17 January 2023
15.00pm – 17.00pm
Ellesmere Port Library, Committee Room

NHS
Cheshire and Merseyside

Meeting of the Health and Care Partnership
Agenda
Chair: Cllr Louise Gittins

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PACK PAGE NUMBER
15:00pm	**Preliminary Business**			
HCP/01/23/01	Welcome Introductions and Apologies	LG	Verbal	
HCP/01/23/02	Declarations of Interest *(HCP members are asked to declare if there are any declarations in relation to the agenda items)*	LG	Verbal	
HCP/01/23/03	Minutes of the last meeting – 8 November 2022	LG	Paper Approval	Page 3
HCP/01/23/04	Actions from the last meeting, including update on progress	LG	Paper	Page 12
15:20pm	**Business Items**			
HCP/01/23/05 15:20 – 15:25	Appointment of Joint Vice Chair – update	LG	Verbal	
HCP/01/23/06 15:25 – 16:10	Cheshire and Merseyside HCP Draft Interim Strategy	Neil Evans	Paper Note/Endorse	Page 14
HCP/01/23/07 16:10 – 16:20	NHS Planning Guidance – 23/24	Claire Wilson/ Neil Evans	Paper Information	Page 75
HCP/01/23/08 16:20 – 16:45	Workforce	Lindsey Dawson Skills for Health	Presentation For discussion	
HCP/01/23/09 16:45-16:55	HCP forward plan	LG	For Discussion	
HCP/01/23/10 16:55-17:00	Review of Meeting	LG	For Discussion	
17:00pm	**Close of Meeting**			

Dates of future meetings:

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

NHS
Cheshire and Merseyside

Cheshire and Merseyside Health and Care Partnership Meeting

Held at Seqirus Room, Partnership for Learning Charity, Speke, Liverpool

Meeting Minutes
9th November 2022
3pm-5pm

MEMBERSHIP		
Name	**Initials**	**Role**
Cllr Louise Gittins	LGi	Chair of HCP, Leader of Cheshire West and Chester Council
Dr Raj Jain (Vice	RJa	Vice Chair HCP, Chair of NHS Cheshire and Merseyside
Cllr Sam Corcoran	SCo	Leader of the Council, Cheshire East Council
Cllr Marie Wright	MWr	Chair of Health and Wellbeing Board/Cabinet member for Health and Wellbeing, Halton Borough Council
Cllr Christine Bannon	CBa	Health Cabinet Member, Knowsley Council
Cllr Frazer Lake	FLa	Cabinet Member - Social Care and Health, Liverpool City Council
Cllr Marlene Quinn	MQu	St Helens Council
Cllr Ian Moncur	IMo	Chair of Health and Wellbeing Board/Cabinet member for Health and Wellbeing
Cllr Paul Warburton	PWa	Chair of Health and Wellbeing Board/Cabinet Member for Health and Adult Social Care, Warrington Council
Cllr Yvonne Nolan	YNo	Chair Adult Social Care and Public Health Committee, Wirral Council
Salman Desai	SDe	Deputy CEO/Director of Strategy, Partnerships & Transformation, Northwest Ambulance Service
Gareth Lee	GLe	Assistant Chief Constable, Cheshire Police
Jon Roy	JRo	Assistant Chief Constable, Merseyside Police
Alex Waller	AWa	Chief Fire Officer and Chief Executive, Cheshire Fire and Rescue
Phil Garrigan	PGa	Chief Fire Officer, Merseyside Fire and Rescue
Racheal Jones	RJo	CEO of One Knowsley, VCSE Representative for Liverpool City Region
Adam Irvine	AIr	Chief Executive Officer, Community Pharmacy Cheshire and Wirral
Paul Warburton	PWr	Group Housing Director, Torus (Housing Association)
Isla Wilson	IWi	Chair – Cheshire and Wirral Partnership NHS Foundation Trust, Provider Collaborative rep (trust in MH/LD/CS)
Dame Jo Williams	JWi	Chair of Alder Hey Children's NHS FT, Provider Collaborative rep (CMAST)
Ian Ashworth	IAs	Director of Public Health, Cheshire West and Chester Council
Margaret Jones	MJo	Director of Public Health, Sefton Council

Karen Prior	KPr	Chief Executive Officer, Healthwatch representatives across C&M
Paul Mavers	PMa	Chief Executive Officer, Healthwatch representatives across C&M
Steve Park	SPa	Director of Growth, Warrington Borough Council
Stephen Watson	SWa	Executive Director Place, Sefton Council
Prof Tom Walley	TWa	Associate Pro-Vice Chancellor for Clinical Research, University of Liverpool
Anne Marie Lubanski	AML	Deputy Chief Executive and Strategic Director for Adults, Health and Homelessness, Liverpool City Council
IN ATTENDANCE		
Graham Urwin	GUr	Chief Executive, NHS Cheshire and Merseyside
Clare Watson	CWa	Assistant Chief Executive, NHS Cheshire and Merseyside
Claire Wilson	CWi	Director of Finance, NHS Cheshire and Merseyside
Alison Lee	ALe	Place Director - Knowsley, NHS Cheshire and Merseyside
Matthew Cunningham	MCu	Associate Director of Corporate Affairs & Governance/Company Secretary, NHS Cheshire and Merseyside
Neil Evans	NEv	Associate Director of Strategy and Collaboration, NHS Cheshire and Merseyside, NHS Cheshire and Merseyside
Natalie Robinson	NRo	Associate Director of Programme Delivery and Assurance, NHS Cheshire and Merseyside
Kath McEvoy	KMc	Programme Manager, NHS Cheshire and Merseyside
Chris Amery	CAm	Senior Corporate Communications Manager, NHS Cheshire and Merseyside

Apologies		
Name	**Initials**	**Role**
Dr Raj Kumar	RKu	GP, Primary Care
Professor Rowan Pritchard Jones	RPJ	Executive Medical Director, NHS Cheshire and Merseyside
Peter Broxton	PBr	Cheshire & Warrington LEP
Darren Mochrie	DMo	Chief Executive Officer, Northwest Ambulance Service
Angela Simpson	ASi	Pro-Vice Chancellor/Executive Dean if the Faculty of Health and Social Care, University of Chester

Item	Discussion, Outcomes and Action Points	Action by
HCP/11/22/01	**Welcome, Introductions and Apologies:** Raj Jain (RJa) introduced himself and informed those present that no fire alarm was expected and outlined the housekeeping rules in the event of an alarm. A list of apologies had been received for the meeting and were noted RJa welcomed everyone to the meeting. He expressed delight at seeing so many members of the Partnership around the table which filled him with optimism for the future as Cheshire and Merseyside HCP who were coming together for the first time as a whole system. He noted that this was a first for the NHS where the integration of services at Place will	

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	support their communities in the most effective way. He expressed hope that this group can provide strong regional leadership that can be taken back by members to their individual organisations represented at the meeting. RJa felt it was too large a group to do a round of individual introductions and he welcomed the members of the public who were present at the meeting.	
HCP/11/22/02	**Declarations of Interest** There were no declarations of interest noted at this meeting	
HCP/11/22/03	**Appointment of Chair and Vice Chairs** RJa explained that previous engagement with Partnership members had delivered a unanimous position and decision regarding the appointment of the Chair for this meeting. All had agreed that Cllr Louise Gittins (LGi) should take the position of chair. The members in the room confirmed their agreement of this decision. **Vice Chairs** RJa explained that it was felt that the appointment of the Vice Chairs for this Partnership meeting should reflect the parity and equality amongst the sectors represented by the Partnership and it was proposed that there should be one Vice Chair from the ICB (Raj Jain) and one from the Voluntary sector. Partnership members were informed that the process to appoint the second Vice Chair was in progress, and that there was confidence that we would be successful in appointing the additional Vice Chair by Christmas 2022. LGi expressed that it was an honour to be the Chair of the Partnership and that she felt this was a once in a lifetime opportunity. It was her hope that Cheshire and Merseyside could be one of the best ICP areas in the country and felt that it had already started its journey by being a Marmot region and tackling the significant challenges of the health inequalities across the places. It was highlighted by LGi that this Partnership should not be a 'talking shop' but a place where members could coordinate positive actions that would be delivered at a local level. LGi asked the Partnership to have a five-minute conversation with person sitting next to them, covering: • Who they were? • Why they were here? • What they hoped to get out of this partnership?	

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	Some observations from this exercise were shared back to the group: • John Roy (JRo) from Merseyside Police welcomed this opportunity to talk to the NHS in a consistent manner rather than in a disparate way and hoped that his organisation would learn more about the ICP/B in a wider sense through his representation at this group. It was suggested that more information about the ICB and its role could be provided to the partnership in an online format outside of this meeting. • There was a discussion regarding differing pay structures across health and social care and the resulting difficulties in recruiting and retaining staff, which often impacted on health services. It was noted that there is work currently in place with Health Education England to develop a system wide workforce strategy across the Northwest. • It was hoped that this meeting and the fact that there was large representation across a wide range of sectors would be used as a chance to think broadly and an opportunity to collaborate and work together across sectors, not just focus on the NHS. • It was very much hoped that this meeting would be a mechanism to represent the voice of the public across the Cheshire and Merseyside region and LGi asked if digital access, as well as in person access, to the meeting could be provided for future meetings to enhance opportunities for the public to attend the Partnership **ACTION: to identify opportunities for the Partnership to learn more about the purpose, governance, and structures of the ICB** **ACTION: to provide web access to the meeting for members of the public and to ask the group for their ideas on how this Partnership can engage effectively with the wider public**	**Clare Watson** **Maria Austin**
HCP/11/22/04	**Terms of Reference** LGi explained that a draft Terms of Reference (TOR) for this meeting had been drawn up and was in the meeting pack for members to look at. The group was asked to read the TOR and to feedback any comments or further inclusions that they thought were required. The Partnership was made aware that as yet there had not been any formal engagement with the nine LA representatives and that the TOR could only be approved at a full council meeting within each place. Matthew Cunningham (MCu) notified the group that there was a meeting being held with all the leaders of the LA areas and relevant Heads of Legal Services in November 2022 to discuss the TOR, and the required process and next steps, and that it was hoped that we would be able to get final ratification by May 23.	

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	It was identified at this point that there was a gap in representation by Primary/Secondary Education and LGi agreed that a representative from Education would be appropriate. **ACTION: to invite a suitable Education representative to the meeting**	**Natalie Robinson**
HCP/11/22/05	**Marmot Programme Update (Presentation)** **Ian Ashworth, Director of Public Health CWAC** A presentation was delivered by Ian Ashworth. Some of the key issues presented were: • All nine areas have contributed to the Marmot report and its findings were also enhanced by the use and analysis of data and engagement with the Health and Wellbeing boards • There is a focus on 8 thematic areas which were outlined in more detail in the presentation • It is hoped that a partnership approach can be developed to enable large scale change and to support the prevention agenda and improvements in the health inequalities across the Cheshire and Merseyside region • There is a 5-year strategy which is titled- All together Fairer • All partners have signed up to the NHS Prevention pledge • Data will continue to be used from the CIPHA platform to demonstrate the key indicators across place and it was noted that the sheer size of population across the region will be a challenge LGi thanked Ian Ashworth for the presentation and asked the group for observations and comments. An example of current good work regarding a Mult Agency Partnership approach to tackling the Cost-of-Living concerns was shared by Margaret Jones (Director of Public Health). It was also commented that a dashboard showing all key indicators would be a useful tool that members could use if it were possible to produce one centrally. LGi suggested that the Fair employment charter that is in place in the Liverpool City Region would be a good addition to this piece of work **ACTION: to investigate the possibility of developing a central dashboard containing relevant data sources**	**Ian Ashworth**
HCP/11/22/06	**Fuel Poverty/ Health Impact** **Presentation Ian Ashworth (IAa) and Alison Lee (ALe)** IAs and ALe delivered a presentation to the Partnership. Key areas covered were: • There is an expectation that the Northwest region will see a large increase in the number of households falling into fuel poverty over	

Item	Discussion, Outcomes and Action Points	Action by
	the winter months. There is currently little data captured nationally that provides evidence of the impact of cold homes on health. • We do know that the people likely to be most vulnerable are those living with respiratory illness, cardiovascular issues, those recovering or at risk of a stroke and those with Mental Health issues. • The presentation outlined a programme of work in Knowsley where several free training sessions have been offered to front line staff across a range of sectors, social housing, health, social care, and voluntary sector to make every contact count. These sessions have been extremely popular. The Community Respiratory service in Knowsley have been making outward bound calls to those most at risk and have put together rescue packs to be given out to individuals and families when necessary • CIPHA data has been used to risk stratify those most vulnerable from our region, this information source is a direct feed from GP electronic records. • It was noted that the findings from this work will support learning from national sources and be able to share best practice regionally with the Place directors. Graham Unwin (GUr) asked IAs if contact was being made with the numerous social housing providers across the region and the point was also made that there is also a need to contact the private rented sector as well. There was a discussion about how public frequent contact points in the community can be used more effectively (smaller local grocery stores, GP surgeries etc). There were several observations and comments made by the group regarding the content of this presentation: • Members were asked how all the partners would hold each other to account and share learning and opportunities to improve. • LGi asked how all the partners can get involved in the Prevention Pledge and how we can better understand how organisations can contribute to becoming a strong Anchor Institution. • It was felt that this was exciting opportunity to challenge each other to share good practice and innovation rather than trying to do things separately which has happened previously. • It was asked how this group can, as a leadership team, pay attention on how to make change on a very large scale. It was enquired whether it was possible to adopt a simple methodology that can support the delivery of key priorities? • Could a repository of innovation and ideas can be developed as a central point for sharing that can easily be accessed by the team? The representative from Torus Housing, a social housing provider, noted that his organisation is seeing increasing numbers of households struggling financially. Over 10% of tenants with previously clear rent accounts were now in arrears and in the private rented sector information had been shared in the region that large rent increases of up to 30%	

Item	Discussion, Outcomes and Action Points	Action by
	where now increasingly common which will have a huge impact on struggling residents across the region. Phil Garrigan, Merseyside Fire and Rescue Service representative advised the Partnership that over 100k houses are visited across the Cheshire and Merseyside Region annually to complete a fire safe and well check. It was noted that it would be possible to also take referrals from GPs and other partner organisations and this check could be an opportunity to check for other concerns whilst on site and maximise the contact. This was echoed by the Cheshire Fire Service representative. LGi agreed that this was a great offer from the fire and rescue service and would like to take the opportunity to explore how this can be taken forward. Finally, it was raised by Isla Wilson that there is free and accessible training for everyone available on the Zero Suicide website, website and contact details can be shared. LGi thanked Ian Ashworth and Alison Lee for their excellent presentation and the Partnership members for their valuable contributions to this agenda item. **ACTION: How can this group explore widening the remit of the Fire Service Safe and Well check to meet the wider priorities of the Cost of Living and Fuel poverty?** **ACTION: Can we use the network of social prescribers across the region to support this work?** **ACTION: To consider the possibility of developing a repository of innovation which can also be accessed by the public** **ACTION: To share website and contact details for the Zero Suicide website**	**All/Business Intelligence** **PCN network** **Natalie Robinson** **Natalie Robinson**
HCP/11/22/07	**Update on Cheshire and Merseyside Strategy** **Neil Evans** LGI invited Neil Evans (NEv) to give an update on the above item. NEv introduced himself to the Partnership and explained that he is responsible for coordinating the Interim ICP strategy which will be completed by the end of December 2022. NEv recognised that we are still awaiting future years NHS planning and revised ICP strategy guidance from DHSC, in the summer of 2023, and as a result that this interim document will need refreshing and expansion	

Item	Discussion, Outcomes and Action Points	Action by
	once there is more clarity from the planning guidance and the refreshed regional Joint Strategic Needs Assessment (JSNA). It was noted that there would be a primary focus on reducing health inequalities and that whilst some public engagement has already taken place further engagement would be completed next year. NEv explained that there is a need to ensure there is a balance between regional and place activity it that the strategy will contain a short summary for all nine places. A first draft of the strategy will be issued to all at the end of November. It is envisaged that it will be relatively short document (30 pages) and whilst it will describe activity at a high level, it will also contain examples of good practice happening across the region The Partnership were advised that there was a one-hour meeting in the diary in December for members to receive the final draft of the strategy for approval. LGi asked if there was a national standard template for the strategy and it was confirmed by NEv that each ICB was able to create their own format. LGi thanked NEv for the update.	
HCP/11/22/08	**Closing remarks, review of the meeting and communications** LGi ended the meeting by asking all members if they wanted to share their personal reflection and feelings about the content of the meeting. GUr confirmed again to the group that ICB staff would arrange a webinar which would clarify the purpose, expectations and structures of Cheshire and Merseyside ICB and outline in detail the governance and meeting structures for wider information. There was an ask to the comms team to also put out some further information to the wider Cheshire and Merseyside community to outline the aims and objectives of the new regional structure. LGi asked if a Comms plan could be developed for the HCP. Some of the personal reflections shared with the group included: • One group member felt that the meeting had covered a lot of information about what needed doing but the meeting also needed to consider how to take things forward as a region. • Clare Watson (CWa) thanked the group for attending and tasked all those in attendance remember the information and key messages they had heard and relay this back to their respective organisations • It was asked if the time of this meeting could be altered for future meetings and that when choosing the venue for the in-person meetings that suitable venues with good public transport links could be used.	

