



**Cheshire and
Merseyside**
Health and Care Partnership

Update from the Partnership Board

January 2022

Partnership Board Update

This is a summary of the discussions at the latest Cheshire and Merseyside Health and Care Partnership Board (HCP) on Tuesday 11 January.

Chair's introduction

Interim Chair of the Partnership, David Flory, welcomed the 50 participants, representing wide ranging partners, including people from each of the nine places in our system.

David confirmed that the target date for implementation of the new integrated care arrangements has been moved to 1 July 2022. Momentum is being maintained and work is continuing in closing down our nine clinical commissioning groups and setting up NHS Cheshire and Merseyside Integrated Care Board.

The meeting included a detailed presentation from Professor Sir Michael Marmot and his team from the Institute of Health Equity who had attended to present, discuss and answer questions about their interim report for Cheshire and Merseyside: Building Back Fairer in Cheshire and Merseyside: Evidence for action and key approaches.

David also welcomed Jenny Briggs, Cheshire and Merseyside's Programme Director for Elective Recovery and Transformation, to update the Partnership Board on the work around elective recovery and transformation in Cheshire and Merseyside.

David Flory



Update from Designate Chief Executive, Graham Urwin

This was Graham's first Partnership Board meeting since joining as Designate Chief Executive for NHS Cheshire and Merseyside Integrated Care Board.

He began by sharing some figures in relation to Cheshire and Merseyside's Covid-19 vaccination activity, highlighting that during the week beginning 13 December we vaccinated 214,000 people – our best week on record, and double the number of vaccinations given during our previous best performing week (110,000).

The current position within our hospitals is challenging, with 20 per cent of beds occupied by Covid-19 patients – 1,070 people across the whole of Cheshire and Merseyside. This compares with a winter peak last year of 1,900 people. Critical care numbers appear stable. This time last year there were 176 people with Covid-19 in critical care, while on 10 January this year there were 36.

Graham advised that our hospitals have been running at between 95 and 100 per cent occupancy, putting our health and care system under significant pressure. For this reason, he has committed to a system-wide focus on discharge processes to ensure people are safely moving out of hospital as quickly as possible once they are medically fit for discharge.

While we may be quite close to the peak of Covid-19, the system is struggling with increased staff absences, particularly within A&E departments and the ambulance service. Getting our staff fast access to PCR tests so they can return to work quickly and safely is key.

Legislation has now been passed making it mandatory for frontline NHS staff to be double vaccinated to carry out their roles. To meet this deadline, anyone who has not yet been vaccinated must receive their first dose by 3 February. This poses a risk, but there is a big push taking place now to help mitigate this, encouraging and facilitating staff to have their vaccines, while reminding them they are highly valued and we don't want to lose them.

In closing, Graham said: "Never have I been more proud of how the NHS, especially the frontline, has risen to the challenge of protecting our local communities. However, never have I been more worried about the pressure on all of us to truly deliver the quality of care our citizens need and rightly deserve."

He thanked everybody working in health and care for their ongoing efforts, commitment and professionalism.

Building Back Fairer in Cheshire and Merseyside – Professor Sir Michael Marmot

Professor Sir Michael Marmot and his team from the Institute of Health Equity (IHE) attended to present their interim report – '[Building Back Fairer in Cheshire and Merseyside: Evidence for action and key approaches](#)'. This is the first output of IHE's work in Cheshire and Merseyside and sets out inequalities in health and the social determinants of health and the impacts of the Covid-19 pandemic.

It assesses the role of austerity policies between 2010-20 in driving these inequalities and the impacts of the pandemic. It also highlights existing and developing actions and partnerships currently addressing health inequalities.

The contents of the report have so far been used to inform a series of place-based workshops with local authorities in the sub-region, which engaged with 350 stakeholders throughout November and December 2021.



Learning from these workshops will be incorporated into the report and a final version will be published in spring.

Commissioned by Cheshire and Merseyside Health and Care Partnership's Population Health Board, the report intends to make recommendations for how partners across Cheshire and Merseyside can work together to reduce health inequality through action on the social determinants of health.

Presenting the interim findings, Sir Michael said: "People often comment to me that we've known about health inequalities for a long time and ask whether it fills me with gloom that the conversations are still continuing. My response is no, not at all. All around the country, there are organisations trying hard to do something, which is very encouraging.

"We are seeing a real commitment on the ground where people live and work, which is what we need. This is vital and we really, really, really want to make a difference in partnership with you."

The report was welcomed by all those in attendance at the Partnership Board, provoking much discussion about how best to drive this forward and make a difference for disadvantaged communities in Cheshire and Merseyside.

David Flory said he found the presentation daunting and motivating in equal measure.

