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NHS
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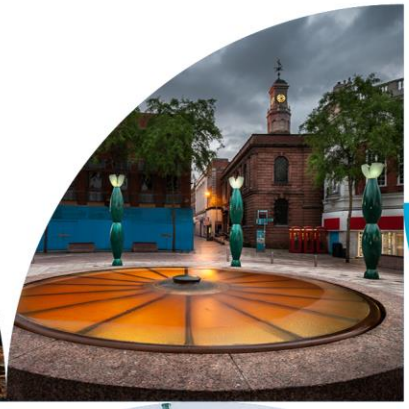
Cheshire and Merseyside

Joint Forward Plan

2023-28







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Foreword

Joining up health and care is nothing new - we have been working towards this for many years. There is much that has been excellent. But there is so much more that the health and care system must do together to play its full part in enabling citizens, patients and service users to thrive and achieve their full potential.

The creation of our Health and Care Partnership (The HCP) provides a platform on which all partners can challenge their mindsets, share learning and work differently to optimise our collective contribution to people's lives.

This Joint Forward Plan is driven by the ambitions of the Cheshire and Merseyside Interim HCP Strategy, which is built around four core strategic objectives:

- Tackling Health Inequalities in outcomes, experiences and access (our eight Marmot principles).
- Improving population health and healthcare.
- Enhancing productivity and value for money
- Helping to support broader social and economic development.

The challenges faced by our citizens and communities are immense, but so is their passion to overcome them. The Integrated Care Board and our partners are committed to working with all communities to support them to improve their health and wellbeing, reduce inequalities, agree what constitutes good experience and deliver on this and improving health and wellbeing outcomes in targeted areas. Intrinsic to our ambition is to optimise the opportunities for supporting social and economic development.

A core principle is to treat every £ of funding as a precious asset, driving out waste and doing the things that matter to people so that we maximise the value that our communities gain from our plans and delivery.

We also strongly believe that it is our local communities and front-line teams are best at knowing what matters most and to determine the best way to make improvements. We will support this by encouraging decisions are made as locally as possible and ensuring that our plans are co-produced to ensure they truly meet the needs of our population. It will be the case that Learning, Spreading Best Practice and Innovation will be core to all we do.

Sometimes, operating at scale or standardisation will be the best solution. Our commitment is that the communities we serve will be provided with the opportunity to question these options and seek the relevant assurances.

We know we need to be different and work differently; our plans describe our ambitions in a range of areas and based on what our population has said matters to them, including:

- Supporting all our children to have a good start to life both in terms of their health and wellbeing and educational attainment to enable them to go on to live long and happy lives.
- Raising the number of years people live in good health whilst narrowing the gap we see between those in the most and least deprived communities.
- Ensure that our care communities transform how services work for residents to offer world leading primary and community care.
- Working with our provider collaboratives to build a strong and sustainable NHS provider sector that delivers services which offer consistently high levels of access and quality.
- Making sure we maximise the positive role we play as employers and as anchor institutions in contributing to our local communities.

We have some of the best organisations in the country who have committed to work together with common purpose. The variety of organisations, Local Authorities, VSCE, NHS and Private Sector, have huge talent and passion to make a difference. We have a once in a generation opportunity to make significant and lasting difference to people's lives. Let's not waste this opportunity and we urge you to join us our mission.

Graham Urwin, Chief Executive

Raj Jain, Chair

1 About this document

We know that people's lives are better when organisations that provide health and care work together, particularly at the times when people need care most.

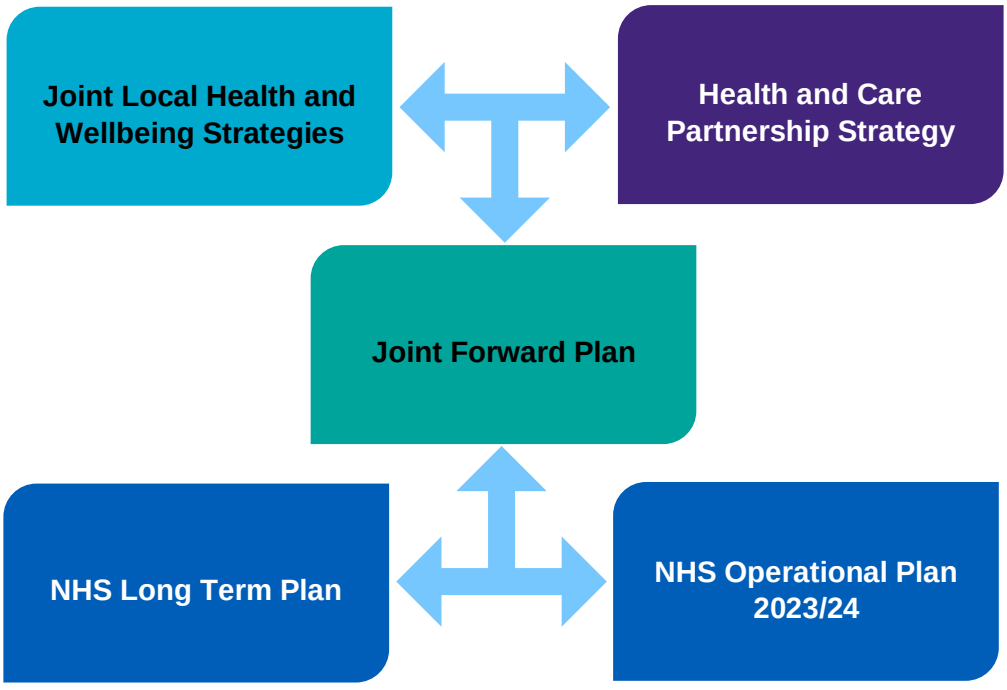
This document – which supports our Joint Forward Plan (JFP) – describes how the Cheshire and Merseyside Integrated Care Board (ICB) and our partner NHS trusts and foundation trusts (referred to collectively as partner trusts) and our wider system partners intend to work together to arrange and provide services to meet our population's physical and mental health needs.

This plan has been developed following the three principles identified in the NHS England Guidance on developing the joint forward plan:

- Principle 1: Fully aligned with the wider system partnership's ambitions.
- Principle 2: Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments.
- Principle 3: Delivery focused, including specific objectives, trajectories and milestones as appropriate.

Our Joint Forward Plan contains the actions we will take as an Integrated Care System to deliver the priorities identified by:

- The Cheshire and Merseyside draft interim Health and Care Partnership Strategy
- Our nine Place based Health and Wellbeing Boards in their Joint Local Health and Wellbeing Strategies
- The NHS Long Term Plan and the national NHS Planning guidance for 2023-24



Our Joint Forward Plan aims to:

- improve the health and wellbeing of our population.
- improve the quality of services.
- make efficient and sustainable use of NHS resources.

We are committed to working on all three of these aims simultaneously to best meet our population's needs.

These three aims also align to our statutory duties. Throughout this document, we will describe how the ICB fulfils the statutory duties that we are responsible for. The details for these statutory duties can be found here.

Our response to this range of statutory duties runs through this document including our commitment to how as an ICB we will look to continuously improve the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, ensuring services are effective, safe and offer a quality experience. This sits alongside the key strategic priority to ensure we reduce inequalities in access and outcomes.

In April 2023 the Hewitt Review was published which considers the future national direction for the development of ICS. The review supports our focus in these plans for a whole system approach to positively impacting on the wider determinants of health and fits with our existing statutory duty and local commitment to integrate services to benefit our population. The review identifies a number of drivers for change with systems moving to:

- A focus on good health rather than treating illness.
- A system which holds itself to account for delivering the priorities for our population and being a self-improving system
- Unlocking the potential in primary and social care and developing a skilled sustainable workforce
- Ensuring we focus on the value we achieve from our financial investment rather than simply the costs we incur, in order we maximise the outcomes we are delivering for our population for every £ we invest

We recognise we are on a journey and our plan reflects that it will take us time to fully embed these different approaches fully but through the document you will see our clear commitment to moving in this direction.

We equally recognise that the ICB remains as part of a national NHS system and at present the plan describes how we work in line with the current national operating model. As the Government responds to the recommendations in the Hewitt Review we will adapt our approach, for example our plans currently respond to a number of nationally defined performance objectives and we may refine our areas of focus if greater local flexibility is given through fewer national targets.

We also recognise that at this point in time there is variation in the level of detail within the plans being described in this document, which reflects the maturity of our respective programme plans.

The Joint Forward Plan document will be refreshed annually in order to reflect the development of our plans, reflect the progress we have made, and provide opportunities for further engagement and collaboration in developing this plan.

1.1 Our approach to developing our Joint Forward Plan

In developing our Joint Forward Plan, we have adopted a collaborative approach drawing on the wide range of expertise, knowledge, and experience of our health and care professional leaders and partners to integrate services and our collective ambitions to shape better outcomes for our people, to inform innovations and future plans. We believe that all services should be co-produced with service users and/or carers as well as health and care professionals and system partners.

In developing our Joint Forward Plan, we have engaged with all nine Places and have included statements of support from Local Health and Wellbeing Boards (see Appendix C).

In January 2023 our Health and Care Partnership (HCP) published a draft Interim HCP Strategy with the intention of undertaking further work with stakeholders, including the public, to refine the strategy during the summer of 2023. This will include prioritising the content of our HCP strategy, which will in turn impact on the priority focus areas within our Joint Forward Plan. We will use the outcomes of this work to influence the scale of focus and investment into the various transformation programmes described in this document. These priorities will be reflected in future versions of our Joint Forward Plan.

The Vision and Mission outlined in our draft Interim HCP Strategy are:

Figure 1: Cheshire and Merseyside Health Care Partnership Vision and Mission

The draft Interim HCP Strategy identifed the following objectives:

Tackling Health inequalities in outcomes, experiences and access (our eight Marmot principles)	Improve population health and healthcare	Enhancing productivity and value for money	Helping support broader social and economic development
• Give every chlld the best start in life • Enable all children, young people and adults to maximise their capabilities and have control over their lives • Create fair emplyment and good work for all • Ensure healthy standard of living for all • Create and develophealthy sustainable places and communities • Strenghten the role and impact of ill health prevention.	Focus on prevention of ill health and improved quality of life by: • Delivering the Core20plus5 clinical priorities for adults and children and young people • Reduce deaths from cardiovascular disease, suicide and domestic abuse • Reduce maternal, neonatal and infant mortality rates • Improve satisfaction levels with access to primary care services • Improve waiting times for elective and emergency care services • Improve waiting times for elective and emergency care services • Improve diagnosis and support for people with dementia • Provide high quality, accessibile safe services • Provide integrated, accessibile, high quality mental health and wellbeing services for all people requiring support.	• Develop a financial strategy focused on investment on reducing inequality and prioritise making greater resources available for prevention and wellbeing services • Plan design and deliver serviceds (where appropriate) to derive better quality, improved effectiveness and efficiency • Maximise opportunities to reduce costs by procuring and collaborating on corporate functions at scale • Develop whole system plans to address workforce shortages and maximise collaborative workforce opportunities • Develop a whole system estates strategy • Develop a thriving approach to research and innovation across our Health and Care Partnership.	• Embed, and expand, our commitment to social value in all partner organisations • Develop as key Anchor Institutions in Cheshire and Merseyside, offering fair employment opportunites for local people • Promote our involvement in regional initiatives to support communities in Cheshire and Merseyside • Implement programmes in schools to support mental wellbeing of young people and inspire a career in health and social care • Work with Local Enterprise Parnerships to connect partners with business and enterprise.

Section 2

2 How we work as partners for the benefit of our population

Our Integrated Care System serves a population of 2.7million people across nine Places. Our system partners include providers, primary care organisations, local authorities, Voluntary Community Faith and Social Enterprise (VCFSE) partners, the ambulance service and others.

The figure below illustrates how we are configured at a Cheshire and Merseyside level:

Figure 2: Cheshire and Merseyside Integrated Care System

Some of the ways we come together in the Cheshire and Merseyside system are:

- **The Cheshire and Merseyside Health and Care Partnership (HCP).** This is a statutory joint committee between NHS Cheshire and Merseyside Integrated Care Board and our nine Local Authorities which also includes a wide range of partners from across the health and care system. This Board works together to support partnership working and is responsible for producing our Health and Care Partnership Strategy
- **The NHS Cheshire and Merseyside Integrated Care Board.** This is a statutory NHS organisation responsible for managing the NHS budget and arranging for the provision of health services whilst supporting the integration of NHS services with our partners.
- **Our nine Place Based Partnerships.** These work locally to support the integration of health and care services in support of local Joint Health and Wellbeing Strategies.

Our draft 2023-28 Cheshire and Merseyside Health and Care Partnership Interim Strategy outlines the long-standing social, economic and health inequalities across Cheshire and Merseyside, with levels of deprivation and health outcomes in many communities worse than the national average.

In this section, we describe how we as system partners will:

- Engage and communicate effectively and meaningfully with our population and with each other.
- Optimise the ways in which the VCSFE sector and other parts of the system work together.
- Commit to addressing issues of Equality Diversity and Inclusion.
- Work together to deliver on our Green Plan.
- Support wider social and economic development.

Our 2023-28 Cheshire and Merseyside Health and Care Partnership Interim Strategy outlines the long standing social, economic and health inequalities across Cheshire and Merseyside, with levels of deprivation and health outcomes in many communities worse than the national average. The Strategy also shares how we work together as partners across Cheshire and Merseyside including a shared set of principles to support our relationships.

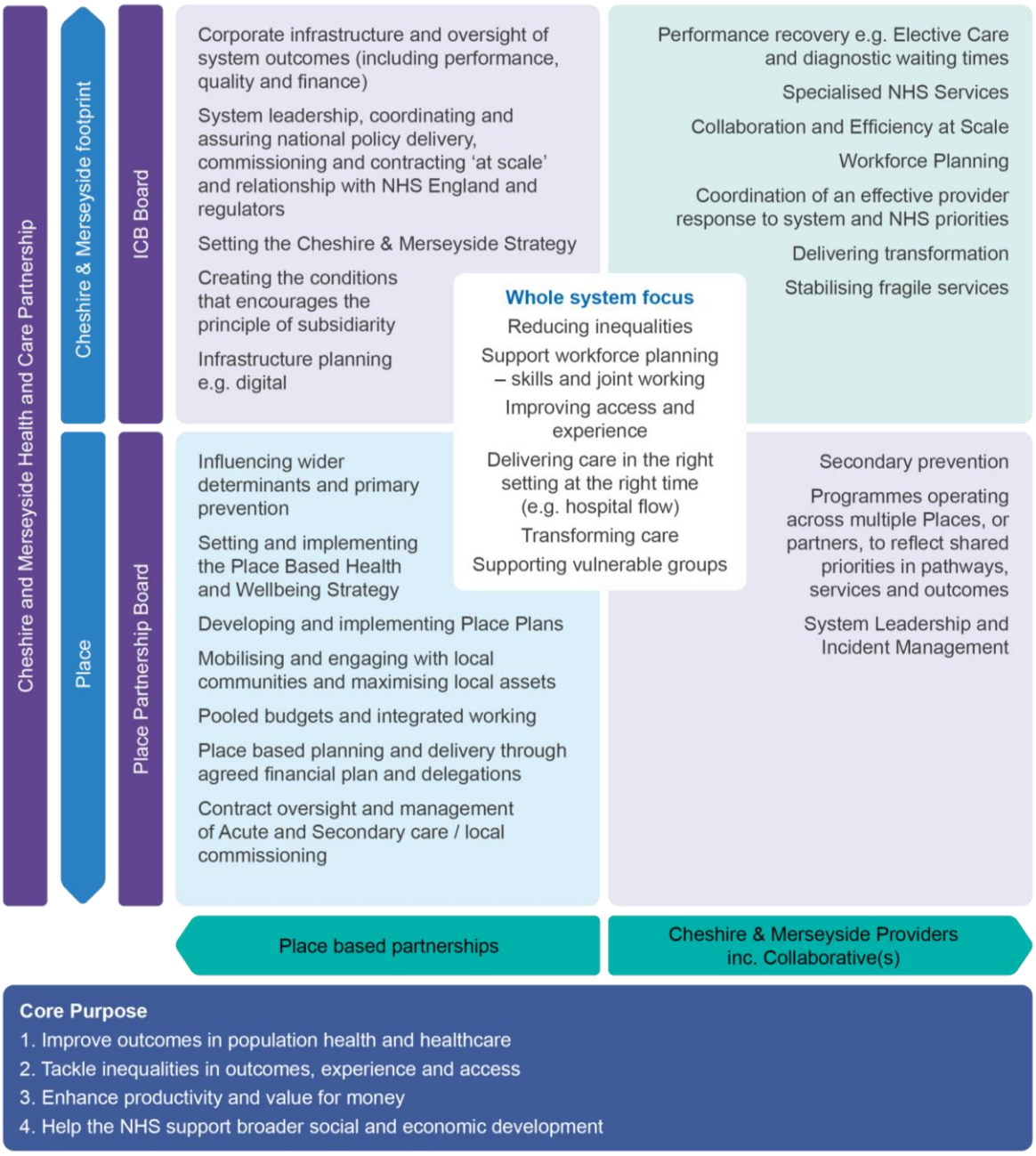
Across Cheshire and Merseyside, partners are committed to involving people and communities to harness the knowledge and lived experience of those who use and depend on the local health and care system and provide an opportunity to improve outcomes and develop better, more effective services, removing barriers to accessing services where they exist.

We are committed to the principle of subsidiarity. This means that we want to make decisions as locally as possible. We will enable local communities in our nine Place based partnerships to develop services which meet the needs of their local population, whilst also encouraging a sharing of learning and good practice to spread these benefits.

Complementary to this principle of subsidiarity, our large ICS provides opportunities to work at scale where appropriate. This enables us to share best practice and to work collectively to deliver efficiencies and manage change. In particular, our two NHS Provider Collaboratives support our NHS providers to work together to deliver service improvement and enhance sustainability.

The picture below shows how we apply the principle of subsidiarity to decision making in our Places and the communities within them, whilst realising the benefits of working at scale in certain areas through our Health and Care Partnership, or ICB-wide programmes or through our two Provider Collaboratives.

Figure 3: Decision making and subsidiarity in Cheshire and Merseyside



Section 6 of this document describes how we are developing as a system to support this approach.

2.1 Communications and engagement

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.

We believe that all services should be co-produced by service users and/or carers alongside clinicians as they are the experts. Applying a coproduction approach consistently and meaningfully helps identify areas of need and gather insight to make informed decisions.

We are committed to working with those with lived experience to understand the impact of health inequalities and to support us in designing and implementing solutions to address these.

We know that Healthwatch, the Voluntary, Community, Faith and Social Enterprise sector (VCFSE), local authorities, NHS organisations and other partners already have well-established ways of engaging with people and communities. We will build on these strong foundations as part of our engagement strategy.

Statutory guidance

Following national public consultation, new statutory guidance for working with people and communities was published in July 2022. This guidance is for Integrated Care Boards, NHS trusts, and NHS England.

Applying the guidance will support NHS Cheshire and Merseyside and our partners to work effectively with people and communities in 2023-24 (and beyond) with the aim of both improving services and meeting our duty to involve the public.

We will adhere to the Guidance on working with people and communities and embed the core 10 principles to build effective partnerships with our population.

Local framework

NHS Cheshire and Merseyside's draft Public Engagement Framework was co-produced with Healthwatch and the Voluntary, Community, Faith and Social Enterprise Sector and published in July 2022.

It describes how we will apply the ten principles in the statutory guidance, and the approaches and mechanisms that will continue to be developed and underpin our work with people and communities in 2023-24.

An Equality Impact Assessment will be carried out by October 2023 to enable NHS Cheshire and Merseyside to do a 'stock-take' and assess the diversity and inclusivity of our work with people and communities.

This assessment will inform actions to build further connections and networks to enable increased input from people who experience the greatest health inequalities.

Following the Equality Impact Assessment, and by March 2024, people and communities will be involved in a structured process of evaluation and review of our Public Engagement Framework, which informs its update for 2024-25.

Involving people and communities in identifying local priorities

NHS Cheshire and Merseyside is required to involve people and communities in identifying local priorities.

2.1.1 Citizens' Panel

In October 2022, we launched our Citizens' Panel following an initial recruitment campaign aimed at widening the participation of people and communities representing equality protected groups and people affected by inequalities.

By July 2023, we aim to increase the number of panellists from c700 (March 2023) to in excess of 1000, as we build our capacity to involve people from all sections of the community, and not simply those already engaged with health, social care, and VCFSE (Voluntary, Community, Faith and Social Enterprise) organisations and groups.

Increasing the participation of young people in our Citizens' Panel is a key strategic aim. By involving young people, the NHS and its partners can build trust, bring about innovative service improvement, and inspire the next generation of health and social care leadership.

By October 2023 we aim to increase participation of 16–20-year-olds in our Citizens' Panel through a range of methods, in partnership with organisations who have specialist experience of working with this audience. We will then connect with this audience to understand their priorities and how they can best be involved in our work.

In 2023-24 the Citizens' Panel will continue to be used to identify and respond to local priorities and test approaches to involving people and communities in the four key purposes of the Integrated Care System (ICS).

2.1.2 Engagement on the Health and Care Partnership Strategy and Joint Forward Plan

Cheshire and Merseyside Health and Care Partnership launched a campaign in March 2023 to seek the views of people, communities and partners on the priorities within its Interim Strategy.

Throughout the campaign, the Partnership's aim was to gather as many views from people and communities on local priorities, as possible. During 2023-24 this feedback will be responded to and used to develop our approach to working with people and communities.

Following the publication of our Joint Forward Plan NHS Cheshire and Merseyside will carry out further public involvement activity during 2023-24 to ensure that its implementation is informed by working with people and communities.

Developing the capability and capacity for involvement

As part of our duty to involve we will support people and communities to develop their capability and capacity for involvement in the ICS.

2.1.3 NHS Peer Leadership Development Programme

By July 2023 at least 50 members of our Citizens' Panel will have been enrolled on the NHS Peer Leadership Development Programme. During the remainder of 2023-24 this target will be extended to more than 100 participants signed up from across our communities.

The programme promotes the benefits of personalised care, equipping participants with the skills, knowledge and confidence to be able to use their 'lived experience' at a strategic level within NHS Cheshire and Merseyside (and the wider system) and play an active role in discussions where decisions are made.

2.1.4 Cheshire and Merseyside Lived Experience Network

From July 2023 people undertaking the Peer Leadership Development Programme will be invited (alongside members of the wider community) to provide Lived Experience input to our governance forums, projects and service change forums.

The group will be made of people who are living with either a mental and/or physical health condition (or as carer) and would like to be part of the decision-making process within Cheshire and Merseyside. Successful candidates will be fully supported in their role, and we will ensure that they are able to play a full part at meetings and in discussions, and that their views and feedback are heard.

A range of learning and development opportunities will also be developed and made available to members of the network, who will be renumerated in line with the national involvement payments and expenses guidance.

Network members will be encouraged to use a range of methods to get feedback from local people and communities, act as an advocate for the voice of lived experience and engage with a variety of people at differing levels of authority. Their involvement in our work will ensure consistency of how services need to be centred around people's experiences and views.

Working with ICS partners

NHS Cheshire and Merseyside is required to work with other NHS bodies, Local Authorities, Healthwatch and the Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) in discharging its duty to involve the public.

Collaboration and partnership working is about building relationships with organisations and local communities in a way that treats partners equitably, and that recognises the contribution that can be made to improving the health and care system.

As part of the development of our Public Involvement Framework, Healthwatch and the VCFSE provided feedback on ways in which partnership working (to meet the duty to involve) can be improved.

In 2023-24 we will work with Healthwatch to establish a Cheshire and Merseyside -wide forum that:

- Builds stronger relationships with the local Healthwatch network
- Ensures early inclusion of Healthwatch in designing, planning and delivering ICS involvement activities
- Ensures that the statutory functions, activities and duties of Healthwatch are maximised in planning, designing and delivering quality services
- Insight and intelligence from Healthwatch reports, and 'Enter and View' programmes of work are maximised
- Increases opportunities for community involvement, designed and led by Healthwatch

In 2023-24 we will work with the Cheshire and Merseyside VCFSE infrastructure to:

- Recognise and use VCFSE infrastructure organisations as a key channel for two-way communication with communities
- Increase public involvement through the extensive reach of VCFSE infrastructure
- Maximise VCSFE insight and data to inform planning and delivery
- Increase opportunities for community engagement, designed and led by VCFSE infrastructure.

2.2 Our commitment to Equality Diversity and Inclusion (EDI)

The NHS Cheshire and Merseyside Board has statutory responsibility for paying 'due regard' to the Public Sector Equality Duty (PSED) (Section 149, Equality Act 2010). We hold a legal responsibility to report the gender pay gap annually and a regulatory responsibility to report on the ethnicity and disability profiles of our workforce across all pay bands.

The EDI agenda is made up of two main component parts dedicated to addressing workforce inequalities and health inequalities. The ICB's Chief People Officer acts as the Senior Responsible Officer for the workforce equality, diversity and inclusion agenda at Board level and the Assistant Chief Executive Officer acts as the Senior Responsible Officer for EDI from a service or health inequalities commissioning perspective. NHS Cheshire and Merseyside have also recruited an Associate Director of EDI who will take lead responsibility for strategic and operational support across the two portfolios to optimise EDI performance.

Year 1 EDI Priorities

In order to meet it's PSED, in February 2023, the ICB approved year one preliminary Equality Objectives (2023/2024).

The Board also received both an Annual Equality, Diversity and Inclusion annual report (July 2022/ 2023) and the Equality Delivery Systems 2022 summary report to inform year one priorities.

These documents have been promoted and published on the organisation's website. https://www.cheshireandmerseyside.nhs.uk/about/equality-diversity-and-inclusion/

The EDI Annual report highlights a range of initiatives that have supported the organisation towards equality in service delivery, advance equality of opportunity and highlights key EDI priorities for the future. The objectives have been set for an initial one-year period to recognise the transition process from Clinical Commissioning Groups (CCGs) to the ICB and are focussed on delivering key priorities, including the development of an EDI framework and operating model that matches the full ambitions of the ICB. This will enable the organisation to involve and engage people who have lived experience of discrimination to inform our objectives from 2024/2025 allowing us to establish more robust governance arrangements, including better integration of the EDI agenda with the ICB's work on addressing health inequalities, as outlined in the Health and Care Act 2022.

The ICB's first year Equality Objectives (2023/ 2024) are intended to support the organisation to meet its short-term priorities in its role as a leader, employer and a commissioner:

- Make fair, equitable and transparent, and accountable commissioning decisions.
- Improve access, experience and outcomes for patients and communities who experience discrimination and disadvantage.
- Improve the equality performance of our providers through procurement, monitoring compliance and collaboration.
- Addressing inequalities (and discrimination) in the workforce so that our staff are empowered and able to use their full range of skills and experience to deliver best possible services for patients and the public.

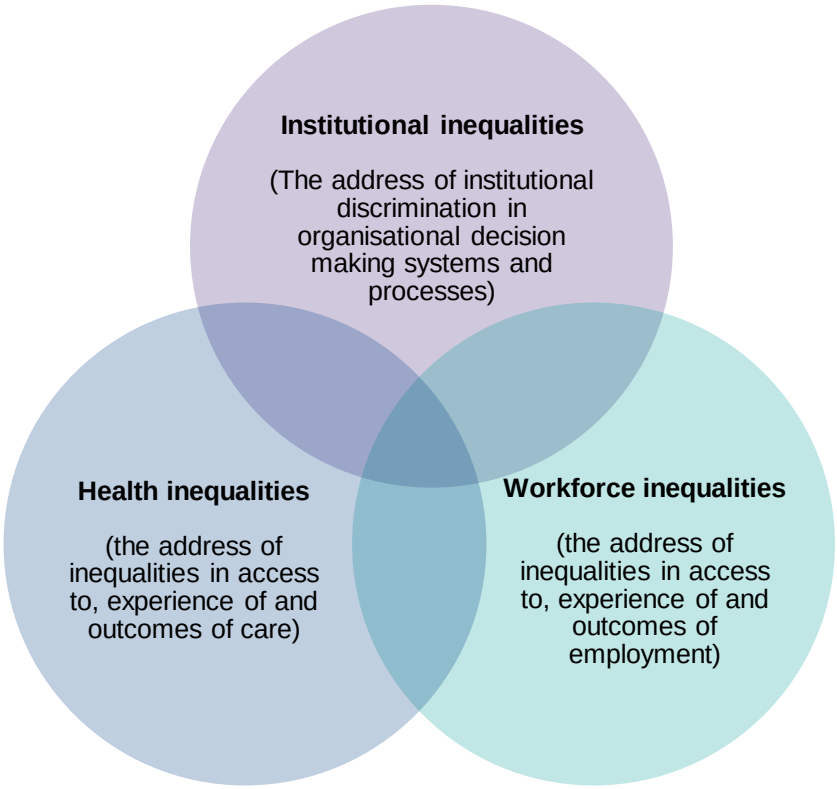
To support us with our one-year equality objectives and priorities, we will develop a:

- Specific, Measurable, Achievable, Realistic and Timely (SMART) Equality Objective Plan by July 2023, which will include initiatives to tackle the inappropriate detention of people with a learning disability and autism and disproportionate rates of detention of ethnic minority people under the Mental Health Act 1983.
- System wide EDI framework and strategy, in line with national regional and local policy. It is anticipated the strategy will be complete by October 2023. The strategy will be evidence based and developed in partnership with the Cheshire and Merseyside health and care system.
- Response to the Messenger Review and NHS People Promise that seeks to embed culturally diverse representation, cultural competence and EDI allyship in all ICB decision making systems, processes and structures from Board to the front line through pedagogy and dialogic learning.
- Response to the outcomes of Workforce Race Equality Standard, Workforce Disability Equality Standard, EDS 2022 domains two and three and the Gender pay report that will inform our approaches and strategies to increase the representation of staff with protected characteristics.
- Plan to achieve the North West anti-racist framework kitemark through prescribed activity as a leader of EDI in action.
- Plan to optimise the effectiveness and efficiency utilisation of secured additional funding to support the embedding of EDI development.

- Plan to continue to work in close collaboration with all our NHS Provider Trust, EDI leads via Patient Equality focussed Forum and review the terms of reference and widen the membership to include representation of Healthwatch and other key stakeholders and ensure EDI and the implementation of EDS 2022 is central to the development of the ICB's engagement strategy.

2023 – 2024 EDI Strategy

A system wide strategy for the EDI agenda, intended to drive the EDI implementation plan for meeting statutory and regulatory responsibilities, is intended to platform a triangulated consideration for the interdependencies between institutional, workforce and health inequalities: to facilitate health justice in the design, development and delivery of health and care in context of our people, our patients, our providers, our partners and our populations:



Following a comprehensive engagement effort with system partners from April 2023, it is intended that a provisional strategy will be presented to NHS Cheshire and Merseyside the timescale for this is being reviewed. The strategy will set the direction for a systematic and systemic approach to improving health outcomes, addressing inequalities, achieving best value and developing social value sustainability in line with the Cheshire and Merseyside ICS strategic objectives.

Additionally, the strategy development process will seek to explore and design an architectural framework for the necessary governance, accountability and assurance arrangements for a more joined up approach to addressing systemic inequalities facing underrepresented groups, to be developed in partnership with NHS Cheshire and Merseyside. It is anticipated that a Board developmental session in Quarter 2-3 will be instrumental in framing strategic EDI development and planning including clearly defining the roles and responsibilities of the Board to lead for inclusion.

The development of the Strategy has taken a phased approach:

- Research – aggregating system data on EDI performance metrics including a Board 'Leadership for Inclusion' workshop exploring system priorities and the architecture for delivery
- Development of a draft strategy, a mature EDI operating model, draft implementation plan and agreement of system priorities and plan.
- Socialisation of the Strategy and begin the planning process for delivery, agree the reporting frameworks and evaluation/impact measures.
- Continued delivery against designated workstreams and programmes.

Equality Delivery Systems 2

NHS Cheshire and Merseyside facilitated the implementation of Equality Delivery Systems 2022 (EDS 2022). EDS 2022 is a mandated requirement, which comprises of 3 specific domains:

- Commissioned and provider services
- Workforce health and wellbeing
- Inclusive leadership

NHS Cheshire and Merseyside ratings for domain one delivered an *Achieving* outcome across each area. This is the mode rating, as taken from the all the eleven NHS Provider trust's individual service review ratings, who agreed to early implementation of the toolkit.

Further detail on how NHS Cheshire and Merseyside implemented domain one, including Core20PLUS5 service lines and to view the NHS Cheshire and Merseyside SMART Service Improvement Plan please refer to the EDI Annual Report, section 5 and the EDS 2022 summary report 2022/2023. The ICS All Together Fairer Programme is focussed on positively impacting on reducing inequalities and further details can be found in Chapter 2 (Population Health).

Delivery and progress on implementing EDS 2022, domain one will continue to be driven by the Patient Equality Focussed Forum (PEFF), which has representation form all NHS Provider Trusts and recently sub regional Healthwatch representation. The terms of reference, including membership will be reviewed by July 2023. EDI and the implementation of EDS 2022 is central to the development of the NHS Cheshire and Merseyside engagement strategy.

Performance against domains two and three has been delayed due to the dependency of the assessment on the annual NHS staff survey results. The grading and summary report will be presented to the Board as part of staff survey report in April 2023 and a service improvement plan for these domains will be completed over the coming year.

NHS Provider Compliance (EDI Annual report, section 8). Currently we have undertaken monitoring during quarters one and two. Current activity includes requesting Action Plans to be submitted to update on progress in relation to Reasonable Adjustments, Accessible Information Standard, improving access to services for people who are Deaf or hard of hearing and areas to address improving access to services for people whose first language is not English and an annual audit of compliance of reasonable adjustments.

Historically Cheshire, Wirral, Halton and Warrington CCGs EDI function, including NHS compliance has been delivered by Midlands and Lancashire Commissioning Support Unit (MLCSU) EDI team. NHS Provider Trust monitoring has taken place outside the formal quality contract process. During 2023/2024 NHS Cheshire and Merseyside will embed formal contract monitoring for NHS Providers within Halton, Wirral, Warrington and Cheshire Places.

Workforce

Gender Pay Gap (GPG) is a statutory requirement for all NHS organisations who have 250 or more staff. The GPG results are an important driver of our equality and inclusion activity in relation to improving gender equality. NHS Cheshire and Merseyside will need to prepare for gender pay gap reporting for 2023- 2024. Our profile for gender representation across senior pay bands can be viewed in the NHS Cheshire and Merseyside EDI Annual report.

Workforce Race Equality Standard (WRES). We are required to participate in the WRES data return (August 2023) and publish its report and action plan in October 2023. The nine WRES indicators cover recruitment and pay; access to training; disciplinary; discrimination, bullying and harassment and ICB Board membership. The current ethnicity profile can be viewed in the EDI Annual Report, section 7 of the EDI Annual Report.

The Workforce Disability Equality Standard (WDES) is a data-based standard that uses a series of measures (Metrics) to improve the experiences of disabled staff in the NHS. The WDES was mandated by the NHS Standard Contract and became applicable to all NHS Trusts and Foundation Trusts in April 2019. Mandatory reporting on WDES is restricted to NHS Trusts and Foundation Trusts however, in accordance with its commitment to best practice beyond compliance, the ICB will review its workforce disability data for the first time in 2023. The disability representation profile and can be viewed in the EDI Annual Report.

An Inclusive Culture

Based on the Equality Act, 2010, the Human Rights Act 1998 NHS Constitution and Nolan Principles for Public Life, we have developed 3 cultural operating principles to act as a cultural modus operandi for the ICB to include **People First, Best Value and Collaboration**, always. These operating principles are intended to act as the vehicle for organisational values and behaviours currently under development in collaboration with staff to deliver and lead for inclusion with compassion across the Cheshire and Merseyside health and care system.

Equality Human Rights Commission

We will develop an action plan to address Equality Human Rights Commission priorities to ensure steps are being taken to tackle the inappropriate detention of people with a learning disability and autism and also at action to tackle disproportionate rates of detention of ethnic minority people under the Mental Health Act 1983.

2.3 Our Green Plan

Climate change poses a threat to our health as well as our planet. The environment is changing, that change is accelerating, and this has direct and immediate consequences for our patients, the public and our partners.

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:

- 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.

In order to achieve our commitments, we are working with partners in new and innovative ways, including local councils, the NHS Innovation Agency and Liverpool John Moores University.

NHS Cheshire and Merseyside has a strong Green Plan, that is delivering change and opportunity to deliver services in new and more Sustainability Team ways, whilst also delivering on the key priorities to:

- deliver against key national targets (and interim 80% carbon reduction goals) for the NHS Carbon Footprint and NHS Carbon Footprint Plus.
- engage and develop the system-wide workforce, across both health and care, in defining and delivering carbon reduction initiatives and broader Sustainability Team goals, where appropriate.
- work with system partners to tackle the carbon emissions that arise from travel and transport associated with each organisation – for example, by improving local public transport links to NHS sites, investing and only purchasing ultra-low emission and zero-emission vehicles for owned and leased fleets, and maximising efficiencies in the transport of goods and services commissioned by the organisations.
- embed net zero principles across all clinical services, considering where carbon reduction opportunities may exist.
- harness the opportunities presented by digital transformation to streamline service delivery and supporting functions, while improving the associated use of resources and reducing carbon emissions.
- provide a cross reference to the importance of the social value work previously described; and,
- involve local stakeholders, people and communities in the development and delivery of our green plans.

Our system digital and data approach will also be working towards Net Zero targets utilising a rethink, reduce, recycle and reuse approach:

Rethink, Reduce, Recycle and Reuse

Rethink

- Provide assurance that all ICS facilitated investments are in line with the Sustainable ICT and Digital Services Strategy, in particular the objectives associated with 'reduced Carbon Costs' by March 2023
- Develop Guidelines for digital business case development, review and assurance that addresses the net zero agenda by March 2023
- Ensure that future ICS level solution enterprise architecture designs are developed in line with the NHS digital Sustainability Architecture Principles by April 2023
- Ensure that digital and data capabilities being designed and deployed at ICS level have a clear link to supporting green objectives in new models of care by April 2023

Recycle and Reuse

- Coordinate system wide equipment recycle and disposal schemes where required for providers and place by March 2025
- Coordinate system wide access into one or more approved digital re-use schemes by March 2023

Reduce

- Provide assurance and support to enable providers to become 'paper light' by March 25 and ultimately 'paperless' by March 2027
- Support relevant back-office functions in the ICS (in their system wide capacity) to digitise staff and financial management processes by March 2025
- Ensure printer numbers are reduced and managed print solutions are implemented by March 2025
- Ensure Trusts have access to a wide range of e-learning for the most commonly used digital applications by March 2025
- Ensure commitment to 'Cloud first' and Virtual Machine (VM) approaches (where absolutely necessary) for existing infrastructure by March 2030
- Ensure that infrastructure and end user hardware investments have been impact assessed for sustainability by March 2023
- Ensure that a plan for Virtual Desktop Infrastructure (VDI) role out and/or organisation has been agreed by March 2024
- Ensure that appropriate power management solutions are implemented and optimised by March 2025.

During 2023-24 we will:

- Continue to deliver against Green Plan targets with a focus on systemwide initiatives to drive a joined-up approach to delivery
- Remain focused on delivering on the five North West priorities (travel and transport, estates and facilities, medicines management, adaptation and procurement and supply chain).
- Have successfully completed the carbon foot printing of three Places and have an understanding of what scope 3 emissions means to Cheshire and Merseyside.
- We will continue climate adaptation / mitigation work to ensure we can continue to provide access to quality health and care for our population even as the climate changes. Including work to tackle air pollution, increased access to mental health services, coastal and other flooding, vector-borne diseases / prep for changing patterns of disease / sustained heat and high temperatures / impact on patients and on workforce, etc.

2.4 Supporting wider social and economic development

Supporting social and economic development is one of our Cheshire and Merseyside Health and Care Partnership Strategic Objectives. We are committed to the NHS, local government and other agencies working together on a plan for improving health including addressing wider determinants.

We will:

- Embed, and expand, our commitment to social value in all partner organisations
- Develop as key Anchor Institutions in Cheshire and Merseyside, offering fair employment opportunities for local people
- Use an asset and strengths-based approach to planning, focused on what is important to local people and communities and how system partners can help build the assets and resources within their communities
- Share data and insights, so resource can be targeted where it will have the most socioeconomic impact
- Ensure service, pathway and care model redesign is undertaken in collaboration with partners and communities
- Develop outcomes-focused funding models and contracts which move beyond payment for activity to investment in longer-term population outcomes
- Support health and care professionals to think about care and support holistically and making it easy for them to connect people to other services and resources which can support their wider needs (e.g., employment, housing).

In conjunction with the Social Value Portal (SVP) NHS Cheshire and Merseyside is setting up a system-wide portal/social value framework to collectively and consistently measure the social value that we are required to deliver through a collective set of system Themes, Outcomes, and Measures (TOMs), drawn from the national TOMs framework. Cheshire and Merseyside is the first ICS in the country to embark upon this as an entire system, meaning we are leading the way.

The core TOMs consist of 5 themes, 20 outcomes and 40 measures, although there are a further 200+ measures, most of which are sector specific. The 5 themes include: jobs, growth, social aspects, environmental aspects, and innovation. The TOMs align with the Social Value Charter, Anchor Framework, ICS Green Plan, and the 8 Marmot priorities. From this we will be able to ascertain delivery of social value in both percentage and in financial terms at an organisational and system level.

The Cheshire and Merseyside anchor framework was launched in July 2022, following a 15-month piece of work, engaging with professional colleagues and members of the local community. The first signatory to the framework was the ICB, with the Chief Executive and Chair both formally signing the document. Further engagement will take place as we come to one year on, with the number of signatories growing.

As an Anchor System we are focussed on both delivering the priorities included in section 3 in relation to All Together Fairer in relation to fair employment and our prevention pledge, developing our communities and as well as measuring our progress and share this progress through developing an Anchor Network Progression Framework to help organisations self-assess / progress ambitions.

During 2023-24 we will:

- Grow the number of anchor framework signatories to 25 – which will also include private sector organisations
- Have achieved 100 organisations to sign up to the Social Value Charter
- Increase the number of organisations who have committed to the Social Value Award (against our baseline of 63, plus 16 who have already expressed interest)
- Support a systemwide approach to embedding the minimum 10% social value weighting across all procurement processes
- Develop the systemwide Target Operating Models and grow the numbers and sectors involved, with the aim of delivering an initial baseline social value and for Cheshire and Merseyside.
- We will maximise our efforts in relation to regeneration and planning including work to support the leveling up agenda.

2.5 Safeguarding our population

Safeguarding refers to the processes of keeping people safe from abuse and promoting their wellbeing, where a child or adult is unable to protect themselves from abuse. Safeguarding within C&M ICB is a whole system multi-agency approach that crosses all ages, places where people live and work, communities, and systems.

C&M ICB incorporates two different regions; both regions have their unique demographic and cultural profiles, which impact the approach to safeguarding. Understanding the unique needs of the local population is essential in developing effective safeguarding strategies. As an ICB we will work with partners to ensure equitable provision to meet our ICB populations needs. As part of our statutory duty, we will put in place appropriate arrangements to safeguard children and adults at risk. This includes:

- ensuring that the ICB internal safeguarding arrangements are robust, and that safeguarding is embedded in all practice.
- being assured that the safeguarding arrangements of all NHS commissioned services are appropriate.
- co-operating with local safeguarding arrangements.

