



Birmingham  
Community Healthcare  
NHS Foundation Trust

# Best Care: Healthy Communities

# Our Strategy

## 2023-2028



*Best Care  
Healthy Communities*



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# Letter from Chair and CEO

Our last organisational strategy was developed five years ago. This introduced our 'Best Care: Healthy Communities' vision and our Trust values: Caring, Open, Respectful, Responsible and Inclusive.

Since then, we have been through a lot. We are immensely proud of how colleagues responded to the demands and challenges presented by the COVID-19 pandemic and continue to do so. We are now confronted with the cost of living crisis, industrial action, long waiting lists and elective backlogs. We would like to thank everyone for their compassion, dedication, innovation, and flexibility in continuing to meet the needs of our patients and service users during these difficult times. We are proud that we have managed to start to bring down waiting lists and backlogs, developed new services such as virtual wards and urgent community response teams, and are working in a more integrated way with our system partners, for the benefit of our patients and communities.

We remain committed to our vision and values and ensuring they drive all that we do together, whilst recognising that we need to work differently if we want to deliver this and tackle the challenges we face.

To support our understanding of how we should go about this, we have been through an extensive engagement programme in the development of this strategy, with colleagues, patients and community groups. This has been invaluable, and we would like to thank you all for your contributions.

As a result, we have established three strategic objectives: Safe, High Quality Care, A Great Place to Work and Integrated Care which will be supported by a commitment to Equity and a culture based on our values. Our commitment to promoting equity in all that we do runs through each of these areas, whether that be in the services we provide to our populations, or how we behave and work with each other as colleagues.

A key element in achieving our strategic objectives will be the Birmingham Community Integrator. It gives me great pleasure that we have been asked to take the lead role in the development of this, which presents us with a great opportunity to provide more integrated, accessible, community based services that deliver the best care possible and support people to live well in their communities. This puts us at the heart of our Integrated Care System (ICS).

We look forward to delivering our strategy and meeting the needs of those that we serve.



Richard Kirby - Chief Executive BCHC

David Sallah - Chair BCHC



# Introducing our strategy

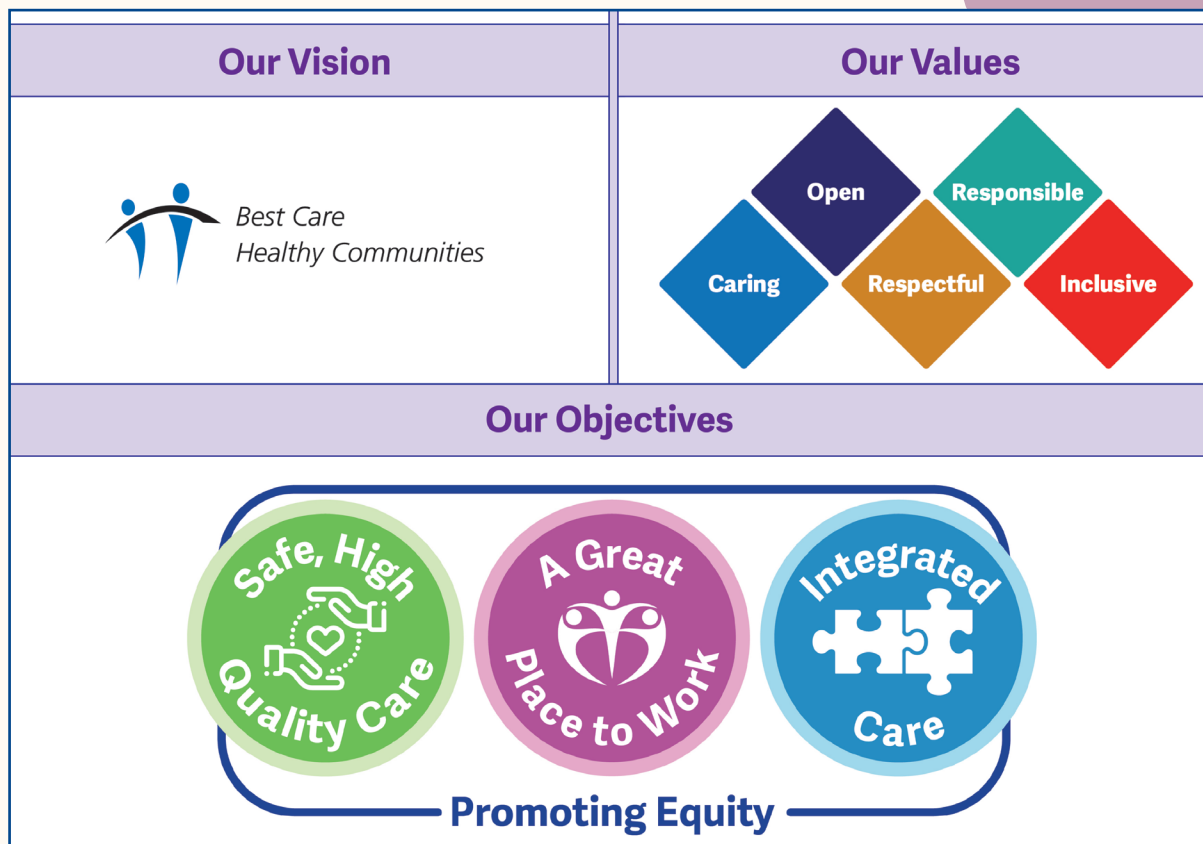
**This strategy sets out what matters most for Birmingham Community Healthcare NHS Foundation Trust (BCHC) over the next 5 years.** It will guide our planning and decision making, at all levels and across all Clinical Divisions and support functions. It will focus and align our action, both across our organisation and with our partners, to help BCHC be the best we can be for our colleagues, our patients, services users and their families and the Birmingham and Solihull health and care system.

**Through this strategy we will:**

- **support and trust everyone who works for BCHC to make the right decisions for patients, service users and their own teams, supported by appropriate information, accountability and safeguards;**
- **define and nurture the organisational culture and ways of working to ensure these fit with our vision and values; and**
- **provide a clear framework around which our services, Clinical Divisions and support functions will develop and monitor aligned plans that deliver our common aims for the future of the Trust.**

This strategy resets our focus on three main organisational objectives. Central to each of these objectives is the need to align all our resources and energies, better enabling our teams to care for the communities we serve. We recognise that, for the sake of our patients / service users and the wellbeing of all who work here, we cannot do everything, especially in the current climate, and that we need to focus our resources and prioritise our efforts on achieving what will bring greatest benefit to our patients / service users, our colleagues and our communities.

