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Cheshire and Merseyside
Health and Care Partnership

Cheshire and Merseyside Health and Care Partnership (ICP) Interim Strategy

2023-2028

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Section 1 - Foreword

For too long health and care organisations across Cheshire and Merseyside have struggled to bridge the gap between health and social care, ill-health prevention and treatment – despite much well-meaning effort.

The development of Cheshire and Merseyside Health and Care Partnership – our statutory Integrated Care Partnership – provides a once-in-a-lifetime opportunity to combine our efforts and collective resources to make tangible improvements across our communities.

Consisting of representatives from across our communities, the NHS, local authorities, voluntary sector, housing, police, education and fire and rescue, and local businesses our Partnership Board provides a multi-agency forum to assess the health, public health and social care needs of people across Cheshire and Merseyside – and develop a combined strategy to address them.

Joining up health and care is nothing new – we have been working towards this for years and will continue to build on this excellent work by supporting innovation and learning from examples of best practice across Cheshire and Merseyside and beyond.

Tackling health inequalities is our shared key aim. As a 'Marmot Community', we are truly committed to improving the health and wellbeing of our population and in doing so focussing on reducing inequalities.

We are already well-placed to not only understand what the key issues are across Cheshire and Merseyside – but how to measure our collective progress in tackling them.

Published in May 2022, the landmark report All Together Fairer: Health Equity and the Social Determinants of Health in Cheshire and Merseyside features 22 Beacon Indicators to help measure our progress against the key themes.

This strategy sets out how we will work together to address the key challenges facing people across Cheshire and Merseyside. Over the coming year we will work to develop this strategy, and the detailed plans sitting behind it, and as part of this ensure the voice of our communities is at the heart of everything we do.

Cllr Louise Gittins
Chair

Raj Jain
Vice Chair

XXX
Vice Chair (TBC)

Section 2 - About the Health and Care Partnership

Our health is affected by many things outside of our genetic make-up – such as housing, unemployment, socio-economic disadvantage, financial stress, experiences in childhood, domestic abuse, poverty and lifestyle choices. This can only truly be addressed via a partnership between our communities, the NHS, local government, the voluntary sector and others.

For years health services, such as GP practices and hospitals, and care services were run by separate organisations with different objectives. Now, building on ever-closer collaboration, not least in response to the Coronavirus (COVID-19) pandemic, the health service and local authorities have come together with system partners to form Cheshire and Merseyside Health and Care Partnership – our Integrated Care Partnership.

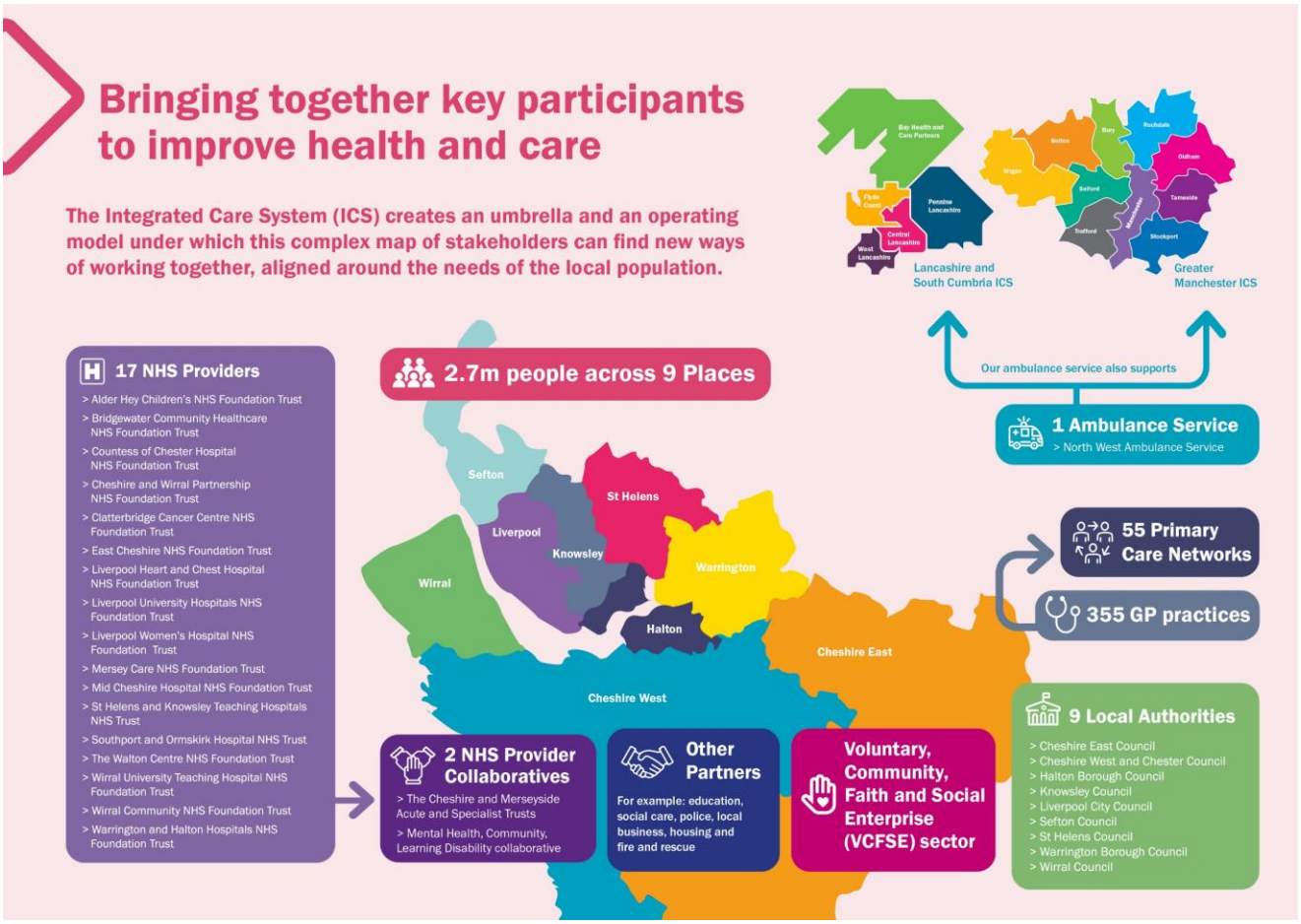
The Health and Care Partnership is currently moving towards operating as a statutory committee consisting of health and care partners from across the region and provides a forum for NHS leaders, local authorities and other key organisations to come together, as equal partners, and take collective action.

A vital role of the partnership is to assess the health, public health and social care needs of Cheshire and Merseyside and to produce a strategy to address them – thereby helping to improve people's health and care outcomes and experiences and ensuring we reduce variation across our communities. In making our decisions on where to invest our resources we will prioritise based on evidence.

By working in partnership, health and care organisations across Cheshire and Merseyside will be better supported to combine our assets to improve efficiency and reduce duplication. By working across Cheshire and Merseyside we can ensure that we learn from each other and adopt what's working well to collectively improve.

The core membership of Cheshire and Merseyside Health and Care Partnership includes:

- NHS Cheshire and Merseyside Integrated Care Board
- Local authority partners
- Ambulance Service
- Police
- Fire and Rescue Service
- Voluntary, community and faith sector
- Local Enterprise Partnership
- Primary care
- Provider collaboratives
- Social care provider
- Adult social care
- Children's services
- Public health
- Carers
- Housing
- Healthwatch
- Education.



Working together as Partners

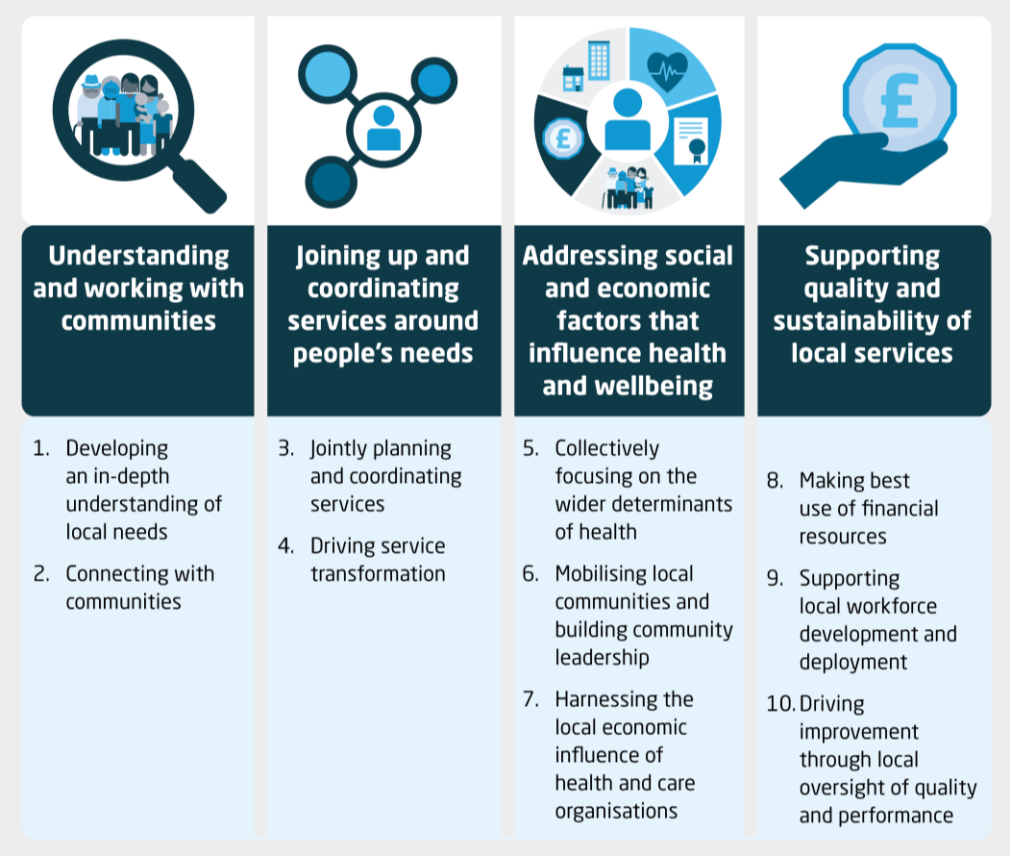
As a Partnership we will apply a set of principles to our relationships, including:

- building from the bottom up
- following the principles of subsidiarity
- having clear governance, with clarity at all times on which statutory duties are being discharged
- ensuring that leadership is inclusive and collaborative
- avoiding duplication of existing governance mechanisms
- being led by a focus on population health and health inequalities.

This strategy builds on local joint strategic needs assessments and health and wellbeing strategies and will be further developed with the involvement of local communities and independent health and care consumer champion Healthwatch. We will ensure that the voice of our population will be central to our planning and decision making. Whilst the document doesn't aim to describe all the work happening across our nine Places in Cheshire and Merseyside it is intended to describe many of the key areas of work being undertaken collectively and which complement existing Health and Wellbeing Board Strategies and Place Plans - hence the inclusion of summaries of Cheshire and Merseyside's nine Place Plans in Section 10.

Much of the work outlined in this document will be delivered in localised Place-based partnerships. The infographic below - courtesy of the King's Fund - sets out the key functions of Place-based partnerships:

Figure 1 Key functions of place-based partnerships



Charles A, Ewbank L, Naylor C, Walsh N, Murray R (2021). Developing place-based partnerships: the foundation of effective integrated care systems. London: The King's Fund. Available at: www.kingsfund.org.uk/publications/place-based-partnerships-integrated-care-systems

Working with people and communities

Across Cheshire and Merseyside, partners are committed to involving people and communities to harness the knowledge and lived experience of those who use and depend on the local health and care system and provide an opportunity to improve outcomes and develop better, more effective services, removing barriers to accessing services where they exist.

Healthwatch, the community, voluntary and faith sector, local authorities, NHS organisations and other partners already have well-established ways of engaging with people and communities, and we need to build on these strengths and assets, and recognising the vital role played in both creating and delivering solutions to local challenges.

