

ST HELENS CARES

St Helens People's Plan 2021 - 2026





Contents

1. Introduction
 2. Context
 3. Strategic Intent
 4. Learning from the Pandemic
 5. Closer Together - Tackling Health Inequalities
 6. Priorities:
 - 6.1 Mental Wellbeing
 - 6.2 Tackling Obesity
 - 6.3 Resilient Communities
 7. Enabling Groups and Activities
 8. Our Integrated Care Partnership
 9. Integration in Action: System-Place-Locality
 - 9.1 Integrated Care System
 - 9.2 Place - St Helens
 - 9.3 Localities - Care Communities
 10. Operational Plan 2021/22
 11. Workforce
 12. Digital and Data
 13. Delivering our Ambitions
- Appendix One - NHS Long Term Plan

1. Introduction

This plan details the strategic approach to improving the health and wellbeing outcomes of residents of the borough, providing high quality services that meet local needs, whilst also moving towards financial sustainability of health and care services. It is the blueprint for the health and social care system in St Helens for the next five years, and supports the development and delivery of the Borough Strategy, the Liverpool City Region and the Cheshire and Merseyside Integrated Care System.

St Helens has become more deprived compared to other areas, sliding from 36th to 26th in ranking as compared to other local authorities (indices of deprivation 2019). St Helens has been significantly impacted by the pandemic during the past 18 months and the devastation it has brought to peoples' lives, health and wellbeing and financial security. The total impact to the local economy has yet to be fully costed, but it is likely to extend well beyond anything we have seen in living memory.

This document has been refreshed to take account of the new world following the pandemic and the anticipated NHS reforms expected with the passing of the Health and Care Bill and the development of the Borough Strategy 2020 - 2030.

The NHS Long Term Plan published in 2019 called for health and care to be more joined up locally to meet people's needs. Since then, Integrated Care Systems (ICSs) have developed across England as a vehicle for the NHS to work in partnership with local councils and other key stakeholders to take collective responsibility for improving the health and wellbeing of the population, co-ordinating services together and managing resources collectively. Cheshire and Merseyside was designated an ICS by NHS England in April 2021.



St Helens Partners

The St Helens Cares partners had anticipated much of the expected changes in the legislation and in the second half of 2020 reviewed and redeveloped the governance arrangements and established a focused set of priorities for the Borough. These were the essential building blocks to evolve St Helens Cares into a fully functioning Integrated Care Partnership (ICP).



2. Context

St Helens is one of six local authorities in the Liverpool City region, and covers a total of 135 square kilometres, of which approximately half is rural and half is urban. The borough is home to 180,049 people with St Helens CCG having 198,041 registered patients in 34 GP practices.

From the late 1970s, St Helens suffered a decline in the coal mining and glass industries which employed many local residents, and left a legacy of issues including poor health, inter-generational unemployment, along with low levels of enterprise and aspiration. Despite recent regeneration, there remains relatively high deprivation and inequality in areas of the borough. This deprivation and other lifestyle factors result in poor outcomes among residents such as suicide, alcohol-specific hospital stays, causes of early death, and life expectancy that is lower than the national average for both men and women.



Nearly 25% of children in year six are classified as obese, worse than the average for England, and levels of GCSE attainment, breastfeeding initiation and smoking at time of delivery are worse than the England average. Though the smoking rate has decreased slightly since 2015, the prevalence of smokers in St Helens remains higher than the North West and England average with smoking attributable mortality significantly higher. St Helens is projected to have a population where more than a quarter will be aged over 65 by 2041.

St Helens Local Authority Life Course Statistics 2019

A Comparison to England



St Helens facts

Population

About **180,049** people live in St Helens.

Deprivation

43% of the St Helens population live in the top **20%** most deprived areas in England.

Child Poverty

29.8% of children aged 0-15 live in poverty in St Helens.

Key

Better

No different

Worse

**ST HELENS
CARES**

3. Strategic Intent

Our Vision

“One Place, One System, One Ambition – Improving people’s lives in St Helens together ”



Our Mission

“Bringing people closer together, by tackling health inequalities in St Helens ”

Our Priorities

1. Mental Wellbeing

By 2026, we will:

- A. Support people who are at risk of self-harm
- B. Reduce Alcohol dependency in the Borough
- C. Improve personal wellbeing in the Borough



2. Tackling Obesity

By 2026, we will:

- A. Support healthy eating choices in the Borough
- B. Encourage residents to lead a more active lifestyle
- C. Improve Borough Healthy Life Expectancy



3. Resilient Communities

By 2026, we will:

- A. Supporting people to live independently
- B. Reduce social isolation and loneliness
- C. Embed multi-sector/disciplinary team working in our four localities/networks



4. Learning from the Pandemic

Our Response to the COVID-19 Pandemic

Our system leadership has been a key factor in the success of the St Helens response to the challenge the Covid-19 pandemic presented. The quality of our planning, the way we work closely with our partners, our governance arrangements and the ongoing collaboration across commissioners and providers enabled a joined up response to the pandemic and successful working together.

Throughout 2020/21, we have supported the temporary redeployment of relevant staff to support front line services, Primary Care and partners. In line with Government guidance, those working in continuing healthcare were redeployed into St Helens and Knowsley Teaching Hospitals NHS Trust from April to August to support discharge processes. Staff were also redeployed for periods to support Contact Cares, outbreak response, the Community Transport Service, Primary Care Alliance, flu and Covid-19 vaccine clinics

We have developed a strong vaccination capacity within our borough. All of our GPs have worked together and continue to do so delivering GP-led mass vaccination clinics at the Totally Wicked St Helens rugby league stadium. In addition, we assisted with the setup of a Large Scale Vaccination Centre, also at the Totally Wicked stadium, run by St Helens and Knowsley Teaching Hospitals NHS Trust.

Digital technology improvements in primary and community care are beyond recognition and all practices and services have access to on line consultations. These are balanced with face to face when there is a clinical need and the CCG have worked with practices to ensure that this balance is appropriate.

Contact Cares has been a huge support to the system and has been facilitating discharges from St Helens & Knowsley Teaching Hospitals NHS Trust on behalf of three boroughs (St Helens, Knowsley and Halton). This has made a real difference to the discharge pathway from the Trust and has been an invaluable asset throughout the pandemic.