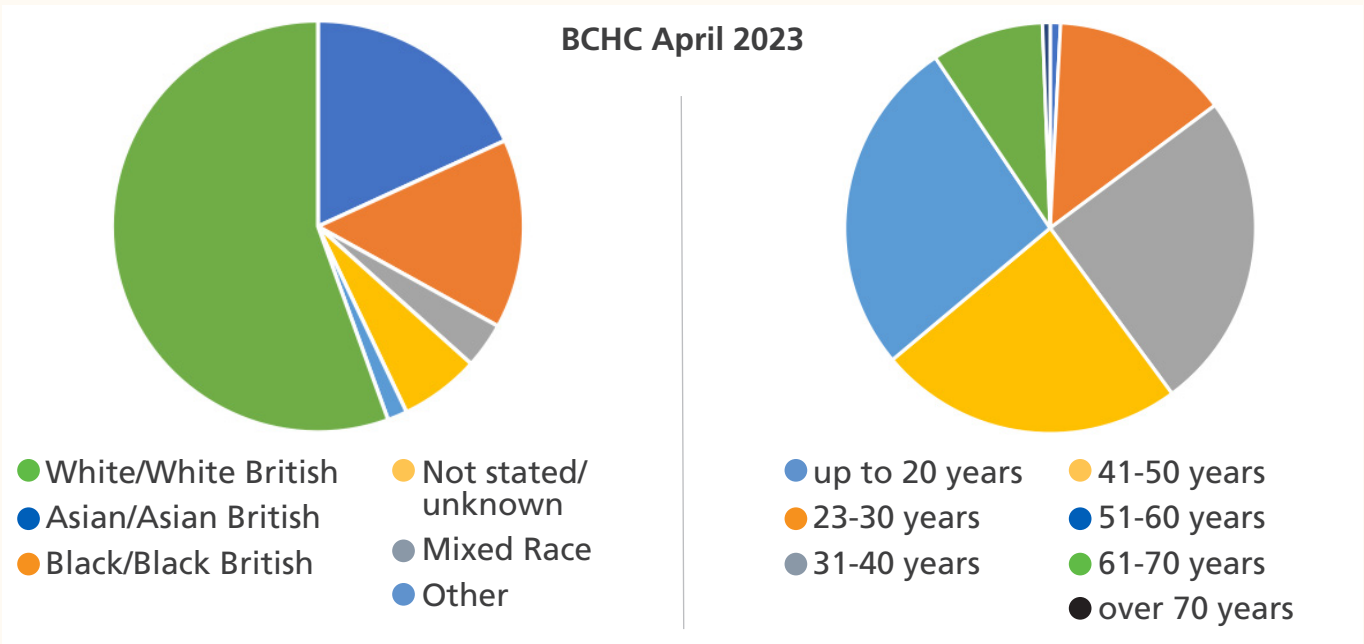
# Plan on a page



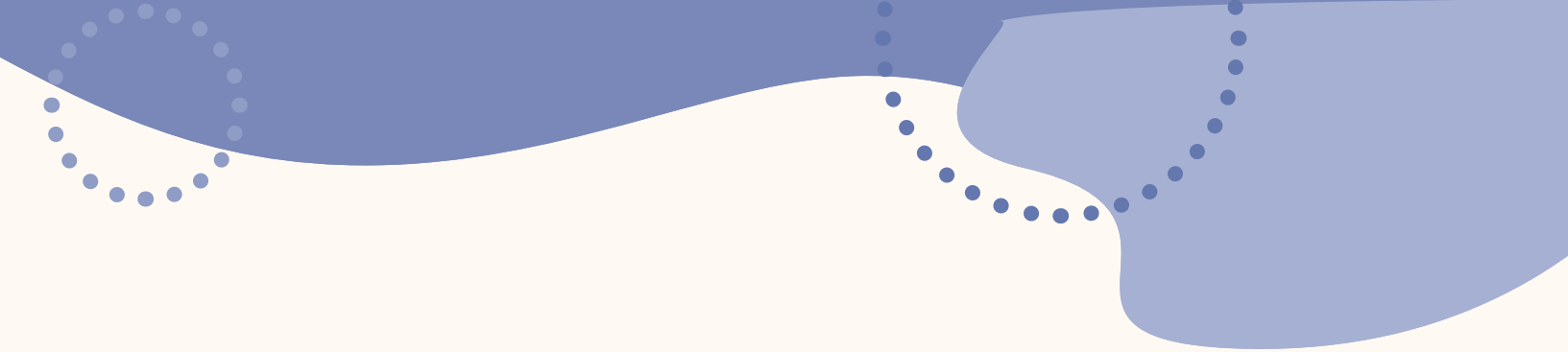
| Objective   | Description   | Strategic priority   |
|---|---|--|
|  | Work with the people we care for, their families and our partners to ensure equity and excellence in access, experience and outcomes. | <ol style="list-style-type: none"> <li>1 Improving health outcomes, experiences, and access for all</li> <li>2 Delivering harm free care</li> <li>3 Driving improvements in direct clinical care through innovation and research</li> </ol>  |
|  | Create a great place to work and learn, enabling our colleagues to be the best that they can be and to be themselves at work.         | <ol style="list-style-type: none"> <li>1 Increasing the capacity of our workforce</li> <li>2 Developing our culture, so colleagues feel valued, supported, and have a strong voice</li> <li>3 Valuing our diversity, building equality and inclusion into everything we do</li> </ol>  |
|  | Work with our communities and partners to support people to live healthy in their communities.  | <ol style="list-style-type: none"> <li>1 Integrating our services with our partners and communities to deliver seamless multi-professional care, including through the Birmingham Community Integrator</li> <li>2 Focusing our efforts on deeper integration in our existing communities and footprints</li> <li>3 Addressing the social determinants of health in our communities by using our role as an anchor institution</li> </ol> |

# Where we are 2023/2024

| Our services   | Our people  |
|--|---|
| <ul style="list-style-type: none"><li>• Over 100 clinical services</li><li>• Over 300 community sites</li><li>• 1.9 million patient attendances in 2023/2024</li><li>• <b>Friends and Family Test:</b> 95% good or very good</li><li>• <b>CQC rating:</b> Requires Improvement</li><li>• <b>Staff survey:</b> 62.7% would recommend BCHC as a place to receive treatment</li></ul> | <ul style="list-style-type: none"><li>• 5151 people work here</li><li>• 81% Female</li><li>• Ethnically diverse workforce</li><li>• A quarter have long term physical or mental health conditions or illnesses</li><li>• 13.9% vacancies (March 2023)</li><li>• Staff survey: 54.4% would recommend BCHC as a place to work</li></ul> |



We know that all our BCHC colleagues are deeply committed to meeting the needs of local people and this has been an especially challenging task in recent years. Responding to COVID-19 meant that our teams went above and beyond the call of duty in helping to keep people safe and to stay as well as possible. It was a big disruption to normal working patterns and, like other health and care services, we are all still recovering from it. At the same time, however, COVID-19 also led to advancements in innovation, new ways of working, and collaborations that would have otherwise taken much longer to develop. We will look to continue to build on these as part of this strategy.



We operate from over 300 sites across Birmingham and the West Midlands, providing care for people throughout their lives from the newborn and their families, to the frail elderly and their carers. Our services are diverse; from healthy lifestyle services that support people to stay well to the most complex healthcare for those with highly specialist needs. We provide care in people's homes and also in clinics and inpatient units across the city. We are a major organisation for training and teaching.

#### **Our services operate at different levels:**

- **regional** - some of our services are specialised, and operate on a footprint across the West Midlands (for example Neuro Rehabilitation and Dental Services);
- **system** - although many of our services are delivered in the Birmingham and Solihull 'system', we also work with other local ICSs, namely the Black Country, to ensure integration of care for patients;
- **place** - in Birmingham and Solihull ICS there are two 'places', with Place Boards; one in Birmingham and one in Solihull. Services provided across Birmingham include community inpatient facilities, Specialist Community Adult Nursing, Community Learning Disability services, and school nursing services;
- **locality** (250,000 people) - due to the size of Birmingham, there are five localities (shown on next page). Increasingly working at Locality level, through the development of Locality Partnerships will allow us to understand and focus on local priorities, and to develop partnerships of health and care service providers delivering integrated services for local people; and
- **neighbourhood** - within each Locality, Neighbourhoods aligned to Primary Care Networks (PCNs) cover a smaller population of 30-50,000 people. Delivery of care close to home at a Neighbourhood level, through Integrated Neighbourhood Teams, is key to our system's commitment to personalised and integrated care.



We deliver all of this with a commitment to integrated, personalised care to meet the needs of our diverse local communities. Whilst we provide all of these services, much of the care we provide is delivered in partnership with primary care, social care, community mental health teams, acute hospitals and the voluntary, community, faith and social enterprise sector. We cannot achieve our vision and ambitions in isolation.

A great example of this is the Birmingham Community Integrator, which, in August 2022, we were asked to lead the development of by Birmingham and Solihull (BSol) Integrated Care Board (ICB). This will play a key part in delivery of the ICB's aim to provide more joined up, accessible, community-based services.

The Integrator will, in time, be accountable for the provision of integrated care, supporting people to stay well in their communities. Development of the Community Integrator will involve working collaboratively with our partners to bring together primary care, social care, community physical and mental health services, public health and the voluntary, community, faith and social enterprise sector.



# The strategic context we operate in

Our strategy has been developed in the context of a challenging and changing picture nationally and for our local system. It is aligned with national and system priorities.

As health and care services continue to recover from the COVID-19 pandemic, they are faced with intense pressures from continued capacity issues, national workforce challenges, historic commissioning arrangements and increasing costs. There are continuing pressures with overcrowded A&E departments, the elective care backlog, delayed ambulance handovers and primary care access.

In Birmingham and Solihull, we live and work in amazing places with a large health and care sector, a rich cultural scene, vibrant commercial and industrial sectors, and wonderfully diverse communities. Our system also faces very significant challenges:

- **our communities were some of the worst hit by COVID-19, and continue to feel its long-term effects; and**
- **they are some of the most deprived communities in the country, with some of the highest inequalities.**

[The BSol ICS Strategy](#)<sup>1</sup> provides an overview of the population we serve.

ICSs were established as statutory bodies in July 2022 with the aim of improving the coordination and collaboration of services across the health and care system to:

- **improve outcomes in population health and healthcare;**
- **tackle inequalities in outcomes, experience and access;**
- **enhance productivity and value for money; and**
- **support broader social and economic development.**

NHS community services like ours are central to these aims, with the ability to make the vital connecting links between primary care and acute care, social care, wider public sector and the voluntary, community, faith and social enterprise sector. Our services are key to future developments in extending care outside of the acute hospital setting, supporting those who need our services to stay well, at home, in healthier communities.

Community services also have a significant role to play in supporting the recovery plan for urgent and emergency care. This is by supporting appropriately earlier discharge for patients, caring for them at home through virtual wards, providing urgent care for people in their homes through urgent community response services to avoid the need for a hospital admission, and improving access to diagnostics via community diagnostic centres. We also have an important role to play beyond our local Integrated Care System in the Regional and Specialist services that we provide.

<sup>1</sup>A Bolder, Healthier Future for the People of Birmingham and Solihull  
([www.birminghamsolihull.icb.nhs.uk](http://www.birminghamsolihull.icb.nhs.uk))

### Financial context:

The financial settlement for the NHS in 2023/2024 and 2024/2025 has been published, which includes an additional £3.3bn of funding in each year in recognition of significant pressures across the sector. However, this funding is far from generous at a time of rising inflation, significant waiting list backlogs to clear, and emergency care services under more pressure than ever before.

