

Meeting of the Health and Care Partnership Agenda

Chair: Cllr Louise Gittins

| AGENDA NO & TIME | ITEM | LEAD | ACTION / PURPOSE | PACK PAGE NUMBER |
|--------------------------------------|---|------------------------------|----------------------------|------------------|
| 15:00pm | Preliminary Business | | | |
| HCP/06/23/01 | Welcome Introductions and Apologies | LG | Verbal | |
| HCP/06/23/02 | Declarations of Interest <i>(HCP members are asked to declare if there are any declarations in relation to the agenda items)</i> | LG | Verbal | |
| HCP/06/23/03 | Minutes of the last meeting-07 March 2023 | LG | Paper | 3 |
| | | | Approval | |
| HCP/06/23/04 | Actions from the last meeting, including update on progress | LG | Verbal | |
| 15:20pm | Business Items | | | |
| HCP/06/23/05 15:20 – 15:45 | All Together Fairer: Healthy work and fair employment. | Rob Tabb/ Melissa Crellin | Presentation | 8 |
| | | | For discussion | |
| HCP/06/23/06 15:45-15:55 | Support for new members and refresh of TOR | LG | For discussion | |
| HCP/06/23/07 15:55-16:05 | Future governance arrangements for HCP | Clare Watson | Verbal | |
| | | | For discussion | |
| HCP/06/23/08 16:05 – 16:25 | Cheshire and Merseyside HCP Draft Interim Strategy | Neil Evans | Presentation | 15 |
| | | | For discussion/ Endorse | |
| HCP/06/23/09 16:25 – 16:45 | Financial Update | Claire Wilson | Presentation | |
| | | | For discussion | |
| HCP/06/23/09 16:45-16:50 | HCP forward plan-future items for meeting | LG | For Discussion | |
| HCP/06/23/10 16:50-17:00 | Review of Meeting | LG | For Discussion | |
| 17:00pm | Close of Meeting | | | |



Dates of future meetings:

| Date | Time | Venue |
|-------------------|-------------|--|
| 18 July 2023 | 3:00 – 5:00 | The Boardroom, Lewis's Building, Liverpool |
| 19 September 2023 | 3:00 – 5:00 | The Portal, Ellesmere Port Room G2 and 3. |
| 14 November 2023 | 3:00 – 5:00 | The Boardroom, Lewis's Building, Liverpool |

Cheshire and Merseyside Health and Care Partnership Meeting

Held at Liverpool Place, Lewis's Building, Liverpool

Meeting Minutes 7th March 2023 3pm-5pm

| MEMBERSHIP | | |
|-------------------------|----------|--|
| Name | Initials | Role |
| Cllr Louise Gittins | LGi | Chair of HCP, Leader of Cheshire West and Chester Council |
| Catharine Murray Howard | CMo | Torus (Housing Provider) |
| Cllr Sam Corcoran | SCo | Leader of the Council, Cheshire East Council |
| Cllr Marie Wright | MWr | Chair of Health and Wellbeing Board/Cabinet member for Health and Wellbeing, Halton Borough Council |
| Cllr Christine Bannon | CBa | Health Cabinet Member, Knowsley Council |
| Steve McCormick | SMc | Cheshire Fire and Rescue |
| Cllr Marlene Quinn | MQu | St Helens Council |
| Cllr Ian Moncur | IMo | Chair of Health and Wellbeing Board/Cabinet member for Health and Wellbeing |
| Cllr Paul Warburton | PWa | Chair of Health and Wellbeing Board/Cabinet Member for Health and Adult Social Care, Warrington Council |
| Cllr Yvonne Nolan | YNo | Chair Adult Social Care and Public Health Committee, Wirral Council |
| D Mottram | DMo | Merseyside Fire and Rescue Service |
| Chris Davies | CDa | Wirral Borough Council |
| Gareth Lee | GLe | Assistant Chief Constable, Cheshire Police |
| Jon Roy | JRo | Assistant Chief Constable, Merseyside Police |
| Maxine Power | MPo | NWAS |
| Racheal Jones | RJo | CEO of One Knowsley, VCSE Representative for Liverpool City Region |
| Carly Brown | CBr | Childrens Services (DCS forum- C and M) |
| Paul Warburton | PWr | Group Housing Director, Torus (Housing Association) |
| Isla Wilson | IWi | Chair – Cheshire and Wirral Partnership NHS Foundation Trust, Provider Collaborative rep (trust in MH/LD/CS) |
| Dame Jo Williams | JWi | Chair of Alder Hey Children's NHS FT, Provider Collaborative rep (CMAST) |
| Margaret Jones | MJo | Director of Public Health, Sefton Council |
| Karen Prior | KPr | Chief Executive Officer, Healthwatch representatives across C&M |

| | | |
|----------------------|-----|--|
| Joanne Clague | JCI | NWAS |
| Sarah Thwaites | STh | Healthwatch, Liverpool |
| Stephen Watson | SWa | Executive Director, Place, Sefton Council |
| IN ATTENDANCE | | |
| Graham Urwin | GUr | Chief Executive, NHS Cheshire and Merseyside |
| Clare Watson | CWa | Assistant Chief Executive, NHS Cheshire and Merseyside |
| Neil Evans | NEv | Associate Director of Strategy and Collaboration, NHS Cheshire and Merseyside, NHS Cheshire and Merseyside |
| Ian Ashworth | IAs | Director of Public Health, CWAC |

