

Cheshire and Merseyside Integrated Care System

Our NHS 5-year Clinical and Strategic Commissioning and Population Health Improvement Plans 2026-2031 (Joint Forward Plan)

Summary of our statutory duties:

Cheshire and Merseyside response	
Describing the health services for which the ICB proposes to make arrangements.	<p>Our 5 Year Strategic Commissioning Plan sets out how we will meet the health need priorities of our population and is underpinned by our Interim Integrated Needs Assessment alongside our local Health and Wellbeing Strategies and their joint strategic needs assessments.</p> <p>Our plans build on All Together Fairer: Our Health and Care Partnership Plan which outlines our plan for joint working with local government and other partners to address local health needs, with identified priorities for starting well, growing well, Living Healthy Lives, living well, ageing well, and dying well.</p>

Our HCP plan has been aligned to the Cheshire and Merseyside Marmot review – [All Together Fairer](#). Delivery of the commitments we make in the HCP Strategy are included within our JFP's strategic priorities. This was published in September 2024.

We are taking action to reduce systemic health inequalities – our Integrated Needs Assessment, approach to determining Population Health priorities and Core20+5 work programmes focus on targeting interventions on populations, specific population groups with poorer than average health access, experience and/or outcomes, including consideration of wider determinants and other factors including deprivation, gender and ethnicity.

A comprehensive [Population Health Improvement Plan \(PHIP\)](#) provides the detail on the priorities outlined in our 5 Year Commissioning Strategy and describes the range of health services commissioned by the ICB. Our 2026–31 Strategic Commissioning and Population Health Improvement Plans set out our shared ambitions for the years ahead. Aligned with the NHS 10-Year Health Plan, our strategy focuses on transforming services to improve outcomes while ensuring long-term financial sustainability. We will target resources to deliver the three key shifts in care:

- Hospital to community
- Sickness to prevention
- Analogue to digital

To enable this model, we will transform how we work, aligning with the new NHS operating model and strengthening collaboration with local government, community, voluntary, faith and social enterprise partners, NHS providers and other key stakeholders.

This approach will not only help strengthen local connections, but create a more streamlined, accountable system that reduces duplication, supports agile governance and enables faster, more effective decision-making for the benefit of local patients.

	<p>In developing out PHIP priorities we have built from:</p> <ul style="list-style-type: none"> • Our Health and Care Partnership Strategy and Joint Forward Plan • Priorities identified in our System Recovery Plans including efficiency, service sustainability and reconfiguration. • Our Integrated Needs Assessment (at C&M and Local Authority level) • The Cheshire and Merseyside NHS Provider Blueprint • In addition to this our plan reflects additional priorities outlined in the NHS 10-Year Plan and Medium-term Planning Framework with a specific focus on delivery of the national shifts <p>We have reflected the current context with a key focus on:</p> <ul style="list-style-type: none"> • Preventing and intervening early to prevent ill health; targeting priorities, and populations, identified through our population health needs assessment • Commissioning for outcomes and value-based health healthcare • Providing more care in our neighbourhoods • Reducing waiting times (Electives, Diagnostics and Cancer (EDC) as well as Mental Health, Neurodiversity and Community) • Delivering financial & operational efficiency and service sustainability • Safe, appropriate and cost-effective use of medicines cuts across our ambitions and is a key enabler of improved outcomes. The medicines management work plan is supporting several key system wide areas where we are an outlier or has scope to improve i.e., polypharmacy and frailty, antimicrobial stewardship, pain including opioids, safety and cost effectiveness.
<p>Duty to promote integration</p>	<p>As part of a mature partnership model in Cheshire and Merseyside, working across sectors, our plans ensure that the ICB develops activities and works in ways which promote and enable integration. Going beyond the legislative requirements, the integrated approaches adopted in Cheshire and Merseyside ensure that health services, social care and health-related services are designed and delivered in ways which align to support attainment of the whole systems shared outcomes and commitments.</p>

Both plans respond to the national [ICB Blueprint](#) and [NHS Strategic Commissioning Framework](#); we are shifting towards becoming a strategic commissioner. This means acting as a system convenor, architect and steward, embracing strategic leadership to shape the future of healthcare services for our residents in line with the NHS 10 Year Plan.