The pandemic has had a devastating effect on individuals, society and the economy and it is notable that those who are most disadvantaged suffer most. In response to the pandemic the St Helens partners have risen to the challenges and have delivered incredible set of achievements to serve the local population:

1. The COVID-19 vaccination programme delivered from the Totally Wicked St Helens rugby league stadium by our GP led service and the mass vaccination centre by colleagues from STHK
2. We established Contact Tracing and Outbreak Response
3. Contact Cares helped co-ordinate hospital discharges and to support people 'shielding' as a result of the pandemic
4. Maintaining access to services during the pandemic
5. Health support provided to care homes during the pandemic
6. Rolled out of the COVID Oximetry@Home pathway and implementation of a post Covid-19 syndrome (Long Covid) service working in partnership with the respiratory network

7. Continuing healthcare – redeployed staff to support discharge and cleared assessment backlog
8. A cancer advice line to encourage people with worrying symptoms to come forward had be established with St Helens and Knowsley Teaching Hospitals NHS Trust
9. A mental health crisis line was implemented at pace for both adults and children and young people
10. We provided support to our care homes from community frailty teams, matrons, primary care and infection control.
11. Virtual wards have been developed, allowing those discharged from hospital and via A&E with COVID-19 to receive care at home.

We will take the learning from our efforts to continue to deliver safe, effective and innovative services for our residents.

5. Closer together: Tackling Health Inequalities

Health inequalities can be described as unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing.

Health and wellbeing are about a thriving economy, a healthy environment, having good quality housing in a safe place to live, education and skills, job opportunities and positive social networks. These are the 'social determinants' of health and wellbeing and they are thought to determine around 50% of health outcomes.

Health behaviour contributes around 30% to health outcomes and we strive for and benefit from outstanding NHS clinical services, they only make up a fifth of what contributes to the quality of our health.

Our plan will look at involving all aspects of our health and wellbeing needs, and especially on preventing ill health and avoiding harm so that we can reduce pressure on overstretched services.

An inequalities commission has been established to monitor and evaluate the impact of actions to reduce health inequalities. This commission is a sub-group of People's Board and will work towards becoming a 'Marmot Community', with agreed governance and principles in line with the work being developed by the Cheshire & Merseyside Integrated Care System.

The commission will engage with each department in the council and key partners to ensure that services delivered locally are both accessible to those eligible and targets those who need them most.

To reduce inequalities, the Marmot Review of Health Inequalities (5) set out a framework for action under two goals:

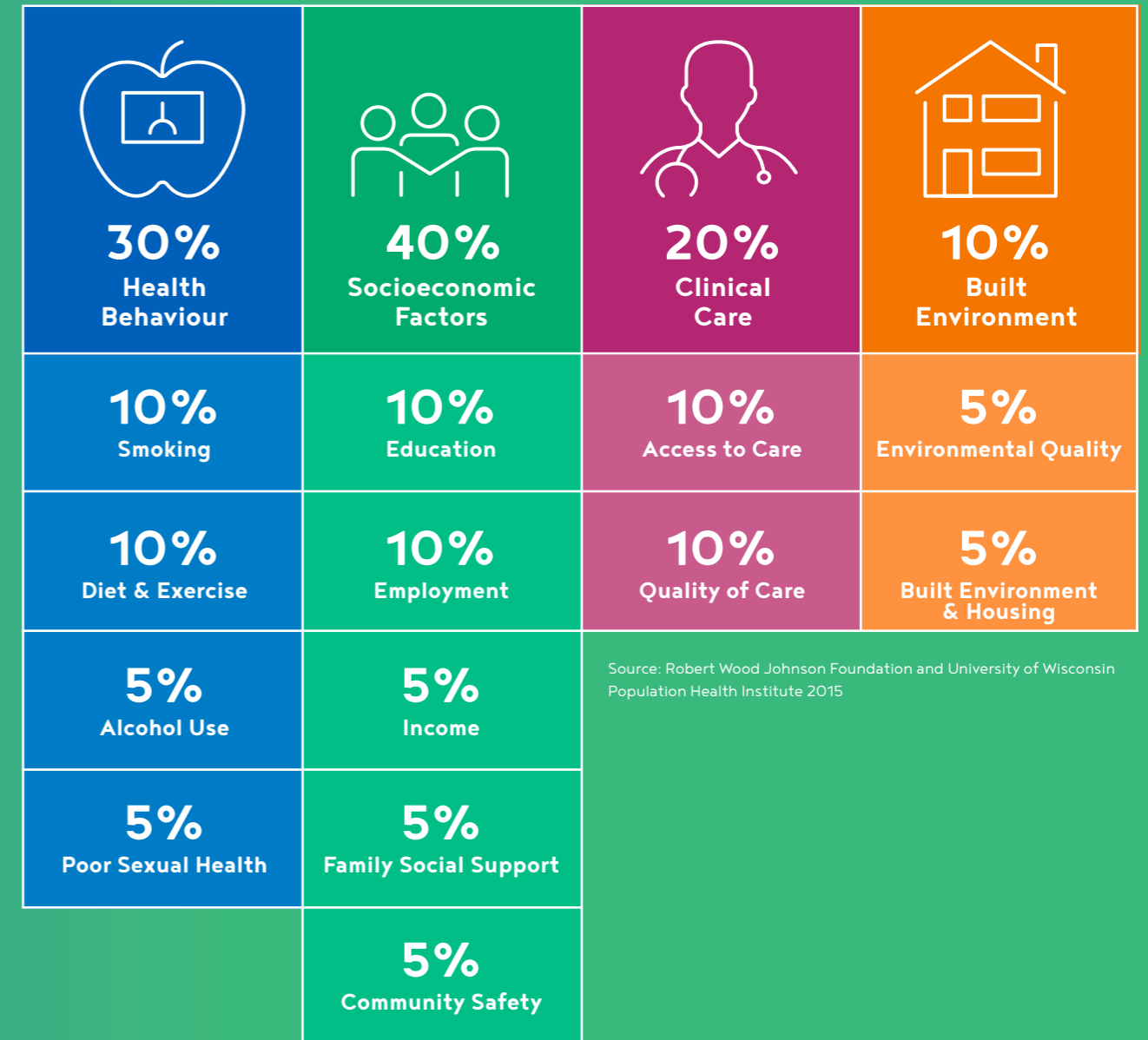
1. Create an enabling society that maximises individual and community potential;
2. Ensure social justice, health and sustainability are at the heart of all policies.

