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5-Year Clinical and Strategic Commissioning Plan 2026/2031:

Incorporating our Population Health Improvement Plan

Contents – Our 5-Year Clinical and Strategic Commissioning Plan

Pages 3 – 9

Background:

- Introduction
- About Cheshire and Merseyside
- How have we developed our plan
- How we will work differently
- Strategic System Leadership – Working with partners and communities
- Applying the Strategic Commissioning Framework
- Developing our capability as a strategic commissioner

Pages 10-14

Key factors shaping our plan:

- Building on our shared Health and Care Partnership Plan
- The case for change (Our Integrated Needs Assessment)
- The principles that guide our plan

Pages 15 – 26

Our Priorities:

- Our plan on a page for 2026-31
- How we are delivering the three shifts
- Neighbourhood health
- Living healthier lives
- Maternity and neonatal care
- Children and Young People
- Mental health
- Neurodiversity, ADHD and Autism
- Frailty and Falls prevention
- Palliative and End of Life Care (PEOLC)

Pages 27- 32

Enablers to achieving our priorities:

- Clinical Leadership and Quality Safety and Experience
- Digital and Data
- Workforce
- Estates and infrastructure
- Financial Sustainability

Background

- Introduction
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- Developing our capability as a strategic commissioner

Introduction

NHS Cheshire and Merseyside is the statutory body responsible for planning, funding and overseeing NHS services for our 2.7 million residents. Our 2026–31 Clinical and Strategic Commissioning and Population Health Improvement Plans set out our shared ambitions for the years ahead.

While there is much to be proud of, we have unwarranted variation in outcomes, experience and access, and demand for services and the cost of providing them continues to rise. We are currently spending more on care than the resources available to us.

Change is essential.

It is our responsibility to ensure that our £8.2bn annual budget delivers maximum value for local communities. We must decide how best to use this funding to meet the health needs of our population. This is a complex task that requires us to use our role as a strategic commissioner and system convenor to balance competing priorities and address the needs of different groups.

Aligned with the NHS 10-Year Health Plan, our strategy focuses on transforming services to improve outcomes while ensuring long-term financial sustainability. We will target resources to deliver the three key shifts in care:

- **Hospital to community**
- **Sickness to prevention**
- **Analogue to digital**

We believe these shifts are best achieved through a neighbourhood health model that delivers proactive, preventative care, improves residents' lives and builds on the strengths of our communities.

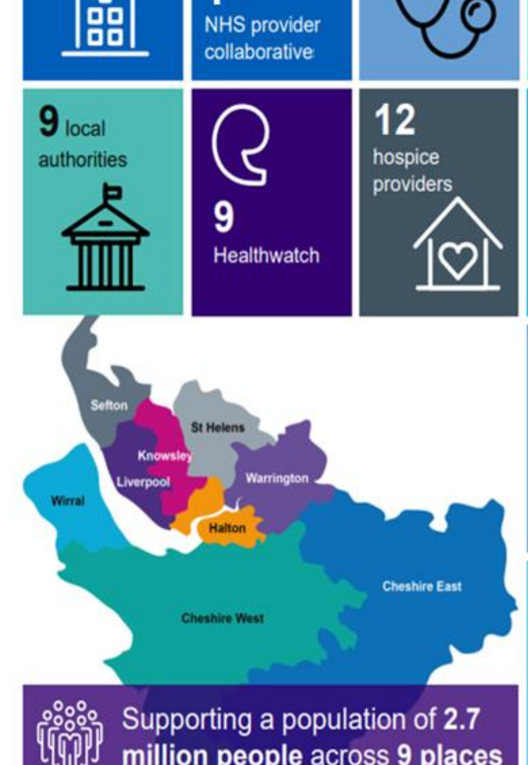
To enable this model, we will transform how we work, aligning with the new NHS operating model and strengthening collaboration with local government, community, voluntary, faith and social enterprise partners, NHS providers and other key stakeholders.

This approach will not only help strengthen local connections, but create a more streamlined, accountable system that reduces duplication, supports agile governance and enables faster, more effective decision-making for the benefit of local patients.

Sir David Henshaw
Chair

Liz Bishop
Chief Executive

About Cheshire and Merseyside



With a population of 2.7m living across large towns and cities, and more rural areas, Cheshire and Merseyside is a large and complex Integrated Care System

There are many examples of long-standing social, economic and health inequalities, and levels of deprivation and health outcomes in many communities worse than the national average - this drives our commitment to working with partners to address health inequalities and to allocate our funding where it is needed most.:

- A significant proportion of the population live in the 20% most deprived communities – 35.7%
- Projected population growth of 10.8% but this will vary by local authority (2040)
- Over 75 population is forecast to grow by 45% by 2040

Our 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

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

What is different about how we work across Cheshire and Merseyside?

As system partners we acknowledge that looking after the health and wellbeing of the 2.7 million people who live in Cheshire and Merseyside provides a unique opportunity for us to collectively consider the added value we can bring by working increasingly closely together. Only then can we ensure our population is enabled to lead health and fulfilling lives.

We will support our mission and vision through our strategic objectives:

Tackling health inequalities in outcomes, experiences and access

Improve outcomes in population health and healthcare

Enhancing quality, productivity, and value for money

Helping the NHS to support broader social and economic development

How have we developed our plan

Responding to the national ICB Blueprint and NHS Strategic Commissioning Framework, we are shifting towards becoming a strategic commissioner. This means acting as a system convenor, architect and steward, embracing strategic leadership to shape the future of healthcare services for our residents in line with the NHS 10 Year Plan.

In developing this plan, we recognise that we are at the beginning of this journey and will need to rapidly strengthen our capability as both an organisation and through working with partners. The diagram below illustrates the key functions of an NHS strategic commissioner:

Model ICB – System leadership for improved population health

1. Understanding local context
Assessing population needs now and in the future, identifying underserved communities and assessing quality, performance and productivity of existing provision

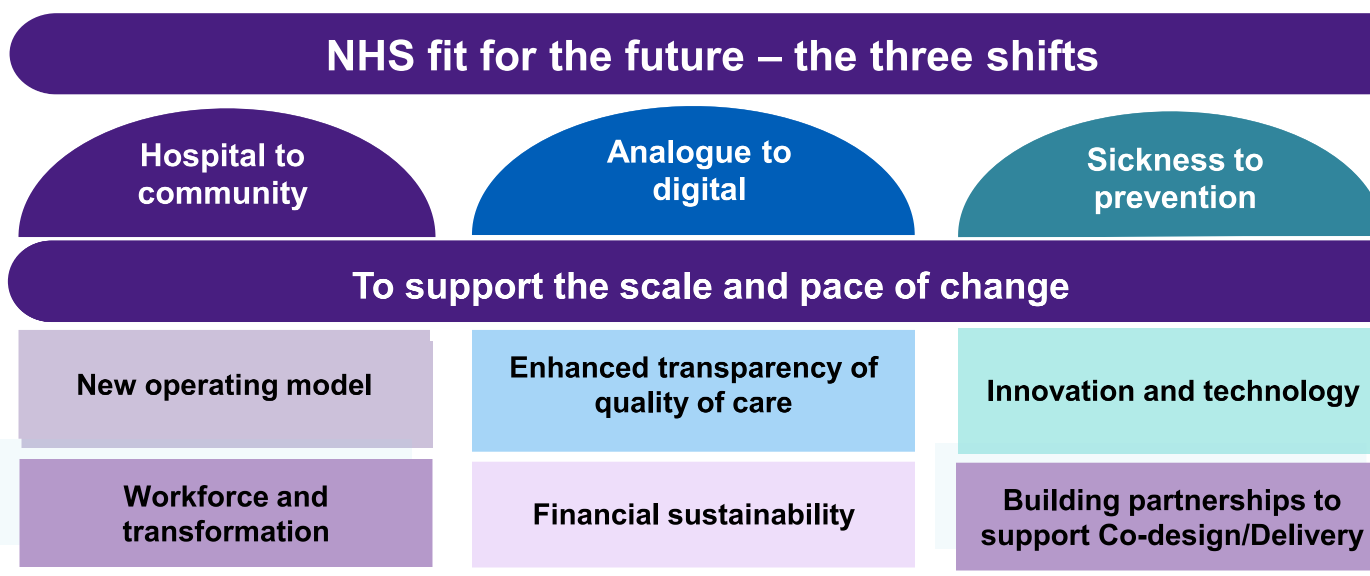
2. Developing long-term population health strategy
Long-term population health planning and strategy and care pathway redesign to maximise value based on evidence