| Apologies | | |
|---------------------------------|-----------------|---|
| Name | Initials | Role |
| Raj Jain | RJa | Chair of NHS Cheshire and Merseyside |
| Professor Rowan Pritchard Jones | RPJ | Executive Medical Director, NHS Cheshire and Merseyside |
| Phil Garrigan | PGa | Chief Fire Officer, Merseyside Fire and Rescue |

| Item | Discussion, Outcomes and Action Points | Action by |
|--------------|--|------------------|
| HCP/07/23/01 | <p>Welcome, Introductions and Apologies:</p> <p>Please Note: These minutes are a brief note of the discussion held after the Strategy Workshop was finished, not a set of full minutes.</p> <p>The Chair opened the meeting thanking members for their enthusiastic contribution to the strategy workshop held in advance of the meeting.</p> <p>The Chair introduced the newly appointed Joint Vice Chair, Rev Canon, Dr Ellen Loudon who introduced herself to the group outlining her current role as Director of Social Justice & Canon Chancellor at the Diocese of Liverpool and her wider experience.</p> | |
| HCP/11/22/02 | <p>Declarations of Interest</p> <p>There were no declarations of interest noted at this meeting</p> | |
| HCP/11/22/03 | <p>Previous Minutes</p> <p>Joanne Clague (NWAS) advised she was present at the January Meeting, also Joanne asked that she is added to the distribution list for the meeting.</p> <p>Cllr Corcoran asked why his request for the ICB Financial Plan to be presented at the next meeting was not included in the minutes. Clare Watson apologised for this omission and advised that Claire Wilson would bring a paper to the next meeting and that it would be helpful that this showed local authority and ICB financial plans.</p> | |

| Item | Discussion, Outcomes and Action Points | Action by |
|------|--|-----------|
| | <p>Representatives from Councils advised that whilst some had finalised their budgets some were still to do so. Graham Urwin advised he understood the frustration with sharing plans when different organisations were working to different timescales, pointing out that NHS financial plans were not finalised until after the 1st April and at present the NHS is still working through plans for the coming year. Graham Urwin offered assurance that the ICB will transparently share the financial plan.</p> <p>The Action Log was discussed and updates given</p> <p><i>Updates on log in blue.</i></p> <p>Actions</p> <p>1 08.11.22 To identify opportunities for the Partnership to learn more about the purpose, governance, and structures of the ICB Clare Watson 01/01/2023 Open Clare Watson to provide an update at the March 2023 meeting</p> <p>CW Advised that a video has been developed and will be shared at the next meeting</p> <p>2 08.11.22 To provide web access to the meeting for members of the public and to ask the group for their ideas on how this Partnership can engage effectively with the wider public</p> <p>01/02/2023 Ongoing Meetings planned to be live streamed from May meeting onwards</p> <p>CW confirmed from May meetings will be on web cam so action can be closed</p> <p>3 08.11.22 To invite a suitable Education representative to the meeting Natalie Robinson</p> <p>01/12/2022 Closed Education representative identified Complete – closed</p> <p>4 08.11.22 To investigate the possibility of developing a central dashboard containing relevant data sources Ian Ashworth 01/03/2023 Closed (CIPHA dashboard is in place)</p> <p>IAs advised that a central dashboard has now been published and local Place leads should now access to this. It has now been agreed that a future session will be held on the fair employment charter.</p> <p>5 08.11.22</p> | |

| Item | Discussion, Outcomes and Action Points | Action by |
|------|---|-----------|
| | <p>How can this group explore widening the remit of the Fire Service Safe and Well check to meet the wider priorities of the Cost of Living and Fuel poverty? All/Business Intelligence 01/01/2023 Open</p> <p>IA advised this action was now complete and could be closed</p> <p>6 08.11.22 Can we use the network of social prescribers across the region to support the work around cost of living/fuel poverty?</p> <p>PCN network 01/01/2023 Ongoing Representatives from Liverpool and Knowsley to be invited to a future meeting to provide an update Racheal Jones asked if we could ensure Places link in with VCFSE Social Care reps as well as Primary Care – IA agreed to raise this.</p> <p>7 08.11.22 To consider the possibility of developing a repository of innovation which can also be accessed by the public Natalie Robinson 01/03/2023 Open To be considered as part of the development of the HCP Communication Plan</p> <p>8 08.11.22 To share website and contact details for the Zero Suicide website</p> <p>Natalie Robinson complete 01/01/2023 Closed</p> <p>8 08.11.22 To develop a comms plan for the HCP Maria Austin 01/01/2023 Open Update to be provided at the Mach 2023 meeting</p> <p>9 08.11.22 To review meeting times and venues to ensure good public transport links Natalie Robinson 01/01/2023 Open Dates and venues have been set. Venues to be kept under review</p> <p>Actions 7-9 to be covered on May meeting agenda</p> <p>10 17.01.22 Committee members to send any items for inclusion on the forward plan of the HCP to the Chair Natalie Robinson 01/03/2023 Open</p> <p>Suggested items for the May Meeting</p> <p>The Chair asked the group for suggested agenda items for the next meeting:</p> <ul style="list-style-type: none"> • Financial Budgets – Claire Wilson • Update on the outputs from today’s workshop (Neil Evans, Ian Ashworth) • Communications Update (Clare Watson/Maria Austin) • Fuel Poverty Update (Ian Ashworth) <p>At July Meeting we would ask those who attended the workshop to provide an update on the pledge they made in the “strategy” workshop of 7th March.</p> | |

| Item | Discussion, Outcomes and Action Points | Action by |
|---------------------------------------|---|-----------|
| | Date of next meeting is 9 th May 2023 The Chair closed the meeting at 16.50 | |
| Date of Next Meeting: 09.05.23 | | |


