

Cheshire and Merseyside Joint Forward Plan - NHS Delivery Plan



Introduction

The challenges faced by our residents and communities are immense, but so is their passion to overcome them. We strongly believe that our local communities and frontline teams are best-placed to know what matters most and to determine the best way to make improvements. Along with our partners we are committed to working with all communities to support them to improve their health and wellbeing and reduce inequalities.

Going into 2024-25, it is clear that the cumulative impact of multiple rounds of industrial action, combined with increasing pressure on NHS budgets and reduced levels of satisfaction with the NHS, drive some of the challenges we face.

With demand for services and inflationary cost pressures rising faster than budgets, NHS organisations across the country are facing a very challenging financial outlook this year. We have agreed a budget with a £150m deficit with NHS England and face a significant challenge to ensure we live within the resources available to us and to increase our productivity in 2024-25.

Whilst focusing on efficiency; ensuring high quality, safe services for our population will always be our key priority and has been at the forefront of our minds as we have worked with partners to identify and implement solutions to the challenge.

Despite this backdrop, we should remain both proud of everything we are doing and optimistic for the future as we continue to improve our offering to patients for example by achieving the fastest growth in the country in access to diagnostic testing, by making significant progress in reducing long waits for planned care and by outperforming both the England and North West averages against both the 31-day and 62-day cancer waiting time standards.

We recognise that in 2024-25 we need to address our immediate priorities of improving access to and quality of urgent and emergency care and better use of our resources. By delivering these improvements we will be able to progress with the longer-term aims of investing in prevention and early support for our residents.



Raj Jain,
Chair



Graham Urwin,
Chief Executive

What does our Joint Forward Plan cover?

This NHS Delivery Plan section of our [Joint Forward Plan \(JFP\)](#) describes how NHS Cheshire and Merseyside, partner NHS Trusts and wider system partners intend to work together to provide financial sustainability whilst providing safe high-quality services to meet our population's physical and mental health needs.

It presents our Cheshire and Merseyside vision and mission, our core objectives and the strategies and plans which will support delivery of our objectives.

The NHS is faced with rising costs and budgetary constraint at the same time as seeing growing need and demand for services, and we know we have more work to do in recovering timely access to services following the pandemic, workforce challenges and NHS industrial action.

As a result of these pressures, in 2024-25 we will maintain a strong focus on achieving **financial balance**, **protecting patient safety** and prioritising **access and quality** of services with a strong emphasis on Urgent and Emergency Care.

In 2023-24 only 71.4% of people attending an A&E Department were seen within 4 hours, 15.6% waiting more than 12 hours with patients being cared for on hospital

corridors. Whilst these delays are seen in hospitals this is a measure of the challenges across the wider health and care system and requires a whole system response.

Our plans have a relentless focus on transformation and continuous improvement in our service delivery.

Through this we can achieve the triple aims:

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

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





Our Key Principles and Priorities

We will work collaboratively with our partners to: -

- Provide safe, effective and timely care
- Improve Outcomes in Population Health and Healthcare and reduce inequalities in all we do
- Make decisions based on evidence (Data into Action) and have a culture of innovation and continuous improvement
- Increasingly focus on prevention reducing the need to treat ill health
- Find the optimum way to provide services, working to integrate and simplify how we work
- Provide services within the funding available to us
- Deliver our [Anchor principles](#) to have a positive impact on our communities socially, economically and environmentally



Table 1

Our Joint Forward Plan NHS Plan on a Page

Vision

We want everyone in Cheshire and Merseyside to have a great start in life and get the support they need to stay healthy and live healthier for longer.

Mission

We will prevent ill health and tackle health inequalities and improve the lives of the poorest fastest. We believe we can do this best by working in partnership

Strategic Objectives

1: Tackling health inequalities in outcomes, experiences and access

2: Improve outcomes in population health and healthcare

3: Enhancing productivity and value for money

4: Helping the NHS to support broader social and economic development

Our Enabling Strategies

Clinical and Care

Workforce Strategy

Finance and Efficiency
at Scale

Digital and Data

Population Health and
Reducing Inequalities

Quality and Safety,
Integration and Leadership

Research and Innovation
Data into Action

Creating a culture of Continuous
Improvement:

Putting the Patient at the Heart of
delivery and decision making

These drive Our Key Priorities for 2024-29

Our priorities for 2024-25 - Urgent and Emergency Care and Financial Sustainability

Defining our priorities

As well as our immediate focus on urgent care and use of resources we also know that we need to maintain our focus on longer term plans to improve population health and reduce inequalities.

Evidence shows that often the social determinants of health are the cause of poorer outcomes and inequalities across our communities. This is why as a health and care partnership we are committed to addressing these and promoting good health and wellbeing.

- There is a difference in life expectancy of 15 years (Male) and 14.7 years (Female) between our highest and lowest wards.
- Deprivation and poverty, 35% of our population are deprived and 26% of our children live in poverty.
- Deaths due to heart disease, cancer, respiratory conditions, alcohol and drugs are higher than the England average.

Table 2 – Improving Outcomes

Condition / Theme	<ul style="list-style-type: none"> • CVD • Cancer • Respiratory • Mental Health • Falls • Children and Young People and Maternity 	Tobacco	Alcohol	Obesity and Physical Health	Screening, Immunisation and Vaccination	Prevention Cross Cutting Priorities
Quality, Access and Experience	<ul style="list-style-type: none"> • Waiting Times for Urgent and Planned Care • Access to GPs, Dentists, Mental Health Support and Social Care support 					
Data into Action Segmentation	<ul style="list-style-type: none"> • Complex Lives • Frailty and Dementia 					

The table above identifies the areas where our population outcomes and access to services are comparably worse than the average for England and/or have been identified by our population as a key area of focus for them.

This work has influenced the development of our NHS Delivery Plan delivery themes described later in the document.

All Together Fairer: Our Health and Care Partnership Plan

The All Together Fairer: Our Health and Care Partnership Plan describes three core Principles and six Headline Ambitions that the system will collaborate on : -

Table 3

Principle 1 - Shifting investment to Prevention and Equity

Principle 2 - Anti-Poverty Work

Principle 3 - Social Justice, Health and Equity in All We Do.