Central to the Marmot Review was the recognition that disadvantage starts before birth and accumulates throughout life. Thus, the highest priority is given to the first objective. Given the impact of the pandemic it is also important to focus on young people:

1. **Giving every child the best start in life**
 - Establish a working group to deliver against the government's recommendation of 1001 days
 - Take a partnership approach to target actions to ensure all children in the borough are school ready
2. **Enabling all children, young people and adults to maximise their capabilities and have control over their lives**
 - Develop a local children and young people's plan, with action addressing key inequality outcomes including educational attainments, ambition, resilience and health.

Focusing on these two areas will complement the work being carried out in our three priority areas to create a balanced portfolio of action.

Contributions to Health Outcomes



6. Priorities:

1 – Mental Wellbeing

Mental Wellbeing

Mental Wellbeing is the first of three priorities the ICP wishes to pursue. There has been a dedicated workstream where partners come together to tackle issues in the Borough. A Mental Health Summit took place on 1 July 2021 to launch the programme of work.

Adult Mental Health

Incidences of mental health issues among adults have risen nationwide during the pandemic with significant numbers of adults seeking help. We have ensured that secondary mental health services remained open and accessible for referral during the past year and promoted and encouraged access to services where needed. This impact will continue to be felt for some time in tandem with the prevailing economic conditions.

Children and Young People’s Mental Health

It is also clear that the Covid-19 pandemic has already had a significant impact on the mental health and wellbeing of our children and young people and will continue to do so for many years to come and may constitute a hidden health crisis.

Self-Harm and Suicide

St. Helens experiences high levels of self-harm and the suicide. Self-harm can be defined as “An expression of personal distress, usually made in private, by an individual who hurts him or herself. The nature and meaning of self-harm, however, varies greatly.

Suicides rates have fallen in St Helens though remain above the North West and England national average. Figures fell during the first lockdown from March 2020, though began to rise again in June 2020. A worrying trend beginning to be seen was of an increase in female suicides, particularly in younger women. Those from more deprived backgrounds continue to be more at risk from suicide than those living in more affluent areas of the borough.

By 2026, we will:

A. Support people who are at risk of self-harm

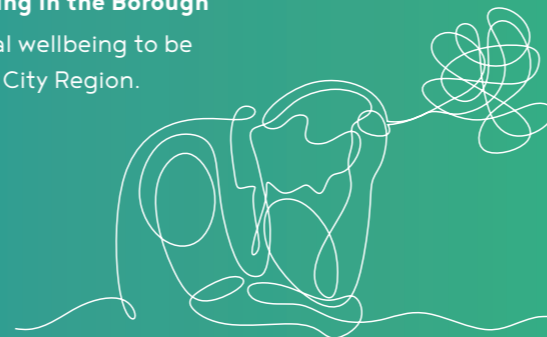
1. Reduce the Emergency Admissions for intentional self harm to below the NW Ave.
2. Reduce the suicide rate to below NW Ave.

B. Reduce Alcohol dependency in the Borough

3. Halve the Admission episodes for alcohol specific conditions – under 18s to below the NW average
4. Reduce Alcohol Specific hospital admissions to below the NW average

C. Improve personal wellbeing in the Borough

5. Improvements in personal wellbeing to be the best in the Liverpool City Region.



“Our residents will achieve and maintain a sense of wellbeing. They will be supported when needed to maintain confidence, hope and resilience throughout their life.”

Key Measures*	Baseline	Target 2026/7
1. Reduce Emergency Admissions for intentional self harm to below the NW Average	978.7/100,000	246/100,000
2. Reduce the suicide rate to below NW Average	13.9/100,000	10.5/100,000
3. Halve Admission episodes for alcohol specific conditions – under 18s	81.6/100,000	45.9 /100,000
4. Reduce Alcohol related hospital admissions to below the NW average	1,117/100,000	742/100,000
5. Social care – related quality of life score (rate)	19.4	

6. Priorities:

2 - Tackling Obesity

Introduction

Tackling obesity is one of the greatest long-term health challenges St Helens and the nation as a whole. Around two-thirds of adults are above a healthy weight, and of these half are living with obesity. We have more than 1 in 3 children leaving primary school who are already overweight or living with obesity.

Obesity prevalence is highest amongst the most deprived group in society and St Helens has more deprivation than most places in England. Obesity is associated with reduced life expectancy. It is a risk factor for a range of chronic diseases, including cardiovascular disease, type 2 diabetes, at least 12 kinds of cancer, liver and respiratory disease and obesity can impact on mental health.

COVID-19 and Obesity

We have known for decades that living with obesity reduces life expectancy and increases the chance of serious diseases such as cancer, heart disease and type 2 diabetes. In the past year we have seen that being overweight or living with obesity puts you at risk of dying from COVID-19.

Evidence indicates that being overweight or living with obesity is associated with an increased risk of hospitalisation, severe symptoms, admission to Intensive Care Units and death from COVID-19. These risks increase progressively as an individual's body mass index (BMI) increases.

A National and Local Priority

The government have set a target of reducing the number of adults living with obesity and halving childhood obesity by 2030 and reducing inequalities. In St. Helens we are ready to take up the challenge. Together we can empower people to live the healthier lives they want to live.

By 2026, we will:

A. Support healthy eating choices in the Borough

1. Reduce the prevalence of obese children (4-5) to below the NW average
2. Reduce the prevalence of obese children - Year 6 to below the NW average
3. Reduce the percentage of adults classified as overweight/obese to below the NW average

B. Encourage residents to lead a more active lifestyle

4. Premature deaths (<75) reduce by 10% from Cardiovascular disease, Cancer, Respiratory disease

C. Improve Borough Healthy Life Expectancy

5. Increase Healthy Life Expectancy by 2 years



“We will support our residents to invest in their health. Encouraging people to maintain a healthy weight through wholesome food and an active lifestyle.”