3. Delivering the strategy through payer functions and resource allocation
Oversight and assurance of what is purchased and whether it delivers outcomes required

4. Evaluating Impact
Day-today oversight of healthcare usage, user feedback and evaluation to ensure optimal, value-based resource use and improved outcomes

Our plan is, in part, based on existing Health and Care Partnership and NHS Cheshire and Merseyside priorities but with a refocus based on an updated **integrated needs assessment** which considers:

- What residents say matters most to them
- Findings from the Population Health Needs Assessment, incorporating nine Local Authority JSNAs
- Identified gaps and concerns in meeting expected quality standards
- Areas where current services are not meeting need or demand
- Provider insight into clinical, financial and operational pressures
- Recognition that the system is financially unsustainable and must become more efficient
- Delivering the priorities in the NHS Medium Term Plan and statutory national duties (including those areas identified by NHS England as requiring improvement through enforcement undertakings in the areas of financial planning, quality, leadership and governance).



How will we work differently in Cheshire and Merseyside?

Working at the optimal footprint to support integration and service transformation:

By working in partnership, the ICB will commission based on population need at the most appropriate footprint for the population, service or partnership.

Sometimes it will make sense to commission a single consistent approach at a regional or Cheshire and Merseyside level whereas in other situations to work at a more local footprint to reflect the specific needs of a local community.

What does this mean for how our system will work?

- The NHS Operating Model gives ICBs and Trusts greater autonomy, with NHS England taking a more streamlined, supportive role.
- The ICB's role as a strategic commissioner is central to delivering our 5-year commissioning plan and PHIP

Development of our target operating model:

- The emerging operating model focuses on how we will improve population health and reduce inequalities.
- Our functions, governance, processes, capabilities and culture will enable the ICB to lead as a strategic commissioner while maintaining strong local relationships.

Our approach to transformation - We will focus on:

- Convening and working with partners to integrate services around local neighbourhood needs.
- Reducing duplication and shifting resources from reactive, hospital-based care towards prevention, early intervention and community-based support.

To enable this - We will embed:

- Use of data, benchmarking and risk stratification tools, to guide commissioning and decommissioning decisions, targeting investment where it delivers the greatest benefit. Ensuring those with the highest need, such as people with long-term conditions or those who have waited longest, receive proactive support across all care settings.

We will commission for outcomes:

We will test different ways to enable this through innovative contract frameworks including integrated health organisations through advanced foundation trust and / or neighbourhood-based contracts, including:

- Ambitious plans to work with partners to develop a consistent offer for Children and Young People.
- A five-year transition from activity-based contracts to outcomes-focused approaches, building on existing examples such as diabetes care in Liverpool.

We will support transformation and reconfiguration:

To improve clinical, workforce and financial sustainability, NHS providers will need to work together to deliver consistent, high-quality care by:

- Forming provider collaboratives - enabling sharing of leadership, estates, clinical and support services
- Delivering agreed programmes for service reconfiguration and consolidation - including women's health and neonatal care.
- Expanding accountable care and lead provider models and enable delegated commissioning to improve care and value - with an initial focus on children and young people and mental health
- Developing service chains hosted by specialist trusts
- Hosting of fragile services across provider groups
- Maximising investment opportunities through commercial and transformational partnerships

Strategic system leadership; working with partners and communities

Strategic system leadership:

Aligned with the Model ICB Blueprint, we will act as a system convenor, architect and steward - strengthening collaboration and making better use of NHS resources, targeting and investing more in those who need it most.

We will empower clinical and care leaders to drive improvement and make patient-centred decisions. As we mature as a strategic commissioner, our success will depend on trust, devolved responsibility and creating the conditions for proportional leadership to thrive.

Provider collaboratives:

Provider collaboratives (NHS provider, primary care and VCFSE) will work together to design and deliver creative solutions both within and across sectors. This will enable greater integration of services, increase consistency of access, experience and outcomes for residents, address service fragility and deliver efficiency opportunities:

We will:

- Work with providers to transform service delivery models including new contractual approaches, such as accountable care approaches for children and young people and mental health.
- Work to develop systems and structures that support alternative service delivery models.

Working with people and communities:

Our communities face major challenges but also the determination to overcome them. We trust local people and frontline teams to know what matters most to them, we are committed to working with them to improve health, wellbeing and reduce inequalities.Supporting Carers is an essential contribution to narrow health inequalities in access, outcomes & experiences. Support and inclusion of young carers will lead to better chances in life for children and young people.

As NHS partners, we will use community insight and lived experience to help shape better services and outcomes, focusing on removing barriers for vulnerable groups and those with protected characteristics.

We will: focus on PLUS groups - who experience poorer than average health access, experience and / or outcomes. Ensure all carers in Cheshire and Merseyside to have the support they need and recognition they deserve to prevent crisis and negative economic impact

Local, combined authorities and public sector partners:

It is recognised that the NHS plays just one part in the overall health and wellbeing of local residents - with other key factors including education, employment and pay and high-quality housing. We recognise the importance of developing and implementing solutions collectively.

We will work with our nine local authorities to offer improved and more integrated care, and with our two Combined Authorities on public sector reform and investment through Mayoral delegations and levelling up opportunities.

Embedding the VCFSE sector as an equal delivery partner:

Our Voluntary Community Faith Social Enterprise (VCFSE) sector is large and deeply embedded in communities, with nearly 20,000 organisations, a substantial workforce, and hundreds of thousands of volunteers and informal carers.

Its reach makes it vital to improving outcomes and reducing inequalities. We now have an opportunity to enhance its impact by better connecting services, accelerating prevention-focused reform and reshaping how system partners work with the sector and local communities to address health, social and economic inequalities.

Utilising our community-based assets:

We will work with partners, including local authorities and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector, to explore alternative delivery models that make better use of our community assets ensuring community-led engagement and co-production.

We will:

- Work with our Provider collaboratives to ensure VCFSE is fully embedded as a delivery partner.
- Ensure co-design/delivery and inclusive engagement:
- Create fiscal incentives to create a sustainable integrated care system

Applying the Strategic Commissioning Framework

The ICB Blueprint and NHS Strategic Commissioning Framework referenced on the previous page outlines four stages of strategic commissioning. Through 2026-27 the ICB will be building on the work we have started to develop our organisational capability in each of these stages.

