

Meeting of the Health and Care Partnership

19th March 2024

Agenda (Teams meeting) Chair: Cllr Louise Gittins

AGENDA NO & TIME	ITEM	LEAD	ACTION / PURPOSE	PACK PAGE NUMBER
15:00pm	Preliminary Business			
HCP/03/24/01	Welcome Introductions and Apologies	Chair	Verbal	
HCP/03/24/02	Declarations of Interest <i>(HCP members are asked to declare if there are any declarations in relation to the agenda items)</i>	Chair	Verbal	
HCP/03/24/03	Minutes of the last meeting-16th January 2024	Chair	Paper	2
			Approval	
HCP/03/24/04	Action Log from previous meetings, including update on progress	Chair	Paper	17
15:20pm	Business Items			
HCP/03/24/05 15:20-16:00	Finance Update: 1. ICB Financial Update 2. Health Inequalities Funding	Becky Tunstall Ian Ashworth	Presentation Paper / Discussion (to follow)	
HCP/03/24/06 16:00-16:20	All Together Active - Update	Mike Watson	Paper	18
HCP/03/24/07 16:20-16:35	All Together Fairer / HCP strategy	Stephen Woods	Presentation	27
HCP/03/24/08 16:35-16:50	Items for Escalation	Chair	For Discussion	
HCP/03/24/09 16:50-17:00	Review of Meeting / Forward Plan Items	Chair	For Discussion	
17:00pm	Close of Meeting			

Dates of future meetings:

Date	Time	Venue
18 th June 2024	3-5pm	Cunard Building

Cheshire and Merseyside Health and Care Partnership Meeting
Meeting Minutes
16th January 2024
3pm-5pm - Virtual

MEMBERSHIP		
Name	Initials	Role
Cllr Louise Gittins	LGi	Chair of HCP, Leader of Cheshire West and Chester Council
Raj Jain	RJa	Chair of NHS Cheshire and Merseyside & Vice Chair of HCP
Ellen Loudon	ELo	Vice Chair of HCP
Isla Wilson	IWi	Chair, Cheshire and Wirral Partnership Trust representing LD & Mental Health and Community Collaborative
Cllr Marlene Quinn	MQu	Councillor for Integrated Health and Care, St Helens
Cllr Marie Wright		Chair of Health and Wellbeing Board/Cabinet member for Health and Wellbeing, Halton Council
Rachael Jones	RJo	CEO -One Knowsley
Dame Jo Williams	JWi	Alder Hey Childrens Hospital
Cllr Paul Warburton	PWa	Cabinet Member for Health and Adult Social Care, Warrington Council
Cllr Sam Corcoran	SCo	Leader, Cheshire East Council
Cllr Ian Moncur	IMo	Leader, Sefton Council
Cllr Christine Bannon	CBa	Cabinet Member for Health, Knowsley Council
Kate Shone	KSh	Managing Director, Torus Foundation
Alison Cullen	ACu	Warrington Voluntary Action Representing VCSE Warrington & Cheshire
Phil Garrigan	PGa	Chief Fire Officer, Merseyside Fire and Rescue Service
Graham Urwin	GUr	Chief Executive, NHS Cheshire and Merseyside
Margaret Jones	MJo	Head of Inequalities, Sefton Council
Carly Brown	CBr	Change and Integration Service Manager for Cheshire and Merseyside Director of Childrens Services
Matt Smith	Msm	Merseyside Police
Lee Shears	LSh	Cheshire Fire and Rescue
Nathan Hearn	NHe	North West Ambulance Service
Cath Murray Howard	CMH	Deputy Chief Executive, Torus Housing Association
Diane Blair	DBI	Sefton Healthwatch
Jean Robinson	JR	Chair Health & Wellbeing Board
IN ATTENDANCE		
Lisa Wainwright	LWa	Minute Taker
Clare Watson	CWa	Assistant Chief Executive, Cheshire and Merseyside ICB
Claire Wilson	CWi	Director of Finance, NHS Cheshire and Merseyside
Kath McEvoy	KMc	Business Delivery Lead, Cheshire and Merseyside ICB
Stephen Woods	SWo	Head of Strategy, NHS Cheshire & Merseyside
Ian Ashworth	IAs	Director of Population Health, Cheshire and Merseyside ICB
Molly Brant	MBr	Project Manager (GMTS) NHS Cheshire & Merseyside
Linda Usher	LUs	C&M (and Greater Manchester) DWP Strategic Partnership

Natalie Jarmay	NJa	Wirral Council
Simone White	SWh	Director Children, Families and Education Wirral Council
Carl Marsh	CMa	Warrington Place Director
Deborah Butcher	DBu	Sefton Place Director
Marc Smith	MAs	HMRC Security Officer
Jo Shebourne-Stockton	JSS	Comms & Engagement Officer, C&M NHS
Dave Sweeney	DSw	Associate Director of Partnerships and Sustainability
Becky Jones	BJo	Associate Specialist
Alan Higgins	AHi	Strategic Lead All Together Fairer Programme-CHAMPS

Apologies

Name	Initials	Role
Rowan Pritchard-Jones	RPj	Medical Director, NHS Cheshire and Merseyside
Lisa Ward	LWa	NWAS
Stephen Watson	SWa	Executive Director of Place-Sefton Council
Maxine Power	MPo	Director of Quality, Innovation & Improvement NWAS
Professor Martin O'Flaherty	MOF	Institute of Population Health Faculty of Health and Life Sciences
Adam Irvine	Alr	Primary Care Leadership Forum & ICB Partner Member
Gareth Lee	GLe	Assistant Chief Constable, Cheshire Police
Angela Simpson	ASi	Pro-Vice Chancellor/Executive Dean if the Faculty of Health and Social Care, University of Chester
Jenny Turnross	JTu	Corporate Director, Childrens Services, Liverpool
Nickki O'Connor	NOc	C&M (and Greater Manchester) DWP Strategic Partnership Manager
CLlr Angela Coleman	ACo	Cabinet Member - Social Care and Health, Liverpool City Council

Item	Discussion, Outcomes and Action Points	Action by
HCP/01/24/01	<p>Welcome, Introductions and Apologies</p> <p>LGi welcomed all and apologies were recorded as above. It was noted that there was one member of the public in attendance but they were advised that they were welcome to observe the meeting but not contribute to the discussion.</p>	
HCP/01/24/02	<p>Declarations of Interest</p> <p>There were no declarations of interest noted at this meeting.</p>	
HCP/01/24/03	<p>Minutes of last meeting from 14th November 2023 and matters arising</p> <p>CBa advised that steps had been made for Knowsley Public Health to contact Liz Crabtree from the Beyond Programme, and Alison Lee, Place Director, will share feedback with the NHS ICB.</p> <p>KSh asked that the minutes of the last meeting be amended to reflect that Toxteth was located in South Liverpool and not North Liverpool.</p>	
HCP/01/24/04	<p>Action Log from previous meetings, including update on progress</p>	

Item	Discussion, Outcomes and Action Points	Action by
	<p>The action log was updated as noted below:</p> <p>8. CWa advised that the HCP Newsletter, Connections, had been published on 16th January with support from the Comms Team. Members were advised of the importance of providing information to update the newsletter.</p> <p>24. Outstanding – IAs to update the next meeting in March.</p> <p>29 & 30. Can be closed following presentations at the meeting.</p> <p>35. CWi has agreed to provide an update on the financial position at the next HCP meeting in March.</p> <p>36. CBa had shared the Knowsley policy around children in care which had been circulated to the group with the agenda for the meeting.</p> <p>37. Outstanding – to update at next meeting in March.</p> <p>38. Ongoing action for members.</p> <p>MQu advised that a query was made in relation to the allocation of funding from the ICB to each place by the Scrutiny Panel. CWi advised that there is currently a review of the allocation methodology for the new financial year and she hoped to provide feedback at the next meeting in March.</p>	
<p>HCP/01/24/05</p>	<p>Sustainability Update Green Plan, Social Value and Anchor Institutions</p> <p>DSw and BJo undertook a presentation on the sustainability update as contained within the meeting pack.</p> <p>There had been some challenge from the voluntary sector in how they determined the output of social value work as this was the key to everything they did. Interviews had commenced with CVS organisations and wider bodies to understand how to broaden the social value portal. A task and finish group had met recently with wider procurement teams which had been positive. There will be discussions held with Mid Cheshire in relation to their new build once this is progressed by procurement to ensure there is maximum value from a social value perspective. Work will also be ongoing to build upon what is already being undertaken within local authorities to ensure that the NHS is at the heart of any discussions.</p> <p>LGi stated that it was positive to hear that a social value group had been established and that it would be a good exercise to determine the highest and lowest common denominator as a starting point. She added that at Cheshire West council social value was a big part of procurement in relation to contracts and queried if wider organisations could also become part of the network.</p>	

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	<p>RJa queried how the Health Care Partnership could work together in order to make a greater contribution to social value for Cheshire and Merseyside, i.e. NHS Trusts working with Local Authorities to get better value for money for resources. Work is also needed to be undertaken on capturing information as although lots of positive steps had been made in the system in relation to social value, they were not all connected to the network. RJa acknowledged that local authorities and other organisations were already far ahead in terms of social value in comparison to the NHS.</p> <p>LGi suggested that if organisations signed up to procuring resources locally then this would make a significant contribution financially to the local economy.</p> <p>ELo provided members with the following link to the State of Sector https://www.vsnw.org.uk/sots23cm which provided a strong overview of the state of the voluntary sector, faith and social enterprise sector. There was a good sense of social value, sense of purpose and direction but also noted the challenges and how partnership working can address those challenges and opportunities.</p> <p>Action: The State of Sector report should be shared as part of the Chair’s brief and consideration should be given to adding it to the forward plan.</p> <p>NHe queried whether the Sustainability Leads at North West Ambulance Service (NWAS) were connected. He explained that NWAS were in a different position to other partners as they supported the whole North West region. However, they were working to assess their own maturity as an anchor institute in relation to consolidation due to the size and scale of the challenge as well as capacity. DSw confirmed that NWAS were connected.</p> <p>PGa queried how anchor institutes were defined in the first instance, i.e. a non-profit organisation with the ability to make change on a reasonable large scale. It also needed to be determined which organisations were missing from the anchor institute and how to get everyone to sign up to the social value charter. He also queried how Cheshire and Merseyside support services could collectively get together to join up some of the work being undertaken across the system. PGa advised that while the aims may differ, the Liverpool City Region Fair Employment Charter significantly reflected the same principles as the anchor assembly measurement tool. The challenge was in defining what the anchor assembly looked like while collectively understanding the principles of what everyone was signing up for, i.e tackling health and inequalities in line with their socio-economic duty and Marmot principles. In summary, PGa advised that as an observer outside of health services, he considered that a high level sign off across the Cheshire and Merseyside footprint was required in order to get everyone to sign up to the same set of principles.</p> <p>LGi agreed that it was important to map what was already in place in relation to the anchor institute and how it came together and queried</p>	

