Public Document Pack

Cheshire East Health and Care Partnership Board

Date:	**Wednesday, 2nd November, 2022**
Time:	**2.00 pm**
Venue:	**The Boardroom, Bevan House, Barony Court, Nantwich CW5 5RD**

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Agenda Item 1

#BecauseWeCare
Cheshire East Partnership

Date	**02 November 2022**
Time	**14:00 – 16:00**
Venue	The Boardroom, Bevan House, Barony Court, Nantwich CW5 5RD
Contact	dylanmurphy@nhs.net

Cheshire East Health and Care Partnership Board

AGENDA

Chair: Steven Michael

Time	Item No	Item	Owner (Incl. Partner Organisation)	Outcome required	Format & Page No
14:00		**Meeting management**			
	1	Welcome and Introduction from the Interim Chair	Chair	-	Verbal
	2	Apologies:	Chair	For noting	Verbal
	3	Declarations of Interest	Chair	For noting	Verbal
	4	Minutes of meeting on 21 September 2022	Chair	For approval / noting	Paper Page 3
	5	Action Log* and matters arising	Chair	For noting	Paper Page 13
		Business Items			
c14:10	6	Place Director Update	PD	For information	Paper Page 14
c14:25	7	2022/23 Winter Plan	ADT&P	For discussion	Paper Page 20
c14:45	8	Sustainable Hospital Services Programme: East Cheshire NHS Trust and Stockport NHS Foundation Trust	Director of Transformation and Partnerships, East Cheshire NHST	For discussion	Paper Page 90
		Assurance / Information Reports			
c15:05	9	Cheshire and Merseyside Development Framework – Cheshire East Place Self-Assessment	PD	For information	Paper Page 107
c15:20	10	Quality and Performance Report	ADQ&S	For noting	Paper Page 124
c15:35	11	Update on Financial Position	ADF&P	For noting	Paper Page 131

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Time	Item No	Item	Owner (Incl. Partner Organisation)	Outcome required	Format & Page No
		Governance			
c15:55	12	Recruitment of Partnership Board Chair - update	PD	For information	Verbal
	13	**Any other Business**			
16:00	**Close of meeting**				
Next meeting		**Date: 04 January 2023** **Time: 14:00 – 16:00** **Venue: TBC**			

Key

ADF&P – Associate Director Finance and Performance, ICB Place Team

ADQ&S – Associate Director Quality and Safety, ICB Place Team

ADT&P – Associate Director Transformation and Partnerships, ICB Place Team

PD – Place Director, ICB Place Team

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Cheshire East Shadow Health and Care Partnership Board

Wednesday 21st September 2022 - 2.00pm – 3.30pm
via Microsoft Teams

Unconfirmed Minutes

Membership

Members	Key	Title	Organisation	Present
Steven Michael (chair)	SM	Independent Chair		✓
Mark Wilkinson	MW	Director - Cheshire East Place		✓
Cllr Jill Rhodes	JR	Chair of the Adults and Health Committee, Councillor	Cheshire East Council	✓
Dr Patrick Kearns	PK	Chair	Vernova Healthcare	Apols
Lynda Risk	LR	Finance and Contracting	C&M ICB	✓
Isla Wilson	IW	Chair	CWP NHS FT	✓
Lynn McGill	LMcG	Chair	ECT	✓
Dennis Dunn	DD	Chair	MCHFT	✓
Chris Hart	CH	Social Action Partnership Director	Cheshire East	✓
Cllr Arthur Morran	AMo	Councillor	Cheshire East Council	Apols
Ged Murphy	GM	Interim Chief Executive	ECT	✓
Deborah Woodcock	DW	Executive Director of Children's Services	Cheshire East Council	Apols
Helen Charlesworth-May	HCM	Executive Director – Adults, Health and Integration	Cheshire East Council	✓
Matt Tyrer	MT	Director of Public Health	Cheshire East Council	Apols
Amanda Williams	AM	Place Ass. Director of Quality and Safety Improvement - Cheshire East	C&M, ICB	Apols
Louise Barry	LBa	Chief Executive Officer	Healthwatch Cheshire	✓
William Greenwood	WG	Chief Executive & Company Secretary	LMC	Apols
David Holden	DH	GP Partner	Audlem Medical Practice	Apols

In attendance

Name	Key	Title	Organisation	Present
Guy Kilminster	GK	Corporate Manager Health Improvement	Cheshire East Council	✓
Anushta Sivananthan	AS	Consultant Psychiatrist / Medial Director	CWP NHS FT	✓

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Name	Key	Title	Organisation	Present
Shelley Brough	SB	Head of Integrated Commissioning	Cheshire East Council	✓
Nichola Thompson	NT	Director of Commissioning / People Directorate	Cheshire East Council	✓
Dylan Murphy	DM	Head Corporate Governance	C&M, ICB	✓
Carol Allen	CA	Notetaker	C&M, ICB	✓

Item	Discussion and Actions	Action Owner
	Meeting Management	
1.	**Welcome and Introduction from the Interim Chair**	
1.1	The Chair welcome members to the Cheshire East Shadow Health and Care Partnership Board, which is currently in transition, moving from where the committee was to where it needs to be. The logistics are being worked through in terms of the new arrangements having been through all the relevant board processes. The terms of reference and associated appointments of the Partnership Board are currently progressing through partners' governance structures. The meeting today should be the last meeting held in shadow form.	
2.	**Apologies**	
2.1	**The Shadow Health and Care Partnership Board:** • **NOTED the apologies as outlined in the attendance list.** • **NOTED that the Conservative representative for Cheshire East Council was not confirmed yet and therefore there was no representative at the meeting today.**	
3.	**Declarations of Interest**	
3.1	There were no conflicts of interest pertinent to the items being discussed today.	
4.	**Minutes and Matters Arising**	
4.1	**Minutes of previous meeting held on 3 August 2022**	
	The Shadow Board: • **NOTED and APPROVED the minutes of the meeting held on 3 August 2022; and**	
5.	**Action Log and matters arising**	
5.1	The action log from the previous meeting was noted. There is a single action on the action log, relating to the development of provider collaboratives and how they featured in the wider governance structure.	

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Item	Discussion and Actions	Action Owner
	MW reported that the development of the provider collaborative governance structure was ongoing and requested that the action remain on the action log for an update when the position was clearer. **The Shadow Board:** • **NOTED the Action Log**	**MW**
	Business Items	
6.	**Place Director Update – September 2022 (Mark Wilkinson)**	
6.1	MW delivered an update on activities and issues for the partnership together with information on areas of personal focus since the last meeting of the board, including the following: • An ICB Cheshire East leadership team was established and meeting on a weekly basis • Focus of work continues to be on setup tasks, a particular focus of work on agreeing structures, looking at all the former Cheshire CCG staff, developing Place based structures, so colleagues can understand who they report to and where they sit within the new organisation. The process has proved to be a more complicated task in Cheshire moving from one CCG to two Places. A significant financial saving had been made when the four Cheshire CCGs were merged. • East Cheshire Trust developed a proposal with the Cheshire Business School in Macclesfield to offer a development programme to 100 leaders from across Cheshire over the next six months by bringing colleagues together The Shadow Board noted the update, as well as the following points: • Chris Hart was on the Partnership Board as a representative of the Voluntary, Community, Faith and Social Enterprise sector. The Cheshire East Voluntary Community Faith and Social Enterprise (VCFSE) leadership group has 50 members. The membership included a cross section of geography and included charities, smaller voluntary groups and service delivery “themes”. • Though there was a single representative at the Partnership Board, Cheshire East was developing a golden thread through grass roots, communities and individuals who were involved in numerous other fora. A mental health alliance was involved in community mental health transformation work, for example, and there were VCFSE leads / representatives in each care community. • The social action charter established a relationship between the public sector, health and care partners and the voluntary sector, thereby taking the charter into an investment and implementation plan with a series of commitments to show investment in the sector as a key player and as a partner • The partnership board needs to consider the strategic intention of the voluntary sector (VCFC) as a partner in terms of investment	

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Item	Discussion and Actions	Action Owner
	The Shadow Board: • **NOTED the update**	
7.	**Strategy Refresh Update (Helen Charlesworth-May/Mark Wilkinson)**	
7.1	The Cheshire East Health and Wellbeing Strategy and Five-Year Plan for August 2022 paper was shared prior to the meeting. HCM delivered a presentation which covered the following: • A summary of existing Cheshire East Partnership strategies • A summary of proposed Cheshire East Partnership strategies • The contribution to health outcomes made by health behaviour (30%); socioeconomic factors (40%); clinical care (20%); and the built environment (10%). • A schematic outlining the relationship between the Health and Wellbeing Strategy, its outcomes and associated indicators; the Partnership delivery plan, the new models of care and associated indicators; particular system plans; and the joint outcomes framework that would provide an integrated reporting mechanism. • A summary of issues affected the health and wellbeing strategy objectives. Noting that the objectives remained valid, but a refresh was required to reflect a number of issues, including: an increase in inequality, the impact of fuel poverty and the increased cost of living, structural changes in the NHS, wider policy development • Proposed timelines for the preparation and approval of the refreshed strategy. Feedback from members included the following: • The digital strategy/plan was a key component though it was noted that there were benefits of doing this on a wider footprint than Cheshire East. Given the challenges facing the system, could the digital plans be more ambitious? • Mental Health must be integral to the wider strategy. It should not be considered separately. • The Strategy and Social Action Charters must be aligned. It was noted that voluntary sector partners would be engaged in the development of the engagement / consultation process. • The new partnership was an opportunity to ensure that organisational plans and partnership plans were aligned. Co-operation around workforce strategies could be crucial, given the scale of demand and limited resources available. **The Shadow Board:** • **NOTED the presentation and the proposed next steps**	

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8.	**Adult Social Care Reform – September 2022 (Helen Charlesworth-May)**	
8.1	The Adult Social Care Reform and related responsibilities paper was shared prior to the meeting. HCM delivered a presentation which included the following content / points: • An outline of the reforms affecting adult social care and the associated responsibilities. It was noted that the reform of social care was the most significant since the Griffiths Report of the 1980's. • An outline of the proposals in the Putting People at the Heart of Care White Paper • An outline of the Health and Social Care Integration White Paper • The Care Act 2014 was to be implemented in full • The deprivation of liberty safeguards were to be replaced by liberty protection safeguards, which would have a profound impact on the lives of some of the most vulnerable people in receipt of Mental Health Services • The Elections Act 2022 would improve access to voting for people with disabilities • Funding streams would change but the overall sum of money available to Adult Social Care would not increase. Individuals' money was to be replaced by state money. Nor would the revised funding increase the salaries / improve the terms and conditions of those who worked in social care. • There was a huge amount of work involved in doing this and will lead to a significant increase in demand on local authority staff and budgets. • An outline of the Trailblazer Project that the local authority had participated in. • The risks and benefits around the changes were evident Following the update, Shadow Board members noted the following: • The six trailblazer local authorities were chosen because of their characteristics. East Cheshire local authority was chosen because they were an affluent population paying relatively low rates for care. The six local authorities had stressed the impact of winter and funding constraints on the care sector and how that will impact on the NHS. • The Dept. of Health and Social Care had spoken at length around fair cost of care to the market and has raised market expectations. The language used now is moving towards a fair cost of care. A legal briefing takes place tomorrow to discuss this further. • Cheshire East's local authority providers were awaiting significant funding. Some providers had already given notice on all their residents in care homes because they wanted to be paid their fair cost of care. A negotiated and accommodated settlement was reached. The local authority was expecting a grant next year that will fund some of this, which may not be sufficient • There was a statutory responsibility through the Care Act to provide assessment care and support, a statutory responsibility to deliver a balanced budget. Both were not easily accommodated in current circumstances and would have an impact on the NHS beds costs.	

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	• A significant amount of money has been put into the NHS nationally. There was a significant challenge for the NHS to deliver elective recovery and deliver the service within the timescales outlined. • The partnership needed to be cautious around talking about social care only in relation to how it affected the NHS. These were people's home, where they lived for much of their time, many of the folk would not access NHS services • There was a perception that care homes were sitting on significant reserves. Smaller providers who ran one or two homes often had zero reserves, nor did the not-for-profit providers. Every local authority placement in care made a loss for that provider. Providers had to raise funds or find other ways to make up for the loss. Private sector providers at the larger end of the market filled the gaps through the fees charged on private beds. As the sector becomes more and more frail, access will increasingly by through larger, profit-making providers who were not at risk **The Shadow Board:** • **NOTED the presentation**	
9.	**Return of Intrapartum maternity services to Macclesfield District General Hospital – The paper was shared with Members in confidence (Ged Murphy)**	

9.1	GM provided an update which included the following:
	
	• Intrapartum maternity services had been suspended at Macclesfield DG Hospital since the outset of the pandemic
	• In March 2022, the Board agreed that intrapartum services should be returned to the Macclesfield site by April 2023 when safe to do so. Key to ensuring safety is delivering a response to a Royal College of Anaesthetists invited review at the Trust of obstetric anaesthesia provision and the final report of the Ockenden maternity review into another NHS Trust.
	• During the suspension, ICU standards had increased as well as the anaesthetic standards for maternity care. The net effect was that more anaesthetists and middle grades were required to bring the service back safely
	• Ladies have been birthing at Leighton Hospital, Stepping Hill Hospital and Wythenshawe Hospital in partnership with Manchester FT. Macclesfield DG Hospital retained their home birth service within the community
	• This year's national planning directive outlined that all maternity services should be restored
	• Reinstatement of services would be dependent on resolving a number of issues, including:
	  ○ **Identifying a partner** to support skills maintenance (since the service was suspended there was an Ockenden one report and there will be more Ockenden reports in future)
	  ○ **Financial support** – received a clear steer on the financial position
	  ○ **Recruitment of staff** – successfully recruiting the required middle grade staff
	  ○ **Recruitment of Midwives –** successfully recruiting the required number of midwives would be a massive challenge in the context of the national shortfall in numbers.	

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	• If services were not to returned at their original level (i.e., a full intra-partum service with alongside midwifery led unit) a decision would need to be taken by commissioners and meet the requirements of the NHSE 'planning, assuring, and delivering service change for patients', including full public consultation. Following the update, Shadow Board members noted the following: • DD stated Leighton Hospital had been one of the two hosts of the maternity services. At some stage MCHFT would assist and support the repatriation of the maternity service to Macclesfield DG Hospital • Historically (pre the pandemic) the service has been of a high-quality at ECT • There had to be sufficient levels of activity to be able to recruit staff by keeping staff professional and engaged and for it to be viable/feasible for the ICB • In the last two years, following the Ockenden Reviews, there been intense scrutiny of maternity services. • The term "If It Is Safe To Do So" was referred to repeatedly within the paper presented today which will be a decisive test for the Royal College and for public confidence • The paper presented today was for the board's awareness, not for a decision • Reinstating the maternity service will be a significant decision for the Trust as the provider of the service, for the ICB as the commissioner and the funder of any investment required and consequently, a key decision for the partnership • A proposal will be brought back to the partnership board to understand the deadlines for making the decision as to whether to go ahead with the restart of the maternity service in April 2023 • A decision-making paper with service and financial implications will be presented to the boards of the East Cheshire Trust, Cheshire East Health and Care Partnership, and NHS Cheshire and Merseyside in November 2022. • There was a huge amount of work to do. Choices will be worked on collectively over the next couple of months • The maternity facility at Macclesfield DG Hospital will not commence, unless the service is safely staffed **The Shadow Board:** • **NOTED the briefing and the local and strategic importance attached to the return of intra partum maternity services to Macclesfield DGH.** • **NOTED that a decision-making paper with service and financial implications will be presented to the Boards of East Cheshire Trust, Cheshire East and Care Partnership, and NHS Cheshire and Merseyside in November 2022.**	
	Assurance / Information Reports	
10.	**Report of the Cheshire Quality and Performance Committee (Mark Wilkinson)**	
10.1	MW delivered an update as Amanda Williams (Associate Director, Quality and Safety Improvement) is unable to attend the meeting. The points considered during the update and subsequent discussion:	

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	• The Cheshire Quality and Performance Committee Report was shared prior to the meeting for information and provides an overview of the key quality and patient safety issues for Cheshire East Place • A Cheshire Quality Group was currently meeting though Place-specific quality groups would be established • Performance – Referral to treatment (RTT) - The report states that MCHFT had achieved the end of July target for no of over 104-week waiters. MW explained that ECT had also achieved the target which is good news • The report stated C-diff rates continued to increase at ECT which may not be accurate and was not the Trust's recollection • ECT had launched its three-year (2022-25) strategy last week. **Action:** **MW agreed to clarify whether the C-diff rates have increased at East Cheshire Trust.** **The Shadow Board:** • **NOTED the contents of the Report**	**MW**
11.	**Update on Financial Position (Lynda Risk)**	
11.1	The Finance Update paper was circulated prior to the meeting. LR delivered an update which included the following: • The Finance Update Paper which was shared prior to the meeting was for noting • All Health and Social Care organisations are facing a challenging financial position this year and into the future. This will have an impact on health and care and the outcomes for our population • Key issues: Increased costs, increased demand, the limitations around staff availability remained a challenge for all organisations • The delivering of efficiencies which were required as part of the NHS system remain a challenge • There was a need to identify a financial strategy going forward or a plan which must be consistent with the ICB financial strategy and which supported the local Place strategy as an integral part • The aim was to improve the reporting over time • Provider colleagues were keen to see dashboards which identified areas which were drivers for increased costs • There was a need to establish a finance and resources committee • A commitment was made to communicate more with Cheshire East Council as part of our partnership to understand which areas of their budget they would want reflected within the partnership board. A meeting was scheduled later this week Following the presentation, shadow board members noted the following: • There was a huge amount of work to be done with the remaining unidentified QIPP efficiency of £4.3M for Cheshire East Place.	