Understand the Context

- Identifying the priorities in relation to equity in access, experience and outcomes.
- Commissioning centred on population- and risk-based care, using linked person-level data, health economics and advanced modelling, and lived-experience insight to understand needs, risks, and demand to create an Integrated Needs Assessment.
- This enables identification of underserved communities and assessment of the quality, performance, and productivity of current provision.
- Also identifying where we aren't getting value to inform plans to decommission and reconfigure.

Develop Long-Term Population Health Strategy

- Use population-health insights, including from the Federated Data Platform Strategic Commissioning Tool, to redesign pathways and allocate, resources for maximum impact on improving priority outcomes.
- Modern Service Frameworks and local insight used to design evidence-based neighbourhood care models and population health plans to deliver:
  - Proactive prevention
  - Complex care and condition management
  - A consistent community offer
  - Integrated pathways enabling step-up/down.

Payor Function & Resource Allocation

- Incentivise a shift to preventative, proactive care and neighbourhood-based models
- Define and prioritise long-term outcomes through stronger contract management and procurement.
- Work with partners to shape the future market through innovative contract models, including;
  - Delegated and joint commissioning and
  - Collaborative provider arrangements (e.g., Integrated Healthcare Organisations, Neighbourhood Providers, Lead Providers)

Evaluate Impact

- Rigorously track performance through outcomes, utilisation, clinical risk markers, patient and staff experience, and wider system intelligence.
- Use continuous evaluation to refine interventions and drive population-level improvement.

Developing our capability as a strategic commissioner

Our design principles

Clinically led and user informed

Governance and alignment

Integrated Care System

Transformation and priorities

Clinically led and user informed

Decisions should be underpinned by clinical expertise and informed by the voices of patients and communities.

Governance and alignment

- Align with the model ICB Blueprint and neighbouring ICBs.
- Ensure transparency, accountability and clear governance structures.
- Retain connections across all Cheshire and Merseyside localities.

Delivery and structure

- Adopt a lean executive structure that is agile and minimises duplication.
- Embed digital and data driven decision making which includes analytics in planning, prioritisation and redesign to achieve outcomes focused value-based commissioning and contracting.
- Focus on addressing the wider determinants of health and improving health outcomes and tackling inequalities.
- An organisational development programme to build our culture and capability to be a highly effective strategic commissioner.

In support of the changing NHS operating model, we recognise the need to develop our capability as a strategic commissioner. We recognise that this won't happen immediately and will need to develop as we design and implement a revised operating model and build the necessary skills and capability:

Setting the foundations

New leadership in the organisation.

Developing and implementing a new operating model.

Clarifying roles and responsibilities (ICB, NHSE and providers).

Self Assessment of organisational and staff development needs.

Focus on NHS undertakings and enforcement (finances, quality, leadership and governance).

Strategic Commissioning development programme with peer ICBs (including best practice analytics, value based commissioning and contracting to achieve improved health and care outcomes.

Building capability

Embed matrix working with streamlined governance and decision-making.

Building the skills and professional identity of commissioners using national tools and targeted local action.

Strengthen leadership, management and team performance with practical development and coaching.

Work with key strategic commissioning partners to develop jointly including providers (e.g. Accountable Care approaches/ organisations).

Establish consistent routines for performance, learning and continuous improvement.

Transformation

Maintain a high performance culture where continuous learning and improvement are part of everyday practice.

Strengthen strategic commissioning partnerships and adopt new contracting models that support the three shifts.

Grow capability across the system through shared leadership, collaboration and joint development with partners.

Expand and replicate effective approaches by using evaluation and learning insights.

Ensure co-design with communities and those with lived experience.

Key factors shaping our plan

- Building on our shared Health and Care Partnership Plan
- The Case for Change (Our Integrated Needs Assessment)
- The principles that guide our plan

All Together Fairer: Our Health and Care Partnership Plan

As a key a partner in delivering the Health and Care Partnership (HCP) we have committed to making a positive impact on wider determinants of health - the social, economic and environmental conditions in which people are born, grow, live, work and age.

Our HCP plan is being implemented through the eight themes and system recommendations produced by Sir Michael Marmot and his team from the Institute of Health Equity:

- Give every child the best start in life.
- Enable 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

In line with the NHS 10-year plan, our HCP plan applies these recommendations through three essential principles:

- Shifting investment to prevention and equity
- Anti-poverty work
- Social justice, health and equity in all we do

All Together Fairer – Our Headline Ambitions

In developing our plans, and delivering against the eight Marmot themes, we have adopted a set of Headline Ambitions that we will focus on as system partners we will apply the three principles to each of these:

Children and Young People	**Physical Activity and Healthy Weight**	**Housing and Health**	**All Together Smokefree**	**Work**	**Social Value**
We will address the inequality gap for children living in households with the lowest incomes by focusing on action that will relieve poverty We will promote good social, emotional and psychological health to protect children and young people against behavioral and health problems	We will take action to tackle obesity by focusing on increasing physical activity and promoting healthier diet and food environments, helping adults and children to live healthier lives	We will work with our housing partners to maximise the access to health promoting homes and help improve the service offer for people with complex health needs	We will take action to end smoking Everywhere for Everyone	We will work with our employers and system partners to help create the environments that support our population to start, stay and succeed in work 'Work' covers both paid and non-paid activity	We will ensure that the Cheshire and Merseyside Health and Care Partnership member organisations become Anchor Institutions by 2026

In line with the HCP headline ambitions, as a key partner NHS Cheshire and Merseyside will focus on supporting:

- Development and delivery of a work and health strategy and implementation plan and partner in the development of the Get Britain Working Plans in Liverpool City Region and Cheshire and Warrington
- Recognising the NHS role as both an employer and key part of local communities and economies we will continue to expand our commitment to social value and supporting the development of the Anchor framework and institutions and prevention pledges.
- Targeted work on housing and health and benefits optimisation.
- Sustainability and delivery of the Green plan – target achieving net zero by 2040, with an ambition to reach an 80% reduction (from 1990 levels) by 2032.
- Alignment with other C&M programmes i.e. All Together Active and Active Cheshire

The Case for Change – An integrated needs assessment

What our residents told us

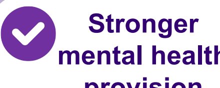
As part of the engagement on the NHS 10-year plan we asked residents what mattered most to them reflecting this in our plans and priorities.

A prevention-first approach

Strong health education (schools and social media), alcohol and wider determinants

Joined-up, integrated services

One shared patient record



Stronger mental health provision

Children and young people

Sustainable funding and social care investment

Reduce unmet need, unblock hospital flow, ensure 'right care, right place, right time'

Clearer routes and better communication

NHS App expansion

More care closer to home

Stronger community services, home-based support

Inclusive, safe technology use

Remote health education

Faster access and shorter waiting times

Across GP, hospital and mental health services. Smoother patient flow, less corridor care

Population health needs assessment

- The gap in life expectancy between our richest and poorest areas continues to grow
- Cardiovascular – renal metabolic disease, respiratory disease and cancer remain the leading causes
- Healthy life expectancy continues to reduce in all areas (except Warrington)
- Increasing rates of chronic conditions, multiple chronic conditions and poor mental health are key contributing factors to declining healthy life expectancy
- There has been a growth in need and insufficient capacity to support neurodevelopmental conditions
- Unwarranted variation in outcomes related to frailty

Impact of demographic projections by 2040

Diabetes
232,669
+50%

Atrial fibrillation
101,446
+51%

Chronic kidney disease
103,715
+34%

Dementia
31,756
+45%

Over 75's
+45%

In the next three years we expect there to be **80,000 more people** with long-term conditions, costing an additional **£187m**.

