

Stronger partnerships, healthier futures

Cheshire and Merseyside's Director
of Population Health Annual Report

2024/2025



Cheshire and Merseyside



Cheshire and
Merseyside
Health and Care Partnership



Champs
Public Health
Collaborative

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Foreword

I am delighted to introduce Stronger Partnerships, Healthier Futures, my Director of Population Health Annual Report for 2024/25.

The past 12 months have been an exciting time for Population Health in Cheshire and Merseyside. Across our Four Pillars of Population Health we have seen excellent examples of strong system leadership, effective local partnerships, and the pooling of resources increasing investment in prevention and reducing health inequalities.

The Cheshire and Merseyside Health and Care Partnership has provided a clear commitment to tackling the wider determinants of health through its adoption of the Cheshire and Merseyside All Together Fairer: Our Health and Care Partnership Plan.

Within this plan, supported by all nine of our Health and Wellbeing Boards, the Marmot themes will be delivered through six headline ambitions that cover:

1. Children and Young People
2. Physical Activity and Healthy Weight
3. Housing and Health
4. All Together Smokefree
5. Work
6. Social Value

This approach to improve Population Health in Cheshire and Merseyside recognises that healthcare alone does not determine our health and wellbeing. To tackle these complex problems, we need to work together collectively as a system, thankfully this is something we have great experience of doing in Cheshire and Merseyside.

The Champs Public Health Collaborative, which is a formal partnership of the subregion's nine Directors of Public Health and myself as Director of Population Health, has for over 20 years created a unified approach to prevention and tackling health inequalities.

This unique model of leadership and its outputs have been recognised by a range of national partners, including the Local Government Association, the NHS Confederation and the Health Foundation, and I was particularly pleased to see our approach highlighted as an example of best practice by the King's Fund in its recent report on public health and population health leadership.

Stronger Partnerships, Healthier Futures, along with our short accompanying film, showcases just some of the amazing and innovative work being done by our Integrated Care System partners, who are all working together to help reduce inequalities and improve the health and wellbeing of our residents.

I would like to say a big thank you to everyone who has contributed to the great work in this report, and I cannot wait to see what brilliant achievements the next year will bring.



Best wishes,

Professor Ian Ashworth (FFPH)

Director of Population Health, NHS Cheshire and Merseyside

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

Population health in numbers



2.8 million people
living in Cheshire
and Merseyside



6 mentions from national
organisations as **examples**
of best practice



£362,000 awarded as
grants to improve the energy
efficiency of people's homes
and help pay their energy bills



1.3% reduction in
pregnant women who smoke
during delivery



3,300 COVID-19 vaccinations,
1,500 flu vaccinations, 80
routine vaccinations and 496
cervical screens delivered by the
Living Well Bus



800 professionals completed
training and committed to changing
something within their control to
tackle health inequalities



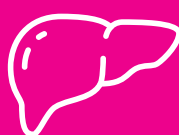
45 professionals completing
the Population Health Academy and
270 professionals attending a
data masterclass



533 lung cancers
caught earlier following
40,000 scans



229,908 supervised
toothbrushing packs given
to children in more deprived areas



292 people identified with liver
disease or fibrosis following
3146 community liver
check-ups



18 'Why weight to
talk?' sessions delivered
to 243 participants





Introduction

The NHS Cheshire and Merseyside Population Health Programme has four key Pillars of work as outlined in the Our Core Strategies diagram.

Through effective system leadership and collaboration, we have successfully delivered a range of population health programmes both at scale and locally to prevent ill health, early death and inequalities amongst the residents of Cheshire and Merseyside.

Our unique approach to system leadership in Cheshire and Merseyside was recognised by the Kings Fund in their recent report Public Health and Population Health: Leading Together. In this report, the Champs Public Health Collaborative, a formal partnership of the subregion's nine Directors of Public Health working alongside the NHS Cheshire and Merseyside Director of Population Health, was identified as an example of distributed, shared and aligned leadership between population health and public health.

The Local Government Association in their case study Cheshire and Merseyside: tackling health inequalities across a region have also recognised the work of the Integrated Care System in tackling health inequalities in Cheshire and Merseyside through the Marmot approach.

The case study recognised the political leadership and collaboration that is key to this work alongside the All Together Fairer framework.