Key Measures*	Baseline	Target 2026/7
1. Reduce the prevalence of obese children (4-5) to below the NW average	11.6%	10.4%
2. Reduce the prevalence of obese children - Year 6 to below the NW average	23%	21%
3. Reduce the percentage of adults classified as overweight/obese to below the NW average	69.2%	64.8%
4. Increase Healthy Life Expectancy by 2 years	59 years	61 years
5. Premature deaths (<75) reduce to below NW:	per 100k	per 100k
All causes	405	382
Cardiovascular Disease	92.1	86
Cancer	138.2	132
Respiratory Disease	tbc	tbc

6. Priorities:

3 – Resilient Communities

Context

According to the 2018 local authorities health profile report, the dependency ratio in St Helens is nearly 5 times higher than that of the national average (PHE, 2018). The 2019 Index of Deprivation saw St Helens drop to the bottom 10% of the most deprived areas (from 36th in 2015 to 26th most deprived area in 2019). With regards to health deprivation and disability and employment deprivation, it also ranked among the top 10 most deprived areas- 8th and 9th positions, respectively.

An Assets Based Approach v A Deficits Approach

Whilst recognising the challenges we face in St Helens our approach be based on the many strengths we have in our localities. Our Asset Based approach will identify the assets of individuals, associations and institutions that form the community. The identified assets from an individual are matched with people or groups who have an interest in or need for those strengths. Using and building on what we already have in the community is key.



Supporting Priorities

In order to deliver on our priorities we will be:

1. Implementing a Care Communities approach
2. Harnessing digital solutions and assistive technologies to support an improved care and independence
3. Building capacity in the VCS to support an effective approach to loneliness and isolation

By 2026, we will:

A. Supporting people to live independently

1. To be the best borough in Merseyside for older people who are still at home 91 days after discharge from hospital
2. Improve by 20%, the proportion of adults with learning disabilities in employment
3. Reducing our delayed transfer of care from hospital becoming the best borough in Merseyside
4. Reducing injuries (65+) due to falls by 25%

B. Reduce social isolation and loneliness

Service users reporting that they had as much social contact as they would like

C. Embed multi-sector/disciplinary team working in our four localities/networks



“Building resilient communities based around our localities and primary care networks which will support people living independently, reduce neglect and eliminate social isolation.”

Key Measures*	Baseline	Target 2026/7
1. To be the best borough in Merseyside for older people who are still at home 91 days after discharge from hospital (ASC-17)	89.5%	94%
2. Improve by 10%, the proportion of adults with learning disabilities in employment (ASC-12)	7.2%	8.0%
3. Reducing our delayed transfer of care from hospital becoming the best borough in Merseyside (ASC -2c-1)	7.1 days/100k	days/100k
4. Reducing injuries (65+) due to falls by 25%	2,468	1,851
5. The proportion of people who use services who reported that they had as much social contact as they would like	46.9	tbc
6. The number of patients with a frailty score of mild frailty		

7. Enabling Groups and Activities:

Stakeholder Reference Forum

Established to build and sustain meaningful engagement with people across all communities giving a voice to those with lived experience to shape services:

- Act as a sounding board for testing early plans, and information materials;
- Share insights to influence/inform areas requiring redesign;

- Offer perspectives on how individual work programmes can engage widely with people;
- Advise on the development of information for wider public use; and
- Strengthen and play a significant role in wider public communication.

The St Helens Stakeholder Forum is made up of:

- Patients
- Service users
- Carers

Representatives of third and voluntary sector groups in the area. And offers a perspective on how St Helens Cares can inform and engage with people on its programmes of work.



System Resources Group

Responsible for co-ordinating system resources, finance, people, estate, digital and population health – Key functions include:

- Identify, evaluate and report on financial and other resource risk across the ICP
- Identify opportunities to shift / release resources to ensure the St Helens £ and resources of the ICP are used effectively

- Develop and provide financial and other resource modelling information for the St Helens £ at the request of the ICP Board
- Feed into decisions to be made by the ICP Board which have a material impact on the resources of the ICP or any Partners;

Digital Transformation:

We will have a robust digital transformation strategy to build on our investments, innovations and the achievements made during the pandemic

Population Health Management:

We will build on and embed the use of real time population health data and analytics to drive the focus on population health and care strategies at place and in our localities

Workforce:

We and to shape and support our workforce to meet the needs of the future. St Helens will be an attractive, innovative place to work, develop and contribute to the growth of the Borough

Transitioning to an ICP:

We aim to undertake a seamless transition from current CCG arrangements to the ICS/ICP model and ensure that St Helens establishes an “earned autonomy” for our Place Partnership.

8. Our Integrated Care Partnership Development

The St Helens People's Board sets the place integration agenda.

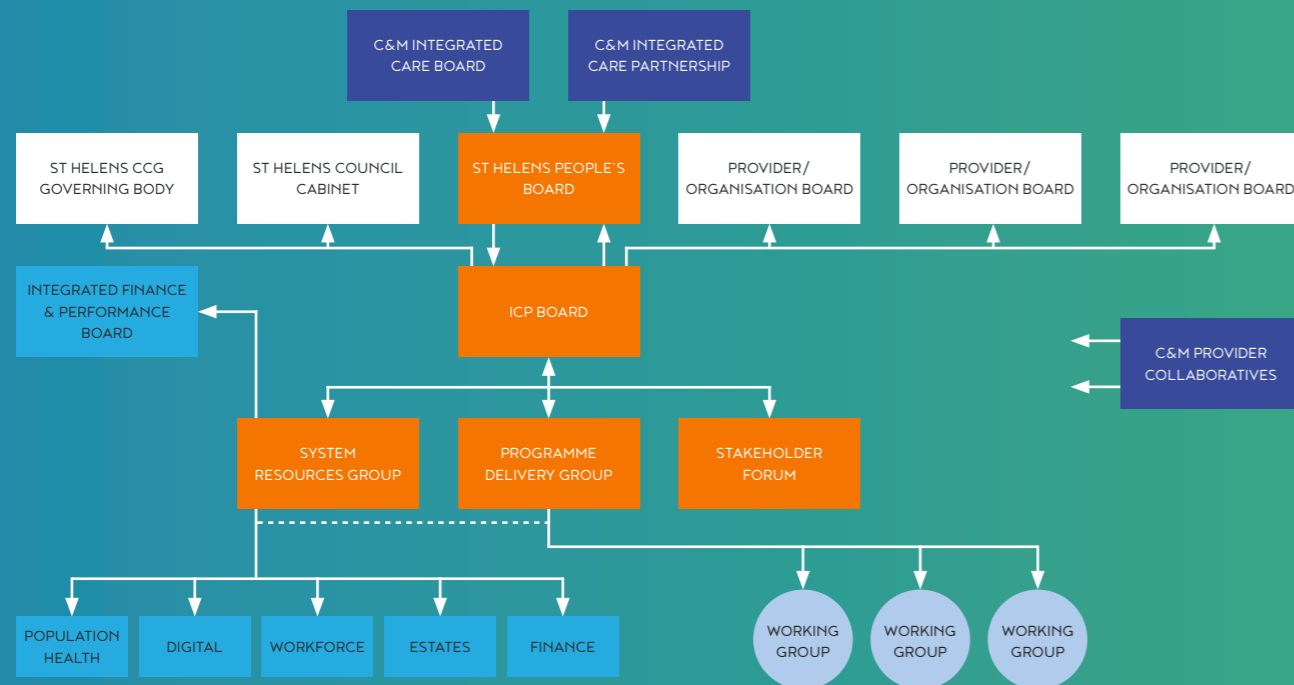
The ICP Board provides the strategic and collective leadership for the ICP, in line with the strategic direction set by the People's Board.