Quality, safety and experience

In line with our agreed principles and our statutory duties we need to ensure services are Safe, Effective and Sustainable as part of achieving the triple aim:

- Improve the health and wellbeing of our population
- Improve the quality of services
- Make efficient and sustainable use of NHS resources

We have identified areas of concern where quality, safety and experience measures suggest our services need to improve.

These areas have informed the priorities in our plan

Quality and safety focus

Infection and prevention control

Healthcare associated infections are above expected levels

Antimicrobial prescribing improve prescribing compared with national medians

Urgent care flow

Ambulance handover delays mean slower response times to 999 calls

"Corridor Care" is happening across all hospitals in C&M

Delays in people being discharged from hospital and mental health care

Falls prevention

C&M has the 3rd highest rate of falls nationally

C&M has the highest rate of Polypharmacy in England and high rates of opioid prescribing

Maternity

Outcomes are worse in deprived communities

Acute services

The number of "never events" has risen in some of our hospitals

The Case for Change – An integrated needs assessment

Demand and capacity

- Demand for GP appointments is rising faster than capacity, increasing the appointments-to-GP/staff ratio.
- Waiting times are growing in some community services, including paediatrics (inc. neurodiversity) and speech and language therapy, with long waits in some Places.
- Mental health referrals are above the national trend.
- Elective activity and waiting times remain under pressure due to capacity, workforce and funding constraints; Independent Sector responsiveness in some specialties leads to inequitable waits.
- Non-elective activity is growing at ~1%, but higher bed day growth signals system flow challenges.
- Incidence of conditions such as diabetes, chronic kidney disease, cancer, atrial fibrillation and dementia is projected to increase.
- Frailty and dementia are expected to drive the largest demand and cost growth over the next 3 years, with an estimated £297m increase.

Drivers of risk and demand

Risk

Biological	Genetics Age Sex
Psychological	Personal wellbeing
Social	Income

Demand

Disease prevalence	Age
Health anxiety	Perception of need stigma and shame
Social	Deprivation

Key messages

- Limited data on genetics currently
- Ageing population - healthy ageing should be a priority
- High disease prevalence
- High service utilisation

NHS providers and the 'blueprint'

- There are significant clinical, workforce and financial challenges across the Cheshire and Merseyside ICB and the NHS providers across sectors of the ICS.
- This includes fragility of clinical services, duplication of provision, workforce shortages and short and medium-term financial viability of provider trusts.
- Progress had been made in recent years to address some of these challenges, including integration of Trusts, networking of certain clinical services, sharing of assets and consolidation of identified corporate functions however, many of these challenges remain across the ICB.

Key challenges

Financial sustainability
Significant deficits
Funding allocation changes for ICB and providers impact future sustainability

Fragility of clinical services
Fragile services
Workforce shortages
Services reconfiguration

Number and scale of NHS providers
High number of providers
Duplication and inefficiencies

Variation in community & mental health services
Overlap and variation
Hospital to community shift

Corporate and clinical support functions
Limited consolidation
Cost savings

External factors
Devolution of powers
Complexity in planning

Financial sustainability

- The NHS system in Cheshire and Merseyside is spending above its fair-share allocation and continues to face an underlying financial deficit.
- Current service models do not provide sufficient capacity to meet demand, resulting in an over-reliance on costly hospital-based care and limited availability of community-based alternatives.
- A number of clinical services are fragile, with high costs required to maintain them, contributing to unwarranted variation in quality and patient experience.
- There are opportunities to improve productivity and efficiency, both within provider organisations and through the way the ICB commissions and contracts services.

Financial challenges

Underlying Deficit
The Cheshire and Merseyside NHS system is overspending by over £400m

Cash flow challenges
The system faces acute cash pressure and is expecting to need deficit and distressed-cash support in 2026-27.

Productivity
National benchmarking highlights significant productivity opportunities across the system, including in urgent care, elective and outpatient services, workforce and corporate costs, continuing healthcare, and primary care.

Broader public sector financial pressures
There are increasing financial pressures across many of our public sector partners, including local authorities.

The following principles have been used to develop our plan

Data into Action

- Use of evidence and data platforms (e.g., CIPHA and the Federated Data Platform, including Strategic Commissioning Tool).
- Apply population health analytics: risk stratification and segmentation.
- Enable continuous improvement with dashboards and feedback to teams.
- Adopt systematic evaluation methodologies and Research & Development in our commissioning.

Financial Sustainability

- Drive productivity and efficiency across pathways and organisations.
- Adopt integrated models of care across primary, community and hospital settings, redesigning and reconfiguring service models.
- Prioritise prevention and reduce unwarranted variation in access and outcomes.
- Decommission low-value interventions and use allocative efficiency to best meet needs.

Strategic Commissioning Role

- Align with the NHS Operating Model and ICB Provider Blueprint.
- Commission for outcomes, not processes, with clear accountability.
- Integrate services and reduce duplication; use 'do once' opportunities where appropriate.
- Spread good practice rapidly using change and improvement methods.

Quality, Safety and Experience

- Commission care that is safe, effective, sustainable, person-centred, timely, efficient and equitable.
- Set clear quality measures and contractual quality schedules.
- Foster a learning culture with continuous improvement as the default way of working

Working with Partners

- Co-design and co-deliver solutions with communities, VCFSE sector, NHS partners and local authorities.
- Work at the most relevant geography—regional, place or neighbourhood—based on population need.
- Consolidate and share data and insights transparently to build trust and support joint decision-making.

Our Priorities

- Our plan on a page for 2026-28
- How we are delivering the three shifts
- Neighbourhood health
- Living healthier lives
- Maternity and neonatal care
- Children and Young People
- Mental health
- Neurodiversity, ADHD and Autism
- Frailty and Falls prevention
- Palliative and End of Life Care (PEOLC)

The NHS 10 Year Plan and Medium-Term Planning Framework

Our 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

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

- Tackling health inequalities in outcomes, experiences and access
- Improving outcomes in population health and healthcare
- Enhancing productivity and value for money
- Helping to support broader socio-economic development

Our Priorities in 2026-2028 through a life course approach

Living Healthy Lives by addressing social determinants and delivering **prevention, proactive early intervention and care** through integrated care delivery and **neighbourhood health models** and working with partners to be **All Together Fairer**

Starting Well

Improving the quality and safety of local maternity and neonatal services - Focus on the first 1001 days of life

Growing Well

Addressing variation in outcomes for Children and Young People

Living Well

Proactive and preventative care, delivered in communities wherever possible

Improving outcomes for people with mental health needs

Improving care for neurodiverse people

Ageing Well

Focussing on supporting people with frailty

Dying Well

Focusing on enabling equitable access to good quality end of life care.