The funding settlement beyond 2024/2025 is not yet clear but, given the overall economic outlook, it is likely that the NHS will be continuing to operate in a financially constrained environment.

In the recent pandemic years, the nationally set efficiency requirement has been relaxed to some extent. However, the latest funding settlement is based on an efficiency requirement of 2.2%, which is double the requirement previously set out in the NHS Long Term Plan, and at a level that exceeds historic delivery of around 0.9%.

The national financial challenge over the period of this strategy document is therefore clear.

Within BCHC, we have historically performed well financially, meeting our control total in each year since becoming a Foundation Trust. In 2023/2024, we begin the financial year with a balanced financial plan - which, to some extent, is a strong starting point.

However, like many other parts of the NHS, our plan is supported by a number of non-recurrent measures that mask an underlying deficit position. This is also the case within our local ICS, where a large underlying deficit will need to be reduced or cleared over the medium term.

A detailed financial plan to support this strategy will be developed in line with medium term financial planning requirements across the NHS.

However, ahead of the publication of a medium-term financial plan, it is clear that we must continue to remain focused on financial delivery and efficiency through:

- **maximising the productivity of our services;**
- **delivering a minimum level of operational savings across all of our departments;**
- **reducing agency spending, where the Trust is currently an outlier;**
- **reducing procurement and supply chain costs, through working at scale with system partners; and**
- **reducing support running costs through consolidation, standardisation and automation across the ICS footprint.**

## Our vision



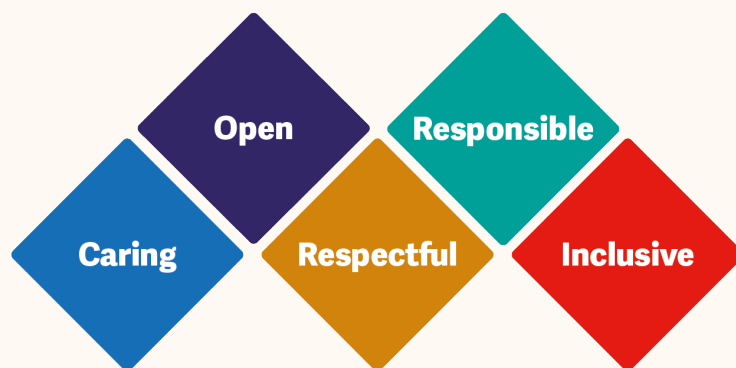
*Best Care  
Healthy Communities*

Our long-held vision is summed up as '**Best Care: Healthy Communities**'. Best Care is values driven, evidence-based and outcomes focused, and Healthy Communities is locally driven, pathways-based and equity focused.

We exist as a Trust to provide the Best Care possible, supporting people who need our services (many of whom are amongst the most vulnerable in our society) to live well in Healthy Communities.

At the heart of our strategy for the post-COVID-19 period is aligning all our resources and energies around enabling our teams to better care for the communities we serve. We will do this by working together across our organisation - and with partner organisations and local communities - to better understand and address the needs of our population.

## Our values



Our 5 values - developed through very extensive engagement in 2018 and re-affirmed in 2022 - underpin our approach to how we will make our vision a reality, shaping how we work as colleagues and how we deliver care in our communities.

# Our strategic objectives

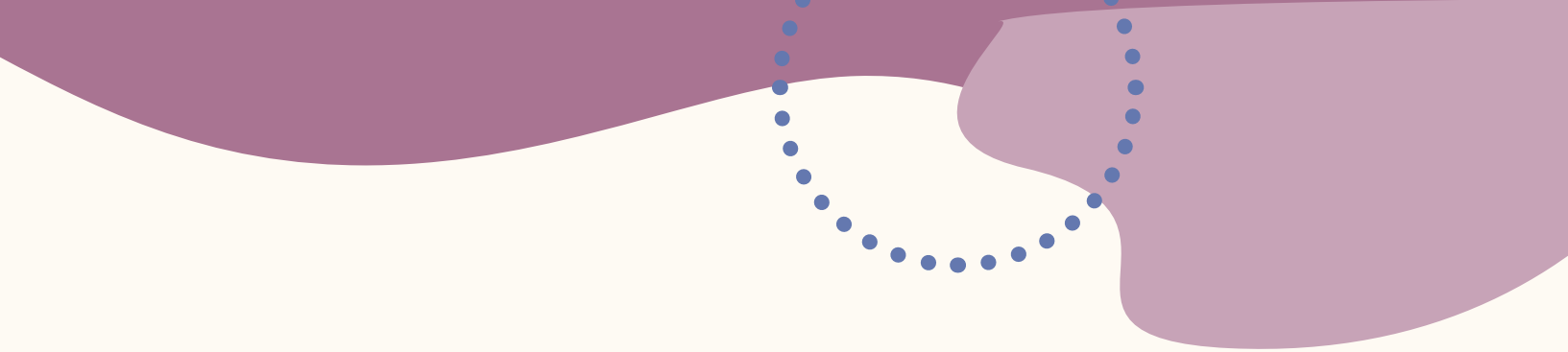
Our strategic objectives set our direction of travel over the next 5 years in achieving our vision.



- 1. Safe, High Quality Care:** Work with the people we care for, their families and our partners to ensure equity and excellence in access, experience and outcomes.
- 2. A Great Place to Work:** Create a great place to work and learn, enabling our colleagues to be the best that they can be and to be themselves at work.
- 3. Integrated Care:** Work with our communities and partners to support people to live healthy in their communities.

Central to achieving each of these strategic objectives is Promoting Equity. We believe that everyone should have equity in opportunities to access and have a positive experience of the care we provide, and to achieve good health outcomes, regardless of their socio-economic background or protected characteristics<sup>2</sup>. This is a particular challenge in Birmingham as one of the most deprived local authorities in the country. COVID-19 has further highlighted the impact of structural inequalities, and racism in particular, on the health of our populations. We will work with partners to take a system wide approach, acting with clear intent to reduce inequalities in everything that we do. Equity of opportunity also includes the people who work at BCHC, ensuring that everyone is able to reach their full potential, with no barriers to their career progression.

<sup>2</sup> Protected characteristics: These are personal characteristics that the Equality Act 2010 protects. These are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation  
<https://www.equalityhumanrights.com/en>



We recognise that we cannot expect different outcomes by continuing to do the same things. We want to build on the advances made during COVID-19 and adopt new ways of working to achieve these strategic objectives. Critical to the successful implementation of this strategy will be building a culture based on our values in which we collaborate across disciplines and across organisations and support our colleagues to deliver the best care they can. The key elements of building our culture and new ways of working are:

**Empowering and Autonomous:** there will be greater local autonomy in decision-making, with clear accountability for delivery, and simplified appropriate governance processes.

**Engaging:** there will be authentic engagement and meaningful two-way communication with colleagues, services users and communities.

**Partners:** we will work increasingly in multi-disciplinary and multi-organisational teams.

**Innovative:** we will be agile, innovative and creative in the way we work together and with our partners.

We will also implement a set of enabling plans that will help us deliver the strategy.

These will be:

- **Financial sustainability, efficiency and productivity**
- **Digital**
- **Estates**
- **Workforce capacity and capability**

# Objective 1: Safe, High Quality Care



*Work with the people we care for, their families and our partners to ensure equity and excellence in access, experience and outcomes.*

We will deliver the best possible care for the patients and service users we serve. They will be treated with kindness, compassion and respect. Our patients and service users are all unique individuals; we will provide personalised care that meets their needs and empowers them as partners and decision makers in their own care.

Everyone who works at BCHC is passionate and committed to delivering outstanding patient care that improves health outcomes, enhances patient safety and experience, and ensures equity of access for all. We will enable our teams to deliver the best possible care for the patients and service users we serve.

**The Essential Care Framework will be core to our work on improving the quality and safety of the care we provide.**



**In delivering Safe, High Quality Care we will focus on the following key strategic priorities:**

- 1. Improving health outcomes, experiences and access for all**
- 2. Delivering harm free care**
- 3. Driving improvements in direct clinical care through quality improvement, innovation and research**



## 1. Improving health outcomes, experiences and access for all

Quality and equity are the core of everything we do. We believe in fairness, and value inclusivity. We aim to provide accessible, personalised services that exclude no one and deliver the best possible outcomes and experience. Where inequities do exist, we will be proactive in understanding what is happening so we can take action to address the issues.

### **Better understanding and working with the people we care for to shape our services accordingly.**

Patients, service users and our wider communities have the right to be heard and want to work alongside BCHC colleagues to improve services. When focusing on how we improve the quality of care, this will be informed by people with lived experience of our services. Our new models of care will be co-designed with our patients, service users and their families and wider communities to ensure that care provision meets their needs.