The ICS attributed 7 core features of an ICP. We have a development plan to ensure that not only do we meet them, but are adding layers of maturity by embedding new ways of working which will both:

1. Serve our residents well,
2. Gain St Helens 'earned autonomy' to deliver what is needed in the Borough

St Helens Cares is amongst the most mature of the ICPs in Cheshire and Merseyside with our place integration agenda dovetailing with our localities and up to system level.

Stakeholder Reference Forum



ENABLING PROGRAMMES WORKING GROUP - E.G. COMMUNICATION AND ENGAGEMENT WORKING GROUP; ORGANISATIONAL DEVELOPMENT WORKING GROUP



9. Integration in Action: System-Place-Locality

System: Cheshire & Merseyside

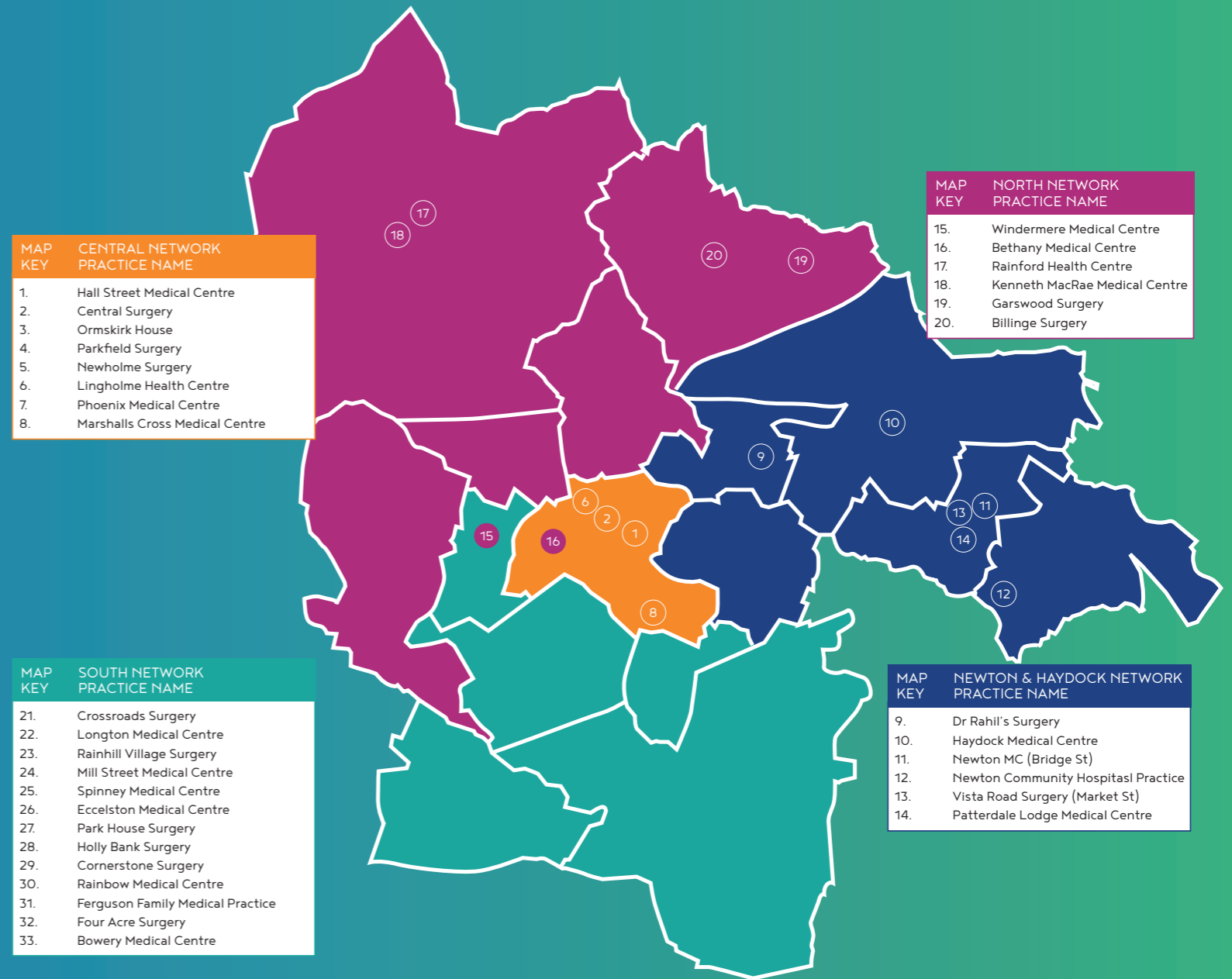
The Cheshire and Merseyside Health and Care Partnership was designated an ICS on 1 April 2021. From April 2022 it will take on the statutory duties of the nine CCGs and some functions from NHSE/I. The ICS will be governed by a Integrated Care Board (ICB) and an Integrated Care Partnership (ICP).

Place: St Helens Borough

St Helens Cares has been the unifying partnership in the Borough since 2018, Accountable to the St Helens People's Board. St Helens Cares has developed into an Integrated Care Partnership, widening and strengthen its membership to deliver on the post pandemic health inequalities.

Locality: Care Communities

We are in the process of developing best-practice 'Care Communities' within our localities which has the Primary Care Networks central to providing care closer to home. Proactively identify people at high risk of needing services and then intervene early.



