



One Liverpool

Strategy

2019-2024

A Healthier, Happier,
Fairer Liverpool for All





Liverpool Health and Care Partnership..... 3

1 Foreword..... 4

2 Introduction.....5

3 The Case for Change..... 6

4 Understanding What Makes a Population Healthy..... 7

5 The One Liverpool Vision.....8

6 One Liverpool Outcome Ambitions..... 9

7 Population Health Management.....10

8 How We Will Succeed.....11

9 One Liverpool Objectives.....13

9.1 Targeted Action on Inequalities.....14

9.2 Empowerment & Support for Wellbeing.....16

9.3 Radical Upgrade in Prevention and Early Intervention.....18

9.4 Integrated, Sustainable Health and Care Services.....22

10 Responding to the NHS Long Term Plan.....28

11 Health and Care Commissioning.....29

12 Financial Sustainability.....30

13 Leadership and Governance.....31

14 Enablers.....32

15 From Strategy to Action.....35

16 Appendices.....36



Liverpool has a diverse and complex health and care system, with 86 GP practices collaborating across 12 neighbourhoods and 11 Primary Care Networks; seven NHS provider trusts, including a newly merged adult acute hospital, a children’s acute trust, a women’s acute trust and three specialist trusts, located in the city but serving the wider region.

Liverpool is fortunate to have a vibrant voluntary and community sector of over 3,000 organisations and groups.

The key partners within the Liverpool health and care system are:



Liverpool is a vibrant city which is changing for the better in so many ways, but poor health and wellbeing blight the lives of too many people. Without good population health, Liverpool cannot take its true place as a great national and international city.

We have a vision for a healthier, happier and fairer city, which calls for a positive step change in the health of Liverpool people. Our primary ambition is to reduce health inequalities, which currently represent an eight-year life expectancy gap between the most affluent and deprived communities in the city.

The key to achieving this ambition will be forging a new relationship with the people of Liverpool; harnessing our combined efforts to secure a better quality of life for all. Liverpool has a distinctive identity and people are intensely proud of their city. We need to harness this pride in a call to action for better health.

We want to move away from a paternalistic approach by enabling people to determine what matters most to them in their supporting communities to take better control of their health and their care needs. To do this we will take a life course approach, responding to peoples' life stages and experiences and how we shape their health and wellbeing services.

Although local health and care organisations each have their own strategies, One Liverpool represents our joint approach; focusing on the changes we can make only if we work together as a single team.

This strategy has been developed through a process of collaboration and consensus by all health and care leaders and, as such, it marks a significant step forward.

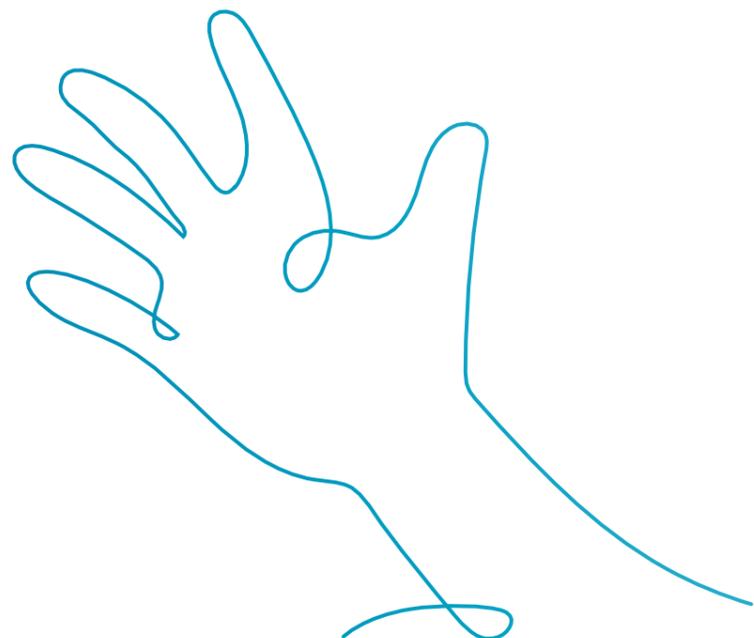
The One Liverpool Strategy is only the beginning. We will now start a conversation with patients, the public and health and care staff about how we can work together for better health and wellbeing.

Good health and wellbeing comes from all aspects of our lives; our homes and communities, education, employment and environment.

This is why the One Liverpool Strategy will become the health and care chapter of a refreshed Liverpool Inclusive Growth Plan, reflecting our hope and confidence in creating a healthier, happier and fairer city for all.

Jan Ledward
Chief Officer
NHS Liverpool CCG

Tony Reeves
Chief Executive
Liverpool City Council



One Liverpool is a whole-system strategy setting out what partners will do together over the next five years for better population health and wellbeing in Liverpool.

This document represents a reset of the first One Liverpool Strategy which was published in 2018. This version reflects the health and care system's response to the NHS Long Term Plan and the progress we have made in creating the right environment to work together to improve health and wellbeing in our city.

Our strategy will tackle the long term health inequalities that leave the vulnerable and disadvantaged in our city with a poorer experience of care, fewer years of healthy life and earlier death.

We must close the health gap within the city and with the rest of England if Liverpool is to fully take its place as a world class city.

We will also collaborate to establish integrated services that will better meet people's needs and to ensure that our local health and care system is fit for the future.

Partners have come together around four main objectives:



1
TARGETED ACTION ON INEQUALITIES, AT SCALE AND WITH PACE



2
EMPOWERMENT AND SUPPORT FOR WELLBEING



3
RADICAL UPGRADE IN PREVENTION AND EARLY INTERVENTION



4
INTEGRATED AND SUSTAINABLE HEALTH AND CARE SERVICES

Liverpool has significant and enduring challenges in improving population health. Previous strategies have been heavy in describing the challenges and less clear about the solutions.

The One Liverpool Strategy focuses on the positive and transformative actions that the health and care system will take together and with the people of Liverpool to improve population health and reduce health inequalities.

There is a multitude of health data which demonstrate the challenges, an overview of which is set out in a summary at the end of this document.

The poor state of health in the city, and the fact that many of our outcomes are deteriorating rather than improving, has galvanised the health and care system to come together around a shared vision for better health, working in partnership with the people of Liverpool.

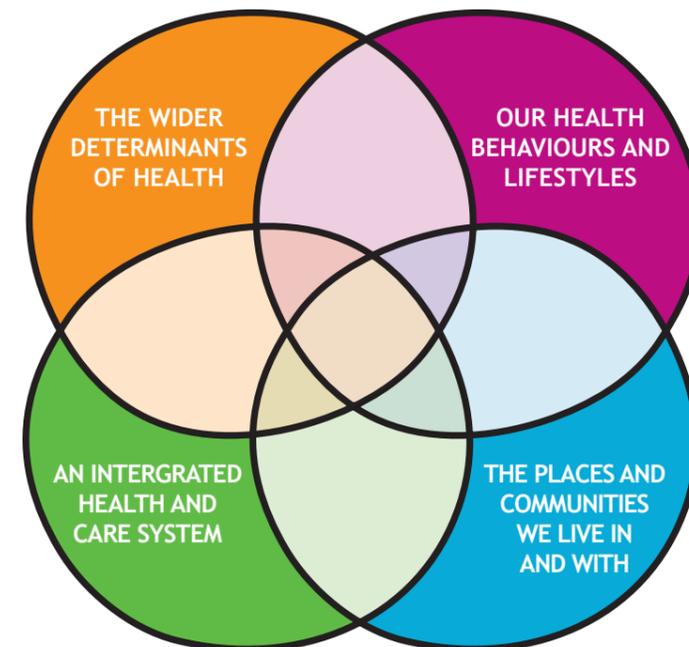


Good clinical care accounts for only 20% of what makes us healthy. The main factors that determine good health are healthy lifestyle, wider determinants of health such as education and housing and the communities we live in. All these factors are essential for good population health.

The health and care system is in a position to influence many of these factors. However, wider determinants of health – economic growth, employment, education, housing and tackling poverty are influenced by wider strategic partners.

The One Liverpool Strategy will be a chapter of a refreshed Liverpool Inclusive Growth Plan, which addresses how, as a connected city, we will come together to act on all determinants of health and wellbeing.

The One Liverpool Strategy is also a component of the Health and Care Partnership for Cheshire and Merseyside strategy, which will set out how the wider region will respond to the requirements of the NHS Long Term Plan.



Source: The Kings Fund

The *One* Liverpool vision is for A Healthier, Happier, Fairer Liverpool for All



This simple statement clearly communicates that our strategy looks beyond service improvement to harness the influence of the whole health and care system to improve population health and equity for everyone in Liverpool.

At 78.2 years Liverpool has the second lowest life expectancy of the English Core Cities, and the gap with England has widened from 2.9 years in 2010 to 3.2 years in 2017.

There are wide and growing inequalities in Liverpool, with the life expectancy gap within our city an unacceptable eight years between people in the most affluent and most deprived communities. To achieve our overarching life expectancy aspiration we need a particular focus on those parts of our city that have the worst health outcomes.

This aspiration will be evidenced through reductions in the premature mortality rates of our city's biggest killers - cancer, circulatory and respiratory disease, which account for almost 7 out of 10 early deaths.

These reductions will be achieved through a greater focus on inequalities, prevention, earlier detection and better services.

Liverpool will work towards:

- Reducing premature cancer deaths by 25%
- Reducing premature circulatory disease deaths by 40%
- Stabilising premature respiratory disease mortality
- Reducing infant deaths by one third

These are ambitious targets that will be a challenge in the current context of deteriorating health outcomes, financial constraints and austerity, but we have to aim high for our city and focus our efforts towards priorities and plans that will have the greatest impact. We have set a range of supplementary measures of success for each One Liverpool objective that are detailed in the appendices.

Our primary goal is to:

Halve the projected
life expectancy gap
with England to
**1.7 years
by 2024**

The One Liverpool Strategy makes a compelling case for addressing the causes of ill health. To do this we must work with our local communities to find solutions.

Working together we will identify individuals and groups that without intervention will go on to become unwell. This means working in a different, but much more effective way.

We will use population health management approaches, using data and local insight, to identify “at risk” individuals and groups. In any population, a relatively small number of patients account for a disproportionately large use of healthcare services.

The population segments we will prioritise for prevention, early intervention and care in Liverpool, across the life course:

- Healthy Population (prevention)
- Long Term Conditions
- Disability
- Mental Health
- Complex Lives
- Frailty & Dementia
- End of Life

Managing population health in this way will enable partners to focus on preventing illness upstream, to address a mounting affordability gap and tackle poor health outcomes.

In Liverpool approximately **11%** of patients account for **74%** of all bed-days.

Around **45%** of our population have a long-term condition (LTC). People with LTCs account for **60%** of A&E attendances, **85%** of all hospital admissions, **92%** of mental health contacts and **91%** of all community contacts.

Population health management will also identify currently healthy adults and children that are at greater risk of future ill health, giving us opportunities to intervene and support them to avoid this outcome.

