



HEALTH AND WELLBEING BOARD

29th SEPTEMBER 2022

REPORT TITLE:	INTEGRATED CARE SYSTEM
REPORT OF:	PLACE DIRECTOR (WIRRAL), NHS CHESHIRE AND MERSEYSIDE

REPORT SUMMARY

The purpose of this report is to update the Health and Wellbeing Board on the development of the Integrated Care System (ICS), the impact on Wirral as a place and working arrangements of NHS Cheshire and Merseyside in the borough.

This report affects all wards and is for information.

RECOMMENDATION/S

The Health and Wellbeing Board is recommended to note the report and receive similar updates at future meetings.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 It is important to ensure that the Health and Wellbeing board is engaged in the development of the Integrated Care System (ICS), the impact on Wirral as a place and the establishment of NHS Cheshire and Merseyside (also referred to as the Integrated Care Board (ICB)) working arrangements in the borough. Regular briefings will continue to be provided to keep members of the Board informed of progress.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 The arrangements to establish ICSs and ICBs are statutory under the provisions of the Health and Social Care Act 2022, so there are no other options to consider.

3.0 BACKGROUND INFORMATION

3.1 NHS Cheshire and Merseyside

- 3.1.1 Under the Health and Care Act 2022, NHS Cheshire and Merseyside is responsible for implementing the overall NHS strategy in Cheshire and Merseyside, assigning resources, securing assurance, and ensuring partners that the right activities are focused on securing the best outcomes for our communities.
- 3.1.2 NHS Cheshire and Merseyside Board meetings are meetings in public and are held monthly, the meeting venues move around Cheshire and Merseyside. Wirral will be hosting this meeting on 26th January 2023, probably in the Floral Pavilion. Details of previous Board meetings can be found at [Meeting and event archive - NHS Cheshire and Merseyside](#) and notice of forthcoming meetings can be found at [Upcoming meetings and events - NHS Cheshire and Merseyside](#).

3.2 Wirral Place Based Partnership Board and Supporting Governance

- 3.2.1 NHS Cheshire and Merseyside is working with each of the nine places in the Cheshire and Merseyside Integrated Care System (ICS) to establish robust governance and assurance mechanisms through strong partnership arrangements. The Wirral Place Based Partnership Board (WPBPB) is the forum where NHS Cheshire and Merseyside will conduct business pertaining to the Borough transparently in the public domain and in collaboration with system partners. These arrangements will also support further delegation of decision making and resources to each borough.
- 3.2.2 The four groups proposed in this paper mirror committees established in NHS Cheshire and Merseyside at an ICS level and groups established in the other eight places in Cheshire and Merseyside. Appendix 2 demonstrates how these groups will fit into Wirral system governance. Each of these groups will provide reports to the WPBPB. The four groups are:

Finance, Investment and Resources Group – this will support the development and delivery of our Wirral place financial strategy, oversee financial delivery, and provide assurance on the arrangements in place for financial control and value for money across the system. The group will also take a Wirral system view on use of resources in areas such as digital, estates, sustainability, and workforce.

Quality and Performance Group – this will provide the Place Based Partnership Board, and NHS Cheshire and Merseyside (via the Quality and Performance Committee), with assurance that health and care partners have insight and understanding of quality and performance issues at place level and confidence about maintaining and continually improving against each of the performance dimensions of quality of (safe, effective, person-centred, well-led, sustainable, and equitable) of their services. This set out in the Shared Commitment to Quality and enshrined in the Health and Care Bill 2021. This includes reducing inequalities in the quality of care, coupled with a focus on performance.

Primary Care Group - to oversee exercise of the NHS Cheshire and Merseyside's statutory powers in place relating to the provision of GP primary medical services under the NHS Act 2006, as amended by the Health and Care Act 2022, and other primary care services as delegated in future.

