NHS
Cheshire and Merseyside

Cheshire and Merseyside Public Engagement Framework 2022/23

Our strategy for involving people and communities in Cheshire and Merseyside

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Foreword

NHS Cheshire and Merseyside is committed to involving people and communities to identify what will help to improve their health and wellbeing, and to work together to shape services.

We are therefore pleased to present our draft Public Engagement Framework as the first step in delivering on that commitment. We will be using the framework to look at locally-available resources to help people improve their health and care, use their skills, and tell us what they want and need.

We are proud that this framework has been co-produced with Healthwatch and local voluntary community, faith and social enterprise (VCFSE) sector partners.

We want to continue that relationship and engage with the public and our partners to seek their views on this framework and help further shape our approach at Cheshire and Merseyside at a system-level across our nine Places, and in our neighbourhoods.

Healthwatch, the VCFSE sector, our councils, hospitals and other partners already have well-established ways of engaging together with people and communities and we need to build on these strengths and assets. We want our approach to be one of evolution, not revolution.

If we are to help reduce inequalities and continuously improve health and care outcomes for all, we must communicate with, and listen to the views and experiences of people and communities in relation to their health and wellbeing.

The publication of this Public Engagement Framework should act as a springboard for our work to develop new engagement mechanisms for NHS Cheshire and Merseyside. Looking ahead, it will be integrated with strategies for communications, equality, diversity, and inclusion, and will be underpinned by detailed action plans at Cheshire and Merseyside system-level, at Place and in our neighbourhoods.

Raj Jain
Chair

Graham Urwin
Chief Executive

1. Context and introduction

1.1 Purpose

The purpose of our Public Engagement Framework is to describe NHS Cheshire and Merseyside's ambition to empower people and communities. It also outlines how our engagement will help us to further tackle the inequalities in our area.

The draft framework has been co-produced with local Healthwatch and voluntary, community, faith and social enterprise (VCFSE) sector organisations across Cheshire and Merseyside.

Public engagement will be undertaken to further design our approach, specific engagement mechanisms, and an action plan, following the national consultation and publication of statutory guidance in July 2022.

We will undertake an Equality Impact Assessment on our framework to ensure that we are paying due regard to the Public Sector Equality Duty, that our processes are fair, and do not present barriers to involvement or disadvantage any protected group. Our impact assessment will also cover health inequalities.

This framework sets out how NHS Cheshire and Merseyside, as a statutory organisation, will involve people and communities. Whilst the framework and the subsequent action plan will be underpinned by partnership working, at system-level and in Place, it is not intended to be prescriptive or a mandate for how involvement is undertaken locally.

1.2 Language

In this framework, we talk about 'involving' and 'empowering' people and communities. We use these phrases to cover a variety of approaches such as engagement, participation, co-production, and consultation. These terms often overlap and mean different things to different people and sometimes have a technical or legal definition too.

By 'people', we mean everyone of all ages, their representatives, relatives, and unpaid carers. This is inclusive of whether they use or access health and care services and support. 'Communities' are groups of people that are interconnected, by where they live, how they identify or their shared interests.

'Community-centred approaches' recognise that many of the factors that create health and wellbeing are at a community level, including social connections, having a voice in local decisions, and addressing health inequalities.

By 'empowering', we mean that people and communities are able to use and share their knowledge, skills and experience to improve access and outcomes.

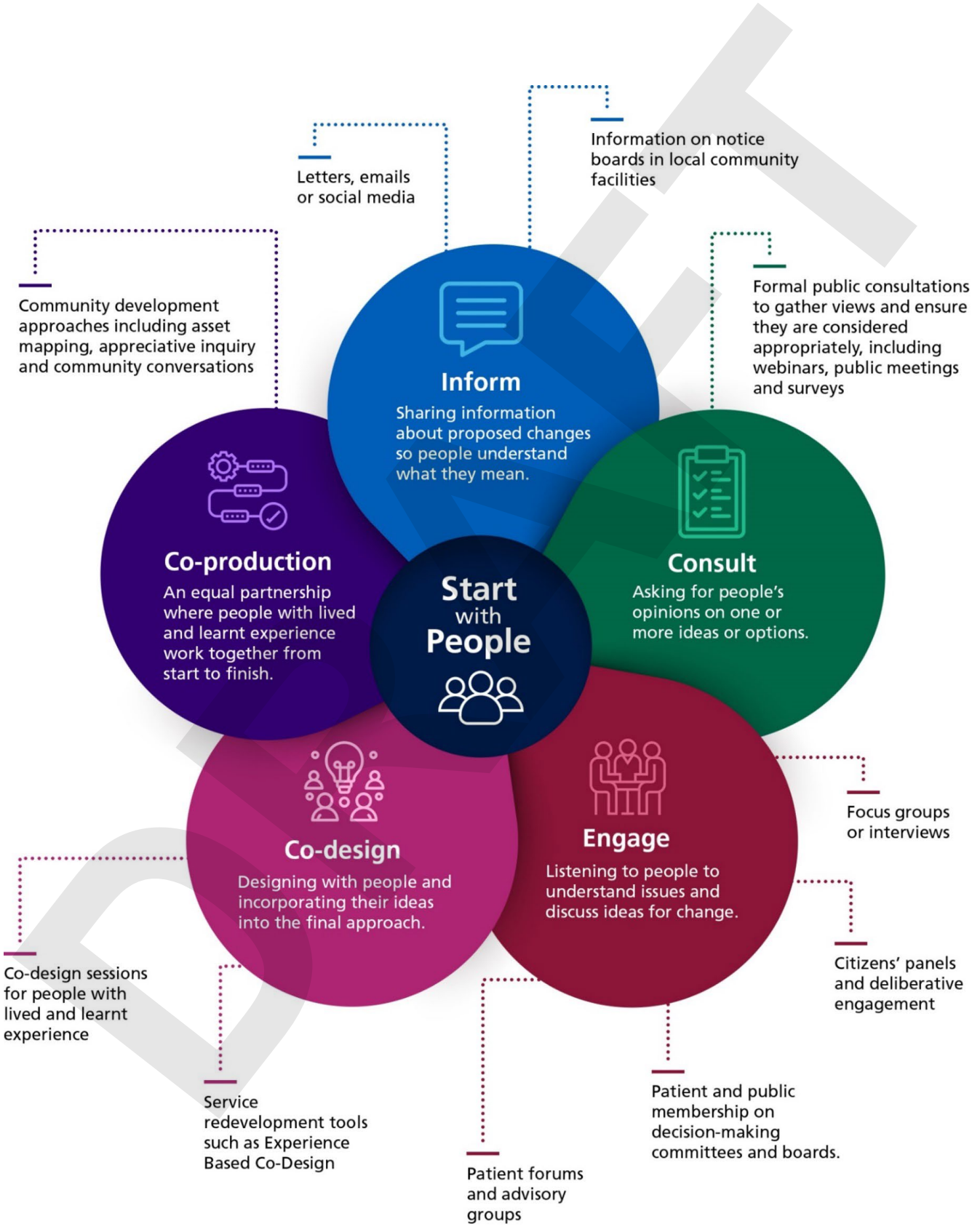
'Co-production' is a way to involve people by sharing power with them. **The Coalition for Personalised Care** defines co-production as:

'a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation.'

The guiding principle is that people with 'specific lived experience' are often best placed to advise on what support and services will make a positive difference to their lives. When done well, co-production helps to ensure discussions are honest, reflective, and that they maintain a person-centred perspective.

1.3 Different ways of working

The diagram sets out different ways of working with people and communities:



1.4 Our Integrated Care System (ICS)

Cheshire and Merseyside ICS embodies a new way of working which brings together all the health and care organisations in our area, so they can work more collaboratively and empower the people and communities who live and work here.

Our health and care organisations have already been successfully working in this integrated way, particularly through the COVID-19 pandemic –an Integrated Care System (ICS) is the next step in recognising this success.

Our ICS is responsible for looking after and delivering all the health and care services in the area we cover. We are made up of an Integrated Care Board and an Integrated Care Partnership, working together.

What is our Integrated Care Board (ICB)?

NHS Cheshire and Merseyside ICB holds responsibility for planning NHS services, including those previously planned by NHS clinical commissioning groups (CCGs). As well as our Chair and Chief Executive, membership of the board includes 'partner' members drawn from local authorities, NHS trusts and general practice.

The ICB will ensure that services are in place to deliver the Integrated Care Strategy developed by the Integrated Care Partnership (ICP). NHS Cheshire and Merseyside ICB was created as a statutory organisation on 1 July 2022.

What is our Integrated Care Partnership (ICP)?

Cheshire and Merseyside Health and Care Partnership (the ICP) is a statutory committee made up of partners from across the local area, including Healthwatch, VCFSE sector organisations and independent healthcare providers, as well as representatives from the ICB.

One of the key roles of the partnership is to assess the health, public health and social care needs of people living and working in Cheshire and Merseyside and to produce a strategy to address them. This, in turn, will direct the ICB's planning of health services and local authorities' planning of social care services.

The ICP will work in partnership with Cheshire and Merseyside Public Health Collaborative (Champs) and the nine Directors of Public Health to develop strategies that improve public health, reduce health inequalities and ensure the health and care system across Cheshire and Merseyside is sustainable.

The ICP have a responsibility to improve the health and wellbeing of our population. We will do this by:

- coordinating plans to make sure our services continue to meet everyone's needs
- joining up services to provide better care, closer to home
- ensuring all our partners across Cheshire and Merseyside focus on addressing the causes of poor health, as well as improving diagnosis and treatment.

Members of the ICB and ICP will listen to, and represent the views of the people and communities we serve. This framework marks the start of a conversation about how we connect with our population and the different needs within it.

Local Healthwatch and VCFSE sector organisations are our key partners. They have used their expertise in representing and advocating for people and communities to co-produce this framework.

We will continue to work together to develop the best arrangements for people to share their views and get involved in decisions that affect their wellbeing, health, and care.

Provider Collaboratives

There are two Provider Collaboratives for Cheshire and Merseyside:

- The Cheshire and Merseyside Acute and Specialist Trusts (CMAST)
- Mental Health, Community, Learning Disability Collaborative (MHLDSC).

Both have agreed specific objectives with the ICB that will help deliver Cheshire and Merseyside's strategic priorities. The two Provider Collaboratives are also committed to working together to support the delivery of benefits of scale and mutual aid across multiple Places or systems.

Place-Based Partnerships

Our Integrated Care Board will arrange for some of its functions to be delivered, and decisions about NHS funding to be made in the region's nine Places – through wider Place-Based Partnerships.

The ICB will remain accountable for NHS resources deployed Place-level. The ICB is represented by designated Place Directors within local Place-Based Partnerships.