Children and Young People	Physical Activity and Healthy Weight	Housing and Health	All Together Smokefree	Work	Social Value
<ul style="list-style-type: none"> We will address the health inequality gap for children living in households with the lowest incomes by focusing on action that will relieve poverty. <p>(Barnardo's health Equity linked)</p> <ul style="list-style-type: none"> We will promote good social, emotional and psychological health to protect children and young people against behavioural and health problems. 	<ul style="list-style-type: none"> We will take action to tackle obesity by focusing on increasing Physical Activity and promoting healthier diet and food environments, helping adults and children to live healthier lives. 	<ul style="list-style-type: none"> We will work with our Housing partners to maximise the access to health promoting homes and help improve the service offer for people with complex health needs. 	<ul style="list-style-type: none"> We will take action to end smoking Everywhere for Everyone. 	<ul style="list-style-type: none"> We will work with our employers to help them to create the environments that support our population to start, stay and succeed in work. <p>'Work' covers both paid and non-paid activity</p>	<ul style="list-style-type: none"> We will ensure that the Cheshire and Merseyside Health and Care Partnership member organisations become <u>Anchor Institutions</u> by 2026.

We will thread these throughout our programmes and workstreams.

How we will deliver our Plan

Accountability

NHS Cheshire and Merseyside - an Integrated Care Board (ICB) - is a statutory body responsible for planning and funding local NHS services and is directly accountable to NHS England for spending NHS money and associated service performance.

Governance and monitoring

Whilst the system plan is owned and overseen by our Health and Care Partnership Board, the plans to deliver it and the NHS Delivery Plan elements of it are owned and overseen by the NHS Cheshire and Merseyside Board.

Each of the programmes outlined in our plan will focus on a number of key outcomes and a set of agreed measures and milestones. In 2024-25 we are adopting a consistent approach across our plan, using a robust programme management approach, aligned to our Board Assurance Framework to report progress to the Board and its sub committees. Recovery schemes will be managed via a single Programme Management Office.

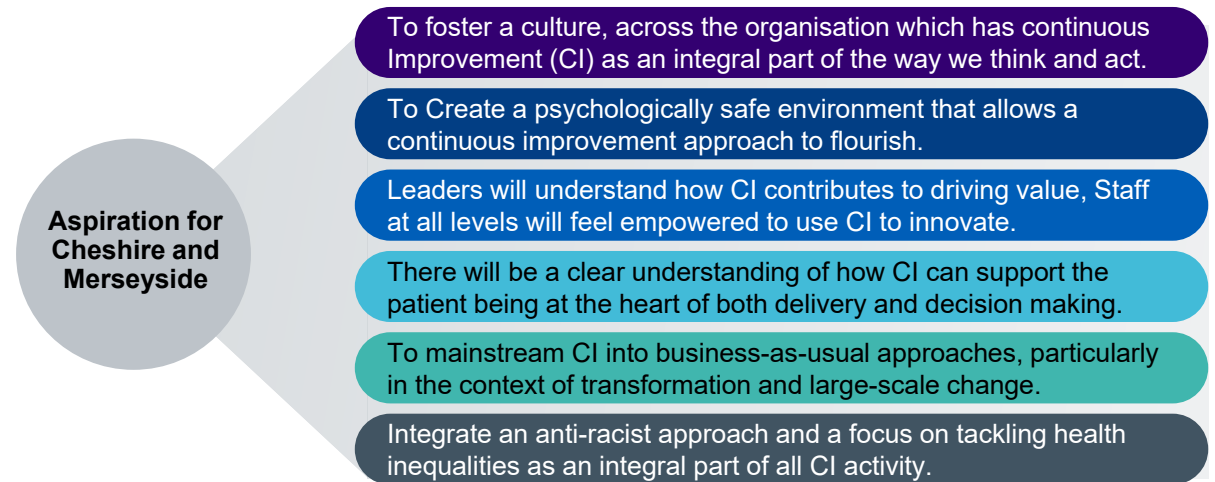
Our Statutory Duties

The national requirements of a Joint Forward Plan include confirming how the statutory duties of an Integrated Care Board are to be delivered. For further detail on this please click the link [Our Statutory Duties](#)

Continuous Improvement

To ensure services across Cheshire and Merseyside are the best they can be we will develop a culture of continuous improvement and innovation. To improve patient outcomes and experience we must maintain our collective focus on the overall quality and safety of our services, based on the approach set out in [A shared commitment to quality](#) and [The NHS Patient Safety Strategy](#). This includes applying the [Patient Safety Incident Response Framework \(PSIRF\)](#) in the development and maintenance of patient safety incident response policies and plans.

We will invest in developing a system-wide quality improvement methodology and support staff across the system to deliver improvement through Improvement Networks aligned to Provider Collaboratives to promote innovation, share learning and build on existing improvement capacity and capability.



Developing as a system

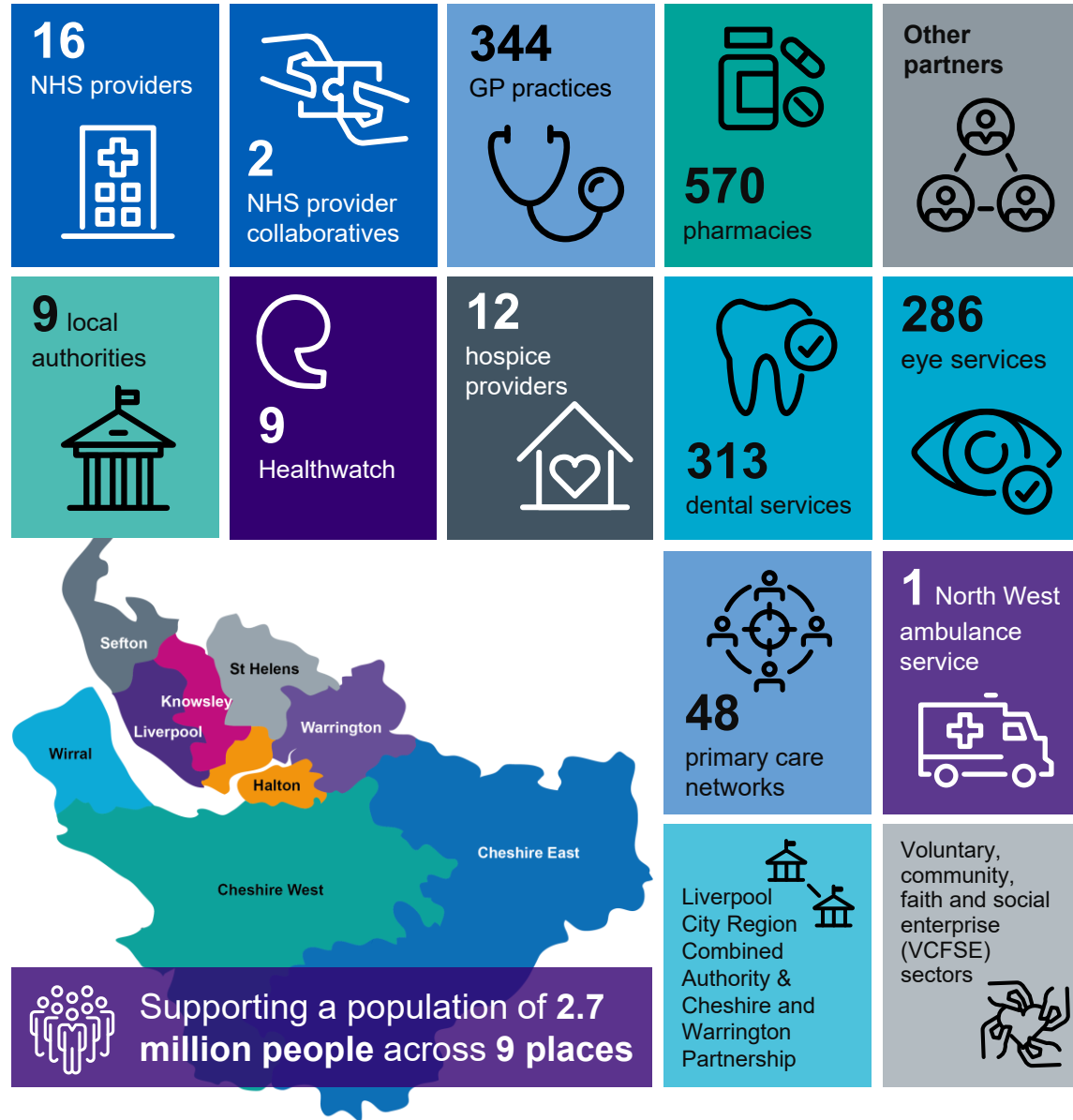
We will simplify the way we do business and continue to build on the work we have done to develop our system - emphasising the importance of Place Partnerships, Provider Collaboratives, wider system collaboration, clinical and care professional leadership and system organisational development.

