

# Scrutiny Committee

## Agenda

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**Date:** Monday, 6th September, 2021  
**Time:** 10.30 am  
**Venue:** The Capesthorpe Room - Town Hall, Macclesfield SK10 1EA

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**PLEASE NOTE – This meeting is open to the public and anyone attending this meeting will need to wear a face covering upon entering and leaving the venue. This may only be removed when seated.**

**The importance of undertaking a lateral flow test in advance of attending any committee meeting.** Lateral Flow Testing: Towards the end of May, test kits were sent to all Members; the purpose being to ensure that Members had a ready supply of kits to facilitate self-testing prior to formal face to face meetings. Anyone attending is asked to undertake a lateral flow test on the day of any meeting before embarking upon the journey to the venue. Please note that it can take up to 30 minutes for the true result to show on a lateral flow test. If your test shows a positive result, then you must not attend the meeting, and must follow the advice which can be found here:  
[https://www.cheshireeast.gov.uk/council\\_and\\_democracy/council\\_information/coronavirus/testing-for-covid-19.aspx](https://www.cheshireeast.gov.uk/council_and_democracy/council_information/coronavirus/testing-for-covid-19.aspx)

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The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and in the report.

It should be noted that Part 1 items of Cheshire East Council decision-making meetings are audio recorded and the recordings are uploaded to the Council's website.

### **PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT**

1. **Apologies for Absence**
2. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

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3. **Minutes of Previous Meeting** (Pages 3 - 6)

To approve as a correct record the minutes of the previous meeting held on 28 June 2021.

4. **Public Speaking/Open Session**

There is no facility to allow questions by members of the public at meetings of the Scrutiny Committee. However, a period of 10 minutes will be provided at the beginning of such meetings to allow members of the public to make a statement on any matter that falls within the remit of the committee, subject to individual speakers being restricted to 3 minutes.

5. **Update on Oral Surgery and Orthodontic Service Model Development for Cheshire East**

To receive an update from the Head of Primary Care NHS England North (Cheshire and Merseyside) on oral surgery and orthodontic service model development for Cheshire East.

6. **Feedback on 2020/21 Cheshire and Wirral Partnership NHS Foundation Trust Quality Accounts** (Pages 7 - 40)

To consider the 2020/21 Quality Account and provide feedback to be included in the final version of the accounts.

7. **Update on Cheshire and Merseyside Integrated Care System.** (Pages 41 - 56)

The Health & Adult Social Care & Communities Overview & Scrutiny Committee considered this item in April 2021. Since May 2021 Cheshire East has transitioned to a Committee System form of governance and as such there have been changes to the Scrutiny Committee and Membership.

Therefore, this item is to consider an overview and update on the development of the Cheshire and Merseyside Integrated Care System, proposed to come into effect from April 2022.

8. **Update on the Safer Cheshire East Partnership (SCEP) and a thematic review of fire safety in the home.**

To consider a presentation by the Director of Adult Social Care, on the work and remit of the Safer Cheshire East Partnership (SCEP) with a thematic review of deaths following accidental dwelling fires in Cheshire East (Feb 2020 to March 2021).

9. **Work Programme** (Pages 57 - 58)

To consider the Work Programme and determine any required amendments.

**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Scrutiny Committee**  
held on Monday, 28th June, 2021 at The Assembly Room - Town Hall,  
Macclesfield SK10 1EA

**PRESENT**

Councillor L Wardlaw (Chair)  
Councillor D Murphy (Vice-Chair)

Councillors R Bailey, L Braithwaite (substitute), D Brown, B Murphy,  
C Naismith, M Simon and L Smetham

**OFFICERS IN ATTENDANCE**

Helen Davies, Democratic Services Officer  
Brian Reed, Head of Democratic Services and Governance  
Paul Reeves, Flood Risk Manager\*  
Vicky Venn, Flood Risk Engineer\*

**1 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors S Brookfield (substituted for by Councillor L Braithwaite), P Butterill, S Pochin, L Roberts and M Simon.

**2 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**3 PUBLIC SPEAKING/OPEN SESSION**

There were no members of the public present who wished to speak.

**4 UPDATE ON FLOOD RISK MANAGEMENT ARRANGEMENTS**

The committee considered a presentation on the council's role and responsibilities with respect to flood risk management as a Local Lead Flood Authority (LLFA). The update provided a breadth of information on the various other (flood) Risk Management Authorities (RMAs) and how these organisations work in partnership to prevent and alleviate the prevalence and impact of rainfall and flooding events in Cheshire East.

Members asked questions and put comments in relation to;

- the council's responsibility as a Local Planning Authority with respect to flood risk;
- which RMAs could declare Section 19 Investigations and how these were initiated and undertaken;

- how the council as a LLFA provided advice, guidance and information on flood risk and flood risk management to the 26,000 residential and 8,000 commercial properties in the borough;
- whether or not the council's strategic planning and housing development plans factored in the development of new sewage treatment plants and other waterworks, to ensure that the necessary hydro-infrastructure was in place to support the borough's increasing housing stock; and
- that it would be beneficial if all elected members of the council received lists of emergency contact details that could be contacted in the event of flooding events.

In summarising the committee's debate and questions, the Chair stated that the committee would do all it could to support the council's efforts to further improve outcomes in respect of flood risk management, and ensure that all RMAs in Cheshire East continued to prioritise funding for flood prevention and mitigation schemes.

Helen Davies, Democratic Services Officer, provided a short verbal update to the committee on the progress of Flooding Task and Finish Group – established by the now decommissioning Environment and Regeneration Overview and Scrutiny Committee. Committee members expressed a strong interest in being able to support this important piece of work and suggested that it could receive the report and provide feedback on it prior to its consideration by the Highways and Transport Committee (the council's responsible service committee).

#### **RESOLVED –**

- 1 That the update be received and noted.
- 2 That the Flood Risk Manager collate a list of key emergency contacts that could be used by elected members in the event of a rainfall and/or flooding incident.
- 3 That it be reported to the responsible lead officer(s)/director(s) the committee's interest in being able to support and feedback on the written report of the Flooding Task and Finish Group.

#### **5 FEEDBACK ON 2020/21 NHS QUALITY ACCOUNTS**

The committee noted receipt by correspondence of the 2020/21 Quality Accounts of both East Cheshire NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust.

The Chair invited members of the committee to raise any feedback and/or comments that they wished to submit the Trust. No comments were submitted.

**RESOLVED –**

That the 2020/21 Quality Accounts of East Cheshire NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust be received.

**6 WORK PROGRAMME**

Consideration was given to the committee's work programme. The Chair noted that, following upcoming informal liaison meetings with relevant partners such as NHS Cheshire CCG, other NHS organisations, and the Police and Fire Authorities, the committee would be better informed of current and future priorities to schedule work programme items around.

The committee requested that the three major hospital trusts in the borough attend a meeting to present an update on their individual and collective plans to recover from the impacts of Covid-19, including but not limited to elective and non-elective surgery waiting lists, as well as staff wellbeing, recruitment and retention.

**RESOLVED –**

That the Scrutiny Officer submit to the three major hospital trusts in the borough, the committee's request for updates to be provided to it on their individual and collective plans to recover from the impacts of Covid-19, including but not limited to elective and non-elective surgery waiting lists, as well as staff wellbeing, recruitment and retention.

The meeting commenced at 10.30 am and concluded at 12.17 pm

Councillor L Wardlaw (Chair)

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# Quality Account

2020/21



Some imagery contained within this report was taken before the response to the COVID-19 pandemic

Helping people to be  
**the best they can be**

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## Introduction

Our **Quality Account** is an **annual report to the people we serve about the quality of services we provide**. It gives an opportunity for you to see what we are doing to improve the quality of care and treatment we deliver.

Quality Accounts require those who provide NHS services to describe quality in the following ways:

### **Patient safety**

This means delivering care in a way which minimises harm by using effective approaches that reduce unnecessary risks.

### **Clinical effectiveness**

This means delivering care that is based on evidence, people's needs, and results in improved health outcomes.

### **Patient experience**

This means delivering care which people can easily access and that takes into account their preferences and their needs.

At CWP, we also use a well-known international way of defining quality. So not only do we ensure care is safe and effective with good experience, we also look at whether the care we deliver is affordable, sustainable, acceptable and accessible. To help us deliver care which is more equitable and person-centred, we place an emphasis on co-production. Co-production means people who deliver and support the delivery of our services, people who access our services, their families and carers, and the people we serve across the population, playing more of an active role in planning, improving and delivering services.

The aim in reviewing and publishing information about quality is so that CWP can demonstrate *public accountability* by *listening* to and *involving* the public, partner agencies and, most importantly, *acting* on feedback we receive. To help us meet this aim, we don't just produce this report, we also produce *Quality Improvement Reports* three times a year. This *Quality Account* and our *Quality Improvement Reports* are published on our website.

Should anyone reading this *Quality Account* require any further information, please do not hesitate to contact us [cwp.info@nhs.net](mailto:cwp.info@nhs.net).



# Part 1: Introduction from our Board

## Welcome from our Chief Executive



I am delighted to introduce this year's Quality Account on behalf of the Board. This year, a year that has seen care providers having a particular focus on the emergency response to the COVID-19 global pandemic, Team CWP have worked tirelessly to provide the best possible care to the people we serve and ensure the continuation of services. I am proud that, despite the challenges, our Quality Account this year presents a considerable number and breadth of examples of success and quality achievements across the Trust. Our teams have shown admirable courage and adaptability to the unprecedented challenges they have faced, and it has been wonderful to read the examples of outstanding care, compassion and commitment in this report. As ever, this report can only detail a small selection of the many projects and initiatives Team CWP have worked on. This includes leading and working in partnership to run the

COVID-19 mass vaccination centre in Chester, the staff wellbeing initiatives we have developed and also the steps we have taken to provide the best possible care for the population we serve.

During the year, the Board developed CWP's new Trust strategy, 'Imagining the Future', which will be supported by a number of enabling strategies, including phase two of our Quality Improvement strategy which Dr Sivananthan goes on to talk about in her foreword. We will be engaging on our the new strategic objectives during 2021 to ensure that our new Trust strategy can best help us to achieve the aim of meeting the needs of the population we serve and ensuring that CWP, working in partnership, continues to deliver the best services within the resources we have. The strategy shows our commitment to our local communities, partners, staff and all people we work with. We believe that future healthcare can only be delivered well when we all work together and support each other. Importantly, everything we do will be done in a person-centred way. This means that we will work with people as unique individuals with their own strengths, abilities, needs and goals.

The quality of care and improvements described in our Quality Account give the Board every confidence that we are making great strides in our ambition to help people to be the best they can be. I am hopeful that another positive and successful year lies ahead, despite the challenges.

On behalf of the Board, to the best of my knowledge, the information presented in this report is accurate. I hope you enjoy reading our Quality Account.

**Sheena Cumiskey**

**Chief Executive  
Cheshire and Wirral Partnership NHS Foundation Trust**

# Welcome from our Medical Director – Executive lead for quality



I want to start by saying how humbled I have been to see the way Team CWP has risen to new and unexpected challenges since the pandemic. I'd like to express my admiration and pride for the bravery and adaptability that's being shown every day to ensure we continue to work towards our ambition of delivering the best outcomes to the population we serve.

In our 2020 Care Quality Commission report, I was proud that "staff in all areas had adopted and embedded quality improvement initiatives". We have continued to see this in abundance during the pandemic, as you can read in the remainder of our Quality Account. Team CWP can be proud of our achievements over the first three years/ phase one of our Quality Improvement strategy, and those seen during the pandemic, when the health and care system witnessed innovation in the delivery of services at a scale and pace that would have been beyond imagination previously. We are currently consulting on phase two of our Quality Improvement strategy, through which we want to grow and strengthen our culture of continuous quality improvement – working with partners, especially those who access our services. This will be essential to enable the

successful delivery of our new strategic objectives as described earlier by Sheena. Our Quality Improvement reports throughout 2021/22 and Quality Account 2021/22 will update on what we have been able to achieve as a result of starting to implement phase two.

