

<b>REPORT TO:</b>	<b>Trust Board</b>
<b>REPORT TITLE</b>	<b>Strategic Framework</b>
<b>DATE:</b>	<b>27 March 2013</b>
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**PURPOSE OF REPORT:** To provide an update on progress in developing a strategic framework.

**ALIGNMENT WITH STRATEGIC OBJECTIVE AND CONTEXT:**

**RECOMMENDATION(S):** To note the progress made in developing the strategic framework, and particularly to note the revised vision and aims; to note the objectives and SMART targets for 2013-14, with a view to the Performance and Investment Committee assuring progress made by the Trust in delivering the objectives and achieving the targets.

**SUMMARY OF KEY ISSUES:** Through engagement with stakeholders, the Board and senior leaders in the organisation, a strategic framework has been developed that includes a line of sight from a revised vision and aims, through specific objectives and a series of practical SMART targets in each area for 2013-14. This is a foundational year for the strategic framework, and given that it is a new way of working for the organisation it is being introduced gradually so as not to disrupt the delivery of front line services. For this reason, the targets for 2013-14 have been deliberately designed to be practical, limited in number, and preparing the ground for the future in key areas of our organisation. The process of aligning the strategy, with our planning and people objective setting 'cycles' for 2014-15 has now begun, with the intention that our strategy and operations will become more aligned in year, and with each annual cycle.

**IMPACT ON ASSURANCE FRAMEWORK:**

The Strategic Framework and Performance Assurance Framework will be aligned and integrated, and this will be reflected in the revised Performance Assurance Framework that is put to the Board for approval June 2013.

## **IMPLICATIONS:**

**a) Values:** The Strategic Framework is aligned with the Trust Values. A target has been set for 2013 to engage employees and service users in a review of our organisational values as part of our participation in the *Listening into Action* programme.

**b) Quality/ Clinical:** The Strategic Framework sets clear priorities in relation to quality under Aim 1.

**c) Financial:** The Strategic Framework has a number of objectives and targets that relate to improving the efficiency of our organisation and of the services we provide.

**d) Legal/compliance:** The Strategic Framework complements and supports the Trust's ability to maintain statutory compliance.

**e) Workforce:** Enabling our workforce to be fully engaged and supported to develop the right skills is an objective in the Strategic Framework; and empowered staff is a cross-cutting theme throughout the objectives and targets in the Framework.

## 1. Introduction

### 1.1 What is a strategic framework and why is the Trust developing this now?

As local leaders of the NHS, it has never been more important for NHS Trusts to ensure they are effective, which means being able to demonstrate how the Trust is making a difference for the people it serves.

In a rapidly changing environment, with increased financial pressures for all NHS organisations combined with the need to continuously improve quality and outcomes, it is essential that the Trust remains focused on what matters most to service users and retains a focus on delivering the best possible quality and outcomes with the resources available. Evidence suggests that having a clear strategy, with an aligned vision, aims and objectives, is an essential way for organisations to continue to be effective when they are operating in a rapidly changing environment and balancing competing demands and priorities. Evidence also suggests that clear objectives are an essential ingredient in team effectiveness, and in turn, team effectiveness is an essential part of good quality care. The approach taken in developing the strategic framework reflects this evidence and good practice.

Like all NHS Trusts, Mersey Care has a plethora of things that it '*must do*' at the behest of a range of other organisations such as Monitor, Care Quality Commission, commissioners etc. It is important to do these things well but it is also important to recognise that in a rapidly changing environment, delivering the *must do*'s alone is not sufficient. Mersey Care's vision of being recognised as the leading organisation in the provision of mental healthcare, addiction services and learning disability care with quality, recovery and well-being at the heart of everything it does, reflects the Trust's *ambition* – what it '*wants to do*' as opposed to what it '*must do*'. The strategic framework articulates how this ambition will be turned into reality through a hierarchy of aims and objectives underpinned by a set of very practical targets for 2013-14.