In developing our plans, we recognise that we are at the beginning of this journey and will need to rapidly strengthen our capability as both an organisation and through working with partners. with the recently published. Both plans outline how we are taking a 'whole system approach' to addressing wider determinants of health, and a shift of focus away from treating problems towards maintaining good health. These two themes align with our statutory duty and also our local commitment to integrate services to benefit our population.

Working with Partners, our plan outlines how we will:

- Co-design and co-delivery solutions with communities, VCFSE sector, NHS partners and local authorities.
- Work at the most relevant geography – regional, place or neighbourhood – based on population need.
- Share data and insights transparently to build trust and support joint decision-making and integration.

To improve clinical, workforce and financial sustainability, NHS providers will need to work together to deliver consistent, high-quality care by:

- Forming provider collaboratives – enabling sharing of leadership, estates, clinical and support services
- Delivering agreed programmes for service reconfiguration and consolidation – including women's health and neonatal care.

	<ul style="list-style-type: none"> • Expanding accountable care and lead provider models and enable delegated commissioning to improve care and value – with an initial focus on children and young people and mental health • Developing service chains hosted by specialist trusts • Hosting of fragile services across provider groups • Maximising investment opportunities through commercial and transformational partnerships <p>Local, combined authorities and public sector partners: It is recognised that the NHS plays just one part in the overall health and wellbeing of local residents – with other key factors including education, employment and pay and high-quality housing. We recognise the importance of developing and implementing solutions collectively.</p> <p>We will work with our nine local authorities to offer improved and more integrated care, and with our two Combined Authorities on public sector reform and investment through Mayoral delegations and levelling up opportunities.</p>
<p>Duty to have regard to wider effect of decisions</p>	<p>The outcomes we have defined in the strategic document will be delivered through the PHIP plan, and have been developed in ways which ensure we are clear on the impacts of our decisions, and responsive to the ‘triple aims’ of</p> <ul style="list-style-type: none"> • health and wellbeing of the people of England (including by reducing inequalities with respect to health and wellbeing), • quality of healthcare services for the purposes of the NHS (including by reducing inequalities with respect to the benefits obtained by individuals from those services) and • sustainable and efficient use of resources by NHS bodies.

	<p>Our plans describe how we will rigorously track performance through outcomes, utilisation, clinical risk markers, patient and staff experience, and wider system intelligence.</p> <p>Use continuous evaluation to refine interventions and drive population-level improvement.</p> <p>In ensuring we have regard to the impact of our decision we will establish clear</p> <p>Governance and alignment:</p> <ul style="list-style-type: none"> • Align with the model ICB Blueprint and neighbouring ICBs. • Ensure transparency, accountability and clear governance structures. • Retain connections across all Cheshire and Merseyside localities • Consolidate and share data and insights transparently to build trust and support joint decision-making.
<p>Implementing any JLHWS</p>	<p>Local Joint Strategic Needs Assessments have been considered as part of our Integrated Needs Assessment.</p> <p>Our plans build on the previous Joint Forward Plans and associated Annual Delivery plans and sets out steps we will take to deliver on ambitions described in all of our joint local health and wellbeing strategies, including identified local target outcomes, approaches and priorities. These strategies have all been taken account of during the development of the All Together Fairer; Our Health and Care Partnership Plan (Integrated Care Strategy). Delivery of this priority is referenced within our strategic priorities.</p> <p>Local, combined authorities and public sector partners:</p>

	<ul style="list-style-type: none"> • It is recognised that the NHS plays just one part in the overall health and wellbeing of local residents – with other key factors including education, employment and pay and high-quality housing. In our plans we recognise the importance of developing and implementing solutions collectively. • The plans outline how we will work with our nine local authorities to offer improved and more integrated care, and with our two Combined Authorities on public sector reform and investment through Mayoral delegations and levelling up opportunities. <p>Working at the optimal footprint to support integration and service transformation - by working in partnership, the ICB will commission based on population need at the most appropriate footprint for the population, service or partnership.</p> <p>Sometimes it will make sense to commission a single consistent approach at a regional or Cheshire and Merseyside level whereas in other situations to work at a more local footprint to reflect the specific needs of a local community.</p>
<p>Financial duties</p>	<p>Our plan is underpinned by the ICB’s intention to discharge in full our financial duties - including ensuring that the expenditure of the ICB and its partner NHS trusts and NHS foundation trusts in a financial year does not exceed the aggregate of any sums received in the year, and complying with NHSE financial objectives, directions and expenditure limits.</p> <p>To this end the plans set out how the efficiency of NHS services will be improved in line with the core purpose to ‘enhance productivity and value for money.’ The ICB has significant financial challenges as outlined at a high level within the plans and in more detail in our planning submissions. The ICB has developed a system financial recovery plan which includes the ICB and all the acute providers –</p> <p>Our strategic principles are Economy, Efficiency, Equity and Effectiveness</p>