If we are to help reduce inequalities and close the gap on the disparities in access to, experience of and outcomes for health and care, we must collaborate, cocreate and coproduce solutions to the design, development and delivery of local services.

Developed by NHS England, the Local Government Association, Healthwatch England and the National Association for Voluntary and Community Action, the 10 key principles that will guide how we work with people and communities in Cheshire and Merseyside are:

10 key principles	
1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.	**2.** Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.
3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.	**4.** Build relationships with excluded groups, especially those affected by inequalities.
5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.	**6.** Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
7. Use community development approaches that empower people and communities , making connections to social action.	**8.** Use co-production, insight and engagement to achieve accountable health and care services.
9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.	**10.** Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.

These principles have recently been the subject of national public consultation and published in statutory guidance.

Now Cheshire and Merseyside Health and Care Partnership has been established on a new statutory footing, partners have been asked to endorse and collectively 'sign up' to these principles - as a first step in co-producing a coherent and connected approach to public involvement in Cheshire and Merseyside.

We recognise the incredible contribution made by our communities, with hundreds of thousands of people providing unpaid care to support others, and who freely give their time and skills through volunteering and contributing to developing their local community.

The Voluntary Community, Faith and Social Enterprise Sector

Across Cheshire & Merseyside there are over 15,000 voluntary, community, faith and social enterprise (VCFSE) organisations, ranging from national charities and social enterprises employing a large workforce to informal grassroots and volunteer-led groups supporting people in their local community.

We recognise the key role which the VCFSE sector plays in contributing to the delivery of a population-based model of care in Cheshire and Merseyside, focused on the needs and wishes of individuals. VCFSE help us by working closely with us to shape local services that support both health and wellbeing for local people and deliver choice and person-centred care. Through this document you will see examples of this.

VCFSE are important members of our HCP Board, including holding a Board Vice Chair role, and we will continue to build trusting relationships with VCFSE leadership and providers building our understanding of VCFSE capacity, potential barriers and enablers and opportunities for co-designing population health-based solutions which are embedded in communities.

Building on community assets we will work with VCFSE to identify and explore known and emergent gaps in provision, recognising and harnessing the reach of VCFSE to voices seldom heard and to provide us with the rich insight of VCFSE as a cornerstone of our communities.

In line with our commitment to achieve value for money we see growing investment in VCFSE as an important way of delivering our priorities described in this document. We will support VCFSE to maximise opportunities for non-financial support that builds sector resilience and organisational sustainability including enabling access to VCFSE workforce development at scale.

The HCP will support overarching principles when working with VCFSE:

- Embedding VCFSE as key partners in our processes of planning, service delivery and re-design, co-designing outcomes to maximise the knowledge, data and expertise contained within the sector to deliver evidence-based solutions
- Commitment to supporting VCFSE sector investment, both financially and organisationally and with shared plans, enabling VCFSE to have the capacity to engage as equal partners
- Build on existing infrastructure and VCFSE assets through Place Based sector partnership Infrastructure, VS6 (Liverpool City Region) and CWIP (Cheshire and Warrington).

Section 3 – About this document and our approach to developing this strategy

This document describes our current strategic priorities endorsed as an interim draft strategy by the Cheshire and Merseyside Health and Care Partnership. Whilst many of the partner organisations within our HCP have worked collectively for some years we are now evolving in recognition of the Health and Care Act 2022.

During 2023 we will move the Health and Care Partnership onto a more formal footing by forming a Statutory Joint Committee, and at this point look to formally approve a final version of this strategy.

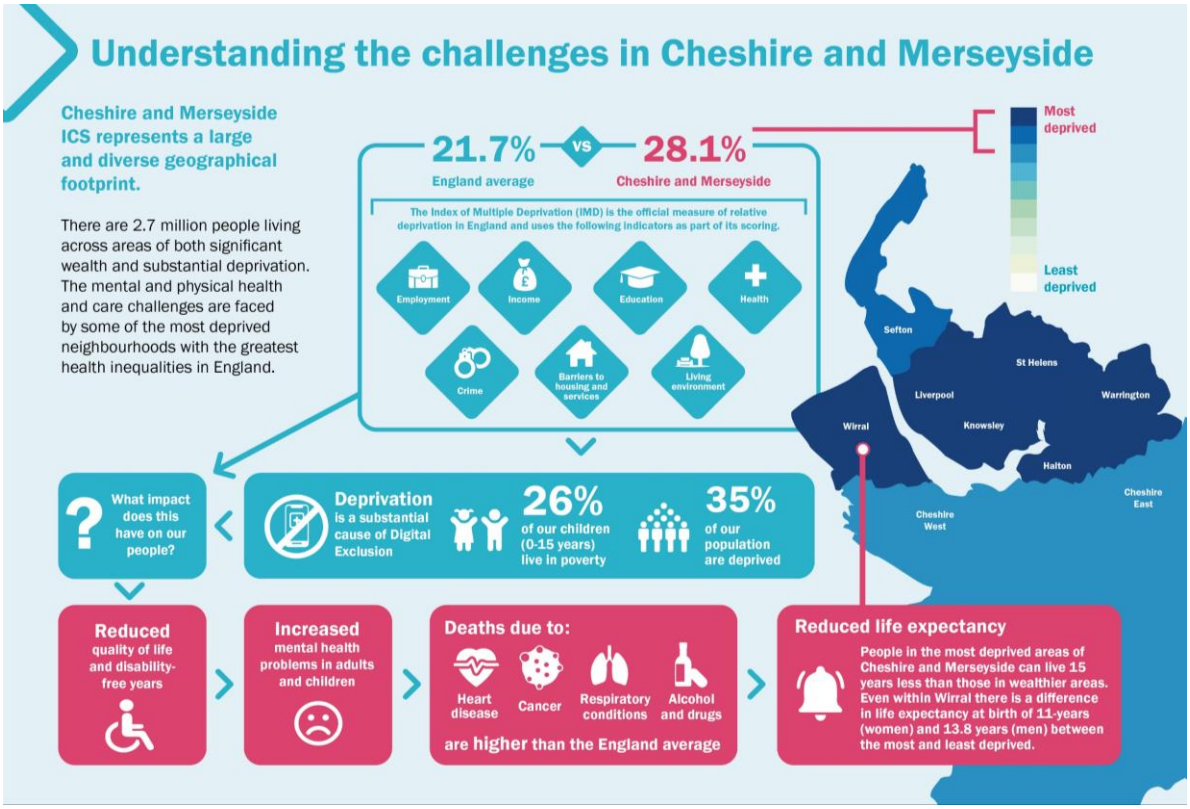
We have developed this interim draft strategy as the start of our journey and it describes the shared areas of focus, we have already been working together on over recent years, as well as reflecting some of the current challenges we face. We recognise that as we develop, in the coming months and years, we will wish to develop and refine the content of our strategy in terms of working with our communities to reassess our priorities and as our relationships as partners mature to identify increasingly integrated innovative solutions to deliver our key shared objectives.

During 2023 we will focus on a number of key activities to further develop this strategy;

- Connect more effectively with our communities to ensure our Place and HCP plans accurately continue to reflect a shared view of our priorities
- Developing a Prioritisation Framework that helps us to ensure our annual plans will deliver the greatest benefit to our population
- Co-producing detailed work programmes which deliver these shared priorities and have clear and measurable outcomes. The work programmes will recognise the response to our immediate service pressures as well as our longer-term objectives
- Agreeing how we measure and report on these outcomes in order that we have trajectories that allow us to assure ourselves as to the progress we are making as an HCP and effectively communicate progress to our population
- Producing a summary version of our strategy, and annual plan, for our citizens, which provides a clear and concise description of our strategic priorities
- Formalising the arrangements of the HCP as a Statutory Joint Committee to oversee finalising this strategy and the associated delivery
- Develop a system financial strategy that supports delivery of this HCP strategy.

Section 4 – Our population profile and challenges

There are long standing social, economic and health inequalities across Cheshire and Merseyside, with levels of deprivation and health outcomes in many communities worse than the national average. There are pockets of deprivation across every one of the nine Places across Cheshire and Merseyside. It is well documented, through evidence-based research, that social deprivation has a direct impact on long-term health outcomes:



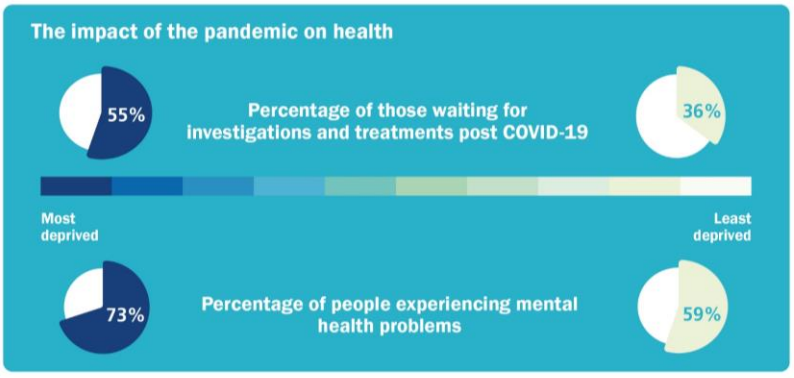
- Life expectancy for women living in most deprived areas across Cheshire and Merseyside is 9.5 years lower than those living in the least deprived
- For women with a learning disability, life expectancy is 18 years lower than those without
- Of the 7% population from ethnic minority population groups, 1/5 experience disproportionate access to services based on language barriers
- Liverpool has comparatively high numbers of asylum seeking and refugee families and who are disproportionately impacted by poverty
- The number of Looked After Children is 47% higher than the England average
- The geography of Cheshire and Merseyside is diverse with a mix of urban but also rural areas which present different challenges in relation to social isolation, limited public transport, increased fuel poverty and loneliness.

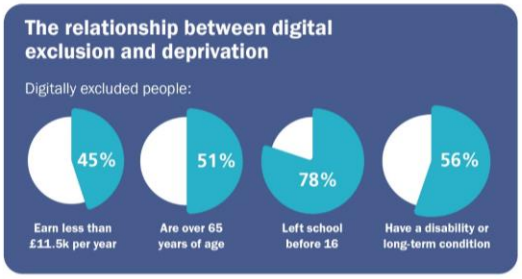
Deprivation has a direct impact on mental health and socioeconomically disadvantaged children and adolescents are two to three times more likely to develop mental health problems. One in four people experiencing a mental health problem is in significant debt, and people with mental health problems are three times more likely to be in financial difficulty.[1]

The pandemic has damaged the health of the nation over and above the immediate impact of COVID-19 itself and the numbers awaiting investigations and treatments has increased significantly.

Digital exclusion is another facet of deprivation and socioeconomic inequalities. If the ICS is to drive digital and data enabled improvement to health outcomes, then it is essential to ensure digital skills and access to technologies is in reach for those most in need.

In this complex backdrop digital and data are key enablers to supporting aligned provision and ensure that the public experience maximum benefit from addressing the many factors that impact physical and mental health, wellbeing and independence.





In responding to these challenges, we are faced with increasing need and demand for services both resulting from the impacts of COVID-19, cost of living crisis and an ageing population at the same time as budgetary and workforce pressures. The challenge of sustaining health and care services in parallel to delivering our strategic intent to reduce inequalities and prevent ill health is a real challenge and we recognise the need to innovate and do things differently is key to responding to this.

Listening to you - the Healthwatch perspective

The COVID-19 pandemic combined with cost-of-living pressures have exacerbated inequity in access to health and care services across Cheshire and Merseyside.

Many people struggle to get GP appointments, find it difficult to get through on the phone and – when they do – often complain about the difficulty accessing an appointment. While the introduction of telephone and online consultations during the COVID-19 response was entirely appropriate, they do not work for all – for example people with hearing loss, non-English speakers, people without access to online options, and people who may struggle to communicate without face-to-face contact.

There is inconsistency in arrangements from practice-to-practice. More work is required to raise awareness and understanding of the different roles in general practice – and what they can and can't help people with.

Even greater issues around access are noted in NHS dentistry, with a huge number of people unable to register with an NHS dentist and access appointments.

