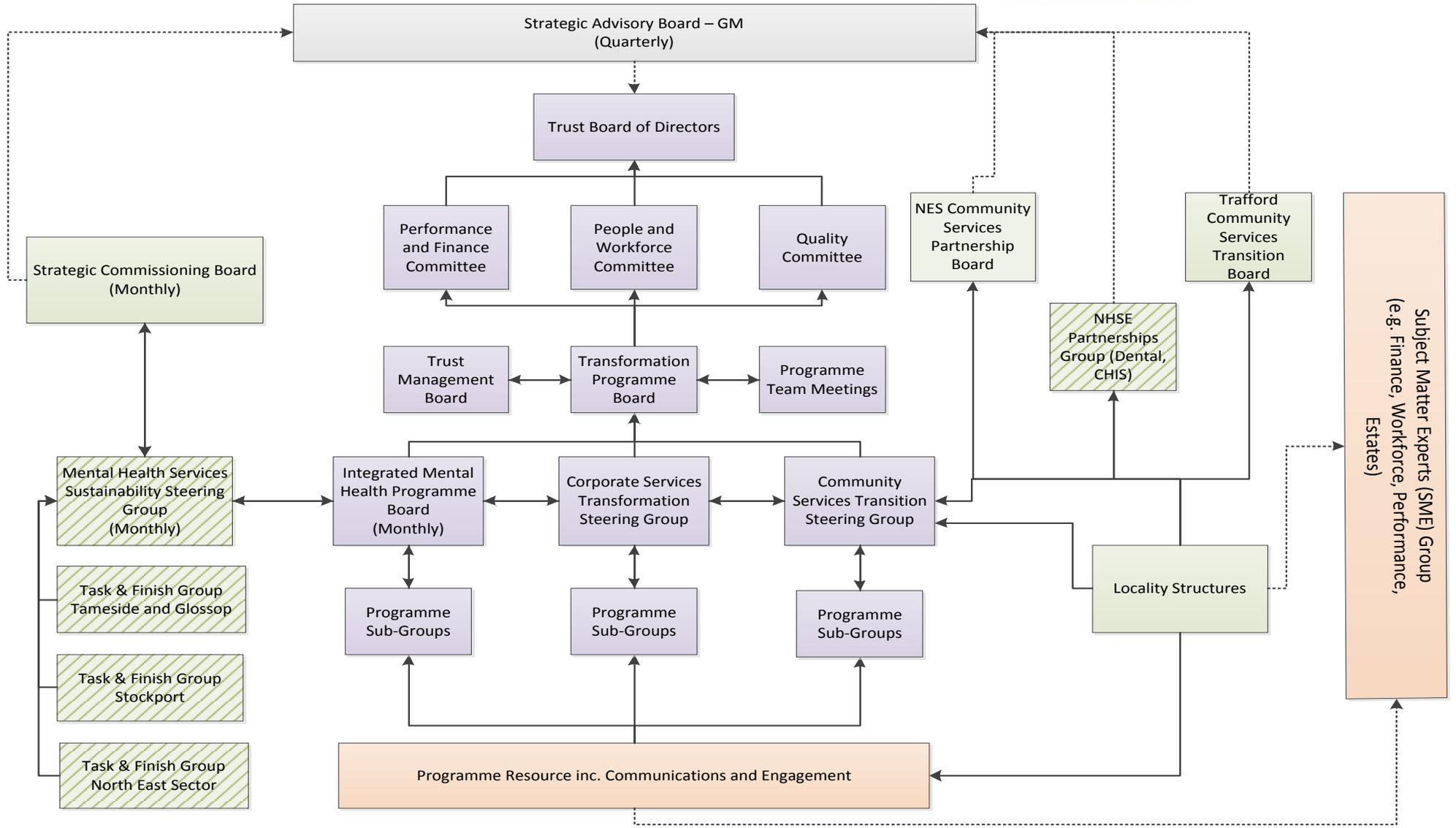
- The Transformation and Financial Recovery Group has been stood down in favour of a Transformation Programme Board which will meet monthly and oversee the entire programme plan. This will bring together the Board leadership of each of the programmes with the full ED team and key corporate/programme resource. The first meeting took place on 4 December 2018.