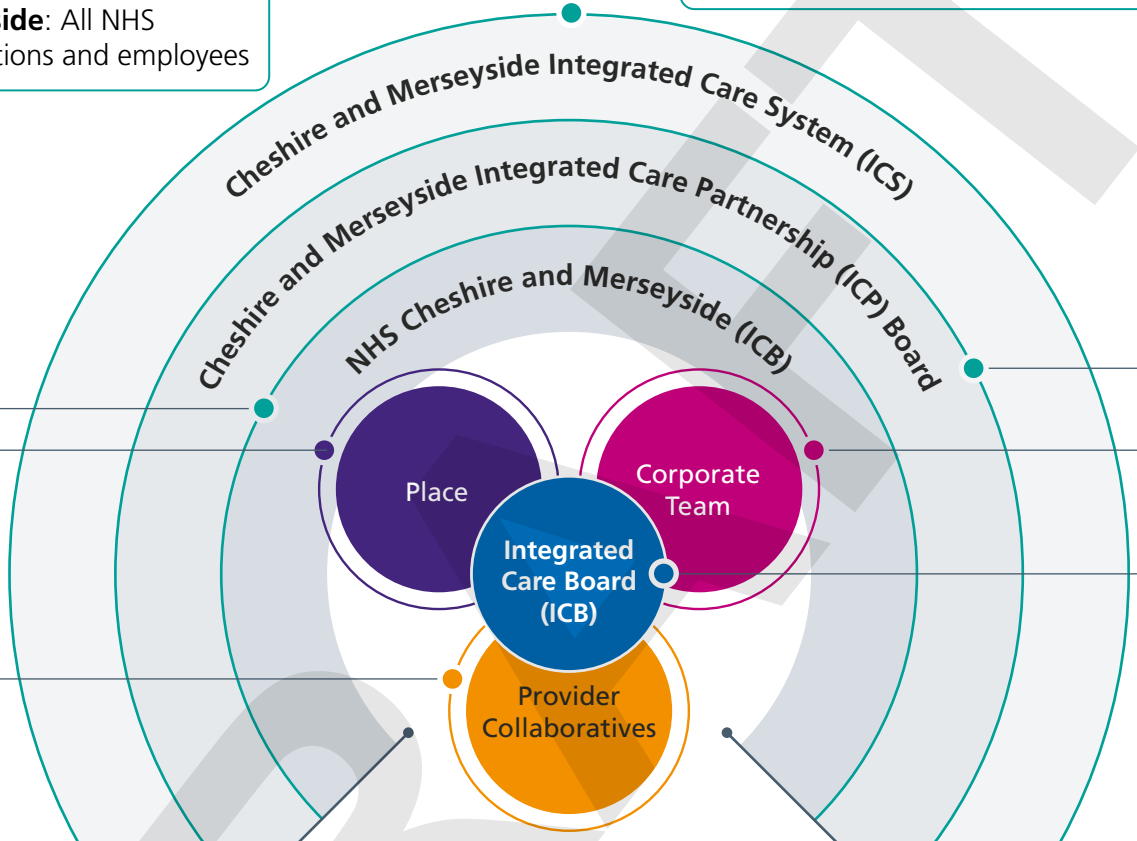
Health and Wellbeing Boards (HWBs) will continue to develop the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy, which both the ICP and ICB will give due regard.

Our new integrated care structure

ICS: The **entire** health and care system for Cheshire and Merseyside

NHS NHS Cheshire and Merseyside: All NHS organisations and employees

ICP: The **Board** that brings together **Local Authorities** with the **local NHS** and **Voluntary Sector** to produce an Integrated Care Strategy to meet the health and wellbeing needs of the population



ICS PURPOSE

- Improve outcomes
- Enhance productivity and value for money
- Tackle inequalities
- Support broader social and economic development

9 Places across C&M
Partnerships of NHS, Local Authority and voluntary sector organisations

Providers working together
Two Provider Collaboratives
Primary Care Forum

The Statutory NHS Board
Oversees the NHS budget in Cheshire and Merseyside

The ICB Executive Team that supports the ICB

1.5 About our population

Cheshire and Merseyside is home to **2.7 million people across our nine 'Places'**. Halton is the smallest Place in Cheshire and Merseyside, with a population of 129,000 – compared with Liverpool which has a population of approximately 500,000.

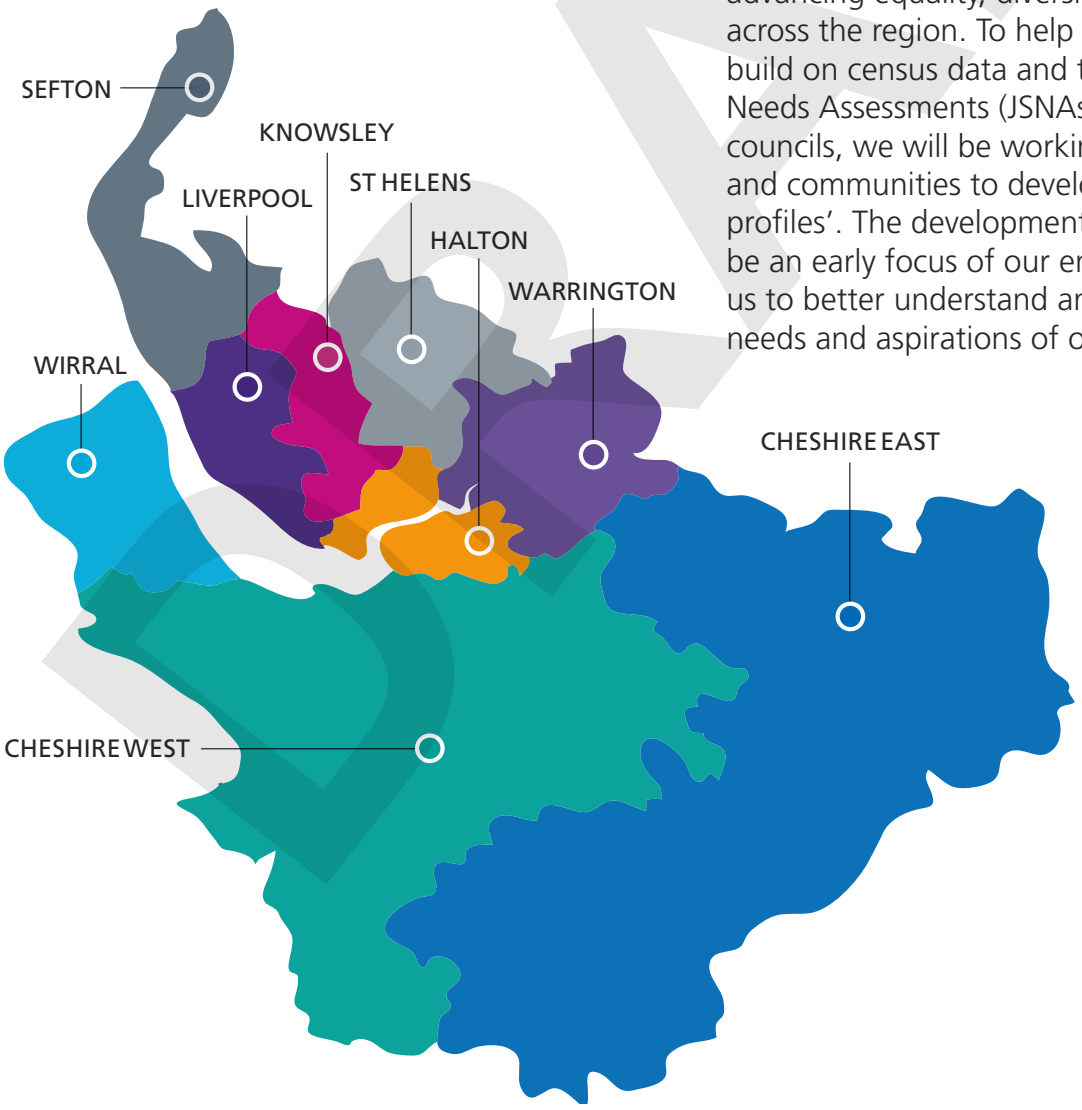
Compared to the England average, the region currently has higher rates of premature cancer, cardiovascular disease (CVD) and respiratory deaths.

One third of our population live in the most deprived 20% of neighbourhoods in England. One in four people in Liverpool and Knowsley live in poverty. Even within the wealthier areas in the region, there is substantial deprivation and associated poor health – while 31% of neighbourhoods in Cheshire West and Chester are in the top two income deciles, compared to an England average of 20%, 16% of neighbourhoods in Cheshire West and Chester are in the lowest income deciles.

Whilst levels of deprivation are not as high in Cheshire, there are stark pockets of deprivation and health outcomes for some long-term conditions, while alcohol misuse and self-harm are worse than the England average.

Demand for health and care services across the region is high and growing. With demand outstripping available resources, we must work together to place emphasis on prevention and the promotion of positive health and wellbeing

All system partners are fully committed to advancing equality, diversity and inclusion across the region. To help us do that and build on census data and the Joint Strategic Needs Assessments (JSNAs) produced by our councils, we will be working with people and communities to develop detailed 'Place profiles'. The development of these profiles will be an early focus of our engagement and help us to better understand and respond to the needs and aspirations of our population.



2. Key principles

2.1 The 10 principles

There are 10 key principles that will guide how we work with people and communities in Cheshire and Merseyside. These principles have been developed through national consultation, but we want to make sure they resonate with local people as part of a wider conversation about our Public Engagement Framework.

Alongside our partners from local Healthwatch and VCFSE sector organisations, we will continue to test these principles with people and communities in Cheshire and Merseyside and adapt them for local use – based on the feedback we receive.

As Cheshire and Merseyside is a very large and complex system, there can be no 'one size fits all' approach within our system, Places and neighbourhoods. These principles will help our health and care organisations develop ways of working with people and communities – depending on local circumstances and population health needs. They should be applied throughout Cheshire and Merseyside, whether activity takes place within neighbourhoods, in Places, or at system-level.

It is important to reflect that whilst the principles are shown and described separately, they are interlinked and all together will encourage collaboration.


10
principles for working with people and communities
01
Centre decision-making and governance around the voices of people and communities.
02
Involve people and communities at every stage and feed back to them about how it has influenced activities and decisions.
03
Understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working.
04
Build relationships based on trust, especially with marginalised groups and those affected by health inequalities.
05
Work with Healthwatch and the voluntary, community and social enterprise sector.
06
Provide clear and accessible public information.
07
Use community-centred approaches that empower people and communities, making connections to what works already.
08
Have a range of ways for people and communities to take part in health and care services
09
Tackle system priorities and service reconfiguration in partnership with people and communities.
10
Learn from what works and build on the assets of all health and care partners – networks, relationships and activity in local places.

2.2 Turning the principles into action

Our Public Engagement Framework will be used in our work with system partners to develop plans in 2022/23 that turn the principles into action.

1. Centre decision-making and governance around the voices of people and communities

- Build the voices of people and communities into governance structures so that people are part of the decision-making processes
- Recognise the collective responsibility at board level for upholding legal duties, bringing in lay perspectives but avoiding creating isolated, independent voices
- Make sure that boards and communities are assured that appropriate involvement with relevant groups has taken place (including those facing the worst health inequalities); and that this has an impact on decisions
- Ensure that effective involvement is taking place at the appropriate level, including system, Place and neighbourhood, and that there is a consistency and coordination of approaches
- Support people with the skills, knowledge and confidence to contribute effectively to decision-making and governance
- Make sure that senior leaders set an example for inclusive and collaborative ways of working.

2. Involve people and communities at every stage and feed back to them about how it has influenced activities and decisions

- Take time to plan and budget for participation; recognising that engagement and co-production needs time and resources
- Start involving people as early as possible so that it informs options for change and subsequent decision-making
- Involve people and communities on a continual basis, embed relationships, rather than taking a stop-start approach when decisions are required. As a result, there will be much greater, ongoing awareness of the issues, barriers, assets and opportunities
- Be clear about the opportunity to influence decisions, what taking part in decision-making can achieve, and what is out of scope
- Vary the voices, record and celebrate people's contributions and give feedback on the results of involvement – including changes, decisions made and what has not changed and why
- Keep people informed of changes that take place sometime after their involvement and maintain two-way dialogue so people are kept updated and can continue to contribute
- Take time to understand what works and what could be improved
- Value and appreciate people's contributions.

3. Understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if changes are working

- Use data about the experiences and aspirations of people who use (and do not use) health services, care and support and have clear approaches to using this information and insight to inform decision-making and quality governance
- Work with what is already known by partner organisations, from national and local data sources, and from previous engagement activities including those related to the wider determinants of health
- Share data with communities and seek their insight about what lies behind the trends and findings. Their narrative can help inform about the solutions to the problems that the data identifies
- Understand what other engagement might be taking place on a related topic and take partnership approaches where possible, benefiting from combined assets and avoiding 'consultation fatigue' amongst communities by working together in an ongoing dialogue that is not limited by organisational boundaries
- Build on existing networks, forums and community activities to reach out to people rather than expecting them to come to us. Be curious and eager to listen; don't assume we know what people will say or what matters to them.