We will achieve our outcome ambitions through scaled up prevention and early detection, offering better and integrated services and working in a targeted way with the people of Liverpool so they feel entitled to seek better health.

Health and care partners will come together with the people of Liverpool to maximise the impact of our city’s skills, passion and resources across the whole life course.

Poor health outcomes have endured in Liverpool for many years and previous health strategies have had variable success. We have come together as a health and care system in a way we have not experienced before to create a platform for transformational change.

Our ethos is one of collaboration rather than competition with a strongly held commitment to do the right things and encourage the people of Liverpool to become key partners for change.

The NHS Long Term Plan highlights the importance of visible senior clinical leadership in enabling high quality care and better health, both within organisations and in the new system architecture. In Liverpool much of the progress we have made to date has been driven by our clinical leaders, motivated by their desire to innovate, improve and transform services for patients. We will create the environment and give space for clinicians to become even more actively involved in strategic leadership and transformation.

Partnership working between the voluntary sector, local government and the NHS is crucial to improving care for people and communities.

Voluntary sector partners often provide the most effective social and economic support for people in communities. By working closely with the voluntary sector we can be absolutely sure we are addressing the needs of people and communities.

One Liverpool Principles

We will be guided by a clear set of shared principles.

We will:

- Adopt an all-age, life course approach
- Embed quality and safety in everything we do
- Enable people to take control of their health
- Respond to all of a person’s needs - physical, psychological and social
- Ensure equality across physical and mental health
- Break down the barriers to integrated care
- Simplify our complex system so people receive the right care in the right place at the right time
- Make full use of the city’s rich and diverse community assets
- Maximise the value of the Liverpool health and care pound
- Broaden and deepen our partnerships with the voluntary and community sector
- Make strong connections to the city’s inclusive growth plan

QUALITY

We will work together to deliver safe and effective care, set against the challenges of rising demand and increasing patient expectations.

We recognise our shared responsibility for ensuring services in Liverpool are safe, of good quality and that we are all focused on continuous improvement. We will create the environment for a just culture of openness, transparency and learning; where safety incidents are reported, reviewed and learned from and timely improvements are made to continuously progress quality of care.

Quality improvement will be informed by people who receive services and frontline staff. We will listen to and involve people to find out what most matters to them and we will empower staff to do the right things for quality improvement. We will establish robust and consistent quality systems, using a quality assurance framework, supported by strong governance within organisations and across the whole system.

We will:

- Listen to patients and staff to improve quality
- Reduce unwarranted variation in health outcomes and patient experience
- Improvements will be evidence based; informed by patients and front-line staff
- Work together for safe, consistent and reliable care;
- Learn from good practice and take lessons from sub-optimal care

MAXIMISING VALUE

In order to improve population health, a greater proportion of resources need to shift from treating people for specific diseases to proactive management of their overall health and wellbeing.

We will move from counting activity to a value and outcomes-based approach, making best use of the Liverpool health and care pound.

We want to see:

- A shift from a demand-led service to a preventative and proactive-led service
- Increased investment in prevention, early intervention and detection
- Efficiencies from integrating services and reducing duplication
- Increased investment in primary and community-based care, mental health and wellbeing services
- Better value from prescribing resources

COMMISSIONERS WILL WORK TOGETHER TO:

- Use outcomes and intelligence to drive improvement particularly where this will reduce inequalities
- Set stretching goals for outcome improvement for health and wellbeing
- Attach financial incentives to outcomes and, over time, move away from activity based contracts
- Develop performance incentives and risk-sharing making connections across contracts where this would bring benefits
- Commit to increasing personal health and social care budgets
- Ensure that health and care commissioning becomes more consistent and streamlined
- Align budgets between health and care commissioners

PROVIDERS WILL WORK TOGETHER IN ALLIANCE TO:

- Adopt the One Liverpool Strategy and collaborate around shared system goals
- Promote integration of services and foster a solutions-focused culture
- Embed an approach of continuous improvement, driven by intelligence
- Create an environment to move resources around the system for improved outcomes
- Innovate in practice and test new ways of working without the traditional barriers that hinder progress

The *One* Liverpool strategy has four transformational objectives which all parts of the system will pull together to achieve

Liverpool is the fifth most deprived local authority in England and poverty drives substantial health inequalities in our city.

Marked health inequalities are evident from birth in Liverpool: deaths in children under 12 months are significantly higher than the national rate, and increasing.

Children growing up in deprived areas are 1.5 times more likely to be 'not school ready' than their more affluent peers and children who start behind stay behind. Interventions that aim to support and improve early years are not only critical for children's health and wellbeing, they are essential to adult health. Preventing a poor child from becoming a poor adult will improve their life chances and create a more positive future for our city.

The first 1001 days from conception to two years of age are crucial for child development. Adverse Childhood Experiences (ACEs) such as abuse, neglect and parental separation need to be tackled to give our children a better start in life. People with learning disabilities and those with severe mental illness

experience poor health and die on average 15-20 years younger than the general population. Homelessness is also a very visible representation of inequality in our city, with life expectancy for a homeless person 30 years less than the national average.

Currently there is a lack of targeted, co-ordinated action to tackle health inequalities in Liverpool, so inequalities underpin every theme and critical action in the One Liverpool Strategy, with interventions to be systematically delivered at scale and intensity.



HARNESSING OUR ECONOMIC STRENGTH

As the city's largest employers, the NHS, local authority and other large public service organisations can directly influence inequalities by collaborating in targeted approaches to create employment and stimulate economic growth through regeneration and procurement.

We will work together to maximise our economic contribution to support the most disadvantaged in our communities so they can share in the city's economic growth and social development. We will adopt shared principles for equality and diversity in employment practices and processes.

TACKLING INEQUALITIES IN COMMUNITIES

We will adopt an asset-based approach to reducing inequalities by strengthening local communities and networks.

The health and care system will also integrate a social offer into our delivery within neighbourhoods, particularly for our most deprived communities.

INVESTING TO REDUCE HEALTH INEQUALITIES

Communities with the greatest health and social care needs often have poorer access to resources. Services often inadvertently cause health inequalities by excluding those who would benefit most from the services, especially those services that are delivering prevention and early intervention.

We will direct greater resources to people and communities with the greatest need, embedding equity into how we allocate resources by adopting the principle of proportionate universalism.¹ The actions we will take will be better co-ordinated across the health and care system to ensure that all partners play their part.

The critical actions we will take to reduce inequalities include:

- **Signing up to a Liverpool Anchor Organisations Code of Conduct**, defining expectations and actions to maximise our impact on economic growth
- **Providing greater access** to paid employment, including apprenticeships and initiatives that target residents who are unemployed, economically inactive or in low paid, insecure work. Also offering pre-employment programmes and volunteering
- **Actively promoting workplace wellbeing** through a range of evidence-based initiatives, delivered at scale and consistently
- **Adopting procurement policies** that support local investment and employment
- **Supporting community development** and initiatives, including building capacity for local people to be involved as community champions or connectors and making our buildings available for community use
- **Taking co-ordinated measures** to tackle environmental impact, with a named champion within each organisation and improving sustainability in the way we manage buildings, travel and waste management to support action on climate change and air pollution
- **Improving access to services** for people and groups most at risk of poor health
- **Developing the health and social care workforce** to ensure they have the knowledge, skills and understanding about how to identify, anticipate and respond to need and inequalities

Person-centred care supports people to develop the knowledge, skills and confidence to effectively manage and make informed decisions about their own health and care.

The Care Act 2014 strengthened the rights of people who need care and support by promoting more personalised care and shifting the focus from providing services to supporting individuals to achieve the outcomes that matter to them.

We will work with people to help them develop their own strengths and capabilities, and signpost them to support from their wider networks or within their community to help find better ways, beyond the provision of care and support, to improve their health, wellbeing and sense of control.

WORKING WITH COMMUNITIES

We will work in neighbourhoods, involving multi-disciplinary teams and community and voluntary sector organisations, to inspire, encourage and support more people to help themselves.

This will include:

- Inspiring through promoting strength-based stories
- Creating a strength-based culture; moving from a 'helping' to a facilitating culture
- Building the capacity of local organisations to help people

PERSONALISATION

Under the Care Act 2014, local authorities must offer a personal budget to people with eligible needs to enable them to have choice and control over their care and support, with the preferred mechanism being Direct Payments.

The NHS Long Term Plan sets out a clear ambition to significantly accelerate the roll out of personal health budgets over the next five years. Liverpool's progress in offering personalised care is at an early stage, so we have invested in integrated resources to increase the uptake of personal budgets and Direct Payments.

CARERS

Carers play a vital role in our communities, but they are too often unseen and without their support our health and care system would struggle to enable people to continue living in their own homes and communities.

The One Liverpool Strategy will incorporate the actions set out in the city's carer's strategy to ensure that carers receive the personalised support they need to feel fulfilled, independent and to lead healthy lives.

SHARED DECISION-MAKING

We will ensure that patients are supported to make decisions that are right for them, with clinicians supporting patients to reach a decision about their treatment.

These conversations will bring together the clinician's expertise, such as treatment options, evidence, risks and benefits and the patient's preferences, personal circumstances, goals, values and beliefs.

CRITICAL ACTIONS

The critical actions we will take to empower and support wellbeing include:

- **Supporting people and families** with complex needs, offering greater choice and control over their care and support
- **Piloting the provision** of information and advice from independent organisations to encourage more people to manage a Direct Payment
- **Identifying what really matters** to people and how and why they engage with services. We will establish a 'compact' between people and their services. Conversations will be connected to our Integrated Care Teams to support codesign of services and the 'City Conversation' led by Liverpool City Council, which will identify and respond to what matters most to people across wider public services
- **Training frontline staff** to engage in these conversations, supported by a workforce development programme rooted in the principles of asset-based approaches, whole person assessments and strength-based questioning



Good health and wellbeing are about more than healthcare. A good start in life, education, decent work and housing and strong, supportive relationships all play their part. Good health is also an investment in a vibrant economy and reduces health and care costs.

Liverpool has amongst the worst health outcomes in the UK and we know that 40% of the NHS workload is potentially preventable, yet the proportion of health expenditure invested in prevention is only around 4%. A consistent message from local engagement is that people strongly support more preventive approaches.

Greater investment in prevention is essential if we are to improve population health, so we will work together to find ways to enable a shift in attention and investment to preventative and early intervention approaches. Liverpool needs a new and radical approach, with strong leadership for prevention and early intervention. There is much more that the health and care system can do together, supported by evidence-based advice, consistent approaches and greater scale.

We have identified a number of overarching prevention and early interventions critical actions, including:

- **Strong system leadership** for prevention and an increase in the proportion of spend for prevention and early intervention
- **Embed prevention, early intervention and inequalities** in all policies, delivered by a Liverpool anchor organisation partnership
- **Training health and social care staff** to deliver prevention and early intervention for physical and mental health alike, within routine delivery of care



Starting Well

Early intervention in the first 1001 days is a critical phase in the life course. There is compelling evidence that health-promoting environments, good parental advice and education and stimulating, positive experiences in infancy will reduce later demands upon services and enable the foundations to be laid for the best educational and life experience for children.

