

Cheshire & Merseyside Communications & Engagement Plan to Support the Sustainability & Transformation Programme

Version 1.1

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1. Executive Summary

This communications & engagement strategy sets out the approach to communicating the Sustainability & Transformation Programme (STP) across Cheshire & Merseyside and engaging in an open & honest manner, with patients, public, staff and stakeholders. Stakeholders are recognised in terms of their level of interest and influence, and the corresponding level of engagement and communication is applied to enable each audience to have the opportunity to comment on proposed changes to health service provision.

This STP is a 'live' document that is subject to regular revision throughout the programme, and recognises and documents the work that has already taken place and is still ongoing at a local level. Much engagement work has already taken place to support area transformation plans such as 'Healthy Wirral', 'Healthy Liverpool' and 'Connecting Care' and this work is currently in the process of being scoped and logged.

This plan has been developed in collaboration with the Communication & Engagement Leads for each of the three 'Local Delivery Systems', providing a joined up, partnership approach across the region, and utilising all available channels to reach stakeholders.

What stage are we at now?

The Cheshire and Merseyside Sustainability Programme (STP) is still at a developmental stage. We are in the design phase of a programme that will help to create healthier NHS services across Cheshire and Merseyside for future generations.

We know that these changes can't happen overnight and that they shouldn't. Some NHS care models haven't changed much in over fifty years and it is unrealistic to expect them all to be suitable for a growing, aging, online population with changing expectations and needs.

This is why we are taking time to create an STP that is worthy of consideration by the public, patients, clinicians and the wider health economy and why the STP itself is still expected to go through a number of changes and adaptations – beginning with a phase of review and revision after the 21st October.

An initial period of pre-engagement will follow this date - setting the scene, considering and communicating available options and making sure that we are having the right conversations with the right people. The conversations that we have

started about this process are extremely valuable and we will continue to engage with all of our stakeholders.

2. Background & National Context

Local health and social care services across Cheshire and Merseyside have improved significantly in recent years. The *NHS Five Year Forward View* – published by NHS England in October 2014 - outlined some key areas for change if the NHS is to provide the best health and care services now and in the future.

The *NHS Five Year Forward View* noted a gap between where we are now and where we want to be in five years' time, with three areas highlighted:

- the health and wellbeing of the population;
- the quality of care that is provided; and
- NHS finance and efficiency of services.

In December 2015, NHS England and the arm's length bodies including NHS Improvement, published planning guidance aimed at accelerating the delivery of the *NHS Five Year Forward View* by establishing 44 areas (or 'footprints') across England, which mirror the route patients take to access local health care systems. These Sustainability and Transformation Programmes (STPs) were set up to help health and social care organisations work together to close these gaps.

The *NHS Five Year Forward View* is a vision where patients are in control of consistently high-quality care that meets their needs – regardless of where they live. It is a vision where everyone takes prevention and healthy living seriously – helping to reduce the damage caused by unhealthy lifestyles. It is a vision where everyone with a stake in health and care comes together to find ways to reduce inefficiency.

2.1 Local Context

The area covered by the Cheshire and Merseyside Sustainability and Transformation Programme (STP) is the second largest in England. It covers 12 Clinical Commissioning Groups (CCGs), 20 providers and nine local authorities.

The region is diverse and challenging. We have some of the richest and poorest parts of the UK. In total, 32% of the population live in the most deprived areas, with some of these people living shorter lives than in other parts of England. We also have a higher than average number of people aged over 75.

Levels of smoking, school age obesity and hip fractures have reduced but Cheshire and Merseyside still has high rates of respiratory disease, and obesity in pre-school-

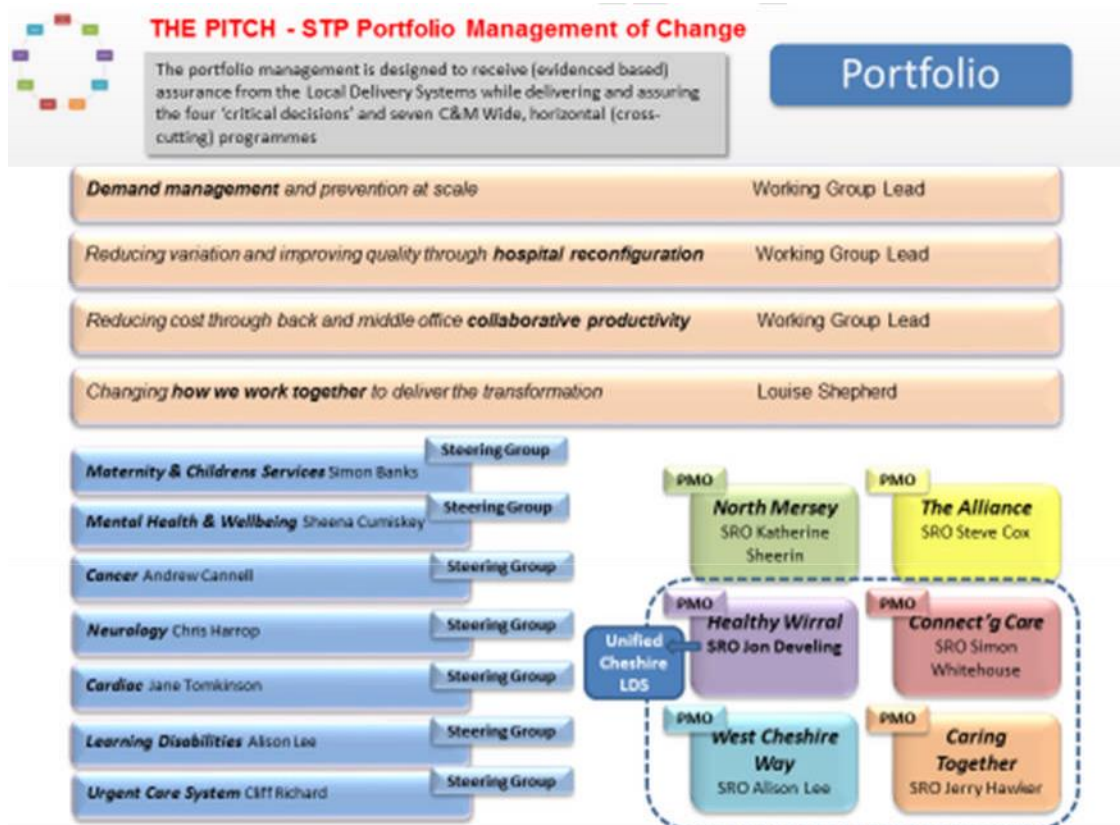
age children and adults. Fresh approaches are also needed to tackle mental health issues, teenage pregnancy and age-related diseases like dementia and cancer.