A new development this year has been the introduction of our Clinical Ethics Advisory Group, which was set up during the pandemic in response to the ethical issues in deciding how to prioritise and reconfigure services. This group will complement our Quality Framework and help us to further improve the quality of care, by ensuring independent scrutiny of, and advice on ethical aspects of the care we deliver, helping us to bring about systematic change. The effectiveness of this new group will be evaluated in partnership with the University of Bangor.

Finally, each year I like to give a mention to our award winning Big Book of Best Practice – our approach to sharing best practice across our services and beyond. This year, despite the pressures of the pandemic, we have published [The Little Book of COVID-19 Best Practice](#) which features case studies from around the Trust which demonstrate examples of leading clinical practice. The Little Book presents a celebration of the most exciting and innovative work we have achieved over the past year to ensure the best possible care for the people we serve. It includes many examples of gold standard clinical practice within the fields of mental health, physical health and learning disability services.

I hope you enjoy reading our Quality Account.

**Dr Anushta Sivananthan**

A handwritten signature in black ink, appearing to read 'A. Sivananthan'.

**Medical Director & Consultant Psychiatrist  
Cheshire and Wirral Partnership NHS Foundation Trust**

## Part 2: Quality Improvement

### Place-based information on how we have improved the quality of our services

Quality improvement is undertaken by all of our teams and wards across Cheshire, Wirral and beyond. Below is a selection of the some of our quality achievements.

Our *Quality Improvement Reports*, published three times a year, provide more detailed information on the quality of the services we deliver.

### Quality improvements across Cheshire East



#### ★ Innovative training package improves self-harm management in children and young people

The Emotionally Healthy Children and Young People project team have provided innovative training to school staff on how to manage self-harm more effectively. Through simulated education scenarios, the training was designed to empower the teaching staff to appropriately address self-harm within the school environment and consequently, help to reduce A&E attendance and hospital admissions. In partnership with East Cheshire NHS Trust, a simulation training package was produced, and preliminary pilots developed with young people's

input proving crucial to fine tune the course content. The team were supported by Macclesfield College drama students who played the part of the patients in scenarios and role play. Feedback has been extremely positive, and the team are targeting schools in Cheshire East that have the greater numbers of A&E referrals and hospital admissions.

#### ★ Learning disability team are RCNi finalists

East Cheshire Community Learning Disability Team were finalists in the Learning Disability Nursing category in this year's Royal College of Nursing Institute (RCNi) Nurse Awards. The team were recognised for implementing and supporting a memory clinic for people diagnosed with Down's syndrome, a learning disability and/or autism. The clinic has meant that people receiving a diagnosis of dementia have been identified and are accessing tailored ongoing support. Pre-assessment tools and a comprehensive pre-screening of each referral have been developed and assessments are complete within an hour in collaboration with the person, their family member or carer, with feedback received alongside a follow-up plan the next day.



#### ★ Pharmacy Technician role adds value on Croft ward

A pilot project to provide a pharmacy technician on Croft ward, the older adults ward in Macclesfield, has improved patient safety and patient experience. A new role was developed so that a dedicated pharmacy technician was based on the ward Monday to Friday. Their role included medicines administration and safety, and education and training. The project's aims were to release nursing time for other tasks, reduce medicines errors and near misses, improve patient safety and reduce drug waste costs.



### ★ Enhancing inpatient experience in Macclesfield throughout the pandemic



Throughout the pandemic, efforts have been made across all our inpatient units to ensure people were as comfortable as possible despite the unprecedented circumstances. At Silk ward in Macclesfield, ward staff and occupational therapists have worked tirelessly to ensure patients were active and entertained whilst visits from loved ones were restricted. The Occupational Therapy team organised a range of themed events, for example, lunches have included a range of culturally diverse meals from across the world, and celebrations were held to mark VE Day. These

have encouraged social engagement and promoted discussions and reflections on past life experiences, which is known as an effective way to reduce depressive symptoms in the elderly. In addition, activities such as croquet, gardening and a garden party have made use of the state-of-the-art facilities now available at Macclesfield, and ward staff have gone the extra mile to ensure people maintain contact with their loved ones with initiatives such as knitted hearts for inpatients to send to their families with a card and message.

## Quality improvements across Cheshire West

### ★ Crisis and reablement team improve their referral process

The Crisis and Reablement team have simplified their referral process by using EMIS (a clinical IT system) as the patient health record, promoting ease of access, reducing administration time and elimination of unnecessary or additional visits by referrers. The provision of additional information: patient history, medication, and risk assessments, promotes person-centred care and safety of patients and staff. A referral form, which supplies essential information, and has the ability to self-populate information from the patient record, was developed. The team's care coordinator produced several standard operating procedures complete with images to guide professionals through the new referral process. This eliminated the requirement to involve additional staff in the referral process, streamlining it and reducing the time spent completing administration and freeing up time to care.

### ★ Tissue viability team develop innovative pressure ulcer training aids

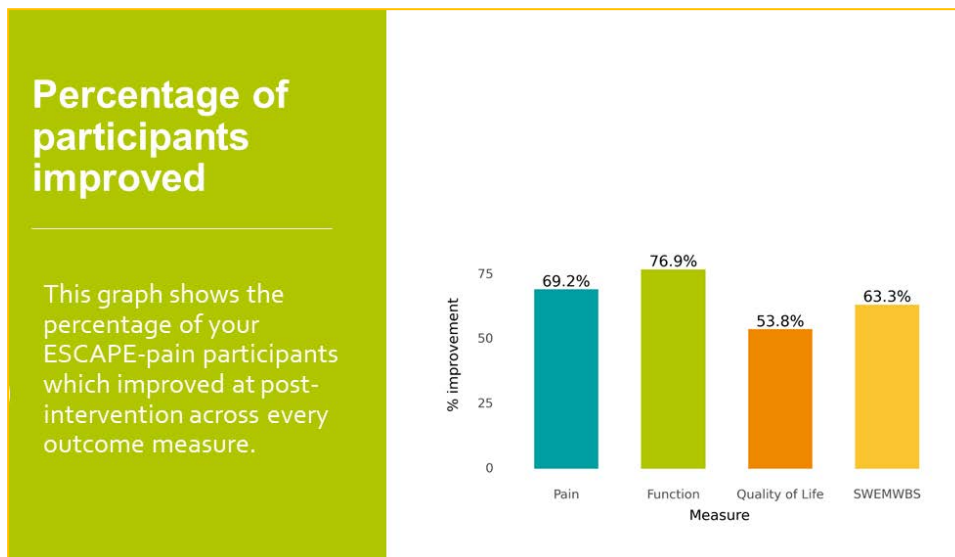
The Tissue Viability team have created an innovative educational learning tool to be used during tissue viability training sessions. The materials which were previously used in training were laminated photographs and an accompanying PowerPoint presentation. Although there are mannequins to demonstrate 'real-life' pressure ulcers, these are very expensive and can only display a limited number of wounds. The team developed a much more cost effective tool using polystyrene to create apples demonstrating each stage of a pressure ulcer. Each apple was cut out to show the right depth for each pressure category and made to look as realistic as possible. Flashcards which describe each pressure ulcer category can be used in the training for the learner to match the card with the correct apple. This allows staff to test their individual knowledge and can be used in group training. The training aids have received very positive feedback.



### ★ Rural alliance working collaboratively

The Rural Alliance is a group of two community care teams in rural West Cheshire who have come together to work collaboratively. Broxton and Tarporley Community Care Teams (CCTs) have streamlined their referral process. The team's Palliative Care Complex Case Nurse now takes referrals for the Rural Alliance as a whole, providing seamless care for people, and supporting and educating the clinicians across the footprint. Working collaboratively to tackle common issues and make better use of staff and resources, has enabled them to deliver a better and more consistent patient experience. The team found that having a central hub for admin, care coordinators, team managers and clinical leads has been an effective way of working.

### ★ ESCAPE Pain programme delivers health economy savings and improved quality of life



The Musculoskeletal (MSK) team have been using the ESCAPE pain programme on a rolling basis since 2018. The team wanted to expand the programme in terms of location and run concurrent ESCAPE pain programmes that met the needs of more of the people they serve. The programme consists of group sessions of up to 10 people, operating for an hour twice a week over five weeks. The programme incorporates both education and physical

exercise that aims to increase flexibility and independence. Data gathered indicates significant health economy savings due to running the programme. The data also demonstrates that the majority of participants experienced an improvement in pain levels, function, quality of life (see graph).

### ★ Improved training programme around personality disorders

Following an investigation which highlighted a skills and knowledge gap within staff teams regarding understanding of people with Personality Disorder, a training programme has been developed by the principal clinical psychologist to increase staff understanding, skills, and confidence. An Expert by Experience was asked to be involved in the development and facilitation of the training to enable them to add value by sharing their personal experiences and knowledge from a different perspective. Feedback data collated from the workshop demonstrated an increase in both understanding and confidence working with patients with a personality disorder. This training was initially started on Beech ward and is ongoing with plans to deliver training to more Beech ward staff, the Home Treatment Team – West, Juniper ward and Willow wards in the future.

### ★ Patient Safety Improvement initiative at Bowmere Hospital

Staff at Bowmere hospital marked World Patient Safety Day in May 2020, with the support of our Safe Services team, by holding a patient safety awareness event. Staff wanted to make this as relevant and applicable as possible, particularly for clinical colleagues who struggle to get time out of practice. The day was focused on supporting the safety of healthcare workers, as their health and wellbeing directly impacts on patient safety. The matron and head of clinical service organised drop-in sessions for staff at each ward in Bowmere with an aim to raise awareness of patient safety issues and ensured that staff were able to attend. All staff were engaged in the sessions and reported that they thought they were beneficial. Staff filled in comments box with ideas on how to improve staff safety. Initiatives suggested by the staff will be implemented in a phased approach, across all wards, and include a medication error QI project.



## Quality improvements across Wirral

### ★ Improved mental health support in Wirral Schools

Following a successful bid for additional funding, we have extended mental health support to even more schools in Wirral. Initially supporting 53 schools in Wirral, from January 2021 the service was expanded to have three larger Mental Health Support teams covering all primary schools in Wirral. The service supports the emotional health and wellbeing of young people, providing advice to young people and their carers, delivering evidenced based interventions for mild to moderate mental health difficulties and [supporting the development of mentally healthy schools](#). We are now one of the biggest providers of Mental Health Support teams in the country, with three further teams in Cheshire supporting primary and secondary schools in Crewe and Ellesmere Port.



### ★ Veterans employment support at the Stein centre

The Poppy Factory, a charity for veterans, have co-located an experienced local Employability Consultant at the Stein Centre in Wirral, working within the NHS multidisciplinary team to [deliver high-quality comprehensive employment support to veterans](#) who are wounded, sick or injured. Health practitioners can help Wirral veterans with health conditions on their journey into employment by referring them for support from The Poppy Factory. The charity, which has been working closely with local NHS teams since July 2019, continues to receive new referrals of veterans who are being treated for mental and physical health conditions – including those who have been affected by the COVID-19 pandemic. Since the launch of its Wirral-based support programme, The Poppy Factory has [helped more than 10 local veterans start new jobs](#) in a range of sectors, including construction, logistics, retail, catering, property services and manufacturing. It also continues to provide in-work support to veterans, helping them settle into the role and helping them and their employer to overcome any challenges they may face.



### ★ Working in partnership to improve mental health outcomes

We are partnering with Birkenhead-based community organisation JourneyMEN to improve mental health services for men across Wirral. This new partnership will enable the Mental Health Access team refer men to JourneyMEN's therapeutic services. JourneyMEN provide a [person-centred approach to support](#), including social interventions and peer-to-peer support to enable people to live their lives as independently as possible. Adopting this joined-up approach will improve outcomes for Wirral men by helping them access the best and most appropriate care available, with interventions designed with the person accessing services.