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	<p>whether a rebranding of the name would encourage more organisations to join.</p> <p>Dsw responded that the anchor institute would evolve over time and agreed that communication was key in encouraging others to join and offered to support in linking organisations together as necessary. He noted that there was a lot of preventative work being undertaken within Cheshire and Merseyside that was not being measured which was one of the reasons why pulling together an infrastructure for the anchor network and assembly was important.</p> <p>IWi advised that there was a risk to rebranding and that ideally everything should be kept together as All Together Fairer so that everyone was aware of their collective responsibility as an organisation.</p>	
<p>HCP/01/24/06</p>	<p>All together Fairer- Stocktake • End of Year Review</p> <p>IAs and AHi presented a summary of the papers contained within the meeting pack in relation to a stocktake and end of year review on All Together Fairer since it was launched in May 2022. Input had been received from the Health and Care Partnership (HCP) as well as annual Health and Wellbeing boards about the future direction of the HCP strategy and how this aligned with the All Together Fairer principles. The approach was to monitor progress and to enable collaborative learning from each other and to identify any gaps across Cheshire and Merseyside.</p> <p>There was an assessment against four pillars of the health in all policies for sustainable multisectoral collaboration on social determinants of health, equality and wellbeing:</p> <ul style="list-style-type: none"> • Governance and accountability • Leadership on all levels • Ways of working • Resources, finances and capabilities <p>Members were asked for any comments and questions.</p> <p>RJo asked if the voluntary community, faith and social enterprise sector can be included in pillar four in terms of capability and capacity to deliver the programme.</p> <p>LGi advised that the best way to approach this is to ensure it was part of day to day business and that organisations were always considering the Marmot principles when decision making and asking how they could contribute to All Together Fairer.</p> <p>RJa commented that that Place partnerships were not noted as part of the governance arrangements. AHi confirmed that this was an omission and that health and wellbeing strategies, and Place plans were a key element to the government structure.</p>	

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	<p>JWi stated that it was everybody's business to embed the All Together Fairer principles and that it was recognised that transformation was required within the NHS, particularly in relation to early intervention and prevention which would require all partnerships working together.</p> <p>Cba advised that good work had been ongoing within local authorities and the Health and Wellbeing Strategy included health inequalities and that All Together Fairer was part of the governance arrangements since June 2022. She added that it was important that there were the right people around the table in order to deliver successful transformation projects, including voluntary sector support. It was important that progress was reported and not just evidenced as the Health and Wellbeing Strategy was held accountable by the Board and challenged when necessary.</p> <p>AHi undertook a presentation on the thematic findings of the stocktake and members were asked for any comments and questions.</p> <p>RJa advised that there must be an opportunity for shared learning so that development in some areas could be accelerated as required. He also queried whether the benefits of the success of the approach of the strategy would have happened anyway, and further understanding was required to identify the ingredients for the added value.</p> <p>Cba advised that she had gone through the document with the Knowsley Place Director, as well as Director of Adult Services and Public Health and no concerns were raised. The only issue raised was the allocation of funding to support going forward which was imperative to make it a real success.</p> <p>IAs responded that in terms of shared learning, there had been two HCP workshops held in relation to housing and Children's Services. A health and housing collaborative had since been established and, following a discussion in relation to respiratory, arrangements were now in place for All Together Fairer leads to come together on a regular basis to share learning and challenges. There was a framework to join up all public services to make things better for the residents they served as well as quality outcomes, and to advocate for greater resources Nationally.</p> <p>In response to RJa, AHi advised that work was continuing to progress since the commissioning of the report 18 months previously and was a marathon and not a sprint. However, there was now an opportunity to develop a more coherent narrative now that the stocktake had taken place, and while it was acknowledged that some things would have happened without intervention, there were other things that would not have occurred without the instigation to bring it all together.</p> <p>CBa stated that she agreed with colleagues in relation to shared learning and best practice being the best way to move towards success. However, she asked that local authorities be allowed to work with housing providers as they had previously in order to prevent other organisational resources from becoming too stretched, and that other partners will be informed of progress and be asked to feed in as</p>	

Item	Discussion, Outcomes and Action Points	Action by
	<p>necessary. Shared practice will continue within places/local authorities to assist others as necessary to ensure consistency across Cheshire and Merseyside.</p> <p>PGa asked who the Fire and Rescue Service would need to contact in order to have further discussions on how the organisation could contribute. IAs responded that he was very happy to pick up that conversation directly and recognised the challenges across Cheshire and Merseyside and the work undertaken by Liverpool City Council, particularly in relation to the health foundation methodology 2040. PGa invited IAs to speak to the Merseyside Strategic Team to provide a steer on the where and how.</p> <p>AHi summarised the Beacon Indicators review which were contained in the meeting pack and members were asked for comments and questions.</p> <p>SCo asked that the indicators be standardised across Cheshire and Merseyside as much as possible. SCo provided a link to the Cheshire East tartan rug which demonstrated areas of health deprivation in Crewe. https://www.cheshireeast.gov.uk/pdf/jsna/ward-profile-tartan-rug/tartan-rug-2022.pdf</p> <p>JWi raised the issue of child poverty, whether lack of food, housing or digital poverty, and that it had been recognised that one of the biggest differences to children's lives would be the provision of free school meals.</p> <p>IAs advised that there had been ongoing discussions in relation to the importance of school readiness and there was lots of work being undertaken throughout the 9 local authorities with voluntary sectors. Food Active were linked in with each of the local authorities to provide free school meals and offered a range of good holiday activities and programmes in local areas.</p> <p>It was discussed that free school meals had received a lot of media attention recently following an announcement from the London Mayor to provide free school meals in London boroughs. However, it had been noted that this was not affordable for local authorities within Cheshire and Merseyside due to the significant investment this would require.</p>	
<p>HCP/01/24/07</p>	<p>Alignment of All Together Fairer and the HCP strategy</p> <p>AHi presented slides in relation to the Health Care Partnership strategy and all together fairer alignment.</p> <p>SWo advised that the joint forward plan contained 3 elements and included All Together Fairer and the 9 Place based health and wellbeing strategies as well as the NHS delivery plan. The NHS delivery plan had been mostly developed from the NHS planning guidance.</p> <p>Members were asked to approve the alignment of the Health and Care partnership strategy with All Together Fairer.</p>	

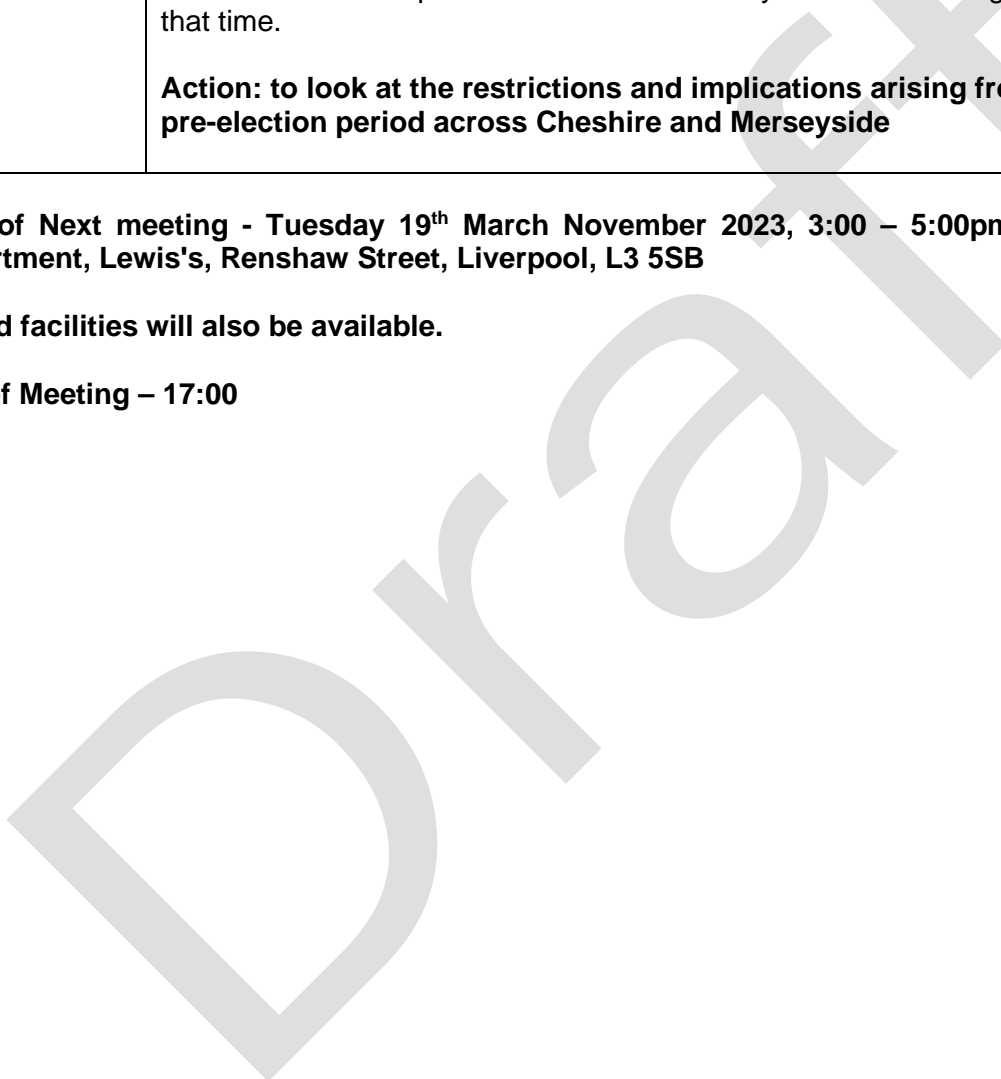
Item	Discussion, Outcomes and Action Points	Action by
	<p>MJo confirmed her agreement with the strategy, particularly in relation to the focus around poverty and childhood poverty. She added that although there is some stigma in relation to poverty, that there would be benefits to simplifying the process of claiming benefits as many people found this to be complicated and this was not always recognised by practitioners. LGi added that it also should be acknowledged that there were also people in work on low incomes which were also struggling financially due to the cost of living rises.</p> <p>KSh advised that as well as providing safe secure housing, there needed to be more of a focus on suitable accommodation as well as options for wrap around care services in some instances.</p> <p>Decision: Members agreement to the alignment of the Health and Care Partnership Strategy with the All Together Fairer</p>	
<p>HCP/01/24/08</p>	<p>HCP – Current Regional Pressures</p> <p>LGi and RJa asked members for their views on having an agenda item on future health and care partnership board meetings to discuss any live issues and pressures which may have an impact upon the Cheshire and Merseyside system.</p> <p>It was noted that there is a recent escalation in concerns about asylum seekers and refugees being vacated from bridging hotels and causing a rise in homelessness and rough sleeping and demands on local services.</p> <p>Cba stated that she had recently asked questions at Liverpool City Region Health and Wellbeing Board in relation to what is being done to tackle homelessness and rough sleeping in the city centre. It was acknowledged that there was lots of work being undertaken within Torus and other housing associations and partners to tackle this problem within Cheshire and Merseyside but it would be a good opportunity to communicate this out to the partnership as well as to members of the public.</p> <p>CMH agreed to provide the meeting with an update on actions being undertaken to address the homelessness and rough sleeping within Cheshire and Merseyside.</p> <p>Action: A focus on homelessness and rough sleeping should be added to a future agenda item.</p> <p>GUr posted a link to the NHS guidance recently received in relation to how asylum seekers and refugees are able to access health care services and prescriptions. https://www.england.nhs.uk/long-read/guidance-to-support-hc2-application-for-asylum-seekers/</p> <p>Action: To circulate NHS guidance in relation to access to health services and prescriptions for asylum seekers and refugees.</p>	
<p>HCP/01/24/09</p>	<p>Review of meeting</p>	

