



WIRRAL PLACE BASED PARTNERSHIP BOARD

28th September 2023

REPORT TITLE:	CHESHIRE AND MERSEYSIDE JOINT FORWARD PLAN 2023-28
REPORT OF:	PLACE DIRECTOR (WIRRAL), NHS CHESHIRE AND MERSEYSIDE

REPORT SUMMARY

The purpose of this report is to update the Wirral Place Based Partnership board on the contents of the Cheshire and Merseyside Joint Forward Plan (2023-28) outlining the content and priorities for 2023/24. This report builds on the report to the March 2023 Health and Wellbeing Board that described the Cheshire and Merseyside Health and Care Partnership Interim Draft Strategy, and the approach being taken to publish this Joint Forward Plan by June 2023 and the report to the September Health and Wellbeing Board regarding the Joint Forward Plan

This report will also update the Board in relation to the proposed approach to updating the Cheshire and Merseyside Health and Care Partnership Strategy and republishing the Joint Forward Plan (JFP) by March 2024.

This report also provides an update on the proposed monitoring of the JFP and associated Annual Delivery Plan.

RECOMMENDATION/S

The Wirral Place Based Partnership board is recommended to:

1. Note and comment upon the Cheshire and Merseyside Joint Forward Plan (2023-28) and the plans to monitor progress.
2. Provide any feedback in relation to the proposals for:
 - Cheshire and Merseyside Interim Draft Health and Care Partnership Strategy to be updated to align with the All Together Fairer recommendations and plans even more closely
 - For the Cheshire and Merseyside Joint Forward Plan to be produced as a system delivery plan focussing on the updated contents of the Health and Care Partnership Strategy with the additional mandated NHS content produced as an appendix to this Joint Forward Plan

3. Provide feedback on how we might best keep Place Based Partnerships engaged in the ongoing development of both the Health and Care Partnership (HCP) Strategy and subsequent revision of the JFP.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 The Place Based Partnerships Boards of Cheshire and Merseyside are key stakeholders in informing and influencing the contents of Health and Care Partnership (HCP) and Integrated Care Board (ICB) strategies and plans. This report builds on the previous reports including the report to March Board and outlines the content of the 2023-28 [Joint Forward Plan](#) (published July 2023). The report also outlines how the feedback from both HCP and Cheshire and Merseyside Health and Wellbeing Boards is influencing the development of our future HCP Strategy and the associated delivery plans in Cheshire and Merseyside, including the updated version of the Joint Forward Plan (March 2024).

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Statutory guidance was issued by the Department of Health and Social Care on 29th July 2022 requiring each Integrated Care Partnership (ours locally is called Cheshire and Merseyside Health and Care Partnership) to produce and publish a strategy by December 2022 which was then to be followed by ICBs to produce a Joint Forward Plan describing the delivery plan. In further detail published by NHS England on 24th December 2022, for ICBs, the mandated content of a Joint Forward Plan was communicated with a deadline for publication of 30th June 2023.
- 2.2 Noting these short time frames were set nationally and had to be met. As is outlined in 3.16 following discussion with Health and Care Partnership members and Health and Wellbeing Boards refined approaches are planned in updating both the Health and Care Partnership Strategy and Joint Forward Plan by March 2024 to better reflect our local system preferences and priorities.

3.0 BACKGROUND INFORMATION

- 3.1 It is now statutory responsibility of Integrated Care Boards (ICB) and NHS Trusts to produce a Joint Forward Plan (referred to as “JFP” going forwards in this report). The plan had to be published by June 2023.
- 3.2 The national guidance defines that the plan should describe, as a minimum, how the ICB and its partner trusts intend to arrange and/or provide NHS services, including the delivery of the universal NHS commitments and the NHS ICBs statutory duties and should reflect the local Health and Wellbeing Board strategies and the Cheshire and Merseyside Health and Care Partnership Strategy (currently still draft in Cheshire and Merseyside).
- 3.3 The duration of the plan is required to be for five years, however, these plans should be updated and be republished annually (next publication due in March 2024).