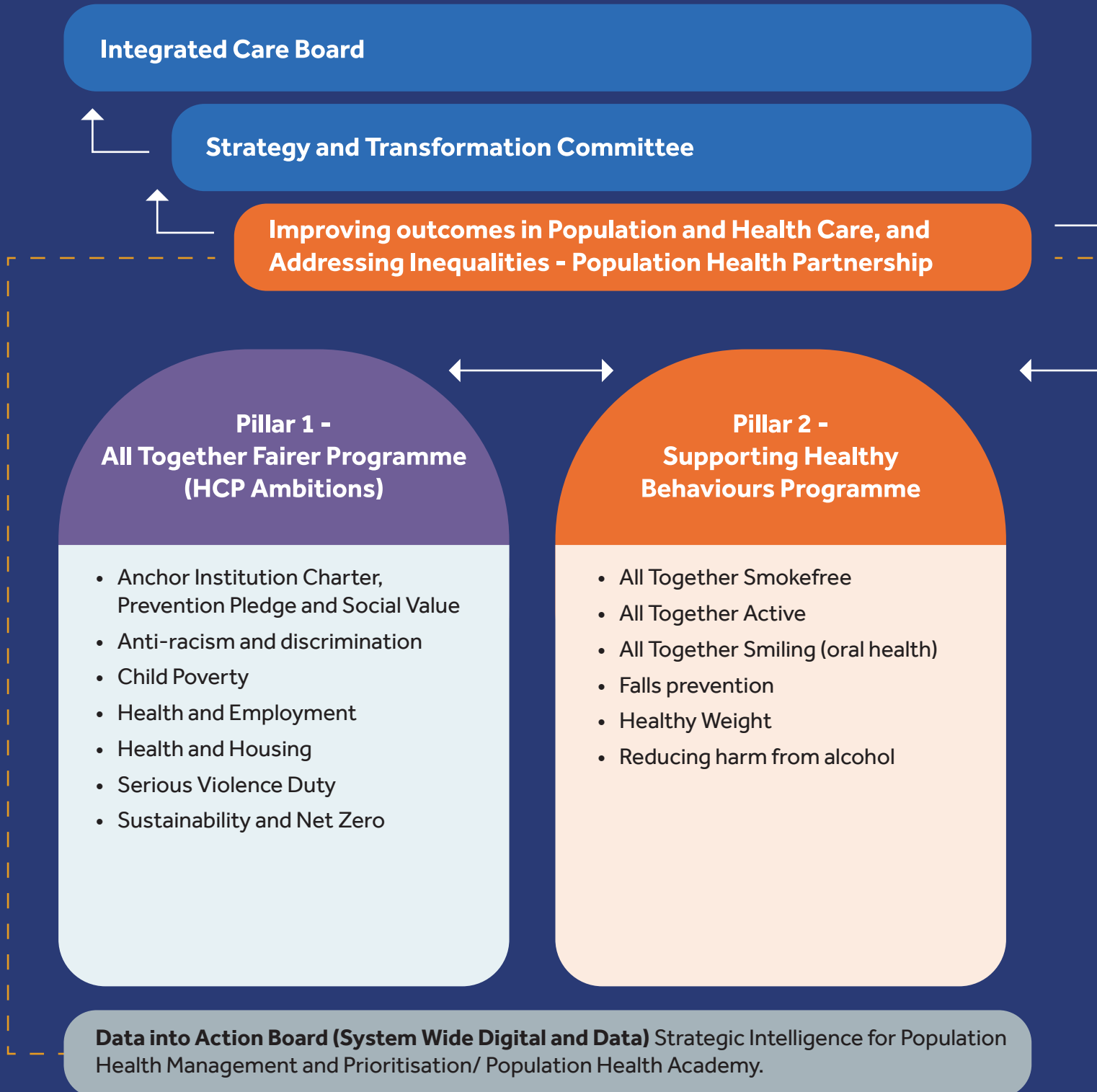
This has been further supported by the financial commitment made by NHS Cheshire and Merseyside into its new Population Health Programme. This recognises the importance of investing in prevention as a way of reducing the demand on the NHS rather than waiting until someone becomes unwell and then treating them.

Our at scale programmes that have been invested in include All Together Fairer, All Together Smokefree, All Together Active, Healthy Weight and Housing. We also recognise the work being delivered by our local places in tackling health inequalities and have prioritised investment in child poverty locally which has resulted in a range of place-based programmes.

These programmes include the development of a Poverty Truth Commission in Halton, oral health and school readiness programmes in Warrington and a Proactive Care model in Liverpool. The outcomes of the place-based programme will be available to report on in 2025/26.



Four Pillars of Po



*last updated April 2025

Population Health

Health and Care Partnership

Pillar 3 - Healthcare inequalities (Core20PLUS5) Programme, Oversight and Assurance

Adult

- CVD Prevention. Hypertension case- finding and optimal management and lipid optimal management
- Maternity
- Severe Mental Illness
- Chronic Respiratory Disease
- Early Cancer Diagnosis

Children and Young People

- Asthma
- Diabetes
- Epilepsy
- Oral Health
- Mental Health
- Obesity

Pillar 4 - Screening, immunisation and health protection

- Improvements in uptake and coverage in all national screening programmes
- Increase uptake and coverage of all routine and targeted immunisation programmes
- Working towards NHSE intention to eliminate cervical cancer by 2040
- Supporting the clinical response to local incidents and outbreaks of infectious disease.