Our key delivery enablers

- Digital and Data
- Workforce
- Estates and Infrastructure
- Quality, Safety and Experience
- Clinical and Care leadership
- Financial sustainability
- Value based commissioning and contracting
- Working with collaboratives to transform and reconfigure services (NHS providers, primary care & voluntary community faith and social enterprise)
- System leadership and partnerships with local authorities, combined authorities, VCFSE and other key partners

How our plans support the shifts in care

HOSPITAL TO COMMUNITY

- Neighbourhood based care models will become the cornerstone of health care delivery, replacing fragmented models with integrated, outcome-focused care built around the holistic needs of the person
- Providers Collaboratives to enhance the quality and sustainability of service delivery (NHS Trusts, Primary Care, VCFSE)
- Achieve consistency in the community services offer to reduce variation and improve quality of care with service provision built around neighbourhoods (with an initial focus on falls, community nursing, care homes and end of life care).
- Focus on best we use our collective estate to support neighbourhood delivery.
- Developing Integrated Health Organisation models with an early focus on Children and Young People and Mental Health to deliver consistency of our universal neighbourhood and hospital and specialist services.
- Supporting workforce development to ensure a skilled, compassionate workforce across all sectors who can support the new models of care required by integrated neighbourhood working

SICKNESS TO PREVENTION

- Through our neighbourhood model we will improve population health and reduce inequalities through:
- Work to address the social and economic conditions that shape health, working with partners and our population to reduce the risk factors which impact on health and wellbeing; e.g.. obesity, smoking, alcohol consumption
- Optimising uptake of immunisation, vaccination and screening to prevent and identify and treat disease early
- Effectively risk stratify our population to target treatment at those with greatest need and risk of poor health
- Optimizing the treatment and support for long term conditions and frailty to help people better manage their condition(s)
- This will help to improve outcomes in those areas identified as most prevalent in our population including Long Term Conditions (LTC) emphasising better primary and secondary prevention through better management of our key priorities cardiovascular and renal metabolic disease, respiratory and frailty.

ANALOGUE TO DIGITAL

- A single multi-year digital investment model which considers provider organisations primary care and wider system stakeholders as a single enterprise.
- A digital centre of excellence to coordinate innovation and horizon scanning, overseeing transformation at scale and managing commercial opportunities.
- Timely, secure access to accurate health records across all care settings improving safety and continuity of care.
- Delivery of safe, efficient, and user-friendly digital tools that support clinical workflows, engage and empower patients, enhance staff experience and deliver operational productivity. Whilst ensuring digital literacy is considered and non-digital/vulnerable individuals are supported.
- Data-driven intelligence to inform clinical decisions, improve outcomes, and support research and innovation across the system
- Fully embracing the potential for AI to radically transform how we operate

Neighbourhood Health

Health and care services including GP, community and social care services are under significant pressure, with disadvantaged communities most affected and acute services consistently operating beyond capacity. A major shift from hospital-based care to more proactive, preventative community support is essential to improve patient experience and outcomes and ensure that demand does not exceed available resources.

Implementing a neighbourhood health model is central to this shift. By working within meaningful neighbourhood footprints, integrated teams across providers will deliver more co-ordinated care, reduce fragmentation and focus on prevention and early intervention.

Successful design of the neighbourhood health model delivery relies on strong integration with local government, the VCFSE sector, housing, education and wider public services, alongside active partnership with communities with local implementation led by our nine Health and Wellbeing Boards - ensuring a holistic, community-centred approach.

Over the next five years, we will shift resources toward prevention and proactive care through a transformation fund developing innovative, outcomes-based commissioning and move towards delegating whole-population budgets, balancing consistent service standards with flexibility for neighbourhood partnerships to tailor support.

We will also continue investing in the infrastructure needed for Integrated Neighbourhood Teams, workforce development, digital tools and the pooling of our collective estates to enable increasingly proactive, personalised, population-level care.

Our Population Health Improvement Plan describes in more detail the steps we are taking to develop this model.

In developing our neighbourhood model, we will focus on:

Supporting People with Complex Needs

- Reduce variation including falls, community nursing, care homes, intermediate care, end of life care, mental health, community paediatrics and neurodiversity
- Aligning NHS community services with acute and Place footprints
- Working in partnership with local authorities, social care and the voluntary sector

General Practice (and wider Primary Care)

- Meet the demand for appointments and reduce variation in access through the use of digital solutions and new ways of working
- Align commissioning of services in primary care with the priorities identified in our integrated needs assessment

Improving Access to Specialist Opinion & Diagnostics

- Improve the interface between primary and secondary care, through an MDT approach to enhancing access to specialist input and diagnostic tests in the community
- Transformed outpatient care which reduces unnecessary hospital visits

Improving Health & Wellbeing and Tackling Inequalities

- A whole-system approach involving NHS, local authorities and community partners to ensure meaningful impact on the wider determinants of health
- Use behavioural insights to direct our partner resources at identified priorities

Increasing Uptake of Prevention

- Work with our partners to focus on public awareness, education and support for the key priorities from our needs assessment
- Reducing avoidable illness, improving functional capacity i.e. by supporting preventative approaches centred on physical activity

Stratifying our population to focus on those with greatest need

- Identifying which cohorts benefit most and targeting resources at supporting those in most need e.g. people with multi-morbidity, long term conditions, frailty and / or children and young people will result in less need for reactive support e.g. GP, social care or urgent care

Living Healthy Lives – Prevention and Proactive Care

Why is this a priority for us?

- The life-expectancy gap between the richest and poorest is widening, driven by circulatory disease, cancer and respiratory disease. Our needs assessment also identifies neurodiversity, mental health, frailty and falls prevention as areas where we have opportunities to improve.
- Healthy life expectancy is declining across Cheshire and Merseyside, with Warrington the only exception.
- Smoking and unhealthy weight are more common in the most deprived communities, and many people with long-term conditions continue to smoke or live with excess weight or obesity.
- More than a third of the population (35.7%) live in the 20% most deprived areas, with deprivation strongly linked to poorer health outcomes.
- Inequalities are evident across wider determinants of health -including education, housing and employment – varying by age, ethnicity, gender, deprivation and place.
- A disproportionate share of spending goes on treating illness in groups where poor health has not been identified early or effectively managed.
- We have unwarranted variation across communities in those being immunised and vaccinated against disease.

Our Population Health Improvement Plan provides details on our approach to the priorities outlined.

Our ambition: We will increase the number of years a person can expect to live in *good health*

Population health and addressing inequalities

Integrated Care Board

Health and Care Partnerships

Improving outcomes in Population Health and Health Care, and Addressing Inequalities - Population Health Partnership

All Together Fairer programme

- Anchor institution charter, Prevention Pledge and Social Value
- Anti-Racism and Discrimination
- Child Poverty
- Work and Health
- Health and Housing
- Serious Violence Duty
- Sustainability and Net Zero

Supporting Healthy Behaviours programme

- All Together Smokefree
- Healthy Weight
- Reducing harm from alcohol
- All Together Active
- All Together Smiling (oral health)

Tackling Healthcare Inequalities

Improving Population Health Outcomes:

- Cardiovascular Disease and Renal Metabolic Disease
- Cancer
- Respiratory
- Neurodiversity
- Mental Health
- Frailty and Falls Prevention

Screening, Immunisation and Health Protection

- National screening programmes
- Routine and targeted immunisation programmes
- Elimination of cervical cancer
- Clinical response to local incidents and outbreaks of infectious disease

Delivered through a life course approach to neighbourhood health services

Population Health Management - data into action
Strategic intelligence, Segmentation, Stratification, and Prioritisation Needs Analysis, Data Governance and Proactive Case Management

Cross-cutting Programmes/Enablers
Commissioning, Public Engagement, Workforce Development, Research and Innovation, Continuous Improvement

Maternity and Neonatal Care

Starting Well

Our ambition: **We will Improve the quality and safety of local maternity and neonatal services**

Why is this a priority for us?

- Improving the quality and safety of maternity and neonatal services is essential to reducing health inequalities reducing variation, avoidable harm, and adverse outcomes.
- A significant proportion of our population live in the most deprived communities, and these women, including women from ethnic minority backgrounds are at higher risk of maternal mortality, stillbirth, and preterm birth
- Maternity and neonatal services are facing changing demographics, rising clinical complexity and persistent inequalities, resulting in more complex care needs and a system that must adapt to meet the needs of a changing population.
- We have several maternity and neonatal units which do not meet national standards in terms of the activity levels, workforce requirements, and estates.
- The cost of delivering the current model is contributing to the lack of system financial sustainability.
- There is a continued national focus on maternity safety, and several national enquiries are expected to publish recommendations during 2026–27 that the system will need to respond to.

