



Future-focused prevention

Cheshire and Merseyside's Director of Population Health Annual Report

2025/26

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Foreword

For 2025/26 our Population Health Annual Report is focusing on the role of the NHS in delivering prevention. In July 2025, the UK Government published the NHS 10-Year Plan for England “Fit for the Future” with a focus on three key shifts:



Returning to the original vision of Aneurin Bevan when the NHS was established in 1948, the NHS 10-year plan recognises the NHS should move beyond curing illness to promoting health through prevention and early intervention.

Embedding prevention as a core role of the NHS requires significant system leadership from across the healthcare system. The role of the NHS in promoting and protecting the wellbeing of patients, carers, family and friends, staff and visitors needs to be recognised and implemented.

This includes recognising that healthcare alone does not determine our health and when working with patients, it is crucial that we work with them in a holistic way to understand the different factors influencing their health and wellbeing.

Over the past 12 months our partners in Primary, Community and Secondary care services have been working hard to not just treat a patient's presenting illness, but to also think about action that can be taken to prevent illness from occurring, prevent the illness from getting worse and tackling some of the underlying causes of ill health.

As our NHS system across Cheshire and Merseyside faces further reform, we will help reinforce the importance of delivering preventative approaches to improve population healthcare as NHS Cheshire and Merseyside transitions its role as a strategic commissioner.

Neighbourhood health and population health management offer our system a major opportunity to consider how integrated services, and teams deliver care closer to our residents homes and taking a risk stratification and health inequalities approach will help ensure we support our population to be fit for the future.

I hope you enjoy reading this report of our achievements along with the accompanying film, and I would like to say a sincere thank you to everyone who has been involved in this great work.



Professor Ian Ashworth

Director of Population Health, NHS Cheshire and Merseyside

Visiting Professor, University of Chester's Faculty of Health and Social Care

Introduction

The Population Health programme in NHS Cheshire and Merseyside is aligned to the four key pillars of public health:



**Wider
Determinants**



**Health
Improvement**



**Healthcare
Public Health**



**Health
Protection**

Across these programmes there is a focus on embedding the four types of prevention:



- 1. Primordial prevention** – preventing exposure to risk factors associated with the wider determinants of health such as poverty, housing, employment and unhealthy environments. For example, introducing fair employment charters to ensure everyone has access to high quality, well paid fair employment opportunities.



- 2. Primary Prevention** – action to prevent exposure to risk factors that can cause illness such as smoking, unhealthy weight, alcohol or physical inactivity as well as vaccinations to prevent disease. For example walking groups to support people to stay physically active.



- 3. Secondary Prevention** – early disease detection before symptoms progress and the disease worsens. For example, smoking cessation services for people diagnosed with respiratory disease.



- 4. Tertiary Prevention** – actions to manage symptoms and prevent further disease progression. For example, cardiac rehabilitation for people who have recently had a heart attack.

Although successfully preventing ill-health is a complex multifactorial issue that requires a whole system approach, where everyone across the system recognises and plays their part in supporting the population to make healthy choices, the NHS has a crucial role in this.

In recognition of this role NHS Cheshire and Merseyside has invested in the NHS Prevention Pledge, a framework developed by the Health Equalities Group (HEG) to support NHS providers to embed prevention of ill health within governance, service delivery and NHS environments through a structured framework.

This report will highlight some examples of where the NHS has successfully implemented their role as system leaders in the prevention of ill health alongside inspiring stories from patients who have benefited from this approach.



Our Core Strategies: Population Health and Addressing Inequalities



Integrated Care Board



Health and Care Partnership



Improving outcomes in Population Health and Health Care, and Addressing Inequalities - Population Health Partnership

Pillar 1

All Together Fairer Programme (HCP Ambitions)



- Anchor Institution Charter, NHS Prevention Pledge and Social Value
- Anti-racism and discrimination
- Child Poverty
- Work and Health
- Health and Housing
- Serious Violence Duty
- Sustainability and Net Zero

Pillar 2

Supporting Healthy Behaviours Programme



- All Together Smokefree
- Healthy Weight
- Reducing harm from alcohol
- All Together Active
- All Together Smiling (oral health)

Pillar 3

Tackling Healthcare Inequalities



- Cardiovascular and Renal Metabolic
- Cancer
- Respiratory
- Neurodiversity
- Mental Health
- Frailty and Falls Prevention

Pillar 4

Screening, Immunisation and Health Protection



- National screening programmes
- Routine and targeted immunisation programmes
- Elimination of cervical cancer
- Clinical response to local incidents and outbreaks of infectious disease

Delivered through a life course approach to neighbourhood health services

Population Health Management (Putting Data into Action)

Strategic Intelligence, Segmentation, Stratification and Prioritisation Needs Analysis, Data Governance and Proactive Case Management.