Mersey Care is an amalgam of a number of Trusts brought together over a decade. As an organisation that now provides services to a large population over a wide geographical area from multiple sites, it is important that Mersey Care has a unifying set of priorities that ensure that the 'whole' is greater than the sum of its parts.

This is a foundational year for the new strategic framework in the Trust. Rapid progress has been made in developing a revised vision, aims, objectives and targets through engagement with stakeholders, but the alignment of our strategy with our operations is a longer-term process of change that must be managed in phases so as not to disrupt frontline delivery of care. Taking a programme management approach, we have begun to align strategic framework priorities with other indicators of statutory compliance, to develop better data that is more

timely and frequent, and to link the strategy to our planning, business and employee objective setting processes, but it is important to recognize that this is a long term process of organisational change. We have already made good progress: we are developing fully aligned strategy, planning and objective setting 'cycles' for 2014-15; the newly established Programme Management Office is already using data that is more timely and frequent; and we are using this data to benchmark Trust performance against its new objectives.

## **2. The process for developing the strategic framework**

Mersey Care is renewing its strategic development. As part of the process for becoming a foundation Trust, we have consulted widely with stakeholders in the development of an agreed strategic direction, that reflects elements of the Trust's previous strategy and that builds on our track record of success in a number of areas.

We have listened to stakeholders throughout the consultation process and have revised the strategic vision and aims accordingly. This has not changed the general strategic direction of the Trust but has been an opportunity to clarify the meaning and emphasis of our aims for the benefit of stakeholders.

Developing our strategic framework has been an iterative, dialogic process that started with the FT consultation and has involved many focused discussions in the last three months with the Trust Board, leaders of the Trust clinical business units, the clinical senate, partner organisations and service users and carers. The key stages in developing our strategic framework are set out in figure 1.

<b>Stakeholder engagement</b>	<b>Feedback themes</b>	<b>Changes made</b>
<b>FT Consultation</b>	Vision needs to 'the leading organisation'; learning disabilities and addictions should be included; importance of quality and recovery; need for more measurable objectives.	Vision changed 'Objectives' changed to 'Aims' Use of SMART targets to make objectives more measurable
<b>January 'Strategy Day'</b>	Objectives – more service user focus; more workforce focus required; important to reflect recovery as well as treatment.	Aims and objectives reworded to reflect this feedback
<b>Congress with Clinical Senate launch, January (including service users and carers, partner organisations)</b>	Objectives – need more focus on prevention and recovery as well as treatment; recognise importance of partnerships	Objectives reworded to reflect this feedback
<b>Board Development, January</b>	Revised aims and objectives reviewed – request that they are measurable.	Targets under each objective are SMART
<b>Task and finish group – nominations from all 3 Divisions</b>	Draft targets proposed by this group under each objective	Many draft targets from group now incorporated
<b>Clinical senate , February</b>	Targets must be stretching but realistic Targets must be evidence based, particularly those relating to quality	Feedback from clinicians influenced final version of targets
<b>Strategic Framework drop in sessions, March</b>	Over 50 people from across the organisation participated – wide range of views captured on Trust 'Share Point' system	Targets significantly revised in light of feedback, and number of targets reduced
<b>Task and finish group – nominations from all 3 Divisions</b>	Draft targets proposed by this group under each objective	Many draft targets from group now incorporated
<b>Clinical senate , February</b>	Targets need to be stretching but realistic Targets need to be evidence based, particularly those relating to quality	Feedback from clinicians influenced final version of targets
<b>Strategic Framework drop in sessions, March</b>	Clinicians and managers from across the organisation participated. Targets must be evidence based. Questions about how infrastructure and resources will follow our priorities as reflected in the objectives and targets.	Targets significantly revised and number of reduced
<b>Directors Strategy session</b>	Targets must be owned by lead Directors Targets must be both stretching and realistic Focus on delivery/implementation	Wording and deadlines of targets significantly revised

Figure 1: Key engagement stages in developing the strategic framework

### 3. The revised vision, aims and objectives

#### 3.1 Vision

Following the FT consultation that the organisation should have ambition to be 'the leading organisation' in its field, and that our vision should reflect all of our current services rather than just mental health, we have amended our Trust vision to reflect feedback from stakeholders, as follows:

*'To be recognised as the leading organisation in the provision of mental health, addiction and learning disability care. Quality, recovery and wellbeing will be at the heart of everything that we do.'*

#### 3.2 Aims

Following the FT consultation, we have amended our Trust 'objectives' to 'aims', which reflects feedback from stakeholders that the objectives were not sufficiently measurable. The aims are now as follows:

- Aim 1 QUALITY – To continuously improve the quality and productivity of our services
- Aim 2 BETTER SERVICES – To ensure our services meet peoples needs effectively, help people recover and are financially viable in the future
- Aim 3 PARTNERSHIPS – To develop partnerships that deliver improvements in quality or enhance recovery and wellbeing in mental health, addictions and learning disabilities
- Aim 4 – OUR ORGANISATION – To become a highly effective organisation with empowered service users and members, fully engaged staff, and good governance.

These four strategic aims reflect what is important to our organisation and our stakeholders, and the ways in which our organisation will need to adapt to its changing environment. Aims 1 and 2 capture our focus on continuously improving service quality and the productivity of our services and workforce. All NHS organisations are expected to release more value from the same level of investment, and this aim reflects our commitment to improving the quality and responsiveness of our services at the same time as delivering efficiencies. Aim 3 focuses on partnerships with other organisations, and reflects our commitment to build on our track record of developing cultural, academic and business partnerships to improve service quality, enable recovery, and support good mental health. Aim 4 captures our ambitions to continuously strive to be a more effective organisation, and to enhance our ability to empower service users and carers, engage and support our staff to develop their skills, and to be a well-governed organisation.

### 3.3 Objectives and SMART targets

To be effective, organisations need clear objectives. Objectives describe the specific steps that an organisation, team or individual will take to deliver their aims. An objective is the desired state that the organisation intends to achieve – the desired outcome. Through consultation with stakeholders and leaders at all levels of the organisation, the Trust has developed a series of objectives under each of the four aims, that are an attempt to focus efforts in a number of areas in the Trust for 2013-14.

Each objective is underpinned by SMART (Specific, Measurable, Achievable, Realistic, Time-Specific) targets have been developed through engagement with employees. Taken together, these SMART targets spell out the initial steps the Trust will take in 2013/14 to deliver the longer term vision. The initial targets are designed to feed the emergent business planning process for 2014-15. As the targets for 2013/14 are delivered during the course of the year, they will be replaced by a new set of longer term targets aimed at delivering the trusts vision over a more strategic timescale. The key drivers that have influenced the objectives and targets for 2013-14 include:

- Service user and carer views and priorities
- Recommendations from the Francis report
- Clinical evidence in relation to quality improvement and effectiveness in mental health
- Stakeholder views and priorities, including commissioners and our partner organisations
- Employee views, including our Clinical Senate
- The need to further strengthen our systems and processes in relation to becoming a Foundation Trust
- National policy, the expectations of Monitor and the new Trust Development Authority
- Preparing for the introduction of Payment by Results (PBR) in mental health
- The need for clear pathways in all of our services
- The need to understand more clearly, and improve where appropriate, the productivity of all our services
- The need to enable innovation in the Trust

By the end of March, the Executive Directors responsible for delivering each of the targets will have produced plans giving the organisation assurance that they can be delivered. Each plan will include a set of key milestones to support in-year monitoring of each target and to monitor delivery of the Strategic Framework as a whole. Given that this is the 'prototype' set of targets for the organisation, we are establishing a clinically-led threshold review group so that Trust clinicians can advise on the thresholds set, and as the targets are regularly reviewed throughout 2013. The Performance and Investment Committee will assure delivery, and clinically driven, in-year review of the SMART targets.

The objectives are set out below, and the draft SMART targets for 2013-14 can be found at Appendix 1.

