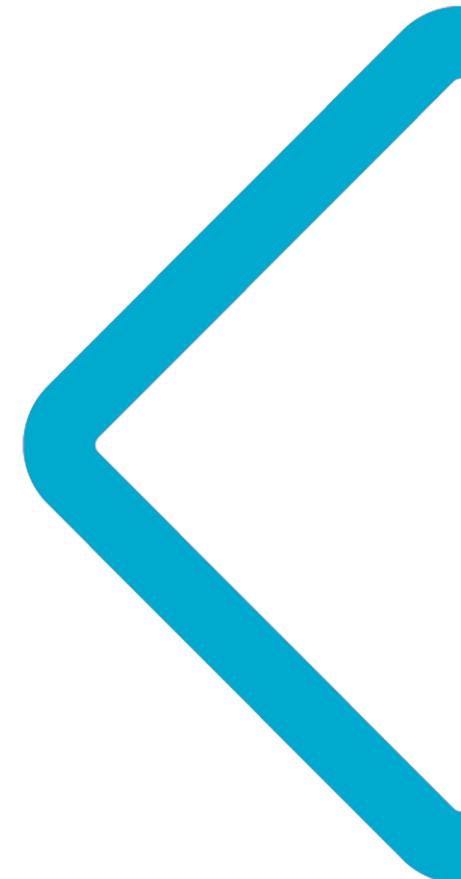




# Developing the Cheshire and Merseyside Five Year Joint Forward Plan



# Key Plans and how they fit together.....

- Led by the Place Health and Wellbeing Board Partners
- Duration: 5 years
- Informed by: Place priorities driven from evidence in JSNA
- Purpose: Strategy outlining the priorities for improving the health and wellbeing of local population, including addressing inequalities
- Review date varies by Place/HWB

Joint Local Health and Wellbeing Strategies

- Statutory responsibility to coordinate plan sits with ICB and NHS Providers but to develop document with HCP partners and local stakeholders
- Duration: 5 Years
- Informed by: HCP (ICP) Strategy; National NHS Plans and Health and Wellbeing Strategies
- Purpose: Delivery Plan for HCP Strategy priorities, Health and Wellbeing Board plan, and NHS Universal priorities (Long Term Plan and Operational Planning)
- Includes Capital Plans
- Includes C&M wide and Place Plans
- Ready by: End of March 2023 (draft); June 2023 (final)

Health and Care Partnership Strategy

Joint Forward Plan

NHS Operational Plan 2023/4

- Led by the HCP (ICP) partners
- Duration: 5 years
- Informed by: C&M wider partnership priorities; National Guidance; Health and Wellbeing Plans; Place plans
- Purpose: strategy for broad health, social care needs of the population including wider determinants of health
- Draft available now with work to prioritise content happening through to summer 2023

## Joint Forward Plan (JFP) principles

- Fully reflect the wider system partnership's ambitions (Cheshire and Merseyside Health and Care Partnership).
- Supporting subsidiarity by building on existing local strategies and plans (HWBs/Place)
- Reflect the universal NHS commitments. (Long Term Plan and Operational Planning Priorities)
- Delivery focused, including specific objectives, trajectories and milestones as appropriate.

## The role Health and Wellbeing Boards

- ICBs and their partner trusts must involve each HWB. The plan itself must describe how the ICB proposes to implement 9x Joint Local Health & Wellbeing Strategies.
- ICBs and their partner trusts must send a draft of the JFP to each relevant HWB
- They must consult those HWBs on whether the draft takes proper account of each JLHWS published by the HWB that relates to any part of the period to which the JFP relates.
- A HWB must respond with its opinion and may also send that opinion to NHS England
- If an ICB and its partner trusts subsequently revises a draft JFP, the updated version should be sent to each relevant HWB, and the consultation process described above repeated.
- The JFP must include a statement of the final opinion of each HWB consulted.