Many children and young people in Liverpool experience poor mental health and wellbeing, particularly children living in poverty and other vulnerable situations.

Our most vulnerable children are also more likely to experience adverse childhood experiences (ACEs) – stressful or traumatic experiences that can have long-term impacts on children in terms of learning, behaviour and both physical and mental health. Using this insight, we will work across agencies and with families to prevent or limit the impact of adverse childhood experiences.

We have the highest aspirations for all our children and young people, including those with special educational needs and/or disability (SEND). Children’s needs are becoming more complex and mental health problems in children and young people are increasing. We will intervene earlier and provide joined-up support to improve wellbeing and future life chances.

Children do best when they live in a stable, family environment but this isn’t possible for the rising number of children who come into care. We will do more to support families to stay together, and where this isn’t possible we will ensure that ‘looked after children’ are provided with the best care and support to meet all their needs.

A key prevention priority is also to ensure that as many of our children receive vaccinations for early protection against the most dangerous infections.

Starting Well critical actions include:

- **Developing an integrated whole-system healthy child programme across health and social care for the first critical 1001 days**
- **Improving the integration of early years, children and young people, and families’ services as part of an all-age community model**
- **Creating the environment for a safe, healthy, active and happy city for children**, evidenced by becoming a UNICEF Child Friendly City
- **Training our workforce** to implement a trauma-informed approach to practice for children and young people
- **Ensuring all children receive** routine and targeted vaccinations
- **Offering personalised education, health and care support for children and young people and their families with SEND**
- **Strengthening co-production** with parents and carers, determining assets and capabilities and agreeing health and care plans with families
- **Developing effective pathways into adulthood for children with special educational needs and disability**, including supported internships and employability for local young people
- **Providing effective early help to families to prevent children coming into care** and, if necessary, ensuring effective care placements that provide choice, stability, diversity and permanence

Lifestyle behaviours are a big influencer of health. Nearly half of the burden of disease in Liverpool is associated with four unhealthy behaviours: smoking, excessive consumption of alcohol, poor diet and low levels of physical activity. People in Liverpool report lower levels of happiness, life satisfaction and purpose of life, and higher levels of anxiety compared to England.

Where we have invested in large, targeted lifestyle programmes we can evidence success.

For example, the city's physical activity programme, targeted at inactive people mostly in deprived communities, has led to Liverpool moving from the 7th most active large city to the 3rd, with inactivity decreasing by 4% compared to less than 1% nationally.

Each percentage reduction represents lives saved and provides a compelling case for greater investment in prevention. There is also clear evidence that good diet and activity can prevent diseases such as type 2 diabetes.

We will maximise the opportunities from the thousands of day-to-day interactions that our organisations have with people to support them in making positive changes to their physical and mental health and wellbeing.

Early detection through screening and prevention through adult vaccination programmes targeted towards at-risk groups also has the potential to save many more lives in the city.

Living Well critical actions include:

- Evidence-based interventions and insight-led campaigns to tackle the key factors in the city that drive ill-health – smoking, healthy weight, alcohol and physical inactivity
- Scaling-up and systemising brief interventions, such as Making Every Contact Count, across all settings of care, with shared principles and training for front-line staff
- Working together as anchor organisations to scale-up workplace health and wellbeing for our own workforce and for the wider population
- Improving awareness of and access to early detection and screening programmes, particularly targeting areas of the city and groups where uptake is low



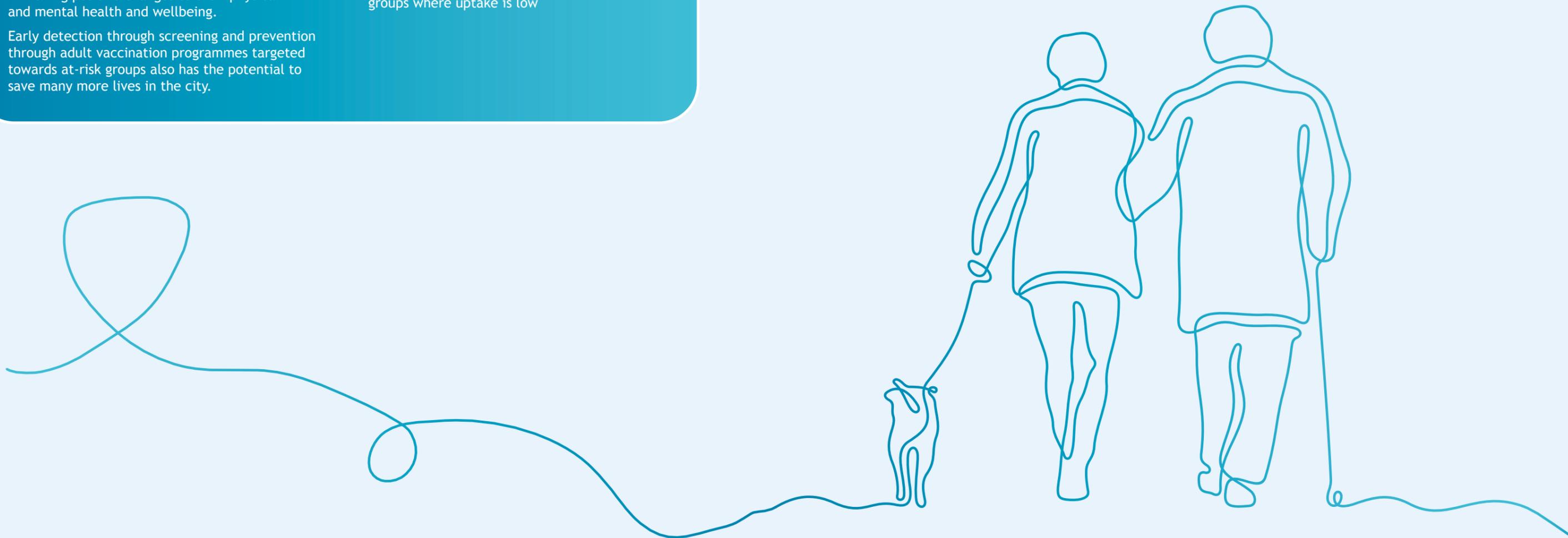
Our vision for older people in Liverpool is to help them live at home for longer by retaining their independence, supported by professionals, families and the wider community. Frailty and falls are our largest challenge to this ambition and our response is currently not good enough.

Too many older people in the city are resident in care homes when better, home-based choices could be offered. We are undertaking a review to understand current and future needs for housing and care for older people so we can match demand with the right supply and greater choice.

Loneliness and social isolation can have a serious effect on both physical and mental health. Older people are vulnerable and this is a particular challenge in Liverpool.

Ageing Well critical actions include:

- Developing an integrated pathway for falls and frailty, focused on prevention and early identification to improve outcomes and to reduce the upstream costs of treating frailty;
- Integrating and strengthening services and wellbeing support for older people as part of an all age model, including support to address loneliness and isolation;
- Ensuring housing and needs for older people are matched with the right supply, offering greater diversity, including supported and extra care housing.



Our aim is for a health and care system that provides good quality, responsive care, with as much as possible accessed within primary care and community services. Community services play a vital role in people's lives, with around 100 million primary and community contacts taking place nationally each year.

Integrating and sustaining health and care services across primary, community, acute and specialist settings of care is a complex challenge which requires a new level of collaboration amongst health and care partners.

Our system is shaped in a way which often does not meet people's needs. Changing and growing demand, increasing public expectations, new technologies and workforce challenges all call for a new approach.

We know that individuals and families with the most complex needs experience multiple contacts from different services and agencies and yet they often don't get what they need. All too often we offer services in isolation and our care system is very difficult to navigate, particularly at times of crisis.

We will address these weaknesses by integrating and personalising services to better meet peoples' needs, focusing particularly on those with complex needs.

The NHS is working ever more closely with Liverpool City Council to create a care system that supports people to receive care close to home.

We are developing alternatives to traditional care, including extra-care housing, harnessing digital innovation and strengthening access to support networks. We have shared principles for integration.

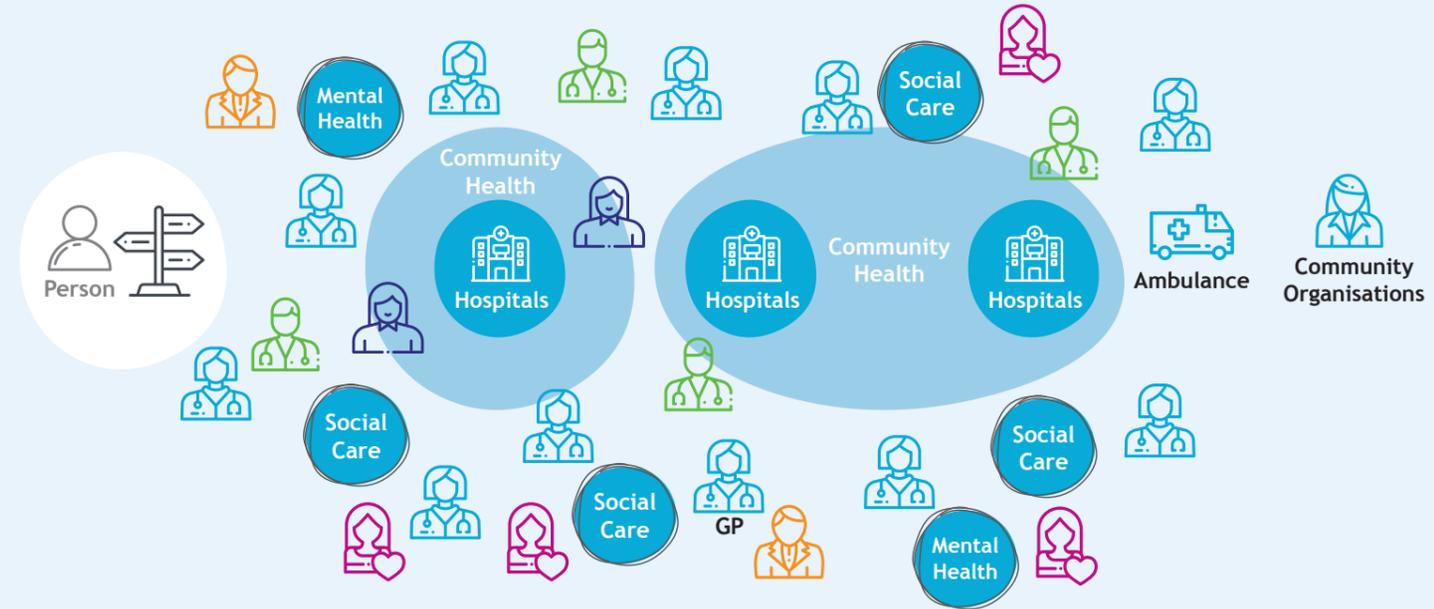
We will:

- **Increase collaboration** between primary, community, hospital, mental health and social care, to create an improved and streamlined experience;
- **Minimise duplication** between services and bridge gaps in those services;