### ★ Reducing incidents of physical restraint at Springview

In response to new challenges posed by COVID-19 within Brooklands ward at Springview, an initiative to re-assess care plans was prioritised to reduce incidents of physical restraint. The team were temporarily joined by the care planning lead, who was able to initiate teaching opportunities in practice and increase awareness of trauma informed care. This additional support by the care planning lead led to increased confidence in staff to use the tools with patients on the ward. This included the 'The important to me/important for me' tool which helped to capture people's aspirations and strengths that staff were then able to include in people's one-page profiles. This new way of working has been used with all inpatients on Brooklands ward and [improvements in personalised care](#) have been seen.



## Quality improvements Trustwide

### ★ COVID-19 evaluation project

An evaluation project, commissioned in May 2020, was designed to help us understand and evaluate the impact of COVID-19-related changes to service design and delivery across services. The project has seen more than 6,000 responses in relation to [reviewing new ways of working, as well as the nature and effectiveness of changes in service design, delivery and impacts on staff and patient experience of care](#). The project's approach has already been [commended at a national level via NHS England](#), and a final review of data is being developed by the University of Liverpool to inform the final evaluation report of the key findings, recommendations and lessons learned, which will be shared widely across CWP and beyond to maximise learning and inform practice.

### ★ Recovery and Wellness Service start their own YouTube channel

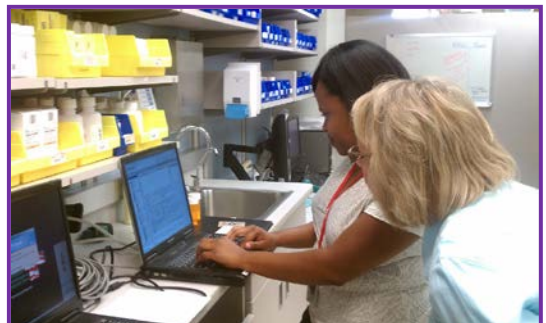
The Involvement, Recovery and Wellness service have started their own YouTube channel to overcome the challenges of staying in contact with people when face-to-face contact has been restricted during the pandemic. The team's role is to provide recovery opportunities for people who are referred into the service from practitioners across the Trust. This is done by a variety of recovery focused courses and workshops following an adult education model. Both staff and volunteers were involved in creating the videos to [support self-management of mental health](#), such as relaxation exercises, tips for managing distress and well-being exercises. The channel continues to grow and is now an embedded part of the service going forward.

### ★ Dynamic new role for people with Lived Experience of mental health

The voluntary role of Lived Experience Connector (LEC) was introduced in 2016 as a way of involving people with lived experience of services in the Trust's provision of staff training – the aim being to help staff understand the whole journey and the individual needs of each person. After their [overwhelming success in supporting nurse training](#), LECs are being introduced throughout the Trust and each Board member now has one assigned too. We have partnered with Health Education England as part of a national programme of work to introduce new roles or expand existing ones in mental health services. The partnership has seen the development of resources to encourage other health and care providers to introduce this dynamic new role for people with lived experience of mental health services.

### ★ Pharmacy team undertake medication review project for people with a learning disability

The pharmacy team's Learning Disability Care Home Medicines Optimisation pilot project is aimed at reducing the premature mortality of people with a learning disability. Funded by Wirral Clinical Commissioning Group and NHS England, the pilot has continued to be delivered throughout the COVID-19 pandemic. The project was driven by the significant national early mortality rates of people with learning disabilities. Inspired to address this inequality within our own communities, the pharmacy team are working on the project together with community pharmacists who are working collaboratively with GP practices, CWP Psychiatrists and Community Mental Health teams. The team are implementing medication reviews for approximately 348 patients across 42 care homes, with a view to [improve quality of pharmaceutical care, reduce wastage and provide healthy living advice](#). Despite COVID-19 causing significant and unforeseen pressures to the service, the team have undertaken medication reviews, completed interventions, and provided additional pandemic support to care homes such as medicines availability assessments and COVID-19 psychotropic medicines communications.



### ★ Mental well being support for key workers

We have teamed up with two organisations to provide wellbeing support to key workers across Cheshire and Wirral. Alongside Healthbox CIC and Insight IAPT, we have launched [a series of initiatives for key workers to use for support](#). Key workers have been hugely important during the COVID-19 pandemic. Ensuring they have access to resources that will enable them to look after their mental wellbeing during this challenging time is incredibly important. This new service is in addition to the local resilience hub



and will offer an emotional support line available from 8am to 10pm seven days a week, additional counselling services and services to key workers in acute care settings.

### ★ New ways of supporting people developed in response to COVID-19



We have played a leading role throughout the response to the pandemic. As well as the mass vaccination centre which we set up and operated to accelerate the drive to protect residents from COVID-19, we also provided the “Hot-Hub” coronavirus assessment centre to provide GP access for those with COVID-19. We continued to provide physical health care checks for mental health service inpatients with COVID-19, and the REACT hospital at home. We developed an integrated service to promote urgent physical health care in the community including COVID-19 virtual wards. The Healthy Child programme continued to provide care across Cheshire West and Chester.

Colleagues across the Trust have facilitated appointments and assessment in a number of different ways, using telephone and video conferencing technology to ensure people still received support even when unable to meet face-to-face. Technology enabled people receiving inpatient care to remain connected with their loved ones, with the introduction of iPads on wards and staff supporting the use of apps such as FaceTime and WhatsApp.

Throughout the pandemic, safe staffing requirements were maintained and all people who have required inpatient admission were supported within the Trust. Colleagues worked hard to ensure all wards had the right numbers of staff with the right skills to continue to provide safe and effective treatment, with some working across different wards and being redeployed from community-based services.

## Quality highlights 2020/21

## Spring 2020



We launched a new 24/7 urgent, all-age mental health helpline in April for residents of Cheshire West, Cheshire East and Wirral who needed urgent mental health support. The helpline is part of the NHS Long Term Plan to improve access to mental health support.

CWP nurses joined millions around the world recognising the invaluable contribution our nurses make to healthcare provision, each day, all year round. This year was also the International Year of the Nurse and Midwife. CWP nurses and practitioners shared their stories in a series of guest blogs.

Staff from all over the Trust came together virtually in June to perform a rousing virtual rendition of the classic hit 'Over the rainbow' to highlight the importance of hope and staying in touch with each other in a time of adversity. All performed in their spare time and the video is available on the CWP website.

## Summer 2020



In July we welcomed Wirral Continuing Health Care (CHC) to CWP. This service will build on the All Age Disability and Mental Health service so that together we can improve our offer for people with continuing health care and complex needs to achieve a fully integrated all age service for Wirral residents.

We took part in Virtual Pride and made use of Facebook to hold live events and also promoted the network and Pride blogs. Pride awareness competitions were held and the Rainbow Flag flew at the entrance to the Countess of Chester Health Park as a visible sign of inclusion. During the summer of 2020, members organised a socially distanced LGBT+ Garden Party.

West Cheshire Autism Hub held its virtual launch. The hub will be a welcoming space for people with autism to visit and access services, get advice and information and get involved with social and community group activities. Organisations from across west Cheshire that deliver autism services are involved in the project that will be based at The Bluecoat in Chester.

## Autumn 2020



In October 2020, CWP in partnership with NHS Cheshire Clinical Commissioning Group were recognised as the winner of the Mental Health Service Redesign Initiative at the Health Service Journal (HSJ) Value Awards 2020 for working to improve specialist mental health services for local people.

We held a collaborative event across Cheshire and Wirral public sector partners which featured people sharing their inspirational stories and answering questions to raise awareness of Black History month. Our BAME+ Network Chair won a prestigious award for Outstanding Contribution to Equality Diversity and Inclusion and celebrated this as part of a national webinar and a CWP Black History Month Facebook Live event.

We raised awareness of International Day of People with Disabilities 2020 with the theme of 'Not All Disabilities Are Visible'. We marked this and UK Disability Month by holding a Facebook Live event and organising a collaborative online webinar with public sector partners across Cheshire and Wirral with people sharing experiences to increase awareness and generate debate.

## Winter 2020/21



Ahead of national "Time to Talk" day in February 2021, five CWP staff spoke out about their own personal mental health to show that it is "ok to not be ok". The wonderful series of interviews were also shared within a one-off staff wellbeing magazine, demonstrating how conversations about mental health have the power to make a big difference.

Chester Racecourse Vaccination Centre opened in February 2021 to help accelerate Cheshire's drive to protect residents from COVID-19. The new centre complemented GP-led vaccination services, hospital hubs and pharmacy-led vaccination services across Cheshire and offered an additional option for people to get vaccinated.

Over 300 delegates attended the virtual conference of the Centre for Autism, Neuro-Developmental Disorders and Intellectual Disability (CANDDID). Speakers from across the UK and United States presented at the conference and there was an overwhelmingly positive response to the day.

## Our quality improvement priorities from 2020/21



Below is a summary of the improvements we have made as a result of working on the quality improvement priorities we identified for 2020/21.

Our *Quality Improvement Reports*, which are available on our website, have reported on our progress throughout the year.

We have included a glossary of some of the terms used in the report on page 28.

### Patient safety priority for 2020/21

*We wanted to:*

Achieve an improvement in team level patient safety systems and culture, as rated by the people who deliver our services.

*How we have delivered improvements:*

- ✓ Our approach in working with teams to review their patient safety systems and culture has continued throughout the year. This work built on our improved Trustwide rating of 'Good' for delivering 'Safe' care that we achieved in 2020 following our Care Quality Commission inspection.
- ✓ We have developed a "team around the team" approach to our future patient safety work with teams, which we launched in January 2021. A mobilisation plan has been developed and is being implemented. It includes using patient and staff focus groups, doing patient safety culture surveys, and holding reflective sessions. We feedback the findings to the teams we are supporting who then develop an improvement plan.
- ✓ We have appointed Patient Safety Specialists to work with teams to improve patient safety systems and culture in line with The NHS Patient Safety Strategy.

### Clinical effectiveness priority for 2020/21

*We wanted to:*

Improve the consistent recording and use of outcome measures across inpatient, community, EI, CAMHS and perinatal services.

*How we have delivered improvements:*

- ✓ An inpatient pilot has been progressing and ward managers' feedback is being collected and responses will be assessed to identify areas for improvement.
- ✓ A data analytics platform is being used and this will be assessed to establish its usefulness and effectiveness for supporting improvements to the reporting of outcome measures.
- ✓ All our community teams are now part of the CQUIN (national quality improvement programme) about improving outcome measures.



## Patient experience priority for 2020/21

*We wanted to:*

Improve asking people who access our services about their experience of care, and learning from what they tell us to make changes to our services and improve their experience.

*How we have delivered improvements:*

✓ Staff and patients helped co-produce the new Friends and Family Test (FFT) forms to ensure the Trust use forms that are both appropriate for system use but also coproduced.

QR codes for all inpatient areas have been created to enable completion of FFTs remotely. This enhancement is at no extra cost and will enable the QR codes to be printed on posters, newsletters and any other material sent to inpatients and their families.

The new FFT questions were relaunched in December 2020. Data has only recently been required to be submitted to the national data point.

The Patient and Carer Experience team now attend Care Group meetings and present their data to them and support them to think about how to action improvements.

✓ We have trained over 20 people to undertake digital story-telling, and we now have a number of digital stories on our website that describes people's experiences of care. We plan to use these in future as a means of improvement and celebration.