Cross-cutting Programmes / Enablers

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

Pillar 1– Social Determinants Programme

It is now widely accepted that most of our health is not determined by healthcare services but is instead determined by what are known as the social or wider determinants of health. These are factors that influence our health like our education, housing, the community we live in, job opportunities and how much money we earn.

This was recently supported in the Lord Darzi report on the NHS where he acknowledged:

“

“Many of the social determinants of health – such as poor-quality housing, low income, insecure employment – have moved in the wrong direction over the past 15 years with the result that the NHS has faced rising demand for healthcare from a society in distress”.

”

All Together Fairer

As an Integrated Care System, we recognise the need to tackle the wider determinants of health as well as providing high quality healthcare services. In 2022, Cheshire and Merseyside became a Marmot subregion and working with Professor Sir Michael Marmot committed to tackling the social determinants of health in the report All Together Fairer: Health equity and the social determinants of health in Cheshire and Merseyside.



Working as one to build a fairer, healthier Cheshire and Merseyside

Informed by this work, in 2024 the Cheshire and Merseyside Health and Care Partnership formally adopted the recommendations of this report in the All Together Fairer: Our Health and Care Partnership Plan.

The Health and Care Partnership has committed to delivering eight priorities using the three principles of:

1. Shifting investment to prevention and equity
2. Anti-Poverty work
3. Social Justice, Health and Equity in All We Do



Child and Family Poverty

In recognition of the impact poverty has on population health, Cheshire and Merseyside's Directors of Public Health and Population Health commissioned an independent analysis into the current state of child and family poverty in the subregion. This report identified that there are 100,300 children (under 16) living in poverty in Cheshire and Merseyside and 60% of those children live in working households.

Poverty has a significant impact on health, it often means that people are unable to buy healthy food or heat their homes. The stress of not having enough money to live can cause both poor physical and mental health and often results in people dying earlier.

The report has received support from partners across the Cheshire and Merseyside subregion including the Cheshire and Merseyside Health and Care Partnership.

The system is now committed to implementing a number of key priority areas over the coming years including:

- Ensuring households are accessing all the benefits they are entitled to. This includes things like healthy start vouchers and free school meals.
- Ensuring children are given the best start in life through investment in supporting parents with access to childcare to enable them to return to work, and the delivery of parenting programmes to ensure parents can support their child's development as they grow and develop.
- Using our anchor institutes to support our communities out of poverty through employment opportunities, investment in local businesses and using assets such as buildings and land to benefit the local community.

This work has recently been featured as a case study in the NHS Confederation report *Alleviating child poverty – a shared endeavour: the critical role ICSs can play in the government's child poverty strategy*. The report recognised the important role of a joint statement from partners in the public and third sectors calling for urgent and coordinated action to ensure that partners work together to meet a shared ambition of no child in Cheshire and Merseyside living in Poverty.

Health and Housing Partnership

One of the recommendations within the All Together Fairer 2022 report was "the NHS should coordinate investment and action to take a leading role in strengthening partnerships with the housing sector, including the private rental sector and local residents". In response to this recommendation, we established a Health and Housing Partnership in collaboration with Housing Associations Charitable Trust (HACT).

In November 2024, 60 partners from across the system attended the first meeting of the partnership to endorse the proposed approach to focus on four priority areas for action. These areas for action were informed by a stakeholder workshop where the key subregional challenges across health and housing were agreed.

The partnership will continue to build on the great work that is already happening across Cheshire and Merseyside to ensure that housing is not contributing to poor health and wellbeing. This will continue to include our focus on reducing fuel poverty where community respiratory teams are supporting patients living in damp cold homes to access grants to improve the energy efficiency of their homes and pay their energy bills.

Currently this project has allowed patients to access an additional £362,000 in funding during 2024/25.

The NHS Prevention Pledge

Developed by the Health Equalities Group the NHS Cheshire and Merseyside Prevention Pledge is a framework designed to support NHS providers in Cheshire and Merseyside to deliver improvements in prevention and reduce health inequalities for their patients, staff and visitors.