Item	Discussion, Outcomes and Action Points	Action by
	ACTION: To develop a comms plan for the HCP **ACTION: To review meeting times and venues to ensure good public transport links** LGi closed the meeting by thanking all members for their attendance and confirmed that a comms briefing would go out to all members in the coming few days	**Maria Austin** **Natalie Robinson**
Date of Next Meeting: 22.12.22		

End of Meeting

HCP Action Log						
Action No	**Meeting Date**	**Action**	**Owner**	**Due Date**	**Status**	**Update / Notes**
1	08.11.22	To identify opportunities for the Partnership to learn more about the purpose, governance, and structures of the ICB	Clare Watson	01/01/2023	Open	
2	08.11.22	To provide web access to the meeting for members of the public and to ask the group for their ideas on how this Partnership can engage effectively with the wider public	Maria Austin	01/02/2023	Open	
3	08.11.22	To invite a suitable Education representative to the meeting	Natalie Robinson	01/12/2022	Open	
4	08.11.22	To investigate the possibility of developing a central dashboard containing relevant data sources	Ian Ashworth	01/03/2023	Open	
5	08.11.22	How can this group explore widening the remit of the Fire Service Safe and Well check to meet the wider priorities of the Cost of Living and Fuel poverty?	All/Business Intelligence	01/01/2023	Open	
6	08.11.22	Can we use the network of social prescribers across the region to support the work around cost of living/fuel poverty?	PCN network	01/01/2023	Open	
7	08.11.22	To consider the possibility of developing a repository of innovation which can also be accessed by the public	Natalie Robinson	01/03/2023	Open	
8	08.11.22	To share website and contact details for the Zero Suicide website	Natalie Robinson	01/01/2023	Closed	
8	08.11.22	To develop a comms plan for the HCP	Maria Austin	01/01/2023	Open	
9	08.11.22	To review meeting times and venues to ensure good public transport links	Natalie Robinson	01/01/2023	Open	

NHS
Cheshire and Merseyside

Committee Report

Developing the Cheshire and Merseyside Health and Care Partnership Strategy

17 January 2023

NHS
Cheshire and Merseyside

Date of meeting:	17 January 2023
Agenda Item No:	
Report title:	Developing the Cheshire and Merseyside Health and Care Partnership Strategy
Report Author & Contact Details:	Neil Evans (neilevans@nhs.net or 07833685764)
Report approved by:	Clare Watson

Purpose and any action required	**Decision/ Approve →**		**Discussion/ Gain feedback →**		**Assurance →**	x	**Information/ To Note →**	

Route to this meeting / Committee/Advisory Group previously presented to (if applicable)

The approach to developing the draft Interim Health and Care Partnership (HCP) Strategy has been discussed at the meeting of 8th November 2022 and copies of the draft document shared widely across partners across Cheshire and Merseyside for feedback, including Health and Wellbeing Boards, Transformation Programme Leads, Local Authority Heads of Legal Population Health Board and the Champs Public Health Alliance.

Executive Summary and key points for discussion

1.1 The HCP was required by the Department of Health and Social Care (DHSC) to develop and publish an interim strategy by December 2022. This date was driven by the requirement to inform the development of an NHS Cheshire and Merseyside Integrated Care Board (ICB) Five Year Joint Forward Plan by April 2023. Following feedback as to the challenges meeting this date the DHSC clarified the December 2022 date was not mandatory and can be considered as guidance.

1.2 The approach taken by Cheshire and Merseyside has been to build from existing strategic priorities with a specific focus on prioritising reducing health inequalities and prevention of ill health.

1.3 The process to establish the HCP as a statutory joint committee of the ICB and the nine local authorities in Cheshire and Merseyside is not yet complete but is underway. The upcoming period of purdah that will be observed due to local elections in May 2023 will impact on the timeline for the formal establishment of the joint committee however it will delay work going on in the background to determine the process and route for approval.

1.4 As the HCP is not yet a formal committee, and following discussions with Local Authority legal representatives, it has been recommended and accepted that the HCP strategy remains as a draft interim document which we work to refine and improve in parallel to formalising the HCP governance with an updated document presented for approval, to the HCP, in the summer of 2023.

1.5 A draft of the interim strategy was shared with a range of stakeholders on 01 December 2022 and the updated document appended to this pack reflects the significant levels of feedback received in response.

1.6 It is recognised that the document requires further refinement and prioritisation that will reflect our revised HCP relationships and maturity and as a result HCP Partners will be asked to commit to further work during 2023 which reflect the need to:

- Undertake wider engagement with our communities and HCP members/partners in refining the content, in partnership with Place Health and Wellbeing Boards; including publication on corporate websites by ICB and wider partners who choose to do so
- Work to prioritise the areas contained within the draft interim strategy with a focus on identifying those areas which will have the greatest impact in 2023-24. This work will use the population health intelligence related to the content of the strategy and the outputs used to inform a workshop at the HCP meeting in March 2023 to determine our final priorities.
- Use these priorities to co-produce an HCP annual plan which details the work programmes which deliver these shared priorities and have clear and measurable outcomes
- Enable the ICB to use the priorities from this draft Interim HCP Strategy to inform the Cheshire and Merseyside ICB Five Year Joint Forward Plan which will contain the focus on priorities agreed for 2023-24 for the HCP as well as Place based priorities and NHS universal delivery requirements as well as informing planning within other HCP members
- HCP members can also choose to use the priorities to inform organisational priorities
- Develop a system financial strategy that supports delivery of this HCP strategy
- Complete work between Partners to establish the HCP as a Statutory Joint Committee from July 2023.

Recommendation/ Action needed:	**Members and attendees of the partnership are asked to:**
	Note:
	• the content of the draft interim HCP strategy outlining our interim approach as a Partnership to identifying and acting on our objectives and priorities.
	• the intention to publish the draft interim strategy document on the NHS Cheshire and Merseyside ICB website, which wider partners can do so at their own organisational discretion, to allow wider access and engagement on the draft strategy with our public during 2023
	• that NHS Cheshire and Merseyside ICB will be required to consider the prioritised areas identified within this draft interim strategy when developing the ICB Five Year Joint Forward Plan, by June 2023 (draft by March 2023) and all HCP members to inform organisational plans
	
	Endorse:
	• the suggested next steps within this paper with respect to refining the draft interim strategy in advance of the HCP approving a final strategy upon the formal establishment of the HCP as a statutory joint committee, namely:
	  • Work to prioritise the areas contained in the draft interim strategy by reviewing population health intelligence and reviewing, and agreeing, the priorities at a workshop in the March 2023 HCP meeting
	  • Co-producing as an HCP an annual plan which details work programmes which deliver these shared priorities and have clear and measurable outcomes. The work programmes will recognise the response to our immediate service pressures as well as our longer-term objectives as members of the HCP

	• Wider engagement with our communities and HCP members/partners in refining the content, in partnership with Place Health and Wellbeing Boards • Develop a system financial strategy that supports delivery of the final approved HCP Strategy

Which purpose(s) of an Integrated Care System does this report align with?	
Please insert **'x'** as appropriate:	
1. Improve population health and healthcare	x
2. Tackle health inequality, improving outcome and access to services	x
3. Enhancing quality, productivity and value for money	x
4. Helping the NHS to support broader social and economic development	x

[1] the-relationship-between-health-and-wellbeing-boards-and-integrated-care-systems

C&M ICB Priority report aligns with:	
Please insert **'x'** as appropriate:	
1. Delivering today	
2. Recovery	x
3. Getting Upstream	x
4. Building systems for integration and collaboration	x

Governance and Risk	Does this report provide assurance against any of the risks identified in the ICB Board Assurance Framework or any other corporate or Place risk? (*please list*)					
	What level of assurance does it provide?					
	Limited		**Reasonable**		**Significant**	x
	Any other risks? There is a challenge in meeting the timescales specified nationally for developing a strategy If **YES** please identify within the main body of the report. **The interim strategy has been developed in advance of national guidance in relation to nationally mandated commitments and budgetary allocations meaning material changes may be required when prioritising the areas identified in the document**.					
	Is this report required under NHS guidance or for a statutory purpose? (*please specify*) **The production of a strategy itself is mandated by Department of Health and Social Care and is expected to be used by the NHS Cheshire and Merseyside ICB in developing plans by April 2023**.					
	Any **Conflicts of Interest** associated with this paper? If **YES** please state what they are and any mitigations undertaken. **No**					
	Any current services or roles that may be affected by issues as outlined within this paper? **No**					

	Process Undertaken & Impact Considerations	Yes	No	N/A	**Comments** (i.e., date, method, impact e.g. feedback used). ***Greater detail to be covered in main body of report***
Document Development	Financial – any resource impact?	X			The document has been developed based on existing plans and strategies some of which have assessed the impacts described. However, as the Strategy is relatively high-level sufficient detail has not made it possible to undertake some of the assessments but as the detailed plans behind the strategy are further developed then the impacts can be assessed to ensure fully considered in the plans.
	Patient / Public Involvement / Engagement	X			
	Clinical Involvement / Engagement	X			
	Equality Impact Analysis (EIA) - any adverse impacts identified? EIA undertaken?	X			
	Regulatory or Legal - any impact assessed or advice needed?	X			
	Health Inequalities – any impact assessed?	X			
	Sustainable Development – any impact assessed?	X			

Next Steps:	• Wider engagement with our communities and HCP members/partners in refining the content, in partnership with Place Health and Wellbeing Boards; including publication on corporate websites by ICB and wider partners who choose to do so • Work to prioritise the areas contained in the strategy, including the "We Will commitments" and then co-producing an annual plan, as a Health and Care Partnership, which details work programmes which outline our approach to delivery of these shared priorities and have clear and measurable outcomes • ICB will use the priorities agreed from the Interim HCP Strategy to inform the ICB Five Year Joint Forward Plan • Develop a C&M system financial strategy that supports delivery of this HCP strategy • Work continues between Partners to establish the HCP as a Statutory Joint Committee

Responsible Officer to take forward actions:	Neil Evans Associate Director of Strategy and Collaboration

Appendices:	**Appendix One:** Draft Interim Cheshire and Merseyside Health and Care Partnership Strategy **Appendix Two:** Feedback from Joint Cheshire and Merseyside Health Scrutiny Committee December 2022/January 2023

Glossary of Terms	Explanation or clarification of abbreviations used in this paper
DHSC	Department of Health and Social Care
ICB	Integrated Care Board

Glossary of Terms	Explanation or clarification of abbreviations used in this paper
ICP/HCP	Integrated Care Partnership in Cheshire and Merseyside we refer to the ICP as a Health and Care Partnership (HCP)
ICS	Integrated Care System
OHID`	Office of Health Improvement and Disparities
HOSC	Health Overview and Scrutiny Committee

Developing the Cheshire and Merseyside Health and Care Partnership Strategy

1. Executive Summary

1.1 The HCP was required by Department of Health and Social Care (DHSC) to develop and publish an interim strategy by December 2022, this date was driven by the requirement to inform the development of an NHS Cheshire and Merseyside Integrated Care Board (ICB) Five Year Joint Forward Plan by June 2023, with a draft by March 2023. Following feedback as to the challenges meeting this date the DHSC clarified the December 2022 date was not mandatory and was to be considered as guidance.

1.2 The approach taken by Cheshire and Merseyside has been to build from existing strategic priorities and plans, with a specific focus on prioritising reducing health inequalities and prevention of ill health.

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1.4 As the HCP is not yet a formal committee, and following discussions with Local Authority legal representatives, it has been recommended and accepted that the HCP strategy remains as a draft interim document which we work to refine and improve in parallel to formalising the HCP governance with an updated document presented for approval, to the HCP, in the summer of 2023.

1.5 A draft of the interim strategy was shared with a range of stakeholders on 01 December 222 and the updated document appended to this pack reflects the significant levels of feedback received in response.

1.6 It is recognised that the document requires further refinement and prioritisation that will reflect our revised Health and Care Partnership relationships and maturity and as a result HCP Partners will be asked to commit to further work during 2023 which reflect the need to:

- Undertake wider engagement with our communities and HCP members/partners in refining the content, in partnership with Place Health and Wellbeing Boards; including publication on corporate websites by ICB and wider partners who choose to do so
- Work to prioritise the areas contained within the draft interim strategy and then co-produce an annual plan with detailed work programmes which deliver these shared priorities and have clear and measurable outcomes, with a focus on the priorities which will have the greatest impact in 2023-24
- Develop a C&M system financial strategy that supports delivery of this HCP strategy
- Enable the ICB to use this Interim HCP Strategy to inform the development of a Cheshire and Merseyside ICB Five Year Joint Forward Plan which will contain the focus on priorities agreed for 2023-24, for the HCP as well as

Place based priorities and NHS universal delivery requirements. This plan can be used as the delivery plan describing the work programme for both the ICB and HCP

- Complete work between Partners to establish the HCP as a Statutory Joint Committee.

2. Introduction / Background

2.1 As was discussed at the HCP Board on 8th November 2023, the Department of Health and Social Care (DHSC) issued statutory guidance[1] for the production of an HCP Strategy, which should be published by the HCP by December 2022. Noting that following a number of queries nationally it has recently been clarified that December timeline has been clarified as a recommendation rather than a requirement.

2.2 The draft interim HCP strategy is designed to describe the areas of work being undertaken collectively at a Cheshire and Merseyside level and complement our nine Place based Health and Wellbeing Strategies.

2.3 Both the HCP Strategy and nine Health and Wellbeing Strategies are required to be considered, alongside 2023 NHS Planning Guidance, by NHS Cheshire and Merseyside ICB in developing the Five Year Joint Forward Plan by April 2023. This purpose was the driver for having an HCP Strategy available by December. These ICB plans are required to be updated annually, so in support of this regular refreshes of the HCP strategic priorities will be required.

2.4 In developing the draft interim strategy there was a list of areas which DHSC said should be included, and have been considered in developing the HCP strategy:

- personalised care;
- addressing disparities in health and social care;
- population health and prevention;
- health protection;
- babies, children, young people and their families, and healthy ageing;
- workforce;
- research and innovation;
- health-related services;
- and data and information sharing.

2.5 The local approach has been designed following discussions with a range of stakeholders including; HCP founder members meeting in September, Directors of Public Health, Health and Wellbeing Board feedback, ICB Executive and Board discussions, Healthwatch and ICS Population Health Board. The approach taken has been to build from our existing Cheshire and Merseyside strategic plans, and associated documents, pulling the work together into a single strategy.

2.6 This approach has meant the document is relatively lengthy and covers a huge breadth of activity, and the relative maturity and detail of plans is variable.

[1] Guidance on the preparation of integrated care strategies

2.7 The key focus of the draft interim HCP strategy is to reduce health inequalities, and to support this the Cheshire and Merseyside All Together Fairer recommendations and Beacon Indicators are embedded as Strategic Objectives as well as a focus in Section 6 of the draft interim strategy, as well as being a golden thread running through the document.

2.8 Through discussions with our nine Healthwatch organisations we identified a number of challenges being experienced by our communities (Section 4), and which were being reported to them. The document provides information in response to these areas (primarily Sections 6 and 8).

2.9 The content has been further developed through engagement with a range of stakeholders including, Champs Public Health Collaborative, Directors of Public Health, Population Health Board, Health and Wellbeing Boards and subject matter experts related to specific areas such as Healthwatch, ICS programme leads, CVFSE representatives.

2.10 A draft of the document was shared with HCP Board Members, Health and Wellbeing Boards and a wider range of stakeholders and content contributors; e.g. Population Health Board members, on 1 December 2022 with a large volume of feedback received and incorporated into the latest version of the strategy, appended to this report. The most material revisions made to the document where in relation to:

- Flow and structure of the document; including addition of a section which describes the reason for developing the strategy and key next steps (Section 3)
- Specifically reference prevention in our mission and strategic objectives (Section 5)
- the recently published principles for Health and Wellbeing Boards and Integrated Care Systems when working together[2] (Section 2)
- Integration of the Core20PLUS5 for Children and Young People into our section on Children and Young People (Section 7)
- Focus on reflecting our duties in relation to Equality, Diversity and Inclusion.

2.11 The Cheshire and Merseyside Joint Health Scrutiny Committee have also received a copy of the report and feedback is included in Appendix 2. The feedback received will be used to support development of the plans within individual programmes of work.

3. Next Steps and other key information

3.1 In developing this document it was recognised that it does need to be an interim strategy and that further work was required to refine the content and to identify the priority areas within it over the coming months.

3.2 As such, a further period of engagement is being recommended to the HCP, providing additional time and opportunity to enable the full breadth of HCP member partners to add their perspective and expertise to the strategy and identifying the highest priority areas within it.

[2] health-and-wellbeing-boards-guidance

3.3 This extended engagement period will also allow us to undertake engagement with our citizens on the priorities and plans, alongside our Place Health and Wellbeing Boards to maintain a single joined up conversation about our plans. It is envisaged that we will utilise existing and established forums across Cheshire and Merseyside to gain further feedback from citizens, the findings of which will be reported back to the HCP.

3.4 Work has commenced to develop a prioritisation framework which will support the refinement process. The core team members include Public Health (Champs/Director of Public Health), ICB, Place leadership, Business Intelligence (Cheshire and Merseyside, CIPHA – Combined Intelligence for Population Health Action, System P and regional Office of Health improvement and Disparities-OHID), a Finance representative and a representative of our communities. It is proposed that the work developing this draft framework is overseen by our Population Health Board.

3.5 The information collected through the population health intelligence will be used to inform a workshop with the HCP in March 2023 to identify the greatest priority work areas within our draft interim strategy and the intention is to ensure the breadth of the HCP membership is included in these sessions in order that all organisations can consider the priorities from a system perspective as well as considering how they may be incorporated into their own organisational plans. This will include the commitments identified in the strategy as “We Will” statements.

3.6 We will also need to be cognisant that we will receive and will need to interpret additional national planning requirements for those areas relevant to the HCP strategy including the national financial and operational planning guidance to the NHS, and the initial guidance from DHSC indicated updated national guidance on ICP (HCP) strategies would be issued “by June 2023”.