- The NHS system in Cheshire and Merseyside is spending above its fair-share allocation and continues to face an underlying financial deficit.
- Current service models do not provide sufficient capacity to meet demand, resulting in an over-reliance on costly hospital-based care and limited availability of community-based alternatives.
- A number of clinical services are fragile, with high costs required to maintain them, contributing to unwarranted variation in quality and patient experience.
- There are opportunities to improve productivity and efficiency, both within provider organisations and through the way the ICB commissions and contracts services.

Our Plans outline that we will ensure financial sustainability by:

- Driving productivity and efficiency across pathways and organisations.
- Adopting integrated models of care across primary, community and hospital settings, redesigning and reconfiguring service models.
- Prioritising prevention and reduce unwarranted variation in access and outcomes.
- Decommissioning low-value interventions and use allocative efficiency to best meet needs.

We will shift resources toward prevention and proactive care through a £29.6m transformation fund in 2026–27 (rising in future years).

Investment will align with priorities described in our 5-year clinical and commissioning strategy and Population Health Improvement Plan and be informed by our integrated needs assessment.

This also requires system-wide transformation to reduce duplication through integration and reconfiguration.

	<p>Our plans describe how we need to redesign our system to redirect investment towards preventing illness, identifying risk earlier, detecting disease sooner, and helping people with long-term conditions manage their care more effectively as part of a shift of care into neighbourhoods and communities.</p> <p>Alongside this we need to ensure that existing services are working productively; this also need a focus on both transformation and reconfiguration to address underlying service fragility, workforce and delivery challenges.</p> <p>The enablers described in our plans outline the importance on investing in the right workforce, digital and data and estates and infrastructure solutions</p>
<p>Duty to improve quality of services</p>	<p>In line with our agreed principles and our statutory duties we need to ensure services are Safe, Effective and Sustainable as part of achieving the triple aim:</p> <ul style="list-style-type: none"> • Improve the health and wellbeing of our population. • Improve the quality of services. • Make efficient and sustainable use of NHS resources. <p>In developing the plans, we have identified areas of concern where quality, safety and experience measures suggest our services need to improve. These areas have informed us of the priorities in our plan.</p> <p>The overarching measures for the improvement of quality described within the plan are CQC and SOF ratings of our providers - however all the national metrics on pathways, access, and quality have been mapped to our strategic priorities and will be detailed within the system delivery plan, aligned to operational plan objectives and targets, the single operating framework metrics and the NHS constitution expectations. We will continue to invest in developing a system wide quality improvement methodology and support staff across the</p>

system to deliver improvement through Improvement Networks aligned to Provider collaboratives, to promote innovation, share learning across the system, building on existing improvement capacity and capability.

Our plan has been cross referenced with the NHS Operational Planning Guidance and incorporates the national priority areas for action as detailed in priority area five, including targeted areas for quality improvement from the NHS Long Term Plan for Mental Health and LD&A care.

Our plans outline how we will respond to improving the quality of services and focus on:

Quality and Clinical Effectiveness

- Through clinical leadership and engagement, we will improve our capacity and capability to improve all aspects of quality.

We will

- Embed QI methodology across the system
- Develop the System Quality Group to ensure it is an effective forum for sharing risk across the system
- Embed an enhanced, systematic process for Quality and Equality Impact Assessments to be completed for all commissioning and de-commissioning decisions
- Further develop our clinical effectiveness group to ensure it supports the commissioning cycle.
- Improve quality assurance processes for our Primary Care providers

Patient Safety - We will

- Work with providers of commissioned services to align to national patient safety strategy requirements and embed the Patient Safety Incident Response Framework (PSIRF) with a particular focus on supporting smaller independent providers and primary care organisations to adopt and utilise PSIRF.
- Improve our internal ICB incident reporting rates using the Learning from Patient Safety Events (LfPSE)