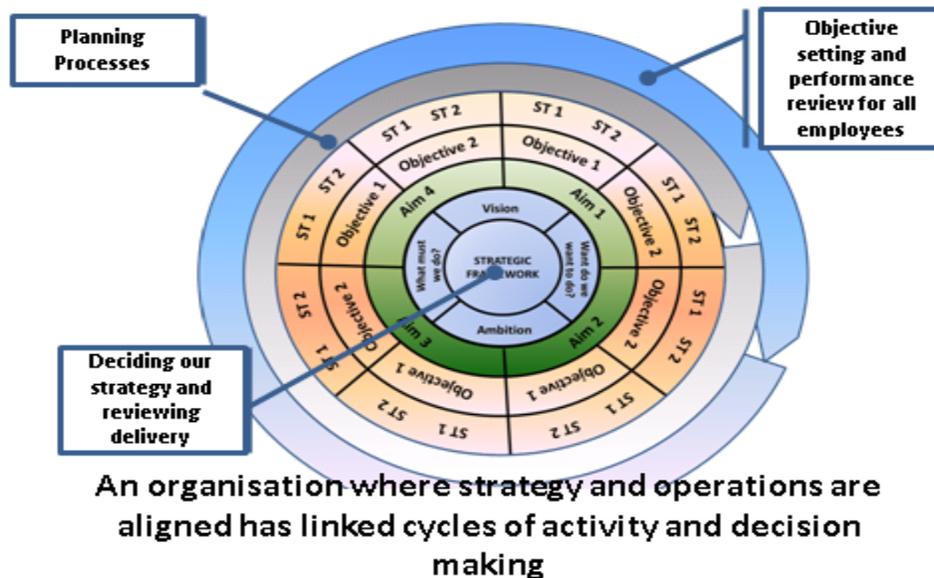
<b>AIM 1 QUALITY</b>	<b>AIM 2 BETTER SERVICES</b>	<b>AIM 3 PARTNERSHIPS</b>	<b>AIM 4 OUR ORGANISATION</b>
<b>A1 01</b> We will ensure the people we care for live longer.	<b>A2 01</b> – We will grow and differentiate our secure services from those provided by others	<b>A3 01</b> – We will engage those who commission and directly influence services for people with mental health needs.	<b>A4 01</b> – We will put service users and carers at the heart of everything that we do
<b>A1 02</b> – We will ensure carers receive the best level of support available.	<b>A2 02</b> – We will implement a new community model of care with a focus on integration.	<b>A3 02</b> – We will build new partnerships to improve quality and support recovery and wellbeing outcomes for people with mental health needs.	<b>A4 02</b> – We will fully engage our staff, and enable them to be skilled to provide the best possible services and support recovery
<b>A1 03</b> – We will provide care that reduces the need for admission to hospital.	<b>A2 03</b> – We will use intelligence and information to identify unmet need and to target interventions more effectively.	<b>A3 03</b> – We will develop and formalise strategic alliances with other organisations.	<b>A4 03</b> – We will share knowledge and intelligence effectively.
<b>A1 04</b> – We will ensure that people’s experience of our services is recognised nationally as best in class.	<b>A2 04</b> – We will put a new emphasis on research and development.		<b>A4 04</b> – Our structures, processes and internal governance arrangements will be designed around the users of our services and focused on improving front line care.
<b>A1 05</b> – We will be the safest mental health provider in the country.	<b>A2 05</b> – We will develop Mersey Care Ltd to pursue commercial opportunities from innovation.		<b>A4 05</b> – We will be as efficient as possible so that we can deliver maximum benefit for service users.
<b>A1 06</b> – We will ensure every individual is treated fairly in our organisation.	<b>A2 06</b> – Experts in mental health, including people with personal experience of mental health and recovery, will rate our services as among the best in the UK.		
<b>A1 07</b> – We will ensure people are able to access the care when they need it.			

Figure 2. Strategic framework objectives

#### 4. Delivering the strategic framework

This is a foundational year for the strategic framework, and given that it is a new way of working for the organisation, it is being introduced gradually so as not to disrupt business continuity in front line services. For this reason, the targets for 2013-14 have been deliberately designed to be practical, limited in number, and preparing the ground for the future in key areas of our organisation.