Included in the NHS Confederation Toolkit How to embed action on health inequalities into integrated care systems as an example of creating the right culture, all 16 NHS Trusts in the subregion are committed to delivering the 14 core commitments under the broad themes of:

1

Organisational and cultural change; primacy of prevention within governance structures

2

Workforce development; quality improvement; workplace health and wellbeing

3

Brief advice and making every contact count (MECC)

4

Promoting healthier lifestyles for patients / visitors – healthier catering and access to drinking water; smoke-free sites and treating tobacco dependency; active environments

5

Embedding social value, sustainability and wider anchor institution practices

6

Using Marmot principles to address health inequalities

7

Prioritising positive mental health and wellbeing for patients, visitors and staff

Some examples of successful outcomes that have occurred following the implementation of the prevention pledge include Cheshire and Wirral Partnership NHS Foundation Trust using virtual reality technology to improve access to healthcare services for people with learning disabilities, neurodiversity and acquired brain injury.

Ensuring these patients are accessing healthcare services is a crucial approach to reducing health inequalities, so making patients familiar with the buildings, procedures and staff before they arrive is a great way to ensure patients are comfortable engaging with healthcare services.





Pillar 2– Supporting Healthy Behaviours Programme

Many of the health conditions the people in Cheshire and Merseyside are living with today can be prevented. Tobacco use, harmful alcohol use, unhealthy diets and physical inactivity all contribute to poor health outcomes. Cheshire and Merseyside is committed to creating an environment where the healthy choice is the easy choice.

All Together Smokefree

Smoking remains the leading cause of preventable illness, early death and health inequalities in Cheshire and Merseyside. It is estimated that smoking costs NHS Cheshire and Merseyside £75.9 million in healthcare costs alone. **Smoking causes 20,652 hospital admissions and 3,435 premature deaths** in Cheshire and Merseyside every year and a total of 9,716 people are out of work in Cheshire and Merseyside due to smoking related illnesses.

The All Together Smokefree programme is a Cheshire and Merseyside system-wide collaboration to achieve the ambition of ending smoking everywhere, for everyone by 2030. The programme is delivering across a range of priority areas including advocacy, education, partnerships, tackling illicit tobacco and vapes, smokefree environments, regulation, data and intelligence and support to quit.

The programme also successfully launched a public-facing behaviour change campaign – Smoking Ends Here – on No Smoking Day 2025. To raise awareness of the campaign, which encourages those looking to quit to visit a brand new website with help and resources, iconic locations in Cheshire and Merseyside were lit up and campaign messages were displayed, along with dedicated community engagement sessions in collaboration with Healthwatch.

Support to quit in pregnancy is also a crucial part of the government's commitment to improving maternity services in England. Smoking remains the leading cause of preventable poor pregnancy outcomes, with smoking in pregnancy increasing the risk of premature births, stillbirths and low birth weight babies.

As part of the Saving Babies' Lives Care Bundle we are providing tobacco dependency treatment services in all our maternity services. The additional support offered to pregnant women has resulted in the smoking at time of delivery rate for Cheshire and Merseyside reducing from **8.1% in quarter two of 2023/24 to 6.8% in quarter two of 2024/25**.

Our maternity teams have also been piloting innovative approaches to supporting women to quit smoking as early as possible in their pregnancy. A pilot in Mid-Cheshire Hospitals NHS Foundation Trust ensured pregnant women who smoke were identified before their booking appointment and offered support to quit.

This project was shortlisted for a Royal College of Midwives 'Excellence in Midwifery Public Health Award'.



Why weight to talk

Obesity is quickly becoming a significant cause of preventable ill health and death for England. Obesity costs the NHS around **£19.2 billion a year**, in Cheshire and Merseyside there were an **estimated 66,355 obesity related hospital admissions** in 2023/24. It is expected that in the future it could overtake tobacco as the leading cause of preventable death. We know that we have higher levels of overweight and obesity in our poorer communities. Poorer communities often have higher numbers of hot food takeaways selling unhealthy food and those living on low incomes struggle to access and buy healthy food.

In 2024/25 NHS Cheshire and Merseyside invested in 'Why weight to talk?', a training programme developed by the Health Equalities Group for frontline practitioners to deliver brief advice to children and families on healthier weight.

The training has been developed to be trauma-informed and is considerate of the challenges of poverty and food insecurity, weight stigma and the cost-of-living crisis. In 2024/25, 18 sessions were delivered to 243 participants. Following the training participants have reported increases in confidence to engage in conversations about weight, to make referrals to specialist weight management services and knowledge of causes of weight gain, weight stigma and adversity in childhood.

Reducing harm from Alcohol

Alcohol is the third leading cause of preventable illness and death in the UK after smoking and obesity.

The cost of alcohol to the NHS is estimated to be **£4.91 billion per year**, in Cheshire and Merseyside there were **48,854 hospital admissions from alcohol related conditions** in 2022/23. The impact of harmful and dependant drinking is greatest on those from the most deprived communities, despite people on low income not consuming more alcohol than those on higher incomes.