How we work

What is different about how we work in NHS Cheshire and Merseyside

- As NHS partners looking after the health and wellbeing of the 2.7 million people who live in Cheshire and Merseyside gives us a unique opportunity to collectively consider the added value we can bring by working increasingly closely together.
- Decisions around services that support people's health are not taken by individual health and care organisations, but by a wider set of partners.
- Decisions about transport, housing, parks and countryside, community facilities, the economy, public safety or air quality all have a causal link to health. It is our ambition to add value by working with all key organisations, sectors and communities.
- We are proud of what we have achieved since the publication of our first Joint Forward Plan in July 2023 please click [HERE](#) to see a few example Case Studies.

Table 4 - Our stakeholders/ key participants



Working with people and communities

As NHS partners we are committed to listening to 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 more effective services, removing barriers where they exist. Specifically with relation to vulnerable groups and those with protected characteristics.

We will also focus on PLUS groups – these groups are population groups, defined by Integrated Care Systems (ICS's), which experience poorer than average health access, experience and / or outcomes across their communities.

How we work *continued*

Working across the system

We are committed to simplifying the way we work and making decisions as locally as possible but recognise that being part of a large Integrated Care System also provides opportunities for working at scale where it makes sense to do so.

Our aim is to work at the optimal footprint to support continuous improvement and transformation, deliver efficiencies and effectively manage service development.

Neighbourhoods and Communities

We will look to design services as locally as possible and we will continue to strengthen local community networks, including community and voluntary sector services and health and care services. Working in this way will enable our services to focus on smaller local populations and provide greater flexibility to find unique solutions to more local challenges. We are also committed to working with and supporting our [Carers](#), vulnerable communities and those with [protected characteristics](#).

Local Authority (Place) and Combined Authority Footprints

Alternatively, we may design services at the level of one of our nine [Places](#) or, if relevant, across multiple Places. This would be driven by natural communities, existing arrangements or by local authority or provider configurations. As Central Government progressively moves towards a standardised approach to devolution this will also reflect these ways of working.

Across Cheshire and Merseyside

It may be that some programmes are best designed and delivered at a Cheshire and Merseyside level. At a system-level, health and care partners work together to develop shared plans to improve health and care services and improve health and wellbeing outcomes. Working at this larger footprint can enable us to share good practice and be more effective, efficient and consistent in how we can improve services.

Our role in Market Management and System Leadership

Working in partnership with our providers, we can play a pivotal role in enabling system collaboration and exploring options to manage NHS resources through working together at **Place** or at **Scale**, for example through Place-based partnerships or cross-system provider collaboratives.

This presents us with the opportunity to support providers to develop service solutions that cut across individual providers. NHS Cheshire and Merseyside is ideally placed to operate as a system convenor, bringing interested parties together for common aims.

We will support our Health and Care Partnership aims:

- Ensure a reduction in variation of experience and outcomes across our communities.
- Prioritise resource and investment in areas with the greatest need.

Our two [NHS Provider Collaboratives](#) provide an example of how we might work at a multi-Place or Cheshire and Merseyside level to support NHS providers to work together to join up care, deliver continuous improvement and enhance the sustainability of services.

As an example, we have seen how we have been able to make significant improvements in waiting times for planned care by this system-wide approach. Focusing on the areas identified in our Recovery plans during 2024-25 will enable us to work at pace to transform services.