Strategy and Transformation Group – this Group will develop and review Wirral place strategic and operational plans to deliver national, Cheshire and Merseyside and local priorities. The Group will ensure that these plans secure continuous improvement, with a focus on health inequalities, and are delivered within financial allocations. The Group will receive assurance on the delivery of strategic and operational plans and associated work programmes.

3.2.3 These groups are being established in September 2022. The Terms of Reference are still being developed with NHS Cheshire and Merseyside, the four groups and system partners. It is intended that the Terms of Reference will be ready for adoption at a future meeting of the WPBPB.

3.2.4 If Wirral as a place receives further delegated authority from NHS Cheshire and Merseyside, these groups could become committees of the WPBPB.

3.3 Integrated Care Partnership Strategy and Five-Year Joint Plan

3.3.1 Under the Health and Care Act 2022, Integrated Care Partnerships (ICPs) operate as statutory committees consisting of health and care partners from across an ICS, including voluntary, community, faith, and social enterprise (VCFSE) organisations. The ICP for our ICS is known as the Cheshire and Merseyside Health and Care Partnership. It provides a forum for NHS leaders and local authorities to come together, as equal partners, alongside key stakeholders from across Cheshire and Merseyside. 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.

3.3.2 On 29th July 2022 the Department of Health and Social care issued statutory guidance that requires each ICP to produce and publish an ICP Strategy by

December 2022. There will also be a requirement to publish a “five-year joint forward plan” by April 2023. This means that the Cheshire and Merseyside Health and Care Partnership would need to sign off the strategy in December 2022 and the five-year joint forward plan in February 2023.

3.3.3 The guidance recognises that ICPs and ICBs are still just developing and that both the strategy and five-year joint forward plan will evolve as further intelligence becomes available. It is therefore likely that there will be further updates to this guidance and a requirement to regularly refresh and update the strategy and five-year joint forward plan so that they are “live” documents.

3.3.4 The Strategy will be built from local Place plans but will focus on areas where work can take place across the whole of Cheshire and Merseyside or across more than one borough. The guidance outlines the need for the Strategy to consider the following areas:

- Personalised care
- Addressing disparities in health and social care
- Population health and prevention
- Health protection
- Babies, children, young people and their families, and healthy ageing
- Workforce
- Research and innovation
- Health-related services
- Data and information sharing

It is also anticipated that there will be sections on climate change and sustainability, anchor institutions and social value, quality improvement, and finance, capital, and estates.

3.3.5 At the time of writing a work programme is being put together to outline how the Cheshire and Merseyside Health and Care Partnership will produce these two key documents. The Health and Wellbeing Board will need to be engaged in the development of the Strategy and the Wirral Place Based Partnership Board involved in the Joint Forward Plan, ensuring that these translate to Wirral and reflect the needs of our borough.

3.4 Winter Plan

3.4.1 On 12th August 2022, NHS England published a series of documents outlining the next steps for planning for winter 2022/23, including a board assurance framework, aimed at ensuring there is enough capacity and resilience to meet the pressures of the busy winter period. The national objectives and associated measures for planning for winter 2022/23 can be found in Appendix 3.

3.4.2 NHS Cheshire and Merseyside have established a Winter Plan Operational Group (WPOG) to develop and oversee production of local and system winter plans, based on local and national objectives and areas of focus, and informed by the letter issues on 12th August 2022. This group is meeting weekly with the intention of having the first return of the plan submitted during week commencing 26th September 2022.

Finalised plans will be produced in October 2022, for implementation from November 2022.

- 3.4.3 The Wirral Place Based Partnership Board will receive the final winter plan for our borough.

3.5 Place Director Objectives

- 3.5.1 NHS Cheshire and Merseyside's Chief Executive asked each of the nine Place Directors to develop objectives with representatives from their respective places. The intention was that the objectives of the Place Director are align to, owned, and delivered by each place collaboratively.
- 3.5.2 The attached objectives (Appendix 4) were developed by the Place Director during June and July 2022 in dialogue with key system partners. The objectives reflect the ambitions of the Wirral Plan 2026 and key areas of delivery for the Wirral health and care system in 2022/23. The objectives also link to the strategic aims of NHS Cheshire and Merseyside. The objectives were approved by the Chief Executive of NHS Cheshire and Merseyside in August 2022.