	<ul style="list-style-type: none"> • Tackle polypharmacy and reduce our rates of opiate prescribing • Ensure appropriate Antimicrobial Prescribing to reduce antimicrobial resistance. • Support our UEC improvement programme ensuring that patients in the system are managed safely and with privacy and dignity through our Red Lines toolkit. <p>Experience - We will</p> <ul style="list-style-type: none"> • Listen to and learn from the lived experience of our patients, residents and service users • Ensure the findings of national and local patient surveys are routinely considered and inform commissioning plans • Make co-production our default approach to designing and transforming services. <p>We use the key principles for Quality Management, as set out by the NQB, in developing our approach. The NQB guidance sets out a shared single view of quality as: high-quality, personalised and equitable care for all, now and into the future.</p> <p>Our plans outline how our clinical and care leaders will:</p> <ul style="list-style-type: none"> • Integrate clinical and care professionals in decision making at every level of the ICS • Embed a continuous improvement approach across all our functions • Create a culture of shared learning, psychological safety and collaboration • Work collaboratively at the Primary- Secondary care interface • Be data driven and evidence led • Promote Research and Innovation • Involve patients and staff in designing, improving and transforming services
<p>Duty to reduce inequalities</p>	<p>The activities we deliver throughout our plans seek to reduce unwarranted inequalities in outcomes, service experience and access for all people and parts of Cheshire and Merseyside, as described throughout each section of the PHIP.</p>

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

All elements of the 5 Year Strategic Commissioning Strategy and PHIP are driven by the ambitions of the Cheshire and Merseyside HCP Strategy, which is built around four core strategic objectives – objective 1 focuses on: -

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

All Together Fairer: Our Health Care Partnership Plan focuses on Inequalities and the wider social determinants building around the 8 Marmot Principles and indicators.

All nine of our Cheshire and Merseyside Health and Wellbeing Boards have committed to the recommendations in All Together Fairer and form part of our Marmot Community; our plans reflect the strong support, enthusiasm and shared ambitions of partners.

We have summarised the recommendations into three principles – these underpin all the constituent elements of our plans.

- **Shifting investment to Prevention and Equity**
- **Anti-Poverty Work**
- **Health and Equity in All We Do**

A key aspect of our plans is to extend use of population segmentation and stratification to target resources and support to those with greatest need. This will be achieved through

established digital capability through our providers and particularly expansion of neighbourhood teams.

As a key partner in delivering the Health and Care Partnership (HCP) we have committed to making a positive impact on wider determinants of health - the social, economic and environmental conditions in which people are born, grow, live, work and age.

Our HCP plan is being implemented through the eight themes and system recommendations produced by Sir Michael Marmot and his team from the Institute of Health Equity:

- Give every child the best start in life.
- Enable 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

In addressing inequalities and in line with the HCP headline ambitions, as a key partner NHS Cheshire and Merseyside will focus on supporting:

- Development and delivery of a work and health strategy and implementation plan and partner in the development of the Get Britain Working Plans in Liverpool City Region, Cheshire, and Warrington

	<ul style="list-style-type: none"> • Recognising the NHS role as both an employer and key part of local communities and economies we will continue to expand our commitment to social value and supporting the development of the Anchor framework and institutions and prevention pledges. • Targeted work on housing and health and benefits optimisation. • Sustainability and delivery of the Green plan – target achieving net zero by 2040, with an ambition to reach an 80% reduction (from 1990 levels) by 2032. • Alignment with other C&M programmes i.e. All Together Active and Active Cheshire
<p>Duty to promote involvement of each patient</p>	<p>In addition to this being one of our ways of working it is also a fundamental element of our Model for Health and Wellbeing.</p> <p>As an HCP partnership we are committed to listening to people and communities to harness the knowledge and lived experience of those who use and depend on the local health and care system and provide an opportunity to improve outcomes and develop better, more effective services, removing barriers to accessing services where they exist.</p> <p>Our plans confirm our intention to completely change the relationship between our healthcare services and our population to improve the long-term sustainability of our system. We want to promote the involvement of each patient in decisions about prevention, diagnosis and their care or treatment and to involve and work in partnership with our population to design new models of integrated healthcare delivery.</p> <p>We want to empower people to feel that they are in the driving seat of their health and well-being; to understand what they can do to improve their lives; and to be able to make choices about their care.</p>