Evidence from high performing organisations in the NHS and in other sectors tells us that strategic success can not be claimed until a strategy has been implemented, so improving delivery capability, communicating with employees and other stakeholders, and aligning our systems and processes to deliver the strategic framework are all as important as the process of developing the vision, aims, objectives and targets. The long term process of aligning the strategy, with our planning and people objective setting 'cycles' for 2014-15 has now begun, with the intention that our strategy and operations will become more aligned in year, and with each annual cycle. The diagram below shows, at high level, how aligned strategy, planning and people (i.e. objective setting and performance review) cycles will be developed in the Trust.



#### 5. Assuring the delivery of the strategic framework, and assuring the delivery of other statutory targets

Like all NHS Trusts, Mersey Care is expected to deliver and track its delivery against a wide range of national and local targets. It is important that the Board is able to assure delivery of both the priorities captured in the strategic framework,

and the delivery of mandatory national and local targets set for our organisation by others.

The Trust already has a performance assessment framework (PAF) which draws together a range of over two hundred and seventy targets, including national and local, mandatory and discretionary targets. The development of the strategic framework provides the Trust with a set of criteria against which the relevance of the targets in the PAF can be validated. The PAF will be aligned with the Trust's strategic framework to ensure that delivery of the targets within the PAF relate to the revised aims and objectives, and are monitored through unified reporting and governance arrangements. Targets that do contribute will be mapped to specific aims and objectives within the strategic framework, and those that do not map with be managed out. A revised version of the PAF is scheduled to come to the Board for approval in June.

The Trust is developing a 'vantage points' system that will enable the Board to interrogate performance at different levels and from different perspectives. This feature is essential as the Trust is required to deliver and record progress against a wide range of overlapping targets and initiatives, including nationally set mandatory requirements. The vantage point approach will allow the Board and the Senior Executive Team to identify in advance the aspects of performance that are particularly important to them, allowing these areas to be monitored independently as part of the regular reporting process. This will include delivery against both the strategic framework targets for 2013-14, and other mandatory targets associated with areas of compliance that apply to all NHS trusts as set out in the PAF. Therefore, through the vantage point system, it will be possible to monitor delivery against a specific objective, and also possible to monitor delivery against CQC requirements. In the case of CQC, this vantage point will draw on the relevant SMART targets and also on other related PAF metrics.

## Appendix 1 SMART targets

<b><u>STRATEGIC FRAMEWORK (Version 4.5 15/3/13)</u></b>		
<b>A1</b>	<b>Aim 1 - QUALITY: To continuously improve the quality and productivity of our services</b>	
<b>A1 OB1</b>	<b>The people in our care will live for longer</b>	
<b>A1 OB1 ST1</b>	By June 2013 each division will have in place a plan approved by the Executive Committee to ensure that preventable premature deaths are in the bottom Quartile for England by March 2019. (Population will be Service users on CPA, Inpatients and people with learning disabilities.)	Ray
<b>A1 OB1 ST2</b>	By June 2013 we will have completed a gap analysis in respect of the relevant NICE Quality Standards (including those that relate to the physical health of our service users) and produced a report to the Quality Assurance Committee. From September 2013 we will be reporting progress towards reducing the gap. By March 2014 we will be able to demonstrate 100% compliance against the relevant standards in each Division	David
<b>A1 OB2</b>	<b>We will ensure carers receive the best level of support available.</b>	
<b>A1 OB2 ST1</b>	By June 2013, Mersey Care will develop a Community Services version of the Triangle of Care, have a resource package for staff in place by Sept 2013 and have the tool fully implemented by with carers confirming 100% compliance by June 2014.	Ray
<b>A1 OB2 ST2</b>	By March 2014 carers will confirm that Mersey Care is 100% compliant with the Triangle of Care Self Assessment Tool.	Ray
<b>A1 OB3</b>	<b>We will provide care that reduces the need for admission to hospital.</b>	
<b>A1 OB3 ST1</b>	By September 2013 Mersey Care will publish plans for best practice pathways for people suffering with depression, dementia and schizophrenia (where applicable). Pathways will facilitate resourcing and costing of the three dominant PBR clusters (70%)	Kim
<b>A1 OB3 ST2</b>	By October 2013, Mersey Care will establish a baseline position for the % of patients gate-kept by CRHT Teams who do not go on to be admitted; and, if appropriate, set a target for further reductions.	Kim
<b>A1 OB4</b>	<b>We will ensure peoples experience of our services is recognised nationally as best in class.</b>	
<b>A1 OB4 ST1</b>	By June 2013 there will be a Trust approved action plan that responds to the Francis report and is consistent with the values outlined in 'Compassion in Practice.'	Ray
<b>A1 OB4 ST2</b>	By July 2013 we will develop with service users and carers an Executive Committee approved plan to identify and share locally best practice in patient experience.	Ray
<b>A1 OB4 ST3</b>	By March 2014 we will improve patient experience in all areas by a minimum of 20% against a March 2013 baseline survey of patient experience (which takes account of NICE Standards and the Family & Friends Test).	Ray