End of Meeting

Cheshire and Merseyside Health Care Partnership (HCP)

Terms of Reference



Document revision history



| Date | Version | Revision | Comment | Author / Editor |
|-----------------|---------|-------------|---------|------------------|
| 19 October 2022 | 0.1 | Initial ToR | | Natalie Robinson |

**Review due
November 2023**

DRAFT

1. Introduction

- 1.1 The engagement document: Integrated Care System Implementation produced by the DHSC and NHS England set the role of the Integrated Care Partnership as: A broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS as equal partners in order to facilitate joint action to improve health and care outcomes and experiences, influence the wider determinants of health, and plan and deliver improved integrated health and care.
- 1.2 An ICP is a statutory committee, playing a critical role within the ICS with the intent to bring together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally.
- 1.3 Cheshire and Merseyside (C&M) has an established Health and Care Partnership (HCP), which has been in place since 2020 and is the committee from which the C&M ICS's ICP will develop. It has been proposed that the new ICP will be known as the HCP because this is a trusted and well-respected brand with partners and stakeholders.
- 1.4 The HCP is where the system comes together to develop the C&M Integrated Care Partnership Strategy and strategic priorities, in response to the evidence, and agree what we want to do differently to serve our populations.
- 1.5 The work of the HCP does not duplicate the work of the Cheshire and Merseyside Health and Well-being Boards.
- 1.6 These terms of reference set out the membership, remit, responsibilities, and reporting arrangements of the joint committee.

2. Role and Purpose

- 2.1 The primary purpose of the HCP will be to act in the best interest of people, patients, and the system as a whole, rather than representing individual interests of any one constituent partner, with membership including both statutory / non-statutory partner and individual organisational representation.
- 2.2 The HCP is a strong partnership, with representation from across the health and care system, who will continue to have responsibility for the statutory responsibility for the Joint Strategic Needs Assessments (JSNAs).
- 2.3 The HCP will be governed by a set of principles and ways of working which are based on a combination of what has been deemed important by local stakeholders together with national expectations.
- 2.4 The HCP will:
 - Involve local organisations and people in preparing its Integrated Care Partnership Strategy that sets out how the assessed needs in relation to its area are to be met by the exercise of functions of the ICB, NHSE and Local Authorities.
 - Oversee integration between the NHS and Social Care (including conversations about shared budgets / BCF; and NHS / Public Health), driving a shift of resources into prevention.
 - Develop a clear view on the contribution of the Health and Social Care system into prevention and the determinants of health, including our collective “anchor” approach.

- Support the work of the Health and Wellbeing Boards (HWBBs) and respond to their Health and Wellbeing Strategies and Joint Strategic Needs Assessments.
- Enable, encourage and support partners, places and collaboratives to improve and innovate, including advocating for new approaches and transformational ways of working, improving population health outcomes and reduce health inequalities at Place by addressing complex, long term issues that require a system level integrated approach across stakeholders.
- Provide a forum to build on the joint positive working between the NHS and LAs during COVID-19

2.5 The HCP will provide assurance to the ICB on the delivery of the following statutory duties:

- *Duty to commission certain specified health services*
- *Duty as to reducing inequalities*
- *Duty as to patient choice*
- *Duty to exercise functions effectively, efficiently, and economically*
- *Duty to obtain appropriate advice*
- *Duty to promote innovation*
- *Duty in respect of research*
- *Duty to promote integration*
- *Duty as to public involvement and consultation (in accordance with ICB direction and potential Place implementation) Duties as to climate change*
- *Duty to have regard to the wider effect of its decisions in relation to—*
 - (a) *the health and well-being of the people of England;*
 - (b) *the quality of services provided to individuals—*
 - (i) *by relevant bodies, or*
 - (ii) *in pursuance of arrangements made by relevant bodies, for or in connection with the prevention, diagnosis or treatment of illness, as part of the health service in England;*
 - (c) *efficiency and sustainability in relation to the use of resources by relevant bodies for the purposes of the health service in England.*

3. Authority

- 3.1 The HCP is a Statutory Joint Committee, convened under the 2022 Health & Care Act. It operates on a partnership and collaborative basis. Each of the constituent statutory partner members organisations remains responsible for discharging their sovereign statutory duties.
- 3.2 The meetings will be Chaired by a nominated Local Authority Political Leader, with two Joint Vice Chairs, one being the Cheshire and Merseyside ICB Chair and the other being an appointed representative of the VCSE sector.

4. Membership & Attendance

4.1 Members

- 4.1.1 Members are selected to be representatives of constituent partners and attend HCP meetings to promote the greater collective endeavour. Therefore, members are expected to make effective two-way connections between the Cheshire and Merseyside HCP and constituent organisations, adopting a partnership approach to working together, as well as listening to the voices of citizens, patients and the public we serve.