We Will:

- Undertake a review of maternity and neonatal services across Cheshire and Merseyside to ensure we commission only services that will deliver the national standards of care in a financially sustainable way.
- This will include but is not limited to, achieving the long-term clinical safety and sustainability of women's services in Liverpool.
- Support our maternity and neonatal services to implement national safety initiatives to improve safety, quality and outcomes for women, babies and families
- Work with maternity and neonatal services to develop a detailed understanding of the scale and complexity of co-morbidities, to inform targeted actions to improve outcomes and address inequalities
- Commission and strengthen collaborative clinical networks, including the North West Maternal Medicine Network, Cheshire and Merseyside Preterm Birth Network and the Cheshire and Merseyside Foetal Medicine Network, to develop an improvement plan that addresses poor maternal and perinatal outcomes in our population.

Children and Young People (CYP)

Starting & Growing Well

Our ambition:

We will improve access and outcomes through a holistic, joined-up system for our children and young people that brings together our partnerships and community, mental health, hospital, and tertiary services

Why is this a priority for us?

Around 25% of our population are under 19. Some children and young people do not “Start Well” and this translates into poorer outcomes.

As examples:

- We have higher rates than England averages in the percentage of 5-year-olds with visually obvious dental decay.
- 24.0% of year 6 children were obese compared with the England average of 22.7%, with one area in the sub-region as high as 30.7%.
- We are higher than the England averages for teenage conceptions, hospital admissions for asthma and mental health conditions among under 18s.

We know that **access to services** to support children and young people and **outcomes vary widely across communities, this isn’t fair or equitable.**

Note: Specific plans related to children and young people are also reflected in a range of our other priority programmes including mental health and neurodiversity

We Will:

- Improve the population health for children and young people including an immediate focus on lung health, healthy weight and oral health and maximising uptake rates of vaccination
- Address unwarranted variation in community and elective waiting times addressing equity of access compared to adults.
- Work with Local Authority partners to develop plans for a Regional Care Cooperative (RCC) model, building on our Appropriate Places of Care programme.
- Work with Alder Hey NHS Foundation Trust, and system partners, to develop an Accountable Care Organisation approach to prevention, care and treatment for children and young people, focusing on:
    - Develop a CYP Strategy to improve outcomes, tackle inequalities and maximise resource use, strengthening collaboration across partners and sectors, seizing national opportunities to transform care and deliver in line with the expected national Modern Service Framework.
    - Commissioning of a hosted secondary and tertiary care provider model across NHS Trusts to deliver reduced waiting times in community and hospital-based services.
    - Development of a holistic model for universal community, mental health and neurodevelopmental CYP services.
    - Neighbourhood Multi Disciplinary Health and Care Teams (MDT’s) connected to every neighbourhood in Cheshire and Merseyside.

Mental Health

Growing Well and Living Well

Our ambition: **We will ensure comprehensive support is provided for people with mental health needs, improving their health outcomes and ensuring access to services meeting their needs.**

Why is this a priority for us?

- There were 26,672 mental health related A&E attendances in 2024/25 we are the 9th highest ICB for emergency hospital admissions for self-harm – rate of 174.6 per 100,000
- Mental health – emergency care costs £9 million annually, delivering a recovery oriented early intervention model of care that supports patients before they experience crisis offers an opportunity to achieve savings.
- It is estimated that 1in 5 children and young people have a diagnosable mental health problem, and that for many children experiences such as trauma or adversity in childhood have contributed to the development of their mental health condition.
- Highest ICB prevalence rate for depression in England and highest rate of new depression registrations – 7th highest ICB prevalence for severe mental illness –19th highest prevalence rate for dementia
- A higher proportion of patients on the mental illness disease register live in deprivation quintile one - only 71.7% of patients with severe mental health issues have a comprehensive care plan

We Will:

- Expand access to timely, community-based services, ensuring mental health support is shaped by a clear understanding of children's and young people's needs.
- Ensure all schools and colleges to have access to a mental health support team.
- Work with Mersey Care and Cheshire & Wirral Partnership NHS Foundation Trusts on the development of an accountable care approach to delegated NHS commissioning and care to improve outcomes and cost.
- Reduce admissions to Child and Adolescent Mental Health Services (CAMHS) inpatient beds and crisis attendances at Emergency Departments (EDs) including working with partners to develop "appropriate places of care".
- Ensure fewer people with a mental health need require inpatient care and reduce presentations to services in crisis.
- Implement community-based mental health services so that more people with a mental health need will be supported to in the community and close to home.
- Improve health outcomes and life expectancy of people with mental health needs.
- Continue to support services that contribute to improving overall mental health and wellbeing for example social prescribing programmes and community based services

Neurodiversity, ADHD, Learning Disability and Autism

Growing Well and Living Well

Our ambition:

We will improve the identification and support for neurodivergent individuals, focusing on understanding needs, improving access to earlier support and reducing waiting times for assessment

Why is this a priority for us?

- The current service models are diagnosis rather than needs led which has led to individuals not getting the early support they need.
- The consistent use of threshold criteria has been variable.
- As awareness of Attention Deficit Hyperactivity Disorder (ADHD) and autism has grown, the number of referrals to assessment services significantly exceeds commissioned capacity leading to long and growing waiting times and there is a lack of clear communication / support while people wait.
- Insufficient NHS capacity has led to growth in independent sector provision with a lack of robust clinical pathways for ongoing support and creating a significant financial pressure (recent costs increased from £12m to £35m).
- Failure to meet individual's needs has wider impacts on individuals and services including associated mental health needs, inability to maintain attendance at school/employment etc
- People with a learning disability are dying on average nearly 20 years younger than people without a learning disability.

We Will:

- Embed a needs led Neurodevelopment (ADHD and autism) model for Children and Young People that consistently identifies needs early and ensures co-ordinated support to meet need even without a diagnosis, rolling out the Cheshire and Merseyside 'Knowing Me' mapping tool.
- Roll out a Local Enhanced Service for adult ADHD focused on understanding and meeting needs and building capacity in primary care.
- Ensure ALL neurodivergent children and young people have improved access to early and ongoing support and when needed wait no longer than 28 weeks for assessment and diagnosis by 2029.

For all ages:

- Explore lead provider models to ensure greater consistency of provision
- Expand the early and ongoing support offer in all places in collaboration with local authorities.
- Streamline the assessment and diagnosis process to reduce waiting times
- Explore the use of digital tools to strengthen access to support.
- Develop effective shared care arrangements that enable those on medication for ADHD to access support closer to home
- Deliver at least a 10% year on year reduction in number of people with Learning Disability and/or Autism in mental health inpatient care.

Frailty and Falls Prevention

Ageing Well

Our ambition: **We will deliver coordinated, person-centred frailty care**

Why is this a priority for us?