How we plan to make a difference

Safeguarding is a shared responsibility across the health and care economy and wider multiagency partnership. Our teams drive improvements through local and regional partnership working to ensure responsive safeguarding practice to address national and local priorities and influence safe and effective care and commissioning.

As a statutory partner alongside the Local Authorities and the Police, the safeguarding service continues to promote effective joint working. The ICB has representation on each of the local Safeguarding Children Partnerships and Safeguarding Adults Boards across our nine Places as well as at several statutory partnerships including Child Death Overview Panels, Corporate Parenting Boards, Channel Panels, Multi-Agency Public Protection Arrangements Boards, Domestic Abuse Partnership Boards and Community Safety Partnerships.

Effective safeguarding for the ICB and all health organisations relies on systems that ensure safeguarding is integral to daily business. We will do this by:

Strengthening Collaboration and Communication:

The Integrated Care Board will establish regular communication channels between different agencies to share information and coordinate actions. This will include establishing a regular meeting schedule and developing clear communication protocols to ensure that information is shared in a timely and appropriate manner.

Improving Training and Awareness:

The Integrated Care Board will ensure that all staff involved in the care and support of children, adults at risk, and children in care (the term looked after children has previously been used) have access to appropriate training and support to ensure they are equipped with the necessary knowledge and skills to safeguard vulnerable individuals. This will include providing regular updates on changes in legislation and guidance, as well as providing access to specialist training where required.

Early Identification and Intervention:

The Integrated Care Board will prioritize early identification and intervention in cases where there are concerns about the safety and wellbeing of vulnerable individuals. This will include implementing clear referral pathways, establishing a robust system for triaging cases, and ensuring that appropriate action is taken in a timely manner.

Strengthening Partnership Working:

The Integrated Care Board will work closely with partner agencies to ensure that vulnerable individuals receive appropriate care and support. This will include developing joint working arrangements, sharing resources and expertise, and establishing clear lines of accountability.

Monitoring and Evaluation:

The Integrated Care Board will establish a robust system for monitoring and evaluating the effectiveness of its safeguarding arrangements. This will include regular reviews of policies and procedures, the collection and analysis of performance data, and the provision of regular reports to the relevant bodies.

Empowering Service Users:

The Integrated Care Board will ensure that service users, families and carers are involved in decisions about their care and support. This will include providing information and support to enable them to make informed choices about their care, as well as ensuring that their views and preferences are taken into account in service planning and delivery.

Promoting a Culture of Safeguarding:

The Integrated Care Board will promote a culture of safeguarding across all its services, with a focus on promoting the wellbeing and safety of vulnerable individuals. This will include raising awareness of the importance of safeguarding, providing regular training to staff, and ensuring that policies and procedures are regularly reviewed and updated to reflect best practice.

Our Safeguarding Priorities

Our safeguarding work will focus actions around our three priority areas:

C&M ICB works in collaboration with the 9 C&M Place Safeguarding Children's Partnerships (LSCP's), Safeguarding Adults Boards (LSAB's) Domestic Abuse Partnership Board (LDAPB's) to safeguard those members of our communities most at risk of harm and learn lessons from reviews to prevent future harm. Together with our partner agencies, including local authorities, police, education services and VCFSE organisations we will focus our work in three key areas:

Safe at Home

According to official Government figures, 2.3 million people in the UK experience domestic abuse every year. While this is a shocking and very worrying statistic, efforts are being taken to reduce the number of people who feel unsafe in their homes, or at risk by those who they should be able to rely on. These efforts, along with how the UK approaches domestic violence, are outlined in the Domestic Abuse Act 2021.

Domestic abuse takes place between 'personally connected' people and the behaviour are abusive. This does not just refer to couples who are married, living together, or in a relationship, but also to former couples, to parents of the same child, and to family members including parents, aunts, uncles, and cousins. Abusive behaviour incorporates physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, financial abuse, psychological, emotional, or other abuse. There are a high number of Domestic Abuse offences report across C&M every year.

For families to receive support and services to help keep them safe we have Place based multi-agency systems that receive and process all safeguarding referrals. Across C&M we have significant referrals into our Multi Agency Safeguarding Hubs/Integrated front doors for children and adult safeguarding

Safe in our communities

Preventing and reducing Serious Violence Statutory Guidance was published in December 2022 placing a responsibility on our ICB to carry out a Health Statutory Needs Assessment (SNA) and develop a local strategy that reflects the voices and lived experiences of our communities.

Merseyside have an established Violence Reduction Unit and within Cheshire there is newly established Cheshire Criminal Justice Board.

Across the ICB a mapping exercise will be undertaken to identify current provision and gaps which will need to be addressed. Our aim is to ensure the ICB engage in a partnership approach to address the SVD locally within Cheshire and within Merseyside.

Safe Safeguarding Systems across C&M

Our LSCP's and LSAB's have a statutory responsibility to undertake a Child Safeguarding Practice Reviews or Safeguarding Adult Review when a child or adult at risk is seriously harmed or dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked together more effectively to protect the Child or adult at risk.

The overall purpose of is to promote learning and improve practice, not to re-investigate or to apportion blame.

The purpose of reviews of serious child or adult at risk safeguarding cases, at both local and national level, is to identify promote learning and improvements to be made to safeguard and promote the welfare of children and adults at risk, seeking to seek to prevent or reduce the risk of recurrence of similar incidents.

Within C&M we embed learning from reviews, whether they are local, regional, and national, into our policies, processes, and systems to enable effective safeguarding procedures and workforce development.

Children in care including unaccompanied asylum seekers within C&M should receive their health assessments within statutory timescales. Currently these timescales are not being met with an increasing number of children in care being places out our C&M areas. To ensure their wellbeing and meet the health needs of these children and young people we need multi agency strategic oversight and planning especially with our local authority partners.

How we will meet our Safeguarding priorities

Safe at Home

To effectively support families experiencing domestic abuse all healthcare services will:

- Ensure we have a partnership approach to reduction of domestic abuse, developing an associated policy, that aligns to the newly created integrated care system responsibilities.
- Ensure a lead person who is responsible for our approach to domestic violence and abuse.
- Train staff on how to recognise the signs of possible domestic violence and abuse, including the support of alleged perpetrators of abuse, how to enquire sensitively and safely, the importance of confidentiality, and the organisation's process for responding to disclosure.
- Work to improve the inequities currently in each place for multi-agency safeguarding services, so that they create genuinely joint, challenging, rigorous decision making every time there are concerns that a child or adult at risk may be suffering significant harm, we will do this by:
- Reviewing the current ICB health contribution in each place to our adult and children Integrated front door safeguarding services in each place and progress any gaps in health provision.

- Having open dialogue with our statutory partners in establishing joint multiagency accountability for safeguarding of the development of a multi-agency Integrated children and adults MASH/ Integrated front door service across all 9 Places.

Safe in our Communities

- A health specific component of the Strategic Needs Assessments (SNA) for both Cheshire and Merseyside will be completed under the Serious Violence Duty and a strategy developed that will reflect the voices and lived experiences of the communities within C&M. The SNA and resulting strategy will be published.

Safe Safeguarding Systems across C&M

- We will focus on the lessons to be learnt across our health system from the local, regional, and national safeguarding review recommendations. We will do this by:
- Focusing on good practice and sharing when things went well.
- Ensuring that all necessary actions relating to health take place
- Listen to families and professionals to learn from their experience.
- Use risk assessments effectively and take appropriate action.
- Implement effective multi-agency working.
- Value challenge, supervision, and scrutiny
- Initial Health Assessment (IHA) review meetings are in place, and we will continue to explore the system issues and processes to improve and maintain compliance with national requirements.
- Our Designated Nurses and Doctors for Children in Care (sometimes referred to as Looked After Children) will continue to and support health assessment provision for the increased numbers of separated unaccompanied Asylum children placed into C&M and those children from C&M that are placed out of our ICS area.

Safeguarding: outcomes summary	
Safe at Home	1 Measurement against the four safeguarding quality standards as set out in NICE quality standard QS116. These will be reported to the C&M Safeguarding Oversight Group quarterly though the safeguarding reporting framework. 2 Measurement of reported interactions where professional make enquiries relating to domestic violence and abuse 3 Reduction of domestic abuse incidents in across Cheshire and across Merseyside in each Place 4 Increased referrals to specialist support services for people experiencing domestic violence or abuse. 5 Increased referrals to specialist services for people perpetrating domestic violence or abuse. 6 A improved collaborative multi agency response at the MASH/ Integrated front door to safeguarding concerns with a reduction in repeated safeguarding. 7 Each Place adult and children MASH/ integrated front door will undertake an annual audit including, re-referrals, professional challenge where a differing of opinion exists between agencies, and service user feedback.
Safe in our communities	8 Ensuring processes and information sharing agreements are in place to facilitate the sharing of relevant anonymous health data and information to inform the problem profile/strategic needs assessment for Cheshire and Merseyside (for example, number of violent injuries treated within NHS urgent care settings) 9 Development and implementation of a Cheshire strategy and an Merseyside strategy to identify and mitigate the risks identified and agree an approach to preventing serious violence, managing related health problems, and improving wellbeing/resilience of the community. 10 Ensure the Serious Violence Duty is included in our ICB commissioning and contracting processes.
Safe Safeguarding Systems across C&M	11 Lessons learnt from reviews, in collaboration with our safeguarding boards and partnerships and health care services in C&M will evidence actions taken using the impact framework to monitor and evidence that lessons are being learnt and embedded into practice. This will be co-ordinated by our C&M Place Designated Teams and reported to the relevant safeguarding boards and partnerships. 12 The outcome is to ensure Children in care within C&M or places out of area receive their health assessments within statutory timescales. This will be measured by a review of compliance against statutory timescales.

As an example of our key priorities, we have a keen focus on prioritising the Serious Violence Duty Agenda including Violence Against Women and Girls (VAWG).

By working in partnership, we can collect and analyse current data in VAWG such as the number of reported cases, the types of violence involved, the demographics of victims and perpetrators, and the effectiveness of current interventions to inform our interventions and measure our progress and impact over time. Measuring the success and impact of initiatives related to violence against women and girls can be challenging because it is a complex and multifaceted issue. However, measuring local success and impact would mean across Cheshire and Merseyside we see:

- Increased in reporting to police, but a decrease in women and girls being abused
- An increase the number of perpetrators arrested and charged for violence against women and girls.
- Improved processes and support for women and children affected by VAWG victim across the Cheshire and Merseyside system.
- Reduced repeat victimisation and crimes against women and girls
- Increased women's confidence so as to improve the reporting of crimes.
- Increased use of risk and intervention tools such as the Domestic Abuse, Stalking and Harassment Risk Assessment tool (DASH)
- Successful management of serial and dangerous perpetrators to reduce and/or stop reoffending through our Cheshire and Merseyside Multi Agency Public Protection Agencies
- Women and girls feel safer in our communities, streets and on our public transport system
- Increased public awareness and understanding of VAWG issues is a key indicator of the success of any local VAWG campaigns.
- Increased reporting of anti-social behaviour across Cheshire and Merseyside leading to a reduction of incidents
- Increased use of support services for women and girls affected such as domestic abuse services, IDVA services, and local helplines
- Increased use of specialist behaviour programmes for people who harm with reduction in reoffending
- Increased reporting in safeguarding cases for women who are adults at risk and children who are at risk or who have been harmed by abuse or exploitation

We will:

Work in partnership with our Cheshire and Merseyside partners and communities to work collaboratively in identifying and addressing Violence Against Women and Girls (VAWG), delivering shared outcomes, particularly with community safety partnerships, domestic abuse partnership boards, local authorities, police, Office of the Police and Crime Commissioner, public health, health, and wellbeing boards, safeguarding adults boards and safeguarding children's partnerships.

2.6 Our key priorities for 2023-24

Recognising we are on a developmental journey many of our plans focus on the early part of the time period 2023-28 covered by this document. We also recognise the scale of areas we are trying to improve.

As described in section 1 the ICB is responsible to deliver both locally agreed priorities but also a nationally set range of priorities.

The HCP Strategy is currently in draft form and will be finalised later in 2023, in recognition of this ongoing work we have identified a number of priorities which contribute to making early progress against the ambitions outlined in the draft interim Strategy.

When the priorities in the HCP Strategy are finalised, we will refresh these priorities in our updated Joint Forward Plan, which will be published in March 2024.

Figure 4: Cheshire and Merseyside Priorities

HCP Strategic Objectives	Cross reference to the HCP areas of focus	Priorities	Core plans *	Metric
Tackling Health Inequalities in outcomes, experiences, and access (our eight Marmot principles)	• Give every child the best start in life • Enable all children, young people and adults to maximise their capabilities and have control over their lives • Ensure a healthy standard of living for all • Tackle racism, discrimination and their outcomes • Pursue environmental sustainability and health equity together.	All our Places are actively engaged in the All Together Fairer Programme	**2**	Increase % of children achieving a good level of development at 2-2.5 years OR at the end of Early Years Foundation Stage Reduce hospital admissions as a result of self-harm (15-19 years)
		Supporting the safety of vulnerable Women and Children	**2**	Deliver the agreed shared outcomes through our partnership working within Cheshire and Merseyside in identifying and addressing violence against women and girls
Improve population health and healthcare	• Improve early diagnosis, treatment and outcome rates for cancer • Improve satisfaction levels with access to primary care services • Provide high quality, accessible safe services • Provide integrated, accessible, high quality mental health and wellbeing services for all people requiring support.	In relation to preventing ill Health we will focus on: • Increase rates of early detection of cancer • Work towards MECC (Making Every Contact Count) • Encourage *'Healthy Behaviours'* with a focus on smoking/alcohol/ physical activity • Ensure access to safe, secure, and affordable housing	**1,2,3**	Core20PLUS5 priorities including cancer, cardiovascular disease and children and young people's mental health services
			2,3	Increased sign up to the NHS prevention pledge
			2,3 **2**	Reduction in smoking prevalence. Reduction in the % drinking above recommended levels. Increase the % who are physically active. Improved access to safe Housing (metric to be agreed)
Enhancing productivity and value for money	• Develop a financial strategy focused on investment on reducing inequality and prioritise making greater resources available for prevention and wellbeing services	Deliver our agreed financial plans for 23/24 whilst working towards a balanced financial position in future years	**1**	Financial strategy and recovery plan in place by Sept 2023
Helping to support broader social and economic development	• Embed, and expand, our commitment to social value in all partner organisations • Develop as key Anchor Institutions in Cheshire and Merseyside, offering fair employment opportunities for local people • Implement programmes in schools to support mental wellbeing of young people and inspire a career in health and social care	Develop as key Anchor Institutions and progress advancing at pace the associated initiatives.	**2**	Grow the number of anchor framework signatories to 25
		Embed and expand our commitment to Social Value	**2**	Support a system-wide approach to embedding the minimum 10% social value weighting across all procurement processes (working towards 20%)
		• Developed focused work in schools around encouraging careers in health and social care • Ensure a health and care workforce that is fit for the future.	**2**	To be finalised in advance of the final publication in June 2023 Publish a Strategic Workforce Plan by March 2024
		Achieve Net Zero for the NHS carbon Footprint by 2040	**2**	For the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction (from 1990 levels) by 2032.

***1. Core20Plus5 for adults and young people (See appendix 1)**

***2. Delivery against NHS Operational plan and Long Term Plan (See appendix 2)**

***3. Delivery against the Marmot Beacon Indicators / All together Fairer (See appendix 3)**

Section 3

3 Our approach to Population Health

We know that wider social determinants of health contribute to people experiencing poorer outcomes. Common risk factors, such as smoking, alcohol consumption, obesity or lack of exercise can cause multiple long-term conditions or diseases.

We are committed to improve the health of our population through our Population Health programme – focusing on early intervention, tackling inequalities, addressing wider determinants and promoting good health.

Our system is diverse, containing both urban and rural communities including areas of high deprivation and ethnically diverse communities. Consequently, we need to adapt our approaches to respond to local need, and a huge range of activities is already happening at both a Cheshire and Merseyside and individual Place level.

Our established system wide Population Health Board oversees our Population Health programme of work. The aims are to improve health outcomes and reduce health inequalities by embedding sustainable system-wide shift towards focusing on prevention and health equity. Our newly appointed Director of Population Health plays a key leadership role in this work.

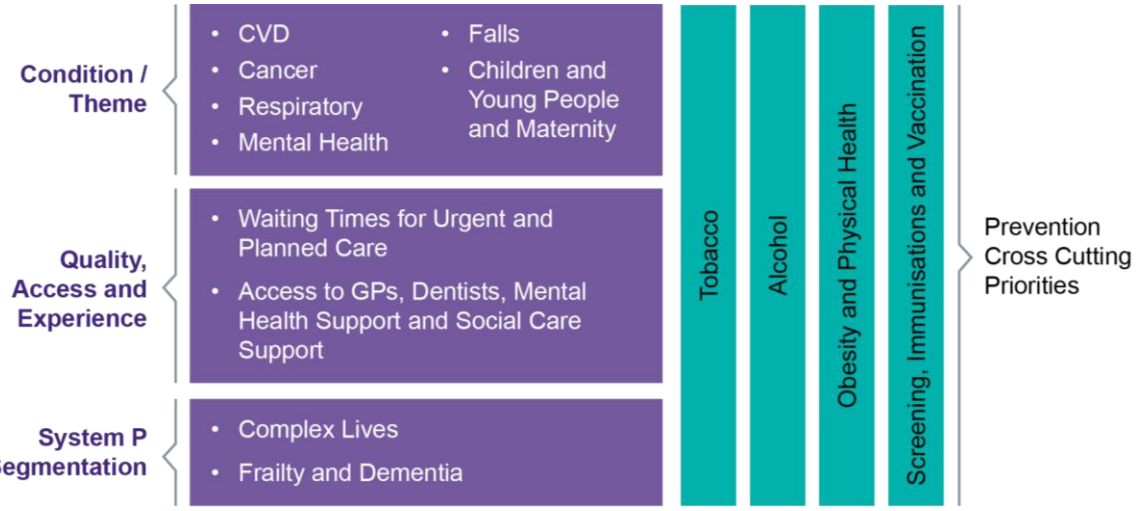
In line with the Hewitt Review recommendations, as an ICB we intend to increase year on year the proportion of our budget being spent on prevention. Multiple agencies invest in the prevention agenda, and we will work with partners to map existing investment to allow a holistic assessment of how we can best invest resources in future (see section 7).

The Population Health Programme Board and Programme Management Office supports the delivery of the Population Health programme through:

- Programme delivery, oversight and assurance roles.
- Communications, connectivity, and collaborations across ICS partners.
- Partnership working, influencing, advising and advocacy roles.
- Holding system programmes to account, constructively challenging.
- Workforce development and wellbeing, and supporting workplaces.
- Data analysis, monitoring and prioritisation for population health.

Figure 2 provides a summary of the areas which our analysis tells us that our population experience worse outcomes when compared to the “England average”, and where our people have told us their experience of accessing care does not meet their expectations. We know that it is often the wider social determinants of health which are the cause of these poorer outcomes and this is why we are committed to addressing these wider determinants and to promote good health.

Figure 5: Population Health needs and cross cutting prevention themes in Cheshire and Merseyside



Whilst much of this document describes our work related to individual conditions, many people have multiple conditions and our plans must support the needs of a person holistically. Through our CIPHA (Combined Intelligence for Population Health Action) and System P programmes we have used intelligence to support the identification of segments of our population in order to offer support and turn “Intelligence into Action”.

3.1 Population Health programme

To help realise our ambition to improve the health of our population, the ICB has recently appointed a Cheshire and Merseyside Director of Population Health who will come into post in the summer of 2023. The Director of Population Health will oversee the existing workstreams and strengthen system-wide action on prevention, inequalities and strategic intelligence for population health.

Population health programme priorities are as follows:

1. Build system-wide population health capability and capacity
2. Improve our strategic business intelligence capabilities
3. Address the social determinants of health
4. Promote **community centred approaches** to improving Population Health
5. Deliver the **Core20PLUS5 priorities** across the system
6. Focus on prevention at scale and Making Every Contact Count (MECC)
7. Roll out and implement the **NHS Prevention Pledge**
8. Strengthen screening, vaccination and immunisation uptake
9. **Co-ordinate work across the ICS** through appropriate governance, assurance and oversight arrangements.

Key population health programmes which support the delivery of these priorities are described below.

3.2 Strategic Business Intelligence

Strategic business intelligence is vital to underpin, inform and drive a coordinated and sustainable population health management approach across ICS programmes. It enables us to identify areas for targeted interventions and to monitor progress.

We will develop the capacity and functionality of the ICS population health strategic intelligence function. As outlined in our Digital and Data Strategy, we will build on our CIPHA and System P Programmes to enhance our strategic intelligence functionality.

Our Population Health Board will oversee the development or our strategic functions, including the CIPHA and System P Programmes, to ensure work is aligned across ICS Business Intelligence and Public health teams.

Our initial Population Health priorities will be informed by the Cheshire and Merseyside HCP Strategy (currently in interim draft form) once this has been finalised. Over time population health needs and priorities will change, and the Population Health Programme will take a data-driven and intelligence-led approach to identify and prioritise emerging priorities.

3.3 All Together Fairer: Addressing the social determinants of health and inequalities

The primary objective of the draft interim Health Care Partnership Strategy is to reduce health inequalities. Through our established **All Together Fairer** programme we aim to improve population health and reduce population level inequalities in health, by focussing on the social determinants of health across Cheshire and Merseyside and supporting action at Place level.

A shift towards focusing on the social determinants of health will help to increase life expectancy (LE) in the most disadvantaged populations in the long term and help to narrow the inequalities in health in the Cheshire and Merseyside populations. Data shows that at present, the highest LE 'gap' in Cheshire and Merseyside is 14.3 years for men and 15.8 for women (All Together Fairer, 2022).

The All Together Fairer programme supports the eight Marmot principles (below)

Marmot principles

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

Seven objectives have been agreed as system level areas for action.

1. Increase, and make equitable, funding for social determinants of health and prevention.
2. Strengthen partnership for health equity.
3. Create stronger leadership and workforce for health equity.
4. Co-create interventions and actions with communities.
5. Strengthen the role of business and the economic sector in reducing health inequalities.
6. Extend social value and anchor organisations across the NHS, public service and local authorities.
7. Develop social determinants of health in all policies and implement Marmot Beacon Indicators.

Below is an outline of some of the key elements of our All Together Fairer work.

- Fair Employment Charter:
- Supporting adoption of the Liverpool City Region Fair Employment Charter by NHS and partner organisations to support fair employment policies, payment of the Real Living Wage and enhance workforce health and wellbeing. Ongoing.
- Supporting health sector and public health input to the consultation on the Fair Employment Charter in Cheshire and Warrington by July 2023.
- **Prevention Pledge**: Continuing to extend the NHS Prevention Pledge to all Cheshire and Merseyside NHS Trusts and drive upstream, ill-health prevention at scale for all NHS staff, patients, and visitors (see section below for further details on plans).
- **Anchor and Social Value Organisations**: Reviewing progress and further developing NHS, public and private sector businesses as Anchor and Social Value organisations by adopting a 15 percent social value weighting in all NHS procurement and increasing training and employment opportunities for local people by April 2024.

- **Beacon Indicators**: Reviewing the progress with new data recording, collection systems and monitoring of Marmot Beacon Indicators and ensuring the data is accessible and updated to identify areas for immediate attention and demonstrate progress on the social determinants of health by November 2023.
- **Social Determinants Development Programme:** Delivering training on social determinants of health to ICS system leaders. Building system capability and leadership to transform how organisations function to address social determinants of health to reduce inequality and improve health. To be in place from July 2023.
- **Network**: Establishing an *"All Together Fairer network"* to share good practice in Cheshire and Merseyside, link to national initiatives and inspire action to tackle inequalities. Delivering an All Together Fairer 'one year on' event in May 2023 highlighting the progress and success of the first year after the strategy has been launched, and further strengthen the years ahead.
- Engaging with and supporting the **Deep End primary care initiative**. March 2023 through to March 2024.
- **The Children and Young People Beyond** programme is overseeing the policy areas and All Together Fairer recommendations relating to CYP. Also working with Barnardo's and Institute of Health Equity on a Health Equity framework within a three-year plan. Ongoing.
- Developing an **evaluation framework** that will map the current work and developments to the outcomes indicator set. September 2023.
- Aligning the All Together Fairer programme with the **Core20PLUS5**

By April 2024 we will have undertaken a review and refresh of the **governance arrangements** for the All Together Fairer programme to ensure continued effectiveness.

We will measure the success of the All Together Fairer programme in the 2023-28 period against the 22 beacon indicators in the Marmot indicator set. Key measurements are difference between life expectancy and healthy life expectancy for both males and females, and how these differences compare between the populations that are the most and least deprived in Cheshire and Merseyside.

These measures are reliable indicators of long-term trends in the social determinants of health. As such, they are responsive to changes in policy and practice but on a longer time period than most planning cycles. Ultimately closing the gap in inequalities between communities, as measured by these indicators, is our goal and we aim to see progress towards the goal over 2023-28.

In pursuit of this goal, and in line with the strategic objectives, the All Together Fairer programme will measure impact and improvement in the following populations and outcomes.

All Together Fairer: outcomes summary	
Children and Young People	• Increased percentage of children achieving a good level of development at 2-2.5 years. • Increased percentage of children achieving a good level of development at the end of Early Years Foundation Stage. • Reduction in hospital admissions as a result of self-harm (15-19 years). • Increase in pupils who go on to achieve a level 2 qualification at age 19. • Reduction in proportion of children in workless households
Adults of working age	• Reduction in percentage unemployed (aged 16-64 years). • Reduction in percentage of employees earning below real living wage. • Reduction in proportion of employed in permanent and non-permanent employment
Adults	• Reduction in percentage of individuals in absolute poverty, after housing costs. • Reduction in the percentage of adults reporting loneliness. • Increase in activity levels. • Increase in number of people cycling or walking for travel (3 to 5 times per week).
Other indicators outside of Beacon indicator set	• Increase in weighting of funding for work in social determinants of health. • Visibly strengthened partnership work on health equity. • A visible and strengthened role of business and the economic sector in reducing health inequalities.

3.4 Core20PLUS5: System-wide action on healthcare inequalities

Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population – the 'Core20PLUS' – and identifies focus clinical areas (5 for adults and 5 for children and young people) requiring accelerated improvement.

'Core20' refers to the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD).

'PLUS' population groups are locally-chosen population groups experiencing poorer than average health access, experience and/or outcomes, who may not be captured within the

Core20 alone and would benefit from a tailored healthcare approach, e.g. inclusion health groups.

Governance for the **'5' (clinical focus areas)** sits with national programmes; national and regional teams coordinate activity across local systems to achieve national aims. Within Cheshire and Merseyside ICS, delivery and progress against Core20PLUS5 is a cross-cutting, system-wide responsibility, and delivery against priority clinical area objectives sits with respective ICS programmes and workstreams.

The Population Health Programme will provide strategic intelligence and system leadership to strengthen ICS level oversight and monitoring of progress against Core20PLUS5 through relevant programmes and provide an infrastructure through which ICB assurance for key Core20PLUS5 indicators can be delivered, and risks and issues can be identified.

Core20PLUS5 clinical priority outcomes for adults and children and young people are as follows:

Core20PLUS5 (Adults): outcomes summary	
1. Maternity	Continuity of care for women from minority ethnic communities and deprived groups
2. Severe Mental Illness (SMI)	Annual health checks for 60% of those living with SMI
3. Chronic Respiratory Disease	A focus on chronic obstructive pulmonary disease and increased uptake of COVID, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions.
4. Early Cancer Diagnosis	75% of cases diagnosed at stage 1 or 2 by 2028.
5. CVD prevention	Hypertension case finding and optimisation, and optimal lipid management
Smoking Cessation (cross-cutting)	Reduced overall smoking prevalence, with additional focus on priority groups and inpatient settings for Severe Mental Illness and maternity care.
Core20PLUS5 (Children and Young People): outcomes summary*	
1. Asthma	Reduced overreliance on reliever inhalers, fewer asthma attacks.
2. Diabetes	Improved access to gold standard care in deprived areas and ethnic minority communities, and more CYP with Type 2 diabetes receiving annual health checks.
3. Epilepsy	Increased access to epilepsy specialist nurses and ensure access in the 1st year of care for those with LD or autism.
4. Oral Health	Backlog tackled for tooth extractions in hospitals in under 10s.
5. Mental health	Improved access, and equity of access, to CYP Mental Health services (0-17).

*Section 4 describes our wider priorities in relation to improving outcomes for CYP

3.5 System-wide action on Prevention and Making Every Contact Count

We are committed to working collaboratively as a system. As part of this commitment, we are embedding the philosophy of Making Every Contact Count (MECC). This is an approach to behaviour change that maximises the opportunity within routine health and care interactions for a brief discussion on health or wellbeing factors. This can support people in making positive changes to their physical and mental health and wellbeing.

A wide range of sectors, organisations and programmes have roles and responsibilities to support a shift towards prevention and to deliver MECC. Fantastic work is already underway, but there is scope to strengthen how we communicate, connect and collaborate so we can scale up and embed prevention delivery into 'business as usual' and make a bigger impact on outcomes.

Through system leadership approaches, the Population Health Programme will support cross-programme partnership working and system-wide programmes to embed action on prevention and Making Every Contact Count (MECC) and promote a focus on evidence-based high impact interventions and accelerate progress.

We see MECC and our focus on prevention as vital in addressing a range of risk factors which lead to poor health outcomes.

Headlines in prevention: outcomes summary	
Smoking	• Reduced smoking prevalence • Improved delivery of the Treating Tobacco Dependency Programme
Alcohol	• Reduced hospital admissions for alcohol-related conditions • Delivery of the national Alcohol Programme and Alcohol Care Teams
Healthy Weight	• Reduced percentage osf adults classified as overweight or obese • Strengthened uptake of the Digital Weight Management Programme
Physical Activity	• Increased percentage of physically active people • Reduced associated inequalities
Health Checks	• Increased uptake and quality of preventative health checks, e.g., NHS Health Checks, Diabetes Prevention Programme, annual reviews for patients with Severe Mental Illness (SMI) with a particular focus on increasing uptake in priority and underserved (including PLUS) groups
Mental wellbeing	• Mental wellbeing supported by strategic links with the Mental Health Board and Provider Collaborative Adoption of the Mental Health Concordat and by wider actions on healthy behaviours and social determinants.

MECC	• Widespread adoption and promotion of Making Every Contact Count principles and resources.

In addition to a strategic oversight and system connectivity role in prevention, the Population Health Programme is progressing work relating to smoking, alcohol, physical activity and the NHS Prevention Pledge. More information about these four workstreams are set out below.

3.6 Reducing smoking prevalence

Smoking is one of the leading risk factors driving the UK's high burden of preventable ill health and premature mortality (e.g., from cardiovascular disease, chronic respiratory disease, and many cancers), negatively impacting Life Expectancy and Healthy Life Expectancy and contributing to widening health inequalities. In 2019, the government set an objective for England to be smokefree by 2030, meaning only 5% of the population would smoke by then. Despite falls in smoking rates nationally, the Khan Review[1] (August 2022) estimates that without further action, England will miss this target by at least 7 years, and the poorest areas will not meet it until 2044.

Smoking cessation is a cross-cutting Core20PLUS5 priority, and data points to smoking cessation as an emerging priority for Cheshire and Merseyside. The Cheshire and Merseyside Health and Care Partnership is committed to reducing smoking prevalence in C&M from 12.5% to 5% by 2030 through a combination of existing Place-based community smoking cessation activities and implementation of the NHS tobacco dependency treatment pathways in maternity, mental health and acute inpatient services during 2023/24 and 2024/25.

We will continue to work collaboratively as system partners on this important issue, drawing on learning from our nine places to maximise our impact on reducing smoking prevalence and associated ill health and inequalities.

3.7 Reducing Harm from Alcohol

In Cheshire and Merseyside over a quarter (26.5%) of the adult population consume alcohol at levels above the UK Chief Medical Officers guidelines, increasing their risk of alcohol-related ill health. Alcohol misuse across Cheshire and Merseyside costs around £994 million each year across the NHS, social services, crime and licencing and the workplace.

We will deliver preventative and treatment interventions that reduce alcohol harms (workstreams 1-5) and drug dependency (workstream 6), through proactive co-production with the system. Across all workstreams, the programme aims to address inequalities in access to treatment and health outcomes within those at risk of harm from drinking.

Objectives for this work are outlined below:

1. **Integration of Alcohol Care**: Support for Alcohol Care Teams**,** including delivery of Phase 4 Competencies Framework Programme for Alcohol Care Teams (PROACT), and expanding this support to the wider system (e.g., Primary Care and Allied Health Professionals). New pathway development in terms of social prescribing, mental health and physical activity (to better address wider determinants of health) with outcomes monitored through integration of alcohol metrics into the CIPHA Population Health Dashboard. Links will be made with key Cheshire and Merseyside programmes, so that there is coverage across the key areas of Starting Well, Living Well and Ageing Well.
2. **Digital prevention**: Continual Quality Improvement (CQI) with provider and campaign development for digital delivery of Identification and Brief Advice (IBA) across all of Cheshire and Merseyside.
3. **Early detection and outreach**: Expand early detection of Alcohol Related Liver Disease (ARLD) projects across multiple settings and building the evidence base. Provide specialist support to the Cheshire and Merseyside Pathology Network with the intelligent Liver Function Test (iLFT) programme.
4. **Complex Lives and Homeless**: Delivery of Blue Light Projects in Liverpool and Cheshire West and Chester (targeting dependent drinkers, with complex needs, who are resistant to change).
5. **Advocacy:** Co-ordinated advocacy on alcohol harm through the North West Directors of Public Health (NWDsPH) and wider. (Office for Health Improvement and Disparities (OHID), NHS England/Improvement North West, Northern Coalition, Alcohol Health Alliance [AHA]).
6. **Inpatient Detoxification Placements (IPD)**: Support the Cheshire and Merseyside Commissioning consortium to manage and administer the OHID IPD grant income.

The work is recognised regionally and nationally, as including examples of best practice, and which we have been invited to share. The Cheshire and Merseyside approach has been adopted by the North-West Directors of Public Health Collaboration as a basis for joint working across our region.

Co-production with system partners, patients and communities is a key principle of the programme and as such the first year of the strategy will involve both workstream delivery (as detailed below) and a Cheshire and Merseyside Alcohol Summit to determine the priorities and workplan from 2024-25 onwards. The scope, resource and hence pace of delivery being determined as resources are confirmed. Our work includes support from Police, Probation and Housing Association partners.

As part of measuring the impact of our work our CIPHA programme will initially use hospital-based metrics to assess the impact of the programme on attendances and admissions. Further metrics will then be agreed to cover the impact on primary care, community and ambulance activity. The programme will also contribute to a range of wider alcohol related health and wellbeing outcomes.

Reducing Harm from Alcohol: outcomes summary	
Reducing Harm from alcohol	Reduced hospital admissions for alcohol-related conditions (and delivery of the national Alcohol Programme and Alcohol Care Teams)
Delivery of improved outcomes in relation to alcohol related disease	Reducing harm from alcohol will positively impact on a range of indicators in relation to health and well-being; including access to mental health services, liver disease and employment metrics.

3.8 All Together Active

Currently, far too few people in Cheshire and Merseyside meet the NHS physical activity guidelines. Half a million adults in the subregion are inactive (Sport England Active Lives (2022)) with many facing barriers to physical activity because of issues around gender, race, disability, poverty, sexuality, religion and parental status. Yet physical inactivity costs the NHS around £1bn per year across the UK (NICE) and is a major contributor to both illness and reduced life expectancy.

Driven by place-based priorities, the All Together Active strategy involves us working together to improve physical activity levels across Cheshire and Merseyside. The All Together Active strategy roadmap details how subregional and Place- based partners will collaborate to achieve the ambitions of the strategy. Key priorities for All Together Active over the first year of the 2022-26 strategy period are:

- **System leadership and engagement:** All 9 Places and over 300 organisations (representing the mapped physical activity system) to be engaged in the All Together Active strategy by October 2023
- **Place-based Implementation Plans:** All 9 Places to have an implementation plan in place by October 2023, that is regularly reviewed and monitored with outcomes (for example physical activity levels, walking/cycling for travel levels (both are All Together Fairer indicators) feeding through to a subregional level dashboard
- **Resource Hub development:** Achieving over 500 views of the Resource Hub from health and social care professionals and other system partners across Cheshire and Merseyside by October 2023, with continual development and improvement based on partner feedback
- **Explore scalability of at least 2 pilots and identify other workstreams to collaborate with:** Measured through programmes (e.g. Alcohol Care Team) being piloted and then up-scaled into other areas of Cheshire and Merseyside, considering how many patients are being benefitted (and including subsequent outcomes for patients and professionals), and additional investment brought into the region as a result of expanding pilots into new Places by October 2023
- Supporting all 18 NHS Provider Trusts to embed physical activity elements within their NHS Prevention Pledge commitments by October 2023: Measured by number of Trusts working with, and number of Trusts that complete actions related to increasing physical

activity initiatives for staff and patients for example increase in staff using active travel, more clinical pathways embedding physical activity.

These activities will help to set the foundations for implementation at scale up to 2028 through the All Together Active strategy.

All Together Active: outcomes summary	
All Together Active	• Empowerment of 150,000 inactive people to become more active by 2026, focusing on those facing the greatest health inequalities • A whole-system approach towards physical activity • Our 9 Places supported to further develop opportunities to use physical activity as a way of improving population health • Embedding of movement, physical activity and sport within the Cheshire and Merseyside health and social care system

These system objectives will be continually monitored and evaluated using a framework that is currently being co-produced by system partners, and will be fed through to the ICS, ICB and Marmot (All Together Fairer) dashboards.

Alongside this headline goal will be other outcomes and benefits that the programme will achieve by 2028, with measures and indicators to be developed and co-produced by system partners as part of an Evaluation Framework for All Together Active.

3.9 NHS Prevention Pledge

The NHS Prevention Pledge is a framework underpinned by 14 ‘core commitments’ that NHS provider trusts work towards as a means of formally adopting the ‘Pledge’, thus strengthening NHS Trust leadership for action on prevention, social value and inequalities. The framework includes commitments to embed MECC, incentivisation for provision of brief advice techniques, maximising the social value of Trusts in their journey towards ‘Anchor Institutions’, and developing health promoting environments that can create the conditions for healthier patients, workforces and wider communities.

The programme is supported by a Community of Practice including all 18 provider Trusts that meets quarterly, and Place-based meetings bringing together Trusts and partners at local level. Specific actions and Key Performance Indicators (KPIs) aligned to each of the 14 commitments need to feature within a provider Trust’s action plans in moving to formal adoption the Pledge.

The NHS Prevention Pledge programme works in collaboration with a range of ICS prevention and inequalities programmes including All Together Fairer, All Together Active, workforce development programme, Treating Tobacco Dependency, Cheshire and Merseyside Social Value Award and Anchor Institution Charter and the Mental health and suicide prevention concordat.

We are also exploring how we interpret the Pledge in a primary care setting, which may provide further opportunities for partners to take early action to support health and wellbeing across a broader range of health and care settings. A working group of Primary Care Networks and partners at Place will support scoping and piloting of an NHS Prevention Pledge for use in primary care settings. It is anticipated that a pilot will include a minimum of four Primary Care Networks within the sub region, two in Merseyside and two within Cheshire. We may also consider piloting with pharmacies and dental surgeries.

NHS Prevention Pledge: outcomes summary	
NHS Prevention Pledge	• All 18 NHS Trusts supported to adopt and implement the core Pledge commitments through a community of practice • Supports delivery of the NHS People Plan by supporting staff health and wellbeing within provider trusts and supports staff retention. • Action on Social Value and sustainability • Phase 1 and 2 Trusts supported to apply for Anchor Institution status by April 2024, and Phase 3 Trusts by March 2025 • Supports action at Place to address the social determinants of health in partnership with the All Together Fairer programme • Supports financial efficiencies and savings in NHS Trusts • Reduced burden on primary care, A&E, social care and fewer re-admissions • NHS Prevention Pledge for primary care scoped and piloted with at least 4 PCNs with a view to expanding in 2025/26

We will undertake an evaluation of NHS Prevention Pledge to assess impact on population health and wider outcomes.

3.10 Screening, Vaccination and Immunisation

Screening, vaccination and immunisation arrangements (under Section 7a) currently sit with NHS England (i.e. not currently delegated to ICSs). The Population Health programme will work with NHS England (NHSE) / UK Healthy Security Agency (UKHSA) and local commissioners to establish clear responsibilities, accountabilities and oversight in order to strengthen screening, vaccination and immunisation uptake and to reduce associated inequalities. Acting together, we will reduce the burden to lives and livelihoods associated with vaccine preventable disease.

This workstream will include:

- Strengthened **networked arrangements** between Local Authorities, the NHS, UKHSA and the Integrated Care Board (ICB) to ensure shared understanding and agreement of roles and responsibilities, shared good practice and lessons learned. This will include actions aimed at avoiding widening vaccine inequalities across our Places and among different communities, including where helpful measures to overcome vaccine hesitancy.
- A shared understanding of common Section 7a service **risks** and development of **mitigation** plans.
- Promotion of common Section 7a service actions to address ICS inequalities, and **Sector Led improvement** plans developed to address gaps.
- Sharing and promotion of guidelines, evidence, and new national literature
- Section 7a **data, intelligence, surveillance, and analytics** to enable effective and informed screening, vaccination and immunisation advice and action.

[1] https://www.gov.uk/government/publications/the-khan-review-making-smoking-obsolete/making-smoking-obsolete-summary

Section 4

4 How we will improve our services and outcomes

In this section we describe how we will improve our services and what the outcomes of this work will be.

4.1 Children and Young People

The population of the Cheshire and Merseyside System is around 2.7million it is estimated that 25% of the total is made up of Children and Young People in the 0-19 age range. This section provides detail on how we will work as a system to improve their Health and Wellbeing.

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.

The Beyond Programme is an established partnership across the HCP landscape with Local Authorities, Directors of Children's Services (DCS) and Public Health, Health, and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector to create a social movement with a focus on children's early intervention and prevention. Multi-agency leadership and representation is woven throughout the programme delivery and governance.

We are planning to create a joint three-year strategy and a Children and Young People's Partnership Board for Cheshire and Merseyside which is accountable to NHS Cheshire and Merseyside and brings together the work of the Beyond Transformation Programme, the Directors of Children's Services Forum and the range of work across the whole system which contributes to better outcomes for children and young people.

We will also focus our support to Children in Care (sometimes referred to as Looked After Children). The term 'Looked After Children' is generally used to mean those looked after by the state, according to relevant national legislation which differs between England, Northern Ireland, Scotland and Wales. A child is 'Looked After' if they are in the care of the Local Authority for more than 24 hours. Our Cheshire and Merseyside preferred terminology which is supported by young people is Children in Care, the term Care Leavers has also been replaced with Care Experienced Young People.

NHS Cheshire and Merseyside is currently consulting with Care Experienced Young People to determine what opportunities they see as potentially being helpful and is progressing an action plan to support the implementation of the NHS Universal Family (Care Leaver Covenant) Programme.