- 4.1.2 It is expected that members will prioritise these meetings and make themselves available; where this is not possible a deputy may attend of sufficient seniority who will have delegated authority to make decisions on behalf of their organisation in accordance with the objectives set out in the Terms of Reference for this group. For Local Authority (LA) representatives this will be in accordance with the due political process.
- 4.1.3 Representative Members will be asked to make connections between the HCP and the sector in which they are representing. The core focus of this role is not to champion the interests of any single organisation.
- 4.1.4 **The proposed core membership of the HCP (statutory committee) is:**

| | |
|---------------------------------------|--|
| ICP Chair | Local Authority Political Leader |
| ICP Vice Chair (2) | NHS Cheshire and Merseyside ICB Chair Voluntary Sector Representative |
| ICB | Chief Executive Executive Medical Director, NHS Cheshire and Merseyside Assistant Chief Executive Director of Finance |
| Local Authority Partners | Political Representation x 9 (including ICP Chair) Executive x 2 Directors of Public Health x 2 |
| Northwest Ambulance Service | |
| Police | X 2 (Cheshire Police, Merseyside Police) |
| Fire and Rescue | X 2 (Cheshire, Merseyside) |
| Voluntary, Community and Faith Sector | X 2 (Cheshire & Warrington, Merseyside) |
| Local Enterprise Partnership | X 2 (Cheshire, Merseyside) |
| Primary Care | X2 |
| Provider Collaborative | X2 (CMAST, MHLDSC) |
| Carers | |
| Housing | |
| Healthwatch | X2 |
| Higher Education/University | X2 |
| Social Care Provider | |

The HCP may also request attendance by appropriate individuals to present agenda items and/or advise the HCP on particular issues.

4.2 Attendees

- 4.2.1 Only members of the HCP have the right to attend HCP meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the HCP.

- 4.2.2 Meetings of the HCP may also be attended by the following individuals who are not members of the HCP for all or part of a meeting as and when appropriate. Such attendees will not be eligible to vote.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

5. Meetings

5.1 Quorum

The meeting will be quorate when 50% of members are present. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions requiring agreement by statutory bodies may be taken. If any member of the HCP has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

5.2 Decision-making and voting

- 5.2.1 The HCP will usually make decisions by consensus. Where this is not possible, the Chair may call a vote.
- 5.2.2 Only voting members, as identified in the “Membership” section of these terms of reference, may cast a vote.
- 5.2.3 A person attending a meeting as a representative of a HCP member shall have the same right to vote as the HCP member they are representing.
- 5.2.4 In accordance with paragraph 6, no member (or representative) with a conflict of interest in an item of business will be allowed to vote on that item.
- 5.2.5 Where there is a split vote, with no clear majority, the Chair will have the casting vote.

5.3 Frequency

- 5.3.1 The HCP will meet in public.
- 5.3.2 The HCP will meet six times each year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.
- 5.3.3 The HCP Chair may ask the HCP to convene further meetings to discuss particular issues on which they want advice.
- 5.3.4 In accordance with the Standing Orders, the HCP may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

5.4 Administrative Support

The HCP shall be supported with a secretariat function. Which will ensure that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead.

- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports for onward reporting.
- The HCP is updated on pertinent issues/ areas of interest/ policy developments; and
- Action points are taken forward between meetings.

6. Behaviours and Conduct

- 6.1 Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.
- 6.2 Members of, and those attending, the HCP shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.
- 6.3 All members shall comply with the ICB's Managing Conflicts of Interest Policy at all times. In accordance with the ICBs' policy on managing conflicts of interest, HCP members should:
- Inform the chair of any interests they hold which relate to the business of the HCP.
 - Inform the chair of any previously agreed treatment of the potential conflict / conflict of interest.
 - Abide by the chair's ruling on the treatment of conflicts / potential conflicts of interest in relation to ongoing involvement in the work of the HCP.
 - Inform the chair of any conflicts / potential conflicts of interest in any item of business to be discussed at a meeting. This should be done in advance of the meeting wherever possible.
 - Declare conflicts / potential conflicts of interest in any item of business to be discussed at a meeting under the standing "declaration of interest" item.
 - Abide by the chair's decision on appropriate treatment of a conflicts / potential conflict of interest in any business to be discussed at a meeting.
- 6.4 As well as complying with requirements around declaring and managing potential conflicts of interest, HCP members should:
- Comply with the ICBs' policies on standards of business conduct which include upholding the Nolan Principles of Public Life
 - Attend meetings, having read all papers beforehand
 - Arrange an appropriate deputy to attend on their behalf, if necessary
 - Act as 'champions', disseminating information and good practice as appropriate
 - Comply with the ICBs' administrative arrangements to support the HCP around identifying agenda items for discussion, the submission of reports etc.

Equality diversity and inclusion

Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

7. Review

7.1 The HCP will review its effectiveness at least annually

7.2 These terms of reference will be reviewed at least annually and earlier if required.

Cheshire and Merseyside Health Care Partnership Strategy 2023-2028

Next Steps in finalising our strategy and delivery plans - June 2023

Neil Evans
Associate Director of Strategy and Collaboration
NHS Cheshire and Merseyside ICB

Health Care Partnership Strategy (HCP)

- HCP strategy developed as an interim strategy which was approved in January (in line with national requirements issued by the Department of Health and Social Care)
- Health inequalities lens - Built around the 8 Marmot principles and the 22 Beacon Indicators
- Builds on learning from the pandemic
- Outlines our population profile and challenges size/geography/complexity
- Establishes our Vision, Mission and Objectives - Focuses on 4 core objectives
- Population Health – (including Core20PLUS5)
- Builds from Health and Wellbeing Board Strategies and Place Plans
- Working with people and communities



Health and Care Partnership Strategy

- Led by the HCP (ICP) partners
- Duration: 5 years
- Informed by: C&M wider partnership priorities; National Guidance; Health and Wellbeing Plans; Place plans
- Purpose: strategy for broad health, social care needs of the population including wider determinants of health
- Interim strategy published Jan 2023 with work to prioritise content happening through to summer 2023

Vision

We want everyone in Cheshire and Merseyside to have a great start in life and get the support they need to stay healthy and live healthier for longer.

Mission

We will prevent ill health and tackle health inequalities and improve the lives of the poorest fastest. We believe we can do this best by working in partnership

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

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

Improve population health and healthcare.

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

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

Enhancing productivity and value for money.