- Trust Management Board will also receive a monthly update, ensuring that the strategy progression is being discussed by the Executive Team as a whole on a fortnightly basis.
- The governance structure has been updated to ensure that there is a feed back into the organisation from the Strategic Commissioning Board in relation to the external mental health programme;
- Proactive work has taken place to establish the North East Sector Community Services Partnership Board including representation from commissioning bodies, system partners, Local Care Organisations, NHS Improvement and Greater Manchester Health and Social Care Partnership. The first meeting took place on 10 December 2018. At this meeting a paper was presented which set out a proposed overarching programme approach to the management of the transactions across the North East Sector. This had been shared with the Executive Team in advance and is supportive of the way in which we want the programme to be governed and managed, specifically:
 - The transfer of community health services is enacted in a way that enables (rather than hinders) existing Locality Plans proposals to transform care and improve outcomes;
 - Collectively, we secure best value for the system in each Locality, ensuring that community health services are clinical and financially sustainable (at and beyond) the point of transfer;
 - Resources are directed to the right place in order to adequately and sustainably fund the right care as defined by each Locality's care model.
 - We encourage cooperative behaviour between partner organisations and engender a culture of no fault, no blame and no disputes.
 - We work together on a transparent, open-book basis, with a clear approach to any 'legacy' issues that predate service transfer.
 - There is a joint commitment to not increase the current level of risk in the system nor to transfer risk to parties without ensuring there are the sufficient means to manage this.
- Subject to discussions with NHS England commissioning colleagues, an additional partnerships meeting has been proposed to govern the conversations around the future strategy for our NHS England contracts, specifically Dentistry and Child Health Information Systems (CHIS). A high level options appraisal for dentistry has been developed and we are currently working through a number of shortlisted options with partners.

Proposed external governance for the mental health programme (left hand side of the diagram below) remains in discussion, linked to the external element of the integrated mental health programme. Phase one has been initiated, supported by the Greater Manchester Health and Social Care Partnership who are independently commissioning a provider to undertake a full benchmarking exercise involving ourselves and our commissioners. This will form the baseline of the system redesign.



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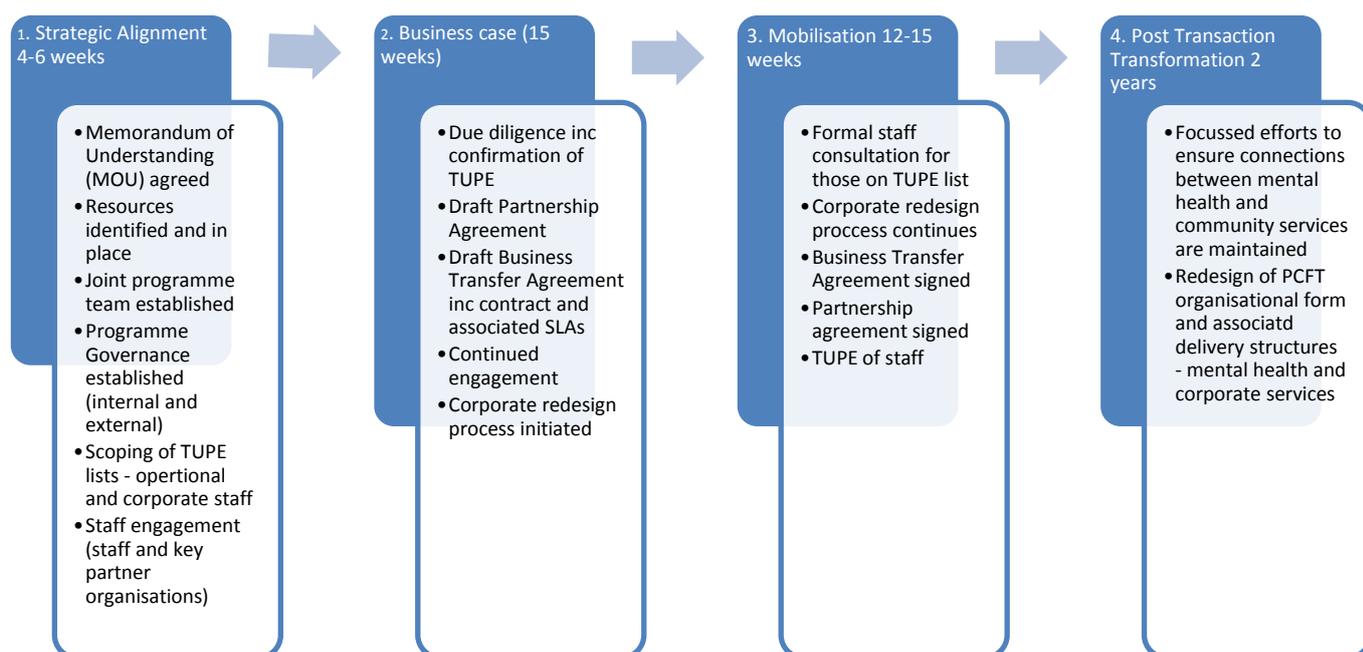