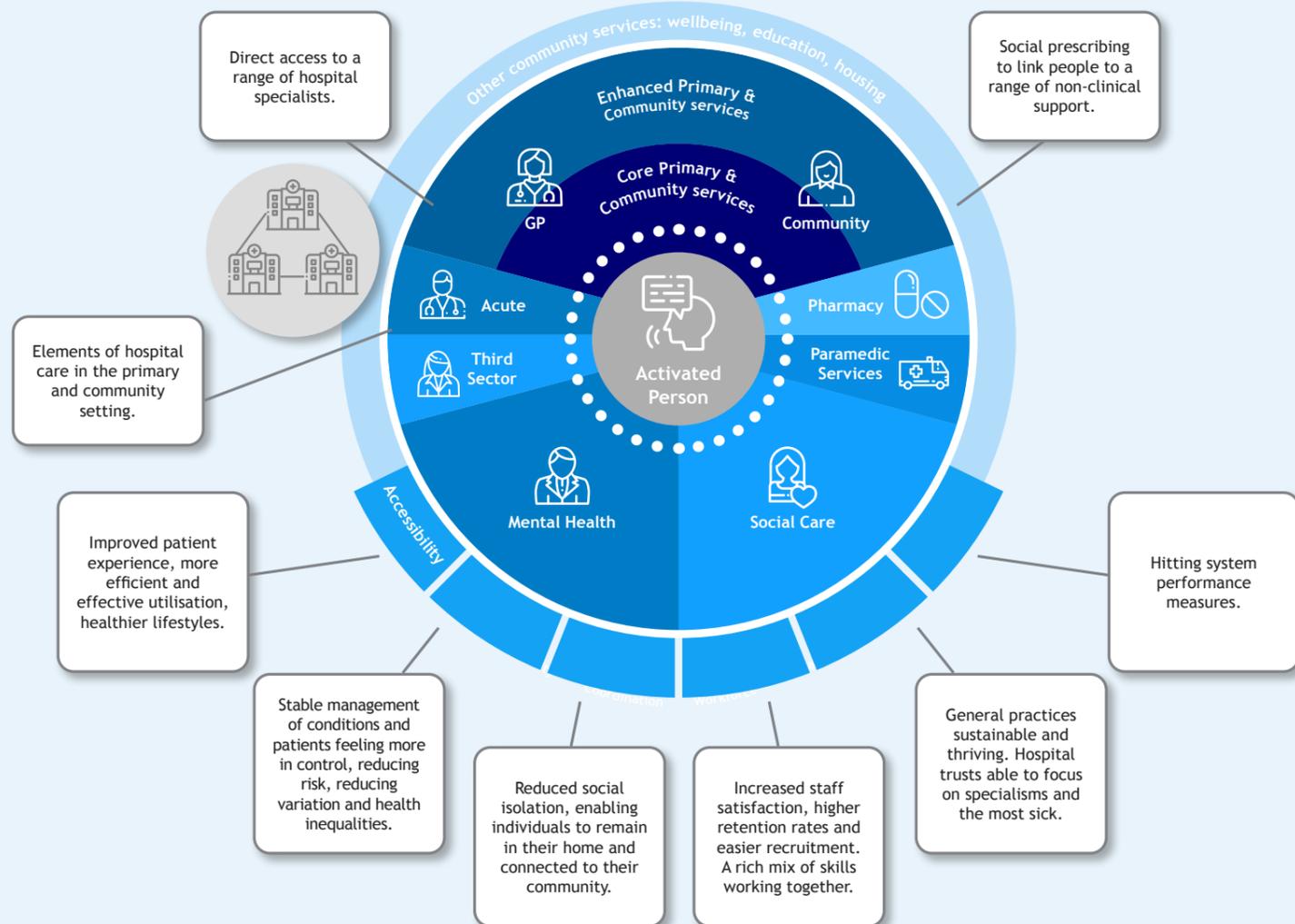
- **Expand the contribution** of acute/specialist services into Integrated Care Teams in communities, to provide better access closer to home and timely assessment;
- **Work together** to make significant improvements to the key areas that limit healthy life expectancy - cancer, respiratory, CVD and premature infant deaths;
- **Work together to improve care** in those areas that rob people of healthy years of life, including poor mental health;
- **Simplify the health and care system** by shaping services around the needs of people rather than treating people in silos;
- **Reduce the need for people to enter long-term care** by providing alternatives, including extra-care housing, reablement and harnessing digital innovation to help people live at home;
- **Reduce demand** for hospital services through prevention and effective, joined-up community care; reducing avoidable A&E visits, admissions and re-admissions to hospital, and timely discharge;
- **Adopt a collaborative ethos**, guided always by the right thing to do for patients and our population. This will transcend organisational objectives and be driven by our shared vision and strategy;
- **Building upon successful partnerships** in specialist services generating improved outcomes for the population of Liverpool and the wider populations that our specialist services serve.

The transition from our current state to integrated sustainable health and care services is described in the diagram on the next page:

THIS IS TODAY
Isolated services, often not meeting people's needs



THIS IS OUR FUTURE
Integrated services, shaped to meet people's needs





Integrated Community Services

Liverpool has established 12 neighbourhoods for the delivery of integrated services for communities of around 30-50,000 people. This localism enables partners across primary care, community services, social care and the voluntary sector, working in collaboration with residents, to understand and respond to the needs of each neighbourhood.

We will adopt population health management approaches to identify “at risk” groups and use this insight to redesign and target interventions to prevent ill health and to improve care and support for people with on-going health conditions.

The model for Integrated Community Teams (ICTs) has been tested in two pilot communities, the learning from which informed a full roll out in the city’s 12 neighbourhoods from October 2019.

Key features of the model:

- **Case management** via a Care Co-ordinator to wrap services around the needs of people with long term conditions;
- **Single integrated point of access**, ensuring assessment and personalised care planning, particularly for people at risk - the frail elderly, people with an enduring mental health problem and complex, multiple health conditions;

- **Speciality community staff** and hospital consultants working alongside Integrated Care Teams;
- **More effective engagement** and partnership with voluntary and community sector providers in neighbourhoods;
- **Primary and community services** making better connections to the communities they serve to harness existing strengths and to build individual and community resilience;
- **Better access to and use of technology** to enable integrated working.
- **Commissioners and providers** adopting health management approaches to identify and respond to the needs of at-risk individuals and groups.



Sustainable Primary Care

Primary care is the cornerstone of the NHS; GPs are local, accessible, and offer a personal response to patient needs. However, demand for primary care continues to rise and it is becoming more of a challenge to manage demand.

As general practice transforms, we will retain the very best in how it currently operates, whilst finding ways to reduce variations in access, quality and scope of services, with GPs seeking these solutions collaboratively through Primary Care Networks.

We will develop the model of care for primary care, ensuring that GPs and other professionals have a manageable and appropriate workload; that primary care can attract and retain the staff it needs and use its resources effectively to achieve the best possible outcomes.

In line with the NHS Long Term Plan, commissioners will continue to make additional investment in primary care to ensure it remains sustainable and able to meet demand and diversity in its responsibilities.

Significant additional investment will also be made in technology-enabled care, to enable GPs to work flexibly and increase capacity through remote consultations and the use of apps, alongside face-to-face contact.



Primary Care Network Development

A key element to the successful implementation of the One Liverpool strategy is the creation of Primary Care Networks (PCNs), which are new groupings of GP practices typically serving 30,000 to 50,000 patients.

They are small enough to provide the personal care valued by patients, but large enough to have impact and economies of scale through collaboration. They will become key partners within integrated care teams across the city’s 12 neighbourhoods.

To help our PCNs mature and thrive, health and care partners will provide support as they identify their development needs. PCNs will receive national development funding, supplemented by local investment to enable early progress against their objectives; it is important they are given time to mature.



Social Innovation

Traditionally, our focus has been in providing clinical and social care. Whilst this remains a priority, we need to do a lot more to support people with the multiple social, economic and lifestyle issues that impact on their health and wellbeing.

We will implement an all-age social innovation model which provides one front door to a range of health enhancing and supporting services, including anti-poverty, wellbeing, economic inclusion, rapid response, crisis resolution and workforce development.

People will be signposted and referred to a scaled-up and broader range of advice, activities and practical support to help them address the underlying issues that impact their health and wellbeing.

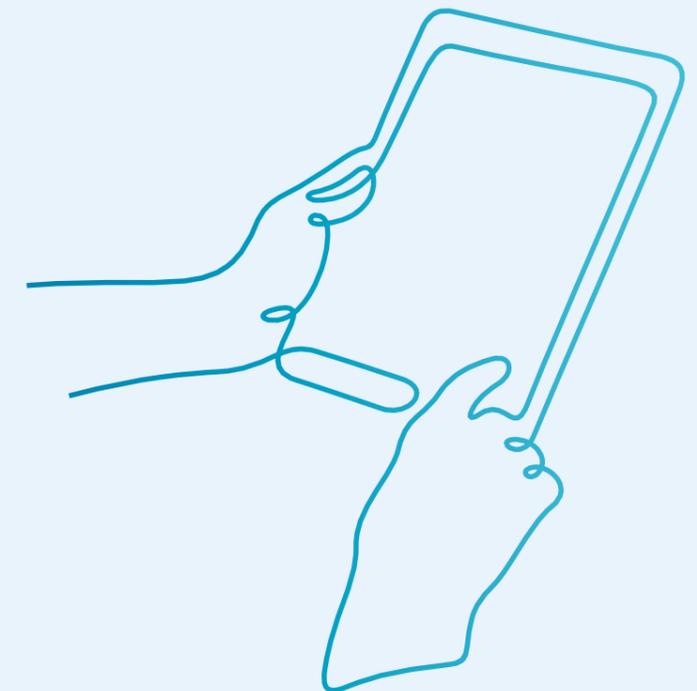


Hospital and Specialist Services

Liverpool is exceptional in the number of acute and specialist provider trusts within the city, many of which provide outstanding care but are challenged in terms of service duplication, variation in quality, experiences of care and workforce gaps.

Demand for hospital services is growing due to factors such as an ageing population and poor population health. We will come together for transformational change in hospital services and infrastructure, as well as focusing on improving the things that are important to people; access, waiting times, quality, safety and patient experience.

There are a number of service change programmes in the pipeline that take forward our shared principles for integrated and improved primary, community, acute and specialist services.



Urgent Care

Liverpool has a large number of services and sites where people access urgent and emergency healthcare; public engagement has highlighted how confusing the current services are for patients.

Our vision is to put in place integrated urgent care services that offer the right care in the right place, first time. We are working together to establish integrated community-based urgent care services which offer better access, simplicity, reduced duplication and a greater range of services closer to home, thereby reducing demand on our A&E and ambulance services.

Outpatients

The national level of demand for outpatient services has almost doubled in the last decade and locally we benchmark poorly against comparable cities.

We are undertaking a whole-system review of outpatient services, exploring how we can maximise opportunities from new technologies and other ways to ensure high quality and clinically effective care, provided closer to home.

Liverpool Women's Hospital

The Liverpool health and care system is strongly committed to finding a solution to the clinical sustainability challenges faced by Liverpool Women's Hospital.