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

Helping to support broader social and economic development.

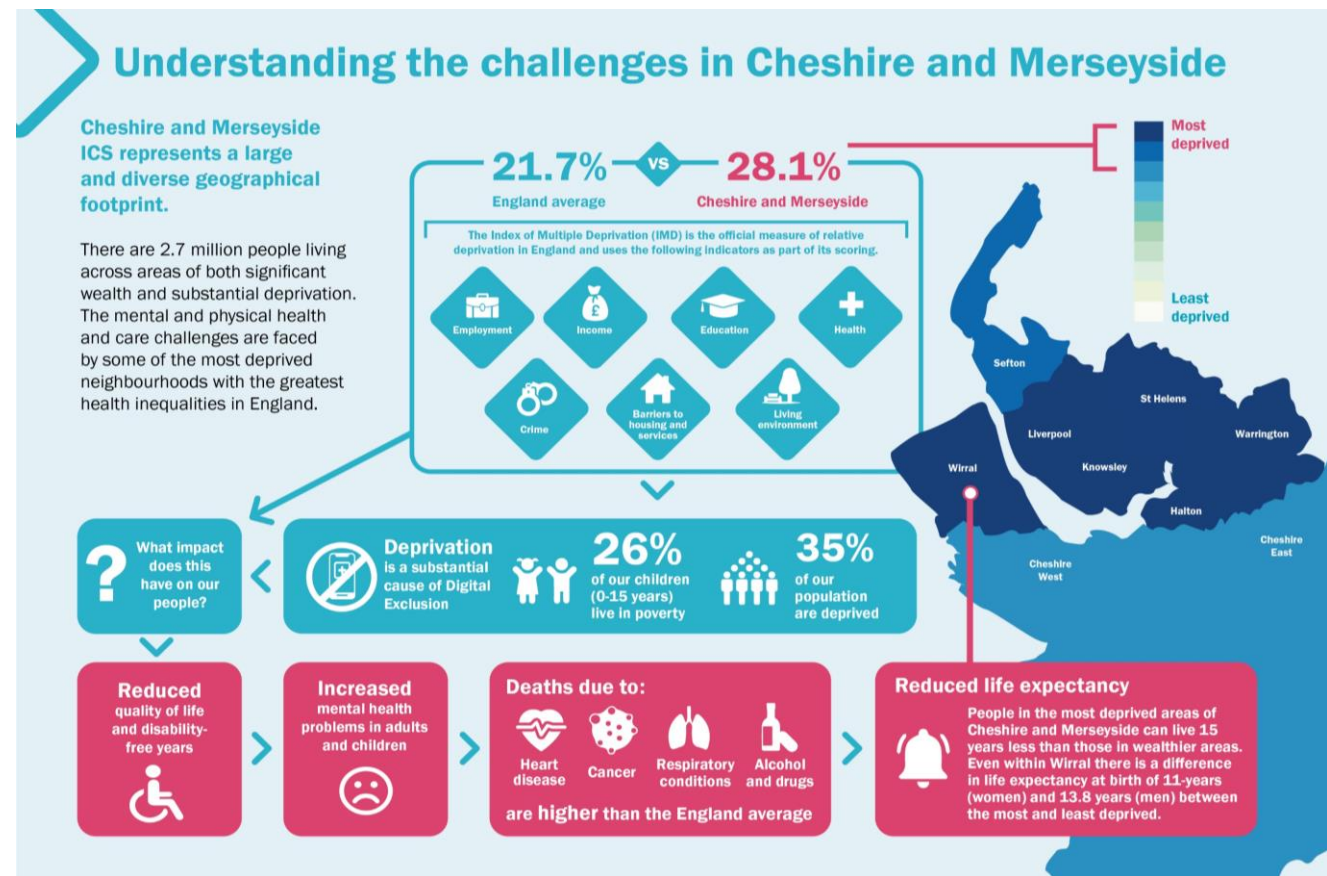
- Embed, and expand, our commitment to social value in all partner organisations
- Develop as key Anchor Institutions in Cheshire and Merseyside, offering fair employment opportunities for local people
- Promote our involvement in regional initiatives to support communities in Cheshire and Merseyside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

HCP priorities

In developing the draft Interim Cheshire and Merseyside Health and Care Partnership (CMHCP) Strategy, it was recognised that the vast breadth and volume of areas of focus of the strategy presents a risk, and it is more likely that we will improve outcomes by focussing our greatest effort on the highest priorities.

CMHCP partners supported further work to identify our highest priorities, allowing the potential to focus our resources on a smaller number of areas whilst still having a significant impact on the health of our population by making more significant progress in these prioritised areas.

Initial discussions took place between the Cheshire and Merseyside Directors of Public Health and members of the Integrated Care Board, and a task and finish type approach was established to develop a standard approach and gain a consensus on our greatest priorities.