3.7 Developing a financial strategy that complements this work will happen during 2023 in reflection of the budgetary projections.

4. Recommendations

The recommendations outline a number of key next steps proposed in progressing the development of the HCP strategy.

4.1 **Members and attendees of the partnership are asked to:**

Note:

- the content of the draft interim HCP strategy outlining our interim approach as a Partnership to identifying and acting on our objectives and priorities.
- the intention to publish the draft interim strategy document on the NHS Cheshire and Merseyside ICB website, which wider partners can do so at their own organisational discretion, to allow wider access and engagement on the draft strategy with our public during 2023
- that NHS Cheshire and Merseyside ICB will be required to consider the prioritised areas identified within this draft interim strategy when developing the ICB Five Year Joint Forward Plan, by June 2023 (draft by March 2023) and all HCP members to inform organisational plans

Endorse:

- the suggested next steps within this paper with respect to refining the draft interim strategy in advance of the HCP approving a final strategy upon the formal establishment of the HCP as a statutory joint committee, namely:
  - Work to prioritise the areas contained in the draft interim strategy by reviewing population health intelligence and reviewing, and agreeing, the priorities at a workshop in the March 2023 HCP meeting
  - Co-producing as an HCP an annual plan which details work programmes which deliver these shared priorities and have clear and measurable outcomes. The work programmes will recognise the response to our immediate service pressures as well as our longer-term objectives as members of the HCP
  - Wider engagement with our communities and HCP members/partners in refining the content, in partnership with Place Health and Wellbeing Boards
  - Develop a system financial strategy that supports delivery of the final approved HCP Strategy.

5. Officer contact details for more information

Neil Evans, Associate Director of Strategy and Collaboration.
neilevans@nhs.net
07833685764

6. Appendices

1. Draft Interim Cheshire and Merseyside Health and Care Partnership Strategy January 2023
2. Feedback from Joint Cheshire and Merseyside Health Scrutiny Committee December 2022/January 2023

www.cheshireandmerseysidepartnership.co.uk

Cheshire and Merseyside
Health and Care Partnership

Cheshire and Merseyside Health and Care Partnership (ICP) Interim Strategy

2023-2028

Table of Contents

Section 1 - Foreword

For too long health and care organisations across Cheshire and Merseyside have struggled to bridge the gap between health and social care, ill-health prevention and treatment – despite much well-meaning effort.

The development of Cheshire and Merseyside Health and Care Partnership – our statutory Integrated Care Partnership – provides a once-in-a-lifetime opportunity to combine our efforts and collective resources to make tangible improvements across our communities.

Consisting of representatives from across our communities, the NHS, local authorities, voluntary sector, housing, police, education and fire and rescue, and local businesses our Partnership Board provides a multi-agency forum to assess the health, public health and social care needs of people across Cheshire and Merseyside – and develop a combined strategy to address them.

Joining up health and care is nothing new – we have been working towards this for years and will continue to build on this excellent work by supporting innovation and learning from examples of best practice across Cheshire and Merseyside and beyond.

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

We are already well-placed to not only understand what the key issues are across Cheshire and Merseyside – but how to measure our collective progress in tackling them.

Published in May 2022, the landmark report All Together Fairer: Health Equity and the Social Determinants of Health in Cheshire and Merseyside features 22 Beacon Indicators to help measure our progress against the key themes.

This strategy sets out how we will work together to address the key challenges facing people across Cheshire and Merseyside. Over the coming year we will work to develop this strategy, and the detailed plans sitting behind it, and as part of this ensure the voice of our communities is at the heart of everything we do.

Cllr Louise Gittins
Chair

Raj Jain
Vice Chair

XXX
Vice Chair (TBC)

Section 2 - About the Health and Care Partnership

Our health is affected by many things outside of our genetic make-up – such as housing, unemployment, socio-economic disadvantage, financial stress, experiences in childhood, domestic abuse, poverty and lifestyle choices. This can only truly be addressed via a partnership between our communities, the NHS, local government, the voluntary sector and others.

For years health services, such as GP practices and hospitals, and care services were run by separate organisations with different objectives. Now, building on ever-closer collaboration, not least in response to the Coronavirus (COVID-19) pandemic, the health service and local authorities have come together with system partners to form Cheshire and Merseyside Health and Care Partnership – our Integrated Care Partnership.

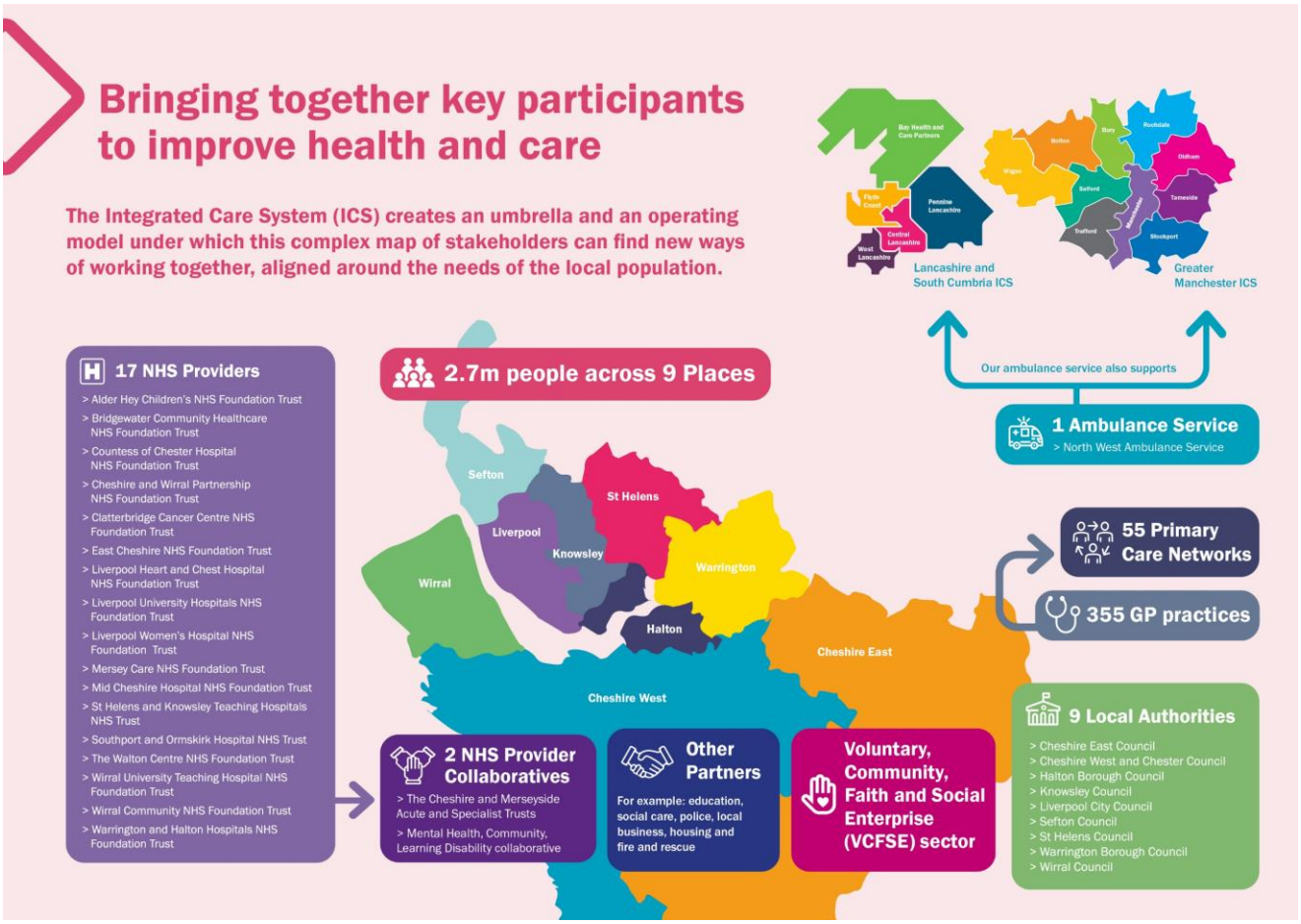
The Health and Care Partnership is currently moving towards operating as a statutory committee consisting of health and care partners from across the region and provides a forum for NHS leaders, local authorities and other key organisations to come together, as equal partners, and take collective action.

A vital role of the partnership is to assess the health, public health and social care needs of Cheshire and Merseyside and to produce a strategy to address them – thereby helping to improve people's health and care outcomes and experiences and ensuring we reduce variation across our communities. In making our decisions on where to invest our resources we will prioritise based on evidence.

By working in partnership, health and care organisations across Cheshire and Merseyside will be better supported to combine our assets to improve efficiency and reduce duplication. By working across Cheshire and Merseyside we can ensure that we learn from each other and adopt what's working well to collectively improve.

The core membership of Cheshire and Merseyside Health and Care Partnership includes:

- NHS Cheshire and Merseyside Integrated Care Board
- Local authority partners
- Ambulance Service
- Police
- Fire and Rescue Service
- Voluntary, community and faith sector
- Local Enterprise Partnership
- Primary care
- Provider collaboratives
- Social care provider
- Adult social care
- Children's services
- Public health
- Carers
- Housing
- Healthwatch
- Education.



Working together as Partners

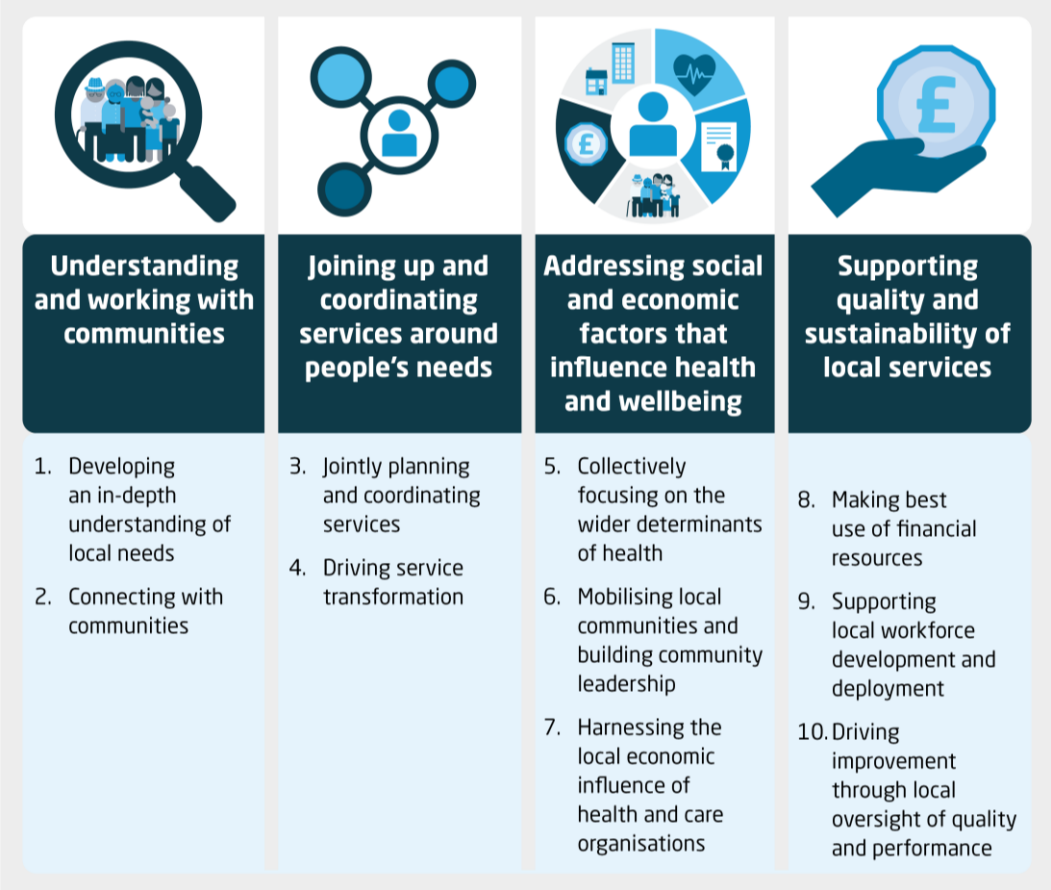
As a Partnership we will apply a set of principles to our relationships, including:

- building from the bottom up
- following the principles of subsidiarity
- having clear governance, with clarity at all times on which statutory duties are being discharged
- ensuring that leadership is inclusive and collaborative
- avoiding duplication of existing governance mechanisms
- being led by a focus on population health and health inequalities.

This strategy builds on local joint strategic needs assessments and health and wellbeing strategies and will be further developed with the involvement of local communities and independent health and care consumer champion Healthwatch. We will ensure that the voice of our population will be central to our planning and decision making. Whilst the document doesn't aim to describe all the work happening across our nine Places in Cheshire and Merseyside it is intended to describe many of the key areas of work being undertaken collectively and which complement existing Health and Wellbeing Board Strategies and Place Plans - hence the inclusion of summaries of Cheshire and Merseyside's nine Place Plans in Section 10.

Much of the work outlined in this document will be delivered in localised Place-based partnerships. The infographic below - courtesy of the King's Fund - sets out the key functions of Place-based partnerships:

Figure 1 Key functions of place-based partnerships



Charles A, Ewbank L, Naylor C, Walsh N, Murray R (2021). Developing place-based partnerships: the foundation of effective integrated care systems. London: The King's Fund. Available at: www.kingsfund.org.uk/publications/place-based-partnerships-integrated-care-systems

Working with people and communities

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.

Healthwatch, the community, voluntary and faith sector, local authorities, NHS organisations and other partners already have well-established ways of engaging with people and communities, and we need to build on these strengths and assets, and recognising the vital role played in both creating and delivering solutions to local challenges.

If we are to help reduce inequalities and close the gap on the disparities in access to, experience of and outcomes for health and care, we must collaborate, cocreate and

coproduce solutions to the design, development and delivery of local services.

Developed by NHS England, the Local Government Association, Healthwatch England and the National Association for Voluntary and Community Action, the 10 key principles that will guide how we work with people and communities in Cheshire and Merseyside are:

10 key principles	
1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.	**2.** Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.
3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.	**4.** Build relationships with excluded groups, especially those affected by inequalities.
5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.	**6.** Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
7. Use community development approaches that empower people and communities , making connections to social action.	**8.** Use co-production, insight and engagement to achieve accountable health and care services.
9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.	**10.** Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.

These principles have recently been the subject of national public consultation and published in statutory guidance.

Now Cheshire and Merseyside Health and Care Partnership has been established on a new statutory footing, partners have been asked to endorse and collectively 'sign up' to these principles - as a first step in co-producing a coherent and connected approach to public involvement in Cheshire and Merseyside.

We recognise the incredible contribution made by our communities, with hundreds of thousands of people providing unpaid care to support others, and who freely give their time and skills through volunteering and contributing to developing their local community.

The Voluntary Community, Faith and Social Enterprise Sector

Across Cheshire & Merseyside there are over 15,000 voluntary, community, faith and social enterprise (VCFSE) organisations, ranging from national charities and social enterprises employing a large workforce to informal grassroots and volunteer-led groups supporting people in their local community.

We recognise the key role which the VCFSE sector plays in contributing to the delivery of a population-based model of care in Cheshire and Merseyside, focused on the needs and wishes of individuals. VCFSE help us by working closely with us to shape local services that support both health and wellbeing for local people and deliver choice and person-centred care. Through this document you will see examples of this.

VCFSE are important members of our HCP Board, including holding a Board Vice Chair role, and we will continue to build trusting relationships with VCFSE leadership and providers building our understanding of VCFSE capacity, potential barriers and enablers and opportunities for co-designing population health-based solutions which are embedded in communities.

Building on community assets we will work with VCFSE to identify and explore known and emergent gaps in provision, recognising and harnessing the reach of VCFSE to voices seldom heard and to provide us with the rich insight of VCFSE as a cornerstone of our communities.

In line with our commitment to achieve value for money we see growing investment in VCFSE as an important way of delivering our priorities described in this document. We will support VCFSE to maximise opportunities for non-financial support that builds sector resilience and organisational sustainability including enabling access to VCFSE workforce development at scale.

The HCP will support overarching principles when working with VCFSE:

- Embedding VCFSE as key partners in our processes of planning, service delivery and re-design, co-designing outcomes to maximise the knowledge, data and expertise contained within the sector to deliver evidence-based solutions
- Commitment to supporting VCFSE sector investment, both financially and organisationally and with shared plans, enabling VCFSE to have the capacity to engage as equal partners
- Build on existing infrastructure and VCFSE assets through Place Based sector partnership Infrastructure, VS6 (Liverpool City Region) and CWIP (Cheshire and Warrington).

Section 3 – About this document and our approach to developing this strategy

This document describes our current strategic priorities endorsed as an interim draft strategy by the Cheshire and Merseyside Health and Care Partnership. Whilst many of the partner organisations within our HCP have worked collectively for some years we are now evolving in recognition of the Health and Care Act 2022.

During 2023 we will move the Health and Care Partnership onto a more formal footing by forming a Statutory Joint Committee, and at this point look to formally approve a final version of this strategy.