- We have unwarranted variation in frailty care.
- Our rate of falls is 3rd highest nationally with a third of falls emergency admissions living in the 20% most deprived communities.
- Falls related emergency admissions in over 65s cost £116 million in 24/25.
- Our frailty population consume 10.7% of the healthcare costs in Cheshire and Merseyside. Older people with frailty are more likely to have a delayed transfer of care.
- Our over 75 population is forecast to grow by 45% by 2040, without a change the costs for both acute hospital care and lack of integrated care will continue to rise.
- We want to provide more frailty care in the community and people's own homes supported by neighbourhood health teams

We Will:

Deliver coordinated, person-centred frailty care that:

- Responds to clinical and social risk stratification of our population.
- Sets out advance care plans for those in last 1000 days of life.
- Shifts the focus from reactive to proactive care, working with partners to move resources aligned with this and to address unwarranted variation across Cheshire and Merseyside.
- Prevents avoidable deterioration and acute hospital admission through early identification and intervention.
- Supports recovery and rehabilitation close to home, independence and quality of life.

Palliative and End of Life Care (PEOLC)

Dying Well

Our ambition: We will enable equitable access to good quality end of life care

Why is this a priority for us?

- The number of deaths is projected to rise from 27,000 in 2024 to 34,000 in 2035 due to an ageing population and more people living with long-term conditions.
- Around 80% of those who die could benefit from palliative care.
- Healthcare use increases sharply in the final year of life, yet advance care planning remains below ambition with significant variation across localities and individual GP practices
- A higher proportion of people in C&M die in hospital compared with the England average, and this gap is widening.
- People in more deprived communities are less likely to be identified as being in their last year of life, less likely to be on the palliative care register, and more likely to die in hospital rather than at home or in a care home.
- Specialist palliative-care capacity across hospitals, hospices and community teams is below recommended levels, and generalist staff receive inconsistent training.
- We spend at least £300m each year on unplanned hospital care for people in their last year of life.
- The hospice sector faces sustainability challenges that could impact on provision of PEOLC services.

We Will:

Develop and deliver a Cheshire and Merseyside strategy based on the findings of the PEOLC Strategic Needs Assessment.

This will:

- Improve early identification and advance care planning across providers, supported by neighbourhood-based models.
- Strengthen workforce capability through consistent learning and development for everyone involved in PEOLC.
- Align commissioning and service models, including specialist PEOLC, hospice provision and transforming CHC fast track into integrated 24/7 support.
- Enable integrated care through technology and shared records to coordinate and honour end-of-life preferences.
- Tackle inequalities by providing equitable access to care and targeting funding to need.

We will work with the Hospice Collaborative to review the model of care and consider the sustainability issues affecting the hospice sector.

Enablers to achieving our priorities

- Clinical Leadership and Quality Safety and Experience
- Digital and Data
- Workforce
- Estates, infrastructure and sustainability
- Financial Sustainability

Enablers:
Clinical and Care Leadership

Our clinical and care leaders will:

- Integrate clinical and care professionals in decision making at every level of the ICS
- Embed a continuous improvement approach across all our functions
- Create a culture of shared learning, psychological safety and collaboration
- Work collaboratively at the Primary-Secondary care interface
- Be data driven and evidence led
- Promote Research and Innovation
- Involve patients and staff in designing, improving and transforming services

Quality, Patient Safety and Experience

Quality and Clinical Effectiveness – We will:

Through clinical leadership and engagement, we will improve our capacity and capability to improve all aspects of quality:

- Embed QI methodology across the system
- Develop the System Quality Group to ensure it is an effective forum for sharing risk across the system
- Embed an enhanced, systematic process for Quality and Equality Impact Assessments to be completed for all commissioning and de-commissioning decisions
- Further develop our clinical effectiveness group to ensure it supports the commissioning cycle.
- Improve quality assurance processes for our Primary Care providers
- Use the new NQB quality strategy to improve the quality of care in the highest priority areas locally

Patient Safety - We will:

- Work with providers of commissioned services to align to national patient safety strategy requirements and embed the Patient Safety Incident Response Framework (PSIRF) with a particular focus on supporting smaller independent providers and primary care organisations to adopt and utilise PSIRF.
- Improve our internal ICB incident reporting rates using the Learning from Patient Safety Events (LfPSE)
- Tackle polypharmacy and reduce our rates of opiate prescribing
- Ensure appropriate Antimicrobial Prescribing to reduce Antimicrobial resistance.
- Support our UEC improvement programme ensuring that patients in the system are managed safely and with privacy and dignity though our Red Lines toolkit.

Experience - We will:

- Listen to and learn from the lived experience of our patients, residents and service users
- Ensure the findings of national and local patient surveys are routinely considered and inform commissioning plans
- Make co-production our default approach to designing and transforming services.

In addition, we will implement the New Care Delivery Standards and the Modern Service Frameworks as they are launched.

Enablers: Digital and Data

Our ambition is to create a shared multi-year digital workplan that enables delivery of our strategic commissioning intentions and other system wide priorities through 'collaboration at scale'.

Goals: improved patient safety and outcomes, economies of scale through phased consolidation of digital infrastructure and services, and faster routes to innovation adoption.

Strategic Opportunities: Large-scale collaboration attracts external investment, especially in AI-driven productivity and healthcare transformation, with opportunities for shared benefits if scaled.

Core Proposal: Establish a Digital Centre of Excellence to coordinate innovation and horizon scanning, oversee transformation at scale and manage commercial opportunities.

Aim: NHS Providers and Primary Care commit to delivering the 3 strategic aims aligned with ICB strategic commissioning intentions and underpinned by a commitment to disruptive transformation:

- Secure and share patient information - timely, secure access to accurate and up to date health records across care settings to improve safety and continuity of care.
- Enable digital clinical services - safe, efficient, and user-friendly digital tools that support clinical workflows, engage and empower patients, enhance staff experience and deliver operational productivity.
- Harness data for insight and population health - data-driven intelligence to inform clinical decisions, improve outcomes, and support research and innovation.

Encourage bold innovative thinking - Fully embrace the potential for AI to radically transform how we operate

We Will: Improve health and well-being by weaving our digital and data infrastructure, systems and services throughout our pathways of care.

The 5-year roadmap is anchored in the 3 goals of the ICS Digital and data strategy which has been in place since 2022.

Goal 1
Strong digital and data foundations

We will build the strong foundations on which to deliver our digital and data ambitions for Cheshire and Merseyside

Goal 2
'At Scale' Digital and data platforms

'At scale' digital and data platforms, tools and services across C&M, to ensure that a sustainable, standardised technical and data architecture is in place to improve consistency of offer, efficiency and interoperability of solutions

Goal 3
'At scale' Digital and data platforms, tools and services

Continue to develop and expand its strategic digital and data platforms for use within all health and care providers and at all Places to leverage the benefits of at-scale investment and deliver improved outcomes for the population.

Levelling Up Digital Maturity

Ensure all providers meet agreed baseline standards for digital capability

Harmonisation of Digital Systems & Infrastructure

Reduce duplication and fragmentation through shared architecture and rationalised platforms

Reducing Digital Risks

Strengthen cyber security and resilience across the system

Rapid Implementation of Digital Technology

Deliver transformation at pace (e.g. ambient voice technology deployment) with robust assurance

Driving Productivity & Cost Efficiency

Optimise resources through shared services, collaborative procurement and economies of scale

Improved Patient Pathways & Experience

Align co-dependent services and digital tools to reduce risk and improve outcomes including in delivery of neighbourhood health

Optimisation of Digital Workforce and Expertise

Build a system-wide digital workforce with the right skills and capacity, reducing duplication and pooling specialist expertise where appropriate

Data sharing and shared systems

Optimise opportunities for the sharing of data and systems

Ensure all parts of our health and care system deliver the digital and data requirements outlined in the NHS Medium Term Planning Framework.