Our Enabling Strategies

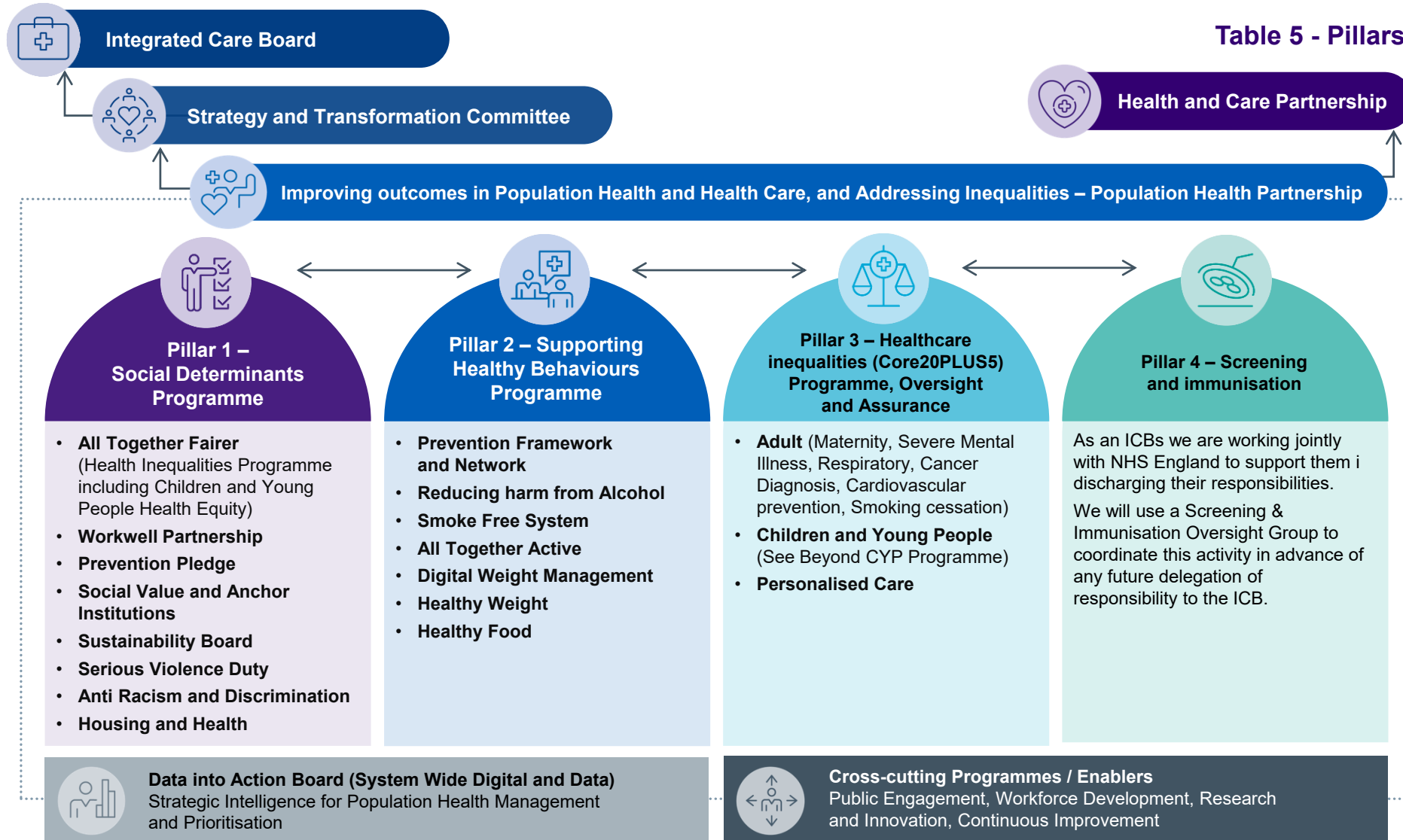
Our NHS Delivery Plan is underpinned by a number of enabling strategies:

- Population Health and Addressing Inequalities
- Clinical and Care
- Workforce
- Finance and Efficiency
- Digital and Data



Our Enabling Strategies – Population Health and Addressing Inequalities

Table 5 - Pillars



Pillar 1: This describes how we will deliver All Together Fairer: Our Health and Care Partnership Delivery Plan

Pillar 2: supports healthy behaviours is built around a number of priority prevention programmes.

Pillar 3: Outlines our [Core20PLUS5](#) priorities and Personalised Care approach for Adults and Children and Young People. We have a dedicated Children and Young People Committee with a structured delivery plan.

Pillar 4: this programme will support the NHS England delegation expected by April 2026

Our Enabling Strategies – Clinical and Care

Our Clinical and Care strategy is based around the core principles of:

- 1. Better integrating our care both within and across partners**
- 2. Making our care more specific to reflect the needs of our residents and ensuring that our care is as consistently high quality as possible.**

The NHS Long Term Plan also describes shifting the focus to population health to enable us to reduce health inequalities, which we know increased during the pandemic. We will do this by working in partnership across health, local authorities and wider partners.

[The NHS IMPACT](#) Framework will help us support delivery of clinical and operational excellence, helping to develop the leadership and organisational capacity, capability and infrastructure to create the conditions for improvement.

In line with the four core elements of our Clinical Care Strategy we will:

- ✓ Seek to improve health outcomes concentrating on our Clinical priorities as outlined in our Health and Care Partnership plan.
- ✓ Ensure that quality and safety is our prime consideration in our pathway redesign and transformation programmes, working consistently to address variation in and fragility of services.
- ✓ Adopt a culture of continuous improvement working collaboratively with all our providers and delivery partners.
- ✓ Invest in leadership through our Clinical and Care Professional Leadership ([CCPL](#)) framework.

Table 6 - Clinical and Care Strategy (CCS)

01 Quality

- Services, pathways and commissioning that impact upon quality of care
- Address fragile services in the system e.g. women’s health
- Draw upon the evidence from sources including [NICE](#), [GIRFT](#) and latest research
- We must harmonise both service offering and policy and this will include medicines optimisation.



04 Clinical Priorities

- Clearly documented in the Joint forward plan and Health and Care Partnership
- They are evidenced based to not only improve health outcomes of our population, but also to make best use of resources to avoid ill health.
- These cover diagnostic groups of cancer, cardiovascular disease, respiratory disease and mental health . We also recognise *segments* – complex lives (physical health, mental health, drug/alcohol misuse and children in the care system) and frailty and dementia.

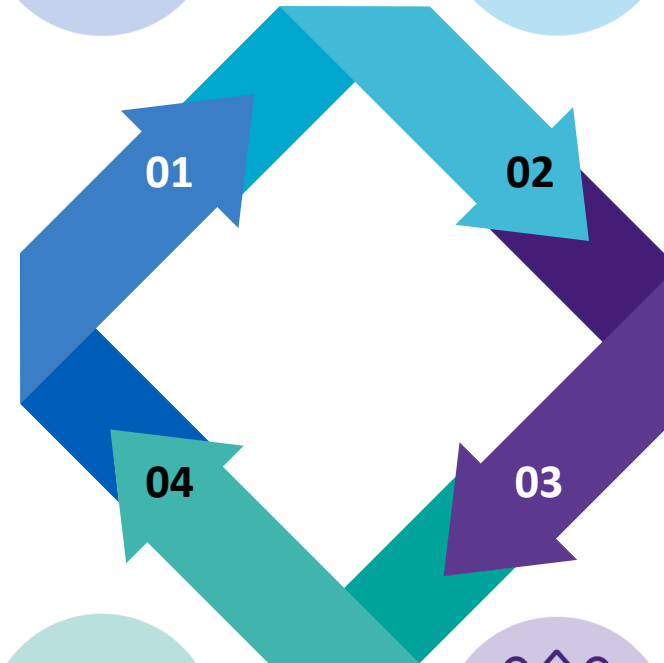


02 Improvement

- Launch of NHS Impact -delivering continuous improvement across the system
- Deliver care that is to care that is safe, positively experienced, accessible, as well as effective.
- Culture of continuous improvement in every aspect of system business
- The clinical/care element of this needs to become a common shared approach to delivering and measuring/evidencing improvement
- Our entire workforce will need to be engaged in this endeavor.

03 Leadership

- Successful delivery of quality, improvement and clinical priorities demands effective leadership.
- The CCPL framework must give our clinical and care leaders a clear, shared understanding of our CCS and how we will deliver it across the system.
- Communicating the strategy, the programmes of work that underpin it and the improvement methodology that will evidence it are an essential enabler.