Want help to cut down your drinking?

The answer is in your hands

Download the FREE Lower My Drinking app.
#LowerMyDrinking

Get started

Download on the App Store

GET IT ON Google Play

LOWER MY DRINKING
Get healthier. Feel better.

Champs Public Health Collaborative

NHS
Cheshire and Merseyside

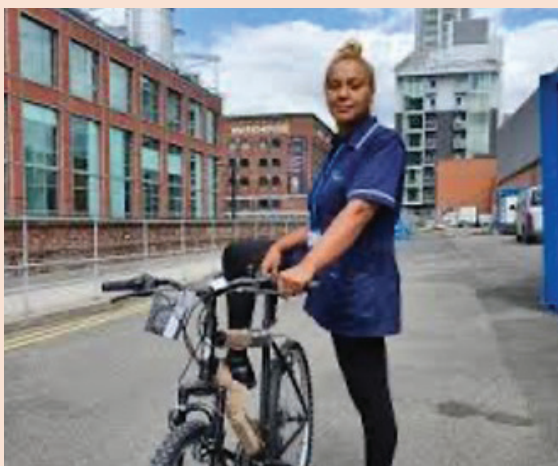
To reduce the impact on those from our poorest communities it is crucial that we support those that are drinking to unsafe levels.

The Lower my Drinking app was developed in 2022 for anyone who lives or works in Cheshire and Merseyside to manage their drinking habits to a safer level. Relaunched in the summer of 2024 with an accompanying campaign, there have been 547 downloads of the app during 2024/25.

As well as supporting those who are drinking at unsafe levels, we are also working hard to identify those who have alcohol related health conditions. Liver disease is the one of the top five causes of dying early in the UK and the only major cause of death still on the rise often due to the disease being diagnosed at a late stage. A programme of community liver checks has been developed in Cheshire and Merseyside using quick non-invasive FibroScans.



Up to December 2024, **3,146 community liver health checks were completed**, with 292 people identified with likely Chronic Liver Disease, Advanced or Moderate Fibrosis. A key focus of the work is to reduce health inequalities by targeting a range of settings including drug and alcohol services, hostels and Probation Approved Premises.



All Together Active

Currently inactivity in the UK is costing the NHS an **estimated £0.9 billion** a year and is the fourth largest cause of disease and disability in the UK. Being active reduces the risk of many preventable illnesses such as cancer, diabetes, obesity and depression.

Replacing our cars with walking, wheeling or cycling for short journeys is a great way of being more active and also offers important environmental benefits including reducing air pollution which in turn improves air quality which is particularly important for reducing the risk of respiratory conditions.

Working with NHS Trusts as part of the NHS Prevention Pledge, work has been undertaken to encourage those who work or visit NHS sites to actively travel there.

Warrington and Halton NHS Foundation Trust has invested in pool bikes for staff to allow them to cycle between their sites.

The benefit of this approach includes creating opportunities for staff to be physically active while in work, a reduction in demand for onsite parking and improved air quality around the hospital sites and the surrounding communities.

Active Soles is another workplace initiative designed to change the way we think about workwear based on the belief that active workplaces lead to happier, healthier people which in turn leads to greater creativity, better problem solving and improving productivity.

Originating in Greater Manchester and launched in Cheshire and Merseyside in May 2024, the movement aims to make wearing comfortable shoes in the workplace the norm.

By encouraging staff to wear comfortable shoes to work, the movement seeks to enable more staff to walk to, from and during work, have active lunch breaks away from the office and arrange outdoor meetings.

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



Pillar 3– Healthcare Inequalities Programme

Preventing the people of Cheshire and Merseyside from becoming ill is a key priority for Cheshire and Merseyside. But we recognise that many people are already living with a physical or mental health condition.

In 2023, 59.1% of people aged 16 and over self-reported having a long-term condition in Cheshire and Merseyside. It is crucial that we deliver high quality healthcare to these people which includes better access to care, availability of services and support to remain well.

Cardiovascular disease (CVD)



Cardiovascular disease is a term for conditions affecting the heart or blood vessels and is currently the leading cause of early death in England. Treating CVD costs the NHS an **estimated £7.4 billion a year**.



Optimising blood pressure alone in Cheshire and Merseyside could **save up to £6.9 million from fewer heart attacks and strokes**.

Those living in our poorest communities are more likely to die from CVD.

CVD can also impact on people's quality of life and their ability to work. NHS Cheshire and Merseyside is committed to reducing inequalities in CVD by reducing preventable causes of CVD such as smoking, unhealthy diet, unsafe alcohol use and physical activity. We are also committed to identifying those who have CVD and ensuring they access the treatment available to prevent them from becoming seriously unwell and dying.