The Care Leaver Covenant is a promise made by the private, public and VCFSE sectors to provide support for care leavers aged 16-25 to help them to live independently. Nationally the NHS is committed to improving outcomes for care experienced young people, whilst also harnessing the talent that lies in the care leaver community to help the NHS better serve our patients and our communities. The NHS also recognises that it can offer our care experienced young people - the opportunity to have a fulfilling career in the NHS.

The aim is for the NHS Cheshire and Merseyside 'offer' to be advertised on the Care Leaver Covenant webpages in time for national Care Leavers week in October 2023.

More information on the Care Leaver Covenant is available here: https://mycovenant.org.uk/

With its multi-agency focus on prevention and early intervention, Beyond supports our key strategic objective to give every child the best start in life, with programme priorities explicitly designed to tackle local challenges in innovative ways.

The voices of children and young people and their families / carers are key to delivery and links are establishing with Place participation partners to inform ongoing design and delivery of our approach through co production.

There is an established Cheshire and Merseyside Directors of Children's Service (DCS) Forum that leads the CYP agenda undertaking the required statutory duties across the 9 Places footprint of the ICS. Whilst there is a commonality in the level of external scrutiny that such services are subjected to individually, across the 9 Places, there is also a shared commitment that working together and intervening at the earliest opportunity is the only way to address and prevent future pressures. The forum also ensures that any transformational work that has been undertaken, supported by a strong evidence base, can be mainstreamed into service delivery and help secure sustainability during these challenging times.

Our priorities in Cheshire and Merseyside

The Beyond Programme addresses areas of highest inequality within our Children and Young People (CYP) population, with 7 key priorities that reflect HCP and Place plans, the NHSE Long Term Plan and strongly align to Core20PLUS5 (CYP):

- Emotional wellbeing and mental health
- Learning disabilities / autism
- Diabetes
- Epilepsy
- Respiratory / asthma
- Healthy weight and obesity
- Oral health

All priorities are linked to Starting Well themes and Marmot indicators to ensure a population health approach aimed at tackling the wider determinants of health inequalities.

The Cheshire and Merseyside DCS Forum and the Beyond Team work collectively to develop a shared work programme for the identified priorities, underpinned by population health evidence whilst supporting early help and prevention approaches.

All priorities are linked to the crosscutting Starting Well themes, Core20PLUS5 for CYP and Marmot indicators to ensure a population health approach aimed at tackling the wider determinants of health inequalities.

Our plans

We will:

- Listen to children, young people and their families to co-create solutions that work for them
- Establish a single line of sight of the outcomes for CYP, driving improvements in health and social care to address the impact of health inequalities
- Deliver programmes of work in line with Core20PLUS5 for CYP
- Work in partnership between Social Care, Health and the Third Sector. support preventative work, spreading examples of good practice
- Implement targeted interventions around alternatives to hospital care, reducing variation in diabetes and epilepsy care and early intervention around healthy weight and obesity
- Implement the recommendations of the Asthma Bundle
- Deliver the ambition of the national Family Hubs and Start for Life programme (2022-2025), including strengthening the work of Children's Centres
- We will Implement the NHS Universal Family (Care Leaver Covenant) Programme so that care experienced young people have opportunities to be supported into roles within the NHS by October 2023.

Whole Programme:

- CYP Co-production: Embed approach that builds on local structures and the knowledge Places have about their communities.
- Early Help and Prevention (Directors of Children's Services forum and Beyond):
- support preventative work across pre-statutory thresholds in light of financial pressures.
- create a joint system response to the cost-of-living crisis and the impact on families
- deliver the ambition and aspiration of the national Family Hubs and Start for Life programme (2022-2025)
- Analytics: Establish analytical and predictive models to drive improvement for children and young people
- Spread best practice: pilot and evaluate models to support transformational delivery and make recommendations to embed into pathways and contracts.
- Governance: Continue to build ICB/whole system CYP governance in partnership.
- Education and Skills via DCS forum:
- promote the role of the whole place in delivering better life chances for all children and young people engage with all educational settings as a key stakeholder of the delivery of Children's Services
- Pioneer the creation of sustainable career pathways within health and care

- Produce a health and care workforce strategy and plan for Cheshire and Merseyside that supports integration and collaboration in our place, across organisations.
- Link Children's workforce issues with the wider NHS and Adult Social Care (ASC) workforce considerations and developments, within the ICS footprint, to develop holistic solutions.
- Investment in Children and Young People: Increase the proportion of system funding on CYP compared with adults
- Family Hubs: to have capitalised on the Family Hub approach to support multi-agency working that facilitates early intervention and prevention
- Shared multi-agency learning: Embedded multi-agency, early intervention response to CYP including shared learning of best practice across the ICB
- Reduced lost school days: asthma control, diabetes, mental health
- Reduced unnecessary acute admissions: across all priority areas but particularly for respiratory health, diabetes control or emotional health / social care needs
- Fewer CYP in crisis falling through the gap: Closer working between Social Care and Heath to support children in crisis and all young people in crisis to have access to multi-agency support within safe environments established for all areas within the ICS footprint
- Reach: To further extend the reach and impact of the transformational delivery
- Reduced variation in access: Across all priority areas but particularly variation driven by health inequality,
- Use data: artificial intelligence and modelling to create a single line of sight for the needs of CYP across the ICB.
- Embedding Change: Ensure long-term improvement in health outcomes for CYP are embedded and whole life benefits are delivered.

Emotional Wellbeing and Mental Health:

- Supporting Children in Crisis:
- Multi-agency Gateway meetings will be established in all 9 Places areas to prevent inappropriate inpatient admission and to ensure earlier intervention and access to cross-agency support (March 2023)
- Multi-agency Gateway meetings will be embedded in business as usual to prevent inappropriate inpatient admission and to ensure earlier intervention and access to cross-agency support (Sept 2025)
- A model of safe places will be developed for CYP across Cheshire and Merseyside who need alternatives to hospital care due to emotional well-being or social care needs to prevent young people being inappropriately placed in Acute hospital beds, Local Authority Care or within the Criminal Justice System (March 2024)
- Safe places will be available for CYP across Cheshire and Merseyside who need alternatives to hospital care due to emotional well-being or social care needs ensuring that young people are not inappropriately placed in Acute hospital beds, Local Authority Care or within the Criminal Justice System (March 2027)
- Supporting children and young people to manage emotional distress:

- Next Step Cards: 540 practitioners will be trained in having conversations with children about difficult emotions (Sept 2024) Practitioners will support a minimum of 5 CYP per year – total reach 2700 CYP (March 2026)
- Whole Family Therapeutics: 8 clinical staff trained to support families, reducing referral to Child and Adolescent Mental Health Services (CAMHS) - 450 families to be reached (Sept 2024)
- Teams of Life: 237 professionals to be trained in supporting vulnerable children at transition (Sept 2024); Professionals will support a minimum of 575 CYP per year (March 2025)
- Family Hubs: Live at Place level, with shared principles for infant mental health and family functioning (March 2026)
- Early Help: effective offer in place for families with babies, children and young people that support emotional wellbeing
- Digital access / self-referral to emotional wellbeing support (Early Help) and CAMHS will be available across all 9 Places in Cheshire and Merseyside (March 2028)

Healthy Weight and Obesity:

- Healthy lifestyle approaches for CYP:
- HENRY: 72 Practitioners will be trained in Henry. The HENRY programme is an approach to enabling healthy, happy childhoods (April 2024); Henry groups delivered to up to 5,000 families (March 2025)
- Everton in the Community: 500 CYP to be supported to achieve healthy lifestyles to prevent obesity in 5 Places across Cheshire and Merseyside through group approaches (March 2024)
- Food Active: Why weight to talk: 1080 professionals will be trained to have difficult conversations with families about healthy weight and lifestyles. (March 2024); Professionals will have difficult conversations with families about healthy weight and lifestyles (March 2025)
- Complication of Excess Weight Service:
- 100 referral per year supported to manage the complication of severe obesity (March 2024 – March 2028).

Learning Difficulties, Disabilities and Autism (LDDA) / Special educational needs and disability (SEND):

- Training will be provided across all 9 Local Authorities on supporting CYP with MH and LDDA needs – Action Learning sets will be established to support ongoing learning (March 2024)
- Koala Sleep Service: 200 families will be supported to manage sleep for their children with neurodiversity (March 2024)
- Sensory friendly environment will be established in a local college and Cheshire and Wirral partnership A&E to support CYP with neuro diversity issues – increasing college attendance and attendance for tertiary care (March 2024)

- Sefton Neurodevelopmental Learning Programme: 36 workshops to be delivered to professionals to increase skills in understanding / supporting children with neurodiversity (March 2024)
- To work across the HCP (Across Local Authority, Education and Health) to create greater coherency around SEND, exploring creative ways to pool budgets and agree shared decision-making particularly with regards to the post 16 / post 19 offer.
- To develop a cohesive offer around the 'health care /education /social care triangle'
- To work across the HCP to develop integrated proposals for across Cheshire and Merseyside (linked to Office for Standards in Education, Children's Services and Skills (Ofsted) and Care Quality Commission (CQC) Inspection) led through DCS forum.

Epilepsy:

- All Provider trusts will complete Epilepsy in Children (EPIC) audit to support clear baselines and improvement trajectories (March 2024 – March 2028)
- Mental Health support improvement project: recruitment of MH support for areas where this is not in place (March 2024)
- Improved access to Specialist Nurse Support (March 2024)
- Genomics: To have developed pathways / processes that increase access to genomic sequencing that supports effective care (March 2026).

Diabetes:

- All young people will be able to access Continuous Glucose Monitoring (CGM) therapy, if appropriate, to manage their diabetes, reducing ongoing complications into adulthood – 42 CYP per year (March 2024)
- Training being provided to support transition of CYP into Adult diabetes care (March 2024)

Respiratory:

- Smoking Prevention: 40 schools to be support over 4-year license to prevent smoking / vaping in CYP – to prevent exacerbation in children's respiratory disease (March 2027)
- Indoor Air Quality: 200 households will receive air quality monitor and support to prevent exacerbation in children's respiratory disease (March 2024)
- Parent Champions: established across 5 Places to develop peer support to parents re bronchiolitis / Respiratory Syncytial Virus (RSV). 100 parent champions trained to support via Children's Centres / 3rd sector (August 2024)
- Pharmacy: 100 pharmacies engaged to undertake inhaler techniques checks for CYP with asthma reducing prescription Short-acting beta-agonists (SABA) (March 2024)

Oral Health

The Oral Health workstream will be commencing in April 2023 the following outlines the initial project outcomes:

- Develop, with key stakeholders, a steering group across the locality, to support delivery of the project
- Recruit core project lead (July 2023)
- Provision of evidence-base oral health products for " young children" within defined groups and localities

Our expected outcomes

Children and young people outcomes summary	
Emotional Wellbeing and Mental Health	• 25% reduction in total number of A&E attendances for MH presentations (2024/25) • 25% reduction in total number of delayed discharges for CYP who need access to a safe alternative (not Tier 4) (2025/26) • All 9 Places have a single digital point of access to MH support (2024/25)
Healthy Weight and Obesity	• Flattening the curve on obesity rates for CYP at both Reception and Year 6 assessments (2028) • 5% increase in CYP undertaking physical activity on a regular basis per year. (2023/24)
Learning Disabilities and Autism:	• Increased number of neurodevelopmental and Autism CYP Referrals where reasonable adjustments are made with a care plan (2023/24) • Increased number of neurodevelopmental and Autism CYP Referrals where reasonable adjustments are made with an intervention (2023/24)
Epilepsy	• 100% of CYP with epilepsy should access specialist nursing care in the first year of treatment (including all children with ASD / LD) (2024/25) • 10% increase in CYP accessing mental support (2023/24) • 10% increase in children who have a comprehensive care plan agreed within 12 month of diagnosis (2023/24)
Diabetes	• 20% increase in CYP using diabetes specific technology to manage their condition 23/24 • 5% decrease in emergency diabetes attendances (DKA) (2023/24) • 80% of CYP with Type 2 diabetes have annual health checks (2025/26)
Respiratory:	• 10% reduction in A&E attendances for asthma exacerbations (Core20PLUS5) (2023/24) • 10% reduction in SABA inhaler prescription (3 or over per month) (2023/24) • 80% of children will have a written Asthma Plan (2023/24) • 80% of children will have inhaler techniques checked (2024/25)

Children and young people outcomes summary	
	• 80% of children on primary care asthma register have had an annual review (2024/25)
Oral Health	• Increase dental General Anaesthetic (GA) capacity, to reduce the backlog of dental need (noting the programme aim is to reduce need for GA longer term) • Facilitate attendance at dental practices, with a focus on LDD&A • Enable provision of evidence -base oral hygiene products for young children • Embed relevant oral health messaging in all CYP population health programmes • Reduce missed school days due to poor oral health

4.2 Maternity and Women's Health

Cheshire and Merseyside is a large and diverse area with both urban and rural communities including areas of high deprivation and ethnically diverse communities. Women are under represented in the health system and our communities provide additional challenges to ensuring equity and inclusion for women in Cheshire and Merseyside.

Our priorities in Cheshire and Merseyside

We have identified priorities under the following themes:

- Maternity - Reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
- Maternity – Increase fill rates against funded establishment for maternity staff
- Maternity and neonatal services
- Maternity – local equity action plan
- Women's Health
- Gynaecology Network
- Estate

Our plans

4.2.1 Maternity - Reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury

As a Local Maternity and Neonatal System (LMNS) the current metrics show that Cheshire and Merseyside are below (better than) the trajectory for all safety outcomes: stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury. Similarly, the

December 2022 preterm birth rate for the largest maternity provider in Cheshire and Merseyside was 4.1% - this is half the 2017 national rate and lower than the 'Maternity Safety Ambition' threshold for 6%.

To continue the progress made on the Maternity Safety Ambition, the LMNS ICB will continue to:

- Monitor and have oversight of the safety ambition trajectories and outlier status of providers
- Support trusts in delivery of the Clinical Negligence Scheme for Trusts (CNST) and Maternity Incentive Scheme (MIS) actions
- Work with the NW Maternal Medicine Network to develop the Cheshire and Merseyside Maternal Medicine Centre at Liverpool Women's, improve training around recognition of the seriously ill woman and streamline pathways for access to the appropriate care via Multi-Disciplinary Team (MDT) working
- Support providers in delivering effective Preterm Birth clinics via the Cheshire and Merseyside Preterm Birth network
- Work closely with the North West Neonatal Operational Delivery Network in order to progress the safety ambition to reduce serious intrapartum brain injury and deliver on British Association of Perinatal Medicine (BAPM) optimisation
- Work with our business intelligence partners to achieve good data to evidence improved outcomes
- Be responsive to emerging themes from Patient Safety Incidence Response Framework (PSIRF), the Cheshire and Merseyside maternity single serious incidence Panel, complaints and feedback. Maternity triage will be a key area of quality Improvement focus for the ICB with the aim of reducing the risk of mothers and babies and deliver system level change
- Have real-time oversight of emerging threats through the Birth-rate Plus (BR+) acuity tool and continue mutual aid support via an electronic Situation Report (SitREP) data tool.
- The LMNS have oversight and a leadership role in Ockenden, East Kent and other emergent reports. This includes supporting and oversight of the national Maternity Incentive Scheme linked to the Clinical Negligence Scheme for Trusts, whereby Trust can have a refund on subscriptions for meeting 10 key safety action requirements.
- A national single delivery plan is expected in Spring 2023 combining Ockenden and East Kent reports which the LMNS will take a lead on.
- Listening to women and families is a key part of Ockenden and East Kent and the LMNS will be working with the Maternity Voices Partnership (MVP) chairs and Independent Senior Advocate role to ensure the experiences of women and families improve as evidence by an improvement in the Care Quality Commission (CQC) survey.

4.2.2 Maternity – Increase fill rates against funded establishment for maternity staff

NHS England is taking action to address the maternity workforce challenges by:

- **Return to Midwifery Campaign** – Direct targeting to midwives identified as having an active Nursing and Midwifery Council (NMC) registration but currently not working in the NHS
- **Maternity Services Support Worker (MSSW) Programme** – Growing the MSSW workforce across band 2 and band 3 by running a national campaign, improve pastoral support, enhance learning and development by developing a continuous professional development roadmap.
- **Dedicated National Midwifery Retention programme** – Providing targeted support for different career stages: early career, experience at work, later career.
- **International Recruitment (IR) Midwifery** – Extending our offer of support to IR of midwives to support all trusts and supporting existing trusts to go further
- **Undergraduate pipeline** – Expanding training places by 3650, from 2018/19 with an increase of 650 in 2019/2020 and 1000 over subsequent years. The target to date has been overachieved by 166 places.

Wider work within Cheshire and Merseyside underway to support the workforce:

- **Review staffing establishment workforce tools** – to examine validity, reliability, and useability as well as sustainability within Cheshire and Merseyside. This will focus on Ockenden 2022 immediate and essential action to review the feasibility and accuracy of Birth-rate Plus tool and associated methodology, within Cheshire and Merseyside all providers have an up-to-date Birth-rate Plus workforce report, within Cheshire and Merseyside all 7 providers declared compliance against Maternity Incentive Scheme (MIS) year 4 – safety action 5 – midwifery staffing. We are working with the national Midwifery Continuity of Care (MCoC) lead to pilot as a system the newly updated NHS England workforce tool.
- **Maximising nursing in Midwifery** – to scope what is required to gain full advantage of nursing capacity within maternity services, ensuring their specific roles are fully understood and enabled within the maternity workforce. Within Cheshire and Merseyside we are presently scoping in combination with Health Education England (HEE) the role of Nurse associate (maternity), we see this new innovative role supporting our existing midwifery workforce within surgical care and developing our existing support workforce with another pipeline into midwifery.
- **Refreshed National Maternity Transformation (MTP) delivery plan** – The current plan seeks to achieve the vision set out in better births by bringing together a wide range of organisations to lead on and deliver across several workstreams. This plan is currently being updated in line with Ockenden recommendations. Within Cheshire and Merseyside we have supported MCoC to provide staff alternative working patterns, supporting with advanced roles within maternity services

- **HEE Health and social care workforce plan** – HEE is reviewing long term needs for health and social care workforce, within Cheshire and Merseyside we have developed innovative nonclinical roles to support the delivery of direct midwifery care, ensuring midwives are freed up to provide care that can only be delivered by a midwife.
- **Maternity Culture and Leadership**- a national 18 month programme has been implemented to support maternity leaders to deliver a high-class maternity service, within Cheshire and Merseyside we have developed a bespoke aspiring midwifery talent programme for aspiring Heads/Directors of Midwifery (HOMs/DOMs) and midwifery leaders, supporting succession planning and talent management within Cheshire and Merseyside.
- **Establishing Independent Senior Advocate (ISA) roles** – Cheshire and Merseyside are presently recruiting to an ISA role, this role will support both families and providers to support leadership when maternity care is sub-optimal highlighting to Executive boards when issues have occurred and supporting the LMNS to address

Within the LMNS we have developed a workforce collaborative to implement the national initiatives as outlined, our aim is to review how we as a system, recruit, retain, deploy, develop, and continue to support our maternity workforce, ensuring we develop talent and support aspiring leaders within maternity services. We now have access to a bi-monthly workforce report, and this coupled with intelligence from our clinical front line staff via surveys and via midwifery leaders allow us to address the workforce gaps and provide solutions to areas of concern, which include high vacancy rate within some providers, increasing sickness rate sighting mental health concerns as reasons for absence, increased leavers within early career midwives, increased retirement requests post age 55 group, direct concerns from HOMs/DOMs include reduction in pre-registration places, lack of development of Maternity Support Worker (MSW) workforce, inability to recruit experienced midwives, issues with flexible working. Our collaborative workstreams:

- Pre-registration capacity – including Registered Nurse/Registered Midwife (RN/RM) conversion
- International Recruitment including Cheshire and Merseyside standardized recruitment programme
- Return to Practice (RTP)
- Recruitment and retention (Pastoral care)
- Cheshire and Merseyside Band 5 standardized preceptorship Programme
- Advanced Clinical Practice (Midwifery)
- MSW workforce (Implementation of MSW Framework)

4.2.3 Maternity and neonatal services

We will continue to deliver the actions from the final Ockenden report as set out in the April 2022 letter as well as those that will be set out in the single delivery plan for maternity and neonatal services four key pillars:

1. Safe staffing levels
2. A well-trained workforce
3. Learning from incidents
4. Listening to families

The strategic planning Long Term Plan (LTP) technical definitions that provide guidance on the LTP metrics state that a plan can only be designated as a Personalised Care and Support Plan (PCSP) if it meets the five technical criteria outlined in the universal personalised care model. These are that:

- People are central in developing and agreeing their PCSP, including deciding who is involved in the process.
- People have proactive personalised conversations that focus on what matters to them, paying attention to their needs and wider health and wellbeing.
- People agree the health and wellbeing outcomes they want to achieve in partnerships with the relevant professionals.
- Each person has a sharable PCSP that records what matters to them, their outcomes and how they will be achieved.
- People can formally and informally review their PCSP.

The Personalised Care and Support Planning guidance for Maternity services identifies criteria to define Personalised Care Planning (PCP) and sets out what the requirement is for Local Maternity and Neonatal Systems (LMSs/LMNs) to ensure PCP is embedded into service delivery. The guidance recommends that LMSs/LMNs undertake an annual assessment of the quality of PCP to determine whether they meet the five technical criteria and identify where personal care and support planning can be improved.

Personalised care work ongoing within Cheshire and Merseyside currently:

- Ensure Maternity providers are able to collate and share data from the Maternity Service Data Set (MSDS) relating to number of antenatal PCSPs fields as required by MIS year 4 >95% completed for women booked in the month.
- The LMNS should work with providers and service users to ensure that every woman is offered a PCSP in line with National guidance and Equity plans.
- Ensure the Personalised Care components of the Core Competency framework are embedded into the Training Needs Assessment in line with Ockenden.
- Develop a PCSP strategy for Cheshire and Merseyside which informs best practice across all providers.
- Undertake a survey of women`s experiences of the delivery and quality of personalised care using the National Collaborate Tool.

- Support all providers through the Strategic Clinical Network (SCN) to complete guidelines for Care of women outside Guidance
- Agree LMNS process for reporting on progress relating to Personalised Care and Support workstream.

4.2.4 Maternity – local equity action plan

Implement the local equity action plans that every LMNS/ICB has in place to reduce inequalities in access and outcomes for the groups that experience the greatest inequalities (Black, Asian and Mixed ethnic groups and those living in the most deprived areas).

We have listened to women, birthing people, their families, maternity, and neonatal staff and used the feedback and information to develop co-produced activity to design interventions which transform and:

- Improve equity and reduce health inequalities for mothers and babies from Black, Asian, Minority Ethnicity, Socially Deprived and Protected Characteristic Groups
- Embed race equality for Maternity and Neonatal staff across Cheshire and Merseyside LMNS

The LMNS has continued to work collaboratively with our System Partners, Places, Voluntary, Community, Faith, and Social Enterprise (VCFSE) organizations and Maternity Providers to finalize the Equity and Equality Action Plan (EEAP) with clear ownership and accountability for delivery of the key programmes to generate greater health equity across Cheshire and Merseyside.

The Equity and Equality Action Plan can be viewed on the Improving Me website: Maternity Services in Cheshire and Merseyside - Improving me

Next Steps

- Plan to establish an equity and equality stakeholder forum for the implementation phase
- We will invite key partners to work with us including strong representation from our service users, VCFSE groups to support the work over the next 5 years
- Provide regular updates to the LMNS and ICB and regionally to demonstrate progress

The LMNS have oversight and a leadership role in Ockenden, East Kent and other emergent reports. This includes support and oversight of the national Maternity Incentive Scheme linked to the Clinical Negligence Scheme for Trusts, whereby Trust can have a refund on subscriptions for meeting 10 key safety action requirements.

A national single delivery plan is expected in Spring 2023 combining Ockenden and East Kent reports which the LMNS will take a lead on.

Listening to women and families is a key part of Ockenden and East Kent and the LMNS will be working with the MVP chairs and Independent Senior Advocate role to ensure the experiences of women and families improve as evidence by an improvement in the Care Quality Commission survey.

Plans to reopen Intrapartum maternity services at Macclesfield Hospital are due to be implemented during 2023-24.

4.2.5 Women's Health

The aims of the Women's Health element of the Women's Health and Maternity (WHaM) programme is to provide a cross system approach to addressing health inequalities within women's health in collaboration with work that is already taking place in the wider system and to look at key priorities.

The WHaM Programme is responding to the diverse needs of our population and addressing inequalities by establishing projects, structures, and collaborative partnerships. With the following key areas of focus.

4.2.6 Gynaecology Network

The Network was established in November 2021 meeting monthly, to provide clinical and operational leadership across the system for gynaecology services and wider aspects of women's health and wellbeing. Cheshire and Merseyside HCP have supported the Women's Health element of the programme since 2021. Local and national consultation has reported that women's health services are fragmented and varied impacting on equity of access, outcomes, and experiences of women across Cheshire and Merseyside and that the coronavirus pandemic has impacted significantly on gynaecology screening, diagnostics, and treatment times.

The Network is made up of primary and secondary care clinicians, directorate managers, Place leads and other wider programmes such as Elective Recovery and Transformation and Getting it Right First Time (GIRFT).

The impact of the Network has supported a GIRFT deep dive for gynaecology and Trust site visits are in progress. The purpose of the visits is to review improvement opportunities, capture successes and share good practice, identify challenges, barriers, and issues, and identify any support required to find a solution.

We have enabled providers to engage directly with Elective recovery and transformation to look at collaborative working to address issues such as theatre optimisation. These actions will also help our overarching objective to reduce waiting lists.

The Gynaecology Network requested that special interest groups be set up for certain conditions to enable expert led focus to identify key areas of priority for these specialisms.

Special Interest Groups have been established for the following specialties: -

- **Menopause** – This group has conducted a survey across Cheshire and increased training of both secondary and primary care clinicians, so GPs have better menopause knowledge and primary care clinicians can start the process of establishing a specialist menopause clinic in their respective trusts. The group is also engaging with communities in Cheshire and Merseyside to provide information/listening events beginning in Liverpool in February and rolling out to other places across Cheshire and Merseyside. The group has involved NHS England/Improvement Menopause Improvement Plan, and we hope to be included in focus group work.
- **Paediatric and Adolescent Gynaecology** – This group are developing pathways that will be used across Cheshire and Merseyside.
- **Endometriosis** – This group are looking at mentoring and support for clinicians and ongoing support for patients living with endometriosis.
- **Cervical Screening** – To meet in March 2023

An overarching theme for the special interest groups is to also address waiting lists via the Primary/Secondary Care interface, looking to strengthen advice and guidance mechanisms and training,

Establish Gynae Nurse Network work across organizational and place boundaries and encourage collaboration and sharing of best practice and learning and explore the development of Cheshire and Merseyside wide clinical pathways. First meeting scheduled for March 2023.

Increasing the number of Women's health hubs across Cheshire and Merseyside

Engaging with groups of the population to understand women's health needs and barriers to access. This requires collaboration with key partners such with local authority commissioners, place commissioners, primary care colleagues, and secondary care clinicians to address the barriers to moving procedures, treatments from secondary care into the community. We believe there is a willingness for this to happen, but a strategic and financial approach is needed. The increase in Women's Health Hubs is clearly stated in the Department of Health and Social Care (DHSC) Women's Health Strategy.

Establish a Teenage Pregnancy forum to identify hot spot areas and work with commissioners/public health/service providers, share good practice, improve education and access to services, reduce teenage pregnancy rates.

4.2.7 Estate

We are working with our colleagues in estates to identify NHS estate for community clinics. We are also in discussion with our colleagues in the outpatient transformation team to look at their current work on Did Not Attend (DNAs), to help identify which localities are most likely to not attend, age groups etc, and work with our engagement team to consider strategies to address this.

The recently launched DHSC Women's Health Strategy is much welcomed by the Women's Health team and will greatly inform the development of WHaMs Cheshire and Merseyside strategy, currently in development.

Our expected outcomes

Women's health and maternity outcomes summary	
Maternity and Neonatal 2023/24	• Reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury. • Continue to deliver the actions from the final Ockenden report as set out in the April 2022 letter as well as those that will be set out in the single delivery plan for maternity and neonatal services. • Increase fill rates against funded establishment for maternity staff • Ensure all women have personalised and safe care through every woman receiving a personalised care plan and being supported to make informed choices • Implement the local equity action plans that every local maternity and neonatal system (LMNS)/ICB has in place to reduce inequalities in access and outcomes for the groups that experience the greatest inequalities (Black, Asian and Mixed ethnic groups and those living in the most deprived areas).
Embedding measures to improve health and reduce inequalities in 2023/24	• Update plans for the prevention of ill-health and incorporate them in joint forward plans, paying due regard to the NHS Long Term Plan primary and secondary prevention priorities, including a continued focus on CVD prevention, diabetes and smoking cessation. • Have due regard to the government's Women's Health Strategy and continue to deliver against the five strategic priorities for tackling health inequalities and take a quality improvement approach to addressing health inequalities and reflect the Core20PLUS5 approach in plans.

Women's health and maternity outcomes summary	
Special interest groups	• The Gynaecology Network requested that special interest groups be set up for certain conditions to enable expert led focus to identify key areas of priority for these specialisms. Special Interest Groups have been established for the following specialties: - • Menopause – This group has conducted a survey across Cheshire and increased training of both secondary and primary care clinicians, so GPs have better menopause knowledge and primary care clinicians can start the process of establishing a specialist menopause clinic in their respective localities. The group is also engaging with communities in Cheshire and Merseyside to provide information/listening events beginning in Liverpool in February and rolling out to other places across Cheshire and Merseyside. The group has involved NHSEI Menopause Improvement Plan, and we hope to be included in focus group work. • Paediatric and Adolescent Gynaecology – This group are developing pathways that will be used across Cheshire and Merseyside. • Endometriosis – This group are looking at mentoring and support for clinicians and ongoing support for patients living with endometriosis. • Cervical Screening – To meet in March 2023
Women's Health Strategy	• The first Draft will be completed in May 2023. This will prioritise areas for Cheshire and Merseyside. It is prudent to have a regional strategy so the team can be initiative-taking in delivering some of the key objectives of the strategy. • As the DHSC are currently developing a delivery plan and implementation framework for the strategy, the Cheshire and Merseyside WHS will enable the WHaM team to provide progress update sot the DHSC.
Workforce	• A gap analysis of gynae workforce will be conducted to understand the challenges faced within the Gynaecology Specialist Nursing Workforce, this will build on the work conducted from the overall Cheshire and Merseyside gap analysis. • Develop a Gynae Nurse Network to support and inform the Gynaecology Cheshire and Merseyside Network. The purpose of the Gynaecology Nurses Network is to work across organizational and place boundaries and encourage collaboration and sharing of best practice and learning and explore the development of Cheshire and Merseyside wide clinical pathways.
Women's health engagement	• Women's Voices Network will be developed for Cheshire and Merseyside. • Development of women's health app • Women's Health Champions - A Women's Health Champion for each place to feed in issues for women in their respective areas. To include peer support training. • Connection to engagement networks within individual Places.

Women's health and maternity outcomes summary	
Standardisation	• Referral triage SOP developed to be developed for Cheshire and Merseyside • Primary and Secondary care interface policy for Cheshire and Merseyside A policy setting out how we can streamline primary and secondary care links by looking at what pathways could be developed, key actions to be addressed etc. • Mutual Aid - Develop a Mutual Aid SOP and identify key areas for mutual aid - staffing across sites etc. Develop SOPs for Cheshire and Merseyside. • Joint Procurement – Scoping exercise on Joint Procurement opportunities to maximise resources, to see where joint procurement could take place across system.
Improving access	• Women's Health Hubs - Conduct a needs assessment across Cheshire and Merseyside to see what women's health services are needed by seeing what is already available but what is also needed as urban and rural needs will be different etc. We will also look at costs of additional services at primary care/within the community, and how to overcome blockages. • Estate – Identifying estate for community clinics, increasing appropriate space for gynaecology in District General Hospitals (DGHs). Data will be sought on areas with most DNAs and map available estate to these areas.

4.3 Diabetes

The best care and quality of life for people living with, or at risk of, diabetes is essential if everyone in Cheshire and Merseyside is to start well and live well.

Diabetes is a major public health problem with diabetes diagnosis in the UK having risen from 1.4 million to 3.8 million since 1996. One in ten people aged over 40 now has type 2 diabetes. It is estimated there are around 4.7 million people (including those that have been undiagnosed) living with diabetes in the UK and this is estimated to rise to 5.5 million by 2030. In the UK, around 400 people are diagnosed with diabetes every day. Diabetes costs the NHS over £1.5 million an hour (or 10% of the NHS budget for England and Wales), and an estimated £14 billion a year treating it and its complications.

How we plan to make a difference as an ICS having listened to our population and health care professionals, we will ensure that:

- People at risk of diabetes are supported to prevent them developing the condition
- People living with diabetes have access to the best possible care and support they need to live well with diabetes
- People living with diabetes can monitor and self-manage their condition effectively
- Identify variation in experience, service provision and treatment outcomes for people in Cheshire and Merseyside

- Delivery of the NHS National Diabetes Prevention Programme (NDPP)

Our priorities in Cheshire and Merseyside

Work will continue on the delivery of the NDPP. The overall aim is to slow down the year-on-year increase prevalence of type 2 diabetes as well as increasing the uptake of patients onto the prevention programme.

We will Continue to progress recovery of referrals to pre-pandemic levels and improving uptake of attendance at both face to face and digital courses on the prevention programme and will focus on the following key areas:

- Offer all PCNs/ Place funding to develop local plans to improve referrals and start rates.
- Improve Cheshire and Merseyside position towards the national agreed profile position which is not currently meeting target due to the impact of COVID. Therefore, show quarterly improvement (April 2023 – March2024).
- Roll out place based targeted plans (Feb to May 2023).
- Deliver a robust communications campaign across Cheshire and Merseyside, Trains, Buses, Radio, Digital
- Identify health inequalities (Aug 2023).
- Preparation for next NDPP contract including transition (Nov 2023).

Our plans

Work will continue to restore the Type 2 Diabetes 8-care processes recovery programme across the ICB following the COVID pandemic, namely, achieving all the following (Blood pressure check, foot surveillance, HbA1c, smoking, serum cholesterol, serum creatinine, urine albumin/creatinine ratio and body mass index). See the 8 CP recovery project outcomes described in the table below.

In order to improve the delivery of services we will work to support the workforce through the delivery of a Structured Education (SE) programme with ongoing review at quarterly monitoring at the Structured Education Steering Group Improvement projects have been funded at place for activity into 2023/24.

With a core focus on the following areas:

- Review audit of provision of Teir1 and Teir2 structured Education for newly diagnosed patients receiving SE within 12 months.
- Ensure Place based plans are completed for 2023/24
- Ensure Place has plans in place to commission Face to Face SE for T1 and T2 patients. Review performance referral and uptake against plans
- Ensure Place has plans in place to increase referrals into Digital SE national offers for T1 and T2 patients. Review performance referral and uptake against plans.
- Utilise Clinical Diabetes Lead Nurse to support improvement in SE

From March 2023 we will establish the Diabetes Type 1 Disordered Eating Programme (T1DE) service and begin to accept referrals, monitoring the effectiveness of the service including nationally mandated patient outcome measures.

We will ensure that patients across Cheshire and Merseyside continue to have high coverage and provision of Continuous Glucose Monitoring (CGM) and Flash glucose monitoring (also known as intermittently scanned CGM) for people with type 1 and type 2 diabetes. In addition to this we will review data around the use of CGM in pregnancy and identify any variations reporting these back to the diabetes steering group.

During quarter 2 of 2023 further work will take place on the development of Multidisciplinary Foot Team (MDFT) services. This will include:

- Review MDFT provision against NICE standard
- Review each system during site visits virtual and non-virtual.
- Review data for amputation and ulceration rates

Further work will also take place in Quarter 2 of 2023 to understand what is required in relation to Diabetes Inpatient Service Provision around Diabetic ketoacidosis DKA. This will include a deep dive into the data around DKA, hypoglycaemia and surgical care this will inform the development of DKA improvement plans.

Our expected outcomes

Diabetes outcomes summary	
8- Care processes (8CP) / Treatment Targets.	• Increase in the number of moderate risk patients called for review so that 8CPs can be assessed. • Improved completion rates from the baseline aiming for the England average for practices in the lowest quintile. • Improve achievement of the 3 treatment targets (Blood pressure, Cholesterol and HbA1c) for Cheshire and Merseyside. • Recovery of referrals to pre-pandemic levels and improved uptake of attendance
NHS National Diabetes Prevention Programme (NDPP)	• We will identify and decrease variation in uptake across the ICB and we will also deliver a robust communications plan.
Structured Education (SE)	• Achieve 2020/21 SE levels for patients offered SE in the last 12 months during 2023/24. • Increased number of patients referred onto SE programmes within 12 months of a new diagnosis of diabetes for T1 and T2 diabetes.
Diabetes Type 1 Disordered Eating Programme (T1DE)	• Established T1DE programme providing this joint clinical service as one of 8 centres nationally.

Diabetes outcomes summary	
Continuous Glucose Monitoring (CGM) and Flash glucose monitoring	• For people with type 1 and type 2 diabetes. • Reduce variation across the ICB and improve the uptake of this technology. • Ensure all areas have comparable policies and access to technology
Multi-Disciplinary Footcare Team provision (MDFT)	• Reduce major and minor amputation rates.
DISN provision	• Sufficient diabetes inpatient specialist nurse (DISN) provision to meet the advised national ratio of 1 nurse for every 250 inpatients in the hospital settings across the ICB
Reduce Health Inequalities	• We will reduce health inequalities for people living with diabetes

4.4 Diagnostics

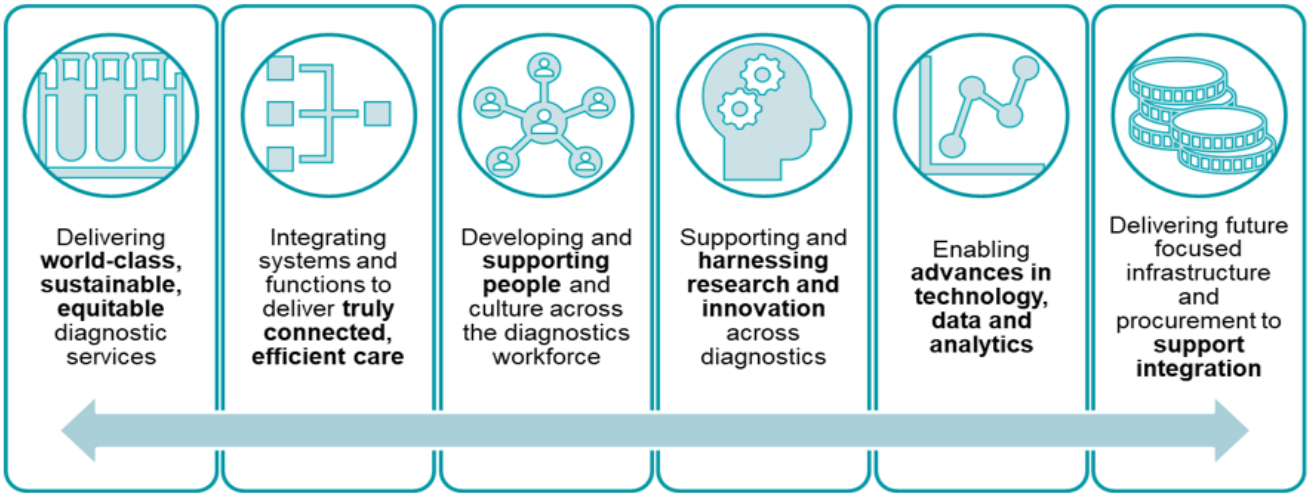
Our programme includes all diagnostic tests such as pathology, imaging, endoscopy, screening programmes, cardiorespiratory, neurophysiology and more for patients across Cheshire and Merseyside of all ages.

The scope of our work includes all activity for patients registered with a GP in Cheshire and Merseyside noting that some diagnostics are delivered out of area and that not all trusts are members each network but also includes care delivered to non- Cheshire and Merseyside patients through these Trusts. Our work influences both physical and mental health and reflects transformation ambitions beyond any one single organisation.

Through our work we are targeting improvement against agreed trajectories, quality outcomes and reduced waiting and reporting times at a Cheshire and Merseyside level. We advocate for and promote interoperability with existing Cheshire and Merseyside Programmes such as Digital, Cancer Alliance, Cardiovascular Disease and more.

Our priorities in Cheshire and Merseyside

The Diagnostics Programme has set an ambition 5-year strategy (2023-28) to deliver against six key priorities:



Our plans

Our in-year focus is on:

- Reducing waiting times across all specialities
- Increasing productivity – targeting imaging and pathology
- Improving turnaround times – processing and reporting – targeting imaging and pathology
- Deploying digital investment, including AI, to increase collaboration though alignment with ICB digital lead
- System wide transformation - Future Pathology needs assessment for the ICS delivery of an outline Business Case by Quarter 3 and FBC route map and milestones by end of Quarter 4 2023/4
- Deploying collaborative staff bank
- Enhancing whole system view, utilisation and actions – beyond acutes

4.4.1 Community Diagnostic Centres

In 2023/24, Cheshire and Merseyside will continue to expand the number of CDCs in the system, moving from the current operational 6 sites to 9 sites. This will significantly increase capacity in Cheshire and Merseyside and facilitate an increase in the number of patients who can access diagnostic tests within six weeks.

4.4.2 Cheshire and Merseyside Imaging Network

Cheshire and Merseyside Imaging Network are working with trusts in Cheshire and Merseyside to reduce the number of patients waiting over 6 weeks for access to diagnostic

tests through the Performance Improvement Plan. This is being completed alongside analysis aimed at quantifying the current activity level in different trusts and comparing this to the “optimal levels of test activity”, to highlight areas where productivity gains can be made.

The Imaging Network has also procured a new Picture Archiving and Communication System (PACS) contract which will involve moving trusts to the PACS cloud, this project will improve the productivity of reporting in trusts, but also relies on the successful implementation of the Diagnostic network infrastructure to improve bandwidth to a level that will enable cloud-based working. Once both these initiatives are in place the Imaging Network can move to implement wide ranging Artificial Intelligent solutions at scale.

The Cheshire and Merseyside Diagnostics Programme is utilising the Cheshire and Merseyside ICB Digital Inclusion Impact Assessment (DIAA) Tool to ensure that all digital diagnostic proposals are evaluated to see how they may impact on those who are digitally excluded. Where necessary, proposals are adapted, or mitigations included so that schemes are accessible to everyone.

All of this is monitored via Cheshire and Merseyside Diagnostics Programme Governance which includes a Digital Diagnostic Steering Group within the Cheshire and Merseyside ICB. In the case of PACS and Artificial Intelligence the impact is positive for all as these schemes deliver higher detection rates, the ability for more health professionals to share images/results or tests to be carried out at a faster rate. No patients are disadvantaged as these positive impacts do not require members of the public to be online or to possess digital skills.

National capital funding for Magnetic Resonance Imaging (MRI) Advanced Acceleration Technology has led to the installation of acceleration technologies on scanners at all 12 trusts who form part of the network. This software has the potential to increase capacity on included MRI scanners by at least 10%.