Item	Discussion, Outcomes and Action Points	Action by
	<p>The forward plan for March and beyond was identified as follows:</p> <ul style="list-style-type: none"> • Focus on Homelessness and rough sleeping • Focus on actions from Housing and Childrens' services workshops. • Focus on priorities and reflection from last year • Finance and allocations update <p>LGi queried whether it would be beneficial to cancel the April meeting due to the electoral period and council and mayoral elections ongoing at that time.</p> <p>Action: to look at the restrictions and implications arising from the pre-election period across Cheshire and Merseyside</p>	<p>KMcEvoy</p>

Date of Next meeting - Tuesday 19th March November 2023, 3:00 – 5:00pm at Boardroom, The Department, Lewis's, Renshaw Street, Liverpool, L3 5SB

Hybrid facilities will also be available.

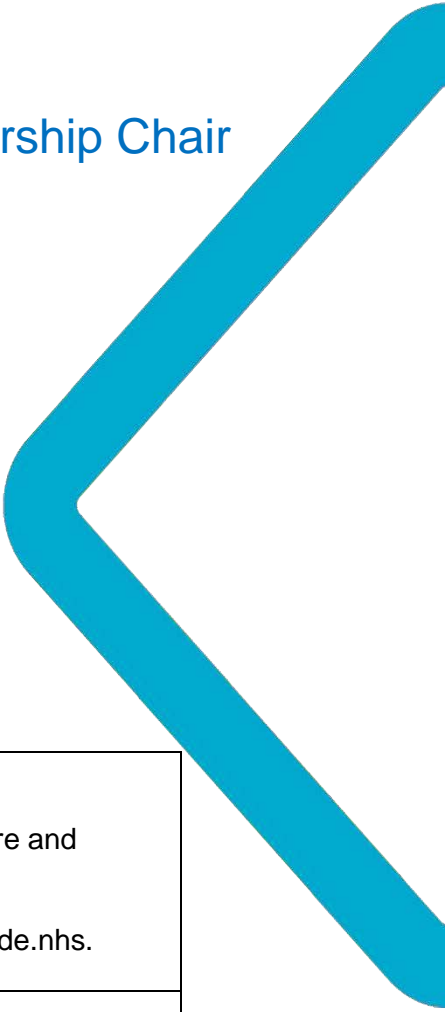
End of Meeting – 17:00



NHS Cheshire and Merseyside ICB

January 2024

Summary report of the Health and Care Partnership Chair



Report author & contact details	Ian Ashworth Director of Population Health-Cheshire and Merseyside ICB ian.ashworth@cheshireandmerseyside.nhs.uk
Report approved by (sponsoring Director/ Chair)	Clare Watson; Assistant Chief Executive
Responsible Officer to take actions forward	Ian Ashworth ian.ashworth@cheshireandmerseyside.nhs.uk

Report of the Health and Care Partnership Chair

Executive Summary	The Cheshire and Merseyside Health and Care Partnership (HCP).				
	<p>The meeting considered:</p> <ul style="list-style-type: none"> • Sustainability (Green Agenda, Social Value and Anchor Organisations) • All Together Fairer-Stock take and End of Year Review • Alignment of ATF and HCP Strategy • HCP Current Regional Pressures 				
Purpose (x)	For information / note	For decision / approval	For assurance	For ratification	For endorsement
	X				
Recommendation	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the contents of this report and the next steps/ actions for upcoming meetings 				
Key Actions Further detail in action log	<ul style="list-style-type: none"> • Further detail in action log but actions included in summary 				
Key risks	<ul style="list-style-type: none"> • None 				
Impact (x) (further detail to be provided in body of paper)	Financial	IM & T	Workforce	Estate	
		X			
	Legal	Health Inequalities	EDI	Sustainability	
		X			
Management of Conflicts of Interest	Not applicable				

Glossary of Terms	Explanation or clarification of abbreviations used in this paper
ICB	Integrated Care Board
HCP	Health and Care Partnership
ICP	Integrated Care Partnership
ICS	Integrated Care System
FiR	Finance, Investments & Resources (Committee)
TOR	Terms of Reference

Report of the Health and Care Partnership Chair

1. Summary of the principal role of the HCP

Committee	Principal role of the HCP	Chair
HCP	<p>Cheshire and Merseyside Health and Care Partnership – an Integrated Care Partnership – will operate as a statutory committee consisting of health and care partners from across the region, including voluntary, community, faith and social enterprise (VCFSE) organisations and independent healthcare providers.</p> <p>It provides a forum for NHS leaders and local authorities to come together, as equal partners, alongside key stakeholders from across Cheshire and Merseyside.</p> <p>A key role of the partnership is to assess the health, public health and social care needs of Cheshire and Merseyside and to produce a strategy to address them – thereby helping to improve people’s health and care outcomes and experiences.</p>	<p>Cllr Louise Gittins</p> <p>Vice Chair</p> <p>Raj Jain</p> <p>Vice Chair</p> <p>Ellen Louden</p>

2. Meeting summary

The HCP in January 2024 considered the following items.

Decision Log Ref No.	Meeting Date	Issues considered
	16/01/24	<p>Sustainability-Green Agenda, Social Value and Anchor Organisations</p> <p>Dave Sweeney and Becky Jones undertook a presentation on the sustainability update as contained within the meeting pack.</p> <p>There had been some challenge from the voluntary sector in how they determined the output of social value work as this was the key to everything they did. Interviews had commenced with CVS organisations and wider bodies to understand how to broaden the social value portal. A task and finish group had met recently with wider procurement teams which had been positive. There will be discussions held with Mid Cheshire in relation to their new build once this is progressed by procurement to ensure there is maximum value from a social value perspective. Work will also be ongoing to build upon what is already being undertaken within local authorities to ensure that the NHS is at the heart of any discussions.</p> <p>ELO provided members with the following link to the State of Sector https://www.vsnw.org.uk/sots23cm which provided a strong overview of the state of the voluntary sector, faith and social enterprise sector. There was a good sense of social value, sense of purpose and</p>

		<p>direction but also noted the challenges and how partnership working can address those challenges and opportunities.</p> <p>PGa advised that while the aims may differ, the Liverpool City Region Fair Employment Charter significantly reflected the same principles as the anchor assembly measurement tool. The challenge was in defining what the anchor assembly looked like while collectively understanding the principles of what everyone was signing up for, i.e., tackling health and inequalities in line with their socio-economic duty and Marmot principles. In summary, PGa advised that as an observer outside of health services, he considered that a high level sign off across the Cheshire and Merseyside footprint was required in order to get everyone to sign up to the same set of principles.</p> <p>DSw stated that the anchor institute would evolve over time and agreed that communication was key in encouraging others to join and offered to support in linking organisations together as necessary. He noted that there was a lot of preventative work being undertaken within Cheshire and Merseyside that was not being measured which was one of the reasons why pulling together an infrastructure for the anchor network and assembly was important.</p>
	16/01/24	<p>All Together Fairer-Stock take and End of Year Review</p> <p>IAs and AHi presented a summary of the papers contained within the meeting pack in relation to a stock take and end of year review on All Together Fairer since it was launched in May 2022. Input had been received from the health and care partnership (HCP) as well as annual health and wellbeing boards about the future direction of the HCP strategy and how this aligned with the All Together Fairer principles. The approach was to monitor progress and to enable collaborative learning from each other and to identify any gaps across Cheshire and Merseyside.</p> <p>There was an assessment against four pillars of the health in all policies for sustainable multisectoral collaboration on social determinants of health, equality and wellbeing:</p> <ul style="list-style-type: none"> • Governance and accountability • Leadership on all levels • Ways of working • Resources, finances and capabilities <p>Members were asked for any comments and questions. Further detail will be included in the full minutes.</p> <p>IAs responded that in terms of shared learning, there had been two HCP workshops held in relation to housing and Children's Services. A health and housing collaborative will be established and, following a discussion in relation to respiratory, arrangements were now in place for All Together Fairer leads to come together on a regular basis to share learning and challenges. There was a framework to join up all public services to make things better for the residents they served as well as quality outcomes, and to advocate for greater resources nationally.</p> <p>AHi summarised the Beacon Indicators review which were contained in the meeting pack and members were asked for comments and</p>

		<p>questions. Further detail is contained in the full meeting minutes.</p> <p>It was asked that the indicators be standardised across Cheshire and Merseyside as much as possible. A link was provided to the Cheshire East tartan rug which demonstrated areas of health deprivation in Crewe.</p> <p>https://www.cheshireeast.gov.uk/pdf/jsna/ward-profile-tartan-rug/tartan-rug-2022.pdf</p>
	16/01/24	<p>Alignment of All Together Fairer and the HCP strategy</p> <p>AHi presented slides in relation to the health care partnership strategy and all together fairer alignment.</p> <p>SWo advised that the joint forward plan contained three elements and included All Together Fairer and the 9 Place based health and wellbeing strategies as well as the NHS delivery plan. The NHS delivery plan had been mostly developed from the NHS planning guidance.</p> <p>Members were asked to approve the alignment of the health and care partnership strategy with All Together Fairer.</p> <p>MJo confirmed her agreement with the strategy, particularly in relation to the focus around poverty and childhood poverty. She added that although there is some stigma in relation to poverty, that there would be benefits to simplifying the process of claiming benefits as many people found this to be complicated and this was not always recognised by practitioners. The chair added that it also should be acknowledged that there were also people in work on low incomes which were also struggling financially due to the cost-of-living rises.</p> <p>KSh advised that as well as providing safe secure housing, there needed to be more of a focus on suitable accommodation as well as options for wrap around care services in some instances.</p> <p>Decision: Members agreement to the alignment of the Health and Care Partnership Strategy with the All Together Fairer Document</p>
	16/01/24	<p>HCP – Current Regional Pressures</p> <p>The Chair and Vice Chair asked members for their views on having an agenda item on future health and care partnership board meetings to discuss any live issues and pressures which may have an impact upon the Cheshire and Merseyside system.</p> <p>It was noted that there is a recent escalation in concerns about asylum seekers and refugees being vacated from bridging hotels and causing a rise in homelessness and rough sleeping and demands on local services.</p> <p>It was acknowledged that there was lots of work being undertaken within Torus and other housing associations and partners to tackle this problem within Cheshire and Merseyside, but it would be a good opportunity to communicate this out to the partnership as well as to</p>

