Public Document Pack

Cheshire East Health and Care Partnership Board

Date:	**Wednesday, 4th September, 2024**
Time:	**2.00 pm**
Venue:	**Academy Suite, Holmes Chapel Community Centre Station Road, Holmes Chapel, CW4 8AA**

1. **Agenda** (Pages 3 - 174)

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Agenda Item 1

#BecauseWeCare
Cheshire East Partnership

Date	**04 September 2024**
Time	**14:00 – 16:00**
Venue	**Academy Suite, Holmes Chapel Community Centre Station Road, Holmes Chapel, CW4 8AA**
Contact	jenny.underwood@cheshireandmerseyside.nhs.uk

Cheshire East Health and Care Partnership Board

AGENDA

Chair: Isla Wilson

Time	Item No	Item	Owner (Incl. Partner Organisation)	Outcome required	Format & Page No
14:00		**Meeting management**			
(5)	1	Welcome, introduction & Apologies Paul Bishop, Ian Moston (Clare Hammell representing), Matt Tyrer (Guy Kilminster representing).	Chair	Noting	Verbal
(5)	2	Declarations of Interest	Chair	Noting	Verbal
(5)	3	Minutes of meeting on 01 May 2024 Action Log and matters arising	Chair	Approval	Paper Page 3
		Public and Community Focus			
(10)	4	Person's Story (standing item)	Louise Barry	Noting	Paper Page 13
(15)	5	Care Communities Spotlight (standing item)	Dr J. Barnsley Clinical Lead Kate Fallon Support Manager for Congleton & Holmes Chapel	Discuss	Paper Page 29
		Plans and Priorities			
(25)	6	SEND Focus	Claire Williamson/ Keith Martin	Assurance/ Awareness	Paper Page 71
(10)	7	Healthier Futures – Leighton Hospital Redevelopment	Russell Favager/ Chris Knights	Approval	Paper Page 80
(10)	8	Finance Report	Dawn Murphy	Assurance/ Awareness	Paper Page 103

Cheshire East Health and Care Partnership Board

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Time	Item No	Item	Owner (Incl. Partner Organisation)	Outcome required	Format & Page No
(10)	9	Cheshire East Transformation Plan *(Colleagues to particularly note pages 33 to 38 inclusive)*	Helen Charlesworth -May	Awareness /Discussion	Paper Page 111
(10)	10	Recovery Programme – Cheshire Review	Mark Wilkinson/ Neil Evans	Awareness /Discussion	To follow
(5)	11	Place Director Update	Mark Wilkinson	Noting	Verbal
		Any other Business			
(5)	12	Questions from the Public (standing item)	Chair	-	-
(5)	13	Meeting Evaluation (standing item)	All	Discuss	-
16:00	**Close of meeting**				
Next meeting	**Wednesday, 06 November 2024 Time: 14:00 – 16:00 Venue: To be confirmed.**				

Cheshire East Health and Care Partnership Board

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Date: 04 September 2024

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Cheshire East Health and Care Partnership Board held in Public

Wednesday 01 May 2024
at 2.00pm, using Teams

Unconfirmed Minutes

Membership

Name	Key	Title	Organisation	Present
Isla Wilson (chair)	IW	Chair	Cheshire & Wirral Partnership NHS Foundation Trust	
Cllr Arthur Moran	AM	Formally Elected Member Representative (Councillor)	Cheshire East Council	Apols
Cllr Janet Clowes	JC	Formally Elected Member Representative (Councillor)	Cheshire East Council	
Cllr Jill Rhodes	JR	Formally Elected Member Representative (Councillor)	Cheshire East Council	
Dr David Holden	DH	GP/Chair of Strategic Planning and Transformation Group	Place Partnership Group	Apols
Deborah Woodcock	DW	Executive Director of Children's Service	Cheshire East Council	
Helen Charlesworth-May	HCM	Executive Director – Adults, Health and Integration	Cheshire East Council	
Ian Moston	IM	Chief Executive	Mid Cheshire Hospitals NHS Foundation Trust	Apols
Louise Barry	LB	Chief Executive Officer	Healthwatch Cheshire	
Mark Wilkinson	MW	Place Director	NHS C&M Cheshire East Place	
Dr Matt Tyrer	MT	Director of Public Health	Cheshire East Council	Apols
Dr Anushta Sivananthan	AS	Consultant Psychiatrist/ Medical Director	Cheshire & Wirral Partnership NHS Foundation Trust	
Russell Favager	RF	Board Senior Responsible Officer – Leighton New Hospital Programme & Estates Development	Mid Cheshire Hospital NHS Foundation Trust	
Chris Knights	CK	New Hospital Programme – Programme Director	Mid Cheshire Hospital NHS Foundation Trust – New Hospitals Programme	
Katie Riley	KR	Head of Finance	NHS C&M Cheshire East & West Places	

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Aislinn O'Dwyer	AO'D	Chair	East Cheshire NHS Trust	
Dr Daniel Harle	DHA	Medical Director	Cheshire Local Medical Committee Limited (LMC)	
Dr Patrick Kearns	PK	Associate Clinical Director	Place Partnership Group	
Josette Niyokindi	JN	Interim Associate Director of Quality and Safety Improvement	Cheshire East Place	
Dr Fari Ahmad	FA	GP Partner and Trainer, Wilmslow Health Centre, GP Appraiser NHSE Cheshire and Merseyside, Clinical Lead	Chelford, Handforth, Alderley Edge & Wilmslow (CHAW) Care Community	
Nicola Costin-Davis	NCD	Director of Operations	Mid Cheshire Hospitals NHS Foundation Trust	
Laura Millington	LM	Care Community Coach	Chelford, Handforth, Alderley Edge & Wilmslow (CHAW) Care Community	
Kate Fallon	KF	Congleton and Holmes Chapel. Care Community Support Manager	Cheshire East Integrated Care Partnership	
Ruby Turner	RT	Prospective Parliamentary Candidate	Tatton Liberal Democrats	
Dr Paul Bishop	PB	Cheshire East Place Clinical Director, Clinical Director Congleton and Holmes Chapel PCN Primary Care Clinical Lead Cheshire & Mersey Cardiac Network	Cheshire East Place	Apols
Ged Murphy	GM	Chief Executive	East Cheshire NHS Trust	Apols
Dawn Murphy	DM	Associate Director of Finance and Performance	Cheshire East Place	Apols
Dr Clare Hammell	CH	Medical Director	Mid Cheshire Hospitals NHS Foundation Trust	Apols
Professor Carolyn Wilkins	CW	Mid Cheshire Hospitals NHS Foundation Trust	Chair	Apols

Others in attendance

Name	Key	Title	Organisation	Present

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Guy Kilminster	GK	Corporate Manager Health Improvement	Cheshire East Council	
Hilary Southern	HS	Head of Corporate Business Support – Cheshire East & Cheshire West	NHS C&M Cheshire East & West Places	
Jenny Underwood	JU	Corporate Business Manager – Cheshire East & Cheshire West	NHS C&M Cheshire East & West Places	
Carol Allen	CA	Corporate Governance Officer Cheshire East	NHS C&M Cheshire East	

Item	Discussion and Actions	Action Owner
	Meeting Management	
1.	**Welcome Introduction Apologies**	
	Chair welcomed all to the meeting and introductions were made. **The Partnership Board:** · **NOTED the apologies received and any deputies in attendance.**	
2.	**Declarations of Interest**	
	Dr Patrick Kearns (Knutsford Medical Partnership) declared a conflict of interest.	
3.	**Minutes and matters arising**	
	Minutes of previous meeting held on 10 January 2024 "Carolyn Watson" Chair Mid Cheshire Hospitals NHS Foundation Trust should read as follows: "Carolyn Wilkins". The minutes have been approved as corrected. The action log from the previous meeting held on the 10th of January 2024 were not included in the meeting pack. The updated action log will be circulated by the end of May 2024. **The Partnership Board** · **NOTED and APPROVED the minutes of the Partnership Board meeting held on 10 January 2024.**	
	Public and community focus	
4.	**MCHFT New Hospital Programme / Strategic Outline Case (Russell Favager, Chris Knights, Mark Wilkinson)** RF, CK and MW delivered an update on: 1. Leighton Hospital Strategic Outline Case – Place Partnership Roadshow. 2. The full business case will be implemented in 2026. 3. The New Leighton Hospital will be built by late 2029 and operational in 2030. 4. The Strategic Outline Case will be presented and approved by the board of NHS Cheshire and Merseyside, supported by Cheshire East Health and Care Place Partnership Board for the end of July 2024 submission. 5. The Strategic Outline Case will be brought to the Cheshire East Health and Care Place Partnership Board in July 2024 for approval.	

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Item	Discussion and Actions	Action Owner
	Comments: · There is a requirement of the Department of Health and Social Care that all Reinforced Autoclaved Aerated Concrete (RAAC) structured hospitals be replaced. · Leighton Hospital is a medium sized general district hospital, seeing 450,576 patients per year. · Leighton Hospital has a full 24/7 Emergency Department. · Leighton Hospital employs around 5,000 staff. · The existing site has a significant amount of RAAC. · £60m+ has been invested since 2020 for this work. This will continue for the next two to three years to help mitigate the challenges faced. · Programme Structure: There is an Estates Redevelopment Programme Board which sits underneath the MCHFT Board structure. · Healthier Futures: Our vision and objectives: Clear objectives were starting to develop. · Workforce needs to be included within the programme objectives. · Leighton Hospital are working to a clear timeline. · Current dates are subject to agreement with the National Hospital Programme and approval of the New Hospital Programme, Programme Business Case version 3. · Scheme briefly: Entire hospital RAAC replacement. · Leighton Hospital to retain some of the existing buildings. Building 80,000 sqm new build. · Land acquisition: 24.44 acres of land over four land parcels. · Build standardisation approach: standard room design > the introduction of single rooms. Queries and Responses: · The question was asked whether plans were in place to contact Mental Health facilities with Mental Health patients who had previously done new builds and the learning from those builds? Ø There has been discussion and significant engagement across the whole health spectrum around putting together the reference design, including mental health. Ø National standards met minimum legal standards and did an inadequate job of reflecting neurodevelopmental diversity and autism. Ø Useful to link further conversations with acute trusts. · The question was asked around discussion and engagement with activity in the community? Ø The current ways of working required change in dealing with the demand. Change with the use of technology with financial challenges.	

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Item	Discussion and Actions	Action Owner
	Ø The plan was a way to commence discussion, engagement around activity within the community. Ø Out of hospital work-streams had been setup, linking-in with Mark Wilkinson at Place and GP practices to deal with the demand. Ø Dr Clare Hammell (Medical Director, Leighton Hospital) was leading the clinical strategy work. **The Partnership Board:** · **NOTED the contents of the report.** · **AGREED to bring a paper to the next meeting to explain the Outline Business Case process/milestones where there may be opportunities to contribute.** · **DISCUSSED/AGREED to the new hospital facilities.**	
5.	**Care Communities' Spotlight (standing item)** **Chelford, Handforth, Alderley Edge and Wilmslow Care Community Presentation (CHAW) (Dr Fari Ahmad/Laura Millington)** The Chelford, Handforth, Alderley Edge and Wilmslow Care Community (CHAW) presented to the meeting, providing context about the service. Comments: · Care Community were aligned to the Primary Care Network which was composed of five GP practices covering the localities of Chelford, Handforth, Alderley Edge and Wilmslow with an approximate population of approximately 50,046. · There were areas of urban deprivation and patches of rural deprivation. · Projects undertaken include Mental Health of Young People where there was a gap in the service. · Work was being undertaken with the local high school. · A young person's Mental Health worker was in post in the Primary Care Network. · Rates of Mental Health in young people are higher than national. · Started a new counselling initiative working with the family with looked after children. · Started Women's Health. · Provided advice and guidance on HRT or menopause issues to the Primary Care Network Clinicians. · CHAW provided 27% of East Cheshire's total contraceptive device procedures during the period of 28 June 2021–29 April 2024. · A system saving of approximately £18,900 a year, by reducing the number of referrals to Secondary Care. · The leg circulation clinic at Handforth Health Centre was a 6-month pilot. · The clinic was held to enable early diagnosis of Peripheral Vascular Disease and signpost patients to relevant services to help improve health outcomes. · Frailty – Targeted the moderately frail. · CHAW have developed a Frailty Strategy to support people living with frailty: · The aim was to provide high quality Health and Social Care, for the local population live longer, have healthier, active, independent lives.	

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Item	Discussion and Actions	Action Owner

	· Feebris is a digital solution for Care Homes which allows non-clinical carers to assess if someone was ill.
	· Dying Well – End of Life Care was worked on by all Care Communities.
	· Dementia Friends training was arranged for Care Community colleagues.
	· CHAW held a Health and Wellbeing Fair with over fifty partners having stalls and over five hundred attendees. Feedback from the event was positive.
	· Challenges: The Board to provide guidance around funding for the following projects:
	  · Coffee for living well events
	  · Women's Health
	  · Workforce
	  · Estates
	  · The lack of shared IT systems
	  · Counting impact
	  · Lip service for community/cohesive working
	
	Queries and Responses:
	
	· Concern was raised around the support, resource and commitment from individual organisations for the Care Community Development.
	  Ø Consider current organisational skills and support. A change from an organisational perspective to a population health perspective by using common assets.
	  Ø Care Communities are a strategic asset to Cheshire East. Cheshire East Place are in a good position.
	  Ø Care Communities was brought to the Partnership Board to celebrate the accomplishments of each Care Community.
	  Ø The focus should be on accountability, challenge and support of the Care Communities.
	  Ø Review the Care Community dashboards.
	  Ø Discussion took place at the Better Care Fund Group (BCF) around setting aside recurrent funding for Care Communities.
	
	The Partnership Board:
	
	· **DISCUSSED/NOTED the contents of the report.**	

6.	**Care Community Development (Mark Wilkinson)** MW provided an update around progress: · PLG were asked to support engagement with all partners as outlined and agree a deadline for responses. · Discussion took place at the Place Leadership in January 2024. · Keen to progress to the next stage of developing our Care Communities.	

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Item	Discussion and Actions	Action Owner
	· As Place Partners, bring back feedback which reflects local discussions and agree next steps around potential benefits and risks to support the principle of Care Community Development. · Several organisations have had these discussions at their Trust Boards. · Helpful if the Place Leadership Group could have the information in an agreed proforma for everyone to contribute. · Useful to have a mapping exercise to determine what people are already doing. Queries and Responses: · The question was asked whether Care Communities was noted as a risk on the Place Board Risk Register? General practice was struggling with estates, IT, workforce issues, which is impacting on Care Communities. Work is unfunded and did not form part of core contracts or local enhanced contracts. Ø The focus is on the ICB risks at Place as opposed to the Place Partnership in Cheshire East. Ø Active discussions are happening with colleagues with a view to progress. Ø From an ICB at Place perspective risks associated with the Healthier Futures in the new Leighton Hospital has been flagged. · The question was asked what mitigations are being put in place for Cheshire East Place colleagues, system partners to support general practice? Ø The risks associated with the current Primary Care GP perspective on their contract negotiations and the potential impact on service delivery if GPs work to a contract has been flagged through the ICB. **The Partnership Board:** · **NOTED the contents of the report.** · **DISCUSSED AND AGREED that the Place Based Risks will be brought to the next meeting.** **ACTION: HS.**	
	Another Other Business	
7.	**Questions from the Public (standing item) (Mark Wilkinson)** Queries and Responses: Question 1: Proposed New Primary Care Centre for Knutsford:	

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Item	Discussion and Actions	Action Owner
	Jonathan Smith (a member of the public) submitted a query around progress made to realise the opportunity presented by the shared site close to Knutsford to create a new base for Health and Care services in the town? Responses: · The practice has commenced a procurement process to select a developer who will develop detailed work. · A detailed business case could be made available within the next six months for the scheme. · The scheme will be challenged due to current resources facing Health and Care. · Mark Wilkinson was leading a separate piece of work on behalf of the ICB, to ensure a robust option appraisal. · Additional investment was needed. Question 2: Clarification was sought around the Role of the Cheshire East Health and Care Partnership Board: When the Cheshire East Health and Care Partnership Board was setup there was an expectation that the board will receive formal delegated powers to make decisions, on resource allocation affecting Health and Care in Cheshire East. Responses: · The delegation has not materialised. · Cheshire East Health and Care Partnership Board was a collaborative meeting of Place Partners without formal decision-making power. · Formal decision-making power sits between the Practice, East Cheshire Trust, NHS Cheshire and Merseyside as the funder for Primary Care, Estates. Question 3: The Role of the Local Authority and Social Care Services: The question was raised around the role of the Local Authority and Social Care services as a potential core element of the service offer? · The situation has not changed following correspondence on the 8th of December 2023. · The council was party to discussions with the NHS and practice. · Any decision around Council and/or Social Care involvement in a final scheme will be dependent on capital revenue requirements.	
8.	**Meeting Evaluation (standing item)**	

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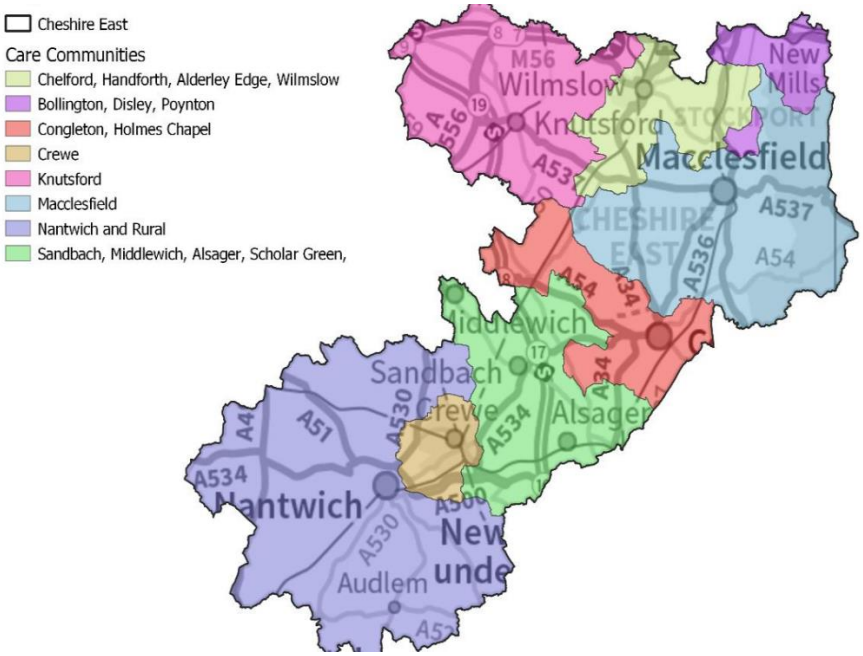
Item	Discussion and Actions	Action Owner
	The comment was made that lead time for document review was insufficient.	
	END OF PUBLIC MEETING	
Date and Time of next meeting: 03 July 2024 @ 2pm – 4pm Venue: Cedar Room, Canalside Conference Centre, 34-36 Brooks Lane, Middlewich, CW10 0JG		

Updated: 27 August 2024							
	New						
	Ongoing						
	Completed						
	Closed						
Ref	**Date raised**	**Description**	**P-B Owner**	**Action Delegated to (if relevant)**	**Deadline**	**Status**	**Comments / Update**
2023-008	06-Sep-23	**Care Communities (Knutsford)**: MW/ IW to pick up with ICB around process for how and where place financial decisions can be made e.g., around 4 asks of the presentation (page 42 in pack). Response will be brought back to Partnership Board.	Mark Wilkinson/ Isla Wilson	-	01-Nov-23	**NEW**	CA chased for update on 14.05.2024, via email
2024-001	01-May-24	Cheshire East Place Risk Register as an agenda item at the July 2024 CEPB Meting	Hilary Southern			**NEW**	July CEPB meeting was cancelled. Item removed from the agenda on 04.09.24. to be carried forward



Cheshire East Community Reablement Service Report

June 2024

healthwatch Cheshire West

healthwatch Cheshire East

Contents

1. Background

1.1 During March 2024 Healthwatch Cheshire East undertook an independent review of the Cheshire East Community Reablement Service (formally registered with Care Quality Commission [CQC} as Cheshire East Council Domiciliary Care Service), to gain an understanding of people's experiences of using the service during the past six months, highlighting areas of good practise, and to make recommendations.

What is Healthwatch?

1.2 Healthwatch Cheshire East is the local independent consumer champion for health and care services, forming part of the national network of local Healthwatch across England. As part of our core activity, we seek the views and experiences of residents of Cheshire East to help inform how health, care and wellbeing services are planned and delivered. The information we gather is then analysed so that we can identify and act upon trends and common themes by presenting our findings to decision makers in order to improve the services people use. We also share people's local views with Healthwatch England who strive to ensure that the government put people at the heart of care nationally.

1.3 More about our work can be found at:

www.healthwatchcheshireeast.org.uk

What is the Community Reablement Service?

1.4 Cheshire East Council and Cheshire and Merseyside Integrated Care Board provide joint funding for the delivery of the Community Reablement Service.

1.5 The following information is taken from the Cheshire East Council Community Reablement Service Specification:

1.5.1 ***"Introduction***

> *The Community Reablement Team provides a short intervention service for a period of assessment, the maximum period for this service is no longer than 6 weeks. The Community Reablement Team covers 21 hours a day, 365 days a year, covering the whole of Cheshire East. The*

service is free of charge to people who require reablement support and is funded by the Better Care Fund.
The following map indicates the geographic area covered by Community Reablement:

1.5.2 ***Service Vision***

The Community Reablement Team works as part of the integration with health and work to the Home First model of service delivery. The service provides Social Care support to adults to maximise independence and supports individuals to aid their recovery to avoid dependence on longer term services.

1.5.3 ***Overall aims and purpose of the service***

The service works with individuals to develop personalised care and support in their own home. The staff work with the individual within the first 72 hours of them being discharged from hospital or experiencing an escalation of their health and social care needs and requiring support at home. Staff will focus on the individual regaining independence, and support back to their baseline before being admitted to hospital or work with people to avoid admission to hospital. The team also work with other services and agencies to provide innovative and responsive solutions.
Services would include support to maximise independence in the following areas:

- *Support with Personal Care and develop daily living skills*
- *Support with meal preparations*
- *Support with the administration of medication*
- *Support with Therapy*
- *Complete NEWS2 observations as part of the General Nursing Assessment*
- *Complete enhanced assessments for people with a diagnosis of Dementia*
- *Manage mental health and physical health conditions*
- *Access assistive technology/aids and adaptions*
- *Access community groups and activities to reduce social isolation*
- *Minimise harm from others (protection of vulnerable adults)*

- *Increase confidence and self-esteem*
- *Access suitable transport/travel training."*

2. What did we do?

2.1 To ensure the review was of most benefit, a pre-determined set of questions was agreed in consultation with Community Reablement Service team members and used by Healthwatch staff to undertake semi-structured interviews. Dependent upon the flow of the conversations, additional follow up questions were asked for exploration and clarification. The responses have been listed by each question in Appendix A.

2.2 The Community Reablement Service provided an anonymised list of people who had accessed the service over the previous six months. Healthwatch Cheshire East then randomly selected a sample size of 20 people to interview to gain their views of the service they had received. Once selected, permission was obtained by the Community Reablement Service for Healthwatch to meet with each individual. Of the 20, 16 people consented to taking part and at the point of scheduling, 14 people were available for visits to take place during March 2024.

2.3 All interviews took place in the person's home, where necessary with support from a family member or friend. In order to ensure consistency, three Healthwatch staff were used on the review, and at each interview there were always two members of the Healthwatch team present. In some instances, conversations included viewpoints from family members who were present during the visit.

2.4 The 14 people interviewed were Cheshire East residents discharged from Macclesfield Hospital (East Cheshire Trust), Leighton Hospital (Mid-Cheshire Trust) and Stepping Hill Hospital (Stockport NHS Foundation Trust).

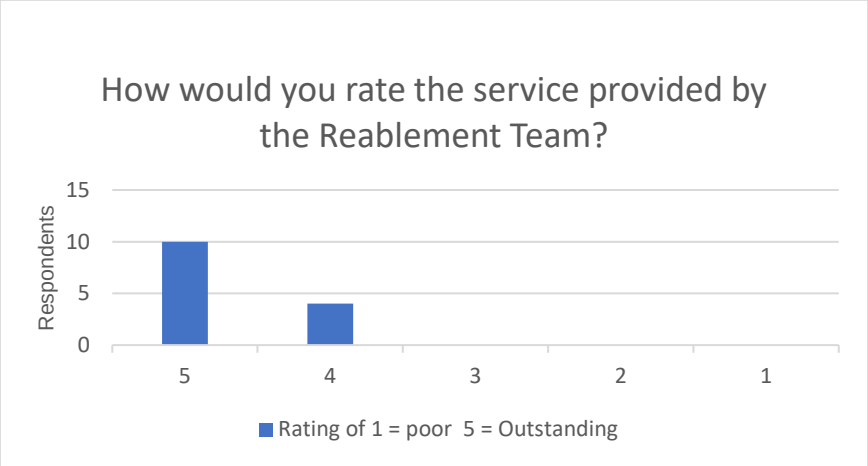
3. Summary of Findings

(Full responses are included in Appendix A.)

3.1 Overwhelmingly, Healthwatch team members commented upon how **positive** each person they spoke with was about the service they received, and the standard of **care, compassion and support**.

3.2 "It was very heart-warming to listen to each individual and to hear how thankful they were to the caregivers for all the help and support."
Healthwatch team member

3.3 Participants were asked to consider how they would rate the service they received from the Community Reablement Team overall, with 1 being poor and 5 being outstanding.



3.4 All were **very positive** about the help and support they received, with 10 outstanding and 4 good responses.

3.5 People spoke very highly of the care they received, and of the **kindness and professionalism** of the carers. It was clear from the conversations that participants and their families appreciated that the carers often went 'the extra mile' to provide appropriate support.

"Perfect, couldn't praise the service enough, the ladies who came were all lovely, nothing was ever too much trouble.

"I was always treated with dignity and respect, help and support offered was always explained before it was carried out. The carers were always offering additional support to help.

3.6 Most people felt their **independence** had been supported throughout their recovery, and that their **confidence** had improved as a result of the support given by the reablement team.

Went through small tasks to help me achieve my independence. I had physio two to three times a week, and the house was altered so I could move upstairs.

This has been a critical part of being able to live independently. It gave the family and my mother the confidence for her to try living independently which has been successful, and residential care is no longer in our thoughts thanks to the Reablement Team.
Without this service the daughter told us that her mother could have ended up in residential care.

Most definitely, I wouldn't have been able to stay on my own without the support.

3.7 Some people needed more support from the service than others. Whilst some participants felt their confidence was fine and that it was practical help they needed, others spoke of how even just having the carers present, knowing that they were there to lean on or ask for help when needed, **helped to build their confidence**.

I hadn't thought about it, but yes support from carers being there did help me build my confidence in a way, knowing they were here.

Yes, encouraged to help build my confidence. You're encouraged to do things yourself with support there if ever needed it.

I didn't feel like the service built my confidence a lot as I am fairly confident anyway.

3.8 People talked about how they were always treated with **respect and dignity,** given choices in the way that they were cared for.

I was always treated with dignity and respect, help and support offered was always explained before it was carried out. The carers were always offering additional support to help.

Yes, coming out of the hospital by the Reablement Team yes. In the hospital they make you lose your independence; they want you to stay in

bed. Incontinence was an issue in the hospital but hasn't been since I have been home.

Individual was supported in finding their independence for themselves with the help of her husband and the support of the carers. They were able to make choices on their care and when they needed support with different things. When the wife was ready husband was able to help his wife with personal care.

Yes, the carers listen to what we want and what suits best. For example, not getting dressed and up until lunch time as she found the early morning routine was very tiring.

3.9 People told us that they were **able to choose** when they felt ready for the reablement support to cease.

Yes, I chose to the end the service when I felt confident. I didn't want to take the service away from others knowing how valuable the service is.

Yes, we realised we didn't need the support, so we arranged for the support to end after a couple of days.

The support was enough, I became independent and no longer needed the support. I was assessed once a month to see how I was doing, they quickly realised that the support was no longer needed so came to an end.

3.10 One person in particular spoke about the **limitations** of the service given their condition, and their living circumstances. Whilst they valued the support from the reablement service, they were limited due to their bungalow not having a ramp, and therefore felt the physical recovery goals they had been set could not be attained. They also commented that they are not able to fully use their bathroom as getting in and out of the bath is not currently possible, saying they would like a wet room because currently all they can do is have a bed wash.

Initially occupational therapist said she couldn't come home as her bungalow didn't meet her needs. Boyfriend cleared the bungalow of

clutter, re-decorated, and got new flooring throughout as she didn't want to go into a care home. Once this was done OT agreed she could come home.

3.11 **Communication** was good in most people's experience, however before leaving the hospital some people felt that the process, what was happening next and the reablement service, wasn't communicated as well as it could have been. Others who had a family member present felt that the explanation of the process and what to expect was communicated well.

"When I was in hospital nobody really talked me through what was going to be happening, it came as a shock. When the carers came, they were very good and explained why they were here and what they would be doing. They were very good.

"Mum was in Leighton Hospital before coming home and receiving support for around 4 weeks. There was a delay in discharge as there was a confusion over which department was in charge of mum's care. I was very cross really as it was all very last minute, and nobody really talked to us about mum finally being discharged.

3.12 People were very positive regarding the communication with the reablement team throughout their recovery process.

"Yes, they came the next day. I have the same three people that come, and I never had to repeat myself.

"Yes, I was able to have good communication and a joke with the carers.

"Communication was very good, able to pick times for the physio to come and see them, if one health care professional was here the other would step out. There was really good communication and organisation between everyone. Great team.

"Good communication with the carers, they gave a time they were attending to see mum and they were here for that time. If for some reason the time would change, they would let us know. Mum knowing what time

they were coming helped her trust in the support. As a family having set times enabled us to work around the support.

3.13 Lack of **transport** came up as a **barrier** to accessing additional services for some people.

I was sign posted to an exercise class, I didn't go as transport was an issue.

Transport would be an issue regarding going to community groups as she is reliant on her husband, and whilst he said would be happy to take her to a group, Healthwatch felt that perhaps his wife didn't want to add any additional activity or pressure.

3.14 It appears that some signposting to community support/activities/engagement had taken place, but this was not consistent. People again spoke of transport being an issue and there did not appear to be any further information given as to where people could seek further information or support with this. **Social isolation** was an issue for some people, even if they had a carer. Healthwatch staff told people about community groups in their area and agreed to forward on information about groups and any transport suggestions in areas where applicable.

One woman told Healthwatch that although they live with their husband, they are missing good conversation with other people and feels as though she is losing conversation. She is keen to be more proactive, taking one day at a time and has recently been able to walk down the street. She is a keen painter who would love to be a part of a painting group where she would continue to learn and improve her painting skills. Her husband would possibly benefit from some time out or a break as along with caring for her, they are also carers for their daughter who has mental health issues and they find it very hard to deal with.

3.15 Where required and appropriate people reported being discharged from hospital with **medication and suitable aids** to support them at home. However, equipment being picked up and returned was an issue - people

still had the equipment but weren't sure how to return it as they no longer needed it.

"I didn't have any medication with me, the British Red Cross picked them up and delivered them.
"Yes, several medications, a hospital bed, commode and a stand.
"I already had perching stool and walking aids.
"Yes - walking frame, crutches, raised toilet seat, handrails, grab rail.
"Perching stool, crutches, toilet frame, walking frame and commode which I didn't use.

3.16 There were mixed responses regarding whether **activities** were set whilst using the service to promote people's recovery and mobility.

"The carers set me little activities daily to help me.
"Person didn't think any activities were set.
"Physio had set me things to do, they are achievable. I am taking each day as it comes.
"No activities set, just supported until able to get back to normal.
"Went through small tasks to help me achieve my independence. I had physio two to three times a week, and the house was altered so I could move upstairs.

3.17 All the people spoken with felt that the support they were given still allowed them to **retain control and choice** over how they were supported. People spoke of reablement team members taking time to listen to their needs providing individually tailored support and not simply 'one size fits all' approach.

"Yes, listened to us patiently, and listened that in the last week we only needed them for one day. We got to pick the times the physio came and if one other healthcare profession was there the other would step out. They were very good.

"Individual was supported in finding their independence for themselves with the help of her husband and the support of the carers. They were

able to make choices on their care and when they needed support with different things. When the wife was ready husband was able to help his wife with personal care.

3.18 There were mixed responses regarding whether people or their carers had received information about the **carers scheme**.

I do have a carer but I'm also a joint carer for my daughter. I haven't been sign-posted to any carers scheme but would like to receive some information on the Carers Trust.

Yes, we were given Carers Trust information.

No - Healthwatch gave the Carers Trust information and website details.

4. Conclusion

4.1 It is clear from conversations with people receiving reablement support and their families that this is a highly respected and valued service providing invaluable support to people during the transition from hospital to home. The responses strongly suggest that people are given tailored support to help with their physical recovery and their overall confidence.

4.2 Seldom has Healthwatch come across such high praise and support for a service for which there is a genuine need. A strong example of this is a daughter telling us that without this service, her mother may have needed to move to residential care. This support has been a critical part of her being able to live independently.

"It gave the family and my mother the confidence for her to try living independently which has been successful, and residential care is no longer in our thoughts thanks to the Reablement Team".

5. Recommendations

1. Ensure effective communication about the service when in hospital with written information accompanying people on discharge to avoid any confusion.
2. Give more consistent, up to date and good quality signposting to community-based support and services.
3. Investigate local transport options for people who are signposted to community groups to avoid this becoming a barrier to attending.
4. Improve signposting to carers schemes and support services such as the Carers Trust.
5. Improve signposting to other health and care services upon completion of the Reablement Service's support.
6. Consider implementing a follow up visit/call a certain time period after the support has finished to ensure the individual is continuing to cope, and is taking advantage of the signposted support being offered.
7. Ensure that the correct aids and equipment are issued appropriately, and that people have agreed that it is what they need and will use.
8. Where living accommodation is not fit for purpose, ensure that the individual has the correct contacts regarding who to approach for support with home assessments and adaptations.
9. Ensure people know how to return equipment when they no longer require it.

Service Provider Response

“I am very pleased with the overall report, it is very thorough and will not only showcase the great outcomes we achieve for our customers, but will also be a learning tool for where we as a service can make improvements to service delivery. I have already reflected on some of the feedback and will work with the registered manager to action the recommendations some of which are in relation to joint working with our health colleagues, and this report will strengthen our integrated work.”

Joanne Hobson

Operations Manager

Adults, Health, and Integration

Cheshire East Council

Recommendations with responses:

1. Ensure effective communication about the service when in hospital with written information accompanying people on discharge to avoid any confusion.

   Whilst the survey was taking place, we have developed a Reablement leaflet that all hospital wards have been issued with to give to patients who are going to receive Reablement services upon discharge. Work continues to strengthen the communications between Reablement Services and the hospital wards.

2. Give more consistent, up to date and good quality signposting to community-based support and services.

   There are now stronger links with our local area coordinators and community connectors, and we will invest time to improve in this area.

3. Investigate local transport options for people who are signposted to community groups to avoid this becoming a barrier to attending.

   Reablement are currently not involved in the community groups signposted by health. We will speak with our health colleagues regarding your feedback and how we can strengthen this. There is also ongoing discussions with health regarding the therapy exercises we offer to support people at home who cannot access the local community.

4. Improve signposting to carers schemes and support services such as the Carers Trust.

   The carers scheme came to an end whilst the survey was taking place, however we have the links to the website to signpost people and will explore ways of improving communication to ensure carers are given information about the Carers Trust.

5. Improve signposting to other health and care services upon completion of the Reablement Service's support.

   We will adjust our customer feedback form to incorporate a question in relation to any other interventions the person maybe interested in and can be signposted to.

6. Consider implementing a follow up visit/call a certain time period after the support has finished to ensure the individual is continuing to cope and is taking advantage of the signposted support being offered.

   This is not in the remit of the service level agreement as once the Reablement assessment has been completed our intervention ends. We do advise all customers if they require any further support or care intervention, how they can contact the Social Care First Point of Contact Team or their GP. We will reiterate this again with the whole team to ensure this is taking place. If the person moves to long-term care needs, then the Social Worker holds a review annually.

7. Ensure that the correct aids and equipment are issued appropriately, and that people have agreed that it is what they need and will use.

