Meeting of the Health and Care Partnership
16th January 2024
Agenda
(Teams meeting)
Chair: Cllr Louise Gittins

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PACK PAGE NUMBER
15:00pm	**Preliminary Business**			
HCP/01/24/01	Welcome Introductions and Apologies	Chair	Verbal	
HCP/01/24/02	Declarations of Interest *(HCP members are asked to declare if there are any declarations in relation to the agenda items)*	Chair	Verbal	
HCP/01/24/03	Minutes of the last meeting-14th November 2023	Chair	Paper	3
			Approval	
HCP/01/24/04	Action Log from previous meetings, including update on progress	Chair	Paper	37
15:20pm	**Business Items**			
HCP/01/24/05 15:20-15:45	Sustainability Update • Green Plan, Social Value and Anchor Institutions	Dave Sweeney	Presentation	38
HCP/01/24/06 15:45-16:10	All together Fairer- Stocktake • End of Year Review	Ian Ashworth Alan Higgins	Presentation	
HCP/01/24/07 16:10-16:35	Alignment of All Together Fairer and the HCP strategy	Alan Higgins Stephen Woods	Paper Discussion	51
HCP/01/24/08 16:35-16:50	HCP – Current Regional Pressures	Chair Vice Chair	For Discussion	
HCP/01/24/09 16:50-17:00	Review of Meeting	Chair	For Discussion	
17:00pm	**Close of Meeting**			

Dates of future meetings:

Date	Time	Venue
19th March 2024	3-5pm	The boardroom, Lewis's building, Liverpool

Cheshire and Merseyside Health and Care Partnership Meeting

Boardroom, The Department, Lewis's, Liverpool

Meeting Minutes
14th November 2023
3pm-5pm

MEMBERSHIP		
Name	**Initials**	**Role**
Cllr Louise Gittins	LGi	Chair of HCP, Leader of Cheshire West and Chester Council
Cllr Sam Corcoran	SCo	Leader, Cheshire East Council
Cllr Christine Bannon	CBa	Cabinet Member for Health, Knowsley Council
Cllr Jane Corbett	JCo	Liverpool City Council
Cllr Marlene Quinn	MQu	Councillor for Integrated Health and Care, St Helens
Cllr Ian Moncur	IMo	Leader, Sefton Council
Cllr Paul Warburton	PWa	Cabinet Member for Health and Adult Social Care, Warrington Council
Nathan Hearn	NHe	Deputy for Jo Clague, NWAS
Matt Smith	MSm	Deputy for Jennifer Wilson, Merseyside Police
Lee Shears	LSh	Cheshire Fire
Dave Mottram	DMo	Deputy for Phil Garrigan, Merseyside Fire & Rescue
Rachael Jones	RJo	CEO -One Knowsley
Kate Shone	KSh	Managing Director, Torus Foundation
Dame Jo Williams	JWi	Alder Hey Childrens Hospital
Karen Prior	KPr	CEO, Healthwatch
Amanda Perraton	APe	DCS Warrington Representing DCS Group
Carly Brown	CBr	Deputy to Amanda Perraton
IN ATTENDANCE		
Graeme Urwin	GUr	Chief Executive, NHS Cheshire and Merseyside
Clare Watson	CWa	Assistant Chief Executive, NHS Cheshire and Merseyside
Ian Ashworth	IAs	Director of Population Health, NHS Cheshire and Merseyside
Kath McEvoy	KMc	Business Delivery Lead, NHS Cheshire and Merseyside
Tricia cavanagh-Wilkinson	TCW	Business Delivery Manager, NHS Cheshire and Merseyside
Stephen Woods	SWo	Head of Strategy, NHS Cheshire & Merseyside
Molly Brant	MBr	Project Manager (GMTS) NHS Cheshire & Merseyside
Mike Lester	MLe	Business Co-Ordinator, NHS Cheshire & Merseyside
Tony Leo	TLe	Halton Place Director, NHS Cheshire & Merseyside
Simon Banks	SBa	Wirral Place Director, NHS Cheshire & Merseyside
Dani Jones	DJo	Director of Strategy, Partnerships and Transformation, Alderhey Hospital
Jenny Turnross	JTu	Director of Children's Services, Liverpool City Council
Liz Crabtree	LCr	Programme Director, Beyond

Apologies

Name	Initials	Role
Raj Jain	RJa	Chair of NHS Cheshire and Merseyside & Vice Chair of HCP
Ellen Loudon	ELo	Vice Chair of HCP
Salman Desai	SDe	Deputy CEO, NWAS
Lisa Ward	LWa	NWAS
Maxine Power	MPo	Director of Quality, Innovation & Improvement NWAS
Jo Clague	JCl	Area Director, North West Ambulance Service
Gareth Lee	GLe	Assistant Chief Constable, Cheshire Police
Phil Garrigan	PGa	Chief Fire Officer, Merseyside Fire and Rescue Service
Alison Cullen	ACu	Warrington Voluntary Action Representing VCSE Warrington & Cheshire
Adam Irvine	AIr	Primary Care Leadership Forum & ICB Partner Member
Paul Warburton	PWar	Group Director, Torus Housing
Isla Wilson	IWi	Chair, Cheshire and Wirral Partnership Trust representing LD & Mental Health and Community Collaborative
Lydia Hughes	LHu	CEO, Healthwatch
Steve Park	SPa	Director of Growth, Warrington Council
Stephen Watson	SWa	Executive Director of Place-Sefton Council
Professor Martin O'Flaherty	MOF	Institute of Population Health Faculty of Health and Life Sciences
Susan Wallace-Bonner	SWB	Director, Adult Social Services, Halton Council
Rowan Pritchard-Jones	RPj	Medical Director, NHS Cheshire and Merseyside
Claire Wilson	CWi	Director of Finance, NHS Cheshire and Merseyside
Angela Johnson	AJo	DASS Group Rep

Item	Discussion, Outcomes and Action Points	Action by
HCP/11/23/01	**Welcome, Introductions and Apologies** LGi welcomed all and apologies were noted as above.	
HCP/11/23/02	**Declarations of Interest** There were no declarations of interest noted at this meeting.	
HCP/11/23/03	**Previous Minutes – 19th September 2023** The minutes of the meeting held on 19th September 2023 were approved as an accurate record of the meeting.	
HCP/11/23/04	**Actions from the last meeting, including update on progress from previous workshop** LGi informed the group that the action log would be looked at in detail during January's meeting so that time today could be used for the workshop discussions.	
	CHILDREN AND YOUNG PEOPLE WORKSHOP	
HCP/11/23/05	**Introduction / Scene Setting**	

Item	Discussion, Outcomes and Action Points	Action by
	LGi advised that the focus of the meeting was children and young people. Children's services in local government are facing a complete crisis, an initial increase was observed in the number of children in care with complex needs after the pandemic, however, over the last five to six months this has started to slow down. The cost of the children in care, due to complexity of their needs has increased. There has been an 8% increase in the number of children in care since April 2023, with a 56% increase in costs. LGi attended an LGA conference where children's social care advised that it was costing up to £87,000 per week for a child in care due to the complexity of their needs. The Society of County Treasurers are predicting the deficit will be £3.6bn by 2025. The purpose of the workshop was to discuss how to prevent children and young people being placed in purpose-built buildings with twenty-four-hour care being cared for by many members of staff. A report was received a number of weeks ago from the Local Government Association about profiteering from children's services, the top providers of placements for children's care, were making £350m profit per year. LGi provided the meeting with information about the proposed format for the workshop; • 3 presentations from a number of speakers. • Members given time to consider a set of questions in groups. • Dedicated facilitator for each group to take notes. The set of slides and questions had been provided to members in the meeting pack, and a paper copy had also been provided for reference on the tables. Jenny Turnross, Director of Children's Services (DCS), Liverpool City Council undertook a presentation in relation to the role of the DCS, statutory legislation and the role of the Corporate Parent. **Action: CBa to share a Knowsley policy around children in care with the group** Liz Crabtree, Beyond Programme Director undertook a presentation in relation to the Beyond Programme. Dani Jones, Director of Strategy, Partnerships and Transformation, Alderhey Hospital undertook a presentation in relation to the new CYP Committee. Ian Ashworth, Director of Population Health, NHS Cheshire and Merseyside gave an update on Oral Health projects.	**CBa**
HCP/11/23/06	**Addressing gaps in care** Amanda Perraton, DCS, Warrington Council and Liz Crabtree, Beyond Programme Director undertook a presentation on progress to date for addressing gaps in care.	

| Item	Discussion, Outcomes and Action Points	Action by
HCP/11/23/07	**Breakout groups – facilitated session** Members were then asked to consider the following questions in their groups: **Q1:** What can the HCP do to support the agenda? **Q2:** How can the HCP influence joint funding models? **Q3:** What other areas of health and social care integration for children can be explored? **Q4:** How and where can improved outcomes and progress made be reported regionally? A brief summary and feedback was given after the group discussions. All comments made at the workshop will be collated, analysed and shared. **Action: HCP need to respond to the Govts plan to cut welfare benefits.** **Action: Check within your organisations that Marmot indicators are reflected in priorities.**	 LGi All
HCP/11/23/08	**Next Steps and closing comments** LGi thanked members and speakers for an interesting and useful discussion.	

Date of Next meeting - Tuesday 16th January 2023, 3:00 – 5:00pm, Teams.

End of Meeting – 17:00

NHS Cheshire and Merseyside

Summary report of the Cheshire and Merseyside Health and Care Partnership

Children and Young People Workshop held on 14th November 2023
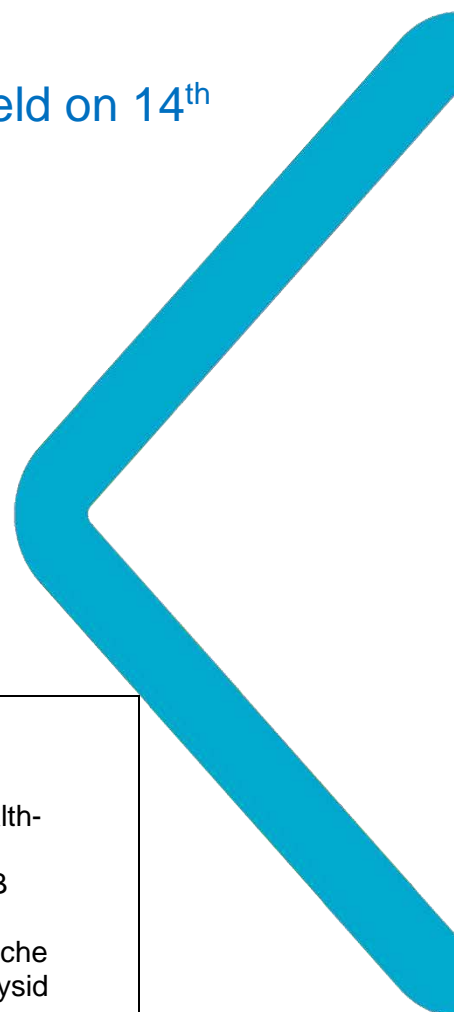
Report author & contact details	Ian Ashworth Director of Population Health- Cheshire and Merseyside ICB Ian.ashworth@cheshireandmerseyside.nhs.uk
Responsible Officer to takeactions forward	Ian Ashworth Ian.ashworth@cheshireandmerseyside.nhs.uk

Summary Report from HCP Children and Young People Workshop

14th November 2023

Introduction

On the 14th of November 2023 the Health and Care Partnership held a facilitated workshop for members to discuss Children and Young People (CYP) issues. A number of Senior representatives from Childrens services and regional Programmes across Cheshire and Merseyside were invited to speak at the workshop and HCP members heard a number of Presentations from these speakers including:

- Introduction to Children's Services including role of DCS / lead member, statutory legislation/ guidance (Role of Corporate Parent)
- Overview of Beyond Programme
- Update on the new CYP ICB Committee
- Addressing the gaps for Children in Care

Slide Deck

CM%20CYP%20Com
mittee%20-%20Updat

HCP group members then divided into three groups with a Childrens representative and facilitator supporting each group and the groups were all asked to consider and discuss a number of key questions.

Children & Young People Workshop – Key Questions

Q1: What can the HCP do to support the agenda?

Q2: How can the HCP influence joint funding models?

Q3: What other areas of health and social care integration for children can be explored?

Q4: How and where can improved outcomes and progress made be reported regionally?

The three groups collectively discussed these key topics and a number of common themes from these sessions has been collated as a focus for next steps as outlined below.

COMMON THEMES

- Identifying and linking partner priorities together.
- Use of evaluation to identify "what works" in order to roll out across C&M
- Ensure we share findings across the system.
- Data sharing for case finding.
- We need to get better at prevention.
- Co-production with CYP/family/carers.

ACTIONS (that HCP can drive)

- Map partner CYP priorities
- Ensure all partner agencies are linked into CYP agenda
- Evaluation programme for all pilot projects
- Develop role of "Corporate Mentor" for partner organisations
- Governance burden
- Horizon scanning
- Dedicated time given to discussions around joint funding between LA/NHS/Other partners
- Use the collective voice of the HCP to influence Ofsted?