# HCP Interim Strategy – Strategic Objectives

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

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- 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.

## Improve population health and healthcare.

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.

- 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.

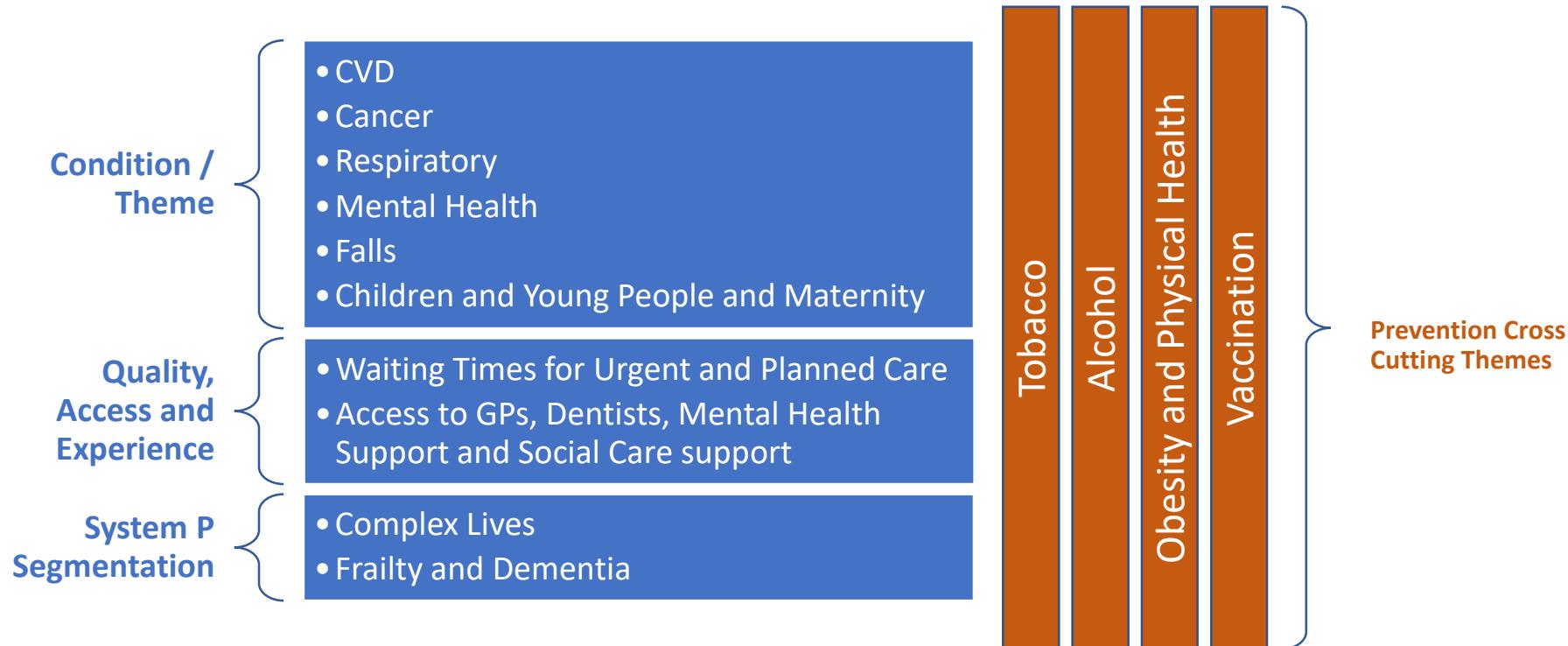
- Embed, and expand, our commitment to social value in all partner organisations
- Develop as key Anchor Institutions in Cheshire and Merseyside, offering fair employment opportunities for local people
- Promote our involvement in regional initiatives to support communities in Cheshire and Merseyside
- 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.