   This is completed by the occupational therapists on the hospital wards and we will feed back the information of your recommendations. If the person has already returned home and we identify equipment is required, we can prescribe low level aids/equipment or complete a referral to request an occupational therapist visit.

8. Where living accommodation is not fit for purpose, ensure that the individual has the correct contacts regarding who to approach for support with home assessments and adaptations.

   As response at question 7.

9. Ensure people know how to return equipment when they no longer require it.

   Until recently all equipment had to be disposed of by the person as equipment services no longer collected. We do signpost people to donate to local charities and the new equipment contract now has a returns policy. We will ensure these details are given to people receiving our service.

CHOC Care Community

CHOC Care Community

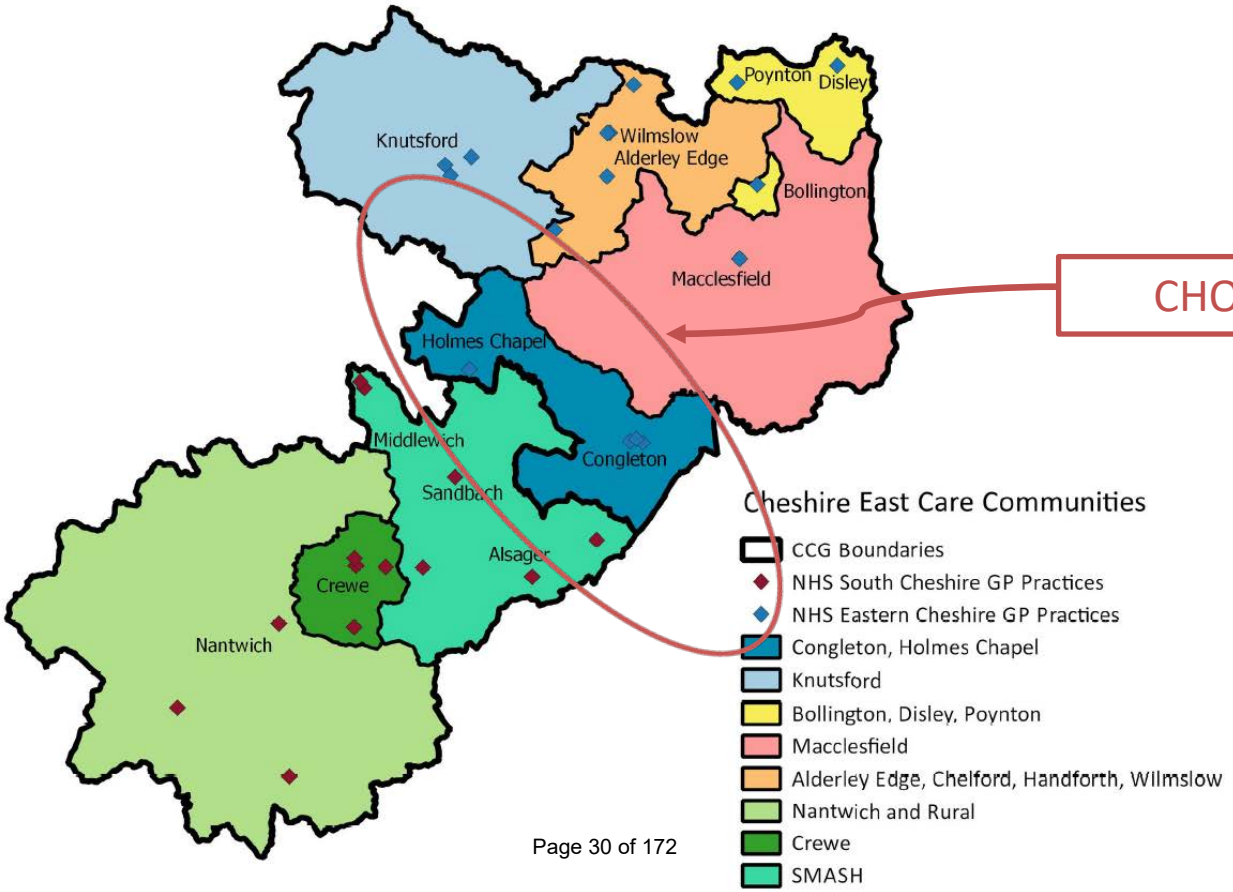
September 2024

CHOC Care Community

approx. 48,800 patients

Launched on 7 March 2019

Mission Statement: To support residents to live well and stay well



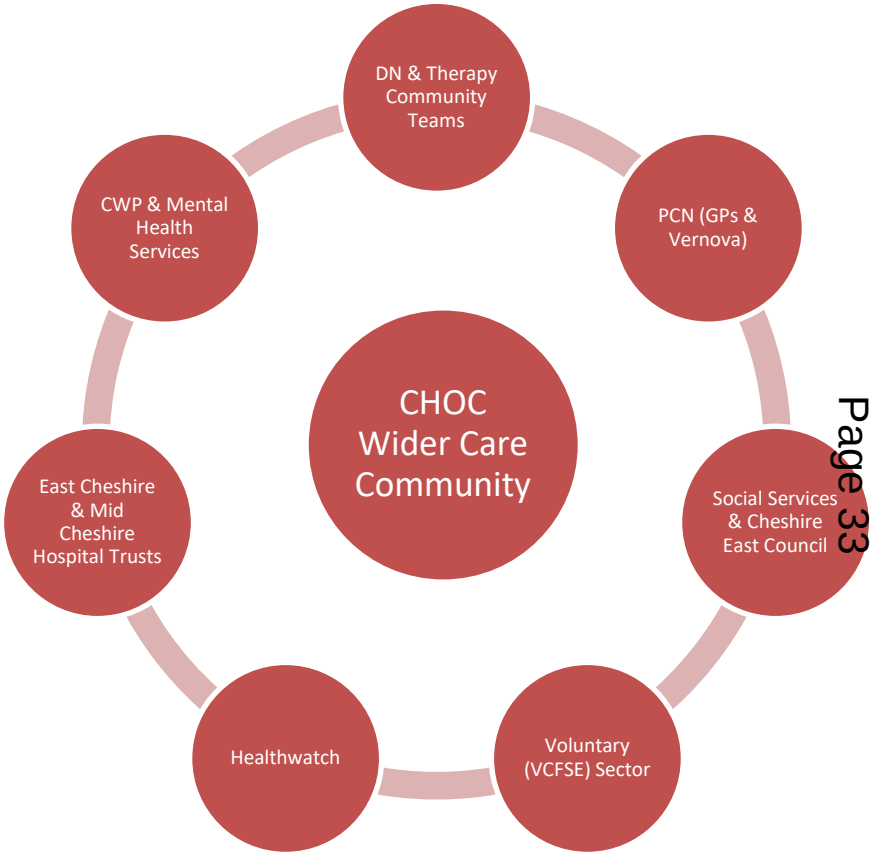
CHOC Care Community

CHOC Care Community

Congleton and Holmes Chapel (CHOC) Care Community launched in March 2019 to bring together multiple partners and organisations with an aim to provide a range of integrated health and social care services within a community setting.

CHOC care community serves the population of Congleton and Holmes Chapel based on the patients registered at the 4 GP practices based in CHOC primary care network, this is a population of approximately 45,300 people. These practices are:

- Readesmoor Medical Group Practice
- Meadowside Medical Centre
- Lawton House Surgery
- Holmes Chapel Health Centre



CHOC Care Community

CHOC Care Community – Core Team

Clinical Lead: Jon Barnsley	Service Coach: Denise Baillie	PCN: Paul Bishop/Vicky Buckley	Adult Social Care: Melanie Wilson

Healthwatch: Amanda Sproson	Public Health: Katherine Dutton	CWP: James Morris

CHOC Care Community – Support Team

Support Manager: Kate Fallon	Community Development: Jonny Gribbin & Lucie Ferneyhough	Transformation Intelligence: Anita Mottershead

CHOC Care Community

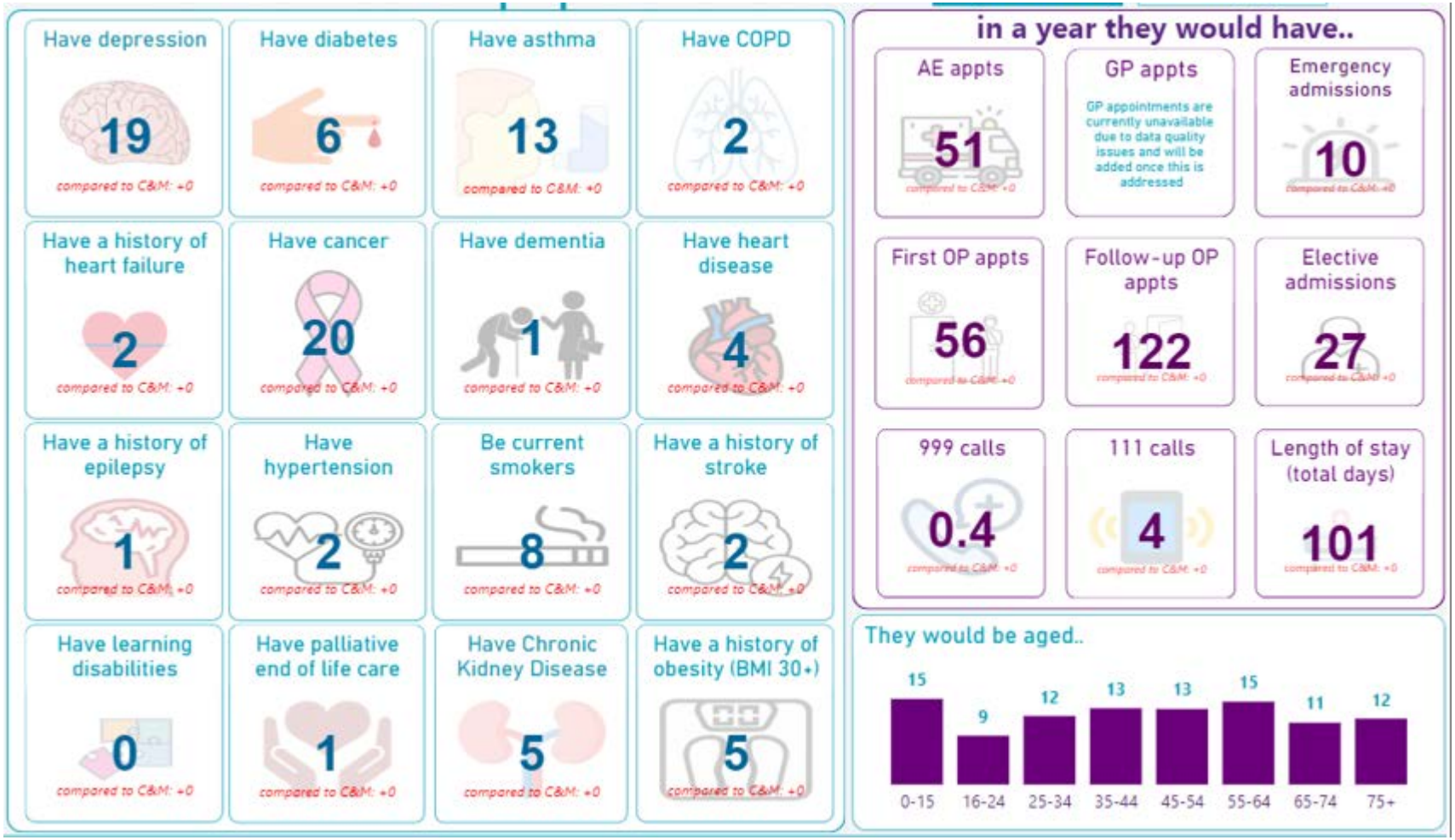
CHOC Dashboard

Go to KPI Benchmarking	Go to Maturity Assessment & Demographics	Go to CE Joint Outcomes Framework & Qualitative Reports	CHOC - CARE COMMUNITY DASHBOARD				Q1 2023/24			Q2 2023/24			Q3 2023/24			Q4 2023/24			Q1 24/25			
Generic Metrics	DOMAIN	AMBITION & OUTCOME	CLICK ON INDICATOR FOR FURTHER DETAIL	Baseline / Standard	TREND (Latest Period)		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Comments
1. Crisis Care <> Acute Hospital Setting	Health & Social Care System Pressures	• Enable people to live healthy independent lives for as long as possible in their own homes, or the place they call home • Reduce the need for escalation of care to non-home settings • Facilitate timely return to their usual place of residence following temporary escalations of care to non-home settings • Support the collaborative working required to deliver the requirements of the hospital discharge operating model	1a: ~ Number of Crisis Referrals - CHOC Care Community	88	UP IS GOOD	↓	87	119	118	100	47	70	89	76	86	78	101	84	94	95	79	Baseline = x referrals / month %Standard for Priority 1 & 2 =>70% within 2hours and 48 hours respectively. In-month RAG - Green =>70% Yellow 60-69% Amber 50-59% Red <50% Links to metric 3a. Baseline is avg/mth 23/24.
			1b: ~ Crisis Referrals - CHOC Care Community %Achieved Priority 1 - <2hours	=>70%	UP IS GOOD	↑	58.8%	68.6%	70.5%	57.4%	59.3%	59.5%	70.5%	83.0%	70.8%	74.3%	83.3%	63.8%	70.0%	71.2%	84.0%	
			1c: ~ Crisis Referrals - CHOC Care Community %Achieved Priority 2 - <48hours	=>70%	UP IS GOOD	↑	86.1%	73.5%	87.7%	89.7%	90.0%	89.3%	80.0%	86.2%	86.8%	86.0%	82.9%	86.5%	82.4%	86.0%	89.7%	
2. Primary Care			2a: ~ APEX - Total GP Appointments Booked in Month	18,413	UP IS GOOD	↓	15,841	18,123	18,215	17,140	18,046	20,722	21,387	18,276	16,147	19,839	18,367	18,847	18,546	18,616	16,990	i. APEX reporting (experimental data) : Booked Appointments + DNA activity and DNA estimated cost. NOTE: Lawton H. activity not included - to follow. ii. EMIS reporting to give Social Prescribing referrals. Baseline is avg/mth 2023/4.
			2b: ~ APEX - Total Appointments DNA	534	DOWN IS GOOD	↓	466	527	563	538	566	578	483	566	569	528	468	560	517	533	442	
			2c: ~ APEX - Estimated Cost £k of DNA Appts	£16.0	DOWN IS GOOD	↓	£14.0	£15.7	£16.9	£16.1	£17.0	£17.4	£14.5	£17.0	£17.1	£15.8	£14.0	£16.8	£15.5	£16.6	£13.3	
			2d: ~ Social Prescribing Referrals - CHOC Registered Patients	155	UP IS GOOD	↓	127	177	148	139	134	143	160	178	127	188	169	168	155	192	148	
3. A&E ATTENDANCES (CHOC GP registered patients - all providers)	Health & Social Care System Pressures	A prompt response to urgent needs so that fewer people need to access urgent and emergency care. Increasing the responsiveness of services to meet the urgent needs of the people they serve. Appropriate time in hospital with prompt & planned discharge into well organised community care. Reducing inappropriate time spent in hospital by increasing planned	3a: ~ A&E attendances - All CHOC Patients	997	DOWN IS GOOD	↓	959	1,021	1,042	927	956	1,051	1,037	969	966	1,009	980	1,045	1,003	1,078	946	Baseline is A&E attendances by CHOC GP registered patients - avg activity/mth 2023/24 NOTE: Relationship of A&E attends to Numbers of G... Referrals (Metric...
			3b: ~ A&E attendances - CHOC Patients aged 0-19y	228	DOWN IS GOOD	↓	228	243	220	194	168	244	248	250	232	261	222	221	232	237	226	
			3c: ~ A&E attendances - CHOC Patients aged +75y	230	DOWN IS GOOD	↑	209	233	243	233	224	212	223	232	251	218	221	257	218	223	235	
4. AVOIDABLE NON ELECTIVE ADMISSIONS (CHOC GP registered patients - all providers)	Health & Social Care System Pressures		4a: ~ Avoidable ACS emergency admissions - All CHOC Patients	28	DOWN IS GOOD	↑	20	23	29	27	35	30	31	25	28	38	35	20	24			Baseline is avoidable admissions, falls-related emergency admissions & acute inpatient readmissions <30d by CHOC GP registered patients - average number/month for 2023/24.
			4c: ~ Falls-Related emergency admissions - patients aged 65+ (#Admissions)	31	DOWN IS GOOD	↑	28	37	34	31	30	17	29	30	30	27	27	38				
			4d: ~ Falls-Related emergency admissions - patients aged 65+ (£'000)	£152.30	DOWN IS GOOD	↑	£127.5	£144.8	£179.5	£162.2	£156.5	£73.0	£139.3	£166.7	£134.5	£120.5	£128.9	£169.9				
5.i ACUTE DISCHARGES BY PATHWAY (CHOC GP registered patients - East Cheshire Trust)	Health & Social Care System Pressures	This programme aims to: -Develop a care and support model that responds at the point of crisis, -Offer more care at home and ensure we have the right amount of capacity and the right type to provided timely access to advice, treatment and support to prevent a hospital admission and support people to remain at home - Develop an integrated workforce - Transform a sustainable model for Discharge to Assess across the Borough via cluster of beds in set localities.	5c: ~ # Acute discharges on Pathway 0 (simple discharge home; no new or additional support)	210	UP IS GOOD	↓	174	191	239	220	215	226	212	207	208	191	221	218	171	236	198	Daily discharge data from ECT (+MCHFT discharges), highlighting pathway of the patient. This includes the GP Practice where the patient is registered to enable the data to be mapped to each Care Community. Baseline = Avg / mth for 2023/4. NOTE: Also includes H Chapel patients discharged from Leighton.
			5d: ~ # Acute discharges on Pathway 1 (return home with new, additional or restarted package of support)	29	UP IS GOOD	↓	13	25	34	32	34	33	29	33	28	24	31	33	34	35	31	
			5e: ~ # Acute discharges on Pathway 2 (recovery/rehab/assessment/care planning in a 24h bed-based setting, before returning home)	19	UP IS GOOD	↓	17	21	29	10	16	20	21	13	27	19	12	27	21	16	14	
			5f: ~ # Acute discharges on Pathway 3 (bed-based 24h care before return to care setting)	18	DOWN IS GOOD	↑	20	11	27	13	18	15	12	20	20	21	22	19	13	16	21	
5.ii RESOURCE UTILISATION BANDINGS (HIUs)		The number of patients on RUBs 4 (High) & 5 (Very High) at month end.	5g: ~ # CHOC patients (all ages) who are in RUBs 4 & 5	6,244	DOWN IS GOOD	↓														6,244	6,118	Risk stratification of patients to allocate to the 2 highest Resource Utilisation Band (RUB); indicative of HIUs.
			5h: ~ # CHOC patients aged +65y who are in RUBs 4 & 5	3,951	DOWN IS GOOD	↓														3,951	3,926	
6 Adult Social Care	Health & Social Care System Pressures		6a: ~ Outcome = "Progress to New Referral"	88	DOWN IS GOOD	↑	66	90	93	96	94	80	87	89	81	102	92	82	70	58	69	Adult Social Care Data (via CE LA). Post code segment links to Care Community geography. Covers all new referrals, safeguarding concerns and activity re information and advice given and signposting to other agencies. New MH and Dementia Reablement to follow. Baseline is average for 2023/24.
			6b: ~ Outcome = "Information/Advice" or "Signposted to Other Agency"	33	UP IS GOOD	↑	35	28	33	27	24	39	46	34	24	36	40	27	55	51	64	
			6c: ~ New Safeguarding Concerns (inc DOLs)	80	DOWN IS GOOD	=	59	93	68	60	93	86	85	88	85	91	82	69	83	93	93	

CHOC Dashboard

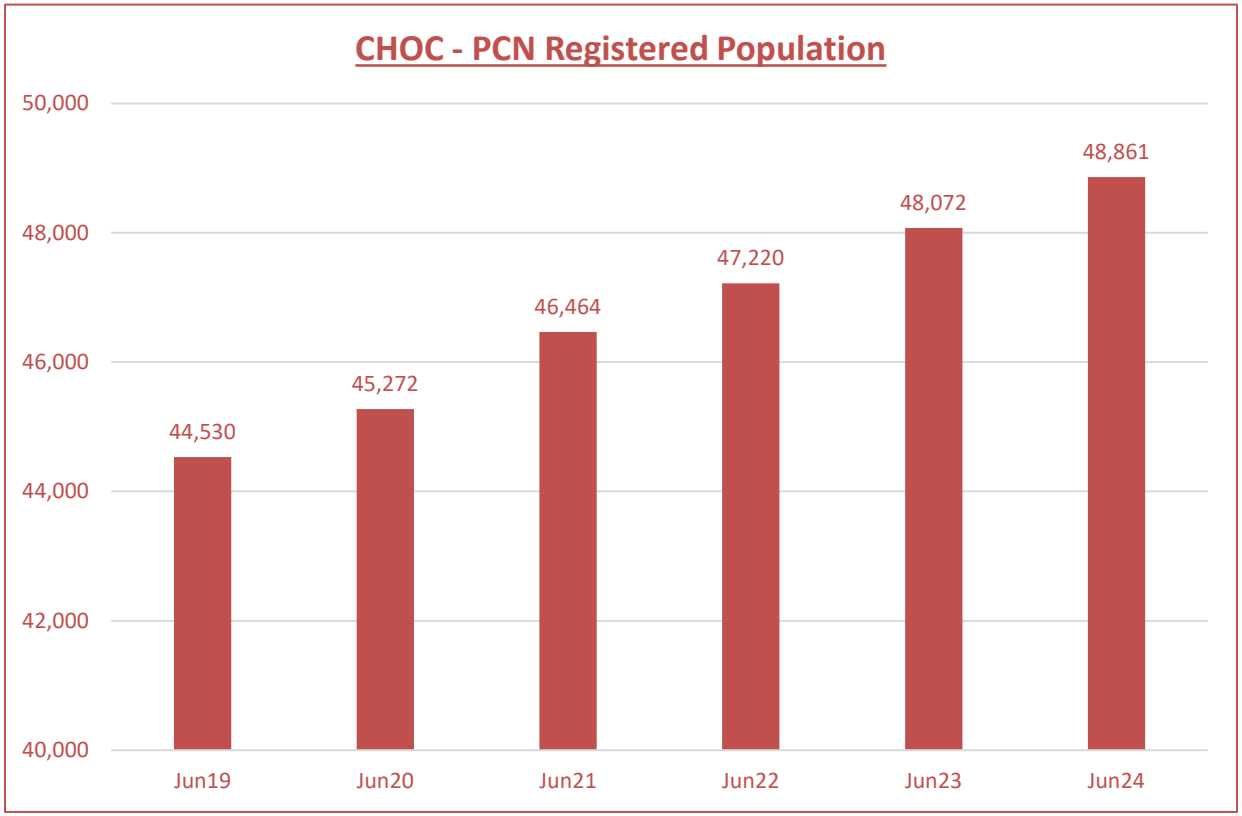
Care Community Priority KPIs	DOMAIN	AMBITION & OUTCOME	CLICK ON INDICATOR FOR FURTHER DETAIL	Baseline / Standard	TREND (Latest Period)			Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Comments
Living Well	Change for Health	Identified cohort: Congleton registered female patients aged between 25 - 34y, with a latest recorded BMI of between 26 & 37 and living in the highest 40% of national deprivation. This = c130 patients and will be contacted via Social Prescribers.	6a: ~ Everybody Health - Metric 1			DOWN IS GOOD																	CIPHA Case Finder to identify and then monitor cohort re BMI. Cohort is currently registered as living in the top 40% of national deprivation in Congleton.
			6b: ~ Everybody Health - Metric 2			DOWN IS GOOD																
			6c: ~ Everybody Health - Metric 3			DOWN IS GOOD																
	Mental Health	CHOC Care Community core members met in April 2022 to establish an agreed set of priorities. Mental Health & Wellbeing are included in these. SMI physical healthchecks - national standard =>67% of patients on SMI registers have all 6 checks completed within a 12 month period.	7a: ~ A&E attendances for Mental Health-related presentations - All CHOC patients aged +10y	16		DOWN IS GOOD	↓	18	16	15	11	15	18	22	13	12	15	12	21	19	11	8	a: Monthly A&E attends for MH / self harm. Baseline is average/month during 2023/24. b: Focus on CHOC QOF Depression patients in highest 40% of national deprivation. C: CHOC referrals to BLG Talking Therapies (IAPT). Baseline is avg/mth 23-24.
			7b: ~ CHOC patients in IMD Quintiles 1+2 on Depression QOF registers: #A&E attends rolling 12mths	795		DOWN IS GOOD	↓			688	789	756	761	795	786	805	830	865	870	847	860	797	
			7c: ~ CHOC Referrals to Talking Therapies (Big Life Group)	81		DOWN IS GOOD	↓	71	67	71	77	70	86	85	85	79	105	96	76	77	78	72	
			7d: ~ %CHOC patients on SMI Registers with x6 healthchecks completed in last 12 months	67%		UP IS GOOD	↓														42.5%	36.5%	Monthly snapshot of #SMI patients who have had all 6 physical healthchecks completed in prior 12mths
	Children's Asthma		8a: ~ #Non Elective Admissions for Patients aged 0-4y - ICD10: Diseases of the Respiratory System	10		DOWN IS GOOD	↑	15	11	10	7	10	10	11	7	13	10	8	6	12			Paediatric non-elective admissions for respiratory conditions (SUS data). Baselines = avg/mth 23/24. Prevalence of asthma in children aged 0-19y (QOF registers)
			8b: ~ #Non Elective Admissions for Patients aged 5-18y - ICD10: Diseases of the Respiratory System	6		DOWN IS GOOD	↓	5	3	3	6	0	1	4	7	14	7	12	8	6			
			8c: ~ #CHOC patients aged 0-19y diagnosed with Asthma (QOF)	284		DOWN IS GOOD	↓								284	279	284	280	280	292	296	279	
	Smoking Cessation		9a: ~ #Current Smokers aged <26y	363		DOWN IS GOOD	↓													363	362	358	CHOC smoking status - numbers of current smokers (coded in EMIS). The ward covering Bromley Estate that falls into DeprivationBaseline is Apr24.
			9ai: ~ #Current Smokers aged <26y of whom live in highest 20% deprivation (Bromley Estate North)	58		DOWN IS GOOD	↓													58	58	57	
			9b: ~Current Smokers aged =>26y	9,944		DOWN IS GOOD	↓													9,944	9,957	9,952	
			9bi: ~Current Smokers aged =>26y of whom live in highest 20% deprivation (Bromley Estate North)	875		DOWN IS GOOD	≈													875	875	875	
	Cardiovascular Health	Drill down to see CORE20 patients and risk stratification probability scores for Emergency Admission.	9c: ~ Patients on QOF Atrial Fibrillation Registers: #Emergency Admissions within last 12 mths	508		DOWN IS GOOD	↓														508	480	Emergency Admissions on a rolling 12mths basis for CHOC patients on QOF Registers. Baseline is May24
			9d: ~ Patients on QOF Coronary Heart Disease Registers: #Emergency Admissions within last 12 mths	478		DOWN IS GOOD	↑														478	492	
			9e: ~ Patients on QOF Hypertension Registers (& with no other LTC recorded): #Emergency Admissions within last 12 mths	87		DOWN IS GOOD	↓														87	82	
	Frailty		9e: ~ Patients coded with moderate or severe frailty: #Emergency Admissions within last 12 mths	1,086		DOWN IS GOOD	↓														1,086	1,070	CHOC patients aged +65y with a coding of moderate to severe frailty; #EmAdms <rolling 12m
	Dementia	Drill down to see individual GP Practice	10a: ~ Number of Patients aged +65y on Practice Dementia Registers	496		UP IS GOOD	↑											496	502	497	499		Current CHOC patients aged 65+ recorded on Practice Dementia registers. GAP = #with diagnosis v estimated prevalence. Baseline is Feb 24.
			10b: ~ Dementia "Gap" = Number of +65y ESTIMATED prevalence v +65y WITH a diagnosis	312		DOWN IS GOOD	↓											312	306	311	309		
	End of Life	The measures shown here are based on the agreed EPaCCs codes that are shared across systems supporting co-ordination of care and delivery of the right care in the right place, by the right person, at the right time. (Drill down to see actual # of patients)	11a: ~ % All deaths in last 12 months who were identified as being on Electronic Palliative Care Coordination Systems	60% (C&M target)		UP IS GOOD	↓	24%			25%			24%			13%						Quarterly End of Life Metrics for CHOC patients who have died in the previous 12 months. (Power BI, ICB BI Portal / Primary Care / End of Life). Baseline is latest C East overall %. Quarterly RAG ratings are based on position in the Standard quartile.
			11b: ~ % All deaths in last 12 months who were identified as being on the Gold Standards Framework, had a CPR discussion/decision and Advanced Care Planning in place.	45% (Cheshire target)		UP IS GOOD	↓	29%			30%			32%			31%						
			11c: ~ % All deaths in last 12 months who were identified as having Advance Care Planning	45% (Cheshire target)		UP IS GOOD	↑	41%			41%			43%			45%						
			11d: ~ % All deaths in last 12 months where Preferred Place of Death and Place of Death was recorded	25% (Cheshire Target)		UP IS GOOD	↓	27%			28%			32%			31%						

If CHOC were a village of 100 people:



CHOC Care Community

CHOC Population Growth

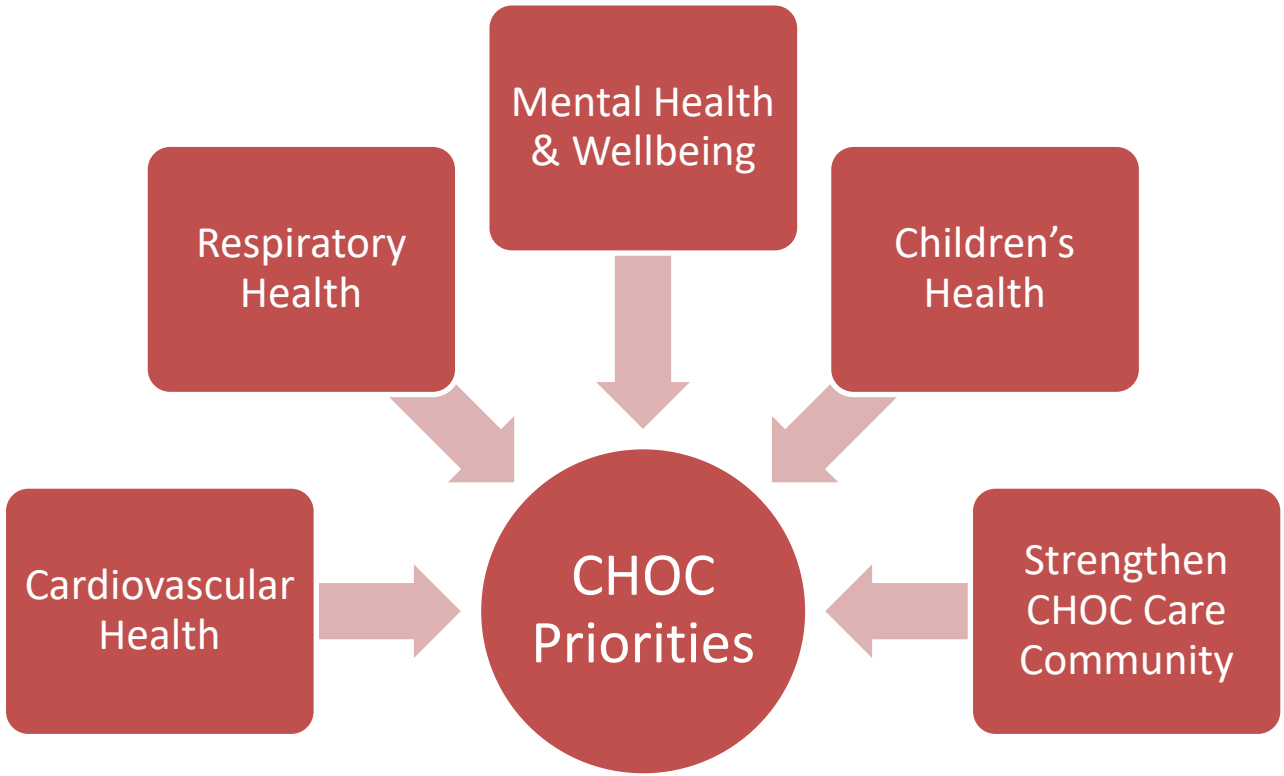


Population 5 Year Growth – June 2019 to June 2024 = 9.73%

CHOC Care Community

CHOC Priorities

CHOC Care Community core members met in April 2022 to establish an agreed set of priorities. These are:



CHOC Care Community

What we've done

Reduction of Falls

Falls Multifactorial Assessment (MFA) Tool was agreed across health, social care and third sector organisations.

AF Screening

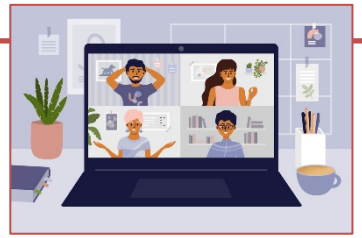
Successfully bid for funding to purchase AF machines. Practice Nurse and District Nurse staff trained to use AF machines and the Optometrists continue to carry out AF checks.

Pro Active Management of Respiratory Patients

Ensuring each patient is on the most appropriate optimised management and medication in line with current guidelines and have emergency plans and rapid intervention in place with regular follow up support.

CHOC MDTs

Weekly Virtual MDT'S continuing to take place which include GPs, Therapist, Community Nurses, Practice staff and Social Workers, to review complex patients, agree action plans and identify staffing and workload issues across the care community and address concerns jointly.



CHOC Care Community

What we've done

C&YP Mental Health

Representatives from various C&YP's services/groups joined June 2022's Care Community Meeting to focused on C&YP's mental health. Following this a mapping exercise of mental health services in CHOC was completed and shared.

Health & Wellbeing Bus

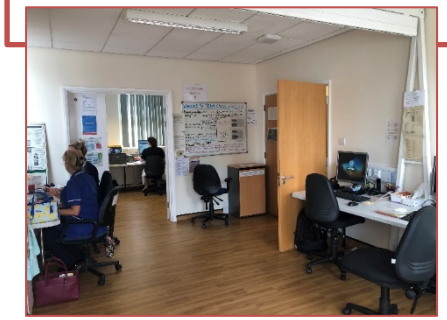
CHOC CC has been working in collaboration with Cheshire East and other partners to promote the service in the CHOC area and to identify different locations to target a wider demographic within our population

Long Term Condition Remote Monitoring

Remote, digital monitoring for patients with COPD in their homes using Docobo system. Aim to help COPD patients to take control of their own health and reduce the likelihood of emergency hospital admissions

CWMH Community Team Office

CHOC District Nurses and CHOC Community Therapists have moved into a new shared office space at Congleton War Memorial Hospital. This is providing a more cohesive space, encouraging collaborative working and is much improved from the two separate office spaces previously occupied.



CHOC Care Community

Care Communities Show, Shine & Share Event – October 2022

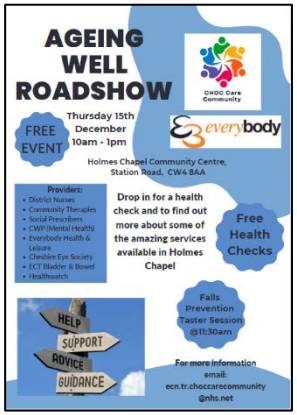
- CHOC attended the 8 Care Communities Show, Shine and Share Celebration event in October 2022 at Holmes Chapel Community Centre
- The event was extremely successful and a fantastic opportunity to network and share all the work the care community is doing

CHOC Care Community

8 Care Communities – Caring, Connecting & Celebrating Event – March 2024

- The care communities gathered at Macclesfield Town Hall to showcase and celebrate all the projects and collaborative work undertaken
- The event was attended by over 150 people from all areas of the system.
- Dr Claire Fuller opened the event and there was Q&A sessions for primary care

CHOC Care Community



Ageing Well Roadshow – December 2022

CHOC Care Community in partnership with Everybody Health and Leisure held an event to target frail patients in Holmes Chapel on 15th December 2022.