Care quality across our region varies and preventable illnesses are still common. People are living longer, their expectations are changing and they rightfully expect access to treatment closer to home. At the same time, more complex, new and emerging treatments are placing additional pressures on the system.

In addition, it is estimated we will have a £999m shortfall in our finances by 2021 if we do nothing. By adapting the way we work, (becoming more collaborative and using joint resources, IT, local intelligence and information in a smarter way) we believe we can break even.

We know that by working more co-operatively across organisations (CCGs, local authorities, NHS providers) we can reduce repetition, waste and unnecessary cost, whilst providing a more patient-focused health experience.

Our priority is to create a clinically and financially stable NHS by making necessary changes but we also need to involve patients, public and stakeholders at every point in the conversation about changes.



The above diagram shows the systems being put in place across Cheshire & Merseyside to enable change.

The consensus is that the health and social care sector will be more successful if we work together. Our approach builds on existing systems, using these as a template. To enable organisations to collaborate on local challenges we now have three 'Local Delivery Systems' (LDS):

- North Mersey
- Alliance (covers mid-Mersey)
- Cheshire and Wirral

The three LDS areas have been tasked with producing plans to collaborate and accelerate the pace at which they can address the challenges set out in *The Five Year Forward View*. They are able to draw on examples of existing programmes from across the region, including:

- **Healthy Liverpool** - a plan to make sure that the city's health and care services meet the needs of the people who use them
- **The One Halton Programme** - a new way of working that joins up services that deliver care and wellbeing to people in Halton
- **The Waste Not Want Not Campaign** - aims to reduce £1 million in unused medication each year by working with the public, pharmacists and GPs to raise awareness about the financial implications and change behaviour,
- **Wirral Care Record** – a confidential record shared by NHS and Wirral Council to hold health and social care information in one secure place
- **Acute Hospital Collaboration** between Wirral University Teaching Hospital and the Countess of Chester Hospital – Countess of Chester Hospital's orthopaedics department using Wirral University Teaching Hospital's theatre capacity at Clatterbridge Hospital; and the two organisations sharing a payroll service.

By adapting the way we work, becoming more collaborative and using joint resources, IT, local intelligence and information in a smarter way, we believe we can make our health services sustainable.

We know that by working more co-operatively across organisations (CCGs, local authorities, NHS providers) we can reduce repetition, waste and unnecessary cost, whilst providing a more patient-focused health experience. Our priority is to create a clinically and financially stable NHS by making necessary changes.

3. Strategic Aims

Across the region we are committed to removing variance and improving quality. There are also significant financial challenges either at individual organisational levels or across whole economies and each local delivery system has established its own approach to delivering improved productivity and closing the financial gap. The C&M STP has taken a locality approach and has identified four priorities to make the health & social care system sustainable in the near, medium and long term:

- **Demand management and prevention at scale**

- To comprehensively address this issue we must prioritise areas that we think will have the greatest impact on public wellbeing and health outcomes, whilst enabling us to close the financial gap in a realistic timeframe. To do this, we need strong leadership and articulation of how better demand management in areas such as medicine management, self-care and over-the-counter repeat prescriptions will help us to do this. The FYFV placed a strong emphasis on prioritising preventative approaches to health care. Earlier intervention in both mental health and alcohol prevention is being prioritised in Cheshire and Merseyside to prevent hospitalisation and longer-term health issues. Investment in out of hospital services (primary care, social care, community care, mental health) is essential for system transformation, and move towards lower cost and higher value care delivery.
- **Reducing variation and improving quality through hospital reconfiguration**
 - Across the STP footprint there is a desire to reshape and redesign the way that hospitals across Cheshire and Merseyside are configured and run. The thinking behind this is that doing so would enable health providers to reduce any variations in the quality of care and delivery of services in the region, meaning patients would be more likely to get excellent levels of care, at whatever point they access the health system. There are also benefits in terms of reducing waste (doing a job once instead of duplicating it across the system, which would positively impact on finances.)
- **Reducing cost through back and middle office collaborative productivity**
 - Joint working is endorsed by the FYFV. Cheshire and Merseyside are scoping governance structures, processes and back office functions across the STP footprint, to find out which services can realistically be delivered at STP level. This is a great opportunity to become more efficient by working together to remove duplication and deliver economies of scale. We have identified FIVE priority areas which have the potential to generate significant savings over the next five years:
 - Workforce – keeping skills, intelligence and jobs within the local health economy could help to improve long-term efficiency and reduce costs
 - Estates – managing estate investment and maintenance in a responsible and efficient way
 - Procurement – working ambitiously to co-ordinate procurement at scale (where possible)
 - Non-clinical support services – delivering jointly at scale (where possible)
 - Clinical support services – again providing services at STP level where realistic

- **Changing how we work together to deliver the transformation**

Our financial modelling indicates that our current LDS driven approach to addressing the challenges facing the footprint will only get us so far. Collaboration and joined-up working is needed if we are to fully close our C&M affordability gap. To work co-operatively and integrate effectively and efficiently to deliver the benefits of the three programmes detailed above, new collective governance arrangements are being devised and delivered.