With our diverse population demographic, we are ideally placed to be exemplars in the involvement, co-production and inclusion of service users and communities in service design and provision. Engaging with diverse groups, who have different perspectives, experiences and ideas will aid our understanding of the people we care for, enhance creativity and help us to deliver services that really promote health equity. We will embed a co-production methodology that enables us to work effectively with existing patients, service users and their families as well as the wider community.

We will systematically identify the health needs of our local population and existing patients / service users to proactively identify areas where health inequities exist. In conjunction with our partners, we will gather quantitative and qualitative data about our patients / service users and wider populations to further our understanding. A key component of this will be far better targeted engagement with those least likely to access our services and those who don't currently give us feedback about their experiences of our services, so that we can understand why this is and take action. We will use a [population health management](#) approach to generate intelligence for our service leads to support them in the design and delivery of care. This will enable them to better target interventions and care to address inequity, and improve outcomes, experience and access for all.





We will:

- **use Appreciative Inquiry to take forward the understanding of the issues;**
- **routinely use data on access, experience and outcomes by Index of Multiple Deprivation and Protected Characteristics;**
- **access existing demographic profiles for communities of place and identify and use these to inform service provision in terms of where services should be provided, how they should be provided and who for; and**
- **increasingly understand and use population health management data and improve our analytical expertise.**


Delivery of care is not the only consideration here; it is also important to consider the prevention of ill-health, rather than just treating it. Our reach into communities and our partnerships across the Birmingham and Solihull system mean that we are able to target prevention initiatives and develop a comprehensive approach for the population groups who need them.

### **Developing a biopsychosocial holistic model of care**

The scope of our service offer, with a range of universal services supported by more specialist services, presents us with an opportunity to provide a holistic, biopsychosocial, integrated model of care across the life span of our patients and service users. This will involve greater integration and coordination of our own services, as well as with our partners, viewing patients and services users as a whole, not just by condition and making every contact count. We will:

- **work across our existing Clinical Divisions to develop more joined up care and improve outcomes;**
- **support our commitment to multi-professional working by facilitating opportunities for communication and collaboration between individuals, in pursuit of high quality care. We will harness learning from this to improve care pathways and outcomes; and**
- **increase knowledge and understanding of our own services to improve the integration, coordination and communication between Clinical Divisions, building on the improvements seen in this area during the COVID-19 redeployment.**





## 2. Delivering harm free care

We aim for the very highest standards of care; patients / service users and staff should always be protected from avoidable harm and treated in a safe environment.

Evidence shows that safety of care relates to systems and information, but also to culture. We will support and empower our colleagues to drive continuous improvement in patient / service user safety throughout our services, and also safeguard their own wellbeing.


We will continue to develop a culture of openness and trust, better reflecting our organisational values. We will develop a compassionate and inclusive environment that is psychologically safe, with quality improvement and sharing learning as important elements of our ways of working. Communication will be based on mutual trust, an absence of a blame culture, and shared perceptions of quality and safety. We will remove any barriers that exist to reporting safety concerns.

We will provide our teams with robust and accessible data about patients / service users, their needs, and their care journey across agencies. This will increase the quality of decisions made by our colleagues and improve patient safety.

We want to ensure our colleagues feel secure in raising concerns about any unsafe practice and that they know they will be treated fairly if unintended errors or incidents occur. Where issues do occur, increasing the accessibility of data will improve the investigation, response and learning across the Trust. We will take action to ensure errors and incidents do not happen again and provide colleagues with feedback about changes made in response to them.

## 3. Driving improvements in direct clinical care through quality improvement, innovation and research

We have colleagues with the skills, training, ambition, and desire for implementing meaningful change by leading or contributing to Research and Innovation (R&I) and Quality Improvement (QI). This will enhance quality and effectiveness of our services through evidence-based practice and facilitate making our services sustainable. We will build on our clinical excellence and drive research and innovation to improve quality and effectiveness of care.



Research and Innovation and Quality Improvement will be embedded in our culture and our ways of working as an organisation at all levels. This will be essential for us to become more proactive and less reactive in our service delivery, and how we operate as an organisation. This will also help us improve staff retention. If we do not transform, we will continue to face the same issues we do now. We need to prioritise making space for Research and Innovation and Quality Improvement and give our colleagues the capability and capacity to design new interventions and adapt existing ones to make our services more effective, efficient and sustainable.

We will strengthen learning across the organisation and ensure it is shared across all front-line services, all with the intention of improving clinical outcomes, patient safety and patient experience. We will:

- **empower our colleagues to find (and share) new ways of working by drawing on existing evidence and leading or contributing to new research to address gaps in the existing evidence base;**
- **enable innovations and improvements to be tested quickly and without bureaucracy;**
- **give our colleagues the trust, confidence and permission needed to undertake research, innovate and improve services, whilst ensuring accountability for those freedoms;**
- **also provide colleagues at all levels with the headspace, training, skills, methodologies and data required to partake in research and innovation and quality improvement;**
- **support colleagues in a clinically curious culture, focused on exploring evidence, improving quality of care, shared learning and clinical effectiveness;**
- **evaluate the research and innovation and quality improvement undertaken to understand what has worked well, and spread that good practice, and what has worked not so well, and learn from it;**
- **proactively reflect on current programmes of work as part of quality improvement;**
- **ensure that a consistent and uniform due process is followed for identification, development, deployment and impact assessment of innovations in our services;**
- **create a support structure to enable innovation;**
- **build research and innovation and QI capability and capacity into our services to enhance our unique offer within the healthcare system; and**
- **develop our partnerships with academia, industry and other healthcare organisations.**

## Objective 2: A Great Place to Work



*Create a great place to work and learn, enabling our colleagues to be the best that they can be and to be themselves at work.*

The people who work for BCHC are the heart of everything we do. It is their skill and dedication that enables us to accomplish all that we achieve for the people who use our services. Our people are fundamental to working towards achieving our vision of Best Care and Healthy Communities. We know from our staff survey results and wider engagement, however, that there is a way to go before we can wholeheartedly describe our Trust as a Great Place to Work.

Engaged staff deliver better healthcare. They are dedicated to their organisation and their role, leading to improved patient care and workplace culture. Developing a highly engaged workforce requires sustained effort throughout an organisation. So we will develop and nurture an organisational culture built around our values, taking a systematic approach to cultural change and improving colleagues experience across the whole organisation.

Our hexagon infographic demonstrates the commitments that we have agreed to ensure that we can improve the experience of all colleagues across the Organisation.



We will create an inclusive organisation with a workforce that reflects the local population. We will support our colleagues, so they are able to give their all and contribute to our ambitions.

**In creating A Great Place to Work we will focus on the following priorities:**

- 1. Increasing the capacity of our workforce**
- 2. Developing our culture, so colleagues feel valued, supported, and have a strong voice**
- 3. Valuing our diversity, building equality and inclusion into everything we do**

## 1. Increasing the capacity of our workforce

We will ensure we have the capacity and capability to sustainably and effectively deliver our services and commitments.

### Recruitment and retention

The recruitment and retention of our people continues to be one of the main challenges faced by our organisation, as it is by the health and care sector more broadly. We have high levels of vacancies and turnover of staff. We know that increasing and maintaining the capacity of our workforce will have a significant impact on the quality and safety of care we are able to provide, as well as our own health and wellbeing. Having sufficient time to undertake work duties and to be able to deliver the desired standard of care is one of the main factors affecting the experience of the people who work here and their feeling of wellbeing. We will:

- **be an equitable employer reflecting the global majority population and superdiversity of Birmingham and Solihull;**
- **invest in and build stronger links with our communities and local academic institutions, including schools, colleges and universities, to recruit and grow our workforce from our local area;**
- **ensure there are clear ongoing pathways for career development at all levels and across professions;**
- **think more dynamically about roles, and explore the underutilised skills of our existing workforce, seeing how else they can contribute and enable people to work 'at the top of their licence'; and**
- **develop options for a 'workforce across boundaries', with opportunities to gain exposure and increase experience across the organisation and wider system.**

### Improving our systems and processes

In developing this strategy, it was clear from our engagement work that our systems and processes are not as streamlined as they could be, and decision making can be slow. This limits the capacity of the people who work here and causes them frustration and delay, further impacting day-to-day experience of the organisation. We also recognise that there are often too many initiatives that don't always align and we therefore need to prioritise our efforts on key activities aligned to our overall goals. We will:

- **work to ensure that our non-clinical and support services are more responsive and enable clinical colleagues to spend more time on direct patient care and improving the quality and safety of that care;**
- **work both internally and with our system partners to remove any activities that do not add value to providing safe, high quality care - unnecessary bureaucracy that takes up valuable capacity - freeing up time to deliver safe, high quality care and to drive improvements in innovation; and**
- **consider the impact of innovations and initiatives on our frontline colleagues, scheduling and acting in line with their capacity and priorities.**

## Supporting health and wellbeing

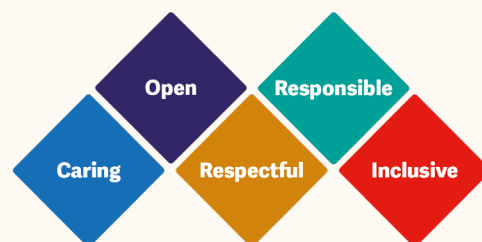
We will better support the health and wellbeing of our workforce.

