

CHESHIRE EAST SCRUTINY COMMITTEE

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| Title of Report: | Update on the establishment of the Cheshire and Merseyside Integrated Care system |
| Report Number | SC/20/22-23 |
| Date of meeting: | 7 September 2023 |
| Written by: | Mark Wilkinson |
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Executive Summary

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|---|--|--|-----------------------------------|
| Is this report for: | Information <input checked="" type="checkbox"/> | Discussion <input checked="" type="checkbox"/> | Decision <input type="checkbox"/> |
| Why is the report being brought to the board? | As requested, to update on the establishment of a Cheshire and Merseyside wide Integrated Care System with a particular focus on work and implications in Cheshire East. | | |
| Please detail which, if any, of the Health & Wellbeing Strategy priorities this report relates to? | 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"/> | | |
| Please detail which, if any, of the Health & Wellbeing Principles this report relates to? | 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"/> | | |
| Key Actions for the Committee? | To note. | | |
| Has the report been considered at any other committee meeting? | No | | |
| Has public, service user, patient feedback/consultation informed the recommendations of this report? | The findings of the annual GP survey of patients / service users are described here. | | |

INTRODUCTION

1. The paper provides briefing information on a variety of current key topics under discussion in the various place partnership groups across Cheshire East.

ANALYSIS

Right Care Right Person

2. This is a new operating model for police and partners to ensure the public are provided with the right care responder i.e. the right person with the right skills to best meet their needs. This is a new national approach following a pilot in Humberside. Although the principles are supported, there are some concerns about implementation and specifically pace of implementation.
3. These changes will start at the same time as additional mental health staffing for our emergency departments across Cheshire and Merseyside is due to be withdrawn.
4. We are supporting the establishment of tactical and strategic groups to establish an information baseline in terms of current service provision, and then to evaluate these changes as they take effect. Matt Tyrer (director of public health) will be our place lead, also exploring the potential to work with partners on a pan Cheshire basis. There have been some political concern expressed locally; this is likely a key topic for the next few months.

Joint forward plan

5. NHS Cheshire and Merseyside have launched their joint forward plan for 2023 to 2028 containing the actions we will take as an Integrated Care System (ICS) to deliver the priorities identified in:
 - a. The Cheshire and Merseyside draft interim Health and Care Partnership (HCP) Strategy.
 - b. The Joint Local Health and Wellbeing Strategies of our nine Place based Health and Wellbeing Boards.
 - c. The priorities outlined by NHS England in The NHS Long Term Plan and the national NHS Planning guidance for 2023-24.
6. This Joint Forward Plan is driven by the ambitions of the Cheshire and Merseyside Interim HCP Strategy, which is built around four core strategic objectives:
 - a. Tackling health inequalities in outcomes, experiences and access (our 8 Marmot principles)
 - b. Improving population health and healthcare
 - c. Enhancing productivity and value for money
 - d. Helping to support broader social and economic development.

Learning from Lucy Letby case

7. Following Lucy Letby's conviction for the murder of seven babies and the attempted murder of six more, NHS Cheshire and Merseyside has scheduled a board level discussion on some of the broader implications arising from the case. These include (but are not limited to):
 - a. Clinical governance i.e. what can we learn to improve our systematic approach to maintaining and improving the quality of patient care.
 - b. The role and functioning of local quality committees.
 - c. Examining variation in patient outcomes.
 - d. The quality of serious incident reporting and investigation.
 - e. The role of the CQC in assuring health service quality.

Survey of patients who use primary care

8. The results of an annual national survey of GP patients have recently been released and again show that general practice across Cheshire East is comparatively well rated by the people who use it.
9. Summary metrics are shown in appendix A, as is a breakdown by care communities – which shows some variation. Practice level data is also available and work is now underway in terms of how we share this relatively good performance and equally identify areas for improvement.

GP Provider Collaborative

10. Work is underway to establish a Cheshire East GP Provider Collaborative to help to transform the way that General Medical Services are delivered. This is very much GP led around a vision of 'supporting core General Practice allowing it to refine and deliver excellent primary care services in line with national and local contractual expectations, as well as enhanced levels of care and support to the communities we jointly service.' More specific aims include:
 - a. Representation and engagement of practices
 - b. Design and delivery of new models of care
 - c. Support and quality Improvement of General Practice
11. To achieve these aims, there is an expectation that Confederation partners will be committed to working towards and acting as one in the interests of delivering the best outcomes for the Cheshire East Population within available resources.