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	• There was a significant risk in identifying mitigating cost savings. Financial recovery is being discussed through the Cheshire Leadership Team • The question was asked how the system could more effectively drive efficiencies. All organisations would need to do this collectively to improve services and access for patients • The CCG had an historic deficit for a number of years. Historically smaller hospitals like Macclesfield and MCHFT had been penalised by the payment by result (PbR) system as well as the component of the funding allocation available to commissioners • Work needs to continue around the appropriate and fair funding for our population • A value proportion for the Place should be developed, less around efficiencies and more focus on how we invest most effectively both in the short and long term to get out of the current financial crisis **The Shadow Board:** • **Noted the financial position of each organisation as set out in the paper** • **Noted the Next Steps as set out in the paper**	
	Governance	
12.	**Recruitment of Partnership Board Chair (Mark Wilkinson)**	
12.1	MW gave the following update: The current chair of the partnership board is Dr Steven Michael, former Chair of the Integrated Care Partnership. SM's current appointment ran until 30 September 2022. The proposal was to recruit a Chair from within the membership of the Partnership Board. The appointment would rotate on an annual basis and would not receive additional remuneration. Members of the Board who were eligible (i.e., non-executives, elected members and partner representatives) would be contacted, seeking expressions of interest. If more than one expression of interest is received, a "light touch" selection process would be developed. **The Shadow Board:** • **Approved the role description and person specification** • **Approved an extension to Steven Michael's contract of up to three months i.e., to 31 December 2022 to allow sufficient time for the process of identifying and approving a new Chair** • **Supported the proposed approach to remuneration and recruitment**	
13.	**Partnership Board Forward Plan (Mark Wilkinson)**	
13.1	MW noted that a Partnership Board forward planner needs to be established and work was underway to develop this. **The Shadow Board:** • **NOTED the proposed next steps in the development of a Partnership Board Forward Plan**	**MW**

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	• **AGREED that a draft forward planner be considered at the November meeting**	
14.	**Any other Business**	
14.1	Retirement:	
	The chair wished LMcG well on her retirement and thanked her for the valuable contribution to the committee.	
	Close of meeting.	
Date and Time of next meeting Wednesday 2 November 2022 14:00 – 16:00 Venue: TBC		

Updated: 26 October 2022

Deadline Key		ACTION LOG: Cheshire East H&C Partnership Board	Agenda Item: 5
	New		
	Ongoing		
	Completed		

Ref	Date raised	Description (please be as specific as possible in this cell)	P-B Owner	Action Delegated to	Deadline	Status	Comments / Update
2022-001	03/08/2022	MW agreed to provide an update around the Provider Collaboratives at the next meeting around how this can be reflected within the "Governance Diagram." MW reported that the development of the provider collaborative governance structure was ongoing and requested that the action remain on the action log for an update when the position was clearer.	Mark Wilkinson		21/09/2022	Completed	26/10/2022 UPDATE: The Place Director Update elsewhere on this agenda closes this off. 21/09/22: MW reported that the development of the provider collaborative governance structure was ongoing and requested that the action remain on the action log for an update when the position was clearer
2022-002	21/09/2022	MW agreed to clarify whether the C-diff rates have increased at East Cheshire Trust.	Mark Wilkinson		02/11/2022	Ongoing	
2022-003	21/09/2022	A draft Forward Planner to be considered at the November meeting.	Mark Wilkinson		02/11/2022	Completed	26/10/22: A draft forward planner for this Board has been reviewed by the Place Leadership Group. A forward plan is also in existence for Strategic Planning and Transformation Group.

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Cheshire East Health and Care Partnership Board

Place Director Update

November 2022

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Date of meeting:	2 November 2022
Agenda Item No:	6
Report title:	**Place Director Update November 2022**
Report Author & Contact Details:	Mark Wilkinson, Place Director
Report approved by:	Mark Wilkinson, Place Director

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

Committee/Advisory Groups that have previously considered the paper
None

Executive Summary and key points for discussion
The paper provides updates on the role of provider collaboratives and their relationship to place governance arrangements, the appointment of Dr Andrew Wilson to the ICB Cheshire East place team as Clinical Director, information on the recently launched staff consultation on proposed structures, and selected meetings and visits I have undertaken since the last board meeting.

Recommendation/ Action needed:	The Board is asked to: 1. Note the report.

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	X
4. Significantly reduce health inequalities	X

Document Development	**Process Undertaken**	**Yes**	**No**	**N/A**	**Comments (i.e. date, method, impact e.g. feedback used)**
	Financial Assessment/ Evaluation			X	
	Patient / Public Engagement			X	
	Clinical Engagement			X	
	Equality Analysis (EA) - any adverse impacts identified?			X	
	Legal Advice needed?			X	

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	Report History – has it been to 0ther groups/ committee input/ oversight (Internal/External)			X	

Next Steps:	None

Responsible Officer to take forward actions:	Mark Wilkinson, Place Director

Appendices:	None

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Place Director Report – November 22

1. Introduction

This report presents key activities and issues for the Partnership together with information on areas of personal focus since the last meeting.

2. Key issues

Provider collaboratives

At the first meeting of the shadow board, I was asked to provide more information on how the provider collaboratives would relate to developing place-based partnerships.

There are two NHS provider collaboratives across Cheshire and Merseyside: one for acute and specialist providers (CMAST), and one for mental health, learning disability and community service providers.

They are evolving in quite different ways; CMAST is more developed at this stage with an agreed programme of work around provider development and working at scale in areas such as elective recovery.

Local NHS providers are completing their review of governance documents for the collaboratives which could require some 'ceding of authority' by their Boards. Conclusions on the way in which this would work in practice have yet to be reached.

In discussion at the place leadership group there was a general sense that more work might be needed to align collaboratives to place partnerships and governance.

Place Clinical Director

Dr Andrew Wilson, former chair of Cheshire CCG's governing body and a non-executive director of Mid Cheshire Hospitals NHS FT has been appointed to the role of Place Clinical Director.

Consultation on ICB staffing structures

Place Directors, together with colleagues in the corporate teams, have been developing the staffing structures that will be required as we continue our journey to co-ordinate integrated health and care services and address the health inequalities that exist in the communities we serve.

This has not been an easy task with each of our legacy organisations (nine CCGs) having very different structures, functions, post titles and working arrangements – all of which have had to be considered as we move towards a single organisational structure.

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I am pleased to confirm that the structures presented will ensure that there is a post for every substantive employee who transferred in to the ICB on the July 1st together with those who have joined us as a permanent employee since July.

The consultation document reinforces the commitment to 'primacy of Place', most of the work that we do will be undertaken in and through the nine Place teams across Cheshire and Merseyside. However, in bringing together the new organisation there are some tasks and functions that are best done once across the ICB.

There are two functions where either the delivery models vary considerably, or where national guidance is imminent and accordingly, it is proposed that - to avoid multiple change processes - we will exclude the following services from this consultation process:

- Medicines management – there are a range of providers and contractual arrangement in place and the new Head of Medicines management will be reviewing the structures over the next few weeks. In the interim there will be no change for these teams.

- Digital – the new Chief Digital Officer Jon Llewellyn commenced work on the 17th October and over the next 2/3 weeks will be reviewing the structures and we hope to consult on the digital structure during early November.

- All age continuing care - there are currently a range of providers and models for All age continuing health care and therefore an external review will be undertaken to determine the optimum approach for Cheshire and Merseyside – in the interim period there will be no change for these teams

We remain committed to working with colleagues on these structures and do not anticipate significant delays before we can consult on these teams.

The consultation period lasts until midday on Thursday, November 10th and several meetings are being held locally to support it.

3. Meetings and visits

Since the last meeting of the Board, I have undertaken the following key meetings and visits:

- Attended and co-led the ICB Cheshire staff conference for c. 120 colleagues.

- Met the Council of Governors at Mid Cheshire Hospitals NHS FT on ICS and place developments.

- Attended the Show Shine and Share celebration event for the eight care communities across Cheshire East.

- Supported the launch of All Together Active – Cheshire and Merseyside's strategy for physical activity.

- Introduced the 2nd Cheshire East leadership symposium (c. 50 leaders from across the health and care sector on 'bounceback-ability'.

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- Attended the board of NHS Cheshire and Merseyside together the East Cheshire Trust colleagues to provide a private briefing to the board on plans for the return of intrapartum maternity care to Macclesfield DGH.

4. Recommendation

The Board is asked to note the report.

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Cheshire East Health and Care Partnership Board

Cheshire East Place System Winter Plan 2022-23

November 2022

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Date of meeting:	2nd November 2022
Agenda Item No:	7
Report title:	**Cheshire East Place System Winter Plan 2022-23**
Report Author & Contact Details:	Daniel McCabe Daniel.McCabe@cheshireeast.gov.uk
Report approved by:	

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

Committee/Advisory Groups that have previously considered the paper
Distributed to the "Warm up for Winter" System Operational Group in October 2022 for comments and feedback on the proposed draft plan

Executive Summary and key points for discussion
Please see below:

Recommendation/ Action needed:	Please see 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	
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		x		
	Patient / Public Engagement		x		
	Clinical Engagement		x		
	Equality Analysis (EA) - any adverse impacts identified?		x		
	Legal Advice needed?		x		

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	Report History – has it been to other groups/ committee input/ oversight (Internal/External)	x			"Warm up for Winter" System Operational Group - October 2022

Next Steps:	The Winter Plan will be subject to the following scrutiny at: Cheshire East Council Corporate Leadership Team Cheshire East Council Adult Social Care & Health DMT Cheshire East Operational Delivery Group Cheshire East Place Leadership Group

Responsible Officer to take forward actions:	Nichola Thompson – Director of Commissioning & Integration at Cheshire East Council and Associate Director of Transformation & Partnerships (C&M) Dan McCabe – Associate Director of Urgent and Emergency Care

Appendices:	

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Cheshire East Place System Winter Plan 2022-23

1. Executive Summary

This paper sets out a high-level summary of resilience plans across Cheshire East for this winter covering the following key elements:

Winter plans for East Cheshire NHS Trust, Mid Cheshire Hospital NHS Foundation Trust, Cheshire and Wirral Partnership NHS Foundation Trust, Cheshire East Council, Primary Care, and key system partner's wide plans.

Demand and capacity modelling data has been produced considering potential surge. Forecasts have been produced for October 2022 to March 2023 for:

- Non-elective admissions
- Non-elective admissions of over 65s
- Total discharges
- A&E attendances
- Ambulance transfers
- Bed occupancy

Winter communications strategy and key targeted areas of focus have developed in line with the national campaign and with input from lead communications Officers from Cheshire & Merseyside NHS & Cheshire East Council.

Appropriate Oversight and governance structures are in place to ensure robust system oversight with clear escalation steps to follow.

Financial Investment and system risks have been considered and mitigating actions will continue to be monitored

2. Introduction / Background

Winter planning is a statutory annual requirement to ensure that the local system has sufficient plans in place to manage the increased activity during the Winter period and plans have been developed in partnership with Cheshire East system partners across the place.

The overall purpose of the Winter plan is to ensure that the system is able to effectively manage the capacity and demand pressures anticipated during the Winter period which this year runs from November 2022 to 31 March 2023.

Our system plans ensure that local systems are able to manage demand surg effectively and ensure people remain safe and well during the Winter months.

The planning process considers the impact and learning from last Winter, as well as learning from the system response to Covid-19 to date. Plans have been developed on the basis of robust demand and capacity modelling and system mitigations to address system risk.

3. Current Position

Winter plans have been developed by Cheshire East System partners which includes representation from all local system key winter leads. These groups have been instrumental in developing key elements of the winter plan which has included:

- Operational resilience
- Contingency planning
- Mitigations to address identified gaps
- Escalations triggers and appropriate oversight and assurance

The plan has been developed in line with the national Key Metrics as outlined by NHSE and regional guidance.

The plan will continue to evolve and be refined in accordance with partners feedback and any supplementary information that will strengthen the existing proposed plan.

4. Recommendations

The Cheshire East Health and Care Partnership Board are asked to:

- Note and minute the proposed plan
- Review the content of the Cheshire East Place System Winter Plan 2022-23
- Provide feedback on areas that may require additional information or assurance
- Support the onward governance approval process in line with Organisational requirements

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Cheshire East Place System Winter Plan 2022/2023

Introduction

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The overall purpose of the Winter plan is to ensure that the system is able to effectively manage the capacity and demand pressures anticipated during the Winter period which this year runs from November 2022 to 31 March 2023

Our system plans ensure that local systems are able to manage demand surge effectively and ensure people remain safe and well during the Winter months.

The planning process considers the impact and learning from last Winter, as well as learning from the system response to Covid-19 to date. Plans have been developed on the basis of robust demand and capacity modelling and system mitigations to address system risk.

Our system ambition is to ensure a good Winter is delivered by supporting people to remain well and as healthy as possible at home, having responsive effective services, and a system that is resilient, resolution focused and has a shared vision to deliver meaningful positive Health and Wellbeing outcomes for the population of Cheshire East.

Key Deliverables

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Our ambition is to have a consistent and improved offer for our people, deliver improved outcomes and a better experience of support, whether that is by assistive technology, in the Community and when necessary, in Hospital for our local population.

The delivery of safe, effective and sustainable support for people requiring the health and social care will be measured through the delivery of:

- 4 hour emergency standards
- Local and National waiting time targets
- Bed Occupancy
- Operational Pressures Escalation Levels (OPEL)
- System Escalation Management and Oversight
- Delayed discharges / Long Length of Stay
- Criteria to Reside
- System Capacity – Acute & Community
- Access to Community Services
- Surge Management and Demand
- Mutual Aid Requests
- Maximisation of Community voluntary sector capacity
- Prioritising workforce Health and Wellbeing

In conjunction with these deliverables, system partners will continue delivery of the Elective care recovery and restoration trajectory.

National System Drivers

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NHS England 9 Winter Priorities 2022-23	
New variants of COVID-19 and respiratory challenges	
Demand & Capacity - Bed based resource - Virtual wards - High intensity user services - Community 2 Hour response	- Primary Care - Mental Health - Cancer referrals - Elective care
Discharge (reduce delays/LLOS)	
Ambulance service performance	
NHS 111 performance	
Preventing avoidable admissions	
Workforce	
Data and performance management	
Communications	

	UEC Objectives
1	Prepare for variants of COVID 19 and respiratory challenges
2	Increase capacity outside acute trusts
3	Increase resilience in NHS111 and 999 services
4	Target category 2 response times and ambulance handover delays
5	Reduce crowding in A&E departments and target the longest waits in ED
6	Reduce hospital occupancy
7	Ensure timely discharge
8	Provide better support for people at home

Local System Drivers

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Cheshire East Winter Ambitions
To meet a fluctuating demand and maintain flow with safe and responsive Health & Social Care services
Ability to access community provision unhampered by covid or other viral infections & Infection Prevention
To protect, expand and retain a healthy and resilient workforce
To support and improve access to Primary Care
To promote Self-Care and help our population to 'Choose Well' when contacting Health Care Services
To maximise the transformation momentum and current resources to construct a sustainable model of Home First delivery
Increased use of Voluntary Community Faith Sector
To attain performance recovery as agreed with NHSE/I and achieve favourably amongst Cheshire & Merseyside peers A&E attendances reduced and no ambulance delays
High uptake in the Flu and COVID-19 vaccination boosters
Patients deemed to no longer meet the criteria to reside in hospital have clear exit and support routes out.
Robust governance and system oversight

Demand Forecasting

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Demand & Forecast modelling detail: BI Demand Modelling Oct to Mar 2023

Forecasted demand (October 2022 to March 2023) for A&E attendances, non-elective admissions and total discharges, for Cheshire East registered patients attending an NHS trust in England. These forecasts are reported for all providers, for Mid Cheshire Hospital NHS Foundation Trust and East Cheshire NHS Trusts, and for all other trusts excluding East and Mid.