Several services participated in the event to provide help and support:

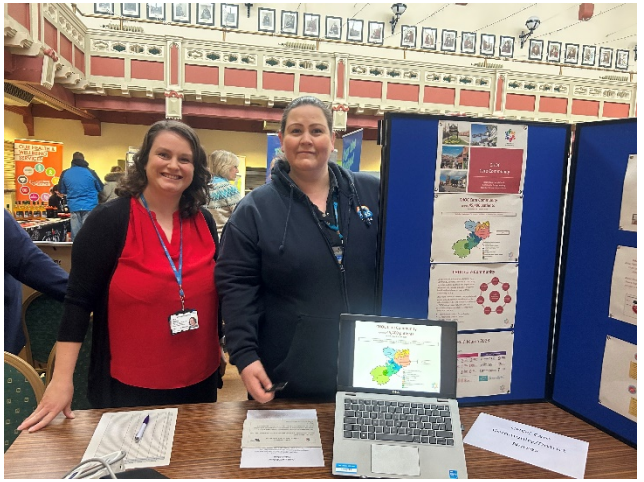
- District Nurses
- Therapies
- Social Prescribing Link Workers
- Cheshire Eye Society
- Everybody Health & Leisure

The District Nurse Team carried out BP & AF checks and found 3 people with suspected AF and 1 person with very high blood pressure. All were advises to follow up with their GP.

CHOC Care Community

Congleton Health and Wellbeing Fayre March 2023

The annual Congleton Community Health and Wellbeing Fayre took place on Tuesday 28th March. CHOC Care Community and CHOC District Nurse Team/Crisis Team had a stall together, to advertise the care community and offer free AF testing. 25 people agreed to participate in AF testing. All individuals were found to have a normal sinus rhythm.



CHOC Care Community

Congleton Health and Wellbeing Fayre March 2024

At this year's annual Congleton Health and Wellbeing fayre, CHOC were joined by the Community Nursing Team to provided blood pressure checks to attendees.

Number of patients tested	32
Number of patients with raised BP	7
Number of patients with high BP	10
Number of patient with high BP, unaware and not on treatment – referred for further investigation	4

If found to have hypertension, these 4 individuals will have received a potentially life changing intervention and reduced their risk of complications from hypertension.

CHOC Care Community

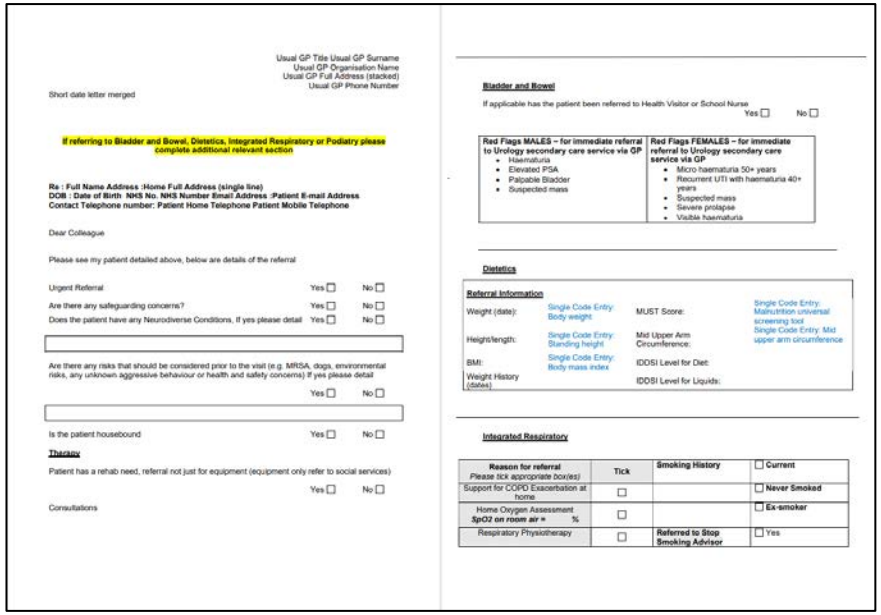
Strengthening CHOC Care Community

- Rotating chair of care community meetings to have focused meetings on set topics:
  - June 2022 - Children's mental health chaired by Community Development officer
  - November 2022 - CHOC's Weekly MDT chaired by Social Service
  - November 2023 – Mental health chaired by CWP
- Core Team Development Day
  - Members of the core care community team completed a bespoke team development day in March 2023, with emphasis on emotional intelligence, psychological safety and compassionate leadership
- Community Nursing & Therapies Team Development Session
  - An in-house team development session took place in September 2023 for the CHOC district nurse and community therapies team, supported by the care community coach, support manager and service transformation practitioner
- Lunch and Learn Sessions
  - For 2024, CHOC District Nurse team plan to hold educational sessions, with guest speakers during lunch times. CHOC practice nurses will also be invited to strengthen working relationships

CHOC Care Community

Primary Care Generic Referral Form

- Community nursing services and primary care have worked together to develop a single electronic referral form.
- The form was initially set up at Readesmoor and tested in CHOC care community.
- The form has now been successfully rolled out to all 5 Care Communities within Eastern Cheshire



Usual GP Title Usual GP Surname
Usual GP Organisation Name
Usual GP Full Address (stacked)
Usual GP Phone Number

Short date letter merged

If referring to Bladder and Bowel, Dietetics, Integrated Respiratory or Podiatry please complete additional relevant section

Re : Full Name Address :Home Full Address (single line)
DOB : Date of Birth NHS No. NHS Number Email Address :Patient E-mail Address
Contact Telephone number: Patient Home Telephone Patient Mobile Telephone

Dear Colleague

Please see my patient detailed above, below are details of the referral

Urgent Referral Yes ☐ No ☐
Are there any safeguarding concerns? Yes ☐ No ☐
Does the patient have any Neurodiverse Conditions, If yes please detail Yes ☐ No ☐

Are there any risks that should be considered prior to the visit (e.g. MRSA, dogs, environmental risks, any unknown aggressive behaviour or health and safety concerns) If yes please detail
Yes ☐ No ☐

Is the patient housebound Yes ☐ No ☐

Therapy

Patient has a rehab need, referral not just for equipment (equipment only refer to social services)
Yes ☐ No ☐

Consultations

Bladder and Bowel

If applicable has the patient been referred to Health Visitor or School Nurse
Yes ☐ No ☐

Red Flags MALES – for immediate referral to Urology secondary care service via GP	Red Flags FEMALES – for immediate referral to Urology secondary care service via GP
• Haematuria • Elevated PSA • Palpable Bladder • Suspected mass	• Micro haematuria 50+ years • Recurrent UTI with haematuria 40+ years • Suspected mass • Severe prolapse • Visible haematuria

Dietetics

Referral Information

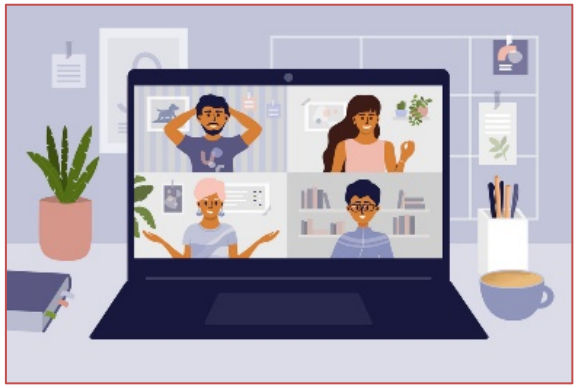
Weight (date):	Single Code Entry: Body weight	MUST Score:	Single Code Entry: Malnutrition universal screening tool
Height/length:	Single Code Entry: Standing height	Mid Upper Arm Circumference:	Single Code Entry: Mid upper arm circumference
BMI:	Single Code Entry: Body mass index	IDDSI Level for Diet:	
Weight History (dates)		IDDSI Level for Liquids:	

Integrated Respiratory

Reason for referral *Please tick appropriate box(es)*	Tick	Smoking History	☐ Current
Support for COPD Exacerbation at home	☐		☐ Never Smoked
Home Oxygen Assessment *SpO2 on room air =* %	☐		☐ Ex-smoker
Respiratory Physiotherapy	☐	**Referred to Stop Smoking Advisor**	☐ Yes

CHOC Care Community

Community MDTs



The Care Community established a weekly virtual MDT to identify issues across the local system. Any member of the Care Community can refer a patient, including patients on the community wards (Palliative, Acute, Complex Patients and Pressure Ulcers).

Meeting participants include:

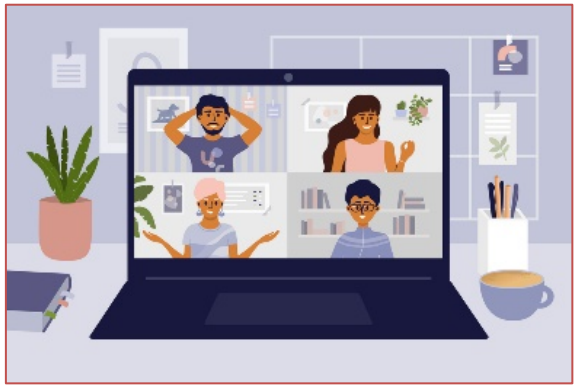
- GP's from 4 CHOC practices
- Social Care
- Community Nursing Team
- Community Therapies Team
- Social Prescribers
- Specialist Teams/ Nurses

The MDT meetings allow for:

- Information sharing and access to shared resources for partners
- Improved communication between services
- Coordination of services and support to meet patient's individual needs
- Joint assessments promoting a joined-up approach
- Better outcomes for individuals
- Access to rapid expertise and knowledge within the community
- Ability to escalate issues quickly and arrange further individual MDT's when required

CHOC Care Community

Community MDTs



Impact and Outcomes:

- More services provided at home or close to home
- Reduction in service utilisation (less admissions to hospital, less readmittance, less A&E visits)
- Improved experience for the individual
- Improved compliance via shared decision making
- Sharing of responsibilities (risk assessments)

"Brings together expertise and skills required to assess, plan and manage cases appropriately" – Mel Wilson, Social Services

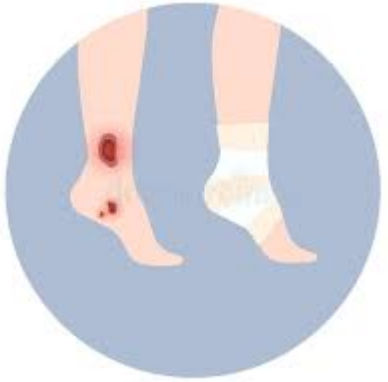
"Provides holistic approach to supporting our patients"– DN caseload holder

Key Challenges include:

- Time
- Commitment
- Access to records
- More involvement from partners, mental health, housing etc,
- More resources (Care at Home, Community Rehab beds for acute conditions etc)
- Duplication of assessments and services

CHOC Care Community

Lower Limb Pathway (LLP)



CHOC launched a new lower limb pathway for the treatment of leg ulcers:

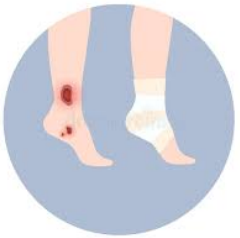
- Appropriate patients are encouraged and supported to take ownership of their wound care, with a self-care model
- Patients receive two weeks of light compression treatment under the primary care nurses before being referred to the district nurse team and subsequently tissue viability if required
- This new pathway aims to reduce the leg wound case load and encourage faster healing, as well as improving patient's flow through the treatment process. Due to reduced wound caseload staff have more time to spend with patients which in turn increases morale

Staff groups involved included:

- Primary care staff - GPs, nurses, HCAs
- District nurse team
- Tissue viability team
- Coach & Support Manager

CHOC Care Community

Lower Limb Pathway



Pathway 1

NHS East Cheshire NHS Trust

Lower Limb Wound
Immediate and Necessary Care Pathway

Patient with a wound on the lower limb.

If the wound is on the foot, refer to podiatry within 1 working day.

Yes

- If patient has limb threatening ischaemia - refer urgently to your Vascular Service
- Any other concerns discuss with GP urgently

LOOK FOR RED FLAGS

- Acute infection of leg or foot
- Symptoms of sepsis
- Acute or chronic limb threatening Ischaemia
- Suspected deep vein thrombosis
- Suspected skin cancer

(See reverse for further explanation)

Also consider:
- Acute heart failure
- End of life
- Seek input from patients and other clinicians/members of their MDT

No

Immediate and Necessary Care to commence:
- Wound bed, peri-wound and limb skin cleansing and emollient, as required
- Simple low adherent dressing with sufficient absorbency (see wound care formulary)
- Advise patient reasons for compression (Scan the QR code below)
- If no oedema apply mild graduated compression ≤20mmHg e.g Activa® Class 1 British Standard Hosiery - see table 1 on reverse
- If oedema apply Clinifast then 1 layer of K Soft and 1 layer of K Lite - toe to knee in the interim and refer to community nursing service for full assessment
- Where appropriate, people should be supported to self-care

If wound non healing or deteriorating within the 14 refer days of commencing Early Interventions consider:
- Blood tests (FBC/UE/ESR/CRP/HbA1c)
- Wound swab
- Practice nurse and GP to follow up and treat accordingly before initiating referral to District Nurse

If wound non healing after 14 days, refer to District Nurse service for full lower limb assessment and ABPI

Move on to the **Leg Ulcer Treatment Pathway 2**

Pathway 2

NHS East Cheshire NHS Trust

Leg Ulcer Treatment Pathway

Patient with a wound on the lower limb

Leg Ulcer Assessment

Holistic patient assessment including:
- Past medical history
- Limb assessment (including any sensory impairment to feet)
- Ulcer history and assessment
- Perform ABPI, assess leg pulses and measure ankle circumference

If unable to perform ABPI due to clinical reasons refer to tissue viability for advice. DN team to keep patient in clinic or on caseload until TVN reviews

ABPI <0.5 Urgent referral to vascular centre. STOP compression

ABPI 0.5-0.79 Refer to both vascular centre for further vascular review and tissue viability for wound care advice.

ABPI > 1.3 Consider calcification. Assess foot pulses, Doppler Waveforms. If unsure, consider referral to Vascular Centre and/or Tissue Viability

Is the above consistent with venous disease E.g., Varicosities, skin changes, skin staining, oedema, eczema, location of ulcer?

No → Consider other causes and refer to appropriate specialist:
- Dermatology
- Malignancy
- Pressure
- Autoimmune
- Arterial
- Diabetes
- Lymphoedema

Yes

ABPI 0.8- 1.3 No evidence of significant arterial disease, safe to compress with full therapeutic compression of at least 40mmHg

Is there reducible oedema or limb distortion?

Yes

Actico® Inelastic Bandage - in line with guidance re ankle circumference

Reassess every 2 weeks

No

Is the exudate controlled within a topical dressing ?

Yes

Reassess every 2 weeks

No

Actico® Inelastic Bandage - in line with guidance re ankle circumference or Elastic Bandage - K Systems

Reassess every 2 weeks

Ongoing Treatment

No Oedema

Leg Ulcer Hosiery Kit (Activa®)/ ReadyWrap® (calf and foot piece) Consider Self Care Delivery Model

Consider if Self Care Delivery Model is appropriate. ReadyWrap® can also be considered at the treatment phase if patient is unable to apply hosiery post healing and there is no carer/relative support available. Use of ReadyWrap® will allow continuity of treatment into maintenance phase.

Mild Oedema

ActiLymph® Hosiery Kit/ReadyWrap® (calf and foot piece) Consider Self Care Delivery Mode

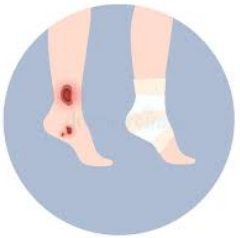
Once leg ulceration is healed
To prevent recurrence; prescribe compression hosiery e.g. British Standard if no oedema present or European Class if oedema is present. ReadyWrap® can also be used in the maintenance phase. Consider referral to vascular services to assess need for venous intervention to reduce the risk of recurrence, as per NICE guidelines CG168 (2013)

After 4 weeks of treatment, if there is no reduction in ulcer size refer to Tissue Viability for review.

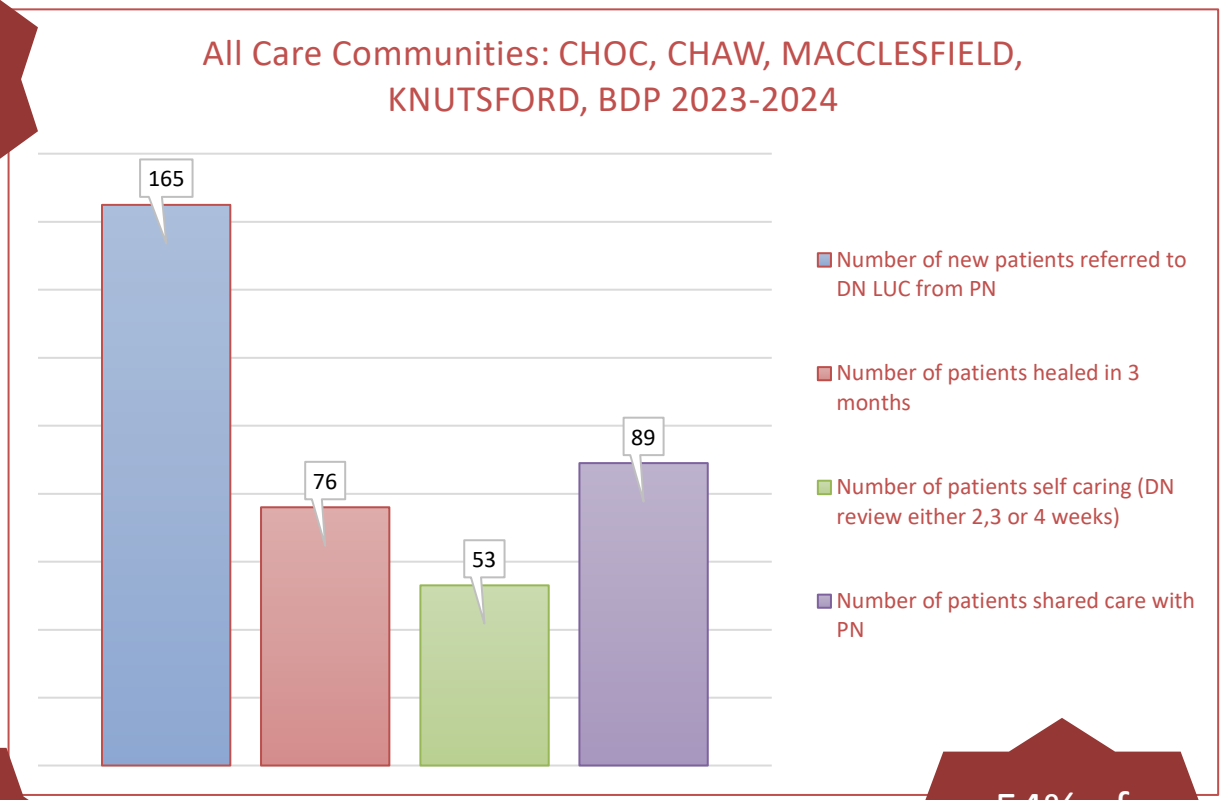
Adapted from Atkin and Tickle (2016); Wounds UK (2016)

M2217 V1.3

Lower Limb Pathway - Data



46% of patients healed in 3 months

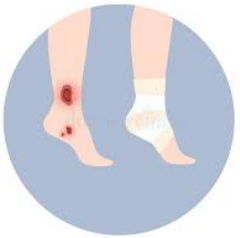


32% of patients are self-caring

54% of patients are shared care with PNs

CHOC Care Community

LLP - Feedback from Patients
(received via Accurx)



"I feel well supported when I attend the clinic"

"I have been given a lot of information."

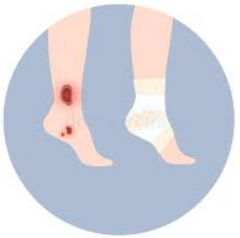
"The leg ulcer impacts on my life a great deal"

"I am extremely confident in managing my own wound and skin care."

"Very satisfied with my health care arrangements"

CHOC Care Community

LLP - Feedback from Practice Nurses



"Patients like the stocking rather than bandaging"

"I made the referral on 15/4/24 and was informed by the patients, she had been offered an appt with LU team 18/4/24."

"The pathway has given me confidence to initiate a self-care plan on said patient. She has been undertaking wound care at home, in between reviews with the PN team - following the shared care agreement."

"Easy to read, clear instructions. Like the flowchart format."

"I have found less time consuming in form of length appt times and not having to find time to order rpt px."

"They have been referred to clinic with an appropriate dressing and compression insitu, and following doppler assessment have been commenced in full compression and have healed soon after"

"Patients have fed back to the team how pleased they were to be seen so quickly, and to be healed within a month of assessment."

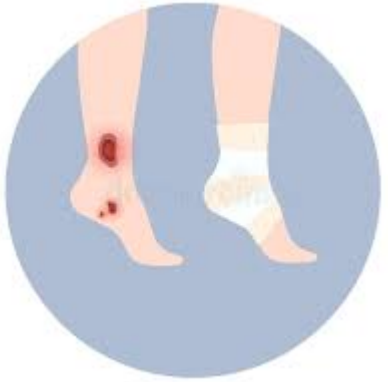
"We have recently had our QSUS accreditation visit where a member of the assessment team spent the day in LUC. Several areas were assessed as of a Gold Standard."

"Patients healing in 2- 4 weeks – feeing up leg ulcer clinics."

LLP - Feedback from District Nurses

CHOC Care Community

Lower Limb Pathway



Lower Limb MDT

- CHOC DN team have set up a monthly Leg MDT with TVNs, DNs and practice nurses. This will aim to improve joint working and shared learning.

Coffee & Catch up

- Once a quarter, a 'Coffee & Catch-up' session is held at Congleton War Memorial Hospital. All the CHOC practices nurses are invited to attend along with TVN lead, DN lead & representatives from L&R
- These sessions have been a great opportunity to share learning amongst the practices and to improve working relationships between all involved.

CHOC Care Community

Direct Referrals within Community Services

- In January 2023, a project began to streamline the referral pathways within ECT community services and reduce the number of referral being made via the GP.
- An initial survey with the community care teams found, while referrals to most services are being sent directly, there are some services that are always sent via the GP.
- There was also a discrepancy found between community care teams and which referrals were sent directly varied from team to team.
- It has now been confirmed that all community referrals from one service to another can be sent direct from the requesting source.
- This will allow for the most appropriate person to make referrals, reduce referral delays and release GP time.

CHOC Care Community

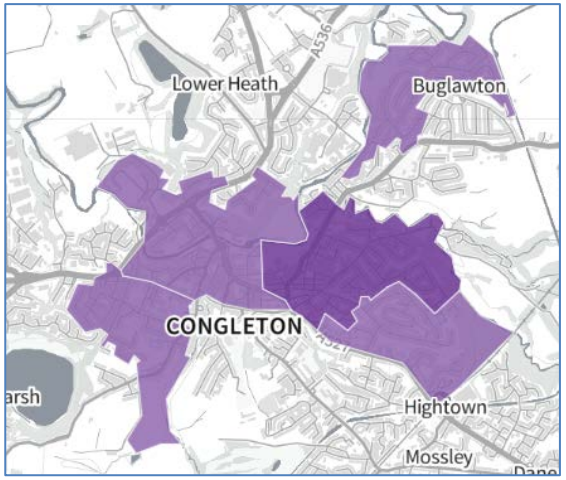
Complete Care Community Programme – Change for Health

- CHOC were successful in their bid to join phase 3 of the Complete Care Community Programme (CCCP).
- CCCP is a national programme which focus is on reducing health inequalities.
- The care community want to support the population to have a healthy lifestyle in relation to weight management.
- Aims and Outcomes
  - Reducing the number of people in CHOC with a BMI over 30
  - Meet the needs and goals of the individuals enrolled in the program
  - Engaging the community in health activities
  - Targeting activities in the most appropriate areas
  - Improving collaboration between multiple services (voluntary and statuary)

Complete Care Community Programme – Change for Health

- Using BI data, we were able to look at CHOC population and plan a target cohort and focus on areas of deprivation
- The starting cohort was selected as:
  - Female
  - Age 25-34
  - BMI 26 – 37
  - IMD Quintile 1 and 2

Starting cohort = 131



#Patients with B	BMI Range									
IMD Quintil	<18	18-21	22-25	26-29	30-33	34-37	38-41	42-45	=>45	Total:
1	2	19	25	23	22	7	5	5	8	116
2	4	44	58	28	26	25	12	9	7	213
3	2	18	40	25	21	7	5	2	4	124
4	7	76	108	75	38	22	13	7	12	358
5	9	97	187	109	58	28	19	9	12	528
nk		4	13	6	3	1	1		1	29
Total:	**24**	**258**	**431**	**266**	**168**	**90**	**55**	**32**	**44**	**1,368**

CHOC Care Community

Complete Care Community Programme – Change for Health

- A target population will be invited to join the 12-week programme and can receive free exercise and weight management courses.
- Working with Everybody Health and Leisure, a single point of access has been developed.
- The CHOC primary care practices will carry out searches within their systems and send out invitation letters to the selected cohort.
- Individuals wishing to be involved in the programme, contact Everybody Health & Leisure through the single point of access.
- They will then have an assessment and be referred to their chosen intervention.
- So far 39 letters have been sent out from 2 GP practices and 2 participant have joined the programme to date (Aug 2024)

Congleton Wellbeing Hub

- Lead by Plus Dane Housing and Connected Communities, the care community is working in partnership with several mental health organisations to form a wellbeing hub in Congleton
- This will utilise under used office space at Plus Dane's Shepherd's Mill Office to provide additional estate for services in the centre of Congleton
- Over 10 organisations hope to be able to provide a range of mental health services and support to a wide demographic
- Services will hope to use the space both in and out of normal office hours to expand their offer of support to the community and improve accessibility to their services

CHOC Care Community

Holmes Chapel Bereavement Group

- After a recent loss, a resident of Holmes Chapel was seeking support from a bereavement group. It was identified that there were no groups in Holmes Chapel.
- Along with another volunteer, the resident set up a bereavement group to be held locally in Holmes Chapel in January 2024.
- Everybody leisure agreed to host the group in Holmes Chapel Community Centre Café.
- The Care Community Support Manager (CCSM) was able to link the volunteers with the End-of-Life Partnership, who can provide training, support and a group network to the volunteers.
- The first meeting was attending by 6 Holmes Chapel residents, plus the 2 volunteers and CHOC CCSM, and was a very positive meeting. Many of the residents were grateful that the group had been started and support was available in their hometown.

CHOC Care Community

Family services in Holmes Chapel

- A local mum had written to their local MP to ask for help regarding the lack of services available for new mums in Holmes Chapel.
- This was passed on the Cheshire East Council, and the Community Development team called a collaborative meeting with several partners to discuss further.
- Process mapping and engagement with local mums took place to identify what was available, what gaps there were and what the needs are
- Breastfeeding support was identified as a gap, as there is no support in Holmes Chapel. New mums must travel to Congleton or elsewhere to access any drop in sessions
- Access to health visitors & baby weigh-in clinics was also identified as another area where services were underprovided

CHOC Care Community

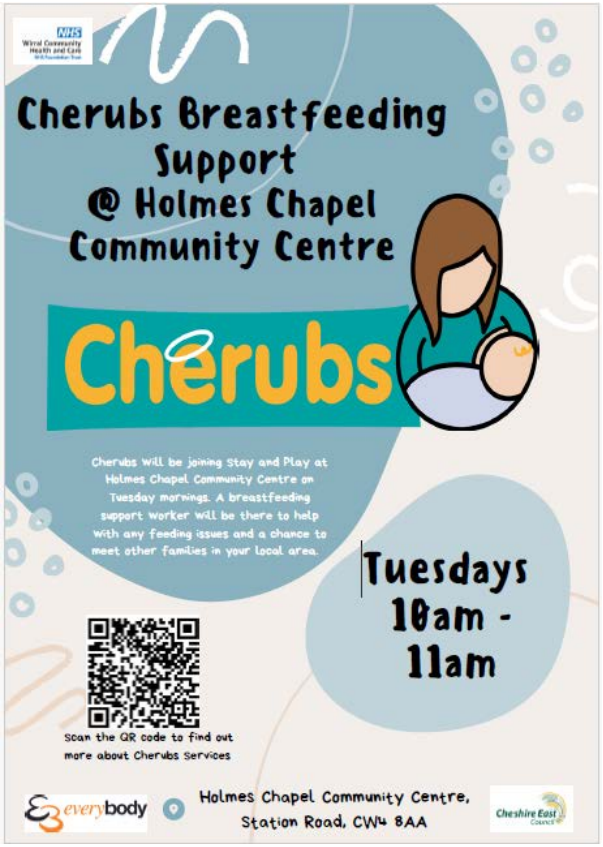
Family services in Holmes Chapel

- Access to health visitors and a drop-in baby weigh clinic was only available once a month at the Library in Holmes Chapel
- Through collaborative working, an offer to the 0-19 service was made to hold the drop-in clinic at the Community Centre, which would also coincide with the Stay & Play session.
- The 0-19 service agreed to move their service on a trial basis and clinics were arranged for July and August.
- 17 babies were weighed at the first clinic in July

"Having both cherubs and a health visitor at Stay & Play makes a Tuesday morning an amazing place to take children"
- Pat, Stay & Pay Volunteer

CHOC Care Community

Family services in Holmes Chapel



- Along with a colleague from Family Hubs, the care community were able to link in with Cherubs Breastfeeding Service
- Cherubs were able to secure additional funding and an Infant Feeding support worker is now able to attend an already established weekly 'Stay & Play' group held at Holmes Chapel Community Centre

CHOC Care Community

National No Smoking Day 2024

- CHOC's CCSM was approached by Congleton Town council and asked to help organise an awareness event for National No Smoking Day on 13th March 2024
- Using the care community network, One You Cheshire East were able to attend a pop up in Congleton Town Centre, speaking to members of the public to raise awareness of their smoking cessation service
- The event was supported by local town councillors

ONE YOU CHESHIRE EAST

CHOC Care Community

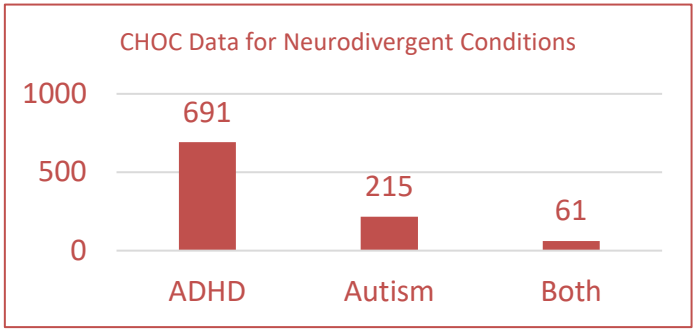
Learning Disability & Autism Community Connect Event

- Four Cheshire East Charites all that all help Learning Disability & autism sector came together to promote their services in Congleton
- Some of these charities are looking to expand their offer into Congleton

- All the local resident that engaged with the charities at the event were keen to attend Congleton based services
- The event was supported by the Major of Congleton

CHOC Care Community

Congleton Neurodivergent Group



- CHOC's support manager has been helping a local Congleton resident to set up a local peer support group for adults with ADHD and Autism
- The group have begun monthly meetings with a successful first session attended by 10 people and there is now 35+ people in a WhatsApp group
- The group have applied to Congleton Town Council for a funding grant to pay for hire of a suitable venue

CHOC Care Community

Better Care Fund (BCF)

- The 5 Eastern Care Communities were successful in a joint bid to the better care fund
- The joint project aims to reduce the number of unplanned or crisis contacts by high intensity and frail users of health services over a 12-month period.
- This will involve proactively case managing patients identified through risk stratification (resource utilisation bands RUBs) and focus on the reduction of emergency hospital and long-term care admissions with a particular emphasis on those with a frailty syndrome or co-morbidity.
- The risk stratification tool will be used to monitor progress on a month-by-month basis to plot improvement and the outcome of maintaining a person at home.

CC	+65y Total Popn	RUB4	RUB5	RUB 4+5 Total	Rate/1000
BDP	9,421	1,998	1,241	3,239	343.8
CHAW	11,158	2,341	1,368	3,709	332.4
CHOC	12,206	2,468	1,491	3,959	324.3
Knutsford	5,828	1,418	1,006	2,424	415.9
Macclesfield	13,480	2,959	1,761	4,720	350.1
Total	**52,093**	**11,184**	**6,867**	**18,051**	**346.5**

CHOC Care Community

Better Care Fund (BCF)

Focus of work

- Review top 5% of patients in RUB 4/5 (approx. 200 patients)
- Select patients suitable for project (inclusion & exclusion criteria to be agreed)
- Invite patient for assessment, either in the practice, telephone or home visit depending on patient need
- Also focus on palliative patients within the cohort

How will it be delivered?

- Existing PCN staff, either ARRS (Advanced clinical practitioner) or GP, will review patient list
- Same staff members will conduct the assessments
- Funding will be used for backfill of PCN staff
- Palliative work will link in with community team and ECT specialist palliative care team

Provisional timeline

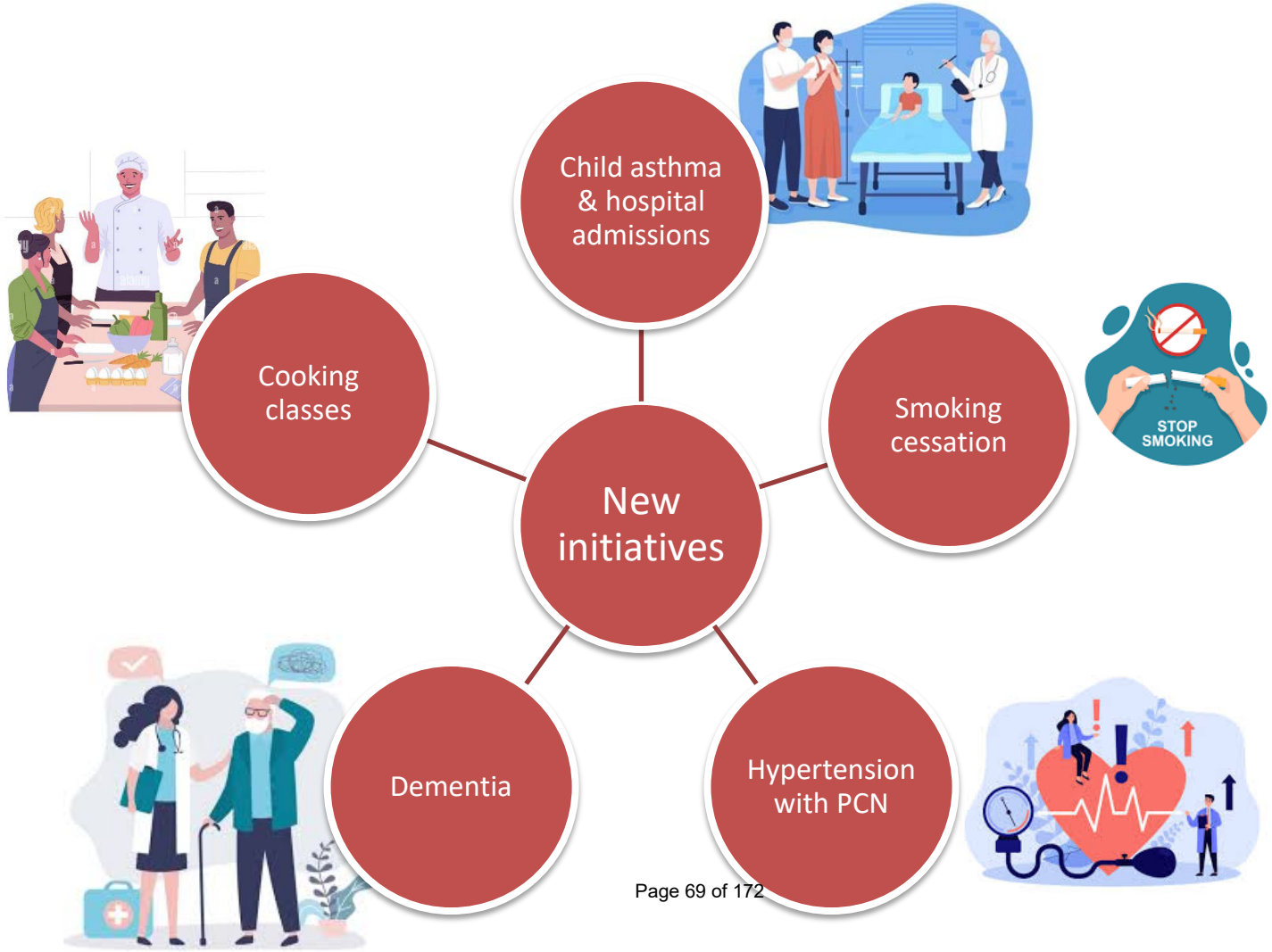
Use data and metrics to identify target population within cohort → Meeting with PCN to agree staffing and funding → Target population list given to each practice to filter and select suitable patients → Begin to invite patients in for assessments

July 2024 — August 2024 — September 2024

CHOC Care Community

CHOC – what's next?