4. Build relationships based on trust, especially with marginalised groups and those affected by inequalities

- Proactively seek participation from people who experience health inequalities and poor health outcomes – connecting with trusted community leaders, organisations and networks to support this
- Consider how to include people who do not use services, whether because they do not meet their needs or are inaccessible, and reach out to build trust and conversations about what really matters to them
- Recognise and engage with our partners who have trusted relationships with our population – like community health staff and the Fire Service
- Work with people and communities from the outset, taking time to build trust, listen and understand what their priorities are being realistic about what is in scope and where they can set the agenda for change
- Tailor our approach to engagement to include people in accessible and inclusive ways so we include those who have not taken part before
- Recognise that some communities will not feel comfortable discussing their issues and needs in wider meetings, so may need separate, targeted activities. They may need additional support to take part including reimbursements for their time
- When reporting on engagement activity, explain the needs and solutions for different communities rather than simply aggregating all data and feedback together.

5. Work with Healthwatch and the voluntary, community, faith and social enterprise sector as key partners

- Continue to strengthen our partnership with Healthwatch and the VCFSE sector to bring their knowledge and reach into local communities. Work with them to facilitate involvement from different groups and develop engagement activities
- Recognise the added value that VCFSE can bring by coordinating and engaging with networks and communities that are seldom-heard
- Understand the various types of VCFSE sector organisations in our area, their different features and how we can connect with them
- Value the qualitative work of VCFSE and Healthwatch, and the stories they tell from direct engagement with communities and give equal value to this alongside quantitative data
- Give due consideration to who is commissioned to support engagement activity
- When we commission other organisations to work with communities, ensure that our decision-makers remain personally involved and hear directly what people have to say
- Consider how we use, support and reward volunteers across the system.

6. Provide clear and accessible public information

- Develop information about plans that is easy to understand, recognising that everyone has different needs and testing information where possible
- Where Easy Read documents are required, they should be prepared at the same time as other materials
- Providers of NHS care must meet their requirements under the **Accessible Information Standard** for the information and communication needs of people in their own care.
- These principles should also be applied to public information so that is clear and easy to understand
- Be open and transparent in the way we work, being clear about where decisions are made and the evidence base that informs them, along with resource limitations and other relevant constraints
- Where information must be kept confidential, explain why
- Make sure we describe how communities' priorities can influence decision-making, how people's views are considered, and that we regularly feedback to those who shared their views and others about the impact this has made
- Provide feedback in an inclusive and accessible way that suits how people want or can receive it
- Be aware of using public sector terminology, which is alien to many people and communities
- Make sure information on opportunities to get involved is clear and accessible and encourage a wide range of people to take part
- Ensure that there is information that 'closes the loop', and they are kept informed on how engagement has influenced change.

7. Use community-centred approaches that involve people and communities, building on what works already

- Support and develop existing community assets, such as activities and venues which already bring people together such as faith communities, schools, community centres, employers and local businesses, public spaces and community-centred services like link workers, community champions and peer support volunteers
- Build trust and meaningful relationships in a way that makes people feel comfortable sharing ideas about opportunities, solutions and barriers
- Work with communities to design, deliver and evaluate solutions that are built around existing community infrastructure
- Recognise existing volunteering and social action that supports health and wellbeing and create the sustainable conditions for them to grow
- Share best practice from across the system to support local approaches.

8. Have a range of ways for people and communities to take part in health and care services

- Choose a method of working with people and communities that is appropriate to specific circumstances, ensuring it is relevant, fair and proportionate
- Use methods that are suitable to the situation and blended methods where appropriate
- Design engagement activities to take place at a time and in a way that encourages participation, and consider the support people may need to take part, such as reimbursements for their time
- Recognise that people are busy and have other priorities such as work and caring responsibilities and ensure that there are different ways to get involved with varying levels of commitment
- Include approaches such as co-production, where professionals share power and have an equal partnership with people to plan, design and evaluate together
- Where decisions are genuinely co-produced, then people with specific lived experience work as equal partners alongside health and care professionals (those with learnt experience), and jointly agree issues and develop solutions
- Recognise the time and resource that co-production takes and plan accordingly
- We will ensure that engagement reaches beyond the hours of 9am to 5pm, Monday to Friday. We will also ensure there is a fair mix of face-to-face and online formats.

9. Tackle system priorities and service reconfiguration in partnership with people and communities

- People who use health and care services have knowledge and experience that can be used to improve services with cost-effective and sustainable ideas
- Embracing these ideas can lead to changes that better meet the needs of the local population
- Communities often have longer memories than our staff who may change roles and move therefore understanding the changes experienced by local communities helps to learn and build trust with people
- When people better understand the need for change, and have been involved in developing the options, they are more likely to advocate the positive outcomes and involve others in the process.

10. Learn from what works and build on the assets of all health and care partners – networks, relationships and activity in local places

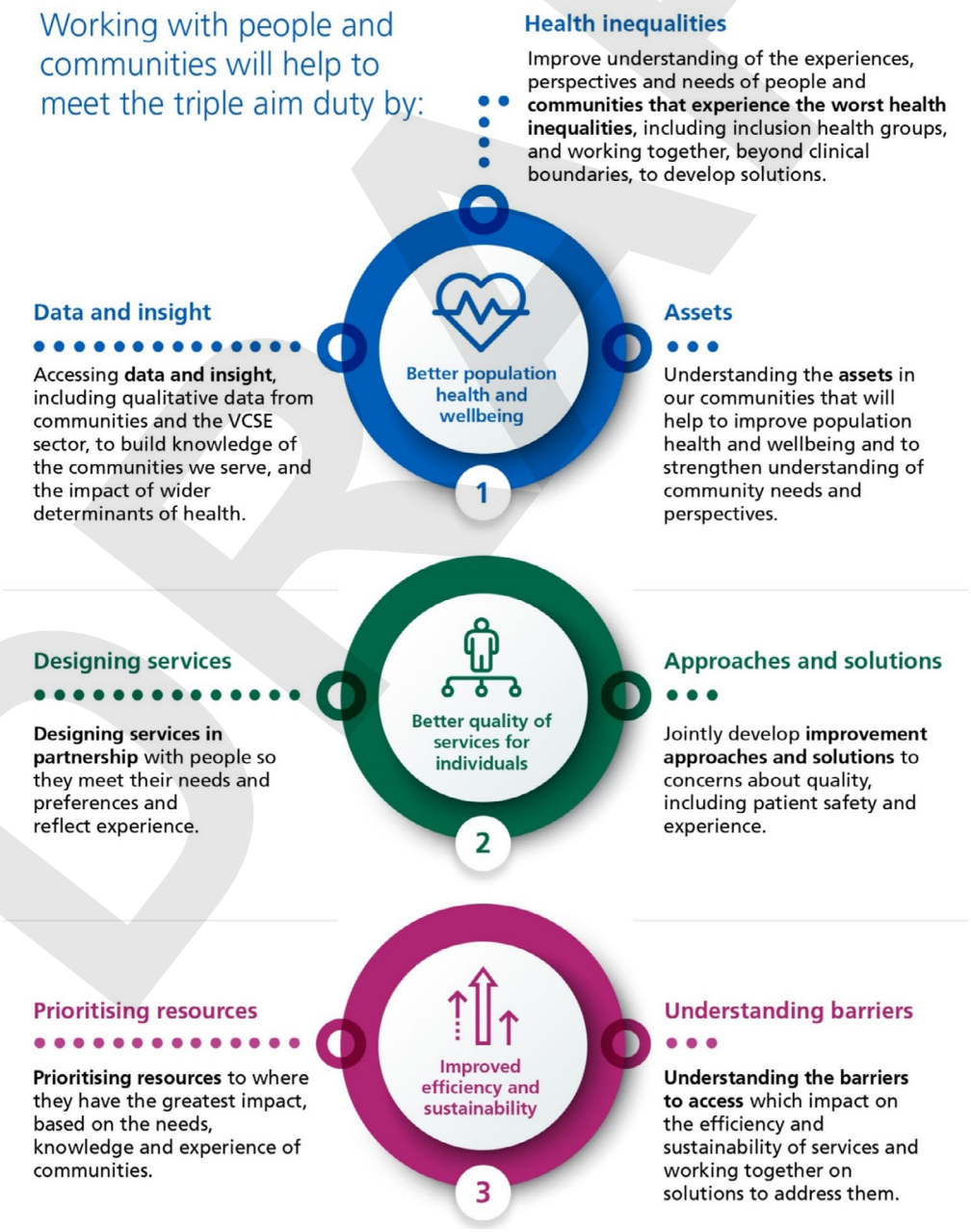
- Collaborate with partners across our system to build on their skills, knowledge, connections and networks
- Reduce duplication by understanding what is already known and what has already been asked, before designing the approach to engagement
- Learn from approaches taken elsewhere in the country and how they can be adapted and applied locally
- Plan together across Places so that partnership work with people and communities is coordinated, making the most of partners' skills, experiences and networks
- It is also important to learn lessons from what hasn't worked and learn from complaints, concerns and incidents.

3. The triple aim duty

NHS England, ICBs, NHS trusts and NHS foundation trusts are subject to the new 'triple aim' duty in the Health and Care Act 2022 (sections 13NA, 14Z43, 26A and 63A respectively). This requires these bodies to have regard to 'all likely effects' of their decisions in relation to three areas:

1. Health and wellbeing and its effects in relation to health inequalities
2. Quality of health services for all individuals, including the effects of inequalities in relation to the benefits obtained from those services
3. The sustainable use of NHS resources.

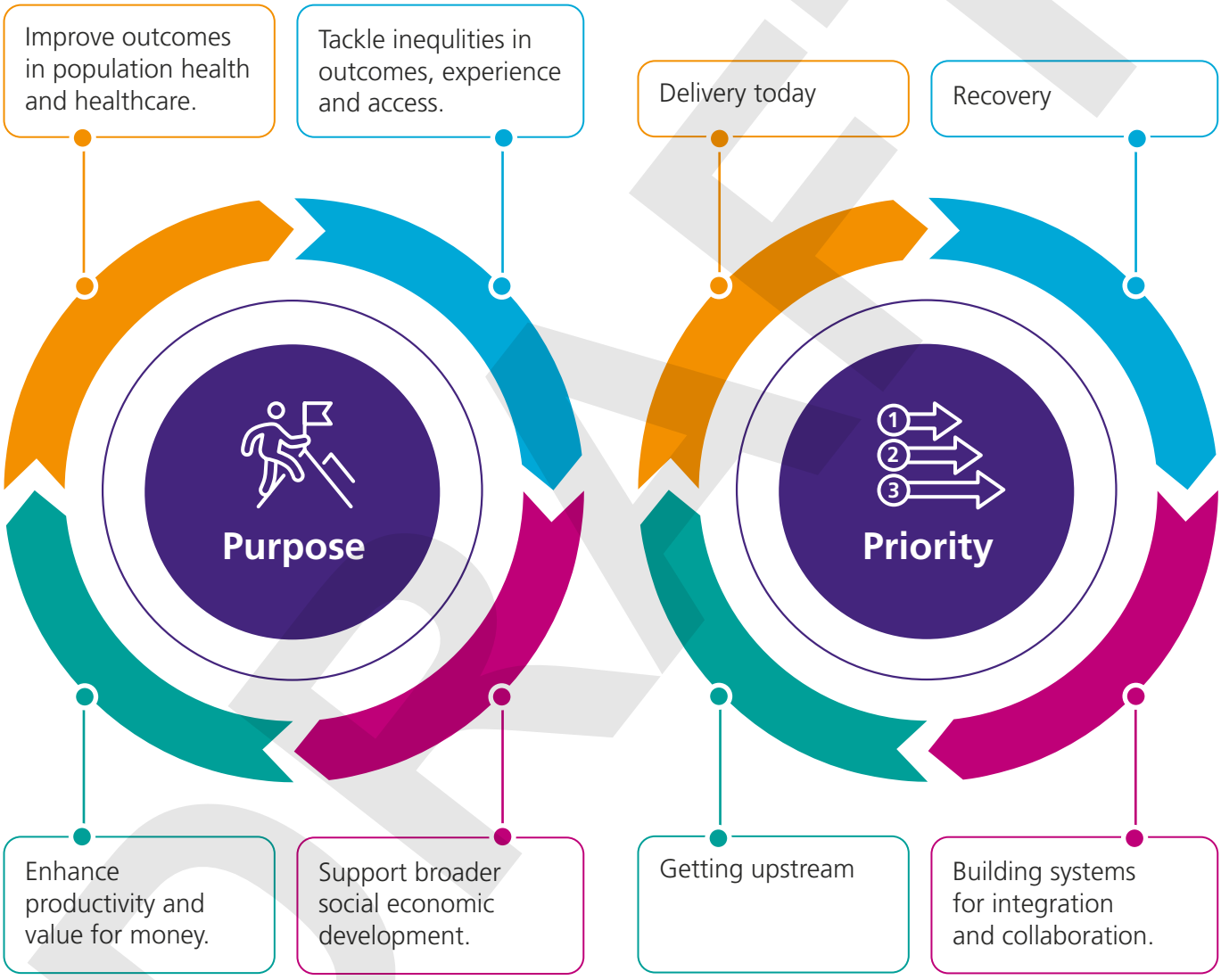
Effective working with people and communities is essential to deliver the triple aim, as shown in the diagram below:



4. Priorities for 2022/23

4.1 System priorities

All ICSs have four core purposes. In Cheshire and Merseyside, we have also set out our shorter-term priorities:



Improve population health and healthcare

- Reduce deaths from cardiovascular disease, suicide and domestic abuse
- Reduce levels of obesity
- Reduce harm from alcohol
- Provide high-quality, safe services
- Provide support to all those experiencing 'long COVID'
- Provide integrated, high-quality, mental health and wellbeing services for all people requiring support from low levels of intervention to crisis management and inpatient care
- Underpin improvements in health and healthcare with Research and Innovation by supporting collaboration between Cheshire and Merseyside academic partners, and making them a key part of our Health and Care Partnership (ICP).

Tackling unequal outcomes and access

- Reduce the life expectancy gap in the most deprived communities, in children and those with mental health conditions and help people live extra years in good health
- Improve early diagnosis, treatment and outcome rates for cancer
- Improve waiting times for children and adult mental health services
- Target those with chronic diseases so they access services – especially those in our most deprived areas
- Reduce the impact of poor health and deprivation on educational achievement.

Enhancing productivity and value for money

- Prioritise making resources available to prevention and wellbeing 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
- Secure value for money
- Develop a whole system Estates Strategy.

Support broader social and economic development

- Embed a commitment to social value in all our partner organisations
- Establish the 'Anchor Institution' in Cheshire and Merseyside, offering significant employment opportunities for local people
- ICS will be involved in regional initiatives to develop economy and support communities in Cheshire and Merseyside
- Develop a programme in schools to support mental wellbeing of young people
- Develop a programme in schools to help inspire careers in health and social care
- Work with local economic partnerships (LEPs) to connect ICS partners with business and enterprise.

4.2 Our programmes

There are several system-wide programmes that will help us to meet our priorities. The involvement of people and communities in our programmes is essential to help us improve wellbeing, provide better services and design smoother care pathways.

Programme	Summary
Ageing Well	Urgent community response, enhanced health in care homes and helping people with complex needs to stay healthy.
Beyond Programme (children and young people)	Healthy weight, emotional wellbeing, respiratory health, and care for people with a learning disability and autism.
Cardiac Board	Initiatives focussed on prevention and early intervention, population health and creating stable services.
Diagnostics	Includes all diagnostic tests including, pathology, imaging, endoscopy, screening programmes, cardio and respiratory, neurophysiology and more.
Digital	Tackling digital exclusion, driving integration of care records and population health management, systems to support transformation – including remote monitoring, digital primary care and digital social care, cyber security and service recovery plans to improve treatment times.
Elective Recovery	Reducing waiting lists, restoring services to pre-COVID levels, and embedding sustainable services.
Medicines and Pharmacy	Reducing unwanted variation and creating equitable service provision across Cheshire and Merseyside.
Mental Health	Community mental health, crisis care, psychological therapies, maternal and perinatal mental health, support for our workforce.
Neuroscience	Building on new clinical pathways and increasing the range of services to improve population health.
Population Health	Improving population health and healthcare, tackling health inequalities, and improving outcomes and access to services.
Women's Health and Maternity	Transforming and improving support for women's health, improving wellbeing, life chances and outcomes for women and babies.
Diabetes	Improving treatment targets, multi-disciplinary footcare teams in all Places, specialist nursing and flash glucose monitoring.
Palliative and End of Life Care	For adults, children and young people to live well, before dying in peace and with dignity in the place they would like to die – supported by the people important to them.
Respiratory	Quality assured diagnostic spirometry, pulmonary rehabilitation and psychological support to manage respiratory disease.
Stroke	Reducing the number of strokes in Cheshire and Merseyside by focusing on prevention, reducing health inequalities, improving access and enabling community rehabilitation.

Case studies – Involvement in the Digital Programme

The Cheshire and Merseyside Health and Care Partnership's Digital Programme is working on updating its **Digital Strategy 2018-23**, with a Digital and Data Strategy that better supports recent policy context (as set out in **What Good Looks Like** and **Data Saves Lives)**, and the massive acceleration of digital transformation accelerated by COVID-19.

As part of this piece of work, several engagement exercises are being undertaken with members of the public and health and care professionals living and working in Cheshire and Merseyside. These will help to ensure that the strategy helps to digitally empower the diverse population we serve to take control of their own health and wellbeing. The Digital Programme also enables our health and care workforce to deliver safer, more effective, and efficient care to their patients.

To help illustrate the breadth and depth of this engagement work, the following two case studies have been included to highlight exercises we've started, and how they'll shape our work moving forward.

Digital Inclusion Heatmap and Insight Project

The COVID-19 pandemic has exacerbated inequalities within society – including the digital divide. This was at a time when having full access to computers and the internet could not be more important in allowing people to access online health and care services.

Furthermore, digitally-excluded people (such as older people, financially disadvantaged people and disabled people) – who may be unable to get online due to factors such as access, confidence, motivation, and skills – are some of the heaviest users of health and care services.

To enable better targeting of interventions to support digitally-excluded people across Cheshire and Merseyside, our Digital Inclusion programme has commissioned the development of a 'Digital Inclusion Heatmap for Cheshire and Merseyside'.

Heatmap is a tool that uses data sets supplied by primary care, social care and local authority partners to provide an up-to-date snapshot (that can be updated over time) of digital inclusion initiatives and resources available across the nine local authority areas or 'Places' in Cheshire and Merseyside.

A focused piece of insight is being undertaken to gather attitudes of digitally-excluded people and the barriers and issues that they face when it comes to accessing health and care online – with a specific focus on the NHS App.

Multiple methods are being used, including focus groups, in-depth surveys, community outreach, and engagement with local businesses, to ensure the views of a wide range of people both living and working in Cheshire and Merseyside are captured.

It is hoped that Heatmap and insight work will provide us with a broader understanding of the barriers faced by digitally-excluded people in our area across a variety of settings, when trying to access digital equipment, data, and skills.

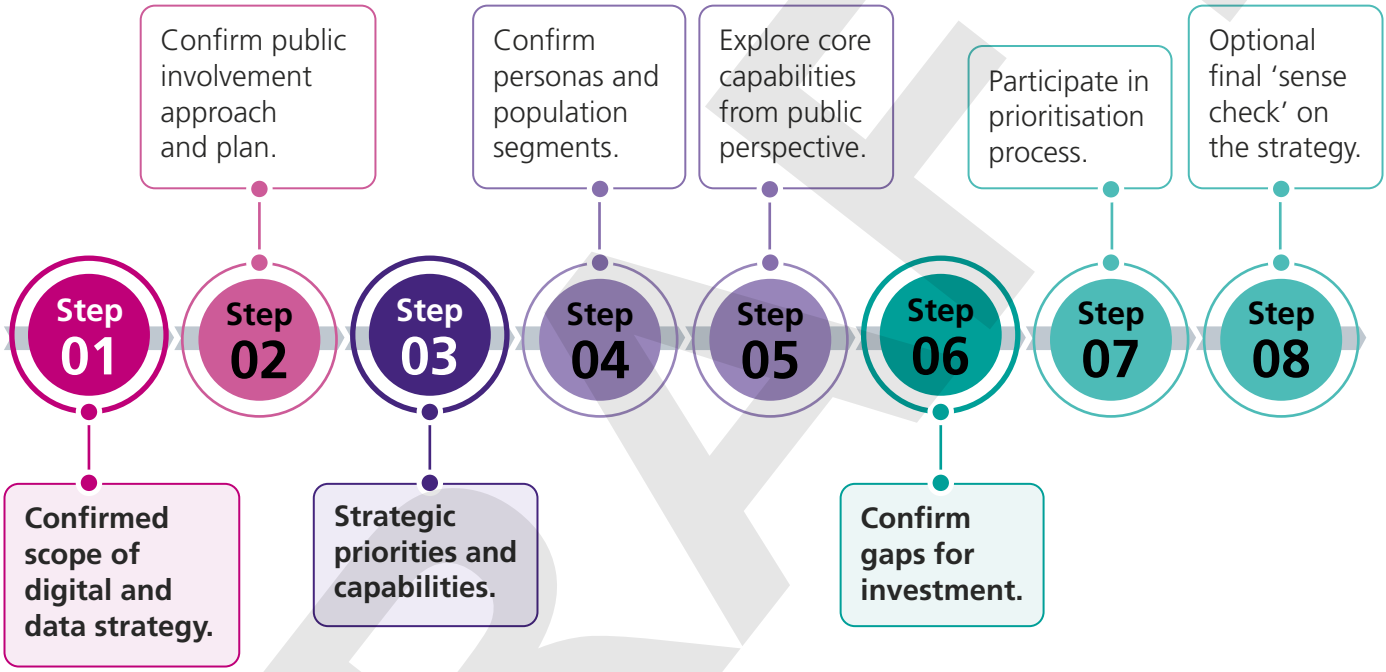
Our aim is to ensure that everyone who is unable to access and engage digitally in Cheshire and Merseyside has the opportunity (as far as possible) to do so or are provided with an alternative solution. This avoids people being left behind as we move towards a 'digital first' culture.

Public Involvement Panels

In order to create a person-centred digital programme we are co-producing our strategy. We have identified several 'touchpoints' where public involvement is helping to test our proposals for digital architecture and systems that span Cheshire and Merseyside.

These touchpoints are shown below as solid circles in the strategy development timeline:

ICS Digital and data strategy development phases and public involvement milestones



The deliberative method we are using incudes 'online group work involving Public Advisers from the National Institute for Health and Care Research (NIHR) and Applied Research Collaboration (ARC) Northwest Coast. Advisers are drawn from across Cheshire and Merseyside to represent diverse communities from our area. They have received training and support from the ARC to participate in this activity.

For children and young people, we are partnering with Youth Federation to involve young people in online events. We have also run an online session with Alder Hey Hospital's Children and Young People's Forum.

These initial events focussed on testing population segments or 'personas', which we created for the purposes of the strategy. Our next events will focus on the core capabilities to be commissioned by ICS digital to ensure these meet the aspirations of the personas.