A&E attendances

Forecast month	All	East	Mid	Other
Oct-22	9,700	3,610	4,940	1,960
Nov-22	8,920	3,330	4,620	1,790
Dec-22	8,720	3,220	4,530	1,720
Jan-23	8,660	3,220	4,600	1,680
Feb-23	7,970	2,970	4,280	1,550
Mar-23	9,180	3,300	4,760	1,830

Non-elective admissions

Forecast month	All	East	Mid	Other
Oct-22	3,630	980	2,050	660
Nov-22	3,500	940	1,990	650
Dec-22	3,430	910	1,950	640
Jan-23	3,390	900	1,950	620
Feb-23	3,140	850	1,800	570
Mar-23	3,500	950	1,990	660

Total discharges

Forecast month	All	East	Mid	Other
Oct-22	5,110	1,090	2,820	1,270
Nov-22	5,000	1,070	2,750	1,260
Dec-22	4,830	1,040	2,670	1,200
Jan-23	4,720	1,010	2,640	1,160
Feb-23	4,510	950	2,510	1,140
Mar-23	5,150	1,090	2,830	1,330

Pathway 0 discharges

Forecast month	All	East	Mid	Other
Oct-22	4,440	910	2,380	1,140
Nov-22	4,340	890	2,320	1,130
Dec-22	4,200	870	2,250	1,080
Jan-23	4,110	840	2,230	1,040
Feb-23	3,932	800	2,110	1,020
Mar-23	4,500	910	2,390	1,190

Pathway 1 discharges

Forecast month	All	East	Mid	Other
Oct-22	300	68	170	55
Nov-22	290	67	170	54
Dec-22	280	65	160	52
Jan-23	270	64	160	50
Feb-23	260	60	150	49
Mar-23	300	69	170	57

Pathway 2 discharges

Forecast month	All	East	Mid	Other
Oct-22	300	59	190	42
Nov-22	290	58	190	42
Dec-22	280	56	180	40
Jan-23	280	54	180	38
Feb-23	260	52	170	37
Mar-23	300	59	190	44

Pathway 3 discharges

Forecast month	All	East	Mid	Other
Oct-22	160	51	76	33
Nov-22	160	50	74	33
Dec-22	150	49	72	31
Jan-23	150	47	71	30
Feb-23	140	45	68	30
Mar-23	160	51	76	35

Demand Forecasting

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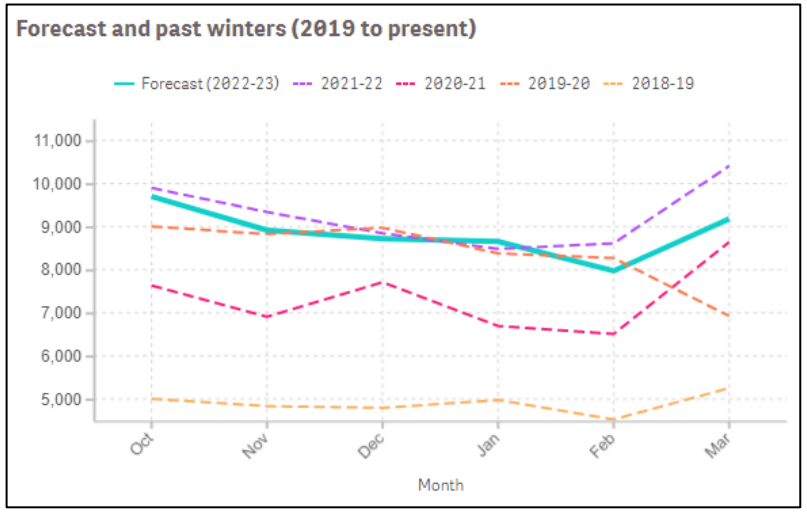
Each of the provider splits (all, East Cheshire NHS Trust, Mid Cheshire Hospitals NHS Foundation Trust and other) have been forecast separately to capture specific yearly patterns and long-term trends, and as such the all-provider forecast is not always equal to the sum of the East Cheshire NHS Trust, Mid Cheshire Hospitals NHS Foundation Trust and other provider forecasts.

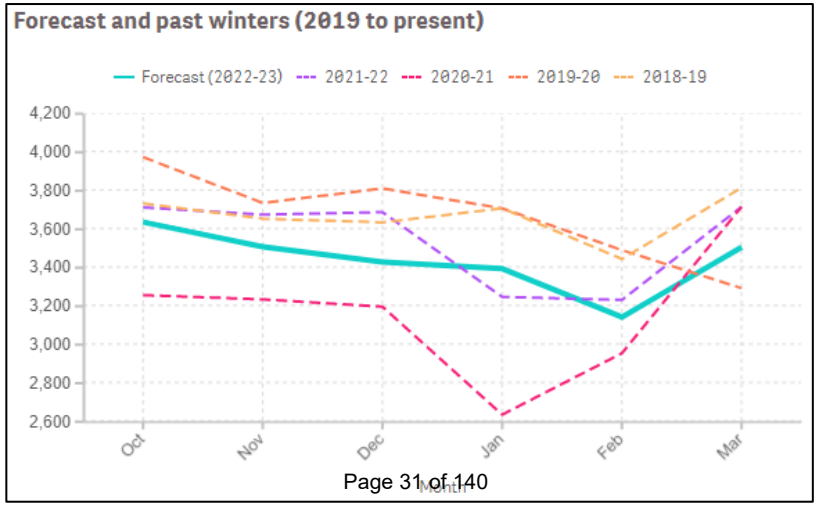
Generating Forecasts

- Historic data on demand metrics was used to create models of yearly patterns and long term trends, using the Facebook Prophet algorithm.
- These models were used to forecast monthly demand figures for winter 2022-23.
- Data on demand in the periods of 2020 and 2021 impacted by COVID-19 was included in the modelling to help inform yearly patterns. The models used are able to separate these yearly patterns from sudden changes in trend driven by COVID-19 through comparison with other years of training data.
- The latest overall trends in demand are determined by data from winter 2021-22 onwards, not by data from the periods of 2020 and 2021 impacted by COVID-19.

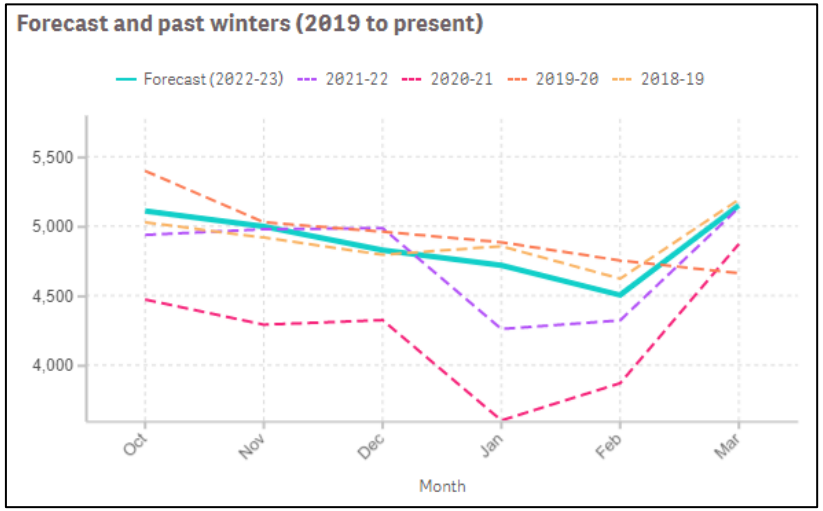
A&E attendances (all providers):



Non-elective admissions (all providers):



Total discharges (all providers):



Performance Management & Escalation

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Cheshire East Assurance:

- ✓ Daily Multi Disciplinary Team meetings
- ✓ Weekly Capacity Dashboard – System understanding of current capacity issues and risks
- ✓ Patient harm reviews, reflective learning and measures and controls implemented to reduce harm – Quality & Safety Forum
- ✓ Monitoring of key improvement initiatives to demonstrate system impact and effectiveness
- ✓ Outcomes for individuals
- ✓ Review accuracy of Emergency Clinical Data Set (ECDS) submissions and utilise data to target admission avoidance activities
- ✓ Review and utilise A&E forecasting tool
- ✓ Realtime system monitoring – NHS A&E wait times app includes East Cheshire NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust
- ✓ Cheshire East Operational Delivery Group
- ✓ Winter System Oversight call
- ✓ System escalation calls to monitor capacity and flow
- ✓ Cheshire East Council Covid Operational Group
- ✓ Primary Care APEX System

System Oversight & Response

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Our Local System Governance is in place which ensures oversight of System and Capacity Monitoring. There are 3 key domains to our Oversight and Governance approach, which is:

1. Operational Delivery Group
2. Monitoring Performance impact and effectiveness
3. Senior Leadership oversight

The Operational Delivery Group identifies critical points of emerging risks and significant operational barriers.

Its role is to recommend remedial actions where required, coordinate responses and mutual aid and escalate issues through Emergency Preparedness Resilience and Response (EPRR) or other appropriate routes.

Monitoring, Oversight and Governance Structure

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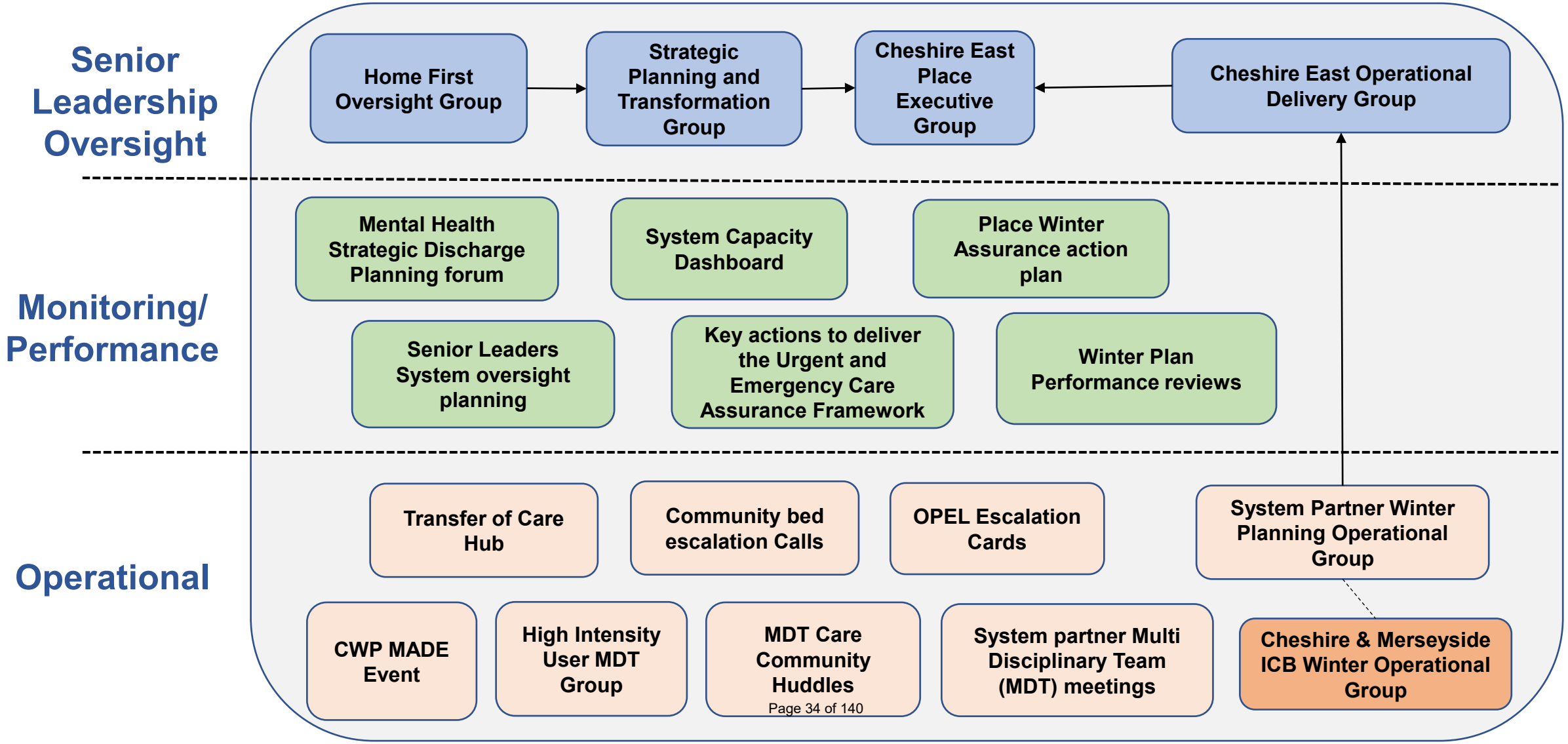

Operational Intelligence Hub – Urgent Care

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There is work underway with Cheshire and Merseyside Health and Care Partnership to develop an Operational Intelligence Hub for Urgent Care which will provide comprehensive daily reporting on capacity and demand at ICS, Provider and Place level to further inform system management and assist with operational delivery.

Operational Intelligence Hub for Urgent Care: Content

Cheshire & Merseyside "Better than Before" Areas of Focus and supporting information

1. ICB Assurance
2. NHS 111
3. Ambulance
4. High Intensity Users
5. Alternative Acute & Community Pathways/Services (AAP)
6. Emergency Department
7. Treatment in Emergency Department (TiED)
8. Staffing
9. Urgent Treatment Centres
10. Operational Management & Escalation (OME)
11. Flow
12. Mental Health
13. Primary Care
14. Elective Care
15. Communications
16 Preparation for variants of COVID19 and respiratory challenges

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Link to the

Cheshire East Assurance Framework

1. Cheshire & Merseyside Integrated Care Board

Integrated Care Boards take responsibility for oversight of UEC recovery, improvement and transformation through the implementation of robust governance arrangements across the ICS and place based systems

The Integrated Care Board aims to:

Add value
Be a delivery partner
Address long standing issues
Lead on UEC improvement and assurance
Operational Intelligence hub for Urgent Care which will provide comprehensive daily reporting on capacity and demand

ICB Cheshire East will also:

- ✓ Seek system wide assurances of winter planning through the Cheshire East Winter Planning Board "Warm Up for Winter a Joint Approach"
- ✓ Coordinate Cheshire East Winter Plans
- ✓ Coordinate Operational Performance Escalation Level (OPEL) contacts and action cards
- ✓ Coordinate a Cheshire COVID Board
- ✓ Coordinate a Cheshire Flu Strategic Group
- ✓ Cascade national communications and provide a Winter Communications Strategy
- ✓ Explore escalation plans in place to support with redeployment of staff

2. NHS 111 performance

Patients are signposted to the most appropriate services for their need every time, all the time

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Cheshire East assurance:

Within the Cheshire footprint there are three Clinical Assessment Services – 1 in Cheshire West & 2 in Cheshire East provided by Cheshire & Wirral NHS Partnership Trust, Central Cheshire Integrated Care Partnership and East Cheshire NHS Trust.

24/7 service to review NHS111 calls destined for ED, they have an excellent rate of diversion:

- ✓ Recently implemented resilience to support each other at times of high demand
- ✓ Recently implemented programmes to allow direct booking into GP Practices, this is expected to release capacity
- ✓ Additional staff resource has been difficult to obtain despite service investment
- ✓ Cheshire & Wirral Partnership NHS Foundation Trust (CWP) operate a Mental Health Crisis Line which now receives electronic referrals from NHS111, CWP now phone back the caller. NHS 111 Option 2 to connect directly is still a work in progress.