9.1. Integrated Care System

Cheshire & Merseyside ICS

The Cheshire and Merseyside Health and Care Partnership was designated an ICS on 1 April 2021. From April 2022 it will take on the statutory duties of the nine CCGs and some functions from NHSE/I.



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 longer



Mission

We'll tackle health inequalities and improve the lives of the poorest fastest. We believe we can do this best by working in partnership



Strategic Objectives

- Improve population health and healthcare
- Tackling health inequality, improving outcomes and access to services
- Enhancing quality, productivity and value for money
- Helping the NHS to support broader social and economic development



There will be an NHS Body and Partnership Board to govern arrangements :

Integrated Care Partnership (ICP)

A broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS.

Integrated Care Board (ICB)

The ICB will bring partner organisations together in a new collaborative way with common purpose. The aim will be to improve population health and establish shared strategic priorities within the NHS, connecting to partnership arrangements at system and place.

The ICS has 12 Programmes of work which we at place will contribute to and benefit from.

These Include:

- | | |
|------------------------------|------------------------------|
| 1. Mental Health | 7. Diagnostics |
| 2. Maternity Services | 8. Urgent and Emergency Care |
| 3. Children and Young People | 9. Medicines Management |
| 4. Corporate | 10. Cardiovascular Disease |
| 5. Digital | 11. Neurological |
| 6. Population Health | 12. Elective Recovery |

The alignment of our Place priorities to the system priorities is critical to enable the delivery of services and support to residents and patients.

9.2. Place – St Helens

St Helens Cares has been the unifying partnership in the Borough since 2018, Accountable to the St Helens People's Board. St Helens Cares has developed into an Integrated Care Partnership, widening and strengthen its membership to deliver on the post pandemic health inequalities.

In addition to the partnership approach through St Helens Cares The Local Authority has developed the St Helens Together approach setting out vision for a better Borough.

		
ENSURE CHILDREN AND YOUNG PEOPLE HAVE A POSITIVE START IN LIFE	PROMOTE GOOD HEALTH, INDEPENDENCE AND CARE ACROSS OUR COMMUNITIES	CREATE SAFE AND STRONG COMMUNITIES AND NEIGHBOURHOODS FOR ALL
		
SUPPORT A STRONG, THRIVING, INCLUSIVE AND WELL-CONNECTED LOCAL ECONOMY	CREATE GREEN AND VIBRANT PLACES THAT REFLECT OUR HERITAGE AND CULTURE	BE A RESPONSIBLE COUNCIL

Ensure Children and Young People Have a Positive Start in Life

We want to make a difference to the lives of children and young people who live in the borough, improve outcomes for all children, whilst tackling deprivation and child poverty and protecting children from vulnerable backgrounds.

Promote Good Health Independence and Care Across Our Communities

Good health, independence and care starts with people, our connections with communities, the respect and compassion we show one another, and the lifestyle choices we make. We want to continue to deliver excellent integrated services in the right place at the right time.

Create Safe and Strong Communities and Neighbourhoods For All

A welcoming borough for all, where people get on with each other and feel part of their local neighbourhood. Increasing community engagement building thriving communities that make the best use of their strengths and assets.

Support a Strong, Thriving, Inclusive and Well Connected Local Economy

To address inequalities and deliver inclusive growth we will focus on developing and supporting our business ecosystem, people and skills and invest in place and a green recovery to drive growth and transformation.

Create Green and Vibrant Places That Reflect our Heritage and Culture

We want St Helens to be a better, healthier and more sustainable place that proudly celebrates our culture and heritage whilst embracing new opportunities. The greatest threat the borough faces is climate change, we have set an ambitious target to achieve our zero carbon target by 2040.

Be a Responsible Council

We want the council to work much more closely with communities and partners to shape and strengthen the prospects of the borough and its residents.

9.3. Localities

We are in the process of developing four best-practice 'Care Communities' within our localities which has the Primary Care Networks central to providing care closer to home. Other health, social care and voluntary services. There are a number of components to these, each of which will need to be delivered in full to achieve the vision and objectives of health and care partners in St Helens.

The Care Communities will have a common 'core offer' but will be added to that to reflect specific, local priorities, needs and differences. They will work closely with the Primary Care Networks to tailor services to:

- Proactively identify people at high risk of needing services and then intervene early and quickly to prevent their situation worsening
- Help people through self-care and better support their families and carers
- Make better use of the different professionals working in therapies, pharmacies, social and primary care.
- Recognise the existing strong local relationships, skills and connections and support them to grow and flourish.

Our Care Communities approach aim to support people to live health, happy and independent lives. We also expect to see a reduction

In numbers of hospital bed days - fewer people needing to be in hospital and their hospital stays being shorter.

This will lead to less people having to go to hospital with more services being provided more locally.

Our Care Communities model will allow services to focus on individuals, supported by families and friends within their local communities. We will be able to link in more closely and in partnership with other community resources and assets that impact health and wellbeing such as housing, jobs and education and to work more collaboratively with all partners including the voluntary, community and faith sector.

We will increase our support to communities by providing information, infrastructure, networks and skills to help local groups and social enterprises grow and overcome any hurdles they identify. This will enable our communities to become more enterprising, reducing dependency and enabling more deprived areas to address the inequalities which impact on their lives.



10. Operational Plan 2021/22

The pandemic has brought into acute focus the widening health inequalities locally. We will need to take further steps to develop our population health management approaches that address inequalities in access, experience and outcomes, working with local all partners across the borough and the wider system to achieve our ambitions.

In the current year the NHS planning guidance set out five priority areas for tackling health inequalities and this is central to the investments we will make this year to improve outcomes on cancer, cardiovascular disease, mental health and maternity services as well as to expand smoking cessation and weight management services.

To achieve these goals, while restoring services and recovering backlogs, will require us to do things differently, accelerating delivery against and redoubling our commitment to strategic goals in the Long Term Plan (LTP). Local partners have shown the past year there ability to adapt, develop new services at scale and pace and made real strides in embedding digital approaches to patient and resident care. These priorities are shown below:

- A. Supporting the health and wellbeing of staff and taking action on recruitment and retention
- B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
- C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services
- D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities
- E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay
- F. Working collaboratively across systems to deliver on these priorities.