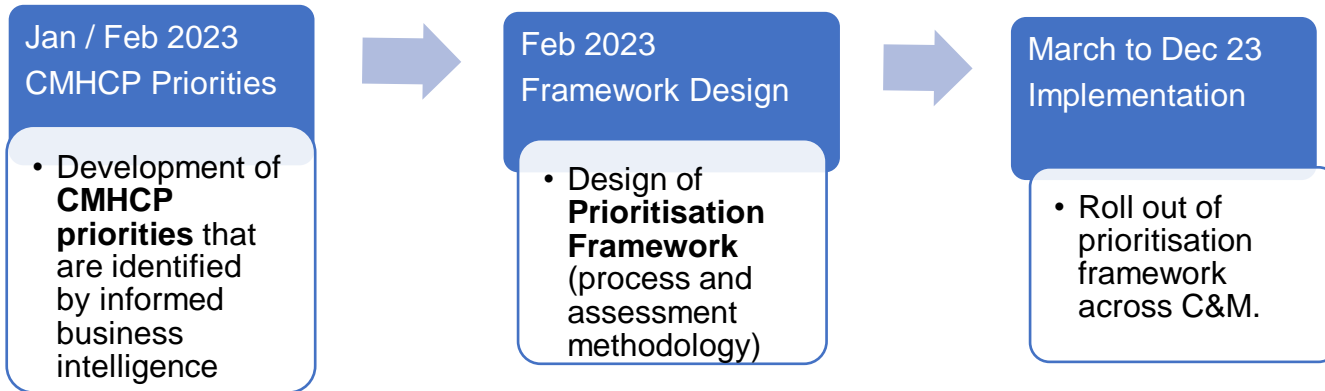
Our approach to understanding priorities

Phase 1

The **CMHCP Priorities Group** focussed on reviewing the latest available intelligence in relation to population health, health inequalities quality and access with the aim of identifying those areas which should be prioritised within the interim CMHCP Strategy.

Phase 2

The Group focussed on developing a prioritisation framework which can be applied to the plans. This is being tested by the ICB to invest in bids from transformation programmes during Q1 and 2 of this year



Champs Public Health Collaborative
 Local Knowledge and Intelligence Service North West, Office for Health Improvements and Disparities (OHID)
 ICB representation including from Liverpool Place Team
 Clinical Representatives
 Business Intelligence/CIPHA/System P
 Healthwatch



A summary of where the data tells us our population experience worse outcomes when compared to the “England average”, and where our population have told us their experience of accessing care does not meet their expectations.

We recognise this doesn't tell the whole story....

| | | | |
|---------------------------------------|---|--|--|
| Condition / Theme | <ul style="list-style-type: none"> CVD Cancer Respiratory Mental Health Falls Children and Young People and Maternity | Tobacco Alcohol Obesity and Physical Health Immunisations and Vaccination | Prevention Cross Cutting Priorities |
| Quality, Access and Experience | <ul style="list-style-type: none"> Waiting Times for Urgent and Planned Care Access to GPs, Dentists, Mental Health Support and Social Care support | | |
| System P Segmentation | <ul style="list-style-type: none"> Complex Lives Frailty and Dementia | | |

HCP workshop 7th March 2023



| Theme | Table 1 | Table 2 | Table 3 | Table 4 | Table 5 | Count |
|--|---------|---------|---------|---------|---------|-------|
| Prevention and early Help | X | X | X | | X | 4 |
| Workforce | X | X | X | | X | 4 |
| Making the best use of community assets | X | X | | X | | 3 |
| A good start in life for our children and young people | X | | | X | | 2 |
| Equity of access to services | X | | X | | | 2 |
| Trauma Informed Approaches | | | | | X | 1 |
| Maximising Household Income | | | | X | | 1 |
| Accountability - we have to be held accountable | | | | X | | 1 |



The themes included ensuring we make best use of “community assets” and “equity of access” are “golden threads” that should run through all of our work this would identify the top priorities identified as being:

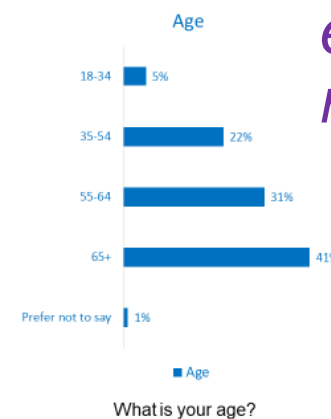
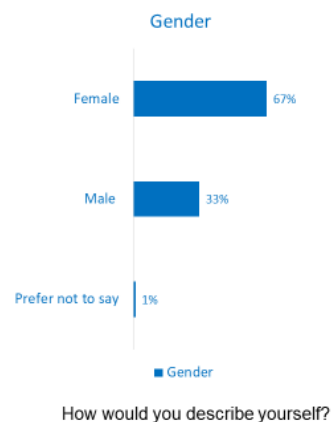
- **Prevention and Early Help**
 - **Workforce**
 - **A good start to Life for Children and Young People**
- Additionally suggested that a focus on “Housing” would be a theme we could collectively make a positive contribution



Public Survey - Results

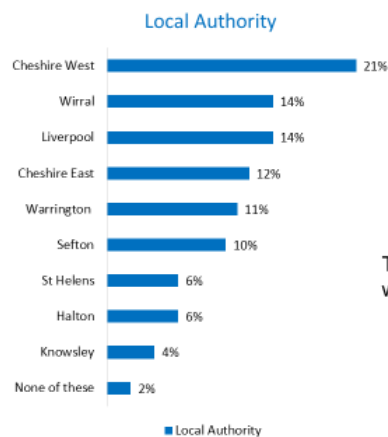
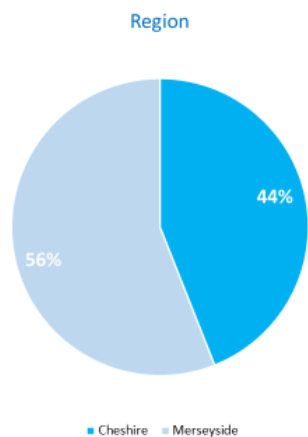
| Research Method | Sample Size |
|--|-------------|
| Online quantitative survey (collected via landing page and via panel provider) | 379 |

Demographic information



Over 90% believe that the priorities of the Health and Care Partnership are either somewhat or totally right