Outcome: Increase 111 & 999 Resilience
Cheshire East Metric: 111 Call abandonment
Cheshire East Metric: Mental Health Crisis line activity

3. Ambulance service performance

Patients receive timely emergency and urgent ambulance care and conveyance, with minimal delays

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Cheshire East Assurance:

Ambulance Handover

- ✓ East Cheshire Hospitals NHS Trust (ECT) and Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) have implemented NWAS guidance regarding handovers
- ✓ East Cheshire Hospitals NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust are committed to all patients being offloaded into the department and no patients being kept in ambulances
- ✓ Cheshire East Capacity Dashboard monitoring of handover delays and hours lost
- ✓ North West Ambulance Service Sector Manager attends weekly Silver Command (ECT & MCHT) to report on performance. The Sector Manager is also a member of the Cheshire East Operational Winter Board – Warm Up for Winter a Joint Approach

Outcome: Increase 111 & 999 Resilience
Metric: Mean 999 call answering times, Category 2 ambulance response times, Average hours lost to ambulance handover delays,

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4. High Intensity Users

Patients receive consistent care at all times, minimising the need to access acute and emergency services unless clinically needed

Cheshire East assurance:

- ✓ High Intensity Users (HIU) pre planning call winter system preparation with key partners 4/10/22
- ✓ East Cheshire NHS Trust – Multi Agency HIU focused meeting in place to focus on proactive early interventions that will support a reduction of attendance at ED
- ✓ Mid Cheshire Hospitals Foundation Trust – Multi Agency HIU focus Group to be stood up
- ✓ Cheshire & Wirral Partnership Foundation Trust in collaboration with the British Red Cross have developed and provide 3 HIU posts located in the three Cheshire A&E Departments

- ✓ Link to High Intensity User Group Action Tracker
  High Intensity User Group - Action Tracker

Outcome: Reduce crowding in ED and target longest waits
Metric: Adult G&A occupancy; Longest waits

5. Alternative Acute & Community Pathways – Hospital Avoidance

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Cheshire East assurance:

Directory of Services (DOS)

- Reviewed monthly with clinical service leads
- Promote better use of the DOS by clinicians
- Dispositions not diverted are regularly reviewed for alternative pathways

Same Day Emergency Care (SDEC)

- Improve Acute Frailty services (8-8, 7days, assessment within 30mins)
- Mid Cheshire Hospitals NHS Foundation Trust Frailty Service MDT assessment – Partially implemented
- East Cheshire NHS Trust Frailty Team 8 till 8 7 days a week
- None Emergency Patient Transport Services
- Robust in-hours services
- Confirm Acute Trust commissioned GP out of hours services

Same Day Emergency Care Pathways

East Cheshire NHS Trust	Mid Cheshire Hospitals Foundation Trust
Medical: Atrial Fibrillation Cellulitis DVT Headache Hypertension Suspected PE Surgical abscess Surgical Haemorrhoids	Urology Orthopaedics All GP referrals through Single Point of Access NEW for Winter Medical

East Cheshire NHS Trust Acute Visiting Service – robust process with a Single Point of Access for paramedics to speak to the patients GP practice, for advice, arrange a visit or urgent appointment

Mid Cheshire Hospitals NHS Foundation Trust Acute Visiting Service - paramedics to speak to the patients GP practice, for advice, arrange a visit or urgent appointment

Outcome: Reduce crowding in ED and target longest waits;
metrics: Category 2 ambulance response times, Average hours lost to ambulance handover delays, Adult G&A bed occupancy

5. Alternative Acute & Community Pathways – Hospital Avoidance continued

Alternatives to ED attendance and hospital admission Inc. direct access from community and ED. Patients are treated in the right care setting at the right time by the right person

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Cheshire East assurance:

- ✓ Home First Programme: Hospital prevention, which includes the Community 2 Hour Response, Virtual Wards, Falls Prevention, Rapid Home Care and Community Voluntary Sector support
- ✓ Community Step up Care Home beds
- ✓ Transformation projects in place to increase and monitor Virtual Wards
- ✓ Robust Home Oximetry and MABS in place which continues to be promoted to the public
- ✓ Transformation project in place to increase and monitor Community 2Hr Response and Frailty Wards
- ✓ Falls pathway available on the Directory of Services (DOS)
- ✓ Reduce A&E attendances for coughs/colds/flu/covid/respiratory infections through self management/escalation packs

Outcome: Reduce crowding in ED and target longest waits; Increase capacity outside acutes
Metric: Adult G&A occupancy; Hours lost to ambulance handover delays
Local metrics: C2HrR

6. Emergency Departments

Patients with an emergency need will be managed in a timely manner within the ED

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Cheshire East assurance:

Confirm plans to alleviate ED congestion currently caused by:

- Limited ED streaming capacity
- Limited overnight medical assessment, particularly at the weekends
- Waits for bed requests dependent on hospital flow or capacity to staff escalation areas without disrupting elective care schedules
- Non standard Urgent Treatment Centre provision
- Mid Cheshire Hospital NHS Foundation Trust (MCHFT) – Consultant Management
- MCHFT – Acute Frailty services
- East Cheshire NHS Trust (ECT) – Speciality and acute call down within 1 hour of referral
- ECT – ED Granted one way referral rights
- ECT – All minor illness streamed to GPs
- ECT – Cubical capacity & short stay emergency patient area

Outcome: Reduce crowding in ED and target longest waits;
UEC ED metrics: Average hours lost to ambulance handover delays

7. Treatment in Emergency Departments

Clinical care and treatment will be delivered on time, aligned with best practice. Safety is never compromised.

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Cheshire East Partnership

Cheshire East Assurance:

East Cheshire NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust share the ambition for clinical care and treatment to be delivered on time, aligned with best practice. Safety never to be compromised.

Each Hospital will continue to:

- Continue to rollout NHS 111 First & Directory of Services (DOS) development
- Optimise ‘Streaming’ to other services
- Sign post to the virtual ward model

Outcome: Reduce crowding in ED and target longest waits;
UEC ED metrics: Average hours lost to ambulance handover delays

8. Workforce

Staff will be in the right place, at the right time with the appropriate skills to care for patients and keep them safe

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Cheshire East Assurance:

- Wellbeing - ICB to sustain, develop & promote staff Mental Health Hubs in line with guidance.
- A phased workforce Capacity & Demand modelling project will focus on the system understanding of staff vacancies, recruitment, retention and bank availability
- Organisations are reviewing enhanced payments for peak periods and bank holidays. CEC Uplift for providers on the Home Care Framework via the Better Care Fund
- Workstream to review integrated workforce opportunities to increase cross system staff capacity
- Escalation plans for redeployment of staff
- Community volunteers can support services and improve patient experience - Helpforce Volunteer plan to be implemented
- NHS (central) volunteers, Hospital volunteers, Community responders
- Staff sharing arrangements and maximising collaboratives banks
- Embed reservist model in each ICS to increase capacity and capability to respond to surge and major incidents
- Develop and launch managing attendance challenge toolkit
- International Support to support UEC recovery plans - identify shortages for key roles & skills and implement recruitment programme targeting towards shortages to support UEC and winter pressures
- Vaccination Programme underway to deliver this autumn's COVID-19 and flu vaccination programme.
- Care provider oversees recruitment underway with a selection of Care Home and Care at Home Providers
- Staff wellbeing programmes are in place within each organisation

Outcome: Reduce crowding in ED and target longest waits; increase capacity outside acute trusts; ensure timely discharge;
Local metrics: staff absence rates, staff vacancy rates, length of recruitment times

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9. Urgent Treatment Centre

Patients with urgent and minor ailments/illnesses will be managed in Urgent Care settings every time, at all times

Cheshire East Assurance:

Applies to Mid Cheshire Hospital only:

- Maximise use and promoting use of the Urgent Treatment Centre via system partners being fully appraised of this resource
- Increase the number of referrals from Ambulance services and care homes.
- Consider staffing availability for the Urgent Treatment Centre and explore system opportunities to enhance where possible

Outcome: Reduce crowding in ED and target longest waits; Increase capacity outside trust.
UEC ED metrics: treatment times

10. Operational Management & Escalation

Patients on an urgent and emergency care pathway are managed in the right care setting at the right time to maximise their health outcomes with operational processes in place to deliver this

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Cheshire East assurance:

Assurance handover framework, site meetings, full hospital protocol,

- ✓ Cheshire East Dashboard provides oversight of the UEC capacity
- ✓ Operational Delivery Group in place who will monitor impact and effectiveness of the Winter Plan
- ✓ Cheshire East has an Operational Performance Escalation Level (OPEL) system of contacts and actions.
- ✓ The OPEL action cards have been reviewed and updated in preparation for Winter
- ✓ Key Contacts reviewed and updated and shared with system partners every bank holiday
- ✓ Scenario Planning meetings in place
- ✓ Effective inpatient management procedures in place across each hospital
- ✓ Infection Prevention Control measures and operating protocols in place
- ✓ COVID-19 early warning system in place and managed by Public Health

Outcome: Reduce crowding in ED and target longest waits; increase capacity outside acute trusts; ensure timely discharge;
Local metrics: UEC metrics

11. Capacity and Flow (Discharge)

No patient will reside in an acute hospital bed once their clinical care has been completed

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Cheshire East assurance:

Transformation programme – Home First: Discharge to Maximising Care at Home Services and Hospital

The agreed short term system priorities that have been agreed are as follows:

1. **Discharge to Assess** (D2A) **–** ***We create a more centralised approach to step down/rehabilitation and identify facilities to acquire and staff from NHS/LA***
   Supporting people out of hospital: To develop an Options Appraisal which will enable the Integrated Care System to adopt a preferred approach to delivering Discharge to Assess community beds to provide high quality, sustainable local care to meet gaps in future need. The preferred option for the long-term sustainable plan will then be developed into a full business case for approval. The interim plan (short/medium term) will be developed, resources will be identified and aligned to meet the objectives of the long-term plan. The preferred option for the short/medium-term plan (recommendation) for the Discharge to Assess community bed base inclusive of Mental Health provision will be implemented as part of the Winter planning process for 2022/23.

2. **Maximising Care at Home services and Hospital Prevention :** The objectives of the of this proposal is to enhance our workforce, build in additional system resilience, create capacity by way of sharing staffing resource and available service capacity , design an infrastructure that provides daily operational contact between the identified service and agree an operating model in preparation for Winter pressures and a more long-term sustainable model thus providing improved outcomes for the Residents of Cheshire East. This proposal will be implemented in a staged approach as follows:

   - **Stage 1**: Care4CE Reablement, Central Cheshire Integrated Care Partnership, General Nursing Assistants , Rapid Response Care (Routes Health Care & Evolving Care) , Voluntary Community Faith Sector, Assistive Technology and Equipment Services.
   - **Stage 2:** Urgent Crisis Response, Hospice at Home, Mental Health Reablement, Care4CE Mobile nights, Out of Hours District Nursing

3. **Mental Health Prioritise**
   - To work with Care at Home providers and develop an offer that supports people with Physical and Mental Health needs.
   - Develop an all-male specialist unit within Borough that supports people with complex behaviours
   - Increase bed base capacity and community support options for people living with Autism and Mental Health needs
   - Identify service gaps and develop service specifications that can be shared with care providers to develop the market

4. **Here and Now Prioritise**
   - Building on the GNA service create a joint health and care workforce employed by health to provide capacity to support people in their own homes
   - Invest to save- to meet current priorities
   - Primary Care is critical - work with primary care to develop potential opportunities.

11. Capacity and Flow (Discharge)

Winter Schemes	Timescales
Hospital support scheme family and friends - to enable family and friends to provide informal care and payment for up to 6 weeks	Operational
Community Connectors positioned in the two Transfer of Care Hubs promoting the Community Voluntary Sector services	Operational
Personal Health Budgets to support Rapid Hospital Discharge	Operational
Help Force volunteer Programme	November 2022
Housing pathway agreed for rough sleepers	December 2022
Increase of the General Nursing Assistant service capacity	Dec / Jan 2022
C/o locate Care4CE Mobile Nights service and East Cheshire Trust Out of Hours District Nursing Teams thus increasing night time care, support and resilience	November 2022
Additional 200 hours per week, Rapid Response Care linked to East Cheshire Trust Frailty team. November to March 2023	Nov / Dec 2022
Capacity for Pathway 1 – 36 System resilience beds	Operational
Capacity for Pathway 2 – 39 block beds are funded via the ICB up to 31st March 2023	Operational
Supported Living – Mental Health step down self contained apartments x 6	December 2022
Complex Dementia 18 Step up/step down beds	Nov / Dec 2022
Nursing Dementia beds x 6	November 2022
ED In reach support for Mental Health patients	November 2022

System Resilience Beds funded via BCF Up to 31/03/23

Care Home	Block Contract Beds
Mayfield House, Crewe	1
Leycester House, Mobberley	5
Turnpike Court, Sandbach	4
Elm House, Nantwich	4
The Elms, Crewe	3
Corbrook Park, Audlem	3
Brookfield House, Nantwich	8
Cypress Court, Crewe	3
Twyford House, Alsager	5
Total	**36**

Additional Capacity, ECT Hospital Footprint Pathway 2 up to 31st March 2023

Care Home	Block Contract Beds
Prestbury House, Macclesfield	5
Priesty Fields, Congleton	4
The Rowans, Macclesfield	4
The Willows, Mobberley	4
Total	**17**

Additional Capacity, MCHFT Hospital Footprint Pathway 2 up to 31st March 2023

Care Home	Block Contract Beds
Clarendon Court, Nantwich	8
Lawton Manor, Church Lawton	3
Newton Court, Middlewich	2
Richmond Village, Nantwich	5
Telford Court, Crewe	4
Total	**22**

12. Mental Health

Patients receive timely services and treatment as needed, with a greater focus on early intervention services that can prevent mental health crisis

Cheshire East assurance:

Cheshire East have a 12 hour breach multi partner group which resolves issues, particularly around mental health delays in Emergency Department.

Current Place of Safety is East Cheshire NHS Trust A&E Department

Mental Liaison with Emergency Department

Brief for Winter Plan: CWP Winter Plan 2022/23
Key Lines of Enquiry Mental Health: Key Lines of Enquiry Mental Health

13. Primary Care

Ensuring primary care have extended hours for evenings and weekends

#BecauseWeCare
Cheshire East Partnership

Cheshire East Assurance:

- Primary Care Network led Extended Hours for evening and Saturdays
- Robust and resilient General Practice Out of Hours service including Acute Visiting Service.
- Business case underway to extend Primary Care Assessment Unit
- The nationally commissioned Community pharmacy consultation service (CPCS) as this will have a potentially bigger and synergistic impact with the Pharmacy First minor ailments service on lower acuity conditions. CPCS takes referrals from general practice and NHS111, while Pharmacy First provision also takes walk ins
- Primary Care resilience and activity data
- Exploring initiatives to enhance the falls prevention programme, including access to falls exercise classes and care home work (System)
- Health & Well being services for Asylum seekers and Refugee communities
- Full implementation of the Primary / secondary care interface recommendations

14. Elective Care, Cancer & Diagnostics; CYP services;

Protecting services

#BecauseWeCare
Cheshire East Partnership

Cheshire East Assurance:

- Cancer remains clinically prioritised amongst other demands
- Children and Young People services have additional ward nursing to help manage the rise in winter admissions for paediatrics and appropriate pathways are in place
- The main pressure on elective care normally comes in terms of the re-purposing of the Orthopaedic inpatient elective ward for UEC pressures. Contingency plans in place to find an alternative ward location for this service.
- Diagnostic services will be Business As Usual with not specific schemes to support them over winter but, with support to restore services following the Covid pandemic.

15. Communications

#BecauseWeCare
Cheshire East Partnership

Cheshire East Assurance:

Our system winter campaigns will be based around the following 'key pillars'

1. Prevention: Reducing avoidable hospital admissions by helping people stay well – with a focus on people with respiratory illnesses, frailty and mental health. This includes the flu and Covid vaccination programmes.

2. Signposting: Reducing inappropriate attendances by helping people choose the right service, linking to the national Help Us Help You campaign, pharmacy, GP access, emergency dental care, NHS 111, Urgent Treatment Centre's and other urgent care services.

3. Self-care: Messages in relation to the promotion of pharmacies to get expert advice, gastrointestinal illnesses, with hand washing/hygiene advice, respiratory illness and common childhood illnesses.

15. Communications (Continued)

#BecauseWeCare
Cheshire East Partnership

Winter Wellbeing communication campaigns in Cheshire East will provide information and advice to people on how to stay safe, well and warm during the colder weather.