		<p>members of the public.</p> <p>CMH agreed to provide the meeting with an update on actions being undertaken to address the homelessness and rough sleeping within Cheshire and Merseyside.</p> <p>Action: A focus on homelessness and rough sleeping should be added to a future agenda item.</p> <p>A link to the NHS guidance recently received in relation to how asylum seekers and refugees are able to access health care services and prescriptions. https://www.england.nhs.uk/long-read/guidance-to-support-hc2-application-for-asylum-seekers/</p> <p>Action: To circulate NHS guidance in relation to access to health services and prescriptions for asylum seekers and refugees.</p>
	16/01/24	<p>Review of meeting</p> <p>The forward plan for March and beyond was identified as follows:</p> <ul style="list-style-type: none"> • Focus on Homelessness and rough sleeping. • Focus on actions from Housing and Childrens' services workshops. • Focus on priorities and reflection from last year. • Finance and allocations update <p>The Chair queried whether it would be beneficial to cancel the April meeting due to the electoral period and council and mayoral elections ongoing at that time.</p> <p>Action: to look at the restrictions and implications arising from the pre-election period across Cheshire and Merseyside (KMc)</p>

3. Recommendations

Please note the contents of this report. To be shared with members wider organisations

HCP Action Log							
Action No	Meeting Date	Agenda Item No	Action	Owner	Due Date	Status	Update / Notes
8	08.11.22		To develop a comms plan for the HCP	Maria Austin / Clare Watson	01/01/2023	Open	Update - 13/06/23 In development with Maria Austin as lead; Cwa will provide an update on comms to the meeting on 18th July 2023 17.10.23: TCW requested update from MA. 17.10.23: MA - Draft has been developed, comms awaiting direction from Chair as to next steps. 19.10.23: Comms draft received, advice as to next steps sought from Cwa/NR. 21.11.23: TCW asked for update from KMc 05.12.23: TCW sent draft to CW/IA for review. 06.12.23: TCW sent to LG/RJ/EL for review and sign-off to send to rest of HCP Group. 16.01.24: Cwa advised that the HCP Newsletter, Connections, had been published on 16th January with support from the Comms Team. Members were advised of the importance of providing information to update the newsletter.
24	13/06/2023		To engage with a suitable education representative to attend the HCP.	CWa	19/09/2023	Open	17.10.23: TCW requested update from CWa. CWa advised to ask IA. 05.12.23: IA working with Carly Brown to identify rep. 16.01.24: IA to update at March meeting.
35	19/09/2023	HCP/19/09/04	Actions from the last meeting, including update on progress: Full financial update to be added to agenda item for future meeting	KMc	16/01/2024	Open	06.12.23: Finance update planned for March 24 meeting.
37	14/11/2023	HCP/11/23/07	Breakouts - Facilitated Session: HCP need to respond to the Govts plan to cut welfare benefits.	LGi	TBC	Open	Need to facilitate options for members to respond
40	16/01/2024	HCP/01/24/08	HCP – Current Regional Pressures: A focus on homelessness and rough sleeping should be added to a future agenda item.	KMc	19/03/2024	Closed	28.02.24: TCW added this item to the fwd plan.
42	17/01/2024	HCP/01/24/09	Review of Meeting: Look at the restrictions and implications arising from the pre-election period across Cheshire and Merseyside	KMc	19/03/2024	Closed	March meeting going ahead, April meeting cancelled

ALL TOGETHER ACTIVE

**Working as one to build a more active,
fairer and healthier Cheshire and Merseyside**

A report to the Cheshire and Merseyside NHS
Health & Care Partnership (HCP) Board

March 2024

Report Author

Mike Watson

All Together Active Board Chair
Active Cheshire CEO

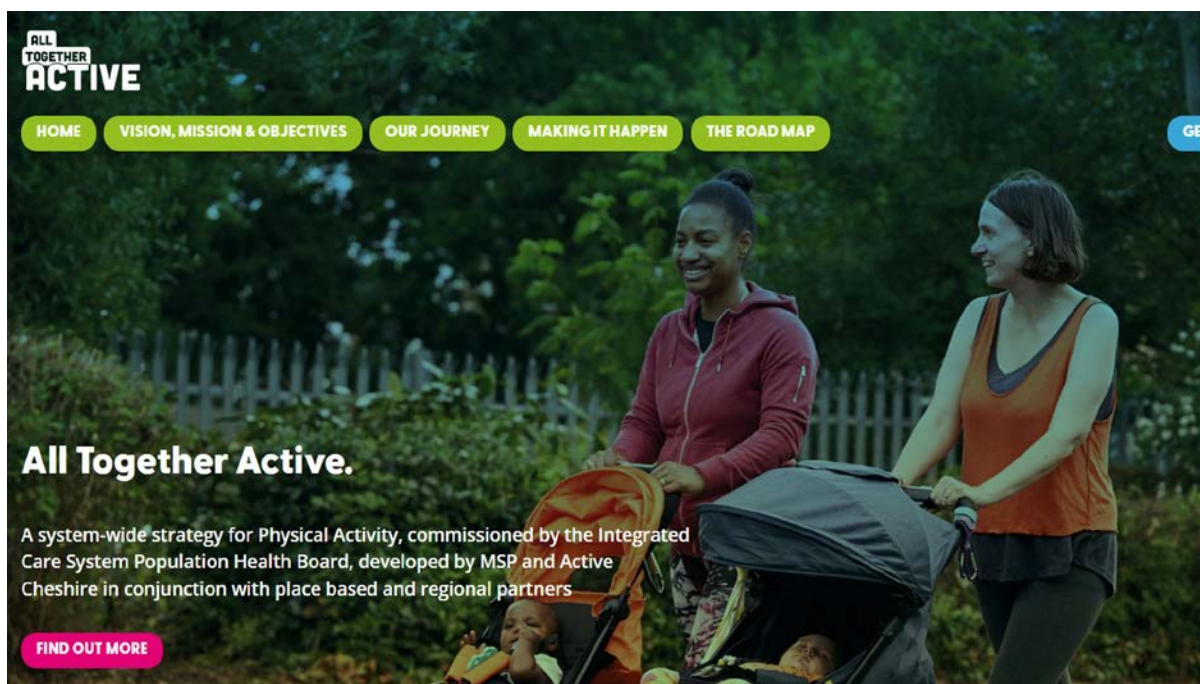


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1. Introduction

All Together Active a system-wide strategy for Physical Activity, commissioned by the ICS Population Health programme, designed and developed by MSP and Active Cheshire in conjunction with place based and regional partners.



The ATA Strategy objectives are meaningfully aligned to the Cheshire & Merseyside All Together Fair priorities:

- Support our 9 Places to further develop opportunities to use physical activity as a way of improving population health
- Embed movement, physical activity and sport within the Cheshire and Merseyside health and social care system
- Deliver measurable reductions in health inequalities
- Empower 150,000 inactive people to become more active



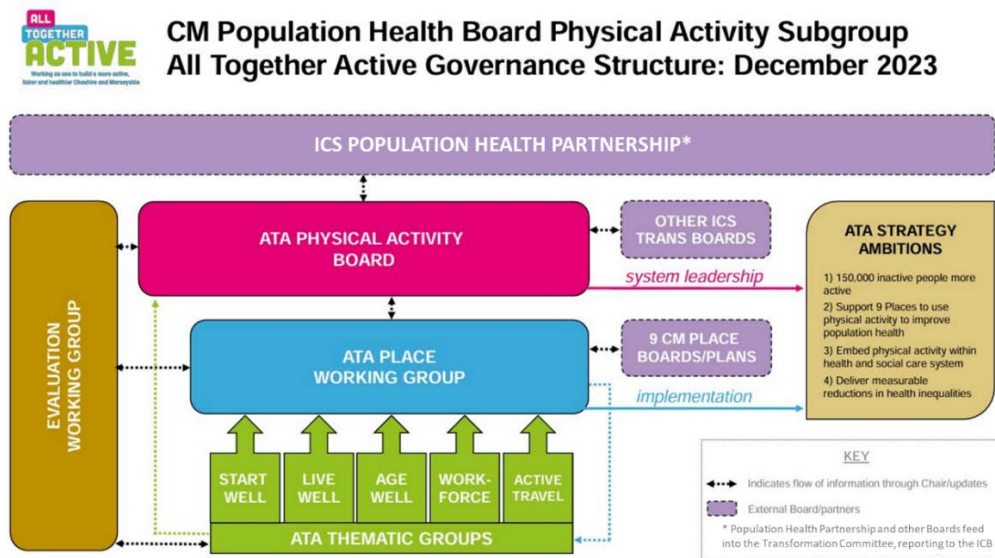
Strengthen the role and impact of ill health prevention					
18	Activity levels	Yearly	LA	IMD	Active lives survey
19	Percentage of loneliness	Yearly	LA	IMD	Active lives survey

The strategy was launched in October 2022, with HCP Board colleagues joining over 350 system partners at the event - <https://www.youtube.com/watch?v=EQhTIJQCsXw>.



2. Governance

In December 2023, the ATA Board updated and strengthened its governance and reporting structures, which are summarised in the diagram below:



The governance structures now include over 133 individuals representing 75 organisations from education to health care, sport, leisure and physical, the VCSFE sector, public, private and community organisation.