A. Workforce – The way we are supporting our workforce is set out in section 11 of this plan

B. COVID 19 – we will:

- Offer a first dose to the adult population by the end of July.
- Offer boosters to population as plans are published
- Continue to meet the needs of those with COVID

C. Restoration of elective and cancer care and manage the increasing demand on mental health services – we will:

- Maximise elective activity, taking full advantage of the opportunities to transform the delivery of services
- Restore full operation of all cancer services
- Expand and improve mental health services and services for people with a learning disability and/or autism
- Deliver improvements in maternity care, including responding to the recommendations of the Ockenden review

D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities – we will:

- Restore and increase access to primary care services
- Implementing population health management and personalised care approaches to improve health outcomes and address health inequalities.

E. Transforming community and urgent and emergency care

- Transforming community services and improve discharge
- Ensuring the use of NHS111 as the primary route to access urgent care
- Consistent, expanded Same Day Emergency Care (SDEC)
- Roll out the Emergency Care Data Set (ECDS)

F. Working Collaboratively across systems – This plan demonstrates just how we are doing this. Appendix 1 shows the links to the long term plan (LTP).



11. Workforce

Cheshire & Merseyside ICS

The COVID-19 pandemic has shown many aspects of the health and care system at its best. Health and care workers have responded with outstanding dedication and skill; clinicians and managers have gone above and beyond to rapidly develop new ways of delivering services safely; hospitals have joined forces to offer each other mutual aid and ensure continued provision of essential services across all sectors.

Impact on Workforce

The crisis has also underlined public support for the NHS and for care staff, however, COVID-19 has had a profound impact on our workforce including: Mental Health impact, post traumatic stress disorder and long-covid; Staff working remotely Bereavements (family, friends, colleagues), pressure due to high absentee levels (sickness/shielding/isolation); disproportionate impact of COVID on minority ethnic staff; greater divide between social care and the NHS workforce.

A Workforce for the Future

Our workforce strategy places equal value on all members of Place team including: belonging in to Team St Helens new ways of working and delivering care; growing for the future; looking after our people.

Belonging to Team St Helens

Working with Place and System Partners we will be:

- be open and inclusive
- be representative of the communities we serve
- continue to make the culture universally understanding, kind and inclusive
- have compassionate and inclusive leadership
- tackle the disciplinary gap
- ensure that everyone has a health and wellbeing conversation
- ensure that everyone has a voice
- have an inclusive and diverse talent pipeline

New Ways of Working



REMOTE WORKING



USE OF TECHNOLOGY AND DIGITAL



VIRTUAL CONSULTATIONS



SUPPORTING STAFF DEPLOYMENT AND REDEPLOYMENT



SYSTEM WIDE WORKING AND CONTRACTS



WORK ACROSS HEALTH AND SOCIAL CARE



USING VOLUNTEERS DIFFERENTLY



VIRTUAL CLINICAL PLACEMENTS



TECHNOLOGY ENHANCED LEARNING

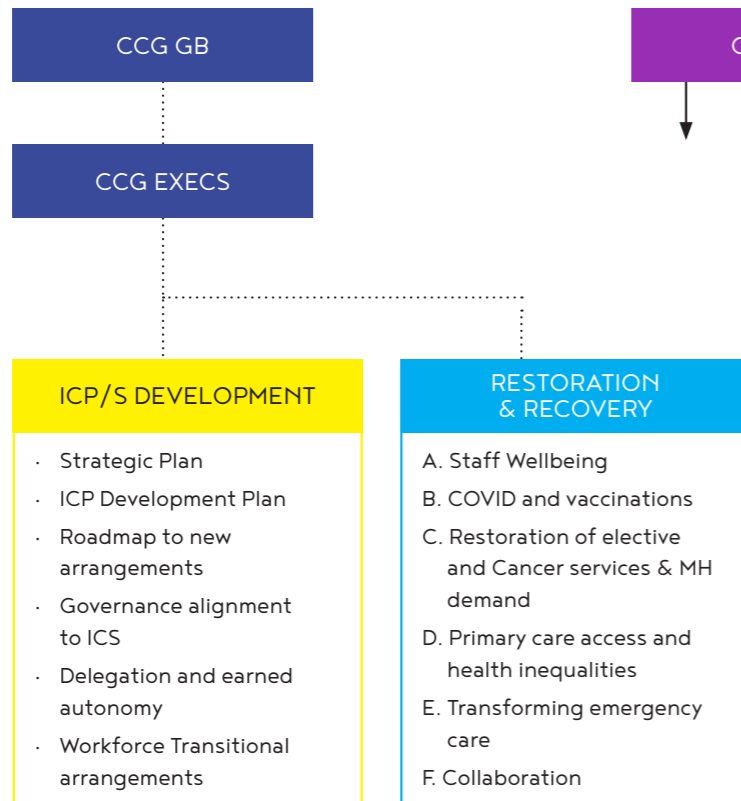
Growing for the Future

We are currently exploring what our future workforce should look like for the now and the future. How we improve the student and practitioner experience across health and social care. How we redefine new roles and career routes, opportunities for advanced clinical practice and reshaping peoples' views on careers in social care.