Familial hypercholesterolaemia (FH) is a genetic condition affecting approximately one in 250 people in the UK with less than 8% of cases currently identified. It can lead to high levels of LDL-Cholesterol (often called bad cholesterol) and premature cardiovascular disease (CVD).

Getting a diagnosis early is crucial particularly for those living in our poorest communities where we know we have higher rates of physical inactivity, smoking and obesity, all of which can also worsen CVD. NHS Cheshire and Merseyside has invested in a dedicated genetic testing and cascade screening service for the whole of Cheshire and Merseyside to ensure targeted work can be undertaken and the missing thousands of patients with FH can be identified.

All Together Smiling

Dental health in children is extremely important as it can impact on speech and language development as well as their ability to participate in education. Children with tooth decay often experience high levels of pain and struggle to concentrate in school, eat food and sleep. They often take time off from school due to pain or attending appointments at the hospital or dentist.



Treating oral health conditions costs the NHS about £3.4 billion per year. Many conditions are avoidable by reducing the number of sugary drinks and food we eat, brushing our teeth twice a day with fluoride toothpaste and taking children to the dentist regularly.

An oral health survey in Cheshire and Merseyside identified that children living in the poorest areas had higher levels of tooth decay than those living in areas with higher income. In response to this, NHS Cheshire and Merseyside invested in All Together Smiling, a three-year supervised toothbrushing programme that started in April 2024.

The programme delivers supervised toothbrushing alongside free toothbrush and toothpaste packs for children aged between two and seven years old living in our poorest communities. So far 229,908 toothbrush and toothpaste packs have been given out to families across Cheshire and Merseyside.



Early diagnosis of cancer

Inequalities in cancer outcomes remain an ongoing challenge for NHS Cheshire and Merseyside. As an Integrated Care System we have achieved significant progress in cancer outcomes and were the first in England to achieve the target of 90% of patients receiving a diagnostic test within six weeks of referral after the COVID-19 pandemic. But we know that some groups are experiencing better cancer outcomes than others.

To address some of the inequalities in outcomes for cancer patients, the Cheshire and Merseyside Cancer Alliance developed the 123 training.

Delivered to health professionals both face-to-face and online it provides them with the knowledge and skills to take action to reduce health inequalities.

Whether it's creating easy read documents, delivering appointments in a more flexible way or supporting patients on low income to access benefits, the training outlines the small changes that can be made to improve outcomes for cancer patients.

Launched in October 2024, so far **800 professionals have completed the training** and committed to changing something within their control to tackle health inequalities.

Pillar 4 – Screening and Immunisation Programme

Screening is an important way of identifying healthy people who have an increased risk of developing a particular health condition. Finding conditions early often makes them more treatable. It is important that everyone makes an informed decision about screening and can access screening when invited.

Immunisations are one of the safest ways to protect you and your family from disease. They prevent millions of deaths every year and now mean that many diseases such as smallpox, polio or tetanus are now gone or rarely seen. But we know from recent Measles outbreaks that if people stop being immunised these diseases begin to spread quickly again.

Screening and Immunisation Outreach Service

For many people accessing healthcare services can be hard, it can often mean attending appointments during working hours or travelling long distances on expensive public transport. In response to this, the Living Well Bus has been designed to go into communities to provide a range of healthcare services including access to vaccinations and more recently cervical screening.



The service has successfully delivered **3,300 COVID-19 vaccinations, 1,500 flu vaccinations and 80 routine vaccinations** in 2024/25. The service works hard to reduce health inequalities by targeting the poorest communities across Cheshire and Merseyside as well as working to engage with communities that have reduced access to healthcare such as Gypsy, Roma and Traveller communities.

Making services more accessible to communities has proven to be a great success in improving uptake of cervical screening services. Since starting cervical screening on the Living Well Bus in July 2024, we have delivered 496 screens and in the first phase of the screening 35% of those screened were non-responders to their cervical screening invite and two thirds were overdue their screening by between one and three years.



Flu and COVID-19 uptake in health and social care staff

Ensuring our health and social care workforce are vaccinated against COVID-19 and Flu is a crucial way of reducing the spread of illnesses to vulnerable patients and service users.

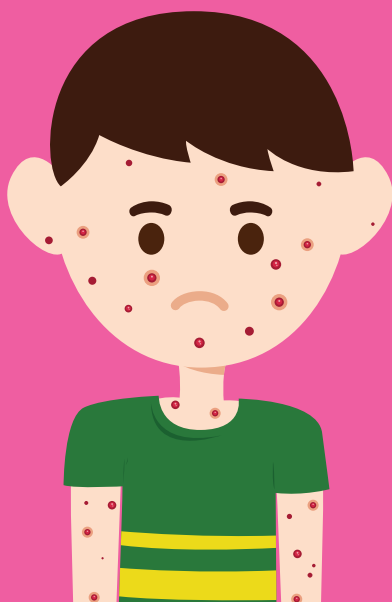
Vaccinations also reduce the chance of staff in health and social care becoming sick and being off work which can create pressure on the team they work in. In 2024/25 we worked hard to encourage all staff to take up the offer of vaccination but have found that uptake was still down overall by 10% compared to the previous year.