Service blueprint for 2030

12. Although our strategies (including our newly refreshed health and wellbeing strategy) identify our strategic objectives as a place partnership, there is a gap 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

13. Dr Susie Roberts, public health consultant, has been leading work 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

14. The Cheshire and Merseyside ICS has been placed in the highest (least well performing), tier for urgent and emergency care service delivery. This underlines our strategic priority around Home First. This performance improvement framework brings additional scrutiny and also possibly support. Cheshire East performs relatively well compared to Cheshire and Merseyside peers, although less well in national comparisons.

Knutsford primary care centre

15. The former Cheshire CCG had a long-standing priority to develop a new primary care centre in Knutsford to address well documented challenges in the current premises. Notwithstanding the likely need, the revenue and public sector capital challenges are understood by all partners i.e. both capital and revenue resources are currently limited. More positively, there may be commercial opportunities that could support the provision of NHS services. The immediate next step is to consider how the business case can be developed including the establishment of the clear case for change and evaluation of a full range of options.

Mental health and A&E pressures

16. The immediate catalyst for some current work was a recent spell when 10 patients requiring mental health inpatient admission were in Mid Cheshire's A&E department at Leighton Hospital, in a longer-term context of Cheshire and Wirral Partnership (CWP) NHS FT's bed pressures meaning patients are frequently directed into out of area beds.
17. For several years community mental health services have perhaps not had the priority they deserve. Equally people are presenting later and with more acute needs. Circa 60% (up from 40%) of mental health admissions are made under the Mental Health Act to provide care for people not previously known to CWP services. When in a hospital bed, 40% of people have a length of stay over 90 days. This local position is broadly replicated across the North West. The number of Mental Health Act assessments carried out by the Council is also markedly higher.
18. There is an opportunity though to re-direct spending away from institutions and into community / prevention-oriented services. In other words, as a place there is a view that we are spending the money but not necessarily to best effect.
19. Place leaders have requested a detailed presentation to a future meeting. The Operations Group are also looking at the potential impact of the withdrawal of non-recurrent mental health staffing support into A&E departments planned for later this year.

NHS Cheshire and Merseyside corporate review of Cheshire East place

20. Cheshire East place (the ICB place team together with partners including the Council) participates in quarterly review meetings led by our corporate colleagues. In their summary of the last meeting the following points were made:
21. Financial position and risks – we are consuming more than our fair share of ICB funding and we discussed some of the legacy issues and arrangements in Cheshire that have led to this position. There was a recognition of the huge challenge this represents and that some difficult decisions and choices will need to be made as a system to enable you to develop your plan for delivery.
22. Commitment to working in a locality model – this suits the area well due to its large and diverse geographical spread. We have eight care community areas (which mirror your Primary Care Network footprints). You have identified some gaps in provision and quality thanks to your comprehensive dashboards of data and information which you have used to analysis the current state of health and care services across the eight areas. You recognise that there is not yet full accountability across partners.
23. Children’s services – we are seeing an increasing demand from children and families with high levels of complexity leading to long waits for assessments and an increasing challenge to recruit sufficient numbers of health professionals, particularly learning disability community nurses, to support you to manage this demand. You told us that you are reviewing your current pathway into services to establish if there needs to be an additional step added in preventative services and that you are using the services of the Beyond Programme to link into the regional neuro development clinical pathway as you are seeing increased numbers of referrals for a neuro development diagnosis.
24. Place partnership inspections - there are regular planning sessions held across partners. We recently had a Peer review which identified some issues such as the need for a joint Workforce strategy and the development of a joint plan. We are anticipating and planning for an inspection in Children’s services in September/ October 2023

ACCESS TO INFORMATION

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

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CHESHIRE EAST SCRUTINY COMMITTEE