Many of our colleagues faced immense challenges during the pandemic, which further heightened existing issues with health and wellbeing. As an organisation who cares for its patients' health and wellbeing, we must do the same for the people who work here. We will take positive action to keep our teams healthy and well - both physically and psychologically - improving their experience of working at BCHC and supporting the care they provide to others. We will:

- enable more of our people to achieve a better work-life balance;
- develop a more innovative approach by, for example, extending flexible working arrangements where possible; better supporting women's health; making appropriate adjustments for disabled colleagues, and establishing new working practices for parents and carers; and
- develop a cohesive team spirit that encourages formal and informal peer support and the sharing of experiences and learning, where everyone works together to grow and maintain a focus on wellbeing.

## 2. Developing our culture, so colleagues feel valued, supported, and have a strong voice

Our 5 values underpin our approach to how we will work and deliver care in order to make our vision a reality.



We will develop a culture built around these values, so that they are central to the way we behave and act. We will collaborate across disciplines; wherever we work we will feel like a team. We will be a compassionate organisation that cares for our colleagues supporting them, in turn, to care for our patients. We will recognise the strength of diversity and promote equality and inclusion in all we do.

### The key elements of building our culture are:

**Empowering and Autonomous:** there will be greater local autonomy in decision-making, with clear accountability for delivery, and simplified appropriate governance processes.

**Engaging:** there will be authentic engagement and meaningful two-way communication with colleagues, services users and communities.

**Partnering:** we will work increasingly in multi-disciplinary and multi-organisational teams.

**Innovative:** we will be agile, innovative and creative in the way we work together and with our partners.

### **Supporting colleagues to have a strong voice in trust decision making**

The people who work at BCHC are best placed to understand the challenges we face and have great ideas about how we can make improvements to the services and care we provide. We want everyone to have a voice and play their part in the success of the organisation, as well as their immediate service or function. We want everyone who works here to feel empowered and equipped to make positive change, bringing benefits to colleagues and service users alike.

To facilitate this, we will shift the balance in our decision-making processes so that they are shaped more by perspectives from those involved in direct service delivery. We will:

- **be innovative and adaptive in the way we engage, listen to and communicate to ensure we reach all of and hear from a greater number of the people who work here;**
- **ensure everyone has the opportunity to provide feedback and develop recommendations for innovation and change;**
- **actively encourage people to lead and bring improvement ideas to life when it comes to new ways of working and the delivery of care;**
- **use the perspectives of those involved in direct service delivery to inform decision making and where we need to take action; and**
- **ensure decision making processes are simplified and decisions are made at the appropriate level.**

### **Inclusive leadership**

Leadership is one of the most significant factors in shaping organisational culture. Effective leaders at all levels ensure the direction, alignment and commitment between teams and the organisation. This is crucial to our organisation, given the breadth of our services that are delivered in disparate and dispersed locations. Our leaders at all levels are essential to creating the inclusive workplace we aim to build.

We will invest in and support our leaders at all levels to ensure they have the necessary behaviours, skills and qualities to lead colleagues in the achievement of our aims.

Our leaders will:

- **ensure team members feel physically and psychologically safe;**
- **be supportive, respectful, compassionate, enabling participation and involvement of their team in decision making; and**
- **encourage and reward innovation in developing new ways of working and delivering high quality care.**



### 3. Valuing our diversity, building equality and inclusion into everything we do

We are proud of the diversity of our workforce, which we have actively worked to increase in recent years. Diverse teams make better decisions, supporting the safety, quality, equity and effectiveness of care.

We have a clear commitment to be an actively anti-racist organisation. We want increasingly to become an organisation where all our colleagues are treated fairly, where who we are as individuals and how we identify is respected and valued, and where we all receive the right support to meet our needs. This is the golden thread that runs through everything we do.

We will listen to and learn from our each other so we can improve working lives. We want everyone to feel able to share their experiences and views, knowing that their voice will be heard, and will lead to change. If people experience discrimination from other colleagues or patients / service users, everyone who works here will be supported and we will ensure that we take action to address what has happened and learn from these instances.

We are proud of our Staff Equality Networks that already exist, and they will continue to play a crucial part in our way forward as an organisation. We will work with our staff networks to strengthen, empower and grow them to make them more effective, determining how we better utilise them in meaningful change. We will also look to develop new staff networks where gaps currently exist. We will:

- **proactively tackle inequity, discrimination, harassment, bullying and abuse as a top priority;**
- **guarantee staff safety and be actively anti-racist;**
- **seek a representative and supported workforce at all levels;**
- **address not just one or two protected characteristics but all, recognising intersectionality;**
- **ensure our workforce better reflects the communities we serve;**
- **develop the Multi-Faith and Carers Network in Autumn / Winter 2023;**
- **continue to improve our performance against the national NHS Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standards (WDES) and take action to address our gender and ethnicity pay gaps; and**
- **use an equality and inclusion lens proactively in our decision making.**



## Objective 3: Integrated Care



*Work with our communities and partners to support people to live healthy and well in their communities.*

Our vision is 'Best Care: Healthy Communities'.

We cannot do this alone. Integrated Care provided with our partners and communities is core to what we are trying to achieve. The evidence shows that when done well, this will lead to better experiences for patients / service users and the people providing services, improved outcomes, and it will be more cost-effective.

Most of the care we provide is already delivered in conjunction with primary care, social care, community mental health teams, acute hospitals and the voluntary, community, faith and social enterprise (VCFSE) sector. As a community trust, we are ideally positioned as the connectors in the system to reach out to our communities and work with our partners. We will work together to support our communities to live healthier lives. This will be for the people who need to use health services and also increasingly to be better connected to other services such as education, employment, housing and access to benefits, which can help people address the social determinants of health.

Our ambition is to develop a multi-professional team within local neighbourhoods, that keeps people well at home. Strong, effective relationships with GP Practices, PCNs and GP Provider organisations are essential to achieving this. Our model of care will build teams serving neighbourhoods that are focused on urgent / same day care, co-ordinated care for people with long-term conditions, and preventative care, in accordance with the recommendations of the [Fuller Report](#)<sup>3</sup>. We will work increasingly closely with the voluntary, community, faith and social enterprise sector in building these neighbourhood teams.

We recognise that it is important to provide our services intelligently, using population demographics and population health information to determine the types of services and level of provision that are required for different communities across our geography. More specialised services are required by fewer people and therefore need to be delivered to larger populations and concentrated in fewer sites, whereas other, more 'universal', services can be more locally based.

**In delivering Integrated Care we will focus on the following key strategic priorities:**

- 1. Integrating our services with our partners and communities to deliver seamless multi-professional care, including through the Birmingham Community Integrator**
- 2. Focusing our efforts on deeper integration in our existing communities and footprints**
- 3. Addressing the social determinants of health in our communities by using our role as an 'anchor institution'**

<sup>3</sup> Next Steps for Integrating Primary Care:  
Fuller Stocktake Report [www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf](http://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf)



## 1. Integrating our services with our partners and communities to deliver seamless multi-professional care, including through the Birmingham Community Integrator

Integration with other health and care partners is fundamental to patients' overall experience of their care journey and our ability to support people in their own community. Stronger partnership links, more multi-professional working, and effective communication through shared care records will result in a more coordinated response, with shared care pathways and improved outcomes.

We will work with health and care partners to ensure equity of access to services and offer bespoke services to communities and neighbourhoods, where there are variations in outcomes to tackle health inequalities. We will put particular emphasis on building robust relationships with Primary Care colleagues. Working with our partners will also enable us to be more effective in relation to prevention and early intervention, helping our communities to remain as healthy and independent as possible.

### **Birmingham Community Integrator**

We will be leading the development of the Birmingham Community Integrator, which will aim to provide more joined up, accessible, community-based services. This will involve working with our partners to bring together primary care, social care, community health services, public health, mental health services and the voluntary, community, faith and social enterprise sector.

We recognise the importance of developing relationships and partnerships in successfully developing and delivering the Community Integrator, and we will co-develop our approach and ways of working to reflect this. We will:

- **take a population health management approach and aim to be data-driven in the way we identify those people who are most vulnerable and most likely to benefit from integrated care in their neighbourhood;**
- **build on BSol's commitment to early intervention and prevention in the way we design our approach; and**
- **reflect the ICS ten-year Strategy and Inequalities Strategy priorities in the work of the Integrator.**

### **Strengthening our relationships with our communities through meaningful engagement**

We work in culturally and socio-economically diverse communities with differing needs and aspirations. Integrated care is most effective when it takes into account the holistic needs of service users and populations. Our approach to integrated care therefore needs to be adapted to ensure community needs are met. As partners in the system, we need to get better at having a shared understanding of the population on a local basis because system and place averages hide so much. This will require shared intelligence and a shared response.

We need to ensure that the needs and voices of local communities are an integral part of our decision making and shape the services we provide. We will work with our communities and partners to establish equitable service delivery models that build community and individual resilience.