	<p>We have agreed on principles across our partners for how we will work with people and communities to listen, involve, and co-produce our plans together. This will help to develop ways of working that really are focused on local people, their lived experiences and have our population's needs at the heart of all we do.</p> <p>Working with people and communities:</p> <p>Our communities face major challenges but also the determination to overcome them. We trust local people and frontline teams to know what matters most to them, we are committed to working with them to improve health, wellbeing and reduce inequalities. Supporting Carers is an essential contribution to narrow health inequalities in access, outcomes & experiences. Support and inclusion of young carers will lead to better chances in life for children and young people.</p> <p>As NHS partners, we will use community insight and lived experience to help shape better services and outcomes, focusing on removing barriers for vulnerable groups and those with protected characteristics.</p> <p>Our plans describe how we will focus on PLUS groups - who experience poorer than average health access, experience and / or outcomes. Ensure all carers in Cheshire and Merseyside to have the support they need and recognition they deserve to prevent crisis and negative economic impact</p>
<p>Duty to involve the public</p>	<p>Across Cheshire and Merseyside system partners are committed to engaging with people and communities. We know that harnessing the knowledge and experience of those who use and depend on the local health and care system can help improve outcomes and develop better, more effective services including removing or reducing existing barriers to access.</p> <p>As an HCP partnership we are committed to listening to people and communities to harness the knowledge and lived experience of those who use and depend on the local health and</p>

care system and provide an opportunity to improve outcomes and develop better, more effective services, removing barriers to accessing services where they exist.

The previous strategy was developed through extensive consultation and engagement with communities, partner agencies, practitioners and staff, across all 9 localities (section 2.1) the current plans build on this. The process of development was iterative, developing and adapting to the feedback received and ensuring the strategy and this plan are reflective of the needs and expectations of our communities.

Our plan acknowledges that communities face major challenges but also the determination to overcome them. We trust local people and frontline teams to know what matters most to them, and our plans outline that we are committed to working with them to improve health, wellbeing and reduce inequalities.

The plans outline that as NHS partners, we will use community insight and lived experience to help shape better services and outcomes, focusing on removing barriers for vulnerable groups and those with protected characteristics. The plans commit to ensuring a focus on [PLUS](#) groups - who experience poorer than average health access, experience and / or outcomes.

Our plans incorporate the local feedback from the NHS 10 Year Plan consultation:

- A prevention-first approach
- Joined-up, integrated services
- Stronger mental health provision
- Sustainable funding and social care investment
- Clearer routes and better communication
- More care closer to home
- Inclusive, safe technology use
- Faster access and shorter waiting times

	<p>Our plans outline a commitment to utilising our community-based assets:</p> <ul style="list-style-type: none"> • <i>We will work with partners, including local authorities and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector, to explore alternative delivery models that make better use of our community assets ensuring community-led engagement and co-production.</i> <p>We will:</p> <ul style="list-style-type: none"> • Work with our Provider collaboratives to ensure VCFSE is fully embedded as a delivery partner. • Ensure co-design/delivery and inclusive engagement: • Create fiscal incentives to create a sustainable integrated care system
<p>Duty to patient choice</p>	<p>In line with the information provided above, we want our population to feel that they are provided with the information to empower them to make choices about their care. In developing the detailed commissioning plans and contracting arrangements to delivery our Health Improvement Plan.</p> <p>We have fortified our approach to Equity Impact and Quality Impact assessments establishing a weekly Service Change Panel and associated EIA/QIA assessment panel this will ensure that of all proposed changes will be fully assessed – these assessments will ensure that patient choice is considered in this process.</p> <p>This is threaded throughout our plans and is implicit in our mission for recovering core NHS and care services. Choice is a fundamental element in our approach to Personalised Care.</p>

<p>Duty to obtain appropriate advice</p>	<p>As part of the network of governance which oversees and supports the delivery of our plans the ICB has access to and routinely draws upon appropriate advice and guidance from partners, stakeholders and experts.</p> <p>In the development of our 5 Year Strategic Commissioning Plan and Population Health Improvement Plan, we have sought expert advice from our Public Health colleagues on (a) population need captured within the Integrated Needs Assessment and Joint Strategic Needs Assessments (b) the prevention, diagnosis or treatment of illness and (c) the protection or improvement of public health.</p> <p>We have sought advice informally and through formal governance arrangements with our local Health and Wellbeing Boards.</p> <p>In addition to this we have carried out extensive development work with our clinical networks and provider collaborative – the plans outline our commitment to clinical and care leadership - Our clinical and care leaders will:</p> <ul style="list-style-type: none"> • Integrate clinical and care professionals in decision making at every level of the ICS • Embed a continuous improvement approach across all of our functions • Create a culture of shared learning, psychological safety and collaboration • Work collaboratively at the Primary- Secondary care interface • Be data driven and evidence led • Promote Research and Innovation • Involve patients and staff in designing, improving and transforming services <p>We have also sought advice and support from our Neighbouring ICB's NHSE and national networks.</p>
<p>Duty to promote innovation</p>	<p>As described in our HCP Strategy we have an ambitious vision for Innovation and research in our region. Our population is recognised to have been poorly served by research</p>