Programme Plan for Community Transfers

The enactment of a range of community service transfers will be a complex activity, working across four separate localities. As described above, in the North East Sector there is an emerging position of uniformity in terms of the future provider of community services (appreciating that a recommendation is yet to be made for HMR's children's services), which will be enabled via the North East Sector Community Services Partnership Board. However, it is important that adequate attention is paid to the locality arrangements to ensure that Locality Plan developments are also supported.

In Trafford, a programme approach has been suggested by the commissioning leads, which was shared with the Trust on 6 December 2018. It is hoped the timescales for this change will 'dovetail' with timescales for the NES. A sub-group structure has also been suggested to manage and enact the change which Pennine Care will fully engage in.

For the North East Sector, there is an evolving four stages approach that is being developed. A critical map has been developed of the required activity which demonstrates that 1 July 2019 is probably the earliest possible transfer date, subject to due diligence requirements. Fundamental to the proposal is a co-ordinated programme of activity across the sector and the running of a single programme of activity, including a single due diligence piece. This is supportive of our ambition within Pennine Care and it is therefore proposed that the framework adopted is in full alignment to this as set out below:



The programme is being established on the basis that a contractual transfer date of 1 July 2019 will take place for Oldham (all CCG/Local Authority commissioned services), Bury (all CCG/Local Authority commissioned services), Heywood, Middleton and Rochdale’s (adult services) and Trafford (all CCG/Local Authority commissioned services). As described earlier, discussion is still on-going for HMR children’s services and Dental, the outcome of which will determine the timeline.

A number of work streams have been proposed to meet due diligence and safe transfer requirements which will require Pennine Care engagement. An initial assessment of roles and responsibilities has been mapped to complement that of the receiving organisation:

| Subject area | Roles and responsibilities |
|--|---|
| Clinical Governance | Support the new provider to: <ul style="list-style-type: none"> • Understand level of clinical risk; • Review governance systems, policies and procedures; • Review regulatory compliance. |
| Information governance inc. records management | Significant archiving programme required to ensure that records and files are correctly stored in advance of the transfer. Ensure appropriate information sharing protocols are in place, in line with legislation. |
| HR and workforce engagement | Plan and support workforce engagement activity Manage the TUPE process with the new provider – coordinate the mapping of staff associated with the transferring services and therefore eligible for TUPE. Ensure access to workforce information for the new provider |
| Operations and performance | Engage with new provider to support sharing of intelligence of the current delivery models, performance and risk. |
| Estates and facilities including equipment | Work with the new provider around: |

| | |
|-----------------------------------|--|
| | <ul style="list-style-type: none"> • Review of property and lease/rent arrangements; • Capital plans; • Transition of arrangements. |
| IM&T | <p>Work with new provider to:</p> <ul style="list-style-type: none"> • Understand systems/infrastructure and options • Scope of current projects • Understand IT security. |
| Business Intelligence | <p>Work with new provider to support increased intelligence around current performance</p> <p>Support data migration where identified.</p> |
| Finance | <p>Support the new provider to review financial information as part of due diligence including balance sheets, Cost Improvement Plans, corporate costs including any possible stranded costs.</p> |
| Contracts | <p>Support the new provider and commissioning colleagues to scope and transfer contracts as required.</p> |
| Legal | <p>Review all legal matters including due diligence and the Business Transfer Agreement.</p> |
| Strategy and programme management | <p>Deliver and oversee the programme of activity including engagement and co-ordination of due diligence, Business Transfer Agreement production, engagement with new provider, commissioners and Local Care Organisation colleagues</p> <p>Manage interdependencies across programmes/localities.</p> |
| Disaggregation | <p>Disaggregation analysis required.</p> |