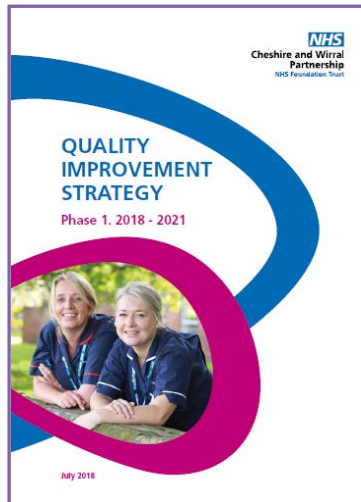
✓ People with lived experience are involved in ongoing research activities. We are also supporting the recruitment of people to work with us and the charity, Rethink, on a review of community mental health services. Also, as our volunteers start to get involved in activities, we are using opportunities to include them in ongoing development so increasing the ways we can gather of gathering people's experiences.



## Our quality improvement priorities for 2021/22

Our Quality Committee oversees our Trustwide quality improvement priorities. These priorities have been set out in our annual plan, including how they link to our Trust strategy and objectives.

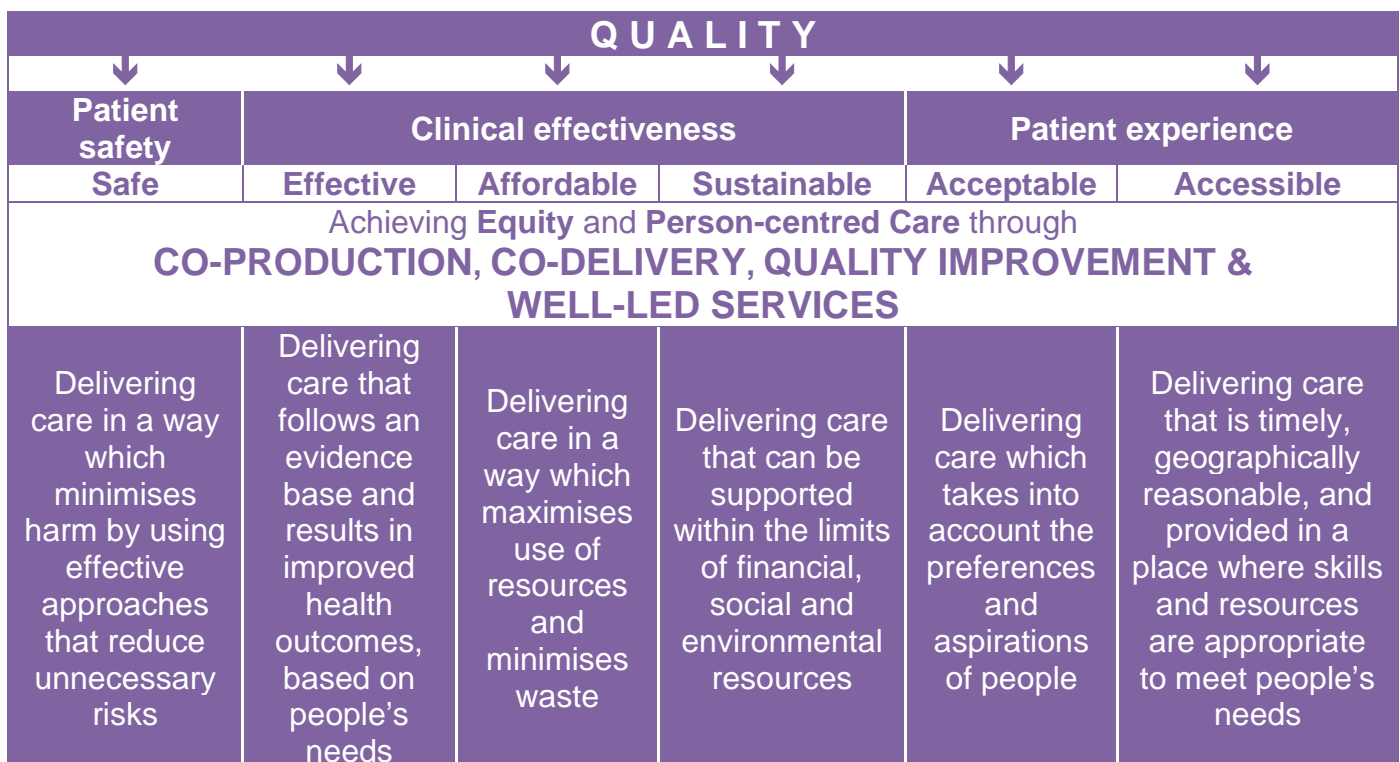
Our *Quality Improvement Reports*, which are available on our website, will report progress of our quality improvement priorities for 2021/22 throughout the year. This report is also presented at and monitored by our Quality Committee and our Board.



### Our approach to Quality Improvement

Our Quality Improvement strategy was launched in April 2018. It sets out an initial three-year plan to build skills and knowledge in improvement science to help us deliver person-centred care that responds to the needs and preference of people who access our services. We are determined to work in partnership to deliver the best outcomes nationally for the population we serve. In developing our Quality Improvement strategy and our ambition, we sought feedback from our Board, Quality Committee, Clinical Engagement and Leadership Forum, Governors, and via focus groups with partners and stakeholders.

Using *World Health Organization* definitions and our Person-centred Framework, we have defined what we mean by quality in the diagram below.



We use our *Quality Account* and *Quality Improvement Reports* to show our quality performance across all the domains of our quality framework.

### Quality improvement priorities for 2021/22

As we have set out above, significant progress with our Quality Improvement priorities for 2020/21 has been achieved despite the impact of the pandemic. However, we now want to see specific improvements, as set out in the targets below, as the recovery of our services progresses.

	QI priority	Improvement target	How will progress be measured?
Patient safety priority	Improvement in patient safety systems and culture at a team level.	At least a 10% improvement in the percentage of survey participants rating their team as excellent or very good.  (A baseline will be measured during 2021/22 and will include teams that have completed a patient safety culture survey.)	A follow-up patient safety culture survey will demonstrate the impact of specific work we will be doing with Patient Safety Leaders identified from each team. Each survey participant will give their team a “patient safety grade” from A (excellent) to E (failing).
Clinical effectiveness priority	Consistent and improved recording/ use of paired outcome measures across inpatient teams that use the HoNOS outcome scale.	Improvement in the percentage of discharges where the person received a HoNOS assessment at both admission and discharge, increasing to at least 50% by 31 March 2022.  (Year-end performance was 30%. Source: ‘Providing High Quality Care’ dashboard report presented to Quality Committee.)	Progress will be measured via the ‘Report Manager’ dashboard, monitored at Care Group level, with Trust level performance reported at our Quality Committee.
Patient experience priority	Improvement in asking people who access our services about their experience of care, and learning from what they tell us so that we can make changes to our services and improve their experience.	<b>Qualitative:</b> Services will promote the FFT (Friends & Family Test) survey in addition to using a variety of opportunities to ‘Ask, Listen, Do’ in relation to what people say matters to them. They will report changes they make as a result of feedback they receive from people by publishing local posters.  (2020/21 reported above in section “Patient experience priority for 2020/21”.)  <b>Quantitative:</b> Care Quality Commission (CQC) Community Mental Health Survey report respondents being asked for their views on the quality of their care – CWP to score as a ‘best performing trust’.  (Year-end performance was ‘about the same’ compared with other trusts. Source: CQC Community Mental Health Survey report 2020.)	<b>Qualitative:</b> Qualitative analysis of ‘Ask, Listen, Do’ posters (incorporating FFT feedback).  <b>Quantitative:</b> CQC 2021 Community Mental Health Survey report results.

For progress on these quality improvement priorities during the year, against the baselines described above, please access our *Quality Improvement Reports*, which are available on our [website](#).

## Measurement for improvement

We are required to report our Trustwide performance against a number of national measures related to quality outcomes.

We also report our local performance in relation to a number of quality improvement areas within the Trust.

Our teams benchmark their individual quality performance against each other and other services in the Trust to identify how they can continuously improve. They use quality and performance dashboards to measure change and to support improvements in care and ensure delivery of the outcomes of the NHS Long Term Plan and the expectations around the delivery of world class care.

The table below highlights these measures and our ongoing quality performance. Rates and % performance, rather than just numbers, are provided where appropriate in order to show actual improvements or where there is further scope for improvement.

Quality improvement area	CWP performance	
	2019/20	2020/21
<b>Patient safety</b>		
Admissions to adult facilities of patients under 16	0	0
CPA follow up – proportion of discharges from hospital followed up within 72 hours	96.3%*	76.7%*
% of patients readmitted to hospital within 28 days:		
▪ Aged 0-14	5.6%	5.9%
▪ Aged 15 and over	6.2%	9.9%
The number (and rate per 1,000 beds) of patient safety incidents	4568 (44.6)	5204**
The number (and %) of patient safety incidents that resulted in:		
▪ Severe harm	83 (1.8%)	33 (0.6%)
▪ Death	80 (1.7%)	87 (1.6%)
<b>Clinical effectiveness</b>		
% of patients in employment (all patients aged 16-69)	14.1%	16.5%
Minimising mental health delayed transfers of care	4.0%	2.3%
Admissions to inpatient services that had access to crisis resolution home treatment teams as gatekeeper	94.7%	95.1%
<b>Patient experience</b>		
Patient experience of community mental health services indicator score – contact with a health or social care worker	72%	78%
CPA patients having formal review within 12 months	95.9%	92.5%

\* 2019/20 target was 7 days (2020/21 target is 72 hours)

\*\* National reporting on rate per bed days not available due to pandemic

### NHS Oversight Framework quality indicator targets 2020/21

Our performance against key national quality indicator targets are included in our annual report 2020/21, which can be requested via [cwp.info@nhs.net](mailto:cwp.info@nhs.net).



# Part 3: Quality Assurance

## Assurance from the board

The purpose of this section of the report is to provide evidence on the quality of our services.

### How we have reviewed and developed our services to improve quality

#### *Contract review and monitoring*

During 2020/21, we provided and/ or subcontracted 91 NHS services across the following:

- NHS Bolton CCG – Eating Disorder Services (EDS).
- NHS England – CAMHS Tier 4, Specialised Eating Disorder, Low Secure, school age immunisations programmes, and Specialist Community Peri-natal Mental Health services.
- Cheshire CCG Mental Health (including IAPT services, the 24/7 Crisis Line and Community Crisis Provision), Learning Disability, CYP Eating Disorder services and ASD services. A separate Contract is also held for Physical Health services.
- NHS South Sefton and NHS Southport and Formby CCGs – IAPT services (contract ended 31 December 2020).
- NHS Trafford CCG – Eating Disorder services and Learning Disability services.
- NHS Wirral CCG (and co-commissioners) – Mental Health (including the 24/7 Crisis Line), Learning Disability, Eating Disorder services (including Warrington EDS), CYP and ASD services.
- Betsi Cadwaladr University Health Board – Emergency Mental Health services.
- Wirral Metropolitan Borough Council – All Age Disability services.
- Cheshire East Council – Emotionally Healthy Children and Young People and Infection Prevention and Control services.
- Cheshire West and Chester Council – Starting Well (0-19 services); Rapid Access to Psychological Therapies; Infection, Prevention and Control services.

We also deliver specialist services to support people of all ages with Autism commissioned by a variety of CCGs.

During 2020/21, CWP directly commissioned a number of new services with voluntary, community and social enterprise sector partners to support the work in relation to COVID-19 and these included key worker wellbeing support and link co-ordinators.

As a result of COVID-19, formal contracting and reporting was suspended with NHS commissioners. Quality updates and assurance to our commissioners continued to be provided via other routes.

#### *Reviewing the results of surveys*

We have listened to people who access our services, families, carers, people who deliver our services, and other partners in a wide variety of surveys, to inform and influence the development of our services.

*The NHS Staff Survey* is used to review and improve the experience of the people who deliver our services. The results also inform local and national assessments of the quality and safety of the care we provide, and how well we are delivering against the standards set out in the *NHS Constitution*.