5. Advancing equality

5.1 Health inequalities

Health inequalities are the unjust and avoidable differences in people's health across the population and between specific population groups. Tackling the causes and consequences of health inequalities is a central priority for the Cheshire and Merseyside ICS. This is also helping to ensure we met the new triple aim duty.

One of the key priorities of our Public Engagement Framework is to build relationships with excluded groups – especially those who are affected by inequalities – so that we can understand and meet their needs and aspirations for wellbeing, health, and care.

Our work will build on the **CORE20PLUS5** approach – a national framework that helps define the population groups in each system experiencing health inequalities. Hearing their experiences and understanding the barriers these groups face in accessing care and treatment is an important part of addressing unequal access to services.

Citizens' Panel

A Citizens' Panel is a large, demographically-representative group of citizens regularly used to assess public preferences and opinions. It aims to be a consultative body of citizens and is typically used by statutory agencies to identify local priorities and to consult members of the public (some of whom may use services) on specific issues.

NHS Cheshire and Merseyside's Citizens' Panel is at an early stage of development and will be 'testing' various approaches to elicit citizens' feedback with the aim of recruiting a sample of up to 1,000 people living and working in the region.

Reducing health inequalities within the nine Places of Cheshire and Merseyside is a key objective. Therefore, it is important that the Citizens' Panel is a diverse cohort focusing on people and communities most affected by heath inequalities in our cities, towns and villages.

Panellists recruited will be representative of the population of Cheshire and Merseyside and, alongside self-selecting engagement partners from existing forums, will be consulted on system health and care issues. Panellists will also inform decision-making and help to shape engagement approaches.

It's essential that we embed the citizens' voice in the commissioning cycle. This is key to strengthening our ability to demonstrate the impact that people's experiences, insights and aspirations have on our work.

There are already some excellent examples of Healthwatch and local authority partners gathering insights from people and communities in Cheshire and Merseyside.

We want to join-up and build on this work at system level, with a particular emphasis on the people and communities who are most affected by heath inequalities in our cities, towns and villages.

We will work with Healthwatch, the VCFSE sector and local authority partners to support the development our Citizens' Panel, which will seek to better understand the barriers faced by ethnic communities and people affected by poverty, unemployment and housing issues, in order to capture a holistic picture of inequalities and work with people and communities on joined-up solutions.

The social determinants of health (such as local neighbourhoods, access to greenspace, opportunities for being more active and access to healthy food) as well as physical and mental wellbeing are key. As a listening organisation, we want to develop an ongoing discussion with panellists about:

- health and care services
- health and wellbeing issues and their ideas to resolve them
- aspirations for better services and care pathways.

The response to COVID-19 has seen people in Cheshire and Merseyside support family, friends and neighbours including those self-isolating and encouraging vaccine take-up. The learning from this should be transferred to help us meet other challenges that health and care services face by listening to people and working with them to decide what will work best locally.

Health inequalities can be reduced by identifying solutions that are developed in partnership with people using community-centred approaches. Understanding the experiences and perspectives of those who face barriers to care and support, and have different outcomes, will help to develop opportunities for improvement and investment. By building trust and mutual understanding of the full range of our marginalised communities we will start to address unequal access to services and health outcomes.

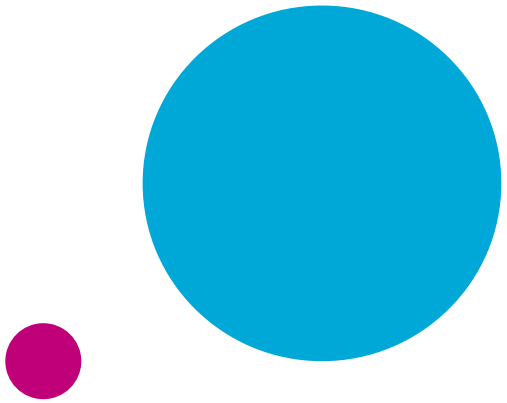
5.2 Equality, Diversity and Inclusion

It is important that we listen, respond to, and make every effort to involve individuals from all protected characteristic groups for example young people, older people, and lesbian, gay, bisexual, transgender, and questioning (LGBTQ) groups. In Cheshire and Merseyside, we celebrate the diversity of our communities.

It is also important that we listen to other underserved groups such as people with specific health conditions, people experiencing homelessness, refugees and asylum seekers, or people living in deprivation and/or rural communities to make sure we reach a diverse range of people to give them the opportunity to share their views.

We will use Equality Impact Assessments to help us understand which groups may need to be specifically targeted for a programme of work. We will be informed by Public Health and their needs assessments and evidence on health inequalities.

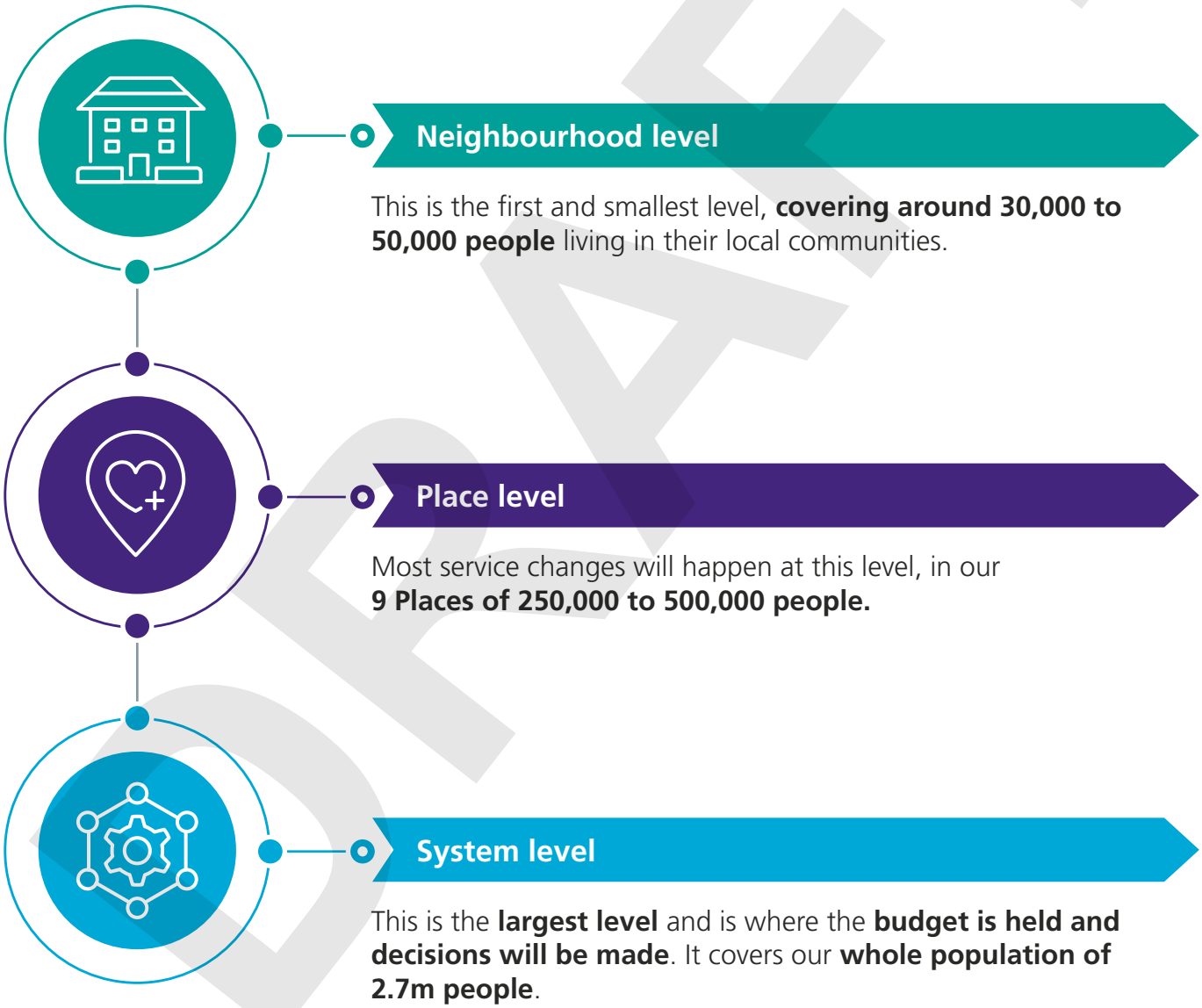
Healthwatch has developed a checklist for assessing the quality of Equality Impact Assessments which can be used to provide the checks and balances to hold the system to account.



6. Involving people and communities

6.1 Levels of engagement

Our Cheshire and Merseyside Public Engagement Framework will support us to work with people and communities at different levels:



Neighbourhood level

This is the first and smallest level, **covering around 30,000 to 50,000 people** living in their local communities.

Place level

Most service changes will happen at this level, in our **9 Places of 250,000 to 500,000 people.**

System level

This is the **largest level** and is where the **budget is held and decisions will be made**. It covers our **whole population of 2.7m people**.

Neighbourhood

At neighbourhood level, our GPs, opticians, dentists and community pharmacists are working together to deliver 'primary care', which is care that takes place outside of a hospital setting. They work together in your local area to form a Primary Care Network (PCN). All doctors and primary care professionals are part of one of these networks so they can work with people and communities to shape and improve local services.

Nine Places

Our Places are the areas covered by our nine local authorities and include several neighbourhoods. This is where most health and care services are delivered, including hospital care.

There are Place-based partnerships, where local hospitals, care providers, local councils, doctors, Healthwatch and the VCFSE sector are coming together to discuss key health and care issues with local people and communities.

Cheshire and Merseyside 'System'

Our Cheshire and Merseyside Integrated Care System, which is responsible for running health and care services, is made up of two key bodies:

Integrated Care Partnership (ICP)

This links in with all the wider partners - including Healthwatch the VCFSE sector, employment and health - at Place level. Through discussion with people and communities, the partnership will use the information about the local population to create a strategy for helping everyone who lives and works in the system area to live healthily.

Integrated Care Board (ICB)

The ICB oversees the NHS budget and makes sure the services are in place to ensure the strategy becomes a reality on a reality on the ground.

6.2 Using the framework

This framework is not a finished product. It reflects a moment in time, providing our early blueprint for working with people and communities. The longer-term strategy and delivery plan for Cheshire and Merseyside must be co-produced with residents, partners, staff and stakeholders.

Developing our Public Engagement Framework will require us to test approaches, learn and evolve over time. We must challenge ourselves, be flexible and collaborate with people and communities to meet longer-term goals.

Core priorities include developing a culture of co-production and embedding the residents' voice in the way we plan, develop and deliver services.

People and communities have the experience, skills and insight to transform how health and care are designed and delivered. The ambition is for the Cheshire and Merseyside ICS to build positive and enduring relationships with communities to improve services, support and outcomes for people.

This means:

- listening more and broadcasting less
- being flexible and responsive
- ongoing involvement and engagement of people and communities that is iterative and not only done in isolation, when proposing to change services
- focussing on what matters to communities, including people from marginalised groups and those who experience the worst health inequalities
- supporting approaches around existing networks, community groups and other Places where people come together
- developing plans and strategies that are fully informed by people and communities
- providing clear feedback about how people's views will lead to improvement, impact and change
- Involving communities to develop their own solutions to improving the health of all.

Working in this way will enable better decisions with people about service changes, and improve operational effectiveness, Care Quality Commission (CQC) inspection outcomes, safety, quality, experience and performance.

It is vital – whether working at a system-level, in one of our Places or local neighbourhoods – that engagement is carefully planned and designed to ensure that partners, people and communities get the best out of our work together.