A lot of the changes suggested in the *NHS Five Year Forward View* are already happening in Cheshire and Merseyside. The STP is a vehicle to accelerate what is already considered best practice for the future and to explore the possibility of improvements on a bigger scale.

With this in mind, we will concentrate more on illness prevention and education, so people become healthier with less illness resulting from unhealthy lifestyles. Better access to services such as smoking cessation and weight management schemes will help people stay well and out of hospital.

Each STP was asked by NHS England to produce an initial outline, submitted in June this year, for how it would bring the local health and social care partners together, to accelerate the transformation needed to ensure a sustainable future for healthcare, and to start to create a clear picture of the challenges for their area. After further refinement, this outline has been re-submitted to NHS England and will now be used to support discussions at an LDS level and across Cheshire and Merseyside with members of the public and other stakeholders about how to accelerate the changes needed.

4. Engagement & Communications Objectives

The communications and engagement strategy has a number of over-arching aims. It is based on the three LDS areas being the “engine room” for developing and implementing any plans for transforming services. At a Cheshire and Merseyside level a joint Communications and Engagement Steering Group will be established to oversee the following:

- Establish standards for communication and engagement with members of the public, NHS staff and other stakeholders, taking into account the needs of any groups of people with protected characteristics, so that local people have the opportunity to contribute to discussions about NHS services. These standards will build on existing good practice and draw on expertise from partner organisations
- Where there is a need to formally consult with the public, staff and stakeholders on options for making major changes to services, ensure that standards of best practice are adhered to. Provide peer support, advice and guidance to support this and if necessary seek external expertise
- Build on existing good practice in order to transform how the NHS engages with members of the public, staff and stakeholders for the future.

Appendix 1 provides a high-level outline for achieving the aims above. It is recommended that a senior communications and engagement lead is identified to co-ordinate and provide leadership for the development, delivery and implementation of this strategy.

A joint calendar will be created for the three LDS areas, identifying key milestones, which will be dependent on the priorities for each area. Communications and engagement activity will be planned to support these milestones. Where appropriate this activity will take place across LDS areas.

A senior communications and engagement lead has been identified for each LDS. Each lead will be responsible for overseeing the co-ordination of activity in their LDS area, providing strategic advice and guidance to their LDS chair and delivery board and will be a member of the Cheshire and Merseyside wide communications and engagement steering group. Suggested membership of the steering group includes:

- Communications leads from the three LDS areas
- Senior communications representatives from Local Authority partners (one from each LDS area)
- A representative from Healthwatch
- Communications lead from Public Health England
- Representative from staff group
- Representative from public/patient forum/group
- NHS England
- NHS Improvement

Appendices 1, 2, 3 and 4 all highlight engagement work that is ongoing.

5. Audiences

One of our aims is to transform how we communicate and engage with the public, staff and other stakeholders. This will include:

- a review of all stakeholders
- their current level of interest and involvement at the LDS level and/or Cheshire and Merseyside footprint level
- a review of existing channels and approaches for engaging with them and where the gaps are

Appendix 2 provides a template that will be completed by each LDS in order to provide a stock-take of stakeholder engagement activity to date. A range of measures will be identified, to will create a “dashboard”, which will be used to track communication and engagement with stakeholders and will help to inform how engagement is shaped. Our current stakeholder priorities are listed below:

Local health economy and partners

- Neighbouring CCGs and Trusts
- Wider patients and public sector

- Care homes
- OOH / 111 providers
- Other public sector bodies
- GPs & pharmacists
- Health Overview Scrutiny Committee (HOSC)
- Health and Wellbeing Boards
- Providers (acute, community, mental health)
- Health and Wellbeing Boards
- Social care organisations
- Neighbourhood and resident groups

Political stakeholders

- District/parish/town councils
- Councillors
- MPs
- Government ministers

Arm's-length bodies

- NHS England media team
- NHS Improvement
- Public Health England (PHE)
- National Medical Council
- National Patients Council
- National Pharmaceutical Council
- Medical committees (LMC)
- NHSE regional team

Patients/ public

- Wider patients
- Patient groups e.g. PPGs, Congress, Citizens Jury, NHSE regional team
- Voluntary and third sector (including groups representing protected characteristics)
- Lobbyists & campaign groups
- Education (esp. higher education, further education)

Staff

- Staff
- HR leads
- Staff-side union representatives

6. Narrative and key messages

It is crucial that partner organisations involved in delivering the transformation needed are able to clearly articulate why change is needed, what this will mean for local people and how they can contribute. A central narrative will help to achieve this. A first draft has been produced and will be further refined with input from stakeholders. A copy of the first draft narrative can be found at Appendix 3.

6.1 Key messages

STP key messages

- All health and social organisations across Cheshire and Merseyside are committed to delivering sustainable services that deliver the best care for local people
- We need to think differently about how we deliver services to meet the changing needs of our population
- We know we need to use our limited resources wisely, to meet the demands on the system and stay within our allocated budgets. By working together we can plan our services to deliver the maximum benefit for patients
Clinicians and health and social care leaders have worked together to identify potential options for change.
- The STP plan is a collaboration of local LDS plans and aims to deliver quality care for patients, to ensure the right services are available for our population and to ensure all partners are able to maintain financial balance
- This planning is at a very early stage and is subject to scrutiny by NHSE and further development. Once we have been given assurance by NHS England we hope to develop our plans further, engaging with local patients and the public in the first instance.
- It is too early to say what changes are needed, however as initial ideas become more detailed we are committed to engaging with patients as appropriate.