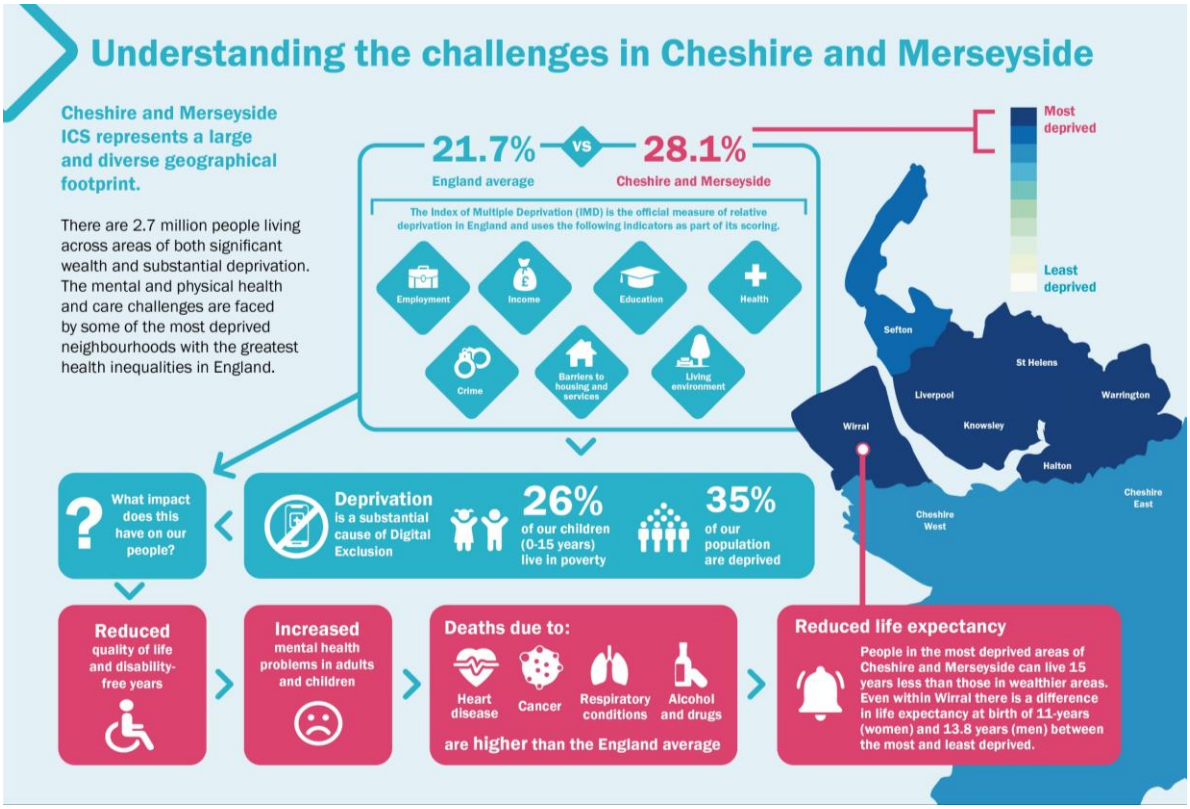
We have developed this interim draft strategy as the start of our journey and it describes the shared areas of focus, we have already been working together on over recent years, as well as reflecting some of the current challenges we face. We recognise that as we develop, in the coming months and years, we will wish to develop and refine the content of our strategy in terms of working with our communities to reassess our priorities and as our relationships as partners mature to identify increasingly integrated innovative solutions to deliver our key shared objectives.

During 2023 we will focus on a number of key activities to further develop this strategy;

- Connect more effectively with our communities to ensure our Place and HCP plans accurately continue to reflect a shared view of our priorities
- Developing a Prioritisation Framework that helps us to ensure our annual plans will deliver the greatest benefit to our population
- Co-producing detailed work programmes which deliver these shared priorities and have clear and measurable outcomes. The work programmes will recognise the response to our immediate service pressures as well as our longer-term objectives
- Agreeing how we measure and report on these outcomes in order that we have trajectories that allow us to assure ourselves as to the progress we are making as an HCP and effectively communicate progress to our population
- Producing a summary version of our strategy, and annual plan, for our citizens, which provides a clear and concise description of our strategic priorities
- Formalising the arrangements of the HCP as a Statutory Joint Committee to oversee finalising this strategy and the associated delivery
- Develop a system financial strategy that supports delivery of this HCP strategy.

Section 4 – Our population profile and challenges

There are 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. There are pockets of deprivation across every one of the nine Places across Cheshire and Merseyside. It is well documented, through evidence-based research, that social deprivation has a direct impact on long-term health outcomes:



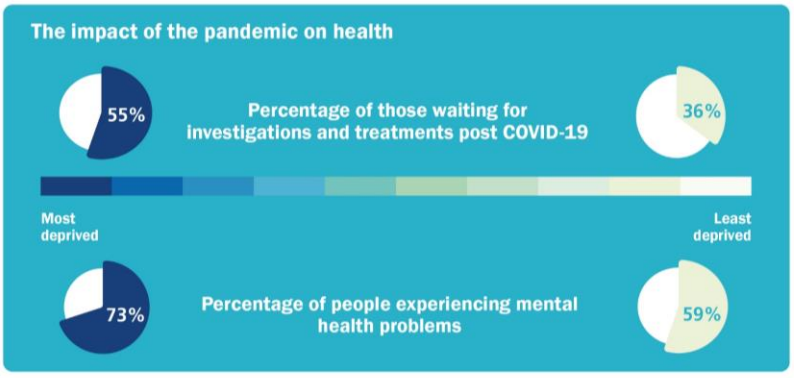
- Life expectancy for women living in most deprived areas across Cheshire and Merseyside is 9.5 years lower than those living in the least deprived
- For women with a learning disability, life expectancy is 18 years lower than those without
- Of the 7% population from ethnic minority population groups, 1/5 experience disproportionate access to services based on language barriers
- Liverpool has comparatively high numbers of asylum seeking and refugee families and who are disproportionately impacted by poverty
- The number of Looked After Children is 47% higher than the England average
- The geography of Cheshire and Merseyside is diverse with a mix of urban but also rural areas which present different challenges in relation to social isolation, limited public transport, increased fuel poverty and loneliness.

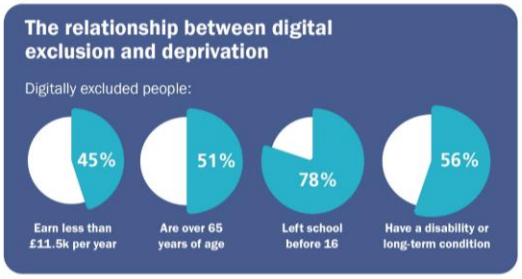
Deprivation has a direct impact on mental health and socioeconomically disadvantaged children and adolescents are two to three times more likely to develop mental health problems. One in four people experiencing a mental health problem is in significant debt, and people with mental health problems are three times more likely to be in financial difficulty.[1]

The pandemic has damaged the health of the nation over and above the immediate impact of COVID-19 itself and the numbers awaiting investigations and treatments has increased significantly.

Digital exclusion is another facet of deprivation and socioeconomic inequalities. If the ICS is to drive digital and data enabled improvement to health outcomes, then it is essential to ensure digital skills and access to technologies is in reach for those most in need.

In this complex backdrop digital and data are key enablers to supporting aligned provision and ensure that the public experience maximum benefit from addressing the many factors that impact physical and mental health, wellbeing and independence.





In responding to these challenges, we are faced with increasing need and demand for services both resulting from the impacts of COVID-19, cost of living crisis and an ageing population at the same time as budgetary and workforce pressures. The challenge of sustaining health and care services in parallel to delivering our strategic intent to reduce inequalities and prevent ill health is a real challenge and we recognise the need to innovate and do things differently is key to responding to this.

Listening to you - the Healthwatch perspective

The COVID-19 pandemic combined with cost-of-living pressures have exacerbated inequity in access to health and care services across Cheshire and Merseyside.

Many people struggle to get GP appointments, find it difficult to get through on the phone and – when they do – often complain about the difficulty accessing an appointment. While the introduction of telephone and online consultations during the COVID-19 response was entirely appropriate, they do not work for all – for example people with hearing loss, non-English speakers, people without access to online options, and people who may struggle to communicate without face-to-face contact.

There is inconsistency in arrangements from practice-to-practice. More work is required to raise awareness and understanding of the different roles in general practice – and what they can and can't help people with.

Even greater issues around access are noted in NHS dentistry, with a huge number of people unable to register with an NHS dentist and access appointments.

Those living in areas of deprivation or with more difficult lives are more likely to suffer as a result because people who are either not registered with a dentist or who have missed a legacy appointment find it harder to get dental care. Find there are no appointments left and some are faced with the only availability being to look out of their local area, an option which is not viable for many due to the related time and cost implications. For some, there is also a danger that long waits for treatment mean slower diagnosis of serious conditions, such as throat cancers.

More people have been waiting for elective/planned care and this can have a serious impact on people's mental health and pain management, with a lack of communication often leading to an impact on other health and care services.

Accessing social care is often difficult too, with many care packages offered during the COVID-19 response now being reassessed, and the impact of the significant problems with recruiting and retaining social care workforce.

The impact of COVID-19 and repeated lockdowns on people's mental health was profound – both for those with existing mental health conditions and those without. There are pockets of excellent work across Cheshire and Merseyside to help support people, but do not address the variation and inconsistency that exists, with more isolated communities typically less well-served. Waiting lists for diagnosis and access to mental health support remain long.

The impact of Covid-19 on our children and young people has been highlighted with factors such as missed schooling, delays accessing services and the consequent impact on mental health and future life opportunities.

Cost of living pressures are impacting people's ability to travel to care appointments, while there is anecdotal evidence of people being forced to choose which medications to proceed with on their prescriptions. There are also hidden costs for people who either receive care or care for themselves at home – for example, the cost of charging medical equipment or calling their local GP practice or hospital.

Person-centred hospital discharge processes are not consistently embedded. Too many patients stay on wards for too long, not just because of the lack of packages of care outside of hospital but because of inconsistent discharge processes. Every person who arrives on the ward should know when they are due to leave and what the criteria for discharge is. Lack of communication with patients and their families can lead to an over-reliance on services and a deterioration in people's physical and mental health.

It is concerning when access to urgent care support is not easy, whether through primary care, social care, ambulances, accident and emergency departments or the various other services.

As a result of health and care integration, opportunities to learn from good and less good practice and from patient feedback must be seized and shared – for example patient complaints, concerns, and compliments.

We are committed to working with our public, VCFSE, Healthwatch and system partners recognising that the knowledge of how services are, and should, work is best understood in local communities.

Section 5 - Our Vision, Mission and Objectives

Cheshire and Merseyside Health and Care Partnership (ICP) is focussed on tackling the big issues that need to be addressed to improve health and reverse the widening gaps in life expectancy between the poorest and wealthiest in our population.

Particular emphasis will be placed on tackling the impact of the COVID-19 pandemic to ensure that there is not an irreversible deepening of poverty and health inequity across Cheshire and Merseyside.

The ICS footprint is broken down into nine places, which are made up of local stakeholders in the health and care system.

Our Strategic Objectives

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

We will:

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

We have also developed a set of "Beacon Indicators" to support measurement of our progress. We are developing improvement trajectories to measure progress in our delivery plans.

Improve population health and healthcare

We will:

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

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

Enhancing productivity and value for money

We will:

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

Helping to support broader social and economic development

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
- Promote our involvement in regional initiatives to support communities in Cheshire and Merseyside
- Implement programmes in schools to support mental wellbeing of young people and inspire a career in health and social care
- Work with Local Enterprise Partnerships to connect partners with business and enterprise.

During 2023 a comprehensive set of measurable indicators and improvement trajectories will be developed to enable us to demonstrate progress against our priorities.

Section 6 – All Together Fairer - Tackling health inequality, improving outcomes, experiences and access to services

In 2019, health and care leaders across Cheshire and Merseyside outlined their collective commitment to tackling health inequalities by agreeing to become a "Marmot Community". Following unavoidable delays due to the COVID-19 pandemic, nine Place-based workshops were held across Cheshire and Merseyside in November and December 2021, attended by a wide-range of health, care and voluntary sector leaders.

Health inequalities are avoidable and unfair differences in health status between groups of people or communities. The All Together Fairer programme deliberately and specifically focuses on social determinants of health as our health is largely shaped by the social, economic and environmental conditions in which we are born, grow, live and work in.

Shifting to a social determinants of health approach means acting on the drivers of ill-health as well as treating it. The prevention agenda must focus on improving living and working conditions and reducing poverty, as well as promoting healthy behaviours. It is almost impossible to live healthily when in poverty.

Social determinants of health are encompassed by the eight Marmot principles, which Cheshire and Merseyside Health and Care Partnership has adopted in full.

Local authorities and the NHS cannot take on the required actions to reduce health inequalities alone, however. Partnership working with the voluntary, community, faith and social enterprise sector and other public services and businesses to influence wider conditions is required. In addition to the eight Marmot principles, Cheshire and Merseyside

A learning framework including social and cultural factors, capability and skills development will be used to drive social value-based approaches to health improvement. Capability will be developed to support delivery of the ambitions in 'Place-based All Together Fairer' programmes, linked with other local government activity and complement Cheshire and Merseyside-wide work.

There is already a strong theme of working the programme through local Health and Wellbeing Boards and into wider local government strategy.

Health and Care Partnership has taken on board the following system-wide recommendations for action:

We will:

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:

- Use our agreed set of local Marmot "Beacon Indicators", developed in partnership with hundreds of local stakeholders, to help Cheshire and Merseyside Health and Care Partnership to monitor delivery or our actions on the social determinants of health.
- Take action required across **all** the areas to help reduce health inequalities.

Prevention pledge

The NHS Prevention Pledge – aims to improve the health of our population and is already adopted by a number of NHS Trusts across Cheshire and Merseyside – is aimed at embedding ill-health prevention within core service delivery and Trust environments. It comprises **14 core commitments** on cross-cutting prevention themes including:

- Reduction of preventable risk factors e.g., healthier catering offer, smokefree sites
- Workforce development, staff health and wellbeing
- Increasing social value and working towards Anchor Institution principles
- Working with partners at Place to build community capacity e.g., social prescribing
- Addressing health inequalities and strengthening diversity and inclusion.

The Prevention Pledge takes a system-wide approach to promoting wellbeing and tackling health inequalities. Working in tandem with the Cheshire and Merseyside Marmot Community Programme, the Prevention Pledge supports NHS Trusts to address findings from the Public Health England 'Disparities Review' published in 2020 and NHS England's Core20PLUS5 initiative.

Many of the Pledge commitments align with the themes set out in the review including the impact of obesity, diabetes, cardiovascular disease, COVID-19, mental wellbeing, increased alcohol consumption, poor diet, increased deconditioning and the impact on unemployment and inequalities.

We will:

- Work to ensure all NHS Trusts across Cheshire and Merseyside have adopted the NHS Prevention Pledge in full
- Ensure prevention and reduction of health inequalities features as a key priority across all Cheshire and Merseyside NHS Trust corporate strategies
- Expand the Pledge to providers across our wider system.

Responding to cost-of-living pressures

There is strong evidence that living in cold homes exacerbates a wide range of physical and mental health conditions, with prevalence expected to increase throughout winter 2022-23.

Data from 2020 shows that a higher percentage of homes in Cheshire and Merseyside are estimated to have experienced fuel poverty than in England as a whole.

Worrying about having enough money to pay bills or buy food can lead to stress, anxiety and depression. Being unable to afford sufficient food leaves people malnourished. Being unable to keep a home warm leaves people at risk of developing respiratory diseases at a time of year when respiratory admissions to hospital typically surge. As respiratory admissions rise, A&E performance typically declines, leading to reduced flow through hospital and ambulance teams less able to reach acutely ill patients at home.

Taking action:

Each Place, alongside NHS Providers, has carried out an assessment to benchmark current activity on tackling fuel poverty against National Institute for Health and Care Excellence (NICE) guidance.

Examples of good practice at Place-level in responding to fuel poverty include:

- Adding “vulnerability to cold” to assessments prior to discharge from health or social care settings to home
- Supporting eligible people to access fuel grants and benefits
- Triangulation of data to help identify those most at risk
- Promotion of optimised care for people with Chronic Obstructive Pulmonary Disease (COPD)
- Inclusion of cold home risk assessment in Fire and Rescue Service “safe and well” checks.

We will:

- Take action to help address the impact of cost-of-living pressures; sharing good practice across our Places
- Work to reduce deprivation and income inequality
- Work to improve housing quality and energy efficiency
- Address health needs via NHS interventions.

Section 7 - Improve population health and healthcare

We are committed to improving the health of our population with our key focus of reducing inequalities and increasingly prevention of ill health and poor outcomes described earlier.

The Cheshire and Merseyside system is diverse, and this section of our strategy describes some of the collective programmes we are working on. There is a wide range of other priorities which aren't described here but are equally important to us, including long term conditions, life limiting illnesses and a range of other vital services which our population relies upon, and which work takes place at either a regional or Place based level.

Our approach to population health builds on the existing successful joint working and progress made with our Population Health Board coordinating this activity and linking our programmes together, under the leadership of our Directors of Public Health and Champs Public Health Collaborative.

Core 20 Plus 5:

Core20PLUS5 is a national approach to inform action to reduce healthcare inequalities. The approach defines a target population – the 'Core20PLUS' – and identifies '5' focus clinical areas requiring accelerated improvement.