Enablers: C&M Strategic Workforce Plan

The ambition of our workforce plan:

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

The NHS Cheshire and Merseyside ICB system workforce plan frames the workforce as a critical strategic enabler for achieving care closer to home.

It articulates a system-wide ambition to diversify, strengthen and modernise the health and care workforce, enabling a deliberate shift from hospital-centric treatment towards sustained disease management, prevention and personalised, community-based care.

This positions the workforce plan as a catalyst for improving long-term population health outcomes through the:

- Pursuance of affordable workforce models based on supply and demand congruence
- Rationalisation of workforce resources and
- Workforce transformation to support new integrated neighbourhood working models of care.

The NHS C&M ICB System Workforce Plan is supported by the NHS England C&M Workforce Plan: the latter maintaining a specific focus on oversight of acute and secondary care workforce planning.

Affordability

Demand analysis based on population health data, the JSNA and wider health intelligence including the CORE20PLUS5.

Supply and demand planning to achieve optimal affordability and reduced waste across integrated neighbourhood teams.

Workforce gap analysis and remedial action planning to build a futureproof workforce with the capacity and capability to facilitate integrated neighbourhood models of care.

Rationalisation

Rationalisation of non-clinical corporate support services to achieve economies of scale so far as possible.

Workforce redesign to integrate and optimise the benefits of AI, digital capability and technology solutions.

Efficient and effective management of change to maintain clinical quality and safety and optimal wider workforce productivity.

Transformation

Workforce modelling in collaboration with system partners to cultivate integrated neighbourhood multidisciplinary teams.

Workforce innovation informed by epidemiology, public health and the CORE20PLUS5.

Workforce capability planning to enable effective risk management of transitioning from existing to new ways of working.

As an ICB, we will partner with our staff and system partners to deliberately create ways of working that enable human ingenuity to flourish by:

- Setting clear accountability for anti racism and social inclusion.
- Ensuring safe and supportive ways to raise concerns about practices that may harm our staff, patients, or the public.
- Taking a population health approach to staff health and wellbeing.
- Putting people at the centre of how we lead and manage.
- Reducing unnecessary bureaucracy so staff at all levels can take part in decision making through networks or engagement forums.
- Embedding Board level oversight of organisational culture and employee experience, aligned with the NHS Constitution and the Nolan Principles for public service.

To deliver our system workforce plan, we will:

- **Look after the health and wellbeing of our workforce and continue to develop as Anchor organisations**
- **Cultivate antiracist and anti discriminatory ways of working**
- **Nurture a values-based culture**
- **Demand personal and communal accountability for health justice**
- **Create opportunities to learn and continually develop**
- **Engender civility in the workplace**
- **Deliver on the NHS People Promise**
- **Develop psychologically safe places of work where staff can speak up, be heard and challenge without fear of retribution and**
- **Provide meaningful platforms for staff engagement with organisational decision making.**
- **Support workforce development across all sectors**

Enablers: Estates and Infrastructure

Estates and Infrastructure is a fundamental driver to the delivery of the 5 Year Clinical and Strategic Commissioning Plan. It will enable the three national shifts:

Hospital to Community
The estate will support more care in local settings by expanding or enhancing community (neighbourhood) hubs and enabling home-based services exploring opportunities around shared estate
Analogue to Digital
Estates upgrades will integrate smart technologies that reduce administration and help people to manage their own care needs
Sickness to Prevention
The estate will create accessible spaces that encourage healthy living and support providing early intervention

The 5 Year Clinical and Strategic Commissioning Plan is anchored to the aims and objectives of the ICS Infrastructure Strategy (2024) .

Our estates strategy aims to:
Implement a modern, adaptable and futureproof approach to estates and Infrastructure investment; ensuring it supports local delivery, remains flexible and enables new models of working to enhance the integration of services for our population.

Goal 1
System led development

We will continue to develop and expand the programme; including leadership and governance to enable the delivery of the ICS Infrastructure Strategy

Goal 2
New models of working

Creating fit for purpose, sustainable physical estate across sectors; system readiness enabling plans that detail the opportunities and investment considerations for delivering neighbourhood health

Goal 3
Data driven approach

Using digital and data to improve outcomes and services for our population; we will deliver a single source for estates data to support wider medium to long term population health management objectives and enable better decision making and improve operational efficiency.

Ensure all parts of our health and care system produce robust plans to support the delivery of the ICS Infrastructure Strategy.

Enablers: Estates, Infrastructure and sustainability

Sustainability Our Key statutory duties:

1. Deliver Environmental Sustainability & Net Zero

(Health and Care Act 2022; Climate Change Act 2008)

2. Reduce Health Inequalities through Climate Action

(Derived from NHS Act 2006 (as amended) + Equality Act 2010 applied to sustainability decisions)

3. Deliver Social Value & Anchor Impact through Sustainability

(Public Services (Social Value) Act 2012)

In line with the ICB'S statutory duties: Sustainability

Deliver Environmental Sustainability & Net Zero

Support Net Zero by:

- Contributing to statutory emissions reduction targets
- Reducing environmental impact of healthcare delivery
- Delivering ICS Green Plan commitments

Reduce Health Inequalities through Climate Action

In fulfilling sustainability duties, the ICB will ensure that climate action:

- Identifies populations most vulnerable to climate impacts
- Targets interventions to those at highest risk (e.g. frailty, deprivation, housing quality)
- Reduces unequal exposure to environmental risks (e.g. heat, air pollution)

Prevents widening of health inequalities due to climate change

Deliver Social Value & Anchor Impact through Sustainability

Use estates, procurement and investment to:

- Improve local environments and air quality
- Support community resilience
- Deliver wider social and economic benefits

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Ensure all parts of our health and care system produce robust plans to support the delivery of the ICS sustainability agenda

Enablers: Financial Sustainability

- Too much of our budget goes on treating ill health, pushing care into costly hospital-based services. This is inefficient and contributes to our underlying system deficit of over £400m
- We need to redesign our system to redirect investment towards preventing illness, identifying risk earlier, detecting disease sooner, and helping people with long-term conditions manage their care more effectively as part of a shift of care into neighbourhoods and communities.
- Alongside this we need to ensure that existing services are working productively; this also need a focus on both transformation and reconfiguration to address underlying service fragility, workforce and delivery challenges.
- The enablers described on the previous slides outline the importance on investing in the right workforce, digital and data and estates and infrastructure solutions.

Population segmentation shows that certain groups require substantially greater support and therefore drive higher costs.

Enabling people to remain healthier for longer and preventing escalation in care needs increases overall system efficiency

Segment Group 10 (Multimorbid, High Complexity) is only 4.7% of our population but 26% of our spend

Segment Group 5 (Multimorbid, medium complexity) is 14.8% of our population but 22.4% of our spend.

Segment Group 3 (low need adults) make up 25.4% of our population but account for only 4.4% of spend.

We will shift resources toward prevention and proactive care through a £29.6m transformation fund in 2026–27 (rising in future years) .

Investment will align with priorities described earlier in this document and informed by our integrated needs assessment.

This also requires system-wide transformation to reduce duplication through integration and reconfiguration

1. Allocative Efficiency
Optimising the available resources to ensure greatest impact

2. System Integration and Reconfiguration
Identifying system failure – duplication and fragmentation which drives cost and poor outcomes

3. Resource Alignment
Identifying the parts of the system requiring investment and disinvestment. Using the financial and contractual levers/incentives to drive change

4. Wider & Complementary Investments
Attracting investments from other sectors and aligning with health and care to maximise impact