Our Key Enablers:

Wide engagement with all our providers and delivery partners

Data into Action and a Continuous Improvement methodology

World Class Research and Innovation

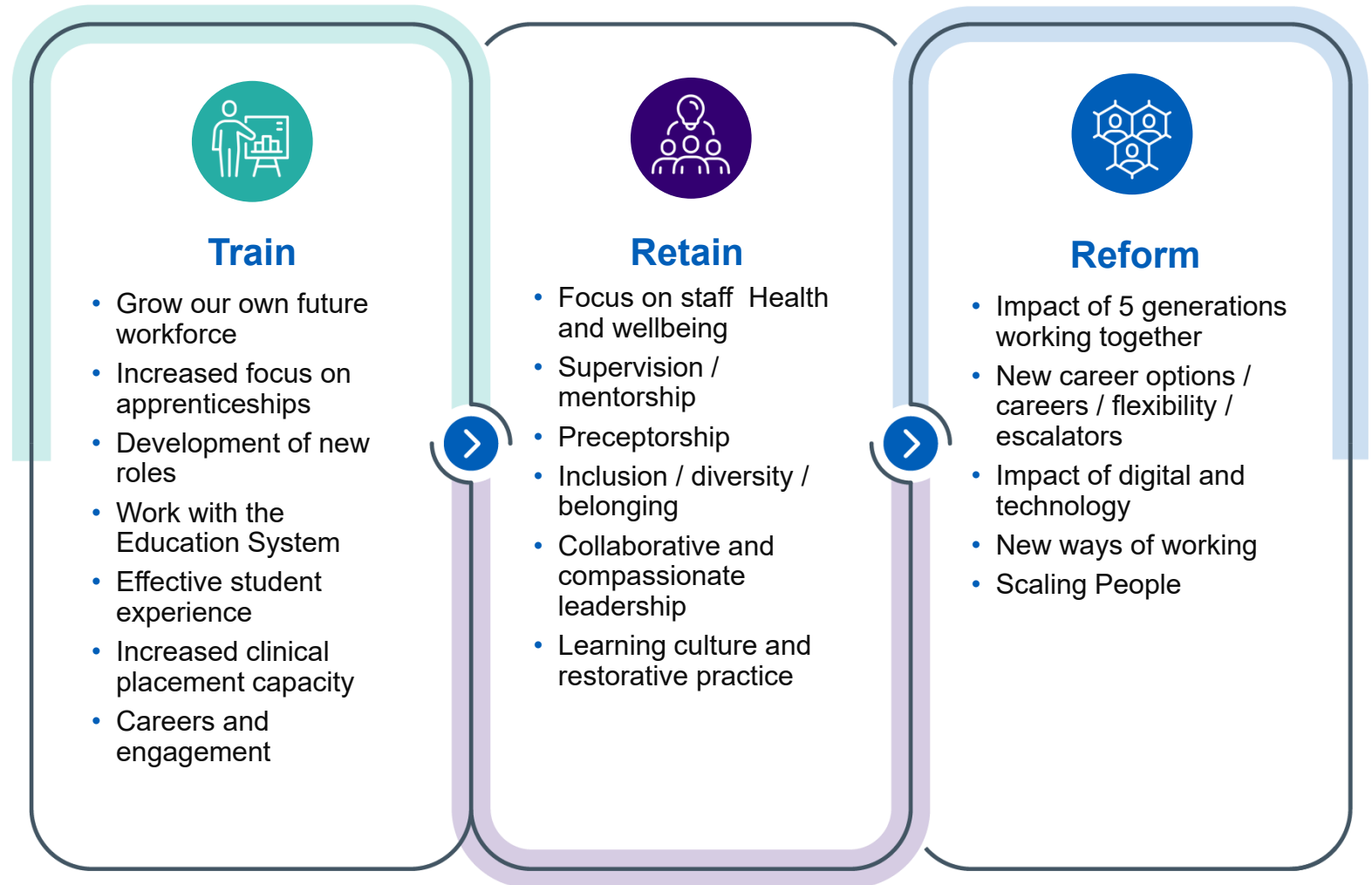
Our Enabling Strategies – Workforce

Our Workforce strategy outlines how we will meet these challenges by working together to build a strong workforce by working differently.

Many of our staff are also carers and have to balance the needs of their families and dependents with managing challenging and busy roles.

We want Cheshire and Merseyside to be a great place to work and an outstanding place for care; whether in the community, in one of our hospitals or online.

Table 7



Our Enabling Strategies – Workforce *continued*

NHS Cheshire and Merseyside recognises that our most valuable asset is our dedicated, skilled and knowledgeable workforce. We recognise that our staff consistently go above and beyond what is required of them to deliver outstanding care for our communities.

To support our workforce, we have made a People Promise and are committed to developing skills and opportunities.



Cultural Transformation:

- Organisational and system redesign for integration
- Competency and capability development
- Team cohesion to drive resource optimisation
- Growth mindset to stimulate system leadership thinking
- A shared cultural identity, values and behaviours.

Digital upskilling of the workforce:

- Digital and data skills training at scale
- Developing Digital and Data champions
- Identifying future clinical and care digital and data leaders.

Equality, diversity and inclusion:

- Deliver our [public sector equality duty](#) (2010 Act) to be an employer of choice, investing in positive action to attract, retain staff from underrepresented groups and to achieve the ambition to be an Anti-racist organisation and system.

Talent Management:

- Robust succession planning for business-critical roles and hard to fill roles
- Reward and recognition strategies to ensure that success is recognised.

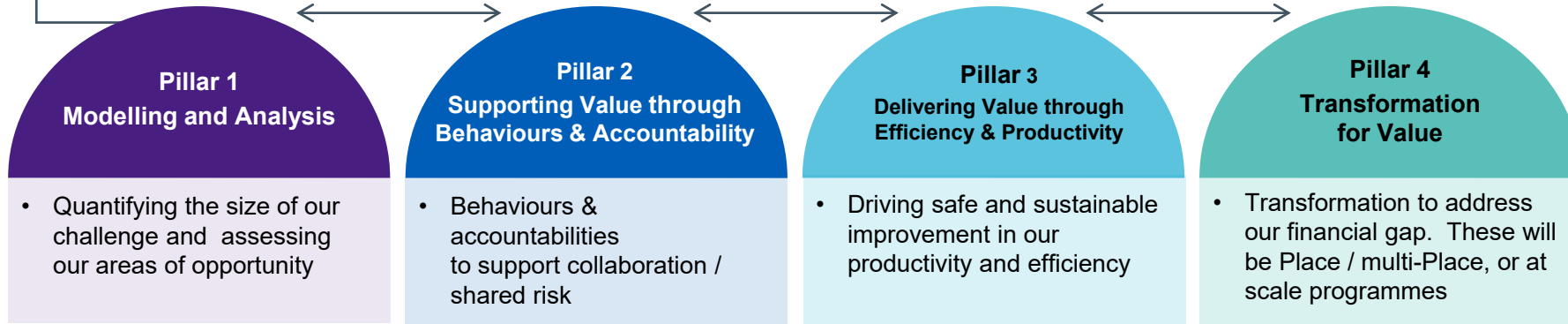
Our Enabling Strategies – Finance and Efficiency

Table 8

Our Financial Strategy aims to: Achieve Financial stability maximising the value of every pound we spend to ensure that we are best meeting the needs of our patients and communities.