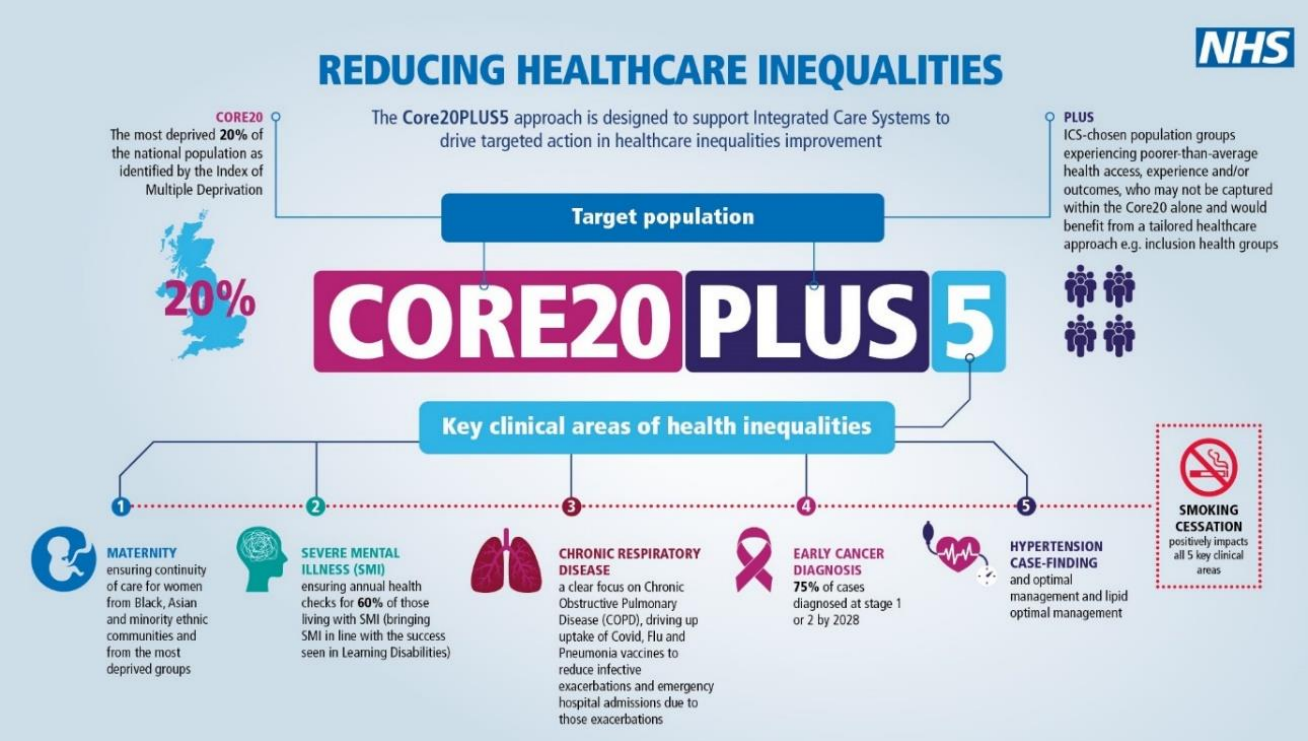
Core20

The most deprived 20% of the national population. For Cheshire and Merseyside this is more than 900,000 of our 2.7m population.

PLUS

PLUS population groups are groups who may be excluded in society, often referred to as "groups". In Cheshire and Merseyside, we do this in our Places where the variations in our population make up can be best reflected.

Inclusion health groups include: people experiencing homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system, victims of modern slavery and wider socially excluded groups.



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There are five clinical areas of focus which require accelerated improvement.

Maternity

We will ensure continuity of care is the default model of care for all women most at risk in pregnancy including those from ethnic minority population groups and from the most deprived groups.

Severe mental illness

We will ensure annual health checks for 60% of those living with severe mental illness. This sits as part of our wider Mental Health programme of work described later.

Chronic respiratory disease

The Cheshire and Merseyside Respiratory Network – which consists of clinicians, commissioners and patient representatives – has agreed a number of key priorities.

We will:

- Implement four key pathways to improve the speed and accuracy of diagnosis and quality of care in relation to breathlessness, obstructive sleep apnoea, asthma and chronic obstructive pulmonary disease (COPD)
- Continue to support greener prescribing of asthma inhalers and expand smoking cessation services – including the CURE programme - to all NHS Trusts across Cheshire and Merseyside
- Intensify efforts to reduce maternal smoking

- Improve access to pulmonary rehabilitation including the short-term reduction in waiting times and developing and implement a Cheshire and Merseyside-wide pulmonary rehabilitation programme which offers services closer to home, harnesses new ways of working and adopts a population health approach
- Drive up uptake of COVID, flu and pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.

Early cancer diagnosis

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 voluntary 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.

Further details here.

We will:

- 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.

The Cancer Alliance's Health Inequalities and Patient Experience Team has been nominated for a number of high-profile awards, for our targeted work to reduce inequalities. As an example of this we undertook a successful campaign to increase awareness of the heightened risk of prostate cancer in Black men, compared to the rest of the population.

Cardiovascular disease (CVD)

Cheshire and Merseyside's cardiovascular disease (CVD) programme seeks to support our communities to have the best possible cardiovascular health.

The programme is supporting recovery from the impact of the COVID-19 pandemic on key CVD risk factors and, as a minimum, will achieve the national ambitions for their detection and management by 2029 – with year-on-year progress being made towards that goal.

In the short-term, a CVD, stroke and respiratory dashboard will be further developed to enable greater understanding of CVD inequalities across Cheshire and Merseyside to support targeted interventions – particularly among underserved communities.

A range of approaches in different health and community settings will make every contact count and improve the systematic and targeted detection, diagnosis, management and control of conditions, while flagship digital innovations and programmes will facilitate widespread adoption of new delivery models and quality improvement work e.g. BP@home, Digital First in Primary Care, Virtual Wards and apps.

Happy Hearts

Visit the happy hearts website for more information.

By 2024 we will:

- Have diagnosed and optimally treated 25% of those with familial hypercholesterolaemia.

By 2029 we will:

- Have detected at least 85% of those with Atrial Fibrillation & anticoagulated 90% of those at high risk of stroke
- Have diagnosed at least 80% of those with high blood pressure & be treating 80% of them to target
- Have provided at least 75% of the people aged 40 to 74 with a validated CVD risk assessment and cholesterol reading and 45% of those at highest risk of CVD will be treated with statins
- Have reduced the numbers of strokes and heart attacks.

Smoking

In addition to the "5" clinical focus areas we recognise that smoking impacts across all the five, and our population more generally.

We will:

- Focus on reducing smoking prevalence through not only existing Place-based community smoking cessation activities but we will prioritise implementation of the NHS tobacco dependency treatment pathways in maternity, mental health and acute inpatient services
- Aim to reduce smoking prevalence rates from 12.5% to 5% by 2030.

Children and Young People

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.

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.

We are planning to create a joint three-year strategy and a Children and Young People 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.

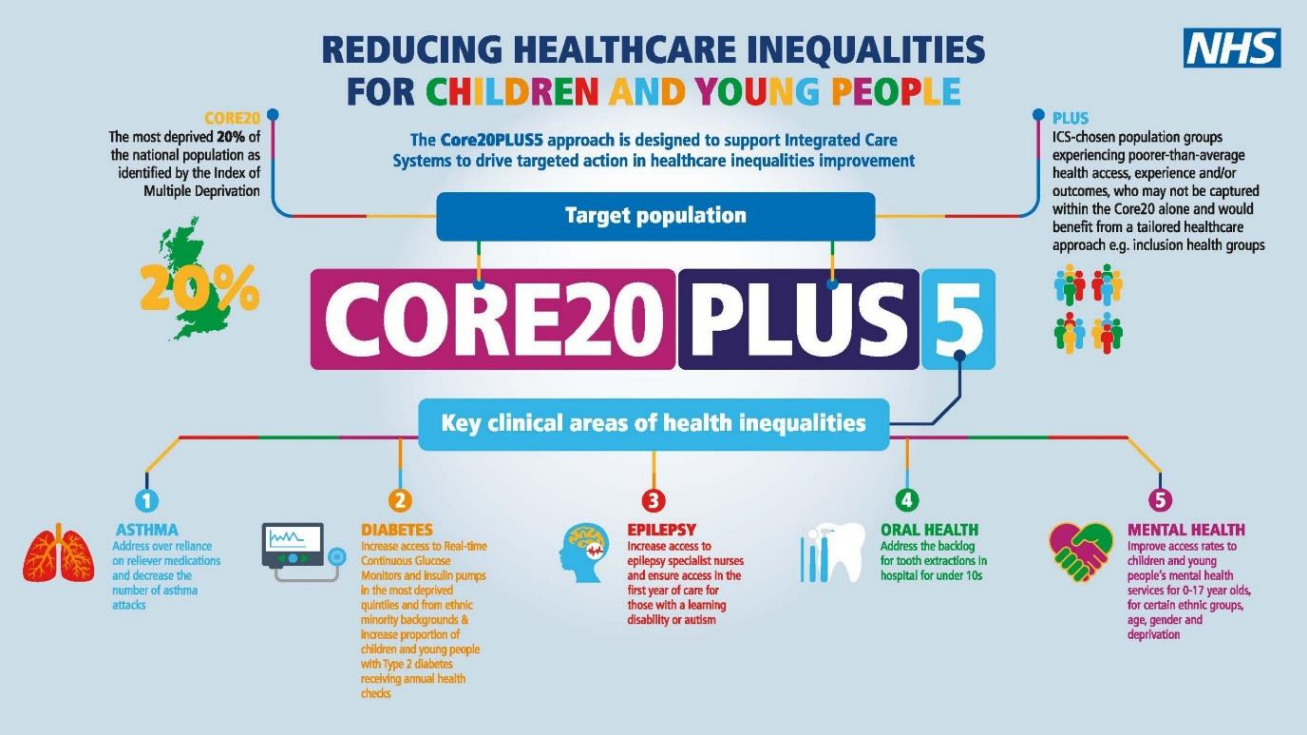
All priorities are linked to the crosscutting Starting Well themes, **CORE 20+5 for CYP** and Marmot indicators to ensure a population health approach aimed at tackling the wider determinants of health inequalities.

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 CORE 20+5 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

- Establish multi-agency "gateway" meetings in all nine Places to support children in crisis
- Develop a model of best practice for safe places for CYP who need alternatives to hospital care due to emotional well-being or social needs
- Implement a health and care workforce strategy and plan for Cheshire and Merseyside that supports integration and collaboration.

The national approach to Core20PLUS5 has identified a range of priorities to improve the health of children and young people and which we will deliver through our Beyond Programme.



We will:

- Address over-reliance on reliever medications and decrease the number of asthma attacks
- Increase access to real-time glucose monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds and increase proportion of CYP with type 2 diabetes receiving annual health checks
- Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism
- Address the dental backlog by increasing the number of tooth extractions, in hospital, for children aged 10 years and under
- Improve access rates to CYP mental health services for 0–17-year-olds, certain ethnic groups, age, gender and deprivation.

PLUS

In delivering our objectives we have a focus on ensuring we prioritise our PLUS population groups. With specific consideration being taken for the inclusion of young carers, looked after children/care leavers and those in contact with the justice system.

Maternity Neonatology and Women's Health

The recently published Women's Health Strategy for England has highlighted the significant inequalities that women face in accessing and receiving health care compared to men. We are committed to addressing the issues outlined in this report and reducing gender and intersectional gender health inequality.

This includes working closely with our communities to co-design solutions and overcome barriers to accessing services such as language barriers, poor experience of care and the impacts of poverty and exclusion.

In addition to the collective work happening across Cheshire and Merseyside our Places work on a range of complementary priorities; e.g. increasing rates of breast feeding.

We will:

- Develop a co-produced women's health strategy for Cheshire and Merseyside
- Accelerate preventative programmes to reduce the risks to women, birthing people, and their babies from ethnic minority population groups, socially deprived, under-represented and protected characteristic groups

- Continue to co-produce interventions and services with all women and birthing people across Cheshire and Merseyside and implement recommendations from the National Maternity Transformation Programme to improve the safety and outcomes for maternity and Neonatal services
- Continue to prioritise the restoration of gynaecological services, surgery and screening, post-pandemic
- Deliver actions identified in the national women's health strategy and continue to deliver key priority and preventative

programmes in response to population need

- Support maternity providers to deliver the priorities outlined in national reviews of services and strategies, e.g. Ockenden and East Kent, and the new single delivery plan to improve the safety and care of maternity and neonatal services, and digital strategy
- Further develop community hubs for maternity and women's health across Cheshire and Merseyside.

Learning Disability and Autism

On average people with a learning disability and / or autism die 22-26 years earlier than the general population. This makes it crucial that, as a Health Care Partnership, we tackle the long waits people can experience accessing a diagnosis and treatment for their learning disability or autism and take specific action to tackle health inequalities in access to physical health care.

We have established processes to ensure we codesign improvements to services, working with service users, experts by experience and self-advocates.

We will:

- Ensure people receive services in appropriate environments by reducing the number of people in specialist in-patient services to no more than 70 adults and 11 people under 18 per million of the population by March 2024
- Reduce unnecessary emergency admissions to hospital and support increased discharges through ongoing development of community services and collaborative working by March 2025
- Reduce the gap in life expectancy for people with a learning disability and / or autism compared to the general population by at least 20% by 2028
- Increase the percentage of people with a learning disability and/or autism or who receive an annual health-check and a health care plan to at least 85% by 2028
- Implement the new learning from death reviews (LeDeR) policy to review the deaths of people with a learning disability and identify learning, opportunities to improve and promote good practice
- Work with partners to redesign pathways to reduce waiting times for autism assessment and diagnosis
- Continue to develop services to support schools, children and young people in crisis and their families, children and young people with autism, eating disorders and issues relating to transgender
- Develop a digital single point of access for emotional health and wellbeing. In support of the Transforming Care programme – for children and young people with learning disabilities and / or autism – ensure key workers are in place across Cheshire and Merseyside and that young people aged 14+ have access to annual health checks and personalised care short breaks.

Mental Wellbeing

The Government's Prevention Concordat for Better Mental Health is underpinned by a prevention-focused approach to improving people's mental health and helping to achieve a fairer and more equitable society.

In Cheshire and Merseyside our CHAMPS public health collaborative is leading delivering on the Consensus statement by addressing the following factors:

1. **Protective factors** – maternal and infant mental health, early years support, family and parenting support, connecting with others and forming good relationships, good education, stable, secure, good quality and affordable housing, good quality work, a healthy standard of living, accessible safe and green outdoor space, arts and cultural activities, community cohesion.
2. **Risk factors** – poverty, socio-economic inequalities, child neglect and abuse, unemployment, poor quality work, debt, drug and alcohol misuse, homelessness, loneliness, violence, discrimination of any kind.

We will:

- Using population health intelligence, research and engagement to better understand local needs, performance and identify gaps
- Work collaboratively to ensure all parts of the system are working effectively to deliver on mental health inequalities, linking work areas to the population health board and mental health oversight group
- Take action on prevention / promotion of positive mental health to help reduce mental health inequalities
- Use innovation through commissioning community-based schemes e.g. arts, culture and creative health interventions
- Define performance indicators and outcome measures and report on progress quarterly
- Follow the leadership of the lead Director of Public Health for Suicide Prevention and Mental Health and governance by the Mental Health Oversight Group and the Population Health Board.

Mental health

We have established a Mental Health Programme, with oversight of the implementation of the NHS Long Term Plan ambitions for mental health and drives delivery of whole system all age mental health transformation.

The programme leads on priorities deemed best undertaken 'at scale' – as agreed by commissioners, public health representatives, North West Ambulance Service, Police, local authorities and voluntary sector representatives.

We will:

- Continue to roll out school / college-based Mental Health Support Teams
- Work with the ambulance service, Police, hospitals and local authorities to address delays in Mental Health Act assessment processes
- Continue to recruit Mental Health Practitioner roles for primary care
- Implement a First Response Incident Support Service to enable an appropriate health response to mental health crisis
- Continue to increase the range of alternative crisis services to A&E and hospital admission

- Develop a specialist Perinatal Mother and Baby Unit
- Establish places of safety outside of emergency departments in all of Cheshire and Merseyside's nine Places
- Reduce care variation by standardising care pathways through strong Place-based partnerships
- Use artificial intelligence and modelling to support better anticipatory care models in mental health services, risk management in inpatient services and earlier intervention in community-based services.

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.

The focus for the system's suicide prevention, suicide bereavement and mental wellbeing work programmes are aligned to the key priorities within the new No More Suicide Strategy:

a. **Leadership and Governance.** Ensuring an effective partnership and collaborative approach taking account of lived experience

b. **Prevention.** Focusing on awareness, skills, and knowledge, supporting suicide prevention in other strategies and work programmes, and through communication and engagement

c. **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

d. **Postvention.** Focusing on bereavement services, including postvention support and working with the media

e. **Data, Intelligence, Evidence, Research.** Focusing on better data capture. Evidence on interventions that work and supporting research where there are known gaps.

We will:

- 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.

Dementia

In parts of Cheshire and Merseyside the rates of dementia 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.

We will:

- Consistently, across our Places, exceed the national standard of 66% of expected dementia diagnosis rates
- 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.

Reduction of harm from alcohol

Our strategic aim across Cheshire and Merseyside is to deliver preventative and treatment interventions that reduce alcohol harm and drug dependency through proactive co-production and delivery. This complements a range of local activity being delivered in our Places.

We will:

- Support prevention, detection and early intervention – for example through expansion of projects with the Police and homeless charities
- Work with the Cheshire and Merseyside Pathology Network to develop an intelligent liver function test (iLFT) programme which all GPs across Cheshire and Merseyside are able to access
- Ensure that, by 2028, people transitioning from hospital to community on an alcohol pathway will wait no more than seven days to be seen - improving the care people receive and reducing the risk of readmission including expansion of alcohol care teams.

Addressing Overweight and Obesity

Overweight and obesity is a significant problem across Cheshire and Merseyside affecting populations across the life-course. National Childhood Measurement Programme data for Year 6 overweight and obesity figures in C&M shows that five of the nine local authorities perform worse than the England average. Over 60% of the adult population within C&M are overweight or obese, with 59% of GP practices in the sub-region having an obesity prevalence higher than the national average.