Resources

This recommended position represents an incredible organisational and leadership challenge to enact over the next 12 months. In particular to ensure:

- Continued safe delivery of business as usual i.e. excellent care to our patients, service users and families. This includes the recommendations which we will shortly receive from our recent Care Quality Commission inspection;
- A major service transfer programme (comprising of multiple transactions across 4 localities) plus a consequent change programme for dental services to ensure a safe and effective transfer of patients, staff and services;
- An organisational transformation programme for our mental health and learning disabilities provision

To enact this change, we are realistic that additional capacity and capability is required within the organisation, based around three broad areas:

- Enhanced clinical and professional leadership to drive the change, specifically around the Integrated Mental Health programme;
- Additional, short to medium term capacity to allow the change programme to be enacted. This includes additional programme, corporate and operational capacity for all three main component part of the change programme. The scoping of the community programme has also identified a particular pressure around the requirement of the Trust (as the transferring organisation) to archive all records in advance of the transfer. This will require additional resource;
- Specialist external resource e.g. legal expertise, independent facilitation, health economics modelling

An initial resource ask has been approved by the Board to support mobilisation of the programme, with broader resource requirements being scoped and discussed across partner agencies. A proposal for funding to support the community services transfers has been submitted to the Greater Manchester Health and Social Care Partnership as part of a partnership bid with Northern Care Alliance and commissioning colleagues.

Communications and Engagement

It is important, as we progress the strategy development and implementation 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. Activity will continue to ensure staff feel informed and involved.

In planning our approach we have drawn on the lessons learnt from our recent engagement programme with Trafford community services and mixed sex accommodation, as well as the feedback we have received through the engagement phase in November 2018.

We are conscious that whilst an effective flow of information and a range of engagement methods are important, that there may be other mechanisms that staff require to support the maintenance of their general wellbeing and therefore we are proposing some management of change and transition sessions to include emotional support and personal resilience.

A refreshed communications and engagement plan has been produced and is attached as appendix a. 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.

Next Steps

As well as instigating and engaging with the programme infrastructure as described above (including the communications and engagement plans) the key next steps are as follows:

- Clarify what is meant by 'shadow management arrangements' to ensure that there is a shared understanding across partner agencies, and that the appropriate governance and legal/contractual arrangements are in place;
- Developing an agreed contracting strategy for 2019/20 (as it is now likely that all contracts will be retained post end March 2019);
- Further work on the future vision and values for the organisation including the development of a 'compelling narrative' for our mental health and learning disabilities provision;
- Review and refresh of key organisational strategies including Quality, health Informatics, People and Workforce and Estates;
- Development of agreed delivery priorities for 2019/20 and roll out into Divisional business planning;
- Planning of managing change/transition workshops to support the celebrating of success linked to the transition of community services.

Recommendations

In reviewing this paper the Board are asked to approve the direction of travel to move to be a future provider of mental health and learning disabilities. It is believed that the case for change is well documented and tested with stakeholders.

As described in appendix a, further work is required to understand the future model for our Dentistry services in particular. This will be managed via the Community Services Transition Steering Group and Board will be advised of progress and necessary decision making.

The Board is recommended to:

1. Approve the direction of travel to allow clarity of future service portfolio;
2. Agree progression of the key next steps to take forward the work, specifically:
 - On-going communications and engagement with stakeholders;
 - The full establishment and enactment of programme governance and implementation plans with partner organisations;
 - Developing clarity of purpose in contracting for 2019/20 and beyond.