Some organisations achieved higher staff vaccination rates than others. We have spoken to a range of staff from different organisations to better understand what encouraged them (or not) to take up their vaccination and will use this insight to further develop plans for 25/26. Some of the approaches we know work well to improve uptake include staff video stories, senior leaders leading by example by being vaccinated and staff publishing their vaccination experiences. Using staff bulletins, noticeboards and social media channels to raise awareness and making accessing an appointment quick and easy can also help.

Measles Mumps and Rubella (MMR) catch-up programme

In response to the continued increase in measles cases NHS Cheshire and Merseyside continued to deliver a campaign to encourage young people to get up to date with their measles, mumps and rubella vaccinations.

In June 2024 letters and texts were sent to **450,000 people aged 16-25** in the North West inviting them to come forward for the vital vaccination at a pharmacy or GP Practice.



Targeted Lung Health Checks

Started in 2019, the Targeted Lung Health Check programme provides a lung health check assessment and low dose CT scan to those aged 55-74 with a smoking history.

As well as identifying early-stage lung cancer the scans also identify other diseases including CVD.

The programme has been established in Liverpool, Knowsley, Halton, South Sefton and St Helens and was expanded into Wirral and Warrington in 2024/25 with the programme due to be Cheshire and Merseyside wide by 2028.

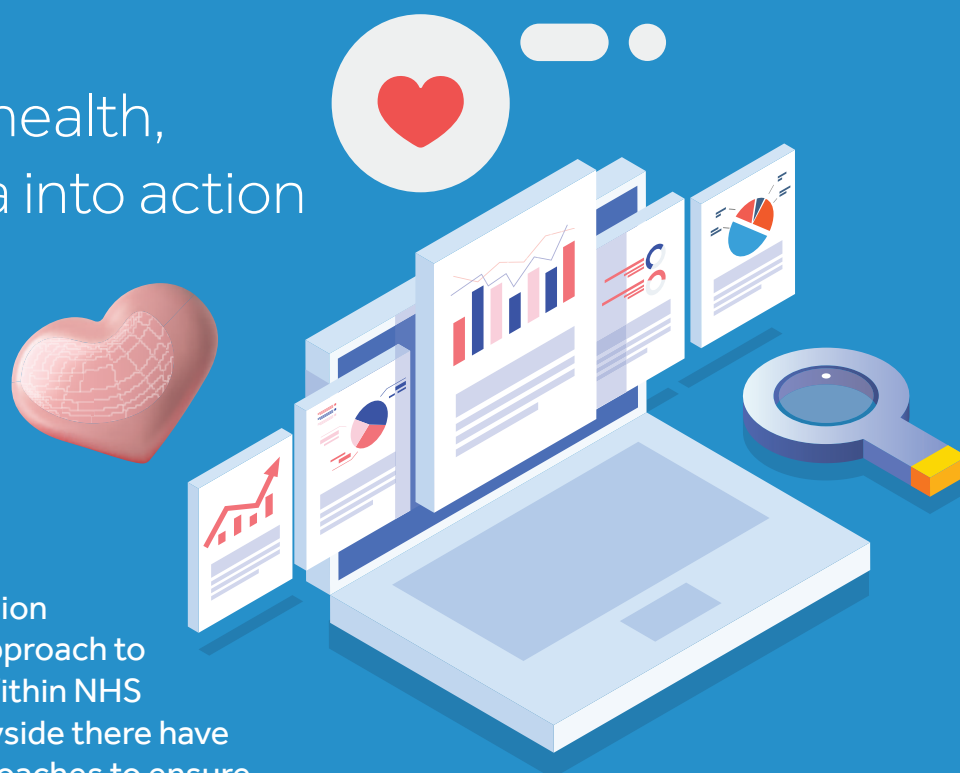


Up to December 2024, **40,000 scans have been delivered** and **533 lung cancers have been identified** with **79.2% of patients** receiving curative treatment.



Due to the scans also identifying a significant number of CVD cases, NHS Cheshire and Merseyside have invested in a dedicated CVD prevention service to provide a specialist assessment and management plan to ensure we support people to better manage their health and achieve better outcomes.