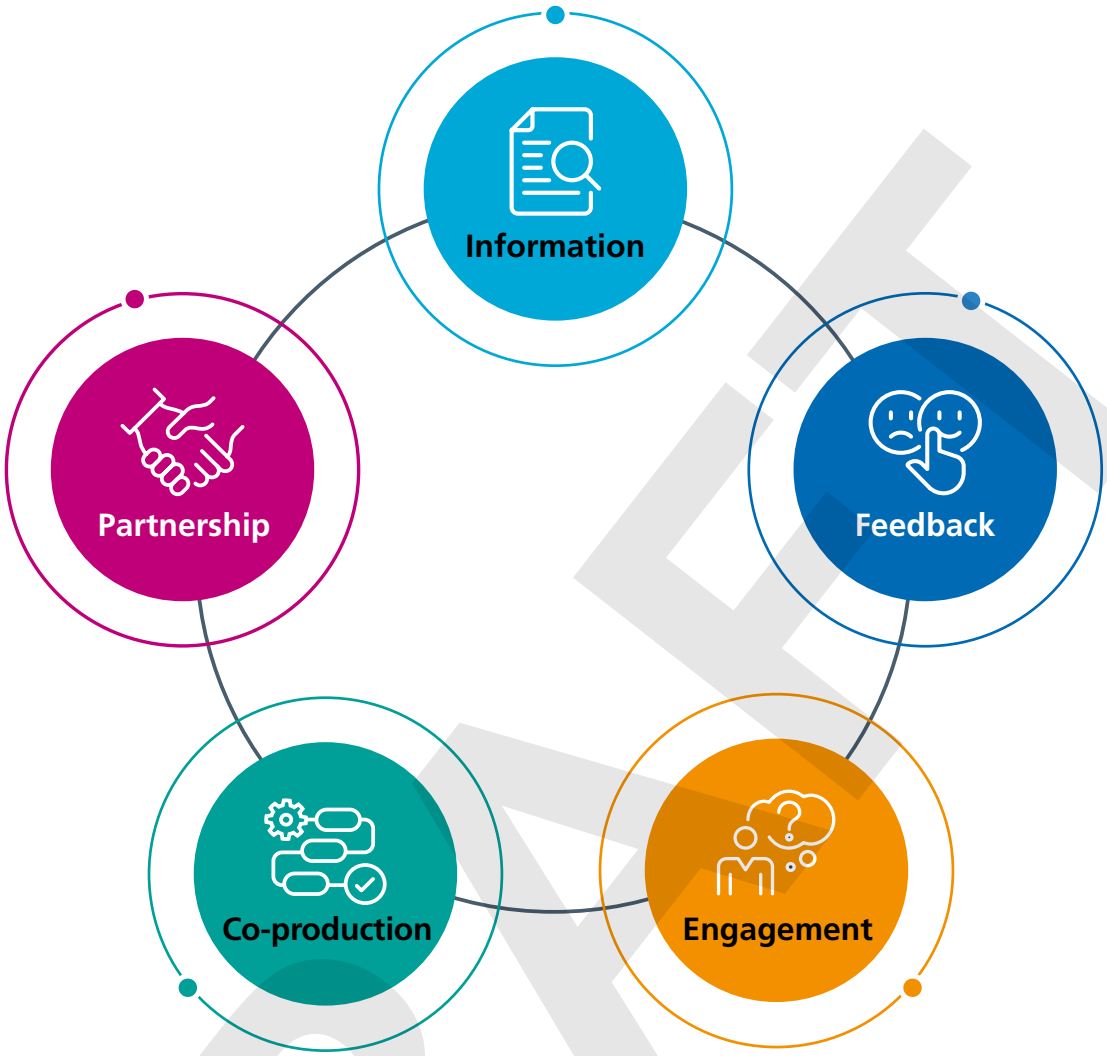
6.3 People's voice

We recognise how important it is for us to be open and transparent about how the feedback we receive informs our planning and decision making. The diagram below simply illustrates the feedback loop that we will use to keep people informed.

To plan, develop and deliver wellbeing, health and care services and support that the people of Cheshire and Merseyside need, we will constantly evaluate feedback from a wide range of sources. We will use the feedback we gather, alongside the quantitative data we collect, to develop a repository of intelligence that we will use to identify actionable insights and ensure people's voice is at the centre of our decision-making.

During the year, we will bring that information together to produce 'Insight and Intelligence' reports at system and in Place. These can be used by our teams to shape programme plans and service change activity.

We will publish these reports to show what we have captured, and we'll also publish details of how feedback has been used and the impact it has had.



6.4 Our approach

1. Reach out to people and ask them how they want to be involved
2. Promote equality and inclusion and encourage and respect different beliefs and opinions
3. Proactively seek the involvement of people who are underserved and who experience health inequalities and poorer health outcomes
4. Value people's specific lived experience and use all the strengths and talents that people bring to the table
5. Provide clear and easy-to-understand information and recognise that everyone has different needs
6. Take time to plan with and involve people as early as possible
7. Be open, honest, and transparent in the way we work – explain decisions, be clear about resource limitations and constraints
8. Where information must be kept confidential, explain why
9. Invest in partnerships, engage in ongoing dialogue and provide information, support, and training to enable leadership from those with specific lived experience
10. Review people's experiences and learn from them to continuously improve how people are involved
11. Recognise, record, and celebrate people's contributions and give feedback on the results of involvement and engagement.

7. Collaboration and partnership working

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

Working collaboratively and in partnership gives us a far greater opportunity to ensure that our services meet people's needs, and that experiences and outcomes can be improved. People and communities have the knowledge, skills, experience and connections to support and improve health and wellbeing.

We want to identify and deliver 'shared outcomes' that meet the needs of communities. This is particularly relevant in the context of population health management and reducing health inequalities. Our health and wellbeing can be affected by many things – housing, unemployment, financial stress, domestic abuse, poverty and lifestyle choices.

Within our partnership Healthwatch, the VCFSE sector, and our local authorities bring vital strengths in working with people and communities – and vast experience of working with people to design and deliver services that meet local needs and build community assets.

In Cheshire and Merseyside, we have very well-established partnerships at a local level, and have had for many years. Our partners work together to improve the health and wellbeing of local people and communities through policies and plans for housing, early years, growth, skills and employment.

Our Integrated Care System puts us in an even better position to respond to these challenges in Cheshire and Merseyside, alongside our local authorities, Healthwatch and the VCFSE sector.

In co-producing our Public Engagement Framework, we have identified a set of principles that will enable us to strengthen our partnership with Healthwatch and the VCFSE sector.

7.1 Working with Healthwatch

What will good look like?

The strength and value of the independent, statutory role of Healthwatch is recognised as fundamental to the planning and delivery of health, care and wellbeing services throughout Cheshire and Merseyside.

'What good will look like' includes:

- Building strong relationships with the local Healthwatch network to help ensure services are shaped around the needs of people and communities
- Partners respecting, valuing and supporting the core duty of Healthwatch to engage with people and communities across all health and care services and the whole 'life-course'
- Acknowledging and benefitting from the unique position Healthwatch holds both outside and inside the wider system, as a voice for people and communities – including those not regularly heard and as a constructive, critical friend with statutory powers

- Working in partnership with Healthwatch to ensure people and communities are able to share their experiences and be involved in service design, planning and delivery, knowing their input is respected, heard and responded to
- Ensuring the statutory functions, activities and duties of Healthwatch are maximised to plan, design and deliver quality services
- Insight and intelligence from Healthwatch reports, and 'Enter and View' programmes of work, regularly being used and referred to for quality planning and assurance of services
- Early inclusion of Healthwatch in designing, planning and delivering engagement activities, ensuring resources and mechanisms are in place to deliver
- Recognising the co-location of local Healthwatch groups within each of the Cheshire and Merseyside Places – their commitment to working collaboratively, and the ability to carry out their role at neighbourhood, Place, system and national-level.

7.2 Working with the VCFSE sector

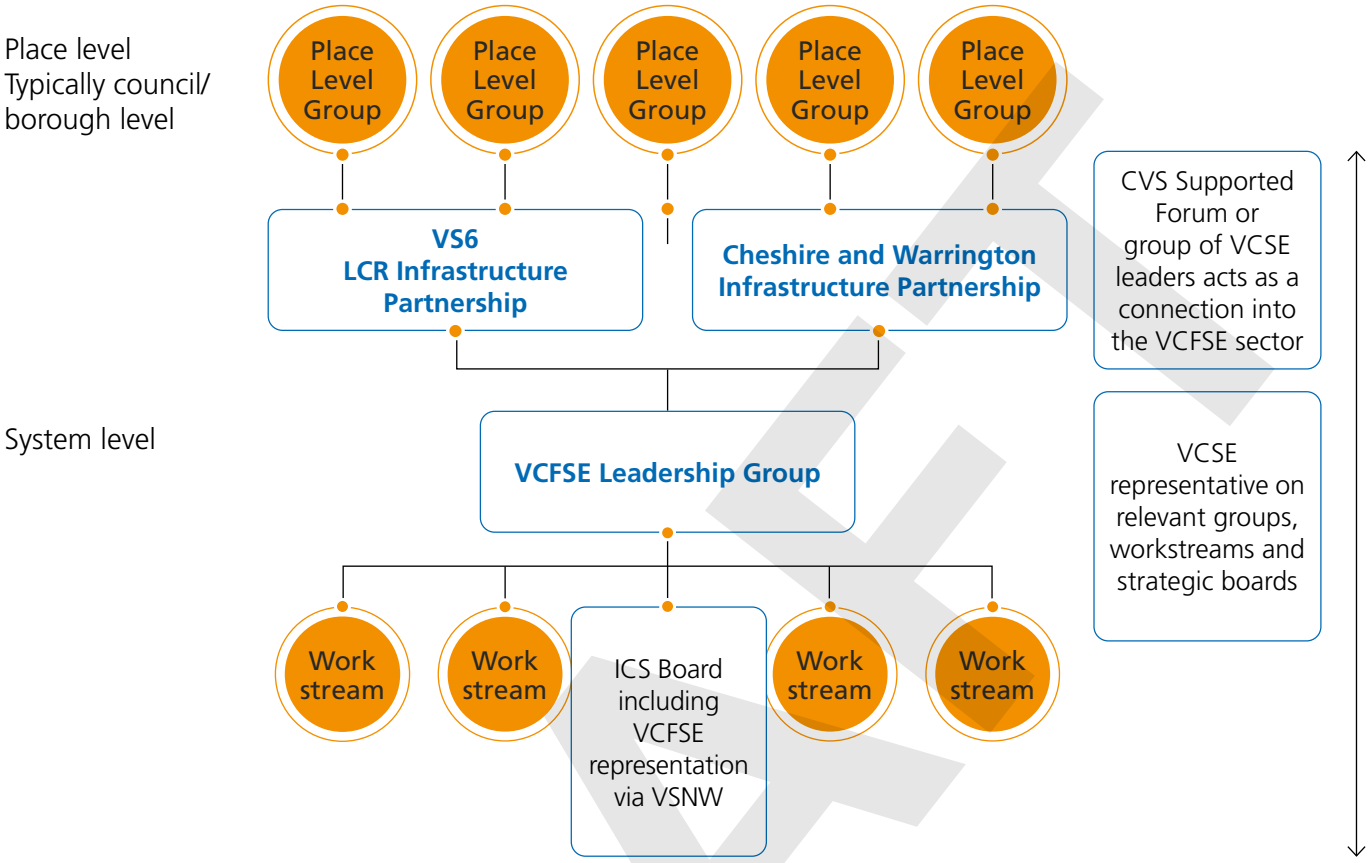
The VCFSE sector has always provided a wide range of support to health, care and wellbeing services including helping community voices to be heard. Working with the Cheshire and Merseyside VCFSE infrastructure provides access to a network of over 15,000 VCFSE organisations, ensuring a stronger collective voice across our diverse communities.