7. Media Relations

The media across Cheshire and Merseyside has an important role to play in reporting on the views of the public, staff and stakeholders and supporting their involvement and contribution to discussions about local NHS services. They are recognised as a key partner. It is important that a way of working is established with the media, which recognises their priorities, their way of working, and at the same time supports the need to communicate accurate and up-to-date information. As part of the plan outlined in Appendix 1, meetings will be held with the key local editors to explore how we can effectively work together.

In order to ensure co-ordinated, clear and consistent messages we will establish a protocol for NHS organisations to follow when responding to media queries about

developments in relation to the LDSs or the STP. This will help to achieve the following:

- Harness existing media relationships within local areas to leverage the key messages and provide a spring board for future stories
- Ensure all communications and engagement leads are aware of any relevant media enquiries, the timelines and key messages
- Work within NHS England guidelines and sign off to ensure alignment to national briefings and timelines

For Media Protocol, please see appendix 6

8. Engagement and Consultation

As outlined above, we want to establish standards for communication, engagement and consultation with stakeholders, based on best practice. These standards will ensure that:

- Stakeholders are effectively involved in creating the solutions to the challenges identified
- Where formal consultation is required on proposals to change services, this is carried out to best practice standards

The NHS has a legal duty to involve patients, the public and local organisations when developing and considering proposals for substantial variations in the provision of services. NHS England has produced explicit and informative guidance documents to support commissioners and providers to ensure they are adequately informed on the best practice models for service change.

LDS level, communication, engagement plans will be developed in support of the overall LDS plan.

9. Budget and Resources

Additional resource will be required for the following:

- Development of the dashboard for capturing communications and engagement
- Responding to enquires from the media and correspondence from other stakeholders
- Manage on-line and social media communication and engagement
- It is anticipated that partners at LDS level will absorb the costs of any local communication and engagement activity.

10. Next Steps

Following feedback from the STP board this strategy will be shared with key stakeholders for further comment. The Communications and Engagement Steering Group will then be formally established and tasked with developing a detailed action plan to support delivery.

Appendix 1

July – October	November	December/January	February/March
<ul style="list-style-type: none"> • Agree strategic approach for communications and engagement • Initial scoping to determine levels of local engagement to date and identify good practice • Develop first draft narrative and supportive materials • Establish the Communications and Engagement Steering Group – as part of the ToR establish how the group will involve communications colleagues from partners across Cheshire and Merseyside • Identify communications leads for each LDS – define role and remit and establish principles and way of working e.g. media management • Initial briefing for stakeholders – further briefing for MPs, OSCs, Healthwatch and Health & Wellbeing Boards following the October submission 	<ul style="list-style-type: none"> • Further briefing for MPs, OSCs, Healthwatch and Health & Wellbeing Boards following the October submission • Briefing for the local media following the October submission • Discussions with stakeholders to refine the narrative • Establish standards for communication, engagement and consultation – identify gaps and make recommendations for addressing these • Establish process for assurance of any proposals for formal consultation • Dashboard in place for monitoring communication, engagement and consultation activity • Begin to develop calendar/view of key milestones for each LDS • Spokespeople/advocates identified and offered support – programme of engagement activities identified for each person • Report produced on communication, engagement and consultation activity to date 	<ul style="list-style-type: none"> • Further briefing for MPs, OSCs, Healthwatch and Health and Wellbeing Boards and other key stakeholder groups • Implementation of recommendations for best practice standards for communication, engagement and consultation • Report produced on communication, engagement and consultation activity to date 	<ul style="list-style-type: none"> • Further briefing for MPs, OSCs, Healthwatch and Health and Wellbeing Boards and other key stakeholder groups • Implementation of recommendations for best practice standards for communication, engagement and consultation • Report produced on communication, engagement and consultation activity to date

The table below outlines the approach to communicating & engaging with key stakeholders as outlined in the stakeholder matrix. This is a high level summary, capturing activity to date and outlining intended activity over the next few months, however it is not an exhaustive list and is subject to review and revision as the project progresses.

<ul style="list-style-type: none">• Review stakeholders and carry out analysis of most effective channels to engage with them• Develop six month calendar of opportunities to communicate/engage with the public, staff and other stakeholders• Meetings with health editors/reporters to discuss available opportunities			
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Appendix 2 - Stakeholder Review and Analysis

Stakeholder	Current Level of Interest and Involvement*	Current Position in Relation to Plans	Tactics & Channels Currently Used

*Low interest, low power = 1, Low power, high interest = 2, Low interest, high power = 3, High interest, high power = 4

Appendix 3

Narrative, Key Messages and FAQs

Narrative: Cheshire and Merseyside Sustainability and Transformation Programme

What is the Cheshire and Merseyside STP and why was it set up?

Local health and social care services in Cheshire and Merseyside have improved greatly in recent years. However, the NHS Five Year Forward View - published in October 2014 - outlined some key areas for change if the NHS is to provide the best health and care services now and in the future.

The plan noted a gap between where we are now and where we want to be in five years' time, with three areas highlighted:

- The health and wellbeing of the population;
- the quality of care that is provided; and
- NHS finance and efficiency of services.

44 areas (or 'footprints') were identified across England, which mimic the route patients take to access local health care systems. Sustainability and Transformation Plans (STPs) were set up to help health organisations work together to close these gaps.