Those living in areas of deprivation or with more difficult lives are more likely to suffer as a result because people who are either not registered with a dentist or who have missed a legacy appointment find it harder to get dental care. Find there are no appointments left and some are faced with the only availability being to look out of their local area, an option which is not viable for many due to the related time and cost implications. For some, there is also a danger that long waits for treatment mean slower diagnosis of serious conditions, such as throat cancers.

More people have been waiting for elective/planned care and this can have a serious impact on people's mental health and pain management, with a lack of communication often leading to an impact on other health and care services.

Accessing social care is often difficult too, with many care packages offered during the COVID-19 response now being reassessed, and the impact of the significant problems with recruiting and retaining social care workforce.

The impact of COVID-19 and repeated lockdowns on people's mental health was profound – both for those with existing mental health conditions and those without. There are pockets of excellent work across Cheshire and Merseyside to help support people, but do not address the variation and inconsistency that exists, with more isolated communities typically less well-served. Waiting lists for diagnosis and access to mental health support remain long.

The impact of Covid-19 on our children and young people has been highlighted with factors such as missed schooling, delays accessing services and the consequent impact on mental health and future life opportunities.

Cost of living pressures are impacting people's ability to travel to care appointments, while there is anecdotal evidence of people being forced to choose which medications to proceed with on their prescriptions. There are also hidden costs for people who either receive care or care for themselves at home – for example, the cost of charging medical equipment or calling their local GP practice or hospital.

Person-centred hospital discharge processes are not consistently embedded. Too many patients stay on wards for too long, not just because of the lack of packages of care outside of hospital but because of inconsistent discharge processes. Every person who arrives on the ward should know when they are due to leave and what the criteria for discharge is. Lack of communication with patients and their families can lead to an over-reliance on services and a deterioration in people's physical and mental health.

It is concerning when access to urgent care support is not easy, whether through primary care, social care, ambulances, accident and emergency departments or the various other services.

As a result of health and care integration, opportunities to learn from good and less good practice and from patient feedback must be seized and shared – for example patient complaints, concerns, and compliments.

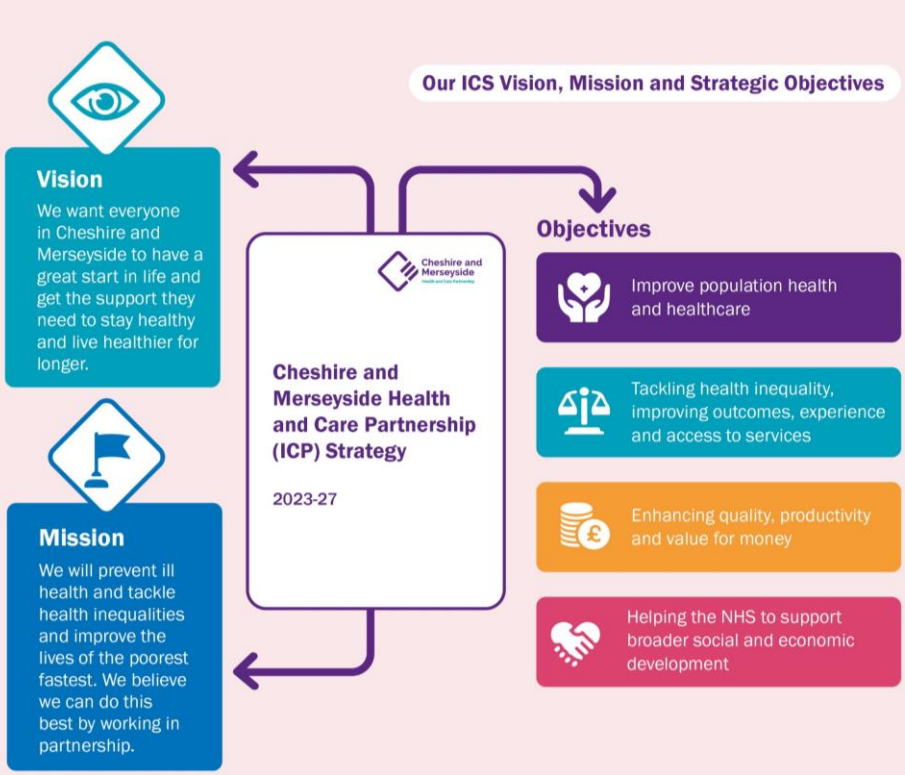
We are committed to working with our public, VCFSE, Healthwatch and system partners recognising that the knowledge of how services are, and should, work is best understood in local communities.

Section 5 - Our Vision, Mission and Objectives

Cheshire and Merseyside Health and Care Partnership (ICP) is focussed on tackling the big issues that need to be addressed to improve health and reverse the widening gaps in life expectancy between the poorest and wealthiest in our population.

Particular emphasis will be placed on tackling the impact of the COVID-19 pandemic to ensure that there is not an irreversible deepening of poverty and health inequity across Cheshire and Merseyside.

The ICS footprint is broken down into nine places, which are made up of local stakeholders in the health and care system.



Our Strategic Objectives

Tackling Health Inequalities in outcomes, experiences and access (our eight Marmot principles)

We will:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention
- Tackle racism, discrimination and their outcomes
- Pursue environmental sustainability and health equity together.

We have also developed a set of "Beacon Indicators" to support measurement of our progress. We are developing improvement trajectories to measure progress in our delivery plans.

Improve population health and healthcare

We will:

Focus on prevention of ill health and improved quality of life by:

- Delivering the Core20plus5 clinical priorities for adults and children and young people
- Reduce deaths from cardiovascular disease, suicide and domestic abuse
- Reduce levels of obesity, respiratory illness and smoking as well as harm from alcohol
- Improve early diagnosis, treatment and outcome rates for cancer
- Reduce maternal, neonatal and infant mortality rates
- Improve satisfaction levels with access to primary care services
- Improve waiting times for elective and emergency care services
- Improve diagnosis and support for people with dementia
- Provide high quality, accessible safe services
- Provide integrated, accessible, high quality mental health and wellbeing services for all people requiring support.

Enhancing productivity and value for money

We will:

- Develop a financial strategy focused on investment on reducing inequality and prioritise making greater resources available for prevention and well-being services
- Plan, design and deliver services at scale (where appropriate) to drive better quality, improved effectiveness and efficiency
- Maximise opportunities to reduce costs by procuring and collaborating on corporate functions at scale
- Develop whole system plans to address workforce shortages and maximise collaborative workforce opportunities
- Develop a whole system estates strategy
- Develop a thriving approach to research and innovation across our Health and Care Partnership.

Helping to support broader social and economic development

We will:

- Embed, and expand, our commitment to social value in all partner organisations
- Develop as key Anchor Institutions in Cheshire and Merseyside, offering fair employment opportunities for local people
- Promote our involvement in regional initiatives to support communities in Cheshire and Merseyside
- Implement programmes in schools to support mental wellbeing of young people and inspire a career in health and social care
- Work with Local Enterprise Partnerships to connect partners with business and enterprise.

During 2023 a comprehensive set of measurable indicators and improvement trajectories will be developed to enable us to demonstrate progress against our priorities.

Section 6 – All Together Fairer - Tackling health inequality, improving outcomes, experiences and access to services

In 2019, health and care leaders across Cheshire and Merseyside outlined their collective commitment to tackling health inequalities by agreeing to become a "Marmot Community". Following unavoidable delays due to the COVID-19 pandemic, nine Place-based workshops were held across Cheshire and Merseyside in November and December 2021, attended by a wide-range of health, care and voluntary sector leaders.

Health inequalities are avoidable and unfair differences in health status between groups of people or communities. The All Together Fairer programme deliberately and specifically focuses on social determinants of health as our health is largely shaped by the social, economic and environmental conditions in which we are born, grow, live and work in.

Shifting to a social determinants of health approach means acting on the drivers of ill-health as well as treating it. The prevention agenda must focus on improving living and working conditions and reducing poverty, as well as promoting healthy behaviours. It is almost impossible to live healthily when in poverty.

Social determinants of health are encompassed by the eight Marmot principles, which Cheshire and Merseyside Health and Care Partnership has adopted in full.

Local authorities and the NHS cannot take on the required actions to reduce health inequalities alone, however. Partnership working with the voluntary, community, faith and social enterprise sector and other public services and businesses to influence wider conditions is required. In addition to the eight Marmot principles, Cheshire and Merseyside

A learning framework including social and cultural factors, capability and skills development will be used to drive social value-based approaches to health improvement. Capability will be developed to support delivery of the ambitions in 'Place-based All Together Fairer' programmes, linked with other local government activity and complement Cheshire and Merseyside-wide work.

There is already a strong theme of working the programme through local Health and Wellbeing Boards and into wider local government strategy.

Health and Care Partnership has taken on board the following system-wide recommendations for action:

We will:

1. Increase and make equitable funding for social determinants of health and prevention
2. Strengthen partnership for health equity
3. Create stronger leadership and workforce for health equity
4. Co-create interventions and actions with communities
5. Strengthen the role of business and the economic sector in reducing health inequalities
6. Extend social value and anchor organisations across the NHS, public service and local authorities
7. Develop social determinants of health in all policies.

And:

- Use our agreed set of local Marmot "Beacon Indicators", developed in partnership with hundreds of local stakeholders, to help Cheshire and Merseyside Health and Care Partnership to monitor delivery or our actions on the social determinants of health.
- Take action required across **all** the areas to help reduce health inequalities.

Prevention pledge

The NHS Prevention Pledge – aims to improve the health of our population and is already adopted by a number of NHS Trusts across Cheshire and Merseyside – is aimed at embedding ill-health prevention within core service delivery and Trust environments. It comprises **14 core commitments** on cross-cutting prevention themes including:

- Reduction of preventable risk factors e.g., healthier catering offer, smokefree sites
- Workforce development, staff health and wellbeing
- Increasing social value and working towards Anchor Institution principles
- Working with partners at Place to build community capacity e.g., social prescribing
- Addressing health inequalities and strengthening diversity and inclusion.

The Prevention Pledge takes a system-wide approach to promoting wellbeing and tackling health inequalities. Working in tandem with the Cheshire and Merseyside Marmot Community Programme, the Prevention Pledge supports NHS Trusts to address findings from the Public Health England 'Disparities Review' published in 2020 and NHS England's Core20PLUS5 initiative.

Many of the Pledge commitments align with the themes set out in the review including the impact of obesity, diabetes, cardiovascular disease, COVID-19, mental wellbeing, increased alcohol consumption, poor diet, increased deconditioning and the impact on unemployment and inequalities.

We will:

- Work to ensure all NHS Trusts across Cheshire and Merseyside have adopted the NHS Prevention Pledge in full
- Ensure prevention and reduction of health inequalities features as a key priority across all Cheshire and Merseyside NHS Trust corporate strategies
- Expand the Pledge to providers across our wider system.

Responding to cost-of-living pressures

There is strong evidence that living in cold homes exacerbates a wide range of physical and mental health conditions, with prevalence expected to increase throughout winter 2022-23.

Data from 2020 shows that a higher percentage of homes in Cheshire and Merseyside are estimated to have experienced fuel poverty than in England as a whole.

Worrying about having enough money to pay bills or buy food can lead to stress, anxiety and depression. Being unable to afford sufficient food leaves people malnourished. Being unable to keep a home warm leaves people at risk of developing respiratory diseases at a time of year when respiratory admissions to hospital typically surge. As respiratory admissions rise, A&E performance typically declines, leading to reduced flow through hospital and ambulance teams less able to reach acutely ill patients at home.

Taking action:

Each Place, alongside NHS Providers, has carried out an assessment to benchmark current activity on tackling fuel poverty against National Institute for Health and Care Excellence (NICE) guidance.

Examples of good practice at Place-level in responding to fuel poverty include:

- Adding “vulnerability to cold” to assessments prior to discharge from health or social care settings to home
- Supporting eligible people to access fuel grants and benefits
- Triangulation of data to help identify those most at risk
- Promotion of optimised care for people with Chronic Obstructive Pulmonary Disease (COPD)
- Inclusion of cold home risk assessment in Fire and Rescue Service “safe and well” checks.