<b>A1 OB5</b>	<b>We will be the safest mental health provider in the country</b>	
<b>A1 OB5 ST1</b>	By March 2014 Mersey Care will be in the top decile for the rate of incidents reported per 1000 bed days (Mental Health Trusts).	David
<b>A1 OB5 ST2</b>	By March 2014 harm will be in the lowest quartile in each of the former NPSA harm categories for Low, Moderate, Severe, Death & in the Top decile for 'None'.	David
<b>A1 OB6</b>	<b>We will ensure every individual is treated fairly in our organisation</b>	
<b>A1 OB6 ST1</b>	By June 2013, Mersey Care will have an annual report that provides analysis of activity based on the protected characteristics together with a supporting action plan to eliminate any identified discrimination affecting staff and service users.	David
<b>A1 OB6 ST2</b>	By December 2013, Mersey Care engage comprehensively with employees and other stakeholders, supported by our participation in the <i>Listening into Action</i> programme, to review our organisational values and to clarify expected behaviours in line with these values.	Neil
<b>A1 OB7</b>	<b>We will ensure people are able to access care when they need it</b>	
<b>A1 OB7 ST1</b>	By September 2013, Mersey Care will have reviewed access to all services to ensure that they are clinically appropriate.	Kim
<b>A1 OB7 ST2</b>	By December 2013 Mersey Care will have a plan for rapid access to achieve reduced short term admissions, reduced waiting times and a better experience.	Kim
	<b>Aim 2 - BETTER SERVICES: To ensure our services meet people's needs effectively, help people recover and are financially viable in the future.</b>	
<b>A2 OB1</b>	<b>We will grow and differentiate our secure services from those provided by our competitors</b>	
<b>A2 OB1 ST1</b>	By June 2013 we will review the full market analysis of potential opportunities in secure services with a view to completing an outline business case for the development of a secure campus based on best in class pathways by September 2013.	Ray
<b>A2 OB1 ST2</b>	By December 2013 Mersey Care will produce a full business case for Board review proposing a secure campus.	Ray
<b>A2 OB2</b>	<b>We will implement a new community model of care with a focus on integration</b>	
<b>A2 OB2 ST1</b>	By June 2013, Mersey Care will have developed and pilot tested a capacity model for community based services and presented the findings to the Clinical Senate and the Executive Committee; with a review of capacity in the full range of community teams complete by September 2013.	Kim
<b>A2 OB2 ST2</b>	By June 2013, Mersey Care will undertake a review to identify unmet mental health need in the communities served by Mersey Care; and by September 2013 we will have made a compelling case to commissioners for the re-integration of IAPT in Mersey Care's portfolio.	Kim
<b>A2 OB2 ST3</b>	By September 2013, Mersey Care will develop strong partnerships with complementary organisations by developing an 'Alternatives to Admissions Policy'.	Kim
<b>A2 OB2 ST4</b>	By March 2014, as part of the roll-out of the community model of care, Mersey Care will establish: integrated delivery teams; a single point of access to local services; neighbourhood level access to services.	Kim