Full record of meeting below

GROUP 1 (Facilitated by Tricia Cavanagh-Wilkinson)

- Merseyside Fire & Rescue Service (MFRS) currently do a lot of work with CYP and this includes working with the Police in the Violence Reduction Hub. This work makes a visible difference to MFRS in terms of CYP starting fires and burnt out cars etc. How do MFRS make this work more visible to partners and ensure any relevant links are in place? How do we link with Police and Crime Commissioner priorities?

- MFRS & TORUS work together on the Fire Fit Hub in North Liverpool to reduce violence and anti-social behaviour etc.

- How do all partners link together? We need a map of all CYP priorities across the system to ensure a whole system approach.

- Prevention is a huge challenge, and it can feel like we are holding back the tide, how can we make real change?

- We need to make best use of cost benefit analysis for our projects and interventions which can be hard when we have immediate pressures, and some benefits are more long term.

- We need to make best use of what we already have as there is no new funding on the horizon. How can we work smarter? Can we evaluate current programmes in terms of spend Vs outcomes to see if any can be scaled up (or not)?

- Programme / Project evaluations could be used to roll out good projects in all 9 Places. We also need to be brave and acknowledge when things don't go well.

- MFRS have a data set that can drill down to the family / household level, also uses CIPHA.

- Cheshire Fire could get involved in the "edge of care" work.

- Can we roll out the concept of a "Corporate Mentor" across C&M so that partner organisations have a defined role?

- We need to emphasise the importance of the right housing offer for care facilities in borough and we need to talk to CYP about housing aspiration. We know housing is a worry for CYP in care.

- The HCP is about relationship building and moving this agenda forward. We can champion good practice and push for other areas to introduce projects that we know have good outcomes.

- We need commonality around working principles, we don't need to have 9 conversations about important issues. Can we reduce the governance burden?

- We need a full conversation about Tier 4.

- Look at the West Midlands IROC model.

- The Complex Needs Service in Warrington and The Nook in Cheshire are the only 2 complex needs services in progress, it is not yet in development in the other 7 places, we need to look at how to promote this concept in those areas.

- Can we use the Mental Health Investment Standard differently?

GROUP 2 (Facilitated by Stephen Woods)

- Interplay with the priorities mentioned. Strategic connections of the agencies involved. Reverse engineering from response to reviews. Use risk stratification to knit services together.

- Have we got the right people engaged?

- Do we know and understand what is going on? (Need to make links)

- Do we need to prioritise? Are we doing too much?

- Sharing data and information.

- DCSs are starting to work together and develop links with a view to extending the engagement and good practice.

- Challenge: What impact our police might be having on CYP, families and carers.

- Gaps in Care: We need early intervention and prevention in secondary and primary care. More upstream.

- What is putting CYP agenda under pressure? Impact of poverty. We need to go back to the pledges around MECC.

- We need to have true co-production and include voices of CYP, families and carers.

- We need to actively commission upstream and collaboratively plan it and define the resources.

- VCFSE role in delivery – resourcing it.

- We need to support individuals that are interested in foster caring.

- Horizon scanning, i.e. benefits and potential funding cuts etc.

GROUP 3 (Facilitated by Molly Brant)

What can HCP do to support this agenda?

- Children on the edge of care should be prioritised across the partnership e.g. brought further up waiting lists – preventative work that happens across the system. How can we become efficient together? Shift focus upstream and support preventative agenda.

- How do we keep services/care delivery within the footprint? Look at creating a collective offer of CYP care services, offer priority to neighbouring Places rather than moving children away from their communities.

- How is the voice of children and young people driving what we're doing? Need to recognise that the conversations that take place within communities will always be different from the ones that occur with health professionals/system partners etc, so how do we make sure that their voices are actually heard?

How can the HCP influence joint funding models?

- Joint funding – ICB & LA could look at what the spend is from respective budgets, where we can do things together to make things more efficient.

- 'Open book' – Need to have the trust to share information on budgets and spending, this would help to understand each other's challenges better.

- The issue/difficulty with this is finding the time to do so. Ask of leadership – carve out time & space to have these conversations and move forward with these ideas.

What other areas of health and social care integration for children can be explored?

- What caused children's homes to close in the past? Didn't have the money to improve/modernise to the standard required by legislation, but also not to the standard that children deserved. Need to learn why we moved away from this and future-proof so that it doesn't happen again. If we work collectively, we're stronger and more able to handle financial challenges.

- Could we also use the collective voice of the HCP to influence Ofsted?

How and where can improved outcomes and progress made be reported regionally?

- Noted an overlap between the different workshops – data sharing issue keeps coming up. Need to sort out communication – we often think we're communicating better than we are, good/best practice isn't being shared as well as it could be.

- Noted that we don't have a list of what should be done at regional level, at Place Plus level, and at Place level, mapped against the priorities identified by Board - this would be really helpful → A blueprint that can be adapted for each Place with standards, outcomes etc.

- Find things that bind us across the system, as well as the differences/things that are specific to each Place. Benchmarking – where are the gaps and where are we making the most progress?

- Opportunity to create a platform where we can truly collaborate - share what is happening in an area, others can contribute, answer questions, share best practice, network etc. Need a space to share the things that we are doing that seem to be having a positive impact, and other Places or partners can take what they need from this.

HCP Focus Session:
Children and Young People
Tuesday 14 November 2023

HCP Board – November 2023

Focus of the Session

Children and Young People – A system approach

- Introduction to Children's Services including the role of DCS / lead member, statutory legislation/ guidance and the role of the Corporate Parent: **Jenny Turnross (DCS Liverpool)**

- Overview of Beyond Programme: **Liz Crabtree**

- Update on the new CYP ICB Committee: **Dani Jones**

Addressing gaps in care

- Progress update, work to date, forward plans and presentation of a case study**: Liz Crabtree/Amanda Perraton (DCS Warrington)**

Breakout groups and facilitated session

- What can HCP do to support this agenda?

- How can the HCP influence joint funding models?

- What other areas of health and social care integration for children that can be explored?

Children and Young People
A system approach

HCP Board – November 2023

Children's Services - Context

- The Director of Children's Services (DCS) (and lead member) have statutory responsibilities for delivering effective children's services and providing corporate leadership to champion the needs and improve outcomes for children and young people including the most disadvantaged and vulnerable, families and carers.

- The Children Act 2004 established the positions as a clear line of accountability for children's outcomes.

- There are over 200 statutory duties covering education and children's social care.

- The Inspection of Local Authority Children's Services (ILACS) by Ofsted is the external scrutiny. SEND is a joint inspection with ICB. In addition, the Joint Targeted Area Inspection covers partners and including, the Care quality Commission (CQC), Her Majesty's Inspectorate of Constabulary, Fire and Rescue Services (HMICFRS) and Her Majesty's Inspectorate of Probation (HMI Probation).

- Effective child safeguarding arrangements rely on joint working across a number of different agencies. As outlined in Working Together 2018 (factually updated 2022, will be amended as per Stable Homes, Built on Love), there are three statutory safeguarding partners – Local Authority, ICB and Police.

Children's Services – Functions

- Section 10 places a duty on local authorities and certain named partners (including health) to co-operate to improve children's well-being. The DCS must lead, promote and create opportunities for co-operation with local partners - **health, police, schools, housing services, early years, youth justice, probation, higher and further education, and employers** - to improve the well-being of children and young people.

- The DCS will have a clear role in driving the development of the local Joint Strategic Needs Assessment (JSNA) and joint health and wellbeing strategy.

- Section 11 requires local authorities and other named statutory partners to make arrangements to ensure that their functions are discharged with a view to **safeguarding and promoting the welfare of children**. There is a similar requirement imposed on schools. The DCS should ensure that there are clear and effective arrangements to protect children and young people from harm (including those attending independent schools).

- The DCS works with partners to promote **prevention and early intervention** and offer early help so that emerging problems are dealt with before they become more serious. This will help to improve educational attainment, narrow the gaps for the most disadvantaged and promote the wider well-being of children and young people, including at key transition points

- Working with headteachers, school governors and academy sponsors and principals, the DCS **promotes educational excellence** for all children and young people and tackles underperformance

- In addition to that of a provider of services, the DCS is also a commissioner particularly for health services such as public health and mental health provision

Children's Services – Examples of Duties

- More specifically:
  - has a shared responsibility with all officers and members of the local authority to act as effective and **caring corporate parents for looked after children and care leavers**, with key roles in improving their educational attainment, providing stable and high quality placements and proper planning for when they leave care
  - Responsible for **children in need, child protection, fostering and adoption**
  - must ensure that **disabled children** and those with **special educational needs (SEN)** can access high quality provision that meets their needs and fund provision for children with statements of SEN;
  - must ensure arrangements are in place for **alternative provision for children outside mainstream education or missing education** (e.g. due to permanent exclusion or illness) to receive suitable full-time education;
  - should ensure there is coherent planning between all agencies providing services for children involved in the **youth justice system** (including those leaving custody), secure the provision of education for young people in custody and ensure that safeguarding responsibilities are effectively carried out
  - should understand local need and secure provision of services taking account of the benefits of **prevention and early intervention** and the importance of cooperating with other agencies to offer early help to children, young people and families

Children's Services – Examples of Duties

- The DCS promotes the interests of children, young people, parents and families and work with local communities to stimulate and support a diversity of school, early years and 16-19 provision that meets local needs which includes:

  - **fair access to all schools for every child** in accordance with the statutory School Admissions and School Admissions Appeal Codes and ensure appropriate information is provided to parents;

  - suitable **home to school transport** arrangements;

  - **a diverse supply of strong schools**, including by encouraging good schools to expand and, where there is a need for a new school, seeking proposals for an Academy or Free School;

  - **high quality early years provision**, including helping to develop the market, securing free early education for all three and four year olds and for all disadvantaged two year olds10, providing information, advice and assistance to parents and prospective parents.

  - access for young people to **sufficient educational and recreational leisure-time activities** and facilities for the improvement of their well-being and personal and social development;

  - **children's and young people's participation in public decision making** so they can influence local commissioners; and

  - **participation in education or training of young people**, including by securing provision for young people aged 16-19 (or 25 for those with learning difficulties/disabilities)

The importance of the 'Corporate Parent'

1. **Legal Responsibility**: Corporate parents have a legal duty to safeguard and promote the well-being of children in their care, much like biological parents.

2. **Consistency, stability, and accountability**: Corporate parents aim to provide stability and consistency in a child's life. They ensure accountability for the care and outcomes of children in their care, providing oversight and support to social workers and other agencies responsible for child welfare.

3. **Advocacy**: They act as advocates for the child's rights and needs, working to ensure that they receive appropriate education, healthcare, and emotional support.

4. **Long-Term Planning, monitoring, and review**: Corporate parents often engage in long-term planning for children in care, helping them transition into adulthood with the necessary life skills and support. Regular monitoring and review of the child's progress are essential to ensure that their best interests are met, and necessary adjustments can be made as needed.

5. **Collaboration and resource allocation**: Corporate parents collaborate with various stakeholders, including social workers, foster families, and schools, to create a comprehensive network of support for the child allocate resources, including financial support, to provide a safe and nurturing environment for children in care.
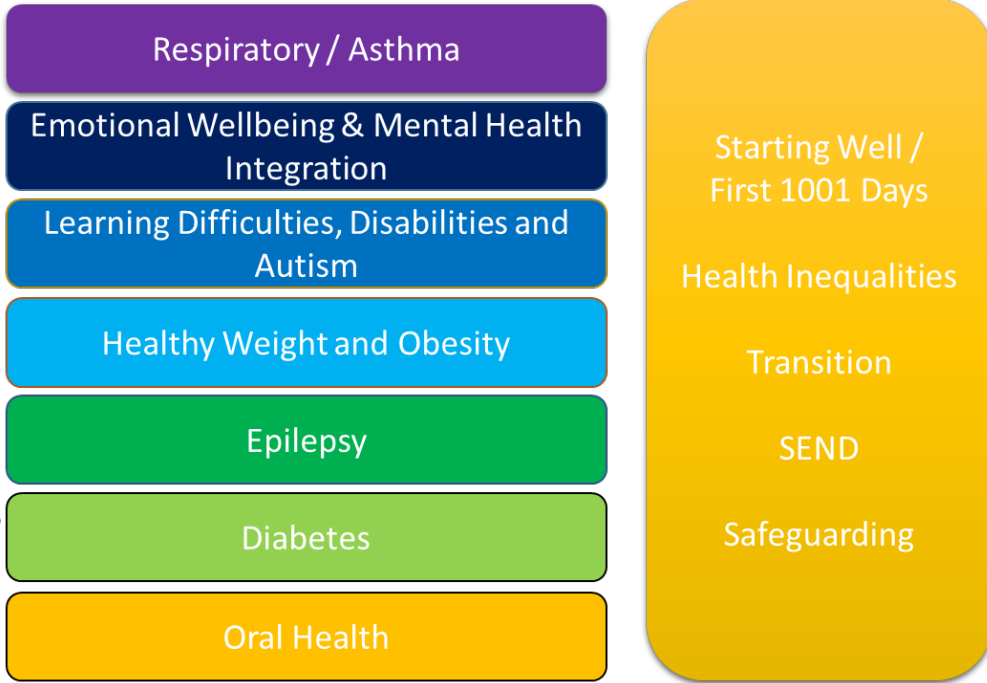
Update on the Beyond Programme