**Cheshire and  
Merseyside**  
Health and Care Partnership

# Determining the HCP Priorities

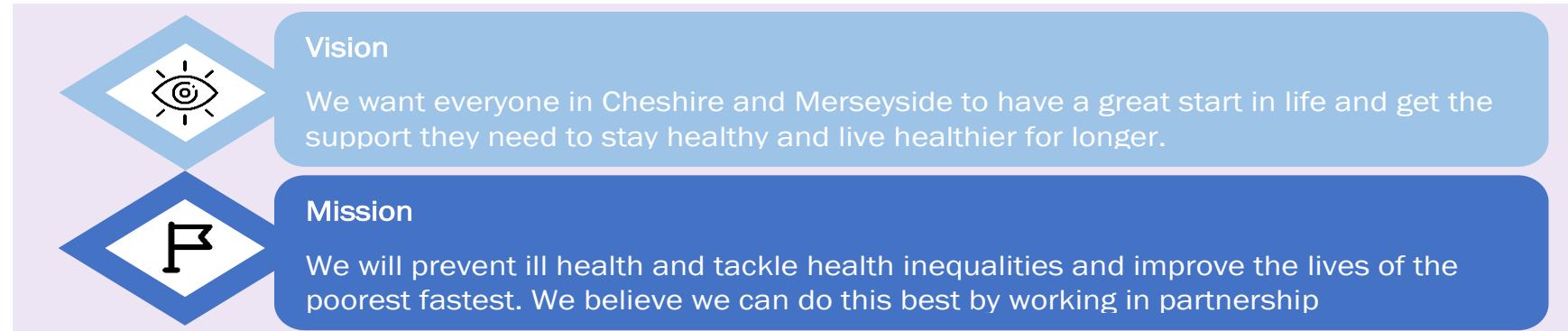
## Where the data says our outcomes are poorest



- The table above shows the summary of data analysis in relation to population health, health inequalities, quality access and experience measures and where our outcomes are comparatively poor.*
- The impact of the wider determinants on these outcomes also can be demonstrated through the variation we see across different geographic and demographic parts of our population.*

# Determining the HCP Priorities

- HCP Workshop held on 7<sup>th</sup> March which identified a “long list” of priorities to support our Vision and Mission; which we now need to refine in advance of the May HCP Meeting.



*The long list of priorities includes:*

- *Developing and implementing a workforce strategy that ensures we can recruit, retain and improve the wellbeing of our people with skills and career development*
- *Prevention of ill health and early intervention to support our communities (using our collective assets, making every contact count)*
- *Influencing wider determinants e.g. household income maximisation, cost of living, fuel poverty, healthy weight*
- *Ensuring a good start to life including mental health and wellbeing and corporate parenting, free school meals*
- *Service delivery (ensuring equity of access to services, trauma informed approaches)*

- Health and Care Partnership review of CMHCP priorities (7<sup>th</sup> March)
  - Sessions with Primary Care Forum, Directors of Public Health, Provider Collaboratives, DAS, DCS
  - Attendance at Health and Wellbeing Boards/Place sessions
- Public engagement on CMHCP priorities (CVFSE, online survey – commencing early/mid March)
  - More detailed public engagement on draft JFP May/June
- ICB Board and Provider Collaborative Boards to endorse draft JFP (end of March)
- Draft of JFP document shared with stakeholders for feedback, including Health and Wellbeing Boards and NHS Provider Boards (April)
- JFP statement of opinion provided by HWB (May/June)
- Final JFP to ICB Board and NHS Provider Boards (June)
- Publication of JFP – (end of June)

# JFP legislative requirements

1	Describe health services for which the ICB proposes to make arrangements	9	Duty to involve the public
2	Duty to promote integration	10	Duty to patient choice
3	Duty to have regard to wider effect of decisions	11	Duty to obtain appropriate advice
4	Financial duties	12	Duty promote innovation
5	Implementing any joint local health and wellbeing strategy	13	Duty in respect of research
6	Duty to improve quality of services	14	Duty to promote education and training
7	Duty to reduce inequalities	15	Duty as to climate change
8	Duty to promote involvement of each patient	16	Addressing the particular needs of children and young persons
		17	Addressing the particular needs of victims of abuse