Cross-cutting Programmes / Enablers

Commissioning, Public Engagement, Workforce Development, Research and Innovation, Continuous Improvement.



1. All Together Fairer – Fuel Poverty

It is estimated that there are 450,000 households in Cheshire and Merseyside living in cold or inadequately heated homes. We know that living in cold and damp homes can worsen respiratory conditions such as COPD and asthma. These patients often need to visit their GP more and have higher hospital attendances.

In recognition of this NHS Cheshire and Merseyside in partnership with Health Innovation North West Coast worked with Graphnet, Optum UK, local authorities, voluntary sector organisations and NHS partners to design an approach that addressed the environmental and social causes of poor respiratory health. This work was identified as the priority programme for NHS England Innovations for Healthcare Inequalities Programme (InHIP).

Taking a Population Health Management approach using a bespoke fuel poverty dashboard which combined primary care data, hospital activity data, Office of National Statistics fuel poverty indicators and national energy efficiency datasets, we were able to identify groups of patients that were felt to be high risk from the impact of living in cold and damp homes in St Helens and Knowsley.



These cohorts were:

- Cohort one: Adults with severe COPD
- Cohort two: Children with asthma or a preschool wheeze

Patients were identified through the fuel poverty dashboard and given a clinical review alongside a range of other interventions to address other factors that could be causing their respiratory condition to worsen these include:

- Smoking cessation
- Pulmonary rehabilitation
- Social prescribing
- Affordable warmth schemes



Specific support to address fuel poverty included £500 Household Support Fund payments for families in St Helens alongside home-energy improvements provided by Energy Projects Plus. These improvements include draught-proofing, boiler repairs or replacement and support with fuel debts and benefit maximisation.

More than 900 patients have been placed on the fuel poverty pathway, and this has provided a range of outcomes for both patients and the NHS system. More than £458,000 has been distributed in Household Support Fund payments to families, over 300 households have been placed on the energy providers priority services register improving safety and access to support during power outages or supply issues.

Demand on healthcare services have also reduced within this cohort with a recent evaluation estimating a 10% reduction in GP appointments compared to a control group.



By

proactively targeting those who are most medically and socially disadvantaged this programme of work has successfully reduced inequalities in fuel poverty across patients with respiratory conditions. The work has also made clinicians more confident in addressing the wider determinants of health during routine respiratory consultations demonstrating a shift in culture from clinical interventions to holistic prevention.

Patient story

In 2024, a patient from St Helens was diagnosed with stage 2 COPD after visiting his GP with worsening breathlessness. Following the diagnosis, he described feeling as though his life had suddenly changed, and he struggled to understand what COPD meant for his future. The uncertainty left him overwhelmed, and unable to properly explain the condition to his young family.

The Community Respiratory Team became a vital source of support, which he says, "saved his life." They visited him at home providing one-to-one support, helped him understand his condition, taught him and his family how to use his equipment and medication.

They also encouraged him to access a home evaluation through the council, which identified environmental issues affecting his breathing. As a result, he received practical support including dehumidifiers and further assistance through the Warmer Homes for Lungs programme.

These changes eased the pressure he had felt since his diagnosis and helped create a safer, healthier living environment.

Today, the patient continues to receive support. Being placed on priority registers and having ongoing access to equipment and advice has given him a sense of security. He describes feeling as though someone is there for him around the clock, ensuring his home remains comfortable and safe for him and his family.

Alongside environmental improvements, the Community Respiratory Team has supported him in making positive lifestyle changes. With their guidance, he has begun eating more healthily, engaging in appropriate exercise, looking after his mental wellbeing, and reducing behaviours that were affecting his health.

He now feels more in control of his condition and more hopeful about the future.

2. Healthy Behaviours – Smokefree NHS and Treating Tobacco Dependency

Smoking remains the leading cause of preventable illness, premature death and health inequalities in Cheshire and Merseyside. We know that smoking rates are higher among our more deprived communities, and this leads to higher rates of smoking related illnesses and higher use of NHS services.

Ensuring that we create smoke free environments and support people to manage their nicotine addiction are two key strategies designed to end smoking everywhere for everyone by 2030 as part of the All Together Smokefree programme.

Having smoke free hospital sites and nicotine dependency treatment services for hospital patients are crucial to this approach. Smoke free sites ensure that staff, patients, and visitors are protected from second-hand smoke whilst also ensuring that we denormalise smoking by making it less visible particularly in places that should be health promoting like hospitals.