Areas of focus will be;

- The cost of living crisis – food and fuel poverty and accessing benefits (September/October)
- Warm banks (September/October)
- Flu (November)
- Preparing your home for winter (late November weather dependent)
- Ensuring you are accessing appropriate winter-related benefits to help pay for heating bills etc (November)
- Being a good winter neighbour including social isolation (November)
- Using services appropriately (December)
- Staying Warm, including energy efficiency (January)
- Staying active (January)
- Nominated neighbour scheme
- Winter ailments: Covid/Flu/Pneumonia
- Physical and Mental Health during winter
- Walking stick repairs/winter proofing

16. New variants of COVID-19 and respiratory challenges

#BecauseWeCare
Cheshire East Partnership

Cheshire East assurance:

COVID-19 Escalation plans

- ✓ Acute Trusts internal escalation plans, including designated wards and Infection Protection Control guidelines
- ✓ Potential designated community setting at Eden Mansions Care Home
- ✓ Confirm system resources e.g. masks, Lateral Flow Tests etc
- ✓ Acute Trusts Infection Prevention & Control plans to avoid Void beds
- ✓ Primary Care Networks signed to deliver COVID vaccinations, mix of Patient Group Directions (PGD) & National Protocol. Some sites whilst using predominantly registered Healthcare professionals have opted to use with National Protocol as this gives flexibility to used non registered vaccinators should the need arise

COVID & Flu Vaccination campaigns

- ✓ Two strategic Cheshire wide oversight groups with two robust campaigns interacting where possible
- ✓ Weekly monitoring of vaccination uptake in the public and staff
- ✓ CQUIN in place to incentivise health organisations to improve workforce flu vaccine uptake

Infection Prevention & Control guidelines COVID-19 supplement to the infection prevention and control resource for adult social care - GOV.UK (www.gov.uk)

- ✓ Robust processes are already in place with Public Health Cheshire East and Cheshire West to maximise discharges to closed care homes where appropriate and minimise vacant beds
- ✓ Priority work load framework

Respiratory Care for children

- ✓ CATCH app promoting self-care for respiratory conditions to parents and pregnant women
- ✓ Plans to promote the flu vaccination to pregnant women via CATCH
- ✓ Primary Care education session has been organised with a Paediatrician on Bronchiolitis

Outcome: Reduce hospital occupancy
Metric: Adult G&A Occupancy

Third Sector – Cheshire East Community Offer – Responding to local need & supporting our communities to recover in 2022/23

Welcome to your guide to our recently funded Voluntary, Community, Faith and Social Enterprise (VCFSE) sector in Cheshire East.

During 2021/2022 Cheshire East Council have relied on grants to ensure they can support the VCFSE sector. This enabled an environment where we can work together to meet the needs of our communities through extremely challenging times and at speed. We want to build on the last two rounds of grant funding and the amazing response to the objectives we set, by giving the opportunity for our VCFSE sector organisations to showcase their services and demonstrate the real differences that they make to our residents.

We want to enhance relationships and connectivity between organisations and create the opportunities for collaborative working, making sure that together we meet the needs of our residents by delivering services that they need and also ensuring that they are more accessible.

This document can be shared and used by anyone for self-referral or referral by an organisation. The project information included is only a small part of what the organisations do and also timescales vary for each organisation, so please contact them directly to discuss how they can support you or a client.

To make your search for services easy, we have used a key to show geographic delivery area and theme for each organisation. You can also click on the organisation logo to go to their websites where available

Area	Description
BDP	Bollington, Disley & Poynton
Macc	Macclesfield
Knuts	Knutsford
CHAW	Chelford, Handforth, Alderley Edge & Wilmslow
CHOC	Congleton & Holmes Chapel
SMASH	Sandbach, Middlewich, Alsager, Scholar Green & Haslington
Crewe	Crewe
Nant	Nantwich & rural area

Theme	Key
Food provision	MD = Meal delivery FP = Food provision
Mental Health/emotional support	A = Adult YP = Young People
Practical tasks	
Befriending/isolation	T = Telephone F = Face to face
Hard to reach groups	L = Language support available
Carer support/dementia	C = Carer support D = Dementia support
Digital inclusion	
Money advice/form filling	MA = Money advice FF = Form filling
Community transport	
Supporting Community Links	
OOH Hospital discharge	
Social activity/loneliness	
Fuel poverty	

Social Action Partnership
Delivering local social impact in Cheshire East

[Further detail is available in the Link to Third Sector Grants Brochure]
Cheshire East Grant Brochure 2022

Financial Investment

Provider	Scheme title	Brief description	Type of scheme	Beds	Lead in period	Expected start date	Revenue cost
East Cheshire Trust	Prestbury House/Various (Bed Cost)	Additional beds and management of	Community service	13	With immediate effect	Oct-22	£ 474,501
Mid Cheshire Hospital Trust	Vaccination Centre	8 additional escalation beds.	G&A beds	8	1	Oct-22	£ 320,000
Mid Cheshire Hospital Trust	Telford Court Care Home	Care home beds with therapy and GP support.	Community service	4	1	Oct-22	£ 157,297
Mid Cheshire Hospital Trust	Newton Court Care Home	Care home beds with therapy and GP support.	Community service	2	1	Oct-22	£ 78,648
Mid Cheshire Hospital Trust	Clarendon Court Care Home	Care home beds with therapy and GP support.	Community service	10	1	Oct-22	£ 432,350
Mid Cheshire Hospital Trust	Richmond Village Care Home	Care home beds with therapy and GP support.	Community service	5	1	Oct-22	£ 190,103
Mid Cheshire Hospital Trust	Lawton Manor	Care home beds with therapy and GP support.	Community service	6	1	Oct-22	£ 212,325
	TOTALS			**48**			**£ 1,865,224**

SUMMARY

- ✓ Urgent Community 2 Hour Crisis Response – Directory Of Services developed & focus on communications with ED, Wards and Care homes to maximise utilisation.
- ✓ Housebound Vaccination programme – COVID/Flu
- ✓ Home Intravenous expansion – additional posts to enabling patients to step down from hospital
- ✓ Integrated Placement of Care Hub - new temp role/ project – Long Length of Stay practitioners to focus on early identification & planning
- ✓ Integrated Placement of Care (IPOC) – General Nursing Assistant expansion supporting bridging, Urgent Community Response & Palliative Care in Partnership (PCIP) to maintain flow and offer step up capacity.
- ✓ Temporary funding - Remote monitoring service to support Long Term Conditions – promotion with Primary Care to support step up.
- ✓ Temporary funding to deliver MABS for eligible Covid patients
- ✓ Temporary funding to jointly deliver Long Covid service
- ✓ Continue to provide the Home Oximetry Service dependent on funding
- ✓ Virtual Ward implementation

Cheshire & Wirral Partnership Mental Health Winter Plans

Actions taken and planned to increase capacity in acute/ community service

The established bed base across Cheshire and Wirral Partnership NHS Foundation Trust is 164 (excluding rehab/eating disorders/secure)

Number of beds available

Wirral	
Lakefield	20
Brackendale	20
Riverwood	6
Brooklands (PICU)	10
Meadowbank (Organic)	13
Meadowbank (Organic)	13
Total	**82**

West Cheshire	
Beech	22
Juniper	24
Willow (PICU)	7
Cherry (organic	11
Total	**64**

Cheshire East	
Mulberry	26
Silk	15
Total	**41**

Cheshire & Wirral Partnership Mental Health Winter Plans

Actions already taken			Aims to be achieved
Additional crisis support (admission avoidance)	**Improve quality and focus on Discharge/ Flow through Acute**	**Support earlier intervention in the community**	
Created Crisis line for patients 24/7 access – divert from ED/earlier intervention	Reviewed and relaunched Trust acute care standards (in line with best practice)	Community transformation schemes – ARRS roles in primary care, team redesign in process of implementation to support more patients in the community. Public engagement process ongoing at present on new model of care	Reduction in DTOC to improve inpatient flow
Opened Crisis café's in all four localities – divert from ED/earlier intervention	Engaged with all NHSE Acute groups and discharge groups	To commence a learning review process for each admission so that themes can fed into CMH transformation	Reduction in LOS due to high acuity to improve patient flow
Created a First Response service – divert from ED and inpatients – currently carry increased caseloads circa 25% more	Monthly meetings with LA and commissioners re strategic approach DTOC's and discharges	Developed place-based alliances with 3rd sector to offer earlier well-being support and intervention	Repatriation of out of area patients with private providers
Provide in-reach support to ED when patients delayed admission (3rd sector provider) this funding comes to an end September 2022	Run MADE events in 3 localities weekly – support operational actions to enable discharges		
	Escalation to Place based meetings – e.g., ED Boards		

Cheshire East Council – Adult Social Care Winter Schemes - 1

Number	Scheme	Summary	Potential KPI's
1	**Care homes - designated setting**	Establish a designated setting to assist with increased pressure as a result of winter and COVID. The designated setting will assist with hospital discharge.	Waiting list for care home placement
2	**Care homes - IPC**	Work with Infection Prevention Control teams to see what support that will be providing over the winter period to support care homes. This scheme will ensure that care homes remain open during the winter period and any disruption is minimised.	Number of home closures throughout the year in comparison to winter
3	**Care homes - dehydration**	Its noted that if care home residents are dehydrated they are at greater risk of falls, infection etc, recently a scheme to improve hydration in care homes in Staffordshire was implemented, public health through Matt Tyrer was also leading on a similar piece of work before COVID. The aim of this scheme is to increase hydration in care homes and in doing so reducing the number of falls, admissions to hospitals.	Number of falls taking place in care homes, information could be gathered through safeguarding information.
4	**Care homes - pressure ulcers**	Service users who may have mobility issues may be at increased risk of pressure ulcers, there has been a recent campaign 'react to red' to increase awareness of pressure ulcers and to help reduce grade 4 ulcers from occurring. The local authority will ask the hospital trusts to lead on increasing awareness of this campaign in care homes.	Number of reported incidences of grad 4 pressure ulcers
5	**Care home - falls**	A number of business cases have been prepared for the public health SMT to help reduce the number of falls happening. The lead will progress the business cases to see if they are approved and can be implemented.	Number of falls in care homes Number of falls in the community Admission to hospital
6	**Voluntary sector - transport**	Transport pays a key role in ensuring a person returns home from hospital this scheme will aim to ensure there is adequate transport provision in place to support people throughout the week through winter.	Number of older people transported home, with winter performance compared to the rest of the year
7	**Voluntary sector - supermarkets & cleaning**	Try to partner with a supermarket to assist with getting meals/food delivered to those service users who have that need met through domiciliary care. Try to partner with a cleaning company who can provide cleaning to people who have that need met through domiciliary care.	Number of current shopping calls as provided by domiciliary care Number of cleaning calls as provided by domiciliary care
8	**Voluntary sector - community and hospital discharge**	Data suggests increasing numbers of the over 50 population are retired and could be in a position to provide voluntary support to help people return home from hospital, this could be free or paid care.	Number of newly enlisted volunteers aged 50+
9	**Mental health - A&E support**	Establishing the correct level of mental health support to A&E to ensure where possible hospital admission is avoided.	Number of admissions to hospital where the reason can be attributed to mental health need
10	**Mental health - bed capacity**	Ensure that there is the correct level of mental health bed stock which can be accessed as step-up or step-down to support hospitals.	The number of mental health beds in use and the occupancy of those beds
11	**Mental health - provider engagement**	Engagement with the market to articulate the key themes through winter but to also identify how providers can support through the winter period.	The number of people discharged from hospital requiring a mental health service
12	**Mental health - community support**	Identify what support people with mental health needs require when returning home to ensure they feel supported and settled.	Readmission rate to hospital following discharge from hospital/
13	**Substance misuse - baby feeding**	The cost of living crisis will impact new mums and may in turn impact the ability to feed their babies. This scheme will aim to identify whether this is will be an issue and will put in place support to help meet this potential need.	The number of incidents being reported in relation to this cohort.

Cheshire East Council – Adult Social Care Winter Schemes - 2

Number	Scheme	Summary	Potential KPI's
14	**Substance misuse - hospital frequent flyers**	Work with hospital trusts to identify and work with potential frequent users of hospitals/A&E as a result of substance misuse.	The number of frequent flyer visits prior to and after intervention.
16	**Substance misuse - raising awareness**	The aim of this scheme is to highlight the services available to hospital trusts and gp's through the winter period.	KPI to be established
17	**0-19 - 0-4 hospital attendance and admission**	Recent data suggests increased admissions and attendance at hospital for patients aged 0-4, this work will look to identify the size of this problem and will work with hospitals trusts to put in place mitigating actions.	Admissions to hospital for children aged 0-4 before and after intervention
18	**Poverty - cost of living**	Residents are facing a number of pressures over the winter period this includes cost of living crisis. This scheme will gap's identify what links can be made with GP surgeries to help support, highlight services and signpost.	Referrals for support received from GP surgeries
19	**Poverty - cost of living**	Develop and advertise the offer around cost of living crisis for residents and staff, this would include: warm spaces (libraries, council buildings) which can be accessed to stay warm during winter, access to warm blankets through community development officers, food banks, winter heating schemes, £10,000 of funding for staying warm.	The number of contacts made where people have requested support.
20	**Public health campaigns**	A number of public health schemes and campaigns operate throughout winter, this scheme will seek to bring forward promotional campaigns to increase awareness and uptake of schemes such as flu and COVID jabs.	Flu jab number/% uptake for the health and social care sector
21	**Direct payments - bank of personal assistants**	This scheme will seek to increase the pool of available personal assistants, partnering with a suitable organisation to operate and organise the bank of personal assistants which could then be accessed, this in turn would increase capacity within the community.	The number of personal assistants prior to and after the intervention The number of people receiving a direct payment prior to and after the intervention.
22	**Direct payments - reclaim**	This scheme will seek to reclaim any overpayments or monies unspent through direct payment recipients.	Money reclaimed prior to and after the intervention.
23	**Direct payment - carers**	Identify and support carers out of hospital through the use of direct payments.	Number of new direct payments issued to carers
24	**Domiciliary care - provider reviews**	Establish a process for domiciliary care providers to review any packages which they believe are excessive and could be reduced. Within this also look at whether any alternative support could be offered for example a 'just checking' phone call to make sure the person is safe.	Volume of calls provided prior to and after the intervention
25	**Domiciliary care - review of waiting list**	There are a number of people waiting for domiciliary care services, in advance of the winter period the number waiting will be reviewed and identified and a target of 50% will be applied to reduce the wait list.	The number of users waiting for domiciliary care service prior to and after the intervention
26	**Fire service support - home support**	A number of people are awaiting for elective surgery, once they have had surgery its important that they can return home and that home is a suitable environment. This scheme will seek to explore whether the fire service can support with the home checks to make sure the home is ready for the person to return to following surgery. Links through the fire service representative of the HWB will be utilised.	Number of home checks carried out Readmission to hospital following elective surgery
27	**Carers - winter support**	Develop and articulate the offer for carers over winter and then advertise and make carers aware, this would include: winter wellbeing programme, carer breakdown offer, access over winter, take a break crisis phone line, and the mobile bus being deployed.	Carer breakdown prior to and after the intervention
28	**Pharmacy**	Explore options to increase pharmacy cover during the weekend	

Cheshire East Council – Public Health & Infection Prevention Control

Public Health prioritise over the winter period will be as follows:

1. Flu and COVID-19 booster vaccinations
2. Supporting National messaging to increase uptake and deploy regional teams to the areas of lowest uptake to make vaccination accessible with wrap around services through outreach
3. Completing multi-disciplinary Infection Prevention and Control (IPC) Risk Assessments for the safe reopening of Care Homes / commission bed placements, where an outbreak of COVID-19 is ongoing.
4. Providing free Influenza vaccination to all Cheshire East Council staff - promoting regularly to front-line teams to boost protection over the winter months
5. COVID-19 early warning data analysis audits

Winter Wellbeing Campaign:

Health and Wellbeing Bus – Cheshire East Council is offering FREE wellbeing checks across Cheshire East October 2022 to February 2023.
Links to Bus locations:
1.Stay Well Bus Dates & Locations
2. Stay Well Bus Dates & Locations

Infection prevention controls are as follows:

- Infection Prevention & Control Link Worker meetings IPC Link Workers
- Assisted medicines taking good practice guide Assisted medicines taking good practice guide
- Winter Preparedness Webinars:
  - Outbreak management procedures
  - Staff training, education and advice

Cheshire East Council – Household Support Fund

✓ **Household Support Fund**

Cheshire East Council with the help of a wide range of partners are distributing vouchers worth £2.2 million on behalf of the Department of Work and Pensions to support the most vulnerable households across the county with food, utilities and other essentials.