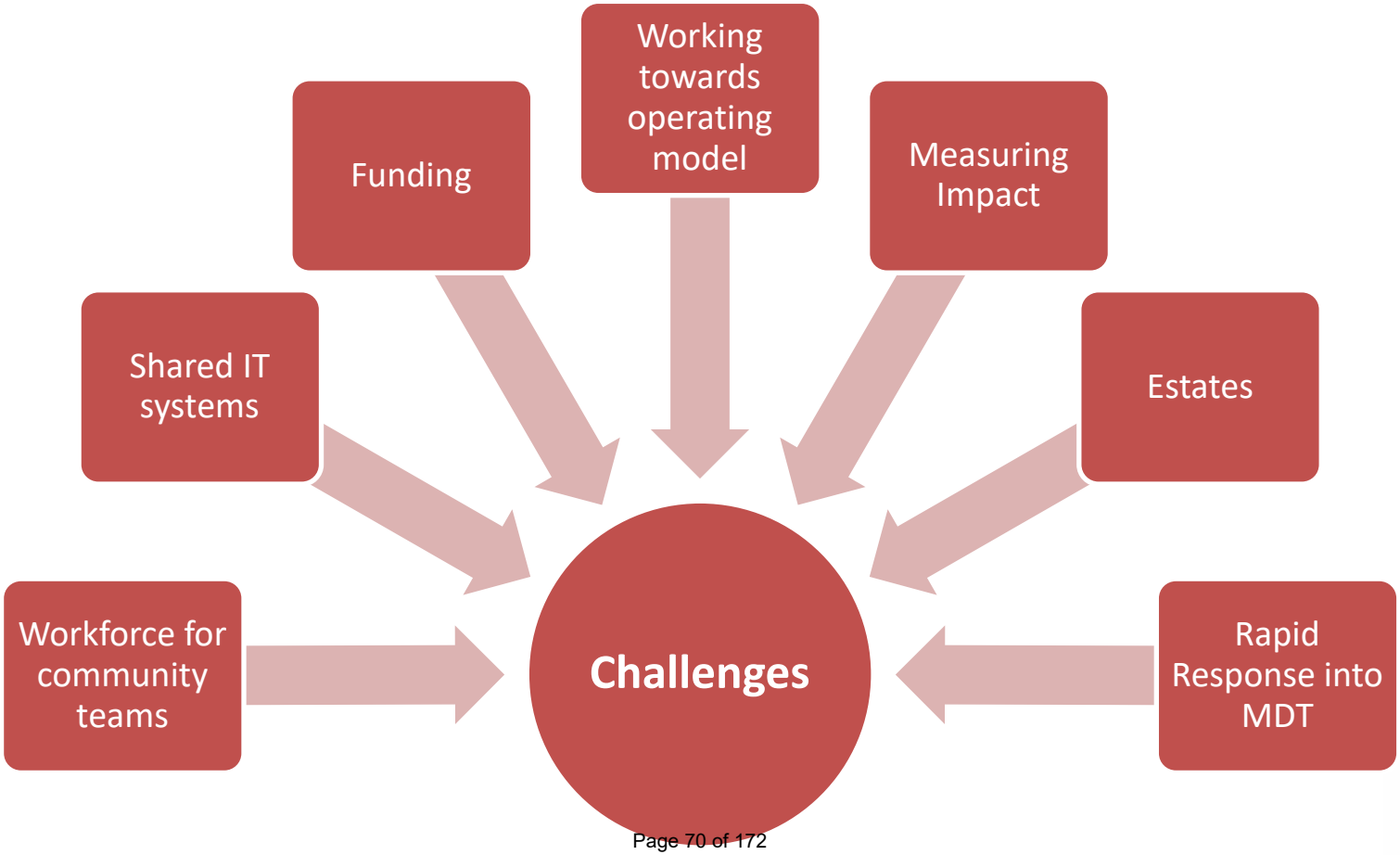
Working with our partners, some of the areas to focus on going forward are:



CHOC Care Community

CHOC – challenges

Challenges to further developing CHOC Care Community include:



CHOC Care Community

SEND Update

Claire Williamson
Director of Education, Strong Start and Integration

Keith Martin
Strategic Transformation Lead for SEND

Cheshire East Council

September 2024

Agenda

- National picture in relation to SEND
- Local area picture in relation to SEND
- How the Ofsted and CQC Local Area Inspection will assess the impact of leadership across our partnership
- Discussion

National SEND

- Almost 600,000 children and young people now have an Education, Health and Care Plan (EHCP)
- A significantly larger number of children and young people will be subject to SEN Support Plans
- Data published in June 2024 saw a 26% year-on-year increase in the number of new EHCPs issued
- The accumulated deficit in England for SEND is £3.2 billion
- In June 2024, 113 councils forecast a collective deficit of £926m in 2024/25
- The council with the biggest shortfall in proportion to its funding is Cheshire East

Local Area SEND

- **4,781** children and young people (0-25) living in Cheshire East have an Education, Health and Care (EHC) Plan (July 2024)

- **5,906** pupils on SEN support in our maintained schools and academies (January 2024 census)

- **Managing needs and therefore demand** for our SEND services is one of the biggest challenges for the whole 0-25 SEND Partnership

Local Area SEND

- Our growth in EHC needs assessments is currently approx. **18% per annum** against a national picture of approx. **9% per annum**

- Cheshire East has **almost double** the number of children with an EHCP than four years ago (at Dec 2023)

- This is **projected to increase to 10,585 EHCPs by 2030 - 2031** if our inclusion plans are not successful

Local Area SEND Inspection

- We are on **high alert** for our local area Ofsted and CQC inspection of services for children and young people with SEND

- Education, health and social care services across our whole partnership will be part of the inspection (planning, commissioning, delivery, impact and outcomes)

- The inspection will have a specific focus on **Leadership**

- The Board received a presentation on the new inspection framework in March 2023

Local Area SEND Inspection

- Leaders are **ambitious** for children and young people with SEND
- Leaders **actively engage** and work with children, young people and their families
- Leaders have an **accurate, shared understanding** of the needs of children and young people in their area

Local Area SEND Inspection

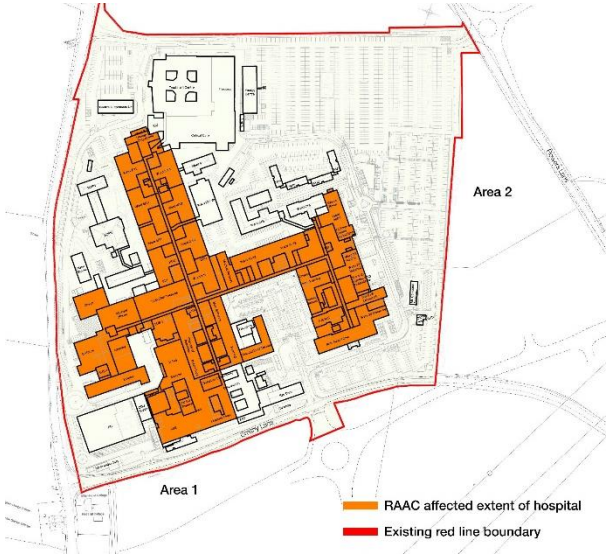
- Leaders **commission services** and provision to meet the needs and aspirations of children and young people (including those in alternative provision)
- Leaders **evaluate** services and make **improvements**
- Leaders **create** an environment in which **effective practice** and **multi-agency working** can flourish

Discussion?

Strategic Outline Case for the Leighton Hospital Redevelopment Summary July 2024

Leighton Hospital is one of a number of “best buy” hospitals built in the 1970s from Reinforced Aerated Autoclaved Concrete (RAAC). This material today makes up 62% of the Trust estate (see figure 1 below) and contributes significantly to the £430m of backlog maintenance reported in ERIC. Following a SCOSS alert in 2019 and an NHSE directive requiring removal of RAAC from the NHS estate by 2030 due to safety concerns related to this material Leighton was announced as part of the New Hospitals Programme (NHP) in May 2023.

Leighton Hospital, located on the outskirts of Crewe, Cheshire, serves a population of c. 300,000 across Cheshire East, Cheshire West and Cheshire and Staffordshire. The community served is characterised as semi-rural, older than the England average, with pockets of severe deprivation in areas of Crewe, Middlewich and Winsford where life expectancy is 11.6 years lower for men and 12.1 years lower for women than in the areas least deprived areas.



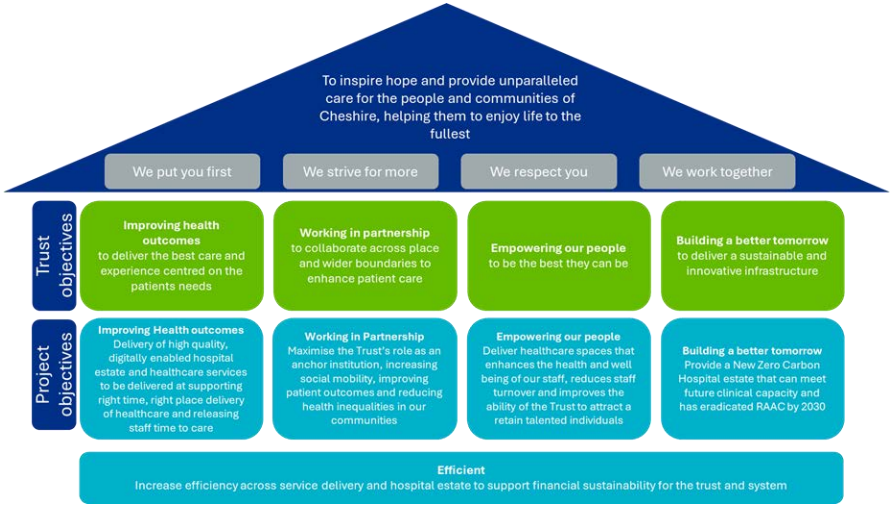
As a District General Hospital in a semi-rural location but within the same region as the major conurbations of Manchester and Liverpool and within easy reach of Birmingham the Trust often faces difficulties in recruiting and retaining staff despite being an overall CQC rated Good organisation, particularly in the category Well Led.

The Trust's key drivers and required future state for the development of a new Leighton Hospital are set out below;

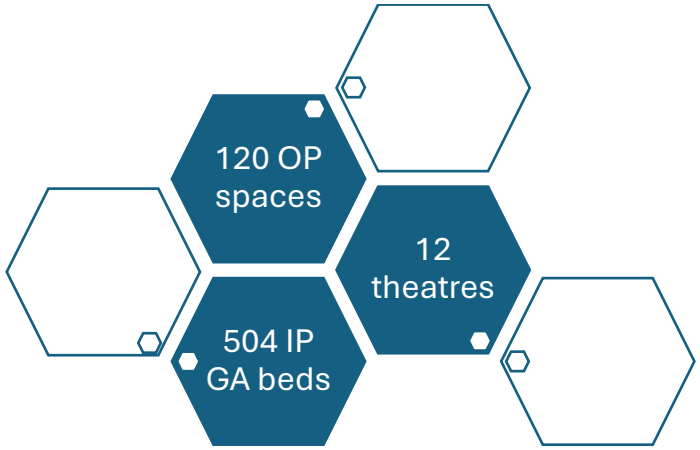
Business need / driver	Required future state
Difficulties recruiting and retaining staff due to rural location and also in same region as large conurbations such as Manchester and Liverpool, limited training opportunities.	Resilient, empowered workforce
Ageing, operationally inefficient and energy intensive estate, incapable of being retrofitted for many digital technologies to reduce operational costs. Few opportunities for increased revenue generation.	Financially sustainable estate
Main location for delivery of healthcare for MCHT, concentrating healthcare activity on an acute site despite catchment covering wide geography, and in places deprived communities.	System / Place based solutions delivering right care, right place, right time
Bottom quartile on Model Hospital for outpatients services, inflexible estate with difficulties separating elective and emergency flows for year-round provision of planned care diagnostics and treatments impacting on RTT and waiting list performance. Poor wayfinding internally and externally, many areas without direct access to daylight and limited access to green spaces.	Improved patient outcomes and experience
Site which is difficult to access via public transport, has limited digital delivery of services and limited ability to offer space to partner organisations including VCSEs to offer prevention-based services and advice	Reduced health inequalities
Estate built to 1970s space standards and consists of 62% RAAC, 20 years beyond design life, significant asbestos throughout and issues in achieving fire compartmentation requirements.	Safe, adaptable estate

As a result of the above and in line with continued work on our Target Operating Model the Trust has developed the following mission for the scheme and associated Strategic Investment Objectives.

Our Healthier Futures Mission: To re-imagine the District General Hospital model, creating a healthier, more sustainable, future for the people and communities of Cheshire.



The key clinical capacity required in 2036/37 as determined by the Trust's Demand and Capacity (D&C) model is set out in the figure below. Clinical Output Specifications have been completed to inform the design of the building at SOC stage.



The figure below sets out the short list options for re-provision of Leighton Hospital with the Preferred Way Forward highlighted in green.

BAU- Potential closure of the hospital (mandated by DHSC and HM Treasury)

Do Min- In situ replacement of RAAC planks and address functional suitability issues (includes significant & high backlog)

Preferred Way Forward - Retain new estate ED (for research & education), and Darwin (for rehab) Remainder of hospital as new build.

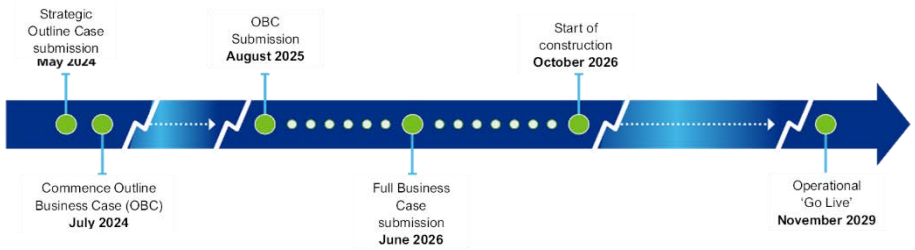
Intermediate - Retain ED and Darwin, remainder as new build. Elmhurst coming back on site and added to Darwin as rehab facility. Infinity house coming back on site.

Do Max- Full new build with Elmhurst coming back on site and added to Darwin as rehab facility. Infinity house coming back on site.

The below diagram sets out the targeted benefit categories established at SOC stage. These will be developed further following completion of the Target Operating Model development in June 2024 and a full benefits realisation plan developed during OBC.

The PWF has incorporated all key NHP Hospital 2.0 principles and legally required provisions such as 100% single rooms, net zero carbon compliant, essential vs. non-essential estate arrangements, NHP digital Minimum Viable Product, 10% Biodiversity Net Gain improvement and social value metrics.

The Trust completed the acquisition of adjacent land on 12th March 2024 via a SFBC approved by JISC in January 2024. The land acquisition was necessary for the single-phase build required to achieve the programme set by NHSE and reinforced by the Public Accounts Committee (PAC) for the removal of RAAC from the estate by 2030 (see key milestones below).



The PWF has been developed to RIBA Stage 1 and formal discussions with the Local Authority have commenced on the basis of a 5 storey plus plant building. The Trust is currently in the process of entering into a PPA with the LA and is targeting December 2024 for the submission of outline planning. The below figure shows current design development based on available information relating to the Hospital 2.0 reference design and aligned to Clinical Brief and likely capital and revenue affordability parameters.

The site's electrical capacity will require upgrade and the Trust undertook steps in 2022 to secure 7.5MVA of additional power to site. New load estimates (excluding onsite energy generation) are 12MVA and the Trust is currently in the process of securing this additional capacity, having recently submitted an amended connection request and is advised that this is unlikely to cost more than the current connection cost of c. £1m, largely due to investments that SPEN have made in their own network infrastructure over the last 3-5 years.

The total cost of the scheme is currently £1.2bn and work is ongoing to look at routes to narrow the current affordability gap which settles to an annual affordability gap of £22m from 2031/32 on top of the Trust's current underlying deficit. The Trust is clear in it's significant transformational ambitions and is likely to be able to improve on the cash releasing benefits currently identified due to the potential around digital innovation, however this needs to be carefully balanced against the benefits already identified as part of the DCS programme to ensure no double counting occurs.

The Trust has put in place rigorous governance, project management, reporting and risk management processes. The scheme has a substantive SRO and full time Programme Director and is in the process of recruiting to an agreed project team resource profile and procuring professional advisors to commence the OBC phase from 1st June 2024. This governance has been reviewed by Q5 in September 2023 and will be reviewed by Q5 again in 2024. To date ongoing discussions with Q5 have placed MCHT as a progressive trust within the NHP.

The Trust agreed the following principles to guide them in the establishment and management of their new hospital immediately following the NHP announcement in May 2023.

- Collaborative approach with NHP
- Setting appropriate pace to achieve programme
- Transformation focused scheme
- Standardisation key to alignment with Hospital 2.0
- Learning organisation

As a result the Trust has submitted all required information to NHP within the timescales set from the Data Gathering exercise to monthly NHP reporting and enabling works business case submission for the land acquisition. This has also resulted in the Trust being involved in the following key NHP activities / working groups which has aided continual alignment of the scheme to NHP requirements throughout the SOC refresh process.

- ✓ NHP Standard SOC pilot
- ✓ Benefits framework pilot
- ✓ Q5 capacity & capability pilot
- ✓ Hospital 2.0 reference design site
- ✓ Social Value Working Group
- ✓ Revenue Impacts Working Group

Healthier Futures

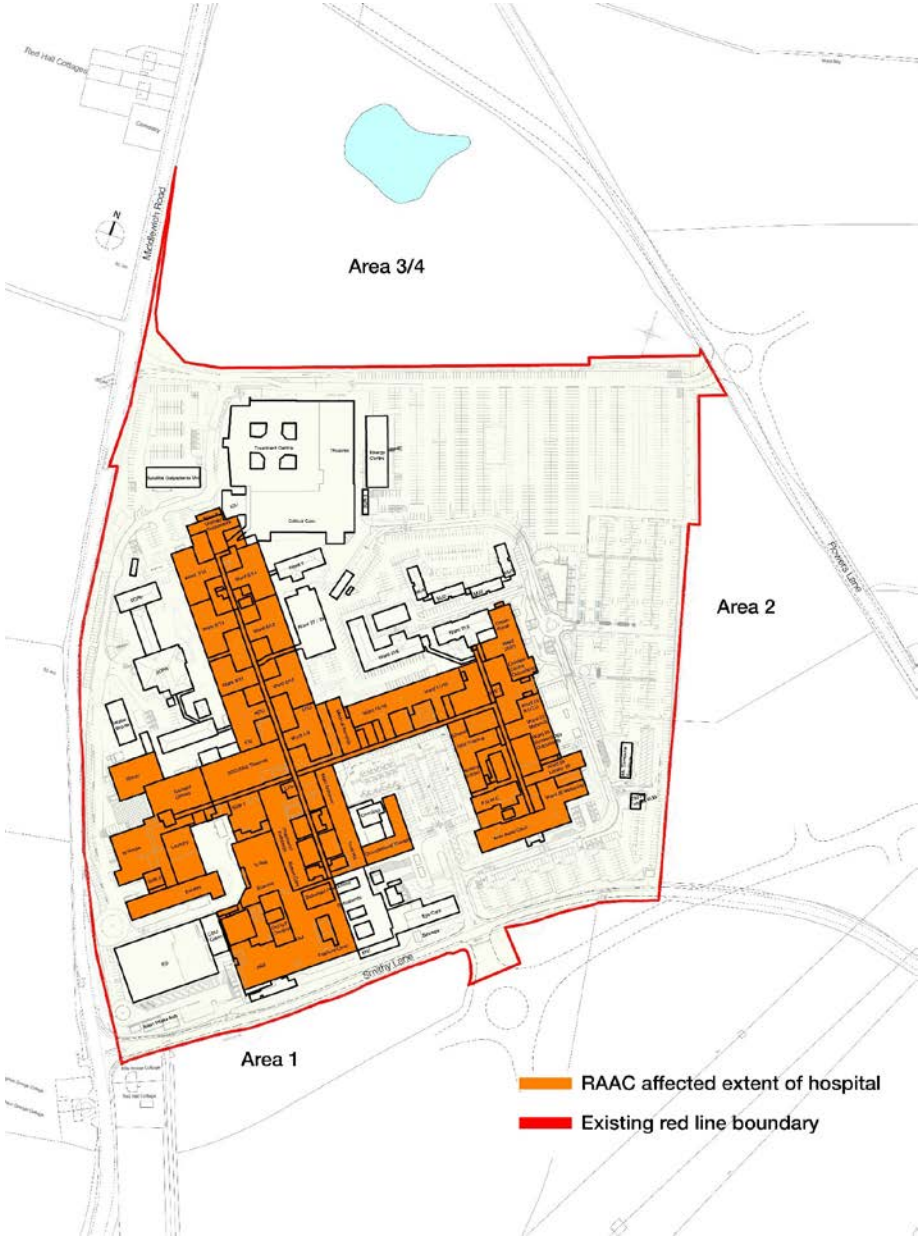
A new Leighton: Strategic Outline Case DRAFT

Leighton Hospital Context

- Built in the early 1970s
- Located in Mid Cheshire by Crewe
- Employs around 5,500 staff
- Serves a community of over 300,000 people
- 450,576 patients seen per year
- Has a number of infrastructure issues including RAAC and asbestos

Existing site

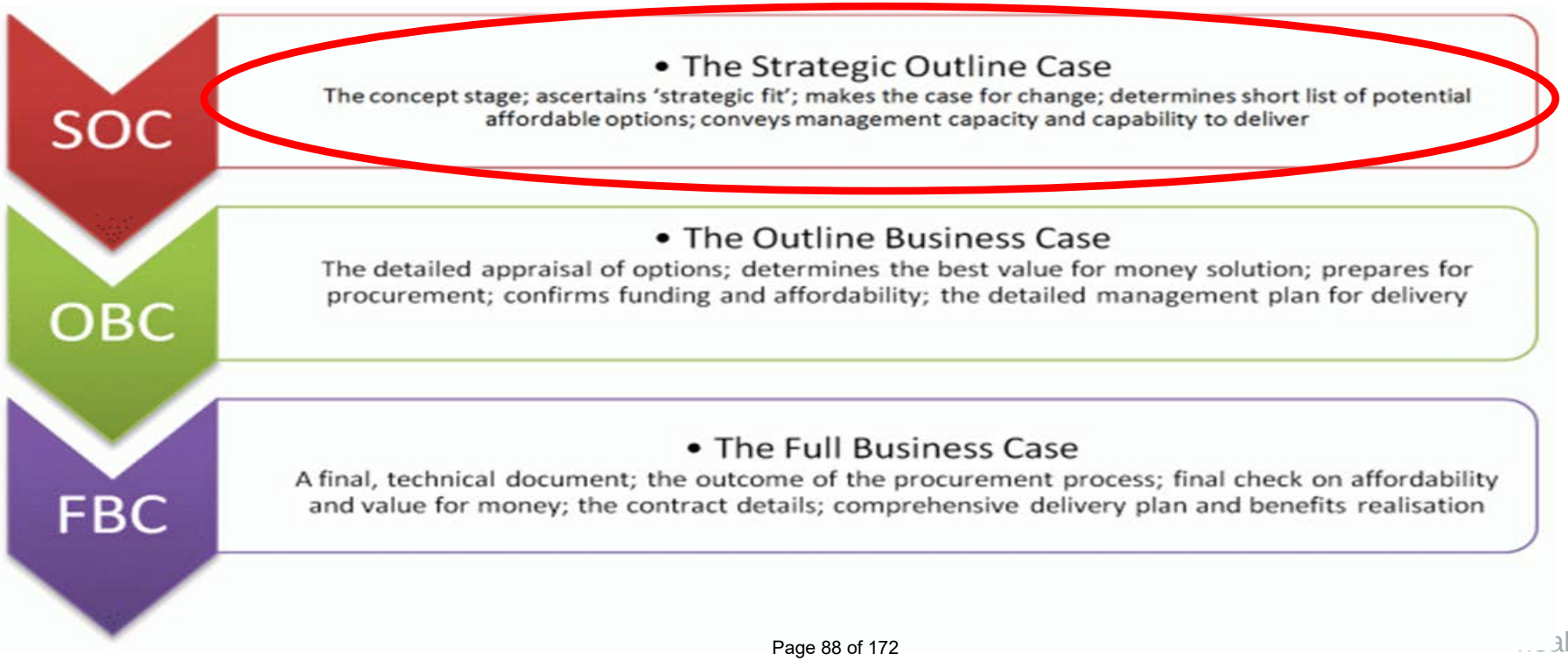
- ‘Bubbly’ lightweight form of reinforced concrete
- Shelf-life estimated to be about 30 years
- Committee of Structural Engineers (SCOSS) issued a notice in 2019 highlighting the significant risk of failure of these planks
- Mid Cheshire has over 16,000 roof and 100,000 walls planks. Over 80% of the hospital estate at Leighton affected by RAAC
- NHSEI issued instructions requiring the removal of RAAC planks by 2030
- 7 year remediation programme initiated to install failsafe steel work
- By end of current financial year circa £100m has been spent since 2020 on RAAC works



Five Case Model

Business Case approval is a 3-stage process:-

- August 2024 submitted our Strategic Outline Case (SOC) for approval (along with C&M ICB letter of support)
- SOC due to be presented to NHP Investment Committee on 10th September 2024
- Commenced Outline Business Case (OBC) stage :



Short listed options

BAU- Potential closure of the hospital (mandated by DHSC and HM Treasury)

Do Min- In situ replacement of RAAC planks and address functional suitability issues (includes significant & high backlog)

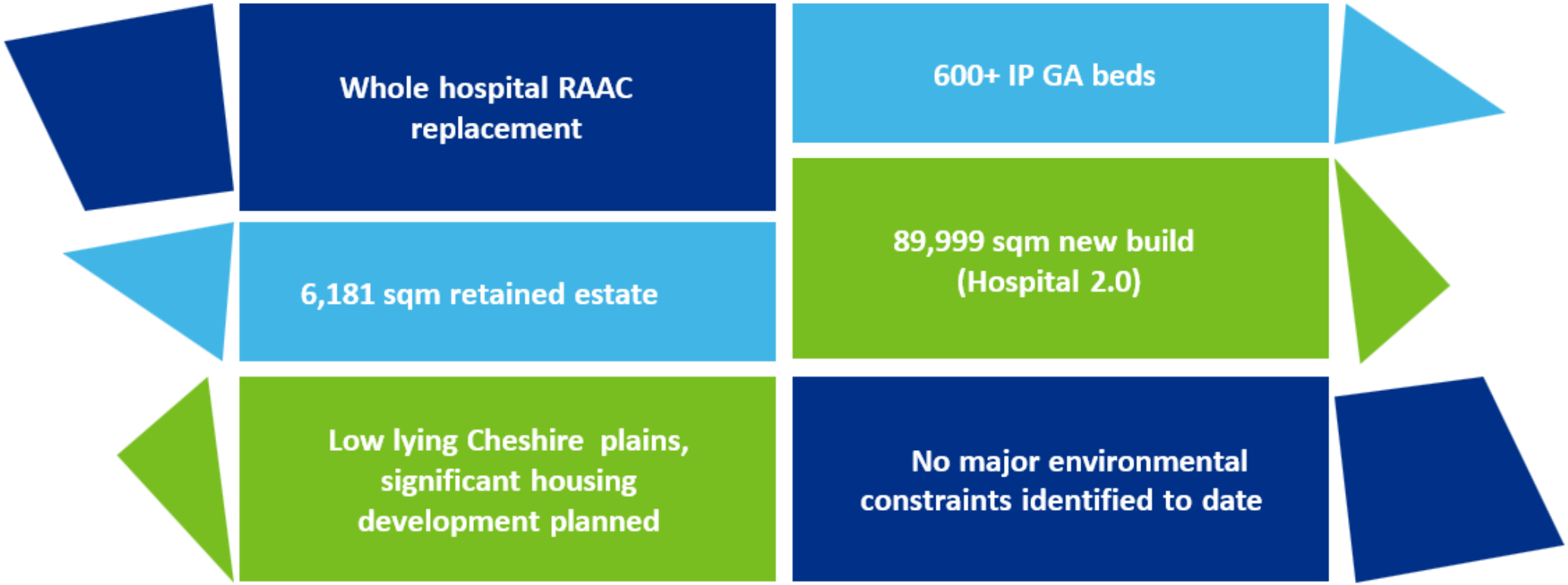
Preferred Way Forward - Retain new estate ED (for research & education), and Darwin (for rehab) Remainder of hospital as new build.

Intermediate - Retain ED and Darwin, remainder as new build. Elmhurst coming back on site and added to Darwin as rehab facility. Infinity house coming back on site.

Do Max- Full new build with Elmhurst coming back on site and added to Darwin as rehab facility. Infinity house coming back on site.

	New Build	Retained	Total	Capital Costs
	m2	m2	m2	£M
Preferred Way Forward	89,999	6,181	96,180	1,206
More Ambitious	92,807	6,181	98,988	1,239
Do Maximum	101,942		101,942	1,321

Preferred Way Forward scheme at a glance



Preferred Way Forward Financials

- **Total capital cost of £1.2bn, includes;**
  - Costs for new build, retained estate refurbishment and demolition
  - 10% planning contingency
  - Land purchase costs (£6.5m)
  - Net Zero Carbon allowance of £32m
  - Inflation to mid-point of construction

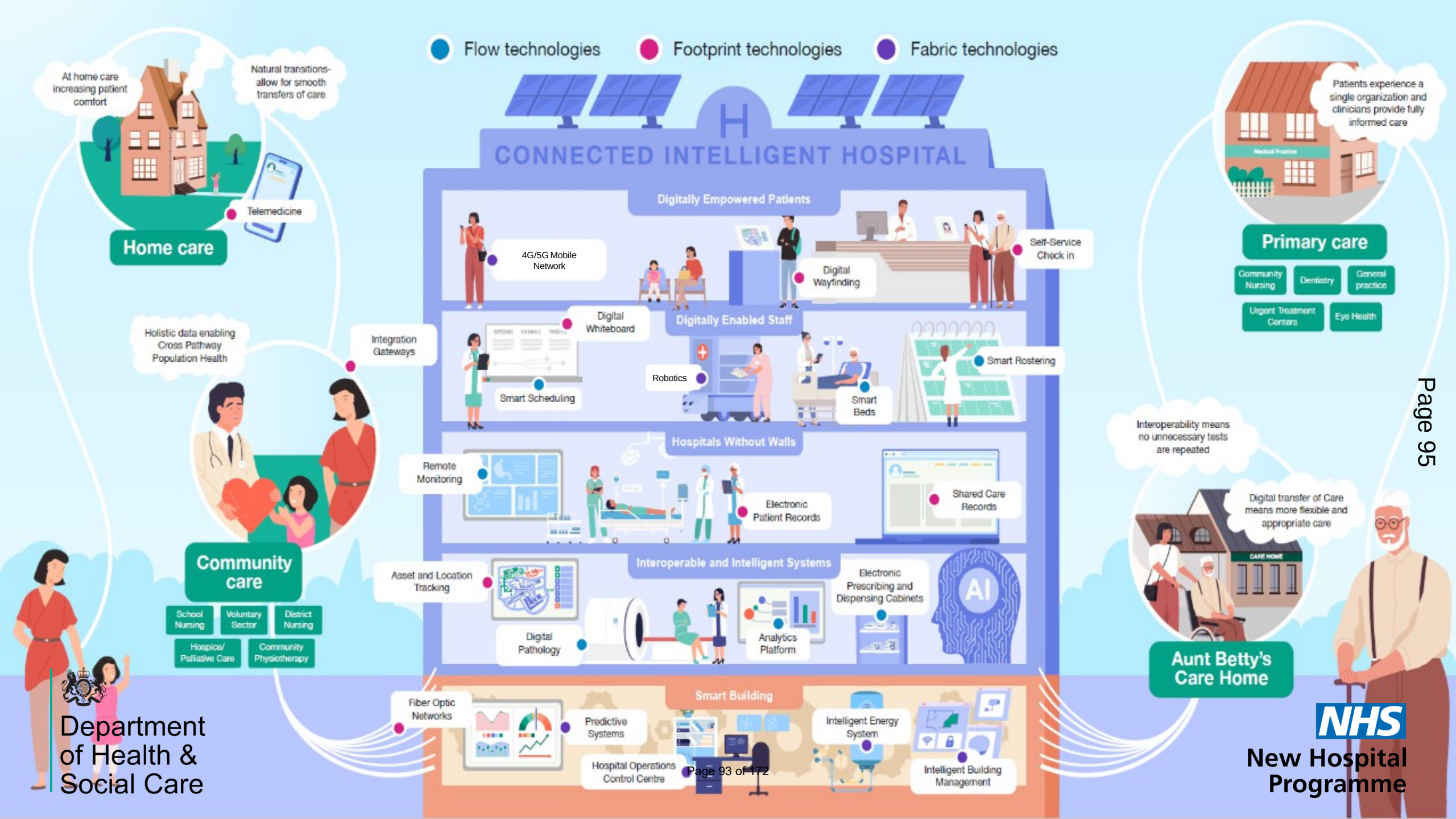
- **W.I.P. Current affordability gap of steady state circa £20m** annually. On-going work to reduce this gap. Key points;
  - Total Public Dividend Charge (PDC) is circa £30m based upon the current level of 3.5%
  - Currently cash releasing benefits of c£23m cover operational costs and depreciation and make a part contribution to extra PDC
  - Conservative estimate on digital benefits (especially robotic programmed automation) is currently under review
  - KPMG have run the scheme through the NHP benefits toolkit and suggested total cash releasing of £17m ie below the Trust's calculations

Digitally enabled facilities

- NHP driving the delivery of Smart buildings
- Development of NHP Intelligent Hospital Capabilities
- Scheme has developed an Outline Digital Strategy

Key benefits / considerations

- SMART buildings key to operationally efficient buildings
- Releasing time to care for clinical teams
- Improving patient and staff experience
- Ensuring digital first but not digital only – not increasing inequalities and inequities of access etc.