A proposal to develop a new Liverpool Women's Hospital to be co-located with adult acute services was put forward in 2017. Women are living longer, having babies later in life and advances in medicine mean that more women are able to have children.

In gynaecological practice an ageing population means that women are more likely to need complex care, which can't be delivered to the required clinical standards at the current hospital, as it is remote from other clinical specialties provided by local acute hospitals.

The impact of this situation is that maternity and gynaecological care is often sub-optimal for the most seriously ill women. To date we have not been able to secure capital funding to build a new hospital. In the three years since the case was first made, clinical risks have become greater and the service is now experiencing severe workforce shortages in key clinical specialities.

Liverpool Women's Hospital provides both local and specialist services which serve women throughout the region.

If it is unable to sustain safe service delivery and retain highly specialist medical staff, there will be a significant impact locally and in surrounding areas, with the most poorly women potentially having to access specialist and complex care outside of the Cheshire and Merseyside area.

All Liverpool health and care partners are in agreement that a new Liverpool Women's Hospital, co-located on an adult acute site, would address these workforce, clinical safety and sustainability issues for maternity and gynaecology services, which are now reaching a critical point.

We will champion the case for a new Liverpool Women's Hospital and lobby for the necessary capital investment, subject to public consultation. We will also put in place new collaborative arrangements between partners to mitigate clinical risks in the short term.

Acute and Specialist Services

The merger between Aintree University Hospital NHS FT (AUHFT) and Royal Liverpool and Broadgreen University Hospitals NHS Trust (RLBUHT) in October 2019 created the Liverpool University Hospitals NHS FT.

The merger provides a platform for further consolidation of acute services, contributing to the transformation of health and social care across the city.

The two trusts duplicated over 20 clinical services on two sites just five miles apart, which is unsustainable and wasteful. Single service teams with 24 hour, seven-day on call rotas will be established, which will improve patient experience and outcomes as well as facilitating greater opportunities for patients to participate in clinical trials; maximising research and development capability and helping attract and retain the best staff.

The consolidation of services for the new merged adult acute trust is just one component of a new long-term vision for all acute and specialist services located in the city; incorporating the city's Knowledge Quarter, home to the largest cluster of science, health, education, digital and cultural expertise in the region.

Our acute and specialist hospitals, as centres of excellence, will continue to come together to innovate and protect specialist services for Liverpool and the wider region.

For example, Liverpool's Congenital Heart Disease Partnership, involving Liverpool Heart and Chest, Liverpool University Hospitals, Alder Hey and Liverpool Women's Hospitals, deliver all congenital heart surgery for the north west, enabling joined-up, lifelong support from childhood into adult care.

This leading partnership means that Liverpool's hospitals attract the very best of cardiac surgeons and cardiologists, and lead research nationally and internationally.

The opening of the Clatterbridge Cancer Centre on the city-centre hospital campus provides opportunities to further integrate cancer care and maximise the benefits of research.

Critical actions for acute and specialist services include:

- **Improving health outcomes:** 24 deaths a year from stroke will be avoided and significant improvements in recovery outcomes will be achieved by consolidating hyper acute stroke services into a single comprehensive stroke centre on one site, subject to public consultation. This principle of specialising in centres of excellence could be adopted for other services, including spinal surgery, cardiology and cancer.
- **Reducing clinical variation:** all patients will benefit from best practice, consistent clinical standards. For example, a new dedicated fractured neck of femur unit will improve outcomes, predominantly for frail elderly people, with clear evidence that this will reduce deaths.
- **Improving equity of access:** a new model for all emergency surgery patients would deliver the same pathway regardless of where they receive care, leading to around 1,500 general surgery patients spending around 1,700 fewer days in hospital.
- **Furthering integration:** we will deliver more services out of hospital in our communities where there is evidence this will improve outcomes and patient experience. For example, more patients could have access to home dialysis as a first choice of treatment by combining the resources of both community and hospital teams.
- **Protecting services:** we will work together to improve and retain the excellent range and quality of hospital services delivered in Liverpool, to ensure we grow as a regional, national and international centre of excellence in clinical care and research.

As a result of joining up more hospital services and greater out of hospital provision, it is anticipated that the size of hospital estate could be streamlined in future. We will agree a long term vision and strategy for consolidating inpatient services for more efficient and effective delivery.

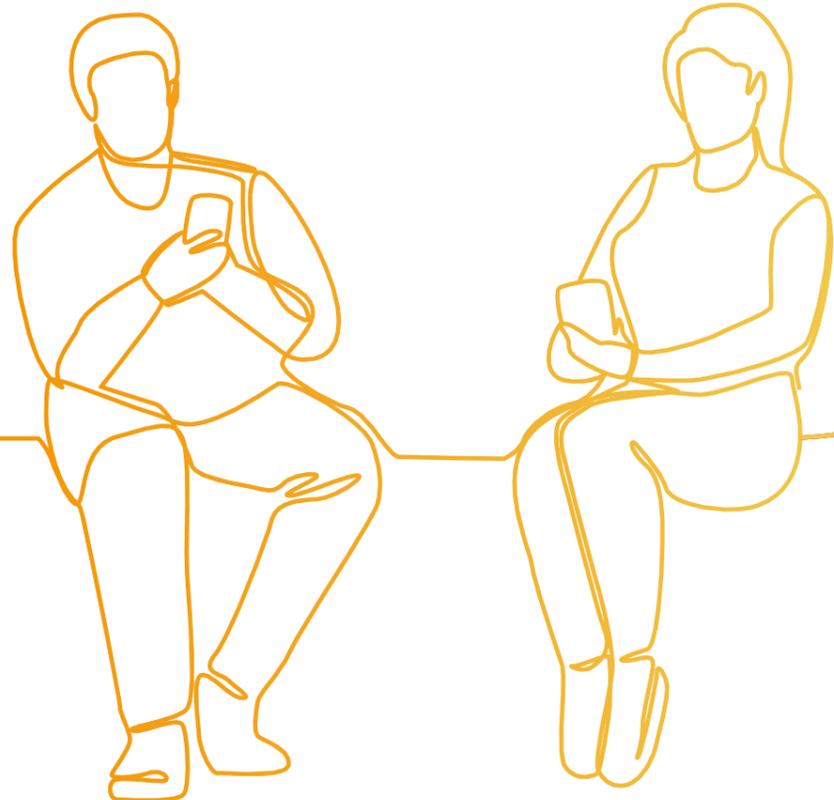
In January 2019 the NHS Long Term Plan was published, designed to ensure that the NHS is fit for the future. The plan requires health and care systems to come together to provide better, joined-up care in partnership with local government.

The One Liverpool Strategy is closely aligned with the NHS Long Term Plan, which also articulates priorities around mental health, dementia, learning disabilities, cardiovascular disease, diabetes, COPD and cancer.

The One Liverpool Strategy does not focus on single disease areas but does incorporate all these priorities into our approach for population health management, which segments the diverse and multiple needs of different population groups and responds with joined up, personalised approaches across prevention, early intervention, treatment and care.

The One Liverpool Strategy will support the Cheshire and Merseyside Health and Care Partnership plan, which sets out four objectives for the whole footprint to come together to deliver:

- **Zero suicide:** improved mental wellbeing and suicide prevention;
- **Zero stroke:** reducing cardiovascular disease and heart attacks;
- **No harm from alcohol:** reducing alcohol-related health problems;
- **No harm from violent crime:** improving community safety.



NHS Liverpool Clinical Commissioning Group (CCG) is responsible for planning and buying most NHS services and Liverpool City Council is responsible for commissioning all children's and adult care services, along with commissioning for prevention in areas such as sexual health and substance misuse.

Both organisations are working towards becoming a single health and care commissioner for Liverpool, to strengthen our capacity, focus on commissioning for better population health and achieve maximum value for the health and care pound.

The direction of travel in Liverpool is for integrated provision through the Liverpool Provider Alliance, so it is important that we balance this with strong, integrated commissioning.

From 2020/21 we will adopt a single outcomes framework, align budgets, a shared operational plan and we will begin establishing joint teams and single leadership for priority areas.



The health and care system continues to face unprecedented financial challenge, which drives the need for both commissioners and providers to deliver improved productivity and to ensure that resources are targeted for maximum value.

FROM A LOCAL NHS PERSPECTIVE, A FIVE-YEAR FUNDING SETTLEMENT PROVIDES GROWTH, FROM

£934m

IN 2019/20 TO

£1.1 bn

BY 2023/24

LIVERPOOL CITY COUNCIL HAS SEEN A

63%

LOSS IN FUNDING, EQUIVALENT TO

£436m

A YEAR, FROM 2010 TO DATE AND THERE IS A POTENTIAL

£57.6m

BUDGET GAP FOR 2020/2021

From a local NHS perspective, a five-year funding settlement provides growth, from £934m in 2019/20 to £1.1billion by 2023/24. This clarity will enable the local system to plan and to ensure rigorous and disciplined financial management in order to achieve financial balance for the NHS system by 2023/24.

We will use best practice, evidence and national guidance to find ways locally to innovate to reform the NHS payment system; new contracting models will enable a move from funding based on activity to incentivising for better population health outcomes.

This will make it easier to redesign care across providers and support preventive and proactive models. Local NHS spending plans will reflect and be consistent with the NHS Long Term Plan to increase investment in mental health and in primary medical and community health service for the next five years.

However, the Government’s austerity measures continue to impact on local government. Liverpool City Council has seen a 63% loss in funding, equivalent to £436m a year, from 2010 to date and there is a potential £57.6m budget gap for 2020/2021. Plans are being developed to address the budget pressures that impact social care – adults, children and young people and public health, so we can continue to deliver transformational change in line with the One Liverpool strategic intentions.

The challenges of NHS financial constraint and local authority cuts require innovative, whole-system approaches, which take a long-term approach to reducing demand and recognise the connection between population health and a vibrant economy.

Achieving the ambitions within One Liverpool is a challenge greater than the contribution of any single organisation. Strong system leadership and clear governance will be critical to success.

NHS and local authority leaders, alongside the voluntary sector and wider strategic partners, have recognised that we must collaborate rather than compete.