The Five Year Forward View is a vision where patients are in control of consistently high-quality care that meets their needs – regardless of where they live. It is a vision where everyone takes prevention and healthy living seriously – helping to reduce the damage caused by unhealthy lifestyles. And it is a vision where everyone with a stake in health and care comes together to find ways to reduce inefficiency.

The Cheshire and Merseyside Sustainability and Transformation Plan is the second largest STP in England. It has 12 CCGs, 20 providers and 9 local authorities.

The region is diverse and challenging. We have some of the richest and poorest parts of the UK. 32% of the population live in the most deprived areas, with some of these people living shorter lives than in other parts of England. We also have a higher than average number of people over 75.

Cheshire and Merseyside has successfully reduced smoking, school age obesity and hip fractures but still has high rates of respiratory disease, early years and adult obesity. Fresh approaches are also needed to tackle mental health issues, teenage pregnancy and age related diseases like dementia and cancers.

Care quality across our region varies and preventable illnesses are still common. People are living longer, their expectations are changing and they rightfully expect access to treatment closer to home. At the same time, more complex, new and emerging treatments are placing additional pressures on the system.

In addition, we will have a £999m shortfall in our finances by 2021 if we do nothing. By adapting the way we work, (becoming more collaborative and using joint resources, IT, local intelligence and information in a smarter way) we believe we can break even or have money left over by 2021.

We know that by working more co-operatively across organisations (CCGS, LAs, NHS providers and local health organisations) we can reduce repetition, waste and unnecessary cost, whilst providing a more patient-focused health experience. A hospital developing its diabetes plans will first discuss diabetes prevention with local GPs and local councils.

Our priority is to create a financially stable NHS by making necessary changes but we also need to involve patients, public and stakeholders at every point by consulting thoroughly.

The consensus is that we'll be more successful working together. To enable organisations to collaborate on local challenges we are creating three working regions - North Mersey, the (Mid Mersey) Alliance and Cheshire & Wirral.

North Mersey will work hard to reduce hospital demand and costs, improve health awareness and illness prevention and use phones, tablets and computers to improve patient care.

The Alliance will work hard to cut hospital demand, improve public health and help people to be treated in the home or community wherever possible.

Cheshire & Wirral will work hard to reduce hospital demand and bring different health services together to cut waste and delays, using technology to make services more efficient.

A lot of the changes suggested in the Five Year Forward Plan (FYFP) are already happening in Merseyside and Cheshire. The STPs has been put in place to accelerate what is already considered best practice for the future.

Existing change programmes that will continue under the STP include: Healthy Liverpool, The One Halton Programme, The Waste Not Want Not Campaign, (which aimed to reduce a £1 million in unused medication each year by working with the public, pharmacists and GPs to raise awareness about the financial implications and change behaviour,) Wirral Care Record and the Acute Hospital Collaboration between Wirral University Teaching Hospital and the Countess of Chester Hospital – Countess of Chester Hospital's orthopaedics department using Wirral University

Teaching Hospital's theatre capacity at Clatterbridge Hospital and the two organisations sharing a payroll service.

A future-fit NHS needs to place more emphasis on enabling people to enjoy long and healthy lives. A society that adopts healthy-living (where it is the norm to look after your health and take preventative measures to stay active and well) is one that can be more sustainably supported by local health services. The FYFV supports this approach by promoting the need for better education and access to preventative health services, like smoking cessation and weight management schemes.

NHS organisations won't lose their identity or autonomy and existing plans will remain in place - STPs are designed to act as umbrella plans for more co-operative, productive working. We won't be doing less for patients or reducing the quality of care, but finding new, more preventative ways to meet people's needs and identifying ways to do things more efficiently.

Health organisations and their staff are being asked to work more collaboratively outside their comfort zones (for example with local authorities) to create a more sustainable, future-fit NHS.

To make this a reality, each local plan needs input and support from its stakeholders and from local people. It is important that the plans reflect what is and isn't working at the moment, and that local people are part of the discussion and decision making process about what could be done differently. Health and care organisations in your area, including hospitals and local authorities, will be having initial conversations with people about these plans soon. These initial conversations will be followed by more formal conversations as plans develop.

Key messages

- All health and social organisations across Cheshire and Merseyside are committed to delivering sustainable services that deliver the best care for local people
- We need to think differently about how we deliver services to meet the changing needs of our population
- We know we need to use our limited resources wisely, to meet the demands on the system and stay within our allocated budgets. By working together we can plan our services to deliver the maximum benefit for patients
- Clinicians and health and social care leaders have worked together to identify potential options for change.
- Our STP plan aims to deliver quality care for patients, ensure the right services are available for our population and ensure all partners are able to maintain financial balance
- This planning is at a very early stage and we would like to stress no decisions have been made. Once we have been given assurance by NHS England we hope to develop our plans further, engaging with local patients and the public

- It is too early to say what changes are needed, however as our initial ideas become more detailed we are committed to consulting and engaging with patients as appropriate.

Frequently Asked Questions

How did you agree the footprints?

In December 2015, through Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21, the NHS was asked to develop a proposed STP footprint by 29th January 2016, engaging with local authorities and other partners on what this should look like. The footprints were reviewed by the national bodies with regard to geography (including patient flow), scale and fit with footprints of existing change programmes, financial sustainability, and leadership capacity. There were one or two areas where further clarification was sought and following further conversations locally, changes were agreed.

Will the footprints replace other local NHS governance structures?

No – the local, statutory architecture for health and care remains, as do the existing accountabilities for chief executives and accountable officers. This is about ensuring that organisations are able to work together at scale and across communities to plan for the needs of their population, and ultimately deliver the Five Year Forward View – closing the gaps in quality, health and NHS finances by 2020/21. Organisations are still accountable for their individual organisational plans, which should form part of the first year of their footprint's STP.