- **We will work collaboratively with our communities to build meaningful relationships and develop equitable decision-making processes to achieve better outcomes through effective solutions.**
- **Community engagement will be done in partnership across the system, in an integrated way, ensuring all voices are heard. Sometimes, what we hear when we engage does not directly relate to the services we provide; we need to be connected with system partners so that the people who speak with us are truly heard, action is taken, and we learn together as an integrated health and care system.**

## **2. Focusing our efforts on deeper integration in our existing communities and footprints**

### **Depth not breadth**

A key principle of this strategy is aligning our resources and energies to enable our teams to care for the communities we serve. Therefore, we will execute a service and business development strategy of 'depth', rather than 'breadth'. This means focusing on integrating care provision and building relationships with the communities and partners within our existing geographical footprint (our Birmingham and Solihull Integrated Care System and, for our specialised services, the West Midlands), making best use of our existing clinical knowledge and expertise. This will enable us to focus on making sure we provide the best possible care and services, rather than spreading ourselves too thinly by pursuing opportunities and ambitions that arise in other geographical areas.

### **Adding greater value to the wider system**

There are opportunities for us to add greater value to our system by demonstrating the impact of our services to our partners, communities and the wider populations, whilst increasing awareness of those services through better communication.

To help facilitate this, we will improve how we evidence the outcomes and value that our services already have and can further add to the health and care system. This includes the demonstrable impact that we are already having in extending care outside of the acute setting and supporting service users to stay well and at home. There is a key role for us in supporting the immediate pressures and the recovery plan for urgent and emergency care by discharging patients early and caring for them at home through virtual wards; providing urgent care for people in their homes through urgent community response services and improving diagnostics via Community Diagnostic Centres. We also have an important role to play beyond our local system in the Regional and Specialist services that we provide.

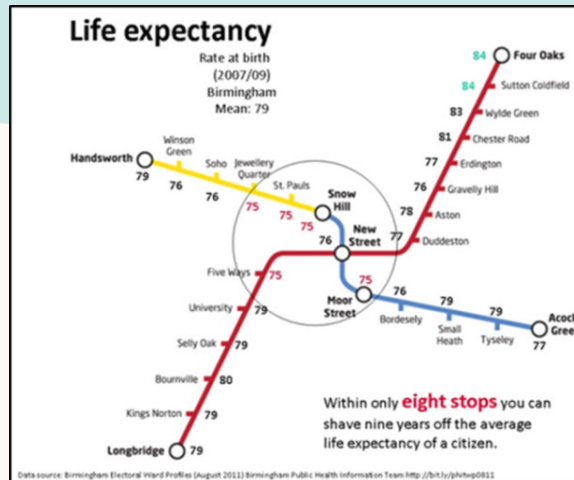
Alongside this, improved external communications will enhance the awareness of our services not only to our system partners, but also with our communities and our wider populations. This will yield benefits when it comes to engagement but also potential improvements in local recruitment, where the wider population are not currently aware of the career opportunities that we can provide as an organisation.

### **3. Addressing the social determinants of health in our communities by using our role as an 'anchor institution'.**

We must continue to provide Best Care that is values driven, evidence-based and outcomes focused. Alongside this, we also need to play our part in addressing the social determinants of health (the underlying causes of illness) in our communities, as well as immediate healthcare needs. Our Healthy Communities Strategy was the start of BCHC explicitly focusing on the social determinants of health.

Our health outcomes are made up of factors much broader than just the clinical care we receive. Clinical care, including the access to and the quality of it, accounts for a fifth of our overall health outcomes. The most profound impact is had by the social determinants of health. These are the social, economic and environmental factors that determine how we live, including our education, employment, income and housing. This means that the more privileged people are by their socio-economic position, the better their health outcomes and life expectancy. These differences are avoidable and therefore inequitable and unfair.

This is a particular issue within Birmingham where high levels of inequality exist, with some of the poorest areas of the country adjacent to some of the most affluent. People born in the most affluent parts of Birmingham will live, on average, nine years longer than those born in the most deprived wards.



Correcting this is a significant task for society as a whole but, as an [anchor institution](#) rooted in our local communities, we are able to help contribute to this. Because of the size and scale of our resources and influence as an organisation, we already affect the social determinants of health of our local populations, intentionally or not. This is through the way we deliver healthcare activities and allocate resources. We are one of the largest local employers and procurers of local services. We control extensive physical assets (buildings) and design models of care across our geography. The way we deliver care impacts the environment, through issues such as transport which impacts air pollution and the energy efficiency of our buildings. All of these elements influence the socio-economic status of our local population.

We will therefore consider these wider impacts in our decision-making to better target our activities and allocation of resources. We will also introduce initiatives aimed at positively influencing the social determinants of health. To do this effectively, we need to understand how we are already having an impact as an anchor institution, and the mechanisms we can use to increase that impact. If we consider the broader factors experienced by our local populations, we can focus our influence on where it is needed most and where most impact can be made. We will:

- **provide equitable access to training, real living-wage employment and careers for people from all communities;**
- **build on existing programmes of work experience, placements and apprenticeships to make these truly inclusive;**
- **procure locally with social value, using a minimum 10% weighting for social value in procurements;**
- **use the opportunity that arises from integrated care, working with our partners around 5 Localities, to think about how we might use the combined public sector estate more effectively and deliver greatest social value;**
- **deliver training packages so that all colleagues understand the social determinants of health and health equity; and**
- **deliver on our Green Plan and Net Zero ambitions.**

# Where will we be by 2028?

| Objective               | Strategic priority |   | Measures of success   |
|-------------------------|--------------------|---|---|
| Safe, High Quality Care | 1                  | Improving health outcomes, experiences, and access for all  | <ul style="list-style-type: none"> <li>• We consistently deliver high quality, evidence-based care with low levels of harm and good outcomes for all</li> <li>• All patients and service users have equitable access to care and feedback positive experiences of our services</li> <li>• All patients, service users, families and carers are routinely involved in decision-making about their own health and care, and in service design using co-production</li> <li>• We routinely use data and a population health management approach to design and deliver our services to meet the needs of our diverse local communities</li> <li>• We are a learning organisation, where all incidents, near misses and Learning from Excellence opportunities are reported and responded to, and learning is shared</li> <li>• We have an embedded culture of continuous quality improvement where everyone is empowered to make improvements</li> <li>• We are a research-active organisation with clinicians, patients and service users across the organisation involved in research and innovation</li> </ul> |
|                         | 2                  | Delivering harm free care   |   |
|                         | 3                  | Driving improvements in direct clinical care through quality improvement, innovation and research |   |
| A Great Place to Work   | 1                  | Increasing the capacity of our workforce  | <ul style="list-style-type: none"> <li>• We have the right number of people, with the right skills to provide safe, high-quality care to patients and service users</li> <li>• Our workforce is diverse and reflects the demographics of the communities we serve at all levels of the Trust</li> <li>• We provide rewarding careers with opportunities for development and are seen as one of the best employers in the local NHS</li> <li>• People who work for BCHC feel valued, included, able to raise concerns and know that these will be listened to</li> <li>• Our systems and processes are responsive and focused on maximising time to care for frontline clinical services</li> </ul>  |
|                         | 2                  | Developing our culture, so colleagues feel valued, supported, and have a strong voice             |   |
|                         | 3                  | Valuing our diversity, building equality and inclusion into everything we do                      |   |

| Objective       | Strategic priority   | Measures of success  |
|-----------------|--|--|
| Integrated Care | <b>1</b> Integrating our services with our partners and communities to deliver seamless multi-professional care, including through the Birmingham Community Integrator | <ul style="list-style-type: none"> <li>• Our universal services are provided based on localities and neighbourhoods, working as multi-professional and multi-organisational teams, supported by our specialist services</li> <li>• Citizens can access care, advice and support locally in multi-agency hubs and services which are better connected within local areas</li> <li>• Community health and care services across Birmingham and Solihull are provided equitably based on population health need, to consistent safe, high-quality standards and result in good outcomes regardless of where citizens live</li> <li>• We routinely use community engagement and co-production to inform decision-making and improve our services, and we receive strong, positive feedback from our community partners that it is real and making a difference</li> <li>• We positively influence the social determinants of health in the way we deliver health and care activities, allocate our resources and work in partnership with the voluntary, community, faith and social enterprise sector</li> </ul> |
|                 | <b>2</b> Focusing our efforts on deeper integration in our existing communities and footprints   |  |
|                 | <b>3</b> Addressing the social determinants of health in our communities by using our role as an anchor institution  |  |



## Next steps

This overarching organisational strategy will guide our planning and decision making, at all levels and across all Clinical Divisions and support functions. It will focus and align our action, both across our organisation and with our partners, to help BCHC be the best we can be for the people who work here, our patients, services users, their families and our wider communities.

It provides a clear framework around which our services - clinical and non-clinical support functions - will develop further and help us to ensure that our Annual Delivery Plans and priorities are aligned, so that we are successful in delivering our aims. Whilst developing these annual delivery plans, we will focus our resources and prioritise our efforts on achieving what will bring greatest benefit to our patients / service users, colleagues and communities.