The fund is available to support vulnerable households who need additional financial support. Support for children via the grant will be delivered in line with the previous household Support Fund and COVID Support Grants

❑ Household Support Fund

✓ The areas of focus will be:

- ❑ Winter ailments: Covid/Flu/Pneumonia
- ❑ Physical and mental health during winter
- ❑ Fuel poverty
- ❑ Food poverty
- ❑ Warm banks
- ❑ Accessing benefits
- ❑ Job hunting and CV writing advice
- ❑ Walking stick repairs/winter proofing

✓ Cheshire East Council will also be sharing information and advice on the **Help Us to Help You NHS 111 campaign and GP access campaign** their social media channels using campaign toolkits

Care Communities

- ✓ Delivery of urgent community response across the Place to support people at home and avoid ED attendances or admissions
- ✓ Provision of 5 care community wards with East Cheshire NHS Trust footprint i.e. crisis support, rehabilitation, palliative care, complex care and pressure ulcer prevention to coordinate and monitor patient care
- ✓ Development of speciality virtual wards for frailty and respiratory patients in partnership with secondary care offering specialist guidance and advice
- ✓ Working with system partners to build resilience in local communities with particular reference to mental health e.g. mental health awareness training, link with drop-in centre, warm places and health and well-being bus.
- ✓ Continued development of priority workstreams i.e. cardio-vascular, respiratory, mental health and paediatrics
- ✓ Implementation of agreed Business Continuity Plan
- ✓ Focus on staff Health and Wellbeing actions in response to staff survey results
- ✓ Social Prescribers - taking a holistic approach focusing on individual need

Cheshire Fire & Rescue

- ✓ Working with partners Cheshire East Council and the NHS to look at ways to prevent some of the consequences of Winter Pressures, particularly with the added pressure of the energy price increases.
- ✓ Safe and Well visits
- ✓ “Keep warm” packs with a number of other agencies, given out during a Safe and Well visit
- ✓ Promotion of ways to keep well and warm during winter via our comms channels and community engagement
- ✓ Reminder of flu vaccine offer to over 65’s during Safe and Well visits
- ✓ Safe and Well offer for residents who may use unsafe fire practices to heat themselves/homes

Cheshire Police

- ✓ October – Operation Treacle – additional officers out over Halloween offering reassurance
- ✓ November – World Cup – targeted work around the matches with additional patrols out for Night Time Economy and Domestic Abuse cars supported by the Independent Domestic Advisor's
- ✓ November – 'Day of Action' targeted work by partner agencies Include Police, Cheshire East Council, Cheshire Fire and Rescue, the local NHS and local housing association. Bromley Farm Congleton. Engagement with 800 households to include addressing support needs for cost of living crisis
- ✓ December – Night Time Economy over the festive period, safety buses and additional patrols in the town centres to keep people safe

East Cheshire NHS Trust – Assurance Check List 30/09/22 'Good Practice Basics'

East Cheshire NHS Trust

	Out of Hospital	
1	Directory of services reviewed monthly by ICB executives and with clinical service leads	Partial
2	Co-located urgent treatment centre operating as the front door to the hospital (or streaming) (or equivalent primary and urgent care service)	Partial
3	111 clinical contact > 50%	Yes
4	Abandoned 111 call rate	Yes
5	Ambulance conveyance to ED <49%	Partial
6	Virtual wards in place that support admission avoidance and length of stay reduction	Partial
7	Ensuring primary care have extended hours for evenings and weekends	No
8	Urgent community response within 2 hours	Yes
	Site/Operational Discipline	
9	Focused site/bed management 24/7 with minimum 3 times per day site meeting following a structured FOCUS model (or equivalent) with appropriate accountable actions	Yes
10	Site management support & presence within ED to deliver timely flow and support to ED team	Yes
11	Daily Executive Director oversight responsible for all escalation and delivery of mitigations	Yes
12	Bed/site management function should ideally be clinical or as a minimum has access to clinical colleagues 24x7. Site function should have annualised competency/training.	Yes
13	Senior Clinical and Management Directorate staff 24/7 rota to support min twice daily meetings	Yes
14	Full capacity protocol in place – infection, prevention and control (IPC) compliant Along with BCPs for every acute service so that no service functions stops or defaults to ED	Partial
15	Exec signed off internal professional standards in place appropriately managed with escalation for non-compliance	Partial

	Emergency Department	
16	Streaming of all patients who could be apprpriately managed by a co-located urgent/primary care service in place at times matching the demand.	Partial
17	Minimum Consultant management > 16 hours a day (or as required by other specialist centres)	Yes
18	Speciality and acute call down within 1 hour of referral. For tertiary units, acute physician presence in ED > 16 hours a day	Partial
19	ED are granted one way referral rights with no patient being given back to ED at any time	No
20	Mental health 24/7 liaison service	Partial
21	SDEC > 12 hours a day/ 7 days a week at least but ideally open at times of demand. Open access criteria to be in place for all system partners. These units should never be bedded. Capacity cap shouldn't be in place.	Yes
22	Acute frailty service > 70 hours over 7 days At least but ideally open at time of demand	Partial
23	Dedicated, separate to adults, Paediatric ED / secure area in place	Yes
24	All Minor illness streamed to GPs	No
25	All Minor injuries streamed to an emergency nurse practitioner (ENP)	Yes
	Emergency Department Environment	
26	Required capacity (numbers of cubicles and Fit to sit) in place to meet demand	No
27	CDU adjacent or equivalent short stay Emergency patient area	No
28	GIRFT data should be used to effectively plan against demand and capacity	Partial
	Emergency Department IT	
29	ED system in place to enable patient flow against national standards	Yes

	Inpatient Management	
30	Minimum of twice Daily Consultant Led MDT Board Rounds in every ward	Partial
31	Acute Medical Unit should be in place for maximum 72 hours length of stay. All other specialty patients should be bedded in alternative appropriate areas.	Yes
32	Daily senior medical review (by a person able to make management and discharge decisions) seven days a week	Partial
33	Red to Green Process or equivalent in place and audited weekly	Yes
34	All patients reviewed by a senior decision maker 7 days a week	Partial
35	Trust IPS clearly communicated, adhered to, escalated and audited.	Partial
36	IPC protocol in place that adheres to the latest national guidance and balances IPC risk with flow and delays related harm risks	Yes
	Discharge	
37	Expected Date of Discharge set within first 24 hours of admission. Patients should clearly have an acute reason to reside within the acute provider.	Partial
38	Discharge is profiled against admission demand with a focus on early in the day discharge and weekend discharges.	Partial
39	Identify patients in ED or at admission who are likely to need complex discharge support and highlight for early intervention	Partial
40	Where in place, protect discharge lounge capacity from being bedded	Yes
41	7-day Transfer of Care Hub in place	Partial

	System and Trust Oversight	
42	Trust and ICB executive review weekly as a minimum (taking into account variance by provider in an ICB)	Partial
43	ED Performance: Over 4 hours in department + 12 hour DTAs + Over 12 hours in department	Yes
44	Ambulance Performance: Response times + Hospital Handover delays + Longest handover + Any identified patient harm including SUI	Yes
45	Potential patient harm: Overview of all patient related incidents and serious incidents with regards to ambulance delays	Yes
46	Overview of all incidents and serious incidents for patients in ED over extended periods	Yes
47	Right to reside/delayed discharges	Yes
48	In and out of hours clear bronze, silver and gold escalation with recorded actions and outcomes with appropriate training & support programme. Reflective practice should be used to inform future ways of working.	Yes
49	Monthly review of agreed data sets and this checklist at trust and ICB boards	Yes

East Cheshire NHS Trust – 100 Day Challenge

East Cheshire NHS Trust

Ref	Best Practice Initiatives	ECT Gap Analysis	Actions	Comments
1	Identify patients needing complex discharge support early	Discharge commences on admission. Information leaflets designed to help inform patients of their discharge. Nursing assessments include any support required on discharge and current "home" provision in place	ECIST has highlighted that we need to improve our communication with patients with regards to: What is wrong with me What is my expected date of discharge What will it take to get me home	ECIST are providing a report on the walkthrough and will support and facilitate a test for change to improve board / ward rounds and ensure we have consistency across all ward areas. When am I going home campaign in progress.
2	Ensure multidisciplinary engagement in early discharge plan	Multidisciplinary teams attend board rounds. Transfer of care hub includes Social Care, Intermediate Discharge Team, therapies and nursing.	Information for patients being reviewed by matron -re discharge planning from admission.	Daily MDT discussions related to pathways 1 to 3.
3	Set expected date of discharge (EDD), and discharge within 48 hours of admission	EDD's inputted into Extramed on admission however these are not reviewed an updated Daily reporting demonstrates that there isn't consistency with data input	ECIST has highlighted that we need to improve our communication with patients with regards to: What is wrong with me What is my expected date of discharge What will it take to get me home	ECIST are providing a report on the walkthrough and will support and facilitate a test for change to improve board / ward rounds and ensure we have consistency across all ward areas.
4	Ensuring consistency of process, personnel and documentation in ward rounds	Different wards approach the board and ward rounds differently,	ECIST has highlighted that we need to improve our communication with patients with regards to: What is wrong with me What is my expected date of discharge What will it take to get me home ECT need to develop a clinical vision of flow and ensure internal escalation triggers at ward level are in place	ECIST are providing a report on the walkthrough and will support and facilitate a test for change to improve board / ward rounds and ensure we have consistency across all ward areas.
5	Apply seven-day working to enable discharge of patients during weekends	Limited Therapies and IDT cover over a weekend ?? Laura can you expand please. No IDT substantive at weekends. Frailty 6 days.	Scope out the requirements to support 7 day working for core elements of service provision	
6	Treat delayed discharge as a potential harm event	Daily in put of Criteria to Reside with national reporting to the system	Maintain risk register log	There is not a specific incident logged for every delayed discharge but reported to the system daily.

East Cheshire NHS Trust – 100 Day Challenge

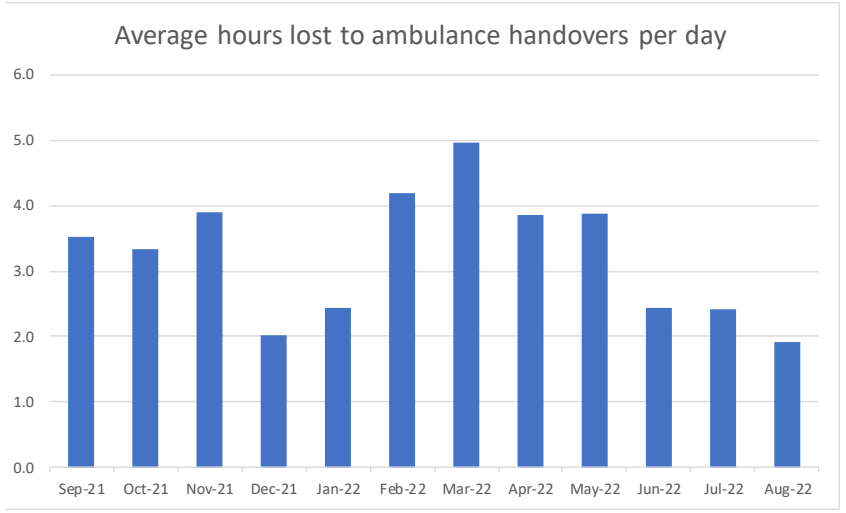
East Cheshire NHS Trust

Ref	Best Practice Initiatives	ECT Gap Analysis	Actions	Comments
7	Streamline operation of transfer of care hubs	Transfer of care hub in place on site involving IDT, Social Care, brokerage, Independent transfer of care coordinator and third sector e.g. Red Cross.	System wide leadership model to be developed	
8	Develop demand/capacity modelling for local and community systems	No local capacity and demand modelling undertaken however there is clearly a deficit of all pathway 1 – 3 patients given the number of No Criteria to reside %	ICB modelling to commence	
9	Manage workforce capacity in community and social care settings to better match predicted patterns in demand for care and any surges		Pursue home first principles and the amalgamation of teams to form a single approach	
10	Revise intermediate care strategies to optimise recovery and rehabilitation	Intermediate care is embedded in care communities with access to community beds and therapy at home. Limited access to domiciliary care and reablement due to capacity challenges		

East Cheshire Trust

Winter Preparedness

How are we doing against the metrics last 12 months?

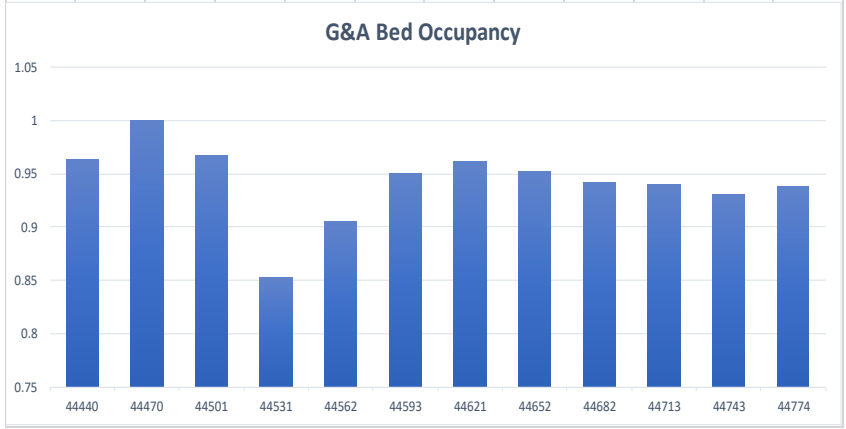


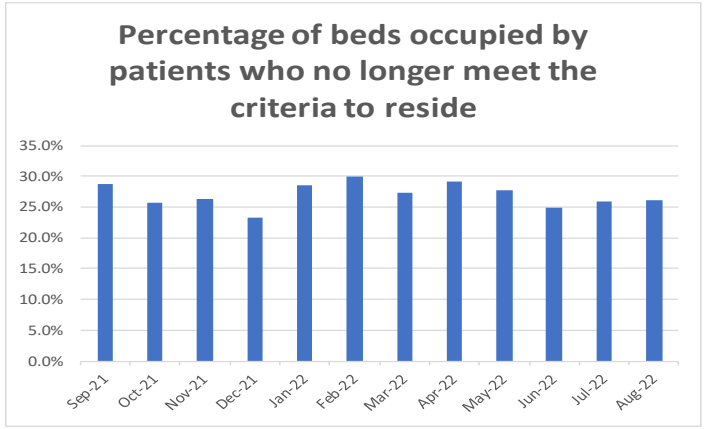
Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
3.5	3.3	3.9	2.0	2.4	4.2	5.0	3.9	3.9	2.4	2.4	1.9

G&A Bed Occupancy

*excludes children's ward, Aston & ICU

Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
96.3%	100.0%	96.8%	85.3%	90.6%	95.0%	96.2%	95.2%	94.2%	94.0%	93.0%	93.9%





Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
28.9%	25.7%	26.3%	23.3%	28.5%	30.0%	27.4%	29.2%	27.8%	25.0%	26.0%	26.1%

Prepare for variants of Covid-19 and respiratory challenges

- 5 week Covid-19 and flu vaccination programme
- Increase in community workforce to deliver house bound vaccinations
- Consideration as to how Ward 11 is used for respiratory infections and utilising the 10 side rooms to support acute respiratory illness conditions and maintenance of Infection Prevention Control standards

Increase capacity outside Acute trusts

Whilst plans include the following there is a risk that the capacity will not materialise due to workforce and financial constraints.