The annual NHS Staff Survey continues to be one of the key ways to engage people who deliver our services, and, as in previous years, we opted to survey all of our people. The response rate to the 2020 survey was 51%, a 3% decrease from 2019. The survey includes core questions on the following: your job, your managers, your health, well-being and safety at work, your personal development and your organisation. In addition, for 2020, there were new questions introduced nationally, aimed at seeking NHS staff's experiences during the COVID-19 pandemic. Locally, CWP introduced additional questions regarding the following: responding to discrimination of others, being person-centred as a Trust, having a positive culture, whether staff feel the Trust helps them support their own wellbeing and which support

services had been used. The results show the Trustwide picture as well as providing insights at a service level. CWP scored better than the combined average score of 26 similar organisations on 50 of the questions; in relation to quality – notably for the question “If friend/ relative needed treatment would be happy with standard of care provided by organisation”, for which we scored 8% higher than average.

The results are shared through engagement with Associate Directors, Heads of Service, managers, and frontline colleagues. Further information on the survey results can be found in full at <http://www.nhsstaffsurveyresults.com> and further highlights are presented in our annual report which can be accessed by contacting [cwp.info@nhs.net](mailto:cwp.info@nhs.net).

## Workforce capacity and safe staffing

Our Board receives reports about our processes, including the use of evidence-based tools that we have in place to assure that we have the right staff, with the right skills, and in the right time and place, in accordance with requirements around staffing capacity as set out in the NHS Long Term Plan and in other national guidance.

## Workforce Race Equality Standards (WRES)

Our most recent published WRES demonstrated that:

- Less White and less BAME\* people said they had experienced increased harassment, bullying and abuse from patients, relatives and the public (Indicator 5).
- In relation to Harassment, Bullying and Abuse from manager/ other staff (Indicator 6), there has been an increase in BAME people saying that they experienced this. This area remains a key area for improvement.
- The rates for Career Progression (Indicator 7) indicate that more White people than BAME people believe that the Trust provides equal opportunities.
- The number of BAME and White people saying that they experienced discrimination from manager/ lead/ colleague has increased since last year (Indicator 8).

\* We would not usually use the term BAME, as per Government guidance, however the nine indicator standards continue to use this phrase.

## Learning from experience – examples

### Complaints

Based on feedback from families making a complaint, we found out that some of our letters contained clinical language that was difficult to understand. We have therefore taken steps to ensure that letters to families are written using language that can be clearly understood, and that clinicians are proactive in explaining clinical terms used in correspondence.

### Incidents

When things go wrong, we review them to try and understand the issues that affected the people who accessed our services and those who delivered them. Where we need to make changes to clinical practice, we use approaches like issuing share learning bulletins. These bulletins provide advice and help to ensure clinical practice is clarified or changed and we can promote safer and more effective care.

### Compliments

The Trust has received a total of 2,827 compliments during 2020/21, with some examples shown below.

Cheshire East	830
Corporate/ Clinical Support Services	104
Cheshire West	1,289
Wirral	591
Other	13

**All Age Disability**

"We were lucky that throughout COVID-19 we still have sessions, this kept our son in some sort of routine. All the family support workers who work with our son are absolutely amazing. They are all so good with him and know him inside out. He feels happy and safe when he is out with them, knowing he is going to do something fun."

**Children, Young People & Families**

"I want to thank you for everything you have done for me. Thank you for being there to talk to for always offering support. Thanks for the good times and good laughs, and mood enhancers, but thank you most for never giving up on me and losing hope. It has been the darkest place I have been in. You are all part of my recovery and helped me gain some part of my life back. You are an amazing team and make such a difference to people's lives, keep being the superheroes."

**Joint Therapies**

"A wonderful service provided by the team. Compassionate and professional, very caring. We could not have managed as a family without your visits. Thank you very much for all your help to mum and family."

**Neighbourhoods**

"To all the nurses and reception staff. I would like to say a big thank you to all of you for the attention and care I have received over the last 13 weeks while I have been attending the dressing clinic. You have all been so kind and thoughtful, it is very much appreciated."

**Specialist Mental Health – Bed Based**

"The care our daughter received on the ward was very special. The nursing and medical expertise she received was wonderful and in some cases beyond the call of duty. Each member of the team is to be commended and hopefully appreciated at this busy time."

***Monitoring learning from deaths***

The *National Quality Board* requires NHS trusts to learn lessons from reviewing all deaths where they had some involvement in a person's care. We are continuously increasing the review of these deaths and we report our progress in our Learning from Experience report which is monitored by our Quality Committee and the Board.

*Our performance:*

	2019/20	2020/21
Number of deaths reported to the Trust	706	738
Percentage subject to a case record review	99%	98%

***Being open and 'duty of candour'***

At CWP, we make sure all our colleagues understand they have a professional responsibility to be honest with people who access our services, and their supporters, when things go wrong. We aim to continually improve our communication and connection with people who access our services, their families and carers, by ensuring that they are central to any reviews of care and that their feedback is acted upon and incorporated into care delivery. A duty of candour patient information leaflet, which was co-produced with the Lived Experience team, is shared with anyone involved in an incident.

We take a continuous improvement approach to being open, including reviewing the effectiveness of the role of family liaison officers who support people affected by serious incidents.

### Speaking Up

We are committed to creating an open and honest learning culture that is responsive to feedback and continuous improvement. We take the responsibility for Speaking Up very seriously and have Freedom to Speak Up (FTSU) Guardians available to support any colleague to raise a concern they may have and ensure that support and help is provided. Our commitment aligns to the national FTSU programme to make the NHS a 'better place to work and a safer place for patients'.

During 2020/21, the FTSU Guardians have been reaching out to people in different ways to enable them to speak up. The challenges of 2020/21 have been unprecedented in the response to the COVID-19 pandemic. To support the opportunities for people to speak up during this time, advice lines were established to be more responsive. The advice lines have been effective and supported people. Locality based FTSU Associate Guardians were introduced to enable local availability and increase the accessibility to senior trained colleagues. The FTSU Guardians work with a Freedom to Speak Up Champion Non Executive Director, who provides support to the Freedom to Speak Up Guardians, scrutinises and is able to robustly challenge Speak Up governance.

The Board receives regular reports in relation to Speak Up. The reports contain details on the number of concerns raised, lessons learned and recommendations for any further improvements to enable people to speak up. Key themes arising from speaking up this year relate to leadership, management and cultural issues. Supporting a culture that encourages open and honest communication within and between teams and developing the confidence and competence of line managers in their leadership role are continued priorities.

## Quality improvements from our participation in clinical audits and national confidential enquiries

### National clinical audits

We take part in national audits in order to compare findings with other NHS trusts, which helps us to identify improvements to the care we provide. Over the last year, we took part in three national clinical audits.

#### National clinical audits

##### **National Prescribing Observatory for Mental Health (POMH) – Topic 18b: Use of clozapine (re-audit)**

Reports to be published in August 2021. Action planning will then follow.

##### **POMH – Topic 20: Prescribing valproate (baseline audit)**

The audit identified some areas for improvement, which included the need for more robust recording of monitoring of physical health checks. The improvement is being monitored at our monthly POMH group meeting.

##### **National Clinical Audit of Psychosis – Early Intervention in Psychosis Spotlight Audit**

Reports to be published in August 2021. Action planning will then follow.

### National confidential enquiries

National confidential enquiries are national programmes that ensure there is learning from the investigation of deaths that have occurred in specific circumstances (taken from a sample of deaths that have happened nationally) in order to improve clinical practice. This year we took part in the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) as follows.

Circumstance of death	Participation
Sudden unexplained death in psychosis inpatients	No cases
Suicide	100%
Homicide	100%
Victims of homicide	No cases

**Trust clinical audits**

This year, we have completed fourteen Trust clinical audits. These identified a number of areas of good practice and areas that we have further improved on.

Trust clinical audit	Good practice we found	Improvements we have made
1. Anti-psychotics use in Dementia	<ul style="list-style-type: none"> <li>All patients had the therapeutic response documented within their records.</li> </ul>	<ul style="list-style-type: none"> <li>Improvements made to the documentation process for recording clearly people suffering from Dementia who are prescribed antipsychotics.</li> </ul>
2. Compliance with clozapine level monitoring requirement (as per Trust guidelines)	<ul style="list-style-type: none"> <li>All patients were found to have had their clozapine levels checked within the past year in compliance with the guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>Improvements made to the process for recording clearly the challenges to achieve timely monitoring.</li> </ul>
3. Capacity and Consent in Dementia	<ul style="list-style-type: none"> <li>Documentation of capacity assessment in 100% of cases.</li> </ul>	<ul style="list-style-type: none"> <li>Included follow-up assessments of people with dementia diagnosis to help to identify if capacity assessment is completed at each and every review.</li> </ul>
4. Clinical Significance of Anticholinergic Burden (ACB) Scores in Dementia	<ul style="list-style-type: none"> <li>Clear documentation of ACB scores prior to and following medication reviews.</li> </ul>	<ul style="list-style-type: none"> <li>Improvements made to the documentation of ACB scores prior to and following medication reviews.</li> </ul>
5. Compliments/ Complaints audit	<ul style="list-style-type: none"> <li>Full compliance in sharing the compliments/ complaints information at the time of initial assessment with the patient/ carer.</li> </ul>	<ul style="list-style-type: none"> <li>Further enhancement to the leaflet to help the patients/ carers understand the procedure.</li> </ul>
6. CWP Physical Health Policy audit – Juniper ward	<ul style="list-style-type: none"> <li>90% of the patients had their medication chart/ drug history completed in their record.</li> </ul>	<ul style="list-style-type: none"> <li>The audit tool is being used as a benchmark to ensure physical health checks meet policy standards.</li> <li>Created flow chart and displayed clearly on the ward with tasks and responsibilities.</li> <li>Enhanced local training has been implemented on completion of the junior doctors' induction.</li> </ul>
7. Diarrhoea & Vomiting in under 5-year olds (re-audit)	<ul style="list-style-type: none"> <li>Full compliance in three out of the four standards measured.</li> </ul>	<ul style="list-style-type: none"> <li>Promotional activities in relation to:               <ul style="list-style-type: none"> <li>- patient information leaflets;</li> <li>- sharing of the NICE guidance;</li> <li>- sharing the audit report on the Trust's virtual learning platform for all clinicians to take learning from it.</li> </ul> </li> </ul>
8. Audit of discharge letters to GP following outpatient clinic appointment at the Jocelyn Solly resource centre	<ul style="list-style-type: none"> <li>Service compliant with six out of eight standards measured.</li> </ul>	<ul style="list-style-type: none"> <li>Established alerts on the system to prompt when particular areas on the letter haven't been completed.</li> <li>Reviewed the letter template to include allergies and capacity to consent to treatment.</li> </ul>
9. An audit of illicit substance misuse in patients admitted to the	<ul style="list-style-type: none"> <li>The audit has effectively identified the route cause around gaps in documenting of</li> </ul>	<ul style="list-style-type: none"> <li>Promotional activities to raise awareness of guidelines.</li> <li>Created a poster as an aide</li> </ul>

Trust clinical audit	Good practice we found	Improvements we have made
PICU	illicit substances.	memoire for history taking and shared with clinicians on the ward. <ul style="list-style-type: none"> <li>Implemented further methods of drug screening.</li> </ul>
10. Communication with Carers and transitioning to discharge review	<ul style="list-style-type: none"> <li>Audit demonstrated that in 100% of cases, recommended actions were documented in the electronic clinical record.</li> </ul>	<ul style="list-style-type: none"> <li>Checklists have been amended to help ensure that all information is captured in the electronic clinical record.</li> </ul>
11. Bacterial meningitis and meningococcal septicaemia in under 16-year olds (re-audit)	<ul style="list-style-type: none"> <li>Service fully compliant with one of the standards measured.</li> </ul>	<ul style="list-style-type: none"> <li>Further enhancements to the child assessment template have been implemented.</li> </ul>
12. Monitoring of metabolic parameters for (Intellectual Disability) patients receiving antipsychotics	<ul style="list-style-type: none"> <li>All people with raised glucose levels were followed up.</li> </ul>	<ul style="list-style-type: none"> <li>Promotional activities around clinical staff using the cardiometabolic screening tool (containing links to NICE guidance) available in the clinical records in order to improve compliance.</li> </ul>
13. NICE guidance of feverish illness in children under 5 (re-audit)	<ul style="list-style-type: none"> <li>Good compliance with all clinical guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>Further enhancement to the clinical system to include mandatory fields to record observations as suggested by NICE.</li> </ul>
14. Record keeping	<ul style="list-style-type: none"> <li>Local improvements compared with the previous audit.</li> <li>Significant improvements in standards relating to paper records.</li> </ul>	<ul style="list-style-type: none"> <li>Improved access to smart cards for staff. This assists in improving data quality as staff are able to check such things as correct NHS number and correct registered GP.</li> </ul>

National and Trust clinical audits are reviewed as part of our annual healthcare quality improvement programme, which incorporates clinical audit and other audits such as infection prevention and control and reviews of patient safety standards around pressure ulcer care and falls.