We are supporting local authorities to address overweight and obesity through the Food Active programme, and delivering a new system-wide Strategic Overweight and Obesity Programme with the aim of addressing the social, environmental, economic and legislative factors that influence healthy weight, with a specific focus on areas of higher deprivation.

All Together Active – Physical Activity

We want a Cheshire and Merseyside in which far fewer people suffer health inequalities resulting from physical inactivity by encouraging and supporting people to move more, removing barriers to participation in physical activity and increasing opportunities to be physically active and get involved in sport.

We will:

- Support each of Cheshire and Merseyside's nine Places to further develop opportunities to use physical activity as a way of improving population health
- Work to embed movement, physical activity and sport across the Cheshire and Merseyside health and care system
- Have empowered 150,000 inactive people to become more active by 2026, while delivering measurable reductions in health inequalities.

www.champspublichealth.com/all-together-active

Case studies and good practice can and will be found in the ATA Resource Hub.

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

Carers

Scoping work across Cheshire and Merseyside in July 2022 estimated that there are around 60,000 adult carers registered with commissioned carer support organisations, while more than 3,500 young carers are registered with local commissioned young carer services. [1]

A new strategic system-wide Carers Partnership Group for Cheshire and Merseyside has been established with representation from local authorities, voluntary sector organisations, NHS England, providers and carers with lived experience. Supported by the NHS England national / regional carers team, it reports into the Health and Care Partnership Board. Our mission is to work in partnership with carers and carer support organisations to develop and implement a Carers Strategic Framework for Cheshire and Merseyside. Our vision is for all carers in Cheshire and Merseyside to have the support they need and recognition they deserve.

In line with the NHS Long Term Plan, we will:

- Identify and support carers, particularly those from vulnerable communities
- Adopt carers passports / introduce best practice quality markers in primary and secondary care
- Share caring status with healthcare professionals wherever they present via electronic health record

[1] Carers on the Frontline – A strategic framework for carers in Cheshire & Merseyside

- Ensure carers understand the out-of-hours options available to them via 'contingency planning' conversations and have appropriate back-up support in place for when they need it. Electronic health records will enable professionals to know when and how to call those plans into action when they are needed
- Implement young carer "top tips" for general practice to include preventative health approaches, social prescribing and timely referral to local support services.

End of Life Care

We are committed to ensuring that when a person reaches the end of their life that they will be supported to die well, with peace and dignity, in the place where they would like to die, supported by the people important to them. End of life care will be personalised to the person who needs it and wants it, available regardless of where they live in Cheshire and Merseyside, or what their illness is and whether an adult or a child.

We will raise public awareness of death and dying so the people of Cheshire & Merseyside are confident enough, and willing to support each other in times of crisis and loss so that at the end of their life people are:

- Treated with compassion and respect
- Helped to remain as independent as possible with a sense of control throughout the course of their illness, supported by skilled, knowledgeable, health and care professionals
- Supported by staff trained to help them to think and plan ahead, if they want to, so they are able to discuss their wishes and preferences of care
- Assured that the needs of their family and those identified as important to them are respected and met, as far as possible during their illness and after their death
- Reviewing and developing services to support end of life care for children and young people in line with the national service specification.

Personalised care

- Personalising health and care is the practice of enabling 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.

Our key guiding principle will be 'what matters to me', enabling service users to have greater control. We will work with our communities to embed personalised care approaches (Shared Decision Making, Personalised Care and Support Planning, Supported Self-Management, Personal Health Budgets, Choice, Community based support) in all our programmes of work and pathways developed across our partnership.

We Will:

- Use MECC (making every contact count) to embed conversations about health and healthy behaviours into day-today conversations and signpost people to support if needed
- Using social prescribing to ensure people have access to available options to support their self-management such as peer support, health coaching, and support groups in the wider community
- Expanding the knowledge, skills, and confidence of those providing services by training in personalised care approaches such as health coaching, personalised care and support planning, and motivational interviewing
- Extend the offer, support, and use of Personal Budgets for locally agreed priorities such as Children and Young People short breaks.

Adult Social Care

The pressures being seen in adult social care have been increased since the Covid 19 Pandemic adult social care is experiencing significant pressure from:

- Increased referrals for support and increasing levels of need from our population
- Challenges supporting people who need to be discharged from Hospital
- Challenges in sustaining capacity in both the residential and nursing home sector and for home care provision including recruiting and retaining sufficient workforce and maintaining independent sector provider sustainability
- We are seeing a growth in our older population, who in turn are the main users of services leading to increased demand
- The financial and consequent physical and mental health and wellbeing issues being faced as a result of the cost-of-living challenges.

As partners we are committed to innovating to ensure people have access to the services, they need including ensuring we maximise access to technology and support, whilst also delivering a wider prevention offer that enables people to live as long as possible independently with good health and wellbeing.

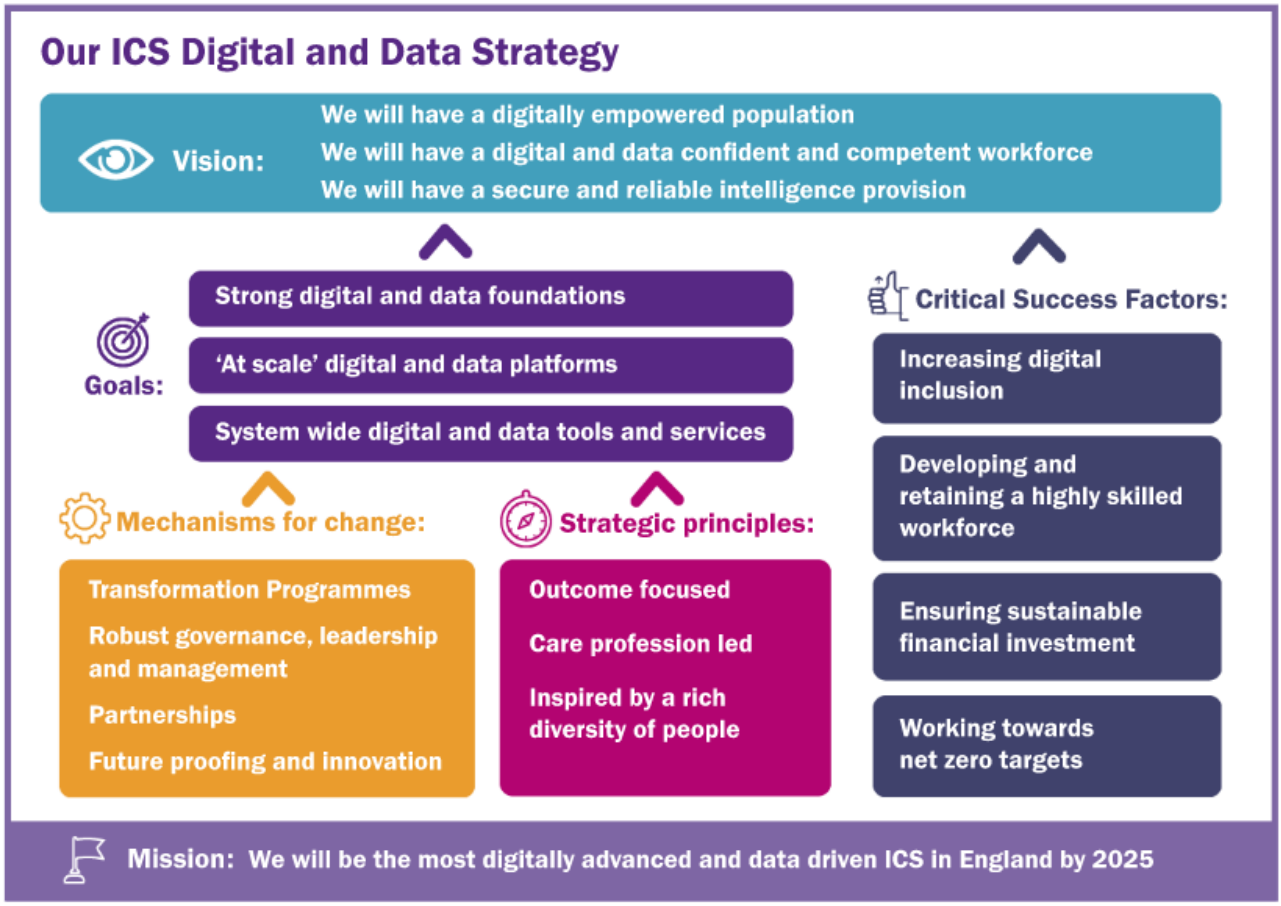
We will:

- Improve access to Home Care and Extra Care Housing, in order to reduce the number of people needing to rely on Residential and Nursing Homes
- We will work with the care market and increase capacity and sustainability
- We will reduce the time spent in hospital by people awaiting access to social care
- We will expand the adult social care workforce by making it an attractive place to work and aligned with our social values and wider workforce plans described elsewhere in this document
- We will build on shared solutions across organisations and communities to maximise expand access to digital and technology that supports our residents.

Digital and Data

Cheshire and Merseyside have ambitious, and highly innovative, plans to be a system where we use data and digital to turn intelligence into action. Our digital and data strategy is the key driver for investment in key IT systems and underpinning IT infrastructure to support health and care delivery.

The data generated supports health and care professionals to better target care and, therefore, better meet the health and care needs of the population. There has been rapid adoption of digital tools such as team collaboration software, video consultations, remote monitoring and the adoption of digital diagnostics, which has changed the way health and care staff work. We have recently updated our digital strategy.



We will:

- Build strong digital and data foundations, including a levelling up of digital infrastructure
- Deliver 'at scale' digital platforms such as shared care records, patient empowerment portals, person-held records, remote care and digital diagnostics
- Develop system-wide population health and business intelligence services.

We are already seeing the benefits of our approach into infrastructure, such as Combined Intelligence in Population Health Action (CIPHA) which supports a range of innovative programmes in Cheshire and Merseyside. System P is a whole system approach to addressing multiagency, multisector challenges that negatively impact population health and will deliver transformational change in service provision through collaborative working. It aims to take a predictive, preventative and precise approach to population, patient, and person health outcomes, supported by joined up data and intelligence.

Research and innovation

Cheshire and Merseyside Integrated Care System has as 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.

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. It is strongly recommended that partners across Cheshire and Merseyside adopt evidence-based approaches informed by best practice and research in relation to our shared goal to tackle health inequalities.

We will:

- Establish a Cheshire and Merseyside Research Development Hub
- 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.

Health Protection

Cheshire and Merseyside ICS works closely as partners, including Local Authorities, ICB, UK Health Security Agency (UKHSA), Office of Health Improvement and Disparities (OHID) NHS England and across the local NHS Providers and other stakeholders in each of our nine Places.

Key relationships are with Directors of Public Health who have a statutory duty, as directed by the Secretary of State for Health, to ensure there are robust health protection arrangements in place in our local areas. Directors of Public Health are supported by Consultants in Public Health who often have a lead responsibility for health protection amongst other areas of public health.

As Category 1 emergency responders the ICS partners are members of our two Local Resilience Forums (Cheshire Resilience Forum and Merseyside Resilience Forum). We are also a key member of the Local Health Resilience Partnership through which we ensure there are robust arrangements in place to protect the health of the population and to give assurances to Directors of Public Health. Through effective planning we are ready for any future health protection risks, and we do this across local and sub-regional footprints, in order to prevent health protection risks where possible, but are ready to deal with consequence management when necessary to save lives and reduce harm.

We ensure that we learn and improve together, collaborating where it makes sense do things together.

Using the assets and strengths we have available, we will:

- Critically assure the effectiveness of our approach and clarify any catch-up activity that is required, including from our experiences responding to COVID-19
- Develop a view of common health protection risks and shared mitigation plans, and ensure we have robust clinical pathways in place to deal with issues such as tuberculosis (TB), dispensing of antivirals

- Implement scenario planning activities to maximise our system readiness and ensure that contingency arrangements are known and understood and deliverable, including supporting UKHSA in response to outbreaks and threats if required, and supporting NHS preventative work – especially in respect of transfer of screening and immunisation commissioning
- Continue to develop health protection data, intelligence, surveillance and analytics as part of our early warning system to provide timely communication and access to accurate data to enable effective health protection advice and action
- Further develop our workforce training and development plans including Continued Professional Development
- Undertake a review of local Health Protection arrangements, on behalf of the nine Directors of Public Health, to develop a thematic analysis and identify opportunities to strengthen clinical pathways for TB prevention, management and treatment; dispensing antivirals; deploying resources in workplaces, schools and other settings in the event of an outbreak of infectious notifiable diseases including measles, TB and other infections. This builds on the successful pathway that has been developed for offering vaccination support to prevent the spread of monkeypox
- To work with UKHSA and local authority commissioned community infection prevention and community infection control teams to better utilise this resource in order to prevent as well as manage infections within care homes and other settings
- Contribute to local Health Protection Boards to strengthen our networked arrangements between local authorities, primary care, the NHS and UKHSA to ensure good understanding of roles and responsibilities, especially in respect to planned changes to screening and immunisations and the role of primary care in delivery.

Doing things differently.

We understand that knowing how to access the right services isn't easy and that it is our role to find ways to work our communities to improve this. We have lots of examples of things we've done, and will continue to do so, but to illustrate a very small number of these:

Our approach to:

- Bringing COVID-19 Vaccinations and a physical health check programme to our communities through our "living well bus"
- Providing a community eyecare service for homeless communities
- Improving Maternal Mental Health with VCSE small grants
- The use and impact of arts, culture and creative health interventions as a powerful tool in public health approaches which is backed up by a strong evidence base, we have a range of examples here are a couple;
  - Liv Care
  - Theatre Porto.

Section 8 - Enhancing quality, productivity and value for money

As was described in section 2 we know that sometimes the experiences and outcomes our population experience could be improved. This section outlines some of our work to ensure we continuously improve.

Quality assurance and improvement

Strengthening collaboration and partnership-working across health and social care provides a significant opportunity to improve the quality of health and care across Cheshire and Merseyside.

The Integrated Care System supports and aligns with the key requirements of quality oversight, as set out by the National Quality Board (NQB) in its 2021 'Shared Commitment to Quality' guidance.

We will:

- Ensure the fundamental standards of quality are delivered – including managing quality risks, including safety risks, and addressing inequalities and variation
- Continually improve the quality of services, in a way that makes a real difference to the people using them
- Work with all of care providers and statutory partnerships in achieving the highest regulatory standards
- Develop and agree a single understanding of quality across the partnership, working together to deliver shared quality improvement priorities, based upon the needs of our population - as well as having collective ownership and management of quality challenges
- Further develop and strengthen our approach to reciprocal and meaningful engagement with service users, working together in an open way with clear accountabilities for quality decisions
- Develop and agree quality assurance and improvement actions across partners through the evolution of the Cheshire and Merseyside System Quality Group (SQG), Quality and Performance Committee and Place-based partnerships, ensuring we are responsive to the lived experience of our diverse population
- Work with our Health and Care Scrutiny Committees to ensure local oversight and assurance around the actions the Partnership is taking to deliver our plans.

Access to Dentistry

A number of factors have led to challenges accessing NHS Dentistry, including a backlog of care needs following the COVID-19 pandemic, workforce recruitment and retention issues and a national NHS dental contract structured more towards treatment than prevention.

On July 19th, 2022, an initial package of reforms to the NHS Dental Contract were announced. Changes include:

- Revised terms to incentivise more effectively treating patient's needs, including supporting higher needs patients
- A focus on adherence to appropriate personalised appointment intervals
- Taking steps to maximise access from existing NHS resources, including through funding practices to deliver more activity in year, where affordable
- Improve information about service availability for patients.

Additional investment has been committed within Cheshire and Merseyside, through to March 2024 to focus on prioritising three key cohorts of patients:

- Urgent Dental Care
- Care Required following an Urgent Treatment
- Routine care where the patient is part of a nationally recognised priority group.

We will:

- Invest in an Advice Triage Helpline service
- Continue to work with partners to develop an oral health strategy to implement sustainable improvements in access to dentistry; including with Health Education England and Cheshire and Merseyside Local Professional Network.

Access to General Practice

In line with national standard operating procedures, face-to-face access to General Practice was limited during the early stages of the pandemic with a move to telephone and online consultations.

Whilst in 2022 the total number of patient appointments is now higher than in 2019, the proportion of in-person appointments remains lower. Variation in appointment availability is being analysed to support local improvement planning and sharing of good practice to improve access where patients need it.

We will:

- Support our Primary Care Networks in addressing the workforce challenges they are experiencing. As part of the national Additional Roles Scheme our Primary Care Networks will continue to grow their broader clinical teams, whilst also working as part of local care community teams to reduce duplication. A number of key programmes to help retain and recruit to General Practice workforce are underway
- Support Primary Care Networks to develop in line with the Fuller Stocktake in relation to the future development for primary care within integrated systems.

All of our Places have developed plans, based on key priorities in reducing inequalities, for their local populations - with sharing of good practice to expand schemes that are shown to work.

Common service plans already developed include acute visiting services, use of additional roles, switching of routine capacity to different parts of the day/week, integration with existing services to maximise capacity and access for patients e.g., tele-dermatology, spirometry clinics, ear irrigation, chronic disease reviews and ensuring we maximise the skills and capacity available in other key services such as our community pharmacies and optometrists.

Community Pharmacy

Community Pharmacy has demonstrated its ability to provide improved access to services for our population.

We will:

- Develop new commissioning models that will expand the range of services and capacity available in Community Pharmacy, in order to improve access to a clinical care and improved health outcomes taking pressure of other parts of the system to improve wider, and more local, access to services
- Enable our population to have access to services directly by integrating systems between providers and sectors and encourage providers to make maximum use of national services
- Integrate Community Pharmacy fully into our local workforce and digital programmes to ensure services are integrated into our local models and pathways with a commitment to support community pharmacy contribute to local structures.