Please send any comments on the position paper to:

businessplanning.penninecare@nhs.net

Appendix a

Communications plan for transfer of services and future strategy, 19 December 2018

1: Objectives

The key aims of this communications and engagement plan are to ensure we:

- Fully inform and engage with staff as we develop our new strategy
- Keep all stakeholders updated on community service transfer plans, in a timely and co-ordinated manner
- Support the smooth transfer of community services and associated staff to new provider organisations
- Successfully launch our new strategy

2. Principles

Effective communications and engagement will have a direct impact on staff morale and retention, stakeholder confidence, patient care and public support.

Our work will be based on four guiding principles.

a) Consistency, with local tailoring

The communications team will manage all the Trust-wide announcements and messages, and work with managers to ensure tailored messages are delivered in a consistent and timely way.

We recognise that the strategy impacts on different teams in many different ways and that staff want to hear from their managers, who can best explain what it means for them and their team. We will therefore ensure that managers are supported with all the key information.

b) Co-ordination, working with partners

It is essential that messages and information are co-ordinated, both internally and externally.

We will work closely with managing directors/senior managers and communication colleagues in other organisations (eg: CCGs, local authorities, providers) to ensure all communications are shared, co-ordinated and, where appropriate, delivered as joint communications.

c) Regular information through different channels and formats, with focus on face-to-face and feedback

We will ensure there is a regular flow of information and opportunities to feedback through a variety of different ways; recognising that there are hard-to-reach groups and that 'one size does not fit all'.

There will be a focus on as much face-to-face communications as possible - recognising that this is the most effective form of communications, especially for feedback.

Many of our staff have gone through transfers with previous organisations, and we will talk to them about what they felt was 'good' and 'bad' in terms of the communications to inform our work.

d) Clear and positive, whilst empathising with how people feel

We will ensure our communication is simple and easy to understand, with an open, warm, caring and positive tone of voice.

This includes moving quickly to respond to concerns, address rumours and explain clearly what changes are linked to local care organisation transformation and not the future transfer.

We will reiterate the positive opportunities for all our staff and patient benefits in our communications. But we will also recognise how people feel and signpost where they can access more information, raise concerns and seek support. We will work closely with organisational development and HR colleagues.

3. Key stakeholders

| Stakeholder | Key people/team to co-ordinate communications with |
|---|--|
| INTERNAL | |
| Board members | <ul style="list-style-type: none"> • Pennine Care Chief Exec, Trust board secretary and head of business development |
| Community staff | <ul style="list-style-type: none"> • Pennine Care exec lead for transfer • Pennine Care managing directors and senior managers • Pennine Care HR managers • Comms lead for Bury, Oldham, Rochdale and Trafford commissioners & new providers |
| Mental health & learning disability staff | <ul style="list-style-type: none"> • Pennine Care exec lead for mental health • Pennine Care managing director and senior managers |
| Corporate staff | <ul style="list-style-type: none"> • Pennine Care exec lead for corporate staff • Pennine Care senior and department managers • Pennine Care HR managers • New providers (where TUPE applies) |
| Union reps | <ul style="list-style-type: none"> • Pennine Care senior partnership officer • Pennine Care HR director |
| Governors | <ul style="list-style-type: none"> • Pennine Care trust board secretary • Pennine Care membership team |
| COMMISSIONERS | |
| Clinical Commissioning Groups | <ul style="list-style-type: none"> • Chief Operating Officers • Comms lead for Bury, Oldham, Rochdale, Stockport, Tameside, Trafford CCGs |
| Local Authorities | <ul style="list-style-type: none"> • Chief Execs • Comms lead for Bury, Oldham, Rochdale, Stockport, Tameside, Trafford councils |
| PROVIDERS | |
| Northern Care Alliance/Salford Royal Foundation Trust | <ul style="list-style-type: none"> • Chief Exec • Comms lead |
| Bridgewater Community Foundation Trust | <ul style="list-style-type: none"> • Chief Exec • Comms lead |