3.6 Cost of Living

- 3.6.1 NHS Cheshire and Merseyside is concerned about the impact of cost of living increases on our population as a whole and upon our workforce. Every Place Director has been set an objective that requires action to work with system partners to mitigate the impact of cost of living increases on our population and to support the health and care workforce.
- 3.6.2 The Place Director has engaged with officers from Wirral Council to ensure that any initiatives undertaken in health and care align with and augment Local Authority actions. The Place Director has also convened an action group of partners from across health and care to ensure that a coordinated effort is made to support, as far as is possible, the people who access our services and the people who deliver them.

4.0 FINANCIAL IMPLICATIONS

- 4.1 There are no direct financial implications arising from this report.
- 4.2 NHS Cheshire and Merseyside is accountable for NHS expenditure and performance within the ICS and in each place. In 2022/23 the Place Director will be a budget holder, with the intention to move more delegated authority to them and place partners from 2023/24.

5.0 LEGAL IMPLICATIONS

- 5.1 There are no direct legal implications arising from this report.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 NHS Cheshire and Merseyside will continue to work with each place to develop local teams and ensure the appropriate deployment of resources to support borough-based delivery.

7.0 RELEVANT RISKS

- 7.1 Arrangements to assess and share risks and gains across providers will be fully established and supported by transparency around resource availability and allocation within the place.
- 7.2 The Council and NHS Cheshire and Merseyside will mitigate risks through working closely with partners to gain insight into all areas of risks to enable mitigating actions to be put in place.
- 7.3 NHS Cheshire and Merseyside is developing a risk management and assurance framework, which will include place. This will enable the WPBPB to manage risks identified in their work directly or through supporting governance arrangements.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 NHS Cheshire and Merseyside will work with system partners to continue to develop and update their communication plan to ensure that all key stakeholders are engaged as place arrangements develop.
- 8.2 Neighbourhood areas are the fundamental platform for engagement working with residents and providers of each neighbourhood. Design, delivery, and improvement are shaped through co-production with communities.
- 8.3 The resident's voice will be embedded within neighbourhood and place arrangements driving priorities and ensuring public voice involvement in design and decision making. The Council and place partners will utilise existing networks for effective reach into communities.
- 8.4 The Wirral Place Based Partnership Board has voluntary, community, faith, and social enterprise (VCFSE) sector representation, which will be embedded in all elements of population planning, decision making and delivery. VCFSE sector intelligence and insight will be collated, including wider community feedback, to ensure the Wirral Place Based Partnership Board can hear from critical voices within different communities, escalate priority issues, and act on these issues.

9.0 EQUALITY IMPLICATIONS

- 9.1 Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against

anyone. The Council and NHS Cheshire and Merseyside will work in partnership with local and regional partners to develop Place-based Partnership arrangements necessary to deliver improved outcomes in population health by tackling health inequality. No Equality Impact Assessment is required for this report.

- 9.2 Impact assessments were undertaken as part of the legislative process for the Health and Care Act 2022, which led to the establishment of ICSs. These can be found at [Health and Care Act 2022: combined impact assessments - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/health-and-care-act-2022-combined-impact-assessments).

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

- 10.1 There are no direct environmental or climate implications as a result of this report.
- 10.2 Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner, and these principles will guide the development of the Place-based Partnership in Wirral.

11.0 COMMUNITY WEALTH IMPLICATIONS

- 11.1 Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside will support the Council in community wealth building by ensuring health and care organisations in the borough have a focus on reducing health inequalities and contribute to the development of a resilient and inclusive economy for Wirral.