How do STP footprints fit with other health and care footprints?

The boundaries used for STPs will not cover all planning eventualities. As with the current arrangements for planning and delivery, there are layers of plans which sit above and below STPs, with shared links and dependencies. For example, neighbouring STP areas will need to work together when planning specialised or ambulance services or working with multiple local government authorities and, for areas within a proposed devolution footprint that cross STP boundaries, further discussion will be required in working through the implications. Other issues will be best planned at a Local Delivery System level, others at clinical commissioning group (CCG) level.

How will other partners be involved?

Any proposals and plans developed as part of the Cheshire and Merseyside STP will be based upon the needs of local patients and communities and command the support of clinicians, staff and wider partners such as local authorities. We simply cannot transform health and health care without the active engagement of the clinicians and staff who actually deliver it, nor can we develop care integrated around the needs of patients and users without understanding what our communities want and without our partners in local government.

We are asking each local delivery system to develop plans for genuine engagement with their local communities. Where relevant, areas should build on existing engagement through health and wellbeing boards and other existing local arrangements. Nationally, NHS England has established an Oversight Group to provide advice and challenge to the NHS CEO Five Year Forward View Board, to help us develop this process.

What does success look like?

If we get this right, we will engage patients, staff and communities, allowing us to develop services that reflect the needs of patients and improve outcomes by 2020/21, closing all three gaps. We will mobilise energy and enthusiasm around place-based systems of health and care, develop the ownership, relationships and governance necessary to deliver, providing a coherent platform for future investment from the Sustainability and Transformation Fund.

This will require a different type of planning process – one that releases energy and ambition and builds greater trust ownership. It will require the NHS at both local and national level to work in partnership across organisational boundaries and sectors, and will require changes not just in process, but in culture and behaviour. This will not happen overnight, but we will work with local and national partners to provide challenge and support.

Will STP footprints share financial control totals?

As set out in the NHS England Board paper in December 2015, STP footprints may apply to operate using a system control total.

How are you engaging with local authorities?

Regional directors have been working closely with local government throughout the development of STP. Their guidance and involvement is vital and will help to set the strategic direction of health and care service development locally.

How were footprint leads agreed?

The way that footprints have chosen their lead has varied from place to place. Some areas have chosen existing system leaders, and others have carried out ballots following nominations. Each STP has a senior and credible leader who can command the trust and confidence of the local and national health and care systems. In Cheshire and Merseyside the STP Lead is Louise Shepherd, CEO at Alder Hey Children's Hospital.

What is the role of the STP footprint lead?

Footprint leads are responsible for convening and chairing system-wide meetings, facilitating the open and honest conversations that will be necessary to secure sign-up to a shared vision and plan. They are part of an emerging national cadre of system leaders who will drive health and care transformation.

This is a new kind of leadership role, working across organisational boundaries. Footprint leaders will help to build consensus and ownership in their communities for

their local plans, while providing the leadership to drive the transformation needed to improve the quality of care, health and wellbeing, and finance and efficiency.

Will the STPs be published or released under FOI?

We plan to publish our Sustainability and Transformation Programme (STPs) outline after it has been submitted to NHS England and we have received feedback.

When will you be asking local people and stakeholders for their views?

It is no secret that the NHS faces a number of challenges. There are existing local programmes already underway, where CCGs are talking to local communities about the future shape of services.

Clinical leaders and senior managers have come together across Cheshire and Merseyside to develop initial ideas and principles for how the STP approach can further accelerate and expand the changes needed, so that by 2021 we are in a position where the NHS in Cheshire and Merseyside can balance the books.

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Appendix 4. Workstream overview					
Service Area	Action	October	November	December	January – March 2017
Stakeholder Engagement	Scope & record activity to date in local areas				
	Hold engagement workshop with Consultation Institute				
	LS to attend joint OSC meeting				
	Local representation at H&WB Boards				
	MP Engagement				
	Engage with Clinicians / Primary Care				

	Engage with staffside unions				
	Engage with voluntary groups				
Media / PR	Implement media handling plan following STP submission / Liaison with NHSE offices & Comms Leads				
	Media handling / press office				
	Revise FAQs / narrative / hold interviews				
	Media training				

Patient & Public engagement	Hold Consultation workshop				
	Develop engagement plan				
	Draft public summary of STP plans				
	Revise Easy Read version and publish				
	Implement engagement plans				

Appendix 5. MP Briefing

Background : ‘The Five Year Forward View’

Local health and social care services across Cheshire and Merseyside have improved significantly in recent years. The *NHS Five Year Forward View* – published by NHS England in October 2014 - outlined some key areas for change if the NHS is to provide the best health and care services now and in the future.

The *NHS Five Year Forward View* noted a gap between where we are now and where we want to be in five years’ time, with three areas highlighted:

- the health and wellbeing of the population;
- the quality of care that is provided; and
- NHS finance and efficiency of services.

In December 2015, NHS England and the arm’s length bodies including NHS Improvement, published planning guidance aimed at accelerating the delivery of the *NHS Five Year Forward View* by establishing 44 areas (or ‘footprints’) across England, which mirror the route patients take to access local health care systems. These Sustainability and Transformation Programmes (STPs) were set up to help health and social care organisations work together to close these gaps.

The *NHS Five Year Forward View* is a vision where patients are in control of consistently high-quality care that meets their needs – regardless of where they live. It is a vision where everyone takes prevention and healthy living seriously – helping to reduce the damage caused by unhealthy lifestyles. It is a vision where everyone with a stake in health and care comes together to find ways to reduce inefficiency.