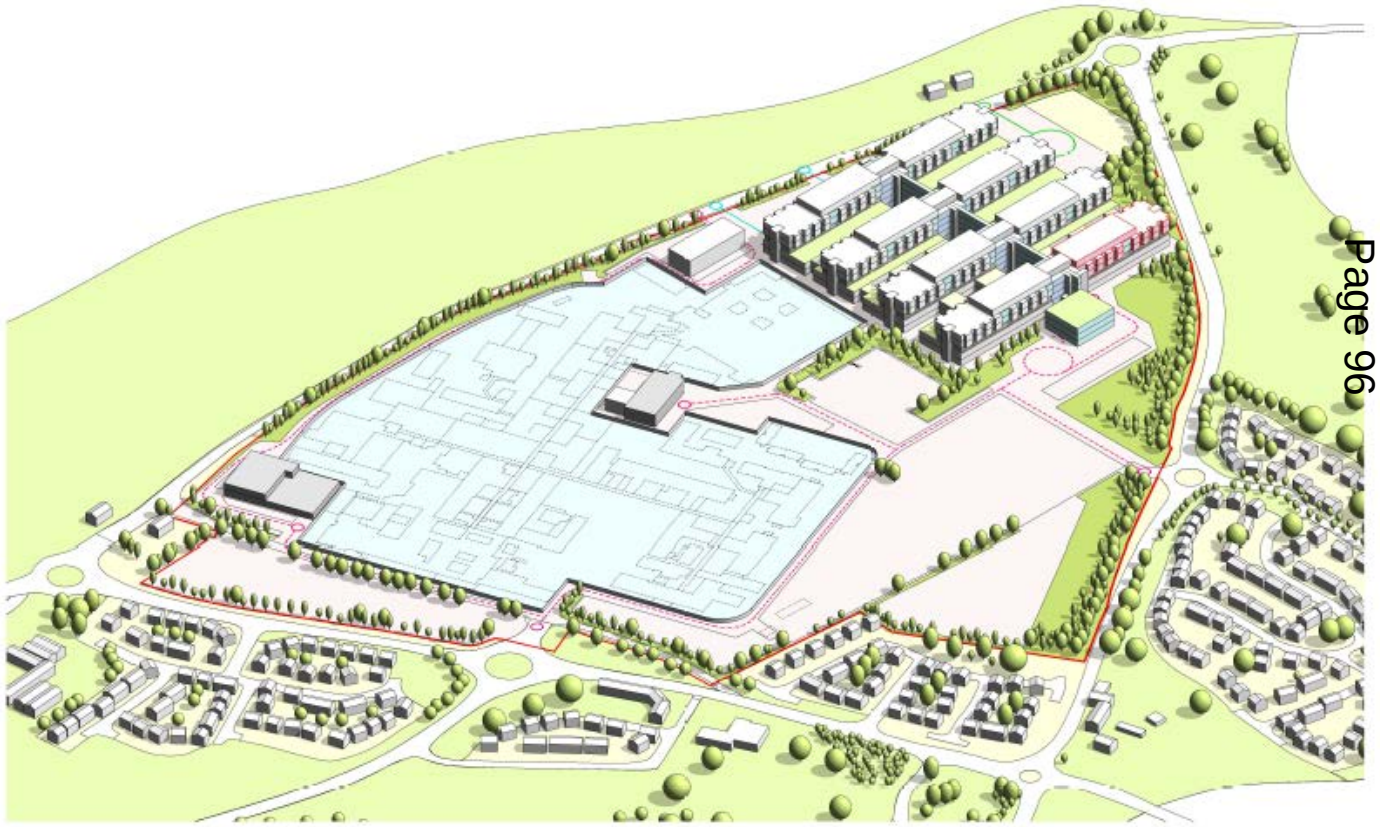


Department of Health & Social Care

NHS New Hospital Programme

Preferred Way Forward

- Main new hospital build containing theatres, ED, women's & children's, inpatient wards, main outpatients etc
- Maximise retained estate where practicable – ED converted to training and education and Darwin converted to a rehab bed model
- Optimised clinical and operational functionality, adjacencies, flows and travel distances
- Compact and efficient footprint provides the necessary access for blue light, service and public traffic, and a landscaping setting benefitting patient and user wellbeing
- Footprint pulled away from Flowers Lane / existing and consented development
- Fully net zero carbon compliant
- Fully digitally enabled hospital



Timelines

- Replacement of RAAC affected estate to be completed by 2030
- Demolition of existing hospital (less retained estate elements) included within overall project costs and to occur post 2030
- Further development of the site post demolition of the hospital – to be defined
- Current dates are subject to agreement with NHP and approval of the NHP Programme Business Case version 3

Milestone	Date
SOC submission	July 24
Outline planning submission	Dec 24
OBC submission	Aug 25
FBC submission	June 26
Main works construction start	Oct 26
Construction completion	Jun 29
Go-live	Nov 29

Achievements to date

In June 2023 the Board approved a mobilisation plan to progress the redevelopment of Leighton following inclusion on the NHP. In this time we have achieved;

- Secured a place as one of only two H2.0 reference design sites
- Completed land purchase to enable single phase, simplifying and speeding up construction and increasing attractiveness to market and NHP
- Recruited and onboarded a skilled and experienced PMO and advisory teams to support delivery
- Engaged with over 200 members of staff and developed a Comms & Engagement Strategy to enable meaningful discussions with staff, patients and communities
- Applied for an electrical upgrade to secure capacity for new facilities
- Completed NHP's Q5 Capacity & Capability Assessment (Sep 23) with a review planned for Sep 24 (informally noted as most progressive Trust in NHP)
- Co-created a project charter setting out the behaviours we will adopt as a team to successfully deliver a New Leighton
- Submitted a compliant SOC to NHSE and NHP aligned to all key NHP principles in a constantly evolving brief from NHP
- Identified suitable renewable energy technologies to support the Trust's transition to Net Zero Carbon
- Fostered a collaborative and supportive relationship with NHP leadership, actively participating in 6 different NHP pilot schemes
- Commenced development and engagement on a series of strategies across EFM, clinical, digital, energy and social value
- Entered into productive discussions with Local Authority to secure a PPA and subsequent outline planning permission (Q1 2025)

Next steps – Outline Business Case stage

- Programme Office now turning their attention to Outline Business Case
- Key deliverables
  - RIBA stage 2 – November 2024
  - Outline Planning application – December 2024
  - RIBA stage 3 – June 2025
  - Outline approval – May 2025
  - ICB support – June 2025
  - Trust Board approval – July 2025
  - Submission – August 2025
- Funding Fees approved through to 31st March 2025
- Business Case support now being provided by PwC

Healthier Futures

healthierfutures.mcht.nhs.uk

Ref: GU/JW/HFS260724

Date: 26th July 2024

Office of Graham Urwin
Chief Executive

Ian Moston
Chief Executive
Mid Cheshire Hospitals NHS FT

Dear Ian,

Re – Support for Healthier Futures Strategic Outline Case

As Accountable Officer for NHS Cheshire and Merseyside, I am writing to confirm our strong support for the Healthier Futures scheme recognising that further detailed planning work will be required. The following are key areas informing our conclusions and support as provided below.

Operational Capital and Revenue Funding Requirements
NHS Cheshire & Merseyside recognise the figures and assumptions on which the SOC is based (and summarised below). I can confirm that the ICB is not currently considering divesting in any acute services delivered by the Trust and that the SOC assumptions are reasonable and fair levels at this stage in the business case process.

Core capital and revenue assumptions –

- The preferred option resulting from the economic analysis in the SOC is a £1.2bn for new and retained estate (reference 6.2.3 cost estimating in the SOC) as part of the scheme to be operational by November 2029.
- The current revenue affordability position is a £23m deficit from year 2 post operation. This affordability gap is assumed to reduce to £9m as a result of depreciation assistance from central teams that has been provided to other NHP schemes to date.
- Demographic growth driving activity levels is based on local ONS data (principally based on projections based on patient's age, sex, and locality).
- We recognise that work is ongoing around the transformational change in care delivery and the shift from acute to preventative and out of hospital provision.

We both support the principles and objectives of the Strategic Outline Case, and recognise the following areas of financial risk -

- We have not been informed of the capital funding envelope for the scheme however we understand that the estimations are based on national advice and guidance.
- Annual cash releasing benefits of £22.9m are identified at SOC stage. These cash releasing benefits include additional income associated with additional inpatient and outpatient capacity (aligned solely to demographic factors). These seem reasonable assumptions to make at this point; we look forward to working closely with you on the modelling at OBC and FBC stages to ensure that this additional capacity is in line with the ICS and Place strategies.
- Other cash releasing benefits are associated with workflow, staffing, digitisation, and energy efficiencies. These initial assessments appear reasonable and will be tested more thoroughly by NHSE at OBC and FBC stages.
- Depreciation relief funded by NHS England is assumed at a maximum of £29m per annum and a minimum of £14m per annum from 2026/27 onwards. We understand the reasons for this assumption, but recognise that making assumptions about future financial regimes carries a level of risk. We would encourage the Trust to incorporate this uncertainty within their scenario analysis at OBC.

- Impairment assumption of 30% - this appears reasonable at this stage.

Scheme Alignment to NHS Cheshire and Merseyside Estates and Digital Strategies

The scheme is in alignment with the current estates and digital strategies. We are currently in the process of developing its ICB Infrastructure Strategy. This scheme is fully referenced in the Cheshire and Merseyside ICS Infrastructure Strategy presented at Finance Investment and Resources Committee on 9 July. The Healthier Futures scheme intends to align with Cheshire and Merseyside ICS Digital Strategy through development of an infrastructure allowing connectivity across the entire hospital and providing the foundations for scalable digital and data platforms, and system-wide digital and data tools within the technologies in the Hospital 2.0 principles.

Other Strategic Considerations

I understand and confirm that no disposals are currently envisaged as part of the scheme and that the Trust has already completed its land acquisition (which was also supported by the ICB) as a key enabler for delivery of a new Leighton by 2030. Alternative suitable estate was also considered as part of the land acquisition Short Form Business Case and details are enclosed within the SOC which is being submitted by the Trust to NHS England / New Hospital Programme.

Throughout the Healthier Futures scheme, the ICB is working collaboratively with the Trust, including sitting as a member of the Healthier Futures Programme Board, ensuring integrated system wide development of plans relating to the Healthier Futures project, including the transformation plans which are required to be delivered to ensure delivery of the Trust's and ICB's ambition for right care, right time, right place.

ICB Support for the Proposed Investment

On behalf of NHS Cheshire & Merseyside, we confirm that we support the proposal by Mid Cheshire Hospitals NHS Foundation Trust (MCHT) to submit a Strategic Outline Case regarding the proposed Healthier Futures scheme to redevelop Leighton hospital, retaining the current Emergency Department and Darwin building, with the remainder of hospital as new build. This will support the directive from NHSE mandating the removal of RAAC from the NHS estate by 2030.

Areas of Focus in Developing the OBC

We have provided a number of comments and observations in relation to the SOC some of which have been incorporated and others which are to be developed during the OBC stage. These can be briefly summarised as follows –

- Further development of the assumptions within the demand and capacity modelling and co-development of clinical and digital transformation plans with the ICB and place partners.
- Work up benefits realisation plan to an even greater level of detail and seek further opportunities to reduce current affordability gap in partnership with the ICB and place partners.
- Further detail in relation to provision of mental health services for patients presenting at the hospital.

Additional detail is provided below in Appendix A.

Conclusion and Summary

I can confirm that the scheme is a priority for NHS Cheshire & Merseyside and that the Board is supportive of the significant investment that a 'new Leighton' offers to the region in relation to –

- De-risking the ICB estate relative to the presence of RAAC.
- Ensuring sufficient acute healthcare capacity for the Trust to 2036/37.

- Driving system wide transformation in the delivery of the ICB Strategy, Cheshire East Blueprint and Trust Clinical Services Strategy.
- Delivering significant social value for the Cheshire places and potentially the wider region.

Yours sincerely

Graham Urwin
Chief Executive
NHS Cheshire and Merseyside ICB

Appendix A – Schedule of Further Work

We have agreed that these items will be most appropriately worked on between the ICB and Trust as part of SOC preparation.

1. Commitment to share the full report and the programme's work plan to address the areas identified from the pilot governance and organisational maturity work.
2. Commitment to develop a robust and detailed timetable for the OBC programme. The first draft was shared at the Programme Board in July.
3. Commitment to share the NHP closing report on the scheme if it's available.
4. The SOC references early cancer screening in community locations, and the explanation has been that this is potentially in scope as part of the transformation required to deliver services differently. This is welcomed and the resource implications (in the fullest sense of resources) are to be worked through.
5. Commitment to establish the impact of the scheme from a Core20PLUS5 perspective. An initial commissioner view is that Core20PLUS5 is focused on out of hospital and developments; there may be some exceptions to this.
6. Agreement that the provision of clinical capacity in the OBC will be fully in line with forecast requirements as agreed with MCHT board and ICB commissioners.
7. The transformation levers – both their identification, quantification, and allocation between hospital and place partner led transformation work, are crucial in 'right sizing' the hospital.
8. Commitment to seek clarity on 'baseline' beds specifically around currently unfunded or non-recurrently funded winter bed capacity.
9. Commitment to develop a detailed OBC development plan with detailed planning of opportunities for place partner engagement (particularly clinical leaders) so that a full and coordinated place partner response can be made.
10. Recognition that the social value strategy due this autumn will clarify the weighting given to social value in future procurement considerations.
11. Commitment to work together towards broad commissioner OBC approval criteria:
    a. Healthier Futures won't and shouldn't be expected to solve all local system health and care problems. At the very least, the impact should be neutral.
    b. We should expect it to make some contribution to improving health and care for Cheshire in a way that is congruent with our strategies and plans - a community model / 2030 blueprint.
    c. Strategic commissioners require exploration of potential for networked services with specialist providers.
    d. Consideration of MH LD patient needs.
    e. Seek to use NHP investment (or seek other funding) for wider system / programme resource if demonstrable benefits would be realised.
12. ICB procurement input – at a scale to be determined – to be reviewed as part of OBC development.

Cheshire East Health and Care Partnership Board

System Finance Report - Month 3

Date of meeting:	4 September 2024
Report title:	System Finance Report – Month 3 (June 2024)
Report Author:	Katie Riley – Head of Finance
Report approved by:	Dawn Murphy – Associate Director of Finance and Performance

Purpose and any action required	**Decision/→ Approve**		**Discussion/→ Gain feedback**		**Assurance→**		**Information/→ To Note**	X

Executive Summary and Key Points for Discussion

The Cheshire East system has planned for a deficit of £89.9m for 2024/25. This covers the following partner organisations:

- Cheshire and Merseyside Integrated Care Board (Cheshire East Place)
- East Cheshire NHS Trust
- Mid Cheshire Hospitals NHS Foundation Trust
- Cheshire and Wirral Partnership NHS Foundation Trust

Reporting from Cheshire East Council will be included in future reports once the first quarter review has been completed and shared.

The system is forecasting to achieve the planned deficit at month 3. However, there is considerable risk reported which may impact on deliverability, £24.9m in total. Against this, organisations have identified £8.7m of potential mitigations. Consequently, the risk adjusted forecast deficit is £106.1m, an adverse variance to plan of £16.1m.

Efficiency savings of £42.2m are forecast to be achieved in full.

Recommendation/ Action needed:	**The Board is asked to:** Note the content of the report.

Consideration for publication	
Meetings of the Health and Care Partnership Board will be held in public, and the associated papers will be published unless there are specific reasons as to why that should not be the case. This paper will therefore be deemed public unless any of the following criteria apply (please insert **'x'** as appropriate:	
The item involves sensitive HR issues	
The item contains commercially confidential issues	
Some other criteria. Please outline below:	

Which purpose(s) of the Cheshire East Place priorities does this report align with?	
Please insert **'x'** as appropriate:	
1. Deliver a sustainable, integrated health and care system	X
2. Create a financially balanced system	X
3. Create a sustainable workforce	
4. Significantly reduce health inequalities	

Document Development	**Process Undertaken**	**Yes**	**No**	**N/A**	**Comments (i.e., date, method, impact e.g., feedback used)**
	Financial Assessment/ Evaluation				
	Patient / Public Engagement				
	Clinical Engagement				
	Equality Analysis (EA) - any adverse impacts identified?				
	Legal Advice needed?				
	Report History – has it been to other groups/ committee input/oversight (Internal/External)				The financial position for each organisation will have been presented through internal governance structures.

System Finance Report – Month 3 (to the end of June 2024)

1. Introduction

1.1 The purpose of this report is to update on the overall financial position of Cheshire East Place. Partners include Cheshire and Merseyside Integrated Care Board (ICB), Cheshire and Wirral Partnership NHS Foundation Trust (CWP), Cheshire East Council (CEC), East Cheshire NHS Trust (ECT) and Mid Cheshire Hospitals NHS Foundation Trust (MCHFT).

1.2 This report is based on the forecast produced at the end of Month 3, June 2024, for NHS organisations. Due to differences in reporting frequency and timescales, information from Cheshire East Council is not yet included but will form part of future reporting once the first quarter review is complete.

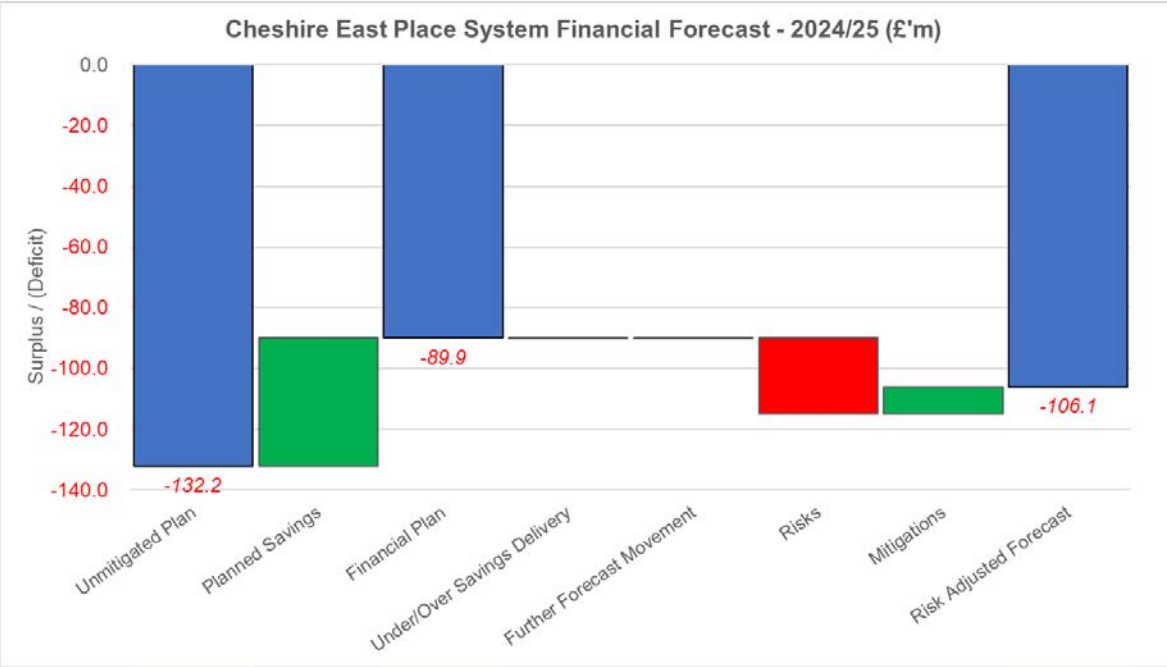
1.3 The key issue is the challenged financial position of all organisations within the partnership and the impact this has on all sectors and providers of health and social care.

1.4 Where organisations provide a significant level of service to more than one Place, their financial reporting has been apportioned out using an approximate percentage split but the total organisational position can be seen in Appendix 2.

2. System Financial Position

2.1 The financial position of Cheshire East Place is challenging, organisations are facing increasing demand and increased costs across all their activities which is causing significant financial pressure.

2.2 The planned deficit agreed for 2024/25 is £89.9m and the system is currently forecasting to achieve this position. However, risks and mitigations are being reported by all organisations bringing the risk adjusted forecast deficit to £106.1m, an adverse variance to plan of £16.1m:



2.3 Efficiency savings are currently forecast to be achieved in full, £42.2m.

2.4 There are more detailed breakdowns of the summary financial position presented in Appendix 1 and Appendix 2.

3. Risks and Mitigations

3.1 Each organisation reports risks in a slightly different format, but these have been grouped into categories for simplicity and to present a consistent position across the system.

3.2 In total, the risk reported across all organisations at month 3 (excluding CEC) is £24.9m.

3.3 The largest risks are related to delivery of efficiency savings (£10.3m) and care costs (£7.9m).

3.4 There are £8.7m of potential mitigations which have been identified at month 3 which could support if the risks materialise.

3.5 At month 2 (end of May 2024), reporting requirements were reduced for NHS organisations noting that the financial planning round was yet to be completed, so there is no prior month comparison available for this month.

4. Efficiency Schemes

4.1. Cheshire East Place included plans to achieve £42.2m of efficiency savings during 2024/25. A significant proportion of this target was planned for recurrently.

4.2. Currently, it is forecast that this target will be achieved in full. However, there is £10.3m of risk reported against this delivery so it's important this is managed carefully throughout the year to maximise the benefit from these schemes.

4.3. Despite the forecast showing full achievement, there are some variances being reported by individual scheme area and more non recurrent savings being forecast to offset under delivery of recurrent savings. This is a risk going into future years. Detail by organisation and scheme is shown in Appendix 3.

4.4. Delivery of the schemes identified by CEC will be included in future months as explained in previous sections.

5. Conclusions and Next Steps

5.1. This report is produced monthly and presented within Cheshire East to ensure everyone is aware of the financial position and the challenges being faced.

5.2. Due to differences in reporting frequency and timescales, information from Cheshire East Council will be included once available.

Appendix 1

Cheshire East System Financial Position - Month 3 2024/25

Narrative	Surplus / (Deficit)		
	Plan (£'m)	Forecast (£'m)	Variance (£'m)
Planned Income / Allocation	931.4		
Planned Expenditure	-1,063.6		
2024/25 Unmitigated Surplus / (Deficit)	**-132.2**	**-132.2**	**0.0**
Efficiency Schemes	42.2	42.2	-0.0
Agreed Movement from Plan		0.0	0.0
M3 Reported Forecast Surplus / (Deficit)	**-89.9**	**-89.9**	**0.0**
Risks			
Staffing (incl. Industrial Action)		-1.9	-1.9
Elective Recovery Fund		-1.5	-1.5
Inflationary Pressure (incl. Medicines)		-1.2	-1.2
Efficiency Savings		-10.3	-10.3
Unplanned Care / Winter		-1.3	-1.3
Care Costs (incl Social Care and Packages)		-7.9	-7.9
Cash Support Costs		0.0	0.0
Other		-0.7	-0.7
Mitigations			
System Working and Further Savings		8.7	8.7
Other		0.0	0.0
2024/25 Risk Adjusted Forecast Surplus / (Deficit)	**-89.9**	**-106.1**	**-16.1**

Appendix 2

Cheshire East System Financial Position - Month 3 2024/25

Narrative	Breakdown by Organisation (£'m)					Total (£'m)	*Total Org (£'m)*	
	ICB	ECT	MCHFT	CWP	CEC		*MCHFT*	*CWP*
M3 Reported Forecast Surplus / (Deficit)	**-52.0**	**-14.4**	**-23.8**	**0.3**	**0.0**	**-89.9**	***-35.6***	***1.5***
Risks								
Staffing (incl. Industrial Action)	0.0	-0.7	-1.0	-0.2	0.0	-1.9	*-1.5*	*-1.1*
Elective Recovery Fund	0.0	-1.5	0.0	0.0	0.0	-1.5	*0.0*	*0.0*
Inflationary Pressure (incl. Medicines)	-1.1	0.0	0.0	-0.1	0.0	-1.2	*0.0*	*-0.6*
Efficiency Savings	-3.6	-5.0	-1.7	0.0	0.0	-10.3	*-2.5*	*0.0*
Unplanned Care / Winter	0.0	0.0	-1.3	0.0	0.0	-1.3	*-2.0*	*0.0*
Continuing Care and Packages of Care	-6.8	-0.4	-0.3	-0.4	0.0	-7.9	*-0.5*	*-2.1*
Cash Support Costs	0.0	0.0	0.0	0.0	0.0	0.0	*0.0*	*0.0*
Other	0.0	-0.7	0.0	0.0	0.0	-0.7	*0.0*	*0.0*
Mitigations								
System Working and Further Savings	0.1	3.5	4.4	0.7	0.0	8.7	*6.5*	*3.8*
Other	0.0	0.0	0.0	0.0	0.0	0.0	*0.0*	*0.0*
2024/25 Risk Adjusted Forecast Surplus / (Deficit)	**-63.4**	**-19.1**	**-23.8**	**0.3**	**0.0**	**-106.1**	***-35.6***	***1.5***

Appendix 3

Month 3 Cheshire East Summary of Delivery - Efficiency Schemes			
Scheme Name	**Over / (Under) Achievement**		
	Plan (£'m)	**Forecast (£'m)**	**Variance (£'m)**
ICB (100% Share)			
Continuing and Complex Care	2.547	2.547	-0.000
Home First	2.675	2.675	0.000
Medicines Management	3.273	3.273	0.000
Other	0.818	0.791	-0.028
Stretch Target	3.915	3.915	0.000
ECT (100% Share)			
Pay - Recurrent	8.840	7.730	-1.110
Non-pay - Recurrent	2.385	1.261	-1.124
Income - Recurrent	0.000	0.200	0.200
Pay - Non-recurrent	0.000	0.654	0.654
Non-pay - Non-recurrent	0.000	1.380	1.380
Income - Non-recurrent	0.000	0.000	0.000
MCHFT (67% Share)			
Pay - Recurrent	5.251	5.463	0.212
Non-pay - Recurrent	4.194	4.342	0.148
Income - Recurrent	4.132	2.423	-1.709
Pay - Non-recurrent	0.000	0.000	0.000
Non-pay - Non-recurrent	1.456	2.805	1.349
Income - Non-recurrent	0.000	0.000	0.000
CWP (19.8% Share)			
Pay - Recurrent	1.713	1.461	-0.252
Non-pay - Recurrent	1.042	0.280	-0.762
Income - Recurrent	0.000	0.000	0.000
Pay - Non-recurrent	0.000	0.826	0.826
Non-pay - Non-recurrent	0.000	0.078	0.078
Income - Non-recurrent	0.000	0.110	0.110
CEC (100% Share)			
TBC			
Total	**42.241**	**42.213**	**-0.028**


Cheshire East
Council

Contents

Executive summary

Context

Cheshire East Council faces its most challenging set of circumstances since it was formed. Financial pressures are driving the need to close a £100 million budget gap to ensure financial sustainability and avoid issuing a S114 notice. Recent external review and inspections have identified several areas where the organisation requires significant transformation and improvement. At the same time the Council needs to reset its operating model and define its ambitions to help it capitalise on the borough's strengths as well as being responsive to new developments including a new national government.

The Council is preparing to launch a Transformation Portfolio to shape and deliver the widespread, fundamental changes it anticipates that it needs to make to respond to these challenges.

It has already appointed an external transformation partner, Inner Circle Consulting and collaborated with them to identify a range of opportunities that could help the Council address financial and strategic challenges. It has carried out a readiness assessment of its current capability and capacity to successfully deliver the complex programme of change required. This work has led to the development of this Transformation Plan.

The Programme

This Transformation Portfolio will take multiple years to deliver, given the amount of change involved. The roadmap visual below illustrates how the work will be sequenced and how benefits may be realised over time.

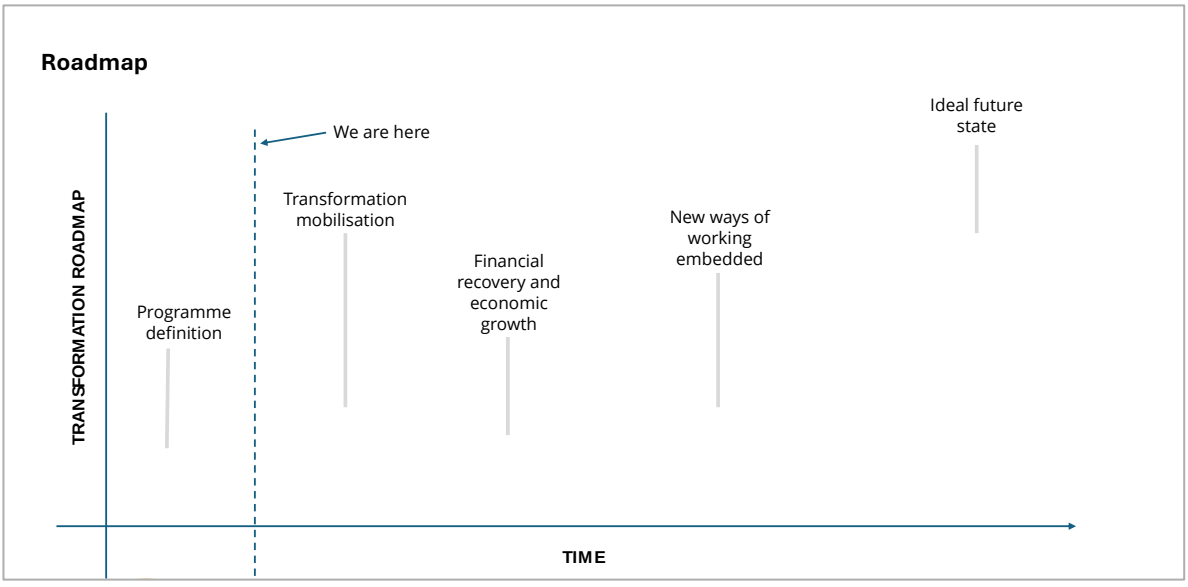


Figure 1.High-level Transformation Portfolio roadmap.

The projects that form part of this Programme are estimated to deliver between £59 – 91 million in savings, income or cost avoidance over the next four financial years. These figures do not include a range of digital projects that have an estimated £14 million benefits, and some of the

other opportunities identified through the work to date[1]. The charts below show the benefits profile for both the low and high range of estimates.

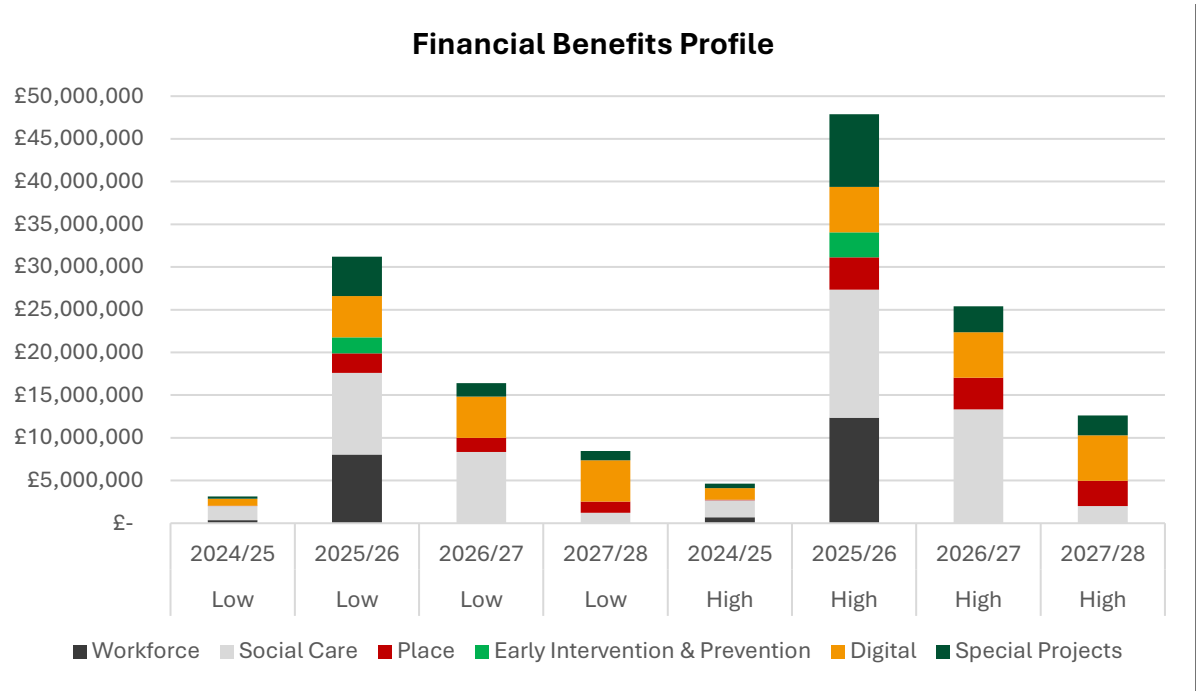


Figure 2. Profile of financial benefits by programme with both low and high estimates included.

There is a range of other projects in the pipeline that are anticipated to realise further financial benefits that will help the council close the budget gap, however these will need to be assessed before including within the Programme.

The Portfolio will comprise six programmes each containing a range of projects and other initiatives. The table below provides a summary explanation of each programme, and a list of projects and initiatives included (or linked to it from other, in-flight programmes).

It should be noted that the table captures those initiatives that form part of the first tranche of work to be delivered by the Programme – new projects will be scoped and considered for inclusion over the life of the Programme.

Programme: Workforce	
Description	**Constituent projects and initiatives**
Design and delivery of a new target operating model encompassing staffing, ways of working, capabilities and culture.	WF1: Target Operating Model WF2: Agency Staff WF3: Workforce Productivity
Programme: Social Care	
Description	**Constituent projects and initiatives**

[1] It does not include any benefits from Grant Funding, SEND/Home-to-School Transport, Partnership Health and Wellbeing commissioning, or Reducing Supported Living innovation (building upon the Learning Disabilities support project).

Projects to transform high-needs, high-care / statutory social care services. Note: Adult Social Care Cost & demand Modelling, ASC Fees & Charging, Reablement and ASC workforce development will all report in but not form part of the Programme.	SC1: Health & Social Care Partnership Case Review (H&SC PCR) – Adults SC2: H&SC PCR – Children's SC3: Pathways for Adulthood / Transitions SC4: Commissioning & Brokerage SC5: Learning Disabilities Provision SC6: Reunification SC7/8: Children in Care (Under-10 + Step Down) SC9: Children's (CSC) Cost & Demand modelling
Programme: Place	
Description	**Constituent projects and initiatives**
Projects and ongoing initiatives that will transform the Council's approach to place-based services, shaping the local economy and use of Council assets.	PL1: Advertising PL2: Corporate Landlord PL3: Asset strategy refresh PL4: Automatic Number Plate Recognition enforcement PL5: Specialist housing PL6: Libraries PL7: Tatton Park PL8: Waste PL9: Alternative Service Delivery Vehicle review PL10: Economic strategy
Programme: Early Intervention and Prevention	
Description	**Constituent projects and initiatives**
Develop a whole-council response to supporting residents to become more resilient, self-sufficient and avoid crises requiring intensive support. This also aims to manage long-term demand for services.	EIP1: Early intervention and prevention EIP2: Customer
Programme: Digital	
Description	**Constituent projects and initiatives**
Digitally enabled projects and programmes that will realise benefits for the Council and residents.	To be agreed as part of a prioritisation exercise, but likely to include a broad range of initiatives.
Programme: Special Projects	
Description	**Constituent projects and initiatives**
Projects that do not fit neatly within any of the above programmes but will deliver important benefits linked to the financial and strategic objectives of the Council.	SP1: Fees & Charges SP2: Third Party Spend SP5: Outbound mail SP3: Grant Funding SP4: Income recovery & debt SP6: Council Tax banding

Building transformational capability

The Council has assessed its current ability to deliver a programme of this scale and complexity and recognises that it will take time to build the required capabilities and capacity. It is working with a transformation partner to mobilise the programme and deliver the work, and the plan includes some activities to boost the Council's ability to become self-sufficient in the future.

The main element of this capacity boosting work is the set-up of a new Transformation Programme Management Office (PMO). The PMO will take responsibility for setting up programme infrastructure (including governance, delivery methodology and support for staff) that will be used to deliver the work. The PMO will also champion project management best practice and build capacity through support, challenge, skills transfer and training, so that the Council is able to move towards managing the programme on its own.

Mobilisation

Over the next month the Council has a considerable amount of work to complete to prepare the organisation to deliver the Transformation Portfolio. The main activities it needs to complete by the end of September 2024 are:

- Secure the relevant permissions, funding and delegated decision-making to run the programme.
- Set up the PMO and programme infrastructure so that the Council is ready to deliver and manage the work.
- Rationalise the current portfolio of projects to free up resources for the high priority work that will make the greatest contribution to the Council's strategic objectives.
- Mobilise project teams and develop detailed delivery plans for the work that is due to start with the launch of the programme.
- Develop and launch a communications and engagement plan that supports the transformation agenda and brings staff and partners on the journey so they can adopt and sustain changes required.

Introduction

This is a comprehensive transformation plan, designed to propel our organisation towards a radically different future which is more customer focussed, efficient and cost effective.

Our transformation plan is not just about changing processes or structures; it is about creating a meaningful impact. This plan aims to address the challenges and opportunities that lie ahead. By developing and aligning our efforts with a clear and compelling vision, we will be able to inspire and engage every member of our organisation and our partners to contribute to this transformative journey.

We realise that successful transformation requires a dedicated and capable leadership team and we are committed to having the right people in place, who are motivated and equipped to drive and lead this change.

Transformation is a continuous process. We will set ambitious goals, measure our progress rigorously, and also celebrate our successes along the way. By staying focused and committed, we can achieve the required results and secure a prosperous future for this council.

We’re confident that, together, we can navigate this transformation successfully. Let us embrace this opportunity with enthusiasm and determination, knowing that our collective efforts will lead us to a more efficient and effective council that responds to the needs of our residents.

As leaders of the council, we recognise that transformation on this scale represents a new and difficult challenge for the council.

The programme will deliver an ambitious and far-reaching portfolio of transformation programmes and projects, that address a range of fundamental issues the council faces in responding to the changing needs and expectations of residents and communities.

We truly believe that the transformation plan represents a unique, once in a generation opportunity to redefine the organisation. It must listen to and reset the expectations between the council and its residents and modernise council services, at pace. We will adopt and use new technology where appropriate to ensure the council is more effective and efficient, resulting in enhanced customer care and value for every penny spent.