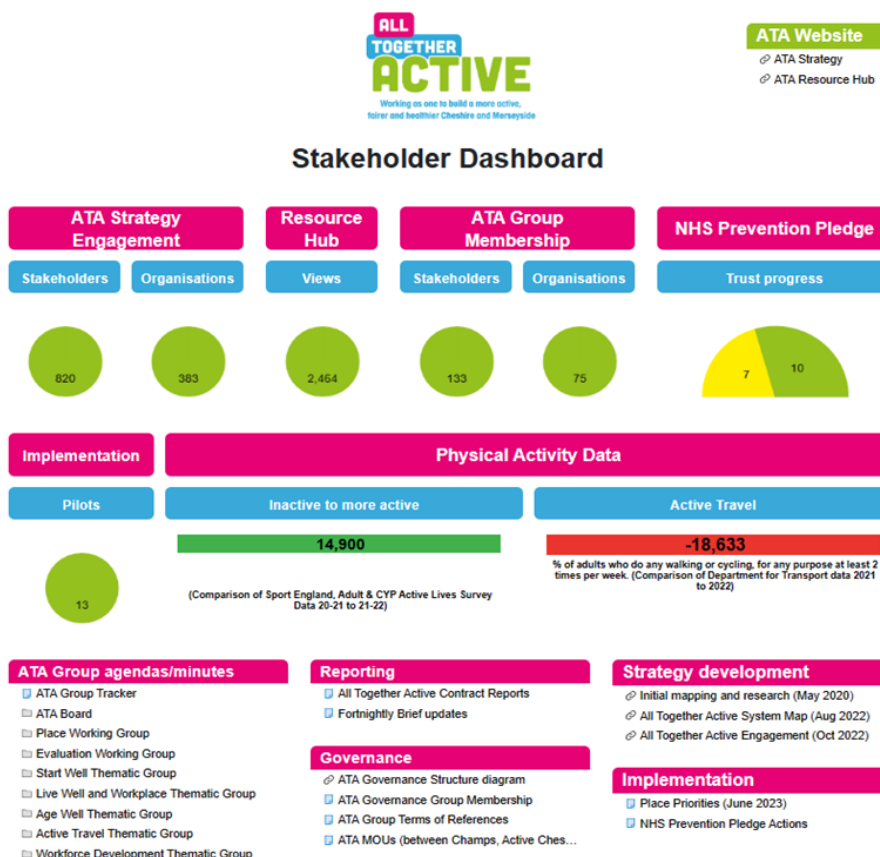
A synopsis of the role and vision of the ATA Board and thematic groups can be found in the table below:

Physical Activity Board	To work with stakeholders from across the subregion to strategically implement the Cheshire and Merseyside All Together Active physical activity strategy for health and social care, focusing on supporting those facing the greatest health inequalities, as per the region's All Together Fairer ambitions.
Place Working Group	To reduce health inequalities by improving physical activity levels (at a Place and subregional level) through understanding lived experience.
Evaluation Working Group	To finalise the core outcomes for All Together Active and produce the evaluation framework, which includes the outcomes and proposed methodology to evaluate the strategy.
Start Well Thematic Group	To facilitate change, remove barriers and sustain change to enable expectant parents and 0- to 18-year-olds across Cheshire and Merseyside to enjoy physical activity and have a better quality of life.
Live Well and Workplace Thematic Group	Change perceptions, remove barriers and sustain change to enable all 18-65 year olds across Cheshire and Merseyside to enjoy physical activity and have a better quality of life.

Age Well Thematic Group	To create places where older people are both inspired and empowered to move more, with physical activity assets and opportunities taking a person-centred and inclusive approach to enable people to have the choice and freedom to participate in things that they enjoy and benefit from the physical and mental wellbeing benefits that being more physically active bring.
Active Travel Thematic Group	To create a modal shift in Cheshire and Merseyside where active travel is an accessible and inclusive first choice of transport for everyone every day.
Workforce Thematic Group	To support health and social care colleagues (and other professionals) from across Cheshire and Merseyside to increase their understanding and confidence about talking to people/patients about physical activity.

All Together Active Stakeholder Dashboard

All members of the ATA Strategy groups can easily maintain visibility of their contributions through the **ATA Stakeholder Dashboard**. The dashboard facilitates connectivity between the groups by providing transparency and accessible information for all stakeholders who can view reports, group membership, group minutes etc. from the All Together Active Board and thematic groups. Moving forward, the Place updates will be embedded within the dashboard to show visual progress towards All Together Active outcomes.



3. Data & Insight

Sport England release physical activity participation data via the Active Lives Survey (ALS) twice a year for adults, and once per year for children and young people.

The latest adult data from November 2022 (November 2023 is to be released shortly) shows that overall, in Cheshire and Merseyside:

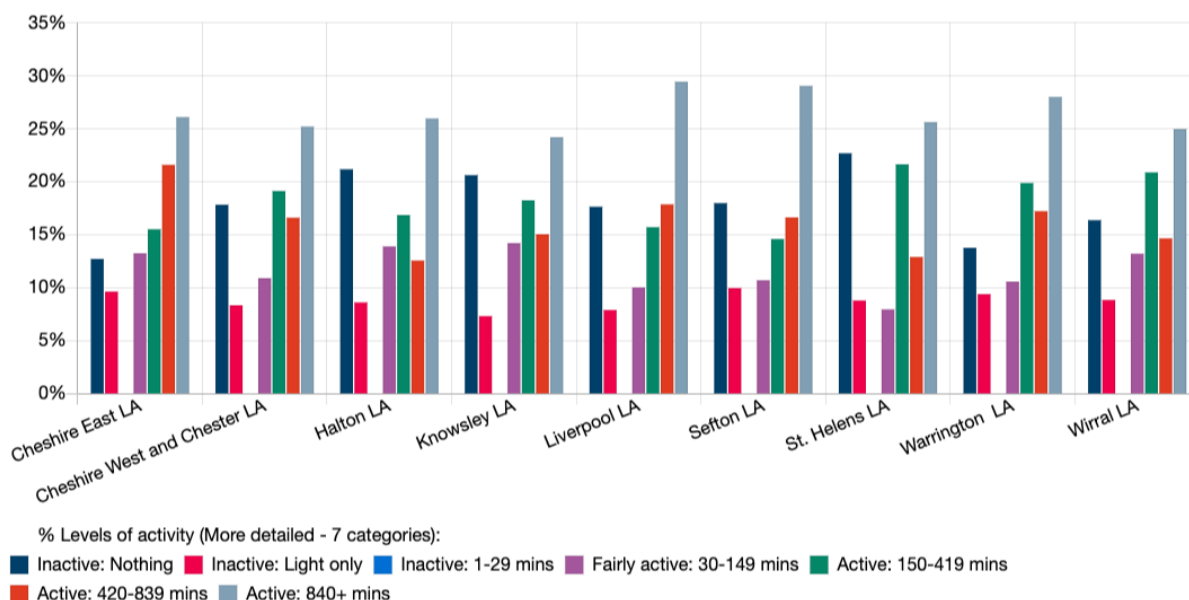
- 27.7% of adults are Inactive
- 11.5% of adults are Fairly Active
- 60.6% of adults are Active

A more detailed breakdown of this data can be seen overleaf:

Levels of activity (More detailed - 7 categories)

Local Authority and County Council

Nov 21-22



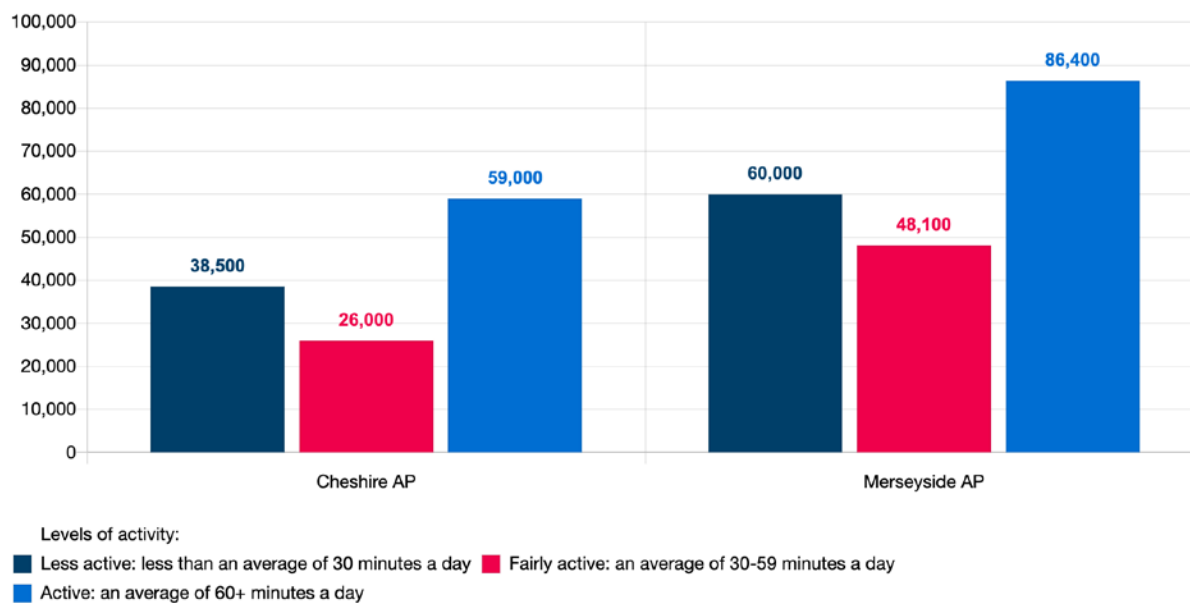
For children and young people (CYP) in the sub-region, the latest data shows:

- 98,500 CYP are 'less active' (less than an average of 30mins a day)
- 54,100 CYP are 'fairly active' (an average of 30-59 mins a day)
- 145,400 CYP are active (an average of 60+ mins a day)

It should be noted here that the Chief Medical Officer (CMO) guidelines for young people are a minimum of 60 mins physical activity every day. Therefore, it can be extrapolated that over half of the CYP in Cheshire and Merseyside are currently not meeting the CMO guidelines for physical activity.

Further breakdown of the data can be seen in the table below (Cheshire Active Partnership [AP] includes the local authority [LA] areas of Cheshire West and Chester, Cheshire East and

Warrington, and Merseyside AP includes the LA's of Liverpool, Halton, St Helens, Wirral, Knowsley and Sefton):



One of the challenges facing the All Together Active Strategy is the lack of uniformity in which Physical Activity that is reported across the system. The ATA Evaluation Group is working alongside Liverpool John Moores University to develop an Evaluation Framework which will be utilised by systemic partners to further understand this challenge and seek to find unifying standardisation opportunities.

The Evaluation Framework will cover Together Active programme, including pilots, place action plans, which will support a growing system wide movement to embed physical activity at place and in ICS wide programme approaches to maximise physical health and wellbeing impact.

4. Physical Activity pilots and scalability

Over the past 18 months, the potential role that physical activity can play in a small number of treatment and prevention pathways has been explored, to understand opportunities, barriers and scalability.

A high-level overview of the pilots can be found below, but for more information, please contact mike.watson@activecheshire.org.