HCP Board – November 2023

CYP Transformation Programme

- Established April 2021, hosted by Alder Hey from July 2021
- Funded via ICB / NHSE
- Reflective of Place, Partnership, and Programme Priorities reflecting JSNAs and Place plans
- Population health focus
- Shift Left in delivery to prevention and early intervention
- Multi-agency design and delivery – strong links across Social Care and Health
- Facilitative approach – sharing best practice, co-designed solutions, "system knitting"

Respiratory / Asthma

Emotional Wellbeing & Mental Health Integration

Learning Difficulties, Disabilities and Autism

Healthy Weight and Obesity

Epilepsy

Diabetes

Oral Health

Starting Well / First 1001 Days

Health Inequalities

Transition

SEND

Safeguarding

Main Workstreams	Existing HCP / ICB mandates	NHS Long Term Plan	The National Children's Transformation Programme	CORE20+5 CYP	All Together Fairer	The Health Equity Collaborative
Respiratory / Asthma	✓	✓	✓	✓	✓	✓
EWB & MH	✓	✓	✓	✓	✓	✓
LDD & A	✓	✓	✓	✓	✓	✓
Healthy Weight & Obesity	✓	✓	✓	✓	✓	✓
Epilepsy	✓	✓	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓	✓	✓
Oral Health	✓	✓	✓	✓	✓	✓23

- Improving population health including safety and quality improvement
- Tackling impact of health inequalities
- Ensuring the voice of CYP, parents and carers informs design and delivery
- Enhancing productivity and value for money
- Support broader social and economic development

Since its foundation, the Beyond Programme has reached over 44,000 CYP, families and professionals through 32 projects.

beyond
Children and Young People's Transformation Programme

The Beyond23 Conference took place in March 2023 and was attended by 98 colleagues from across C&M. This was informed through engagement events across the region attended by 32 Children and Young People

Face to face Team of Life training attended by 185 professionals from NHS, Local Authorities, Third Sector and Schools.

200 Indoor Air Quality Monitors have been installed, and 169 follow up visits.

Training has been delivered to 128 early years staff on supporting healthy weight.

13,494 calls have been managed by the Paediatric Clinical Advice Service resulting in 7% reduction in Children and Young People being referred to A&E and 6% increase in CYP cases being completed after triage, reducing onward referrals.

261 CYP have been moved onto diabetes tech – including CGM monitors & pumps

37 attendances at Community Network Neurodevelopmental Access Groups

In 2022/23, the Beyond Programme funded 15 projects.

Respiratory Parent Champions have supported over 558 families, and 700 professionals through awareness raising, education-based programmes, early intervention and outreach activities.

351 individuals have benefit from open access to psycho-social education through social care, education and direct community self-referrals.

246 CYP have been supported through Complications of Excess Weight Clinics

57 YP with diabetes have been supported in the transition from Paediatric to Adult Services.

We have captured feedback from 71 young people, supporting the Health Equity Collaborative

83 families of CYP with Neurodevelopmental Needs referred for Sleep Management support

36 asthma review and inhaler technique checks completed in pharmacies

Since 2021, Beyond has been successful in 15 bids, totaling over £1,700,000.

24

Air Quality Monitoring

- Partnership with Torus Housing
  - 202 installations completed
  - 169 follow up visits/ phone calls completed
  - 148 families receiving the full journey of support
  - 149 initial questionnaires completed
  - 79 follow up questionnaires completed

  - Identification of new and/or monitoring existing concerns about IAQ
  - Using monitor data as evidence; lending authority to complaints
  - Transparency / accountability (relationship with housing provider)

"I feel confident now about indoor air quality, I didn't realise how using things like different sprays can cause issues and the things I can do instead to help my family"

"The red light is really helpful. When this flashes I open my doors and windows to encourage ventilation"

"When I first got the monitor, I wasn't impressed. I have been complaining for months about the damp, so when the team turned up, I thought it was a waste of time …….. It has provided good evidence to cement my complaints,."

The issues have been causing the damp have been repaired:
- Renew kitchen window, reseal all other windows, repaint
- Complete Environment works

"You've been amazing thank you. I really understand it now the way you've explained it all and what it means. I never realised the impact things like sprays and cleaning products could have" (tenant also supported with damp concerns in relation to a roof/ gutter issue.)

Parent Champions Bronchiolitis

We delivered a session in partnership with Warrington Voluntary Action. We met a lady who we supported through the Healthy Lungs Project. On the back of this, she opened up about issues with her housing, as well as struggling to put food on the table for her children. As a result, we supported her, linking her in with her landlord to report her issue, as well as locating and generating a food bank voucher, and linking her with the local food pantry, and community shop.

- **Koala – Wirral; Cheshire West and Chester**
  - 10 Parent Champions
  - 197 direct support offers
  - 2021 outreach contacts
  - 766 professionals supported
  - 51 ongoing phone support
  - 10,400 social media reach
- **Torus Housing – Warrington**
  - 12 parent champions
  - 289 volunteer hours
  - 79 engagement activities
  - 215 families supported
- **St Helens Wellbeing**
  - 8 Breathe buddies recruited
  - 74 enquiries
  - 68 parents engaged with programme
  - 11 referrals to GP
  - 10 referrals to Asthma team
  - 6 referrals to housing

"Thank you for listening to me, I was beginning to think there was something wrong with me and that I might have been depressed now I know I'm just feeling normal things".

"It's amazing that these Mums don't have to go it alone and feel as isolated as we did because we're there for them!"

"I was literally at breaking point, sleepless nights and starting to overthink every little thing."

We met a lady on 22/5/23 at the new tots group. Her first reaction to us explaining the parent champions project was "oh my gosh, it's like you've been sent to me, this is just what I need!". She is constantly worrying and cannot sleep as she is listening to her child's chest at night, scared she will stop breathing, her anxiety is very high. We sat and listened to her, gave her a copy of the breathing games exercises to try at home and encouraged her to make an appointment with her GP. She has since seen the GP and have prescribed her something to relieve the anxiety, and also referred for sleep study support. She has also signed up to be a parent champion herself!
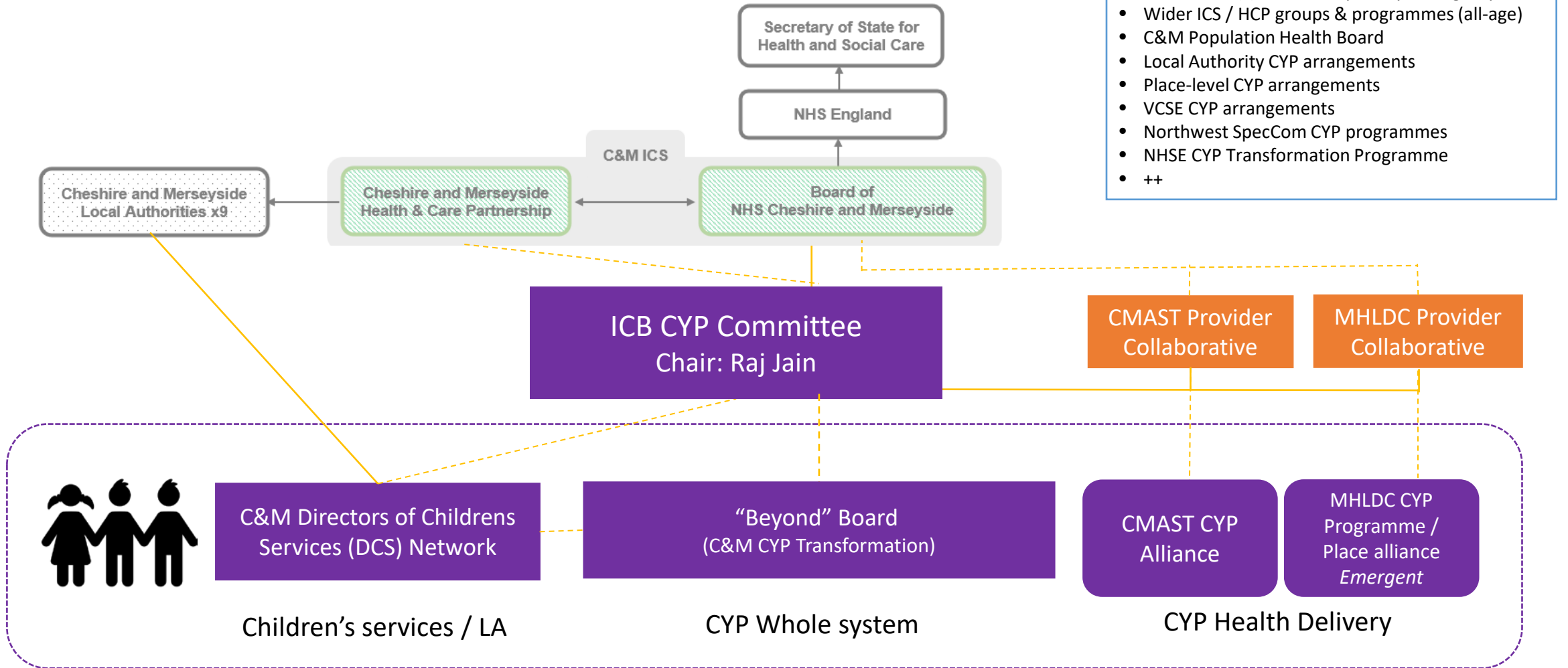
C&M CYP Committee Update for HCP

HCP Board – November 2023

27

CYP Committee – Terms of Reference

- The Committee's main purpose is to have oversight of, shape and provide assurance to the Board of NHS Cheshire and Merseyside regarding its responsibilities and functions for:

    - **Children and young people (aged 0 to 25)**

    - **Children and young people with special educational needs and disabilities (SEND)**

    - **Safeguarding (children and young people), including looked after children.**

- The Committee will oversee the development and delivery of the Cheshire and Merseyside Children and Young People's Strategy and ensure effective system focus on Children and Young People as a population cohort.

- The Committee will also be responsible for oversight of the delivery of the ambitions and priorities within the Cheshire and Merseyside Joint Forward Plan, in relation to Children and Young People.

- The Committee will have a key role in ensuring that the voice of and needs of Children and Young People are prominent in the discussions and decisions of the Board of NHS Cheshire Merseyside.

- The Committee will provide, seek and receive assurance and intelligence from other key forums and Committees which have a role in the oversight of assurance or planning

Integrated Care System (ICS) CYP Governance – Snapshot @ C&M Level

Key Interdependencies:

- CYPF forum(s), voice and participation groups
- Wider ICS / HCP groups & programmes (all-age)
- C&M Population Health Board
- Local Authority CYP arrangements
- Place-level CYP arrangements
- VCSE CYP arrangements
- Northwest SpecCom CYP programmes
- NHSE CYP Transformation Programme
- ++

Secretary of State for Health and Social Care

NHS England

C&M ICS

Cheshire and Merseyside Local Authorities x9

Cheshire and Merseyside Health & Care Partnership

Board of NHS Cheshire and Merseyside

ICB CYP Committee
Chair: Raj Jain

CMAST Provider Collaborative

MHLDC Provider Collaborative

C&M Directors of Childrens Services (DCS) Network

"Beyond" Board (C&M CYP Transformation)

CMAST CYP Alliance

MHLDC CYP Programme / Place alliance *Emergent*

Children's services / LA

CYP Whole system

CYP Health Delivery

CMAST = C&M Acute & Specialist Trust Provider Collaborative
MHLDC = C&M Mental Health, Learning Disability & Community Provider Collaborative