This plan represents an important milestone in the journey of the council. It sets out the ambition of how we will radically change over the next four years, spending £100m less and becoming a cost-effective council.

Rob Polkinghorne	Nick Mannion	Michael Gorman
Chief Executive	Leader of the Council	Deputy Leader of the Council

Context

Strategic context

Political context

Cheshire East Council operates under a committee system. This means that most decisions around how the Council operates and spends money are made by politically proportionate decision-making Service Committees.

There is no overall control, and the Council is led in a joint administration partnership between Labour and Independent Councillors.

The Council also elected a new Leader, Councillor Nick Mannion, at the most recent Full Council meeting in July 2024. This would have had the potential to disrupt the programme however Councillor Mannion has been engaged throughout the development of the Transformation Portfolio in his previous capacity as a Committee Chair, through regular officer briefings.

The democratic structure in Cheshire East can at times present a risk to transformation activities, as the political leadership may change throughout any programme of work and decision-making by committee can take longer than a cabinet leadership structure. These risks should be mitigated through a strong programme of engagement with all committees, committee chairs and the wider members to bring them along on the journey and through delegation of key decision-making to senior officers to enable change at pace.

The Cheshire East Plan

The Cheshire East Plan 2021-25 was recently refreshed for 2024/25 and comprises three broad objectives, under which there are 20 priorities:

- **An open and enabling organisation** - provide strong community leadership and work transparently with our residents, businesses and partners
- **A council which empowers and cares about people** - reduce inequalities, promote fairness and opportunity for all and support the most vulnerable residents
- **A thriving and sustainable place** - lead communities to protect and enhance the environment, tackle the climate emergency and drive sustainable development

The table below sets out these priorities, linked to the three main aims.

Aim	Priorities
An open and enabling organisation	1.1 Ensure that there is transparency in all aspects of council decision making. 1.2 Listen, learn and respond to our residents, promoting opportunities for a two-way conversation. 1.3 Support a sustainable financial future for the council, through service development, improvement and transformation. 1.4 Look at opportunities to bring more income into the borough. 1.5 Support and develop our workforce to be confident, motivated, innovative, resilient and empowered. 1.6 Promote and develop the services of the council through regular communication and engagement with all residents.

A council which empowers and cares about people	2.1 Work together with residents and partners to support people and communities to be strong and resilient. 2.2 Reduce health inequalities across the borough. 2.3 Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation. 2.4 Be the best Corporate Parents to our children in care. 2.5 Support all children to have the best start in life. 2.6 Increase opportunities for all children and young adults with additional needs. 2.7 Ensure all children have a high quality, enjoyable education that enables them to achieve their full potential. 2.8 Reduce the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services.
A thriving and sustainable place	3.1 A great place for people to live, work and visit. 3.2 Welcoming, safe and clean neighbourhoods. 3.3 Reduce impact on the environment. 3.4 A transport network that is safe and promotes active travel. 3.5 Thriving urban and rural economies with opportunities for all. 3.6 Be a carbon neutral council by 2027.

A new Cheshire East Plan is due to be developed by the end of this financial year for 2025 and beyond. Based upon the work so far, the future priorities are likely to be similar to those in the current plan but will also be informed by the council's improvement and transformation activity, overall ambitions for its communities and growth, and aligned to the MTFS.

The Transformation Portfolio should not consider financial impact alone; it should also aim to support the delivery of these priorities in the Council Plan. Consequently the Programme will incorporate these into assessment and prioritisation frameworks to ensure the work aligns with the Plan.

External reviews

The Council has recently either commissioned, or been subject of, external reviews.

LGA Corporate Peer Challenge – a peer challenge was carried out in March 2024 and the report published in June 2024 with a set of 18 recommendations for the Council. A detailed action plan has been produced.

Decision-making accountability (DMA) review – the Council has also commissioned the LGA to carry out a review of its senior management structure, with a view to establishing a model which promotes clear responsibilities and accountabilities and efficient decision-making.

Ofsted Inspection – the national body carried out a 2-week inspection of the Council's Children's Services, giving it an overall rating of Inadequate with particular emphasis on experience of care leavers, whilst noting that there had been some areas of improvement since the last review. An improvement plan has been agreed.

Where relevant, the findings and recommendations of these reviews will need to be incorporated into the projects delivered through a Transformation Portfolio.

Appointment of transformation partner

The Council has chosen to commission an external body to provide support in shaping, mobilising and delivering a Transformation Portfolio, having understood that it doesn't yet have capacity to deliver the fundamental transformation to address the financial challenges it faces.

It went out to procure a transformation partner through the Bloom framework during April 2024 and selected Inner Circle Consulting, initially to help it identify, prioritise and plan delivery of a portfolio of initiatives that would help close the budget gap. This work is set out in the 'Work to date' section later in this document.

Internal capacity

The Council faces an unprecedented set of challenges that require a huge amount of change, and exceptional transformation capacity. It is framing this work in terms of four main priorities:

- **Ofsted improvement activity** – addressing the shortcomings identified in the recent inspection of Children's Services.
- **MTFS** – delivering the planned savings as part of the balanced budget and making robust plans for reductions as part of this year's budget setting process.
- **Peer Challenge** – implementing the recommendations from the LGA that are intended to improve the ability of the organisation to perform effectively as a council.
- **Transformation** – delivering a programme of more ambitious, cross-cutting transformational changes that aim to re-shape the organisation and constituent services so that the Council is able to support better outcomes within a reduce set of resources in future.

The organisation is aware that these four priorities represent a higher volume of work, and therefore capacity, than it has previously experienced. It does not have an established corporate project and programme delivery framework that will help it manage this change effectively. Therefore, it will invest in developing a robust delivery methodology, governance framework and capacity to equip it for delivery of this programme.

It understands that it may need to invest in additional capacity to support the delivery. The resourcing of external capacity will form part of the mobilisation of the Transformation Portfolio.

Key corporate risks

The Council maintains Risk Management Framework and regularly reviews the biggest strategic risks to the organisation at Corporate Policy Committee. The biggest risks have strong links with the drivers of need for the Transformation Portfolio. They include the following:

- Failure to Achieve the MTFS – as set out in the Financial context section.
- Dedicated School Grant Deficit – driven by demand for SEND services and being addressed through the Delivering Better Value programme.
- Increased Demand for Adult's Services – anticipated increases in demand for support by an ageing demographic.
- Complexity and Demand for Children's Services – increases in the demand for Special Educational Needs and Disabilities (SEND) support.
- Leadership Capacity – the capacity of senior officers to manage the organisation given the level of vacancies.

- Ability to Achieve Organisation Change – ability to change including potential barriers linked to culture, capabilities, etc. (covered in the Organisational readiness assessment section).
- Failure to Manage the Consequences of Policy Uncertainty and National Policy Frameworks – the ability of the council to effectively horizon scan and influence national and regional developments.
- Stakeholder Expectation & Communication – the ability of the Council to bring residents along on the journey for the changes it anticipates that it will need to make to address the main challenges.
- Information Security and Cyber Threat – being mitigated through delivery of the IT-led Information Assurance and Data Management programme.

Financial context

Cheshire East Council must close a £100 million budget gap over the next four years. Failure to do so will mean that the Council will need to issue a S114 Notice, effectively declaring itself bankrupt. The consequences of this are likely that MHCLG will intervene, appointing commissioners with the sole objective of rebalancing the budget regardless of long-term local consequences for residents and the borough. It is likely that proposed budget cuts will not align with the strategic or political ambitions of leaders in Cheshire East, therefore, it is imperative that financial recovery is achieved in a timely manner.

As part of this, it must also build its reserves back up, having used a large portion of them recently to cover cost pressures. There is a target of increasing reserves by £18.5 million by 2027/28, included in the £100 million target.

There is also a £79 million gap in the Council's DSG budget that the Delivering Better Value programme is aiming to address.

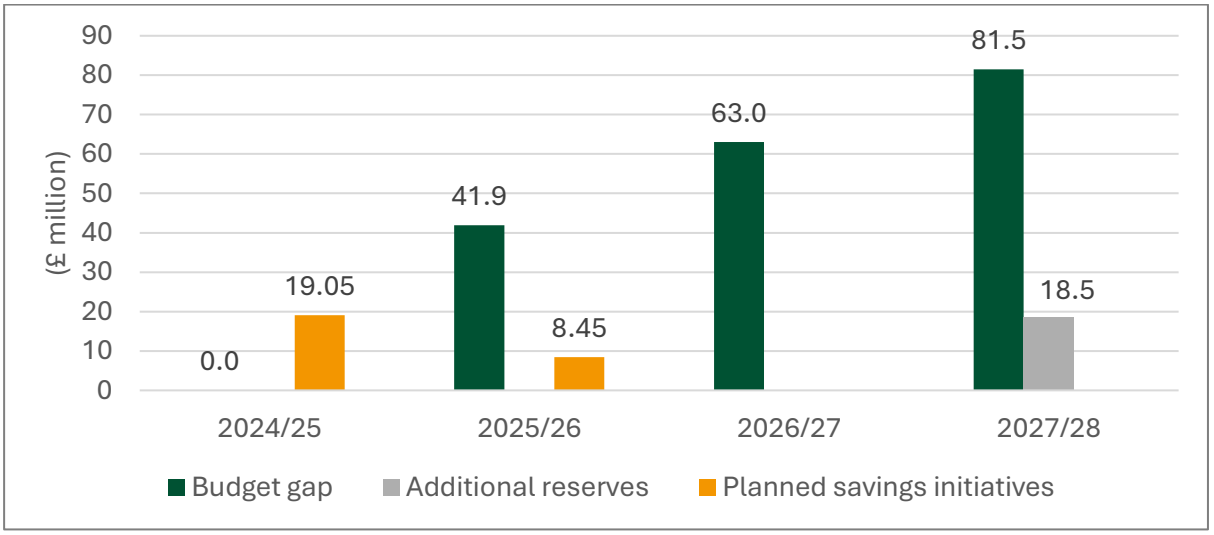


Figure 3. The projected profile of the budget gap over the next four financial years.

The main drivers of the budget gap are the projected growth in both adult and children's social care. This is due to increased demand and inflationary pressures (e.g. pay increases, supplier costs, etc.).

The Council has identified a portfolio of savings that, if delivered, will address the financial pressures within this current year. However, there are few that are projected to close the budget gap in future years.

The Council's track record of delivering the planned savings in previous financial years is relatively good, with over 90% achieved in the previous financial year. However, this does mean that there is a need to identify some additional savings, income or cost avoidance as a contingency should existing initiatives be delayed or fail to deliver the expected financial benefits.

Work to date

Opportunity identification and definition

The work to develop this transformation plan has followed a three-phase approach, conducted over the past three months (May – July 2024). The aim of this work was to quickly identify where the greatest opportunities to support the Council in closing its £100 million budget gap.

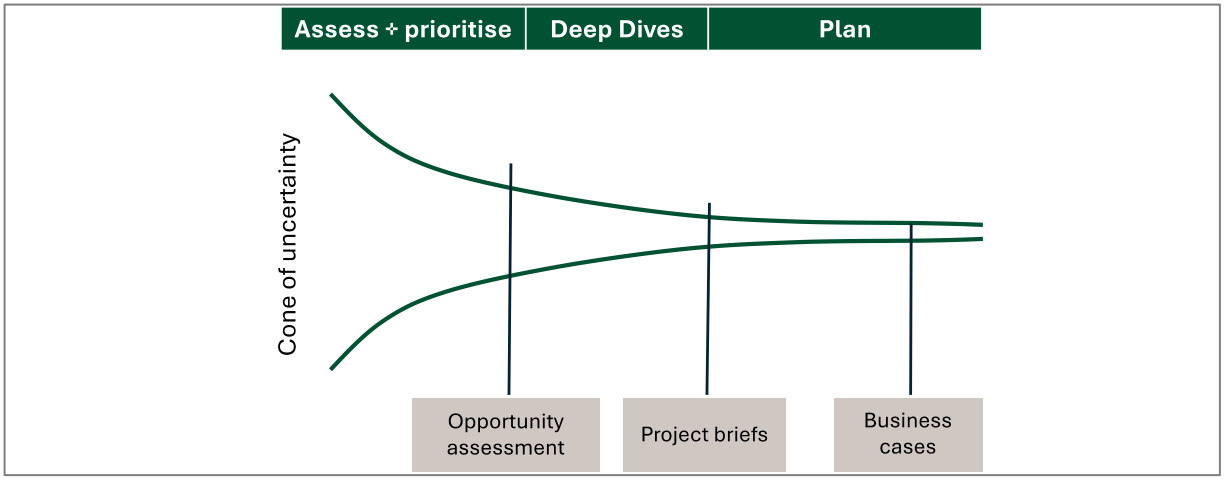


Figure 4. Cone of uncertainty and how it applies to the initial work to shape this programme.

Using a 'cone of uncertainty' principle, the approach initially focused on crude estimates to identify, quantify and prioritise opportunities that looked likely to provide the greatest financial benefit to the Council. It then invested further time in conducting 'deep dives' to assess prioritised opportunities and get greater confidence in the size of benefits. It should be noted that these 'deep dives' do not constitute a business case, which may be the logical next step for several of the opportunities that have been included in the Transformation Portfolio.

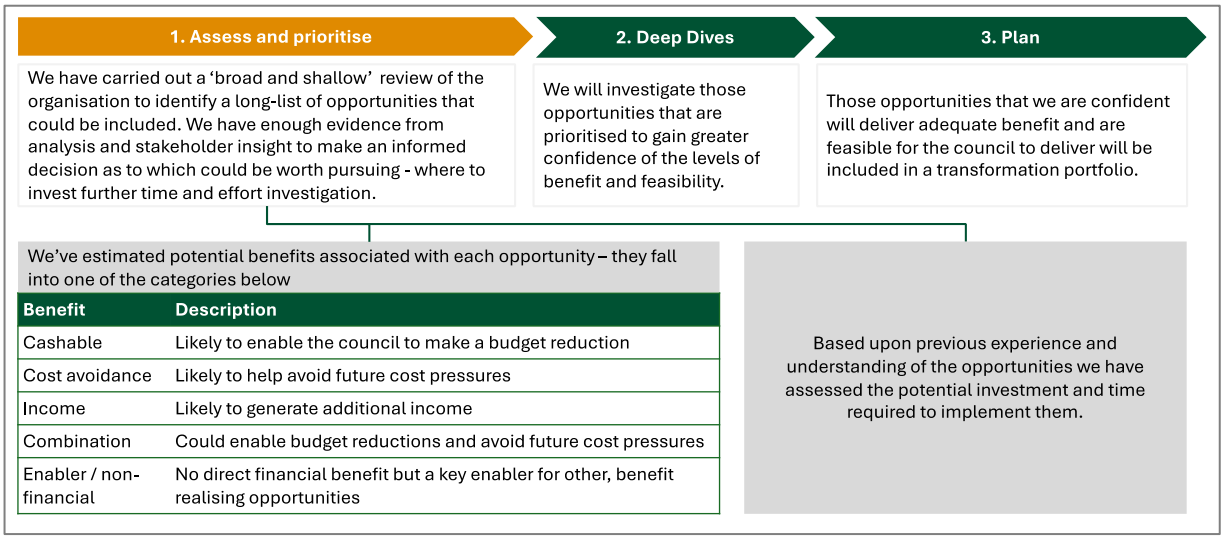


Figure 5. The three-phase approach adopted to develop this Transformation Portfolio.

The following Deep Dives were conducted during July 2024:

- Third Party Spend
- Digital First
- Early Intervention and Prevention
- Health & Social Care Partnership Case Review (in both Adults and Children's Services)
- Preparing for Adulthood / Transitions
- Adult Social Care – Learning Disability Support, Commissioning & Brokerage
- Children's Services – reunification of looked after children to the family
- Assets
- Economic Development and Growth

Depending upon the opportunities explored in the deep dive, they may require a business case before they can be delivered.

The remaining opportunities identified during the first stage fall into one of two categories:

- Business-as-usual (BAU) – there is broad agreement that the opportunity exists and the work to implement changes to realise it is clear (some additional resource may be required to support). They require a plan for delivery
- Further investigation – the opportunity requires either a deep dive or business case to determine whether it will deliver adequate financial benefits

There will be further opportunities that will require assessment as the programme matures. They will need to be investigated, and business cases developed to allow the Council to prioritise new projects for delivery.

Organisational readiness assessment

At the same time the organisation recognised that it did not have experience of delivering the level of change likely required by their situation and challenges. The Council commissioned an organisational readiness assessment to help them understand their strengths and areas for development in relation to capacity and capability of delivering such a large, complex Transformation Portfolio. This work built upon the recent self-assessment using the LGA's framework.

The review focused on three areas:

- **Effective environment, culture and behaviours** – how effective is the organisation at cultivating an environment and ways of working that actively encourages the innovation and creativity required to effectively drive change across the whole organisation.
- **Effective PMO capability and capacity** – which supports the Council to achieve pace, precision, accountability and delivery assurance. This area looks at the current practices in the context of what will be required for the coming transformation across governance approaches, delivery methodology, supporting tools, progress reporting.
- **Effective delivery capability and capacity** – to deliver the programmes and projects within the transformation portfolio, the Council will need dedicated delivery capability and capacity, and the skills and roles required for leading the transformation such as portfolio, programme and project sponsorship.

The assessment found that although there was a low readiness for change, the leadership was aware of this and had started to take actions to improve maturity of the organisation. It detailed a set of specific recommendations that the Council could implement to boost maturity levels and readiness for transformation. These recommendations are set out in the Appendix.

These recommendations have been incorporated within either the mobilisation of the Transformation Portfolio, supporting communication and engagement, or specific projects (primarily the Workforce programme).

Transformation plan

The Council has developed a Transformation Portfolio to address the challenges it faces. The successful delivery of this plan will result in a radically different organisation that not only achieves financial recovery but also workforce stability, economic growth and improved outcomes for residents.

Scope

The Transformation Portfolio will comprise six programmes, described in the table below.

Programme: Workforce	
Description	**Constituent projects and initiatives**
Design and delivery of a new target operating model encompassing staffing, ways of working, capabilities and culture.	WF1: Target Operating Model WF2: Agency Staff WF3: Workforce Productivity
Programme: Social Care	
Description	**Constituent projects and initiatives**
Projects to transform high-needs, high-care / statutory social care services. Note: Adult Social Care Cost & demand Modelling, ASC Fees & Charging, Reablement and ASC workforce development will all report in but not form part of the Programme.	SC1: Health & Social Care Partnership Case Review (H&SC PCR) – Adults SC2: H&SC PCR – Children's SC3: Pathways for Adulthood / Transitions SC4: Commissioning & Brokerage SC5: Learning Disabilities Provision SC6: Reunification SC7/8: Children in Care (Under-10 + Step Down) SC9: Children's (CSC) Cost & Demand modelling
Programme: Place	
Description	**Constituent projects and initiatives**
Projects and ongoing initiatives that will transform the Council's approach to place-based services, shaping the local economy and use of Council assets.	PL1: Advertising PL2: Corporate Landlord PL3: Asset strategy refresh PL4: Automatic Number Plate Recognition enforcement PL5: Specialist housing PL6: Libraries PL7: Tatton Park PL8: Waste PL9: Alternative Service Delivery Vehicle review PL10: Economic strategy
Programme: Early Intervention and Prevention	
Description	**Constituent projects and initiatives**
Develop a whole-council response to supporting residents to become more	EIP1: Early intervention and prevention EIP2: Customer

resilient, self-sufficient and avoid crises requiring intensive support. This also aims to manage long-term demand for services.	
Programme: Digital	
Description	**Constituent projects and initiatives**
Digitally enabled projects and programmes that will realise benefits for the Council and residents.	To be agreed as part of a prioritisation exercise, but likely to include a broad range of initiatives.
Programme: Special Projects	
Description	**Constituent projects and initiatives**
Projects that do not fit neatly within any of the above programmes but will deliver important benefits linked to the financial and strategic objectives of the Council.	SP1: Fees & Charges SP2: Third Party Spend SP5: Outbound mail SP3: Grant Funding SP4: Income recovery & debt SP6: Council Tax banding

The projects and initiatives that have been identified for delivery during the first tranche of work within each of these programmes are set out in the Programmes section. As the programme matures, new projects will be identified and prioritised for inclusion / delivery.

The programme will not include any of the following programmes or initiatives, however some may provide progress reports into the governance mechanisms set up as there are major dependencies with in-scope work, or they deliver significant financial benefits.

- Children's Services Improvement Plan
- LGA Peer Challenge action plan
- ASC Transformation Programme
- In-year MTFS budget initiatives
- Delivering Better Value
- Existing capital investment programmes

Transformation Roadmap / timeline

This Transformation Portfolio will take multiple years to deliver, given the amount of change involved and the size of the projects prioritised for the first stage. New projects are likely to be designed and included in the programme as the Transformation Portfolio matures.

The roadmap visual below illustrates the journey of transformation, and how the benefits will be realised over time.

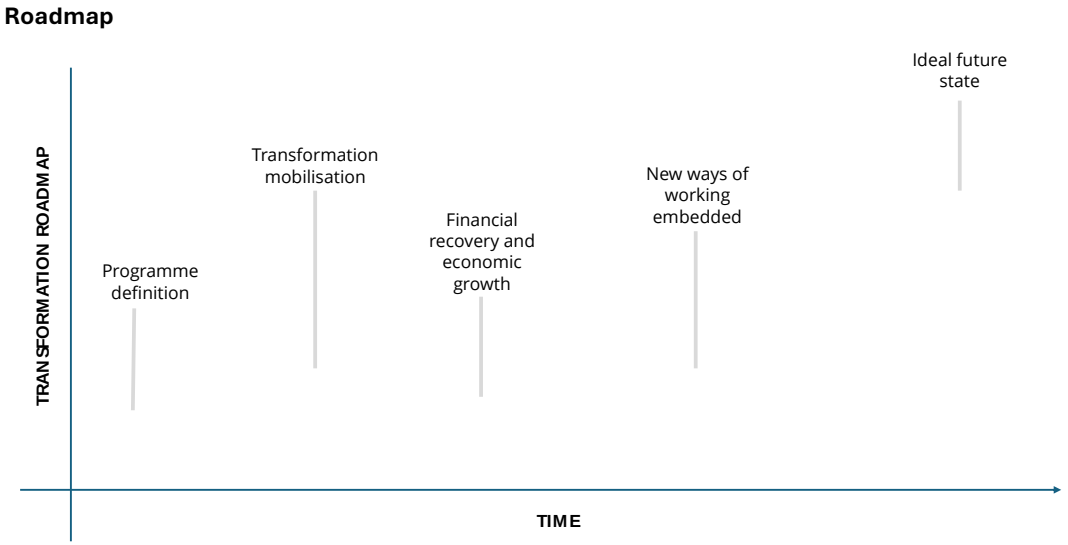


Figure 6. Roadmap showing key stages of the Transformation Portfolio.

The 'work to date' on transformation has been solely focused on programme definition, understanding the skills, capabilities and requirements of the Transformation Portfolio and the programmes of activity that it needs to include.

The next phase is transformation mobilisation, this refers not only to the set-up of the transformation PMO but also preparing the organisation for a change in cultures and practices and agreeing what the 'ideal future state' looks like in Cheshire East.

The Transformation Portfolio will not immediately realise significant financial benefits in 2024/25, but the activities included in the programme will begin to contribute toward the Council's financial recovery within 18 months.

Cheshire East has been intentional around the focus of the Transformation Portfolio not only being on financial recovery but also preparing the ground for future economic growth. As a result of the work in the mobilisation phase of work, the green shoots of recovery will be seen, and the focus of the Transformation Portfolio will be on sustaining this change by embedding the new ways of working.

The end result will be a wholly transformed organisation, that has reached its ideal future state. In this state the local authority will have developed into an organisation that is responsive to changes in demand and need across its population, has strong leadership and positive staff cultures and is resilient and able to respond to future challenges.

Benefits

Financial benefits

The primary driver of the Transformation Portfolio is the delivery of savings, additional income and cost mitigations to close the £100 million budget gap over the next four years. Consequently the delivery of financial benefits will be the key measure of success for the programme.

Based upon the work done to date, the initiatives that are included within the scope of the programme have indicative financial benefits of approximately £59 - 91 million over the next four years. This does not include the following:

- Any of the in-flight savings initiatives that are being delivered as part of this year's budget.
- A portion of the projects that would form part of the Digital Programme such as the ICS and Digital Customer Enablement programme (but does include some Triple value Impact proposals that are likely to be prioritised) – accounting for a further £14million in benefits.
- Several opportunities identified as part of the work done to date. This includes Grant Funding, SEND/Home-to-School Transport, Partnership Health and Wellbeing commissioning, and Reducing Supported Living innovation (building upon the Learning Disabilities support project).

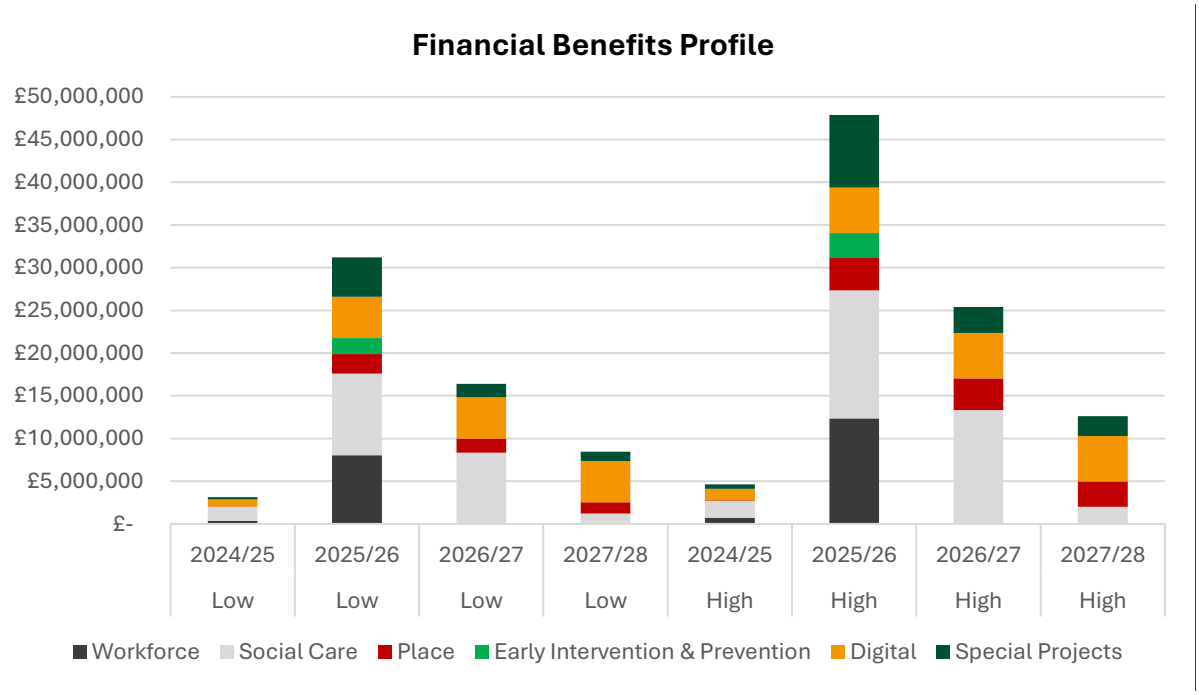


Figure 7. A profile of the financial benefits of the programme as defined through the work to date.

These financial benefits are subject to change – as business cases are developed and projects become more clearly defined. In addition, the Council anticipates that new ideas will be investigated and included in the Transformation Portfolio as it develops, and these will realise further financial benefits.

Non-financial benefits

Although the primary driver is ensuring the long-term financial sustainability of the Council, the programme will also aim to deliver non-financial benefits, linked to the strategic priorities, wherever possible. The table below summarises some of the key non-financial benefits that have been identified within the projects scoped for delivery.

Benefit	Description	Project
Outcomes for young people with complex needs	Improved experience of children and young people transitioning to adult social care support – promoting greater independence and wellbeing through better support.	Preparing for Adulthood / Transitions
Outcomes for adults with LD	Improved experience and independence for individuals through most suitable, cost-effective packages of care.	Learning Disabilities Support
Improved outcomes for residents	Improved self-sufficiency and reductions in events triggering support from statutory services.	Early Intervention and Prevention
Accommodation	Develop suitable housing for residents with specific needs, learning from experience and good practice elsewhere.	Specialist Housing
Economic growth	Improvements in inwards investment and job creation through a shared growth strategy and action plan.	Economic development

Transformation Governance Framework

Incremental improvement is typically managed on a business-as-usual basis, with departmental and service level management oversight. Larger programmes and portfolios of transformation require a more formal and dedicated oversight approach. This reflects the scope and scale, increased levels of risk and reward, and the complexities involved in delivering a series of interconnected activities.

As part of the delivery capability review the Council has developed a new Governance Framework to manage this Transformation Portfolio. This framework applies to all levels of the programme.

The Governance Framework sets out the required structure and controls for the successful delivery of the Council's Transformation Portfolio. It should sit alongside two other key documents – a Transformation Delivery Framework, a PMO Charter and a Tools and Templates Library.

To ensure clarity, we have provided a definition for Portfolios, Programmes and Projects, applied throughout this document in the diagram below.

Figure 8. How the portfolio, programmes and projects relate to each other in the framework.

Governance roles

There are some key designated roles for the Transformation Portfolio.

- **Transformation Portfolio Sponsor** - owns and champions the Transformation Portfolio and is accountable for its success.
- **Transformation Director** - runs the Transformation Portfolio and is responsible for its success.
- **Programme Sponsor** - owns and champions their respective Programme and is accountable for its success.
- **Programme Director** - runs their respective Programme and is responsible for its success.
- **Project Sponsor** - owns and champions their Project and is accountable for its success.
- **Project Manager** - runs their Project and is responsible for its success.
- **Programme Management Office** – owns programme methodology, provides support, challenge and assurance for all constituent Programmes and Projects.

The diagram below sets out where these roles sit within the governance forums in the Transformation Portfolio.

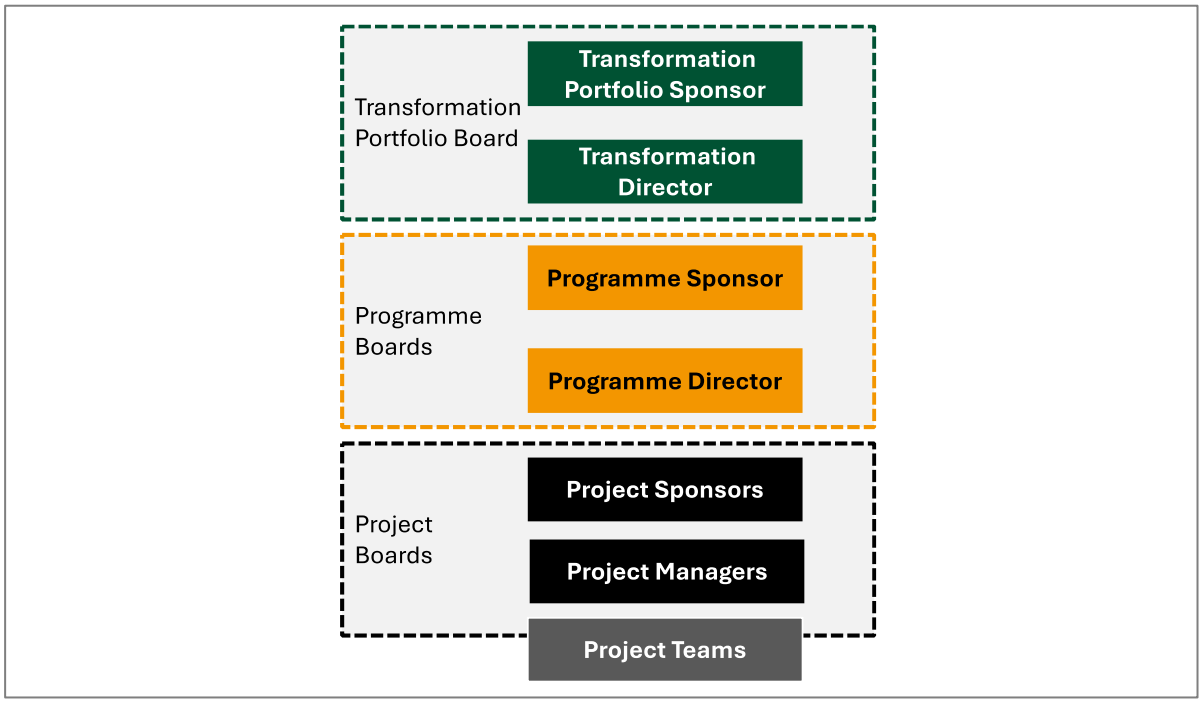


Figure 9. Where each of the key roles sits within the Transformation Portfolio structure.

These roles are described in greater detail in the appendix.

Governance forums / decision-making bodies

The following decision-making bodies will be used to oversee and control the Transformation Portfolio.

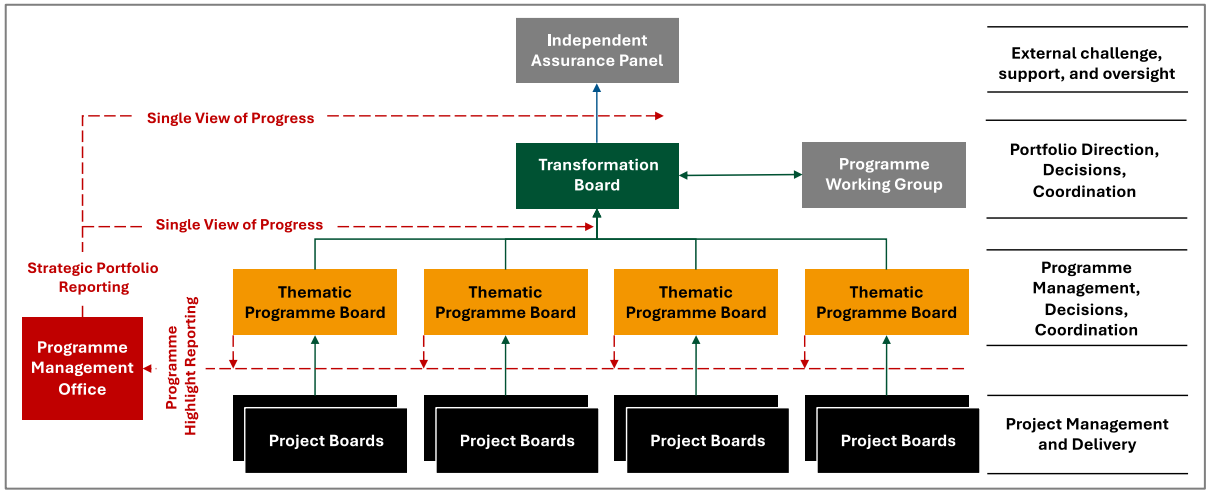


Figure 10. The governance structure for the Transformation Portfolio.

Governance forum	Description
Independent Assurance Panel	Recommended following the Corporate Peer Challenge, this is an integral part of the Council's Transformation Portfolio and associated Programme Governance Framework. It brings together external peers and internal representatives to work together to assure itself of progress and impact and provide leadership support.

Transformation Board	The Transformation Board is the main decision-making body for the Council's Transformation Portfolio, bringing together the CEO (Programme Sponsor), Director of Finance (S151 Officer), Thematic Programme Sponsors (CLT), Transformation Director and PMO, to direct the Programmes that underpin delivery of the Programme.
Thematic Programme Boards	Each Thematic Programme will have its own Board. The Board brings together the Programme Sponsor, Programme Manager, PMO representatives and representatives from the areas of the organisation most affected by the Programme (as appropriate).
Project Boards	The role of the Project Board is to agree the project deliverables and objectives and monitor the work of the Project Team. In support of the Project Sponsor the board owns the benefits of the project and ensures that the project is on track to achieve them.

Decision making

The Full Council has already provided agreement in principle to run the Transformation Portfolio, and to secure the budget to run the initial phases of the work, pending review of the Plan at Corporate Policy Committee on the 21st of August 2024.

However, the programme is anticipated to deliver work that could include new or amended policies, workforce changes, further budgetary implications (reductions, additional requests for investment, virements between codes). Some of these projects will require a Significant Decision (have budgetary implications of over £500,000, will affect more than two wards, or have a substantial impact on service delivery).