### ***Patient-Led Assessments of the Care Environment (PLACE)***

The PLACE assessment programme for 2020/21 was suspended due to the pandemic.

## **Our participation to developing evidence-based practice**

### **Clinical research**

The *NHS Constitution* states that research is a core part of the NHS's role, enabling the NHS to improve the current and future health of the population.

Our staff continue to work on internationally recognised studies in mental and physical health. Over the last year, despite the challenges presented by the pandemic in which a number of studies have been suspended or stopped, we have been able to use our research expertise to work with Liverpool School of Tropical Medicine and other trusts in conducting vaccine studies including the Oxford Astra Zeneca vaccine study that led to it being licenced for use in the UK and beyond. We continue to work on three other vaccine studies looking at new vaccines, mixing vaccines and long-term follow up. We are slowly starting to reopen studies and start new mental health studies including PAX-BD a study of depression in bipolar disorder. CWP have a new Board approved Research Strategy to support our new Trust strategy, with the aim to develop studies in-house. For further information on research, please contact [cwp.research@nhs.net](mailto:cwp.research@nhs.net).



### NICE guidance

The *National Institute for Health and Care Excellence (NICE)* provides national guidance and advice that helps health, public health and social care professionals to deliver the best possible care based on the best available evidence. Some of our specialists are involved in the production of national guidelines for *NICE*. We check the NICE website and all guidance is triaged for relevance to CWP by the Associate Directors of Nursing & Therapies and shared with leads within our clinical services to help ensure we are delivering the most effective care we can. We have been consistently rated as 'Good' by the Care Quality Commission for the effectiveness of our services, which includes adherence to NICE guidance.

## Our achievements from participation in the CQUIN framework

The *Commissioning for Quality and Innovation (CQUIN)* payment framework means commissioners reward improvements in care, by linking a proportion of our income to the achievement of local, regional, and national quality improvement goals. *CQUIN* goals are reviewed through contract monitoring processes. The *CQUIN* goals for 2020/21 were suspended as a consequence of the COVID-19 pandemic. However, the Trust was able to take advantage of £1.8m of CQUIN non-recurrent funding to continue to invest in a range of service quality enhancements.

## Assessments about the quality of our services by the Care Quality Commission



Independent assessments of CWP and what people have said about the Trust can be found by accessing the Care Quality Commission's website. Here is the web address of CWP's page:

<http://www.cqc.org.uk/directory/rxa>

We are required to register with the Care Quality Commission (CQC) and our current registration status is that we are **registered and licensed to provide services**. We have **no conditions** on our registration. The CQC has **not** taken enforcement action against the Trust during 2020/21.

### Mental Health Act 1983 (MHA) monitoring visits

A rolling programme of MHA monitoring and review visits undertaken by the CQC provides assurance on the use of the MHA and the protection of a detained person's rights. During 2020/21, seven of these MHA reviewer visits were undertaken. Due to COVID-19 pandemic restrictions, all visits were undertaken remotely with the reviewers speaking to staff, patients, carers/ relatives and advocacy. Reviewers make recommendations for improvements, which are then delivered by our services. Improvements are monitored by audits and other assurance activities and are reported to clinical service governance meetings and our Quality Committee.

### Regulatory inspections

We were inspected between 27 January 2020 and 11 March 2020 as part of the CQC's regulatory inspection programme. Our report was published on 18 June 2020. We have improved our 'Safe' rating to Good, maintained our other overall ratings – including being rated as Good overall and rated as Outstanding for 'Caring'. Our inpatient CAMHS services improved their overall rating to

**Cheshire and Wirral Partnership NHS Foundation Trust**

**Inspection report**

Trust Headquarters, Redesmere  
The Countess of Chester Health Park, Liverpool Road  
Chester  
Cheshire  
CH2 1BQ  
Tel: 01244367397  
www.cwp.nhs.uk

Date of inspection visit: 27 Jan to 11 Mar 2020  
Date of publication: 18/06/2020

**Ratings**

Overall trust quality rating	
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive?	Good ●
Are services well-led?	Good ●

Outstanding. Our Learning Disability wards kept their overall Outstanding rating. The full report can be accessed via the CQC website <https://www.cqc.org.uk/provider/RXA>

As part of the inspection, we were reviewed across five core services spanning each of our four care groups, with fantastic feedback received by all. Elsewhere in the inspection report, we received recognition for our person-centred culture, the high level of integrity shown by senior leaders, our commitment to patient and carer involvement, our focus on quality improvement and the support available to our workforce:

- *‘The trust board and senior leadership team had the appropriate range of skills, knowledge and experience to perform its role. The trust board and leadership team demonstrated a high level of integrity. High priority was placed on doing the right thing for patients, staff and the organisation as a whole.’*
- *‘In the majority of services, we inspected, leaders were visible in the services and approachable for patients and staff. Staff felt supported by their managers and felt they could raise concerns or approach managers for support.’*
- *‘The trust’s strategy, vision and values underpinned a culture that was person centred. There was a strong commitment to patient and carer involvement and the trust was moving toward co-designing policy and process with patients and carers.’*
- *‘The staff in all areas had adopted and embedded quality improvement initiatives and were using data to improve the quality of service.’*

The Trust was also recognised for improved staffing and incident management.

CWP remains the only Trust across Cheshire and Wirral with Outstanding for Caring overall, and the only mental and community health services trust in the North West to be Outstanding for Caring overall.

During 2020/21, we implemented regulatory and improvement actions arising from the inspection report. All actions have been completed at year end, except for actions related to the provision of Attention Deficit Hyperactivity Disorder (ADHD) services that require more time to implement and the support of our commissioners. An extension to these improvement actions has been agreed with the CQC, for completion during 2021/22.

## The quality of our data

### **NHS number and general medical practice code validity**

The *NHS number* is the key identifier for patient records. Improving the quality of NHS number data has a direct impact on improving clinical safety by preventing misidentification.

Accurate recording of a patient’s *general medical practice code* is essential to enable transfer of clinical information about the patient from a Trust to the patient’s GP.

	2018/19	2019/20	2020/21
The % of records which included the patient’s valid NHS number:			
▪ Inpatient care	99.8%	99.8%	99.9%
▪ Outpatient care	100.0%	99.9%	99.8%
The % of records which included the patient’s valid GMC medical code:			
▪ Inpatient care	100.0%	99.4%	99.9%
▪ Outpatient care	100.0%	99.7%	99.9%

We have developed a data quality improvement framework to improve on these measures and other data quality measures, as set out below.

### **Data quality and improvements**

Good quality information underpins the delivery of effective care to the people who access our services and is essential to understand whether we are improving care.



We are committed to data quality improvement and have developed an action plan to standardise data input and recording, improve ownership, and introduce data quality tracking using interactive reporting mechanisms. Over the course of this year, we will be taking the following actions to improve data quality:

- Undertaking routine data quality reviews of waiting lists, including cleansing, to ensure clinical appropriateness.
- Developing and implementing data dictionaries to ensure consistent processes for recording new referrals, including auditing their implementation.
- Producing a suite of reports that enable managers to have oversight of a team's capacity and demand.
- Sharing data quality issues with the clinical systems development team to influence system upgrades/ design.
- Data quality monitoring for the Mental Health Service Data Set (MHSDS) and NHS Improvement targets, governed by the Operational Committee.
- Implementation of an information management framework, bringing together all the main suppliers of Trust data.
- Implementation of Trust's data quality improvement framework and notification of data quality issues to clinical teams.
- Monthly service-led waiting list data validation exercises (for Early Intervention services).
- Monthly Care Group led data quality validation and improvement exercise (focussing initially on ethnicity recording).

### **Data Security & Protection Toolkit attainment levels**

The Information Quality and Records Management annual attainment levels assessed within the Data Security & Protection Toolkit (DSPT) provide an overall measure of the quality of data systems, standards and processes within an organisation. The DSPT is subject to annual internal audit. Due to COVID-19, the annual DSPT submission is delayed until the end of June 2021 and Mersey Internal Audit Agency are undertaking an audit of the current toolkit. Any residual gaps from the audit will be treated as a strategic risk for the Trust. During 2020/21, there has been one serious incident which was reportable to the Information Commissioner's Office (ICO). The incident was as a result of a letter being sent to a patient's neighbour in error. The ICO confirmed that no further action was necessary.

## Annex A: Glossary and abbreviations

### **All Age Disability**

Working alongside people with disabilities of all ages.

### **ASD**

Autism Spectrum Disorder – a neurodevelopmental disorder that impairs a person's ability to communicate and interact with others.

### **BAME+**

Black, Asian and Minority Ethnic (the + simply means that we are inclusive of all minority groups, regardless of how people define themselves).

### **Board**

A Board (of Directors) is the executive body responsible for the operational management and conduct of an NHS Foundation Trust. It includes a non-executive Chairman, non-executive directors, the Chief Executive and other Executive Directors. The Chairman and non-executive directors are in the majority on the Board.

### **CAMHS**

Child and Adolescent Mental Health Services.

### **Cardio-metabolic**

Concerning both heart disease and metabolic disorders such as diabetes.

### **Care group**

Our clinician-led operational structure, responsible for developing new models of care.

### **Care plan**

Written agreements setting out how care will be provided within the resources available for people with complex needs.

### **Care Programme Approach – CPA**

The process mental health service providers use to co-ordinate care for mental health patients.

### **Care Quality Commission – CQC**

The Care Quality Commission is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations.

### **Carer**

Person who provides a substantial amount of care on a regular basis, and is not employed to do so by an agency or organisation. Carers are usually friends or relatives looking after someone at home who is elderly, ill or disabled.

### **Clinical audit**

Clinical audit measures the quality of care and services against agreed standards and suggests or makes improvements where necessary.

### **Clinical commissioning group – CCG**

Clinical Commissioning Groups are clinically-led statutory bodies that are responsible for designing and commissioning/ buying local health and care services in England.

### **Clinical ethics**

Clinical ethics is an approach which assists health professionals in identifying, analysing, and resolving ethical issues that arise in clinical practice.

**Clinician**

A health professional. Clinicians come from a number of different healthcare professions, such as psychiatrists, psychologists, nurses, occupational therapists etc.

**CMHT**

Community mental health team.

**Commissioners**

Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Clinical commissioning groups are the key organisations responsible for commissioning healthcare services for their area. They commission services (including acute care, primary care and mental healthcare) for the whole of their population, with a view to improving their population's health.

**Commissioning for Quality and Innovation – CQUIN**

High Quality Care for All included a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation payment framework.

**Community Interest Company – CIC**

A form of social enterprise and not-for-profit organisation; they exist for the good of their community and reinvest any surpluses into their services.

**Community physical health services**

Health services provided in the community, for example health visiting, school nursing, podiatry (foot care), and musculoskeletal services.

**Continuing Health Care (CHC)**

Continuing health care is a package of care for adults aged over 18 or over which is arranged and funded solely by the NHS.