We will:

- Take action to help address the impact of cost-of-living pressures; sharing good practice across our Places
- Work to reduce deprivation and income inequality
- Work to improve housing quality and energy efficiency
- Address health needs via NHS interventions.

Section 7 - Improve population health and healthcare

We are committed to improving the health of our population with our key focus of reducing inequalities and increasingly prevention of ill health and poor outcomes described earlier.

The Cheshire and Merseyside system is diverse, and this section of our strategy describes some of the collective programmes we are working on. There is a wide range of other priorities which aren't described here but are equally important to us, including long term conditions, life limiting illnesses and a range of other vital services which our population relies upon, and which work takes place at either a regional or Place based level.

Our approach to population health builds on the existing successful joint working and progress made with our Population Health Board coordinating this activity and linking our programmes together, under the leadership of our Directors of Public Health and Champs Public Health Collaborative.

Core 20 Plus 5:

Core20PLUS5 is a national approach to inform action to reduce healthcare inequalities. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.

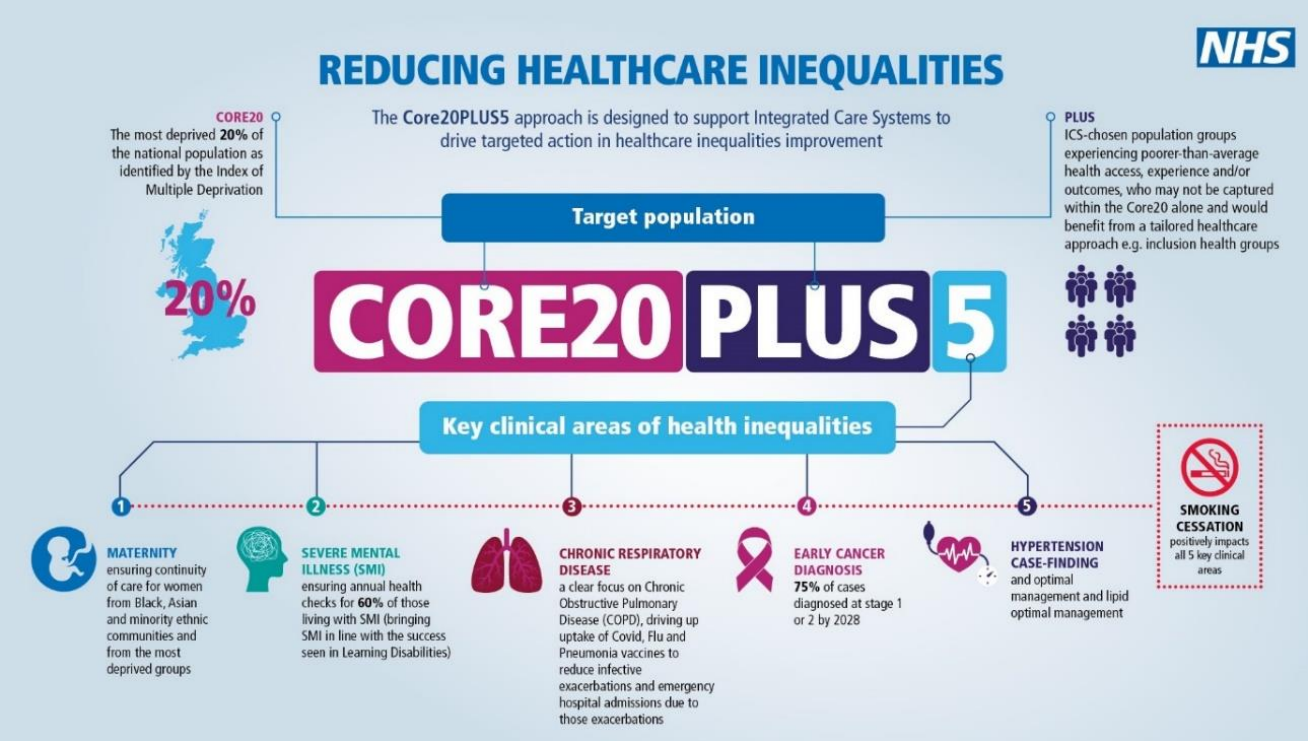
Core20

The most deprived 20% of the national population. For Cheshire and Merseyside this is more than 900,000 of our 2.7m population.

PLUS

PLUS population groups are groups who may be excluded in society, often referred to as "groups". In Cheshire and Merseyside, we do this in our Places where the variations in our population make up can be best reflected.

Inclusion health groups include: people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and wider socially excluded groups.



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There are five clinical areas of focus which require accelerated improvement.

Maternity

We will ensure continuity of care is the default model of care for all women most at risk in pregnancy including those from ethnic minority population groups and from the most deprived groups.

Severe mental illness

We will ensure annual health checks for 60% of those living with severe mental illness. This sits as part of our wider Mental Health programme of work described later.

Chronic respiratory disease

The Cheshire and Merseyside Respiratory Network – which consists of clinicians, commissioners and patient representatives – has agreed a number of key priorities.

We will:

- Implement four key pathways to improve the speed and accuracy of diagnosis and quality of care in relation to breathlessness, obstructive sleep apnoea, asthma and chronic obstructive pulmonary disease (COPD)
- Continue to support greener prescribing of asthma inhalers and expand smoking cessation services – including the CURE programme - to all NHS Trusts across Cheshire and Merseyside
- Intensify efforts to reduce maternal smoking

- Improve access to pulmonary rehabilitation including the short-term reduction in waiting times and developing and implement a Cheshire and Merseyside-wide pulmonary rehabilitation programme which offers services closer to home, harnesses new ways of working and adopts a population health approach
- Drive up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.

Early cancer diagnosis

The Cheshire and Merseyside Cancer Alliance – accountable to NHS England – leads on cancer on behalf of the Integrated Care System. It is an NHS organisation that brings together healthcare professionals, providers, commissioners, patients, cancer research institutions and voluntary sector partners to improve cancer outcomes.

The Cancer Alliance supports innovation and strategic commissioning to ensure the long-term sustainability of modern and effective cancer services and has six core workstreams:

- Prevention and early detection
- Primary care
- Faster diagnosis
- Personalised care
- Workforce
- Health inequalities and patient experience.

Further details here.

We will:

- Work collaboratively across Cheshire and Merseyside to build on best practice and implement new initiatives to prevent cancer and reduce inequalities
- Support Primary Care with the implementation of the early cancer diagnosis agenda, including initiatives to increase cancer screening
- Reduce waiting times for diagnosis and treatment
- Work with healthcare professionals to provide improved, personalised, and faster treatments and care
- Invest in the skills and education of cancer professionals and support workers
- Reduce unwarranted variation in care, access, experience, and outcomes
- Reduce health inequalities for vulnerable communities, who have been affected by cancer.

The Cancer Alliance's Health Inequalities and Patient Experience Team has been nominated for a number of high-profile awards, for our targeted work to reduce inequalities. As an example of this we undertook a successful campaign to increase awareness of the heightened risk of prostate cancer in Black men, compared to the rest of the population.

Cardiovascular disease (CVD)

Cheshire and Merseyside's cardiovascular disease (CVD) programme seeks to support our communities to have the best possible cardiovascular health.

The programme is supporting recovery from the impact of the COVID-19 pandemic on key CVD risk factors and, as a minimum, will achieve the national ambitions for their detection and management by 2029 – with year-on-year progress being made towards that goal.

In the short-term, a CVD, stroke and respiratory dashboard will be further developed to enable greater understanding of CVD inequalities across Cheshire and Merseyside to support targeted interventions – particularly among underserved communities.

A range of approaches in different health and community settings will make every contact count and improve the systematic and targeted detection, diagnosis, management and control of conditions, while flagship digital innovations and programmes will facilitate widespread adoption of new delivery models and quality improvement work e.g. BP@home, Digital First in Primary Care, Virtual Wards and apps.

Happy Hearts

Visit the happy hearts website for more information.

By 2024 we will:

- Have diagnosed and optimally treated 25% of those with familial hypercholesterolaemia.

By 2029 we will:

- Have detected at least 85% of those with Atrial Fibrillation & anticoagulated 90% of those at high risk of stroke
- Have diagnosed at least 80% of those with high blood pressure & be treating 80% of them to target
- Have provided at least 75% of the people aged 40 to 74 with a validated CVD risk assessment and cholesterol reading and 45% of those at highest risk of CVD will be treated with statins
- Have reduced the numbers of strokes and heart attacks.

Smoking

In addition to the "5" clinical focus areas we recognise that smoking impacts across all the five, and our population more generally.

We will:

- Focus on reducing smoking prevalence through not only existing Place-based community smoking cessation activities but we will prioritise implementation of the NHS tobacco dependency treatment pathways in maternity, mental health and acute inpatient services
- Aim to reduce smoking prevalence rates from 12.5% to 5% by 2030.

Children and Young People

As a partnership we have an established Cheshire and Merseyside's children and young people's transformation programme (Beyond). This works collegiately with the Cheshire and Merseyside Directors of Children's Services (DCS) Forum to ensure there is an agreed set of priorities and objectives.

With its multi-agency focus on prevention and early intervention, Beyond supports our key strategic objective to give every child the best start in life, with programme priorities explicitly designed to tackle local challenges in innovative ways.

The voices of children and young people and their families / carers are key to delivery and links are establishing with Place participation partners to inform ongoing design and delivery of our approach through co-production.

We are planning to create a joint three-year strategy and a Children and Young People Partnership Board for Cheshire and Merseyside which is accountable to NHS Cheshire and Merseyside and brings together the work of the Beyond Transformation Programme, the Directors of Children's Services Forum and the range of work across the whole system which contributes to better outcomes for children and young people.

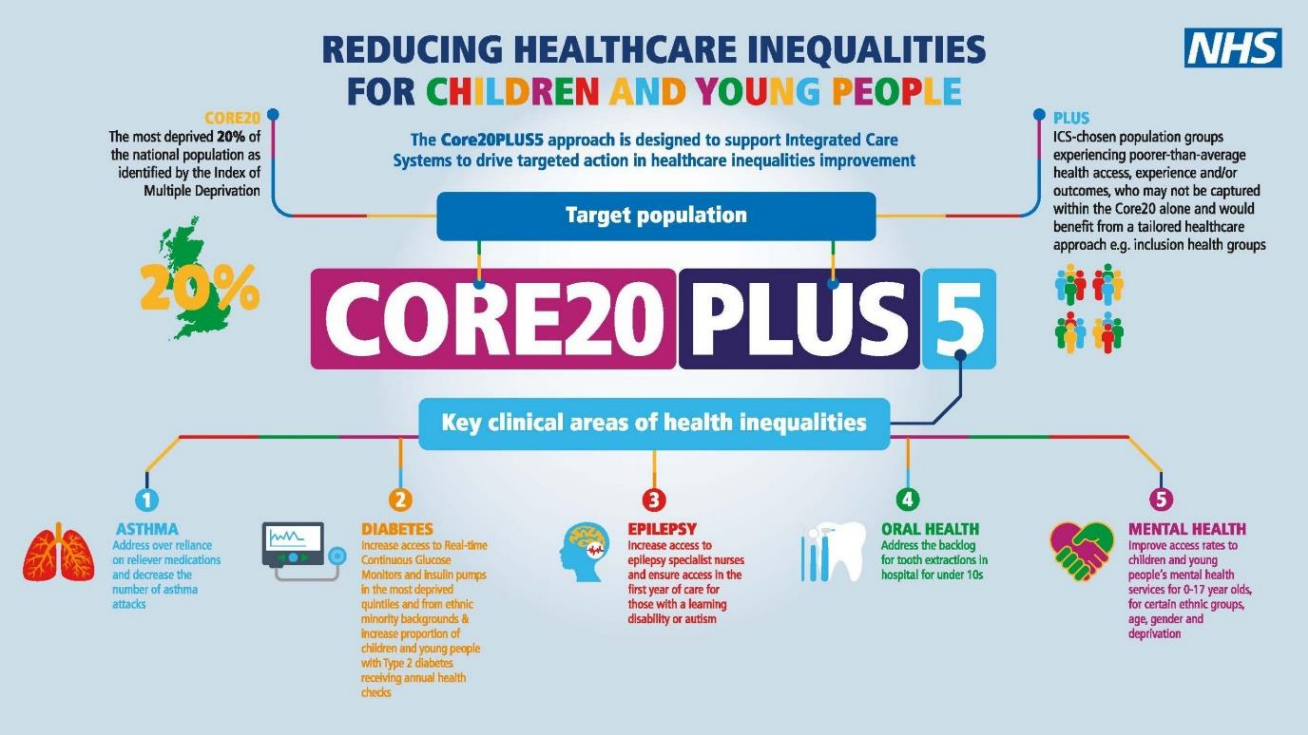
All priorities are linked to the crosscutting Starting Well themes, **CORE 20+5 for CYP** and Marmot indicators to ensure a population health approach aimed at tackling the wider determinants of health inequalities.