We will:

- Demonstrate a 3-year recovery plan for health budgets in line with statutory objectives of ICB and its healthcare system partners
- Enable and support the achievement of our wider HCP system objectives through greater integration at place and neighbourhood level
- Support productivity and Value for Money to maximise benefit to the population of Cheshire and Merseyside.



Mechanisms for Change:

- Allocations to Place to be based upon weighted population needs analysis
- Increase proportion of funding delegated to Place
- Full Place position to be reported in 2024/25 plans
- Different approach to ‘growth funding’ to support out of hospital investment.
- Intention to reinstate health inequalities and dental budgets

Key Enablers:

- Allocation Strategy to support strategic system objectives
- Investment and benefits realisation framework
- Funds flow, payments and incentives
- Capital strategy and prioritisation framework

Mission: Working as one to maximise value for every pound we spends

Strategic Principles:

- Economy:** spending less
- Efficiency:** spending well
- Effectiveness:** spending wisely
- Equity:** spending fairly

There are significant financial pressures across Public Sector and NHS budgets. With limited resources available, we need to maximise the value of every pound we spend to ensure that we are best meeting the needs of our patients and communities.

Our Recovery will focus on delivering value through efficiency and productivity, through transformational schemes which help deliver our financial duties.

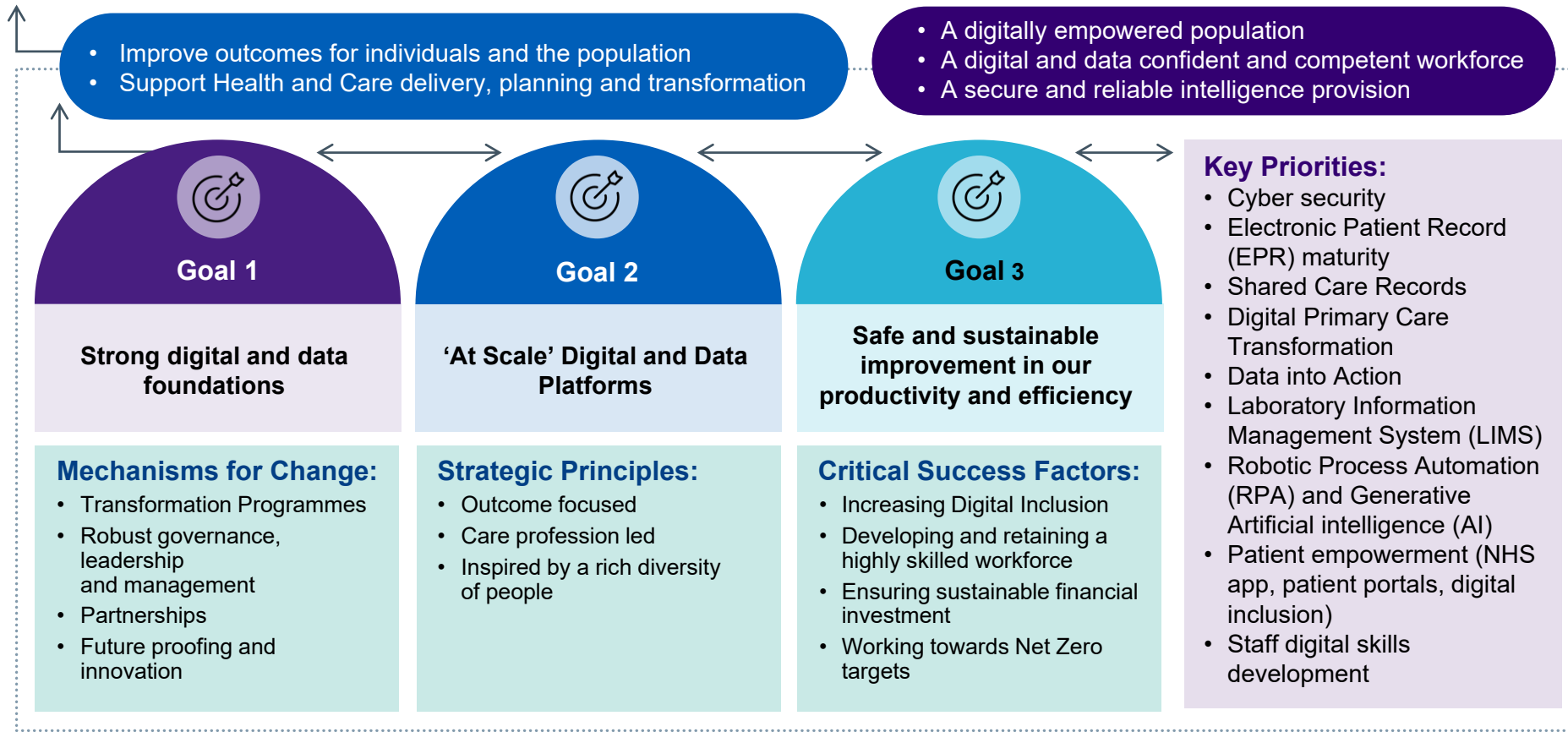
Our Integrated Care System Joint Capital Work Plan can be seen [HERE](#).

Our Enabling Strategies – Digital and Data

Table 9

Our Digital and Data Strategy aims to:

- Improving health and well-being by weaving our digital and data infrastructure, systems and services throughout our pathways of care.
- Turn ‘intelligence into action’. to bring focused, and therefore meaningful, interventions to those who most need it.



Mission: - We will be the most digitally advanced and data driven ICS in England by 2025

We know that Digital and Data is a vital component of how we can make a difference.

We published our three-year [Digital and Data Strategy](#) in November 2022 following endorsement from the NHS Cheshire and Merseyside Board.

The strategy described an ambition to improve the health and wellbeing of our region by weaving digital and data infrastructure, systems and services through the pathways of care we provide. It also outlines a commitment to turn ‘**data into action**’ to bring focused and meaningful interventions to those who most need it.

The table opposite describes the overall aims and outlines the three key goals along with our priority areas of focus. We will also scope the potential saving and impact on the priority areas outlined in our 2024-25 Recovery Programme.