Elective Care Recovery Programme

The COVID-19 impact led to closed wards and beds, and staff diversions to service intensive care departments and urgent care wards during peak times. This unprecedented pressure, and inability to ring fence staff and beds, led to cancellations and cessation of elective services, particularly among “non-urgent” patient groups.

The Cheshire and Merseyside elective waiting lists grew from having no patients waiting more than 52 weeks before the pandemic, to more than 2,200 patients waiting more than 104 weeks by January 2022.

The Elective Recovery and Transformation Programme:

The Elective Recovery and Transformation Programme (ERTP) was established in January 2021 by the Cheshire and Merseyside Acute and Specialist Trusts (CMAST) Provider Collaborative.

The ERTP programme has been working with Trusts to support recovery of activity levels back to pre-COVID levels and reduce in the waiting list backlog as well as a range of transformation schemes to improve outcomes and reduce health inequalities.

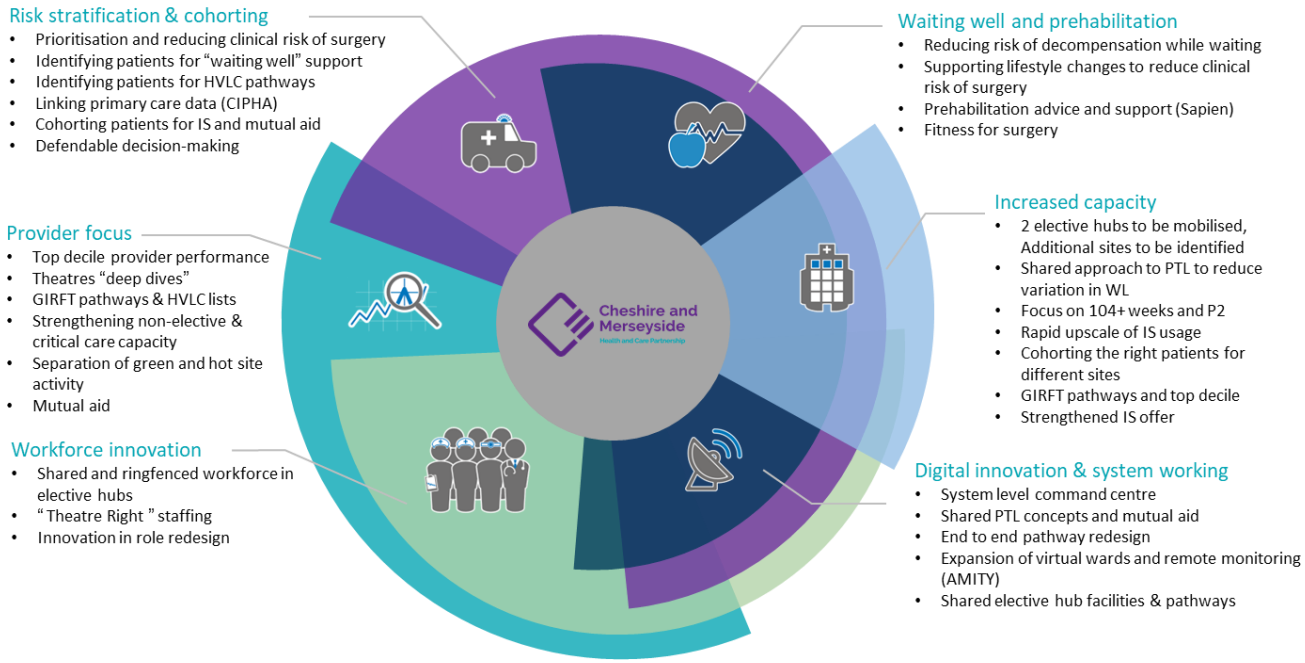
The three immediate system-wide priorities are waiting list management, use of system resources and reducing variation.

We will:

- Complete potential for harm reviews of those who have been waiting a long period and waiting well initiatives
- Eliminate waits of 104+ weeks whilst reducing waits of 78 weeks and 52 weeks through 2023 and 2024
- Establish more elective hubs, separating elective and emergency care to ringfence elective surgery, moving towards a system-level waiting list and maximise use of independent sector capacity
- Aim for top decile performance across all Trusts by implementing Getting it Right First Time and best practice pathways, individual Trust-level efficiency plans and sharing good practice.

To support these aims the following programmes have been developed:

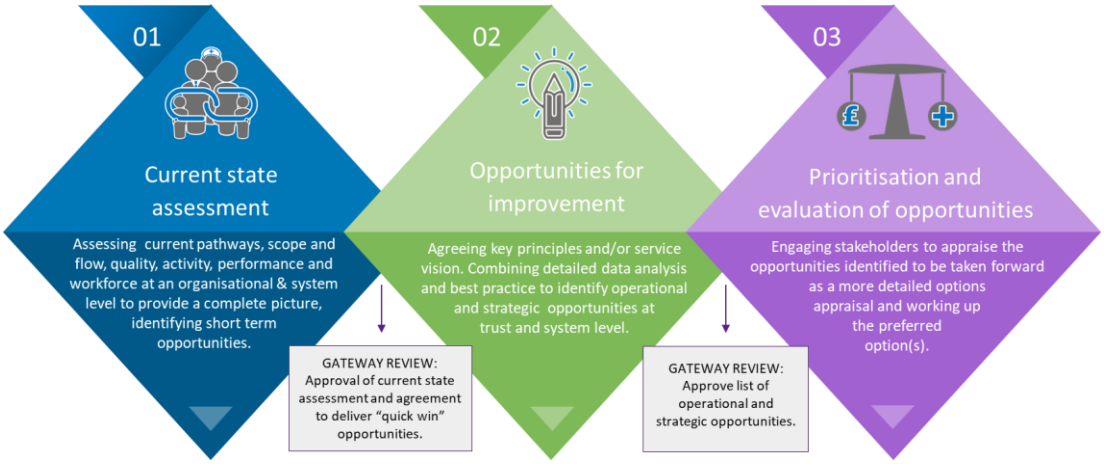
ERTP Programme Workstreams



The Clinical Pathways Programme

The Clinical Pathways Programme (CPP) is focused on transformation of clinical pathways for the long term, improving resilience in smaller NHS Trusts and ensuring that specialisation and consolidation occur where this will provide better outcomes and value.

Cheshire and Merseyside Clinical Pathways Programme Approach



A range of criteria have been used to agree priority specialities for the CPP reviews, including the current waiting list positions, ability to recover activity levels, and services that were considered "fragile" (i.e. where services had closed / limited access).

Access to NHS Diagnostic Tests

More than 80% of patient pathways include a test and so this programme of work is vital to support delivery of almost every other aspect of work in Cheshire and Merseyside.

We will:

- Achieve the six-week waiting time target for routine NHS diagnostic tests by March 2025 (with no over 13 weeks during 2023)
- Deliver 120% of pre-pandemic levels of diagnostic activity by March 2023
- Reduce clinically inappropriate demand
- Use innovation, new technology and digital solutions
- Implement standardised test bundles for key symptomatic pathways so that patients receive the same high quality and timely diagnostics regardless of their location.

Ensuring we have the right services to avoid the need for avoidable hospital admissions

We know that we have higher rates of hospital admissions than our peers. Much of the focus of responding to the causes of this happens within our Place based plans (see Section 10), for example we know that in many of our Places we have high rates of admissions following a fall, and helping our residents prevent falls is a priority for that Place.

As an ICS we are focussed on ensuring that the right personalised services are there to support our population when they need increased support. Our Mental Health, Learning Disability and Community Services Provider Collaborative is working with partners to consistently implement these models, and build the capacity and capability across our system. We have three key areas of work we are focussing on:

Developing intermediate care

Often it is best for people to be cared for in their own home, rather than in hospital, through what is often referred to as "intermediate care" services. We are focussed on ensuring we have the right services to provide alternatives to an acute admission (step-up) as well as acute early supported discharge (step-down) care, ensuring people are treated in the right place, at the right time, by the right people and applying the principle "Home First".

Virtual Wards

Virtual wards are community-based services built on a digital platform with a team made up of specialist nurses, pharmacists, technicians, health care assistants and administrators. The teamwork alongside hospital medical consultants and advanced care practitioners to enable early supported discharge from hospital or hospital avoidance through delivery of care and clinical monitoring at home. This approach allows people to maintain independence and self-care with demonstrable outcomes in relation to wellbeing and confidence to manage their own needs.

Urgent Community Response

Urgent Community Response provides rapid access (within 2 hours) to patients in their own home who, with clinical intervention, can be treated without the requirement of a hospital admission or attendance at A&E, for example following a fall. Whilst the service has been established across all areas of Cheshire and Merseyside, we are developing the model to achieve consistency of referral sources, availability of workforce, communication and engagement with stakeholders and approach to service delivery.

As part of this programme, we will:

- Review how we currently work and share the different ways of working across Cheshire and Merseyside, allowing us to learn from each other and develop plans to apply best practice
- Develop a dynamic business intelligence model that will allow us to track capacity and demand for intermediate care. This will support further development of service delivery, either at place, a collaboration of places, or indeed across Cheshire and Merseyside
- Developing shared workforce development plans.

Workforce

In Cheshire and Merseyside, we work to ensure health and care careers are attractive and encourage people from all backgrounds to consider working in health and care. We aim to retain the highly skilled and committed staff we already have, by enabling flexible and new ways of working, having supportive employment models and ensuring that we have the right skills, competencies and equipment to enable staff to work to their potential.

All staff across the health and care system are important to us and we recognise that we are also supported by a huge number of unpaid volunteers and carers. Our plans will help to ensure that they too are appropriately developed and trained.

To achieve the Health and Care Partnership's 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. This strategy does not replace the need for individual organisations to have in place their own strategies and plans but rather focuses on those areas that we can and should do better by working collectively together.

We will:

- Create the 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 competencies / new roles
- Promote staff health and wellbeing and optimise the time staff are in work
- Embed new culturally competent ways of working
- Enable multiple models of employment and engagement
- Develop leadership and talent management
- Work as system partners to develop a social care academy to show the equal priority with clinical training.
- 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

Specialised NHS Services

From 2024 NHS Cheshire and Merseyside – an 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 priorities within our wider Cheshire and Merseyside plans

Our approach is not being developed in isolation and we will work closely with colleagues from across neighbouring ICBs whilst integrating pathways with our local partners and building on our priorities to reduce inequalities and improve population health.

Finance

Cheshire and Merseyside Health and Care partners have combined budgets of £4.4bn meaning we are a significant part of the local economy, in terms of employment and procurement of services.

Whilst all HCP partners are facing significant financial pressures; driven by the levels of funding allocated to us and income raised, alongside the increasing needs of our population, taking an integrated approach presents us with the best way to respond to this challenge and to deliver the priorities described in this document. By working together to spend the limited resources available in the most efficient and effective way we can gain the best value and outcomes for our population.

This will be delivered through integration of budgets and plans at a Place level (see section 10), as well as working on the shared objectives and plans described through this document.

Cheshire and Merseyside ICS will develop its system-wide financial strategy in the first half of 2023, and this will both underpin and support our ambitious system plans alongside long-term financial sustainability.

We will:

Include in our financial strategy:

- An allocation strategy to determine how we will best use our resources to support reduction in inequalities, prevention of ill health and improve population health outcomes
- Financial mechanisms to support health and care integration and a system wide financial regime and funding flow including how we use pooling of budgets across partners and sectors
- Identify key productivity and efficiency opportunities maximised through effective incentives
- System-wide estates and capital requirements and plans
- Supports transformation which will deliver efficiency through integrated working at both a Cheshire and Merseyside and Place level across health and care partners as well as focus on structural instability in services.

Section 9 - Helping to support broader social and economic development

Social Value and Anchor Institutions

The term anchor institutions refers to large organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. .As partners we are a significant part of our local economy, including in terms of as employers, purchasers from the local supply chain as well as being embedded in our communities.

As one of a group of Social Value Accelerator Sites across the UK, we're dedicated to exploring and learning more about how social value can practically and effectively be embedded at scale across Cheshire and Merseyside, within the NHS, Local Authorities and Voluntary, Community, Faith and Social Enterprise sector (VCFSE) and business organisations.

We have co-produced "The Social Value Award" with all sectors which also encourages organisations from the Voluntary Community Faith and Social Enterprise as well as business sectors to embed social value.

Our definition of Social Value is: The good that we can achieve within our communities, related to environmental, economic and social factors;

- Our approach to building capabilities, strengths and assets and enabling people to live a 'valued and dignified life'
- An enabler for the growth of 'Social Innovation' and helps to reduce avoidable inequalities – linked to the Marmot Principles (see Section 5)
- A requirement of 'Anchor Organisations' to use our purchasing power to build capabilities, strengths and assets within our communities, ensuring that Cheshire and Merseyside is a great place to live and work.

We will:

- Work together across sectors to achieve social value outcomes, foster innovation and reduce avoidable inequalities
- Protect health and social care services for future generations
- Give a voice to local communities
- Embed social value across the entire commissioning cycle including procurement
- Make every penny count, growing local wealth, health and our environment
- Create opportunities for social innovation
- Facilitate shared learning, encouraging innovation and best practice in exploring social value.

As an Anchor System we will:

- Sign up to the fair employment charter for Liverpool City Region and Cheshire and Warrington and commit to the real living wage and creating equality within our local job sector
- Pledge to employ and purchase locally, in the first instance
- Pledge to work closely with partners and, where possible, ensure our buildings are viewed as local, community assets
- Measure and evidence the progress made as a result of becoming an Anchor Institution
- Expand the roll-out of the Prevention Pledge
- Develop an Anchor Network Progression Framework to help organisations self-assess / progress ambitions.

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 too.

We are:

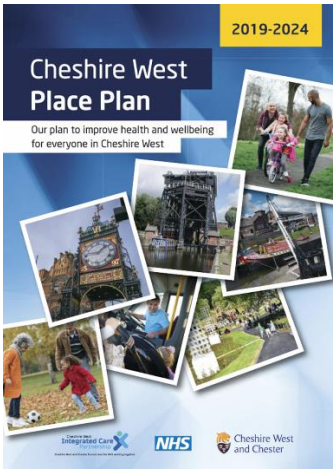
- Transforming the way we use technology to provide health and care
- Decarbonising estates and enhancing sustainable food in hospitals
- Reducing the environmental impact of products we use, including medicines
- Phasing out single use plastics and improving the way both staff and patients travel when accessing health services.

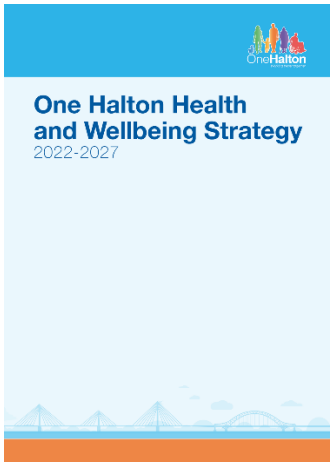
In order to achieve our commitments, we are working with partners in new and innovative ways, including local councils, the NHS Innovation Agency and Liverpool John Moores University.

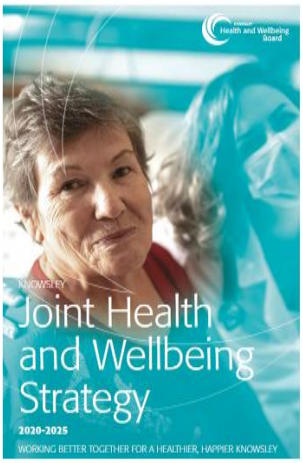
Examples of improvements already achieved include:

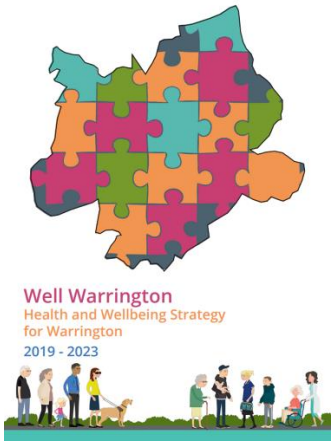
- The installation of more than 300 solar panels at Wirral Community Health and Care NHS FT, St Catherine's site Phasing out the use of the anaesthetic gas desflurane - most NHS Trusts across Cheshire and Merseyside have now phased it out completely
- Reducing the use of nitrous oxide by the equivalent of 443 tonnes of CO_2 – the same as charging more than 50 million smartphones!
- Introducing more cycle to work schemes
- Liverpool Health and Chest Hospital NHS Foundation Trust has introduced reusable theatre gowns, saving more than 23 tonnes of carbon dioxide emissions each year and £22,000 **which was reinvested into patient care**.

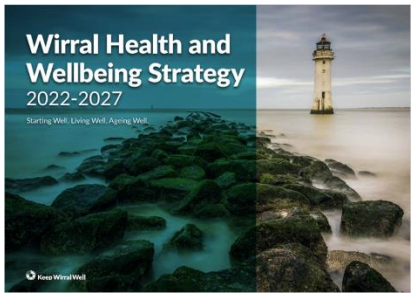
Section 10 - Health and Wellbeing Board Strategies and Place Plans (links to docs to be provided)











Section 11 - Glossary

A Glossary of terms is available here.

Appendix 2

CHESHIRE AND MERSEYSIDE INTEGRATED CARE SYSTEM JOINT HEALTH SCRUTINY COMMITTEE

Comments on draft Cheshire and Merseyside Health and Care Partnership Interim Strategy

Committee comments on Process

The Joint Health Scrutiny Committee acknowledges the need to publish an interim integrated care strategy at the earliest opportunity for this to inform further planning, not least the ICB Five-Year Forward Plan and Capital Plan which must be adopted by 31 March 2023.