Pilot	Location	Pilot Summary
Making Every Contact Count (MECC) for	Cheshire and Merseyside	In partnership with the Royal Society for Public Health and funded by Health Education England (HEE)/NHS England (NHSE), a MECC for Physical Activity health promotion training programme has been developed and evaluated. The training programme enables frontline staff across the health system to feel more confident in

physical activity		promoting and speaking to patients and service users about physical activity through the MECC approach. The evaluation shows the pilot was a success and interest in the training has been received from other NHS and local authority organisations.
Recovery is physical: reducing harm from alcohol	Liverpool, Warrington and Knowsley	Working with local alcohol services to pilot embedding physical activity opportunities into patient care pathways. The evaluations have shown positive outcomes and a collaborative learning session will take place on 12 th April for physical activity system partners to explore scalability opportunities.
Supporting people diagnosed with serious mental illness (SMI)	Cheshire	Working alongside the Mental Health Intensive Support Team (MHIST) at Cheshire and Wirral Partnership (CWP), 3 new Healthy Lifestyle Coach roles (one per Place) have been in post from September 2023. Active Cheshire are also working with voluntary sector partners and boards to explore how Personal Health Budgets can be used to make physical activity and independent living more accessible to patients under Section 117 (help when patients leave hospital).
Supporting people with disabilities through leisure	Cheshire	A leisure partnership project (Everybody Health & Leisure as the lead organisation, Brio Leisure and Livewire Warrington), Activity Alliance and Active Cheshire designed to build a framework which develops the leisure sector workforce through building confidence, communication and champions when supporting and working with disabled people. The working group is currently developing the training framework through consultation with their Leisure users and non-users, recruiting Disability Champions and providing a specific training programme to support them in their role, and completing an audit of provisions and services of the leisure facilities. This will result in the delivery of training within leisure settings in the forthcoming months.
St Helens Falls Pathway	St Helens	Using Sport England match-funding, a re-established falls pathway is being mobilised in St Helens after it was paused due to COVID-19. A Falls Coordinator is currently being recruited and trained to start delivery in the autumn.
Supporting people with disabilities accessing health checks to be more active	Halton	Using Sport England match-funding, a cohort of individuals from Halton have been identified through their health check and are currently being inducted into a leisure centre setting to support them to be more active.
Physical Activity	Wirral	Using Sport England match-funding, a Physical Activity Community Connector has been recruited to develop a community physical activity offer in deprived areas on the Wirral. They will establish a

Community Connector		hyper-local physical activity consortium and provide system leadership and 1:1 support for local community members.
Walking Therapies	Warrington	A collaboration between Warrington Mental Health Matters, Live Wire, Wolves Community Foundation and the Mersey Forest to test and learn the inclusion of several physical activity offers as part of the NHS Talking Therapies offer over a period of 12 weeks.

5. ATA Resource Hub

The ATA [Resource Hub](#) is a system-facing single point of information and advice for Health and Care professionals looking for guidance on the utilisation of physical activity in both treatment and prevention pathways.

To date, the Resource Hub has received 2,464 users. The All Together Active website also contains a dedicated area for [workforce](#) development, and within the last 12 months we have rolled-out training for an introduction to physical activity (166 participants) and upskilled 30 MECC for Physical Activity Trainers.

6. Progress & Next Steps

Significant progress has been made in implementing the ATA strategy. A key area of progress has been the initiation of the Place-Based Implementation plans. The focus of these plans is to ensure that each Place has considered how it will seek to deliver upon the strategic aims of the ATA Strategy, where the opportunities exist to trial and learn from opportunities to embed physical at scale, and how uniformed reporting mechanisms can be embedded into physical activity opportunities.

Strong partnerships have been forged with other Strategy and Transformation Committee programmes and Boards. Examples include, but are not limited to:

- **Beyond CYP Programme** – the Healthy Weight workstream of the Beyond CYP Programme is led by a member of the Active Cheshire team who is currently seconded into the work programme 1 day per week.
- **NHS Prevention Pledge** - all 17 Trusts have physical activity actions in place as part of their Prevention Pledge.
- **Cheshire and Merseyside Cancer Alliance (CMCA) commissioned Strategic Obesity Project** – there is close strategic alignment with the ATA Strategy and Mike Watson, Chair of the ATA Board sits on the project steering group.

A key priority for 2024-25 will be to further embed movement, physical activity and sport within the C&M health and social care system. This will be achieved by taking a whole system approach to physical activity, focusing on Health and Care Partnership priorities and supporting Places to action their place-based implementation plans. A key focus will be on demonstrating the impact of building the All Together Active system.

Cheshire and Merseyside Health and Care Partnership (HCP)

Cheshire and Merseyside Health and Care Partnership

All Together Fairer: Our Health and Care Partnership Plan

19th March 2024

Report author & contact details	Stephen Woods, Molly Brant and Alan Higgins Head of Strategy NHS Cheshire and Merseyside Project Manager (GMTS) Strategy and Collaboration Team Strategic Lead All Together Fairer Programme Alan.higgins@wirral.gov.k Stephen.woods@cheshireandmerseyside.nhs.uk Molly.brant@cheshireandmerseyside.nhs.uk
Responsible Officer to take actions forward	Prof. Ian Ashworth Director of Population Health ian.ashworth@cheshireandmerseyside.nhs.uk

Summary:

This paper provides an update on the development of All Together Fairer: Our Health and Care Partnership Plan, it outlines how we might better align the Health and Care Partnership (HCP) strategy with All Together Fairer (ATF). It builds on the previous discussions and the report presented to board in January 2024.

The All Together Fairer strategy is at the core of the Cheshire and Merseyside Healthcare Partnership. The original report was launched in May 2022 by Sir Michael Marmot and is specifically focussed on the social determinants of health. The Health and Care Partnership has outlined that everyone across the system has a role in addressing the social determinants and reducing inequality through the All Together Fairer programme.

Feedback indicates strong ownership and sense of engagement in the ATF report. The Board has previously recognised the impact the HCP can have in positively addressing inequality and social determinants should be the primary focus of our HCP plans.

In line with recommendations from the HCP board we have been working to realign our HCP strategic plan to the principles and approaches outlined in All Together Fairer it is worthy of note that we are beginning to receive national interest in our approach to this – the board previously agreed to:

- A refreshed high-level All Together Fairer strategic document adopted as our Health and Care Partnership Plan
- An associated HCP/ATF Delivery Plan (part of our Joint Forward Plan) to consolidate existing plans with focus on implementation.
- Build on the work already taking place within our Place Partnerships

The paper outlines how in developing our associated Joint Forward Plan we will create a set of plans that will support delivery and implementation.

The Joint Forward Plan (2024-29) would comprise of:

- HCP/All Together Fairer Delivery Plan
- Place Partnership Delivery Plans X9
- NHS Cheshire and Merseyside 2024/25 Delivery Plan

Complimenting this are the plans and priorities contained in the strategic documents of each of our Health and Care Partnership members.

All nine of our Cheshire and Merseyside Health and Wellbeing Boards have committed to the recommendations in All Together Fairer and form part of our '**Marmot Community**'; our refreshed plan reflects the strong support, enthusiasm and shared ambitions of partners.

As part of the refresh we have summarised the recommendations into three core principles:

- Shifting investment to Prevention and Equity
- Anti-Poverty Work
- Health and Equity in All We Do

The draft outlines further detail under each of these recognising that a great deal of work is already taking place, the refreshed plan will present a series of case studies that align to these core principles.

The plan builds on our partnership's vision, mission, key strategic objectives and our previously agreed priorities. These will continue to drive the work of the Health and Care Partnership and our partnership members' plans.

In developing the plan, we have established a task and finish group supported by the Institute for Health Equity, ICB Strategy and Collaboration Team, CHAMPS, the Liverpool City Region Combined Authority and the Cheshire and Warrington Local Enterprise partnership alongside support from a Director from one of the Cheshire and Merseyside Public Health Teams.

The work has been informed by and socialised widely with system partners including:

- The Health and Care Partnership Board
- All Together Fairer Board
- Population Health Board
- Cheshire and Merseyside Integrated Care Board
- Health and Wellbeing Boards
- Place Directors
- ICB Associate Directors of Transformation and Partnerships
- Directors of Public Health
- Place Partnership Teams
- Liverpool City Region Combined Authority and the Local Enterprise Partnerships
- CHAMPS
- Institute of Health Equity

The content of this Health and Care Partnership Plan will be supported by detailed Delivery Plans, with progress measured using "Beacon Indicators". The plan will also help to influence the contents of the Place Partnership Delivery Plans produced by our nine Health and Wellbeing Boards and the organisational plans of our partner members including the NHS.

Recommendations

The Partnership is asked to:

- Endorse the broad content outlined in the All Together Fairer: Our Health and Care Partnership Plan noting: the intention to identify some headline compelling measures which reflect the key themes on slide 8 this will help to bring the document to life.
- Support the development of a series of case studies that outline the current activity relating the three key principles, these will be included in the final document.
- Members of the Health and Care Partnership are asked to share the slides within their respective organisations and provided final feedback by Friday 12th April in order that we can create a final designed document during April/May 2024.

Next Steps

During April and May we will continue to refine the content and work with the design team to create a fully accessible public facing document.

A final designed version of the ***All Together Fairer: Our Health and Care Partnership Plan*** will be presented for final approval at the June meeting of the Health and Care Partnership.

The delivery plan supporting the All Together Fairer: Our Health and Care Partnership Plan document will be presented for approval, noting this will include engagement with our communities to ensure codesigned plans.

Contact details for more information:

Stephen Woods, Head of Strategy
(stephen.woods4@cheshireandmerseyside.nhs.uk or 07826513643)

Alan Higgins
Strategic Lead All Together Fairer Programme
Champs Support Team (Hosted by Wirral Council)
(alanhiggins@wirral.gov.uk 07801 204820)

All Together Fairer: Our Health and Care Partnership Plan

2024-2029



**Cheshire and
Merseyside**

Health and Care Partnership

Foreword

As a partnership, we have chosen to target our efforts on implementing the recommendations set out in [All Together Fairer: Health Equity and the Social Determinants of Health in Cheshire and Merseyside](#). The report's approach reflects the views of many we heard in Cheshire and Merseyside since work began in July 2021. **"We need to do something different, or nothing will change"**, "If we keep doing what we've done in the past, inequalities will continue to worsen".

The case for reducing health inequalities is clear. They are unnecessary and unjust, harm individuals, families, communities and place a huge financial burden on services, including the NHS, the voluntary sector and community sector and on the economy. Health inequalities are remediable by reasonable means and, even without national government support, are remediable to some extent. Despite deteriorating health and widening inequalities across the country and in Cheshire and Merseyside, there is scope for local areas to make a real difference. Changes in approach, allocation of resources and strengthened partnerships are essential.

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

Cheshire and Merseyside Health and Care Partnership is committed to involving people and communities to identify what will help to improve their health and wellbeing and to work with us to shape services.

This plan sets out how we will work together to address the key challenges facing people across Cheshire and Merseyside. We will work to develop this plan and deliver the detailed workstreams sitting behind it and, ensuring the voice of our communities is at the heart of everything we do.