'What good will look like' includes:

- Recognising that the VCFSE sector has a rich source of insight and data, that reflects local community need which is used to inform planning and delivery
- Increased opportunities for community engagement, designed and led by the VCFSE sector, delivering meaningful engagement to provide up-stream solutions with opportunities to co-design, to help influence and shape service provision
- Ensuring leaders and advocates across the VCFSE sector are fully engaged on decision-making programmes and project boards
- Increasing engagement though the extensive VCFSE reach within our diverse and seldom-heard communities to share views and experiences to shape and influence service redesign and encourage co-production
- Using resources and investment to ensure the VCFSE has the capacity to engage as an equal partner across local and regional systems.
- Utilising local infrastructure and established relationships across the Cheshire and Merseyside strategic ecosystem of boards, forums and groups, ensuring credibility and assurance when representing the views of the sector.

VCFSE infrastructure organisations are recognised and used as a key channel for two-way communications with NHS Cheshire and Merseyside, providing a consistent approach to engagement.

Local model for strategic VCFSE engagement:



7.3 The benefits

Accountability and transparency

Our organisations should be able to explain to people how decisions are made in relation to any proposal and how their views have been taken on board. Transparent decision-making with people and communities involved in governance will help make our ICS accountable to communities.

Participating for health

Being involved can reduce isolation, increase confidence and improve motivation towards well-being. Individuals' involvement in their own care can lead to involvement at a service level and to more formal volunteering roles and employment in the health and care sectors. It is well recognised that doing something for others and having a meaningful role in your local community supports wellbeing. Getting involved, being part of a community and being in control is good for our health.

Better decision-making

We view the world through our own lens, and that brings its own judgements and biases. Business cases and decision-making are improved when insight from local people is used alongside financial and clinical information to inform the case for change. People's insight can add practical weight and context to statistical data, and fill gaps through local intelligence and knowledge.

Improved quality

Partnership approaches mean that services can be designed and delivered more appropriately, because they are personalised to meet the needs and preferences of local people. Without insight from people who use (or may not use) services, it is impossible to raise the overall quality of services. It also improves safety, by ensuring people have a voice to raise problems which can be addressed early and consistently.

Value for money

Services that are designed with people and therefore effectively meet their needs are a better use of public sector resources. They improve health outcomes and reduce the need for further, additional care or treatment because a service did not meet people's needs the first time.

Meeting legal duties

Failure to meet the relevant legal duties risks legal challenge, with the substantial costs and delays that entails as well as damage to relationships, trust and confidence between organisations, people and communities.

7.4 Culture and leadership

Our communities and staff will look to system leaders to role model a culture of partnership. This will help to demonstrate that their views are taken seriously, and that power is shared so they can play a genuine part in decision-making. Leadership can be a joint endeavour, with leaders from our system and from within communities working together.

Collaborative and inclusive leadership means seeing involvement as everybody's business (not just a handful of people with a relevant job title) and is fundamental to meeting shared objectives. It means making sure that professionals and communities can work, learn, and improve together.

Senior leaders must:

- promote involvement and co-production through culture and behaviour
- identify areas of work where co-production can have a genuine impact and involve people at the earliest stages
- invest in training and development so that people with specific lived experience and people working in the system know what co-production is and how to make it happen
- hold the system, Places and neighbourhoods to account by seeking assurance that involvement and co-production is happening

7.5 Our workforce

WE ARE ONE

'We Are One' is the term we use to create a 'one team' ethos for our ICS workforce. We must support and give our staff permission to innovate and collaborate in new ways and give them the permission and autonomy to try things out, to learn and to celebrate success.

Our staff are our most valuable resource, and we must invest in training and development opportunities to support them and the effective delivery of our Public Engagement Framework. In Cheshire and Merseyside, we believe involvement is everyone's business.

This requires a commitment for the resources, training and support to do so effectively, and allowing people time to build trust and relationships. One way of doing this effectively is using community-centred approaches that enable staff to work with diverse communities to develop their skills, in a way that supports people and communities to take more control of their health. This will help realise the potential of both groups.

Our Chair, Chief Executive and board members are all committed to creating the right conditions to ensure that our workforce collaborates to involve people and communities in Cheshire and Merseyside.

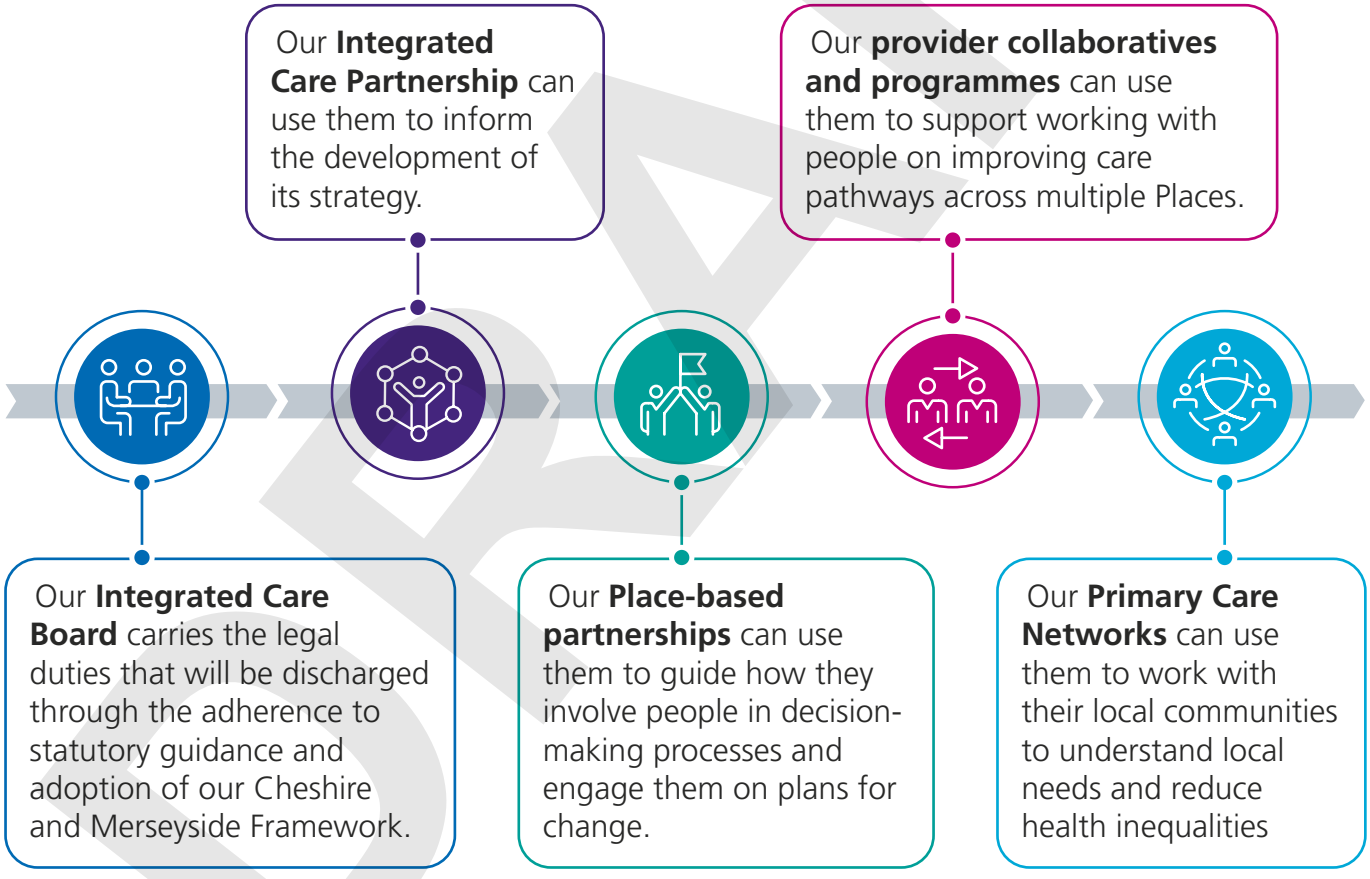
7.6 Meeting legal duties

Following national public consultation, the new **Statutory guidance for working with people and communities** was published in July 2022. The System Partnerships team at NHS England has also recently published (February 2022) **Major Service Change: An Interactive Handbook**.

ICS partners must give regard to this guidance alongside meeting other legal duties, such as;

- **Equalities:** The Public Sector Equality Duty (PSED), section 149 of the Equality Act 2010
- **Health inequalities:** The Health and Social Care Act 2012
- **Triple aim duty:** The Health and Care Bill 2021
- **Social value:** Public Services (Social Value) Act 2012.

National statutory guidance and our Cheshire and Merseyside Public Engagement Framework are relevant to the entire health and care system:



8. Resources

Effective involvement of people and communities requires an investment and resources;

8.1 Supporting people

- Expenses for those people who are participating – these will include travel expenses, carers expenses, childcare costs, additional costs of regularly joining online meetings and personal assistance reimbursement
- Consideration of budgets for commissioning organisations to undertake involvement activity and events on our behalf
- Venue costs for accessible meetings – additional costs may include interpreters, hearing loop systems.

8.2 Reward and recognition

It is essential that people and communities feel valued and are rewarded for their contribution – in addition to out-of-pocket expenses. We will consider offering prize draws and vouchers to encourage involvement and hold 'thank you' events.

8.3 Staff

Time is a major factor. There needs to be a clear understanding that for true co-design and co-production, time is needed and no involvement work is rushed or seen as a token gesture. This will impact on staff's capacity and resource, but it is essential that this is factored in.

8.4 Software and subscriptions

Resources will need to be considered that enable and support involvement including survey software and subscriptions to organisations such as the Consultation Institute.

8.5 Training

It is essential that staff have the appropriate level of training to enable them to effectively carry out their involvement roles. This can be sourced in-house and peer support will be encouraged though external training courses.

We will offer training that informs people about the health and care landscape and empowers them to effectively influence service developments.

9. Monitoring and evaluation

We are working with NHS England and other systems to develop a formative approach to the evaluation of our engagement with people and communities. This will be further informed by a new Oversight Framework.

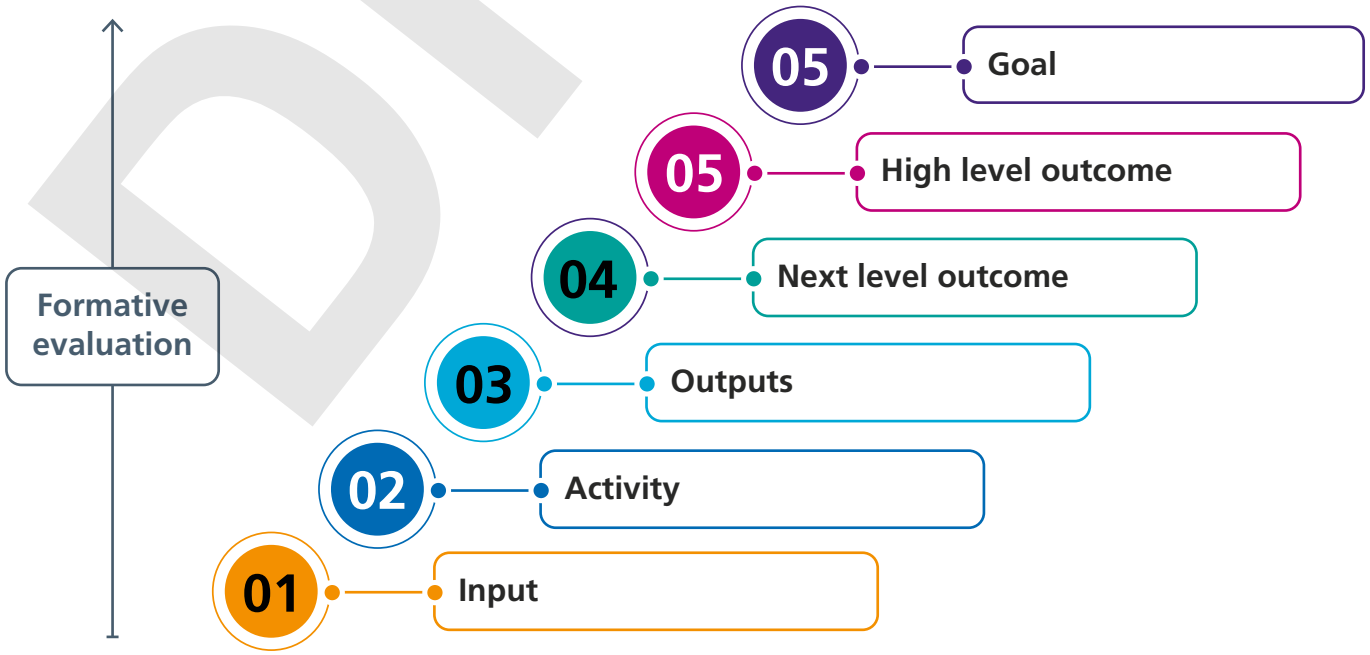
Our aim is to develop an evaluation approach (using a basic 'theory of change' model) that meets our specific ICS priorities, whilst being aligned to national oversight and quality assurance measures.