4.4.3 Cheshire and Merseyside Physiological Measurements Portfolio

The Physiological Measurements Portfolio is made up of a number of modalities:

- Audiology
- Cardiac Physiology
- Gastrointestinal (GI) Physiology
- Neurophysiology
- Ophthalmic and Vision Science
- Respiratory and Sleep Physiology
- Urodynamics
- Vascular Science

The Physiological Measurement programme will continue to work with Trusts to reduce number of patients waiting over 6 weeks in all modalities in line with local and National

ambitions. The current process of collecting and reviewing waiting lists data for all physiological measurement modalities will continue in a bid to further drive down the waiting lists.

During 2023/24 the programme aims to increase existing productivity by:

- Moving, where appropriate, diagnostic activity into CDCs. Throughout 2023/24 there will be a focus on:
- Establishing rapid initial diagnostic bundle of tests to diagnose respiratory problems
- Establishing additional capacity for sleep studies
- Establishing additional echocardiograms capacity to further reduce the waiting lists
- Working alongside the Cheshire and Merseyside Networks to review pathways with a view to:
- Ensuring that required diagnostics are embedded in pathways
- Ensuring that there is equitable access to diagnostic test across C&M
- Standardising referral processes across C&M
- Reduce referral to treatment time
- Reduce secondary care outpatient use by supporting integrated service design
- Reviewing and implementing digital solutions (such as Artificial Intelligence) aimed at reducing the time required for reporting and focussing specialist staff on patients where results are abnormal
- Developing networked workforce solutions through the completion of stay conversations at Trusts, training new Healthcare Scientists through available schemes (including apprenticeships)
- Implementing digital staff passports and exploring ways to standardise training and share resources across Cheshire and Merseyside
- Supporting a reduction in the size of the undiagnosed population of patients with COPD, specifically in areas of social deprivation, through the restoration and/or starting of diagnostic spirometry (and FeNO) services

4.4.4 Cheshire and Merseyside Endoscopy Network

Our Endoscopy Network is working with Trusts across Cheshire and Merseyside to reduce the number of patients waiting over 6 weeks for diagnostic tests. We aim to increase existing productivity by:

- Maximising the number of points booked on each list to 12 points for a 4-hour list, 10.5 for a 3.5 hour list and 8 points on a 3 hour list. This will increase capacity by up to 20% in some units. A target is set for 10.4 points per list on average (lists are of different lengths) with a current achievement of 9.2 on average. Where providers are not currently achieving the maximum capacity, the endoscopy network will support them to make changes to increase that capacity.
- Ensuring that 95% of list are undertaken across Cheshire and Merseyside. Utilisation is monitored and currently 92.1% of lists are utilised. Monitoring will continue to ensure that

all providers are achieving >90% utilisation which will raise the average from the current 92.1%

- Forensic vetting of all referrals in line with best practice and green endoscopy agenda to ensure that endoscopy is only delivered where absolutely necessary and as close to the patients home as possible.
- A reduction in DNA and hospital cancellations of 5% based on 2022 data. The introduction of a range of appointments including evenings, weekends to ensure equality of access for all patients who may need the support of family members to attend. We are also ensuring that we provide appropriate access for patients with Learning disabilities by offering video walk through, advance introduction to staff and longer appointment times. Investing additional resource in this patient group will improve the patient experience and outcomes and reduce DNA and hospital cancellations.
- The Network are developing a strategic plan to move towards network capacity on cold sites. We plan to commission the delivery of circa 500 colonoscopies in the first instance for the longest waiting patients across the Network.

4.4.5 Cheshire and Merseyside Pathology Network

Our Pathology Network are working with Trusts across Cheshire and Merseyside to deliver against the recommendations of the Diagnostics: Recovery and Renewal Report of the Independent Review of Diagnostic Services for NHS England from 2020 with a focus on collaboration and efficiency across the system. There has been significant investment in digital technology across the Cheshire and Merseyside Pathology Network with further investment secured for the coming 2 years. To increase productivity across pathology services the following initiatives will be implemented across 2023/24 leading to a circa 10% increase in productivity which will be necessary to support the planning guidance ask for reduced waiting times: -

- Increased slide digitisation which releases MDT preparation capacity, reduced slide retrieval and transfer times releasing staff capacity. The result is a 10% reduction in MDT preparation time
- Employ GIRFT principles and build digitally enables subspecialist review teams to provide a consensus review, reducing requirement for further review at MDT and second opinion reviews. There will be a 10% reduction in turnaround times for a second opinion
- Reduction in turnaround times (from sample being taken to patient report available) of 10% due to the increased use of electronic ordering and digital reporting.

Our expected outcomes

Diagnostics outcomes summary
Increase the percentages of patients that receive a diagnostic test within six weeks in line with March 2025 ambition of 95%.
Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition.
Expand the number of CDCs in the system, moving from the current operational 6 sites to 9 sites. This will significantly increase capacity in Cheshire and Merseyside and facilitate an increase in the number of patients who can access diagnostic tests within six weeks.
Deliver a minimum 10% improvement in pathology and imaging networks productivity by 2024/25 through digital diagnostics investments

4.5 Personalised Care

Personalising Care enables people to have choice and control over the way their care is planned and delivered, based on what matters to them and their individual strengths, needs and preferences. The Personalised Care Programme (PCP) across Cheshire and Merseyside ICS will invest in meeting health and wellbeing needs with a guiding principle of 'what matters to me', enabling service users to have greater control including choice.

The ICB recognises and will fulfil its duty to;

- ensure eligible groups of people benefit from the legal right to have a PHB,
- ensuring more people benefit from personalised care (key aim of the NHS long term plan) and
- contribute towards the national ambition to increase the uptake of PHBs to 200,000 people by 2023/24 which is outlined further in Universal Personalised Care.

Therefore, the ICB ambition is to:

- ensure the 'right to have groups' of adults, children and young people with continuing care needs, together with people eligible for a NHS funded wheelchair are able to consistently access personal health budgets across Cheshire and Merseyside; as well as
- extend the PHB offer to those people with primary mental health, maternity and section 117 continuing care needs, and
- improve the personalisation of care for Continuing Health Care (CHC) Fasttrack patient
- design a model that allows easier and faster mobilisation of personal health budget in its core systems and processes

Our priorities in Cheshire and Merseyside

The Personalised Care Programme will aim and focus on delivery of:

1. Increased use of Personal Health Budgets (PHBs)
2. Increased Shared Decision Making (SDM)
3. Increased use of Personalised Care and Support Plans (PCSP)
4. Greater access to Supported Self-Management (SSM)
5. Improved connectivity and utilising of community based support via social prescribing
6. Facilitation of choice of care, interventions, and solutions.

Our plans

Our work on personalised care will build on initiatives started in 22/23, including:

- Expansion of the use of **Personal Health Budgets**
- Cheshire and Merseyside **Charter team working** with the ICS Communications and Empowerment Director and the development of a Cheshire and Merseyside Engagement Framework.
- **Digital Buddy service** to be commissioned as part of the virtual ward model, described later in the document, which will increase inclusion and personalised care in all virtual ward services
- **Co-production pathway development (starting with musculoskeletal pathways)** by running **c**oproduction sessions and establishment of a coproduction group for pathway development linking in with ARRS (Additional Roles Reimbursement Scheme) roles
- **Stimulating innovation working with the Voluntary Community Faith Social Enterprise (VCFSE) sector**, initially focusing on Personal Health Budgets (PHBs) to identify and develop new ways of working
- **Working with GP practices to support Additional Roles Reimbursement Scheme (ARRS)** in social prescribing and health coaching and building connectivity to other services and pathways

Our investment will focus on key areas of the universal personalised care model and more generally in infrastructure and embedding these approaches into business as usual. Our commissioned interventions will be evaluated to inform future decisions and plans.

4.5.1 Embedding Personalised Care approaches in our service delivery

Personalised Care approaches including Shared Decision Making (SDM) will be a requirement for newly commissioned health care services or contracts across Cheshire and Merseyside using the national contractual schedule which covers key actions required to support the consistent delivery of personalised care in accordance with NHS Long Term Plan commitments. Our contracts will include 6 key components of universal personalised care: **Patient Choice, Personalised Care and Support Planning, Supported Self-**

Management, Shared Decision Making, Social Prescribing and Personal Health Budgets and will be used to commission services. In designing services people with lived experience of relevant conditions and services will be involved at every stage in the development of personalised approaches.

We will have 900 Virtual Ward 'beds' by the end of 23/24 and 4 components of the universal personalised care model are directly relevant for the newly commissioned Virtual ward service i.e. **Patient Choice, Personalised Care and Support Planning, Supported Self-Management, Shared Decision Making.** These elements have been built into contractual requirements for all our virtual ward services**.**

4.5.2 Personal Health Budgets

Personal Health Budgets **(**PHB's) are NHS funded and are flexible to meet the holistic health and wellbeing needs of the patient. Desired outcomes are that patients benefit from higher quality of life and we see a reduction in unplanned access to additional services. PHBs are offered to patients who have been assessed as having continuing care needs or a personal wheelchair, as it is patient choice not all patients may wish to take up the offer.

A strategic priority to increase use of PHBs, action taken across Cheshire and Merseyside is focussed in 4 key areas:

- Service Review and Redesign
- Improve uptake performance on right to have groups and areas of reduced uptake such as Mental health, section 117, maternity and Fasttrack (March 2028)

- Assist patients and carers in their choice through improved information in relation to PHBs (March 2024)
- Minimise barriers to offering and setting up PHB's by streamlining the financial and governance requirements across Cheshire and Merseyside (March 2025)
- Peer Support
- Increase confidence in personalisation conversations to achieve a PHB offer and thereby uptake (March 2024)
- Support and share best practice professional practice in PHB's through peer support network (March 2024)
- Develop PHB champions in each 'Place' to provide local focus and support to colleagues offering a PHB. (March 2024)
- Consistency of Access
- Improve efficiency and effectiveness of facilitative third party PHB providers across Cheshire and Merseyside through consolidation of commissioning arrangements (March 2026)
- Innovative Solutions
- Stimulate and facilitate innovative care solutions through VCFSE sector (March 2025)

4.5.3 Personalised care and support plans (PCSPs)

PCSPs will be implemented for all long-term condition pathways plus other priority areas as set out in the NHS Long Term Plan. i.e., maternity services, palliative and end of life care, residential care settings, cancer, dementia, and cardio-vascular diseases.

Our expected outcomes

Personalised care outcomes summary	
Embedding personalised care approaches in our Virtual Ward services	• Access Training for 25% of staff in the first year (23/24) for the workforce to support to embed SDM, made available via the Personalised Care Institute ; Increasing there after yearly by 10% • Use validated patient-reported measures of SDM as defined in the evaluation agreement with the innovation agency for the programme
Access and use of Personal Health Budgets	• An additional 1000 PHB's at the end of each financial year. The 5-year plan is to achieve an increase in uptake of PHB's so that 12000 PHB's are in place by 27/28.
Service review and redesign	• Improve uptake performance on right to have groups and areas of reduced uptake such as Mental health, section 117, maternity and Fasttrack (March 2028)

Personalised care outcomes summary	
Peer support	• Increase confidence in personalisation conversations to achieve a PHB offer and thereby uptake (March 2024)
Consistency of access	• Improve efficiency and effectiveness of facilitative third party PHB providers across Cheshire and Merseyside through consolidation of commissioning arrangements (March 2026)
Innovative solutions	• Stimulate and facilitate innovative care solutions through VCFSE sector (March 2025)

4.6 Primary Care

Good access to high quality Primary Care services is integral to our ambitions as a system. This covers the four sectors of:

- General Practice
- Community Pharmacy
- Dental
- Optometry.

We are nationally, and locally, responding to a number of factors which are placing pressure on our historic delivery models:

- Growing population
- Aging population
- Workforce recruitment and retention issues
- The increasing case for providing care in community settings.

We also know that our population is telling us that accessing services is not always as easy as they would like, with variation in service delivery models and capacity across our ICS area.

We are in the process of developing our Primary Care Strategic Framework, which will be presented to our NHS Cheshire and Merseyside Board in April. Our Place based teams will develop a local plan underneath this Framework by working with Primary Care Networks and wider partners to support the development of local delivery models which integrate primary care, in line with the Fuller Stocktake report. Our plans will also reflect the "Delivery plan for recovering access to Primary Care" published by NHS England in May 2023.

We recognise that with the context above that we will need to work with our partners from across the sectors, including Primary Care Networks and Community Services partners to reshape our delivery models in order to achieve our objectives of:

Our priorities in Cheshire and Merseyside

- Increasing / improving / ensuring timely Access to General Practice Services
- Increasing / Improving/ ensuring timely Access to General Dental Services
- Improving Workforce numbers and other key enablers such as Digital are realised to
- support better access and waiting times for service.

Our plans

4.6.1 Increasing / improving / ensuring timely Access to General Practice Services

- The number of total appointments offered as an ICB exceeds pre pandemic levels and will cover all main appointment methods
- Patients will not wait longer than 2 weeks for an appointment appropriate to their needs
- The ICB will meet asks in the National Access Recovery Plan (as referenced above – was published in May 2023)
- The ICB will meet ensure delivery of workstreams aligned either at system or place level, outlined in the ICB Primary Care Strategic Framework (being developed by June 2023)
- Maximising/developing Enhanced Access offers to patients in line with the specification, and supporting patients getting access to general practice services outside of core hours.

4.6.2 Increasing / Improving/ ensuring timely Access to General Dental Services

- The ICB will improve access to General Dental Services in line with the Dental Improvement Plan (first draft complete Q1 23/24)
- Access in deprived communities will be prioritised
- Immediate access plan to be presented to our Primary Care Committee in April to look at urgent actions, in anticipation of dental underspend 23/24
- No patient to wait longer than a committed/to be defined period for an initial dental appointment following registration
- No patient to wait longer than a committed/to be defined period for an urgent appointment at a General Dental Practice or Urgent Care Dental Centre.

4.6.4 Improving Workforce numbers and other key enablers such as Digital are realised to support better access and waiting times for service

- To maximise the ARRS uptake for 23/24 to yet to be defined levels in all staff groups to support the increase in access to appointments for the population
- To increase the number of GPs working in Cheshire and Merseyside (WTE and Headcount) to a level to be defined
- Maximisation of Digital Initiatives with plans to be defined
- Increase Dental staffing groups/workforce to be defined as part of Dental Improvement Plan.

Support and promote the Community Pharmacist Consultation Service (CPCS) so patients can access community pharmacy services as part of a rounded offer to primary care and relieve pressure on demand within general practice.

Our expected outcomes

Primary care outcomes summary	
Ensuring timely Access to General Practice Services	• The number of total appointments offered as an ICB exceeds pre pandemic levels and will cover all main appointment methods • The number of total appointments offered as an ICB exceeds pre pandemic levels and increases in line with national commitment (4.9% growth) • Patients will not wait longer than 2 weeks for an appointment appropriate to their needs • The ICB will meet asks in the National Access Recovery Plan • The ICB will meet ensure delivery of workstreams aligned either at system or place level, outlined in the ICB Primary Care Strategic Framework • Maximising/developing Enhanced Access offers to patients in line with the specification, and supporting patients getting access to general practice services outside of core hours • Increase the number of ARRS roles in line with national allocation of resources
Improving access to Dental Services	• As part of Dental Recovery Plan • Recover dental activity, improving Units of Dental Activity (UDAs) towards pre-pandemic levels with quarterly target improvements to be agreed for this year • Ensure additional level of UDAs through future years • We are defining improvement trajectories to ensure there are appropriate waiting times for a first appointment with a reducing trajectory over the coming years • No patient waits longer than agreed timeframe for urgent dental treatment 23/24

Primary care outcomes summary	
Community Pharmacy Consultation Service	• Increase participation in the Community Pharmacist Consultation Service.

4.7 Supporting our Carers

Supporting carers is an essential contribution to narrow health inequalities in access, outcomes and experiences. Furthermore, there is evidence for ethnic and socio-economic inequalities for carers. Support and inclusion of young carers will lead to better chances in life for children and young people.

The newly established Carers Partnership Group for Cheshire and Merseyside will build on existing local carer strategies at Place. The Carers Partnership Group will work with established carer networks and provide added value by showcasing innovative practice, supporting consistency and standardisation, and enabling the translation of best practice into evidence-based business cases. The Carers Partnership Board will involve carers and their representatives as expert partners in care.

Unpaid carers can be systematically missed in data sources. Paucity of data and other evidence can itself be a significant barrier to the provision of effective, targeted and integrated care. We will improve the identification of hidden carers, and the recording and sharing of carers data. Reliable data is essential to provide evidence on progress in our commitment to carers.

We also know that an increased focus is required on supporting young carers, with more than half (53%) of young carers and young adult carers recently surveyed, stating that the amount of time they spend caring per week has increased in the past year.

Our priorities in Cheshire and Merseyside

Our vision is for all carers in Cheshire and Merseyside to have the support they need and recognition they deserve. This is laid down in the Cheshire and Merseyside Health and Care Partnership Interim Strategy.

Our plans

Workplan 2023-2024

- We will establish links with the regional carer leads network to ensure carer priorities are joined up and complimentary.
- We will map a process to involve carers and their representatives as expert partners in care in the Carers Partnership Group by September 2023.

- We will publish a Carers Charter for Cheshire and Merseyside ICB by December 2023 and promote sign off with regional and local stakeholders
- We will showcase innovative practices around hospital discharge and carers by December 2023.
- We will establish a baseline on numbers of carers, numbers of young carers and numbers of contingency plans by March 2024.
- We will conduct a mapping exercise on gaps around carers data by March 2024.
- We will draw on the body of research data to demonstrate the impact of caring on health and optimize funding opportunities for innovative practice.

Further workplan until 2028

- We will develop co production of our carer support priorities and plans
- We will support and promote initiatives that bring together the carers offer across health and social care at place and make best use of collective resources.
- We will work collaboratively with carers leads to share good practice that support carers of all age groups.
- We will enhance the support to carers in primary and secondary care based on the needs and priorities voiced by carers.
- We will work collaboratively with schools and education to raise the awareness of our young carers and improve the support offer to young carers
- We will revisit the carer passport for Cheshire and Merseyside.
- We will increase the numbers of contingency plans.
- We will improve carers data and pursue the inclusion of unpaid carers data in the statuary adult social care survey and the school census in line with national guidance.
- We will work with partners at place to increase the numbers of carers and young carers identified year on year and improve the identification of hidden carers.

Our expected outcomes

Supporting our Carers outcomes summary

- **We will establish a baseline for the number of carers and young carers in Cheshire in Merseyside in 2023/24 and increase the number of carers identified year on year by 5% for the period of our Joint Forward Plan (2023-28).**

4.8 Cancer

The Cheshire and Merseyside Cancer Alliance – accountable to NHS England – leads on cancer on behalf of the Integrated Care System. It is an NHS organisation that brings together healthcare professionals, providers, commissioners, patients, cancer research institutions and VCFSE (Voluntary, Community, Faith and Social Enterprise) sector partners to improve cancer outcomes.

The Cancer Alliance supports innovation and strategic commissioning to ensure the long-term sustainability of modern and effective cancer services and has six core workstreams:

- Prevention and early detection
- Primary care
- Faster diagnosis
- Personalised care
- Workforce
- Health inequalities and patient experience.

Our priorities in Cheshire and Merseyside

- Work collaboratively across Cheshire and Merseyside to build on best practice and implement new initiatives to prevent cancer and reduce inequalities
- Support Primary Care with the implementation of the early cancer diagnosis agenda, including initiatives to increase cancer screening
- Reduce waiting times for diagnosis and treatment
- Work with healthcare professionals to provide improved, personalised, and faster treatments and care
- Invest in the skills and education of cancer professionals and support workers
- Reduce unwarranted variation in care, access, experience, and outcomes
- Reduce health inequalities for vulnerable communities, who have been affected by cancer.

Our plans

4.8.1 Reducing the number of patients waiting over 62 days

- The Cancer Alliance will oversee the reduction of the over 62-day backlog, working with providers and places to ensure that diagnostic and treatment capacity is matched to levels of demand.
- Efforts to reduce the cancer backlog will be coordinated with the ICB's elective recovery programme to ensure that cancer patients are prioritised.

4.8.2 Targeted support

- The Alliance will supplement commissioned activity with targeted support and investment to improve the performance of the most challenged cancer pathways, with specific attention being paid to providers in receipt of Tier 1 and 2 support for cancer recovery.

4.8.3 Diagnostic Programme

- The Alliance will work closely with the Cheshire and Merseyside Diagnostics Programme to ensure that diagnostic capacity is expanded to meet cancer demand, including through community diagnostic centres and General Practice GP direct access.
- Waiting times / turn-around times for all diagnostic modalities will be closely monitored.
- Half of patients in the over 62-day backlog are under investigation for suspected lower gastrointestinal cancers and, therefore, a key focus is to rapidly improve waiting times for colonoscopies.
- Colonoscopy waits over 14 days for suspected cancer patients will be eliminated as a priority, as a key step to achieving a maximum seven-day target in line with the best practice timed pathway for colorectal cancer.

4.8.4 PTL management

- The Alliance will support improved Patient Tracking List (PTL) management through peer review, training, IT/digital improvements and, where required, investments in the workforce.
- A workforce review of cancer services teams will be undertaken. Opportunities to use Robotic Process Automation (RPA) will be explored building on the ICS wide work on RPA through the digital team and the learning from the Centre of Excellence development in this area.

4.8.5 Achieving the Cancer Faster Diagnosis Standard (FDS)

- The Cancer Alliance will support all providers to embed best practice timed pathways for cancer, with a focus on the four national priorities of prostate, lower Gastro-intestinal (GI), skin and breast cancer pathways in providers with 28-day Faster Diagnosis Standard (FDS) performance below the England average.
- Funding will be made available through the Alliance's faster diagnosis programme to support project management and, where appropriate, cancer workforce including cancer support workers and clinical nurse specialists.
- Providers in Tier 1 and 2 will received additional targeted support.
- In addition to the four national priority pathways, the Alliance will maintain a focus upon improving gynaecology cancer pathways and delivering the recommendations of the gynae cancer review undertaken in 2022/23.

- The Alliance will work with Cheshire and Merseyside Acute and Specialist Trusts, Place leads, general practices and the ICS's digital team to continue to roll-out tele-dermatology.
- Faecal Immunochemical testing (FIT) is well established across Cheshire and Merseyside. More than 80,000 tests have been issued to patients and local data show that colonoscopies can be avoided for up to 60% of patients.
- The focus for 2023 is to work with primary care and Place leads to ensure full uptake of National Institute for Health and Care excellence (NICE) accredited, British Society of Gastroenterology, The Association of Coloproctology of Great Britain and Ireland (BSG/ACPGBI) guidance and ensure that at least 80% of urgent suspected Lower Gastro Intestinal (LGI) referrals are accompanied by a FIT result.

4.8.6 Early Diagnosis

The full programme of Health Inequalities work within Elective Recovery can be found in section 3 of the Joint Forward Plan. In summary the Cancer Alliance will continue to work with all system partners including NHS providers, commissioners, public health, research institutions, VCFSE organisations to improve cancer awareness and the early diagnosis of cancer. The Alliance will continue to support CORE20plus5 activities and fund multi-year interventions through its prevention and early diagnosis programme, including:

- **Targeted lung health checks:** This programme, which offers screening to past and current smokers aged 55 to 74, commenced in July 2021 and now covers 42% of the Cheshire and Merseyside population. This will expand to 69% in 2023/4 and then 100% in 2024/5.
- **NHS Galleri:** This is the world's largest clinical trial in which participants are screened for fragments of cancer Deoxyribonucleic Acid (DNA) circulating in their blood. Cheshire and Merseyside will continue to support this trial in all nine places across the ICS.
- **Non-specific symptom pathways:** The ICB will work with providers and the Cancer Alliance to establish sustainable, longer-term commissioning arrangements for non-specific symptom pathways, as per the 2023/24 Priorities and Operational Planning Guidance.
- **Primary care:** The Alliance will continue to fund Place-based GP leads supported by a team of engagement managers to support the Primary Care Network (PCN) cancer early detection Directed Enhanced Service (DES), including safety netting, communities of practice, education and training.
- **Community engagement:** In 2023/4 the Alliance will extend its partnership with VCFSE to cover all nine places to support local community groups to design and deliver cancer awareness initiatives tailored to their community members.
- **Surveillance:** The Alliance will continue to collaborate with cancer Multi-Disciplinary Teams (MDTs), laboratories and the North West Genomic Medicines Services Alliance to embed surveillance programmes for individuals at risk of developing cancers. Specific focus will be given to Lynch syndrome (colorectal and endometrial cancers), BRCA (breast cancers), fibrosis/cirrhosis (liver cancers) and the EUROPAC clinical trial for inherited risk of pancreatic cancer.

- **Screening:** The public health screening and immunisation team at NHS England North West will work with the Cancer Alliance to oversee the delivery of the national screening programmes for breast, bowel and cervical cancer, including ensuring that there is sufficient capacity to for bowel age extension. Communications campaigns and awareness-raising initiative will be coordinated and targeted to improve uptake and tackle inequalities.
- **Prevention:** Coordinated approaches to reduce smoking rates and obesity will be built upon through a range of public health and Alliance-led initiatives involving partners across the health and care system.
- **Treatment variation:** Treatment variation will continue to be mapped to understand if, where and why the treatments for cancer offered to patients across Cheshire and Merseyside vary so that approaches to tackle inequalities can be developed and delivered. This work will build upon the recommendations from the Getting it Right First Time (GIRFT) programme and the national cancer audits.
- **Innovation:** The opportunity to develop a strategic alliance between the Cancer Alliance, the Innovation Agency, Academic Health Science Network (AHSN) and Cancer Research UK will be explored in addition to continuing to support local testing/adoption of new/alternative technologies such as cytosponge, GRAIL and PinPoint. (PinPoint and GRAIL are multi-cancer early detection tests).

Our expected outcomes

Cancer outcomes summary	
Recovery plan	• Continue to reduce the number of patients waiting over 62 days • Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days – March 2024. • Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.
National Pathways	• Improved access to Acute Coronary Syndrome (Cheshire and Merseyside currently the worst in the country) – see ACS Improvement plan Appendix) • Better quality and safety of care across the pathway leading to better outcomes • Reduced waits for diagnostics, assessment, and care because services are restored post-COVID – cross reference to diagnostic program – Echocardiogram improvement plan and trajectories • Better experiences of care, and reduction in inter hospitals transfers • More equitable access to care across different groups and different geographies • More sustainable costs of care

4.9 Cardiovascular Disease (CVD)

Cardiovascular Disease is one of the areas where we in Cheshire and Merseyside have the worst outcomes when compared with the England average.

Our priorities and plans in Cheshire and Merseyside

At a strategic level, the Cardiac Network Board, with the Cardiac Network has identified the following as key priorities for its 2023/24 work programme:

- Tangible progress toward the new stretch targets for the National CVD Prevention Ambitions as per 2023/24 priorities and operational planning guidance:
- Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
- Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
- Continue to address health inequalities and deliver on the Core20PLUS5 approach
- Publication of a Cheshire and Merseyside wide CVD Prevention strategy
- Develop further innovative partnerships, focusing on primary and secondary prevention priorities including CVD, Stoke, Respiratory, Kidney Disease and diabetes
- Targeted health inequalities with programs such as Healthy Lung Checks
- Work with Population Health Board in respect of inequalities
- Work with Diagnostic work programme on increasing access to Echocardiogram through innovative solutions such as Artificial intelligence (AI) Echocardiography AI Echo.
- Continued Implementation of the National Cardiac Pathway Improvement Program, 4 Chapter 3.66 Long Term Plan.

Further development and roll out of the Cheshire and Merseyside Familial Hypercholesterolemia (FH) service. The pilot, currently operating as a remote service, has been established to provide ‘proof of concept’ to support the commissioning of an integrated FH Service for the whole population of Cheshire and Merseyside, with an agreed care pathway and standards for the delivery of care; this should drive a real transformation in the health outcomes of patients, who have inherited this important condition.

Our expected outcomes

Cardiovascular outcomes summary	
CVD Prevention	• Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024 • Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60% • Continue to address health inequalities and deliver on the Core20PLUS5 approach • Development of a business case to establish a sustainable FH service • Reduced mortality due to cardiovascular disease
National Pathways	• Improved access to Acute Coronary Syndrome (Cheshire and Merseyside currently the worst in the country) – see ACS Improvement plan Appendix) • Better quality and safety of care across the pathway leading to better outcomes • Reduced waits for diagnostics, assessment, and care because services are restored post-COVID – cross reference to diagnostic program – Echocardiogram improvement plan and trajectories • Better experiences of care, and reduction in inter hospitals transfers • More equitable access to care across different groups and different geographies • More sustainable costs of care

4.10 Community

By improving the consistency of access to high quality community services we can both increase outcomes and ensure our population can receive care as close to home as possible. This will have the additional benefit of reducing the number of people who are admitted to hospital or who see delays in being able to return home after a hospital admission.

Our priorities in Cheshire and Merseyside

In line with national priority to develop more effective urgent care we are focussed on a range of community based urgent care priorities. The following are key components of the wider community urgent care work programme.

- Urgent community response teams
- Intermediate care
- Urgent treatment centres
- Virtual wards
- Access to care, fragile services and community waiting times
- Levelling up
- Proactive care

Our plans

4.10.1 Urgent community response teams

Capacity needs to be enhanced in urgent community response (UCR) teams and core two-hour access standards delivered consistently across the system. Achieving this goal of improved patient flow is reliant on the system's ability to deliver care to patients in a community or home environment and to support patients who have had to be admitted to return to an appropriate place of care as safely and efficiently as possible. In Cheshire and Merseyside, we will continue to strengthen the relationship between UCR teams and virtual wards.

4.10.2 Intermediate care

Working with colleagues from primary, secondary, tertiary and community services and partners across our Places, to agree the future best practice models of Intermediate Care and then how these can be best implemented.

4.10.3 Urgent Treatment Centres

This workstream will allow work across providers to enable the standardisation of high-quality urgent treatment across the Cheshire and Merseyside ICS and provide assurance that systems and processes are in place to ensure a safe clinical service is maintained as well as supporting the on-going development and change in models of care.

4.10.4 Virtual Wards

This is a major work programme that has been well-established in Cheshire and Merseyside. The delivery of virtual wards is a local and national area of focus with an increasing expectation that virtual ward capacity will impact positively on acute bed occupancy and subsequently on patient flow.

4.10.5 Access to care, fragile services and community waiting times

There are currently a number of specific services provided by more than one organisation that are considered to have inherent risks to deliverability or sustainability. Some of these models of service collaboration may well require a new approach that allows and rewards a joint arrangement between organisations that reduces duplication or benefits from utilisation of a shared resource.

The length of time that patients wait for a community appointment has a direct impact on primary and secondary care as well as on the outcome for patients. It is well recognised that delays in early intervention community care will often result in the need for a secondary care

admission and /or an elective procedure that could have been avoided. Despite this, the waiting times for many community services are not visible or collectively monitored at a system level. Through the accurate collection of waiting time data and the sharing of best practice and mutual aid, organisations will work together to reduce the risk of harm related to prolonged waits for appointments.

4.10.6 Levelling up

Community services are not provided consistently across Cheshire and Merseyside and patients may have better access to some services depending on where they live. Providers of community services are benchmarking what services are available to local populations and how they are delivered in order to share best practice and support organisations to develop new approaches to care that can be demonstrated to deliver better outcomes.

4.10.7 Proactive Care

Proactive Care is the new way that we support people who have complex long-term health conditions and social care needs. These may include chronic illnesses such as diabetes, dementia, asthma or heart disease. Proactive care allows healthcare professionals to work together to identify all of the services that a patient may need input from in order to help them to recover and stay well. Using population health data, service providers can identify patients in need of care and help to ensure that the right services are involved.

Our expected outcomes

Community health services outcomes summary	
Recovery plan	• Consistently meet or exceed the 70% 2-hour urgent community response (USR) standard • Increase utilisation of Urgent community response service by 20% against 2022/23 baseline • Increase number of virtual ward beds to 900 in line with national expectations (agreed through the operational planning process • Achieve and maintain over 85% occupancy rates of virtual ward beds
Community Waiting times	• Eliminate waits of over 52 weeks for community care by March 2024 • Reduce patients waiting over 18 weeks for a 1st appointment in a community clinic by 25% from the 2022/23 baseline

4.11 Elective Recovery

Our Elective Recovery and Clinical Pathways Programmes are well established and supporting delivery across Cheshire and Merseyside. As a system we are working together to address unwarranted variation and inequality in access, experience and outcomes across the population of Cheshire and Merseyside. It is imperative that we continue the work on recovery and restoration of services, however we are also taking a structured approach to transforming clinical pathways and services to ensure resilience and sustainability of the improvements that we deliver.

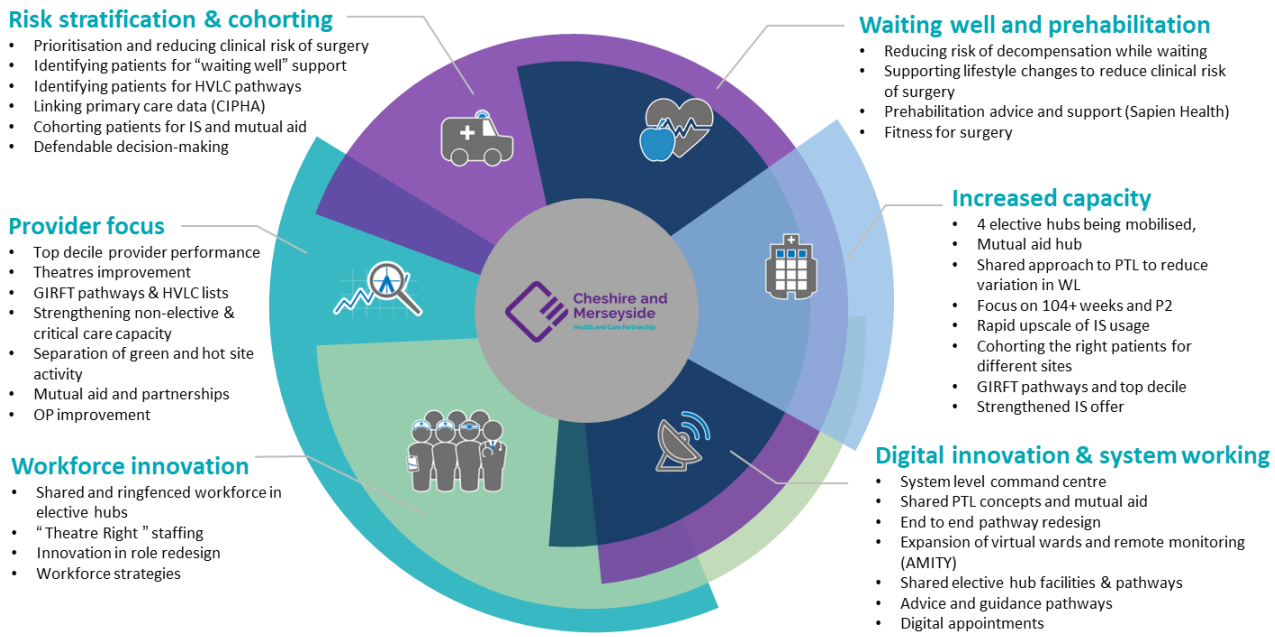
Our priorities in Cheshire and Merseyside

Our principles for elective recovery are aligned with the agreed NHSE North West principles, these are:

- Resilience and recovery of our workforce is paramount to ensure both a sustainable recovery and the best possible outcomes for our patients:
- This will include longer term investment, particularly in health and wellbeing
- The flexible use of our resources
- Supporting our staff to lead and transform.
- Patient safety and avoiding harm is key: Effective communication with our patients to keep them informed regularly, in relation to their wait and any service changes.
- Ongoing PTL validation and clinical review should become a core component of elective restoration involving end-to-end review, involving primary care.
- Health inequalities: We must be ambitious for the citizens of the North West as we seek not only to deliver a reduction during 2021/22 as part of a multi-year plan, within the resources available, address both historic inequalities and also make up the ground lost during COVID.
- Recovery of elective activity forms part of a wider recovery ambition and will be dependent on end-to-end pathway redesign. This should be a defining principle that underpins the three NW ICSs.
- Restoration of elective activity should be planned for at System level, embedding the gains made during the pandemic e.g., improved patient discharges, mutual aid and collaborative arrangements.
- Recovery should be underpinned by system level Patient Tracking Lists (PTLs) to ensure that treatment:
- Delivers equitable access and use of resources
- Reduces health inequalities
- Prioritises most clinically urgent
- Maximise utilisation of the independent sector via local arrangements and the Increasing Capacity Framework (ICF)

- Specialty Hubs should be included in restoration plans to make the most of capacity available, providing resilience during any future COVID wave, bringing a level of standardisation and clinical productivity for the elective programme
- Critical care capacity to be reviewed to ensure resilience of elective programme, both in any further COVID waves and also during winter surges
- Investment in diagnostic capacity will be necessary, to reduce waiting times. Consideration should be given to those patients requiring repeat diagnostics as a result of long waits (this links to another of our core Cheshire and Merseyside programmes – diagnostics)
- Transformation must be embedded within our recovery. Transformation and improvement programmes should tackle variation and focus on the areas that have the longest waits and greatest risk of patient harm (this links to another of our core Cheshire and Merseyside programmes – clinical pathways)
- Evidenced and researched based policies and practise should be implemented drawing upon the academic assets of the North West

The translates into the below Cheshire and Merseyside programme focus:



Our plans

Wating List Management

- System-level focus on elimination of 78 week waits by March 2023 and reducing 52 week waits over the course of the year
- Continued validation, risk stratification and harm reviews for waiting lists
- Waiting well initiatives providing support for patients waiting
- Multiple initiatives to aid the reduction of outpatient waiting lists
- As our work and achievements continue and are further applied, we will seek to embed Trust and Place led patient surveys, benefits realisation and a focus on stakeholder led patient experience.

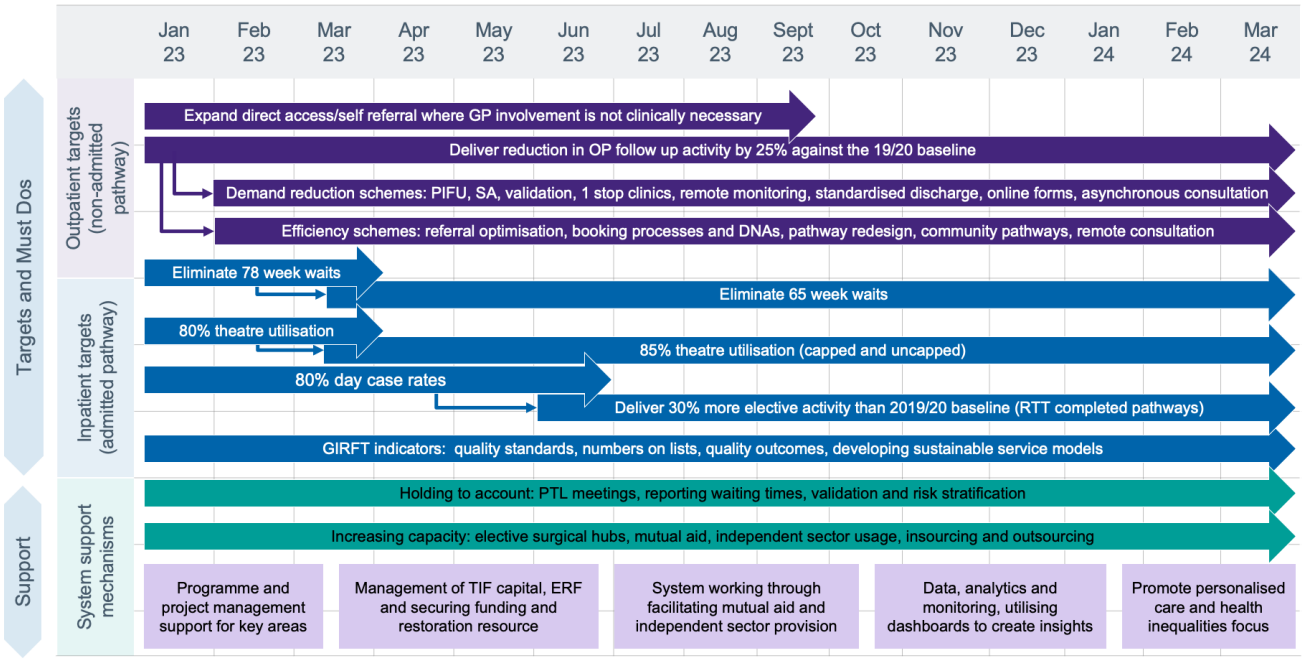
System Resources Delivery

- Establishing elective hubs as shared resources for system use
- Mutual aid facilitation for challenged specialties
- System approach to separating elective and emergency care to ring fence elective surgery
- Moving towards a system-level PTL where appropriate to support equity of care
- Maximising independent sector opportunities

Reducing variation

- Targeting top decile performance for all trusts across clinical and administrative indicators
- Workforce transformation for elective care
- Implementing GIRFT and best practice pathways
- Sharing and promoting best practice across Cheshire and Merseyside and tailoring for individual Trusts efficiency

Our roadmap 2023/24



Our expected outcomes

Elective recovery outcomes summary

- **Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialities)**
- **Deliver the system-specific activity target (agreed through the operational planning process) of 105% - March 2024.**
- **Targeting a 30% reduction in the number of onward referrals, to levels that could otherwise have been expected, by avoided referrals achieved through specialist advice based on data from the new system Elective Recovery Outpatient Collection (EROC).**
- **Reduce outpatient follow up activity by 25% against 2019/20 baseline by March 2024.**
- **Increase in day case activity, targeting 85%, in line with Cheshire and Merseyside Plan**
- **Deliver planned, system average Theatre utilisation of at least 80%**

4.12 Neurosciences

We recognise that we have variation in access and outcomes for neuroscience services and as such have identified a range of priorities.

Our priorities in Cheshire and Merseyside

- To improve the outcomes for the population of Cheshire and Merseyside with neurological conditions. It will achieve this through improving equity of access, at scale best practice pathways via clinically led work streams that will enhance quality, reduce variation and drive efficiencies in support of the ICS strategy and NHS Long Term plan.
- Establish a strategic vision for networked neuroscience care across the ICS footprint and develop a collaborative strategic plan to implement this vision.
- Ensure effective collaboration mechanisms are in place across Cheshire and Merseyside to oversee the delivery of the networked neuroscience services along the whole of the pathway.
- Support the Cheshire and Merseyside Places by using population demographics, demand forecasts, benchmarks and capacity analysis to assess the current performance for the system identifying key issues for the local population.
- Act as a specialist subject matter expert reference group for the stakeholder organisations, advising on the role and strategic direction of the neuroscience network programme within the ICS.
- Consider and review metrics, support the development of appropriate performance measures such as key performance indicators and associated analysis, reporting and escalation frameworks.
- To identify opportunities and make recommendations to the Cheshire and Merseyside ICB and the nine Places to meet the strategic objectives of the ICS.
- Monitor and oversee the working of the groups to account for the delivery and outcomes of projects associated to the overall neuroscience network programme.
- Create an environment where all organisations within the Cheshire and Merseyside footprint for neuroscience workstreams can facilitate delivery of the objectives

Our plans

Key activities include:

- Increase access to acute neurological care for patients to be assessed in a timely manner by an appropriate expert, to guide appropriate investigations. This will be through access to ambulatory care clinics in provider organisations and expanding the Rapid Access Neurological Assessment (RANA) service. There is work with local Trusts to increase the awareness of RANA and increase numbers of patients referred with the aim of reducing inappropriate admissions, unnecessary investigations and average length of stay for patients with acute neurological presentations.
- Best practice pathways have been developed, including a brain tumour pathway in collaboration with St Helens and Knowsley. This is to be rolled out to other providers in Cheshire and Merseyside. Other collaborative pathways to optimise patient care and reduce unwarranted variation include for Parkinson's disease, Multiple Sclerosis, and Idiopathic Intracranial Hypertension. These are reviewed in the context of progress against GIRFT reports in neurology and cranial neurosurgery.
- Long term neurological conditions: A range of programmes to support patients with long term conditions are reviewed in collaboration with the Third Sector, including access to exercise and well-being programmes and engagement with Everton in the Community.
- Thrombectomy is a very effective treatment for acute stroke not responsive to standard thrombolysis. Progress with the Cheshire and Merseyside pathway for thrombectomy is reviewed including the aim to increase numbers of patients treated year on year and to maximise efficiency in the pathway.
- Spinal and Pain service: Progress against the spinal GIRFT report is reviewed, including impact on service configuration. There is a link with regional pain services with a programme to work collaboratively to review current provision of pain services in Cheshire and Merseyside and design a model which will provide more equitable access.
- The Walton Centre continues to host the Cheshire and Merseyside Rehabilitation Network and support with system working for patients who require complex rehabilitation. Further work is currently being undertaken to look at the future commissioning arrangement and the model of care for this patient group and for patients with Prolonged Disorders of Consciousness (PDOC).