Delivery Themes 2024-29

The following section focuses on 4 thematic areas
It outlines:

- Our Recovery initiatives for 24-25
- How we will transform services
- Our use of new technology
- Our plans for Improving Outcomes in Population Health and Healthcare & Addressing Inequalities
- The design and delivery level
- Links to our core strategies



Delivery Themes 2024 - 29

In developing our plans, we have adopted a thematic approach identifying 4 core delivery areas:



There are known interdependencies between these themes

Key

Strategic Drivers:



All Together Fairer



Clinical and Care



Digital and Data



Finance



Workforce

Design and Delivery:

Design



Deliver



Design
and
Deliver



Theme 1 Recovery - our focus for 24/25

Theme 1	Primary Strategic Drivers	Priority Programme	How we'll deliver				Key focus of the work:	How will we know if we've delivered
			9 Places	Supra Place	Once C&M	Provider Collaborative		
Recovery our focus for 24/25 * Known interdependencies between these programmes		Urgent Care Improvement, improving the quality and performance in Urgent and Emergency Care*					North Mersey Urgent Care Improvement	<ul style="list-style-type: none"> • Patients seen within 4 hours (target 24/25 78%) • Maintain the peak increase in capacity agreed through operating plans in 2023/24. (all bed types including virtual wards) • Avoiding care on hospital corridors • Integrated Neighbourhood Team (INT) model • Greater system stability and resilience
							Mersey and West Lancs Urgent Care (Including Shaping Care Together priorities)	
							Wirral Urgent Care Improvement	
							Cheshire Urgent Care Improvement	
							Warrington and Halton Urgent Care Improvement	
							Community Care developing a consistent offer (Inc. Falls Prevention and Response)	
							Driving safe and sustainable improvement in our productivity and efficiency	• Delivered system Value through Efficiency & Productivity
							Liverpool Review	<ul style="list-style-type: none"> • Greater collaboration and integration between providers of health and care delivering a community, acute and specialist system that is clinically and financially sustainable.
							Wirral Review	
							Warrington and Halton Integration Programme	
							Cheshire Review	

Digital and Data – enabler role across each of the programmes

Theme 1 Recovery - our focus for 24/25 *continued*

Theme 1	Primary Strategic Drivers	Priority Programme	How we'll deliver		Key focus of the work:	How will we know if we've delivered
			9 Places	Once across our ICB		
Recovery our focus 24/25		Improving patient experience by transforming pathways and service delivery			To improve mental health system flow for adults with mental health conditions focusing on Accident and Emergency and Out of Area Placements	<ul style="list-style-type: none"> • Eradication of clinically inappropriate 72+ hour waits in Emergency Departments • No more than 10% of the mental health bed base to be occupied by people who are Clinically Ready for Discharge • Reduction in average length of stay in mental health inpatient bed. • Maintain position of no inappropriate out of area placements.
					Neurodiversity standardised pathways/models of care for Children and young people and adults with a focus on Attention Deficit Hyperactivity Disorder (ADHD) and Autism	<ul style="list-style-type: none"> • Reduced waiting times/numbers on waiting list reduced • Reduced Mental Health demand from undiagnosed/unmet neurodiversity need • Improved Patient experience / reduction in complaints • Improved diagnosis & stratification of need
					All Age Continuing Health Care (AACHC) improved quality safety and experience	<ul style="list-style-type: none"> • Efficient and effective commissioned services offering individuals and families improved quality, safety and experience




Digital and Data – enabler role across each of the programmes

Theme 1 - Recovery - our focus for 24/25

Theme 1	Primary Strategic Drivers	Priority Programme	How we'll deliver		Key focus of the work:	How will we know if we've delivered
			9 Places	Once across our ICB		
Recovery our focus 24/25		Commissioning and contracting for added value			Reducing Unwarranted Variation	<ul style="list-style-type: none"> Reduction in unwarranted variation in patient outcomes Optimised productivity - levelling up of patient waiting times across specialties
					Non-statutory sector value to provide sustainability and a consistent approach to commissioning	<ul style="list-style-type: none"> Reduction in variation and a consistent approach to commissioning of services Greater sustainability within the non-statutory service provider market.
					Medicines Management to reduce unwarranted variation and create an equitable service	<ul style="list-style-type: none"> Potential Optimisation maximised in Place reduction in unwarranted variation and improved equitable access
			Workforce		Optimising our resources to support implementation of the workforce plan for 2024/25	<ul style="list-style-type: none"> Collaborative working across the ICB and providers with a consistent approach to workforce planning



Digital and Data – enabler role across each of the programmes

Theme 2 - Transforming our Services



Theme 2	Primary Strategic Drivers	Priority Programme	How we'll deliver		Some of our Key Initiatives	How will we know if we've delivered
			9 Places	Once across our ICB		
Transforming our Services		Children and Young People (CYP)			Improving Oral Health	<ul style="list-style-type: none"> Year 1 - Children supported with tooth brushing, Year 2 - Reduction in Dental Caries
					CYP Mental Health transformation plan - Appropriate Places of Care	<ul style="list-style-type: none"> Implementation of a model of best practice for safe places for CYP who need alternatives to hospital care due to emotional well-being or social needs
					System Approaches to Children and Young People Edging towards Care	<ul style="list-style-type: none"> C&M model developed for place delivery
		Palliative and End of Life Care			Palliative and End of Life Care (PEOLC)	<ul style="list-style-type: none"> Proportion on EOLC Register with a support plan (60%)
	Primary Care			Delivering against our Primary Care Recovery Plan (PCARP)	<ul style="list-style-type: none"> Workforce levels against plan (Dr, Nurse/ARRS) Appointments in General Practice and Primary Care Networks (E.D.19) Percentage of appointments seen within two weeks (E.D.21) 	
				Dental Recovery Plan Click to access the full detail	<ul style="list-style-type: none"> Improvement in Dental activity levels (against baseline) - Units of Dental Activity Delivered 	

The link below provides further detail on our core transformation programmes and specific detail on Long term Conditions and other priority areas