opportunities in the past. That, when coupled with significant health need, highlights the need to work differently. As we have moved to an Integrated Care System, we are now creating an Integrated Research System (IRIS) as well.

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

[Section 6.7](#) of our 2023 Joint Forward Plan describes our initial plans in more detail. Building on this considerable activity has taken place to understand and explore the specific opportunities in relation to creating an Integrated Research and Innovation System (IRIS) – this has provided the basis for further development in our current plans.

On the 25th of January 2024 ICB Board meeting, the NHS Cheshire and Merseyside Integrated Research and Innovation System (IRIS) report was approved, and IRIS was established supported by a number of subgroups.

Improving outcomes for all people by using data, intelligence and insight and embedding a population health approach across Cheshire and Merseyside our plans outlines:

- We will take a [Population Health Management](#) approach to turn Data into Action and deliver the priorities in our Population Health Improvement Plan by:
- Using data and benchmarking tools, including the Federated Data Platform Strategic Commissioning Tool, to inform commissioning decisions and target investment for maximum impact.
- Applying segmentation and risk-stratification across NHS providers so people with the greatest need such as those with long-term conditions or long waits receive proactive, coordinated support.

	<ul style="list-style-type: none"> • Enhanced case finding to predict population health needs, considering multiple conditions and severity to enable targeted interventions. • <i>We will use population health management and our data into action programme to drive innovation and research</i> • Developing capability through our Population Health Academy so staff can use analytical tools to tackle health inequalities locally and lead commissioning and transformation at scale.
<p>Duty in respect of research</p>	<p>(See above.) Our ICS is investing in the clinical leadership to realise our ambitions working closely with our stakeholders to develop the best performing research network in the country.</p>
<p>Duty to promote education and training</p>	<p>We are committed to applying education and training as an essential lever of an integrated workforce plan that supports the delivery of services in the short, medium and long term.</p> <p>Education and training are threaded throughout our JFP/NDP this has continued as a key strand in our PHIP – each of the priorities outlined contains detail on the education and training needs to support transformation and pathway redesign. There is a particular focus on the knowledge and skill required to deliver the switch from hospital to community.</p> <p>Our Workforce Strategy includes an education plan that will articulate the role of education, training and research in securing healthcare staff supply and responding to changing service models, as well as the role of trainees in service delivery.</p> <p>(See Workforce enablers section in both the 5 Year Strategic Commissioning plan and PHIP – in addition, specific detail can be found in the priority programmes)</p>

The NHS Cheshire and Merseyside ICB system workforce plan frames the workforce as a critical strategic enabler for care closer to home.

It articulates a system-wide ambition to diversify, strengthen and modernise the health and care workforce, enabling a deliberate shift from hospital-centric treatment towards sustained disease management, prevention and personalised, community-based care.

This positions the workforce plan as a catalyst for improving long-term population health outcomes through the:

- Pursuance of affordable workforce models based on supply and demand congruence
- Rationalisation of workforce resources and
- Workforce transformation to support new integrated neighbourhood working models of care.

We want: Cheshire & Merseyside to be a great place to train, work & be an outstanding place for compassionate care; whether in the community, in one of our hospitals or online.

The plan includes detail on how we will promote education and training by:

- Embedding the new National Management and Leadership framework and programmes which actively contribute to delivering the strategic ambitions laid out in the 10-year Health plan.
- Understanding future skills requirements and building responsible talent and progression pathways.
- Protecting student and learner placement opportunities, and appropriate trainer/supervision and education & training capacity required for longer term staffing needs.