- Increase in domiciliary care provision (General Nursing Assistant provision Congleton via Central Cheshire Intergrated Care Partnership)
- Increase in pathway 2 & 3 bed based provision (Wilmslow Manor)
- Cheshire East Place Home First - Alignment of Care at Home Services
    - To enhance the workforce, build additional system resilience, create capacity by sharing staffing resource and available service capacity, design an infrastructure that provides daily operational contact between the identified service and agree an operating model.
- 2 hour Urgent Community Response Provision
- Community and Specialty Virtual Wards
- Community Ward model
- East Cheshire NHS Trust has no further escalation provision therefore the only option to support is cancelling elective activity

Target Category 2 response times and ambulance handover delays

- Private Transport Provider to support pre noon discharges
- Increase in ED Nurse staffing to support surge / triage
- ED Escalation Policy
- ED Standing Operating Procedure for review of patients waiting in ambulances

Reduce crowding in A&E departments and target the longest waits in ED

- Workforce – Adequate nursing workforce to maintain safety and quality care
- Streaming Audit – 15th September 2022
- Criteria to Admit Audit – 22nd September 2022
- Additional Post Take Consultant
- Crisis Response Inreach
- Review of GP Out Of Hour's and Acute Visiting Service
- Escalation Capacity (44 beds already open)

Reduce hospital occupancy / Ensure timely discharge

- Ward / Board round principles – Test for Change planned for October
- Home First
- Transfer of Care Hub (Occupational Therapy funded post & Connected Community Coordination)
- Frailty @ the front door – Test for Change planned for October
- Virtual Wards
- Urgent Community Response
- Review of Step Up Capacity and Provision at Aston
- Point Prevalence Study

Provide better support for people at home

- Monitoring/support of patients via community wards – crisis, rehabilitation, complex and end of life
- Monitoring/support of patients via step-up to speciality advice for frailty and COPD patients using virtual ward approach.
- Pathway 2 weekly multi-disciplinary team reviews of patients in community beds
- Continued development of transfer of care hub to target home care support appropriately, including expertise of occupational therapist

Mid Cheshire Hospitals NHS Foundation Trust – Assurance Check List 30/09/22 'Good Practice Basics'

We put you first | We strive for more | We respect you | We work together

NHS Mid Cheshire Hospitals NHS Foundation Trust

Because you Matter

	Out of Hospital	
1	Directory of services reviewed monthly by ICB executives and with clinical service leads	Partial
2	Co-located urgent treatment centre operating as the front door to the hospital (or streaming) (or equivalent primary and urgent care service)	Yes
3	111 clinical contact > 50%	
4	Abandoned 111 call rate	
5	Ambulance conveyance to ED <49%	
6	Virtual wards in place that support admission avoidance and length of stay reduction	Yes
7	Ensuring primary care have extended hours for evenings and weekends	Yes
8	Urgent community response within 2 hours	Yes
	Site/Operational Discipline	
9	Focused site/bed management 24/7 with minimum 3 times per day site meeting following a structured FOCUS model (or equivalent) with appropriate accountable actions	Yes
10	Site management support & presence within ED to deliver timely flow and support to ED team	Yes
11	Daily Executive Director oversight responsible for all escalation and delivery of mitigations	Yes
12	Bed/site management function should ideally be clinical or as a minimum has access to clinical colleagues 24x7. Site function should have annualised competency/training.	Yes
13	Senior Clinical and Management Directorate staff 24/7 rota to support min twice daily meetings	Yes
14	Full capacity protocol in place – infection, prevention and control (IPC) compliant Along with BCPs for every acute service so that no service functions stops or defaults to ED	Yes
15	Exec signed off internal professional standards in place appropriately managed with escalation for non-compliance	Yes

	Emergency Department	
16	Streaming of all patients who could be apprpriately managed by a co-located urgent/primary care service in place at times matching the demand.	Yes
17	Minimum Consultant management > 16 hours a day (or as required by other specialist centres)	Partial
18	Speciality and acute call down within 1 hour of referral. For tertiary units, acute physician presence in ED > 16 hours a day	Partial
19	ED are granted one way referral rights with no patient being given back to ED at any time	Yes
20	Mental health 24/7 liaison service	Partial
21	SDEC > 12 hours a day/ 7 days a week at least but ideally open at times of demand. Open access criteria to be in place for all system partners. These units should never be bedded. Capacity cap	Partial
22	Acute frailty service > 70 hours over 7 days At least but ideally open at time of demand	Partial
23	Dedicated, separate to adults, Paediatric ED / secure area in place	Yes
24	All Minor illness streamed to GPs	Yes
25	All Minor injuries streamed to an emergency nurse practitioner (ENP)	Yes
	Emergency Department Environment	
26	Required capacity (numbers of cubicles and Fit to sit) in place to meet demand	Yes
27	CDU adjacent or equivalent short stay Emergency patient area	Yes
28	GIRFT data should be used to effectively plan against demand and capacity	Partial
	Emergency Department IT	
29	ED system in place to enable patient flow against national standards	Yes

	Inpatient Management	
30	Minimum of twice Daily Consultant Led MDT Board Rounds in every ward	Partial
31	Acute Medical Unit should be in place for maximum 72 hours length of stay. All other specialty patients should be bedded in alternative appropriate areas.	Yes
32	Daily senior medical review (by a person able to make management and discharge decisions) seven days a week	Partial
33	Red to Green Process or equivalent in place and audited weekly	No
34	All patients reviewed by a senior decision maker 7 days a week	Partial
35	Trust IPS clearly communicated, adhered to, escalated and audited.	Partial
36	IPC protocol in place that adheres to the latest national guidance and balances IPC risk with flow and delays related harm risks	Yes
	Discharge	
37	Expected Date of Discharge set within first 24 hours of admission. Patients should clearly have an acute reason to reside within the acute provider.	No
38	Discharge is profiled against admission demand with a focus on early in the day discharge and weekend discharges.	Yes
39	Identify patients in ED or at admission who are likely to need complex discharge support and highlight for early intervention	Yes
40	Where in place, protect discharge lounge capacity from being bedded	Yes
41	7-day Transfer of Care Hub in place	Partial

	System and Trust Oversight	
42	Trust and ICB executive review weekly as a minimum (taking into account variance by provider in an ICB)	Partial
43	ED Performance: Over 4 hours in department + 12 hour DTAs + Over 12 hours in department	Yes
44	Ambulance Performance: Response times + Hospital Handover delays + Longest handover + Any identified patient harm including SUI	Yes
45	Potential patient harm: Overview of all patient related incidents and serious incidents with regards to ambulance delays	Partial
46	Overview of all incidents and serious incidents for patients in ED over extended periods	Yes
47	Right to reside/delayed discharges	Yes
48	In and out of hours clear bronze, silver and gold escalation with recorded actions and outcomes with appropriate training & support programme. Reflective practice should be used to inform	Yes
49	Monthly review of agreed data sets and this checklist at trust and ICB boards	Yes

Mid Cheshire Hospitals NHS Foundation Trust – 100 Day Challenge

Ref	Recommendation	Related Workstream	Current Status	Gap	Plan
1	Identify patients needing complex discharge support early	Optimal Flow	Evidence of delay in relaying patient needs to the IDT	Training needed about when to activate IDT and how to decide what pathway a patient is on	Training needs analysis is incorporated into the length of stay plan, link to DOG workstreams continue to report via Optimal flow and UEC
2	Ensure multidisciplinary engagement in early discharge plan	Optimal Flow	Variation in approach currently on wards some have MDTs other Huddles. Recent changes in pathways for discharge still need embedding	No standard approach Training needed across the MDT regarding the pathways	Incorporated into the ward process work proposed in the LOS plan. This work will work alongside wards to co design a standard approach for discharge planning.
3	Set expected date of discharge (EDD), and discharge within 48 hours of admission	Optimal Flow	Baseline audit to be conducted as part of CLD work		Await findings but likely will need to form part of ward-based work under LOS plan
4	Ensuring consistency of process, personnel and documentation in ward rounds	Optimal flow	Ward round frequency and construct currently varied	No standard approach	Potentially could be added to the CLD and ward level work would need to link to the wards overall process for managing flow.
5	Apply seven-day working to enable discharge of patients during weekends	N/A	7 day working is not embedded across all clinical and non clinical support services	No standard approach	Out of scope for UEC
6	Treat delayed discharge as a potential harm event		Not currently in a scope of a work stream	No standard approach	Currently out of scope although the possibility is being explored with the Quality Governance team.
7	Streamline operation of transfer of care hubs	Transfer of Care Hubs/ Pathway 1 work stream CCICP	Established links with third sector and looking to build links with wider sector such as housing Mapped out triage process to identify areas for improvement and streamline where possible (out of area referrals, completion of STTF, safeguarding process, daily 1pm MDT meetings). Benchmarking undertaken against ToCH Good Practice guide	Not all stakeholders fully aware of the pathways and processes to access the hub	Reviewing roles and responsibilities within the hub Developing directory of services for the hub, outline of offer, key contacts and referral routes Pathway processes (1, 2 & 3) are being reviewed, streamlined and clearly defined to ensure they can be easily understood and followed by staff Standardising processes across East and West i.e., accessing care and accessing brokerage

Mid Cheshire Hospitals NHS Foundation Trust – 100 Day Challenge (Continued)

Ref	Recommendation	Related Workstream	Current Status	Gap	Plan
8	Develop demand/capacity modelling for local and community systems	Transfer of Care Hubs/ Pathway 1 work stream CCICP	Acute and Community Gateway used to monitor demand and bed availability in the community. Brokerage dashboard developed and is being reviewed on a fortnightly basis for people going into short term nursing or residential placements		Additional reports will be accessible from the end of August 2022, which will allow closer monitoring of the outcomes and associated with D2A Linking in with a wider piece of work being undertaken around demand/capacity modelling at place level Capacity and utilisation of D2A beds in the community currently being reviewed
9	Manage workforce capacity in community and social care settings to better match predicted patterns in demand for care and any surges	Transfer of Care Hubs/ Pathway 1 work stream CCICP	Workforce capacity will be better understood following the Home First trial and once the demand/capacity modelling is complete		Looking at therapy offer in each of the pathway 2 settings
10	Revise intermediate care strategies to optimise recovery and rehabilitation.	Transfer of Care hubs/ Pathway 2	Planning to trial a Home First model of D2A with Ward 19 (end of July), in collaboration with British Red Cross. This will help to inform future strategies to optimise recovery and rehab.	Not currently in project plan	Incorporate into UEC or DOG workstream

Mid Cheshire Hospitals NHS Foundation Trust Winter Plan

The plan is intended to provide additional resilience in the hospital system to support an increase in demand on urgent and emergency care services and to also recognise and respond to the operational context described above. The plan recognises, however, that the level of operational resilience required is likely unachievable, due to financial, workforce and other constraints. It is important therefore that the plan is ambitious but deliverable. The focus of the plan and the funding available is therefore around improving flow and discharge.

The UEC pressures faced by the Trust over the coming months are likely to continue to test the resilience of services and our staff. To ensure the organisation is as prepared as it possibly can be, the Trust has developed a winter surge plan. The key components of the plan are summarised in the below table.

Bed based capacity	**Ward 9** – repurpose the orthopaedic ward to a medical ward with 18 beds
	Open **James Cross Unit** (JCU) with 8-12 beds
	Open **Ward 24** with 11 beds for either medical patients or to continue with the delivery of the orthopaedic elective programme. Operational pressures will determine which option is enacted.
	Critical Care (4-7 beds) The unit already has physical capacity to escalate from the baseline 11 to 18 beds. The staffing and costs of these escalation beds have not been factored into the plan – see below.
	Points to note: • The plan assumes that the current bed capacity including the escalation beds remain open throughout winter, the financial consequences of which are already factored into the Trust's financial plan. • This plan is based on additionality not already operational and open • The modelling described above requires a maximum of an additional 56 beds. • The winter plan identified a maximum of 41 additional beds, exc. critical care but would result in a significant impact on the orthopaedic elective programme however it would protect the urgent/cancer elective programme.

CCICP	**GNA / Domiciliary Care** Additional funding of £281k for between 8-10 WTE staff for the General Nursing Assistants (Service).
	Virtual Ward Current bid for System money for an additional 44 beds at a cost of £1.4m. A system decision of funding this capacity is still awaited.
	Complex Patients / Long Length of Stay (LOS) Review Additional LOS Coordinator and Discharge coordinator to review all patients who are 'Not Ready for Discharge', with a LOS over 14 days, to ensure timely progression of care plans. Cost £86k.
Hospital Services (Non-Bed-Based Services)	**Discharge Lounge** Mon-Fri service to create bed capacity earlier in the day, by supporting the progression of discharge plans for patients in a separate location.
	Paediatric Nursing Additional Registered Nurse on nights to support acuity increases in winter.
	Transport Extra Discharge Vehicles Additional daytime (Mon-Fri) vehicle to reduce delays of patients awaiting discharge
	Additional Out of Hours Site Support Additional SMOC or CSM during the evenings and at weekends to support the management of the site and staff issues.
	Pharmacist Support Additional pharmacy support in ED and on AMU to support more timely discharges in these areas.
	Therapy Support Additional therapy support on the core wards and to support flow via a Discharge to Assess model.
	Trust Wide Discharge Coordinators Additional staff to support the progression of discharge plans for patients on core wards covering weekends and annual leave/ sickness.
	Additional Transfer Team To support patient moves later in the day to support flow of DTA patients out of the Emergency Department.
Elective service resilience	**Orthopaedic Elective Inpatient Service (Ward 24)** The capital scheme for the provision of an 11 bedded (inc. 9 side rooms), on Ward 24, is due for completion in November 2022. This would allow the Orthopaedic elective service to be decanted from Ward 9 to allow it to continue to function throughout the winter period and when it has traditionally been suspended, for UEC pressures, during January – March.

Staff Health & Wellbeing	The organisation has provided a significant amount of health and wellbeing support to staff over the last 2-3 years during Covid-19. Most of the support, along with additional offers, will continue to be available as the Trust considers the health and wellbeing of staff a priority. The support being provided can be categorised in to four buckets: • Psychological wellbeing • Social wellbeing • Physical wellbeing • Financial wellbeing • The Trust will continue, especially throughout the winter, listen to staff about what further we could offer to support them from a health and wellbeing perspective.
Vaccination	1. The vaccination of our workforce and eligible patients will be a key undertaking to provide greater resilience and protection to people during the winter. The vaccination of staff is underway, and the ambition is to provide most staff (>90%) with the Covid-19 booster vaccination and 70-90% off staff with the flu vaccination. This will protect staff and keep them well.
Cheshire West and Cheshire East PLACE Plan	The Trust has engaged with the development of the wider PLACE winter plan to increase and provide greater operational capacity and resilience across the full breadth of care services, particularly out of hospital services. At the time of writing this paper, the winter plan for Cheshire West PLACE and Cheshire EAST PLACE was not available.
COVID-19	The organisation will need to adopt an agile approach to planning for Covid-19 and will need to adapt plans based on circumstances at the time of any spikes or future waves. The Trust will continue to comply with relevant IPC guidelines including the ongoing separation of suspected symptomatic patients that attend ED and will continue to test only symptomatic patients in line with national guidelines. The Trust will continue to implement national guidance in relation to the management of Covid-19 and take a risk-based approach to decision making to keep both patients and staff safe during spikes in Covid-19. To protect staff and prevent the spread of Covid-19 in hospital, the Trust has already made the decision that patients and staff will be expected to wear a facemask in all clinical areas until March 2023.

This plan will follow

Non Emergency Patient Transport Service

In Hours

- Non means tested, eligibility criteria dependent on medical requirement

NHS West Midlands Ambulance Service NHS Foundation Trust

- **Winter Plan due October**
- prioritise patient discharges
- Increased support around bank holidays

Out of Hours – Details of transport Services organised by

East Cheshire Trust

Mid Cheshire Hospital NHS Foundation Trust

Mental Health

- Cheshire and Wirral Partnership NHS Foundation Trust commissioned Independent Support Living (ISL) contract in place in reach support to mental health patients in A&E
- ICB funded secure transport - utilise Response 365 to ensure quality & value

Falls Prevention

Working together to reduce falls, promote independence and reduce the number of admissions into hospital will be supported by the following:

Falls Pick Up Service delivered by Rosscare / Millbrook who provide a falls pick up service 24/7 through the assistive technology contract.

One You Cheshire East stand strong classes: 26 week strength and balance training programme to improve strength, balance and mobility.

Urgent Community Response: The Urgent Community Response services provided by Central Cheshire Integrated Care Partnership and East Cheshire Hospitals NHS Trust operate 12 hours a day, 7 days a week, is a multidisciplinary service which responds to falls within 2 hours of referrals.

Falls Prevention Specialist Therapists: Two integrated falls prevention specialist therapists who will operate across Cheshire who will provide falls prevention specialist care in the community and including clinic settings.