We will:

- Listen to children, young people and their families to co-create solutions that work for them
- Establish a single line of sight of the outcomes for CYP, driving improvements in health and social care to address the impact of health inequalities
- Deliver programmes of work in line with CORE 20+5 for CYP
- Work in partnership between Social Care, Health and the Third Sector. support preventative work, spreading examples of good practice
- Implement targeted interventions around alternatives to hospital care, reducing variation in diabetes and epilepsy care and early intervention around healthy weight and obesity
- Implement the recommendations of the Asthma Bundle
- Deliver the ambition of the national Family Hubs and Start for Life programme (2022-2025), including strengthening the work of Children's Centres

- Establish multi-agency "gateway" meetings in all nine Places to support children in crisis
- Develop a model of best practice for safe places for CYP who need alternatives to hospital care due to emotional well-being or social needs
- Implement a health and care workforce strategy and plan for Cheshire and Merseyside that supports integration and collaboration.

The national approach to Core20PLUS5 has identified a range of priorities to improve the health of children and young people and which we will deliver through our Beyond Programme



We will:

- Address over-reliance on reliever medications and decrease the number of asthma attacks
- Increase access to real-time glucose monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds and increase proportion of CYP with type 2 diabetes receiving annual health checks
- Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism
- Address the dental backlog by increasing the number of tooth extractions, in hospital, for children aged 10 years and under
- Improve access rates to CYP mental health services for 0–17-year-olds, certain ethnic groups, age, gender and deprivation.

PLUS

In delivering our objectives we have a focus on ensuring we prioritise our PLUS population groups. With specific consideration being taken for the inclusion of young carers, looked after children/care leavers and those in contact with the justice system.

Maternity Neonatology and Women's Health

The recently published Women's Health Strategy for England has highlighted the significant inequalities that women face in accessing and receiving health care compared to men. We are committed to addressing the issues outlined in this report and reducing gender and intersectional gender health inequality.

This includes working closely with our communities to co-design solutions and overcome barriers to accessing services such as language barriers, poor experience of care and the impacts of poverty and exclusion.

In addition to the collective work happening across Cheshire and Merseyside our Places work on a range of complementary priorities; e.g. increasing rates of breast feeding.

We will:

- Develop a co-produced women's health strategy for Cheshire and Merseyside
- Accelerate preventative programmes to reduce the risks to women, birthing people, and their babies from ethnic minority population groups, socially deprived, under-represented and protected characteristic groups

- Continue to co-produce interventions and services with all women and birthing people across Cheshire and Merseyside and implement recommendations from the National Maternity Transformation Programme to improve the safety and outcomes for maternity and Neonatal services
- Continue to prioritise the restoration of gynaecological services, surgery and screening, post-pandemic
- Deliver actions identified in the national women's health strategy and continue to deliver key priority and preventative programmes in response to population need
- Support maternity providers to deliver the priorities outlined in national reviews of services and strategies, e.g. Ockenden and East Kent, and the new single delivery plan to improve the safety and care of maternity and neonatal services, and digital strategy
- Further develop community hubs for maternity and women's health across Cheshire and Merseyside.

Learning Disability and Autism

On average people with a learning disability and / or autism die 22-26 years earlier than the general population. This makes it crucial that, as a Health Care Partnership, we tackle the long waits people can experience accessing a diagnosis and treatment for their learning disability or autism and take specific action to tackle health inequalities in access to physical health care.

We have established processes to ensure we codesign improvements to services, working with service users, experts by experience and self-advocates.

We will:

- Ensure people receive services in appropriate environments by reducing

the number of people in specialist in-patient services to no more than 70 adults and 11 people under 18 per million of the population by March 2024

- Reduce unnecessary emergency admissions to hospital and support increased discharges through ongoing development of community services and collaborative working by March 2025
- Reduce the gap in life expectancy for people with a learning disability and / or autism compared to the general population by at least 20% by 2028
- Increase the percentage of people with a learning disability and/or autism or who receive an annual health-check and a health care plan to at least 85% by 2028
- Implement the new learning from death reviews (LeDeR) policy to review the deaths of people with a learning disability and identify learning, opportunities to improve and promote good practice
- Work with partners to redesign pathways to reduce waiting times for autism assessment and diagnosis
- Continue to develop services to support schools, children and young people in crisis and their families, children and young people with autism, eating disorders and issues relating to transgender
- Develop a digital single point of access for emotional health and wellbeing. In support of the Transforming Care programme – for children and young people with learning disabilities and / or autism – ensure key workers are in place across Cheshire and Merseyside and that young people aged 14+ have access to annual health checks and personalised care short breaks.

Mental Wellbeing

The Government's Prevention Concordat for Better Mental Health is underpinned by a prevention-focused approach to improving people's mental health and helping to achieve a fairer and more equitable society.

In Cheshire and Merseyside our CHAMPS public health collaborative is leading delivering on the Consensus statement by addressing the following factors:

1. **Protective factors** – maternal and infant mental health, early years support, family and parenting support, connecting with others and forming good relationships, good education, stable, secure, good quality and affordable housing, good quality work, a healthy standard of living, accessible safe and green outdoor space, arts and cultural activities, community cohesion.
2. **Risk factors** – poverty, socio-economic inequalities, child neglect and abuse, unemployment, poor quality work, debt, drug and alcohol misuse, homelessness, loneliness, violence, discrimination of any kind.

We will:

- Using population health intelligence, research and engagement to better understand local needs, performance and identify gaps
- Work collaboratively to ensure all parts of the system are working effectively to deliver on mental health inequalities, linking work areas to the population health board and mental health oversight group
- Take action on prevention / promotion of positive mental health to help reduce mental health inequalities
- Use innovation through commissioning community-based schemes e.g. arts, culture and creative health interventions
- Define performance indicators and outcome measures and report on progress quarterly
- Follow the leadership of the lead Director of Public Health for Suicide Prevention and Mental Health and governance by the Mental Health Oversight Group and the Population Health Board.

Mental health

We have established a Mental Health Programme, with oversight of the implementation of the NHS Long Term Plan ambitions for mental health and drives delivery of whole system all age mental health transformation.

The programme leads on priorities deemed best undertaken 'at scale' – as agreed by commissioners, public health representatives, North West Ambulance Service, Police, local authorities and voluntary sector representatives.

We will:

- Continue to roll out school / college-based Mental Health Support Teams
- Work with the ambulance service, Police, hospitals and local authorities to address delays in Mental Health Act assessment processes
- Continue to recruit Mental Health Practitioner roles for primary care
- Implement a First Response Incident Support Service to enable an appropriate health response to mental health crisis
- Continue to increase the range of alternative crisis services to A&E and hospital admission

- Develop a specialist Perinatal Mother and Baby Unit
- Establish places of safety outside of emergency departments in all of Cheshire and Merseyside's nine Places
- Reduce care variation by standardising care pathways through strong Place-based partnerships
- Use artificial intelligence and modelling to support better anticipatory care models in mental health services, risk management in inpatient services and earlier intervention in community-based services.

Suicide Prevention

Our aspiration is for Cheshire and Merseyside to be a region where all suicides are prevented, where people do not consider suicide as a solution to the difficulties they face and where people have hope for the future. Our mission is to build individual and community resilience to help improve lives and prevent people falling into crisis by tackling the risk factors for suicide.

The focus for the system's suicide prevention, suicide bereavement and mental wellbeing work programmes are aligned to the key priorities within the new No More Suicide Strategy:

a. **Leadership and Governance.** Ensuring an effective partnership and collaborative approach taking account of lived experience

b. **Prevention.** Focusing on awareness, skills, and knowledge, supporting suicide prevention in other strategies and work programmes, and through communication and engagement

c. **Intervention.** Focusing on training and safety planning across the organisations working to improve self-harm support and pathways, improving access to mental health support, and ensuring implementation of safe care

d. **Postvention.** Focusing on bereavement services, including postvention support and working with the media

e. **Data, Intelligence, Evidence, Research.** Focusing on better data capture. Evidence on interventions that work and supporting research where there are known gaps.

We will:

- Develop a system action plan to follow the new Suicide Prevention strategy
- Increase awareness of suicide risks, promote suicide prevention messaging and promote suicide bereavement support services
- Build capability and capacity of the wider workforce within the suicide prevention network
- Work with Mental Health Trusts to implement safer care standards across Cheshire and Merseyside
- Ensure data and research on suicide prevention and suicide bereavement is fed into all areas of suicide prevention and bereavement work
- Maintain and strengthen the Real Time Surveillance systems in Cheshire and Merseyside
- Implement a commissioned 'postvention' service offering resources and support to people bereaved and affected by suicide
- Create more peer-to-peer support groups.

Dementia

In parts of Cheshire and Merseyside the rates of dementia are higher than the national average, reflecting the age profiles in our communities, and improving dementia care is important for our population across our nine Places.

We will:

- Consistently, across our Places, exceed the national standard of 66% of expected dementia diagnosis rates
- Offer personalised care through the use of innovative digital technology and our integrated community multidisciplinary teams support to help more people live independently for longer
- Provide support to carers.

Reduction of harm from alcohol

Our strategic aim across Cheshire and Merseyside is to deliver preventative and treatment interventions that reduce alcohol harm and drug dependency through proactive co-production and delivery. This complements a range of local activity being delivered in our Places.

We will:

- Support prevention, detection and early intervention – for example through expansion of projects with the Police and homeless charities
- Work with the Cheshire and Merseyside Pathology Network to develop an intelligent liver function test (iLFT) programme which all GPs across Cheshire and Merseyside are able to access
- Ensure that, by 2028, people transitioning from hospital to community on an alcohol pathway will wait no more than seven days to be seen - improving the care people receive and reducing the risk of readmission including expansion of alcohol care teams.

Addressing Overweight and Obesity

Overweight and obesity is a significant problem across Cheshire and Merseyside affecting populations across the life-course. National Childhood Measurement Programme data for Year 6 overweight and obesity figures in C&M shows that five of the nine local authorities perform worse than the England average. Over 60% of the adult population within C&M are overweight or obese, with 59% of GP practices in the sub-region having an obesity prevalence higher than the national average.

We are supporting local authorities to address overweight and obesity through the Food Active programme, and delivering a new system-wide Strategic Overweight and Obesity Programme with the aim of addressing the social, environmental, economic and legislative factors that influence healthy weight, with a specific focus on areas of higher deprivation.

All Together Active – Physical Activity

We want a Cheshire and Merseyside in which far fewer people suffer health inequalities resulting from physical inactivity by encouraging and supporting people to move more, removing barriers to participation in physical activity and increasing opportunities to be physically active and get involved in sport.

We will:

- Support each of Cheshire and Merseyside's nine Places to further develop opportunities to use physical activity as a way of improving population health
- Work to embed movement, physical activity and sport across the Cheshire and Merseyside health and care system
- Have empowered 150,000 inactive people to become more active by 2026, while delivering measurable reductions in health inequalities.

www.champspublichealth.com/all-together-active

Case studies and good practice can and will be found in the ATA Resource Hub.