- 3.4 As was outlined in the paper brought to the March Health and Wellbeing Board the plan was developed through a collaborative approach and drawing on the areas and plans which had been outlined in the Health and Care Partnership Draft Interim Strategy including a wide range of expertise, knowledge, and experience of our health and care professional leaders and partners. This included sharing drafts and iteratively refining the content with our Place Partnerships and wherever possible Health and Wellbeing Boards, noting the bulk of the work producing the plan content coincided with the 2023 local council elections taking place in a number of our council areas.
- 3.5 The national requirements of a JFP include confirming how the statutory duties of an ICB are to be delivered, but additionally the JFP outlines how we will work together as partners it also includes content on the following:
- 3.5.1 Workforce (plans align with operational and financial plans)
 - 3.5.2 Performance (trajectories/milestones aligned to NHS operational planning requirements and NHS Long Term Plan)
 - 3.5.3 Digital/data (steps to increase digital maturity and reduce digital inequality in an integrated health and care system)
 - 3.5.4 Estates (plans for improved health and care infrastructure aligned with financial and capital plan)
 - 3.5.5 Procurement/supply chain (plans to deliver more efficient procurement and best value; can describe governance and supporting technology & infrastructure)
 - 3.5.6 Population health management (prevention and personalised care models through data, address inequalities and model future demand and service/financial impacts to support redesign and integrated models)
 - 3.5.7 System development (How the system will operate e.g., governance, emphasising the importance of Place partnerships, provider collaboratives, clinical and care professional leadership, system OD)
 - 3.5.8 Supporting wider social and economic development (approach to social, environmental and economic factors impacting health and wellbeing e.g., Anchor Institute plans within communities)

The JFP also includes:

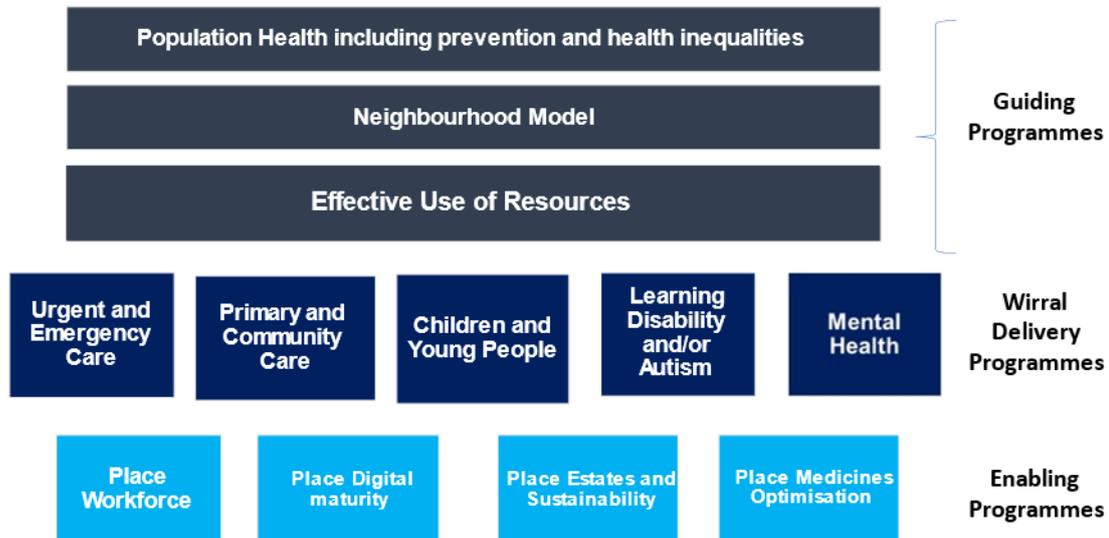
- 3.5.9 A summary and link to a copy of each “Place Plans” reflecting the priorities agreed within each Place and aligned to the Place Health and Wellbeing Strategy (more detail around the alignment to Wirral Health and Care Plan is provided below).
- 3.5.10 Plans in relation to a wider range of local programmes that are described in the interim draft Cheshire and Merseyside Health and Care Partnership Strategy e.g., existing C&M transformational programmes such as elective recovery, disease / condition specific programmes or priorities e.g., diabetes, cardiovascular disease, mental health, or carers.
- 3.5.11 Key ICB organisational programmes for example the NHS England delegation of Specialised Services to the ICB