Note: [JFP guidance](#) also includes additional areas of “non legislative” recommended content which will be included

# Planning Guidance - Recover our core services and productivity

Area	Summary of Objectives
<b>Urgent and emergency care</b>	Improve <a href="#">A&amp;E waiting times</a> , improve <a href="#">category 2 ambulance response times</a> and reduce adult general and acute bed occupancy
<b>Community health services</b>	Consistently meet or exceed the <a href="#">urgent community response standard</a> , reduce unnecessary GP <a href="#">appointments</a> and <a href="#">improve patient experience</a>
<b>Primary care</b>	Make it easier for people to <a href="#">contact a GP practice</a> , continue to <a href="#">deliver more GP appointments</a> , continue to recruit <a href="#">Additional Roles Reimbursement Scheme (ARRS) roles</a> and recover <a href="#">dental activity</a> towards pre-pandemic levels
<b>Elective care</b>	Eliminate waits of over <a href="#">65 weeks</a> and deliver the <a href="#">system-specific activity target</a> agreed through the operational planning process
<b>Cancer</b>	Continue to reduce the number of patients waiting over <a href="#">62 days</a> , meet the <a href="#">cancer faster diagnosis standard</a> and <a href="#">increase the percentage of cancers diagnosed at stages 1 and 2</a>
<b>Diagnostics</b>	Increase the percentage of patients that receive a <a href="#">diagnostic test within six weeks</a> and deliver <a href="#">diagnostic activity levels that support plans to address elective and cancer backlogs</a>
<b>Maternity and neonatal services</b>	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal <a href="#">mortality</a> and <a href="#">serious intrapartum brain injury</a> and increase <a href="#">fill rates</a> against funded positions for maternity staff
<b>Use of resources</b>	Deliver a <a href="#">balanced net system financial position for 2023/24</a>
<b>Workforce</b>	<a href="#">Improve retention and staff attendance</a> through a systematic focus on all elements of the NHS People Promise

# Planning Guidance - Delivering the key LTP ambitions and transforming the NHS

Area	Summary of Objectives
<b>Mental Health</b>	Improve access to mental health support for children and young people, increase the number of adults and older adults accessing IAPT treatment
<b>People with a learning disability and autistic people</b>	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan and reduce reliance on inpatient care, while improving the quality of inpatient care, so that less patients need to be cared for in an inpatient unit
<b>Prevention and health inequalities</b>	Ensure that more patients with high blood pressure are treated following the NICE guidance, increase the number of patients with a high CVD risk score taking lipid lowering therapies and continue to address health inequalities and deliver on the Core20PLUS5 approach

# Planning Guidance- Other Key areas of focus



Cheshire and Merseyside

## Workforce

The guidance asks all systems to refresh system workforce plans to increase productivity, deploy staff more flexibly through digital solutions, improve staff experience and retention via a range of national strategies, ensure there is adequate clinical placement capacity, and implement the Kark recommendations. NHSE also plans to increase workforce education and training investment in real terms in each of the next two years.

## Digital

To improve digital capabilities, more providers are expected to operationalise electronic health records and should work towards developing a population health and planning data platform. NHSE will provide targeted funding to enable ICSs to meet minimum digital capabilities and foundations. NHSE will also procure a federated data platform accessible to all ICSs and will improve the functionality of the NHS app.

## System Working

2023/24 is the first full year for ICSs in their new form with the establishment of statutory ICBs and integrated care partnerships (ICPs). Key priorities for their development in 2023/24 include:

Developing ICP integrated care strategies and ICB joint forward plans.

Maturing ways of working across the system including provider collaboratives and place-based partnership arrangements.