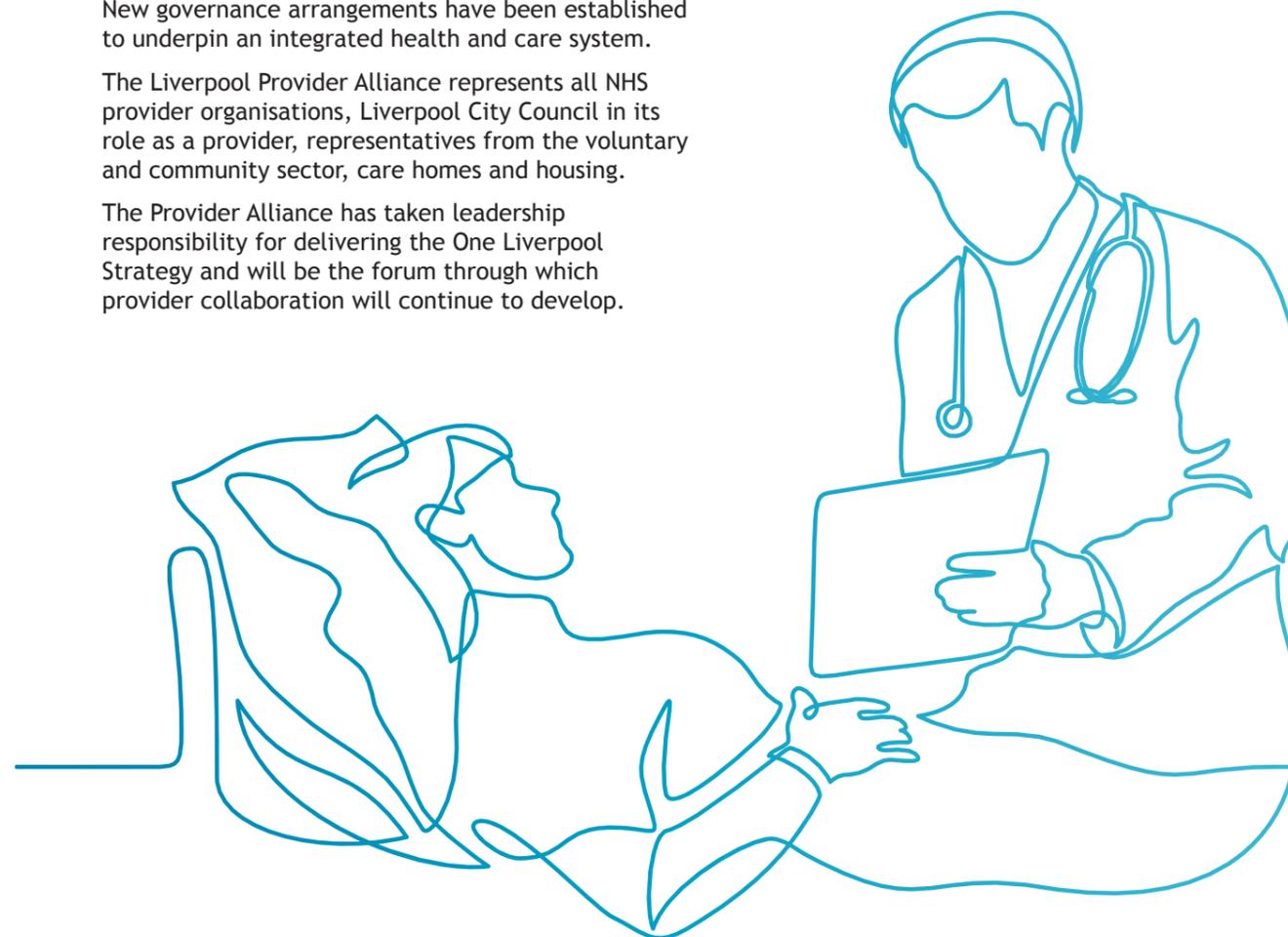
Leaders across the health and care system need to embody future-focused, inclusive leadership qualities to improve overall performance and better population health. We will create a leadership climate and culture that lays the foundations for transformation across the Liverpool health and care system.

New governance arrangements have been established to underpin an integrated health and care system.

The Liverpool Provider Alliance represents all NHS provider organisations, Liverpool City Council in its role as a provider, representatives from the voluntary and community sector, care homes and housing.

The Provider Alliance has taken leadership responsibility for delivering the One Liverpool Strategy and will be the forum through which provider collaboration will continue to develop.

Integrated commissioning is overseen by a Joint Commissioning Group, which along with the Provider Alliance, reports to the Integrated Care Partnership Group. Oversight for the One Liverpool Strategy is undertaken by the Liverpool Health and Wellbeing Board.



WORKFORCE

Liverpool has significant workforce challenges across the NHS and in social care. The health and social care sector is the biggest employer in Liverpool, yet the investment in workforce and our role in shaping the future workforce needs to be strengthened.

Liverpool has many advantages that support our workforce ambitions; our young population profile, the concentration of educational establishments, and the rich variety of employers across the health and care economy.

A workforce strategic partnership has been established bringing together organisations from the statutory, community and voluntary sectors alongside higher education partners, Skills for Care and Job Centre Plus.

The partnership provides a forum to develop, and implement a workforce strategy for a highly skilled, motivated, person-centred workforce. We will develop our workforce so that the right values, skills, education and knowledge are embedded. Wherever possible we will join up practice across organisations.

Recruitment and retention practices will be integrated, including targeting and supporting local people who are unemployed or entering work from education. We will have a single competency framework for staff across the sector, linked to progression and development opportunities and we will share approaches to training and development.

ESTATES

Estates Liverpool is fortunate to have health and care estates infrastructure with some good quality health facilities. Recent investment in capital improvements – the new Alder Hey, inpatient mental health facilities at Clock View, the Royal Liverpool hospital and the Clatterbridge Cancer Centre represent excellent physical assets for the city.

Our aim is for the city’s whole NHS and wider public estate to be fit for purpose and able to meet future needs. We will work together and innovate to ensure that our shared assets are utilised to maximum effect and are flexible to meet the changing needs of services as they are redesigned and integrated. We will open up our buildings to support communities providing activities and engagement.

The acute trusts’ merger paves the way for changes to the use of the estate at Aintree, the city centre campus and Broadgreen, as single services are brought together. Along with the system’s demand for a new Liverpool Women’s Hospital, these proposals will re-shape much of the city’s hospital estate over the next few years.

Despite investment, there are a significant number of challenges: under-utilisation, a legacy of high levels of maintenance, some estate which is no longer fit for purpose and opportunities for capital release through surplus land and property.

The Liverpool Strategic Estates Plan focuses on improvement and full utilisation of our community assets to support delivery and expansion by integrated neighbourhood teams. The plan will also support the establishment of enhanced urgent care services for the treatment of minor injuries and illness as well as same-day Primary Care.

Despite significant investment in new neighbourhood health facilities across the city, 20% of primary care estate is not fit for modern healthcare. We will bid for capital investment for new/improved facilities, particularly in the north and central parts of the city, as part of an integrated estates plan.

DIGITAL TRANSFORMATION

People today expect to have effective and convenient digital access to services, records, appointments and self-help. Digital innovation and smart solutions also have the potential to improve services, efficiency and health outcomes.

We will take an integrated approach to develop, deliver, and scale up digital health and care.

We have identified a number of digital transformation themes:

 **EMPOWERING PEOPLE:**

We will extend and improve digital access for patients, including appointments, prescriptions, test results and personal health records. Health and wellbeing information and signposting will be accessible using apps and we will extend Liverpool’s remote telemetry service.

 **BOOSTING QUALITY, CAPABILITY AND EFFICIENCY:**

We will provide digital assistance to enable an agile and flexible health and care workforce, including providing virtual access for GPs to obtain specialised expertise and using advanced data analytics to identify people most at risk of poor health.

 **INNOVATION, SUSTAINABILITY AND ECONOMIC GROWTH:**

We will continue to develop Liverpool’s smart health and care sector to enable innovative solutions and share best practice.

 **IMPROVING INFRASTRUCTURE AND CYBER SECURITY:**

We will ensure that our digital system is interoperable, paper-free, resilient and secure. We will move to cloud-based services to enhance resilience and establish infrastructure that embraces new technology.

INVOLVING OUR POPULATION

We want to involve people, communities and stakeholders. Opening up two-way engagement channels with our population enables us to understand our health needs, experiences and aspirations.

Engagement and involvement will give us essential insight to help people self-care, inform service improvement and improve quality and patient experience.

Collectively we will ensure that we are accountable and services are shaped by the people who use them. User involvement will move from the margins to the mainstream to inform planning, commissioning and providing health services.

Our objectives for engagement and involvement:

- **Determining local need and aspirations** – listening to people in order to understand what matters to them;
- **Promoting health and reducing inequalities** – involving people in shaping ways to help them to take better control of their own health and wellbeing;
- **Improving service design** – using insight from people’s experiences to improve services and care;
- **Improving quality of care** – systematically gathering data and insight to learn and understand what is working well and areas for improvement and action;
- **Strengthening local accountability and improving transparency** – demonstrating that we listen and respond.

We will widen the scope and intensity of engagement and involvement; sharing information widely, offering opportunities for face-to-face conversations and using a wide range of channels to seek views. We will co-ordinate our efforts in a 'do-once' approach.

We will:

- **Adopt** a single set of principles for co-design;
- **Translate** the One Liverpool team ethos into an integrated engagement delivery plan, harnessing our collective efforts;
- **Develop** engagement leadership, skills, capacity and collaboration to support effective involvement;
- **Establish an integrated engagement infrastructure** to support the do-once approach, utilising best practice and diverse channels, including:
 - **Digital channels**
 - **Involvement methods** such as citizen panels and utilising local democratic infrastructure community champions
 - **Involving communities of interest** on specific themes
 - **Continuing to develop strong VCSE partnerships** to reach those who experience the greatest health inequalities and to ensure inclusivity and fairness in VCSE involvement
 - **Harnessing the expertise and leadership of clinicians** in co-production and engagement
 - **Increasing opportunities to listen** to patients, families and communities.

HARNESSING RESEARCH

Historically, Liverpool has not capitalised upon the wealth of clinical and academic assets within our city to tackle mortality and ill health through research, innovation and education. This is now changing.

Liverpool Health Partners (LHP) represents Liverpool's academic health science system, comprising four higher education institutions (Edge Hill University, Liverpool John Moores University, Liverpool School of Tropical Medicine and the University of Liverpool) and NHS organisations.

Partners are united behind a single mission, to harness the strengths and opportunities for improving population health and economic productivity through research, innovation and education.

Liverpool Health Partners (LHP) have developed a set of priorities, across the life course, which are aligned with the One Liverpool Strategy and Liverpool's Growth Plan.

Each LHP programme has been conceived with a strong "theory of change", from research through to implementation, which provides assurance that our strategy will have long term impact and the significant involvement of clinicians will ensure that theory is grounded in the reality of front line delivery.

One Liverpool is a high-level strategy which defines how the health and care system will come together to achieve our ambitions for reduced health inequalities and better population health.

Some of the improvements we aim to achieve are generational and full benefit will only be seen when today's children and young people become tomorrow's adults. Therefore it is essential that partners maintain continuity of purpose over the next five years and beyond.