Our expected outcomes

Neurosciences outcomes summary	
Access to acute neurological care	Increase access to acute neurological care for patients to be assessed in a timely manner by an appropriate expert, to guide appropriate investigations.
Best Practice Pathways	Roll out best practice pathways to other providers in Cheshire and Merseyside.
Stroke	Increase numbers of patients receiving thrombectomy treatment year on year and to maximise deficiency in the pathway.

4.13 Respiratory

Making improvements in rates of respiratory disease, and the associated outcomes for our population, has been identified as a key priority (see section 3 of our Plan).
In addition to the opportunities to improve outcomes by early prevention and positively influencing on the wider determinants of health we also have a range of priorities in relation to diagnosis, prevention and treatment.

Our priorities in Cheshire and Merseyside

The overarching aims of the Cheshire and Merseyside respiratory programme are:

- Improve the early and accurate diagnosis of respiratory conditions in Cheshire and Merseyside.
- Provide evidence based, cost effective treatment (pharmacological and non-pharmacological) for people diagnosed and living with chronic respiratory disease alongside patient, family and carer education about how to effectively self-manage their health.
- Ensure that services are designed to meet the need of the most vulnerable in our population, are easy to access and high quality. Proactively identify patients at risk of deterioration to enable early intervention. Align every activity and output with tackling health inequality.
- Transform the way that we deliver care to move to an integrated approach, tiered according to need. Increase the knowledge and skills of healthcare professionals working across the system, enabling them to practice at their highest level by developing their skills and knowledge. Promote the use of technology where appropriate to improve efficiency.
- Work to prevent development of lung disease through partnership with smoking cessation and local efforts to target air pollution and encourage activity and exercise.
- These outcomes will be achieved through a series of interacting specific programmes to enable measurable delivery. We have used local and national data to identify quality improvement objectives and identified key priorities after input from clinicians, commissioners, and patients, via the respiratory network and ICS.
- Spirometry services are being developed in partnership with the Diagnostics Board and Community Diagnostic Centres to support delivery. Efficiencies will be gained by ensuring that quality assured results are visible to all clinicians that require them, reducing duplication by June 2023.

Our plans

Diagnostic and Treatment Pathways

- Develop and embed four diagnostic and treatment pathways Chronic Obstructive Pulmonary Disease (COPD), Asthma and Obstructive Sleep Apnoea) – Aug 2023
- Providing a rapid initial diagnostic bundle of tests to diagnose respiratory problems, close to home, using Community Diagnostic Centres (CDCs) – June 2024
- Improve the knowledge and skills of the workforce based in Primary care networks to improve the accuracy of diagnosis and quality of treatment – April 2025
- Reduce the size of the undiagnosed population of patients with COPD, specifically in areas of social deprivation by using a proactive approach – Dec 2023
- Improve the effective management of respiratory long-term conditions, improving health related quality of life and reducing secondary care emergency admissions – Dec 2024
- Reduce referral to treatment time for patents with Respiratory conditions – April 2026
- Reduce secondary care outpatient use by supporting integrated service design – April 2027
- Improved uptake of secondary prevention measures in patients with COPD, particularly in the uptake of vaccinations and in recording smoking cessation and referral for smoking cessation services (Core20PLUS5) – April 2025

Spirometry Restart

- A community respiratory diagnostics ‘ideal pathway’ containing 27 standards for delivery – April 2023
- An increased number of clinicians trained to Association for Respiratory Technology and Physiology (ARTP) Standards for delivery and interpretation of spirometry – April 2025
- Consistent provision of services across the ICB including brand new services in Warrington and Halton, East Cheshire, Southport and Formby and Wirral – April 2024
- Ensuring every area has adequate capacity for spirometry (based on Right care data) and introduce Fractional Exhaled Nitric Oxide (FeNO) testing alongside spirometry in all areas – April 2024

Pulmonary Rehab

- Delivery of a new model that will improve outcomes, introduce workforce planning and clarify service delivery – April 2023
- Development of a bespoke Respiratory Dashboard to provide accurate data collection enabling teams to take part in the National Asthma and COPD Audit Programme (NACAP) – June 2023
- All services to develop and embed Health Inequality plans – June 2023

Greener inhalers

- A programme for targeted interventions in areas with high inhaler prescribing for patients who present with an inhaler prescription working with community pharmacies to conduct Inhaler technique checks – July 2024
- Implementation of an online training package – Jan 2024
- Development of Primary Care Quality Improvement Network for sharing best practice – Aug 2023
- Develop patient communication campaign to increase inhaler safe disposal in community pharmacies – Jan 2024

Early detection and proactive management

- Focused service delivery to meet the needs of specific patient groups including people with learning difficulties, severe mental illness, drug users, minority communities and those with protected characteristics using heat mapping – Jan 2025.
- Smoking cessation – widening of delivery of smoking cessation services by NHS trusts to outpatients, staff members and visitors. Collaborate with addiction services to provide high quality smoking cessation services for those with addiction – Feb 2027.
- Proactive identification of patients with undiagnosed COPD focused upon the places with highest ‘missing’ population of patients with COPD. Respiratory diagnostic services to be developed in a primary care setting in partnership with CDCs to ensure a high quality of diagnosis and treatment – Dec 2024.

Ensure that all areas have high quality, easily accessible admission avoidance and early supported discharge services

- Work in partnership with the Virtual Ward programme to build community Respiratory Rapid Response teams that are flexible dependent upon seasonal demands

Our expected outcomes

Respiratory outcomes summary	
Diagnostic and Treatment Pathways	• Reduce the size of the undiagnosed population of patients with COPD, specifically in areas of social deprivation by using a proactive approach – Dec 2023 • Improve the effective management of respiratory long-term conditions, improving health related quality of life and reducing secondary care emergency admissions – Dec 2024 • Reduce referral to treatment time for patents with Respiratory conditions – April 2026 • Reduce secondary care outpatient use by supporting integrated service design – April 2027 • Improved uptake of secondary prevention measures in patients with COPD, particularly in the uptake of vaccinations and in recording smoking cessation and referral for smoking cessation services (Core20PLUS5) – April 2025
Spirometry Restart	• An increased number of clinicians trained to ARTP Standards for delivery and interpretation of spirometry – April 2025
Pulmonary Rehab	• An increase in appropriate referrals – June 2024 • A reduction in referral to assessment waiting times for patients – June 2023 • An increased number of completion rates for Pulmonary Rehab – June 2024 • All Pulmonary rehabilitation teams to have achieved RCP accreditation – Jan 2026
Greener inhalers	• Improve the long-term management of patients with COPD and Asthma (via the Pathways work) which will reduce reliance upon high use of short acting bronchodilators – Dec 2024
Early detection and proactive management	• Improve patient and family/carer education and supported self-management for people living with long term Respiratory conditions – Dec 2024.

4.14 Stroke

The priorities of the Cheshire and Mersey Integrated Stroke Delivery Network (ISDN) are aligned to the Long-Term Plan, National Stroke Service Model and Getting it Right First Time GIRFT.

Stroke is the fourth single leading cause of death in the UK and the single largest cause of complex disability. Approximately 100,000 people in England have a stroke every year, and 50% of stroke survivors will be left with disability (physical, communication, cognitive, psychological, visual, fatigue). The stroke prevalence rate (people living with stroke) is higher than the national average in Cheshire and Mersey at 2.1% vs 1.8%.

It is imperative that as a wider stroke community we come together to improve the quality of stroke services in Cheshire and Mersey for our patients and our colleagues.

Our priorities in Cheshire and Merseyside

The key priorities for Cheshire and Mersey ISDN are:

- Improving recanalisation therapy (thrombolysis and thrombectomy) rate and performing these procedures in a timely manner. This will in turn mean better outcomes for stroke patients; however, success of both these procedures are time-dependent and needs timely response from the ambulance service both for primary transfer to the Acute Stroke Centre from the community and secondary transfer to the Thrombectomy centre. We would develop and implement strategies to meet the national ambulance response time on every occasion by working in partnership with the North West Ambulance service and developing a regional video-triage service,
- Transform post discharge rehabilitation and provide integrated, equitable, cost effective, evidence based and need based stroke specific community rehabilitation i.e. Integrated Community Stroke Service (ICSS).
- Link with the Cardiovascular and Respiratory (CVDR) networks to work collaboratively on both primary and secondary prevention and to develop common aetiological workup strategy for ischaemic and haemorrhagic stroke across the region.
- Work towards reducing health inequalities across the Stroke entire pathway from prevention to life after Stroke.
- Supporting transformation of Stroke Services in Cheshire and Mersey where identified.

The key priorities for Stroke in Cheshire and Mersey will be realised through collaboration with key stakeholders within the wider “system” such as other networks, multi-disciplinary clinical colleagues, management, executives, “Place” representatives, patient and public voice colleagues etc.

The Cheshire and Mersey ISDN as with all ISDNs Nationally, is funded through non-sustainable funds provided by the National Stroke Team. Whilst the Cheshire and Mersey ISDN is funded using fund external to the ICB, it is a priority to forge stronger links with the ICB to enable further improvement of the quality of stroke services in Cheshire and Mersey.

The Cheshire and Mersey ISDN have identified that as the landscape of healthcare is changing, we must look to novel digital and technology solutions to enhance Stroke Services, particularly in the community. The Cheshire and Mersey ISDN have a number of projects that use technology to supplement existing resources.

Performance of stroke services in Cheshire and Mersey will be monitored against the ten key performance indicators (KPIs) set by the National Team using Sentinel Stroke National Audit Programme (SSNAP) metrics and any areas identified as requiring improvement will be targeted.

4.14.1 Governance restructure

- It is understood that the Cheshire and Merseyside ISDN together with stakeholders will be able to better address the issues and barriers in the stroke pathway across Cheshire and Mersey in a more succinct way if we work within more local boundaries to discuss and develop a programme of work based on the pertinent issues.
- During the last quarter of 2022/23 the Cheshire and Merseyside ISDN have begun organising the first subregional Boards in North Mersey, Mid Mersey and South Mersey. It is expected that these Boards will feed into the overarching Cheshire and Merseyside Stroke Board.
- In 2023/24 this new way of working will be embedded and become business as usual.

4.14.2 Data and Sentinel Stroke National Audit Programme (SSNAP)

- Nationally, all stroke teams must submit patient level data to the Sentinel Stroke National Audit Programme (SSNAP) which was introduced in 2012. Cheshire and Mersey Stroke Services have continually used SSNAP data to inform areas of improvement since its inception.
- Whilst SSNAP scores during the COVID pandemic may have dipped, all routinely admitting Stroke teams in Cheshire and Mersey are currently performing at level “A” or “B” which is considered high achieving.
- The Cheshire and Merseyside ISDN realise that although we as a region are scoring highly overall in SSNAP, there is still work to be done around timely admissions to stroke unit. This is where the largest gap in performance is in Cheshire and Merseyside acute Stroke services.
- SSNAP and performance will be monitored through the regular Clinical Lead’s Meetings and action plans will be requested and worked upon.

4.14.3 Pathway alignment

- Whilst all pathways into routinely admitting stroke services in Cheshire and Merseyside are in line with the National Stroke Service Model, one of our none routinely admitting teams have a pathway that is unique.
- During 2023/24 The Cheshire and Merseyside ISDN look to scope out this particular pathway and endeavour to support colleagues in aligning to the National Stroke Service Model.

4.14.4 National Optimal Stroke Imaging Pathway (NOSIP)

- In 2023/ 24 collaboration with the Radiology Network in Cheshire and Merseyside to implement NOSIP.
- There is one remaining site to fully implement Computed Tomographic Perfusion (CTP) in Cheshire and Merseyside.
- By 2024 the Cheshire and Merseyside ISDN will work with radiology colleagues and clinical leads to ascertain the number of Magnetic Resonance Imaging (MRI) slots available to stroke patients in line with NOSIP guidelines with the ultimate goal of securing MRI slots specifically for suspected stroke patients within one hour of arrival at hospital.
- In 2023/34 Re-procurement of Artificial Intelligence (Brainomix) for diagnostic imaging to support decision making and ultimately increase access to thrombectomy services. The procurement of Brainomix is done so using funds allocated to Cheshire and Merseyside ISDN by the National Team and is hosted by The Walton Centre.

4.14.5 Hyperacute Stroke Services and Thrombectomy

- In Cheshire and Merseyside stroke patients who are eligible for thrombectomy must be referred and ultimately transferred via North West Ambulance Service to The Walton Centre for the specialist, life-saving procedure.
- One of the priorities for the National Stroke Service Model is for stroke patients to have access to thrombectomy twenty-four hours per day, seven days per week. We are proud that within Cheshire and Merseyside we realised this milestone through clinically driven, collaborative working in October 2021.
- Cheshire and Merseyside are a seen as a trailblazing region as one of only two services at the time of 24/7 implementation.
- The Cheshire and Merseyside ISDN has developed, implemented, and handed over responsibility for a multi-disciplinary meeting where thrombectomy cases are reviewed and discussed. Any themes that are picked up during these meetings are recorded. This important meeting will continue in 2023/24
- The Cheshire and Merseyside Thrombectomy Oversight Group is developing an enhanced data collection document which will ultimately feed into a data dashboard to identify areas of both excellence and for the purposes of quality improvement. 2023/24
- Using funding from the digital workstream, the Cheshire and Merseyside ISDN has successfully procured and implemented telemedicine across the region. This means that all hyperacute stroke services have access to a consultant via telemedicine twenty-four hours per day, seven days per week. This can support quicker decision making around stroke diagnoses and eligibility for thrombectomy. The use of telemedicine will continue in 2023/24
- With the above measures in place Cheshire and Merseyside have seen a marked increase in the number of patients receiving thrombectomy this is in line with the National Team's expectations.

4.14.6 ICSS Task and Finish Groups

- In Cheshire and Merseyside, scoping work was completed across 2020-2022 and shows that there are multiple examples of variation across community stroke rehabilitation services which only serve to exacerbate health inequalities.
- An extensive Case for Change has been produced to highlight the effects on the services including longer wait times, reduced frequency of therapies offered to patients and staff retention. This will be used as a basis for quality improvement work going forward.
- Working in partnership with three sub regional multi-disciplinary task and finish groups (North Mersey, Mid Mersey and South Mersey) groups to explore and discuss solutions to comply with the National Stroke Service Model. Discussions will include current commissioning and recommissioning, ways in which to integrate teams and standardising acceptance criteria. This work will be one of the main focus areas for 2023/ 24.

4.14.7 Digital solutions

- Collaborating with Mersey Care to develop a business case for the introduction of Telehealth into the stroke pathway to introduce remote monitoring, better adjustment to life after stroke and to reduce stroke readmissions, and length of stay in hospital during 2023/24. This will include:
- Completion of an ISDN/Telehealth working group to identify areas in the stroke pathway where Telehealth could benefit patients, reduce length of stay and prevent readmission.
- To provide data and assist Telehealth in the completion of a business case for a Telehealth stroke pilot in Cheshire and Merseyside for 2023/24.

4.14.8 Training and education

- The Clinical Reference Group is a network of stroke specialist peers and will continue to share best practice, support each other in identifying risks and implement new ways of working.
- Utilising our Clinical Reference Group, members have agreed to deliver further educational videos across various disciplines including psychology, physiotherapy, occupational therapy, speech and language therapy, dietetics, and stroke specialist nursing. These recorded sessions will be for Health Care Assistants (HCAs) and new starters and shared across the Cheshire and Merseyside Stroke YouTube Channel and added to the directory for all stroke specialists in the region to access.
- Cheshire and Merseyside ISDN together with Chester University have developed an online training portal for all stroke team members to access Computed Tomography Angiography (CTA) and Computed Tomographic Perfusion (CTP) training. This course has been shared widely across the county with other ISDNs. This offer will continue in 2023/24

- Cheshire and Merseyside ISDN have developed and will be implementing in 2023/ 24 a virtual reality- based stroke training module for non- stroke doctors. This training module is called ID- stroke. The module is accessed using virtual reality headsets and will be rolled out across Cheshire and Merseyside and will be available outside of the region.

4.14.9 ISDN Patient and Carer Group

- The ISDN, in collaboration with the Stroke Association and the North West Coast Clinical Research Network (NWCCRN), recruited a number of patients and carer representatives who have experience of living with or caring for someone affected by stroke to form a stroke patient and carer group in late 2021.
- Patient/ carer experience interviews are being conducted over coming months to ascertain group member interests/ experiences and how they can be aligned with existing ISDN work programmes and priorities. 2023/24
- Recent feedback from members has been obtained regarding what has been working well/ could have been improved/ best methods of communication/ how to be supported to stay engaged.
- The wider Strategic Clinical Network (SCN) have established G.R.I.P.P (Group to Recruit the Involvement of Patients and Public), a central forum which pulls members of organisations linked with each of the teams together who have an existing patient/ carer group. The existing ISDN patient and carer group will link into this should other Networks require the input of a Stroke survivor or their carer.

4.14.10 North Mersey Stroke Service Transformation

- The transformation of Stroke Services in North Mersey where suspected stroke patients who would usually be conveyed by North West Ambulance Service to Southport and Royal Liverpool hospitals are now being conveyed to Aintree Stroke Service started in Sumer 2022. The estates element of the transformation will be completed in Summer 2023. This will increase the bed base for stroke patients in North Mersey and provide patients with the correct facilities to enable appropriate rehabilitation to be offered and provided.

4.14.11 Stroke Community rehabilitation SquIRe role (ICSS model objectives)

- Integrated community stroke services model implementation (ICSS) – to work with stakeholders to agree local plans to deliver the model with a Stroke Quality Improvement for Rehabilitation (SquIRe) focus on the workforce. (Within the existing financial envelope this will be focused on elements of the pathway and service redesign) 2023/24
- Technology –to deliver increased intensity and frequency of rehabilitation by maximising the use of technology in the rehabilitation of stroke survivors in a community setting by a) evaluating the barriers and facilitators b) getting teams ‘tech ready’ to use tech in rehab by addressing barriers. 2023/24

- Vocational rehabilitation – to develop a model of service delivery for people following a stroke to support their return to paid or unpaid work. To upskill the workforce delivering vocational rehabilitation. 2023/24
- **6 Catalyst funded projects January 23 to March 24** (sustainability plans need to be agreed for 2024 – 2028 for these projects)
- Psychological support – a) delivery of an upskilling of existing staff and b) a pilot of a regional psychology service for stroke survivors.
- Psychological support – delivery of a motivational interviewing service for people post stroke in two areas in Cheshire and Merseyside in conjunction with the Stroke Association.
- Technology in rehab pilots – implementation and evaluation of technology in a community stroke service.
- Splinting service – implementation and evaluation of a specialist splinting service in Warrington and Halton.
- Functional Electrical Stimulation (FES) for upper and lower limb rehabilitation– implementing and evaluating a FES service in Warrington and Halton
- Speech and Language Therapy React2 project – using software to deliver S&LT to patients following stroke and evaluation of the project.

Stroke outcomes summary	
National Optimal Stroke Imaging Pathway (NOSIP)	• By 2024 full implementation of CTA and CTP at all appropriate Hyper Acute Stroke Services (HASUs). • By 2024 ascertain the number of MRI sots available to stroke patients in line with NOSIP guidelines with the ultimate goal of securing MRI slots specifically for suspected stroke patients within one hour of arrival at hospital.
North Mersey Stroke Service Transformation	• Summer 2023 – increase the bed base for stroke patients in North Mersey and provide patients with the correct facilities to enable appropriate rehabilitation to be offered and provided by completing the estates transformation work.
SSNAP Data	• By 2024, all routinely admitting stroke services to achieve SSNAP score of “B” or above.
Hyperacute Stroke Services and Thrombectomy	• Increase the percentage of stroke patients receiving thrombectomy to 4.5% by March 2024. • Increase access to Ambulance Video Triage.
Integrated Community Stroke Services	• Increase in % of services that are stroke/neuro specialist combined Early supported Discharge/ Cognitive Rehabilitation Therapy ESD-CRT services through national SSNAP dashboard. • Upskill rehabilitation workforce and increase bank of stroke specific training videos accessible to all rehabilitation colleagues.

Stroke outcomes summary	
	• Increase access to telehealth and digital solutions to support existing workforce.
SQuIRe (Stroke Quality Improvement in Rehabilitation)	• Deliver all 6 catalyst funded projects by March 2024.
Prevention	• Reduce the inequalities in secondary prevention of stroke through joint working with the CVD Prevention Programme.

4.15 Urgent and Emergency Care

The Department of Health and Social Care and NHS England published a 'Delivery plan for recovering urgent and emergency care services in January 2023. The Cheshire and Merseyside Joint Forward Plan seeks to respond to the challenge set out in this document and setting out the high-level approach to delivering the changes required over the coming 5-year period.

The Cheshire and Merseyside healthcare system is experiencing significant pressures on Urgent and Emergency Care (UEC). Winter pressures coupled with the pandemic continue to have an impact, both in terms of the actual numbers of patients with COVID on any given day, and also the length of time that people are in hospital and the closure of beds for infection control purposes.

Length of Stay (LoS) has increased nationally, with average LoS in general acute hospitals increasing by 18% from April 2021 to October 2022. Currently in Cheshire and Merseyside 28% of beds are occupied by patients who have spent over 3 weeks in hospital. This is driven in particular by two key factors, namely increasing complexity of care with patients having more comorbidities, in part linked to COVID, and delayed discharge. The number of people who do not clinically need to be in hospital has risen significantly, accounting of 13% of occupied beds in England, but in excess of 20% of beds in Cheshire and Merseyside.

Accident and Emergency (A&E) attendances are in fact lower than pre pandemic, with Type 1 and 2 (the most urgent) attendances at approximately the same level as pre-pandemic, but all Types (including Types 3 and 4) down on pre pandemic levels. However, whilst absolute numbers of A&E attendances are not up, and there are more beds open than before the pandemic, occupancy remains very high, typically in a range from 95-100%, resulting in reduced 'patient flow' and associated delays for patients in A&E and out in the community.

National data from NHS Digital in 2021/22 shows that patients who live in the 10% most deprived areas were twice as likely to attend A&E departments in England when compared to people in the least deprived areas. Given the levels of deprivation in Cheshire and Merseyside, the challenges outlined above are projected to have a disproportionate impact

on those who already experience health inequalities. In addition, we have a growing ageing population many of whom are living with two or more long term conditions.

On UEC, Cheshire and Merseyside are planning for achievement of the 76% A&E waiting time ambition.

Acute Trust focus on four hours – the refocusing on the four-hour standard has been widely well received by clinicians and providers and is increasingly an element of day-to-day operational management to complement focus on reducing 12 hour stays in department.

As described above, Cheshire and Merseyside is planning for achievement of the 76% A&E waiting time ambition in 2023-24. Based on historic performance, we believe that it is possible for this to be achieved, even at bed occupancy levels of circa 95%.

Our Priorities for Cheshire and Merseyside

In line with the national delivery plan NHS Cheshire and Merseyside's programme of work for Urgent and Emergency Care (UEC) is committed to:

- Increasing capacity
- Growing the workforce
- Improving discharge
- Expanding care outside hospital
- Making it easier to access the right care

As set out above in the overall approach to recovery planning, demand, capacity and flow are recognised as critical for the delivery of UEC recovery ambitions and for the wider delivery of acute services, particularly elective and cancer care.

4.15.1 Increasing Capacity

In terms of physical capacity, there are two main aims. Firstly, maintaining the increase in bed capacity that was funded on a non-recurrent basis in 2022/23. In Cheshire and Merseyside this capacity equated to 206 General and Acute (G&A) beds. Secondly by reducing bed occupancy levels, this will free up capacity. Cheshire and Merseyside have set an ambition, in line with the national ambition, to reduce bed occupancy back towards the 92% level which is recognised as safe and more efficient in terms of enabling improved patient flow.

It is also recognised that whilst it may be possible to achieve improved 4 hour waits at higher than 92% bed occupancy, there are potential impacts in terms of wider delivery e.g., of elective and cancer treatment, wider quality, patient experience, staff experience/resilience that indicate further planning is required to reduce occupancy further to enable that broad-based delivery.

This was a key focus of work between draft submission and the final plans, in particular in terms of additional UEC investments.

Place Directors for all 9 places comprising Cheshire and Merseyside ICB were tasked with reviewing all system initiatives across the key areas of admission avoidance, facilitated discharge and additional bed capacity, to quantify the anticipated impact of all initiatives on bed occupancy, No Criteria to Reside (NCTR), Long Length of Stay (LoS) and Non Elective activity more widely, with a view to being able to describe system levels plans to reduce bed occupancy towards the 92% ambition and to check that these were consistent with achievement of the 76% ambition on A&E performance. The revised plans indicate that, subject to funding the initiatives described in the additional capacity investment template, occupancy levels of 94.3 % would be achieved. This reflects the fact that a significant proportion of trusts are running at over 100% occupancy, i.e., patients are bedded in areas which do not show up in the UEC situation report and which therefore understates occupancy. Plans need to tackle this 'hidden' occupancy before reduction towards 92% can be achieved, meaning that it will not be possible for an average of 92% across the year to be achieved.

Trusts have been asked to aim for NCTR levels of no higher than 12%, this will be picked up in check and challenge stage, as not all providers have aligned with this. Whilst this represents a significant improvement on both current levels and the first draft of the plans, which indicated a level in excess of 20%, the ICB is of the view that a significant improvement opportunity exists in this area, and that the other NW ICBs have planned on the basis of achieving in a range from approximately 12-14%. It is expected that through successful implementation of the additional funding schemes, length of stay and NCTR will both be impacted positively.

4.15.2 Growing the Workforce

In 2023/24 current vacancy rates and financial pressures are such that significant growth in workforce is not feasible. Nationally the vacancy rate stands at 11.8% (for Cheshire and Merseyside figures see section 5 of the Joint Forward Plan). Staff in UEC roles have faced increasing pressures and this is borne out in staff absence and leaver rates. In the short term, Cheshire and Merseyside workforce plans for UEC focus on supporting teams to manage staff sickness and turnover levels in line with workforce plans and to use a flexible mix of substantive, bank and agency posts to deliver safe and effective care.

4.15.3 Improving Discharge

There are three main elements to improving discharge: Improving joint discharge processes, scaling up intermediate care, scaling up social care services. Utilising a Place based approach and making use of Better Care Fund, Adult Social Care Market Sustainability and Improvement Fund and Social Care Grant, and any ad hoc investment opportunities. The key metrics for 2023/24 will be a reduction in Length of stay and also a reduction the proportion of patients occupying hospital beds who no longer meet the criteria to reside in hospital from its current level of 22% to 12%.

4.15.4 Expanding care outside hospital

There are a number of developments that support expanding care outside hospital these include:

- Continued development of Urgent Community Response: The UCR service in Cheshire and Merseyside has seen a month on month increase since April 2022 and this is expected to continue into 2023/24. It is expected that UCR services across Cheshire and Merseyside will reach 3,820 patients per quarter by Q4 of 2023/24, compared to 3,395 in Q2 of 2022/23 (baseline). In addition, it is expected that at least 70% of referrals will be met within 2 hours.
- Further development of the Falls and frailty service: C&M have now established falls lifting pick up services at least 08:00 to 20.00 7 days a week to support people with level 1 non injury falls as per the Ambulance of Association Chief Executives (AACE) Falls Response Governance Framework as a starting position to align national and local work on falls. 3 out of 9 areas have established falls pick up 24/7. A key focus for 2023/24 will be ensuring that all 9 Places have a consistent offering and that appropriate referrals are increased. A Fracture liaison service is being considered that will systemically identify, investigate, initiate treatment and integrate care for patients who have suffered a fragility fracture to prevent secondary or subsequent factures.
- Continued support for the Enhanced Health Care in Care Homes (EHCH): Proactive approach to care homes to avoid unnecessary conveyances to hospital.
- Increase the delivery of Virtual Wards (VW): Over the course of 2023/24 it is planned that the virtual ward bed capacity will be increased on a phased basis from 525 to 899, and that utilisation of this capacity will increase from 65% to 80%. Currently the focus of Cheshire and Merseyside virtual wards is on respiratory, frailty, heart failure and cancer. As the service matures beyond the 2023/24 planning cycle it is expected that virtual wards will be used increasingly for admission avoidance as well as early supported discharge, and that the model will extend from a predominantly non-elective model to increasingly playing a part in the elective care pathway. As part of this there will be continued work to increase referrals into virtual wards.
- In relation to VW capacity will be scaled for all key pathways throughout 2023/24 based on robust mobilisation plans which are scrutinised monthly through the governance arrangements in place namely Operational Group and Programme Board. Mobilisation plans cover the breadth of the programme from clinical leads and medical director oversight, referral pathways, communications, digital elements including remote monitoring, scope of service provision, finances, workforce plans and data reporting. All services and pathway launches proceed through a ‘gateway review’ before approval to go live. This means the ‘scaling up’ of VW capacity is managed closely to ensure realistic chances of success of utilisation.

- The implementation of Digital solutions supports an increase in the numbers of patients who can be supported simultaneously in virtual wards. The ability to remotely monitor patients aligns with the Cheshire and Mersey Digital Strategy and there is already a single integrated Remote Care platform in place across the ICS. The use of monitoring data expands beyond individual patients too; digital solutions are not treated in isolation from the health and care data that is held inside of those systems. This data is used to directly influence care delivery for a person, but also to support reporting on service performance and future service planning and to understand the health and care requirements of the population ('population health'). When this data is used to create health and care intelligence it becomes powerful and can be used to drive action and improvements.

4.15.5 Making it easier to access the right care

National development of 111 offer and integration with NHS App.

4.15.6 Governance

To support the work programme outlined above NHS Cheshire and Merseyside will review its Governance and Oversight of Urgent and Emergency Care this is detailed below:

- The Cheshire and Merseyside UEC network in its previous form has been disestablished from the end of March 2023 after widespread clinical and operational consultation through Accident and Emergency Delivery Boards (AEDBs), Place and with Provider Chief Executive Officers (CEOs).
- From April 2023 the ICB will be establishing a UEC oversight and transformation group chaired by ICB executives. This will take on oversight and delivery alongside the medium to long term transformation strategy to inform the commissioning of urgent care core models and localised adaptations.
- It will synchronise existing regional and national transformation programmes for example the ambulance handover programme, and will have representation from Providers, Place, and Clinical Networks.
- It will report in through board committee to the Board of the ICB. Review and revision of AEDB structures has been undertaken across Place and with providers to reshape format, functions and geography of existing AEDBs.
- The UEC recovery plan at Cheshire and Merseyside level would be part of the functioning of this new group and the implementation would be disseminated through the new structure of AEDBs and collaboratives.

Our expected outcomes

Urgent and emergency care outcomes summary	
UEC recovery plan	• Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/2025 (All types) Target >76% Plan 77% • Reduce adult general and acute bed occupancy to 94.3%. • No Criteria to Reside NCTR We intend making a significant improvement in relation to current performance of circa 22% -with a 23/24 target range across our nine Places of 12%-14% with a 2028 ambition to reduce to below 10% • 21 Day Hospital Length of Stay is currently 28% - we aim to bring this in line with our best performing trust who are currently at 17% • Urgent Community Response service will deliver a 70% response within 2 hours • Virtual Wards: We plan to open 900 beds (at start of 2023-24 - c525 beds) • 70% of these beds will open by start of September 2023 with occupancy of 65% • 80% occupancy by the end of September, • 80 % of these beds will open with 80% occupancy by end of November • 100% of planned beds will be open with 80% occupancy by end of March 2024 • Ambulance response improvement trajectory with the intention to deliver an NWAS ambulance response of 33 minutes for category 2 responses in 2023-24 (Note National target is 30 minutes)

4.16 Mental Health

Mental health encompasses emotional, psychological, and social well-being, influencing cognition, perception, and behaviour. It likewise determines how an individual handles stress, interpersonal relationships, and decision-making therefore it is a cross cutting theme.

Our priorities in Cheshire and Merseyside

Cheshire and Merseyside Health and Care Partnership has prioritised improving access and outcomes in relation to mental health and wellbeing and to developing a comprehensive programme of work aimed at all ages.

Our plans

NHS Cheshire and Merseyside will continue to invest in mental health services at a faster rate than their overall increase in NHS funding allocation. We will also continue to ensure patients' legal rights to choice in mental health are respected as part of the drive to achieve parity with physical health.

A new community-based offer will include access to psychological therapies, improved physical health care, employment support, personalised and trauma informed care, medicines management and support for self-harm and coexisting substance use. By the end of March 2024, Cheshire and Merseyside will aim for 100% Primary Care Network (PCNs) coverage of transformed models and all PCNs to have mental health Practitioners embedded via the Additional Roles Reimbursement Scheme (ARRs).

More comprehensive crisis pathways will be developed in every area that are able to meet the continuum of needs and preferences for accessing crisis care, whether it be in communities, people's homes, emergency departments, inpatient services or transport by ambulance. By March 2028, we will aim to ensure age-appropriate crisis alternatives are available in all 9 places providing an alternative to A&E or inpatient psychiatric admission.

Access to mental health services for children and young people will be closer to home, with fewer delays, and specialist mental health care will be delivered which is based on a clearer understanding of young people's needs and provided in ways that work better for them.

We will:

- Continue to work closely with patients, carers, health system leaders and other key stakeholders to address health inequalities ensuring that data is collected and used to inform intelligent insights and decision-making.
- Continue to roll out agreed mental health crisis model 'First Response Service' which will support admission avoidance. Workforce recruitment will be undertaken on a rolling basis to deliver comprehensive provision by March 2025.
- Mobilise 3 mental health response vehicles in October 2023, subject to national procurement timescales
- Develop a mental health Urgent Response Centre on the Countess of Chester Health Park. The construction phase is due to commence in March 2023 with an operational start planned for March 2024
- Establish places of safety outside of emergency departments in all of Cheshire and Merseyside's nine Places by March 2028
- Improve the number of people with serious mental illness receiving an annual health check (as outlined in section 2 – Population Health)
- Expand the geographical footprint of new integrated models of primary and community mental health, including embedding mental health practitioners in PCNs, to increase access to community Mental Health services
- Work with Local Authorities and housing providers to stimulate the market and increase availability of residential home, nursing home and suitable housing to support discharge from mental health settings once clinically ready
- Develop an 8-bed inpatient perinatal Mother and Baby Unit in Chester to create a seamless specialist service to women, babies and their families as well as being a source of expert advice to professional staff that support new mothers and families, such as Health Visitors and Midwives. The agreed delivery timescale is quarter 2 of 2024/25

- Commence a local ‘NHS Talking Therapies’ communications and marketing campaign in April 2023, building on the national rebranding exercise, to increase referrals of people who are likely to benefit
- Ensure that the development of mental health services for children and young people will continue to:
- Implement agreed principles for a Child and Adolescent Mental Health Services (CAMHS) core offer.
- Implement the New Care Model for CAMHS Tier 4 comprising of:
- An intensive home treatment service aligned with CYP mental health crisis care pathways: Ancora Care. (Ancora Care is a care provider)
- A multi-agency, Place-based Gateway meeting to ensure that all agencies take responsibility for young people at risk of admission to Tier 4 or receiving inpatient mental health treatment by March 2023 as referenced in the Children and Young People section.
- A risk stratification tool to provide an evidence-based way of identifying young people at risk of admission in the community: Complex Needs Escalation and Support Tool (CNEST) (www.cwp.nhs.uk/CNEST)
- Establish an escalation process across the North West, following a pilot in Cheshire and Merseyside, for children and young people (CYP) in crisis.
- Progress development of alternatives to hospital as referenced in the children and young people section earlier in this document.
- Consistently, across our Places, exceed the national standard of 66% of expected dementia diagnosis rates through sharing of good practice to influence improvement plans
- Offer personalised care through the use of innovative digital technology and our integrated community multidisciplinary teams support to help more people live independently for longer
- Provide support to carers

Our expected outcomes

Mental health outcomes summary	
Priority national objectives for 2023/24	• Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019) • Increase the number of adults and older adults accessing Improving Access to Psychological Therapies (IAPT) treatment • Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services • Work towards eliminating inappropriate adult acute out of area placements • Recover the dementia diagnosis rate to 66.7% • Improve access to perinatal mental health services
NHS 111 'select MH option'	• Ensure that a single national 3-digit number exists for mental health crisis by 31st March 2024
Addressing Section 136 delays	• Additional MH conveyance solutions to be implemented in April 2024 (subject to funding) • Increased availability of Section 12 doctors by March 2024 • Increased availability of Approved Mental Health Professionals (AMHPs) by March 2025 • Maximising support to acute hospital emergency departments from mental health trusts. Mental health training and upskilling needs of both professionally qualified and support staff will be scoped by July 2023 and training undertaken by March 2024

Our Place partnerships are working to ensure we contribute effectively to plans to address illicit drugs, responding to "From Harm to Hope: a 10 year drugs plan to cut crime and save lives".

4.17 Suicide Prevention

Our aspiration is for Cheshire and Merseyside to be a region where all suicides are prevented, where people do not consider suicide as a solution to the difficulties they face and where people have hope for the future. Our mission is to build individual and community resilience to help improve lives and prevent people falling into crisis by tackling the risk factors for suicide.

Our priorities in Cheshire and Merseyside

The focus for the system's suicide prevention, suicide bereavement and mental wellbeing work programmes are aligned to the key priorities within the new Suicide Prevention Strategy:

- Leadership and Governance. Ensuring an effective partnership and collaborative approach taking account of lived experience
- Prevention. Focusing on awareness, skills, and knowledge, supporting suicide prevention in other strategies and work programmes, and through communication and engagement
- Intervention. Focusing on training and safety planning across the organisations working to improve self-harm support and pathways, improving access to mental health support, and ensuring implementation of safe care
- Postvention. Focusing on bereavement services, including postvention support and working with the media
- Data, Intelligence, Evidence, Research. Focusing on better data capture. Evidence on interventions that work and supporting research where there are known gaps.

Our plans

Actions for 2023/24:

- Develop a system action plan to follow the new Suicide Prevention strategy
- Increase awareness of suicide risks, promote suicide prevention messaging and promote suicide bereavement support services
- Build capability and capacity of the wider workforce within the suicide prevention network
- Work with Mental Health Trusts to implement safer care standards across Cheshire and Merseyside
- Ensure data and research on suicide prevention and suicide bereavement is fed into all areas of suicide prevention and bereavement work
- Maintain and strengthen the Real Time Surveillance systems in Cheshire and Merseyside
- Implement a commissioned 'postvention' service offering resources and support to people bereaved and affected by suicide
- Create more peer-to-peer support groups.

Our expected outcomes

Suicide prevention outcomes summary	
Suicide Prevention	• Increased awareness of suicide risks, promotion suicide prevention messaging • Implement a commissioned 'postvention' service • Enhanced Real Time Surveillance systems • Extended workforce (capacity and Capability)

4.18 Dementia

Dementia is **not** an inevitable part of ageing. However, as our population ages, the number of people living with dementia is set to increase. There are around 676,000 people with dementia in England and this number is expected to double in the next 30 years.

Dementia rates in parts of Cheshire and Merseyside are higher than the national average, reflecting the age profiles in our communities, and improving dementia care is important for our population across our nine Places.

Key factors to consider:

- 40% of the dementia risk is reversible and can be achieved by addressing the modifiable risk factors like Hearing loss, Traumatic brain injury, Hypertension, Alcohol (>21 units/week), Obesity (body-mass index ≥30), Smoking, Depression, Social isolation, Physical inactivity, Diabetes (Dementia prevention, intervention, and care: 2020 report of the Lancet Commission). Of these risk factors, hearing loss has the greatest impact on dementia risk prevention but is least known to not only general public but also to health professionals. Dementia prevention is key for ageing well.
- Access to better physical health care for people with dementia as they are less likely to receive proactive physical healthcare compared to older people without dementia Inequalities in receipt of mental and physical healthcare in people with dementia in the UK - PMC (nih.gov). People with dementia are more likely to be on multiple medication with drug interactions which has not been reviewed and may have a detrimental impact on their physical health. People with dementia are more likely to receive crisis care and hospital admissions for acute physical health problems like falls and infections compared to older people without dementia. Crisis care and hospital admissions can be reduced by planned and proactive physical health care for people with dementia.
- People with dementia should be able to access palliative care in the final year of life as per Gold Standard framework. Unfortunately, very few people with dementia receive palliative care compared to older people with cancer or other physical health conditions.

Our priorities in Cheshire and Merseyside

- Develop and agree a Cheshire and Mersyside wide strategy for dementia
- Develop evidence based integrated models of care.

Our plans

We will:

- Develop and agree a C&M wide Strategy for dementia and a set of principles that will be applied across each of our 9 places that enables the development of integrated models of care that are evidenced based. This may require a review of current services and associated resources to ensure that we are maximising resources where they need to be to make the most impact.
- Whilst we appreciate this is a substantial ask we will consistently across our Places, to aim to exceed the national standard of 66% of expected dementia diagnosis rates.
- We will ensure therapeutic interventions are used across all our Places that are evidenced to tackle the symptoms of the condition with a view to delaying deterioration, enhancing coping skills, maximising independence and improving quality of life.
- Providers across all settings will work together to ensure general health care management, treatment and support is effective and accessible. This will include regular and thorough reviews to maintain general wellbeing and physical health.
- We will ensure that people living with dementia have access to effective mental health care and treatment with a view to maintaining mental health and wellbeing and reducing crises.
- We will work with providers across each of our Places to ensure Community Connections are in place through the VCFSE to maintain and develop social networks and to provide peer support for both the person with dementia and their carer.
- Support for carers – we will take a proactive approach to supporting people who are caring for someone with dementia, this will include support to maintain the carers own health and wellbeing. Carers need to be involved in the development (co-production) of activities for people with dementia and carers. This will improve participation in activities in the community and reduce the burden for dementia carers.
- We will develop our Integrated Community Neighbourhood Teams across all Places to work in a cross organisational manner, working as one, to support people to be able to live independently for longer, including people who are living with dementia.
- We will offer personalised care through the use of innovative digital technology.