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APPENDICES

Appendix 1	Wirral Place Based Partnership Board Membership
Appendix 2	Wirral System Governance Map
Appendix 3	Winter Planning 2022/23 – National Objectives and Measures
Appendix 4	Place Director Objectives

BACKGROUND PAPERS

- Health and Care Act, 2022 - <https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>
- NHS England website, integrated care section - <https://www.cheshireandmerseyside.nhs.uk/>
- NHS Cheshire and Merseyside website - [Home - NHS Cheshire and Merseyside](#)

- [Guidance on the preparation of integrated care strategies - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/guidance/guidance-on-the-preparation-of-integrated-care-strategies)
- [NHS England » Next steps for urgent and emergency care letter and framework](#)

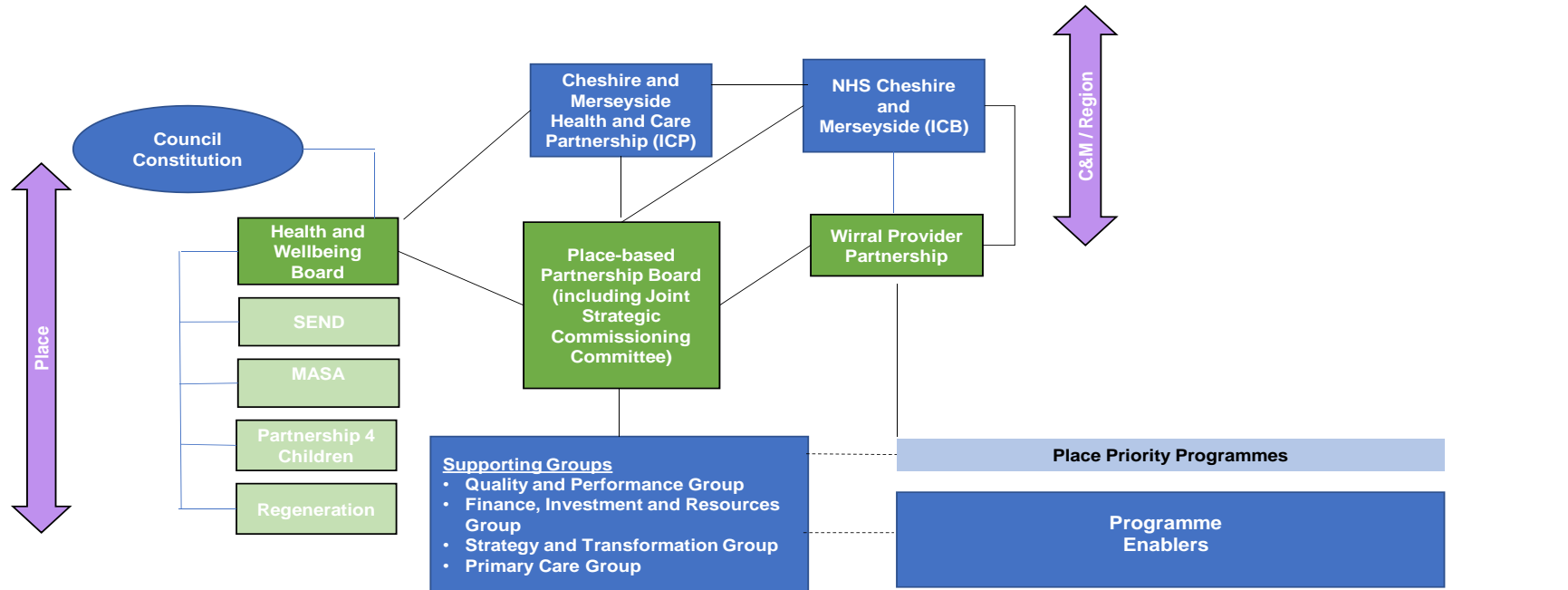
SUBJECT HISTORY (last 3 years)