| | |
|---|---|
| Greater Manchester Mental Foundation Health | <ul style="list-style-type: none"> • Chief Exec • Comms lead |
| Manchester University Foundation Trust | <ul style="list-style-type: none"> • Chief Exec • Comms lead |
| REGULATORS AND ASSOCIATED BODIES | |
| Greater Manchester Health & Social Care Partnership | <ul style="list-style-type: none"> • Chief Officer • Dental services lead (NHS England) • Comms lead |
| Greater Manchester Joint Health & Overview Scrutiny Committee | <ul style="list-style-type: none"> • Senior Governance & Committee Officer (for committee members) • Pennine Care trust board secretary |
| NHS Improvement | <ul style="list-style-type: none"> • Relationship managers for performance and finance • Comms lead for North of England |
| Care Quality Commission | <ul style="list-style-type: none"> • Inspection lead |
| KEY INFLUENCERS | |
| MPs | <ul style="list-style-type: none"> • MP office manager |
| Councillors | <ul style="list-style-type: none"> • Local authority comms team • Joint Health & Overview Scrutiny Committee |
| Media | <ul style="list-style-type: none"> • Regional and local health correspondents/reporters |
| PATIENTS AND PUBLIC | |
| Healthwatch | <ul style="list-style-type: none"> • Chairs and managers for Bury, Oldham, Rochdale, Stockport, Tameside and Trafford |
| Pennine Care patients/carers | <ul style="list-style-type: none"> • Pennine Care patient advice and liaison team (PALS) – linking in with forums and groups |
| Pennine Care public members | <ul style="list-style-type: none"> • Membership team |
| OTHER PARTNERS | |
| Manchester Metropolitan University | <ul style="list-style-type: none"> • Manchester Met Uni Strategic Partnership Lead • Manchester Met Uni Marketing Manager |
| Third Sector – e.g. Age UK, Dementia UK etc. | <ul style="list-style-type: none"> • Local branches |

4. Key messages

These key messages will run through our communications and develop as plans progress:

- Our focus is on providing the **highest quality services** for patients and service users
- We have been very **proud to run community services** over the last seven years and there have been significant achievements, but things have changed.
- As local care organisations (LCOs) and hospital chains continue to develop, we believe there are **other providers better positioned** to enable our community services to achieve more for the benefit of local people
- We have been **spread too thinly** across an increasingly complex landscape - and this has affected our quality aspirations for mental, learning disability and community health services across all six boroughs.
- The vast majority of our community service contracts end on 31 March 2019, and **future commissioning intentions are being confirmed**. We have been pro-active about inevitable change for the benefit of patients
- We need to focus on where we can **add the most 'value' and greatest contribution** for local populations we serve. This is on improving and enhancing our mental health, learning disability and wellbeing services in their broadest sense; capitalising on the national focus on mental health.
- We will continue to play an **integral role in local health and social care developments**, across all the six boroughs we serve – as a positive local care alliance partner.
- We recognise that this is a difficult and unsettling time for many staff and will do everything we can to **update and support you**, to ensure the smoothest possible transfer of services. We believe there will be positive outcomes and opportunities for staff and across all our services.

5. Key methods

The list below is our existing channels. Once the provider/s have been announced, it will be important to work with their communications teams to organise joint communications.

Internal:

- Staff strategy/transfer information sessions – full schedule of a wide ranging events
- Exec-led drop-ins and roadshows about strategy/transfer
- Cascading information through general manager/team meetings
- Intranet 'Transfer Hub' section – with 'live' Q&A, rumour mill buster, latest information, how to raise concerns and get support
- Weekly staff update - on strategy developments and transfer
- Chief Exec's blog - with guest blog slots
- Email - for announcements, comments and queries

External

- Meetings, forums and events – for discussions, updates and presentations with all key stakeholders
- Email – for regular updates and announcements
- Website – strategy section
- Newsletters – eg: Pennine Post membership newsletter
- Social media
- Press releases and media statements

6. Media management

Media protocols will be agreed with partner organisations to ensure tight co-ordination throughout the transfer phase.

This will include the handling of announcements, responding to media enquiries, sharing of media statements and use of spokespeople.

7. Managing communications work in line with emerging strategy

In order to ensure that the communications and design team maintains an efficient and effective business-as-usual service, and progresses plans to launch and promote our new strategy, its work will be split into three tightly co-ordinated areas.