The Joint Committee also recognises the lack of clear definitive guidance from central government in recent months and also recognises the important work done by the Partnership to date in its shadow form. However, the Joint Committee is conscious of the need for appropriate governance arrangements to be put in place and welcomes the plans to work with local authority partners to formally establish the Cheshire and Merseyside Health and Care Partnership as a statutory body in the coming months.

Committee comments on Substantive Content

Overall, the document presents as a strong base for moving forward and builds on several years of collaborative working across the Cheshire and Merseyside footprint. It should be recognised that this is work in progress and it is hoped that the Joint Health Scrutiny Committee will play a robust role in its review and further development as well as monitoring its implementation. Perhaps this role could be acknowledged to underpin democratic accountability for this partnership activity. There is reference to the financial strategy for Cheshire and Merseyside ICS; it is also hoped that this will be shared with the Joint Health Scrutiny Committee at some stage.

At present there is little indication of how the Cheshire and Merseyside Health and Care Partnership will communicate its work with the public and the wider community and perhaps this could be considered by partners.

Specific strengths are as follows:

- The strategy firmly embeds the Marmot Principles in terms of recognising that inequalities in health outcomes are largely determined by the wider determinants of health and the development of Beacon Indicators will be used to benchmark progress.

- The strong emphasis on listening to service users through local Healthwatch organisations is welcomed.
- The strategy acknowledges specific challenges with access, specifically, GP appointments. dentistry and social care.

There are a number of areas that the Joint Committee believe need further development:

- Learning Disabilities / Autism (specifically around training and carer support)
- Tackling alcohol and substance misuse
- Working with local Councils (including town and parish councils), voluntary and community sector over specific areas such as dementia, mental health promotion, falls strategy, social isolation, and carer support.
- The development of a performance monitoring framework including SMART targets that will allow stakeholders, including the Joint Health Scrutiny Committee, to hold to account the system for the delivery of its strategy.

Other comments:

The Joint Health Scrutiny Committee would hope to see stronger plans for **collaborative cross sector working** in terms of how General Practice, walk-in and urgent care centres and A&E can work with community nursing and domiciliary social care as part of an holistic system.

Examples of **good practice** are mentioned, but this could be strengthened by a more systematic approach to embed innovative approaches across the footprint. e.g. the development of GP/A&E shared care plans for service users amongst the homeless community in Liverpool and the work of the Cheshire Fire and Rescue service carrying out health checks in homes.

The approach to dealing with the increasing challenges of meeting **children's mental health** needs post pandemic could also be strengthened to ensure a more joined up and comprehensive approach between the voluntary sector, schools, children's centres, children's social care, and mental health service providers in the NHS.

The section on **workforce, recruitment and training** could be developed further. As recruitment, training and retention of staff will present one of the biggest challenges to both health and care services, the Joint Committee hopes to see much more development of this element of the strategy with robust workforce plans, reduction of reliance on agency staff and a path to reduce inequities in the pay and conditions of NHS and other care staff alongside a specific plan for the region which engages local universities and other training providers.

The Joint Committee notes that the document contains no specific proposals to improve **dental services**. As a substantial and increasing number of residents are

unable to access an NHS dentist, the Joint Committee would welcome proposals to seek to increase the number of dentists as a means of improving access. The Joint Committee also believes that the importance of dental care for young people and the importance of prevention and regular checks should be promoted.

In terms of **adult social care,** the document aspires to develop domiciliary services to reduce numbers in care homes. With council budgets already at breaking point for such care, and in the absence of firm proposals for increasing pay and recruitment there are serious concerns regarding the ability to improve such adult social care services and thereby reduce demand elsewhere. The document states that there will be integration of budgets at a Place level and more information regarding the allocation of funds between acute care and social care at that level will be beneficial not only to the Joint Committee but also the wider community.

Regarding **carers**, the introduction of carers passports in all hospitals is welcomed, but unpaid family carers could be involved in a much more integrated way by treating them as the expert partners in care whose input can be critical in ensuring the best outcomes as well as earliest discharge for the patient. The number of carers in the UK has risen significantly recently to around 1 in 5 people. Carers may suffer from significant health problems and financial hardship which results from their caring responsibilities, and a greater focus on providing support could provide significant added value.

NHS
Cheshire and Merseyside

Committee Report

NHS Planning Guidance 2023-24

Date: 17 January 2023

NHS
Cheshire and Merseyside

Date of meeting:	17 January 2023
Agenda Item No:	
Report title:	NHS Planning Guidance 2023-24
Report Author & Contact Details:	Neil Evans (neilevans@nhs.net or 07833685764)
Report approved by:	Claire Wilson

Purpose and any action required	**Decision/ Approve** →		**Discussion/ Gain feedback** →		**Assurance** →	x	**Information/ To Note** →	

Route to this meeting / Committee/Advisory Group previously presented to (if applicable)
This is a description of national guidance and has not been considered elsewhere in advance of this paper.

Executive Summary and key points for discussion
This paper provides a high level summary of the 2023-24 national NHS planning guidance • On 23rd December 2022 NHS England issued this guidance to the NHS in relation to Operational Planning for 2023-24 and the production of Integrated Care Board (ICB) Five Year Joint Forward Plans. • The Guidance asks systems to focus on the following tasks for 2023/24 [1]: 1.1. Prioritise recovering core services and productivity 1.2. Return to delivering the key ambitions in the NHS Long Term Plan (LTP) 1.3. Continue transforming the NHS for the future • There is a requirement for ICBs and their partner NHS trusts to prepare five-year Joint Forward Plans (JFP) [e] before the start of each financial year. The guidance encourages systems to use the JFP as a shared delivery plan for the integrated care strategy (developed by the HCP) and the joint local health and wellbeing strategies (JLHWS) along with NHS universal priorities. • The supporting "technical guidance" in relation to finance, activity and performance levels has not yet been received. In advance of this the approach to developing these plans are being designed to meet the testing timescales outlined in the paper.

Recommendation/ Action needed:	Members and attendees of the partnership are asked to **Note**: • The content of the national 2023-24 NHS planning guidance issued by NHS England, including the need to develop ICB Joint Forward Plans that reflect these nationally determined priorities alongside our local priorities. • The intention to work collaboratively with members of the HCP and HWB in developing the content of the plans and engaging with our communities on our plans.

Which purpose(s) of an Integrated Care System does this report align with?	
Please insert **'x'** as appropriate:	
1. Improve population health and healthcare	x
2. Tackle health inequality, improving outcome and access to services	x
3. Enhancing quality, productivity and value for money	x
4. Helping the NHS to support broader social and economic development	x

[1] the-relationship-between-health-and-wellbeing-boards-and-integrated-care-systems

C&M ICB Priority report aligns with:	
Please insert **'x'** as appropriate:	
1. Delivering today	x
2. Recovery	x
3. Getting Upstream	x
4. Building systems for integration and collaboration	x

Governance and Risk						
Does this report provide assurance against any of the risks identified in the ICB Board Assurance Framework or any other corporate or Place risk? (*please list*)						
What level of assurance does it provide? Not applicable						
Limited	x	**Reasonable**		**Significant**		
Any other risks? If **YES** please identify within the main body of the report. Not applicable						
Is this report required under NHS guidance or for a statutory purpose? (*please specify*) This report summarises national NHS planning guidance						
Any **Conflicts of Interest** associated with this paper? If **YES** please state what they are and any mitigations undertaken. No						
Any current services or roles that may be affected by issues as outlined within this paper? No						

Document Development	**Process Undertaken & Impact Considerations**	**Yes**	**No**	**N/A**	**Comments** (i.e., date, method, impact e.g. feedback used). ***Greater detail to be covered in main body of report***
	Financial – any resource impact?			x	As the detailed implementation plans are developed alongside the HCP Strategy and ICB Joint Forward Plan then all the areas will need to be considered but this paper is currently describing the national guidance.
	Patient / Public Involvement / Engagement			x	
	Clinical Involvement / Engagement			x	
	Equality Impact Analysis (EIA) - any adverse impacts identified? EIA undertaken?			x	

	Regulatory or Legal - any impact assessed or advice needed?			x	
	Health Inequalities – any impact assessed?			x	
	Sustainable Development – any impact assessed?			x	

Next Steps:	• Development of our approach to respond to the national NHS requirements developing operational plans and the Joint Forward Plan are being designed. The approach will be developed with partners to ensure they reflect the views of partners, • Operational Plans must be agreed, and submitted to NHS England by the end of March 2023, with a draft submission on 23 February. • The Joint Forward Plan must be in draft form by the end of March 2023, with publication of final agreed plans by the end of June 2023, following consultation with Health and Wellbeing Boards.

Responsible Officer to take forward actions:	Neil Evans Associate Director of Strategy and Collaboration

Appendices:	1 Summary of national NHS guidance for 2023-24 2 National NHS Objectives 2023-24

Glossary of Terms	**Explanation or clarification of abbreviations used in this paper**
DHSC	Department of Health and Social Care
ICB	Integrated Care Board
ICP/HCP	Integrated Care Partnership in Cheshire and Merseyside we refer to the ICP as a Health and Care Partnership (HCP)
ICS	Integrated Care System
LTP	NHS Long Term Plan
NHS	National Health Service

Developing the HCP Strategy

1. Introduction / Background

1.1. On 23rd December 2022 NHS England issued guidance to in relation to Operational Planning for 2023-24 and the production of Five Year Joint Forward Plans. The two documents are relatively concise at 20 and 23 pages in length.

1.2. The supporting "technical guidance" in relation to finance, activity and performance levels has not yet been received from NHS England.

1.3. The NHS England Planning Guidance asks systems to focus on the following areas for 2023/24 [1]:

Recovering our core services and improving productivity	Make progress in delivering the key NHS Long Term Plan ambitions	Continue transforming the NHS for the future
Smaller number of national objectives which matter most to the public and patients		
More empowered and accountable local systems		
NHSE guidance focused on the "why" and "what", not the "how"		

Headline ambitions for recovering our core services and improving productivity

	Improve ambulance response and A&E waiting times.
	Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard.
	Make it easier for people to access primary care services, particularly general practice.

1.4. The guidance includes 32 national NHS objectives for 2023-24. These are included in appendix 1 and go into more detail in relation to the following 12 areas which are identified as national priorities:

1.5. The recovering core services section covers in more detail the national priorities which we must respond to as an Integrated Care Board in the areas of:

- Urgent and emergency care
- Community health services
- Primary care
- Elective care
- Cancer
- Diagnostics
- Maternity and neonatal services
- Use of resources

1.6. Delivering the Long-Term Plan and Transforming the NHS section focuses on:

- Mental health
- People with learning disability and autistic people
- Prevention and health inequalities
- Workforce

1.7. In support of the areas identified above the guidance highlights the importance of also focussing on:

1.7.1. Levelling up digital infrastructure and driving greater connectivity, including development of the NHS App to help patients to identify their needs and get the right care in the right setting

1.7.2. System working through development of Integrated Care Boards (ICB) and Integrated Care Partnerships (ICP).

1.8. Within plans there is a requirement to focus on productivity and efficiency savings to meet the expectation of a 2.2% national efficiency agreed with Government and to meet a balanced financial position. This requirement will vary based on the historical financial position of an ICB and its providers.

1.9. There is a requirement for ICBs and their partner NHS trusts to prepare five-year Joint Forward Plans (JFP) [e] before the start of each financial year. The guidance encourages systems to use the JFP as a shared delivery plan for the integrated care strategy (developed by the HCP) and the joint local health and wellbeing strategies (JLHWS) along with NHS universal priorities. The statutory responsibility for producing the JFP lies with the ICB and its partner NHS provider trusts.

1.10. Operational Plans should be agreed by the end of March 2023, when they are submitted to NHS England. In recognition of the condensed timeframes, and the developing status of Integrated Care Systems the timings for 2023-24 are that a draft JFP should be produced by the end of March with final JFP published by the end of June 2023.

1.11. There is flexibility in the content of JFP but the guidance *"encourages systems to use the JFP to develop a shared delivery plan for the integrated care strategy (developed by the ICP) and the JLHWS (developed by local authorities and their partner ICBs, which may be through HWBs) that is supported by the whole system, including local authorities and voluntary, community and social enterprise partners"*

1.12. In developing the JFP the guidance identifies engaging with the following partners as being essential:

1.12.1. ICP/HCP (ensuring this also provides the perspective of social care providers)
1.12.2. primary care providers
1.12.3. local authorities and each relevant HWB
1.12.4. other ICBs in respect of providers whose operating boundary spans multiple ICSs NHS collaboratives, networks and alliances
1.12.5. the voluntary, community and social enterprise sector
1.12.6. people and communities that will be affected by specific parts of the proposed plan, or who are likely to have a significant interest in any of its objectives including considering underserved of excluded groups.

1.13. Where plans are built on existing plans and strategies there is not a requirement to formally consult. However; normal legislative requirements remaining if there is a significant planned change to services.

1.14. JFP must be reviewed and updated annually.

1.15. The ICB and our NHS provider partners must consult with Health and Wellbeing Boards (HWB) as to whether the JFP is considered to reflect their local priorities and include in the final document the opinion received from the HWB.

[1] PRN00021-23-24-priorities-and-operational-planning-guidance-december-2022.pdf (england.nhs.uk)

[2] NHS England » Guidance on developing the joint forward plan

2. Next Steps

2.1. At the time of writing the ICB, and partners, are in the process of developing their approach to operational planning. As this matures there will be ongoing dialogue with system partners to refine the approach and jointly develop plans.

2.2. Operational Plans must be agreed, and submitted to NHS England by the end of March 2023, with a draft submission on 23 February.

2.3. The Joint Forward Plan must be in draft form by the end of March 2023, with publication of final agreed plans by the end of June 2023, following consultation with Health and Wellbeing Boards.

3. Recommendations

3.1 Members and attendees of the partnership are asked to **Note**:

- The content of the national 2023-24 NHS planning guidance issued by NHS England, including the need to develop ICB Joint Forward Plans that reflect these nationally determined priorities alongside our local priorities.
- The intention to work collaboratively with members of the HCP and HWB in developing the content of the plans and engaging with our communities on our plans.

4. Officer contact details for more information

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Appendix 1

2023/24 Planning guidance and priorities

Brief guide from NHS England – December 2022

NHS England

To help provide certainty for local health and care teams, NHS England has published its annual Priorities and Operational Planning Guidance. ICBs are asked to work with system partners to develop plans to meet the objectives set out in this guidance before the end of March 2023.

Areas of focus for 2023/24

The 2023/24 planning guidance sets out three core priorities informed by three underlying principles:

Recovering our core services and improving productivity	Make progress in delivering the key NHS Long Term Plan ambitions	Continue transforming the NHS for the future
Smaller number of national objectives which matter most to the public and patients		
More empowered and accountable local systems		
NHSE guidance focused on the "why" and "what", not the "how"		

Headline ambitions for recovering our core services and improving productivity

- Improve ambulance response and A&E waiting times.
- Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard.
- Make it easier for people to access primary care services, particularly general practice.

Recovering productivity and improving whole system flow are critical to achieving these objectives, and we must collectively address the challenge of staff retention and attendance. Throughout all the above will be a focus on **narrowing health inequalities in access, outcomes and experiences**, and **maintaining quality and safety in our services, particularly in maternity services.**

Delivering the key Long Term Plan ambitions and transforming the NHS

We need to create stronger foundations for the future, with the core goals of the NHS Long Term Plan our 'north star'. These include our commitments to:

- Improve **mental health services** and **services for people with a learning disability and autistic people**.
- Continue to support delivery of the **primary and secondary prevention priorities** and the **effective management of long-term conditions.**
- Ensure that the workforce is put on a sustainable footing for the long term, including publication of a NHS Long Term Workforce Plan.
- Level up **digital infrastructure** and drive **greater connectivity**, including development of the NHS App to help patients to identify their needs and get the right care in the right setting.

Local empowerment and accountability

ICSs are best placed to understand population needs and are expected to agree specific local objectives that complement the national NHS objectives. As set out in Operating Framework, NHS England will continue to support the local NHS [integrated care boards (ICBs) and providers] to deliver their objectives and publish information on progress against the key objectives set out in the NHS Long Term Plan.

Funding and planning assumptions

The Autumn Statement 2022 announced an extra £3.3 billion in both 2023/24 and 2024/25 for the NHS to respond to the significant pressures we are facing. We are issuing two-year revenue allocations for 2023/24 and 2024/25. At national level, total ICB allocations [including COVID-19 and Elective Recovery Funding (ERF)] are flat in real terms with additional funding available to expand capacity. Core ICB capital allocations for 2022/23 to 2024/25 have already been published and remain the foundation of capital planning for future years. ICBs and NHS primary and secondary care providers are expected to work together to plan and deliver a balanced net system financial position in collaboration with other ICS partners.

Further reading

Full planning guidance documents and supporting guidance can be read here: NHS England » NHS operational planning and contracting guidance.

Appendix 2

National NHS objectives 2023/24

	Area	Objective
Recovering our core services and improving productivity	**Urgent and emergency care***	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 2024/25
		Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
		Reduce adult general and acute (G&A) bed occupancy to 92% or below
	Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
		Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
	Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
		Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
		Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
		Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
	Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
		Deliver the system- specific activity target (agreed through the operational planning process)
	Cancer	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
		Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
	Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
		Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
	Maternity*	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
		Increase fill rates against funded establishment for maternity staff
	Use of resources	Deliver a balanced net system financial position for 2023/24
	Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
	Mental health	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 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
	People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
		Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
	Prevention and health inequalities	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

**ICBs and providers should review the UEC and general practice access recovery plans, and the single maternity delivery plan for further detail when published;*