ALL TOGETHER ACTIVE
Working as one to build a more active, fairer and healthier Cheshire and Merseyside

Carers

Scoping work across Cheshire and Merseyside in July 2022 estimated that there are around 60,000 adult carers registered with commissioned carer support organisations, while more than 3,500 young carers are registered with local commissioned young carer services. [1]

A new strategic system-wide Carers Partnership Group for Cheshire and Merseyside has been established with representation from local authorities, voluntary sector organisations, NHS England, providers and carers with lived experience. Supported by the NHS England national / regional carers team, it reports into the Health and Care Partnership Board. Our mission is to work in partnership with carers and carer support organisations to develop and implement a Carers Strategic Framework for Cheshire and Merseyside. Our vision is for all carers in Cheshire and Merseyside to have the support they need and recognition they deserve.

In line with the NHS Long Term Plan, we will:

- Identify and support carers, particularly those from vulnerable communities
- Adopt carers passports / introduce best practice quality markers in primary and secondary care
- Share caring status with healthcare professionals wherever they present via electronic health record
- Ensure carers understand the out-of-hours options available to them via 'contingency planning' conversations

[1] Carers on the Frontline – A strategic framework for carers in Cheshire & Merseyside

and have appropriate back-up support in place for when they need it. Electronic health records will enable professionals to know when and how to call those plans into action when they are needed

- Implement young carer "top tips" for general practice to include preventative health approaches, social prescribing and timely referral to local support services.

End of Life Care

We are committed to ensuring that when a person reaches the end of their life that they will be supported to die well, with peace and dignity, in the place where they would like to die, supported by the people important to them. End of life care will be personalised to the person who needs it and wants it, available regardless of where they live in Cheshire and Merseyside, or what their illness is and whether an adult or a child.

We will raise public awareness of death and dying so the people of Cheshire & Merseyside are confident enough, and willing to support each other in times of crisis and loss so that at the end of their life people are:

- Treated with compassion and respect
- Helped to remain as independent as possible with a sense of control throughout the course of their illness, supported by skilled, knowledgeable, health and care professionals
- Supported by staff trained to help them to think and plan ahead, if they want to, so they are able to discuss their wishes and preferences of care
- Assured that the needs of their family and those identified as important to them are respected and met, as far as possible during their illness and after their death
- Reviewing and developing services to support end of life care for children and young people in line with the national service specification.

Personalised care

- Personalising health and care is the practice of enabling people to have choice and control over the way their care is planned and delivered, based on what matters to them and their individual strengths, needs and preferences.

Our key guiding principle will be 'what matters to me', enabling service users to have greater control. We will work with our communities to embed personalised care approaches (Shared Decision Making, Personalised Care and Support Planning, Supported Self-Management, Personal Health Budgets, Choice, Community based support) in all our programmes of work and pathways developed across our partnership.

We Will:

- Use MECC (making every contact count) to embed conversations about health and healthy behaviours into day-today conversations and signpost people to support if needed
- Using social prescribing to ensure people have access to available options to support their self-management such as peer support, health coaching, and support groups in the wider community
- Expanding the knowledge, skills, and confidence of those providing services by training in personalised care approaches such as health coaching, personalised care and support planning, and motivational interviewing
- Extend the offer, support, and use of Personal Budgets for locally agreed priorities such as Children and Young People short breaks.

Adult Social Care

The pressures being seen in adult social care have been increased since the Covid 19 Pandemic adult social care is experiencing significant pressure from:

- Increased referrals for support and increasing levels of need from our population
- Challenges supporting people who need to be discharged from Hospital
- Challenges in sustaining capacity in both the residential and nursing home sector and for home care provision including recruiting and retaining sufficient workforce and maintaining independent sector provider sustainability
- We are seeing a growth in our older population, who in turn are the main users of services leading to increased demand
- The financial and consequent physical and mental health and wellbeing issues being faced as a result of the cost-of-living challenges.

As partners we are committed to innovating to ensure people have access to the services, they need including ensuring we maximise access to technology and support, whilst also delivering a wider prevention offer that enables people to live as long as possible independently with good health and wellbeing.

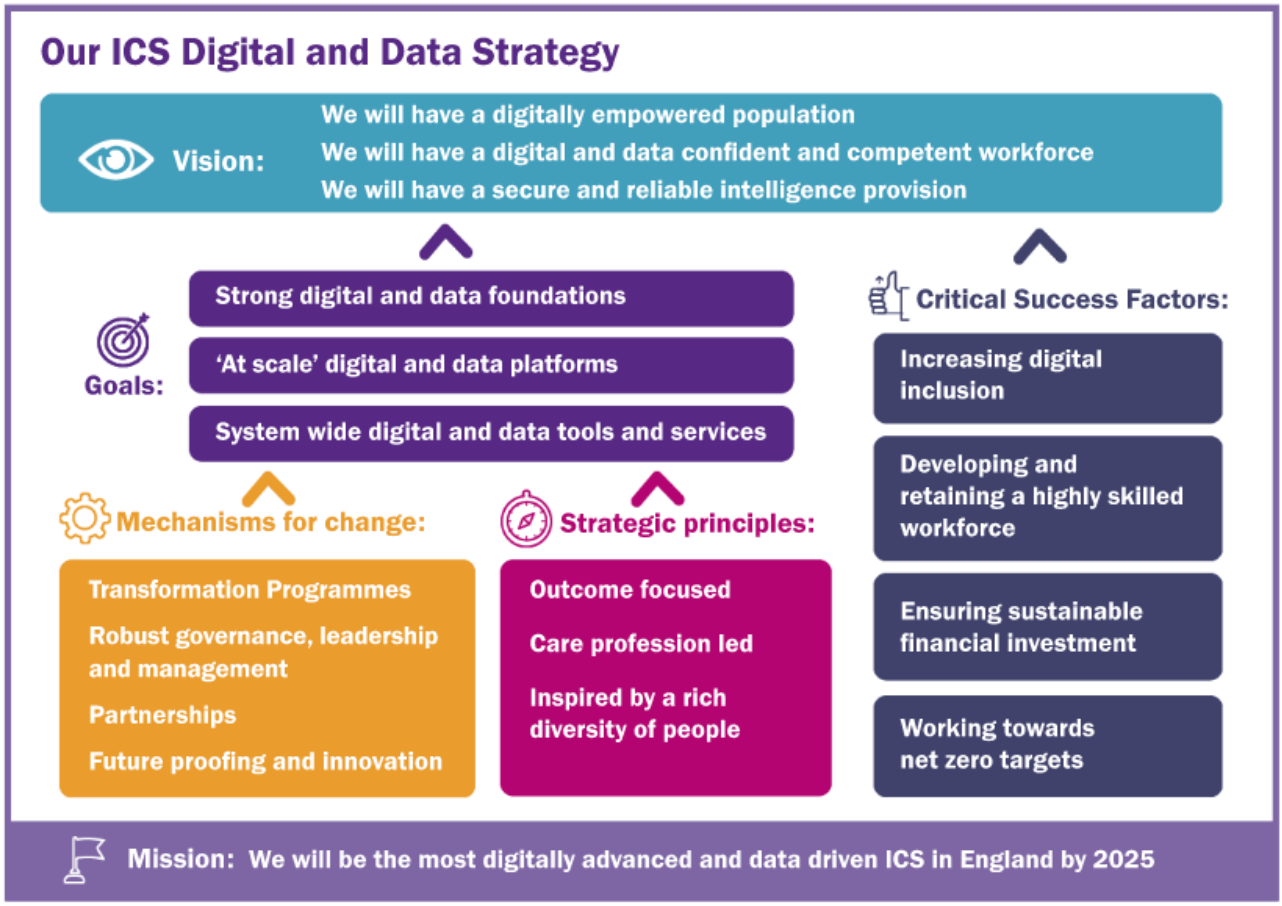
We will:

- Improve access to Home Care and Extra Care Housing, in order to reduce the number of people needing to rely on Residential and Nursing Homes
- We will work with the care market and increase capacity and sustainability
- We will reduce the time spent in hospital by people awaiting access to social care
- We will expand the adult social care workforce by making it an attractive place to work and aligned with our social values and wider workforce plans described elsewhere in this document
- We will build on shared solutions across organisations and communities to maximise expand access to digital and technology that supports our residents.

Digital and Data

Cheshire and Merseyside have ambitious, and highly innovative, plans to be a system where we use data and digital to turn intelligence into action. Our digital and data strategy is the key driver for investment in key IT systems and underpinning IT infrastructure to support health and care delivery.

The data generated supports health and care professionals to better target care and, therefore, better meet the health and care needs of the population. There has been rapid adoption of digital tools such as team collaboration software, video consultations, remote monitoring and the adoption of digital diagnostics, which has changed the way health and care staff work. We have recently updated our digital strategy.



We will:

- Build strong digital and data foundations, including a levelling up of digital infrastructure
- Deliver 'at scale' digital platforms such as shared care records, patient empowerment portals, person-held records, remote care and digital diagnostics
- Develop system-wide population health and business intelligence services.

We are already seeing the benefits of our approach into infrastructure, such as Combined Intelligence in Population Health Action (CIPHA) which supports a range of innovative programmes in Cheshire and Merseyside. System P is a whole system approach to addressing multiagency, multisector challenges that negatively impact population health and will deliver transformational change in service provision through collaborative working. It aims to take

a predictive, preventative and precise approach to population, patient, and person health outcomes, supported by joined up data and intelligence.

Research and Innovation

Cheshire and Merseyside Integrated Care System has as an ambitious vision for research in our region. Our population is recognised to have been poorly served by research opportunities in the past. That, when coupled with significant health need, highlights the need to work differently. As we have moved to an Integrated *Care* System, we are now creating an Integrated *Research* System as well.

Steps towards this include the ICS's contribution to the North West Region development of a Secure Data Environment (SDE) for research and clinical trials, using funding from NHS England.

We are working closer between our academic institutions, HCP partners (including population health), research partners (including National Institute for Health and Care Research, National Cancer Research Institute and Academic Health Science Network) and industry.

Our ICS is investing in the clinical leadership to realise this ambition with Director and Deputy Director of Research (reporting to the Medical Director) to work closely with our stakeholders to develop the best performing research network in the country.

Furthermore, in our initial months as an ICS, we have already won competitive grant funding securing £100k to work on winter fuel poverty and interventions, as well as a community research development programme as lead in collaboration with Lancashire and South Cumbria ICS. Such awards recognise the significant ambition and high-quality research partnerships that our system will further develop on behalf of our patients.

Mersey Care NHS Foundation Trust and the University of Liverpool are leading the development of a Mental Health Research for Innovation Centre (M-RIC) funded through the Office of Life Sciences as part of the UK Governments 'Health Missions' that aims to bring translational research to those areas currently least well served by research awards yet with the greatest need.

Alongside this, work by the CHAMPS public health collaborative is already underway to strengthen research capacity and capability between the nine local authorities in Cheshire and Merseyside and regional academic partners.

This is an emerging and developing programme of work with a network of research champions and academic partners. It is strongly recommended that partners across Cheshire and Merseyside adopt evidence-based approaches informed by best practice and research in relation to our shared goal to tackle health inequalities.

We will:

- Establish a Cheshire and Merseyside Research Development Hub
- Create a network of research champions across our system
- Deliver annual learning events to showcase latest research and to enable the sharing of skills, toolkits and research to support in-house evaluation of projects
- Contribute to the development of a North West Secure Data Environment (SDE) for research.

Health Protection

Cheshire and Merseyside ICS works closely as partners, including Local Authorities, ICB, UK Health Security Agency (UKHSA), Office of Health Improvement and Disparities (OHID) NHS England and across the local NHS Providers and other stakeholders in each of our nine Places.

Key relationships are with Directors of Public Health who have a statutory duty, as directed by the Secretary of State for Health, to ensure there are robust health protection arrangements in place in our local areas. Directors of Public Health are supported by Consultants in Public Health who often have a lead responsibility for health protection amongst other areas of public health.