	<ul style="list-style-type: none"> • Embedding skills aligned to digital and technological capabilities & innovation to support efficiency ambitions. • Translating digital transformation and AI (Artificial Intelligence) integration programmes into readiness and capability programmes for staff. • Create opportunities to learn and continually develop <p>As an ICB, to support our staff training and education needs we will work with our staff and system partners to deliberately create ways of working that enable human ingenuity to flourish by:</p> <ul style="list-style-type: none"> • Setting clear accountability for anti-racism and social inclusion. • Ensuring safe and supportive ways to raise concerns about practices that may harm our staff, patients, or the public. • Taking a population health approach to staff health and wellbeing. • Putting people at the centre of how we lead and manage. • Reducing unnecessary bureaucracy so staff at all levels can take part in decision making through networks or engagement forums. • Embedding Board level oversight of organisational culture and employee experience, aligned with the NHS Constitution and the Nolan Principles for public service.
<p>Duty as to climate change, etc.</p>	<p>Across our organisations, we are committed to achieving net zero by 2040 (or earlier). All our NHS and local authority partners have well established plans to achieve this we are:</p> <ul style="list-style-type: none"> • Transforming how we use technology to provide health and care. • Decarbonising estates and enhancing sustainable food in hospitals • Reducing the environmental impact of products we use, including medicines. • Phasing out single use plastics and improving the way both staff and patients travel when accessing health services. • Develop an ICS Design and Development Standards for New Builds

	<p>NHS Cheshire and Merseyside has a strong Green Plan, that is delivering change and opportunity to deliver services in new and more Sustainability ways, whilst also delivering on the key priorities.</p> <p>The Green Plan produced in 2022 detailed our commitment and opportunities for a transition to net zero and is aligned with the eight Marmot priorities. That means progressing our work as an Anchor Institution and further embedding social value, working in partnership with our stakeholders and local populations to build greener communities, improve patient pathways, create less waste, utilise energy from sustainable sources and create green jobs, develop sustainable skills, and nurture good mental health and wellbeing.</p>
<p>Addressing the particular needs of victims of abuse</p>	<p>Our PHIP recognises that serious violence is a major cause of ill health and poor wellbeing and is related to the difference in health status, social determinants of healthcare and health related behaviours between areas and communities.</p> <p>Under our Serious Violence Duty, the ICB is committed to work with our partners delivering preventative interventions to reduce inequalities to prevent violence, including domestic abuse; address its root causes, especially those in early childhood and adolescence; and to meet the particular needs of victims of abuse.</p> <p>The ICB is a statutory partner in the Serious Violence Duty. The ICB plays a key role in the multiagency public health approach to tackling the drivers and impact of serious violence with a focus on prevention and early intervention. The PHIP outlines our ambitions:</p> <p>We Will: Prevent and reduce serious violence across Cheshire & Merseyside</p> <p>Our ambitions are:</p> <ul style="list-style-type: none"> • Increase NHS staff awareness of serious violence and their role in preventing it • Reduce the number of serious violence victims presenting to A&E

	<ul style="list-style-type: none"> • Reduce the number of serious violence victims being admitted to hospital • Reduce the number of repeat victims of serious violence <p>(See SVD slide in the PHIP)</p>
<p>Addressing the particular needs of children and young persons</p>	<p>Our plans build on the HCP and has a specific focus on the 2 Marmot Principles: -</p> <ul style="list-style-type: none"> • 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. <p>Our Plan sets out our approach to identifying and taking steps for delivery of the longer-term priorities and ambitions for the ICB's population of children, young people and families. The PHIP sets out our aim to improve healthcare outcomes for children.</p> <p>The PHIP set out our plans: -</p> <p>We will: Improve access and outcomes through a holistic, joined-up system for our children and young people that brings together our partnerships and community, mental health, hospital, and tertiary services</p> <p>We will: Commission a holistic, joined-up system for our children and young people that brings together our partnerships and community, mental health, hospital, and tertiary services</p> <p>We Will: Widen access to services closer to home, reduced unnecessary delays and the delivery of mental health care based on a clear understanding of the needs of children and young people. Our ambitions are:</p>