Theme 2 -Transforming our Services continued

Theme 2	Primary Strategic Drivers	Priority Programme	How we'll deliver			Some of our Key Initiatives	How will we know if we've delivered
			9 Places	Provider Collaborative	Once across our ICB		
Transforming our Services		Elective and Cancer Care Links to recovery section				Elective Outcomes and Access	<ul style="list-style-type: none"> Eliminate waits of over 65 weeks for elective care Value weighted activity (VWA) targets, same as those agreed at the start of 2023/24
						Theatre Efficiency Programme and Shared Elective Hubs - CMAST	<ul style="list-style-type: none"> Increased numbers of patients treated in NHS theatre capacity
						Cancer Outcomes and Access	<ul style="list-style-type: none"> Proportion of cancers diagnosed stage 1 or 2 Improve performance against the headline 62-day standard to 70% by March 2025 Improve performance against the 28 day faster diagnosis standard to 77% by Mar 25 towards the 80% ambition by Mar 26
						Diagnostics - Community Diagnostic Centres	<ul style="list-style-type: none"> Increase the % of patients receiving a diagnostic test within 6 weeks to a minimum of 95% in March 2025
						North West Specialised Services Women's and Children's Programme	<ul style="list-style-type: none"> Liverpool Neonatal Surgery Unit open in Nov 2025
		Outpatient Transformation				<ul style="list-style-type: none"> Advice and Guidance roll out Patient initiated follow up 	<ul style="list-style-type: none"> Reduction in missed and unnecessary appointments



Theme 2 Transforming our Services continued

Theme 2	Primary Strategic Drivers	Priority Programme	How we'll deliver		Some of our Key Initiatives	How will we know if we've delivered
			9 Places	Once across our ICB		
Transforming our Services		Cheshire and Merseyside Women's Health and Maternity			Continue to implement the Three-Year Delivery Plan for Maternity and Neonatal services	Reduction in stillbirths, neonatal brain injuries, neonatal deaths, maternal deaths, and preterm births
					Improve women's health outcomes and healthcare services whilst addressing the health and social inequalities.	9 women's health hubs open by December 2025 (in each Place) with 3 by December 2024
					Women's Health Services in Liverpool Programme	<ul style="list-style-type: none"> Reduction in clinical risks in hospital-based maternity and gynaecology services in Liverpool. Reduction in health inequalities and gender inequalities for people accessing hospital-based maternity and gynaecology services in Liverpool.
		Mental Health Learning Disability and Autism Transforming Care (Inc. dementia and Suicide Prevention)			<ul style="list-style-type: none"> Improving access, and equity of access, to CYP Mental Health services (0-17). Ensuring Annual health checks for 60% of those living with SMI Supporting delivery of the Suicide Prevention Strategy Development of a Cheshire and Merseyside wide strategy for dementia Reduce reliance on mental health inpatient care for people with a learning disability and or autism Improve patient flow and work towards eliminating inappropriate out of area placements 	<ul style="list-style-type: none"> Improved access, quality and increase delivery annual physical health checks. Increased access to talking therapies and Individual Placement and Support (IPS) Improved patient flow and reduced pressure in crisis and acute care, continued improvement in the quality of care Meet the Mental Health Investment Standard 75% of people aged 14 and over on GP learning disability registers receive an annual health check and action plan Reduced number of autistic people in a mental health inpatient setting and continue to reduce the number of inpatients with a learning disability (60 adult and CYP by March 2025)



Theme 3 Innovation and use of new Technology

Theme 3	Primary Strategic Drivers	Priority Programme	How we'll deliver	Some of our Key Initiatives	How will we know if we've delivered
			Once across our ICB		
Innovation and use of new Technology		Research and Innovation (R&I)		Develop a R&I Strategy that maximises inward investment and system capacity	<ul style="list-style-type: none"> • Identification of local research priorities and needs and development of plans to address these • Extended research in settings such as primary care, community care, mental health services, public health and social care • Improved co-ordination and standardisation within and between localities for the delivery of research • Increase in funding for research and innovation
				Implement Electronic Patient Records (EPR)	Successful implementation and optimisation of EPR functionality in clinical practice across organisations implementing or significantly upgrading their EPR
		Digital and Data See Digital and Data Enabling Strategy described earlier		Roll out of Bed Management Solution	Improved patient flow as a result of system wide roll out of Bed Management solutions
				Patient empowerment (NHS app, patient portals, digital inclusion)	Self-management and improved patient care as the result of a digitally empowered population
				Development of Laboratory Information Management System (LIMS)	Implementation of system wide digital diagnostic solution
	Staff digital skills -developing and retaining a highly skilled workforce	Increased use of digital and data delivered by a confident and competent workforce			

Theme 4 - Improving Outcomes in Population Health and Healthcare & Addressing Inequalities

Theme 4	Primary Strategic Drivers (noting all schemes have some link to our core strategies)	Priority Programme (Further details on the scope of the work we are undertaken by clicking on the title below)	How we'll deliver		Some of our Key Initiatives	How will we know if we've delivered (our sentinel indicators)
			9 Places	Once across our ICB		
Improving Outcomes in Population Health and Healthcare & Addressing Inequalities		Pillar 1 - Social Determinants Programme			See the detail described in Slide 12 Our Enabling Strategies – Population Health and Addressing Inequalities Under Pillar 1 – Social Determinants Programme	The Delivery Plans and milestones are being presented to the Health and Care Partnership in July 2024 and will form the Cheshire and Merseyside Health and Care Partnership Delivery Plan
					Reducing Harm from Alcohol	Reduced hospital admissions for alcohol-related conditions
		Pillar 2 - Supporting Healthy Behaviours			Healthy Weight and Exercise	<ul style="list-style-type: none"> Reduced percentage of adults classified as overweight or obese Increased percentage of physically active people
					Smoke Free Cheshire and Merseyside	<ul style="list-style-type: none"> Reduction in smoking prevalence
					Oral Health* (in Children and Young People CYP)	Year 1 - Children supported with tooth brushing, Year 2 - Reduction in Dental Caries

Theme 4 - Improving Outcomes in Population Health and Healthcare & Addressing Inequalities - continued

Theme 4	Primary Strategic Drivers (noting all schemes have some link to our core strategies)	Priority Programme (Further details on the scope of the work we are undertaken by clicking on the title below)	How we'll deliver		Some of our Key Initiatives	How will we know if we've delivered (our sentinel indicators)
			9 Places	Once across our ICB		
Improving Outcomes in Population Health and Healthcare & Addressing Inequalities		Pillar 3 - Healthcare Inequalities Programme			<p>Personalised Care - increasing the numbers of personal health budgets in line with the targets from NHSE</p>	<p>Over the next 3 years - increase the percentage of PHBs by 16% per year to bring us in line with the current England average</p>
				<p>Delivery of Implementation prevention priorities including the nationally defined Core20PLUS5 clinical priorities</p>	<p>80% of people with hypertension whose blood pressure is below treatment threshold</p> <p>65% of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies by March 2025</p>	
		Pillar 4 - Screening and Immunisation and Vaccinations			<p>Working with NHS England between 2024/26 around supporting improvements and delivery in the commissioning of vaccinations and immunisations through establishing Screening and Immunisation Steering Group. (Delegation is anticipated April 2026)</p>	<p>Increase in the vaccination uptake for children and young people year on year towards WHO recommended levels</p>