Treating tobacco dependency (TTD) services then ensure that patients and staff can adhere to the smoke free policy when on a hospital site by receiving support and treatment for their nicotine addiction.

Due to ongoing challenges in ensuring all hospital sites remain smoke free the All Together Smokefree programme collaborated with partners from across the NHS to develop a Cheshire and Merseyside Smokefree toolkit. This toolkit outlines the practical steps that NHS providers can take to ensure their organisation successfully leads their approach to being smoke free.





A key part of the NHS smokefree policy is the ICB commissioned treating tobacco dependency programme. This programme recognises tobacco addiction as a medical condition that patients and staff require treatment for.

It also recognises that leaving smokers untreated risks them continuing to smoke on-site but also increases the demand on the NHS through higher rates of hospital use, higher rates of post-operative complications, longer average lengths of stays and higher readmission rates.

By supporting patients to access treatment the individual patients will benefit, those around them benefit through the elimination of second-hand smoke and the NHS benefit through reduced demand on services.



In the past 12 months NHS Trusts across Cheshire and Merseyside have identified 17,735 inpatient smokers with 16,735 agreeing to be referred to the TTD services for support and treatment, 11,295 patients have received support to remain smoke free while in hospital and 5,110 of these patients made a quit attempt with 760 patients successfully quitting (it is thought that this is a significant underestimate due to challenges with sharing data between NHS Trusts and community stop smoking providers and the true number is thought to be significantly higher).


**SMOKING
ENDS HERE**
NHS

Cheshire and Merseyside

Shaun's Story — What will you miss?

One patient has recently come forward to talk about how the Treating Tobacco Dependency service in Mid-Cheshire Hospitals NHS Trust supported him to successfully quit his 60 a day habit. Following a lung cancer diagnosis and inspired by his wish to walk his daughter down the aisle, Shaun was supported by Jo a Tobacco Addiction Nurse Specialist who guided him through his quitting journey.

He now hopes to inspire other smokers to follow in his footsteps with a simple message: "Give it another go. You won't miss smoking as much as you'll miss those special moments."

Alongside treating smokers, NHS Trusts have been making their sites more vape friendly for patients and visitors who are over 18 and choosing to use a vape as part of their quit attempt by introducing quit zones, protected spaces away from other staff, patients and visitors where a vape can be used to manage nicotine cravings as a safer evidence-based alternative to smoking.



THIS IS A SMOKEFREE HOSPITAL

**SMOKING
ENDS HERE**

3. Healthcare Inequalities – Cardiovascular Disease in Adults and Asthma in Children

Blood Pressure Checks in Opticians

Cardiovascular disease (CVD) is one of the leading causes of preventable disability, death and health inequalities in Cheshire and Merseyside with undiagnosed hypertension being a significant contributing factor to this. Identifying people with undiagnosed hypertension is a key strategy for preventing CVD in Cheshire and Merseyside.

Opportunistic testing in settings such as Opticians is one way of finding people with undiagnosed hypertension. In Cheshire and Merseyside a pilot approach to this was taken where 60 Opticians were selected and the staff in these practices were trained to take the blood pressure of all consenting patients between the age of 40 and 79 years, who do not currently have a hypertension diagnosis and have not had their blood pressure checked in the last six months.



Practices were selected based on deprivation levels in the area it was located, local prevalence of hypertension and the demographics of the local population. This approach ensured that resources were allocated to the areas of greatest need with the ambition of reducing inequalities in hypertension diagnosis by deprivation, sex and ethnicity.

Since the project commenced in June 2025, 1243 blood pressure tests have been completed, 328 patients have been referred for follow-up and 11 patients have been referred to urgent care due to their extremely high blood pressure reading.

One of those 11 patients, Mike, has gone on to tell his story through the local press of how this test saved his life after he was found to have a blood pressure reading of 255/151. Following a visit to A&E and a hospital admission for a number of days he now takes medication daily to control his condition and is extremely thankful that his Optician was able to offer him the test.



Asthma – Too Much Blue–Get a Review

Asthma remains one of the most common long-term conditions affecting children and young people across Cheshire and Merseyside, and is a significant contributor to avoidable death, emergency department attendances, and hospital admissions.

Excessive use of short-acting beta agonists (SABAs), commonly referred to as a blue inhaler are a recognised marker of poor asthma control and increased risk of severe exacerbations. Data in Cheshire and Merseyside showed that there was a cohort of children and young people who were being prescribed high volumes of SABA inhalers but not receiving timely, structured asthma reviews. The data also suggested the numbers were higher in more deprived communities leading to higher health inequalities among children and young people living in these communities.