29

NB: Beyond also currently reports via ICB DCTI Assurance Board to ICB Transformation Committee.
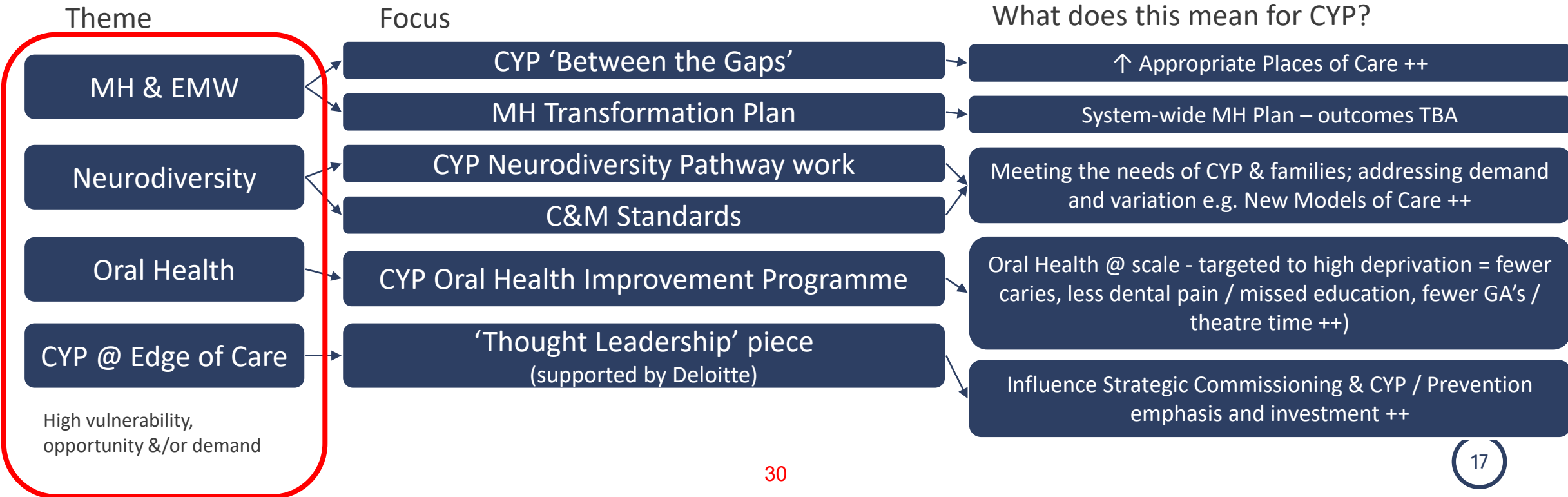
CYP Committee – 1yr Plan

Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25

CYP Committee Strategy development (6-12 months)
- Alignment with HCP Priorities

CYP Dashboard – Improving our Intelligence (9 months)

Initial Priorities (Now - 6 months +)

Theme	Focus	What does this mean for CYP?
MH & EMW	CYP 'Between the Gaps'	↑ Appropriate Places of Care ++
	MH Transformation Plan	System-wide MH Plan – outcomes TBA
Neurodiversity	CYP Neurodiversity Pathway work	Meeting the needs of CYP & families; addressing demand and variation e.g. New Models of Care ++
	C&M Standards	
Oral Health	CYP Oral Health Improvement Programme	Oral Health @ scale - targeted to high deprivation = fewer caries, less dental pain / missed education, fewer GA's / theatre time ++)
CYP @ Edge of Care	'Thought Leadership' piece (supported by Deloitte)	Influence Strategic Commissioning & CYP / Prevention emphasis and investment ++

High vulnerability, opportunity &/or demand

30

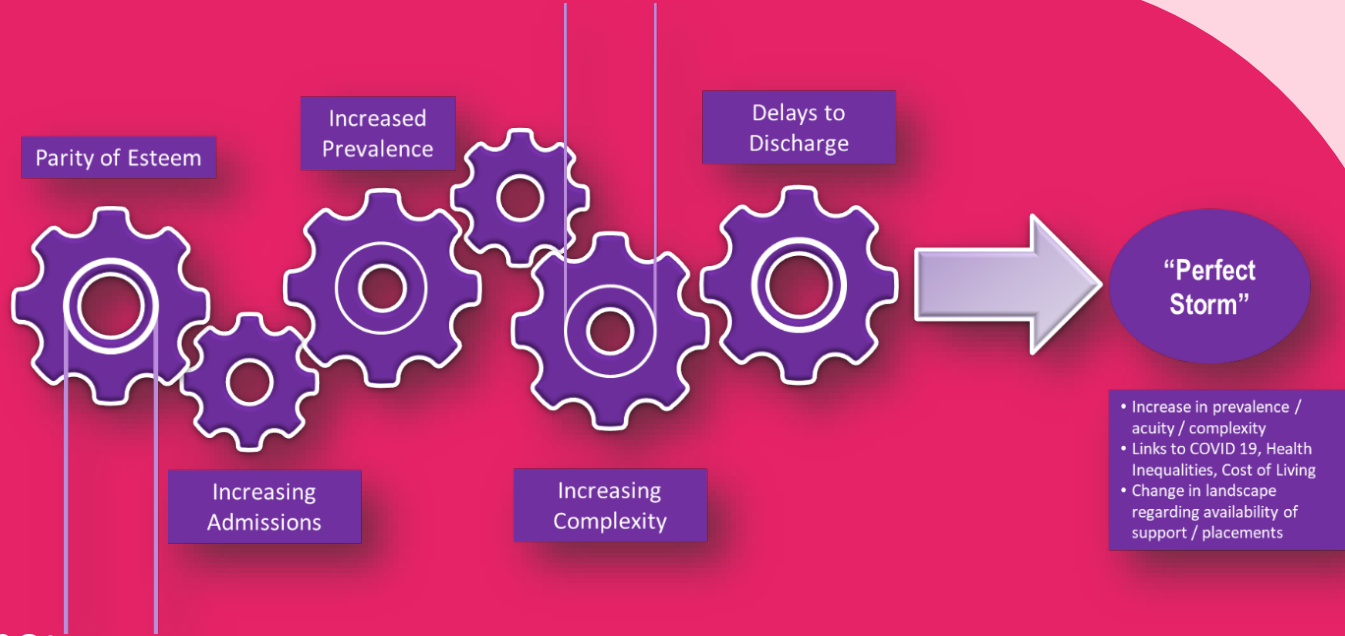# **Addressing Gaps in Care**

HCP Board – November 2023

Supporting Children who "fall between the gaps"

CAMHS review:
- Agreed Core Offer for CAMHS
- 24/7 Crisis support
- Complex Needs Escalation and Support Tool
- Risk Stratification Tool
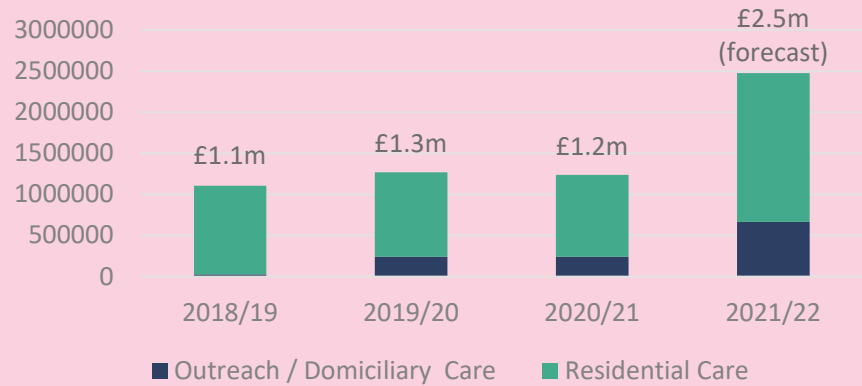- Establishment of Gateway meetings

Parity of Esteem

Increased Prevalence

Delays to Discharge

Increasing Admissions

Increasing Complexity

"Perfect Storm"
- Increase in prevalence / acuity / complexity
- Links to COVID 19, Health Inequalities, Cost of Living
- Change in landscape regarding availability of support / placements

A cohort of children remain who:
- cannot be supported in their family home
- are not assessed as being suitable for Tier 4 inpatient CAMHs provision
- and where Local Authorities are unable to source regulated provision that can meet the breadth of a child's or young person's (CYP) needs.

There is a clear gap in cross-system commissioning for appropriate models / services to meet the needs of these young people.
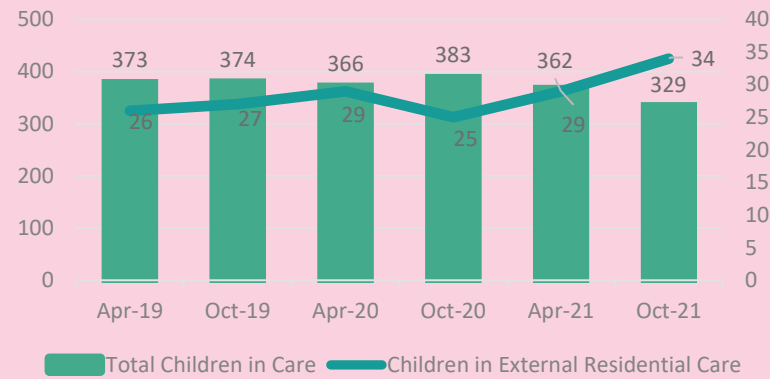
32

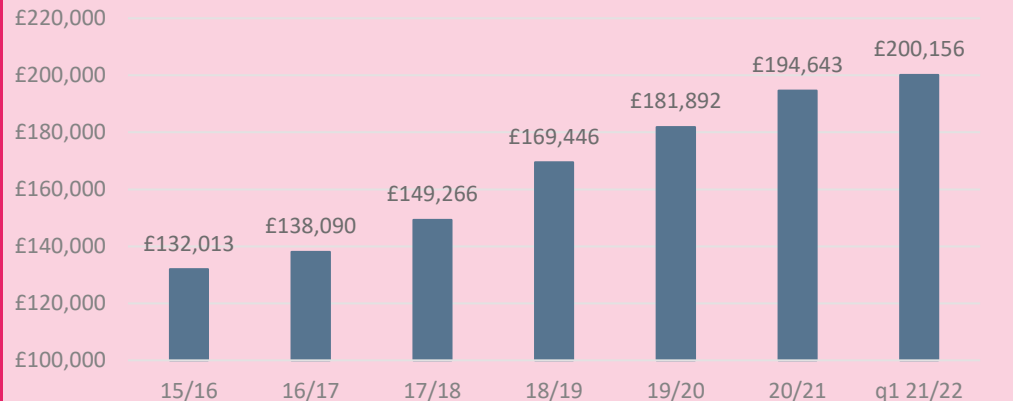# Supporting Children who "fall between the gaps"

Total Cost of Jointly Funded Placements

£2.5m (forecast) — 2021/22
£1.1m — 2018/19
£1.3m — 2019/20
£1.2m — 2020/21

- Outreach / Domiciliary Care
- Residential Care

Children in External Residential Care Placements

	Apr-19	Oct-19	Apr-20	Oct-20	Apr-21	Oct-21
Total Children in Care	373	374	366	383	362	329
Children in External Residential Care	26	27	29	25	29	34

External Residential Care Placement (Unit Cost)

15/16	16/17	17/18	18/19	19/20	20/21	q1 21/22
£132,013	£138,090	£149,266	£169,446	£181,892	£194,643	£200,156

Warrington Example

33

20

Supporting Children who "fall between the gaps"

Beyond / DCS Forum Convening
System response

Developing Place centred approaches that:

- Prevent avoidable admissions

- Optimise the length of stay / experience if care is required

- Keep solutions local and owned in place within a shared ICS wide model.

- Move from reactive to proactive care – providing anticipatory solutions to health / social care gap

Working Groups to cover:

- The regulatory regime: how do we work as a system to influence Ofsted and CQC.
- Data
- Best Practice: from within and outside of the region
- Model development
- Immediate response – developing short term crisis response model as an interim system solution at place/scale.

34

Ask of the Children's Committee

- Support for the cross-system approach to finding solutions

- Utilising system support to:

  - Unlock data sharing as needed across health / social care

  - Consider business case/s for innovative solutions

  - "Invest to save" opportunities – need for shared budgets across health / social care

  - Provide support from joint, cross-agency commissioning

  - Work with regulatory bodies to support innovation / new models of delivery

Discussion and Breakout Session

HCP Board – November 2023

|			HCP Action Log				
Action No	Meeting Date	Agenda Item No	Action	Owner	Due Date	Status	Update / Notes
8	08.11.22		To develop a comms plan for the HCP	Maria Austin / Clare Watson	01/01/2023	Open	Update - 13/06/23 In development with Maria Austin as lead; Cwa will provide an update on comms to the meeting on 18th July 2023 17.10.23: TCW requested update from MA. 17.10.23: MA - Draft has been developed, comms awaiting direction from Chair as to next steps. 19.10.23: Comms draft recieved, advice as to next steps sought from CWa/NR. 21.11.23: TCW asked for update from KMc 05.12.23: TCW sent draft to CW/IA for review. 06.12.23: TCW sent to LG/RJ/EL for review and sign-off to send to rest of HCP Group.
24	13/06/2023		To engage with a suitable education representative to attend the HCP.	CWa	19/09/2023	Open	17.10.23: TCW requested update from CWa. CWa advised to ask IA. 05.12.23: IA working with Carly Brown to identify rep.
29	18/07/2023	HCP/07/23/08	**Sustainability (Green Agenda, Social Value and Anchor Organisations)** All LA reps to refer back to their place regarding potentially signing up as an anchor organisation.	All	19/09/2023	Open	04.12.23: List of current signatories received from DS. 12.12.23: Info about becoming an Anchor Institution will be circulated with draft meeting minutes W/C 19.12.23. Update will be provided at HCP 16.01.24.
30	18/07/2023	HCP/07/23/08	**Sustainability (Green Agenda, Social Value and Anchor Organisations)** All other partner members to explore signing up as anchor organisations.	All	19/09/2023	Open	04.12.23: List of current signatories received from DS. 12.12.23: Info about becoming an Anchor Institution will be circulated with draft meeting minutes W/C 19.12.23. Update will be provided at HCP 16.01.24.
35	19/09/2023	HCP/19/09/04	**Actions from the last meeting, including update on progress:** Full financial update to be added to agenda item for future meeting.	KMc	16/01/2024	Open	06.12.23: Finance update planned for March 24 meeting.
36	14/11/2023	HCP/11/23/05	**Introduction and scene setting:** CBa to share a Knowsley policy around children in care with the group**.**	CBa	16/01/2024	Open	20.11.23: CBa shared documents with LW. 12.12.23: Documents to be shared with draft minutes W/C 19.12.23.
37	14/11/2023	HCP/11/23/07	**Breakouts - Facilitated Session:** HCP need to respond to the Govts plan to cut welfare benefits.	LGi	TBC	Open	
38	14/11/2023	HCP/11/23/07	**Breakouts - Facilitated Session:** Check within your organisations that Marmot indicators are reflected in priorities.	All	16/01/2024	Open	05.12.23: Lgi has shared a Board Report template that highlights whethr work is hitting Marmot Indicators. KMc to share with HCP Members W/C 19.12.23.
39						Open	
40						Open	
41						Open	
42						Open	