Looking After Our People

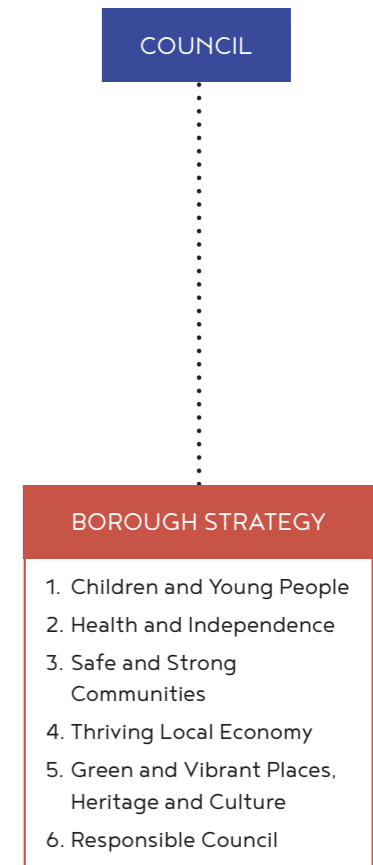
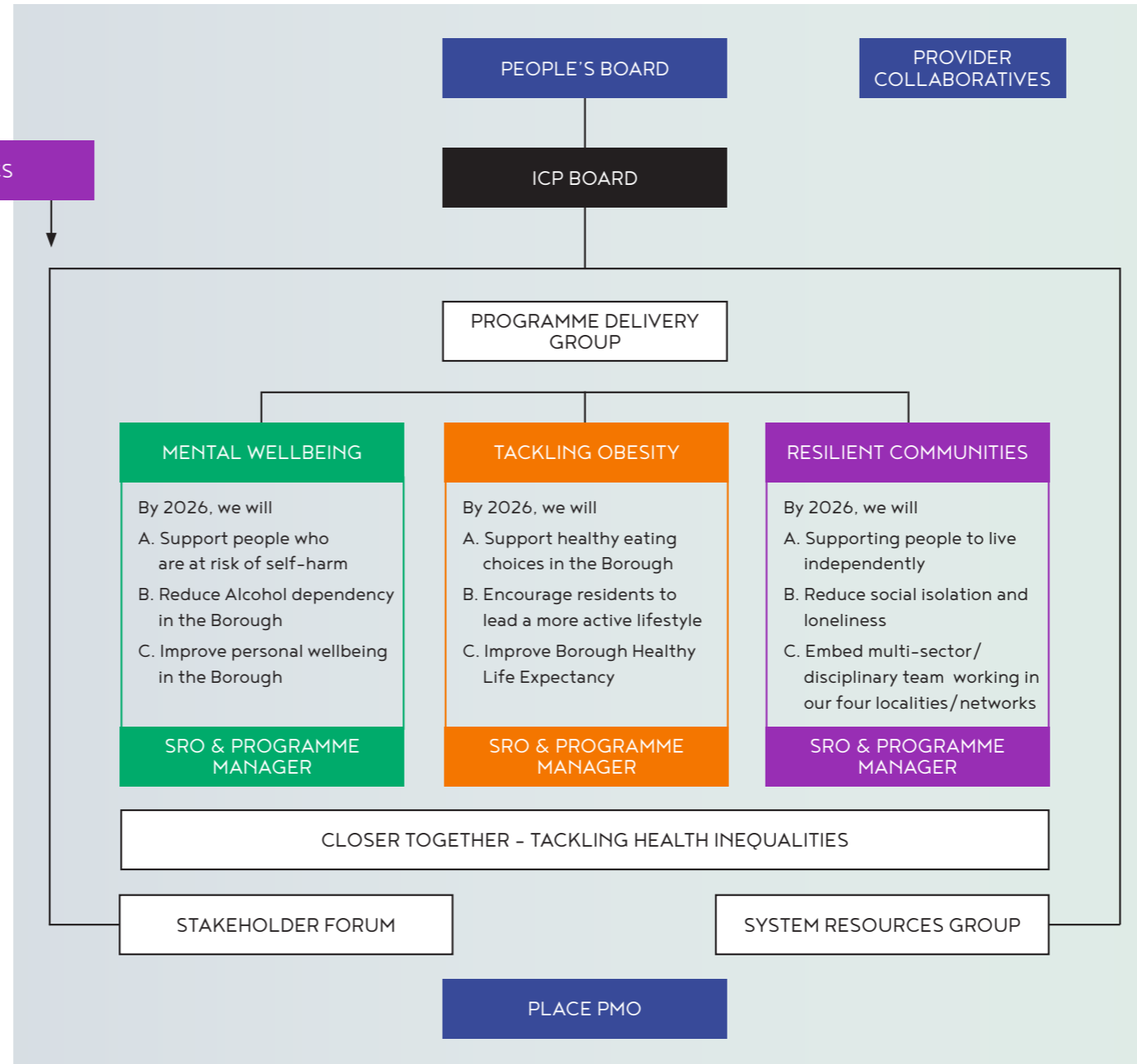
Following the pandemic, workforce challenges are even greater than prior to Covid-19 took hold. We need to ensure that our workforce is supported, valued, able to meet the increasing demands by offering greater flexibility, access to the right tools and training and there are opportunities to attract and retain a workforce for the future. It's time to think 'system' and 'place' and not just organisation!

13. Delivering our Ambitions



To deliver our ambitions, the ICP has developed a programme infrastructure to support the workstreams.

A dedicated programme management office has been established. The ICP also acknowledges the dependencies at place, with the transitioning of CCG functions to system, the restoration and recovery work, post pandemic and the Borough strategy.





Appendix One – NHS Long Term Plan

Context

NHS England published the NHS Long Term Plan in January 2019 which set out the challenges the NHS faced at that time and the pressures that it is likely to face in the next decade. It made commitments on how the NHS would respond to the opportunities that new ways of working, additional funding and technology advances could provide. It set out for the whole NHS the plan for new services and better experience and outcomes for patients. And then little over a year later..... We had a global event like no other: COVID-19 pandemic.

Reviewing the LTP, the majority of the priorities and direction of travel are still relevant and must be delivered. Health Inequalities and unwarranted variation in outcomes, access and experiences are now in even sharper focus post pandemic. We now need to redouble our efforts in restoring services and delivering the ambitions set out in the long term plan, which are set out in the block to the right:

LTP in the new world of Integrated Care Systems (ICS)

Much of the planning to deliver the long term plan will be transferring from place to system to be undertaken by the Cheshire and Merseyside ICS in the form of:

C&M Integrated Care Partnership

Established as a joint committee by the Integrated Care Board and each responsible local authority in C&M

Consisting of a minimum of one member appointed by the Integrated Care Board, one member appointed by each local authority.

Required to prepare and publish an integrated care strategy setting out how the needs of the local population will be met.

C&M Integrated Care Board

Established from abolished Clinical Commissioning Groups.

Required to publish a constitution and maintain registers of interest of members of the board, its committees or sub-committees and its employees

Required (with its partner NHS trusts and foundation trusts) to prepare and publish a five strategic plan, as well as an annual capital resource use plan before each financial year

NHS Long Term Plan – 2019

1. Doing things differently:

We will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Partnerships', to plan and deliver services which meet the needs of their communities.

2. Preventing illness and tackling health inequalities:

The NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.

3. Backing our workforce:

We will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.

4. Making better use of data and digital technology:

We will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.

5. Getting the most out of taxpayers' investment in the NHS:

We will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products for cheaper, and reduce spend on administration.

ST HELENS
CARES