STP Plans Across Cheshire and Merseyside: The Local Footprint

Each STP was asked by NHS England to produce an initial outline, submitted in June this year, for how it would bring the local health and social care partners together to make the transformation needed to ensure a sustainable future for healthcare. It is effectively a mechanism for bringing all partners together to collaborate on addressing the challenges that the NHS faces.

The area covered by the Cheshire and Merseyside Sustainability and Transformation Programme (STP) is the second largest in England. It covers 12 Clinical Commissioning Groups (CCGs), 20 providers and nine local authorities.

The region is diverse and challenging. We have some of the richest and poorest parts of the UK. In total, 32% of the population live in the most deprived areas, with some of these people living shorter lives than in other parts of England. We also have a higher than average number of people aged over 75.

Levels of smoking, school age obesity and hip fractures have reduced but Cheshire and Merseyside still has high rates of respiratory disease, and obesity in pre-school-age children and adults. Fresh approaches are also needed to tackle mental health issues, teenage pregnancy and age-related diseases like dementia and cancer.

Care quality across our region varies and preventable illnesses are still common. People are living longer, their expectations are changing and they rightfully expect access to treatment closer to home. At the same time, more complex, new and emerging treatments are placing additional pressures on the system.

In addition, it is estimated we will have a £999m shortfall to our finances by 2021 if we do nothing. By adapting the way we work, (becoming more collaborative and using joint resources, IT, local intelligence and information in a smarter way) we believe we can break even.

We know that by working more co-operatively across organisations (CCGs, local authorities, NHS providers) we can reduce repetition, waste and unnecessary cost, whilst providing a more patient-focused health experience.

Our priority is to create a clinically and financially stable NHS by making necessary changes but we also need to involve patients, public and stakeholders at every point by consulting thoroughly.

Collaborative Working across Cheshire and Merseyside

The consensus is that the health and social care sector will be more successful if we work together. Our approach builds on existing systems, using these as a template. To enable organisations to collaborate on local challenges we now have three 'Local Delivery Systems' (LDS):

- North Mersey
- Alliance (covers mid-Mersey)
- Cheshire & Wirral.

Much of the work taking place as part of the STP is just the continuation of existing change programmes, such as Healthy Liverpool, The One Halton Programme, The Waste Not Want Not Campaign, (which aimed to reduce a £1 million in unused medication each year by working with the public, pharmacists and GPs to raise awareness about the financial implications and change behaviour,) Wirral Care Record and the Acute Hospital Collaboration between Wirral University Teaching Hospital and the Countess of Chester Hospital – Countess of Chester Hospital's orthopaedics department using Wirral University Teaching Hospital's theatre capacity at Clatterbridge Hospital and the two organisations sharing a payroll service.

Organisations in the three local footprints face the same challenges. They have been given the challenge to work together, to see how they can collectively focus on, enhance and accelerate responses to the following

- Reducing hospital demand and costs
- Improving patient experience and reducing unwarranted variation

- Improving health awareness and illness prevention
- Using new technology to improve patient care
- Improving 'back office' efficiencies and reducing unnecessary waste

A lot of the changes suggested in the *NHS Five Year Forward View* are already happening in Merseyside and Cheshire. The STP is a vehicle to accelerate what is already considered best practice for the future and to explore the possibility of improvements on a bigger scale.

With this in mind, we will concentrate more on illness prevention and education, so people become healthier with less illness resulting from unhealthy lifestyles. Better access to services such as smoking cessation and weight management schemes will help people stay well and out of hospital.

We are submitting a second iteration of the Cheshire and Merseyside STP outline to NHS England on 21st October 2016. The STP outline will pull together ideas from the three footprints for dealing with the challenges described above and look at what can be done at a Cheshire and Merseyside regional level. It will also establish a timeline to start involving patients, the public and other stakeholders in discussions to further refine our ideas.

Frequently Asked Questions

How did you agree the footprints?

In December 2015, through Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21, the NHS was asked to develop a proposed STP footprint by 29th January 2016, engaging with local authorities and other partners on what this should look like. The footprints were reviewed by the national bodies with regard to geography (including patient flow), scale and fit with footprints of existing change programmes, financial sustainability, and leadership capacity. There were one or two

areas where further clarification was sought and following further conversations locally, changes were agreed.

Will the footprints replace other local NHS governance structures?

No – the local, statutory architecture for health and care remains, as do the existing accountabilities for chief executives and accountable officers. This is about ensuring that organisations are able to work together at scale and across communities to plan for the needs of their population, and ultimately deliver the Five Year Forward View – closing the gaps in quality, health and NHS finances by 2020/21. Organisations are still accountable for their individual organisational plans, which should form part of the first year of their footprint's STP

How do STP footprints fit with other health and care footprints?

The boundaries used for STPs will not cover all planning eventualities. As with the current arrangements for planning and delivery, there are layers of plans which sit above and below STPs, with shared links and dependencies. For example, neighbouring STP areas will need to work together when planning specialised or ambulance services or working with multiple local government authorities and, for areas within a proposed devolution footprint that cross STP boundaries, further discussion will be required in working through the implications. Other issues will be best planned at a Local Delivery System level, others at clinical commissioning group (CCG) level.

How will other partners be involved?

Any proposals and plans developed as part of the Cheshire and Merseyside STP will be based upon the needs of local patients and communities and command the support of clinicians, staff and wider partners such as local authorities. We simply cannot transform health and health care without the active engagement of the

clinicians and staff who actually deliver it, nor can we develop care integrated around the needs of patients and users without understanding what our communities want and without our partners in local government.