Sustainability Update

Health Care Partnership – 16th January 2024

January 2024 update

Update will focus on:

• Green Plan update

• Anchor and social value update
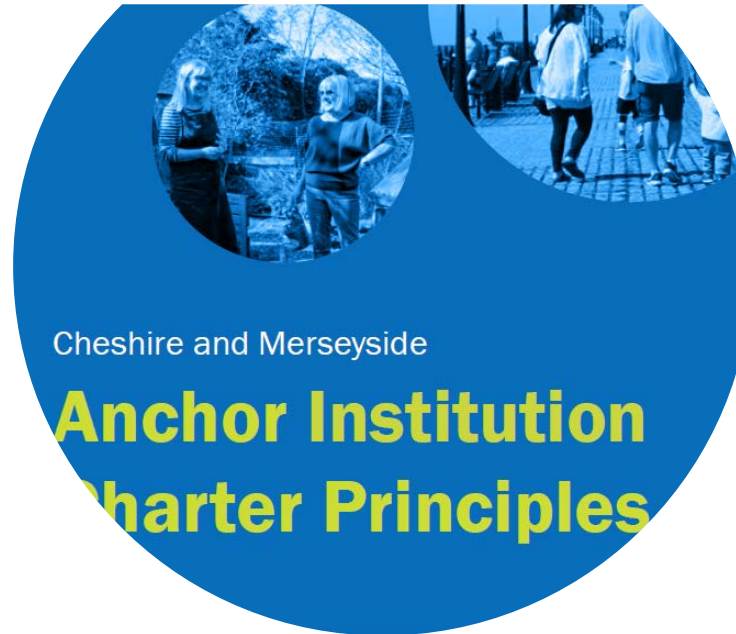
Green Plan

- Launched in 2022

- Aligns to the Greener NHS National Programme

- Next version must be produced by end March 2025
  - This must include an additional section on Sustainable Travel

- This Plan should be read in conjunction with local authority sustainability policies as well as Trust Green Plans

Green Plan – key successes

NHS Cheshire and Merseyside

- C&M are on track to removing the use of Desflurane – currently 1% - needs to be 0%

- Nitrous Oxide use across the system has reduced by 12,056.8 tco2e since 18/19 baseline

- A Staff Travel Survey was carries out, which will help shape the Sustainable Travel element of the refreshed Green Plan

- Close working relationships have been built up between sustainability leads across the NHS organisations

- Links with local authority leads are also strengthening

- We are developing a systemwide air quality framework

- Sustainability clauses have been included in ICB JDs

- Discounted bus travel for ICS colleagues was secured

- Regional funding was secured by the team to deliver a carbon foot printing project at Liverpool Heart and Chest and also to support the identification of the carbon foot printing of optometry services

- Successful in bringing in a Clinical Fellow to provide support and advice to the system

JUL~22 V1.1

Green Plan 2022
NHS Cheshire & Merseyside

Green Plan – challenges

- Adaptation remains a challenge – the focus remains on emergency planning and not long term prevention

- Capacity is a real issue, compounded by lack of infrastructure

- We need area of focus system leads
  - Currently, we are duplicating things – each organisation doing something
  - We should have one lead, per area, or have a Place focused team, to deliver at scale and at pace
 - This would lean into the ICB team, who would provide guidance, advice and strategic direction

Social Value and Anchor successes

- 21 signatories to the Anchor Framework
- Ran the first Anchor Assemblies and more planned in January 2024
- Amended the anchor measurement questions to more acutely assess progress
- Over 80 signatories to the Charter
- Circa 70 organisations have the C&M Social Value Award
- First organisation to be awarded the Social Value Health Award
- First organisation to sign up to the NHS Social Value Network
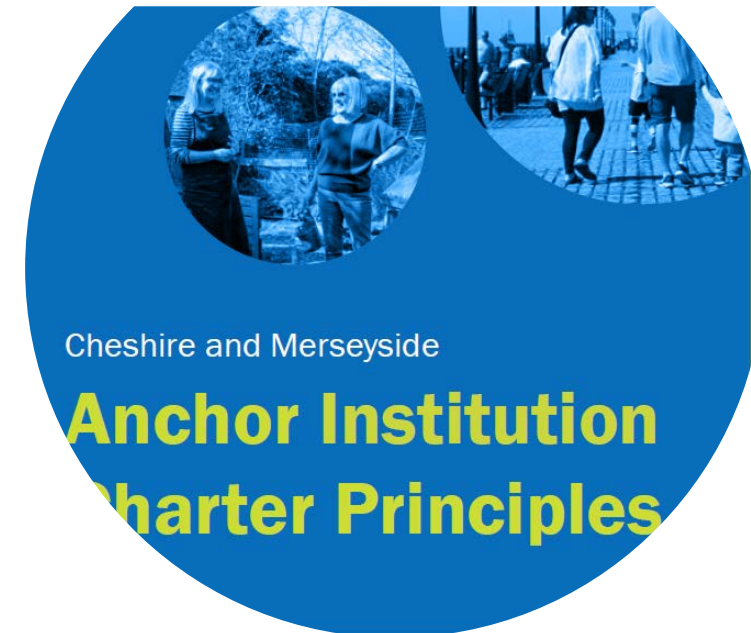
Social Value and Anchor successes

- 9 organisations have joined the C&M TOMs work – we are looking to expand this

- We are setting up a task and finish group to get our social value baseline %

- We are looking to bring in an embedded resource from the Social Value Portal to support with the social value work

- Shortlisted for the HSJ Partnership Award 2024 for this work and received numerous Awards in 2023

- Leading the way in this area across the country
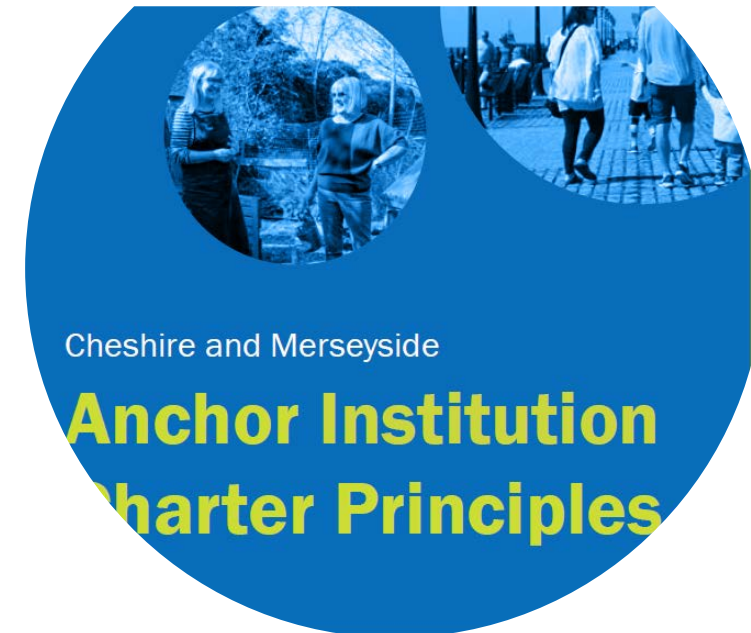
Anchor signatories

Alzheimer's Society
Cheshire & Wirral Partnership
CVS Cheshire East
Liverpool Heart and Chest Hospital
Mid Cheshire Hospitals
NHS Cheshire and Merseyside
One Wirral CIC
Sefton CVS
The Clatterbridge Cancer Centre
The Walton Centre
Torus
Alzheimer's Society
Cheshire East Council
Everton in the Community
Halton Borough Council
MIAA
One Wirral CIC
Roche
Sefton Council
St Helens Borough Council
Warrington Halton Teaching Hospitals
Wirral Community Health and Care
Wirral University Teaching Hospital

Cheshire and Merseyside
**Anchor Institution
Charter Principles**

CVS Community & Voluntary Services cheshire east

NHS

Alzheimer's Society

One Wirral CIC

torus

Sefton CVS
Supporting Local Communities

45

Anchor Assembly

- A framework is no good if progress can't be measured

- We have established the Anchor Assembly

- Made up of senior people from across the ICS, chaired by Raj Jain, the ICB Chair

- Will meet bi-annually to measure progress for each anchor organisation – first meeting on 12th July

- Received funding from NHSE to engage with a local community group to co-produce the measurement framework

- Measurement process developed and sent out to organisations ahead of the first Assembly

- Evidence gathered in this process will form a dashboard to demonstrate progress against commitments

- Also demonstrating delivery of the fourth pillar of the ICS

- We are the only ICS in the country doing this
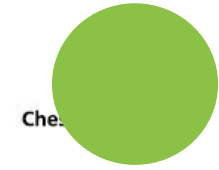
COMMUNITY CONSULTATION REPORT

Cheshire & Merseyside Anchor Framework Impact Measures

Anchor Assembly Measurement Tool

NHS
Cheshire and Merseyside

Anchor Institution Signatory Evidence

Organisation: [Insert organisation name]

We commit to the real living wage and creating equality within our local job sector.

What percentage of your workforce are currently paid the real living wage?	%
What percentage of your agency staff are paid at least the real living wage? (optional)	%
Supporting narrative: Please document your progress to date and include case studies where relevant.	

We pledge to employ and purchase locally*. (*Defined as within Cheshire and Merseyside.)

What percentage of your workforce reside in Cheshire and Merseyside?	%
In relation to the current financial year, what percentage of awarded contracts have been local?	%
Supporting narrative: Please document your progress to date and include case studies where relevant.	

We pledge to work in partnership and, where possible, ensure our buildings are utilised as community assets.

Do you currently allow voluntary, community, faith or social enterprise (VCFSE) organisations to use your buildings free of charge?	YES / NO
Supporting narrative: Please document your progress to date and include case studies where relevant.	

We pledge to reduce our environmental impact and achieve net zero by 2040 or sooner.

Has your organisation developed a Net Zero / Green Plan?	YES / NO
Supporting narrative: Please document your progress to date and include case studies where relevant.	

We pledge to leverage greater social value by achieving the Social Value Charter Award.

Have you signed the Social Value Charter?	YES / NO
Have you achieved the Social Value Award?	YES / NO
Supporting narrative: Please document your progress to date and include case studies where relevant.	

We pledge to play our part in tackling health inequalities and improving population health outcomes.