APPENDIX A – SUMMARY OF PATIENT SURVEY RESULTS BY PLACE (CHESHIRE EAST) AND CARE COMMUNITIES

Place Summary Metrics

| Place Summary Metrics | | | | | | | | | | | | |
|----------------------------|---|----------|-----|---------------|---------------|--------|----------|-----------|--------|-----------|------------|--------|
| Group | Metric | National | ICS | Cheshire East | Cheshire West | Hilton | Knowsley | Liverpool | Sefton | St Helens | Warrington | Wirral |
| Overall Experience | Q32. Overall, how would you describe your experience of your GP practice? % Good (Very Good + Really Good) | 71% | 72% | 76% | 78% | 67% | 63% | 70% | 71% | 69% | 71% | 76% |
| Making an appointment | Q16. Were you satisfied with the appointment (or appointments) you were offered? % Yes, took appt. (Patients who selected 'I was not offered an appointment' have been excluded) | 72% | 73% | 77% | 76% | 69% | 66% | 72% | 73% | 69% | 74% | 74% |
| | Q21. Overall, how would you describe your experience of making an appointment? % Good (Very Good + Really Good) | 54% | 54% | 62% | 59% | 42% | 41% | 51% | 51% | 50% | 53% | 58% |
| Local GP Services | Q1. Generally, how easy is it to get through to someone at your GP practice on the phone? % Easy (Very Easy + Really Easy) (Patients who selected 'Have't tried' have been excluded) | 50% | 48% | 54% | 53% | 35% | 41% | 44% | 44% | 47% | 47% | 56% |
| | Q2. How helpful do you find the receptionists at your GP practice? % Helpful (Very Helpful + Really Helpful) (Patients who selected 'Don't know' have been excluded) | 82% | 83% | 85% | 87% | 78% | 78% | 80% | 83% | 82% | 82% | 86% |
| | Q30. During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to? % Yes (Yes, definitely + Yes, to some extent) (Patients who selected 'Don't know/don't apply' have been excluded) | 93% | 93% | 94% | 96% | 91% | 88% | 93% | 93% | 93% | 93% | 94% |
| | Q47. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed? % Good (Very Good + Really Good) (Patients who selected 'Don't know/can't say' have been excluded) | 45% | 44% | 43% | 48% | 45% | 39% | 43% | 40% | 49% | 37% | 48% |
| Access to on-line services | Q4. How easy is it to use your GP practice's website to look for information or access services? % Easy (Very Easy + Fairly Easy) (Patients who selected 'Have't tried' have been excluded) | 65% | 66% | 67% | 70% | 64% | 57% | 65% | 65% | 70% | 62% | 67% |

Place ranked against ICS Average: Green > than comparison, Amber = comparison, Red < than comparison

Data Source: <https://www.gp-patient.co.uk/>

Cheshire East Place Summary Metrics

| Group | Metric | Normal | KS | Cheshire East | CHRW (CHELSEA, HANDFORTH, ADLBY EDGE, WIMLOW) PCN | CHOC (CONGLETON & HOUMES CHAPEL) PCN | CREWE - GRI PCN | BIGLE BRIDGE PCN | KNUTSFORD PCN | MARCOEFIELD PCN | MIDDLEWOOD PCN | NANTWICH & RURAL PCN | SMASH PCN | |
|----------------------------|--|--------|-----|---------------|---|--------------------------------------|-----------------|------------------|---------------|-----------------|----------------|----------------------|-----------|-----|
| Overall Experience | Q32. Overall, how would you describe your experience of your GP practice? % Good (Very Good + Fairly Good) | 71% | 72% | 76% | 85% | 74% | 70% | 62% | 84% | 83% | 74% | 69% | 81% | |
| Making an appointment | Q16. Were you satisfied with the appointment (or appointments) you were offered? % Yes, took appointment (Patients who selected 'I was not offered an appointment' have been excluded) | 72% | 73% | 77% | 81% | 83% | 77% | 68% | 76% | 78% | 71% | 71% | 80% | |
| | Q21. Overall, how would you describe your experience of making an appointment? % Good (Very Good + Fairly Good) | 54% | 54% | 62% | 77% | 56% | 51% | 47% | 68% | 71% | 54% | 50% | 68% | |
| Local GP Services | Q1. Generally, how easy is it to get through to someone at your GP practice on the phone? % Easy (Very Easy + Fairly Easy) (Patients who selected 'I haven't tried it yet' have been excluded) | 50% | 48% | 54% | 73% | 46% | 31% | 23% | 76% | 77% | 58% | 47% | 58% | |
| | Q2. How helpful do you find the receptionists at your GP practice? % Helpful (Very Helpful + Fairly Helpful) (Patients who selected 'Don't know' have been excluded) | 82% | 83% | 85% | 89% | 80% | 81% | 75% | 93% | 90% | 80% | 82% | 88% | |
| | Q30. During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to? % Yes (Yes, definitely + Yes to some extent) (Patients who selected 'Don't know without reply' have been excluded) | 93% | 93% | 94% | 95% | 95% | 92% | 90% | 98% | 95% | 95% | 91% | 95% | 95% |
| | Q47. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed? % Good (Very Good + Fairly Good) (Patients who selected 'Don't know or I can't say' have been excluded) | 45% | 44% | 43% | 52% | 37% | 39% | 37% | 45% | 51% | 45% | 45% | 45% | 39% |
| Access to on-line services | Q4. How easy is it to use your GP practice's website to look for information or access services? % Easy (Very Easy + Fairly Easy) (Patients who selected 'I haven't tried' have been excluded) | 65% | 66% | 67% | 74% | 64% | 64% | 56% | 68% | 72% | 58% | 66% | 71% | |

PCN flagged a point Place: Average: Green > than comparison, Amber = comparison, Red < than comparison

Data Source: <https://www.gp-patient.co.uk/>