TO EDIT



Cllr Louise Gittins

Chair



Raj Jain

Vice Chair



Ellen Loudon

Vice Chair

About the Health and Care Partnership

Operating as a statutory committee since November 2023, the Health and Care Partnership (HCP) provides a forum for leaders from Local Authorities, the NHS and other key partners from across the region to come together and take collective action. The partnership aims to:

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

Working with people and communities

As a partnership 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 better, more effective services, removing barriers to accessing services where they exist. The Health and Care Partnership has also made a pledge to carers in its [Interim Strategy](#). Our mission is to work in partnership with carers and carer support organisations to develop and implement a Carers Strategic Framework for Cheshire and Merseyside.

The key role our communities and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector plays in contributing to the delivery of a population-based model of care in Cheshire and Merseyside is reflected in our [State of the Sector Report](#).

(This infographic needs recreating to fully reflect the system - aligning to the HCP membership)

The HCP supports these overarching principles when working with the VCFSE:

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



Acting on the Social Determinants of Health

We know many people are struggling in their day to day lives with the financial challenges we are facing. Similarly, the Public Sector is experiencing pressures with increasing demand for services outstripping the resources available. We must keep innovating and improving if we are to meet the needs of people to a consistently high standard.

The 2023 [Hewitt review](#) of Integrated Care Systems supports our focus on a whole system approach to positively impacting the social determinants of health and fits with our existing statutory duty and local commitment to integrate services to benefit our population. The review identifies a number of drivers for change with systems moving to:

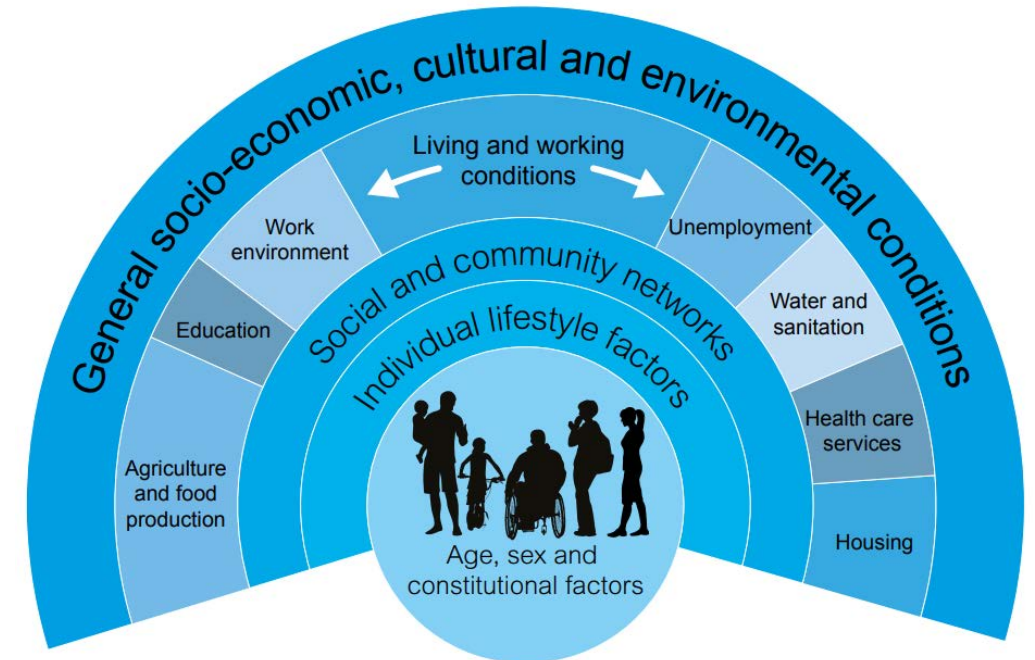
- A focus on good health rather than treating illness.
- A system which holds itself to account for delivering the priorities for our population and being a self-improving system.
- Unlocking the potential in primary and social care and developing a skilled, sustainable workforce.
- Ensuring we focus on the value we achieve from our financial investment rather than simply the costs we incur, in order we maximise the outcomes we are delivering for our population for every pound we invest.

Social determinants

The image opposite describes the social determinants of health. These relate to the social, economic and environmental conditions in which people are born, grow, live, work and age.

Acting on these drivers of ill health, as well as treating ill health when it is presented in healthcare settings, will help us to reduce inequalities and improve outcomes. We recognise that the prevention agenda must focus on improving living and working conditions and reducing poverty, as well as promoting healthy behaviours.

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



It is almost impossible to live healthily when in poverty.

All Together Fairer

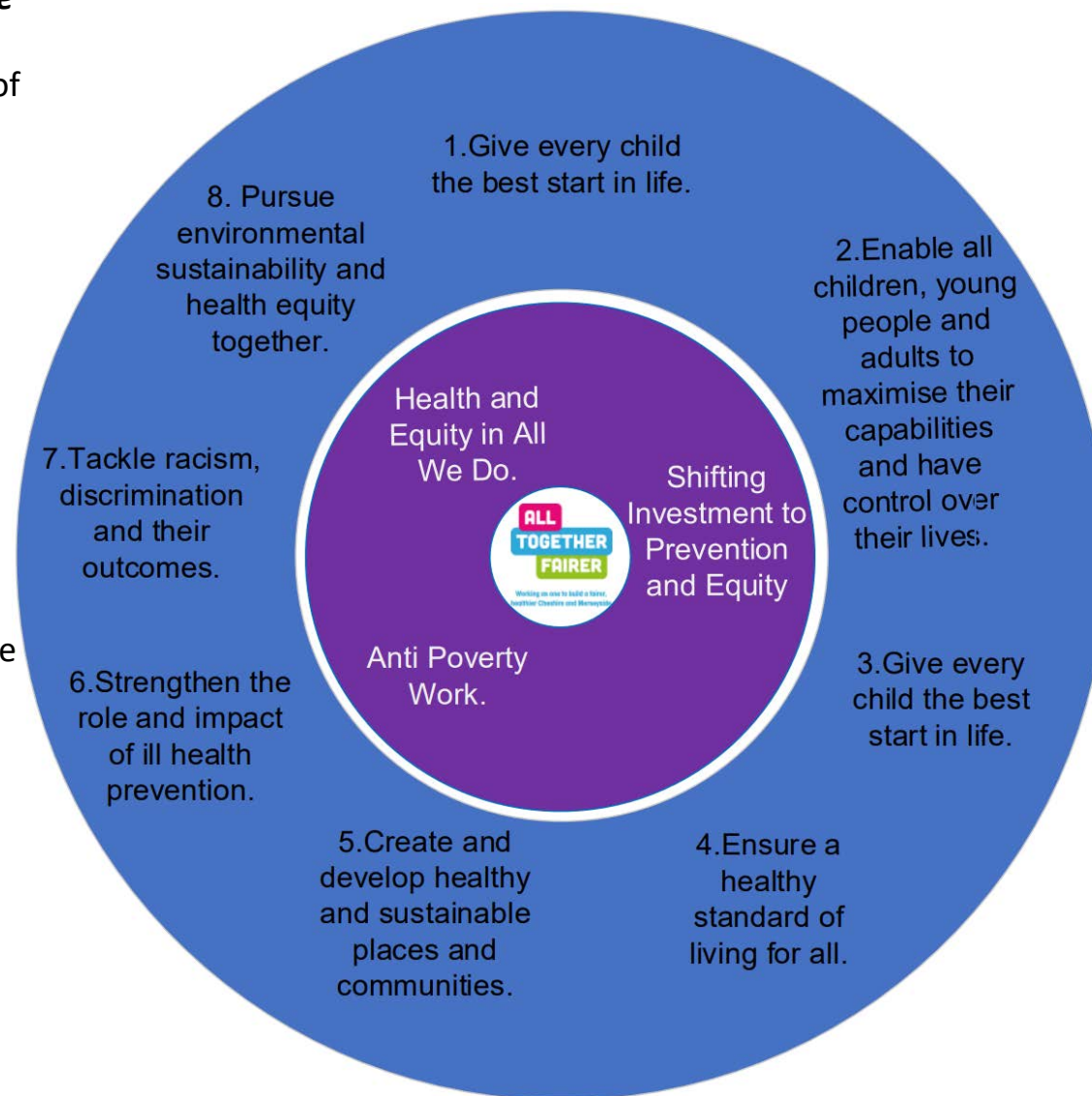
"All Together Fairer: Our Health and Care Partnership Plan 2024-29" sets out our aim to even more closely align the work of our Health and Care Partnership with the recommendations made [in All Together Fairer: Health equity and the social determinants of health](#) and builds on our Cheshire and Merseyside [interim strategy](#) published in 2023.

The All Together Fairer programme deliberately and specifically focuses on the social determinants of health, which are encompassed by the eight All Together Fairer themes. These are the basis for the analysis in the report and the recommendations.

The All Together Fairer Report and recommendations were codesigned with local residents and community organisations in our 9 Places.



Working as one to build a fairer, healthier Cheshire and Merseyside



All nine of our Cheshire and Merseyside Health and Wellbeing Boards have committed to the recommendations in All Together Fairer and form part of our **Marmot Community**; our plans reflect the strong support, enthusiasm and shared ambitions of partners.

We have summarised the recommendations into **three principles**.

- 1. Shifting investment to Prevention and Equity**
- 2. Anti-Poverty Work**
- 3. Health and Equity in All We Do**

The content of this Health and Care Partnership Plan is supported by detailed Delivery Plans, with progress measured using "Beacon Indicators". This plan has also helped to influence the contents of the Place Partnership Delivery Plans produced by our nine Health and Wellbeing Boards and the organisational plans of our partner members including the NHS.



Rethinking our focus for 2024-29

Our three principles



What would *Shifting Investment to Prevention and Equity* look like?

We will:

1. Increase the budget going towards the social determinants of health and the promotion of good health by 1% every year over the next 5 years.
2. Develop and implement an allocation strategy that supports the best use of resources to reduce inequalities and improve population outcomes at a neighbourhood level.
3. Ensure that the resourcing and delivery of services is universal at scale, and at an intensity proportionate to need.

What would *Anti-Poverty Work* look like?

We will:

1. Organise and promote activity that alleviates the immediate impacts of poverty.
2. Organise and promote activity that supports people to access the benefits to which they are entitled.
3. Promote activity that increases access to sustainable employment or work-related opportunities.
4. Tackle in-work poverty by implementing Real Living Wage and fair employment practices across Health and Care Partnership Organisations and their contracted services.

What would *Health and Equity in All We Do* look like?