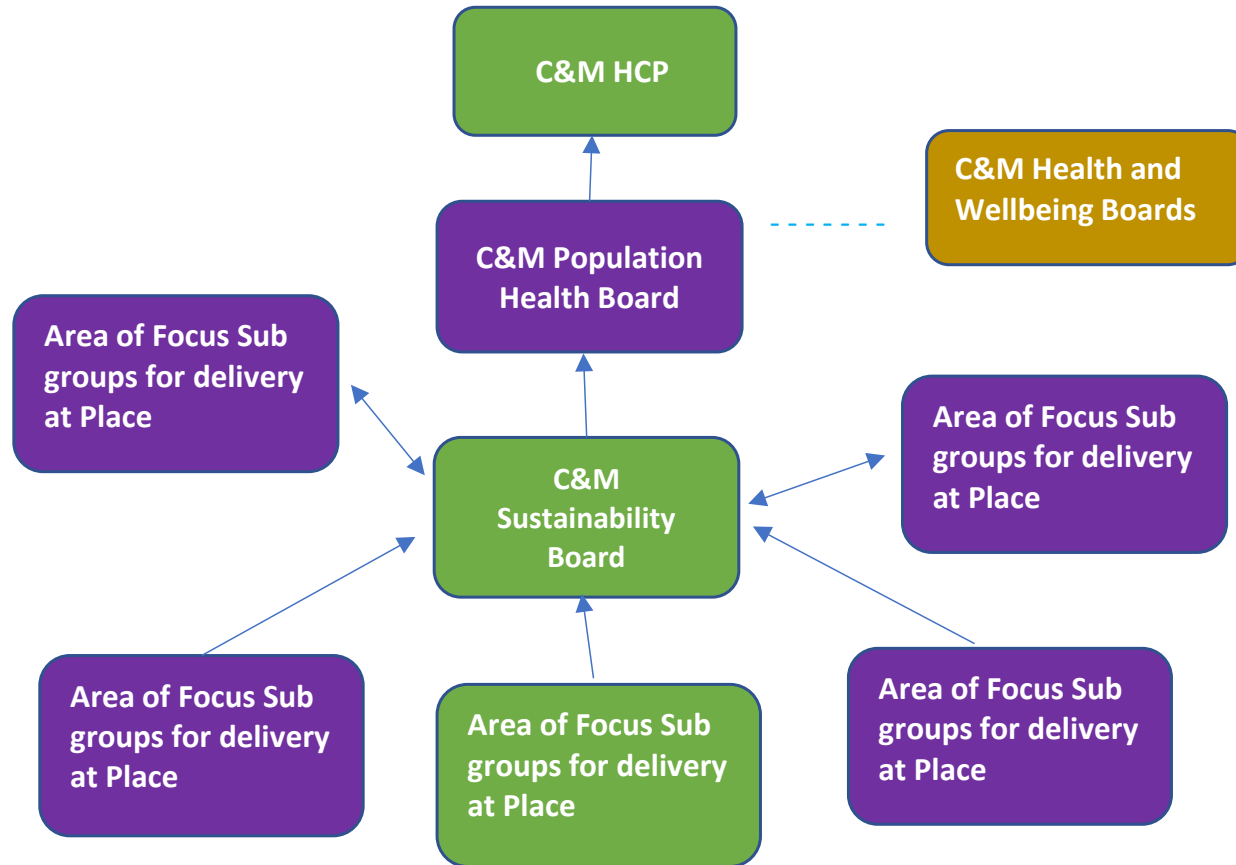|	
Has your organisation been awarded the NHS Prevention Pledge? (NHS Providers only.)	YES / NO
Is your organisation delivering initiatives that aim to address health inequalities?	YES / NO
If yes, is this work aligned with the 8 Marmot Principles or the Core20PLUS5?	YES / NO
Supporting narrative: Please document your progress to date and include case studies where relevant.	

We are proud to showcase examples of the work we undertake to create social value.

Please include a case study below.

Name and Role	
Signature	
Date	

47

Governance


```
                    ┌──────────────┐
                    │   C&M HCP    │
                    └──────────────┘
                           ▲
                           │
                    ┌──────────────┐         ┌──────────────────┐
                    │ C&M Population│- - - - -│ C&M Health and   │
                    │ Health Board │         │ Wellbeing Boards │
                    └──────────────┘         └──────────────────┘
                           ▲
   ┌──────────────┐        │              ┌──────────────┐
   │ Area of Focus│        │              │ Area of Focus│
   │ Sub groups   │◄─┐     │          ┌──►│ Sub groups   │
   │ for delivery │  │     │          │   │ for delivery │
   │ at Place     │  │ ┌──────────┐   │   │ at Place     │
   └──────────────┘  └─│   C&M    │───┘   └──────────────┘
                       │Sustainability│
   ┌──────────────┐  ┌─│  Board   │─┐     ┌──────────────┐
   │ Area of Focus│  │ └──────────┘ │     │ Area of Focus│
   │ Sub groups   │──┘      ▲       └────►│ Sub groups   │
   │ for delivery │         │             │ for delivery │
   │ at Place     │   ┌──────────────┐    │ at Place     │
   └──────────────┘   │ Area of Focus│    └──────────────┘
                      │ Sub groups   │
                      │ for delivery │
                      │ at Place     │
                      └──────────────┘
```

Sub groups inclue primary care, inhalers, liaising with partners, energy etc. They fluctuate depending on priorities

Next steps

- Refresh Green Plan and include sustainable travel plan

- Need to secure infrastructure and capacity

- Grow the Anchor Framework signatories

- Grow the social value baselining and TOMs work to more organisations – **we need HR, Procurement and Finance reps to get the ICB baseline**

- Continue to grow the work on a national basis

- Continue to cement our position as leaders in this area

COMMUNITY CONSULTATION REPORT

Cheshire & Merseyside Anchor Framework Impact Measures
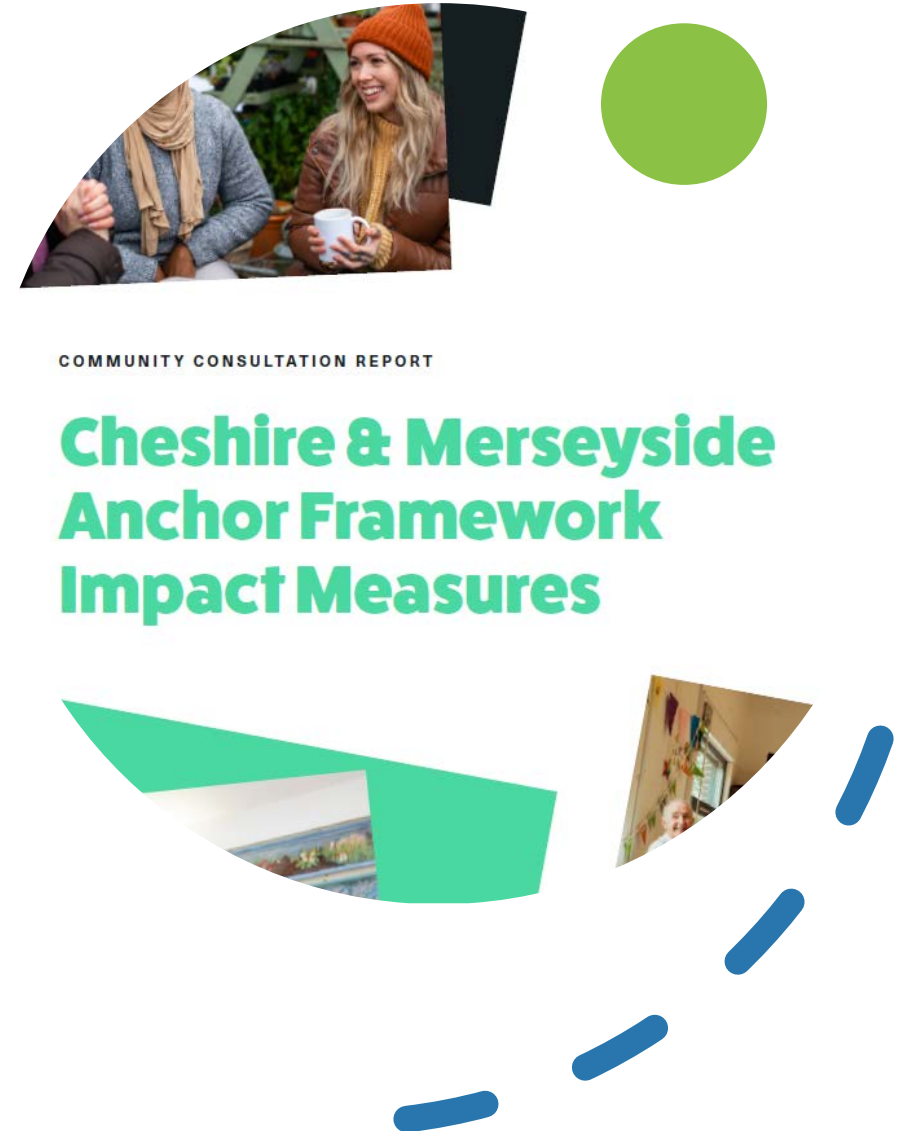
Questions?

Cheshire and Merseyside Health and Care Partnership (HCP)

Cheshire and Merseyside Health and Care Partnership

All Together Fairer Stocktake and Alignment of All Together Fairer and HCP Strategy

16th January 2024

Report author & contact details	Alan Higgins Strategic Lead All Together Fairer Programme Alan.higgins@wirral.gov.uk
Responsible Officer to take actions forward	Prof. Ian Ashworth Director of Population Health Ian.ashworth@cheshireandmerseyside.nhs.uk

Summary:

This paper provides an update on progress against All Together Fairer (ATF), the development of the ATF Beacon Indicators and outlines how we might better align the HCP strategy with ATF. It includes the following progress reports:

All Together Fairer Implementation Progress Report.
A report on the progress made since April 2022 in implementing the Marmot All Together Fairer programme, reviewed against the World Health Organisation's Four Pillars of implementing Health In all Policies.

All Together Fairer Stocktake Commentary and Spreadsheet of Stocktake Responses.
The Excel spreadsheet contains an edit of all responses to the request for information on the activity against the eight Marmot themes at borough, combined authority, and ICS level (See Appendix A for embedded Excel Spreadsheet). The commentary provides a reflection on what we have learned from the stocktake.

ATF Beacon Indicators Review
A review of the development in the 22 beacon indicators since April 2022 and a brief discussion on what needs to be done next to develop the monitoring function.

Healthcare Partnership Strategy and All Together Fairer Alignment
A summary of how the implementation of All Together Fairer works in practice and the rationale for what we will be adding by focussing on transformational procedures, anti-poverty, and equity in all policies (See Appendix B for All Together Fairer Report and Appendix C for HCP Interim Strategy)

All Together Fairer Implementation Progress Report

1.   Background

1.1.   Although the implementation of the Marmot All Together Fairer programme formally began after the report was launched in May 2022, there was already implementation of activity on the social determinants of health underway across Cheshire and Merseyside.

1.2.   The All Together Fairer programme clarified the scale of the challenge by:
- Providing detailed data analysis
- Setting out the evidence of what works and best practice elsewhere.
- Providing the context to inspire existing programmes of work and initiate specific new programmes to address inequality through the social determinants of health.

2.   Examples of good practice

- Work, such as the Liverpool City Region Fair Employment Charter, preceded the Marmot final report but is clearly working to the Marmot theme on "Create fair employment and good work for all". There are now a total of 100 Aspiring Level Fair Employment Charter organisations in the City Region, and eleven healthcare and nine social care organisations have completed an application form to become part of the Fair Employment Charter.
- The NHS Prevention Pledge programme is successfully working with NHS Trusts across Cheshire and Merseyside to support, inspire and challenge trusts to adopt employment practices that recruit people from the poorest areas in the sub-region.
- The Beyond programme is working with Barnardo's and two other ICSs to develop and implement a Children and Young People's Health Equity Framework that is specifically focussed on social determinants of health.
- The C&M NHS Anchors programme is supporting Trusts to look at their wider societal role and a group of GPs have initiated a Deep End initiative to support those practices working with the most deprived populations.
- New strategies and excellent work have been initiated in boroughs and includes the Sefton Child Poverty Strategy, Liverpool Housing and Health programme, Halton Wider determinants programme and more.

3.   World Health Organisation four pillars for structured action.

3.1.   This review of activity will focus on what has been done to further implement the Marmot programme since May 2022. In doing so the review will adopt the

structure used by the World Health Organisation to recommend action on health in all policies of four pillars for structured action:

Pillar One – Governance and Accountability

Pillar Two – Leadership at All Levels

Pillar Three – Ways of Working

Pillar Four – Resources, Financing and Capabilities

3.2. The All Together Fairer programme deliberately and specifically focuses on the social determinants of health - the social, economic and environmental conditions in which people are born, grow, live, work and age to reduce inequality in health at a level that can be seen in population changes. This means acting on the drivers of ill health as well as treating ill health when it is presented in healthcare settings, recognising that it is almost impossible to live healthily when in poverty. This is a significant challenge given the decades of movement in a direction that has exacerbated inequality but an essential one to achieve an altogether fairer Cheshire and Merseyside.

4. Pillar One – Governance and Accountability

4.1. Commitment from the Cheshire and Merseyside ICB and ICS to the implementation of the ATF programme has been evident from the start. The commitment has been set from the top of the partnership structure. A governance structure has been in place through the ATF Advisory Board and Population Health Board and this structure is evolving into the next phase of Integrated Care System development with a strengthened focus on social determinants of health. The social determinants programme, with a key place for the All Together Fairer Board, will be one of the four programmes of the Cheshire and Merseyside ICS Population Health function. It will sit alongside the programmes on healthy behaviours, health care inequalities and screening and immunisation and under the Health and Care Partnership of the ICB.

4.2. A challenge for the governance structure is to ensure the link with activity happening through councils. This is provided through the meeting of the Directors of Public Health and, through the DsPH, to the council led Health and Wellbeing Boards in each borough. The link across the ICS to council work is also provided by the political leadership present on the ICB and Health and Care Partnership drawn from councils and the council chief executives present on the ICB and Health and Care Partnership.

4.3.   Finally, governance must include the community and voluntary sector which is represented on the above forums but whose assessment of the adequacy of the governance structure to keep that sector involved and informed should be continuously sought. Similarly, the engagement of the NHS Foundation Trusts and other providers in the ATF programme through the governance structure should also be assessed.

4.4.   The evolution of the ATF Board into a key component of the population health programme should see a further strengthening of the governance structure.

4.5.   Beneath the ATF Board there is a forum to bring together the people who are leading the implementation of the ATF programme in the Marmot Leads meeting. This forum is successful in supporting an exchange of information on what is happening in each borough and providing an insight into borough level working for the ICS. Further development of this forum into a network should happen in 2024.