Council Meeting	Date
<p>Previous reports presented to Health and Wellbeing Board:</p> <p>Integrated Care System Project Update Integrated Care System and Integrated Care Partnership Developments Integrated Care System Developments Integrated Care System Project Update Integrated Care System Update Integrated Care System Update Integrated Care System Update Integrated Care System Update</p> <p>Previous reports presented to Adult Social Care and Public Health Committee:</p> <p>Strategic Developments in the NHS Proposals for Integrated Care Partnership Integrated Care System and Integrated Care Partnership Developments Integrated Care Partnerships Update Integrated Care System Integrated Care System</p> <p>Previous reports presented to Partnerships Committee</p> <p>Strategic Developments in the NHS Strategic Developments in the NHS Strategic Developments in the NHS Integrated Care System Integrated Care System Update Integrated Care System</p>	<p>16th June 2021 20th July 2021 29th September 2021 3rd November 2021 15th December 2021 9th February 2022 23rd March 2022 28th July 2022</p> <p>2nd March 2021 7th June 2021 29th July 2021 13th October 2021 3rd March 2022 25th July 2022</p> <p>9th November 2020 13th January 2021 29th June 2021 28th September 2021 2nd February 2022 1st March 2022</p>

APPENDIX 1

WIRRAL PLACE BASED PARTNERSHIP BOARD MEMBERSHIP, AUGUST 2022

Nominated Representative	Organisation	Status
Simon Banks, Place Director	NHS Cheshire and Merseyside	PLACE member JCSC Voting Member (1)
Tim Welch, Chief Executive	Cheshire and Wirral Partnership NHS Foundation Trust	PLACE member
Tom Pharoah, Director of Strategy	Clatterbridge Cancer Centre NHS Foundation Trust	
Karen Howell, Chief Executive	Wirral Community Health and Care NHS Foundation Trust	
Janelle Holmes, Chief Executive	Wirral University Teaching Hospital NHS Foundation Trust	
Councillors Mary Jordan, Yvonne Nolan and Jason Walsh	Wirral Council	PLACE member JCSC Voting Member (1)
Paul Satoor, Chief Executive Julie Webster, Director of Public Health Graham Hodgkinson, Director of Care and Health Simone White, Director of Children's Services	Wirral Council	PLACE member
Karen Prior, Chief Executive	Health Watch	PLACE member
Dr Abel Adegoke, Dr David Jones (Dr John Mottram deputy) and Dr Stephen Wright	Primary Care Providers	PLACE member
Carol Johnson-Eyre and Justine Molyneux	Voluntary, Community, and Social Enterprise sector (VCSE)	PLACE member



APPENDIX 3 WINTER PLANNING 2022/23 – NATIONAL OBJECTIVES/MEASURES



Winter Planning - National Objectives / Measures

<p>Prepare for variants of COVID-19 and respiratory challenges, including an integrated COVID-19 and flu vaccination programme.</p>	<p>Increase capacity outside acute trusts, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter</p>	<p>Increase resilience in NHS 111 and 999 services, through increasing the number of call handlers to 4.8k in 111 and 2.5k in 999.</p>	<p>Target Category 2 response times and ambulance handover delays, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.</p>
<p>Reduce crowding in A&E departments and target the longest waits in ED, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.</p>	<p>Reduce hospital occupancy, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway</p>	<p>Ensure timely discharge, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100 day challenge'.</p>	<p>Provide better support for people at home, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs</p>

The following six specific metrics, key to the provision of safe and effective urgent and emergency care, will be used by both NHS England and Integrated Care Boards to monitor performance in each system through the Board Assurance Framework:

- 111 call abandonment
- Mean 999 call answering times.
- Category 2 ambulance response times.
- Average hours lost to ambulance handover delays per day.
- Adult general and acute type 1 bed occupancy (adjusted for void beds)
- Percentage of beds occupied by patients who no longer meet the criteria to reside.