As Category 1 emergency responders the ICS partners are members of our two Local Resilience Forums (Cheshire Resilience Forum and Merseyside Resilience Forum). We are also a key member of the Local Health Resilience Partnership through which we ensure there are robust arrangements in place to protect the health of the population and to give assurances to Directors of Public Health. Through effective planning we are ready for any future health protection risks, and we do this across local and sub-regional footprints, in order to prevent health protection risks where possible, but are ready to deal with consequence management when necessary to save lives and reduce harm.

We ensure that we learn and improve together, collaborating where it makes sense do things together.

Using the assets and strengths we have available, we will:

- Critically assure the effectiveness of our approach and clarify any catch-up activity that is required, including from our experiences responding to COVID-19
- Develop a view of common health protection risks and shared mitigation plans, and ensure we have robust clinical pathways in place to deal with issues such as tuberculosis (TB), dispensing of antivirals
- Implement scenario planning activities to maximise our system readiness and ensure that contingency arrangements are known and understood and deliverable, including supporting UKHSA in response to outbreaks and threats if required, and supporting NHS preventative work – especially in respect of transfer of screening and immunisation commissioning
- Continue to develop health protection data, intelligence, surveillance and analytics as part of our early warning system to provide timely communication and access to accurate data to enable effective health protection advice and action
- Further develop our workforce training and development plans including Continued Professional Development
- Undertake a review of local Health Protection arrangements, on behalf of the nine Directors of Public Health, to develop a thematic analysis and identify opportunities to strengthen clinical pathways for TB prevention, management and treatment; dispensing antivirals; deploying resources in workplaces, schools and other settings in the event of an outbreak of infectious notifiable diseases including measles, TB and other infections. This builds on the successful pathway that has been developed for offering vaccination support to prevent the spread of monkeypox

- To work with UKHSA and local authority commissioned community infection prevention and community infection control teams to better utilise this resource in order to prevent as well as manage infections within care homes and other settings
- Contribute to local Health Protection Boards to strengthen our networked arrangements between local authorities, primary care, the NHS and UKHSA to ensure good understanding of roles and responsibilities, especially in respect to planned changes to screening and immunisations and the role of primary care in delivery.

Doing things differently.

We understand that knowing how to access the right services isn't easy and that it is our role to find ways to work our communities to improve this. We have lots of examples of things we've done, and will continue to do so, but to illustrate a very small number of these:

Our approach to:

- Bringing COVID-19 Vaccinations and a physical health check programme to our communities through our "living well bus"
- Providing a community eyecare service for homeless communities
- Improving Maternal Mental Health with VCSE small grants
- The use and impact of arts, culture and creative health interventions as a powerful tool in public health approaches which is backed up by a strong evidence base, we have a range of examples here are a couple;
  - Liv Care
  - Theatre Porto.

Section 8 - Enhancing quality, productivity and value for money

As was described in section 2 we know that sometimes the experiences and outcomes our population experience could be improved. This section outlines some of our work to ensure we continuously improve.

Quality assurance and improvement

Strengthening collaboration and partnership-working across health and social care provides a significant opportunity to improve the quality of health and care across Cheshire and Merseyside.

The Integrated Care System supports and aligns with the key requirements of quality oversight, as set out by the National Quality Board (NQB) in its 2021 'Shared Commitment to Quality' guidance.

We will:

- Ensure the fundamental standards of quality are delivered – including managing quality risks, including safety risks, and addressing inequalities and variation
- Continually improve the quality of services, in a way that makes a real difference to the people using them
- Work with all of care providers and statutory partnerships in achieving the highest regulatory standards
- Develop and agree a single understanding of quality across the partnership, working together to deliver shared quality improvement priorities, based upon the needs of our population - as well as having collective ownership and management of quality challenges
- Further develop and strengthen our approach to reciprocal and meaningful engagement with service users, working together in an open way with clear accountabilities for quality decisions
- Develop and agree quality assurance and improvement actions across partners through the evolution of the Cheshire and Merseyside System Quality Group (SQG), Quality and Performance Committee and Place-based partnerships, ensuring we are responsive to the lived experience of our diverse population
- Work with our Health and Care Scrutiny Committees to ensure local oversight and assurance around the actions the Partnership is taking to deliver our plans.

Access to Dentistry

A number of factors have led to challenges accessing NHS Dentistry, including a backlog of care needs following the COVID-19 pandemic, workforce recruitment and retention issues and a national NHS dental contract structured more towards treatment than prevention.

On July 19th, 2022, an initial package of reforms to the NHS Dental Contract were announced. Changes include:

- Revised terms to incentivise more effectively treating patient's needs, including supporting higher needs patients
- A focus on adherence to appropriate personalised appointment intervals
- Taking steps to maximise access from existing NHS resources, including through funding practices to deliver more activity in year, where affordable
- Improve information about service availability for patients.

Additional investment has been committed within Cheshire and Merseyside, through to March 2024 to focus on prioritising three key cohorts of patients:

- Urgent Dental Care
- Care Required following an Urgent Treatment
- Routine care where the patient is part of a nationally recognised priority group.

We will:

- Invest in an Advice Triage Helpline service
- Continue to work with partners to develop an oral health strategy to implement sustainable improvements in access to dentistry; including with Health Education England and Cheshire and Merseyside Local Professional Network.

Access to General Practice

In line with national standard operating procedures, face-to-face access to General Practice was limited during the early stages of the pandemic with a move to telephone and online consultations.

Whilst in 2022 the total number of patient appointments is now higher than in 2019, the proportion of in-person appointments remains lower. Variation in appointment availability is being analysed to support local improvement planning and sharing of good practice to improve access where patients need it.

We will:

- Support our Primary Care Networks in addressing the workforce challenges they are experiencing. As part of the national Additional Roles Scheme our Primary Care Networks will continue to grow their broader clinical teams, whilst also working as part of local care community teams to reduce duplication. A number of key programmes to help retain and recruit to General Practice workforce are underway
- Support Primary Care Networks to develop in line with the Fuller Stocktake in relation to the future development for primary care within integrated systems.

All of our Places have developed plans, based on key priorities in reducing inequalities, for their local populations - with sharing of good practice to expand schemes that are shown to work.

Common service plans already developed include acute visiting services, use of additional roles, switching of routine capacity

to different parts of the day/week, integration with existing services to maximise capacity and access for patients e.g., tele-dermatology, spirometry clinics, ear irrigation, chronic disease reviews and ensuring we maximise the skills and capacity available in other key services such as our community pharmacies and optometrists.

Community Pharmacy

Community Pharmacy has demonstrated its ability to provide improved access to services for our population.

We will:

- Develop new commissioning models that will expand the range of services and capacity available in Community Pharmacy, in order to improve access to a clinical care and improved health outcomes taking pressure of other parts of the system to improve wider, and more local, access to services
- Enable our population to have access to services directly by integrating systems between providers and sectors and encourage providers to make maximum use of national services
- Integrate Community Pharmacy fully into our local workforce and digital programmes to ensure services are integrated into our local models and pathways with a commitment to support community pharmacy contribute to local structures.

Elective Care Recovery Programme

The COVID-19 impact led to closed wards and beds, and staff diversions to service intensive care departments and urgent care wards during peak times. This unprecedented pressure, and inability to ring fence staff and beds, led to cancellations and cessation of elective services, particularly among "non-urgent" patient groups.

The Cheshire and Merseyside elective waiting lists grew from having no patients waiting more than 52 weeks before the pandemic, to more than 2,200 patients waiting more than 104 weeks by January 2022.

The Elective Recovery and Transformation Programme:

The Elective Recovery and Transformation Programme (ERTP) was established in January 2021 by the Cheshire and Merseyside Acute and Specialist Trusts (CMAST) Provider Collaborative.

The ERTP programme has been working with Trusts to support recovery of activity levels back to pre-COVID levels and reduce in the waiting list backlog as well as a range of transformation schemes to improve outcomes and reduce health inequalities.

The three immediate system-wide priorities are waiting list management, use of system resources and reducing variation.

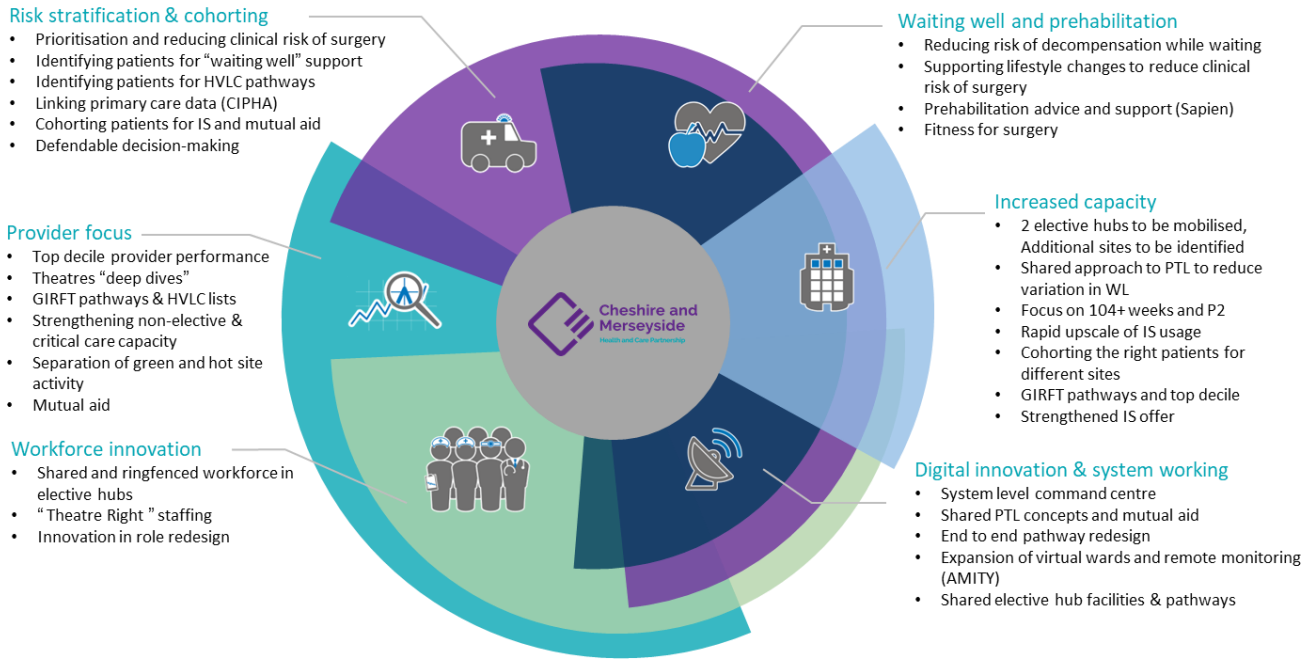
We will:

- Complete potential for harm reviews of those who have been waiting a long period and waiting well initiatives
- Eliminate waits of 104+ weeks whilst reducing waits of 78 weeks and 52 weeks through 2023 and 2024
- Establish more elective hubs, separating elective and emergency care to ringfence elective surgery, moving towards a system-level waiting list and maximise use of independent sector capacity
- Aim for top decile performance across all Trusts by implementing Getting it Right First Time and best practice pathways,

individual Trust-level efficiency plans and sharing good practice.

To support these aims the following programmes have been developed:

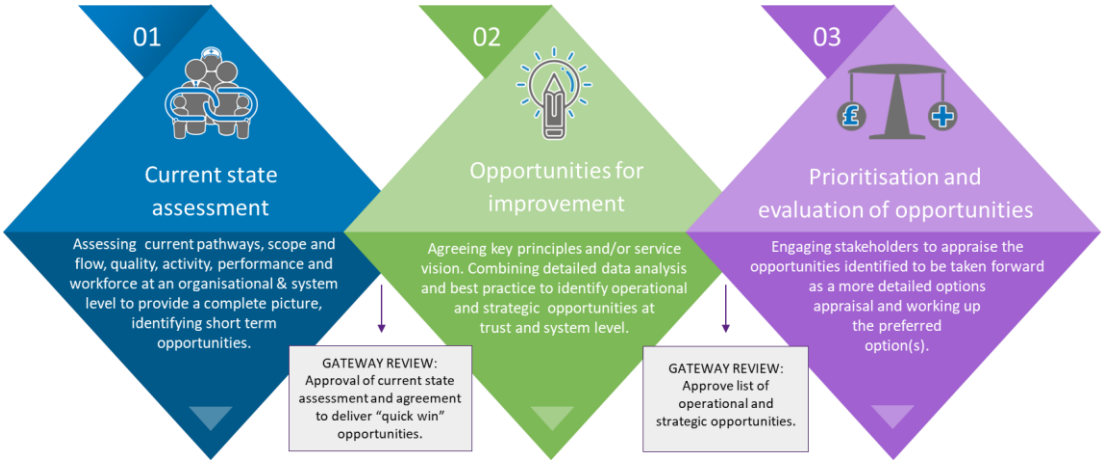
ERTP Programme Workstreams



The Clinical Pathways Programme

The Clinical Pathways Programme (CPP) is focused on transformation of clinical pathways for the long term, improving resilience in smaller NHS Trusts and ensuring that specialisation and consolidation occur where this will provide better outcomes and value.