4.6.   Finally, the Champs public health collaborative provides strategic leadership capacity to the overall ATF implementation programme. This capacity is key to the coordination of activity and the future development of the programme.

4.7.   The governance structure for the ATF programme is extensive and in further development. When fully functioning, it will support the implementation of the programme well.

4.8.   Accountability for the implementation of the programme is underpinned by the Beacon Indicator Set. A separate briefing on the indicator set and action needed to develop a fully functioning monitoring tool is provided.

5.   Pillar Two – Leadership at all levels

5.1.   The social determinants of health programme are multi-sectoral and multi-factorial and demands a systems leadership approach in which leadership is developed and supported at all levels and points. The following actions have been taken or are in train to support this systems leadership for the ATF Marmot programme.

5.2.   Attendance at the Marmot Summer School 2023

5.2.1. Eight Marmot leads from across Cheshire and Merseyside, including the LCR Combined Authority, attended a week-long event at the Institute of Health

Equity in July 2023. The event included participants from across the UK and internationally to hear about and discuss different approaches to work on the social determinants of health.

5.2.2. It was clear that a significant benefit for participants from CM was in meeting each other, spending time together and with others from the NW and other parts of the UK. This points to the need for further opportunities for engagement and relationship building within Cheshire and Merseyside as a must do for 2024 and onwards.

5.3.   Four workshops to develop leadership awareness at a senior level are in place for January and February 2024. The workshops are aimed at ICS directors, ICB members, Local authority councillors and HWB leads, Directors of Finance in NHS and local government, Directors of Growth, Transport, Planning, Environmental Health, Regeneration, and policymakers. The workshops will:

- Increase understanding of social determinants of health amongst attendees.
- Better support ICS system leaders in understanding their role and the health system's role in tackling health inequalities.
- Improve the effectiveness of the strategies to address the social determinants of health in the ICS system.
- Accelerate progress on tackling health inequalities in Cheshire and Merseyside.

5.3.1. Pending the success of the workshops, consideration will be given to extending the programme for other levels of leadership.

5.4.   A third development coming into place in 2024 is an online hub to provide a platform for the exchange of information on work on social determinants of health across the Cheshire and Merseyside system and access to the latest evidence base and reports nationally and internationally.

6. Pillar Three – Ways of Working

6.1.   The All Together Fairer programme functions through the provision of an overarching framework, the eight Marmot themes and system recommendations, which is evidence-based and draws on a thorough analysis of the data on health inequalities in health in Cheshire and Merseyside. This framework has broad and strong support across the system and good recognition in most parts of it.

6.2. The governance structure as mentioned above provides support to the implementation of actions. The majority of the actions are taken at council level and below and through NHS organisations such as Foundation Trusts and primary care.

6.3. There is much that happens through local government to act on the social determinants of health. Councils have strategies and policies on poverty, employment support, transport, green space, etc. and a lead responsibility for public health. Some of the work the councils initiate is funded through the public health grant but much of the work on social determinants is core council business. These include the Sefton Child Poverty Strategy, Liverpool Housing and Health programme, Halton Wider determinants programme and more.

6.4. NHS Foundation Trusts have been acting to review employment practices to ensure people from the surrounding area or with particular needs are supported through the recruitment processes. The General Practitioner-led 'Deep End' initiative seeks to develop work on inequalities in health that can best be addressed through primary care services.

6.5. Sitting above this work is activity at system level to coordinate work across boroughs and Foundation Trusts. These initiatives include the NHS Prevention Pledge, Anchors Programme and working with Barnardo's and the Institute of Health Equity to design a Children and Young People's Health Equity Framework. Work on Fair Employment Charters in Liverpool City Region and in Warrington and Cheshire is at different points but both programmes aim to engage public and private sector employers to improve the quality of work for employees. This is a key social determinant of health in the Marmot programme.

6.6. In summary, the Marmot report set the overarching analysis and recommendations for action on the social determinants of health, the building blocks on which good health and reduced inequalities in health are built. The ICS endorsed the analysis and recommendations from the top and made clear that implementing the overall approach of All Together Fairer and recommendations is the Health and Care Partnership strategy. Councils, the key bodies in tackling the social determinants of health, also endorsed the ATF approach and are progressing with implementation.

6.7. There is, as expected, variation in implementation as councils balance priorities, opportunities and relative local challenges. Foundation Trusts and

primary care also engage with the social determinants of health. The ICS supports this work by providing: -

- leadership development
- networking opportunities
- coordinating programmes
- innovation in developing frameworks.
- access to inspiration from elsewhere

Alongside the development of monitoring tools that will tell the system whether, and how, it is making progress to achieve a healthier and fairer Cheshire and Merseyside.

7. Pillar Four – Resources, Financing and Capabilities

7.1. Resourcing work on a relatively new approach is challenging at any time and more so at present. Public sector budgets are under significant pressure. Inequalities in health have been made worse through the impact of economic austerity policies, the Covid-19 pandemic, and the cost-of-living crisis.

7.2. In this context, much is being done with less. Even in this context, there is a willingness to fund this activity and that must be maintained.

7.3. Capability to do this work in Cheshire and Merseyside is high and being developed. Capacity is an area for further development. In this context, system-wide leadership is key to engage greater capacity and to link the work on social determinants of health to the core work of councils, foundation trusts, public and private sector employers.

All Together Fairer Stocktake Commentary

1. Introduction

1.1. The attached stocktake of activity has been constructed by inviting leads in local authorities, in the LCR combined authority, and at the Warrington and Cheshire level, to record what work they are doing under each of the eight Marmot themes and seven system recommendations and to add the work being done at ICS level. The information is recorded in the Excel spreadsheet.

1.2. There is no shortage of activity in Cheshire and Merseyside that can come under the All Together Fairer banner. This stocktake has been of great value to capture that activity but also to highlight what needs to be done.

2. Categorisation of Information

2.1. In the Excel table each of the eight Marmot themes, seven system recommendations and beacon indicators are set out in rows and information is presented on work at:

- C&M level activity
- Cheshires and Warrington level activity
- LCR CA level activity
- Borough-level activity.

3. Comments on the Stocktake Information

3.1. There is a wide range of activity underway in Cheshire and Merseyside.

3.1.1. There is much good practice on the social determinants of health at all levels in Cheshire and Merseyside. This work is also at a significant volume. Each borough is able to note innovation in family hubs, employment workshops, movement towards paying a real living wage for social care work, a child poverty strategy and so on. Work at the next administrative level includes fair employment charters, work in foundation trusts coordinated and inspired through the NHS Prevention Pledge, and the development of the healthy equity framework for children and young people. At ICS level there is activity to understand the relevance of social determinants of health and the development of leadership capability to act. It is important to note that whilst

the stocktake has drawn on feedback from Place we are aware that there is also additional activity taking place.

3.2. A systematic coherence between recommendations, indicators and actions is not apparent.

3.2.1. From the information provided it seems that at the borough level, the work has been inspired by the overall Marmot themes, be it giving every child the best start in life or creating fair employment for all, and then activity is generated that is relevant to the overall theme.

3.2.2. A systematic approach could be to take each theme and series of recommendations and generate work on the recommendations while also measuring the relevant beacon indicator to determine progress towards improvement. There are some exceptions where the information suggests that action is linked to specific recommendations.

3.2.3. However, noting the absence of that linear thread from theme to recommendations to action and measurement is not a criticism of the way the work is being handled. The recommendations were not intended to be a checklist. Implementation at council level will require some sifting of which recommendations have particular relevance at this point in time in each borough. Action will depend on which recommendations fit with the corporate plan and Health and Wellbeing Strategy, have momentum already behind them and for which opportunities exist, possibly through political backing or funding circumstances, to make progress.

3.3. A strategic approach is embedding in some boroughs.

3.3.1. Work in Liverpool CC and Knowsley appears well organised with staff capacity dedicated to taking it forward. Work in Halton is shaping up with a wider determinants programme led by the voluntary sector with good engagement across a number of sectors; work in Cheshire East and Warrington is organised and determined and dealing with funding challenges; St Helens' council also won a national award for A Whole Council approach to tackling health inequalities. In other boroughs, there is great work happening specific to particular themes, but it is less clear that there is an overall approach on social determinants of health.

3.4. Much of the activity on social determinants of health is not initiated with a health outcome in mind but could be given greater coherence as a health equity activity.

3.4.1. Activity relevant to social determinants of health and recorded in council and combined authority settings crosses over a wide range of policy areas from transport to economy to housing etc. Work on poverty reduction, housing support or transport developments all have obvious primary goals. Many of the programmes referenced in the stocktake have not been commissioned/progressed with specific reference to the ATF themes and recommendations. However, improvements in each of them will be a significant contribution to health equity if they are implemented on the basis of proportionate universalism and achievement of equity.

3.4.2. There is an opportunity to achieve greater coherence and drive to the All Together Fairer programme by more explicitly linking the non-health outcome work to the longer-term goal of greater health equity through improving the social determinants of health. This applies to work at the ICS level, in individual boroughs, with NHS Foundation Trusts and between combined authority and boroughs.

3.5. Variation in the quantity of activity between themes is evident.

3.5.1. Activity tends to be strongly reported under themes related to children and young people (Give every child the best start, maximise capability and control), themes on employment and healthy standard of living and places and communities but less well on themes seven and eight from the ATF report on racism and discrimination and environmental sustainability. The latter two are more recent additions to the Marmot themes, although they have been included since the report was launched in Cheshire and Merseyside.

3.6. System recommendations.

3.6.1. There are seven system recommendations in the ATF report and a wide range of activity at different levels reported in the stocktake. The first recommendation, "Increase and make equitable funding for social determinants of health and prevention", has information recorded at ICS, combined authority and Cheshire and Warrington level but little at the borough level. This is not surprising given the financial challenges facing local authorities.

3.6.2. Most boroughs and system levels have action recorded against partnership and leadership development, co-creating interventions and social value. Some places have been successful in engaging the business and economy sector (recommendation number five). The responses indicate a wide variation in activity but also that significant activity is in place.

All Together Fairer Beacon Indicators Review December 2023

1. Introduction

1.1. The 22 beacon indicators relate to the eight Marmot themes and are the outcome measures that will ultimately show whether the action and investment in activity on the social determinants of health has made a difference in Cheshire and Merseyside. Some points are worth making to set the context in which to view progress in the beacon indicators:

- The indicators are chosen to measure progress in the social determinants of health and therefore the majority are not measures of activity in health services.
- Some, but not all, will change slowly no matter what the level of success in programme implementation. This is in part due to the national process of annual updating and three-year aggregation of data and in part because of the longer time for activity to have an impact on population health measures. This is the case for life expectancy and healthy life expectancy indicators.
- Many, if not all of the indicators, are affected by the level of deprivation in the population and therefore vary by deprivation across Cheshire and Merseyside. The higher the population deprivation level the worse the indicator is a good rule of thumb when looking at social determinants of health.
- In attempting to improve the social determinants of health and the beacon indicators, the task is to counter the impact of deprivation on health that has been in place for decades and, before the pandemic, could be seen to have had an impact in recent years to slow what had been year-on-year in improvements in life expectancy.
- The Covid-19 pandemic, and action in response, had the effect of worsening inequalities in health across the country and this effect is apparent in the beacon indicators for Cheshire and Merseyside.

1.2. Of the 22 indicators chosen, all but four of the indicators are currently live i.e. data exists at the appropriate level and is being updated on the dashboard.

Three of the indicators still not live relate to the Anchor Institutions work and their viability is yet to be determined.

1.3.   Anchor Institution indicators:
   • Percentage of employees who are local (FTE) employed on contract for one year or the whole duration of the contract, whichever is shorter (indicator 12)
   • Percentage of employees who are from Black, Asian and Minority Ethnic backgrounds and pay band/level (indicator 20)
   • Percentage (£) spent in the local supply chain through the contract (indicator 21)

1.4.   One of the agreed indicators is no longer available at the local level and a decision needs to be made as to whether we remove or seek an alternative.

1.5.   The one no longer available is:
   • Percentage of individuals in absolute poverty after housing costs (indicator 15)

1.6.   A case could be made for regarding 2022 as the beacon indicator baseline for assessing progress in the ATF programme. Although work on the social determinants of health preceded the launch of the ATF report, the period from 2019 onwards has been dominated by the Covid pandemic. Although the legacy of the pandemic will still be felt in population health data for years to come it feels reasonable to begin the measurement of progress in the All Together Fairer programme in data from 2022.