APPENDIX 4 PLACE DIRECTOR (WIRRAL) OBJECTIVES, AUGUST 2022

Strategic Aims of Integrated Care Systems

1. Improve outcomes in population health and healthcare
2. Tackle inequalities in outcomes, experience, and access
3. Enhance productivity and value for money
4. Help the NHS support broader social and economic development

No	ICS aims	Core Objective	Critical success factor (How will you measure the objective has been achieved?)	By when (Date)	Planned progress in-year (e.g. deliverable(s) and date(s) in year to support achievement)
1	1-4	Work together to deliver NHS Operational Planning Priorities 2022/23 and local Place priorities, aligned to Wirral Plan 2026 and Health and Wellbeing Strategy.	<p>Agreed Wirral Place Plan.</p> <p>Refresh Wirral Place Plan as new guidance emerges.</p> <p>Demonstrate progress of delivery of Wirral Place Plan through reporting to Wirral Place Based Partnership Board (WPBPB).</p>	<p>September 2022.</p> <p>As required.</p> <p>Initial framework for November 2022.</p>	<p>Ratification by WPBPB.</p> <p>Development of Wirral Place outcomes monitoring framework and dashboard modelled on good practice from other Places.</p>
2	1-3	Work together to enable greater independence for adults and older people in their own homes and local environment.	We will demonstrate this by delivering a virtual ward service model in Wirral during 2022/23 for frailty and acute respiratory illness.	<p>December 2022</p> <p>March 2023</p>	<p>Baseline 20 frailty beds mobilised.</p> <p>Baseline 10 acute respiratory illness beds mobilised.</p> <p>Additional 10 (total 30) frailty beds mobilised.</p>

No	ICS aims	Core Objective	Critical success factor (How will you measure the objective has been achieved?)	By when (Date)	Planned progress in-year (e.g. deliverable(s) and date(s) in year to support achievement)
					Additional 15 (total 25) acute respiratory illness beds mobilised.
3	1-2	Work together for brighter futures for our children, young people, and their families by breaking the cycle of poor outcomes for all regardless of their background.	We will demonstrate this by the delivery of the key milestones in our SEND Action Plan, moving Wirral towards the removal of the Statement of Action.	March 2023	The SEND Action Plan is monitored by the Department for Education and NHS England. Progress and milestones will be demonstrated in reporting to these organisations, which will be shared with WPBPB.
4	1-2	Work together to provide happy, active, and healthy lives for all, with the right care, at the right time to enable residents to live long and healthier lives.	<p>We will demonstrate this through developing enhanced case finding for hypertension, using digital technologies (AccuRx), and working with Primary Care Networks, to identify those most at risk and provide appropriate support.</p> <p>80% of people that are diagnosed with hypertension receive treatment, according to the target in NICE guidelines.</p>	<p>March 2023</p> <p>January 2023</p> <p>March 2023</p>	<p>No. of new Hypertension diagnoses in the past 12 months. (Variable by PCN) Baseline: 2,430 (Total no. of Hypertension Floreys sent Jan22-Jun22) Target:– 7,000 (Aug22-Jan23 - 5% monthly increase per PCN from Jun22 onwards) (To be validated by clinical lead)</p> <p>BPQI Toolkit uptake increase Baseline: 78% Target: 90% by Mar23 (To be validated by clinical lead)</p> <p>Increased response rate for Hypertension floreys Baseline: 35% Target: 50% by Mar23 (To be validated by clinical lead)</p>