Our expected outcomes

Dementia outcomes summary	
Dementia	• Work towards exceeding the national standard of 66% of expected dementia diagnosis rates. • Maximise support to carers • Increased use of digital technology.

4.19 Learning Difficulties, Disability and Autism

We know that outcomes and access to services are worse for people with learning disabilities, disability and autism and it is a priority we address this inequality.

Our priorities in Cheshire and Merseyside

The outcomes described below outline our commitment to ensuring our population have the right support for their health and care needs. This includes ensuring that we have the right services and accommodation in our local communities Our plans.

For Children and Young People

The ongoing development of the Dynamic Support Register work across Cheshire and Merseyside has allowed place leads to identify children and young people (CYP) at risk of admission much sooner. This work will be continued to ensure admissions across Cheshire and Merseyside are appropriate and hospital avoidance is achieved where it's deemed appropriate.

The Key workers who are now in post have started to make a difference in their areas, with place leads reflecting the positive impact seen on CYP in the community and in an inpatient setting. With two weekly Desktop Reviews continuing to monitor progress, Key Workers have been linked into these discussions and their input proving effective. Phase 3 of the Key worker implementation is under way for Mid Mersey to commence on 1st April 2023.

A number of areas have got a CYP Intensive Support Function (ISF) which supports CYP in crisis and avoids inappropriate hospital admission and maintains children at the edge of care. The areas who do not have this facility, a model of delivery is being developed for 2023/24.

Areas are utilising the CYP escalation process to avoid an inappropriate admission or reduce Length of stay where it's viewed that a CYP is inappropriately placed.

The weekly "Assuring Transformation" data accuracy continues to be monitored, with conversations taking place with Place leads daily when required.

For Adults

A full review of the inpatient Assessment and Treatment Unit model for people with Learning Disability and Autism needs to take place across Cheshire and Merseyside with a full review of step-down provision for people with Learning Difficulties, Disability and Autism, taking into account Place context. We require step down provision with greater accountability.

To continue with this progress, a review of the Intensive Support Function is underway with a consideration to increase resources, so that people in a crisis are supported in the community and inappropriate hospital admission is avoided.

A housing needs analysis phase 1 has been completed, with phase 2 of this work being finalised by March 2023. There will be an expectation for the recommendations of this work to be developed by 2023/24 as a process to identify suitable housing for individuals with a Learning Difficulties, Disability and Autism (LDDA) to be taken forward on a Place plus/Provider footprint.

Work is underway to develop a positive behavioural support service that meets the needs of people who have behaviours that challenge. This will be a Cheshire and Merseyside service to ensure equitable access and sustainability of the service for completion by September 2024.

Discussions will continue to establish if Cheshire and Merseyside can align itself to care provider framework which would ensure specialist care provider access and sustainability. This would avoid delays in securing a care provider, as the relevant due diligence will have already been completed.

Following completion of the LDD/A Workforce baseline and its analysis when available will support the delivery of workforce plans during 23/24.

To ensure a more efficient and coordinated approach to the delivery of Care Education and Treatment Reviews (CETRs), investment has been committed to developing a CETR Hub for Cheshire and Merseyside. Initially for adults commissioned by Places by Quarter 3 2023.

There has been improved collaboration between the Transforming Care Programme, Place and NHS England Specialised Commissioning. The Cheshire and Merseyside Transforming Care Programme’s Clinical Leads have been supporting Specialised Commissioning to complete a “backlog” of CETRs which has occurred due to issues with staffing capacity within Specialised Commissioning. The Transforming Care Programme (TCP) now have a much clearer picture with various agencies who are linked into the conversations and work surrounding their individuals in care. To support the timely discharge of individuals with LDD/A placed by Specialised Commissioning, investment has been committed to the provision of a Community Forensic Service, to commence at Q1 2023/24.

Our expected outcomes

Learning disability and autism outcomes summary

- **The requirement to deliver on Annual Health Checks for people aged 14years plus continues to be closely monitored with various investments made to enhance this work and enable this target area of 75% to be achieved by delivering a high-quality Annual Health Check with Primary Care.**
- **Autism housing needs assessment is underway with final recommendations expected by the end of March 2023. This work will be developed further during 23/24. It will mean working with housing providers and Local Authorities via Place to access the required capital funding to enable investment. Having suitable housing will support more timely discharges and ensure people are discharged to the appropriate housing.**
- **Autism Care and Treatment Review (CTR) Hub is being commissioned for 23/24 which will ensure CTR's take place within the required timescales.**
- **Autism Community Forensics Service will be developed in 23/24 which will support the discharge of people from forensic settings and ensure they are supported in the community by a skilled team of professionals.**
- **During 23/24 we plan to develop in collaboration with place commissioners a Positive Behaviour Support specification for adults and CYP that will meet the needs of our population that is more targeted and accessible.**
- **The Transforming Care Programme will continue to align itself to the developments within the CYP Mental Health Programme to avoid duplication and promote inclusion.**

4.20 Attention Deficit Hyperactivity Disorder (ADHD)

There is an opportunity to improve access and ensure we apply good practice consistently across Cheshire and Merseyside.

Our priorities in Cheshire and Merseyside

We want our population to have timely access to high quality diagnostic, treatment and support services throughout their life.

Our plans

ADHD services across our nine Places are being reviewed to improve access to both assessment and ongoing support following a diagnosis. We will build on the good practice and advancements we have already seen in some of our Places to improve access and care availability across Cheshire and Merseyside.

Our expected outcomes

ADHD outcomes summary	
ADHD Services	• Our population will have consistent access to the diagnostic and support services for ADHD

4.21 End of Life Care (EOLC)

Death, dying and end of life care will affect our entire population at some point and palliative care should be provided to those who need it close to where they live, therefore it is vital that the local system understands what is required to deliver the care that is needed. This care is based on what is considered best practice by clinical experts, nationally developed policy, patient and carer feedback and the Health and Care Act 2022.

Our priorities in Cheshire and Merseyside

- Recognising people are coming to the end of their life
- Enabling information to be available electronically to support EOLC
- Access to and sustainability of palliative and end of life care services
- Specialist Workforce
- Engaging with people

Our plans

Recognising people are coming to the end of their life

We will continue to work across our Places and GP practices to increase and improve the recognition of those people who are probably in the last year of their lives. This approach will help to provide care which is holistic and coordinated and if the patient chooses, support a personalised care plan which includes discussions about their future care. This includes education and training for health and care professionals, to have the knowledge and confidence be able to have personalised conversations with patients and those important to them.

Enabling information to be available electronically to support EOLC

Having information available through electronic palliative care coordinating systems

(EPaCCS) makes it possible to access the most current information including the patient's care plan, preferences, and wishes which helps with clinical decision making and supporting the care the patient wants. The ambition is to be able to share information electronically, across all care settings as part of the wider digital plans for the ICS

Access and sustainability to palliative and end of life care services

The current projection is the number of deaths will increase by over 25% by 2040 so for Cheshire and Merseyside that will be in excess of 32,000 deaths per year. As the population ages and people have more complex needs the requirement for palliative care will increase. The last Population Based Needs Assessment (PBNA) for Cheshire and Merseyside was completed 17 years ago with a focus on deaths related to cancer. We aim to use a new model for undertaking a population-based needs assessment to help us understand the need for services for people with long term conditions and enable current and longer-term service planning including the generalist workforce.

There are 12 Hospices providing End-of-Life support and services provided by Hospices are there to ensure a supported and dignified end of life journey. International studies have also shown that the support family members do or do not receive when a loved one is nearing end of life may affect their health, for example, in terms of anxiety and depression symptoms, which may result in a worse bereavement experience.

It is essential that the specialist care and support for those at the end of their lives provided through Hospice care is available, funded and provided to those with specialist needs, as by ensuring and supporting a “good death” and in turn the support to their family and carers, this can and will prevent further crisis (and associated additional costs on the healthcare system) to the family and friends of those that will become bereaved.

Specialist Workforce

Building on the specialist palliative care workforce survey completed in 2022, the plan is to undertake a detailed review of the specialist palliative care Clinical Nurse Specialist (CNS) workforce across Cheshire and Merseyside. There are significant gaps in the medical staffing workforce against need, therefore the model for delivery is reliant on the CNS workforce, so understanding the age profile and potential risk to delivery is important as is planning for and responding to future need.

4.21.1 Engaging with people

The palliative and end of life care delivery plan for Cheshire and Merseyside is founded on the National Ambitions Framework for Palliative and End of Life Care, the NHS Long Term Plan priorities and NICE guidance. All national guidance has been developed through co-production with people with lived experience, as well as professionals Understanding what is important to our citizens at a more local level is now planned through a series of engagement events. Building on the North West Coast Clinical Network campaign for 2020 “Tell three people” what is important to you and “Dying Matters” National campaigns we will hold four engagement events to discuss and refine the delivery plan.

Our expected outcomes

End of life care outcomes summary	
Recognising people are coming to the end of their life	• By March 2024 50% GP practices using the EARLY clinical search tool to identify patients who might be in the last 12 months of life • By March 2024 all GP practices meeting the metric of 0.6% GP population on a palliative care register with 60% having a personalised advance care plan • By September 2023 each Place to have a plan for sustaining Advance Care Planning education and training for health and care staff
Enabling information to be available electronically to support end of life care	• By 2025, as part of the wider digital plans for the ICS, to have Electronic Palliative Care Systems which transfers and shares information across all care settings
Access and sustainability	• By March 2024 a Population Based Needs Assessment (PBNA) completed for each of our Places to inform strategic direction and service planning
Workforce	• By March 2024 an action plan to address workforce gaps, developed for each of our places across Cheshire and Merseyside
Engaging with people	• By June 2023 identify the issues, related to end-of-life care, which are important to the people of Cheshire and Merseyside through engagement events and ensure they are reflected in the delivery plan

Section 5

5 Our Workforce

To achieve the Cheshire and Merseyside Health and Care Partnership's strategic priorities we need to change the way we work. We will have new teams, new roles, and we will need to work across multiple organisations and Places. Many staff will work, and want to work, in communities - where they live, and we can offer careers to support this. The Cheshire and Merseyside HCP Interim Strategy and ICB Joint Forward Plan does not replace the need for individual organisations to have in place their own strategies and workforce plans but rather focuses on those areas that we can and should do better by working collectively together to deliver what our population expect of us – the seamless integration of care, closer to home.

Our HCP Strategy identified that we will:

- Cultivate the right conditions for staff to work in the health and care system to end our reliance on agencies.
- Up-skill and re-skill staff to work in an integrated system with different / new competencies and new roles, to enable new ways of working.
- Prioritise staff health, happiness and wellbeing at work to enable staff to be at their best.
- Embed culturally competent ways of working to drive improved access, experience and outcomes of employment and care.
- Modernise our employment offer informed by social value approaches to shift local unemployment.
- Enable multiple models of employment and engagement.
- Develop compassionate, inclusive systems leadership necessary for a Well Led system.
- Develop an approach to talent management that triangulates workforce capacity, demand and supply management for competitive advantage.
- Work as system partners to develop social care academies for seamless integration of social and clinical models of care.
- Deliver our public sector equality duty (2010 Act) to be an employer of choice for all staff, investing in positive action to attract, recruit, develop and retain staff from unrepresented groups.

5.1 2022-25 Workforce priorities

In 2022/23 the Cheshire and Merseyside People Board, which has a broad membership across Cheshire and Merseyside stakeholders, agreed the following Workforce Priorities for 2022-25:

Systemwide Strategic Workforce Planning to:	Creating New Opportunities across C&M to:	Promoting Health and Wellbeing to:	Maximising and valuing the skills of our staff to:	Creating a positive and inclusive culture to:
• Ensure a health and care workforce that is fit for the future. • smarter workforce planning linked to population health need. • creation of a 5-, 10- and 15-year integrated workforce plan. • developing a greater triangulation and monitoring between workforce / productivity / activity / finance.	• Grow our own future workforce. • Increased focus on apprenticeships • Embed New Roles • Review barriers to recruitment • Work with the further and higher education sector • PCN Development • Greater links with social care and primary care • Ensuring an effective student experience	• Ensure appropriate health and wellbeing support for all staff. • Ensure good working environment. • Focus on retention. • Preventing burnout • Ensuring appropriate supervision and preceptorship is available.	• Understand the impact of 5 generations working together/ changing expectation of the workforce. • Developing career options at different stages of our lives and across health and social care • Responding to reviews / staff surveys and recommendations in a positive manner	• Ensure proactive support of inclusion and diversity as a priority. • Collaborative and inclusive system leadership • Understanding the barriers for staff / future employees • Development of learning and restorative practice

As stated in the Health and Care Act 2022: “Each Integrated Care Board must, in exercising its functions, have regard to the need to promote education and training for the persons mentioned in section 1F(1) so as to assist the Secretary of State and Health Education England in the discharge of the duty under that section.” Specifically, this relates to “persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England” (National Health Service Act 2006).

The Cheshire and Merseyside Workforce Planning Programme will work alongside the leadership of the ICB People Team and existing ICS/Cheshire and Merseyside HCP Workforce Planning Networks/Groups to:

- Provide Capacity, expertise and training to support and conduct population health-based workforce planning across Cheshire and Merseyside.
- Enhance skills in workforce planning – encompassing a system-based approach – broader than NHS Trust organisations, to the benefit of the places/communities they serve.
- Encourage / ensure clinical engagement at all levels in system / strategic workforce planning.
- Develop an intelligence base and basis for any business cases to influence Health Education England / Higher Education Institutes in the commissioning and/or transformation of educational offers or workforce development funding to implement any subsequent plans.
- Create a focus on prevention and alignment with Cheshire and Merseyside HCP strategic aims for the region - with a ‘care force’ across sectors including PIVO (Private, Independent and Voluntary Organisations), volunteers and non-traditional providers.
- Develop workforce plans which will be linked into ongoing workstreams in our HCP designed to support system and organisation preparedness for new roles and workforce transformation.
- Make the best use of community assets and supporting the local population to develop the workforce of the future within the Health and Care sector within Cheshire and Merseyside.
- Build system-wide population health capability and capacity while supporting workforce wellbeing and the NHS People Promise.
- Continue to strengthen the use and applicability of the HEE Workforce Transformation STAR to facilitate conversations in workforce planning around Supply, Upskilling, New Roles, New Ways of Working and Leadership.

5.2 Workforce programmes and planning

Systemwide engagement for Cheshire and Merseyside Workforce Programmes and Planning through the Cheshire and Merseyside People Board and sub-committees for workforce supply, workforce operations/programmes and Primary Care Workforce:

Workforce Programmes (under development):

- International recruitment
- Digital staff passports – ongoing rolling programme by priority professions
- Domestic Violence programme
- HCSW recruitment / skills academy – Mar-2025
- Career and engagement work – Mar-2024 (Cheshire and Merseyside People Board Funded)
- Graduate scheme
- Collaborative banks – scoping and development in 2023/24 for Primary Care, Diagnostics and HCAs.

Workforce Planning:

- Population Health Workforce Planning Support – Dec-2023
- Supply data
- Aggregated plans / productivity analysis – Cheshire and Merseyside Workforce Planning - Programme Managememnt Office PMO implementation – Mar-2025
- Ongoing in post data / bank and agency use
- Workforce dashboard development (inc. Sickness/Turnover and Staff survey results etc.) - March 2024
- From 2024 NHS Cheshire and Merseyside Integrated Care Board (ICB) – will take responsibility (currently with NHS England) for commissioning a range of specialised services. This change will more effectively enable us to integrate the national / regional workforce priorities within our wider Cheshire and Merseyside workforce plans.

5.3 Digital upskilling for the wider workforce

Digital upskilling for the wider workforce

✓ **Provision of Digital and Data Skills training at scale**

- The ICS will continue to rollout the Office 365 e-learning service and expand both the amount of training available through this hub and the support available locally to help and aid health and care staff develop their skills in using these important foundational software packages by March 2023
- In addition, the ICS will seek to implement the ORCHA Digital Healthy Academy and provide access to relevant training and awareness materials around digital health through this platform to the wider health and care workforce.
- The ICS will also work with local undergraduate education providers to ensure that appropriate digital and data skills are embedded into the core curriculum for trainee health and care professionals.
- The ICS will work with NHS and Local Authority Adult Social Care Providers to ensure that all staff have a core set of digital and data skills and competence to underpin the increased use of digital and data in their 'day to day' work by **March 2025.**

✓ **Development of Digital and Data Champions**

- The ICS will support the rollout and embedding of the HEE Digital Health and Digital Social Care Champion Toolkits in providers as well as the rollout of the NHS Providers Digital Board programme to Provider Boards. Whereas such toolkits are well established Nationally for digital if less so for data. The ICS will therefore develop a tool kit for assessing data and population health management literacy within provider organisations and explore the concept of developing 'data champions' to promote the use of data in health and care.

✓ **Identifying future Clinical and Care Digital and Data Leaders**

- The ICS will form CCIO/CNIO/Primary and social care digital and data leader development networks to encourage health and care professionals to take a prominent role in the delivery of digital and data transformation. This is key to the digital and data strategy being care profession led so there is active sponsorship within the service leaders across all aspects of care provision in Cheshire and Merseyside.

Efficiencies at Scale – In partnership with our provider collaboratives and staff side colleagues and other employer and clinical networks we aim to:

- Grow our own workforce through the enhancements of our apprenticeship programmes.
- Develop new roles
- Further develop our partnerships with Health Education Institutes (HEI's) / Further Education / Schools
- Expand our Work Placement scheme to allow all school children to have a meaningful placement in health and social care
- Develop proactive retention programmes encouraging staff to remain in the workforce
- Taking advantage of opportunities to deploy staff more flexibly
- Undertake recruitment at scale

5.4 Leadership and system organisational development

Transformative People Functions sit at the heart of the ICS plan for integration. We will adopt, apply and invest in the areas described in this diagram to develop our culture, workforce and ways of working as a system:

Section 6

6 System development

In developing our Integrated Care System, we recognise that we are dealing with complexity, in terms of changing how we have worked traditionally and in an environment of risk embedding our instinctive wish to distribute leadership to the most appropriate point in the system, which in many cases is as locally as possible. As we mature as a system, we would increasingly distribute decision making; through Place Based Partnerships, Provider Collaboratives and other joint working arrangements such as our Health and Care Partnership ensuring that the principle of subsidiarity is central to this approach.

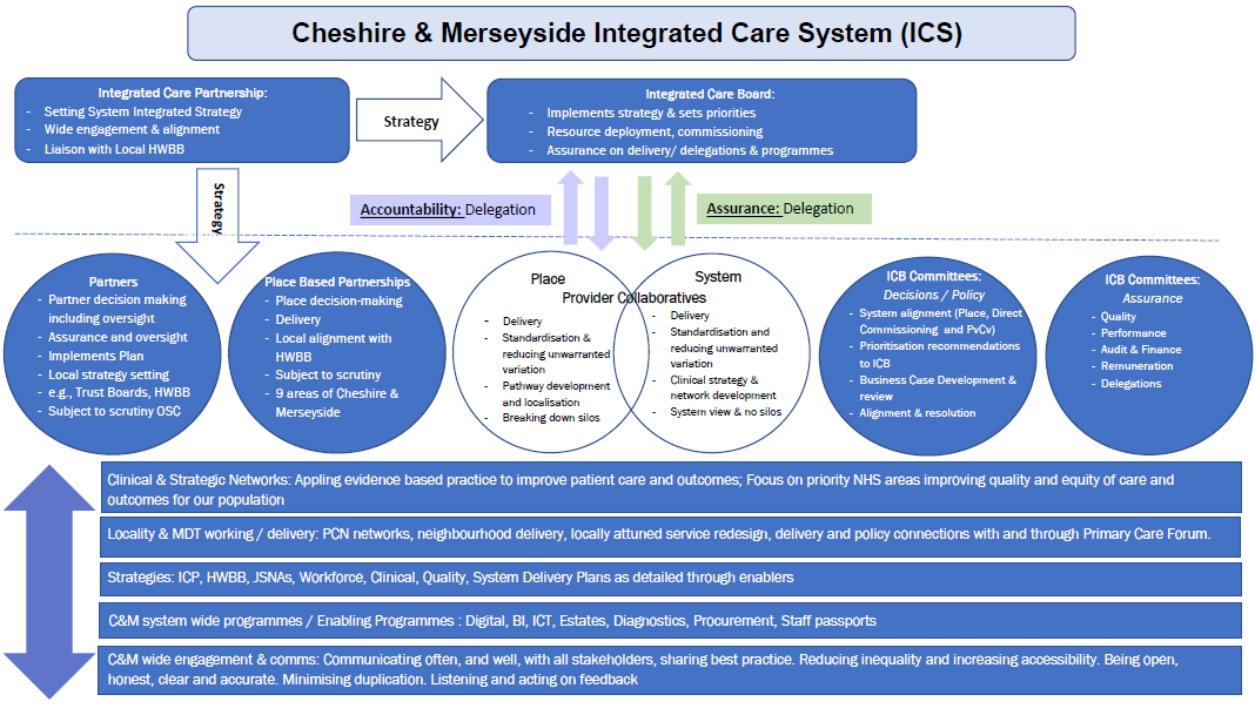
In line with the concept of a "self-improving system" described in the Hewitt Review we intend to develop our capabilities and be ambitious in developing our leadership, workforce and improvement approaches alongside the plans already outlined in this document.

In early 2023/24 we will be delivering work to develop and embed an agreed operating model for our system, working alongside system partners. In this section, we describe how the system will organise itself and develop to support delivery outlined in sections 4 and 5 with our ambition to work with partners to integrate the ways we work in delivery of our strategic Health and Care Partnership priorities.

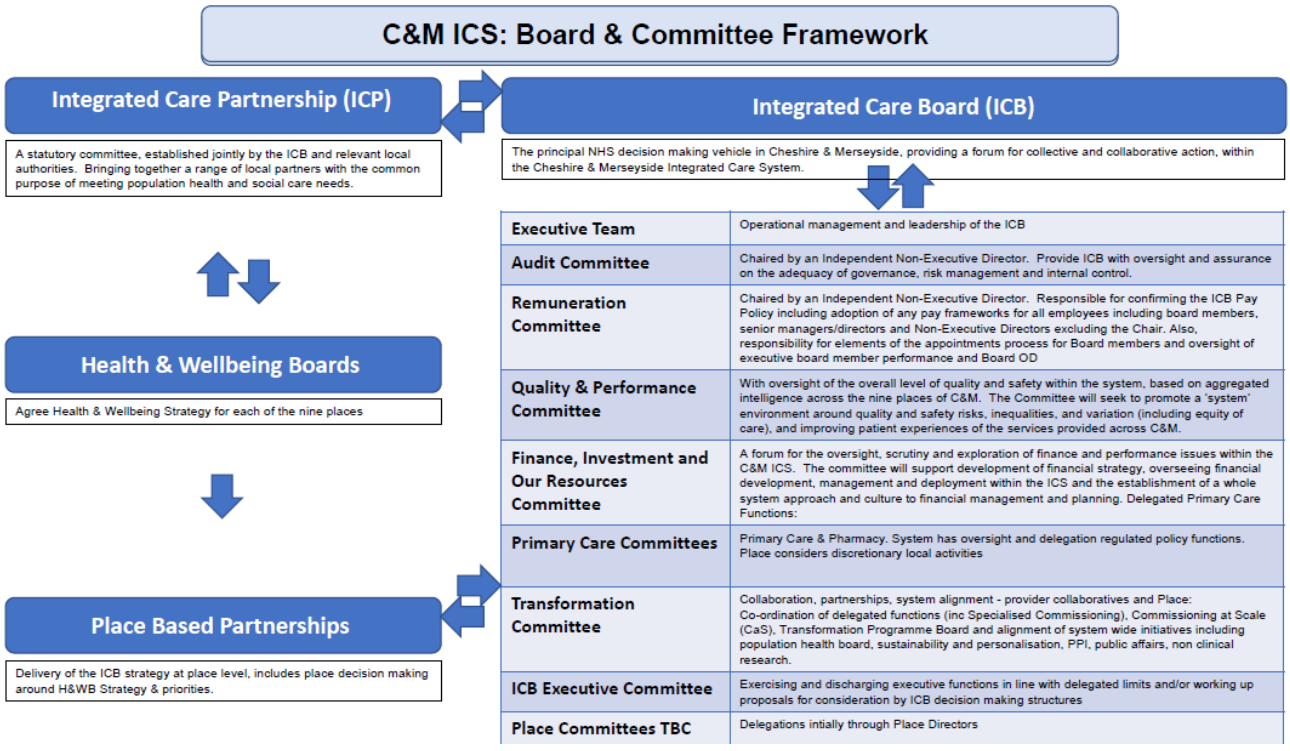
We also recognise the importance of working with our neighbouring ICS in order to ensure we recognise how, and where, our population access services, to apply good practice and work efficiently.

The diagrams below show how the NHS Cheshire and Merseyside works as part of our wider Health and Care system, including how we ensure the voice of Clinical and Care professionals, our NHS Provider Collaboratives, Voluntary, Community, Faith Social Enterprise (VCFSE) and our Places are at the heart of how plans are developed and implemented.

Cheshire and Merseyside Integrated Care System Structure



Cheshire and Merseyside ICS: Board and Committee Framework



6.1 Clinical and Care Professional leadership

We have developed a Clinical and Care Leadership Framework which outlines how clinical and care leaders across Cheshire and Merseyside will be involved in all aspects of ICS decision making. The framework was developed collaboratively with a wide range of clinical and care professionals and in partnership with the Innovation Agency.

"Our system will support diverse and accessible development opportunities that ensure our clinical and care professional leaders reflect the communities and workforce they serve in a way that allows us to tackle inequalities and improve outcomes for our population." **Raj Jain, Chair Cheshire and Merseyside ICS**

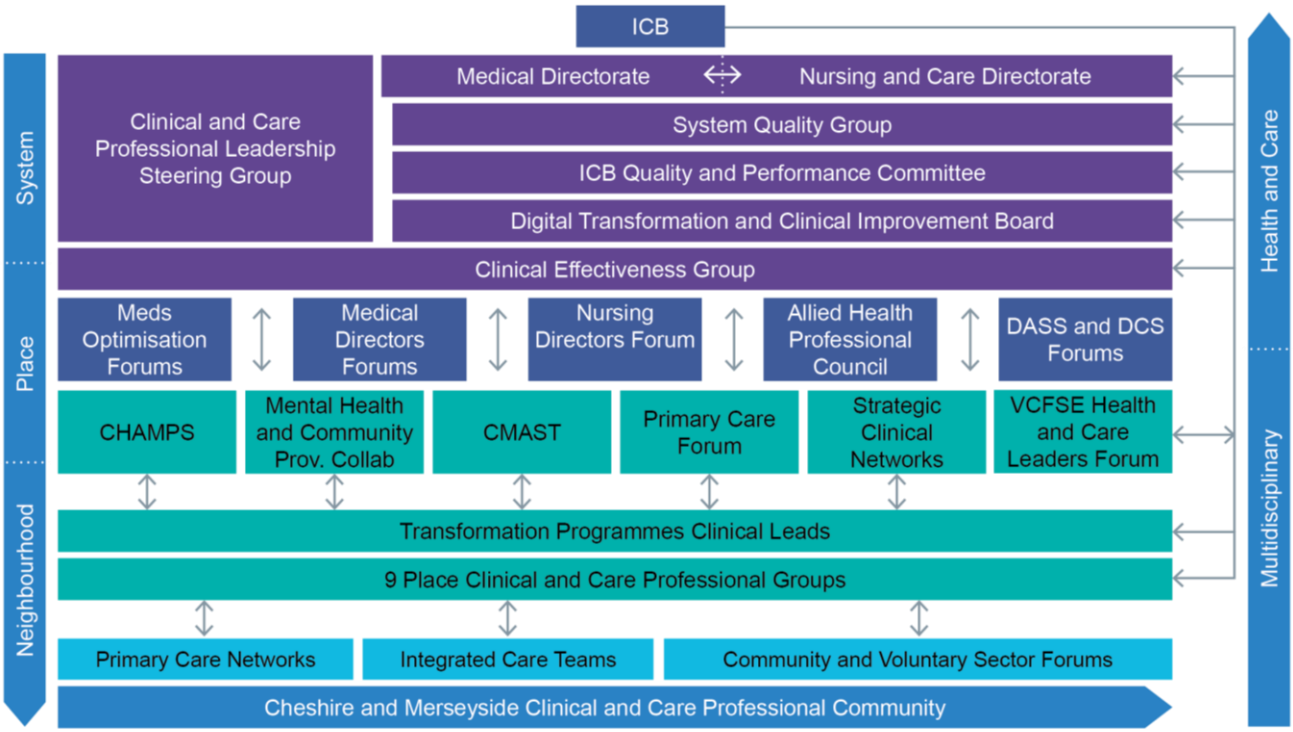
The framework will:

- Empower our leaders to work across traditional organisational boundaries
- Support specific groups of clinicians and care professionals to connect their particular areas of work to the ambitions of the ICS
- Create an environment where distributed leadership can thrive
- Maintain and develop the depth and breadth of clinical leadership we currently have, including development of our future leadership to be more reflective the diverse Cheshire and Merseyside population we serve
- Build on the expertise of existing clinical and care professional networks
- Enable clinical and care professionals to collaborate for improved health and care outcomes for people in Cheshire and Merseyside

"*The ICB executive team recognises the value of clinical and care professional leaders supporting the objectives of the ICS and we are committed to ensuring our clinical and care leaders, and wider workforce, are directly influencing decision making across all parts of our system. We will support them with the time and infrastructure to be effective in these roles*." **Graham Urwin CEO Cheshire and Merseyside ICS**

The diagram below shows how clinical, and care professional leadership is embedded in all of our ICB programmes and governance structure to ensure that clinical and care leaders are involved in all aspects of our decision making.

Clinical and Care Leadership in Cheshire and Merseyside



We have established a CCPL Steering Group led jointly by the Nursing and Care, and Medical Directorates and during 2023-24 we will be working as clinicians and care professionals to develop our Cheshire and Merseyside Clinical Strategy which will outline our shared strategic system wide priorities.

We have developed a Clinical and Care Constitution which describes a set of principles that underpin all we do. It has been written by clinicians with input from clinical and care colleagues to support Cheshire and Merseyside ICS develop with our partners, an overarching population health approach, driven by the needs of our communities with a clear focus on addressing Health Inequalities.

- shift the paradigm from reactive to proactive healthcare
- integrate clinical and care professionals in decision-making at every level of the ICS, creating a culture of shared learning, collaboration and innovation, working alongside patients and local communities
- provide a return on our investment in improving health will be evidenced through measures of both quality and effectiveness
- influence the wider determinants of health through collaboration, education and modernisation

6.2 Quality Improvement

The government and public rightly expect Integrated Care Boards and their respective systems to ensure that the services we commission provide the highest standards of care. Our system quality strategy development is being informed by the National Quality Board (NQB) guidance. The NQB publication – 'Shared Commitment to Quality' provides a nationally agreed definition of quality and a vision for how quality can be effectively delivered through ICSs. The publication was developed in collaboration with systems and people with lived experience and has a stronger focus on population health and health inequalities.

Quality Principles

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. In practice this means that people working in systems deliver care that is:

- **Safe** - delivered in a way that minimises things going wrong and maximises things going right; continuously reduces risk, empowers, supports and enables people to make safe choices and protects people from harm, neglect, abuse and breaches of their human rights; and ensures improvements are made when problems occur.
- **Effective** - informed by consistent and up-to-date high-quality training, guidelines and evidence; designed to improve the health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health; delivered in a way that enables continuous quality improvements based on research, evidence, benchmarking and clinical audit.
- **A positive experience** – with co-production as the default for service improvement and change; using insight and feedback; explicitly embedded within the core of priority work programmes.
- **Responsive and** personalised - shaped by what matters to people, their preferences and strengths; empowers people to make informed decisions and design their own care; coordinated; inclusive and equitable.
- **Caring** - delivered with compassion, dignity and mutual respect.
- **Well-led** - driven by collective and compassionate leadership, which champions a shared vision, values and learning; delivered by accountable organisations and systems with proportionate governance; driven by continual promotion of a just and inclusive culture, allowing organisations to learn rather than blame.
- **Sustainably** resourced - focused on delivering optimum outcomes within financial envelopes, reduces impact on public health and the environment.
- **Equitable** - everybody should have access to high-quality care and outcomes, and those working in systems must be committed to understanding and reducing variation and inequalities

Quality Assurance

In April 2021, the National Quality Board (NQB) issued guidance on 'Managing Risks and Improving Quality through Integrated Care Systems'. The report detailed how Integrated Care Systems (ICS) through the strengthening of collaboration and partnership working across health and care, provides significant opportunity to improve quality, but also highlighting how structural change can put quality, including safety, at risk.

The NQB suggested that the key requirements for quality oversight in ICSs were to:

a. Ensure the fundamental standards of quality are delivered – including managing quality risks, including safety risks, and addressing inequalities and variation

b. Continually improve the quality of services, in a way that makes a real difference to the people using them

The NQB sets out some key principles for systems to adopt in delivering their overarching quality, including safety responsibilities, set out below:

- Quality as a shared commitment
- Population focused vision
- Co-Production
- Clear and transparent decision making
- Timely and transparent information sharing
- Subsidiarity

National Guidance on 'Quality Risk Response and Escalation in ICS' was issued by the NQB in June 2022, that supersedes and brings together the NQB Guidance on Risk Summits and NHSE Quality Escalation Framework and aligns with the NHS Oversight Framework (NHSOF), Perinatal Quality Surveillance Model and Patient Safety Incident Response Framework.

Management of risk to quality is layered and aligned to organisational operating frameworks that include:

- Provider quality governance
- Place quality governance
- System Quality Governance
- Regional and national quality governance

The ICS has developed a risk-based approach to quality governance at Provider/Commissioner level, that aligns with NQB guidance. Whilst all organisations will have a statutory Board in place that will look to hold the organisation to account for the delivery of its services, two place-based areas in C&M have a System Improvement Board in place, in recognition that some risks to quality cannot be resolved solely by single organisations but require system improvements to be made.

Through contractual oversight aligned to each place-based model, all organisations have a formal forum for quality governance and oversight to be considered. Individual provider oversight will evolve into the place-based partnership forums that consider the service user journey in its entirety, with risks that emanate from place-based discussions being escalated by exception via the C&M Quality and Performance Committee (QPC). The QPC meets monthly and receives reports from each of the place-based quality teams that includes matters for assurance, alert and those of an advisory nature. The QPC acts as the decision-making forum for those organisations who may require increased quality assurance mechanisms to be enacted.

The QPC has an annual workplan that incorporates the statutory functions in relation to quality oversight, alongside thematic analysis of programmes. As a sub-committee of the ICB, the QPC, via the Executive Director of Nursing and Care and Chairs reports, will highlight those matters requiring ICB attention. The Director of Nursing and Care also provides regional assurance at North-West level via the Regional System Quality Group mechanism.

The C&M System Quality Group (SQG) is an informal space where a range of stakeholders meet to triangulate intelligence in relation to quality risks and develop actions for quality improvement. The SQG meets bi-monthly, taking a thematic focus to its workplan, and includes representation from Providers, Regulators, NHS England, Healthwatch, Local Authority and Place based Leads. Based upon intelligence sharing the SQB may make decisions as to which matters require escalation through formal routes into QPC.

As the delegation of services, previously commissioned via NHS England, grows, the framework for governance is adapting to incorporate the breadth of commissioned services and align with the regional and national operating framework for NHS England.

The System Oversight Framework (SOF)helps to inform the ICB approach to quality governance and oversight. All NHS provider organisations will have a place-based Quality Review Meeting (QRM) at a frequency determined using a risk-based approach, this will include SOF segmentation ratings for each provider, regulatory oversight and intelligence and information gathered through quarterly system assurance meetings. A measure of success will be the number of our organisations who are able to reduce their SOF segmentation rating and in turn impact upon the overall ICS SOF rating. The ICS will work together in assuring and achieving the necessary quality improvement work.

Working Together to Improve Quality

How we work together across the ICS is critical to our achievement and so we will focus on:

- Strengthening partnerships with staff, local communities and people, using services to deliver higher-quality care and tackle health inequalities
- Decisions are taken closer to the communities they affect, so that they are more likely to lead to better outcomes
- Provide people with an improved experience of health and care, as services are more coordinated, focused on addressing health inequalities and based on the latest evidence, learning from national reviews and best practice

- Support people delivering health and care services to work together to do what is best for people, including being able to work across different organisations and services, such as primary and secondary care, physical and mental health.

In order to deliver against our vision for quality we will refresh our quality priorities on an annual basis, as part of the development of the ICS annual operating plan. We will develop our improvement capability by:

- Supporting all providers to develop their improvement capability
- Strengthen mechanisms for sharing learning, piloting on behalf of others, understanding opportunities and barriers to roll out, measuring impact, taking decisions about stopping doing things/not implementing further
- Development of staff and their improvement capabilities - linked to the Population Health Management programme and the use of data
- Development of a framework of system responsibilities:
- operational/continuous improvement – provider-led – doing what they already do, better
- change/improvement in service model – place or system-led, depending on scope – link to ICS transformation priorities and programmes
- change in clinical pathway – system-led – requires agreement about changes in thresholds of care to improve quality e.g. early diagnosis
- Utilise quality collaboratives to tackle system quality priorities, with a range of projects being delivered by different parts of the system in pursuit of a common goal
- A whole system approach to quality – i.e. quality improvement is an objective across all aspects of the system – what is being done in terms of people/staff, finance, digital and data, estates etc to improve quality.

Our quality priorities for 2023/24 include:

- We will work with our partners to ensure that we have an aligned Clinical Quality Strategy and associated improvement plans
- We will continue to invest in developing a system wide quality improvement methodology and support staff across the system to deliver improvement through Quality Improvement Networks aligned to Provider collaboratives, to share learning across the system, building on existing improvement capacity and capability.
- We will further develop our governance and oversight functions and methods to ensure they are fit for purpose and there is clarity about the role that all parts of the ICS play in improving quality
- We will continue to develop our approach to the measurement of quality across all aspects of the NQB definition of quality and fully align these measures to our strategic goals
- We will measure the impact and success of what we do by ensuring that there are clear expectations of quality defined through service specifications and contracts including quality and equality impact assessments
- The recommendations from national safety investigations and reviews will be systematically embedded within our ongoing approach to quality improvement. The ICS

will act quickly and decisively to protect patients/service users if an immediate risk to patient safety is identified, or where concerns are raised regarding an organization, or an individual's ability to provide safe care

- The ICS will continue to develop its Clinical Effectiveness Group made up of clinical system leaders that will support in ensuring the ICS remains at the forefront of innovation and best practice
- The ICS will ensure that patient and public opinion and experience informs assessments of standards and supports in identifying potential failings in quality through ongoing development of intelligence and information sources

6.3 Our Provider Collaboratives

We recognise that effective collaboration and system working is not about resting on your laurels and standing still but evolving, developing, improving and partnering to further embed progress and capacity within the ICS and providing more and better care to our residents and patients.

In Cheshire and Merseyside, there are two provider collaboratives:

- Cheshire and Merseyside Acute and Specialist Trust (CMAST)
- Mental Health, Community and Learning Disability and Community (MHLDC)

Our collaboratives are leading a range of work programmes which support delivery of the HCP strategic priorities.

Cheshire and Merseyside Acute and Specialist Trusts Collaborative (CMAST)

Our current CMAST programmes and key areas of focus are listed below and details for which can be found in section 4, 5 and 7:

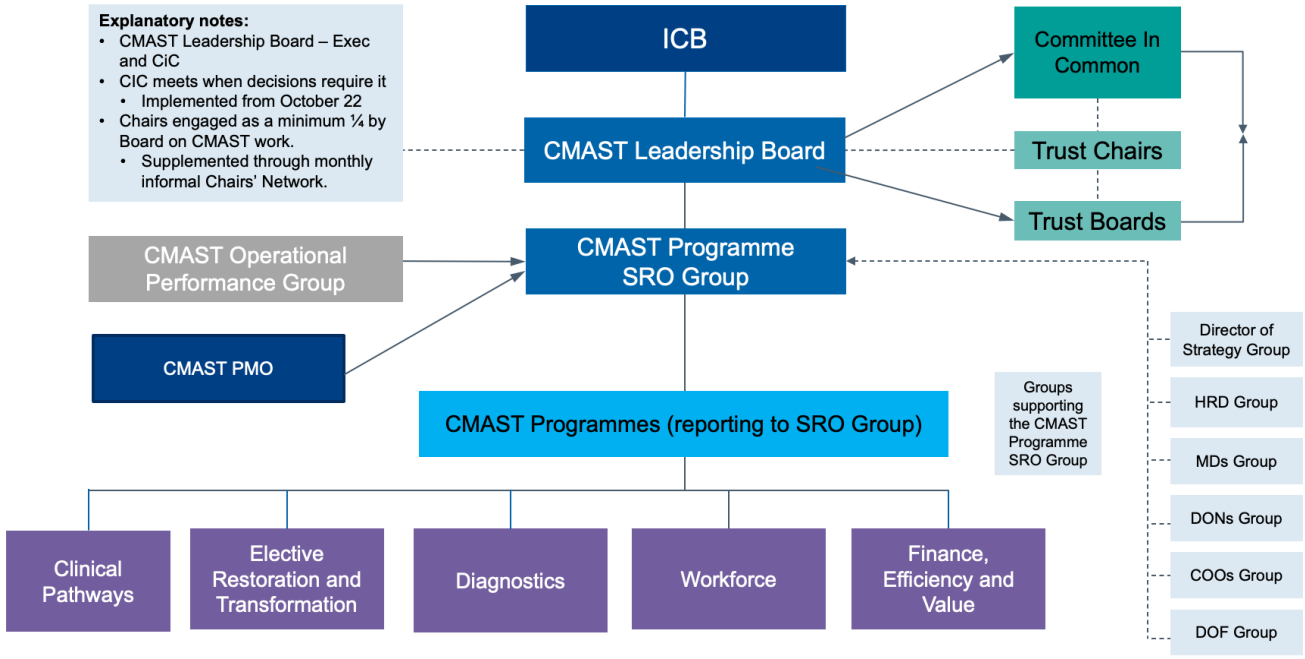
- Elective Recovery and Transformation
- Clinical Pathways
- Diagnostics
- Finance, Efficiency and Value
- Workforce

CMAST is one of only nine Provider Collaboratives in the country to secure Provider Collaborative Innovator status. This is an NHSE scheme that offers access to national expertise for collaboratives, to accelerate the benefits they can deliver for their populations and to provide a strong platform and community of practice to help spread the benefits to every area. We understand it should also enable CMAST to play a greater role in leading service transformation and shaping national policy.

CMAST has established governance mechanisms to oversee the identified programmes and priorities and to ensure appropriate decision-making mechanisms are in place. The work, priorities, values, and behaviours of CMAST members are set out within a Joint Working

Agreement and are refined and documented through an agreed annual workplan which identifies key milestones and provides a platform to begin to describe anticipated decision-making points.

CMAST Governance



Mental Health Learning Disabilities and Community Provider Collaborative (MHLDC)

The MHLDC Provider Collaborative is a joint working arrangement between the 9 providers of community, mental health and learning disabilities services in Cheshire and Merseyside. The collaboration is based on a premiss of "collaboration at scale to deliver better care at Place" and on the understanding that there are service areas that can benefit from sharing best practice and by mutual aid between organisations.