2. Indicators

Theme and Indicator		Comments
Life expectancy		
1	Life expectancy, Female, Male	Data is from 2014 to 2020 in three-year age bands. Variation across CM is in line with deprivation levels. Change over time by boroughs is variable; more deprived boroughs seeing a fall in LE and others either a slight rise or static.
2	Healthy life expectancy, Female, Male	HLE reflects mortality rates and the individual's self-assessment of their own health aggregated up to borough level. Cheshire East has better HLE than the national figure and other boroughs are mostly lower than the national level. Change over time (2014 – 2020) is variable with no clear picture of improvement.
Theme 1. Give every child the best start in life		

3	Percentage children achieving a good level of development at 2-2.5 years (in all five areas of development) *	Data from 2017 to 2021 for the 2- to 2.5-year-olds shows variation across CM but majority of boroughs are above the national figure for level of development at this age. There is significant variation year by year with two boroughs showing consistent improvement.
4	Percentage children achieving a good level of development at the end of Early Years Foundation Stage (Reception)	Data for reception age (4-5 years) is from 2013 to 2022 and shows improvement in each borough from 2013 which may indicate better data collection and real improvement in level of development. More variation between boroughs than for the earlier age measure and all boroughs have had a fall in the reception year measure in 2022 with the pandemic a likely association.
Theme 2. Enable all children, young people and adults to maximise their capabilities and have control over their lives		
5	Average Progress 8 score**	Average progress 8 compares pupils' achievement across 8 subjects to the pupils who has a similar starting point. The picture across CM is not good. The majority of boroughs show a low score and variation with CM reflects the distribution of deprivation. Pupils on free school meals show worse progress than others.
6	Average Attainment 8 score**	Attainment 8 measures the results of pupils at state-funded mainstream schools in England in 8 GCSE-level qualifications. Most boroughs in CM are around or slightly below the England average score with one borough being noticeable below the average. There is little consistency in trend data from 2015 to 2022.
7	Hospital admissions as a result of self-harm (15-19 years)	Data on admissions for self-harm shows variation between boroughs and no great consistency in direction of travel over time from 2017 to 2022. In all boroughs, as with the national data, there are more females than males admitted as a result of self-harm.
8	NEETS (18 to 24 years)	Some boroughs in CM show better than national performance in the percentage of 16 - 17-year-olds not in education or training and the overall direction across CM is to decrease this indicator.
9	Pupils who go on to achieve a level 2 qualification at 19	The national average for percentage of pupils who achieve level 2 at 19 years is 81.6 in 2021 although this is after 6 years of steadily falling performance. This pattern is reflected in CM where all boroughs are showing decreasing performance on this indicator since around 2013. Most boroughs in CM are at or around the national performance level although one borough is

		noticeably lower owing to lower performance for pupils on free school meals.
**Theme 3. Create fair employment and good work for all**	
10	Percentage unemployed (16-64 years)	The England figure for percentage unemployed is 3.7% and boroughs across CM vary around that figure with the highest being 4.7% and the lowest 2%. All but two of the boroughs saw a decrease (improvement) in the unemployment rate in 2022 compared to 2021 although there is significant annual variation in this statistic with no borough showing a consistent improving trend.
11	Proportion of employed in permanent and non-permanent employment	Most boroughs in CM have a smaller percentage of the employed population in self-employed or non-permanent employment with Cheshire East and West, Wirral and ST Helens being exceptions.
12	Percentage employees who are local (FTE) employed on contract for one year or the whole duration of the contract, whichever is shorter***	No data on percentage of employees who are local.
13	Percentage of employees earning below Real Living Wage	A higher proportion of women than men earn less than the Real Living Wage (RLW) and in five boroughs more people earn less than the real living wage than the England average. All boroughs are seeing a downward trend (improvement) in the proportion of the population earning less than the RLW.
**Theme 4. Ensure a healthy standard of living for all**	
14	Proportion of children in workless households	Sefton stands out as having achieved a noticeable reduction in the percentage of children living in workless households. Halton and Wirral also achieved reductions. Most boroughs across CM have seen an increase in that percentage between 2021 and 2022. Most boroughs are well above the England average.
15	Percentage of individuals in absolute poverty, after housing costs	No data on individuals living in absolute poverty.
16	Percentage of households in fuel poverty	Fuel poverty data in CM has been well reported over the last year and this beacon indicator shows the highest proportion of homes in fuel poverty in Liverpool and Knowsley and most boroughs in CM are above the England average.
**Theme 5. Create and develop healthy and sustainable places and communities**	

17	Households in temporary accommodation****	The proportion of households in temporary accommodation increased in each borough between 2019/20 and 2020/21 but all boroughs in CM are well below the England average. The England figure is 4.03% and the highest in CM is 1.81%. The NW figure is 1.64%.
Theme 6. Strengthen the role of prevention and ill health prevention		
18	Activity levels	Activity levels are highest in Cheshire East although year by year fluctuations are apparent in that borough and across CM.
19	Percentage of loneliness in population	Three boroughs in CM have higher values for the percentage of the population feeling lonely than the England average of 22.26%. Sefton has the lowest value at 16.17%.
Theme 7. Tackle racism, discrimination and their outcomes		
20	Percentage employees who are from ethnic minority background and band/level.***	No data
Theme 8. Pursue environmental sustainability and health equity together		
21	Percentage (£) spent in local supply chain through contracts***	No data.
22	Cycling / walking for travel (3-5 times / week)	Warrington has the highest value for percentage of adults cycling and/or walking at 4.13% which is higher than the England value of 2.33%. With the exception of Liverpool all remaining boroughs in CM gave lower levels of people cyclin/walking

3. Developing the Beacon Indicator Set

3.1.   The Marmot beacon indicator set was developed through workshops across Cheshire and Merseyside in 2022. The work was exemplary in being inclusive of different perspectives and mindful of what is possible given national data collection options. The final set of 22 indicators was agreed in the appropriate forums in Cheshire and Merseyside by summer 2022. The Beacon Indicator set is to be a visible indication of the commitment across Cheshire and Merseyside to seeing, and then reducing, inequality in health.

3.2.   The indicator set needs further development to act as the monitoring tool needed to guide implementation of the All Together Fairer programme. When fully functioning, the dashboard will provide evidence of progress towards a reduction in inequality in health in Cheshire and Merseyside. The indicators in

the dashboard will be linked to strategies, policies, investment programmes and actions that, when implemented, will move the indicator towards a reduction in health inequality. The dashboard will be readily accessible and open to interpretation without expert knowledge.

3.3.   A gap analysis is required to mark the extent of inequalities in health in Cheshire and Merseyside and to show progress towards closing them. Such analysis would show differences in indicators within Cheshire and Merseyside and between the sub-region and other parts of the country. This analysis would show inequality in data and should be evident on the beacon indicator dashboard.

3.4.   Where possible, data should be aggregated to the Cheshire and Merseyside level. This will provide a reference point for comparison with other regions and for comparison over time to measure progress in Cheshire and Merseyside.

3.5.   Finally, the table below is a mock-up of how the beacon indicator set will function as a monitoring tool.

Theme	Programmes and Action	Milestones	Outcome Indicator
Life Expectancy			Life expectancy, Female, Male
			Healthy life expectancy, Female, Male
Theme 1. Give every child the best start in life			Percentage children achieving a good level of development at 2-2.5 years (in all five areas of development)
			Percentage children achieving a good level of development at the end of Early Years Foundation Stage (Reception)
Theme 2. Enable all children, young people			Average Progress 8 score
			Average Attainment 8 score

and adults to maximise their capabilities and have control over their lives			Hospital admissions as a result of self-harm (15-19 years)
			NEETS (18 to 24 years)
			Pupils who go on to achieve a level 2 qualification at 19
Theme 3. Create fair employment and good work for all			Percentage unemployed (16-64 years)
			Proportion of employed in permanent and non-permanent employment
			Percentage employees who are local (FTE) employed on contract for one year or the whole duration of the contract, whichever is shorter***
			Percentage of employees earning below Real Living Wage
Theme 4. Ensure a healthy standard of living for all			Proportion of children in workless households
			Percentage of individuals in absolute poverty, after housing costs
			Percentage of households in fuel poverty
Theme 5. Create and develop healthy and sustainable			Households in temporary accommodation

places and communities			
Theme 6. Strengthen the role of prevention and ill health prevention			Activity levels
			Percentage of loneliness in population
Theme 7. Tackle racism, discrimination and their outcomes			Percentage employees who are from ethnic minority background and band/level
Theme 8. Pursue environmental sustainability and health equity together			Percentage (£) spent in local supply chain through contracts***
			Cycling / walking for travel (3-5 times / week)

Healthcare Partnership Strategy and All Together Fairer Alignment

1. Introduction

1.1. The approach to implementing the ATF programme in Cheshire and Merseyside is:

- The Marmot report set the overarching analysis and recommendations for action on the social determinants of health, the building blocks on which good health and reduced inequalities in health, are built. The ICS endorsed the analysis and recommendations from the top and made clear that implementing the overall approach of All Together Fairer and recommendations is the health care partnership strategy.
- The All Together Fairer programme functions through the provision of an overarching framework for action. The actions are taken forward through:
  - Local authorities
  - NHS Foundation Trusts
  - Combined Authority and appropriate Cheshire and Warrington level bodies
  - Community and voluntary sector organisations
  - NHS primary care organisations
- Activity at the system level to coordinate work across boroughs and Foundation Trusts sits above this work. These initiatives include the NHS Prevention Pledge, Anchors Programme and working with Barnardo's and the Institute of Health Equity to design a Children and Young People's

Health Equity Framework, work on Fair Employment Charters and other commissioning and implementation programmes.
- The ICS supports this work by providing leadership development, networking opportunities, coordinating programmes, innovation in developing frameworks and access to inspiration from elsewhere and by developing the monitoring tools that will tell the system whether and how it is making progress.

1.2. The Healthcare Partnership Strategy will add focus to this work by bringing the following three essential components of work on social determinants of health to the fore of the ICS and to underpin the work that is carried out on the Marmot themes at each level of organisation in CM.

- Transformational procedures
- Anti-Poverty work
- Equity in all policies

2. Transformational Procedures

2.1. Work on social determinants in other countries has shown that, as the work has matured, there has been more focus on transformational procedures. In the earlier stages, the work has tended to focus on specific social determinants – housing, transport, food poverty, etc. The transformational procedures for the HCP Strategy alignment are:

- Develop an allocation strategy that supports best use of resources to reduce inequalities and improve population health outcomes.
- Implement a proportionate universalism approach to resource management and distribution and continuously reviewing procedures to ensure this happens in practice.
- Increase, and make equitable, funding for social determinants of health and prevention.

2.2. Proportionate universalism is the resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need. Services are therefore universally available, not only for the most disadvantaged, and are able to respond to the level of presenting need. Proportionate universalism has been described as a hybrid approach which combines a focus on improving the health of the most disadvantaged groups and a focus on reducing the entire social gradient.

2.3. The principle of proportionate universalism is adopted in CM through the adoption of the Marmot report and recommendations, but it will not happen in practice without explicit commitment to make it happen. Without explicit

action, the default practice will be towards a realisation of the inverse care law in which those with less need of services get better services.

3. Anti-Poverty

3.1. The main social determinant that we need to address is poverty. One way to do that is to organise and support activity that focuses on an aspect of poverty – furniture poverty, digital poverty, food poverty etc. There are people to work with or to support in each of these areas. This is valid activity. Anything that can be done to alleviate current suffering should be done.

3.2. Another approach is to organise and support activity that gets more money to people. This will alleviate poverty, reduce health problems, and reduce demand on primary care health services, hospitals and social care. Action at an ICS level through the HCP Strategy could include working with others (CAB, DWP and others) to increase benefit take-up by increasing knowledge of what is available and providing support to people to apply for benefits. A significant move would be to act to reduce the stigma associated with being on benefits. The ICS could openly support the uptake of benefits as a health measure.

3.3. Other actions to increase money for people in poverty are in place but could be more rigorously enforced in the public sector and through contracts with the private sector. This includes payment of a living wage and equality of pay for women. Currently, public sector employers sign up voluntarily to the Liverpool City Region Fair Employment Charter. (A charter for Cheshire and Warrington is under consultation). This could be given a higher profile in the healthcare strategy with explicit encouragement for employers to sign up to and implement the charter standards as, again, a way of reducing demand for health care services.

4. Equity In All Policies

4.1. The more progressive thinking has moved on from the push for health-in-all-policies. What we are seeking is equity in all policies. We are looking for equity in education, employment, access to green space, etc. in the knowledge that achieving equity there will bring equity in health. It is the essence of the social determinants approach to reducing inequality in health and improving population health that the health sector pushes for, supports and invests in equity in policy and practice outside its remit in healthcare services.

4.2.   The HCP strategy can support the development and adoption of tools to support the review of health services, by the manager closest to the service delivery, to identify the equity issues in access and outcomes of the service and what action needs to be taken to resolve the problems for greater equity in provision. This work will be aligned to the implementation of the NHS Core 20 Plus 5 programme.

4.3.   The HCP Strategy can acknowledge the work that is happening across the region through councils, hospitals, schools, third sector and voluntary sector organisations and groups to alleviate poverty and achieve equity and make it clear that this work is valued, funding will be allocated to support it and the Board will constantly focus on this work. The ICS and Board through the HCP Strategy will commit to long term focus, will seek to support and develop the work in other sectors and will ask, when something isn't happening or changing, what it can do to make it happen and then do it.

Appendices

Appendix A: All Together Fairer Stocktake

ATF Stocktake.xlsx

Appendix B: All Together Fairer Report

Appendix C: Cheshire and Merseyside Health and Care Partnership (ICP) Interim Strategy