We are asking each local delivery system to develop plans for genuine engagement with their local communities. Where relevant, areas should build on existing engagement through health and wellbeing boards and other existing local arrangements. Nationally, NHS England has established an Oversight Group to provide advice and challenge to the NHS CEO Five Year Forward View Board, to help us develop this process.

What does success look like?

If we get this right, we will engage patients, staff and communities, allowing us to develop services that reflect the needs of patients and improve outcomes by 2020/21, closing all three gaps. We will mobilise energy and enthusiasm around place-based systems of health and care, develop the ownership, relationships and governance necessary to deliver, providing a coherent platform for future investment from the Sustainability and Transformation Fund.

This will require a different type of planning process – one that releases energy and ambition and builds greater trust ownership. It will require the NHS at both local and national level to work in partnership across organisational boundaries and sectors, and will require changes not just in process, but in culture and behaviour. This will not happen overnight, but we will work with local and national partners to provide challenge and support.

Will STP footprints share financial control totals?

As set out in the NHS England Board paper in December 2015, STP footprints may apply to operate using a system control total.

How are you engaging with local authorities?

Regional directors have been working closely with local government throughout the development of STP. Their guidance and involvement is vital and will help to set the strategic direction of health and care service development locally.

How were footprint leads agreed?

The way that footprints have chosen their lead has varied from place to place. Some areas have chosen existing system leaders, and others have carried out ballots following nominations. Each STP has a senior and credible leader who can command the trust and confidence of the local and national health and care systems. In Cheshire and Merseyside the STP Lead is Louise Shepherd, CEO at Alder Hey Children's Hospital.

What is the role of the STP footprint lead?

Footprint leads are responsible for convening and chairing system-wide meetings, facilitating the open and honest conversations that will be necessary to secure sign-up to a shared vision and plan. They are part of an emerging national cadre of system leaders who will drive health and care transformation.

This is a new kind of leadership role, working across organisational boundaries. Footprint leaders will help to build consensus and ownership in their communities for their local plans, while providing the leadership to drive the transformation needed to improve the quality of care, health and wellbeing, and finance and efficiency.

Will the STPs be published or released under FOI?

We plan to publish our Sustainability and Transformation Programme (STPs) outline after it has been submitted to NHS England and we have received feedback.

When will you be asking local people and stakeholders for their views?

It is no secret that the NHS faces a number of challenges. There are existing local programmes already underway, where CCGs are talking to local communities about the future shape of services.

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Appendix 6.

Communications Group Media Protocol for Cheshire and Merseyside's Sustainability and Transformation Programme (STP)

Media management is one of the core functions of the Cheshire and Merseyside Communications Group as STPs emerge into the public domain and gather momentum.

The objectives of the group, in respect of media management, include the following:

- To convey the agreed key messages and narrative to the media quickly and clearly throughout the lifetime of the STP on a proactive and reactive basis.
- To present a cohesive, joined-up approach to dealing with media around Cheshire and Merseyside STPs, with shared goals, a shared plan and a shared vision for the future.
- To follow the agreed working principles for dealing with FOI requests about the C&M STP
- To follow the agreed working principles for dealing with PMQ requests around STPs in general and in particular the C&M STP
- To fully brief any clinical staff, stakeholders or supporters who may be asked to talk to the media about the C&M STP with agreed key messages (making them aware of any controversial issues and upcoming political or environmental themes that could influence the media.)

- To share case studies, intelligence and examples of best practice with other members of the group where they might help to promote a positive image of the C&M STP and in line with agreed principles. To bear in mind data protection, permission and storage concerns when using any of the above.
- To respond as quickly as possible to requests for updates on changes to local services, departments, structures (which will need engagement and are likely to attract media interest) and to provide a full brief on these to the communications steering group to cascade to any other people who need to be briefed about the changes.
- To present each of the member organisations involved with the STP as positively as possible in any communications (verbal or written.)
- To maintain the positive reputation of all of the organisations within the Cheshire and Merseyside STP Communications Group.
- To ensure that any tensions or conflicts that might emerge between organisations are not played out in public.
- To provide a safe forum for advice and peer support between communications professionals as the programme moves forward.

Cheshire and Merseyside STP Communications Group members are making the commitment to share plans, materials and messages as soon as possible and before any media activity in relation to the programme takes place, whether proactive or reactive. It is accepted that timescales can often be tight, but a minimum of two hours' notice should be given to other member organisations – longer wherever possible.

Members also make a commitment to alert their communication colleagues on the group to informal, grapevine or other 'soft intelligence' that may impact upon the delivery of one or more of the objectives set out above. This is likely to be particularly important if and when tensions between organisations arise. It will be incumbent upon the group to highlight the risks and consequences of fragmented media communication / messaging to their LDS Comms lead and the STP Communications Group Lead.

The principles and approach underpinning the group's work are:

- No surprises
- Work together and be open and honest – particularly during challenging times
- Strive to focus on the objectives and maintaining the reputational integrity of the programme.

Sign off process

All media enquiries received by the communications team, will adhere to the following process as much as possible.

Step 1.

- Alert NHS England regional office
- Alert relevant SRO regional comms lead
- Alert local Trust/ CCG/ LA comms lead
- Alert relevant SRO
- Alert STP lead (Louise Shepherd) and project manager
- Media enquiry logged in media log

Step 2.

- Draft response in conjunction with relevant organisation
- Consider media interview i.e relevance/ benefits/ spokesperson availability
- Give NHS England sight of response and approach
- Circulate proposed response to all in step 1.
- Agreed statement to be released to journalist or interview progressed
- Statement logged in media
- Briefing email about upcoming media piece to be circulated to relevant organisations for onward cascade