We will:

1. Demonstrate health and equity in all policies and service provision.
- For example:
- In our planning policies altering physical surroundings, urban layouts, building design and renewal, housing quality, affordability and density, parks and recreation facilities, roads, paths and transport and the provision of other amenities, such as seating and toilets
 - Work to support transport arrangements to increase equity in the ability to access services e.g. taking mobile services to communities

Building on our existing priorities



In 2023, we published our interim strategy, which set out how we will work together as partners to tackle health inequalities. The plan outlined our partnership’s vision, mission, and key strategic objectives which are shown in the table below. These continue to drive the work of the Health and Care Partnership and our partnership members' plans.

As part of developing our priorities, our partnership identified the importance of making the best use of our community assets and equity of access as golden threads that should run through all our work.

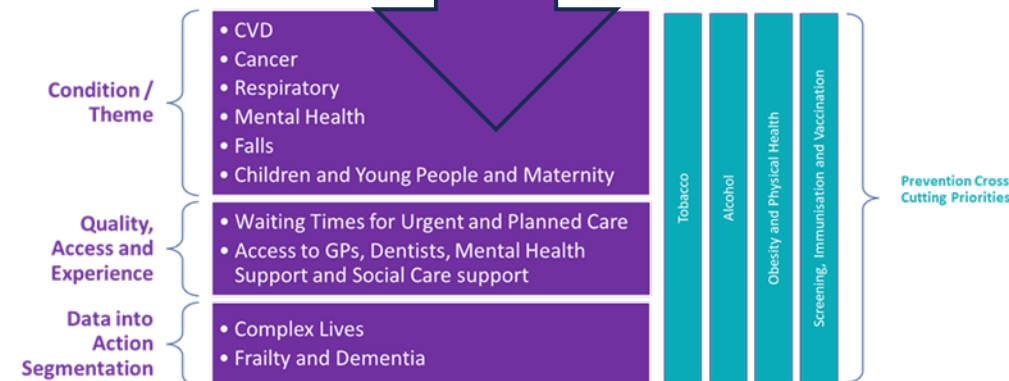
In addition to this, our Health and Care Partnership members have collaboratively used an evidence-based Data into Action approach to understand inequalities and outcomes and define several key priorities.

Our analysis tells us that our population experiences worse health outcomes when compared to the “England average” in several areas, and our residents have told us their experience of accessing care often does not meet their expectations.

All Together Fairer: Our Health and Care Partnership Plan								
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 the fastest. We believe we can do this best by working in partnership.							
Strategic Objectives	Improve Outcomes in Population Health and Health Care	SW Enhancing Productivity and Value for Money			Helping to Support Broader Social and Economic Development			
	Tackling Health Inequalities in Outcomes, Experiences and Access							
All Together Fairer Themes	Give every child the best start in life	Enable all children, young people, and adults to maximise their capabilities and have control over their lives	Create fair employment and good work for all	Ensure a healthy standard of living for all	Create and develop healthy and sustainable places and communities	Strengthen the role and impact of ill health prevention	Tackle racism, discrimination and their outcomes	Pursue environmental sustainability and health equity together
Key Principles	Shifting Investment to Prevention and Equity							
	Anti-Poverty Work							
	Health and Equity in All We Do							
Areas of focus	Anti Racism and Discrimination							
	All Together Fairer				WorkWell Partnership			
	Prevention Pledge				Social Value and Anchor Institutions			
	Children and Young People Health Equity Collaborative				Sustainability Programme			
	Housing and Health				Serious Violence Duty			

Improving outcomes

We know that it is often the social determinants of health that are the cause of these poorer outcomes. This is why as a partnership we are committed to addressing these social determinants and promoting good health and wellbeing.



(This table will be designed)

Delivering on our Key Themes



Our All Together Fairer Themes:

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

What are we focusing on to make a difference

- **All Together Fairer** – All Together Fairer is Cheshire and Merseyside’s collaborative approach to reducing health inequalities across all nine Places.
- **Children and Young People Health Equity Collaborative** focuses on how our actions can reduce inequalities for children and young people as part of our wider programme, led through our Cheshire and Merseyside Children and Young People Committee.
- **WorkWell Partnership** – The WorkWell service aims to better integrate local employment and health support for disabled people and people with health conditions to start, stay and succeed in work.
- **Prevention Pledge** – The Prevention Pledge assists the NHS and Partner organisations in Cheshire and Merseyside to strengthen and scale up population-level prevention priorities. The pledge is underpinned by 14 ‘core commitments’.
- **Social Value and Anchor Institutions** – The Cheshire and Merseyside Anchor Institutions Framework has been developed in collaboration with colleagues and community champions from across the region, identifying actions which can make a difference in improving people’s health and wellbeing and supporting local economies.
- A **Sustainability Programme** has been established across Cheshire and Merseyside to ensure a joined-up approach to delivering on the objectives of the wider sustainability agenda in tackling climate change and overseen by our Sustainability Board.
- **Serious Violence Duty** - The Serious Violence Duty brings partners together to collaborate and plan to prevent and reduce serious violence.
- **Anti-racism and discrimination** – Our members are working collaboratively to spread good practice in how we can tackle discrimination.
- **Housing and Health** – Working with housing partners to identify how we can collectively have an impact on the availability and quality of housing as well as providing employment to improve the outcomes for residents.

Further details on these work programmes can be found our delivery plans.

Building on existing good practice

The following case studies outline some of the good work that is already taking place across our system that are helping us to achieve these three principles.

Shifting Investment to Prevention and Equity

Case Study:-

Our intention is to ask each Place to submit one case study under each of these headings – Nine case studies will be included in the plan (One from each Place)

Anti-Poverty Work

Case Study:-

Healthy and Equity in All We Do

Case Study:-

Delivery and Implementation

To support the implementation of our Health and Care Partnership Plan, we will create a system-wide Joint Forward Plan which builds on existing plans and priorities and provides the detail on how we will deliver.

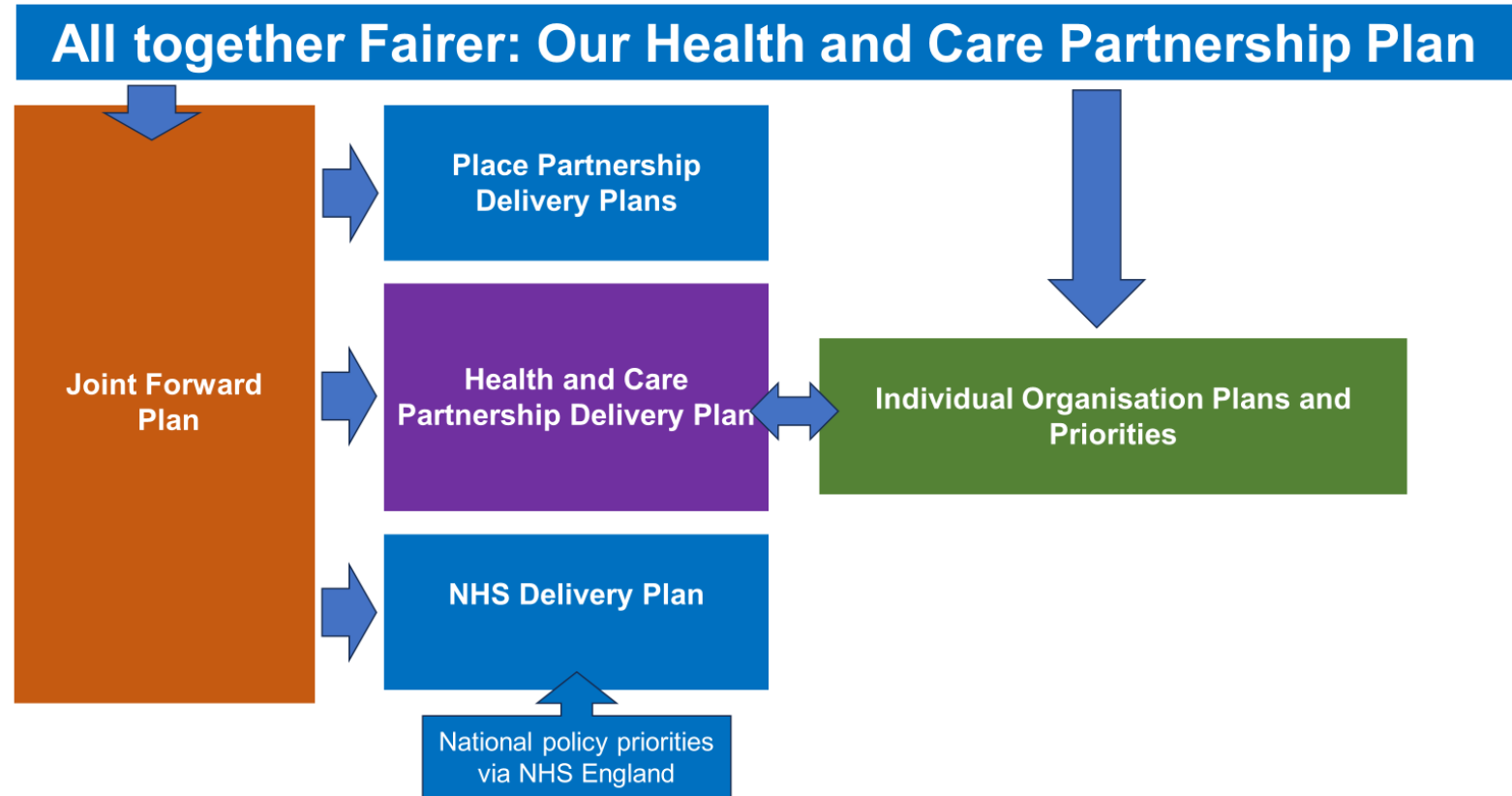
The Cheshire and Merseyside Joint Forward Plan has three core elements:

- All Together Fairer: Our Health and Care Partnership Delivery Plan
- Place Partnership Delivery Plans x9
- NHS Delivery Plan (Cheshire and Merseyside-wide)

Complimenting this are the plans and priorities contained in the strategic documents of each of our Health and Care Partnership members.

In developing our plans, we will, listen to our communities harnessing their knowledge and lived experience of those who use and depend on the local health and care system and provide an opportunity to improve outcomes and develop better, more effective services, removing barriers to accessing services where they exist.

Plans will be outcome focussed and include key milestones and indicators of success, outlining what we intend to achieve and by when.



Our ultimate goal is to put people, not organisations, at the heart of everything we do so that together, we meet the diverse needs of all our communities

Glossary and useful links

Full Glossary to be added once document completed

ATF = All Together Fairer

CVD = Cardio Vascular Disease

GP = General Practice

HCP = Health Care Partnership

JFP = Joint Forward Plan

NHS = National Health Service

VCFSE = Voluntary Community Faith and Social Enterprise

Useful Links

[All Together Fairer: Health Equity and the Social Determinants of Health in Cheshire and Merseyside](#)

[Hewitt review](#)

[Involving people and communities](#)

[Marmot Community](#)

[State of the Sector Report](#)