3.5.12 Links to partner strategic documents / sections on NHS provider and local authority websites

- 3.6 The JFP content has been used to develop an Annual Delivery Plan which we had anticipated would allow us to track progress in delivering the programmes of work and associated benefits. There are already existing governance structures and reporting routes, with progress in delivery being reported through the relevant Board sub-committees and Quality and Performance updates reporting to the ICB Board.
- 3.7 This was also signed off by the ICB board and considered by provider NHS Trusts in June 2023. The plan also outlines the key reporting routes for both the programmes and enablers. In reporting progress against the JFP further consideration is being given to how we avoid multiple reporting routes and duplication of effort.
- 3.8 With the above in mind the expectation is that the existing ICB Board sub-committees are supported to ensure that their current reporting adequately describes progress against the JFP/Annual Delivery Plan.
- 3.9 As outlined, learning from the production of this first JFP it is intended to align future iterations more closely with the final HCP Strategy, the proposed timescale for this will be January 2024 which will allow time to complete the production of the JFP by March 2024. Feedback has been that the current JFP and HCP strategy have a health bias. The intention is to align the document with All Together Fairer which would make the document more reflective of the system, providing a much more balanced plan that supports whole system ownership of a JFP.
- 3.10 Initial work is underway to outline proposals to align and reframe the current HCP strategy to the All Together Fairer report. A small task and finish group supported by the Institute of Health Equity is looking at the production of an initial paper which will be shared with the Health Care Partnership. The plan would be to socialise this with wider system partners including Place Based Partnerships. The intention would be to facilitate a series of development workshops over the winter period ahead of a final draft in early January 2024.
- 3.11 With the potential development of a single overarching system document that would be a higher-level document any NHS specific plans would be outlined as part of an Annual Delivery Plan that would sit alongside the JFP. This approach would be implemented for the 2024-29 JFP to be published in March 2024.
- 3.12 The creation of a high-level single system document would allow us to focus on the development of a System Annual Delivery Plan providing an opportunity to make sure that the constituent plans provide the stretch and detail to assess impact with the added potential to support programmes/enablers to better plan, enabling the creation of a clearer set of outcomes and measures.
- 3.13 In addition to the broad range of content that covers the collective work across Cheshire and Merseyside Wirral Place Partnership provided specific local content which is found in section 8 of the document. This summarises the Wirral Health and Care Plan 2023-24 which had been endorsed at the June Partnership Board and includes the three guiding programmes, five delivery programmes and four enabling programmes, which are described below:

Wirral Place Programmes


Cheshire and Merseyside



3.14 The priorities in the Wirral Health and Care Plan were developed through a series of workshops held between December 2022 and April 2023.

3.15 Within the Guiding Programmes the contents are: -

3.15.1 Population Health including prevention and health inequalities – which encompasses the work to implement the Wirral Health and Wellbeing Strategy

3.15.2 Neighbourhood Model – a refreshed approach to this programme which is now a community led initiative to reduce increasing health inequalities across Wirral, moving from focusing on ill health to promoting wellbeing.

3.15.3 Effective Use of Resources - this programme of work will to ensure that every Wirral pound for health and care is used to its maximum.

3.15.4 The figure above also shows the 5 Wirral Delivery programmes which are our key priority areas for delivering change in 2023/24. These 5 programmes have key actions required to deliver improvements to health and care services in Wirral and require specific actions by Wirral. Alongside these there are also programmes that are led by Cheshire and Merseyside ICS but Wirral Place will support the implementation of the outputs from these programmes in Wirral. These are all key NHS national programmes: -

- Elective recovery
- Diagnostics
- Maternity
- Cancer.

3.10 In line with the requirement to publish the plan by June 2023 [the 2023-28 Joint Forward Plan has been published on the NHS Cheshire and Merseyside ICB website](#) building on the draft Interim HCP Strategy. It focuses on how we will work as partners for the benefit of our population and includes how we plan to:

- Tackle inequalities in outcomes, experience, and access
- Improve population health and healthcare
- Enhance productivity and value for money
- Support wider social and economic development.

3.11 Recognising the “draft interim” status of the HCP Strategy a set of key priorities have been included in the plan which maps to these strategic objectives and where we would intend to make early progress in 2023-24. This aims to show the commitment towards making an immediate contribution to delivering the strategic objectives above.

3.12 In addition, we outline a timeline for the development of a number of enabling plans such as a Cheshire and Merseyside system financial and workforce strategies.

3.13 The national requirements of a Joint Forward Plan include confirming how the statutory duties of an ICB are to be delivered as well as those areas included in the national NHS Planning Guidance. The volume of mandated content has led to the document being published as a shorter summary document with links to much more detailed content describing the plans in some detail.