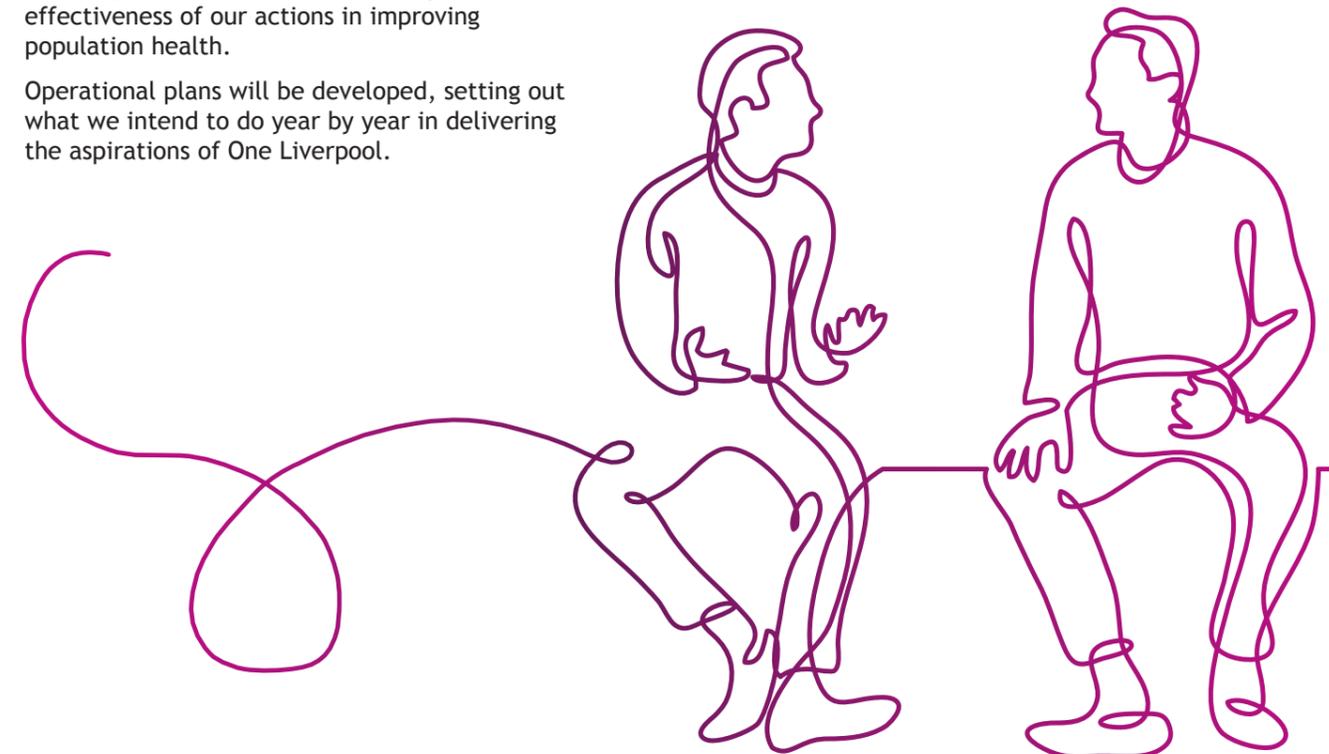
Although One Liverpool is focused in its ambitions, the strategy does set out multiple, inter-related actions that will contribute, along with the city's Inclusive Growth Plan, to the stretching outcome improvements we have agreed.

The strategy will inform a whole-system planning and prioritisation approach that will identify short, medium and longer term phases of delivery over the next five years. This will be a dynamic process that may flex as we evaluate the impact and effectiveness of our actions in improving population health.

Operational plans will be developed, setting out what we intend to do year by year in delivering the aspirations of One Liverpool.

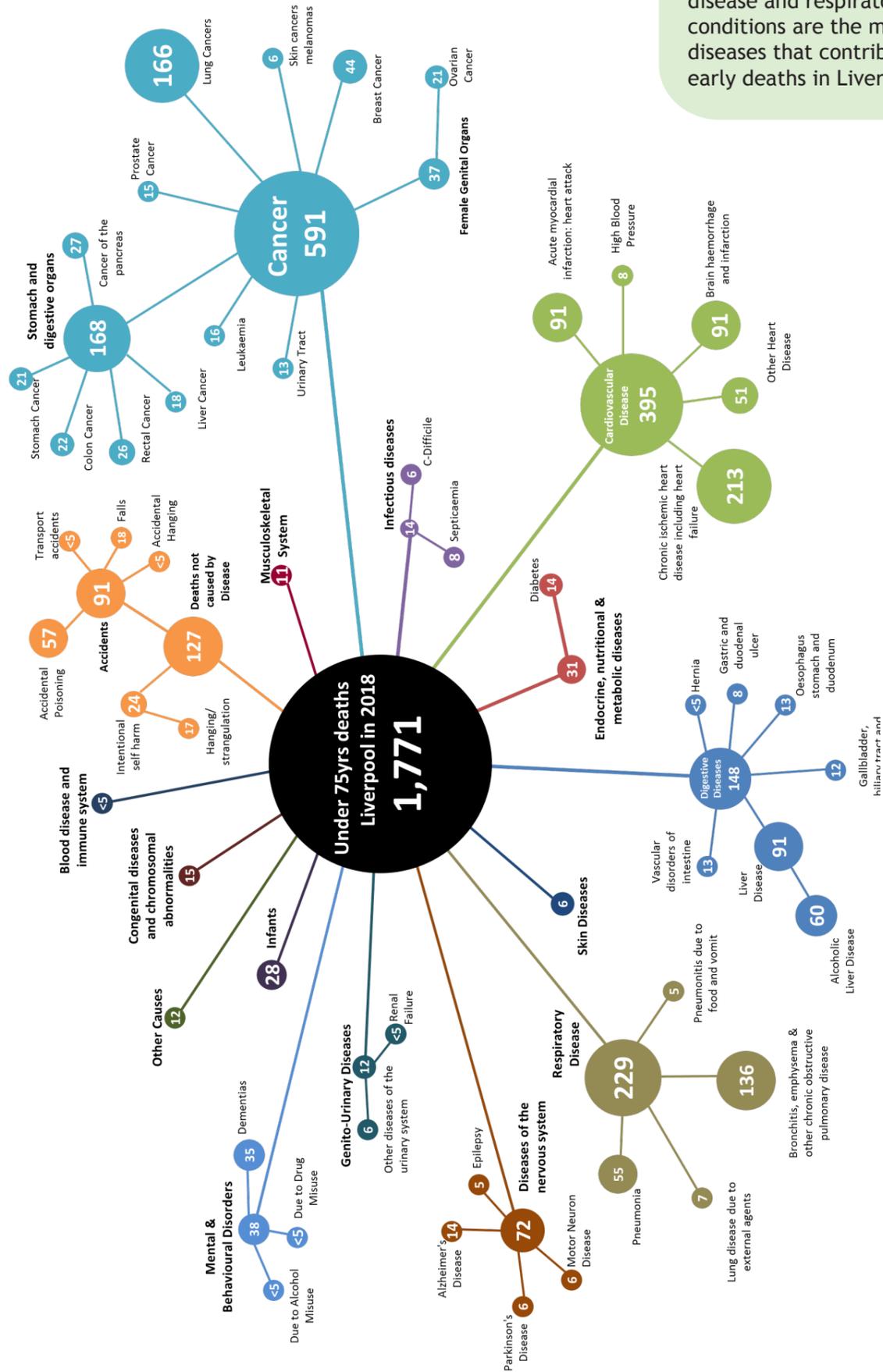
All partners will adapt their organisational strategies and align resources to come together to deliver at system level. We will also establish mechanisms to hold each other to account, as we need everyone to play their part.

One Liverpool provides a platform for engagement with people in Liverpool to establish what's important and of value to individuals and communities. This insight will inform future planning and prioritisation in delivering the ambitions contained in the strategy.



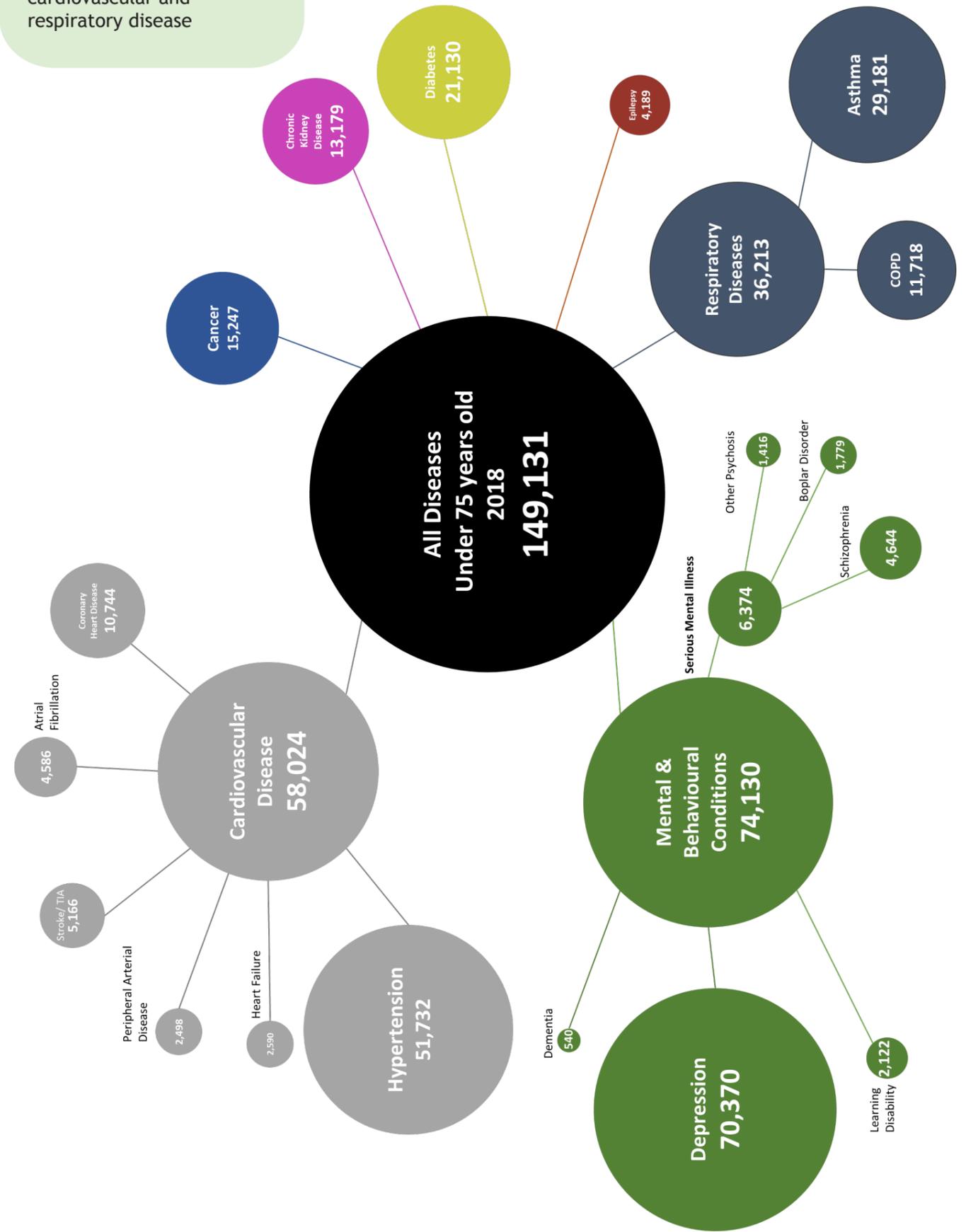
Causes of Premature Mortality in Liverpool