By working in this way, we can:

- demonstrate the impact of working with people and communities
- learn as we develop
- be held accountable to people, communities, regulators, and our partners.

Healthwatch will also play a vital role in the evaluation of our engagement. We are keen to have independent mechanisms to regularly review if our principles are working.

Approach	Benefits
1. Co-produce a 'people and communities' theory of change through workshops with other ICSs	Share good practice and inform national Quality Assurance Framework
2. Develop a shared evaluation toolkit	Practical tools that system partners can use to meet national standards
3. Develop a Local Evaluation Framework	Robust local mechanisms to assure people, communities, regulators and our partners



10. Progress and next steps

We have already made lots of progress in working with people, communities and health and care staff, but there is much work to do to build on this in 2022/23.

10.1 Progress

- Ongoing engagement with elected members, hospital governors and non-executive directors in developing our ICS
- Work with the Institute for Health Equity to co-produce interventions and actions with communities, including nine Place-based health inequalities workshops
- Work with the Cheshire and Merseyside Public Health Collaborative (Champs) and Population Health Board to develop:
  - Combined Intelligence for Population Health Action (CIPHA)
  - Community alcohol licencing plans
- The national award-winning 'Getting Under the Skin' research campaign, to understand and respond to the impact of COVID-19 on ethnic communities in Cheshire and Merseyside
- The 'Kind to Your Mind' campaign – development of dedicated telephone and website for support for mental wellbeing, advice and signposting
- Cheshire and Merseyside Opening Doors programme – aimed at improving the health of people in social housing and offering opportunities for residents to develop the skills to work in social care
- Work with people with a learning disability and autism via the Cheshire and Merseyside Transforming Care Partnership
- Council-led Community Champion and inspirers initiatives to influence the policy agenda
- The draft Public Engagement Framework was presented to the public board meetings of both NHS Cheshire and Merseyside (the ICB) and Cheshire and Merseyside Health and Care Partnership (the ICP) following their establishment on 1 July 2022.

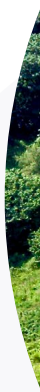
10.2 Next steps

The framework will be adopted following the publication of national statutory guidance.

A shorter document in plain English and that is jargon-free will be published and used to support engagement with people and communities.

NHS Cheshire and Merseyside's engagement team will use the Public Engagement Framework to respond to the feedback gathered through engagement activity led by Healthwatch and VCFSE partners. Engagement leads will also design specific mechanisms to deliver effective involvement opportunities at system, Place and neighbourhood levels, that ensure:

- clear and transparent mechanisms for developing integrated health plans with people and communities
- clear and accessible public information about its vision, plans and progress
- annual reporting on the involvement of people and communities at ICS and in Place
- collaboration with Healthwatch and the VCFSE sector as key engagement partners
- involvement with people and communities representing equality protected groups and people affected by inequalities



- that involvement is monitored and audited
- that people and communities are represented in priority setting and decision-making forums
- that the participation of people and communities is supported by ensuring there is a training and development offer that equips people to contribute to governance arrangements
- that the experiences and aspirations of people and communities are gathered, reviewed, and responded to
- that these experiences and aspirations are used to produce insight and intelligence reports to inform decision-making and quality governance.

NHS Cheshire and Merseyside's engagement team will develop and publish detailed action plans at both system and Place-levels.

The Senior Responsible Officer with oversight and responsibility for implementation of the framework and subsequent action plan is Maria Austin, Associate Director of Communications and Empowerment, NHS Cheshire and Merseyside.

11 Appendix

11.1 How the framework was developed

Cheshire and Merseyside's Public Engagement Framework was developed by a task and finish group which drew its membership from our Health and Care Partnership.

The task and finish group held fortnightly meetings, and members undertook extensive engagement with forums at system, Place and neighbourhood levels over a period of three months from 1 April to 30 June 2022.

The framework was developed in line with **ICS implementation guidance** for working with people and communities, and following the national content guide provided by NHS England.

Oversight of strategy development was provided by the following ICS forums:

- The Cheshire and Merseyside Partnership Assembly
- The Cheshire and Merseyside ICS Development Advisory Group
- The Cheshire and Merseyside Transition Programme Board.

The framework was co-produced with Healthwatch and the VCFSE sector who undertook the engagement activity set out below, to inform its development. The feedback and insights from this activity will be taken forward by NHS Cheshire and Merseyside's engagement team.

11.2 Healthwatch engagement activity

Healthwatch	Who	How feedback was collected
Liverpool	Community engagement board (made up of representatives of organisations working with local communities especially often ignored communities). Staff and volunteer team.	Online focus groups
Wirral	Survey sent through community networks.	Survey
Sefton	Focus groups with staff team, board, and volunteers.	Focus groups
Knowsley	Focus groups with Knowsley residents, and Healthwatch Knowsley board.	Focus groups
St Helens	Meetings, web form and survey for staff team, board, volunteers and local community groups.	Webform/survey, visits to groups, team meetings.s
Cheshire East and Cheshire West	Staff team, volunteers, board members. Supported conversations on engagement activities.	Using a mixture of: ▪ Comments on full draft ▪ Feedback collected verbally at meetings and recorded based on 10 principles ▪ Survey of small cohort of people, to include members of Healthwatch Cheshire's Citizen's Focus Panel.
Halton	Staff team Advisory board focus group Small group of volunteers Survey to virtual People's Panel	Focus group with staff, board and volunteers
Warrington	Staff, board members and volunteers, People's Panel, Virtual Voices Panel, small focus groups.	Survey feedback

11.3 VCFSE engagement activity

VCFSE	Who	How feedback was collected
VS6	VS6 is the Liverpool City Region network of Chief Executive Officers (CEOs) leading infrastructure support. It's membership includes: ▪ Together Liverpool (Faith) ▪ Sefton Council for Voluntary Service (CVS) ▪ One Knowsley ▪ Voluntary Sector North West (VCAW) ▪ Halton and St Helens Voluntary and Community Action (VCA) ▪ Liverpool Charity and Voluntary Services (CVS) ▪ Network for Europe ▪ Community Foundation Merseyside ▪ Merseyside Youth Association ▪ It is Chaired independently by Rev Canon Dr Ellen Loudon, Director of Social Justice and Canon Chancellor, Diocese of Liverpool.	Online facilitated focus group
CWIP	Cheshire and Warrington Infrastructure Partnership is a network of CEOs leading infrastructure support. Its membership includes: ▪ Warrington Voluntary Action (VA) ▪ Cheshire East Council for Voluntary Service (CVS) ▪ Cheshire West Voluntary and Community Action (VCA).	Online facilitated focus group
Liverpool	Health and Wellbeing Network	Online facilitated focus group
Wirral	Wirral CVS VCFSE Board and established network of VCFSE leaders	Online facilitated focus group
Sefton	Health and Wellbeing Network	Online facilitated focus group
Knowsley	Health and Wellbeing network, VCFSE Leaders network	Online facilitated focus group
St Helens	VCFSE forum	Online facilitated focus group
Halton	VCFSE forum	Online facilitated focus group

VCFSE	Who	How feedback was collected
Warrington	VCFSE Health and Wellbeing Alliance VCFSE Health Engagement Event	Face-to-face focus group
Cheshire East and Cheshire West	Sector Leadership Group from the membership of Cheshire West Voluntary Action (CWVA).	Facilitated conversation by Michelle Whitaker, Health and Wellbeing Programme Lead office for Health Improvement and Disparities, Northwest Region.

11.4 Emerging Place priorities

Place-based partnerships are starting to identify and develop priorities, in collaboration with Health and Wellbeing Boards, that will be further tested through engagement with people and communities in 2022/23.

Place	Key priorities
Cheshire East	We have some clear goals that we are working collectively to: ▪ deliver a sustainable, integrated health and care system ▪ create a financially-balanced system ▪ create a sustainable workforce ▪ significantly reduce health inequalities.
Cheshire West	To identify Cheshire West population health needs now and in the future, proactively detecting and preventing ill-health, whilst promoting wellbeing and self-care to our residents. To reduce health inequalities by continuing to develop our approach to population health management (PHM), using data and analytics to prevent ill-health, address health inequalities, and identify those residents who are at higher risk of their health deteriorating, enabling us to deliver preventive interventions. Improving the quality of services that are delivered within Cheshire West, expanding on efficiencies, and delivering safe and effective care.

Place	Key priorities
Halton	To improve the employment opportunities for people in particular where it affects children and families. To enable children and families to live healthy independent lives. To provide a supportive environment where systems work efficiently and support everyone to live their best life. To enable older adults to live full independent healthy lives.
Knowsley	A targeted approach to population health and reducing health inequalities starting with Northwood (our most deprived area). A single front door to health information, guidance and advice as part of the Knowsley Offer. To reduce avoidable attendances and admissions to hospital. To improve access to general practice.
St Helens	The St Helens People's Plan covers three priorities to improve the health and well-being outcomes of residents in the borough. The priorities are resilient communities, mental health and healthy weight. These are underpinned by the crosscutting theme of tackling health inequalities. **Resilient communities:** To support people to live independently, reduce social isolation and loneliness, embed a multi-sector/disciplinary team working in our four localities/networks and to develop a health innovation hub. **Mental wellbeing:** To prevent and reduce self-harm and suicide, to expand the voluntary and community service capacity to support mental health and wellbeing, and to improve the wellbeing of children and young people. An action plan is being developed using the Office for Health Improvement and Disparities (OHID) prevention concordat for better mental health. **Healthy weight:** To support healthy eating choices in the borough, to encourage residents to lead a more active life, and with a focus on diabetes prevention. The Active Lives strategy and action plan has been developed and the group are working with Food Active on a health weight declaration.
Liverpool	To target action on inequalities, at scale and with pace. To offer empowerment and support for wellbeing. To radically upgrade prevention and early intervention. To provide integrated and sustainable health and care services.

Place	Key priorities
Sefton	To improve mental health. To tackle obesity. To support community resilience by developing resources to enable people and communities to improve their quality of life and reduce health inequalities. We will be using a whole-life approach to tackling these priorities. This means our plans support local people from having the best start in life through to improving care for those in their older years. We will also aim to reduce health inequalities that lead to poor health and quality of life by adapting our work to the needs of our different communities across the borough.
Warrington	Mental health. Living well. Food poverty.
Wirral	To recover from the COVID-19 pandemic and transform our Place by implementing the Wirral Plan 2021-26. To refresh, refocus and strengthen partnerships and collaboration in Wirral to support delivery of our plans, including co-production. To improve population outcomes and tackling health inequalities by addressing the needs of our population in a more targeted way.