3.14 The plan also includes a wide range of local Cheshire and Merseyside programmes of work which correspond with Wirral Health and Wellbeing Board priorities. To help demonstrate this some examples are:

3.14.1 Create opportunities to get the best health outcomes from the economy and regeneration programmes.

Section 2 of the plan includes work on Social and Economic Development including approach to Anchor Institutions. In addition this section talks about how we will work as partners with our communities.

Section 6 goes onto talk about how our approach to subsidiarity and the importance of our nine Places in delivering our strategies and plans.

3.14.2 Strengthen health and care action to address differences in health outcomes.

Section 3 – Population Health focuses on prevention initiatives and our approach to impacting on health inequalities including All Together Fairer and Core20PLUS5, Making Every Contact Count in influencing behaviour change to areas such as smoking, exercise and alcohol, and screening, vaccination and immunisation programmes.

Section 4 describes our programmes aiming to improve services and outcomes including reducing inequality as a golden thread including a wide range of programmes including:

- *Cancer prevention and treatment*
- *Cardiovascular disease*
- *Mental Health*
- *Access to services which have been impacted by the Covid Pandemic*

3.14.3 Ensure the best start in life for all children and young people.

Section 4 describes our Beyond Children and Young People programme.

Section 5 focuses on developing our workforce strategy which includes how we can develop our own future workforce and work across our system to create new employment and career opportunities for our residents.

3.14.4 Create safe and healthy places for people to live that protect health and promote a good standard of living.

Section 2 describes our approach to sustainability and climate change as well as Social and Economic Development.

Section 3 includes our work encouraging healthy lifestyles including All Together Active Programme

In Section 7 work to develop a financial strategy is outlined which will help us shape how we can better direct our resources to deliver our stated priorities on improving health outcomes and wellbeing and reducing inequality.

3.14.5 Create a culture of health and wellbeing, listening to residents and working together

Section 2 outlines our approach to working with communities. Much of the Joint Forward Plan is built from existing programmes and developed through wide stakeholder engagement and co-production which can be seen in the detailed plans sat behind Section 4 particularly.

Section 6 describes how we intend working as a system including the importance we attach to subsidiarity and our Places and communities, including Voluntary, Community, Faith and Social Enterprise Sector. This also includes enabling work such as our digital strategy and work to address digital exclusion.

- 3.15 This plan content has then been used to develop a delivery plan which will allow us to track progress in delivering the programmes of work and associated benefits.
- 3.16 It is recognised that the supporting guidance outlined minimum content to be included in a Joint Forward Plan that included significant NHS specific requirements, this included how the ICS would implement the national NHS priorities and the ICB discharge its statutory duties. Feedback from the Health and Wellbeing Boards and the Health and Care Partnership have suggested that we should look to reduce focus on these NHS requirements and instead look for future plans to more closely mirror the content and priorities of the HCP Strategy.
- 3.17 In finalising the HCP Strategy in the coming months this feedback is also being reflected in how we update the current draft document. As outlined above at the June meeting of the HCP it was agreed to work to align the strategy more closely with the recommendations and subsequent plans within the All Together Fairer Report. The

Joint Forward Plan would then be used as a delivery plan for this final HCP strategy and the additional mandatory NHS content reflected in an appendix.

4.0 FINANCIAL IMPLICATIONS

- 4.1 As is outlined on Section 7 of the JFP developing a financial strategy that complements this work will happen during 2023 in reflection of the budgetary projections and in support of prioritising our investments across Cheshire and Merseyside.
- 4.2 This is supported by work within Wirral to ensure best value from the “Wirral pound”.

5.0 LEGAL IMPLICATIONS

- 5.1 The Health and Care Act 2022 established new NHS bodies known as Integrated Care Boards and required the creation of Integrated Care Partnerships (Cheshire and Merseyside Health and Care Partnership) in each local area.
- 5.2 As part of the 2022 Act there was a requirement for Integrated Care Partnerships to produce a strategy. At present the strategy is draft and will be updated before March 2024.
- 5.3 There is an additional requirement from the 2022 Act for ICBs, and NHS Provider members, to produce a Joint Forward Plan and on Health and Wellbeing Boards to provide a statement of opinion as to whether this Joint Forward Plan reflects the local Joint Health and Wellbeing Board Strategy. Due to the final production of the Joint Forward Plan coinciding with local elections it was not possible to attend Wirral HWB with the final document prior to publishing in June, but in future as the Joint Forward Plan is updated this will be the case.