Cancer, cardio-vascular disease and respiratory conditions are the main diseases that contribute to early deaths in Liverpool:



Source: Public Health Epidemiology team, Liverpool City Council

The main diseases that rob people of healthy years of life in Liverpool – poor mental health, cardiovascular and respiratory disease



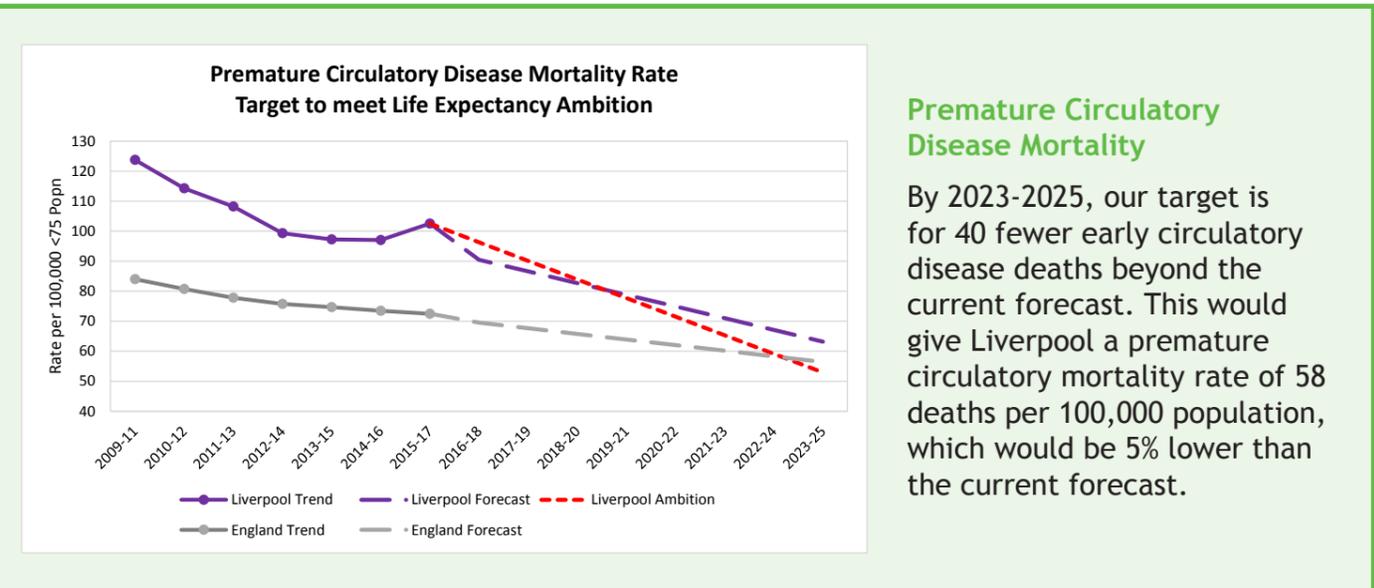
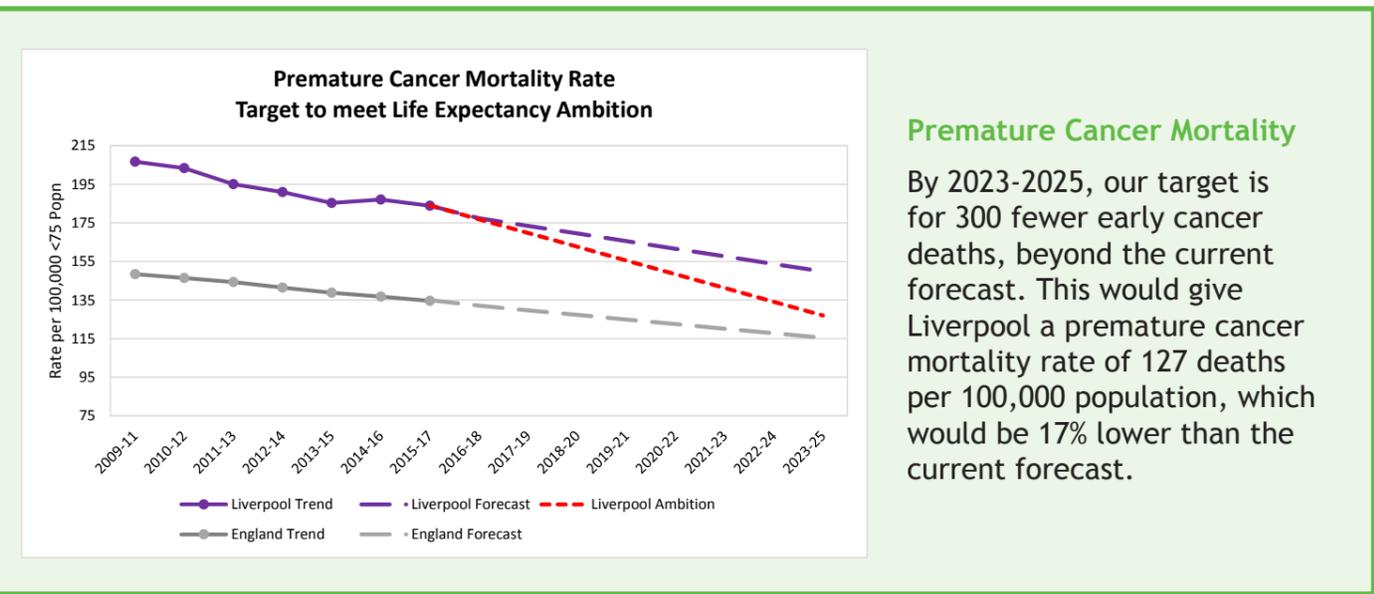
Source: Public Health Epidemiology team, Liverpool City Council

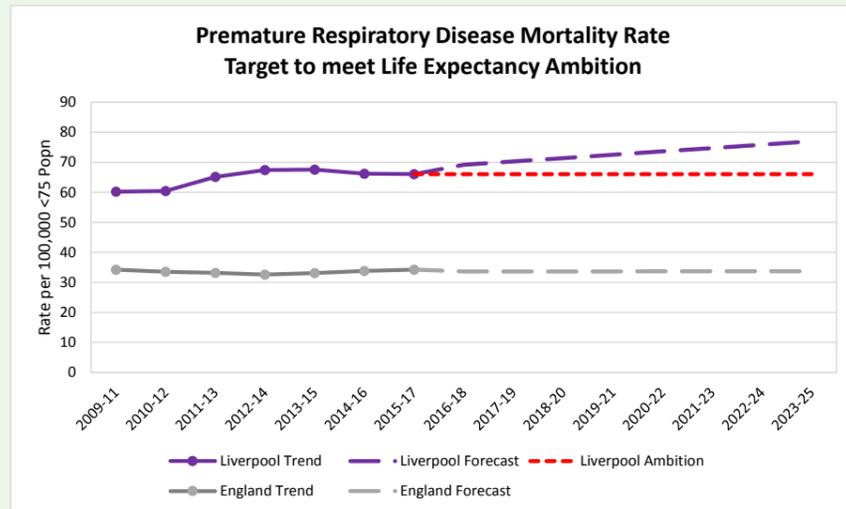
If Liverpool was a village of just 100 people...

- 19** Adults suffer from depression
- 64** Adults are overweight or obese
- 11** Will die from heart disease
- 10** 5-16 year olds have a mental health disorder
- 4** Adults under 40 have Type 2 diabetes
- 22** Are smokers
- 38** Children are overweight or obese by year 6
- 30** Will die from cancer
- 45** People are living with a long-term condition
- 25** People take less than 25 minutes of exercise a week
- 76** Is the average age that men will live to
- 80** Is the average age that women will live to
- 6** People are over 75
- 33** Children live in poverty with their families
- 20** Households are fuel poor

Outcomes Ambition

To achieve our ambitious goal of halving the forecasted life expectancy gap with England by 2024 to 1.7 years we need to make in-roads in reducing the number of early deaths for Liverpool's three biggest killers – cancer, circulatory disease, and respiratory disease, which between them account for almost 7 out of 10 early deaths in the city. Reducing early deaths would come from a combination of preventative approaches, a focus on wider determinants of health and improved clinical models of care. The goals for reducing early deaths are detailed below.





Premature Respiratory Disease Mortality

A linear forecast suggests that Liverpool’s premature respiratory disease mortality rate is going to increase by 2024. Our ambition is to maintain the current rate of 66 deaths per 100,000 population.

Infant Mortality

In 2015-17, there were 117 infant deaths. By 2023-25 a 33% reduction would equate to a decrease of 39 deaths.

Measuring Success

The table on the following page sets out the key measures of success for improved population health. Our detailed plans will set out trajectories for these measures over the next five years. We will also measure our financial health, quality improvement and performance in meeting the requirements of the NHS Constitution and local authority measures.

Our measures of success will be informed by the NHS Outcomes Framework. New measures reflect the expectation on the NHS to support employment for people with long-term health conditions. There is also a greater emphasis on prevention and patient experience outcomes. The NHS Outcomes Framework can be accessed from: www.digital.nhs.uk.

| OBJECTIVE | OUTCOME |
|---|--|
| 1. Target Action on Health Inequalities | Reduce the life expectancy gap between Liverpool and England |
| | Reduce premature mortality for cancer, CVD and respiratory disease |
| | Reduce premature mortality for those with protected characteristics |
| | Reduce poverty in dependent children under 20 |
| | Reduce 16/17 year olds not in education |
| | Increase economic activity amongst 16-64 year olds |
| 2. Empowerment and Support for Wellbeing | Improve Wellbeing |
| | Increase the number of people with personal health and care budgets |
| | Improve control over daily life |
| | Improve the number of carers and service users over 18 receiving self-directed support |
| | Increase the % of service users receiving direct payment |
| 3. Radical Upgrade in Prevention and Early Intervention | Reduce infant mortality rates |
| | Improve school readiness |
| | Stop decline in smoking prevalence |
| | Reduce childhood obesity prevalence |
| | Reduce adult obesity prevalence |
| | Reduce physical inactivity |
| | Reduce alcohol related admissions to hospital |
| | Increase early detection and secondary prevention for Cancer CVD and Respiratory |
| | Improve quality of life at all ages |
| 4. Integrated and Sustainable Health and Care Services | Improve mental wellbeing |
| | Improve control over daily life |
| | Increase people dying in place of choice |
| | Reduce A&E attendances and emergency admissions |
| | Reduce Delayed Transfers of Care |
| | Reduce length of stay in hospital |
| | Reduce falls and fractures |
| | Reduce admissions to residential and nursing homes |
| | Reduce loneliness and social isolation |
| | Improve patient experience |
| | Reduce outpatient appointments |
| | Reduce cancer waits |
| | Reduce referral to treatment times |



Liverpool
City Council



NHS Liverpool Clinical
Commissioning Group
The Department
2 Renshaw Street
Liverpool
L1 2SA



0151 296 7000



enquiries@liverpoolccg.nhs.uk