Where they live



The majority of participants live within Merseyside (56%)

Main feedback themes:

- How will it work/seems very broad/can we achieve it all?
- Complex Needs
- Disability provision
- Cardiology
- Dental Health
- Mental Health
- Autism
- Primary care
- Ophthalmology
- Patient Records
- Voluntary sector
- Sustainability

The Joint Forward Plan (JFP) 2023-2028



Context

- The 2023-28 document is now relatively short (<30 pages) but developed to be interactive with links through to much more detailed content describing specific plans in areas that the reader may be interested in finding out more about (>180 pages of detailed content)
- This includes specific links to the local Place plans/priorities and drawn from the relevant Joint Health and Wellbeing Strategy
- Whilst the plan, and priorities contained within the JFP, are built from the draft interim HCP Strategy* it is recognised that the final HCP strategy won't be finalised until later in 2023 so this is written at a "point in time":
 - As a system there are a number of key strategies and plans in development e.g. workforce, finance
 - Our final Cheshire and Merseyside HCP priorities will be agreed in the final HCP Strategy
 - The current JFP reflects the guidance issued by NHS England which asks ICBs to include a wide range of content on their statutory duties and the national NHS planning guidance
- We have the opportunity to change our approach....Over the course of this year the priorities and plans will mature and can be reflected in the updated JFP (March 2024) to reflect a more refined and mature system plan

**alongside local Place Health and Wellbeing Board and NHS Operational Planning priorities*

Taking forward the HCP Strategy

Some key feedback on how we can learn from the process to develop the Strategy and Joint Forward Plan:

- Take a more balanced approach to reflect the wider system priorities with less focus on NHS driven priorities in both the Strategy and the JFP
- Lets make the Joint part of forward plan a reality, in spite of the national guidance centring on the NHS
- Take a more flexible approach to how we present the NHS statutory content in the JFP

Some background work:

- Reflected on the approaches taken in peer ICS's and their approach including peer review of our emerging JFP supported by NHSE/I with Greater Manchester and Lancashire and South Cumbria
- All have a strong focus on addressing inequalities
- Different systems have variance in "system wide" or NHS focus in JFPs

Opportunities for to apply the feedback:

- Simplify and prioritise
- Re-frame our HCP strategy around the 8 Marmot Principles and Beacon indicators and reflect the priorities described earlier as our key areas of focus as a Cheshire and Merseyside HCP
- From 2024 replace our current JFP to become a Health and Care Partnership Delivery Plan

Suggestion.....

We should create a Health Care Partnership Delivery Plan that acts as our Joint Forward Plan for 2024-29?

Individual parts of the system can produce and link their local plans to this e.g. ICB, place partnerships, local authorities, CVFSE etc

Key actions for finalising the strategy and delivery plan

- Form a HCP sub group to oversee process so we have a representative view across the HCP members
- Map existing content under the eight Marmot themes.
 - Hold some system wide focus groups to review the output and assess current priorities and codesign future plans/priorities (i.e. what is missing e.g. housing)
 - Agree which “enabler” work programmes are vital to deliver the priorities (e.g. finance, workforce, digital etc)
 - As part of this identify any communicate those current strategic objectives that sit outside of the future HCP strategy so that individual/partner organisations can decide if they still need to focus on
- Develop our Health and Care Partnership Delivery Plan (Joint Forward Plan) by March 2024

Appendices

1 – Patient Survey Feedback

2- Pledges from HCP Workshop (7th March 2023)

Public Survey - Feedback

"More support for people who suffer from mental health."

Female, 35-54, Liverpool

"Honestly these priorities are very broad, and take in pretty much everything. Is there a danger that focuses are spread too widely, therefore nothing will improve? Or are you figuring that with so much breadth, you're bound to achieve something? Much of it is just what you would expect from a health service anyway - timely access to appropriate healthcare for everyone. Surely that's the purpose of the NHS, I'm not sure why it needs projects and money spent on getting to that decision. Too many committees and strategies."

Female, 35-54, Cheshire East

"There doesn't seem to be much prioritising of services for disabled people. Services are already poor across the board for learning disabled, mentally ill and people with an ASD and putting this into community care services will simply water down other services in my opinion."

Female, 65+, St Helens

"How progress against the key priorities will be measured, milestones and timescales."

Female, 65+, Sefton

"Whilst I agree with the majority of the priorities, I feel that heart conditions should be included. I'm aware that you can only prioritise so much, but it should at least be considered as an option."

Male, 65+, Warrington

"I think more needs to be done for access to dentists that provide NHS at service at a more affordable price."

Female, 65+, Wirral

"Focus on better access to GP's and availability of appointments (as a lay person, this may be naive. I appreciate that greater availability + access would perhaps just increase demand)."

Female, 55-64, Cheshire West

"The current failure to give clinicians in all health fields immediate, full online access to all patient records, wherever they are held country-wide (hospitals, GP surgeries etc.) is scandalous in the 21st century. This should include even high-street opticians, audiologists, dentists, podiatrists, and any other treatment-giving providers."

Male, 65+, Halton

"I think sustainability and the green agenda are essential for success of all other issues."