6.0 RESOURCE IMPLICATIONS: STAFFING, ICT AND ASSETS

- 6.1 It is recognised that the JFP is extensive and that delivering the scale of ambition is stretching. Work on prioritising the JFP has commenced but it is recognised this will continue to need to be progressed to reflect the resources we have available alongside emerging pressures.

7.0 RELEVANT RISKS

- 7.1 There is a risk that the financial resources to implement the JFP will not be available or may be directed at short term pressures being seen through increased immediate need for services, and inflationary pressures.
- 7.2 There is a risk that it will take time to develop and mature the HCP membership and relationships to maximise the full benefits of system working.
- 7.3 There is a risk that a lack of resources to implement the breadth of priorities identified in the strategy could lead to a more limited scale of improvement in the health of our population.

- 7.4 Risks are logged as overarching concerns that reflect potential system wide challenges to the overall delivery against the JFP – individual risks are logged via the sub-committees responsible for the delivery of the themes and functions within the plan.

8.0 ENGAGEMENT/CONSULTATION

- 8.1 In developing our HCP Strategy and JFP, we have engaged with our nine Places, including a summary of the plans developed locally by each, in order to reflect the Joint Health and Wellbeing Strategy and other identified local priorities.
- 8.2 During March and April we ran an online survey to enquire about priorities within the draft interim HCP Strategy and this process was supported by voluntary community faith and social enterprise (VCFSE) representatives.
- 8.2 The Strategy and JFP has been largely developed building from existing documents and programmes who have established stakeholder engagement approaches. The content has also reflected engagement with a range of stakeholders including, Champs Public Health Collaborative, Directors of Public Health, Population Health Board, Health and Wellbeing Boards and subject matter experts related to specific areas such as Healthwatch, ICS programme leads and voluntary community faith and social enterprise (VCFSE) representatives.
- 8.3 The Cheshire and Merseyside Joint Health Scrutiny Committee have also received a and discussed the JFP at their July meeting.
- 8.4 Much of the content of the JFP/and HCP has been developed through existing programmes, which have established mechanisms for engagement in developing the plans.
- 8.5 A public survey was undertaken in March/April 2024 to look at the content of the draft Interim Cheshire and Merseyside HCP Strategy with the results assessed as part of developing the JFP. The guidance indicates that where JFP's are built on existing plans and strategies there is not a requirement to formally consult.
- 8.6 Further work may be required however, this will depend on the agreed nature, process and format of the revised HCP strategy and accompanying Delivery plan. As detailed plans are produced individual EIA's will be produced to assess the impact of the plans.

9.0 EQUALITY IMPLICATIONS

- 9.1 In developing the document the Cheshire and Merseyside commitment to reducing inequalities is a central theme through the content. As referenced it is the intention to further focus this commitment in future versions of the HCP Strategy and Joint Forward Plan.
- 9.2 The HCP Strategy and JFP document content has been reviewed by Equality and Diversity Officers and an Equality Impact Assessment was undertaken. It is however recognised that more detailed Equality Impact Assessments will be undertaken to reflect the more detailed plans contained within the documents.

9.3 Following the review by Equality and Diversity Officers it was agreed that a full EIA was not required at this stage. The expectation is that as detailed plans are produced individual EIA's will be produced to assess the impact of the plans. This report describes the JFP planning process communicated with guidance from NHS England.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 The JFP includes our approach (section 2 of the Joint Forward Plan) which builds on the content in the HCP Strategy on sustainability and outlines further details around the work taking place across Cheshire and Merseyside.

11.0 COMMUNITY WEALTH IMPLICATIONS

11.1 NHS Cheshire and Merseyside will support our partners in community wealth building by ensuring health and care organisations have a focus on reducing health inequalities and improving the health of our communities, to support a health workforce.

11.2 The JFP also outlines a number of initiatives designed to develop our workforce (section 5) and commitment to social value (section 2)

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APPENDICES

Appendix 1 – Cheshire and Merseyside Joint Forward Plan
Appendix 2 - Interim Draft Health and Care Partnership Strategy

BACKGROUND PAPERS

NHS England Guidance on developing a Joint Forward Plan. 23 December 2022
[NHS England » Guidance on developing the joint forward plan](#)

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
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Previous reports presented to Health and Wellbeing Board:

Integrated Care System

29th September 2022

Wirral Place Update Report

2nd November 2022

Wirral Place Update Report

21st December 2022

Interim Health and Care Partnership Strategy

23rd March 2023

Joint Forward Plan

21st March 2023