The strategic objectives of the Collaborative are:

- We will level-up the standards and outcomes of community, mental health and learning disability services ensuring they make a leading contribution to place and system-wide transformation.
- We will use population health data to inform resource deployment, tackle inequalities and deliver health equity.
- We will rebalance the system by securing investment in community-based services as an alternative to hospital care.
- We will support the system to address the financial position through efficiencies derived at scale from our collaborative work.
- We will operate as a trusted and reliable partner in our system and with our places.
- We will transform our workforce to meet the future health and care challenges of our system.

The work programme priorities for 2023/24 are:

- Community urgent care
- Urgent community response teams
- Intermediate care
- Roll out of UTC specification
- Virtual Wards
- Community services for children and young people
- Access to care, fragile services and community waiting times
- Population health and prevention
- Mental health transformation
- Workforce transformation

The Collaborative has a well-established governance structure to oversee the identified programmes and priorities and to ensure appropriate decision-making mechanisms are in place.

The Collaborative is engaging in an organisational development plan with the following aims:

To help the collaborative agree and clearly define the purpose, aims and objectives of the collaborative to develop the strategy building on the statement of case.

To engage the collaborative on the Operating model for the collaborative including shared principles, governance considerations and finance implications

Engage wider stakeholders on the strategy as it develops and feed their input into the process.

Adult Social Care Collaborative: Cheshire and Merseyside Association of Directors of Adult Social Care (C&M ADASS)

C&M ADASS is a joint working arrangement between the 9 statutory Directors of Adult Social Services across Cheshire and Merseyside. Adult Social Care (ASC) has legal duties in relation to prevention, wellbeing and enabling choice and control. Which include responsibility for maximising independence, ensuring individual consent and capacity, and providing choice in a strengths-based and person-centred way.

Our primary focus is on supporting people to live well at home, as independently as possible, making sure people's experience of care and support is built on their own strengths and is of the best quality.

Cheshire and Merseyside is a complex health and care system and this complexity is mirrored in the carse markets that have developed in response to local need. There are over 32,000 people supported by ASC in our communities, including people with learning disabilities, mental ill-health, physical disabilities, older adults with social care needs and unpaid carers.

Our focus will always be on improving life for each individual, their family and the community and place in which they live. However, when it makes sense, it is right for us to do so and it will add value, we will work together to:

- enable individuals to support their own wellbeing; and where additional support is needed, offer personalised care that improves outcomes for individuals, families and carers
- make use of our collective strengths to reduce inequality and improve health and wellbeing
- share good practice, learn from each other
- reduce unnecessary variation and provide consistency in the delivery and quality of services
- make best use of our resources and ensure financial sustainability
- provide the support and mutual aid our neighbours may need in times of crisis
- jointly support our shared provider market and work with our provider partners to aspire to excellence.

Our Priorities:

As a Cheshire and Merseyside system, we are focussed on how we can work collectively to identify innovative approaches to Supporting People to Live Well at Home through:

- Market shaping and reform to improve the quality and sustainability of the social care market
- Home First (supporting UEC recovery)
- Mental Health support
- Learning Disability and Autism support
- Digital transformation and technology enabled care
- Workforce.

6.4 Our VCFSE Transformation Programme

The Cheshire and Merseyside ICS is in the fortunate position that there is a strong Voluntary, Community, Faith and Social Enterprise (VCFSE) sector across the nine Places, supported by established local infrastructure organisations providing skills, knowledge and capacity to ensure two-way communications from hyper local neighbourhood into the health and care system.

In the new structure of health and care across Cheshire and Merseyside there is an opportunity to transform services and make a lasting difference to patients and communities and the VCFSE will play a vital role in transformations programmes.

This key role of the 14,000 plus VCFSE groups in Cheshire and Merseyside is most effectively outlined across the three distinct strands of system, transformations programmes and Place-based partnerships.

This current programme of transformation is a programme of continuous improvement to embed the sector, utilise sector skills, knowledge and expertise in transformation to both continuously improve outcomes for patients and communities and furthermore ensure that the voices of communities often not heard are embedded in decision-making and transformation.

There has been significant and ongoing progress to embed the VCFSE across the health and care system in line with the NHS England recommended approaches to VCFSE Partnerships. Cheshire and Merseyside ICS is seen as an exemplar in working in partnership with the VCFSE sector and has surpassed the system guidance.

In addition to supporting representation and involvement across the ICS, and as an integral part of the recently established HCP, the VCFSE sector is strengthened through the ongoing development of partnerships across Liverpool City Region (VS6 Partnership) and Cheshire and Warrington Infrastructure Partnership (CWIP). These sub-regional infrastructure partnerships, linked to the Cheshire and Merseyside Health and Care VCFSE Leaders Group, enhance VCFSE sector leadership and connectivity enabling the voice of the sector to be heard.

The VCFSE sector is recognised as a key contributor to delivery within the emerging Health and Care Partnership (HCP) Strategy and this has been recognised by the HCP in supporting over-arching principles when working with the VCFSE which can be summarised as:

- Embedding the VCFSE as a key partner
- Supporting investment in the VCFSE both financially and organisationally
- Building on VCFSE infrastructure and assets

The work programme is included below:

- Support the development of the Integrated Care System (ICS), linked to the emerging system assurance metrics
- Ongoing support and representation at both the ICB and HCP (through CWIP and VS6 Partnership representation) to build understanding of the skills and expertise of the sector, participate in decision making process and be involved in service re-design – ongoing / March 2024.
- To support VCFSE representatives to ensure they are informed by and accountable to the wider VCFSE sector – ongoing / March 2024.
- To promote and enhance linkage with VCFSE sector leaders across Cheshire and Merseyside to ensure that they are engaged and informed of key transformation programmes – ongoing / March 2024.
- Key work programmes across 2023/24 will include the delivery of quarterly meetings with sector leaders, review current attendance to ensure key leader involvement, enhance communication messaging and approaches to ensure sector leaders are kept informed – ongoing / March 2024.

- To continue to develop, embed and support the two VCFSE sub-region infrastructure partnerships to provide a voice for the sector and ensure a two-way flow of communications and response – ongoing / March 2024.
- Undertake a programme of research providing insight into models of delivery and capacity of the VCFSE sector across the nine places and its associated linkages across the health and care system workstreams in Cheshire and Merseyside – Sept 2023
- Support capacity to create improved health and care outcomes, and inward investment opportunities for VCFSE partners and other partnerships across Cheshire and Merseyside
- Embed the VCFSE within the Hospital Discharge Service – Aug 2023
- To deliver a future model of Place-based community engagement with the Cheshire and Merseyside Cancer Alliance – March 2024.
- Development of VCFSE Children and Young People Network to support priority workstreams across the Beyond Programme, CYP Core20PLUS5, Health Equity Programme – Sept 2023
- Development of a system-wide approach to the Volunteering Offer across Cheshire and Merseyside through a single front door approach to volunteering – March 2024.
- Support Community Mental Health Transformation – March 2024.
- System P (Intelligence into Action): Finalise pilots and evaluation of VCFSE role and support offer to support complex lives households – March 2024.
- Identify pilots/models for how the VCFSE organisations deliver solutions and remove barriers in the uptake of Personal Health Budgets (PHBs) – July 2024.
- Place Based Partnership and Neighbourhood Level Transformation Programme
- Transform the relationship and involvement of the VCFSE both operationally and strategically in the nine Place-based Partnerships.
- Develop models to scale up local Cheshire and Merseyside VCFSE provision of health and wellbeing outcomes
- Build VCFSE-led and integrated models of working at system, place and neighbourhood

6.5 Our Places

Cheshire and Merseyside Places already worked collectively in advance of the formation of ICS in 2022. A Place Development Assessment Framework, in October 2021, built on insight from Places and learning from other geographies. There are four key domains: ambition and vision, leadership and culture, design and delivery, governance.

The focus of each domain was as follows:

- Ambition and Vision
- Clarity of purpose and Vision
- Objectives and priorities
- Population Health Management to address inequalities
- Leadership and Culture
- Partnership Working
- Culture/OD/values and Behaviours
- Responding to the voices of our communities
- Design and Delivery
- Financial frameworks
- Planning and Delivery of Integrated services
- Enabler: Data and digital
- Enabler: Estates and assets
- Governance

Our Places continue to progress with local plans to develop maturity in these areas.

The purpose of the Framework was to support continued positive progress in Place maturity and delivery of outcomes, and to create a shared understanding of areas for development within individual Places and across the ICB, in order to agree responsive and consistent action plans.

The initial self-assessment took place in November 2021 with a second assessment taking place in October 2022 with Places showing progress across all domains.

In addition, NHS Cheshire and Merseyside has been assessing how we can most effectively delegate functions to our nine places.

We have considered the three options the statutory guidance offers to carry out our respective statutory functions:

- Carry the function out ourselves, on our own as organisations have been able to do previously – including through ‘internal’ delegations to individuals and committees via scheme of delegation approved by our Board.
- Delegate responsibility to one or more organisations to carry out functions on our behalf, and/or
- Carry out our functions jointly with one or more other organisations, potentially by forming joint committees and pooling funds to do so.

NHS Cheshire and Merseyside has operated largely through ICB budgets delegated to Place Directors during 2022-23. In addition, Section 75 agreements already exist in our Places and have generally been the most appropriate way of increasing level of collaborative decision making for specific functions, such as the Better Care Fund (BCF).

To support the delegation of functions we are working on the following priority areas for 2023-24:

- Establishing the oversight and assurance requirement for Place and the Place Partnership Boards to include:
- Designing a balanced scorecard of key headline metrics which evidence and demonstrate Place leadership and discharge of the delegated duties.
- A Place performance scorecard which includes relevant elements from the System Oversight Framework, and this will be developed further to include metrics from Health and Wellbeing Board (HWB) strategies/plan's, this would then be 'owned' and monitored by the Place Partnership Board (or equivalent).

This will be completed by June 2023.

- Carry out a review and refresh of Section 75 agreements.
- Confirming the financial contribution of each party to the Section 75 agreement.
- Agreeing which organisation will host the pooled fund.
- Refreshing the Governance for how the pooled fund can be allocated and authorised.

We are planning to have the review and refresh of the Section 75 agreements completed by September 2023 which will provide the environment to support Place Based Partnerships to take on increased accountability for the budgets in their local area as they are ready to do so.

Section 8 includes details of the plans developed in our nine Places for 2023-24 to respond to the Joint Health and Wellbeing Strategies and other local priorities.

6.6 Evolving our Commissioning and Corporate Services

We are developing a single suite of commissioning policies across Cheshire and Merseyside by March 2024, and we will publish new policies as soon as these are completed and have been through the relevant engagement and governance processes required.

We also have a number of work programmes which whilst led from our Places involve working on a wider footprint either within Cheshire and Merseyside or with neighbouring systems. These include:

- Shaping Care Together
- Sustainable Hospital Services
- Liverpool Women's Services Programme

The Health and Care (2022) Act has created provisions for NHS England to delegate functions relating to the planning/commissioning of certain services to Integrated Care Boards. In April 2023 the ICB took on responsibility for dental, ophthalmic and pharmacy services, and we are planning for future delegation of Specialised Services from April 2024.

We have a number of programmes of work designed to support our system to improve consistency and value for money as its functions evolve. These include:

- Corporate infrastructure: we are reviewing the licenses and applications in use across our nine places, to improve consistency and realise operational and financial efficiencies.
- Commissioning support functions: we are reviewing all services currently provided to the ICB by Midlands and Lancashire Commissioning Support unit for consistency and value for money.

To support our main asset as an ICB and ICS, our people, we need to ensure we have the right processes and systems and to do this will undertake a review of corporate applications and licenses that are being used centrally and across the nine Places to ensure there is consistency and value for money, exploring opportunities for operational and financial efficiencies. This is to include:

- Programme Management Software
- Travel and Accommodation Booking
- Risk Management
- Freedom of Information/Subject Access Requests (FOI/SARs) systems
- Case Management
- Consumables
- Office utilisation and booking systems

Prior to Cheshire and Merseyside ICB there were nine Clinical Commissioning Groups in place. Whilst there was a history of joint working it is recognised that the policies in place often differed.

As part of our work programmes for 2023-24 we are consolidating our clinical commissioning policies, so we have a consistent approach to which services our population have access to. This process will reflect national clinical evidence and guidance.

The Health and Care (2022) Act has created provisions for NHS England to delegate functions relating to the planning/commissioning of ‘Directly Commissioned’ services to Integrated Care Boards, with for specialised services this taking place by April 2024 with integrated working planning from April 2023.

This is a national programme of work focused on whole pathway planning driving integration to improve population health and healthcare outcomes; tackle inequalities in outcomes, experience and access; enhancing productivity and value for money; and helping the NHS to support broader social and economic development.

The work is to locally implement the national roadmap to integrate specialised services care pathways within Integrated Care Systems (ICS).

For 2023/24 we will, as a transitional step to full delegation, have a Joint Working approach between NHS England and the North West ICBs for those specialised services that are suitable and ready for delegation. This Joint Working Model will be supported by a Section 65Z6 Joint Working Agreement that ICBs will be asked to sign March 23. Work is in train to finalise the documentation for this. In 2023/24 budgets and financial risk will remain with NHS England.

As a first stage in this process a list of specific specialised services has been identified:

- Some Specialised Services are planned to be delegated by NHS England to ICBs from 1 April 2024 (circa 60 Services)
- Some Specialised Services will be 'retained' by NHS England (circa 30 Temporarily; circa 80 Permanently)

Prescribed Specialised Services are described in statute - in the Health and Social Care (2012) Act. These are services that Secretary of State for Health has determined will be the commissioning responsibility of NHS England and for some services Integrated Care Boards by April 2024.

In the determination of whether a service should be 'prescribed' as a specialised service, Secretary of State is legally obliged to consider four factors:

a. the number of individuals who require the provision of the service or facility;

b. the cost of providing the service or facility;

c. the number of persons able to provide the service or facility;

d. the financial implications for clinical commissioning groups if they were required to arrange for the provision of the service or facility

These services are high-cost low volume services that are delivered in specialist centres of care by experts in their field. For this reason, services can easily become destabilised if critical mass of patients, thresholds and skills are not maintained. Integration will help to ensure services are safe and sustainable with whole system planning working towards stemming demand for these services through prevention and focus on inequalities.

Key milestones for delivery 2023/24:

- From now until September 2023, work will continue to develop joint working between the North West ICSs and NHS England, building transformational development and opportunities to drive improvement.
- From May 23 to September 2023 joint working with ICSs dealing with issues in practice, to provide a refined, robust, and tested set of guidelines prior to delegation.
- From June to September 2023 Pre-Delegation Assessment Framework (PDAF) review and completion, led by regionals working with ICBs
- We will focus on transforming a range of services in 2023-24; these will be finalised during April within initial priorities identified in relation to:
- Renal Service Transformation Programme
- Neurorehabilitation – integrated case management
- Optimisation of the Stroke Pathway from 999 to Thrombectomy

In addition, we will work with NHS England and the other North West ICBs to develop a range of pathways which operate at a regional level.

6.7 Research and Innovation

As was described in our HCP Draft Interim Strategy we have an ambitious vision for research in our region. Our population is recognised to have been poorly served by research 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 as well.

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

We are working closer between our academic institutions, HCP partners (including population health), research partners (including National Institute for Health and Care Research, National Cancer Research Institute and Academic Health Science Network) and industry.

Our ICS is investing in the clinical leadership to realise this ambition with Director and Deputy Director of Research (reporting to the Medical Director) to work closely with our stakeholders to develop the best performing research network in the country.

Furthermore, in our initial months as an ICS, we have already won competitive grant funding securing £100k to work on winter fuel poverty and interventions, as well as a community research development programme as lead in collaboration with Lancashire and South Cumbria ICS. Such awards recognise the significant ambition and high-quality research partnerships that our system will further develop on behalf of our patients.

Many of our providers are already delivering ambitious research programmes and we want this to grow. For example, Mersey Care NHS Foundation Trust and the University of Liverpool are leading the development of a Mental Health Research for Innovation Centre (M-RIC) funded through the Office of Life Sciences as part of the UK Governments 'Health Missions' that aims to bring translational research to those areas currently least well served by research awards yet with the greatest need.

Alongside this, work by the CHAMPS public health collaborative is already underway to strengthen research capacity and capability between the nine local authorities in Cheshire and Merseyside and regional academic partners.

This is an emerging and developing programme of work with a network of research champions and academic partners. Partners across Cheshire and Merseyside are working to adopt evidence-based approaches informed by best practice and research in relation to our shared goal to tackle health inequalities and turn "intelligence into action".

We will:

- Establish a Cheshire and Merseyside Research Development Hub
- Recruit to a Director to lead on coordinating our research activity a system wide research strategy
- Create a network of research champions across our system
- Deliver annual learning events to showcase latest research and to enable the sharing of skills, toolkits and research to support in-house evaluation of projects
- Contribute to the development of a North West Secure Data Environment (SDE) for research.

6.8 Digital and Data

Throughout this document you have seen examples of where we are using digital and data to improve outcomes and services for our residents. We know that this is a vital component of how we can make a difference.

Cheshire and Merseyside ICS published its three-year Digital and Data Strategy in November 2022 following endorsement from the NHS Cheshire and Merseyside Board.

The strategy describes an ambition to improve the health and well-being of our region right now and into the long term by weaving our digital and data infrastructure, systems and services throughout the pathways of care we provide.

This requires ‘levelling up’ our digital and data infrastructure to help address the significant inequalities so clearly faced by parts of our population and ensure we successfully support all we serve.

We are committed to turning ‘intelligence into action’, where we have increasingly sophisticated ways of understanding the health and care needs of our population, and then finding and intervening for those in greatest need to ‘turn the dials’ on improvement in their health and care outcomes in an equitable way. As we invest into ‘levelling up’ our digital and data systems and relentlessly drive ‘intelligence into action’, we will deliver high quality, safe and equitable services that underpin the health, well-being and independence of our whole population both now and into the future.

This table describes our goals in more detail:

Goal 1: Building Strong Digital and Data Foundations	
To level up digital infrastructure we will ensure:	**Every member of health and care staff in NHS and Local Authority Adult Social Care providers that needs access to digital equipment to undertake their role will have access to reliable and fit for purpose access devices by March 2025**
	Health and care staff in NHS and Local Authority Adult Social Care providers will have access to reliable, seamless and secure network infrastructure to enable them to deliver their role, wherever they are working in Cheshire and Merseyside, by March 2025. This will be facilitated by working in partnership with other public services and network providers to access initiatives such as Gov Roam and the rollout of 5G through initiatives such as LCR Connect
	For NHS Providers, 90% of NHS trusts will have a minimum standard Electronic Patient Record (EPR) by December 2023, and 100% by March 2025. Appropriate convergence of EPRs will be encouraged where possible to make it easier for staff to use them and ease the interoperability challenge
	For Adult Social Care, 80% of CQC registered adult social care providers (residential and non-residential) will have adopted a Digital Social Care Record (DSCR) by March 2024. This is in line with the 'Plan for Digital Health and Social Care' requirements.
To level up data and intelligence infrastructure we will ensure:	**Access to ICS wide person level health and care linked datasets by March 2023** as a corner stone for population health analytics
	The broadening of linked datasets available for analytics to include those outside of health and care such as education and housing by March 2024, through working with the ICS, Local Authority and national partners
	The transfer of core health and care information between providers, within relevant Information Governance agreements and for the purposes of direct care, population health management, care planning and research, will be undertaken through a single health and care data architecture by March 2025. To support this, we will: • Expand the information governance framework to include implementation of Data Sharing Agreements for use of data for research and innovation and full compliance with national data opt-out by March 2023 • Implement electronic management of data sharing agreements via the Information Sharing Gateway by March 2023.
	Provision of cyber security services including cyber security operations, incident response and assurance that complements and works alongside local health and care provider cyber security functions

Goal 1: Building Strong Digital and Data Foundations	
To level up 'safe practice' we will ensure:	**Access to clinical safety subject matter expertise** to ensure that the digital and data solutions in use across Cheshire and Merseyside are DCB0129 compliant (i.e., have appropriate safeguards associated with clinical and care hazards) and have been implemented in line with 'best practice' clinical safety standards (as outlined in DCB0160)
	Access to Information Governance subject matter expertise to enable statutory health and care providers to operate safely with regards to information sharing legislation and protocols – supporting the improvement of dataflows and streamlining necessary data sharing
	Access to technical and data architecture expertise to ensure that system wide solutions are reliable and align with Place and Provider systems to allow connectivity and ease of data flow across Cheshire and Merseyside. We will also ensure that national architecture standards and principles are maintained (e.g., 'cloud first', interoperability standards such as Fast Healthcare Interoperability Resources FHIR and the use of Open Application Programme Interface APIs). To support this, we will engage with the national Federated Data Platform (FDP) programme and assess how this nationally provisioned data infrastructure will impact longer term data architecture plans at ICS and NHS Provider level.
	Digital environmental sustainability support to ensure that any system and Place based digital and data initiatives support the ICS' 'net zero' ambitions as outlined in the ICS' 'green plan'
	Data quality to establish a common approach for improvement in data quality across the ICS so that our decisions are based on sound data
	Data safety so that the public can be reassured that their data is used lawfully, with respect, held securely and that the right safeguards will be in place (through supporting adoption of the 'Five Safes' model and the Caldicott Principles).

Goal 2: 'At scale' digital and data platforms
We will ensure that the **Share2Care platform is available in all NHS and Local Authority Adult Social Care providers**, enabling sharing of a core set of health and care data across the whole health and care system **by March 2024**
We will further support all Places to ensure that all NHS and Local Authority Adult Social Care provider organisations of the ICS are **connected to integrated life-long health and social care records by March 2024**, enabled by core national capabilities, local health records and shared care records, giving individuals, their approved caregivers and their care team the ability to view and contribute to the record.
We will ensure that **all Providers have implemented a Patient Empowerment Platform (PEP) that integrates with NHS App (as the 'front door' to health and care service for an individual or their carers) by March 2025**

Goal 2: 'At scale' digital and data platforms

We will continue to build on the existing Remote Care platform delivering virtual ward and Long-Term Condition (LTC) monitoring services and expand this offering to deliver **additional virtual ward beds (40 to 50 virtual ward 'beds' per 100,000 of the population by March 2024.** We will also continue LTC monitoring for other specialties, as well as support for the wider NHS@Home programme which will drive the focus of the platform going forward. This will include:

- Supporting the availability of digital monitoring of vital signs for people in care homes and at home, contributing towards the national aim of a further 500,000 people being supported by this technology by March 2023
- Develop a tech-enabled annual physical check for people with severe mental illness by March 2023.

We will also agree the care pathways where this platform can be used for supporting 'Care@Home' applications such as environmental monitoring and medicines management of those living at home (or in supported accommodation) to ensure they remain safe as part of the discussions regarding alignment with Technology Enabled Care (TEC) developments in Adult Social Care. **Agreed pathways where people are supported in this manner will be in place by March 2024 and prevention and detection technologies will be used to protect the 20% of care home residents who are identified as at high risk of falls by 2024.**

We will continue the development of the CIPHA Platform to include further Population Health Management reporting that enables the identification, segmentation and evaluation of cohorts for the targeting of interventions. The work here will align with the overall population segmentation approach as being developed by the System P programme, which will focus on identification of populations most vulnerable and at risk of adverse outcomes and developing services for those population segments most in need of improved health and care outcomes**. It is intended to embed CIPHA reporting in action via System P and Population Health Board Programme/Networks by March 2023.**

We will **embed Public View across Providers and Service Planners to include access, quality, activity, outcomes and workforce, containing national and local flows and underpinned by granular detail on Aristotle by March 2023.**

We will ensure that **all NHS acute providers implement NHS Faster Data Flows by March 2023**.

Goal 3: System wide Digital and Data Tools and Services We will:
Implement ICS wide Capacity and Demand reporting (based on an Operational Intelligence Hub) in the areas of urgent care (inclusive of community and mental health) and elective care by March 2023 (with further development 2023/24) to enable an ICS wide view to inform both planning and operations
Implement a Trusted Research Environment (TRE) on the CIPHA platform by March 2025 so that data can be mobilised for research and innovation for our partner organisations, particularly for Stage 3 clinical trials and translational research. Alongside this will we make a wider set of data available for our researchers through engagement with the North West Secure Data Environment (SDE) programme.
Implement a single, mature performance information system (activity, finance, quality and outcomes) that all partners can access by March 2024
Work with providers to create analytical networks and assist in streamlining of data flows, processes and quality across the ICS
Work with Local Authority and Public health analytical networks and strengthen joint work programmes in delivery of the ICS objectives.

The ICS is supporting the delivery of digital system wide tools and services that are used by all relevant stakeholders in Cheshire and Merseyside to ensure equity of provision and leverage economies of scale. These include:

Developing Digital and Data Specialists:

To continue to be at the forefront in our use of digital and data we know we need to have a workforce with the skills required to continue moving us forward. The approach we will take is:

Our Approach

✓ **Adopting professional standards in digital and data services and ensuring professional accreditation of digital and data staff**

- Digital and data services will achieve the Informatics Skill and Development Network (ISDN) Level 2 Excellence in Informatics standard by March 2024 to ensure our digital and data service providers are appropriately accredited.
- The number of digital and data specialists registered with the Federation of Informatics Professionals (FED-IP) to demonstrate their professional credibility will increase from March 2024 baseline by 10% by March 2024 and by 20% by March 2025
- Relevant corporate membership to professional associations such as the Association of Professional Healthcare Analysts (AphA) is provided to 25% of the digital and data workforce by March 2025.

✓ **Attracting new talent into digital and data professional body in health and care sector**

- This will be developed through a more coordinated approach to schemes such as modern apprenticeships, foundation degrees with 'on the job' training, graduate trainee schemes and initiatives to attract talent from other industries and sectors.

✓ **Retaining and developing existing talent**

- As well as utilising the national NHS Digital Academy to develop digital and data specialists, the ICS will work with other local ICS', universities, industry and the ISDN to develop a more modular Health and Care Digital and Data Specialists Learning Academy to enable more specialists to get the training and development support they require to advance their careers, including the development of next generation leaders in digital and data. These will build on existing local developments where they exist (Such as the 'Digital Commons' with CDC which will support a knowledge network that can improve sharing and access to skills and insights across the region).

✓ **Pooling talent from across the system**

- With the strong focus of this strategy on 'levelling up' of digital maturity and investment in Electronic Patient Records to ensure detailed care records are in place across the system, there is an opportunity to develop 'at scale' implementation and Business as Usual (BAU) digital and data support services that work across multiple Providers and Places to knowledge share to replicate deployments at lower cost. The ICS will review opportunities for pooling resources in the areas of Technical, Clinical and Change support for large scale digital and data deployments, and on-going Technical and Change support for BAU by **March 2023.**

Increasing digital inclusion

People will need skills to utilise digital and data platforms and be able to benefit from them. The 2019 figures show that 11.3m people nationally still lack the skills to effectively navigate the Internet. The ICS will work with all providers and at Place level to ensure that everyone who struggles to access and engage with digital has the opportunity to do so or is provided with an alternative means of service. To ensure we retain equity of provision those who cannot or prefer not to access digital services, traditional services will remain. Enabling improved access to digital health and care services will be done via:

Increasing Digital Inclusion	
✓	Understanding the need – research will be undertaken by **March 2023**
✓	Ensuring widespread adoption of the Digital Inclusion Impact Assessment by **March 2023**
✓	Providing access to connectivity and equipment for the most digitally excluded groups by **March 2024**
✓	Targeted support to get people using the NHS App as a digital 'front door' to health and care services by **March 2025**
✓	Development of skills for individuals and their carers through development of digital buddies and digital hubs by **March 2025**

Section 7

7 Effective use of resources

In line with many other systems Cheshire and Merseyside faces significant financial challenges. As a system, we are spending more money on health and care services then we receive in income. We must take action to improve the long-term sustainability of the Cheshire and Merseyside health system by managing demand and transforming the way we use services, staff, and buildings.

As part of the Cheshire and Merseyside Health and Care Partnership draft Interim Strategy there was a commitment to developing a system wide financial strategy during the first half of 2023-24. This strategy will intend to:

- Determine how we will best use our resources to support reduction in inequalities, prevention of ill health and improve population health outcomes
- Support health and care integration
- Identify key productivity and efficiency opportunities
- Outline system-wide estates and capital requirements and plans

The approach to developing our Strategy will be under four pillars:

- Modelling and analysis – To quantify the size of our challenge and assessign our areas of opportunity
- Supporting value through our behaviours and accountability – Formalising our behaviours and accountability to support collaboration and shared risk
- Delivering Value through efficiency and productivity – delivering value through our “business as usual” efficiency and productivity
- Transformation for Value – Agree transformation programmes which contribute to our financial sustainability

As recommended in the Hewitt Review, we are focussed on ensuring we are getting best value from our financial investments and increasing the proportion of our ICB budgets allocated to prevention of ill health, which as a result assist in achieving better outcomes in improving the health of our population.

As part of our ICS financial strategy development, we will work with partners to map our current investment in prevention and then agree how we can maximise the value we are collectively achieving for our population. This approach will not only focus on ICB expenditure but will reflect relevant investment from partners, such as, local government, which includes the public health grant, and NHS England budgets, which support screening, immunisation and vaccination and the General Practice Quality Outcomes Framework alongside other national schemes.

Whilst around 80% of our budgets are already aligned to our nine Places as part of the development of our system, we will refine our governance and accountability to support the principle of subsidiarity in relation to empowering our Place Based Partnerships and Provider Collaboratives and targeting investment at our priorities identified through Joint Health and

Wellbeing and Health and Care Partnership Strategies alongside the priorities outlined in this Plan.

The ICB also intends to ensure we commit resource directly to the delivery of the priorities identified by our Health and Care Partnership, with the primary objective of reducing health inequalities (see section 3). We expect that as the Partnership develops partners will also make similar financial commitments to these shared plans.

7.1 Finance Efficiency and Value Programme

As part of our wider development of a system financial strategy our Efficiency at Scale programme is a key enabling work programme. It sits between the Integrated Care Board (ICB), Trusts and spans both collaboratives through delivery links and Integrated Care System (ICS) expectations via the efficiency at scale programme.

The programme supports deliver through:

- Implementing the system financial strategy
- Optimising funding flows – reflecting the ICS agenda
- Underpinning system financial strategy with attuned governance and risk approaches
- Aligning assurance and regulation to ICS and Cheshire and Merseyside Acute and Specialist Trusts Collaborative (CMAST) approach
- Delivery of efficiency at scale work programme and expanded scope

On behalf of the ICB CMAST is hosting “The Efficiency at Scale Programme” which is committed to delivering:

Financial ledger:

- Implementing the recommendations from the Shared Business Service (SBS) review
- Consolidating financial systems and capacity where appropriate and develop a collaborative approach to meeting the skills/capacity gaps across the finance network, building upon the recent Healthcare Financial Management Association (HFMA) checklist.
- Consider other projects such as review of External Audit Contracts to determine benefits of collaborative approaches to contracts.

Procurement:

- Structured workplan based on the analysis of Influenceable spend across all providers, review of contracts, use of PD Plus and development of the workplan with NHS Supply Chain.
- The Programme will also continue to identify benefits in relation to other programmes it supports such as Radiology and Pathology.

Medicines Optimisation:

- Many of the current key projects in 22-23 will continue into 23/24 such as; Direct-acting oral anticoagulants (DOAC) reviews, antimicrobial resistance (AMR), Pain Management, Insulin Pumps, Oral Nutrition and others.
- A good pipeline of other projects can be developed and deployed if funding and capacity can be identified – a strategy to develop a more sustainable approach to Pharmacy capacity is needed to address gaps that are a concern within Providers.
- Building on the progress made towards a single Cheshire and Merseyside Area Prescribing Committee
- The Programme also intends to undertake a project on managing the impact of High-Cost Drugs across the region.

Workforce:

- Identify a Senior Responsible Officer (SRO) and agree scope of specific, discreet, projects for 23-24 aligned with workforce programme e.g., Establishment of Health Care Assistant (HCA) collaborative bank

Estates:

- As part of the ICS Estates Programme (see 7.3) scope additional estates opportunities dependent upon enabling resources.

This complements wider work on our financial strategy and recovery plan where system partners work to reduce costs, through ICB, Place, provider and partner led plans.

7.2 Capital plans

The ICB has developed a Capital Plan which is publicly available to view at:

Joint Capital Resource Plan 2023-24

In 2022-23 the system worked together to produce a capital plan that gave providers funding to cover backlog maintenance, IT and equipment replacement, as well as targeted allocations to address specific strategic demands.

They key priorities for 2023-24 are to enable secondary care and primary care and GP Practices to maintain their equipment and premises safe, whilst also investing in a number of key strategic objectives.

Our capital plans will be routinely shared with members of the Cheshire and Merseyside Health and Care Partnership, the nine Health and Wellbeing Boards in Cheshire and Merseyside.

7.3 Estates

Cheshire and Merseyside Health and Care Partnership's agreed Estate Strategy sets out our system commitment for the next five years. We are committed to the NHS, local government and other agencies working together to deliver our Estates Plan and take steps to create stronger, greener, smarter, better, fairer health and care infrastructure together with efficient use of resources and capital to deliver them.

Our focus for delivery will primarily be in eight key areas:

1. **Fit for Purpose** – Our Estate will be fit for purpose. It will accommodate the needs of patients and staff alike and provide the best possible care for those who need it the most.
2. **Maximising Utilisation** – We are committed to maximising the utilisation of clinical space. We will be efficient in our design and operation of services.
3. **Environmentally Sustainable** – Our Estates will be more environmentally sustainable. We are willing to invest in making our buildings more energy efficient to make this happen. Reduce our carbon footprint and play an active role in tackling climate change.
4. **Value for Money and Social Value** – We will strive to ensure maximum value for money and economic benefit for society. We will continuously look for ways to improve social value and make a positive impact on society.
5. **Services and Buildings in the right place** – We want to ensure that everyone has access to the care they need when they need it. Providing care in the right buildings with the right staff and resources.
6. **Flexibility** – We aim for flexibility to be built into our Estate. We will adapt our buildings and facilities to meet the changing needs of the service and constantly review /make changes where necessary.
7. **Technology** – We will optimise the use of Technology for our Estate, making sure our buildings are "Digitally Ready"
8. **Working in Partnership** – We are committed to working in partnership with Local Authorities and other agencies to allow for more efficient use of resources and create opportunities for better health outcomes.

During 2023-24 we will:

- Deliver estates plans for all nine Places across Cheshire and Merseyside.
- Deliver clinical and estates plans for all Primary Care Networks across Cheshire and Merseyside.
- Strengthen the governance of the estates programme, building on the established Strategic Estates Groups in each Place.
- Agree a programme for reduction in void estates costs and increased utilisation of our community estate.
- Deliver a programme to review and rationalise our corporate estates.

- Implement a reimbursed rates recovery programme to recover outstanding refunded business rates.
- Maximise the opportunities for healthcare infrastructure funding, in partnership with Local Authorities, from future planning applications through Section 106 and Community Infrastructure Levy.
- Refresh our existing estates strategy to align with forthcoming ICS infrastructure strategies guidance.

7.4 All Age Continuing Health Care

The ICB is accountable for the fair and equitable distribution of All Age Continuing Health Care (AACC) funding against the assessed needs of our residents. It is also accountable for the quality, safety and financial assurance of the continuing care provided. This area of provision has significant, and growing costs with significant overspend forecast, mainly due to increases in the cost of care rather than an increase in referrals.

Continuing Care assessment, and commissioning is delivered and led in each of the 9 places and currently there are broadly 4 different delivery models across Cheshire and Merseyside. In house clinical resource, outsourced to commissioning support, local authority managed and hybrid arrangements.

Work has taken place to review our approach across Cheshire and Merseyside. The need for the review came about to ensure equitable distribution of services and resources in support of the needs of people (within Cheshire and Merseyside) of any age to receive statutory funded continuing care.

The review aims to achieve a consistent process of governance and accountability for the equitable distribution of services and resources to support of the needs of people to receive Statutory funded continuing care.

All Age Continuing Care services (AACC) include: Funded Nursing Care (FNC), Continuing Health Care CHC, Personal Health Budgets (PHBs) as delivery vehicle. Mental health and section 117, Children's, joint packages of care. All delivery models in Cheshire and Merseyside will be part of the review. Out of scope is LEDER (Learning from Lives and Death - People with a Learning Disability and autistic people), Transforming Care, Discharge to Assess, and hosted commissioning.

The review looked at local arrangements for service delivery, including the quality of assessment and review processes. Identifying any good practice and any gaps and risks to the service delivery. The aim being to discover and describe options for a new model of AACC delivery for NHS Cheshire and Merseyside. These proposals will be built upon current best practice locally and informed by external authorities. This will enable us to develop a Cheshire and Merseyside model of AACC delivery that is designed to deliver, equity, consistency, value and quality assurance whilst building upon the strength and best practice that currently exists in each place.

Our plans for 2023-24 are:

- To have completed the second stage of our review by June 2023
- Following development of an options appraisal approve a future model of delivery across the nine Places in Cheshire and Merseyside by August 2023
- To implement the new models by November 2023
- Further work planned with the Directors of Adult Social Services (DASSs)

Continued support to explore consistent and equitable approaches for joint funded packages of care.

Section 8

8 Our Place Plans

This section contains a summary of the plans developed locally in each of our nine Places, in response to the Joint Health and Wellbeing Strategy and other identified local priorities which sit alongside the wider plans described earlier in this document.

Further detail on the plans will be published on the Cheshire and Merseyside Website.

Health and Wellbeing Boards were asked to provide a statement outlining whether the Joint Forward Plan includes the relevant priorities within the Joint Local Health and Wellbeing Strategy. Read the Health and Wellbeing Board Statements.

8.1 Cheshire East

Vision:

To enable people to live a healthier, longer life; with good mental and physical wellbeing; living independently and enjoying the place where they live

In Cheshire East we have defined 4 core outcomes we are committed to delivering:

1. Cheshire East is a place that supports good health and wellbeing for everyone
2. Our Children and Young People experience good physical and emotional health and wellbeing.
3. The mental health and wellbeing of people living and working in Cheshire East is improved
4. That more people live and age well, remaining independent and that their lives end with peace and dignity in their chosen place

To maximise the health and wellbeing of Cheshire East's residents, we have identified a number of core principles underpinning the Joint Local Health and Wellbeing Strategy (2023-28). These principles focus around providing value for money, improving population health and decreasing unwarranted variation, alongside delivering the best individual and Carer experience. The plan recognises that staff must also be supported ensuring that they also have a positive experience.

In Cheshire East we have adopted a number of 'Golden Threads' that support these principles: -

- Place – improving the environment and making the healthy choice the easy choice.
- Prevention – tackling the risk factors that lead to poor health.
- Proportionate universalism – tackling inequalities with an offer for all but the greatest efforts focussed on those with the greatest need.
- Partnership working – public and VCFSE services working together closer to where people live.

- Proactive care – early diagnosis and intervention.
- Person-centred approaches – looking at the whole person and prioritising what matters to them through shared decision making.
- Production through engagement – reviewing programmes and allocating resources across the whole system to where they will help most.

We have threaded tackling health inequalities throughout place plans and there will be a focus on the recommendations in the Marmot report 'All Together Fairer'. This will be supported by additional work around Core20PLUS5 and Population Health Management with targeted interventions to support vulnerable groups. We will continue to radically reshape the care delivered, to empower residents and place them at the centre of a seamless, integrated system of support. In doing this, we will co-design and co-produce these changes with residents and frontline staff to ensure they work for all.

There are a number of enablers that will support the work these are: People and Leadership (Workforce), Digital Solutions, Business Intelligence, Communications and Engagement, Estates and Finance.

In Place we have identified a number of priority core themes for example Urgent and Emergency Care, Planned Care, Mental Health, Social Care, Frailty and Falls prevention, Cancer care, Healthy Weight. Work across these areas will include a focus on:

- Further development of our Care Communities
- Improving Diagnostics
- Maintaining Acute sustainability (Including the work relating to East Cheshire NHS Trust and plans to reopen to births at Macclesfield Hospital and Sustainable Hospitals Services Programme)
- Ensuring Elective Recovery

8.2 Cheshire West and Chester

The Cheshire West Programme Priorities2023-24 is a collaborative plan for how as health and care organisations we will work together to progress with our agreed priorities.

We will build on the good work to date and the plan provides a comprehensive list of transformational health and care projects continuing from the 2022/23 workplan.

In Cheshire West we have developed a Senior Leadership Team that provides the local system oversight required to deliver our Place Plan.

There are four key subgroups that support the senior leadership team in delivering transformational change and operational resilience to achieve our objectives:

- Urgent Care Board
- Integrated Operational Delivery Group
- Integrated Transformation Steering Group
- West Cheshire Children's Trust Executive

We have outlined a number of strategic intentions:

- Demand management
- Home First
- Investment in communities

In order to deliver these, we are focusing on;

- Increasing Self-Care and Peer Support – supporting Communities to flourish and managing people in their own homes.
- Building Community Care - development of Integrated multi-disciplinary teams and supporting people in crisis to remain at home, enabling safe discharge.
- Reducing reliance on the Acute sector/bed-based care – Improving flow including Health led interventions to reduce admissions.

Underpinning this we have identified a number of key transformation programmes for 23/24 all of which are focused on early intervention/prevention and increasing community capacity:

- Intermediate Care/Integrated Discharge
- Community Care including admissions avoidance
- Community Partnerships (formerly Care Communities) Strategic programme
- All age Mental Health
- All age Learning disability and Autism.

The above are supported by a set of enabling workstreams including; People, Finance/Resources, Communications and Engagement (including the development of a Local Voices Framework), Estates, Business Intelligence and Digital.

Our Cheshire West Place key objectives are listed below:

- To reduce avoidable admissions through use of step-up services and outreach from acute
- Maximise effective working of community care teams with partners including social care, primary care and the VCFSE to keep more people from deteriorating into crisis
- Integrated discharge that minimises delayed discharges and enables patient flow
- Develop Community Partnerships across the footprint that have a clear health/care support offer
- Enhance early intervention and emotional wellbeing
- Reduce delays to discharge
- Enhance early intervention
- Integrated offer for those with autism particularly pre and post diagnosis
- Reduce out of area placements/delays to discharge
- Develop and maintain a Healthy Work Action Plan
- Create a Social Isolation and Loneliness Action Plan
- Develop an Age Friendly Work Action Plan in line with our population needs.

Each objective has been broken down into a series of core workstreams which have a number of deliverables and a dedicated sponsor and business lead. Achievement is tracked against our Place Integrated Outcomes Framework.

8.3 Halton

Our One Halton's Ambition

To improve the health and wellbeing of the population of Halton by empowering and supporting local people from the start to the end of their lives by preventing ill health, promoting self-care and independence, arranging local, community-based support and ensuring high quality services for those who need them.

In October 2022, Halton agreed a new Joint Health and Wellbeing Strategy, which comprised 4 strategic priorities and associated goals:

Wider Determinant of Health:

- Improve the employment opportunities for the people of Halton in particular where it affects children and families.
- **Goal:** A more financially active and enabled community who are employed in good jobs that provide greater financial stability, improves quality of life and provide better health outcomes

Starting Well:

- Enabling Children and Families to live Healthy Independent Lives.
- **Goal:** More financially stable, informed and supported families with children who have better health outcomes

Living Well:

- Provide a supportive environment where systems work efficiently and support everyone to live their best life.
- **Goal:** A more supported and enabled community who are able to understand where to go to get the support and care they need in time.