Population health, putting data into action



Intelligence led decision making is a crucial approach to population health. Within NHS Cheshire and Merseyside there have been a range of approaches to ensure our decision-making is intelligence led.

This work is underpinned by the Data into Action programme.

Population Health Academy

During 2024/25 NHS Cheshire and Merseyside, working with Health Innovation North West Coast, we delivered two accredited Population Health Management Academy cohorts this is a free CPD-accredited interactive learning programme designed with our academic partners.

The training is designed for health and care professionals involved in commissioning, planning or delivering services across the Health and Care system and has been attended by 45 people from a broad range of organisations and sectors.

The Academy focuses on supporting participants to develop their skills in using a range of Population Health Management tools including:

- Case Finding
- Waiting List
- Fuel Poverty
- Complex Households

Underpinning the training is a health inequalities lens enabling participants to design and deliver services through a proportionate universalism model, which recognises and tackles the social gradient, aiming to improve the health of everyone but with a greater focus on those facing the greatest need and worst health outcomes.

For those people whose time may be more limited, and for those who may only need to know about a particular tool or topic, we have also offered Masterclass sessions.

There have been four Masterclasses to date which have reached over 270 people. Some of these sessions have been delivered in partnership with the Clinical Networks and we will continue to build upon this collaborative approach next year. Feedback from the Academy has been very positive so far, and we will use this to help refine the programme for our third cohort, commencing in Spring 2025.

An additional two cohorts will also be scheduled throughout 2025/26.

Alongside the Population Health Academy there is also an Analyst Academy, delivered by the University of Liverpool the Academy teaches analysts how to use large, linked datasets. There are over 150 analysts from across Cheshire and Merseyside who are involved in this programme. This work will also be refined and where appropriate, continued into 2025/26.

Driving positive change in healthcare

Using data to improve health outcomes for the population of Cheshire and Merseyside is key to the Data into Action programme.

The fuel poverty programme described earlier is a key example of Data into Action. Another example is the enhanced case finding tool.

It uses a wide range of data to quickly identify individuals and groups who could benefit from early support and care.

The tool is designed to find vulnerable groups of people and provide the right care for them at the right time.

The ambition is to ensure we prevent people from becoming unwell and needing hospital care which can risk patients losing independence as well as experiencing the anxiety and distress of being away from home.



Federated Data Platform

NHS Cheshire and Merseyside has been recognised as a leading organisation for how it uses data to enhance patient care. As a result of this they have been chosen as a trailblazer site for implementation of the Federated Data Platform and we are actively sharing our learning to support the future development of national population health management solutions for the country.





Looking Forward

Post-script from Professor Ian Ashworth, Director of Population Health

This is an incredibly exciting time for population health in Cheshire and Merseyside and as the work in this report highlights, we have incredibly strong foundations that we can continue to build upon.

Looking forward to the next year, I welcome the publication of the NHS 10-year plan for health, which will set out how the new Government will use a mission-based approach to make a real difference to the health of our population.

This plan, which is being written following an extensive consultation process that myself and my fellow Directors of Public Health inputted into, is much-needed due to the complexity of the challenges we face as a system and the urgent need to remove the silo working approach.

By working together across Cheshire and Merseyside we can ensure that we create the right conditions to support people to make healthy choices.

And for those who do need access to healthcare services, we can do this closer to home and we can use technology to ensure the best outcomes for the population of Cheshire and Merseyside.

As an Integrated Care Board, NHS Cheshire and Merseyside has committed to putting population health into the core of its planning.

As demonstrated within this report, building on our collaborative efforts as an effective Integrated Care System will only help further embed prevention and reduce health inequalities to help improve the health and wellbeing of the people of Cheshire and Merseyside.

I look forward to working with partners when the plan is published to deliver against the priorities of:

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



Professor Ian Ashworth (FFPH)

Director of Population Health, NHS Cheshire and Merseyside

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



Recommendations

The recommendations below outline what the Integrated Care System needs to consider within its prioritisation to continue the progress being achieved for improving Population Health in Cheshire and Merseyside.

**1**

Investment in prevention to help reduce the increasing demands on our health and care system should remain as a priority for the NHS Cheshire and Merseyside system.

2

Anchor Institutes across Cheshire and Merseyside including NHS Trusts should ensure prevention is embedded within all policies and practice.

3

Healthcare teams and professionals should be empowered to reduce health inequalities through intelligence led decision making supported by the range of Population Health Management Data tools available in Cheshire and Merseyside.

4

The health and social care system should proactively support patients and staff to recognise the physical and mental health benefits of quitting smoking, being physically active and a healthy weight and drinking alcohol within safe limits.

5

Priority should be given to increasing uptake of immunisation across key groups including those living in our most deprived communities and our health and social care workforce.



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