This Programme will need to work within the Council's Constitutional framework and have the flexibility and agility to avoid causing unnecessary delays. The Council will need to agree which Committees will review and approve key decisions and other changes, and what level of decision making will be delegated. This will form part of the preparation to mobilise the Programme.

Transformation Delivery Framework

Historically the Council has had a corporate project delivery methodology, but with the change of administrations and officer leadership it is no longer in use consistently. As part of mobilisation of the Transformation Portfolio the PMO will lead on the rapid development of a new methodology, based upon best practice, that is tailored to a Cheshire East context. An example of the project lifecycle that may be adopted is illustrated below.

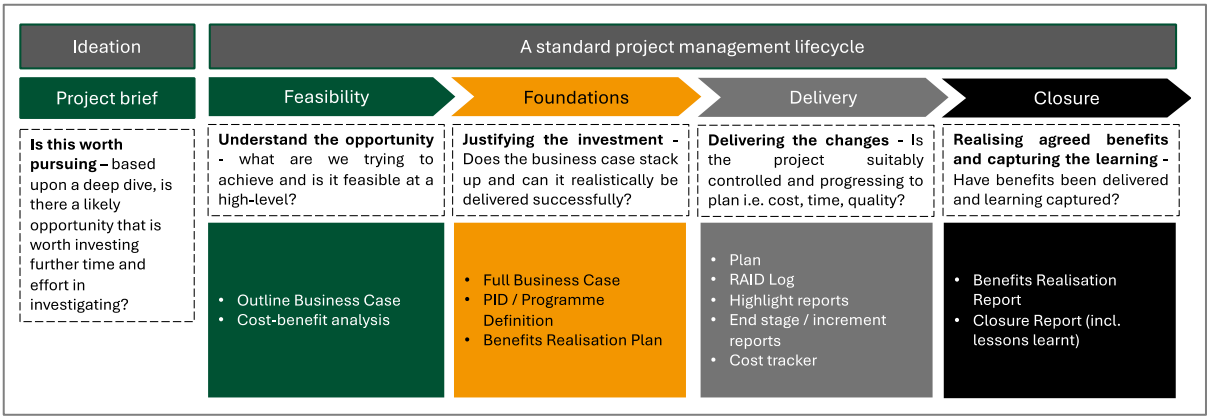


Figure 11. A standard project delivery lifecycle that could be tailored to meet Council requirements.

The methodology will cover the following:

- Project lifecycle and stages
- Approach to business case development, planning, benefits realisation, risk, issue and dependency management, etc.
- Key project documentation
- Tools and templates to support delivery
- Assessment and prioritisation of projects based upon size, complexity, value, risk, etc.

Currently, the Projects that form part of the scope of the Programmes are at different stages in this lifecycle. The Delivery Framework and Governance Framework will be used to ensure that each project passes through these stages, in a way that is proportionate to their associated value, complexity and risk.

Resourcing

As part of the opportunity analysis and the deep dive work, the Council has prepared estimates of the resources required to deliver Projects within the Transformation Portfolio.

The table below details the resourcing requirements for all those projects that have been investigated as part of a Deep Dive, and wider opportunities that have been agreed for delivery by respective Directorates.

Role	Description	Estimated FTE
Transformation Director	Management of the Transformation Portfolio.	1
Programme Director	Day-to-day management of one of the six Programmes within the Transformation Portfolio.	5.5
Project Manager	Management of one or more of the projects within the Transformation Portfolio.	See individual project resourcing
Business Analyst	In some cases the PM/BA may be a hybrid role whereby the individual is expected to both project manage and deliver a portion of the work.	See individual project resourcing

Subject Matter Expert	Individuals with in-depth knowledge of relevant services or sectors to provide input and challenge of project outputs.	See individual project resourcing
Finance	Expertise to support and challenge calculations and assumptions in business cases. Support with tracking benefits and changes to budgets.	1.0 (plus engagement from Finance Business Partners on each project)
HR / OD	Expertise to support and challenge project proposals, approach and assumptions. Support with specific workforce initiatives including consultation, job evaluation and grading, redeployment, recruitment and training.	1.0 (plus engagement from Business Partners on relevant projects)
Legal	Expertise to advise on contractual matters and policy changes.	Engagement
Procurement	Advice on procurement and contract management approaches, assumptions and plan in projects. Support with procurement of new contracts and decommissioning. Leading the Third Party Spend project.	Engagement for Third Party Spend Other projects to define in planning
Communications Officer	Owning the communications and engagement plan. Developing communications, managing delivery and monitoring impact of messaging.	1.0 (plus engagement from Corp Comms)

Other roles, such as Service Designers, Intelligence/Data Analysts and ICT may also be required for specific projects.

It should be noted that unless an opportunity is already in-flight, it may require a business case to prepare a more robust estimate of the resources required to deliver it. Where size of benefits, complexity and risk are sufficiently high, the project may require a business case before the Council approves it for delivery.

The resources above will be required past the end of this financial year; the Council will need to review this resourcing on an ongoing basis, using detailed delivery plans for current and new prioritised projects that form part of the Transformation Portfolio.

Programme Management Office (PMO)

Context

The Council faces an unprecedented set of challenges that require a huge amount of change. This change is likely to be complex and interlinked. The Council needs a function that can support it to effectively deliver and coordinate the multiple initiatives that it aims to deliver, including the MTFS, Children's Services Improvement, Transformation and Corporate Peer Challenge. The Programme Management Office (PMO) will be set up to perform this function.

Purpose

A mature PMO is a vital component for the successful delivery of the Council's emerging Transformation Portfolio.

The Council has developed a PMO Charter that provides the foundations upon which to build and deliver this function. It sets out its purpose, what it will do (and what it won't do), how it will do it, and what needs to be true for it to succeed. In doing so, it promotes a common understanding of the function and helps the organisation understand how to get the best from working it.

The PMO Charter is not all encompassing, but it does set out the key parameters in which the PMO will operate. In summary the PMO will be responsible for the following:

- **Portfolio, programme and project standards** – setting and upholding delivery standards (e.g. project plans), ensuring they are consistently applied.
- **Governance** – setting and upholding governance standards across the portfolio, programme and projects, managing and facilitating programme level governance.
- **Status tracking** - standardising the way portfolio information is compiled and provides robust independent assurance.
- **Reporting** – setting up and coordinating reporting of progress and performance across the programme.
- **Programme overview** – providing a total view of programmes and their deliverables, milestones, resources, risks, issues, assumptions and interdependencies.
- **Portfolio design and programme and project selection** – supporting leadership to continually review the programme to ensure activity remains aligned to strategic priorities.

The PMO will implement the Governance Framework and Delivery Framework that are being developed as part of preparation to mobilise the Transformation Portfolio.

This role extends to promoting and embedding a consistent, best practice approach to project delivery across the organisation, outside of the Transformation Portfolio – other projects will still be expected to adopt the Council's new project delivery methodology including the lifecycle, tools, artefacts and reporting.

The PMO also plays a key role in supporting the organisation develop the capabilities and capacity to deliver and sustain change. It will support the actioning of many of the recommendations from the Council's organisational readiness assessment, as summarised in the table below.

Theme	PMO contribution
Vision	Advise leadership on setting robust programme vision and objectives. Adopt the vision and ensure alignment of programmes and projects to this vision. Support coordination of communication of vision to wider stakeholders.
Design	Assess programme and project aims, objectives, deliverables and benefits against the new operating model to ensure alignment and optimum mix of projects.
Plan	Support teams to develop and maintain robust plans at all levels of the Transformation Portfolio, through advice, challenge and assurance. Coordinate timely, consistent and accurate reporting of progress.
Leadership	Support the adoption of key leadership roles within the Transformation Portfolio.
Collaboration	Foster cross-programme collaboration through core PMO activities. Set up and run transformation networks that will promote pan-organisation collaboration and communication, including the Programme Working Group and Transformation Community of Practice.
Accountability	Maintain the Governance framework and support key transformation governance bodies and roles in effectively carrying out their duties. Hold individuals and teams to account.
People	Support the coordination of the Communication and Engagement plan to provide effective and consistent messaging to members, wider staff and other stakeholders.
PMO Capability and Capacity	The new PMO will address this by putting in place the **PMO Charter**, **Governance Framework** and **Delivery Framework** to support the Transformation Portfolio.

PMO structure and roles

The Council has developed a structure for the PMO that will support the Transformation Portfolio, shown in the diagram below.

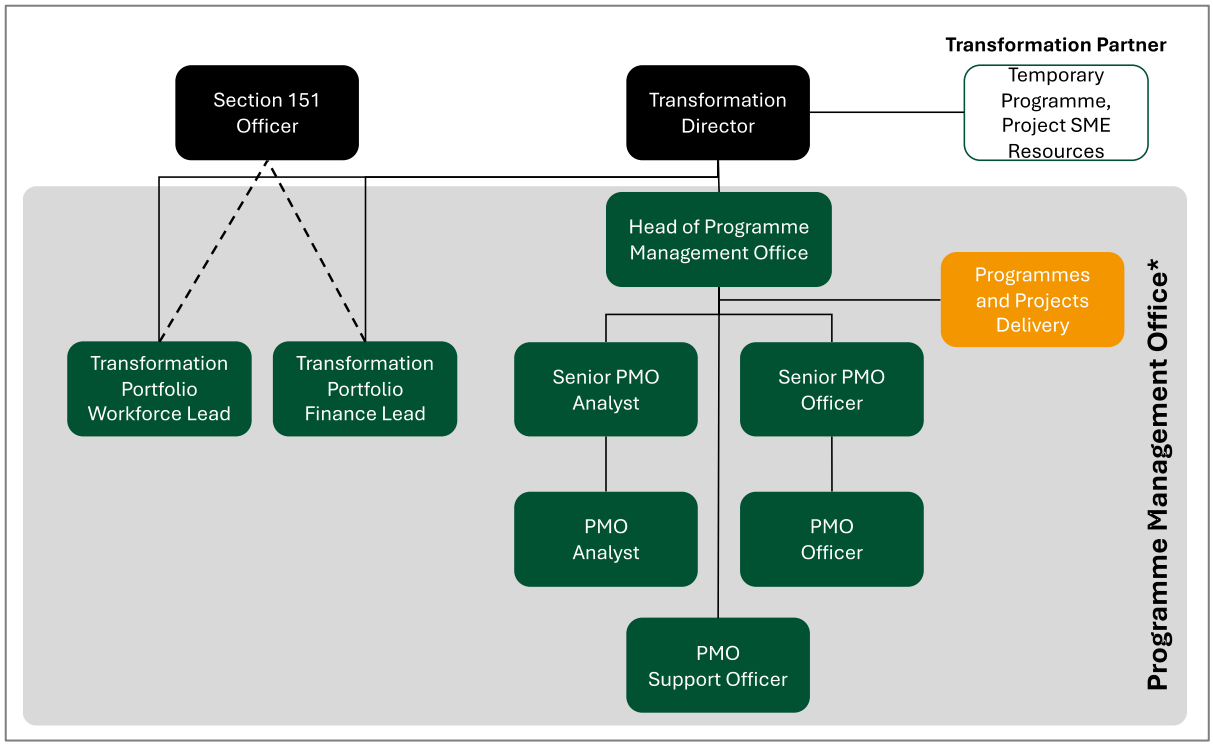


Figure 12. The proposed structure, reporting lines and governance for the new PMO.

The posts within this new structure are summarised within the table below.

Post	FTE	Description
Transformation Director	1	Champion of the PMO and point of escalation for any issues the function faces.
Head of PMO	1	Provides oversight the Transformation Portfolio, sets governance and delivery standards, provides a single source of truth on progress, provides robust challenge and assurance, manages the transformation pipeline, leads the PMO.
Senior PMO Analyst	1	Manages the programme reporting cycle, maintains strategic level portfolio reporting tools, oversight and management of an integrated approach to portfolio risks, issues, assumptions, dependencies, benefits.
Senior PMO Officer	1	Provides extensive experience and expertise in portfolio, programme and project design, assures programme planning and management is robust and consistent with the required to standards.
PMO Analyst	1	Maintains the programme-level RAID and Benefits logs, preparing summaries for inclusion in strategic level reporting, maintains the benefits planning toolkit, and supports programme managers in its use.
PMO Officer	1	Provides strong programme (and projects by exception) planning and delivery disciplines, supports the programme planning and management process and the completion of key programme documentation.

PMO Support Officer	1	Provides administrative and logistical support, supports programme governance, maintains information on the scheduling of PMO resources, assists in the production of communication materials, maintains tools and templates.
Transformation Portfolio Workforce Lead	1	Develops, maintains and owns the overarching workforce picture across the transformation portfolio, and the programmes and projects within it, including management and coordination of staff related changes / impacts.
Transformation Portfolio Finance Lead	1	Develops, maintains and owns the overarching financial picture (cost tracking, financial benefits tracking, financial risk and issues management) across the transformation portfolio, and the programmes and projects within it.

In addition the Council will appoint a temporary PMO Officer to provide dedicated support to Children's Services on their project. This is also referenced in the Social Care Portfolio Delivery Structure and Resourcing section.

PMO roadmap

Setting up and embedding an effective Transformation PMO will require time. The establishment can be summarised as taking place over three stages:

- Set-up – this involves recruiting the staff to run the PMO and developing all the key programme machinery as set out in the PMO Charter, Governance Framework and Delivery Framework.
- Capability development – this involves training of PMO staff, collaboration and support with individuals and teams that form part of the Transformation Portfolio to adopt ways of work required to deliver the change effectively.
- Transition to BAU – ongoing PMO staff development and engagement with the wider organisation to embed project delivery capabilities so that the organisation becomes self-sufficient in running transformation activity.

The detail is set out in 'Mobilising the Transformation ' section of this document.

Programmes

As part of the programme the Council is dividing the initiatives into thematic groups of linked projects under several programmes. These programmes are described in the table below.

Programme	Description
Workforce	Projects and ongoing initiatives that will cut across the whole organisation and affect changes to wider staffing structure, ways of working, capabilities and culture.
Social Care	Projects and ongoing initiatives that will transform high-needs, high-care / statutory social care services.
EIP	Projects that will transform the Council's approach to interacting with residents and businesses, and how it aims to manage demand.
Place	Projects and ongoing initiatives that will transform the Council's approach to place-based services and shaping place.
Digital	Digitally enabled projects and programmes that will realise benefits for the Council and residents, as well as those that are required to maintain business continuity and mitigate key risks.
Special Projects	Projects that do not fit neatly within any of the above programmes but will deliver important benefits linked to the financial and strategic objectives of the Council.

It should be noted that the Council will be delivering other programmes of work outside of Transformation – specifically the Ofsted Improvement Plan, the ASC Transformation Programme, and Delivering Better Value. These programmes (and any other projects) will still be expected to adopt the Council's new project delivery methodology including the lifecycle, tools, artefacts and reporting.

A more detailed description of each programme within the Transformation Portfolio is provided in the sections below.

Workforce

Key projects and initiatives

The following projects and initiatives will form part of the workforce programme:

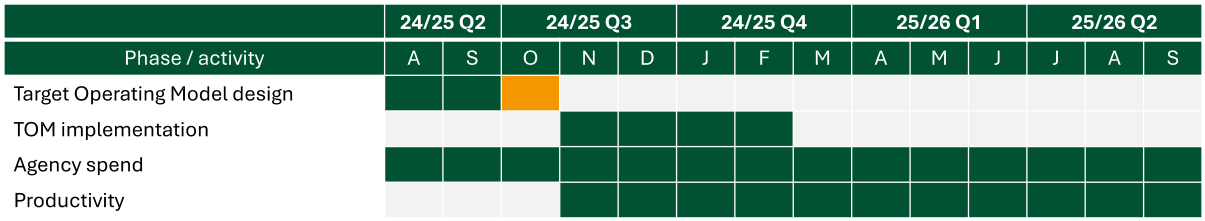
- **WF1: Target Operating Model (TOM)** - design and implementation of a new target operating model for the Council, linking up the existing work carried out the LGA Peer Challenge and the DMA
- **WF2: Agency staffing** – concerted efforts by the organisation to reduce use of high-cost agency staff, replacing with permanent recruits where appropriate
- **WF3: Workforce productivity** - concerted efforts to reduce the current high staff absence rates and increase overall productivity of the workforce

Financial benefits

Initiative (ref)	Type	2024/25	2025/26	2026/27	2027/28
WF1: TOM	Cashable	-	£6,700k – 10,000k	-	-
WF2: Agency	Cashable	£352k – 703k	£352k – 703k	-	-
WF3: Productivity	Combination	-	£1,000k – 1,600k	-	-
Total		**£352k – 703k**	**£8,059k – 12,365k**	**-**	**-**

Timelines

The main project within this programme will be design and implementation of a new target operating model.



The Agency and Workforce Productivity workstreams will be ongoing initiatives that aim to apply a systemic approach to addressing these two challenges. The TOM design work may feed into them, however.

Delivery structure and resourcing

The programme will be overseen by a Programme Director who will be responsible for overall delivery of the programme. The table below sets out the delivery structure and resourcing for each project.

Programme sponsor: Chief Executive			
Project	Sponsor	Project Manager	Delivery team
WF1: TOM	Interim Director of Policy and Change	Project Manager / Business Analyst	LGA inputs ICC Team (Senior Consultant and Consultant) Business Analyst HR, OD, Finance, Comms
WF2: Agency	Head of Human Resources	Transformation Portfolio Workforce Lead	HR, OD Strategic Finance Management Team
WF3: Productivity			

Key interdependencies

The following in-flight and planned initiatives will have interdependencies with the projects within this programme:

- **Peer Challenge** – the recommendations from the LGA Peer Challenge will need to be factored into the design of the TOM.
- **DMA Review** – the review of the senior leadership structure has already developed a proposed staffing structure, based upon the current view of the organisation.
- **ASC Restructure** – the Director of Adults, Health and Integration is already conducting a review of the Directorate that will need to be considered within the wider TOM design and implementation.
- **ASC Transformation** – the programme includes the ASC Workforce Development initiative that will link with TOM design and delivery work, and potentially the Productivity workstream.
- **Projects and Change Team review** – there is a planned piece of work to review the current function to better align roles and responsibilities to support the transformation portfolio, which will need to be considered in light of the outputs of the TOM design and review.

Social Care

Key projects and initiatives

The following projects will form part of the workforce programme:

- **SC1/2: Health & Social Care Partnership Case Review (H&SC PCR) – Adults and Children's** – aiming to secure an equitable contribution from the Council's NHS partner for care packages where the primary need is health-related.
- **SC3: Preparing for Adulthood / Transitions** – developing a robust function to manage transition of young people that will require social care support to adulthood to improve their experience, promote independence and secure financially sustainable packages of care.
- **SC4: Commissioning & Brokerage** – overhaul of current arrangements to improve processes and practices so that the Council gets best value for money from all care providers.
- **SC5: LD Provision** – review and redesign of the LD support offer, linked to recommissioning of linked services aiming to drive better value out of the provision. This includes work around Shared Lives.
- **SC6: Reunification** – reunification of children with their families to improve outcomes and reduce the costs of care.

There are some further initiatives that have been identified through the first phase of the work as opportunities, that Children's Services will deliver as part of the work:

- SC7: Children in Care (CiC) – U10 residential
- SC8: CiC – Step-down
- SC9: Children's Social Care Cost and demand modelling

There are some projects that are already in flight and form part of other programmes that will be expected to report into Transformation because they either have strong interdependencies with

other projects or will deliver financial benefits that are critical to closing the budget gap. They primarily sit within the existing ASC Transformation programme. These are:

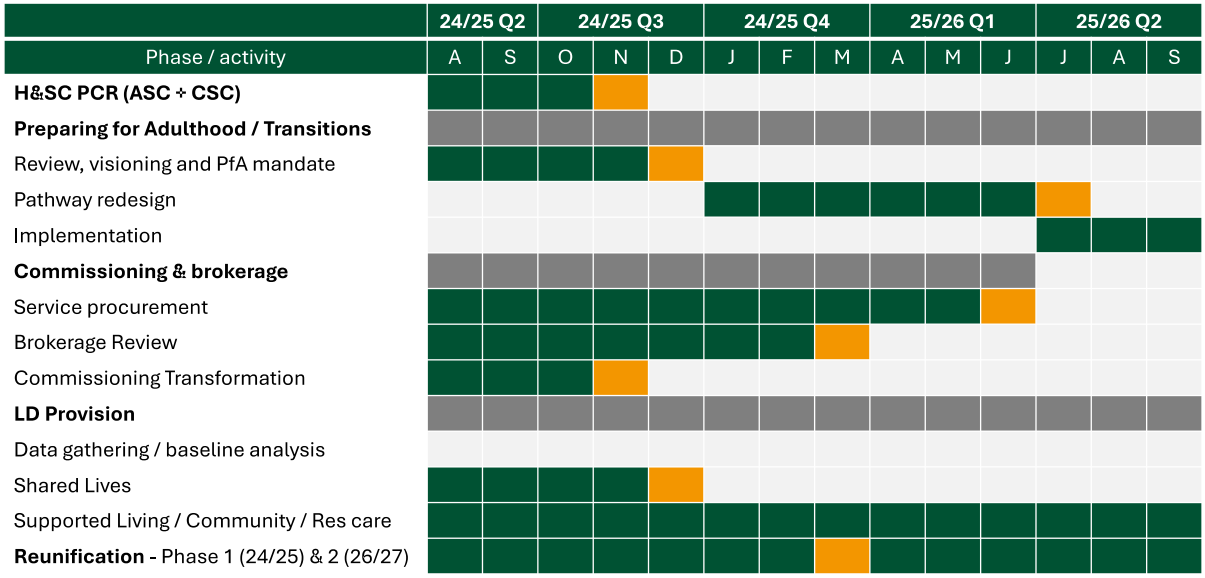
- ASC Cost and demand modelling
- ASC Fees & Charging
- Reablement
- ASC workforce development

Financial benefits

Initiative	Type	2024/25	2025/26	2026/27	2027/28
SC1: H&SC PCR – Adults	Income	£625k	£2,500k	£2,500k	-
SC2: H&SC PCR – Children's	Income	-	£500k – 1,000k	-	-
SC3: PfA / Transitions	Combination	£210k	£868k	£868k	-
SC4: Commissioning & Brokerage	Combination	-	£865k – 1,730k	£865k – 1,730k	-
SC5: LD Provision	Combination	£40k	£3,011 – 5,711k	£2,904 – 6,204k	-
SC6: Reunification	Cashable	£47k – 70k	£595k – 1,048k	-	-
SC7: CiC – U10	Cost avoidance	£290k	-	-	-
SC8: CiC – Step-down[2]	Combination	£725k – 1,015k	£725k – 1,015k	£725k – 1,015k	£725k – 1,015k
SC9: Cost & Demand modelling	Enabler	-	-	-	-
Total		**£1,937k – 2,250k**	**£9,525k – 14,967k**	**£7,862k – 12,317k**	**£725k – 1,015k**

[2] Given that this opportunity was not covered by the Deep Dives and represents a significant financial benefit, further work to validate the savings may be required.

Timelines



NOTE: For Commissioning and Brokerage data-gathering and baseline analysis exercise should be complete by end of August 2024.

Delivery structure and resources

The programme will be managed by a Programme Director. In addition the Council will allocate a temporary PMO resource to support Children's Services with their projects.

The table below sets out the estimated resources for the individual projects within the programme.

Programme sponsor: Executive Director of Adults, Health & Integration			
Project	Sponsor	Project Manager	Delivery team
SC1: H&SC PCR – Adults	Director of Adult Social Care and Operations	Project Manager / BA (ICC)	External SME (ICC) Service Team – Heads of Service / Advanced Practitioners Finance Data Team – Reporting System Team – Liquid Logic Legal
SC2: H&SC PCR – Children's	Director of Education, Strong Start and Integration		
SC3: PfA / Transitions	Director of Education, Strong Start and Integration	Project Manager / BA (ICC)	Adults, Children's and SEND SMEs Parent/Carers and Young People focus (potentially supported by a 3rd sector or community group) Business Intelligence lead (to carry out data analysis)
SC4: Commissioning & Brokerage	Interim Director of Commissioning	Part-time Project Manager (ICC)	Consultant (ICC) Commissioning Team

SC5: LD Provision	Interim Director of Commissioning	Project Manager / BA (ICC)	Business Analyst Commissioning Team Procurement Finance
SC6: Reunification	Interim Director of Family Help and Children's Social Care	Project Manager / BA (ICC)	Service Managers Business Intelligence Team
SC7/8: Children in Care (U10 and Step Down)	Interim Director of Family Help and Children's Social Care	TBC	Resourcing to be confirmed during mobilisation
SC9: CSC Cost & Demand modelling	Interim Director of Commissioning	TBC	Resourcing to be confirmed during mobilisation

The ASC Transformation projects are not included as they should have already been resourced.

Key interdependencies

There are some key interdependencies with ongoing and planned work. These are as follows:

- **Ofsted Improvement Plan** – the Children's Directorate is standing up a programme of work to address the findings and recommendations from the recent inspection. This plan has been agreed and will have overlaps with this work.
- **ASC Transformation Programme** – the Adults, Health and Integration Directorate is already running a Transformation Programme aimed at delivering savings to support the MTFS. Although these will be treated as separate initiatives there may be some dependencies upon existing projects (e.g. ASC Workforce Development) to enable realisation of savings.
- **Delivering Better Value** – this programme aims to reduce overspend, primarily in Dedicated Schools Grants (DSG), and is in-flight. It primarily focuses on Special Educational Needs and Disabilities (SEND) provision but includes home-to-school transport where there are opportunities to realise financial benefits relating to the Council's budget.
- **Capital programmes** – investment in new children's homes that will address future demand on social care services and mitigate future cost pressures.

Place

Key projects and initiatives

The following projects will form part of the Place Programme:

- **PL1: Advertising income** – maximise opportunities to sell targeted advertising through use of council assets, targeting high value markets.
- **PL2: Corporate Landlord model refresh** – a review and update of the corporate landlord model to address known pain points and unlock efficiencies.

- **PL3: Asset strategy refresh** – a rapid review of assets to identify priority opportunities to drive greater value out of specific properties within the Council's portfolio.
- **PL4: ANPR-enabled Enforcement** - use automatic number plate recognition (ANPR) technology to enforce traffic contraventions and generate income.
- **PL5: Specialist Housing** – invest in building specialist housing provision (LD, care leavers, potentially frail elderly) to reduce long-term demand and cost pressures.
- **PL6: Libraries** – remodel library provision across the borough (in line with the proposal shared with members), including use of community asset transfer and adoption of a trust model.
- **PL7: Tatton Park** – develop a solution to generate net revenue for Tatton Park or an alternative model that minimises net cost to the Council.
- **PL8: Waste** – implement changes to waste collection and disposal (e.g. three-weekly collections, increased recycling rates, food waste, etc.).
- **PL9: ASDV review** – seek to bring in remaining alternative service delivery vehicles and transform them to drive efficiencies.
- **PL10: Economic growth** - refresh the economic strategy for the Council, incorporating wider partnerships to address current and future challenges and drive further growth

Financial benefits

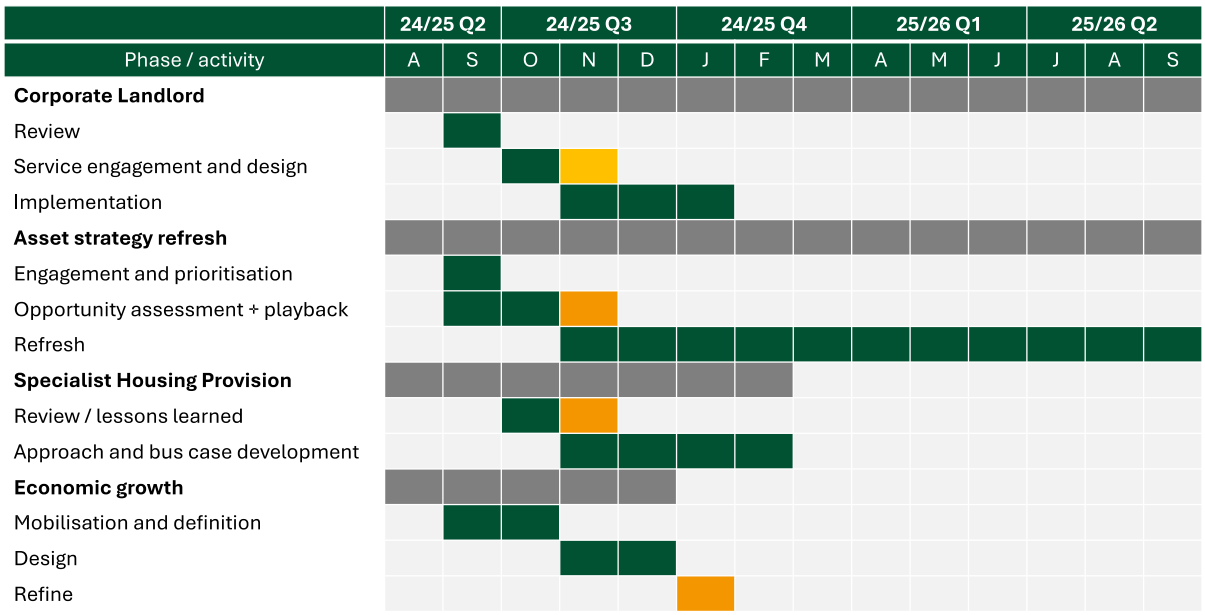
Initiative	Type	2024/25	2025/26	2026/27	2027/28
PL1: Advertising	Income	-	£50k – 100k	£50k – 100k	£50k – 100k
PL2: Corporate Landlord	Combination	£56k	£167k	-	-
PL3: Asset strategy refresh	Combination	-	-	£500k	£500k
PL4: ANPR enforcement	Income	To be defined in Deep Dive / Business Case			
PL5: Specialist housing	Cost avoidance	-	-	£0 – 358k	£0 – 358k
PL6: Libraries	Cashable	-	£192k – 497k	£192k – 497k	-
PL7: Tatton Park[3]	Cashable	-	£500k - £1,300k	-	-
PL8: Waste	Cashable	-	£1,000k	-	-
PL9: ASDV review	Cashable	-	£150k – 250k	£150k – 250k	-

[3] This was the benefits range included in the original opportunities assessment, however given the work is yet to start it is assumed any savings or additional income would not be realised until next financial year. It is recommended that the council conducts a deep dive / business case to develop a more detailed proposal and savings.

PL10: Economic growth	Enabler	-	-	-	-
Total		**£56k**	**£2,310k – 3,815k**	**£1,642k – 3,704k**	**£1,300k – 2,958k**

Timelines

The Corporate Landlord, Asset Review, Specialist Housing and Economic Development opportunities were explored as part of the deep dives. Further work will be required to plan out the remaining initiatives where they are not already in delivery.



Detailed plans and resourcing will be developed for the other workstreams by following the delivery methodology that will be set out in the Delivery Framework.

Delivery structure and resources

The Place programme will be led by a Programme Director. The table below sets out the agreed resourcing for each of the projects.

Programme sponsor: Acting Executive Director of Place			
Project	Sponsor	Project Manager	Delivery team
PL1: Advertising	Director of Highways and Infrastructure		Highways Team
PL2: Corporate Landlord	Acting Head of Estates	Project Manager[4]	ICC Team (BAs / SMEs) Assets and FM Team HR, Finance, Procurement

[4] The Project Manager could be the same individual for all three projects – providing coordination and support for the three teams.

PL3: Asset strategy refresh	Acting Head of Estates	Project Manager[4]	ICC Team (BAs / SMEs) Assets / Property Team Legal
PL4: ANPR enforcement	To be defined through deep dive / business case development		
PL5: Specialist housing	Head of Housing	Project Manager[4]	ICC Team (BAs / SMEs)
PL6: Libraries	TBC	To be defined through deep dive / business case development	
PL7: Tatton Park	Director of Transformation		
PL8: Waste	Head of Environmental Services	Project team already in place	
PL9: ASDV review	Head of Neighbourhood Services	PM in post	Business Analyst
PL10: Economic strategy	Head of Economic Development	Project Manager	ICC Team (BAs / SMEs) Economic Development team Corporate Communications

The resourcing for ANPR and Tatton Park will require defining as part of further definition of these opportunities through a deep dive or business case. Waste, ASDV and Libraries are all in-flight initiatives (although at different stages in the project lifecycle), and have some named resources allocated to support delivery.

Key interdependencies

The following interdependencies have been identified:

- **TOM design and implementation** – the Corporate Landlord work will need to align with the work to design the wider organisation operating model.
- **Council Plan refresh** – the refresh of the Council Plan may include new priorities that will need to be considered as part of the operating model design work.
- **Digital** – there are several projects (either in-flight or in the pipeline) that could support realisation of financial benefits within Place-based services (e.g. Electric Vehicle charging points, Remote scanning of highways defects, etc.).
- **Devolution** – the Council is in discussions with neighbouring authorities around securing a devolution deal with central government. The Economic Development work would contribute to providing a robust business case supporting this deal.

Early Intervention, Prevention & Customer

Key projects and initiatives

The main project to be delivered within this programme will be the design of an Early Intervention & Prevention model. This project will encompass a very broad range of council (and potentially partner) functions and is very complex.

There is already a Digital Customer Enablement Programme that is focused on implementing the Netcall CRM/Case management system, AI Contact Centre Agents and several other changes. This programme will need to be reviewed as part of the Digital First next steps before it is included within this programme (see the Digital programme for further details).

Financial benefits

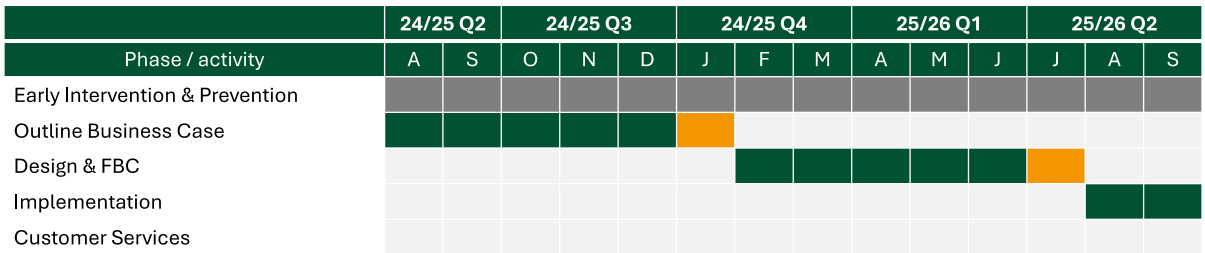
Initiative	Type	2024/25	2025/26	2026/27	2027/28
EIP1: Early intervention and prevention		-	£1,087k – 2,904k	-	-
EIP2: Customer					
Total		**-**	**£1,087k – 2,904k**	-	-

There may be some further financial benefits in the form of cost avoidance due to reducing demand for statutory services and costly interventions, however these have not been modelled. This would be considered as part of the design and business case development work.

There is a Digital Customer Enablement programme which includes various initiatives and has estimates of around £13.1 million in financial benefits. However, a substantial portion of this needs further validation.

Timelines

The timelines for Digital Customer Enablement Programme are not included here but will be incorporated if it is prioritised for delivery within the Transformation Portfolio.



Delivery structure and resourcing

The focus of the work will be to develop a model that is tailored to Cheshire East's local context, and a business case that justifies council investment in implementation.

Programme sponsor: Interim Director of Finance and Customer Services (Section 151 Officer)

Project	Sponsor	Project Manager	Delivery team
EIP1: Early intervention and prevention	Director of Public Health	Programme Director	ICC Team (BAs and SME support) Subject Matter Experts from across organisation (e.g. Housing, Employment & Skills, Public Health, etc.) HR, OD and Finance
EIP2: Customer	Interim Head of Customer Services	To be agreed	

Key dependencies

The main interdependencies are as follows:

- **TOM design and implementation** – will have strong links with any future EI&P delivery model (and for Customer Services).
- **Social Care programme** – it is likely that any future design of an early intervention and prevention service will include strong links to social care services, and there is also a risk of double counting financial benefits in both programmes.
- **Digital** – implementation of CRM/Case management systems and AI to improve customer experience will have strong links with any approach developed to support residents through an early Intervention and prevention approach. The portfolio reset will also determine priority of the Customer Programme.
- **Corporate Landlord** – an early intervention and prevention model will have specific needs for locations across the borough from which staff can support residents at risk of a crisis.