We will use the annual planning cycle to understand how our activities are contributing to this strategic framework. It is important that this annual exercise is not just used as an assessment of our progress against rigid priorities. It also offers us an opportunity to reflect and refresh our plans for implementation in order to stay agile and adaptive in the way we go about prioritising our resources and achieving our objectives.

We will take into account previous learning about what has worked well and what needs to improve, changes to our strategic context and our population to ensure we are able to continuously deliver the greatest impact. This will be particularly important given the likely changes to the environment that we operate in over the timeframe of this strategy.

We are committed to delivering the priorities set out in this strategy, moving us ever closer to achieving our vision of **'Best Care: Healthy Communities'**.



# How the strategy affects the Clinical Divisions

Over the coming five years all Clinical Divisions have critical deliverables, which align with this Trust Strategy and national and local directives.

**Adult Community Services (ACS) Division** provide a range of services to adults, often supporting people in community settings or in people's homes.

We are focused on improving the care we provide for citizens across the BSoL footprint, in particular by integrating our services with other health and social care services in Birmingham and its localities. Delivering planned and unplanned care in alignment with Integrated Neighbourhood Teams and Intermediate Care programme, is part of our Community Nursing transformation which will allow the Division to ensure that there is provision of an equitable and responsive service. This will support that the care is delivered by the right person, at the right time and in the right place as well as reducing duplication of care by various services.

We will support this service integration with digital integration, with one of the key aims being an integrated digital system to allow our workforce to be able to access information that will be part of a shared care record enabling continuity for the citizens and making it easier for our workforce to do their job.

**Adult and Specialist Rehabilitation (ASR) Division** assists people in managing physical, cognitive, emotional and social disabilities. Services are Regional and system-wide and are a mixture of inpatient and community-based services. The Clinical Division also provides healthcare support to HMP Birmingham.


We are focused on delivering safe high quality care which includes improved outcomes for all patients and improved access to timely patient care. The establishment and embedding of the Essential Care Framework will play a key role in the delivery of this priority.

The Division is focused on ensuring that we are a great place to work, and we will prioritise the delivery of our workforce plan, which has a particular emphasis on recruitment and retention, and the development of apprenticeship programmes. We are keen to ensure that our workforce reflects the population that we serve and we aim to ensure that staff feel valued and inspired to work within ASR services so that the very best care can be provided for our patients. As such we will actively promote the health and wellbeing of staff as a priority, promoting compassionate leadership at all times.

The Division will work closely with system partners to ensure that all opportunities are maximised such as the Musculoskeletal (MSK) transformation work and the national Pathway 2 inpatient care model. We will give service users a voice so that patient needs remain at the heart of all decisions.

**A focal point in all three objectives is ensuring equity; equity in access to care, equity in patient outcomes and equity for our workforce.**





**The Childrens and Families (C&F) Division** provides both universal and specialist community services for children in the city. We have an integrated Birmingham Forward Steps service which is the largest integrated Health visiting and voluntary sector service in the UK. As a division we significantly contribute to the special educational needs and disabilities (SEND) reform across Birmingham working with Birmingham Children's Trust and our Educational colleagues. In our 5 year plan we will be working towards a Balanced System Model for therapy services, Virtual Wards in Specialist Nursing Services and safeguarding support for vulnerable children, young people and their families.

The Division through Trust Leadership Programmes and work planning, aims to build high performing, cohesive and motivated teams that effectively deliver their service priorities. At the heart of this will be effective communication and ensuring that the health and wellbeing of colleagues is integral to the strategic vision of the Division.

Our service aims to provide safe, high quality care ensuring that children, young people and their families have the best start in life.

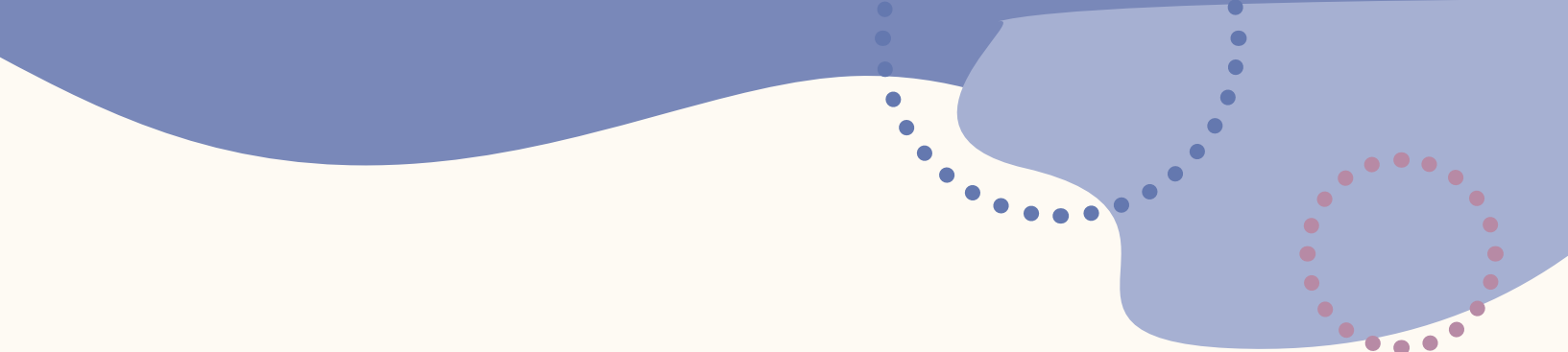
**The Dental Division** operates both the Birmingham Dental Hospital, in partnership with the University of Birmingham School of Dentistry and also a wide range of community dental services across the West Midlands. As a division we are facing strong headwinds as we maintain our position of zero breaches on the RTT pathway for 104/78 plus weeks, ensure zero 65 weeks plus breaches by March 2024 and manage the Orthodontic waiting list.

The division will contribute to the delivery of our Trust Strategy and strategic objectives with a focus on three key areas. Firstly, we will continue to provide safe high-quality care for all patients in a structured clinically prioritised order, managing our waiting list. To this end we have engaged in a process of assessing our clinical services, both in the Birmingham Dental Hospital (BDH) and the Community Dental Service (CDS), as we seek to reconfigure our service delivery model to meet the expectations of our patients, and meet our waiting list commitments. These changes will be in partnership with all stakeholders within the division i.e. clinical and non-clinical staff, staff side and the management team.

Secondly, we will embed the Strengthening Operational Structures (SOS) programme. This will deliver greater resilience within the 3 proposed clinical groups, allowing for increased support to the clinical services as we optimise our service delivery and create sustainable career progression opportunities for staff.

Thirdly, we prioritise improving our staff work environment, to ensure this is in keeping with our trust vision of A Great Place to Work, and aim to see improvements in our Staff Survey results.

Despite the challenges ahead, we are quietly confident as a division that we will deliver a service that is safe and of high quality, and ensure the health and well-being of our staff by making this a great place to work. The culmination and achievement of the aforementioned three areas of focus, will see a natural strengthening and progression to our desired position of Best Care, Healthy Communities in the communities we serve.



**The Learning Disability (LD) Services Division** is delivered across Birmingham, for adults who have a learning disability and additional complex health needs, which could include epilepsy, challenging behaviour, forensic and physical and mental health conditions.

Our service aims to provide safe, high quality care through multi-disciplinary working and close collaboration with other agencies, specifically when the person requires specialist intervention as access to mainstream health services would be difficult.

The Clinical Division's plans are aligned with our Trust's strategic objectives, which will drive our plans for the next five years. To improve the quality of care we provide, our primary goal is to deliver patient-centred care that meets the individual needs of the people who access our services and improves their health outcomes, experiences and access. Through this, we will support users of our services to have an improved quality of life and increase in life expectancy. We will reflect on our practice and learn from feedback and incidents to implement quality improvements and initiatives to ensure we deliver harm-free care, and we will champion research and innovation to drive improvements in clinical care.