Female, 65+, Knowsley

| Ref | Name | Organisation | Priority Area | Pledge |
|-----|-------------------------|---|--|---|
| 4 | Alison Cullen | Warrington Voluntary Action | Community Led Approach - prevention | At place move towards VSCE Strategy for prevention to include investment and wider sector addressing local challenges e.g. poverty, mental health |
| 20 | Carly Brown | Children's services (DCS Forum Cheshire & Merseyside) | That help is provided at the earliest opportunity to those that need it most | <ol style="list-style-type: none"> 1. Explore existing partnership structure around early help and prevention 2. Create a standard to ensure service delivery is considerate to ask the right questions 3. Understand the data to catch those before they fall |
| 29 | Catharine Murray-Howard | TORUS (Housing) | Improving the lives of children and young people living in our communities | Establish a framework within our neighbourhoods, assets and charitable function to focus resources (people and £££) to make the most difference to the people who need it most. (Torus Foundation - young people, health and wellbeing) (housing - families and young people support) (Assets - focus responses on those properties where health of children is key) |
| 14 | Chris Davies | Wirral Borough Council | workforce - retention and wellbeing | Speak with local union leaders as to their priorities and how to drive forward worker retention, physical and mental wellbeing and worker priorities |
| 23 | Christine Bannon | KMBC | Workforce and system changes primary care | keep professional challenging & supporting staff workforce keeping collaborative working with partners in the best interest of services users |
| 21 | Clare Watson | Cheshire & Merseyside ICB | Understanding trauma informed care/approaches | Research what this is/ how it affects different parts of the community and how we might implement it across C&M |
| 17 | Cllr Jane Corbett | Liverpool City Council | Campaign for universal free school meals across Liverpool | All apprentices to be paid the real living wage in Liverpool City Council. Work with the feed the future xxxxx to work for UFSM at the care in the city opportunity Take to do a deep dive on a trauma informed approached and share the learning with colleagues and tram from the community |
| 19 | D Mottram | MFRS | Living wage and apprentices | Review our position and pay against living wage guideline. Also review living hours ensure that this is considered. |
| 15 | Ellen Loudon | | tackling inequalities | working in communities to help identify primary concerns and use data to align these to needs |
| 26 | Gareth Lee | Cheshire Police | understanding what we have that works | ask all other partner agencies (all sectors) to provide evidence of the activity they have already actioned / commissioned in relation to their priorities - can they evidence effectiveness and value for money |
| 2 | Graham Urwin | | How? | Turn the pledges into a strategy with implementable actions |
| 3 | Ian Moncur | | 0 to 19 services | Re-commission a service that prioritises children most in need |
| 16 | Isla Wilson | CWP | Childrens Mental Health | Progress work with Alder Hey on system response to CYP Mental Health |
| 12 | Jo Williams | Alder Hey | To ensure all children have the best start in life | I will meet with Liverpool Women's hospital to take this forward together and engage with Merseycare to work on this together |

| Ref | Name | Organisation | Priority Area | Pledge |
|-----|-----------------|----------------------------------|--|---|
| 28 | Joanne Clague | NWAS | Best start in life | To explore how NWAS supports care experienced young people to access jobs / training within the service and to seek improvements in this area |
| 22 | Jon Roy | Merseyside Police | To help develop and begin to embed trauma informed approaches across Merseyside | Pilot trauma informed design in Merseyside police and develop the plan to train our workforce and to rollout across our violence reduction partnership - link to ICP. |
| 6 | Karen Prior | Healthwatch Wirral | To embed MECC | to embed MECC within my organisation and to encourage the system to do the same |
| 25 | Louise Gittins | CWAC | Workforce - ASC/CSC | - Speak to CE & Warrington work skills academy / centre of excellence - liaise with LCR to align to their work - refresh MOU |
| 8 | Margaret Jones | Sefton Council | Child Poverty | I will work with colleagues, voluntary sector, families, NHS and others to develop interventions that maximise income, improve opportunities for children and families |
| 7 | Marie Wright | Halton Borough Council | Workforce / Ease of Access / Make every contact count | I will work with colleagues to ensure that the above priorities are consistently on the agenda and brought up at every opportunity |
| 5 | Marlene Quinn | St Helens Council | Improving access to primary care | Raising at all meetings and events of the different levels of access |
| 27 | Maxine Power | NWAS | Access to Care | 1. work with partners to identify long waits 2. commit to work to reduce long waits 3. sign up to a long term goal to eliminate waiting |
| 9 | Paul Warburton | Warrington Borough Council | Prevention of ill health | H&WBB - Revisit and revise Promote All Together Active in Warrington |
| 11 | Racheal Jones | One Knowsley VCFSE LCR Rep | voice and value of vcfs established as cornerstone of all communities is visible and valued in health and care partnership | continue to represent VCFSE LCP through networks |
| 24 | Sam Corcoran | East Cheshire Council | Reduce Health Inequalities | Promote Crewe Youth Zone Support Mental Health Talk to Unions about how to make care work attractive as a career |
| 18 | Sarah Thwaites | Healthwatch Liverpool | Trauma informed approaches | Seek to ensure our team are all trauma aware and encourage other parties and communities are also |
| 1 | Stephen Watson | Sefton Council | To enable access to employment and career opportunities for our most vulnerable, those with protected characteristics (particularly care experienced young people), via our Caring Business Charter. | 1. Ensure our organisation maximises the number of care experienced young people able to access employment, training, work experience and related opportunities 2. ensure we maximise the number of partner organisations and opportunities available to care experienced young people |
| 30 | Steve McCormick | Cheshire Fire and Rescue Service | Explore the concept of corporate parenting within our organisation | Liaise with relevant internal and external stakeholders as to how we maximise our accessibility, support, and long term opportunities for children and young people |
| 10 | Steve Park | Warrington Borough Council | Community Development | Reinforce the need for community space and facilities in new and refurbished housing schemes |
| 13 | Yvonne Nolan | Wirral Borough Council | Workforce - develop capacity and skills | ²⁷ work with other local authorities in cheshire and Merseyside to explore co-operative working |