No	ICS aims	Core Objective	Critical success factor (How will you measure the objective has been achieved?)	By when (Date)	Planned progress in-year (e.g. deliverable(s) and date(s) in year to support achievement)
				<p>March 2023</p> <p>March 2023</p>	<p>BP@Home recordings for Hypertensive patients Baseline: 4,270 Aug21-Mar22 Target: 4,700 Aug22-Mar23 (10% increase) (To be validated by clinical lead)</p> <p>Metrics dashboard (under development): https://app.smartsheet.eu/b/publish?EQBCT=b2b16fec7e44bbc806d79cd62f182f9</p>
5	3-4	Work together for a prosperous, inclusive economy - helping businesses to thrive and creating jobs and opportunities for all.	We will demonstrate this by producing a health and care workforce strategy and plan for Wirral that supports integration and collaboration in our place, across organisations.	<p>September 2023</p> <p>January 2023</p> <p>March 2023</p>	<p>Re-establish Wirral Place Workforce Group.</p> <p>Wirral Place workforce strategy and implementation plan.</p> <p>An increase in available Care and Reablement Workforce from baseline levels and a concomitant reduction in turnover.</p> <p>Current Baseline Workforce:828</p> <p>Trajectory: To be determined</p>
6	1-3	Work together to ensure that primary care is integrated into	Engage primary care (general practice, community optometry, community pharmacy and	September 2022	<p>Secure representation from primary care on WPBPB and Primary Care Committee.</p> <p>Secure representation from primary care in</p>

No	ICS aims	Core Objective	Critical success factor (How will you measure the objective has been achieved?)	By when (Date)	Planned progress in-year (e.g. deliverable(s) and date(s) in year to support achievement)
		Place governance and delivery mechanisms in Wirral.	community dental services) in governance and engagement arrangements in Wirral. Support PCNs to become the essential core building block for integrated care.	October 2022 Ongoing October 2022 October 2022 October 2022 December 2022	Wirral Provider Partnership arrangements. Ongoing engagement with Local Representative Committees, Primary Care Council, Primary Care Network Clinical Directors and emerging Wirral Primary Care Collaborative. Engage PCNs in development of revised neighbourhood/care communities strategy for Wirral. Ensure primary care is engaged in the Wirral Provider Partnership. Revisit PCN maturity matrix (October 2021) and update assessment, with the addition of peer feedback. Develop plan to progress each PCN at least one step on the framework/maturity matrix.
7	1, 2 and 4	Work together to mitigate the impact of cost-of-living increases on our population	We will work together to mitigate the potential impact of cold homes and fuel poverty on our population and health and care services in Winter 2022/23.	Complete	Complete the baseline assessment tool for Excess winter deaths and illnesses associated with cold homes (NICE public health guideline NG6). Consider the outcomes of the baseline assessment tool and how these will impact on

No	ICS aims	Core Objective	Critical success factor (How will you measure the objective has been achieved?)	By when (Date)	Planned progress in-year (e.g. deliverable(s) and date(s) in year to support achievement)
				August 2022 September 2022 October 2022	place-based actions. Wirral Council to lead a strategic, population-based approach to mitigation of cost-of-living increase. Health and care to augment and align with this strategy and support operational delivery. Use local population health intelligence to target those cohorts who are at greater risk of fuel poverty and ill health, developing campaigns and targeted interventions involving all partners in Wirral.
8	3 and 4	Work together to maximise the use of public sector estate and ensure that this is linked to Wirral Council's Local Plan and regeneration work.	Ensure that Wirral place governance links health and care providers into Wirral Council's Strategic Estates Board (SEB). Produce an integrated Estates Strategy	September 2022 September 2022 September 2022 October 2022 November 2022	Representation from NHS on SEB. Ensure Wirral Health and Care Estates Group has inclusive membership. Establish Finance, Investment and Resources Group to report to WPBPB, through which estates and sustainability issues will be reported. Baseline of current estate owned or leased by health and care sector. Align NHS provider's strategic estates deliverables and work plans, considering Wirral SEB intentions and NHS Cheshire and Merseyside requirements.

No	ICS aims	Core Objective	Critical success factor (How will you measure the objective has been achieved?)	By when (Date)	<i>Planned progress in-year</i> <i>(e.g. deliverable(s) and date(s) in year to support achievement)</i>
				December 2022 February 2023	Draft strategy produced. Final strategy agreed.