**COVID-19**

The infectious disease caused by the most recently discovered (2019) coronavirus.

**Crisis**

A mental health crisis is a sudden and intense period of severe mental distress.

**CYP**

Children and Young People.

**Data Security and Protection Toolkit**

The Data Security and Protection Toolkit is a performance tool produced by the Department of Health and Social Care. It draws together the legal rules and central guidance and presents them in one place as a set of information governance requirements.

**Duty of Candour**

This is Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20. The intention of this regulation is to ensure that providers are open and transparent with people who access services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.

**EIP**

Early Intervention in Psychosis (EIP) teams provide specialist treatment and care for people aged between 14 and 64 who have signs of psychosis.

**Foundation Trust**

A type of NHS trust in England that has been created to devolve decision-making from central government control to local organisations and communities so they are more responsive to the needs and wishes of their local people. NHS Foundation Trusts provide and develop healthcare according to core NHS principles – free care, based on need and not on ability to pay. NHS Foundation Trusts have

members drawn from patients, the public and staff, and are governed by a Council of Governors comprising people elected from and by the membership base.

### **Friends and Family Test (FFT)**

The Friends and Family Test is a survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.

### **Healthcare**

Healthcare includes all forms of care provided for individuals, whether relating to physical or mental health, and includes procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition, for example cosmetic surgery.

### **Health of the Nation Outcome Scale/ Score (HoNOS)**

A method of measuring the health and social functioning of people with severe mental illness.

### **Lived Experience Connectors**

Lived Experience Connectors are people who access or have accessed services, or their family members/ carers, who have volunteered to use their lived experience to provide support and feedback to Trainee Nursing Associates to develop person-centred practice.

### **Mental Health Act 1983**

The Mental Health Act 1983 is a law that allows the compulsory detention of people in hospital for assessment and/ or treatment for mental disorder. People who are detained under the Mental Health Act must show signs of mental disorder and need assessment and/ or treatment because they are a risk to themselves or a risk to others. People who are detained have rights to appeal against their detention.

### **MHSDS**

Mental Health Services Data Set (MHSDS) collects data from health records of people who are in contact with mental health services.

### **Musculoskeletal (MSK)**

Musculoskeletal conditions affect the joints, bones and muscles.

### **National Confidential Inquiry into Suicide and Homicide by People with Mental Illness**

A research project funded mainly by the National Patient Safety Agency that aims to improve mental health services and to help reduce the risk of similar incidents happening again in the future.

### **National Institute for Health and Care Excellence – NICE**

The National Institute for Health and Care Excellence is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

### **National Quality Board (NQB)**

The National Quality Board was established to deliver high quality care for patients throughout the NHS and at the interface of health and social care. Its work includes overseeing quality indicators, contributing to NICE quality standards and Quality Accounts.

### **National Staff Survey**

An annual national survey of NHS staff in England, co-ordinated by the Care Quality Commission. Its purpose is to collect staff satisfaction and staff views about their experiences of working in the NHS.

### **NHS Constitution**

The principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

### **NHS England and NHS Improvement**

NHS England and NHS Improvement lead the National Health Service in England.

### **NHS Long Term Plan**

The NHS Long Term Plan, also known as the NHS 10 Year Plan, is a document published by NHS England in January 2019. It sets out the priorities for healthcare over the next 10 years and shows how NHS funding will be used.

### **NHS Patient Safety Strategy**

Published in 2019, The NHS Patient Safety Strategy sets out to develop a patient safety culture and a patient safety system across all settings of care.

### **NRLS**

The National Reporting and Learning System (NRLS) is a central database of patient safety incident reports. All information submitted is analysed to identify hazards and risk to continuously improve the safety of patient care.

### **Palliative care**

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illnesses.

### **Patient Advice and Liaison Services – PALS**

Patient Advice and Liaison Services are services that provide information, advice and support to help patients, families and their carers.

### **Patient Safety Leaders**

Healthcare professionals within CWP teams who have been identified as leaders in patient safety and work to promote patient safety within the teams in which they work.

### **Perinatal**

The perinatal period extends from when pregnancy begins to the first year after the baby is born.

### **Person-centred care**

Connecting with people as unique individuals with their own strengths, abilities, needs and goals.

### **Prescribing Observatory for Mental Health (POMH–UK)**

A project that helps specialist mental health services across the UK improve their prescribing practice by developing audit based quality improvement projects.

### **Providers**

Providers are the organisations that provide NHS services, for example NHS Trusts and their private or voluntary sector equivalents.

### **Psychiatric Intensive Care Unit (PICU)**

Takes care of patients who cannot be cared for on an open (unlocked) ward due to their needs.

### **Psychotropic medicines**

Psychotropic medicines are drugs which affect behaviour, mood, or thoughts.

### **Public health**

Public health is concerned with improving the health of the population rather than treating the diseases of individual patients.

### **Registration**

From April 2009, every NHS trust that provides healthcare directly to patients must be registered with the Care Quality Commission.

### **Regulations**

Regulations are a type of secondary legislation made by an executive authority under powers given to them by primary legislation in order to implement and administer the requirements of that primary legislation.

**Research**

Clinical research and clinical trials are an everyday part of the NHS. The people who do research are mostly the same doctors and other health professionals who treat people. A clinical trial is a particular type of research that tests one treatment against another. It may involve either patients or people in good health, or both.

**Serious incident**

A serious incident includes unexpected or avoidable death or very serious or permanent harm to one or more patients, staff, visitors or members of the public.

**Service users/ patients/ people who access services**

Anyone who accesses, uses, requests, applies for or benefits from health or local authority services.

**Stakeholders**

In relation to CWP, all people who have an interest in the services provided by CWP.

**Strategy**

A plan explaining what an organisation will do and how it will do it.

**Tissue viability**

The Tissue Viability service provides specialist care on all aspects of caring for skin and the management of wounds including pressure ulcers and leg ulceration.

## **Annex B: Comments on our Quality Account**

Comments on our Quality Account will be published as an addendum alongside our report on the CWP website, available end of July 2021.

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# **The Health and Care Bill 2021: Integrated Care Systems**

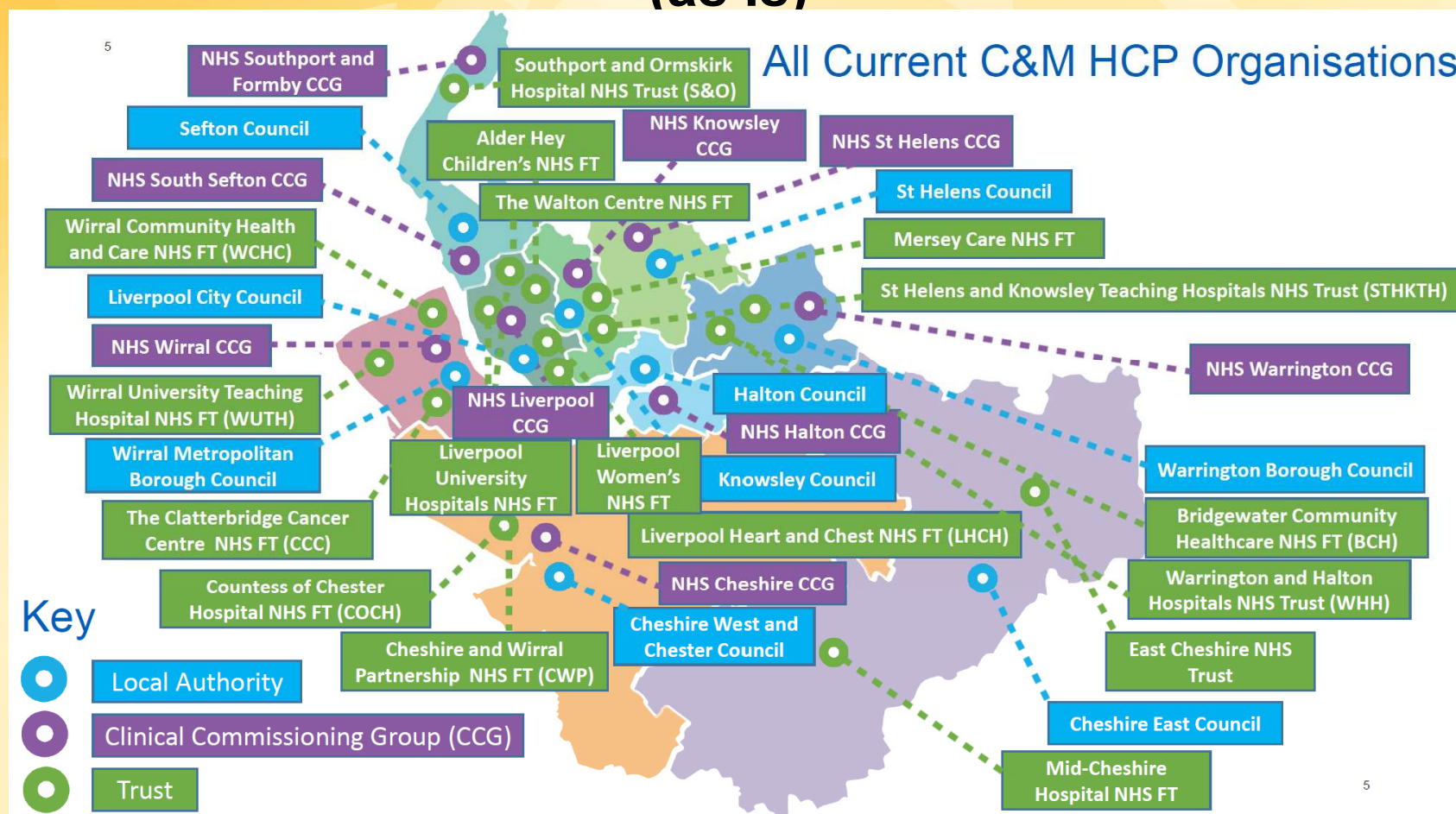
## **A position statement on what we know**

Guy Kilminster

## Context and background

- Health and Care Act 2012 introduced current system;
- Abolished Strategic Health Authorities but since 2016 'larger scale system working' has been encouraged;
- Sustainability and Transformation Partnerships, became Health and Care Partnerships and are now to become Integrated Care Systems (42 in England)

# The Cheshire and Merseyside Health and Care Partnership (as is)





# The current components of the Cheshire and Merseyside Health & Care Partnership

- Nine local authorities;
- Nine Clinical Commissioning Groups (these procure health services);
- Twenty acute, community and mental health service providers;
- GPs across Cheshire and Merseyside;
- NHS England, Public Health England.