<b>A2 OB3</b>	<b>We will use intelligence &amp; information to identify unmet need and to target interventions more effectively</b>	
<b>A2 OB3 ST1</b>	By December 2013, Mersey Care will research and develop a range of appropriate indicators to ensure that service users are not disadvantaged in terms of their physical health in the following areas - Asthma, Diabetes, Obesity & Smoking.	David
<b>A2 OB4</b>	<b>We will put a new emphasis on research &amp; development</b>	
<b>A2 OB4 ST1</b>	By April 2013, Mersey Care will establish a Quality Innovations Centre and by September 2013 produce a costed programme of work with milestones and metrics linked to the Trust Quality Dashboard (as set out in Aim 1).	David
<b>A2 OB4 ST2</b>	By September 2013, MC will have completed an independent review of its R&D, agreed a plan to develop its R&D capability further, and have agreed a plan to develop collaborative work with the new Academic Health Science Network.	David
<b>A2 OB4 ST3</b>	By December 2013, Mersey Care's Quality and Innovations Centre will establish links with a range of centres of learning through the implementation of bursary arrangements to bring new skills and insights at Division level in the Trust.	David
<b>A2 OB5</b>	<b>We will develop Mersey Care Ltd to pursue commercial opportunities from innovation</b>	
<b>A2 OB5 ST1</b>	By September 2013 Mersey Care will develop a full business plan for Mersey Care Ltd, including an operating model, governance, legal and workforce proposals, for Board approval.	Neil
<b>A2 OB5 ST2</b>	By April 2014, individual sponsors will take forward the development of detailed business cases for at least three commercial ventures as part of the Mersey Care Ltd portfolio.	Neil
<b>A2 OB6</b>	<b>Experts in mental health, including people with personal experience of mental health and recovery, will rate our services as among the best in the UK</b>	
<b>A2 OB6 ST1</b>	By April 2013, Mersey Care will have an interim communications plan approved by the Board; with a full plan which includes a set of metrics to measure improvement in stakeholder perceptions approved by the Board by September 2013.	Director of Governance and Communications
<b>A2 OB6 ST2</b>	By September 2013 Mersey Care will have conducted a 360 stakeholder survey to understand stakeholder perceptions; and by March 2014 will have made demonstrable improvements in areas identified through the survey.	Director of Governance and Communications
<b>A3</b>	<b>AIM 3: BETTER PARTNERSHIPS - To develop partnerships that deliver improvements in quality, or enhance recovery and wellbeing in mental health, addictions and learning disabilities.</b>	
<b>A3 OB1</b>	<b>We will engage those who commission and directly influence services for people with mental health needs</b>	
<b>A3 OB1 ST1</b>	By June 2013, Mersey Care will agree with CCGs the collaboration necessary to deliver their strategic plan priorities in mental health, including dementia and IAPT.	Kim
<b>A3 OB1 ST2</b>	By December 2013, Mersey Care will have identified a range of public mental health proposals with local authority partners, based on the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.	Kim