Ageing Well:

- Enabling Older Adults to live Full Independent Healthy Lives.
- **Goal:** A more active and independent older population who are able to live at home or are supported to get the care they need.

Integrated Neighbourhood Working

One Halton partners have also agreed that the development of an integrated neighbourhood way of working as fundamental to our success.

Leadership, Oversight and Delivery Arrangements

Achievement of our ambition and delivery of our strategic priorities is led and overseen by the One Halton Place Based Partnership Board.

Senior Responsible Owners (SROs) are being identified for each of the priorities. Leading the groups work on behalf of the Board and ensuring appropriate representation from One Halton partners and other stakeholders (including Healthwatch Halton as the champion of service users) in their work, the SRO will be accountable to the Board for setting out the key deliverables for agreement by the Board, putting in place the delivery architecture, plans and resources, and providing updates on progress, impact, issues and risks.

Integrated Neighbourhood Model

One Halton has identified integration as key to improving the experience and outcomes of local people within a sustainable health and care system.

Our vision for neighbourhood working is greater than just health and social care and moves beyond treating symptoms to addressing the underlying causes of poor health and wellbeing and supporting people to have a good life.

One Halton partners have developed draft purpose, features and principles Integrated Neighbourhood Model. This will be finalised during March and used to inform integrated neighbourhood working across the Borough and all thematic priorities.

8.4 Knowsley

Our ‘Knowsley Plan’ sets out our vision, objectives and how we will work across the system to deliver health improvements for the people of Knowsley in the next 2 years.

We set out how the ‘health element’ of the vision will be delivered (Knowsley 2030) and how we will our work with partners to realise our key health-related ambitions. Knowsley Healthier Together, as a placed-based partnership, addresses the critical health challenges and embraces the opportunities to improve health services across the Borough.

Our vision for Knowsley brings us together as a local system and fully aligns with the Cheshire and Merseyside Health Care Partnership Strategy, Joint Forward Plan (in development) and the NHS Long-Term Plan.

The vision is based on the principles of Kindness, Honesty and Trust:

Enabling people to live healthier more independent lives through high quality seamless care.

Our vision is for everyone to have a great start in life and get the support they need to live healthy and longer. We will do this by working together as equal partners to support seamless person-centred care and tackle health inequalities by improving the lives of the poorest fastest.

We want Knowsley to be a place:

- with a thriving inclusive economy with opportunities for people and business

- with welcoming vibrant neighbourhoods and town centres
- where people are active and healthy and have access to the support they need
- where people of all ages are confident and reach their full potential
- where safe and strong communities can shape their future

We will take a life course approach to tackling inequalities and addressing our top health challenges:

- Life expectancy
- Obesity
- Depression
- Long term conditions
- Smoking
- Population Health

We will build on our achievements over the last 12 months including the learning from the pandemic. In delivering Knowsley 2030 and the Cheshire and Merseyside Health and Care Plan – 2023/25 we will focus on:

- Starting well, Mental Health and Learning disabilities
- Living Well and Planned Care
- Ageing well and Urgent Care
- Primary Care

Each area has a structure programme of work. The work will be underpinned by creating the right foundations supported by a number of enabler functions: Planning, Estates, Finance, Digital and Medicines Management.

Knowsley Healthier Together Board

The board Provides strategic leadership for and delivery of the overarching strategy and outcomes framework for the Place-based partnership and to achieve the objectives of NHS Cheshire and Merseyside ICB and the Knowsley Borough 2030 Strategy to improve the health and wellbeing of the Knowsley population. The board is supported by a number of local delivery groups.

We will focus on developing our maturity as this is important to improve our ability to improve services and achieve greater local financial and service autonomy.

8.5 Liverpool

The One Liverpool business plan sets out the strategic intent, priorities, governance and operational delivery plan of One Liverpool partners in 2023/24, to meet the ambitions in the One Liverpool Strategy.

The One Liverpool strategy has four core goals:

1. Targeted action on inequalities, at scale and with pace
2. Empowerment and support for wellbeing
3. Radical upgrade in prevention and early intervention
4. Integrated and sustainable health and care services

There are five key business priorities for 2023/24:

1. System redesign of the whole urgent care pathway to improve flow, patient experience and sustainability – right care, right place, right time:
   - Improving flow and discharge processes to ensure people are in hospital only as long as they need to be
   - Reducing the need for long term care
   - Adult Social Care Market Sustainability and Improvement
   - Improving reablement to maximise recovery and quality of life
2. Improve population health and reduce inequalities through prevention and anticipatory care, focused on 5 cohorts of our population:
   - Healthy Children and Families – Better Start, Good Respiratory Health, Emotional Health and Wellbeing
   - Disability - Learning Disabilities, Autism and Attention Deficit Hyperactivity Disorder ADHD
   - Complex Lives – Homeless Health and implementation of the Hertfordshire Safeguarding Model, Domestic Abuse
   - Long Term Conditions – Hypertension, Cardiology, Respiratory, Diabetes
   - Frailty - Integrated Frailty Pathway, Dementia, Virtual Wards, Care Homes
3. Implement the opportunities identified in the Liverpool Clinical Services Review of acute and specialist services. The objective of the Liverpool Clinical Services review is to realise opportunities for greater collaboration between acute and specialised trusts to optimise clinical pathways in acute care in Liverpool. There are three critical priorities out of the 12 opportunities:
   - Solving the clinical sustainability challenges affecting women's health in Liverpool.
   - Improving outcomes and access to emergency care, making optimal use of existing co-adjacencies at the Aintree, Broadgreen and Royal Liverpool Hospital sites
   - Economies of scale in corporate services
4. Strengthen integrated working arrangements at place with system partners to align plans, resources, governance to support delivery
5. Making best use of resources for financial sustainability.

The One Liverpool Strategy will be refreshed in 2023, supported by a whole health and care system partnership and a thorough analysis of population need utilising system data with a focus on the joint strategic needs assessment and the key challenges that One Liverpool need to address.

The work described above will be supported by a number of additional enabler programmes: Engagement and Co-Production, Research and Innovation, Data and Digital, Estates and Quality and Performance.

8.6 Sefton

The Sefton Partnership plan sets out our objectives and how we will work together to deliver improved health outcomes for local people over the next two years.

We have adopted a collaborative approach to developing our plan, working with all our partners to gain their unique knowledge, learning and experience from working with local people. We have embraced the Partnership's collaboration agreement principles, which centre on working together so that we can:

- Achieve financial sustainability
- Deliver person-centred care
- Act ethically at all times - being open
- Act as one - focusing on outcomes
- Invest in innovation and creativity
- Act based on evidence and a structured framework

Our plan supports delivery of the health and wellbeing strategy, Living Well in Sefton. We share a single vision, namely that Sefton will be:

"*A confident and connected borough that offers the things we all need to start, live and age well, where everyone has a fair chance of a positive and healthier future*"

Our plan sets out our objectives across the life-course, starting from pregnancy and continuing right through to supporting those who are nearing the end of their life. The service areas included under each life-course stage have been identified based on their being (i) included within the national planning guidance, (ii) part of the JFP requirements or (iii) a local Sefton priority.

Start Well:	Live Well:	Age Well:	All Age:
1. Children and Young People 2. Early Years 3. Maternity	4. Cancer 5. Complex Lives 6. Diagnostics 7. Learning Disabilities and Autism 8. Long Term Conditions 9. Mental Health 10. Planned Care 11. Women's Health	12. Community Services 13. Dementia 14. Urgent and Emergency Care	15. Carers 16. Obesity 17. Palliative and End of Life Care 18. Primary Care

In order to realise our vision and deliver our objectives, we have identified three cross-cutting themes:

1. Reducing health inequalities: We recognise there are stark differences in the quality and length of life across Sefton and that we need to work together to prioritise those who stand to gain the most.
2. Service transformation: We know our provider partners are under increasing pressure and that we have to radically transform how we deliver services to local people.
3. Community first: We recognise our communities have a vital role in improving their health and wellbeing and we are committed to working with them and co-producing solutions together.

Delivery will, in turn, be supported by a series of enabler functions that include:

- Clinical and Care Leadership
- Communications and Engagement
- Digital
- Estates
- Medicines Optimisation
- Organisational Development
- Population Health Management

We have a shared commitment to adopting a "whole population, whole partnership" approach given that we know health and life chances are impacted by a wide range of factors. We therefore recognise that we will only achieve our objectives by strengthening how we work together as a Partnership over the next two years.

8.7 St Helens

Our St Helens Place Based Partnership Plan details our strategic approach to improving the health and wellbeing outcomes of residents of the borough, providing high quality services that meet local needs.

Our Vision and Mission:

One Place, One System, One Ambition - Improving people's lives in St Helens together.

Bringing people closer together, by tackling health inequalities in St Helens.

We have a number of guiding principles:

- Ensure Children and Young People Have a Positive Start in Life
- Promote Good Health Independence and Care Across Our Communities
- Create Safe and Strong Communities and Neighbourhoods for All
- Support a Strong, Thriving, Inclusive and Well-Connected Local Economy
- Create Green and Vibrant Places That Reflect our Heritage and Culture
- Be a Responsible Council

Our Values based Principles:

- We will be compassionate and inclusive as we work to deliver quality Services.
- We will strive to make a difference continuously learning and improving what we do.
- We will be open and honest and work with integrity at all times.

We will build on the good work completed to date including learning from the pandemic whilst responding to changing needs we have identified a number of revised priority areas these include:

Mental Wellbeing with a focus on:

- Prevention and reduction of self-harm and suicide
- Reducing loneliness and isolation
- Improve wellbeing of children and young people
- Expand VCS Capacity to support mental health and wellbeing.

Healthy Weight with a focus on:

- Support healthy eating choices in the Borough.
- Encourage residents to lead a more active lifestyle.
- Reduce diabetes.

Care Communities with focus on:

- Deliver a multi-disciplinary team's care approach in neighbourhoods.
- Reduce unavoidable system pressures in primary and secondary care.
- Treat and support people to recover and stay well in their own homes 'self-care'.

Inequalities with a focus on:

- Tackling the wider determinates of health
- Marmot - a focus on giving every child the best start in life
- Responding to the cost-of-living crisis inc. Food poverty and Fuel poverty

To support the overall delivery, we have identified a number of enabler programmes:

Digital Transformation: We will have a robust digital transformation strategy to build on our investments, innovations and the achievements made during the pandemic.

Population Health Management: We will build on and embed the use of real time population health data and analytics to drive the focus on population health and care strategies at place and in our localities.

Workforce: We and to shape and support our workforce to meet the needs of the future. St Helens will be an attractive, innovative place to work, develop and contribute to the growth of the Borough.

We will continue our commitment to delivering both the NHS Operational Plan and the Long-Term Plan and our local plan reflects this.

We will continue to work across the wider system to develop our collective capability, maturity and influence system change at pace ensuring that we take the appropriate strategic direction and make wise investments.

8.8 Warrington

Our Vision:

Warrington is a place where we work together to create a borough with stronger neighbourhoods, healthier people and greater equality across all our communities.

This vision is supported by two key outcomes in our Health and Wellbeing strategy (HWBS):

- People will live longer, and those years will be lived in good health
- The gap in life expectancy between the most and least deprived communities will be reduced

Delivery of the HWBS is owned by the Warrington Together Partnership Board (WTPB) which has representatives from all partners across Warrington, including Healthwatch and a representative from the Voluntary, Community, Faith and Social Enterprise Sector.

A life course approach has been adopted with robust delivery plans in place to enable transformational change:

Starting Well

Every child should have the best start in life. The best start in life is about good physical and mental health for every child, about children being safe and growing up in settled families, about getting the best from school and education so they can lead successful adult lives. We want Warrington to be a place where children enjoy their childhoods and go on to achieve great outcomes.

Staying Well

Tackling the wellbeing factors and wider determinants that impact poor health including obesity and alcohol, focussing on improving outcomes for people experiencing poor mental health and those with learning disabilities and/or autism, additionally we will support those that are experiencing poverty.

Ageing Well

Supporting people to live at home for longer. This theme will focus on developing the Single Front Door to support the delivery of interconnected services by directing residents/patients to services who have the skills, expertise, and capacity to care for them. Embedding a proactive care approach, maximising virtual wards, enhancing care in care homes, ensuring successful transfer of care when people move between care interfaces and supporting people to die with dignity.

WTPB is supported by a Finance, Investment and Resource Group which will seek to mobilise the pooling/alignment of budgets at Place (via the Better Care Fund) to achieve economies of scale and maximise outcomes as well as a Quality and Performance Group which provides oversight of system quality, particularly in relation to resident/patient experience.

The Warrington Together themes are supported by a number of enabler workstreams: including Communication and Involvement, Digital, Estates, Workforce and Business Intelligence.

The enabler workstreams not only support the delivery of the plans for each theme, they will also deliver against local priorities such as:

- A cross-sector Workforce strategy to mitigate the workforce recruitment and retention issues being experienced across the Borough.
- A Digital Strategy to enable shared care records to be easily accessed between partners (a key finding of our recent Special Educational Needs and Disability SEND inspection), improving the quality of care for our residents, also upskilling our residents to access digital solutions.
- Joining up emerging Estates strategies across Primary, Community and Secondary Care. Developing hubs to house additional primary care roles, making the ambition of a new hospital for Warrington a reality and streamlining existing sites that aren’t fit for purpose into a purpose-built intermediate tier facility.

- This work will be underpinned by robust, meaningful data and our communications and engagement teams will ensure partners and residents alike are informed, engaged and involved in co-production where possible.

All activity will be monitored by a new Joint Outcomes Framework (JOF) for Warrington, which will be co-produced by partners and residents across Warrington. The framework will provide the opportunity to include some of the Marmot Beacon and the Core20PLUS5 indicators to ensure that the reduction of health inequalities provides a golden thread throughout.

8.9 Wirral

The Wirral Health and Care Plan is a collaborative plan for how as health and care organisations we will work together to progress with our agreed priorities.

We will build on the good work to date and continue to adhere to the core principles that were agreed in our Delivery Plan for 2022/23:

- Organise services around the person to improve outcomes.
- Maintain independence by providing services the closest to home.
- Reducing Health Inequalities across the Wirral population
- Provide seamless and integrated services regardless of organisational boundaries
- Maximise the Wirral Health and Care Pound
- Strengthen the focus on wellbeing including greater focus on prevention and Public Health
- Across Wirral we will ensure that in our work:
- We start with Population Health
- We are tackling Health Inequalities and considering the wider determinants of health
- Make decisions that are evidence-based drawing on collective data sources (Joint Strategic Needs Assessment JSNA)
- Deliver good outcomes and be safe and effective.
- Have co-production and clinical engagement at the core of what we do.
- Adopt a collaborative approach.
- Optimise the use of our collective resources including finance and our workforce.
- Focus on acting sooner with an emphasis on prevention and being person-centred
- Learn from people's lived experience.
- Aim to support people to stay well and independent.
- Continue to develop Place-based services – enhancing the neighbourhood delivery.

Our priorities in reducing inequalities in health and care will cover the whole life span of our population, from birth to death, increasing healthy life expectancy and reducing the differences between our communities. We will focus on creating a sustainable environment, promoting active and healthy Lives, building a brighter future, creating safe and pleasant communities and working towards a prosperous and inclusive economy.

Within our Health and Care Plan our priorities will be under three broad themes of guiding programmes, delivery programmes and enabling programmes. Each will have a detailed programme plan with clear deliverables and progress will be reviewed by our Strategy and Transformation Group.

Our three Guiding Programmes which will support the work locally are:

- Population Health including prevention and health inequalities.
- Developing the Neighbourhood Model
- Use of resources

Delivery Programmes will all support the 14 priority areas in the NHS Operating framework and also in our specific Wirral Health and Wellbeing plan.

There are a number of priorities that are within the NHS Plan for which there are established work programmes across Cheshire and Merseyside. Our role as Wirral Place is to be involved, contribute and support these programmes and their implementation in Wirral. These priority areas will have consistent approaches across Cheshire and Merseyside but will also require local delivery and interpretation.

Delivery at Scale – Place Supported

- Elective Care
- Cancer
- Diagnostics
- Maternity

We also have priority areas for delivery that have a specific Wirral focus, which we have agreed together. They have a particular focus on Urgent and Emergency Care, Primary Care and Community, Children and Young People, Mental Health, and Learning disability and autism.

Within our Health and Care Plan we have also 4 programmes that will support the delivery of the above: Workforce, Digital maturity, Estates and sustainability and Medicine Optimisation.

Glossary and Appendices

Glossary

An online glossary of terms has been developed by NHS Cheshire and Merseyside and can be accessed through this link:

cheshireandmerseyside.nhs.uk/get-involved/glossary/

Appendices

Appendix A - summary of outcomes

We have developed clear ambitions for our services between 2023-28 to ensure we continue to improve for the benefit of our population.

Service / Programme	Focus Area	2023-28 Ambition
Population Health: Prevention (Living Well)	Reduced smoking prevalence	• Reduced smoking prevalence (and improved delivery of the Treating Tobacco Dependency Programme) • Improved delivery of the Treating Tobacco Dependency Programme
	Healthy weight	• Reduced percentage of adults classified as overweight or obese (and strengthened uptake of the Digital Weight Management Programme)
	Reducing harm from alcohol	• Reduced hospital admissions for alcohol-related conditions (and delivery of the national Alcohol Programme and Alcohol Care Teams)
	All Together Active	• Increased percentage of physically active adults • Reduce associated inequalities
	Health checks	• Increased uptake and impact of preventative health checks, e.g., NHS Health Checks, Diabetes Prevention Programme, Annual reviews for patients with Severe Mental Illness (SMI) particularly in priority and underserved groups (often referred to as PLUS groups)
Population Health: Reducing	Reducing Harm from Alcohol	• Reduced hospital admissions for alcohol-related conditions (and delivery of the national Alcohol Programme and Alcohol Care Teams)

Service / Programme	Focus Area	2023-28 Ambition
harm from alcohol **(Living Well)**	Delivery of improved outcomes in relation to alcohol related disease	• Reducing harm from alcohol will positively impact on a range of indicators in relation to health and well-being; including access to mental health services, liver disease and employment metrics.
All Together Fairer **(Living Well)** **(Ageing Well)**	All Together Active	• 150,000 inactive people across Cheshire and Merseyside becoming more physically active, focusing on those facing the greatest health inequalities (by 2026) • A more effective and efficient NHS, health and social care system as a result of reduced demand on the system from having a more active population • A whole-system approach towards physical activity • Our 9 Places supported to further develop opportunities to use physical activity as a way of improving population health • Embedding of movement, physical activity and sport within the Cheshire and Merseyside health and social care system
	Children and Young People	• Increased percentage of children achieving a good level of development at 2-2.5 years. • Increased percentage of children achieving a good level of development at the end of Early Years Foundation Stage. • Reduction in hospital admissions as a result of self-harm (15-19 years). • Increase in pupils who go on to achieve a level 2 qualification at age 19. • Reduction in proportion of children in workless households
	Adults of working age	• Reduction in percentage unemployed (aged 16-64 years). • Reduction in percentage of employees earning below real living wage. • Reduction in proportion of employed in permanent and non-permanent employment

Service / Programme	Focus Area	2023-28 Ambition
	Adults	• Reduction in percentage of individuals in absolute poverty, after housing costs. • Reduction in the percentage of adults reporting loneliness. • Increase in activity levels. • Increase in number of people cycling or walking for travel (3 to 5 times per week).
	Other indicators outside of Beacon indicator set	• Increase in weighting of funding for work in social determinants of health. • Visibly strengthened partnership work on health equity. • A visible and strengthened role of business and the economic sector in reducing health inequalities.
Children and Young People (CYP) **(Starting Well)**	Emotional Wellbeing and Mental Health	• 25% reduction in total number of A&E attendances for Mental Health (MH) presentations (2024/25) • Improved access, and equity of access tp CYP Mental Health Services (0-17) • 25% reduction in total number of delayed discharges for CYP who need access to a safe alternative (not Tier 4) (2025/26) • All 9 Places have a single digital point of access to MH support (2024/25)
	Healthy Weight and Obesity	• Flattening the curve on obesity rates for CYP at both Reception and Year 6 assessments (2028) • 5% increase in CYP undertaking physical activity on a regular basis per year. (2023/24)
	Learning Difficulties, Disabilities and Autism: (LDD&A)	• Increased number of neurodevelopmental and Autism CYP Referrals where reasonable adjustments are made with a care plan (2023/24) • Increased number of neurodevelopmental and Autism CYP Referrals where reasonable adjustments are made with an intervention (2023/24)

Service / Programme	Focus Area	2023-28 Ambition
	Epilepsy	• 100% of CYP with epilepsy should access specialist nursing care in the first year of treatment (including all children with Autism Spectrum Disorder ASD / Learning Disability LD) (2024/25) • 10% increase in CYP accessing mental support (2023/24) • 10% increase in children who have a comprehensive care plan agreed within 12 month of diagnosis (2023/24)
	Diabetes	• 20% increase in CYP using diabetes specific technology to manage their condition 23/24 • 5% decrease in emergency diabetes attendances Diabetic ketoacidosis (DKA) (2023/24) • 80% of CYP with Type 2 diabetes have annual health checks (2025/26)
	Respiratory	• Reduced overreliance on reliever inhalers, fewer asthma attacks. • 10% reduction in A&E attendances for asthma exacerbations (Core20PLUS5) (2023/24) • 10% reduction in Short-acting beta-agonists (SABA) inhaler prescription (3 or over per month) (2023/24) • 80% of children will have a written Asthma Plan (2023/24) • 80% of children will have inhaler techniques checked (2024/25) • 80% of children on primary care asthma register have had an annual review (2024/25)

Service / Programme	Focus Area	2023-28 Ambition
	Oral Health	• Increase dental General Anaesthetic (GA) capacity, to reduce the backlog of dental need (noting the programme aim is to reduce need for GA longer term) • Facilitate attendance at dental practices, with a focus on LDD&A • Enable provision of evidence -base oral hygiene products for young children • Embed relevant oral health messaging in all CYP population health programmes • Reduce missed school days due to poor oral health
	Care Leavers	• We will Implement the NHS Universal Family (Care Leaver Covenant) Programme so that care experienced young people have opportunities to be supported into roles within the NHS by October 2023.
Women's Health and Maternity **(Starting Well)** **(Living Well)**	Maternity and Neonatal 2023/24	• Reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury. • Continue to deliver the actions from the final Ockenden report as set out in the April 2022 letter as well as those that will be set out in the single delivery plan for maternity and neonatal services. • Increase fill rates against funded establishment for maternity staff • Ensure all women have personalised and safe care through every woman receiving a personalised care plan and being supported to make informed choices • Implement the local equity action plans that every local maternity and neonatal system (LMNS) Integrated Care Board (ICB) has in place to reduce inequalities in access and outcomes for the groups that experience the greatest inequalities (Black, Asian and Mixed ethnic groups and those living in the most deprived areas).

Service / Programme	Focus Area	2023-28 Ambition
	Embedding measures to improve health and reduce inequalities in 2023/24	• Update plans for the prevention of ill-health and incorporate them in joint forward plans, paying due regard to the NHS Long Term Plan primary and secondary prevention priorities, including a continued focus on Cardio-vascular Disease (CVD) prevention, diabetes and smoking cessation. • Have due regard to the government's Women's Health Strategy and continue to deliver against the five strategic priorities for tackling health inequalities and take a quality improvement approach to addressing health inequalities and reflect the Core20PLUS5 approach in plans.
	Special interest groups	• The Gynaecology Network requested that special interest groups be set up for certain conditions to enable expert led focus to identify key areas of priority for these specialisms. Special Interest Groups have been established for the following specialties: - • Menopause – This group has conducted a survey across Cheshire and increased training of both secondary and primary care clinicians, so GPs have better menopause knowledge and primary care clinicians can start the process of establishing a specialist menopause clinic in their respective localities. The group is also engaging with communities in Cheshire and Merseyside to provide information/listening events beginning in Liverpool in February and rolling out to other places across Cheshire and Merseyside. The group has involved NHSEI Menopause Improvement Plan, and we hope to be included in focus group work. • Paediatric and Adolescent Gynaecology – This group are developing pathways that will be used across Cheshire and Merseyside. • Endometriosis – This group are looking at mentoring and support for clinicians and ongoing support for patients living with endometriosis. • Cervical Screening – To meet in March 2023

Service / Programme	Focus Area	2023-28 Ambition
	Women's Health Strategy	• The first Draft will be completed in May 2023. This will prioritise areas for Cheshire and Merseyside. It is prudent to have a regional strategy so the team can be initiative-taking in delivering some of the key objectives of the strategy. • As the Department of Health and Social Care (DHSC) are currently developing a delivery plan and implementation framework for the strategy, the Cheshire and Merseyside WHS will enable the Women's Health and Maternity (WHaM) team to provide progress update to the DHSC.
	Workforce	• A gap analysis of gynae workforce will be conducted to understand the challenges faced within the Gynaecology Specialist Nursing Workforce, this will build on the work conducted from the overall Cheshire and Merseyside gap analysis. • Develop a Gynae Nurse Network to support and inform the Gynaecology Cheshire and Merseyside Network. The purpose of the Gynaecology Nurses Network is to work across organizational and place boundaries and encourage collaboration and sharing of best practice and learning and explore the development of Cheshire and Merseyside wide clinical pathways.
	Women's health engagement	• Women's Voices Network will be developed for Cheshire and Merseyside. • Development of women's health app • Women's Health Champions - A Women's Health Champion for each place to feed in issues for women in their respective areas. To include peer support training. • Connection to engagement networks within individual Places.

Service / Programme	Focus Area	2023-28 Ambition
	Standardisation	• Referral triage SOP developed to be developed for Cheshire and Merseyside • Primary and Secondary care interface policy for Cheshire and Merseyside A policy setting out how we can streamline primary and secondary care links by looking at what pathways could be developed, key actions to be addressed etc. • Mutual Aid - Develop a Mutual Aid Standard Operating Procedure (SOP) and identify key areas for mutual aid - staffing across sites etc. Develop SOPs for Cheshire and Merseyside. • Joint Procurement – Scoping exercise on Joint Procurement opportunities to maximise resources, to see where joint procurement could take place across system.
	Improving access	• Women's Health Hubs - Conduct a needs assessment across Cheshire and Merseyside to see what women's health services are needed by seeing what is already available but what is also needed as urban and rural needs will be different etc. We will also look at costs of additional services at primary care/within the community, and how to overcome blockages. • Estate – Identifying estate for community clinics, increasing appropriate space for gynaecology in District General Hospitals (DGHs). Data will be sought on areas with most Did Not Attends DNAs and map available estate to these areas.
Diabetes **(Living Well)**	8- Care processes (8CP) / Treatment Targets.	• Increase in the number of moderate risk patients called for review so that 8CPs can be assessed. • Improved completion rates from the baseline aiming for the England average for practices in the lowest quintile. • Improve achievement of the 3 treatment targets (Blood pressure, Cholesterol and HbA1c) for Cheshire and Merseyside. • Recovery of referrals to pre-pandemic levels and improved uptake of attendance

Service / Programme	Focus Area	2023-28 Ambition
	NHS National Diabetes Prevention Programme (NDPP)	• We will identify and decrease variation in uptake across the ICB and we will also deliver a robust communications plan.
	Structured Education (SE)	• Achieve 2020/21 SE levels for patients offered SE in the last 12 months during 2023/24. • Increased number of patients referred onto SE programmes within 12 months of a new diagnosis of diabetes for T1 and T2 diabetes.
	Diabetes Type 1 Disordered Eating Programme (T1DE)	• Established T1DE programme providing this joint clinical service as one of 8 centres nationally.
	Continuous Glucose Monitoring (CGM) and Flash glucose monitoring	• For people with type 1 and type 2 diabetes. • Reduce variation across the ICB and improve the uptake of this technology. • Ensure all areas have comparable policies and access to technology
	Multi-Disciplinary Footcare Team provision (MDFT)	• Reduce major and minor amputation rates.
	DISN provision	• Sufficient Diabetes Inpatient Specialist Nurse (DISN) provision to meet the advised national ratio of 1 nurse for every 250 inpatients in the hospital settings across the ICB
	Reduce Health Inequalities	• We will reduce health inequalities for people living with diabetes

Service / Programme	Focus Area	2023-28 Ambition
Diagnostics **(Start, Live and Age Well)**		• Increase the percentages of patients that receive a diagnostic test within six weeks in line with March 2025 ambition of 95%. • Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition. • Expand the number of Community Diagnostic Centres (CDCs) in the system, moving from the current operational 6 sites to 9 sites. This will significantly increase capacity in Cheshire and Merseyside and facilitate an increase in the number of patients who can access diagnostic tests within six weeks. • Deliver a minimum 10% improvement in pathology and imaging networks productivity by 2024/25 through digital diagnostics investments
Personalised Care **(Start, Live and Age Well)**	Embedding personalised care approaches in our Virtual Ward services	• Access Training for 25% of staff in the first year (23/24) for the workforce to support to embed Shared Decision Making (SDM), made available via the Personalised Care Institute; Increasing there after yearly by 10% • Use validated patient-reported measures of SDM as defined in the evaluation agreement with the innovation agency for the programme
	Access and use of Personal Health Budgets (PHBs)	• An additional 1000 PHB's at the end of each financial year. The 5-year plan is to achieve an increase in uptake of PHB's so that 12000 PHB's are in place by 27/28.
	Service review and redesign	• Improve uptake performance on right to have groups and areas of reduced uptake such as Mental health, section 117, maternity and Fasttrack (March 2028)
	Peer support	• Increase confidence in personalisation conversations to achieve a PHB offer and thereby uptake (March 2024)
	Consistency of access	• Improve efficiency and effectiveness of facilitative third party PHB providers across Cheshire and Merseyside through consolidation of commissioning arrangements (March 2026)

Service / Programme	Focus Area	2023-28 Ambition
	Innovative solutions	• Stimulate and facilitate innovative care solutions through VCFSE (March 2025)
Primary Care **(Start, Live and Age Well)**	Ensuring timely Access to General Practice Services	• The number of total appointments offered as an ICB exceeds pre pandemic levels and will cover all main appointment methods • The number of total appointments offered as an ICB exceeds pre pandemic levels and increases in line with national commitment (4.9% growth) • Patients will not wait longer than 2 weeks for an appointment appropriate to their needs • The ICB will meet asks in the National Access Recovery Plan (Not yet released) • The ICB will meet ensure delivery of workstreams aligned either at system or place level, outlined in the ICB Primary Care Strategic Framework (completed 30.4.23) • Maximising/developing Enhanced Access offers to patients in line with the specification, and supporting patients getting access to general practice services outside of core hours • Increase the number of ARRS roles in line with national allocation of resources
	Improving access to Dental Services	• As part of Dental Recovery Plan • Recover dental activity, improving Units of Dental Activity (UDAs) towards pre-pandemic levels with quarterly target improvements to be agreed for this year • Ensure additional level of UDAs through future years • We are defining improvement trajectories to ensure there are appropriate waiting times for a first appointment with a reducing trajectory over the coming years • No patient waits longer than agreed timeframe for urgent dental treatment 23/24

Service / Programme	Focus Area	2023-28 Ambition
	Community Pharmacy Consultation Service	• Increase participation in the Community Pharmacist Consultation Service.
Cancer (Living Well)	Recovery plan	• Continue to reduce the number of patients waiting over 62 days • Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days – March 2024. • Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028.
Cardiovascular (Living Well)	CVD Prevention	• Increase percentage of patients with hypertension treated to National Institute for Health and Care excellence (NICE) guidance to 77% by March 2024 • Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60% • Continue to address health inequalities and deliver on the Core20PLUS5 approach • Development of a business case to establish a sustainable Familial Hypercholesterolemia (FH) service • Reduced mortality due to cardiovascular disease

Service / Programme	Focus Area	2023-28 Ambition
	National Pathways	• Improved access to Acute Coronary Syndrome (Cheshire and Merseyside currently the worst in the country) – see ACS Improvement plan Appendix), as well as Heart Failure, Heart Rhythm and Pacing, and Heart Valve and Endocartis • Better quality and safety of care across the pathway leading to better outcomes • Reduced waits for diagnostics, assessment, and care because services are restored post COVID (this links to our diagnostic program – Echocardiogram improvement plan and trajectories) • Better experiences of care, and reduction in inter hospitals transfers • More equitable access to care across different groups and different geographies • More sustainable costs of care
Community health services **(Living Well)**	Recovery plan	• Consistently meet or exceed the 70% 2-hour Urgent Community Response (USR) standard. • Increase utilisation of Urgent community response service by 20% against 2022/23 baseline • Increase number of virtual ward beds to 900 in line with national expectations (agreed through the operational planning process • Achieve and maintain over 85% occupancy rates of virtual ward beds
	Community Waiting times	• Eliminate waits of over 52 weeks for community care by March 2024 • Reduce patients waiting over 18 weeks for a 1st appointment in a community clinic by 25% from the 2022/23 baseline figure

Service / Programme	Focus Area	2023-28 Ambition
Elective recovery **(Start, Live and Age Well)**		• Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialities) • Deliver the system-specific activity target (agreed through the operational planning process) of 105% - March 2024. • Targeting a 30% reduction in the number of onward referrals, to levels that could otherwise have been expected, by avoided referrals achieved through specialist advice based on data from the new system Elective Recovery Outpatient Collection (EROC). • Reduce outpatient follow up activity by 25% against 2019/20 baseline by March 2024. • Increase in day case activity, targeting 85%, in line with Cheshire and Merseyside Plan • Deliver planned, system average Theatre utilisation of at least 80%
Neurosciences **(Living Well)**	Access to acute neurological care	• Increase access to acute neurological care for patients to be assessed in a timely manner by an appropriate expert, to guide appropriate investigations.
	Best Practice Pathways	• Roll out best practice pathways to other providers in Cheshire and Merseyside.
	Stroke	• Increase numbers of patients receiving thrombectomy treatment year on year and to maximise efficiency in the pathway.

Service / Programme	Focus Area	2023-28 Ambition
Respiratory **(Start, Live and Age Well)**	Diagnostic and Treatment Pathways	• Reduce the size of the undiagnosed population of patients with Chronic Obstructive Pulmonary Disease (COPD), specifically in areas of social deprivation by using a proactive approach – Dec 2023 • Improve the effective management of respiratory long-term conditions, improving health related quality of life and reducing secondary care emergency admissions – Dec 2024 • Reduce referral to treatment time for patents with Respiratory conditions – April 2026 • Reduce secondary care outpatient use by supporting integrated service design – April 2027 • Improved uptake of secondary prevention measures in patients with COPD, particularly in the uptake of vaccinations and in recording smoking cessation and referral for smoking cessation services (Core20PLUS5) – April 2025
	Spirometry Restart	• An increased number of clinicians trained to Association for Respiratory Technology and Physiology (ARTP) Standards for delivery and interpretation of spirometry – April 2025
	Pulmonary Rehab	• An increase in appropriate referrals – June 2024 • A reduction in referral to assessment waiting times for patients – June 2023 • An increased number of completion rates for Pulmonary Rehab – June 2024 • All Pulmonary rehabilitation teams to have achieved Royal College of Physicians (RCP) accreditation – Jan 2026
	Greener inhalers	• Improve the long-term management of patients with COPD and Asthma (via the Pathways work) which will reduce reliance upon high use of short acting bronchodilators – Dec 2024
	Early detection and proactive management	• Improve patient and family/carer education and supported self-management for people living with long term Respiratory conditions – Dec 2024.

Service / Programme	Focus Area	2023-28 Ambition
Stroke **(Live, Age Well)**	National Optimal Stroke Imaging Pathway (NOSIP)	• By 2024 full implementation of Computed Tomography Angiography (CTA) and Computed Tomographic Perfusion (CTP) at all appropriate Hyper Acute Stroke Services (HASUs). • By 2024 ascertain the number of Magnetic Resonance Imaging MRI sots available to stroke patients in line with NOSIP guidelines with the ultimate goal of securing MRI slots specifically for suspected stroke patients within one hour of arrival at hospital.
	North Mersey Stroke Service Transformation	• Summer 2023 – increase the bed base for stroke patients in North Mersey and provide patients with the correct facilities to enable appropriate rehabilitation to be offered and provided by completing the estates transformation work
	Sentinel Stroke National Audit Programme (SSNAP) Data	• By 2024, all routinely admitting stroke services to achieve SSNAP score of “B” or above.
	Hyperacute Stroke Services and Thrombectomy	• Increase the percentage of stroke patients receiving thrombectomy to 4.5% by March 2024 • Increase access to Ambulance Video Triage.
	Integrated Community Stroke Services	• Increase in % of services that are stroke/neuro specialist combined Early supported Discharge/ Cognitive Rehabilitation Therapy ESD-CRT services through national SSNAP dashboard • Upskill rehabilitation workforce and increase bank of stroke specific training videos accessible to all rehabilitation colleagues. • Increase access to telehealth and digital solutions to support existing workforce.
	SQuIRe (Stroke Quality Improvement in Rehabilitation)	• Deliver all 6 catalyst funded projects by March 2024
	Prevention	• Reduce the inequalities in secondary prevention of stroke through joint working with the CVD Prevention Programme.

Service / Programme	Focus Area	2023-28 Ambition
Urgent and Emergency Care **(Start, Live and Age Well)**	UEC recovery plan	• Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/2025 (All types) Target >76% Plan 77% • Reduce adult general and acute bed occupancy to 94.3%. • No Criteria to Reside (NCTR) We intend making a significant improvement in relation to current performance of circa 22% -with a 23/24 target range across our nine Places of 12%-14% with a 2028 ambition to reduce to below 10% • 21 Day Hospital Length of Stay is currently 28% - we aim to bring this in line with our best performing trust who are currently at 17% • Urgent Community Response service will deliver a 70% response within 2 hours • Virtual Wards: We plan to open 900 beds (at start of 2023-24 - c525 beds) • -70% of these beds will open by start of September 2023 with occupancy of 65% • -80% occupancy by the end of September, • -80 % of these beds will open with 80% occupancy by end of November • -100% of planned beds will be open with 80% occupancy by end of March 2024 • Ambulance response improvement trajectory with the intention to deliver ambulance response of 30 minutes for category 2 responses in 2023-24 (NWAS have agreed a 33 Minute time 30 is a national target)

Service / Programme	Focus Area	2023-28 Ambition
Mental health **(Start, Live and Age Well)**	Priority national objectives for 2023/24	• Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019) • Increase the number of adults and older adults accessing Improving Access to Psychological Therapies (IAPT) treatment • Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services • Work towards eliminating inappropriate adult acute out of area placements • Recover the dementia diagnosis rate to 66.7% • Improve access to perinatal mental health services
	NHS 111 ‘select MH option’	• Ensure that a single national 3-digit number exists for mental health crisis by 31st March 2024
	Addressing Section 136 delays	• Additional MH conveyance solutions to be implemented in April 2024 (subject to funding) • Increased availability of Section 12 doctors by March 2024 • Increased availability of Approved Mental Health Professionals (AMHPs) by March 2025 • Maximising support to acute hospital emergency departments from mental health trusts. Mental health training and upskilling needs of both professionally qualified and support staff will be scoped by July 2023 and training undertaken by March 2024
Dementia **(Ageing Well)**		• Work towards exceeding the national standard of 66% of expected dementia diagnosis rates. • Maximise support to carers • Increased use of digital technology

Service / Programme	Focus Area	2023-28 Ambition
Suicide Prevention **(Start, Live and Age Well)**		• Increased awareness of suicide risks, promotion suicide prevention messaging • Implement a commissioned 'postvention' service • Enhanced Real Time Surveillance systems • Extended workforce (capacity and Capability)
Learning disability and autism **(Start, Live and Age Well)**		• The requirement to deliver on Annual Health Checks for people aged 14years plus continues to be closely monitored with various investments made to enhance this work and enable this target area of 75% to be achieved by delivering a high-quality Annual Health Check with Primary Care. • Autism housing needs assessment is underway with final recommendations expected by the end of March 2023. This work will be developed further during 23/24. It will mean working with housing providers and Local Authorities via Place to access the required capital funding to enable investment. Having suitable housing will support more timely discharges and ensure people are discharged to the appropriate housing. • Autism Care and Treatment Review (CTR) Hub is being commissioned for 23/24 which will ensure CTR's take place within the required timescales. • Autism Community Forensics Service will be developed in 23/24 which will support the discharge of people from forensic settings and ensure they are supported in the community by a skilled team of professionals. • During 23/24 we plan to develop in collaboration with place commissioners a Positive Behaviour Support specification for adults and CYP that will meet the needs of our population that is more targeted and accessible. • The Transforming Care Programme will continue to align itself to the developments within the CYP Mental Health Programme to avoid duplication and promote inclusion.

Service / Programme	Focus Area	2023-28 Ambition
Attention Deficit Hyperactivity Disorder (ADHD) **(Start, Live and Age Well)**		• Our population will have consistent access to the diagnostic and support services for ADHD
End of life care **(Start, Live and Age Well)**	Recognising people are coming to the end of their life	• By March 2024 50% GP practices using the EARLY clinical search tool to identify patients who might be in the last 12 months of life • By March 2024 all GP practices meeting the metric of 0.6% GP population on a palliative care register with 60% having a personalised advance care plan • By September 2023 each Place to have a plan for sustaining Advance Care Planning education and training for health and care staff
	Enabling information to be available electronically to support end of life care	• By 2025, as part of the wider digital plans for the ICS, to have Electronic Palliative Care Systems which transfers and shares information across all care settings
	Access and sustainability	• By March 2024 a Population Based Needs Assessment (PBNA) completed for each of our Places to inform strategic direction and service planning
	Workforce	• By March 2024 an action plan to address workforce gaps, developed for each of our places across Cheshire and Merseyside
	Engaging with people	• By June 2023 identify the issues, related to end-of-life care, which are important to the people of Cheshire and Merseyside through engagement events and ensure they are reflected in the delivery plan

Appendix B - Links to our partners' strategic plans

Local Authorities:

Cheshire East Council

Cheshire West and Chester Council

Halton Borough Council

Knowsley Council

Liverpool City Council

Sefton Council

St Helens Borough Council

Wirral Council

Warrington Borough Council

NHS Providers:

Alder Hey Children's Hospital NHS Foundation Trust

Bridgewater Community Healthcare NHS Foundation Trust

Cheshire and Wirral Partnership NHS Foundation Trust

Countess of Chester Hospital NHS Foundation Trust

East Cheshire NHS Trust

Liverpool Heart and Chest Hospital NHS Foundation Trust

Liverpool University Hospital NHS Foundation Trust

Liverpool Women's NHS Foundation Trust

Mersey Care NHS Foundation Trust

Mid Cheshire Hospitals NHS Foundation Trust

North West Ambulance Service NHS Trust

Southport and Ormskirk Hospital NHS Foundation Trust

St Helen's and Knowsley Teaching Hospital Trust

The Clatterbridge Cancer Centre NHS Foundation Trust

The Walton Centre NHS Foundation Trust

Warrington and Halton Teaching Hospitals NHS Foundation Trust

Wirral Community Health and Care NHS Foundation Trust

Wirral University Teaching Hospital NHS Foundation Trust

Appendix C - Views of our Health and Wellbeing Boards

Health and Wellbeing Board Statements