Digital

Key projects and initiatives

There is a huge amount of digital and ICT projects that are being run across the organisation. This includes a number of large, multi-year investment programmes. The first activity that will take place during the mobilisation of the Transformation Portfolio is a review and prioritisation exercise to maximise the return on investment, and re-balance the portfolio so that it reflects the need to address urgent financial challenges that the Council faces.

It is anticipated the prioritisation exercise will categorise projects as follows:

- **Accelerate / initiate** – high priority in-flight projects, or new projects that will make a substantial contribution to strategic aims (in particular closing the budget gap). Note, that new project will require some form of business case if they are sufficiently complex or require significant investment.
- **Continue** – priority in-flight projects that should be continued as they will make contributions to strategic objects or mitigate a major risk for the Council (e.g. ensuring business continuity, replacement of legacy systems, cyber-security, etc.).
- **Pause** – a worthwhile project but must be paused to allow the Council to focus resources on other projects. These may be continued once resources are freed up.

- **Terminate** – unlikely to make substantial contribution to strategic aims, a 'nice to have'.

There are nearly 270 projects in the log. Some of the major in-flight and pipeline projects within the current portfolio are as follows:

- **Infrastructure Investment Programme (IIP)** – refresh of core IT architecture that will enable all other digital projects.
- **Information Assurance and Data Management (IADM)** – projects to implement robust information management practices and join up data.
- **Digital Programme** – primarily the Digital Customer Enablement programme but also includes garden waste and others.
- **Adults, Children's and Public Health / Care Act 2 (ACPH)** – focusing on enabling key business areas to move towards a digital approach.
- **Project Gemini** – separating out the shared IT service with Cheshire West.
- **Core Financials** – projects linked to the Unit4 ERP system.
- **ICS AI** – intelligent automation initiatives that have been explored. There is a potential for over 50 instances where AI could be implemented. There is an estimated £11.1m associated with implementations of AI in Customer Services and Social Care.
- **Triple Value Impact (TVI)** – a longlist of 43 proposals that could be taken forward to implementation. Collectively there is an estimated £13.9m in benefits associated with these. Several of these have been identified as priorities to develop business cases so that they can be considered for prioritisation and delivery in the programme.

Financial benefits

A review of the current portfolio business cases and project documentation suggests that there could be a total of £30+ million in financial benefits from in-flight and proposed projects. The table below summarises the indicative benefits associated with each of the main programmes.

Programme	Projects	Benefits*
Investing in Infrastructure Programme	Essential replacement Security & Compliance	Business continuity / risk mitigation / enabler
Information Assurance and Data Management		Risk mitigation / cost avoidance / productivity savings £2.1m cost avoidance
Adults, Children's and Public Health Programme		Business continuity / risk mitigation / enabler
Project Gemini	17 projects	£1.42m – already in MTFS
Digital / Customer Access* (Including ICS)	AI assistants Service Improvement & Case Management Process automation / 2nd phase avoidable contact Back Office Process automation	£356k-£1m – already in the MTFS £1.5 million by 26/27 £2 million by 26/27 £2 million by 27/28

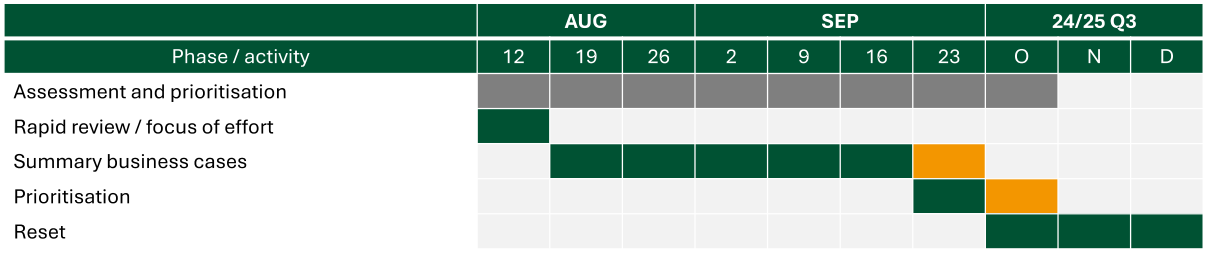
	Adults & Children's automation	£8.5 million by 26/27
Triple Value Impact	43 proposals	£13.92m

The immediate benefit to the Council will be from re-balancing resources towards projects that will make the greatest contribution to closing the budget gap or enable further transformation.

Timelines

The first activity as part of this portfolio is a 'reset' whereby quick 'business cases' will be developed (where they don't currently exist) and a prioritisation exercise carried out. This is anticipated to take a total of six weeks.

This work needs to be carried out involving both the Transformation and Digital governance boards to ensure alignment.



Delivery structure and resources

The programme will be managed by a Programme Director – likely to be the Chief Information Officer, provided they are freed up to effectively do this role. This may require an interim whilst the relevant officer transitions to this role.

The table below sets out the resources required to carry out the portfolio reset exercise. This will determine the projects and resources required for this portfolio.

Programme sponsor: Director of Governance and Compliance			
Project	Sponsor	Project Manager	Delivery team
Portfolio reset	Head of ICT (Chief Information Officer)	Project Manager	PMO support 2 Business Analysts Existing PMs on Digital projects TVI for business cases

Key dependencies

This programme has the following key dependencies:

- **Transformation Governance and Delivery framework** – a new, consistent approach to delivery will have an impact on new and existing Digital and IT projects.
- **The ASDV review** – may require additional ICT projects to return the services to the Council.

- **TOM design and implementation** – may have implications for future IT and Digital capabilities and ways of working.
- **Project Gemini** – the ICT function is undergoing major changes which will limit its capacity to deliver other work.

Special Projects

Key projects and initiatives

There are several projects that may form part of this programme. These are summarised below.

- **SP1: Fees and charges** – a systematic review of the prices that the Council charges for all services with the intention of maximising income whilst mitigating against inequality.
- **SP2: Third party spend** – a programme of work aimed at reducing spend on third party suppliers to drive greater value and make budget reductions. This will involve preparation to re-procure key, high value contracts, and an organisation-wide systematic review of all spend, likely overseen by the Expenditure Review Panel / Strategic Finance Management Group.
- **SP3: Grant funding** – a review of the Council's approach to identifying, bidding for, and overseeing external funds/grants with the view of improving income generation and maximising value returned from the funds secured.
- **SP4: Income recovery and debt** – a review of charging and income recovery processes across the Council, with the aim of reducing outstanding debt and ultimately, debt write-offs.
- **SP5: Outbound mail** – an initiative to improve efficiency and reduce overall outbound mail and printing generated by the organisation, targeting those types of communications that are responsible for highest proportions.
- **SP6: Council Tax bandings** – introduce a routine procedure to review properties that have been renovated or extended to uplift council tax bands.

Financial benefits

This programme will aim to deliver the following financial benefits.

Initiative	Type	2024/25	2025/26	2026/27	2027/28
SP1: Fees & Charges	Income	£250k – 500k	£750k – 1,500k	£40k – 70k	£40k – 70k
SP2: Third Party Spend	Cashable	-	£3,000k - £5,000k	£690k – £1,150k	£324k - £540k
SP3: Grant Funding	TBC	Benefits to be defined in Business Case			
SP4: Income Recovery & Debt	Income[5]		£660k – 1,650k	£660k – 1,650k	£660k – 1,650k

[5] This will not be additional income to the council as the revenue has already been recognised, therefore will not directly contribute to closing the budget gap. However it may increase the efficiency of collecting this income, reduce the amount of debt ultimately written off, and improve the overall cashflow of the organisation.

SP5: Outbound Mail	Cashable				
SP6: C'tax banding	Income	£12k – 23k	£47k – 94k	£47k – 94k	£47k – 94k
Total		**£262k – 523k**	**£4,606k – 8,493k**	**£1,567k – 3,034k**	**£1,101k – 2,324k**

The Grant Funding, Income Recovery & Debt, Education and Council Tax Banding initiatives will require further work to determine financial benefits in detail. These may merit a business case before the Council decides whether to include them within the programme for delivery.

Timelines

The table below sets out timelines for those initiatives covered as part of the deep dives.

	24/25 Q2		24/25 Q3			24/25 Q4			25/26 Q1			25/26 Q2		
Phase / activity	A	S	O	N	D	J	F	M	A	M	J	J	A	S
Fees & Charges														
Third Party Spend														
Preparation														
Light-touch engagement														
Focused support on priority contracts														
Grant Funding														
Income Recovery & Debt														
Outbound Mail														
C'tax														

The Outbound Mail initiative will be treated as an ongoing workstream, where the organisation will target high volume activities for reduction in mail and printing. Income Recovery & Debt, Grant Funding and Education will require further planning.

Delivery structure and resources

The table below sets out the resourcing that is required to deliver those initiatives that have been defined as part of the work to date. A part-time Programme Director will oversee the collection of projects.

Programme sponsor: Interim Director of Policy and Change			
Project	Sponsor	Project Manager	Delivery team
SP1: Fees & Charges	Head of Finance	Ken Lyon (Independent SME)	Service Managers Finance
SP2: Third Party Spend[6]	Head of Procurement	Project Manager / BA	Procurement Officers Contract Managers Finance, Legal Expenditure Review Panel

[6] NOTE: the service has two vacancies in key roles that needs to recruit to. A PM/BA would mitigate against the impact of changes in workforce might have on progress with this workstream.

SP5: Outbound mail	Director of Transformation	Part-time Project Manager / BA	Facilities Management
SP3: Grant Funding	Head of Finance	Deep Dives / Project Briefs / Business cases required to understand opportunity and resourcing[7] - likely to require part-time PM/BA for initial work	
SP4: Income recovery & debt	Head of Finance		
SP6: C'tax banding	Head of Revenues & Benefits		

Key dependencies

This programme has the following key dependencies:

- **TOM design and implementation** – will have implications for most areas in scope (primarily organisation, working practices and culture).
- **Social Care** – the highest value contracts that require re-procurement in the short term are for adult social care. It is critical that the work within the Social Care programme and the Third Party Spend project align to realise substantial financial benefits.

[7] NOTE: Chief Finance Officer has started Task and Finish Groups that are looking at some of these areas.

Communication and engagement

Change Management

The Transformation Portfolio will affect fundamental, widespread changes to the Council, and potentially its partnerships. The programme will need a workforce that is capable of delivering and sustaining the changes required. Staff, members and partners will need to embrace these changes and embed them in their working. Therefore it is essential that people are supported through a journey of change, and this is threaded through the whole Transformation Portfolio.

The benefits of getting this right are:

- **Improved communication** – when stakeholders are properly informed about changes, it promotes better communication throughout the organisation and understanding from those we serve.
- **Enhanced productivity** - increase improved outcomes and return on investment by driving up adoption of change through considered change management approach.
- **Workforce wellbeing** - uncertainty about the future can be a cause for concern for staff. Change management and effective communication helps to minimise this by providing clarity and structure.
- **Improved morale** - when staff feel like they are part of the change process and that their concerns are being heard, it can boost morale and help to create a more positive work environment.

The Organisational Readiness Assessment

The Council has already carried out substantial work that will inform a communication and engagement plan. The organisational readiness assessment identified that although the organisation had a relatively low level of maturity, leaders were aware and had already taken some steps to address it. The assessment set out a comprehensive list of recommendations to boost readiness for, and ability to deliver, change. The recommendations from have been included within the appendix.

These will be incorporated into the work to mobilise the programme, specific projects and the communication an engagement plan.

In summary, the recommendations from the assessment will be incorporated into the communication and engagement work as follows:

Theme	Transformation work
Vision	To be implemented through the mobilisation of the Transformation Portfolio and the project to design of the new TOM. The communications and engagement plan will need to communicate the vision as soon as it is ready and use it as a ‘north star’.
Design	To be actioned through the project to design and implement the new TOM. The key features of the new organisation such as values, culture and behaviours will need to be consistently and thoroughly communicated through the plan.

Plan	The development of this Transformation Plan addresses the majority of the recommendations, however there will be ongoing work to maintain a robust plan as the programme evolves.
Leadership	The Transformation Plan and new TOM will address these, however embedding the changes across the organisation will take much longer and will need to be built into the communication and engagement plan.
Collaboration	The work to mobilise the Transformation Portfolio, and the establishment of the Transformation PMO (and associated communities of practice / networks) will implement these recommendations. However the communications and engagement programme will need to include messaging to promote collaboration and the removal of silos.
Accountability	The work to mobilise the Transformation Portfolio will address these through establishment of a clear governance framework, and the set-up of projects and programmes. It will be supported through the new PMO. The Council will need to secure the budget and delegated decision-making for the Transformation Portfolio. The communications and engagement plan will need to explain these arrangements as one of its earliest activities.
People	The mobilisation, TOM and the Workforce Strategy will make key contributions to defining and shaping the messaging for staff. The communications and engagement plan will need to clearly and consistently disseminate the messages for these (i.e. vision, values and behaviours, etc.).

How communication and engagement will be managed

The approach for developing the communication and engagement plan is set out in the 'Mobilising the Transformation ' section of this document. However, the Council anticipates that the plan will be managed through:

- A distinct workstream for delivering programme and portfolio communications.
- A dedicated, full-time Communications Officer with responsibility for working across programmes and with the PMO to coordinate, produce and track communications.
- PMO support to link up key programme objectives, milestones and activities to the messaging required.
- The governance framework and forums set up to manage the programme – communication and engagement would form part of standing agendas for the Transformation and Programme Boards.
- Drawing on the support of existing communications channels, forums and resources – to avoid re-inventing the wheel and duplication of efforts.

Mobilising the Transformation Portfolio

The delivery roadmap for the set-up and mobilisation of the Transformation Portfolio is detailed below. It is broken down into the following sections:

- Securing of permissions – secure the permissions to run and resource the Transformation Portfolio and appropriate delegated decision making.
- Set-up the PMO – establish the new PMO that will drive improvements in capability and capacity.
- Setting up programme infrastructure – setting up governance, delivery methodology and other support.
- Organisation-wide portfolio reset – re-evaluate the existing portfolio of projects to understand whether any capacity can be freed from pausing or terminating projects.
- Securing programme resources – secure the teams and resources required to deliver the programme, and on-board them.
- Project definition and planning – prepare detailed plans for the next stage of delivery in the project lifecycle.
- Communications and engagement plan – develop a robust communications and engagement plan.

The timeline below illustrates when these activities will take place.

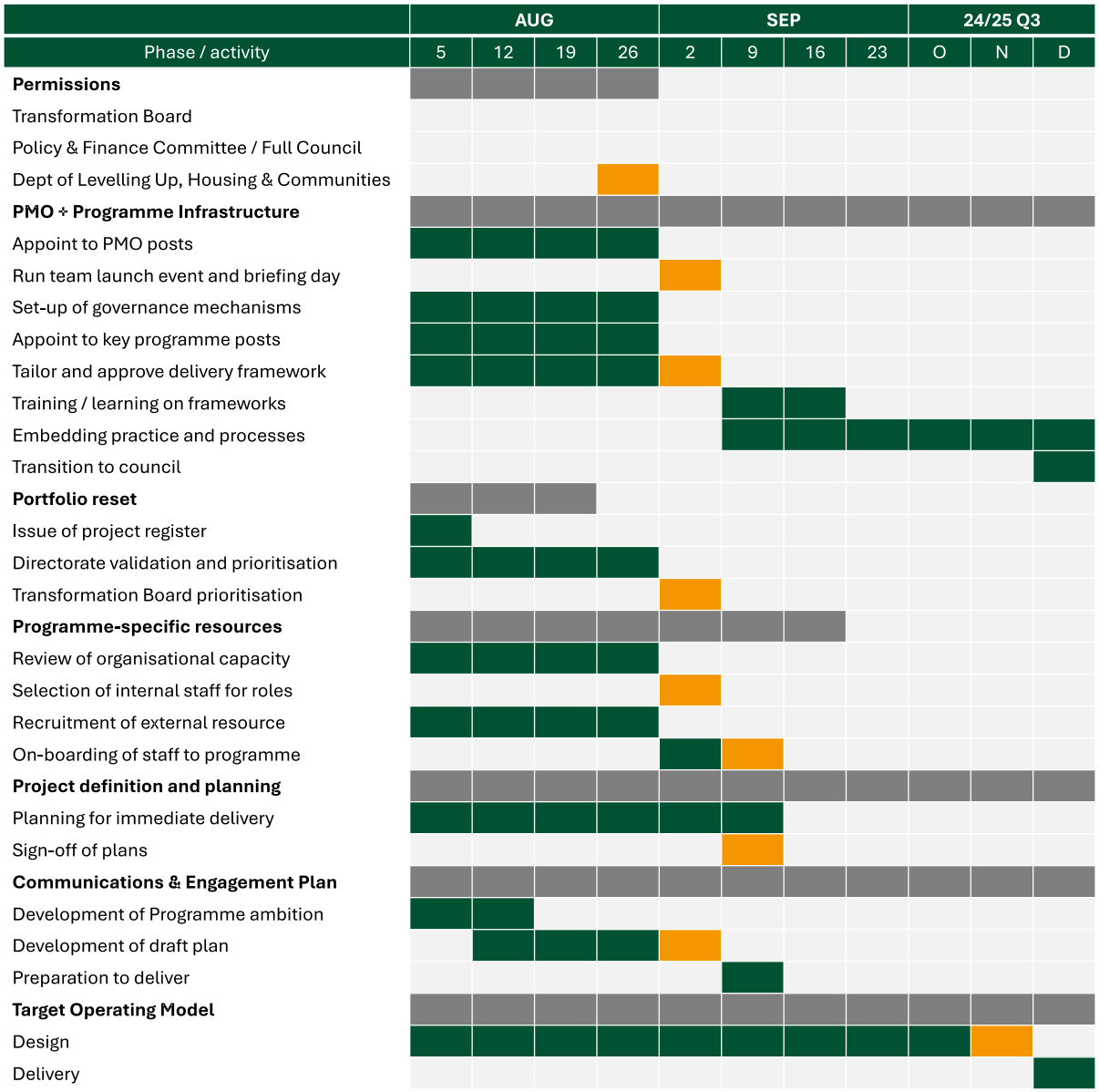


Figure 13. Mobilisation timeline detailing the key preparations planned for launch of the programme.

Permissions

Before it can embark on the programme it needs to secure the relevant permissions and resources. This Transformation Plan will have secured, or will require the following, approvals:

- (Shadow) Transformation Board (7 August 2024).
- Assurance Panel (9 August 2024).
- Corporate Policy Committee (21 August 2024).
- The submission (and approval) of transformation plan to the Ministry of Housing, Communities and Local Government (MHCLG) – planned for late August 2024.

The resources to run the first stage of the Programme have already been secured and approved by Full Council in July 2024.

Set-up the PMO and programme infrastructure

As part of the delivery capability and capacity assessment the Council has already developed a model for the PMO that will support the Transformation Portfolio. The PMO will be implemented and embedded in three phases (as summarised in the 'PMO roadmap' section of this report).

The first two phases will run as part of the mobilisation of the Transformation Portfolio:

- Set-up – standing up the new function prior to the launch of the programme.
    - Recruitment of key roles to run the PMO.
    - Running a PMO launch and briefing day for staff.
    - Development and set-up of programme infrastructure (see below).
- Capability development – this will run past the mobilisation stage, for a minimum of six months.
    - Blended team of experts and council staff working together to implement programme infrastructure to enable skills transfer and promote ownership.
    - Briefing sessions for Transformation Portfolio individuals and teams on the governance and delivery frameworks.
    - Dissemination of the library of tolls, templates and key documents to apply.
    - Ongoing collaboration, guidance, challenge and coaching of staff by the PMO on delivery of projects and programmes.

The plan (the Governance Framework and Roadmap) sets out the infrastructure requires to support and manage the Transformation portfolio. This includes governance, delivery methodology and tools and templates to be used.

The Governance Framework has already been circulated for feedback and approval to the (Shadow) Transformation Board, and the Delivery Framework is ready to be tested, refined and adopted by the Council.

Organisation-wide portfolio reset

Although the Council runs a PMO and Project Delivery function, there is no corporate oversight of the projects and programmes being run by the organisation. This presents a number of challenges:

- There is increased risk of low visibility or awareness of projects outside their immediate department – meaning there is a risk that other areas of the organisation may launch a project that duplicates or conflicts.
- There is no guarantee that a project represents the most prudent value-for-money investment by the Council because projects aren't compared and prioritised (outside of that department or team with an overview).
- The Council does not have a clear picture of its capacity to deliver project and programmes, or where it could shift resources to accelerate or start high priority initiatives.

Officers within the Core Transformation Team carried out a data gathering exercise of planned and in-flight projects being run across the organisation. They compiled a log of approximately 570 projects.

As part of the initial stages of work the Council developed a project prioritisation scheme. This scheme will be revisited and applied to prioritisation of all existing projects and programmes. This exercise will be rapidly undertaken with Executive Directors for Directorate-specific

projects, and with the Transformation Board for cross-cutting projects, and any projects that need to be escalated for decision.

Securing programme resources

The Council needs to secure the resources that will deliver the Transformation Portfolio. The reset activity will help identify officers and resources that might be freed up from pausing or terminating low priority projects, who could then be assigned to transformation work.

It is likely that at least in the short- to medium-term the Council will not have adequate internal resources to deliver all the work (unless it prioritises a much smaller pipeline that matches internal capacity). Therefore, the Transformation Board will need to assess and secure budget that will allow it to fund external support.

Over time the Council anticipates that its capability and capacity to deliver transformation will increase – through some of the activities identified as part of the PMO capacity development. The result of this is that the Council will gradually be able to take on a greater portion of the work, reducing its reliance on external support.

Project definition and planning

Several of the initiatives included within the programme are in the early stage of development and require further investigation, either in the form of:

- **A deep dive** - where they require further definition of the opportunity.
- **A business case** - where the Council should get assurance that it will deliver adequate benefits and is feasible.
- **A delivery plan** - this could range from just a designated lead, agreed timescales and commitment to report into the Transformation Portfolio to a full, detailed plan, depending upon complexity.

The table below lists some the initiatives that fall within each of these categories.

Deep Dive / Project Brief	Business Case	Delivery Plan
Education	Prioritised TVI initiatives	Fees & Charges
Tatton Park	Early Intervention & Prevention	Outbound Mail
ANPR	Specialist housing	Children in Care C U10 and Step Down
Grant funding	Income recovery & debt	
Supported living innovation	Asset opportunities	
	Reablement	

Communications and engagement plan

The Council has already completed work that will act as the foundation for a future communications and engagement plan, through the Organisational Readiness Assessment. It will need to invest some time during mobilisation to agree some fundamentals relating to the Transformation Portfolio such as an articulation of ambition and clear aims and objectives, aside from the need to close the budget gap.

The Council will develop the communications and engagement plan through the following activities:

- Development of a Transformation Portfolio ambition that articulates a much broader picture of where the Council wants to be in future, aside from financial sustainability.
- Drafting of a Communications and Engagement Plan to cover the recommendations from the organisational readiness assessment, the vision, the objectives, the programmes in scope, and anticipating key milestones that may drive messaging. This will include:
    - Key stakeholder groups as part of a mapping exercise
    - Core messaging (as can be reasonably defined prior to launch)
    - Comms channels to be used
    - Cadence of communications to ensure a regular 'drum beat'
    - Roles and responsibilities for management, monitoring, delivery and changes
- Socialisation with Corporate Comms (or the designated officer for the programme) and the Transformation Board for input and sign-off.
- Preparation to deliver and manage the communication and engagement plan.

It should be noted that there are some key projects that will drive communications and engagement messaging that haven't started yet (i.e. TOM development and implementation, Workforce) and so the plan will require review and updating to reflect these developments.

Conclusion

The Transformation Plan will be discussed and approved at the shadow Transformation Board before being submitted for review at the newly established Assurance Panel. Following feedback from senior leaders and members (via Corporate Policy Committee) the final version of the Transformation Plan will be submitted to MHCLG in August 2024. During this time, the programme will mobilise, including the allocation of internal resources and the confirmation of external support required. The success of the plan will be monitored through the Transformation Board.

Appendix

Glossary

Term	Description
ASC	Adult Social Care
Business as usual	Work that wouldn't be considered a project as it implements incremental change or represents continuous improvement and should largely fall within the day-to-day activities.
Business Case	The key document that provides the justification for the Council in investing time, effort and resources into delivering a proposed project. The business case must be approved before the Council will allocate resources and give permission to deliver a project.
CSC	Children's Social Care
Health & Social Care Partnership Cases – "Continuing Healthcare"	A national NHS scheme for supporting individuals whose primary needs are health related.
Deep Dives / Project Briefs	The initial piece of work to investigate and define an opportunity, proposed as the first step in the Delivery Framework.
Delivery Framework	The proposed arrangements for establishing a common, consistent way of managing projects. It includes a project lifecycle, key minimum outputs and documentation, and a suite of tools and templates.
Pathways for Adulthood	The journey of children and young people into adulthood, focusing on the outcomes of education, training and employment, independent living, friends, relationships and community, and good health.
Portfolio	A collection of project, programmes and other activity – in this case all the work that sits within the council's efforts to deliver transformational change.
Programme	A collection of projects and other activities that are delivered together to achieve a specific set of long-term aims.
Projects	A piece of work that will deliver change, and benefits for the council, with a defined start and finish.

Organisational Readiness Assessment recommendations

The table below sets out the recommendations from the Organisational Readiness Assessment, by each 'lens' through which maturity was assessed.

Lens (maturity)	Recommendations
	Effective environment, culture and behaviours
Vision **(2/5)**	Develop, communicate and reinforce an organisational vision, describing the type of organisation Cheshire East Council could and should be. The need to address financial challenges is clear, but to what end, beyond survival, is not. The Council needs a vision for what a transformed organisation could and should look like, one that supports positive outcomes within a sustained and significantly reduced finances. • Organisation aspirations – develop a single articulation of organisational aspirations, linked to the Council's broader commitments to the people and place it serves. • Organisational principles – develop a set of design and operational principles that will underpin and enable the organisational aspiration. • Organisational features – articulate the key features of the future organisation, things it will need to prioritise and excel at if it is to achieve its aspirations. • Organisational red lines – determine if there are any political red lines the Council will not cross, things that are not part of the future for Cheshire East Council.
Design **(1/5)**	Develop and implement a new operating model for the Council, one that promotes the best possible outcomes for the people and place of Cheshire East, whilst capable of living within its means. Beyond addressing in year saving requirements, the level of transformation required, just to meet ongoing financial challenges alone, is profound, and means that the Council will require a new model of operation. This should form a key part of the Council's transformation portfolio and should also address cultural, and process concerns about current ways of working raised in the LGA Peer Challenge. This work is dependent of the completion of the recommendations related to Lens 1 – Vision. Core components of the operating model should include: • Leadership Structure • Organisational Structure • Values, Culture, Behaviours • New Business Planning and Performance Cycle • New Governance and Assurance Model
Plan **(2/5)**	Develop, communicate and reinforce a single overarching Transformation Plan. True success should be judged not only on the ability of the organisation to deliver change but sustain and build upon that change. Central to this definition of success, is people, therefore the plan should include both programme management and change management initiatives.

Lens (maturity)	Recommendations
	Core components of the operating model should include: • Overarching high level transformation phases and timescales • Portfolio structure and the key programmes that make up the transformation • Key leadership and management roles and responsibilities at portfolio and programme level • Key investment requirements and associated resourcing strategy and approach for rapid deployment • A clear view of mobilisation activity and timelines, with clear set of initial programme level outputs • A timeline for the development of validated investment requirements and benefits across all programmes and projects
Leadership **(2/5)**	CLT, WLT, and WLC need to coalesce around (then live and breathe) a set of clear and consistent messages around the case for change, the transformation agenda, vision for the organisation, and support for the workforce. There is commitment at CLT to transformation, but no explicit articulation and agreement of the requirements and expectations of CLT, WLT, and WLC. The leadership of the organisation preside over a deeply siloed organisation and must act as one to challenge this, if it is to successfully delivery major change and transformation. • Transformational leadership skills development and support, starting with support for fulfilling key leadership roles. • Develop, agree and visibly demonstrate day to day, a set of transformation leadership behaviours. • Ensure transformation governance is based on an environment or transparency and ability to speak freely.
Collaboration **(1/5)**	Launch, communicate and embed the transformation governance framework, which promotes joint working and coordination across the transformation portfolio, in pursuit of shared outcomes. The Corporate Peer Challenge perhaps says it best. It points to the 'siloed nature of the Council with poor joint working across (and within) departments' and 'poor working relationships across services'. The scope, scale and pace of transformation at the Council cannot be driven down departmental lines, it must be coordinated and delivered cohesively across the organisation. • Prioritise the launch the Programme Managers Working Group as part of the transformation governance framework. The group will meet to effectively; coordinate efforts, activity and resources; support each other in the delivery of respective programmes; monitor and manage interdependencies, assumptions risks and issues. • Development of a transformation community of practice, considering both internal and external participants, sharing knowledge and experience; championing change and transformation; working together on specific areas of challenge and/or opportunity.

Lens (maturity)	Recommendations
Accountability **(2/5)**	Document, communicate and embed individual and group leadership and management accountabilities and responsibilities for transformation at portfolio, programme and project level. The CEO's accountability for what will become the Council's Transformation Portfolio is clear, and the introduction of a Transformation Board made up of the Council's leadership, and the recent appointment of a transformation Director is a very good start. Explicit accountabilities, roles and responsibilities for transformation now need defining and communicating, with some training. • Document and agree terms of reference, with clear accountabilities and responsibilities, for key forums within the transformation governance framework, including – Independent Assurance Panel, Transformation Portfolio Board, Thematic Programme Boards, Project Boards and Programme Managers Working Group. • Secure delegated authority from Members to the Transformation Portfolio Board for management and allocation of the transformation budget and management and decision making in regard to the Transformation Portfolio.
People **(1/5)**	Develop a Transformation Communication and Engagement Strategy and underpinning Communication and Engagement Plan. Whilst acknowledging that some organisational communication is taking place, and more around transformation is being prepared, the narrative is dominated by the financial challenge and needs balancing with the opportunities transformation brings. There isn't yet a common narrative or understanding about the future. • Develop a new Workforce Development Strategy and underpinning Workforce Development Plan. This should consider; supporting the workforce through change and transformation; developing the workforce of the future, with the required skills and experience to not only sustain the change but build upon it. • Revisit organisation values and behaviours Ensuring they are reflective of what is desired and required of the future organisation and commonly understood, bought into, and influencing day to day ways of working.
	Effective PMO Capability and Capacity
Design (1.4/5) **Support (1.6/5)** **Delivery (2/5)** **Governance (2/5)** **Tools (2/5)** **Influence (2.4/5)**	The recommendations are captured in the documents developed by the Council to develop effective PMO Capability and Capacity. These are: • The PMO Charter • Programme Governance Framework • Programme Delivery Framework

Lens (maturity)	Recommendations
	Effective Delivery Capability and Capacity
	Sponsorship - portfolio sponsorship remains with the CEO, and programme sponsorship is all allocated to members of CLT. Project sponsorship should be allocated to directors, heads of service and managers as appropriate to the scope, scale, risk and reward of the project. Clear definitions and expectations will need setting out and support for people to undertake these roles should be put in place. **Leadership** - portfolio management is the preserve of the Transformation Director, supported by a mature and highly effective PMO. We recommend highly experienced, tried and tested full time Programme Managers are brought into the organisation, once **programmes** are identified. Projects will require solid management that you would expect to provide through the Project and Change Team. **Delivery** - in the immediate term the Council will identify where internal provision can be made, and where external support will be needed. **Enabling** - develop a clearer view for key capability and capacity from enabling services as the design of the Council's transformation portfolio, and identification of the programmes and projects within it. In the immediate term, the Council should ensure. • A full time named transformation finance lead, senior individual overseeing costs and financial benefits across the portfolio. • A named transformation workforce lead, senior individual overseeing HR and Org Development across the portfolio. • A named transformation communications lead, dedicated to driving and coordinating communications across the portfolio. • A named finance, ICT, HR, Data/Insight business partners to be allocated to each thematic programme once identified.

Transformation roles

Role	Key responsibilities
Transformation Sponsor	Sets and maintains the vision and objectives, ensuring alignment with the Council's strategic priorities and medium-term financial plan. Ensures conditions for success are met by providing direction and leadership, funding and resources, mandate and support for change. Oversees the portfolio from start to finish, ensuring it meets its objectives and realises the associated financial and non-financial benefits. Ensures the required governance structure is in place and running effectively – chairs the Transformation Portfolio Board. Most senior decision maker on all transformation matters, with the exception of those decisions that require Member involvement. Ensures transformation is delivered in line with agreed best practices, maximising impact (benefits) and minimising risk. Owns Member engagement and manages the relationship between the Transformation Portfolio Board and the Independent Assurance Panel. Champions transformation within and outside of the organisation, ensuring effective stakeholder engagement and communication.
Transformation Director	Maintains an integrated Portfolio Plan, proactively monitoring collective progress of the programmes and projects against the plan. Manages the portfolio from start to finish, ensuring it is delivered in line with agreed best practices, and delivers the associated benefits. Effective co-ordination of the programmes, management of their interdependencies, oversight of any risks and issues, resolving as required. Defines transformation governance arrangements, ensuring quality assurance and overall portfolio integrity. Attends the Transformation Portfolio Board and Thematic Programme Boards. Oversees the Portfolio Budget, monitoring costs across the programme, against progress, deliverables and benefits. Ensures programmes are appropriately resourced, and common resources and skills (e.g. core support services) are coordinated effectively. Works with the Transformation Sponsor and Portfolio Management Office to facilitate effective governance and assurance. Chairs the Programme Working Group, bringing Programmes Managers together to focus on the day-to-day management (i.e. benefits, risk, etc.)
Portfolio Sponsor	Sets and maintains the programme objectives, ensuring alignment with the broader portfolio, Council's priorities and MTFS. Oversees the programme from start to finish, ensuring the programme maintains the required funding and resources to meet its objectives and realises the associated benefits.

Role	Key responsibilities
	Provides clear direction and leadership to all projects within the programme, in consideration of the broader portfolio and organisational context. Drives and oversees the effective delivery of the programme, dealing with escalations from projects and programme level, risks, issues and interdependencies as required. Ensures the required programme governance structure is in place and running effectively – chairs the Programme Board and attends / reports to the Transformation Portfolio Board. Most senior decision maker on the programme, with the exception of those decisions that require Transformation Portfolio Board or Member involvement. Owns the relationship between the Programme Board and Portfolio Board, and engagement and communication with key stakeholders. Champions the programme and broader portfolio within and outside of the organisation, supporting effective stakeholder engagement and communication.
Portfolio Director	The Portfolio Director is a leadership role, whereby they provide direction, support and assurance for the constituent projects and initiatives. Effective co-ordination of the projects, management of their interdependencies, monitoring of costs, oversight of any risks and issues, resolving and initiating corrective action as required. Works closely with the Programme Sponsor and Portfolio Management Office to facilitate effective programme governance and assure quality of outputs and delivery standards. Attends the Programme Board, is the key point of contact for the project managers and coordinates their attendance and input. Attends the Programme Working Group, bringing Programme Managers together to focus on the day-to-day management of resources, interdependencies, risks and issues. Develops and maintains an integrated Programme Plan, proactively monitoring collective progress of the projects against the plan. Develops and maintains programme level Benefits Tracker, Cost Tracker and RAID Log, and produces monthly Programme Highlight Reports for the Transformation Portfolio Board. Ensures projects have key foundations in place (e.g. Project Initiation Documents and Business Cases) and key controls (e.g. Highlight Reporting, RAID Logs, Change Control). Ensures projects have the required funding and resourcing to deliver to agreed plans and deliver associated deliverables and benefits.
Project Sponsor	Accountable for setting out the business case, defining the project's success criteria and get stakeholder buy-in, oversight of project delivery, and realisation of the associated benefits.

Role	Key responsibilities
	Ensures the project is funded and resourced; managed / governed appropriately; managing risks, issues, and escalations; removing blockers; ensuring the quality of outputs. Chairs their Project Board and attends and owns the relationship with the Programme Board. Oversees engagement and communication with key stakeholders.
Project Manager	Responsible for the planning and day-to-day delivery of the project, coordinating activity and the effective management of risks, issues, assumptions and interdependencies. Responsible for managing the Project Team, the delivery of the key project outputs and associated benefits, and reporting progress against agreed plans. Developing and maintaining key project documents / controls including Business Case, Project Initiation Document, Project Plan, RAID Log, and Benefit Realisation Plan.