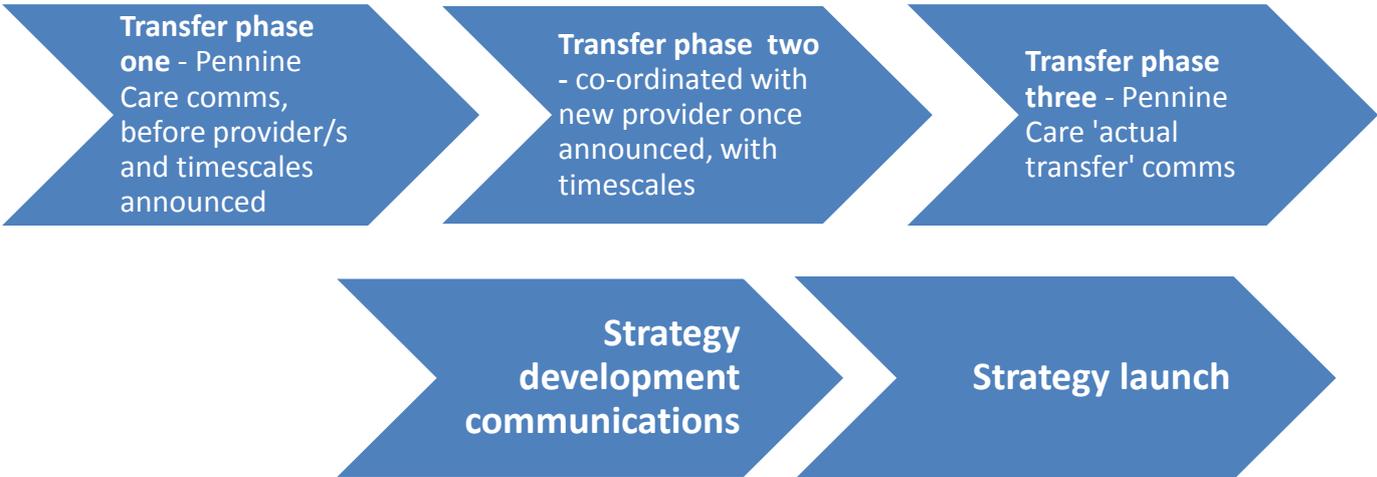


8: Action plan phases

The communications action plan will be built around phases, for both the transfer and new strategy development and launch. There are no dates for the transfer/s yet, but they will work concurrently with the strategy development.

This may need to be phased for different localities, if community services transfer at different times, as the timelines are still to be determined.

The action will also need to remain flexible and 'live'.



9: Action plan

* Please note that the action plan below does not include official ‘announcements’ about specific services, contracts, new provider/s and transfer date/s. These will be managed as part of a ‘live’ joint announcement schedule with the respective communications leads (see second action below).

| Action | Audience | Date | Responsible |
|--|--|-------------------------|--|
| COMMUNITY SERVICES TRANSFER (PHASE ONE) - PENNINE CARE LED | | | |
| CEO email with link to December position paper on Trust website – with holding media statement | All key stakeholders – with extended staff version | 20 December 2018 | Comms team |
| ‘Live’ announcement schedule agreed with all comms leads to tightly co-ordinate and manage all joint announcements | All key stakeholders | 20 December 2018 | Comms team, linking in with comms leads in respective organisations |
| Intranet ‘Transfer Hub’ section, with latest news, ‘live’ Q&A, rumour mill buster, how to raise concerns and get support | All staff | 7 January 2019 | Comms team, linking in with HR and organisational development (OD) teams |
| Schedule of information sessions publicised – with updates/reminders through on-going channels | All staff | 7 January 2019 onwards | Comms team |
| Managers briefings packs to support local staff sessions (key messages, Q&A, core presentation, feedback form) – with on-going updates | All managers | 14 January 2019 onwards | Comms team |
| Core presentation and briefing sheet for use at stakeholder events/meetings, including patient forums and patient/carer groups – with on-going updates | All managers | 14 January 2019 onwards | Comms team |
| Approval grid agreed, to ensure all new communications/information can be approved quickly at the appropriate level | Agreed with execs | 14 January 2019 | Comms team |