Lorraine O'Donnell, Chief Executive at Cheshire East Council, commented about the more significant gradients in terms of life expectancy figures for the North West compared with the rest of England, pointing out this isn't an inevitable outcome of Covid-19 as it's not happening in other countries.

Dame Jo Williams, Chair of Alder Hey Children's NHS Foundation Trust, described being struck by the opportunity to create a social movement. She also commented on the importance of engaging with young people, whose future this is and who have tremendous insight and can provide a different perspective.

Graham Urwin felt this was a defining, core piece of business for our new Integrated Care Partnership and success would come from effective, collaborative, partnership working between many agencies.

He said: "We must free up time to commit to this important agenda, and we can do that by making sure we work well in meeting all our other objectives. Our goal is to make the biggest difference for the people who are least able to do this for themselves."

He added that he was looking forward to putting this work at the heart of the ICP, giving it his full support.

Find out more about the work of Professor Sir Michael Marmot and IHE, including the government-commissioned 2010 report, '[Fair Society, Healthy Lives](#)', and last year's follow up, '[Marmot Review 10 Years On](#)', on the Institute of Health Equity website: www.instituteofhealthequity.org.

Cheshire and Merseyside elective recovery and transformation

Jenny Briggs, Cheshire and Merseyside's Programme Director for Elective Recovery and Transformation, talked through transformation projects which aim to have long term, positive impact on health and care pressures and waiting times, while also improving patient experience.

These included:

- **Tele-dermatology** – GPs would send a photograph of a skin condition to be diagnosed by a specialist, without the patient needing to attend hospital unless necessary. It's estimated 7,000 patients a year could be treated away from acute care.
- **Glaucoma enhanced service** – trained community optometrists will carry out tests for suspected glaucoma and only refer patients to hospital if they do have glaucoma. This service will be offered to around 6,000 patients a year.



- **Digital appointments** – remote consultation is easy for hospitals to offer and receives positive feedback from patients. We are now seeing around 100,000 people a year remotely. Issues around access are being explored.
- **Wellbeing coaching** – supporting people through a new mobile app while they wait for treatment aims to provide personalised expert health coaching, lifestyle guidance and smart tracking options. A pilot is being assessed and alternative non-technology options are being investigated.

The presentation prompted a lot of discussion among partners, particularly in relation to concerns around digital exclusion.

Dr Paula Cowan, Chair of Wirral CCG, expressed her huge support for this work. She explained that 25-30 per cent of the population are digitally excluded, mainly due to skills or access issues often linked to finances. In addition, 70 different languages are spoken across Cheshire and Merseyside – something that also needs to be considered.

Ann Marr, Chief Executive at St Helens and Knowsley Teaching Hospitals NHS Foundation Trust, counselled against inadvertently making things more difficult and increasing the gaps for disadvantaged or digitally excluded people.

Dr Raj Kumar, Warrington GP and Clinical Director and Responsible Officer at NHS Digital, said this was the way forward to deal with current, extraordinary demand. He commented that increasing use of digital had enabled primary care to continue to provide an extensive service during lockdown and heavy restrictions, and is perhaps the only option to address ongoing increases in demand. However, he also noted variable confidence amongst clinicians. He invited Jenny Briggs to attend a future meeting of the HCP Primary Care Leadership Network, which she agreed to do. The network includes representation from all primary care networks in the system and all primary care professions.

Councillor Louise Gittens, Leader of Cheshire West and Chester Council, highlighted the work already undertaken there and asked for all the work in this space to be connected.

Graham Urwin commented that we must not waste the innovations resulting from the pandemic, and the opportunity it has given us to ‘build back better’, and fairer.

Integrated Care Partnership task and finish group



Ben Vinter, Governance Lead, updated the Board following the formation of a task and finish group, which had met for the first time in December, to consider the context, principles and guidance for the new Integrated Care Partnership.

The group had conducted a survey of Partnership Board members to ascertain their views on what currently works well, what doesn't, possible developments and membership.

Ben confirmed the task and finish group is clear it must connect with and capture, but not duplicate, what is already being done by partners across the patch.

The task and finish group is due to meet later this week (w/c 10 Jan) and again in February before reporting recommendations to the Partnership Board in March.

Chair's closing remarks

David concluded the meeting and confirmed that progress towards the Partnership's objectives, including transition towards an integrated system, is being made in all nine places. The Partnership is where priorities are set, issues are debated, and decisions are made. It's now about how all the moving parts come together to address the challenges we face and make a real difference to the millions of people we serve.

He said: “Here in Cheshire and Merseyside, there is great leadership across the board, and fantastic commitment to the people we serve. The potential to make positive change is huge. We need to rise to the challenge and deliver what our communities expect of us.”

The next Partnership Board meeting takes place on Tuesday 8 March, 3-5pm.



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