To deliver our objective of creating a Great Place to Work, we will:

- **increase the capacity of our workforce to meet the growing demands of our service user population;**
- **develop our culture to ensure that our colleagues feel valued, supported, and have a strong voice in decision-making processes through engagement and acting on feedback;**
- **create opportunities for career development and growth within our teams; and**
- **promote health and wellbeing, diversity, equality, and inclusion by fostering a culture of respect, empathy, and understanding.**

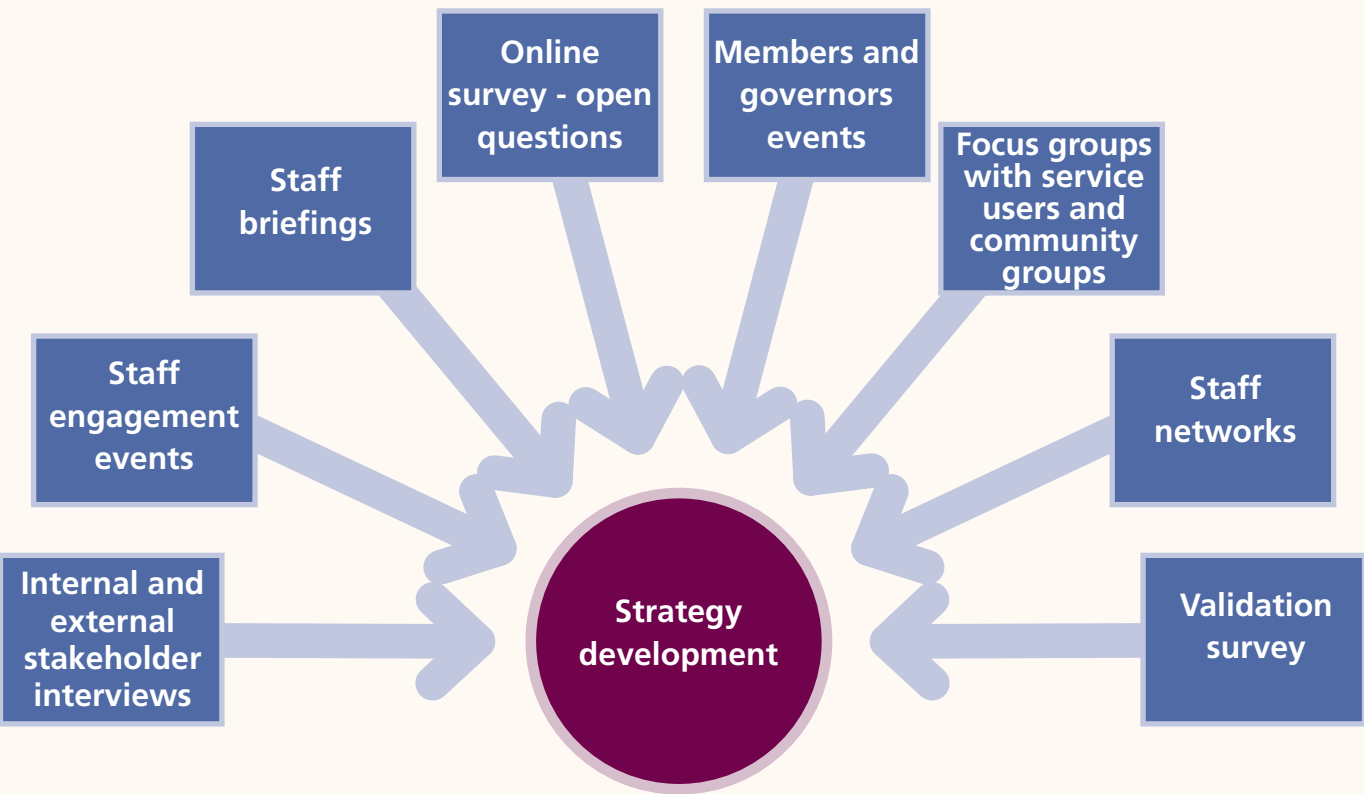
We will work collaboratively with our system partners and communities to deliver seamless, multidisciplinary care within localities. We will engage with our service users and system partners to co-produce and redesign our services to meet their needs and those of their carers through our service use group and wider networks. We will promote community health and wellbeing to address the social determinants of health in our communities.

By prioritising these areas, the Learning Disability Services Clinical Division will work towards achieving our trust's objectives of providing Safe, High-Quality Care, creating a Great Place to Work, and promoting Integrated Care.

# Appendix

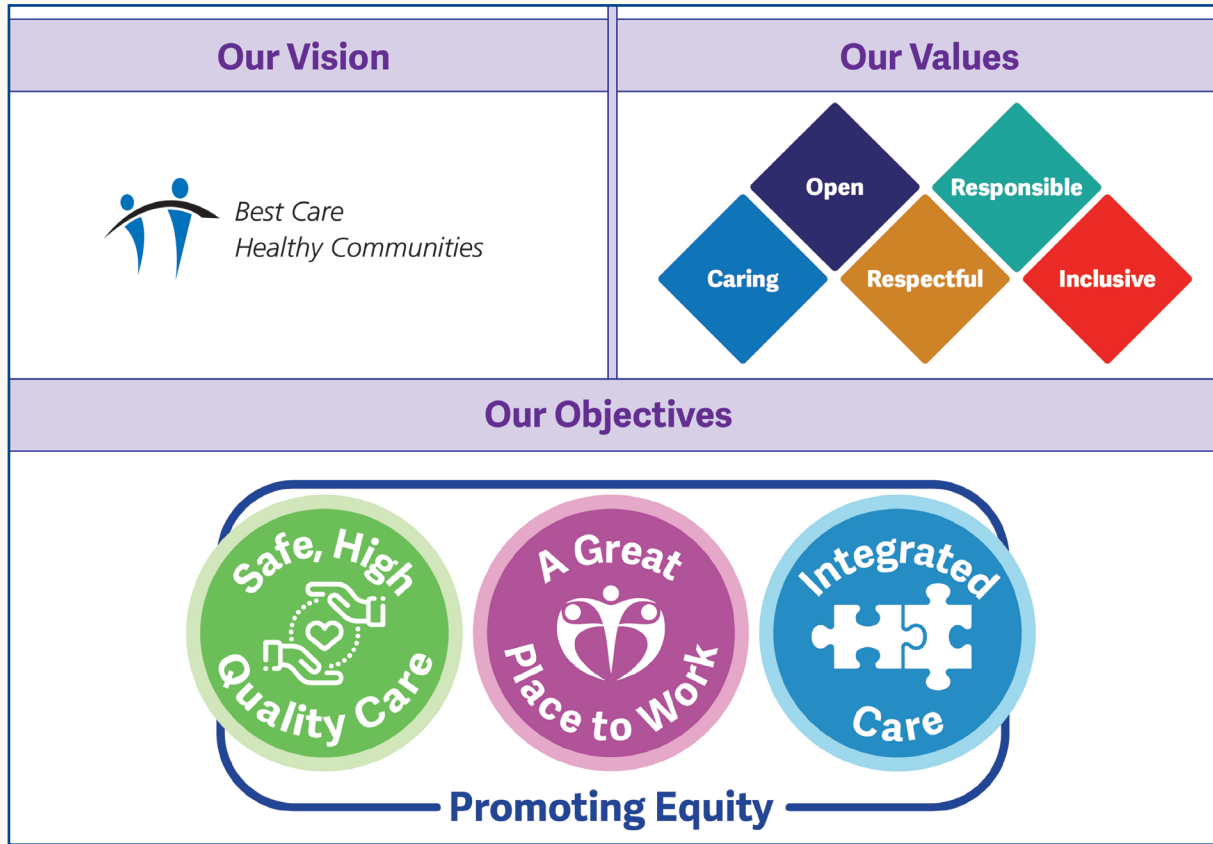
## The strategy development process

We have developed this strategy through a comprehensive programme of engagement, summarised in the diagram below:



| Method  | Sessions | Reach |
|---|----------|-------|
| Internal and external stakeholder interviews            | 25       | 25    |
| Staff engagement events                                 | 8        | 119   |
| Staff briefings - disseminated through the organisation |          |       |
| Online survey - Open questions                          | 1        | 62    |
| Members and governors events                            | 2        | 12    |
| Focus groups with service users and community groups    | 5        | 26    |
| Staff Networks  | 1        | 4     |
| Online survey - Validation                              | 1        | 224   |

More than 400 views were gathered in total, and more than 900 comments from participants were analysed, excluding stakeholder interviews and engagement with the board.



Please contact us if you would like this leaflet in another language.

اگر آپ اس معلوماتی اشتہار کو کسی اور زبان میں حاصل کرنا چاہتے ہیں تو براہ کرم ہم سے رابطہ کریں۔

ਜੇ ਤੁਸੀਂ ਇਹ ਕਿਤਾਬਚਾ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੋ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

Skontaktuj się z nami, aby otrzymać tę ulotkę w innym języku.

يرجى الاتصال بنا إذا أردت الحصول على هذه النشرة بلغة أخرى.

আপনি যদি অন্য কোন ভাষায় এই লিফলেটটি চান তাহলে অনুগ্রহ করে আমাদের সাথে যোগাযোগ করুন।

Fadlan nala soo xidhiidh haddii aad jeclaani lahayn buug-yarahan oo luqad kale ku qoran.

Veuillez nous contacter si vous souhaitez obtenir ce dépliant dans une autre langue.

Vă rugăm să ne contactați dacă doriți acest pliant în altă limbă.

如果您需要此宣传单的其  
他语言版本，请与我们联  
系。

જો તમે આ ચોપાનિયું અન્ય કોઈ ભાષામાં ઇચ્છતા હોવ તો કૃપા કરી અમારો સંપર્ક કરો.

**Birmingham Community Healthcare NHS Foundation Trust**  
**Communications Team:**

**Telephone:** 0121 466 7281

**Email:** [info.bchc@nhs.net](mailto:info.bchc@nhs.net)

This document is also available at [www.bhamcommunity.nhs.uk](http://www.bhamcommunity.nhs.uk)