| | | | |
|---|--|--|-----------------------------------|
| Exec drop-in 'roadshow' promoted – with updates/reminders through on-going channels | Community and corporate staff | February 2019 onwards | Comms team |
| Focus groups focussing on what has 'worked well' and 'not worked well' in previous transfers - to inform our work | Staff who have gone through previous transfers | January to March 2019 | Comms team, with HR team |
| Use 'Go Engage' snapshot staff survey as a temperature check to inform our work | All staff | 7 January, 7 April 2019 | Comms team, with OD team |
| Additional resilience and health & wellbeing support promoted | All staff | February 2019 – with on-going promotion | Comms team, with OD team managing |
| Strategy/transfer weekly update | All staff | Every Wednesday (except Dec holiday period) | Comms team |
| Chief exec's blog, with guest blog | All staff – shared with public | Fortnightly on Friday (CEO blog), with guest blogs slots | Comms team |
| Feature in Pennine Post membership newsletter | Public members | 14 February 2019 | Membership and comms teams |

COMMUNITY SERVICES TRANSFER (PHASE TWO) - CO-ORDINATED WITH NEW PROVIDER, ONCE PROVIDER AND TRANSFER DATES ANNOUNCED

| | | | |
|---|---------------------------------------|-----|---|
| Joint introductory events, with execs from both provider organisations | Community staff in respective borough | TBC | Comms team, with new provider/s comms team |
| Protocols agreed for joint messages, media handling and co-ordinated communications re: community staff in respective borough/s | All stakeholders | TBC | Comms team, with new provider/s comms team |
| Communication updates through all established channels (eg: meetings/events, staff | All stakeholders | TBC | Comms team, with new provider/s comms team, |

| | | | |
|---|--|----------------------|---|
| information sessions, weekly update, intranet 'Transfer Hub', email, blog) | | | where required |
| PENNINE CARE 'ACTUAL TRANSFER' COMMS (PHASE THREE) | | | |
| Thank you event, led by execs, looking back and looking forward (2 repeat sessions per borough) | Community staff in respective borough, with mental health and other stakeholders invited | TBC | Comms team, with managing director/s and new provider |
| Thank you email from Chair and Chief Exec | Community staff in respective borough | TBC | Comms team |
| Promotion plan celebrating community service successes and future plans, run through all internal comms channels | All staff | TBC | Comms team, with managing director/s and new provider |
| Update all Trust information following, eg: website, induction welcome slides, promotional/information materials | All stakeholders | TBC | Comms team |
| STRATEGY DEVELOPMENT AND LAUNCH | | | |
| Communication updates through all established channels (eg: meetings/events, website, intranet, email, social media, newsletters, blog) | All stakeholders | January 2019 onwards | Comms team |
| Communications strategy 2019 to 2021 and annual plan - to support new trust strategy | Board for approval, then implemented for all stakeholders | 27 March 2019 | Comms team |
| New strategy launch – core narrative, materials, promotion schedule, media, brand style refresh (imagery, tone of voice), website redesign | All stakeholders | Summer 2019 | Comms team |

10: Measuring success

| Aim | Measurement |
|--|---|
| Fully inform and engage with staff as we develop our new strategy | <ul style="list-style-type: none"> • Attendance and involvement at strategy development sessions • Feedback via managers and communications channels • Analytics on intranet 'Transfer Hub' use, email opening rates, blogs etc. • 'Go Engage' quarterly survey results |
| Keep all stakeholders updated on community service transfer plans, in a timely and co-ordinated manner | <ul style="list-style-type: none"> • Attendance at transfer information sessions • Feedback via managers and communications channels • Feedback from key meetings, events, forums • Analytics on intranet 'Transfer Hub' use, email opening rates, blogs etc. |
| Support the smooth transfer of community services and associated staff to new provider organisations | <ul style="list-style-type: none"> • Feedback via union reps, HR team, wellbeing team • 'Go Engage' quarterly survey results • Key performance indicators, such as sickness, complaints |
| Successfully launch our new strategy | <ul style="list-style-type: none"> • Positive feedback from key meetings, events, forums and via managers and stakeholders • Analytics on all digital communications channels • Positive feedback through existing surveys and engagement tools |