# The current system components in each 'Place':

## **Strategic:**

- Health and Wellbeing Board
- Overview and Scrutiny Committees

## **Commissioners**

- NHS England / Improvement
- CCGs
- Local Authorities

## **Providers**

- Acute Trusts
- Mental Health Trusts
- Primary Care – GPs, Pharmacies, Dentists etc
- Local Authorities
- Private sector
- Community and Voluntary sector

# The Health and Care Bill

- Currently progressing through Parliament (at Committee Stage)
- New arrangements go live 1<sup>st</sup> April 2022
- Gives new powers and responsibility to the 'integrated care system' (at a Cheshire and Merseyside level)
- CCGs abolished
- New 'Provider Selection Regime' changes how health services are procured (including local authority commissioned Public Health services')

# The new components, terminology and acronyms at a System level

- Integrated Care System (ICS) – operating across the Cheshire and Merseyside geography consisting of:

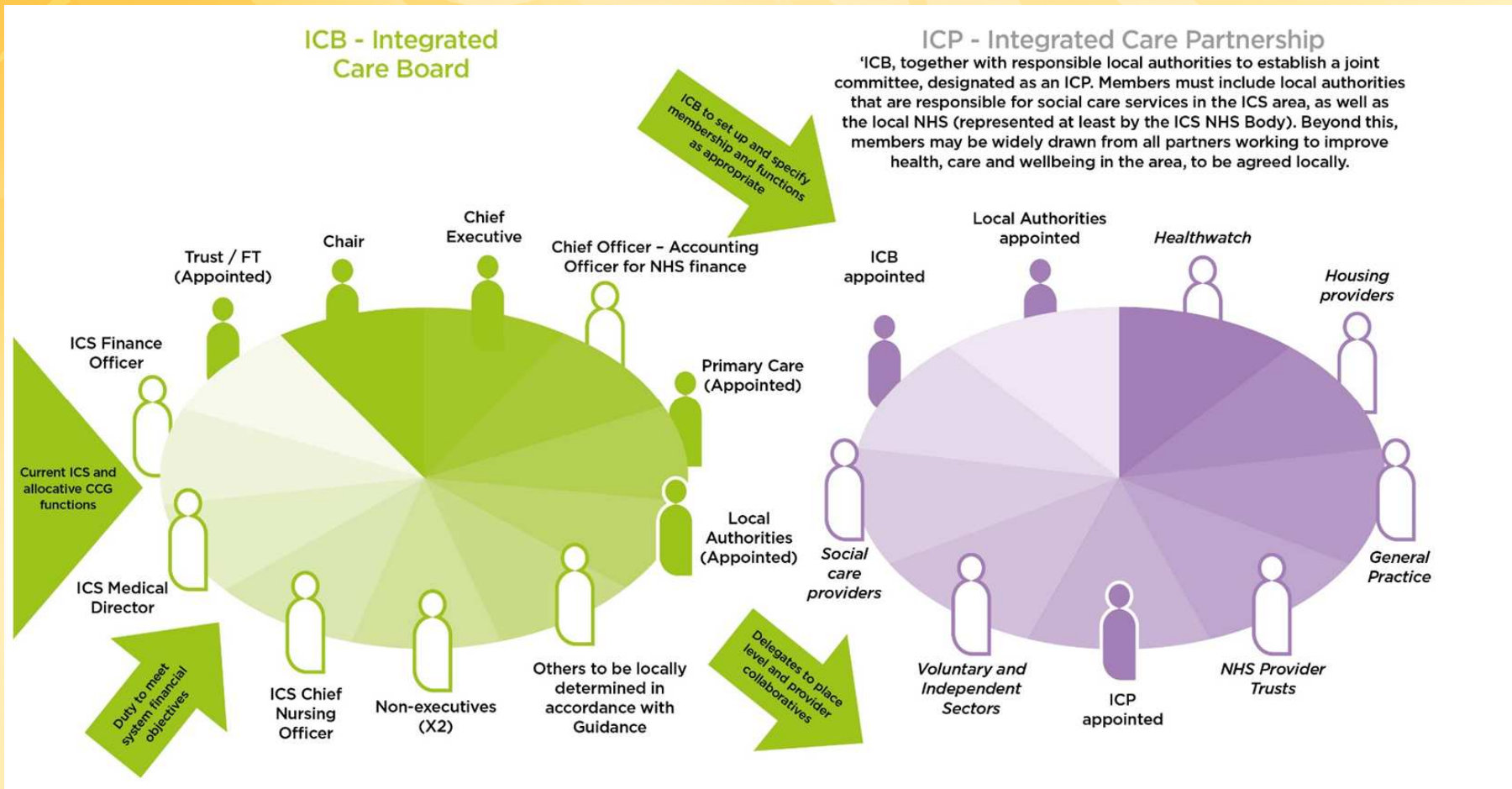
The Integrated Care Board (ICB) has the function of arranging for the provision of services for the purposes of the health service (NB - CCG functions transfer to the ICB);

The Integrated Care Partnership (ICP) must prepare an 'integrated care strategy setting out how the assessed needs in its area (Cheshire & Merseyside) are to be met by the exercise of functions of the ICB, NHS England, or the responsible local authorities;

Provider Collaboratives – partnerships of NHS providers operating across Cheshire & Merseyside



# The Integrated Care System



*From Hill Dickinson presentation*



## Cheshire and Merseyside wide Transformation Programmes (2021/22)

### NHS England and Improvement

#### Specialised commissioning programmes

Mental health specialised services

Women's and Children's:  
Neonatal services, Paediatric surgery  
and Paediatric Critical Care

Place based specialised  
commissioning

#### Strategic Clinical Networks

Maternity & Perinatal  
Mental Health

Adult and CYP Mental  
Health

Maternity

Children and Young  
People

Respiratory

Stroke

Diabetes

Cardiac

*Not yet mobilised*

Palliative and End of  
Life Care

Dementia

#### Long Term Plan priority programmes

Mental health: Learning Disabilities  
(C&M Transforming Care Partnership)

C&M Cancer Alliance  
(Prevention, Faster Diagnosis, High quality modern  
services, Personalised Care, Patient experience)

Ageing Well

Adopt and Adapt

### C&M Health and Care Partnership

#### Transformation Programmes

1. Mental Health  
Programme

2. C&M Local  
Maternity System  
Board

3. C&M Children's  
Transformation /  
Starting Well Board

4. Cardio-vascular  
Disease Board  
*Brings together relevant  
NHSE networks*

5. Population Health  
Management  
Programme Board

6. Urgent and  
Emergency Care  
Programme Board

7. Neurosciences  
Programme Board

8. Digital  
Programme Board

#### Collaboration at Scale programmes

9. Corporate  
Programme Board

10. Medicine &  
Pharmacy  
Optimisation  
Programme

11. Diagnostics  
Programme

12. Elective  
Recovery

Working for a **brighter future** together

OFFICIAL

# The new arrangements at a 'Place' level (as best understood)

## **Strategic**

- Health and Wellbeing Board
- Local governance to oversee delegated budgets/functions (a Joint Committee / Place Partnership Board?)
- Scrutiny Committee

## **Commissioners**

- The C&M ICB (with the option to delegate commissioning budgets/responsibilities to the Place)
- An ICB 'Place-based' commissioning team / unit in a 'commissioning hub'?
- Joint Commissioning?
- Local Authority

## **Providers**

- Acute Trusts
- Mental Health Trusts
- Primary Care – GPs, Pharmacies, Dentists etc
- Local Authorities
- Private sector
- Community and Voluntary sector

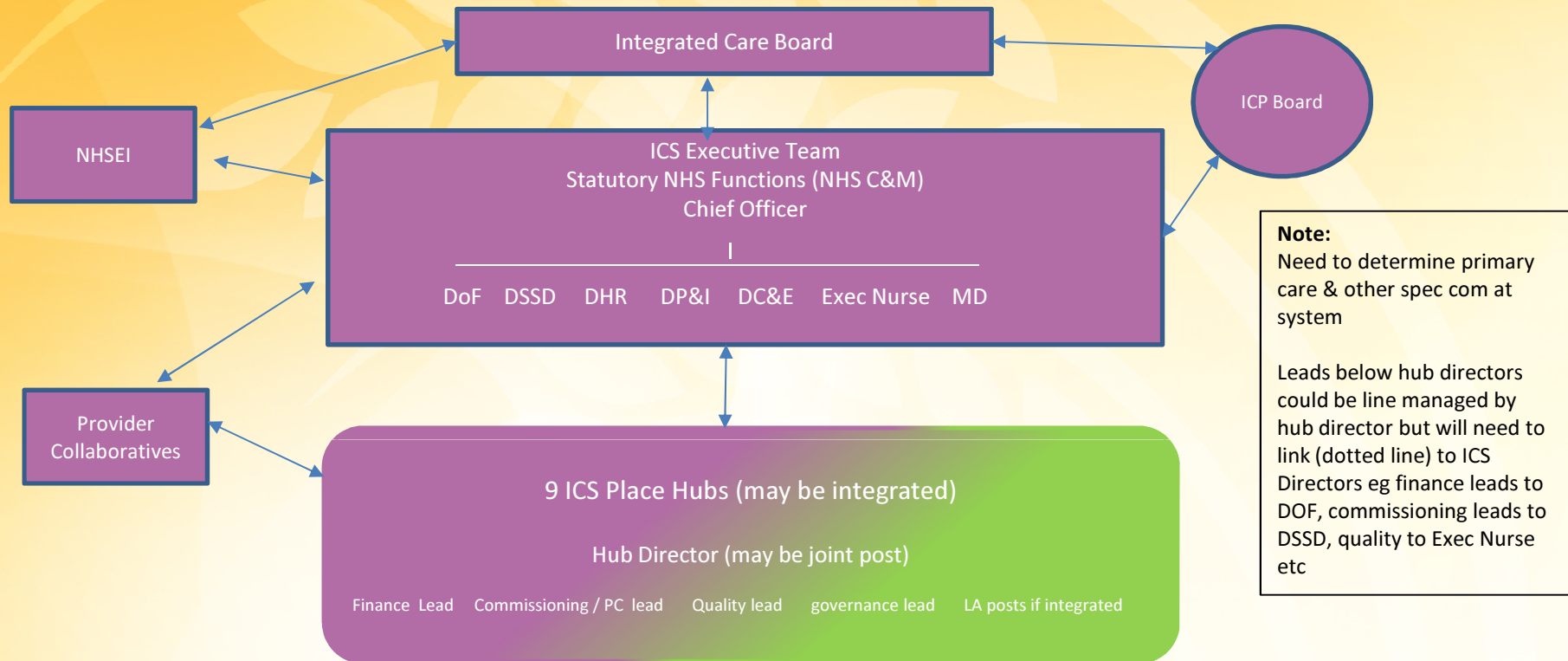
Providers increasingly working together through an integrated care place partnership, Care Communities etc.

# The unknowns (still being worked on and subject to legislation!)

- The role and function of the Health and Wellbeing Board in the Place (above and beyond it's statutory responsibilities)
- Role of Scrutiny Committee
- Level of delegation to the Place from the ICB
- Impact of the new Provider Selection Regime
- How any delegated commissioning function is organised (reference to an ICS Place Hub Director and Team, but detail not yet available)
- How joint commissioning will take place



## System & Place Teams – emerging thinking



9 Place-based partnerships (ICPPs) each supported by Hub Commissioning Team. 'Place Lead' could be Hub Director or from within ICP

The ICS NHS Body will have statutory accountability for planning (commissioning) and needs to deliver transformation, performance improvement & assurance. It can discharge these functions at: system level, through Provider Collaboratives, through Place commissioning hubs / ICPPs & through Programmes.

## Focus on health outcomes

- The next six months will see a lot of work underway around governance, organisational restructures, staffing changes, strategy drafting and demonstrating a 'readiness to operate' from 1<sup>st</sup> April 2022;
- At the front line across health and care demand is increasing;
- Capacity to do all that is required will be very stretched;
- Need to try and retain a focus on improving health outcomes and reducing health inequalities.



[illegible]

**Thank you**

**Questions?**



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### Work Programme – Scrutiny Committee – 2021/22

Reference	Committee Date	Report title	Purpose of Report	Report Author /Senior Officer	Consultation and Engagement Process and Timeline	Corporate Plan Priority	Exempt Item and Paragraph Number
SC/03/21-22	6 Sep 2021	Update on Oral Surgery and Orthodontic Service Model Development for Cheshire East	To receive an update from NHS England/NHS Improvement on the progress made in the development of a new model of care for emergency oral surgery and orthodontic services in Cheshire East.		The Scrutiny Committee, as well as scrutinising progress and developments, has been a consultee as part of this process. Now that this work has resumed post-Covid, this regular consultation is expected to continue.	A council which empowers and cares about people	
SC/04/21-22	6 Sep 2021	Feedback on 2020/21 NHS Quality Accounts	To confirm that the committee received and reviewed (by correspondence), the 2020/21 Quality Accounts of Cheshire and Wirral Partnership NHS Foundation Trust, and agree to any feedback and comments it wishes to provide.		The Scrutiny Committee, as the council's health scrutiny body, receives and is consulted on the Quality Accounts from local NHS Trusts each year.	An open and enabling organisation	

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