

**CHESHIRE EAST HEALTH AND WELLBEING BOARD**  
Reports Cover Sheet

<b>Title of Report:</b>	Update on development of an Integrated Care System across Cheshire and Merseyside and in Cheshire East
<b>Report Reference Number</b>	
<b>Date of meeting:</b>	27 <sup>th</sup> June 2023
<b>Written by:</b>	Mark Wilkinson, Cheshire East Place Director, NHS Cheshire and Merseyside
<b>Contact details:</b>	<a href="mailto:Mark.wilkinson@cheshireandmerseyside.nhs.uk">Mark.wilkinson@cheshireandmerseyside.nhs.uk</a>
<b>Health &amp; Wellbeing Board Lead:</b>	Mark Wilkinson, Cheshire East Place Director, NHS Cheshire and Merseyside

**Executive Summary**

<b>Is this report for:</b>	Information <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Decision
<b>Why is the report being brought to the board?</b>	The establishment of the integrated system is a significant change to NHS organisational structures with the explicit aim of further integrating health and care service planning and delivery. This paper provides an update on progress.		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	To note the report.		

<p><b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b></p>	<p>The report has not received any prior consideration.</p>
<p><b>Has public, service user, patient feedback/consultation informed the recommendations of this report?</b></p>	<p>Not applicable.</p>
<p><b>If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.</b></p>	<p>Not applicable as the recommendation is to the note the report.</p>

## Report Summary

The report presents progress with the development of an integrated care system for Cheshire and Merseyside and more specifically Cheshire East. Good progress has been made in delivering improved performance in urgent and emergency care, returning the full range of maternity services to Macclesfield District General Hospital, and with the inclusion of a new hospital for Cheshire East in the NHS new hospitals programme.

## Recommendations

To note the report.

## Reasons for Recommendations

The report provides update information on the establishment of an integrated care system regionally and locally.

## Impact on Health and Wellbeing Strategy Priorities

The closer and more joined up working of health and care services will support the achievement of those health and wellbeing strategy priorities that can be delivered by health and care organisations including in our role as anchor institutions.

### **System urgent and emergency care demand and capacity modelling**

1. Colleagues from Warrington place presented their model for urgent and emergency care system demand and capacity. Some of the value from this approach as they have developed it comes from identifying the root causes rather than the symptoms of system pressure. For example, the most appropriate solution to overcrowding in an emergency department may not lie in spending more on hospital staff, instead spending on GP services might be more advantageous.
2. Developed appropriately a model can also force a level of quantitative rigour. Despite some expectation from system partners their modelling work has not provided 'an answer', however it has helped to focus attention on their 'big-ticket' items. We agreed to review our own modelling work in Cheshire East at a future place leadership group development session.

### **Inclusion of Leighton Hospital in the national NHS new hospitals programme**

3. The Department of Health has recently announced the inclusion of Leighton Hospital in the national new hospitals programme. We agreed that this should be the subject of a future development session for the place leadership group. Meanwhile the Trust is engaging with place partners in the development of a clinical services strategy that will shape an estates strategy that will in turn inform the design of the new hospital.

### **Return of in-patient maternity services to Macclesfield DGH**

4. The full range of maternity services are restored to Macclesfield with return of in patient maternity services on 26th June more than three years after they were suspended at the start of the COVID pandemic.
5. The final assurance visit with representatives from both Greater Manchester and Cheshire and Merseyside maternity networks will take place on 12th June - although the decision to proceed has been confirmed.

### **Macclesfield urgent and emergency care system pressures and the emergency department capital scheme**

6. A capital scheme to significantly improve Macclesfield's emergency department has recently commenced. Urgent and emergency care system pressures mean that we are currently seeing an unacceptably high number of patients sleeping in the emergency

department each night. As the capital scheme progresses some of the physical space to accommodate these patients will be lost, raising the risk of significant ambulance handover delays. With the scheme not due to complete until March 24, this is a system risk not only in the short term but also over next winter. Macclesfield lost Ward 6 beds as part of the return of maternity services at the start of 2023.

### **Service blueprint for 2030**

7. Although our health and wellbeing board and partnership board strategies identify our strategic objectives as a place partnership, a gap has been identified in terms of describing what our health and care services will look like in future. This might be termed a service blueprint. Significant work has been undertaken by our predecessor organisations, and the intention is to use a tightly defined three workshops over the summer to refresh and reconfirm our support for work undertaken previously. When completed, this can be a product to guide both the sustainable hospital services programme for Macclesfield, and also the design of the new hospital in Mid Cheshire.

### **Joint outcomes framework**

8. Dr Susie Roberts, public health consultant, presented the work she has been leading to develop a joint outcomes framework. The framework is being developed to inform and monitor our transformation and integration programmes and crucially to measure progress against the health and well-being strategy.

### **Tier 1 for urgent and emergency care service delivery**

9. The Cheshire and Merseyside ICS has been placed in the highest (least well performing), tier for urgent and emergency care service delivery. This reaffirms our strategic priority around Home First. Locally our performance is relatively strong evidenced by performance information set out in the appendix to this report.

### **Cheshire and Merseyside Health and Care Partnership stakeholder briefing**

10. The Partnership has recently provided a stakeholder briefing which can be accessed by the following link:

[View this briefing in your browser](#)

## **Access to Information**

The background papers relating to this report can be inspected by contacting the report writer:

Name:	Mark Wilkinson
Designation:	Cheshire East Place Director, NHS Cheshire and Merseyside
Tel No:	Not applicable
Email:	<a href="mailto:mark.wilkinson@cheshireandmerseyside.nhs.uk">mark.wilkinson@cheshireandmerseyside.nhs.uk</a>

## **Appendix**

1. This information is taken from a recently produced briefing note on our urgent and emergency care system performance.

2. The period from November 22 to April 23 period has been selected as it is a) fairly recent, b) represents the time of our established collaborative working on Home First, and c) saw place agreed investment in schemes aimed at easing urgent and emergency care pressures.

### **People going into NHS secondary care**

3. Average daily attendances by month at both our emergency departments (Macclesfield and Crewe) have reduced by 4.5% from November to April. From November 21 to April 22 as a point of comparison, they increased by a similar percentage.

4. Average daily non elective admissions have reduced by 8.7% from November to April. In the same period in the previous year though, they fell by 10%.

5. Any local reduction in A&E attendances should be viewed against the UK wide trend of long term increases and is to be welcomed, although the numbers are small. Also worth pointing out that over the last few months the general NHS policy focus has been on reducing the number of people who don't need to be in hospital not stopping them attending in the first place.

### **People remaining in hospital without a strong medical reason (NCTR – no criteria to reside)**

6. From November to April the average daily number of people who didn't need to be in hospital fell by 35%

7. The same period saw a 22% reduction in the average daily number of people with a hospital length of stay over 21 days.

8. One of the contributory factors to this improvement has been our work to reduce waiting for domiciliary care support. As at 7 June, there were only two Cheshire East residents waiting in an NHS hospital bed for domiciliary care to support their discharge.

9. This is where our evidence is strongest. By working together we have got people out of hospital sooner, reduced the deconditioning that inevitably occurs with long hospital stays, and freed up capacity for patients that need to be in hospital.

10. Across Cheshire and Merseyside at the end of April, our local NHS providers were ranked 2<sup>nd</sup> and 3<sup>rd</sup> best in terms of the percentages of acute beds occupied by NCTR patients.

11. This percentage measure of our performance has been achieved with fewer beds than previously (in Mid Cheshire due to the building issues; in East Cheshire due to readying a ward for the return of full maternity services). In shorter, our denominator has reduced.