In response to the situation the Beyond Children and Young Peoples Transformation Programme Asthma workstream developed the 'Too Much Blue – Get a Review' campaign.

The campaign uses a simple, consistent, and evidence-based message to raise awareness among Children and Young People, parents and carers that frequent use of a blue inhaler should trigger a clinical review.

The campaign was co-designed with young people, parents and carers to ensure messaging, tone and design reflected lived experience and was accessible to families.



Launched in September 2025 the campaign consisted of a bespoke animation that was disseminated through digital platforms, education settings, healthcare communication channels and the voluntary, community, and social enterprise (VCSE) sector. Several landmarks across Cheshire and Merseyside were also lit up blue to mark the campaign launch.

Since the launch there has been 376,000 impressions and 114,000 interactions across social media platforms. The resources have been embedded in the Asthma Friendly Schools Accreditation and Primary and Secondary Care training alongside a range of healthcare communications and VCSE toolkits. Feedback from families indicates improved awareness of safe inhaler use, increased uptake of asthma reviews and optimisation of treatment resulting in reduced reliance on blue inhalers and improved confidence in asthma self-management.



4. Immunisation - NHS staff influenza vaccination

During the winter of 2024/25 a major incident was declared in response to multiple NHS Trusts in Cheshire and Merseyside experiencing significant operational pressures due to seasonal influenza in both patients and staff.

It was recognised that a key contributing factor to this issue was the decline in uptake of the influenza vaccine among healthcare workers with rates falling from 82.5% in 2019/20 to 41.4% in 2024/25 with significant variation between NHS providers.

Access was not felt to be an issue, but vaccine fatigue, misinformation and low perceived personal risk of illness particularly among otherwise healthy staff were all thought to be contributing factors.

In response to the challenges experienced in 2024/25 NHS England created a 5% improvement target on the previous year's uptake for all NHS providers, this was supported by additional non-recurrent funding from NHS England. Recognising the importance of increasing uptake on both business continuity and staff wellbeing NHS Cheshire and Merseyside set a more ambitious local target for NHS Providers of increasing uptake to either 50% or a 5% increase on last year's uptake, whichever was greater.

To understand the cause of poor uptake among Healthcare Workers NHS Cheshire and Merseyside commissioned insight work with over 1500 Healthcare Workers to understand what has shaped their views about vaccines.

This work identified capacity, opportunity, and motivation as being key factors. Interviews with providers also found that previous successful approaches to increased uptake were Flu Champions. These findings were shared widely and delivered through a series of webinars in the run up to the launch of the staff vaccination campaign. VaxChat training sessions were also delivered to all NHS Trusts to support managers in addressing vaccine hesitancy with their staff and encouraging a more positive perception of vaccination. A weekly forum led by the Population Health Team in NHS Cheshire and Merseyside was then established throughout the campaign to maintain focus on uptake and address any emerging barriers.

The outcome of this work was an increase of 5,000 additional flu vaccinations delivered compared to 2024/25. The 5% increase target set by NHS England has been achieved, seven providers achieved a 50% or more uptake and all but two providers have achieved a higher percentage of staff vaccinated than the previous year.

Staff vaccination is a key approach to reducing health inequalities. We know that those from our most deprived communities are more likely to be admitted to hospital or use community healthcare services, often because their health is poorer. Therefore, by vaccinating staff we protect the staff from becoming unwell, but we also protect our most vulnerable patients from becoming unwell and widening the inequalities in health they experience.



5. Recommendations

The recommendations below outline the approach the NHS in Cheshire and Merseyside needs to take to prevention to continue the progress being achieved in improving Population Health:



1. NHS providers need to recognise their role in promoting wellbeing and preventing ill-health alongside the delivery of clinical interventions and this needs to be led by both the Board and Executive Team.



2. NHS providers need to ensure patients are treated holistically and recognise that a patient's health can be determined by more than just the clinical condition they are presenting with.



3. Smoking, alcohol, unhealthy weight and physical inactivity are the leading drivers of preventable illness and death in Cheshire and Merseyside, NHS providers need to prioritise supporting patients with these needs to access specialist support.



4. As one of the largest employers in Cheshire and Merseyside the wellbeing of the 79,000 NHS staff, a group who are often also our resident population should be prioritised by all NHS providers.



5. The buildings and spaces NHS services are delivered in should be health promoting for patients, staff and visitors. They should make the healthy choice the easy choice through creating spaces that are alcohol and smoke free, have access to healthy and affordable food and drink and allow people to move and be active.

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