<b>A3 OB1 ST3</b>	By December 2013, Mersey Care will formalise arrangements for an integrated model of care in Liverpool with commissioners.	Kim
<b>A3 OB2</b>	<b>We will build new partnerships to improve quality and support recovery and well-being outcomes for people with mental health needs</b>	
<b>A3 OB2 ST1</b>	By April 2013, Mersey Care will assume the leadership of the 2020 Partnership Decade of Health and Wellbeing campaign; and by July 2013, with develop an associated action plan agreed with all partners.	David
<b>A3 OB2 ST2</b>	By September 2013, as part of the European Institute of Wellbeing, Mersey Care will agree a plan to establish a Recovery College in Liverpool; with implementation of the plan by March 2014.	David
<b>A3 OB3</b>	<b>We will develop and formalise strategic alliances with other organisations</b>	
<b>A3 OB3 ST1</b>	By June 2013, Mersey Care will formally establish the European Institute of Wellbeing; with an initial business plan and the first activities of this Institute complete by December 2013.	David
<b>A3 OB 3 ST2</b>	By December 2013, Mersey Care will map and evaluate existing partnership arrangements and develop a partnership plan relating to our objectives that includes cultural, academic and business partnership development.	New Director of Governance and Communications
<b>A3 OB3 ST3</b>	By December 2013, Mersey Care will develop a Social Value framework and Sustainable Development Management Plan for improving environmental, social and economic performance.	David
<b>A4</b>	<b>AIM 4: OUR ORGANISATION - To become a highly effective organisation with empowered service users and members, fully engaged staff, and good governance.</b>	
<b>A4 OB1</b>	<b>We will put service users and carers at the centre of everything we do.</b>	
<b>A4 OB1 ST1</b>	By June 2013 Mersey Care will create a Participation Team tasked with growing and enhancing levels of people participation across the Trust, as well as developing structures and mechanisms that support and promote the voice of service users and carers and Trust members at all levels of the organisation.	Ray
<b>A4 OB1 ST2</b>	By June 2013, Mersey Care will enable all service users and carers to have the opportunity to leave feedback in real time on any service.	Ray
<b>A4 OB1 ST3</b>	By September 2013, Mersey Care will work with CCGs, GPs and carers to ensure that by March 2014 100% of carers linked to our services (included carers of service users with dementia) can confirm they have had an offer of an assessment of their health and support needs.	Kim
<b>A4 OB2</b>	<b>We will enable our staff to be fully engaged and skilled to provide the best possible services, focusing on recovery</b>	
<b>A4 OB2 ST1</b>	By June 2013, Mersey Care will produce an action plan for the Board to address sickness rates in high secure services. The plan will be based on a root cause analysis and will include a service-driven trajectory for improvement.	Ray
<b>A4 OB2 ST2</b>	By March 2014, Mersey Care have achieved statistically significant improvement in at least two areas identified through the NHS Annual Staff Survey where the organisation is in the lowest 20% of mental health and	Neil

	learning disabilities trusts.	
<b>A4 OB3</b>	<b>We will share knowledge &amp; intelligence effectively</b>	
<b>A4 OB3 ST1</b>	By September 2013, Mersey Care will establish a corporate intelligence/decision support function integrating performance information from across the Trust and beyond and will agree an SLA with Informatics Merseyside.	Neil
<b>A4 OB3 ST2</b>	By December 2013, Mersey Care will ensure that the Vantage Point Corporate reporting is fully operational and the Programme Management Office established.	Neil
<b>A4 OB4</b>	<b>Our structure, processes and governance will be designed around users of our services and improving front-line care</b>	
<b>A4 OB4 ST1</b>	By September 2013, Mersey Care will design and implement a corporate hub to deliver integrated and efficient corporate functions to the clinical Divisions, the Board and the Executive.	Neil
<b>A4 OB4 ST2</b>	By September 2013, Mersey Care will work through the 'More Independent' and '3 Million Lives' programmes to map current use of technology in front-line services and optimise the use of available technology to support service users in the community.	Neil
<b>A4 OB4 ST3</b>	By December 2013 Mersey Care will have reviewed and simplified its internal governance arrangements to ensure that the organisation remains compliant with statutory requirements and retains a focus on the quality of care.	Director of Governance and Communications
<b>A4 OB5</b>	<b>We will be as efficient as possible so that we can deliver maximum benefit for service users</b>	
<b>A4 OB5 ST1</b>	By June 2013, Mersey Care will agree a set of assumptions around PBR tariff prices.	Neil
<b>A4 OB5 ST2</b>	By June 2013 Mersey Care will develop a prioritisation methodology and agree a set of decision making criteria consistent with REID principles, to underpin the decision support process that helps to the Trust to shape its investment strategy and the wider business planning cycle.	Neil
<b>A4 OB5 ST3</b>	By September 2013, Mersey Care will agree the care packages within cluster it will offer service users in the future, with evidence-based, costed pathways for each cluster for adult working age and older people.	David

**END OF PAPER**