Cheshire and Merseyside Clinical Pathways Programme Approach



A range of criteria have been used to agree priority specialities for the CPP reviews, including the current waiting list positions, ability to recover activity levels, and services that were considered "fragile" (i.e. where services had closed / limited access).

Access to NHS Diagnostic Tests

More than 80% of patient pathways include a test and so this programme of work is vital to support delivery of almost every other aspect of work in Cheshire and Merseyside.

We will:

- Achieve the six-week waiting time target for routine NHS diagnostic tests by March 2025 (with no over 13 weeks during 2023)
- Deliver 120% of pre-pandemic levels of diagnostic activity by March 2023
- Reduce clinically inappropriate demand
- Use innovation, new technology and digital solutions
- Implement standardised test bundles for key symptomatic pathways so that patients receive the same high quality and timely diagnostics regardless of their location.

Ensuring we have the right services to avoid the need for avoidable hospital admissions

We know that we have higher rates of hospital admissions than our peers. Much of the focus of responding to the causes of this happens within our Place based plans (see Section 10), for example we know that in many of our Places we have high rates of admissions following a fall, and helping our residents prevent falls is a priority for that Place.

As an ICS we are focussed on ensuring that the right personalised services are there to support our population when they need increased support. Our Mental Health, Learning Disability and Community Services Provider Collaborative is working with partners to consistently implement these models, and build the capacity and capability across our system. We have three key areas of work we are focussing on:

Urgent Community Response provides rapid access (within 2 hours) to patients in their own home who, with clinical intervention, can be treated without the requirement of a hospital admission or attendance at A&E, for example following a fall. Whilst the service has been established across all areas of Cheshire and Merseyside, we are developing the model to achieve consistency of referral sources, availability of workforce, communication and engagement with stakeholders and approach to service delivery.

As part of this programme, we will:

- Review how we currently work and share the different ways of working across Cheshire and Merseyside, allowing us to learn from each other and develop plans to apply best practice
- Develop a dynamic business intelligence model that will allow us to track capacity and demand for intermediate care. This will support further development of service delivery, either at place, a collaboration of places, or indeed across Cheshire and Merseyside
- Develop shared workforce development plans.

Workforce

In Cheshire and Merseyside, we work to ensure health and care careers are attractive and encourage people from all backgrounds to consider working in health and care. We aim to retain the highly skilled and committed staff we already have, by enabling flexible and new ways of working, having supportive employment models and ensuring that we have the right skills, competencies and equipment to enable staff to work to their potential.

All staff across the health and care system are important to us and we recognise that we are also supported by a huge number of unpaid volunteers and carers. Our plans will help to ensure that they too are appropriately developed and trained.

To achieve the Health and Care Partnership's priorities we need to change the way we work. We will have new teams, new roles, and we will need to work across multiple organisations and places.

Many staff will work, and want to work, in communities - where they live, and we can offer careers to support this. This strategy does not replace the need for individual organisations to have in place their own strategies and plans but rather focuses on those areas that we can and should do better by working collectively together.

We will:

- Create the conditions for staff to work in the health and care system to end our reliance on agencies
- Up-skill and re-skill staff to work in an integrated system with different competencies / new roles
- Promote staff health and wellbeing and optimise the time staff are in work
- Embed new culturally competent ways of working
- Enable multiple models of employment and engagement
- Develop leadership and talent management
- Work as system partners to develop a social care academy to show the equal priority with clinical training.
- Deliver our public sector equality duty (2010 Act) to be an employer of choice for all staff, investing in positive action to attract, recruit, develop and retain staff from unrepresented groups

Specialised NHS Services

From 2024 NHS Cheshire and Merseyside – an Integrated Care Board (ICB) – will take responsibility (currently with NHS England) for commissioning a range of specialised services. This change will more effectively enable us to integrate the national / regional priorities within our wider Cheshire and Merseyside plans

Our approach is not being developed in isolation and we will work closely with colleagues from across neighbouring ICBs whilst integrating pathways with our local partners and building on our priorities to reduce inequalities and improve population health.

Finance

Cheshire and Merseyside Health and Care partners have combined budgets of £4.4bn meaning we are a significant part of the local economy, in terms of employment and procurement of services.

Whilst all HCP partners are facing significant financial pressures; driven by the levels of funding allocated to us and income raised, alongside the increasing needs of our population, taking an integrated approach presents us with the best way to respond to this challenge and to deliver the priorities described in this document. By working together to spend the limited resources available in the most efficient and effective way we can gain the best value and outcomes for our population.

This will be delivered through integration of budgets and plans at a Place level (see section 10), as well as working on the shared objectives and plans described through this document.

Cheshire and Merseyside ICS will develop its system-wide financial strategy in the first half of 2023, and this will both underpin and support our ambitious system plans alongside long-term financial sustainability.

We will:

Include in our financial strategy:

- An allocation strategy to determine how we will best use our resources to support reduction in inequalities, prevention of ill health and improve population health outcomes
- Financial mechanisms to support health and care integration and a system wide financial regime and funding flow including how we use pooling of budgets across partners and sectors
- Identify key productivity and efficiency opportunities maximised through effective incentives
- System-wide estates and capital requirements and plans
- Supports transformation which will deliver efficiency through integrated working at both a Cheshire and Merseyside and Place level across health and care partners as well as focus on structural instability in services.

Section 9 - Helping to support broader social and economic development

Social Value and Anchor Institutions

The term anchor institutions refers to large organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. .As partners we are a significant part of our local economy, including in terms of as employers, purchasers from the local supply chain as well as being embedded in our communities.

As one of a group of Social Value Accelerator Sites across the UK, we're dedicated to exploring and learning more about how social value can practically and effectively be embedded at scale across Cheshire and Merseyside, within the NHS, Local Authorities and Voluntary, Community, Faith and Social Enterprise sector (VCFSE) and business organisations.

We have co-produced "The Social Value Award" with all sectors which also encourages organisations from the Voluntary Community Faith and Social Enterprise as well as business sectors to embed social value.

Our definition of Social Value is: The good that we can achieve within our communities, related to environmental, economic and social factors;

- Our approach to building capabilities, strengths and assets and enabling people to live a 'valued and dignified life'
- An enabler for the growth of 'Social Innovation' and helps to reduce avoidable inequalities – linked to the Marmot Principles (see Section 5)
- A requirement of 'Anchor Organisations' to use our purchasing power to build capabilities, strengths and assets within our communities, ensuring that Cheshire and Merseyside is a great place to live and work.

We will:

- Work together across sectors to achieve social value outcomes, foster innovation and reduce avoidable inequalities
- Protect health and social care services for future generations
- Give a voice to local communities
- Embed social value across the entire commissioning cycle including procurement
- Make every penny count, growing local wealth, health and our environment
- Create opportunities for social innovation
- Facilitate shared learning, encouraging innovation and best practice in exploring social value.

As an Anchor System we will:

- Sign up to the fair employment charter for Liverpool City Region and Cheshire and Warrington and commit to the real living wage and creating equality within our local job sector
- Pledge to employ and purchase locally, in the first instance
- Pledge to work closely with partners and, where possible, ensure our buildings are viewed as local, community assets
- Measure and evidence the progress made as a result of becoming an Anchor Institution
- Expand the roll-out of the Prevention Pledge
- Develop an Anchor Network Progression Framework to help organisations self-assess / progress ambitions.

Our Green Plan

Climate change poses a threat to our health as well as our planet. The environment is changing, that change is accelerating, and this has direct and immediate consequences for our patients, the public and our partners.

Across our organisations, we are committed to achieving net zero by 2040 (or earlier). All our NHS and local authority partners have well established plans too.

We are:

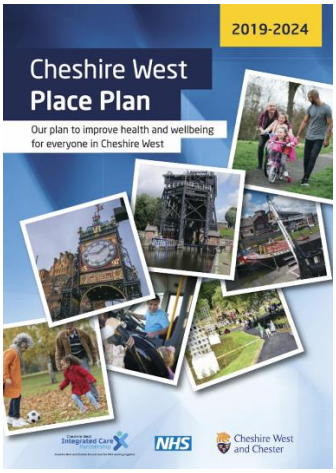
- Transforming the way we use technology to provide health and care
- Decarbonising estates and enhancing sustainable food in hospitals
- Reducing the environmental impact of products we use, including medicines
- Phasing out single use plastics and improving the way both staff and patients travel when accessing health services.

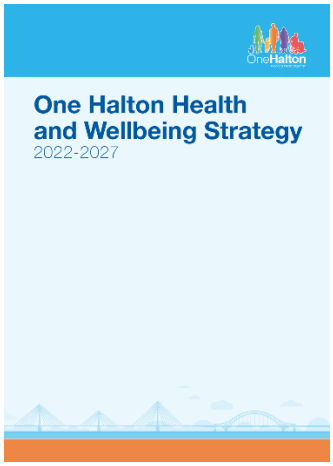
In order to achieve our commitments, we are working with partners in new and innovative ways, including local councils, the NHS Innovation Agency and Liverpool John Moores University.

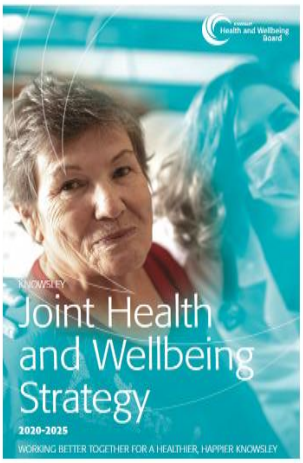
Examples of improvements already achieved include:

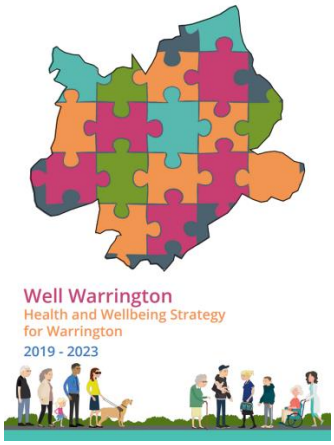
- The installation of more than 300 solar panels at Wirral Community Health and Care NHS FT, St Catherine's site Phasing out the use of the anaesthetic gas desflurane - most NHS Trusts across Cheshire and Merseyside have now phased it out completely
- Reducing the use of nitrous oxide by the equivalent of 443 tonnes of CO_2 – the same as charging more than 50 million smartphones!
- Introducing more cycle to work schemes
- Liverpool Health and Chest Hospital NHS Foundation Trust has introduced reusable theatre gowns, saving more than 23 tonnes of carbon dioxide emissions each year and £22,000 **which was reinvested into patient care**.

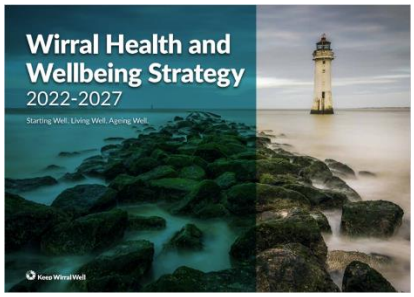
Section 10 - Health and Wellbeing Board Strategies and Place Plans (links to docs to be provided)











Section 11 - Glossary

A Glossary of terms is available here.