	<ul style="list-style-type: none"> • All children and young people have timely access to mental health support appropriate for their needs. • All schools and colleges in Cheshire and Merseyside to have access to a Mental Health Support Team (MHST) • Admissions to Child and Adolescent Mental Health Services (CAMHS) inpatient beds and crisis attendances at Emergency Departments (EDs) are reduced. <p>We Will: Ensure ALL neurodivergent children and young people have improved access to early and ongoing support and when needed wait no longer than 28 weeks for assessment and diagnosis by 2029.</p> <p>As a partnership we have an established Cheshire and Merseyside’s children and young people’s transformation programme (Beyond). This works collegiately with the Cheshire and Merseyside Directors of Children’s Services (DCS) Forum to ensure there is an agreed set of priorities and objectives. We have a joint three-year strategy and a Children and Young People’s Partnership Board for Cheshire and Merseyside. Beyond's key priorities reflect both system-wide and Place-specific plans to support the delivery of the NHS Medium-Term Plan and Health and Care Partnership's aim of giving every child the best start in life.</p> <p>The PHIP also outlines our commitment to delivering our corporate parenting role.</p> <p>Our ambitions are: To develop an integrated system approach to improving the experience and health outcomes of Care Experienced Children and Young People (CECYP) within Cheshire and Merseyside</p> <p>(See the Starting and Growing Well sections of the PHIP)</p>
<p>Engagement with Health and Well-Being Boards</p>	<p>All our Health & Wellbeing Boards (HWBs) have been engaged in the development of both plans – a draft version of which was circulated to the 9 HWBs in February with a set of key questions.</p>

This was followed up with an invitation to attend the respective HWB meetings to present on the Plans and discuss the process by which local Health and Wellbeing strategies are reflected in the plans.

Comments, amendments and additions were fully considered and where appropriate the plans were revised accordingly.

The plans build on the previous JFP's the 24-29 Joint forward plan had 3 core elements a Health and Care Partnership Plan, NHS Delivery Plan and Place based Partnership Plans which reflect the priorities of the 9 Health and Wellbeing Boards.

[HWB statements](#) – as the 24/25 plan is a refresh, we will share with all 9 HWB's but will not be requesting updated statements.

In developing the 5-Year Clinical and Strategic Commissioning plan and Population Health Improvement plan we have engaged with Place Directors and wide system partners. In finalising the 5-Year Clinical and Strategic Commissioning Plan 2026/2031 and the associated Population Health Improvement Plan they have been shared widely with our system partners including:

- Health and Wellbeing Board and Place Partnerships
- Local Authority Chief Executives
- Provider Chief Executives
- Directors of Public Health
- Associate Directors of Transformation and Partnerships
- Provider Collaborative
- Primary Care
- Voluntary Community, Faith and Social Enterprise sector

- Directors of Adult and Children’s Social Services
- Programme leads
- Clinical Network leads

We have completed a full review of the feedback received and integrated this into the final iteration. It is important to note that there may be some minor additional changes ahead of the final publication however, these will not materially affect the content.

The integrated needs assessment that the plans are based on was developed by the ICB Business Intelligence and Population Health Teams and considers a range of information sources in relation to:

- What residents say matters most to them.
- Findings from the Population Health Needs Assessment, incorporating the nine Local Authority Health and Wellbeing Board JSNA’s.
- Identified gaps and concerns in meeting expected quality standards.
- Areas where current services are not meeting need or demand.
- Provider insight into clinical, financial and operational pressures.
- Recognition that the system is financially unsustainable and must become more efficient and reduce overall expenditure.
- Delivering the priorities in the NHS 10 Year Plan and “Medium Term Planning Guidance” and statutory national duties (including those areas identified by NHS England as requiring improvement in the ICB through enforcement undertakings in the areas of financial planning, quality, leadership and governance).
- Quality themes identified by the Quality and Performance Committee.
- Intelligence from our providers of NHS Services.

The Integrated Needs Assessment has been published and shared with NHS providers and local commissioning leads to support in their plan development. This has included webinars to

	<p>answer questions on the needs assessment and the 5-year Clinical and Strategic Commissioning Plan.</p>
<p>Additional Areas</p>	<p>The Following additional areas are all included in the plans:</p> <ul style="list-style-type: none"> • Commissioning for outcomes – Commissioning for outcomes and value-based healthcare • Workforce – included as a core system enabler and this is a cored thread throughout the plans • Performance – this is a cored thread throughout the plans there are defined outcomes, metrics and measures against each priority • Digital and Data – core enabler and is described in detail – we have a developed Digital and Data strategy • Estates and infrastructure – included as a core system enabler and this is a cored thread throughout the plans were appropriate • Population Health Management – included as a core methodology and an integral part of transformation • System Leadership and Development – the plan outlines our commitment to strategic system leadership and working with partners and communities • Supporting wider Social and Economic Development – Focused work on the development of social value and the Anchor Institution programme