Assistive Technology and Community Equipment inclusive of falls sensors and detectors that link to a monitoring centre that will raise alerts to a carer or monitoring centres

Independent Care Providers Support Mechanisms

- ✓ Maximising Flu & COVID-19 vaccinations amongst residents and staff (monitored by national capacity tracker)
- ✓ Flu outbreak preparations and support via Infection Prevention control and Public Health
- ✓ Mutual aid calls for care at home and care homes
- ✓ React to red (pressure ulcer) Webinar
- ✓ Capacity Tracker training offered to all Care Homes
- ✓ Care Homes who have highest hospital admissions, a targeted review and additional support package being worked up
- ✓ Working Group to increase weekend discharges into care homes and wrap around support
- ✓ Public Health and Cheshire Infection Prevention & Control guidance in place to support discharges into Care Homes
- ✓ Enhanced Health in Care Homes programme of work underway
- ✓ Urgent Community Response
- ✓ Cheshire Infection Prevention Control Winter webinar for Care Homes
- ✓ End of Life Partnership training

Indicative C&M Winter Planning Timeline

When	What	Who
24 August	Convene inaugural winter plan operational group (WPOG) to develop and oversee production of local and system winter plans, based on local and national objectives and areas of focus, and informed by national winter letter issued 12/08 (frequency weekly)	Anthony Middleton
29 August	ICB to feed into regional return on 29/08 on progress on delivery of additional capacity plans (c. £15m for C&M)	Anthony Middleton
14 September	C&M ICB Winter Planning Event, with a focus on: • Touch point for sharing learning and best practice • Place led review of self assessments against local and national criteria • Identification of key risks and areas of focus for mitigating actions	Hosted (clinically led) and facilitated by ICB Places
Mid-Late September	Continued development of winter plans based on self assessments and learning from C&M event	WPOG
Late September	NW regional winter event, date TBC	NW Regional UEC Team
w/c 26 September	**Return of Operational Self-Assessment Good Practice Checklist** **First return of national tracker against winter assurance framework, monthly thereafter**	**Anthony Middleton**
29th September	National UEC system flow event around winter preparation. North-based event will be held on Thursday 29th September in Manchester.	WPOG members and other relevant leads as identified
29th September	Update to ICB Board if required	Anthony Middleton, Chris Douglas, Rowan Pritchard- Jones
October	Continued development of winter plans Engage with national/regional assurance process, timelines and outputs TBC	WPOG, NW Regional UEC Team, relevant systems
November	**Full implementation of winter plans** **Winter room arrangements stepped up to seven days no later than 01/12/2022**	All

#BecauseWeCare
Cheshire East Partnership

Cheshire East Health and Care Partnership Board

East Cheshire NHS Trust – Creating sustainable hospital services for the people of eastern Cheshire and Stockport

November 2022

#BecauseWeCare
Cheshire East Partnership

Date of meeting:	2nd November 2022
Agenda Item No:	8
Report title:	**East Cheshire NHS Trust – Creating sustainable hospital services for the people of eastern Cheshire and Stockport**
Report Author:	Katherine Sheerin (katherine.sheerin@nhs.net) Director of Transformation & Partnerships, ECT
Report approved by:	Mark Wilkinson, Cheshire East Place Director

Purpose / action	**Decision/ Approve**		**Discussion/ Gain feedback**	X	**Assurance**		**Information/ To Note**	X

Committee/Advisory Groups that have previously considered the paper	
The governance arrangement for the programme are outlined at slide nine of the presentation. The various considerations at Phase 2 of the programme – July 2022 to May 2023 - are outlined at slide twelve of the presentation.	
Executive Summary	The attached presentation provides a briefing on: • East Cheshire NHS Trust's overarching strategy – **Our Healthy Future Together 2022 – 2025** • Creating Sustainable Hospital Services for the people of Eastern Cheshire and Stockport • The next steps in taking this work forward Key risks are outlined at slide thirteen of the presentation. These relate to: • Workforce resource • Financial resource • Governance • Appetite for change
Recommendation / action required	The Board is asked to **NOTE** and **DISCUSS** the update and proposals outlined in the presentation.

Consideration for publication	
Meetings of the 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	N
The item contains commercially confidential issues	N
Some other criteria. Please outline below:	N/A

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	X
4. Significantly reduce health inequalities	X

#BecauseWeCare
Cheshire East Partnership

	Process Undertaken	Yes	No	N/A	Comments (i.e., date, method, impact e.g., feedback used)
Document Development	Financial Assessment/ Evaluation	X			The governance arrangements and plans for the development of the programme are outlined in the attached presentation. These are not all presented in the attached presentation but will inform subsequent decision-making papers to the appropriate bodies.
	Patient / Public Engagement	X			
	Clinical Engagement	X			
	Equality Analysis (EA) - any adverse impacts identified?	X			
	Legal Advice needed?	X			
	Report History – has it been to other groups/ committee input/ oversight (Internal/External)	X			

Patient and Public Engagement	As described at slide eleven, Phase 3 of the programme – May 2023 to November 2023 - includes provision for public consultation and the production of a decision-making business case (if required).
Next Steps	The timeline for Phase 2 of the programme – July 2022 to May 2023 – is outlined at slide twelve of the presentation. Particular steps during November and December 2022, as outlined at slide fourteen of the presentation include: • Stress test and model output from workshop 3 • Review stakeholder matrix and management process and overlay across timeline • Design and prepare workshop 4 (wider stakeholder engagement) • HOSC presentations • Confirm TOR for Clinical Senate • Prepare joint recruitment strategy
Responsible Officer/s to take forward actions:	Katherine Sheerin (katherine.sheerin@nhs.net) Director of Transformation & Partnerships, ECT
Appendices	Presentation: **East Cheshire NHS Trust – Creating sustainable hospital services for the people of eastern Cheshire and Stockport**

East Cheshire NHS Trust –

Creating sustainable hospital services for the people of eastern Cheshire and Stockport

Cheshire East Health and Care Partnership Board

1st November 2022

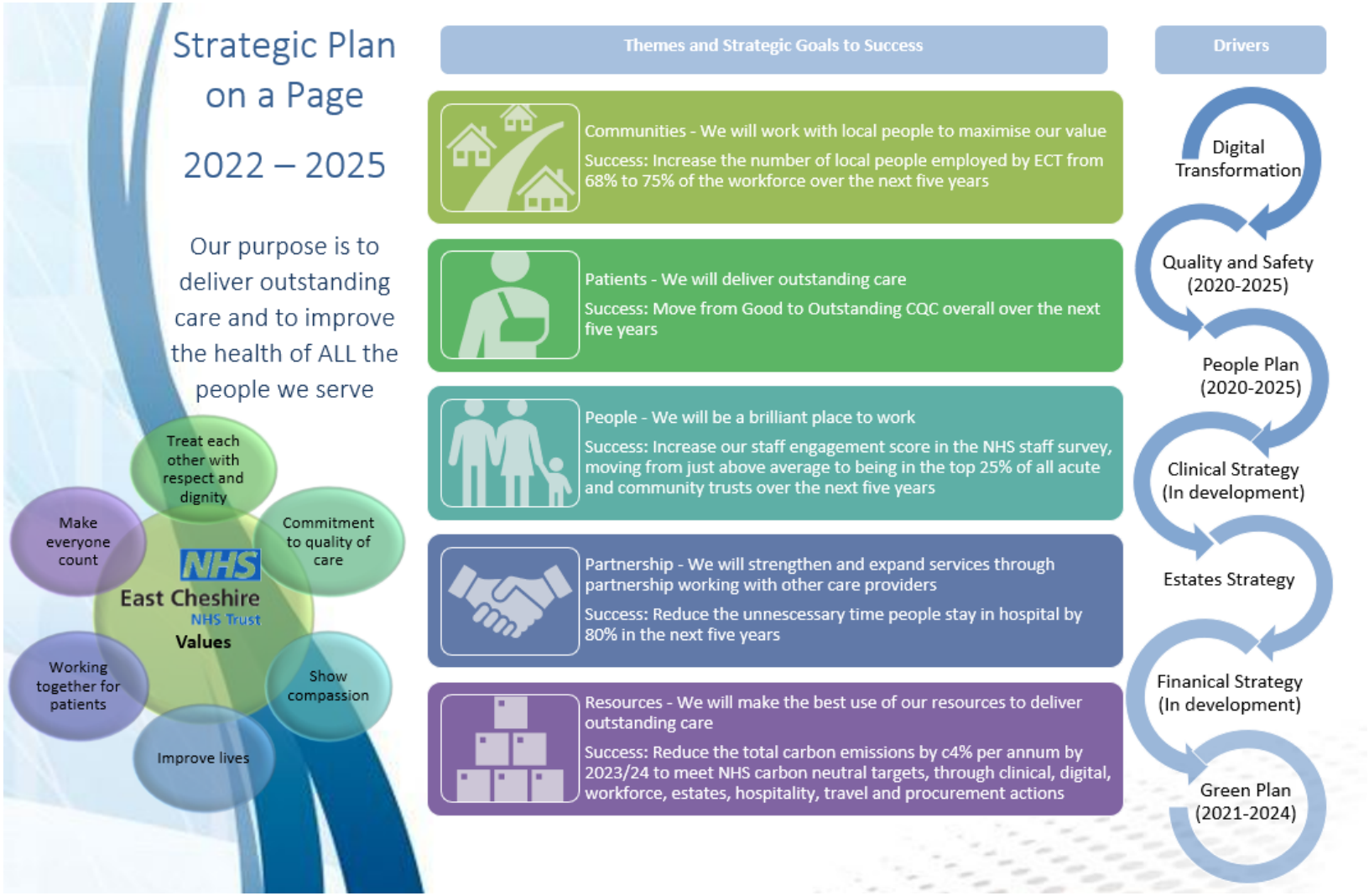
PRESENTATION OUTLINE

- East Cheshire NHS Trust's overarching strategy – Our Healthy Future Together 2022 – 2025

- Creating Sustainable Hospital Services for the people of eastern Cheshire and Stockport

- Next Steps

PLAN ON A PAGE



THEME ONE - COMMUNITIES

Strategic Goal:
We will work with local people to maximise our value

Success:
Increase the number of local people employed by East Cheshire NHS Trust from 68% to 75% of the workforce over the next five years

Communities

Resources

Patients

Partnership

People

Key Projects:

Deliver our role as a positive anchor institution: -

- Working with schools, education providers and employment support partners, create increased employment and learning opportunities for local people in health and care
- Work with local business and other public sector partners to realise increased spend with local suppliers and improve health and wellbeing

- Work with the local authority, primary care, local people, the voluntary sector and others to prevent ill health through increased screening rates, smoking cessation and other healthily lifestyles schemes
- Expand the trust's volunteer workforce, ensuring they are trained and supported in their roles

THEME FOUR - PARTNERSHIPS

Goals:

We will strengthen and expand services through partnership working with other care providers

Success:

Reduce the unnecessary time people stay in hospital by 80%

Communities

Resources

Patients

Partnership

People

Key Projects:

- Strengthen Care Communities, support them to maximise their role in delivering integrated care which keeps people well in their own homes
- Secure high quality, safe maternity services
- Implement partnership arrangements with Stockport and Place partners to strengthen and stabilises key services
- Deliver the 'Emergency Care Village'

- Increase elective capacity to accelerate access to services for the people of eastern Cheshire and beyond
- Increase diagnostic capacity in the community and hospital
- Increase the accessibility of more specialised services
- Become a beacon of excellence in the care of older people

Programme vision and purpose

Both Trust Boards recognised there is opportunity to strengthen resilience and improve sustainability through collaborative working.

The purpose of this programme is:

- To design and implement high quality, safe and sustainable hospital services for the people served by ECT and SFT.
- To ensure these hospital services will form a key part of an integrated service offer spanning primary, community, social and hospital care.

This will be achieved through joint working between:

- ECT and SFT clinical teams.
- Hospital and primary / community / third sector and social care services in each area; and
- In partnership with patients, carers, and local people.

OPPORTUNITIES FOR CLINICAL COLLABORATION

ONE SERVICE – ONE POPULATION – ONE WORKFORCE

- **A**chieve compliance with clinical standards
- **S**trengthen workforce resilience
- **P**lan, develop sustainable single service models
- **I**mprove clinical outcomes
- **R**educe variation and health inequalities
- **E**ducation, research, training and development

PROGRAMME SCOPE

This is a programme of clinical change and is not a programme focused on organisational change.

The programme is focused on the following 10 clinical areas;

- Obstetrics and Gynaecology
- Paediatrics and Neonatology
- General Surgery
- Critical Care and Anaesthetics
- Trauma and Orthopaedics
- Endoscopy
- Cardiology
- Gastroenterology
- Diabetes and Endocrinology
- Imaging

ED services are out of scope

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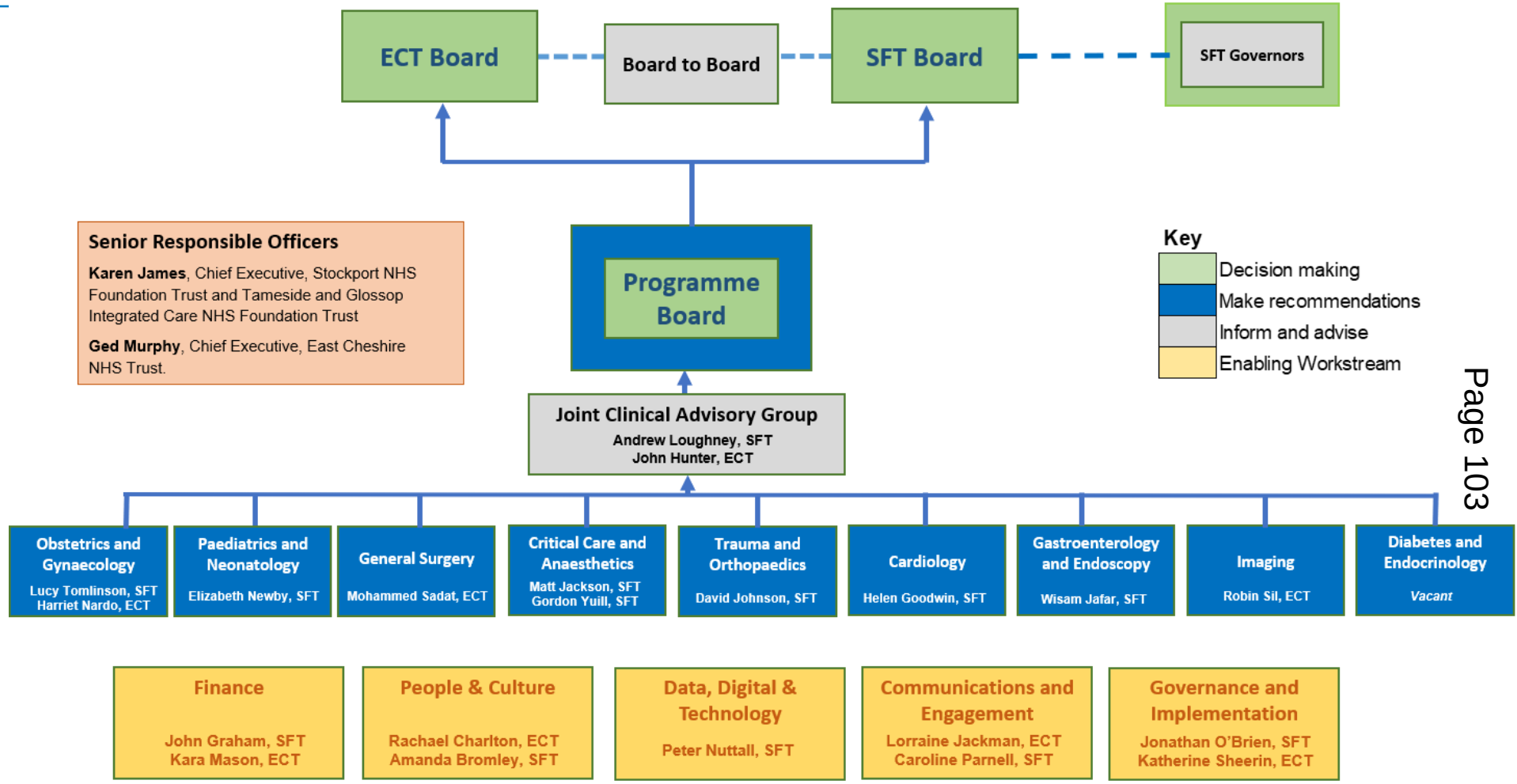
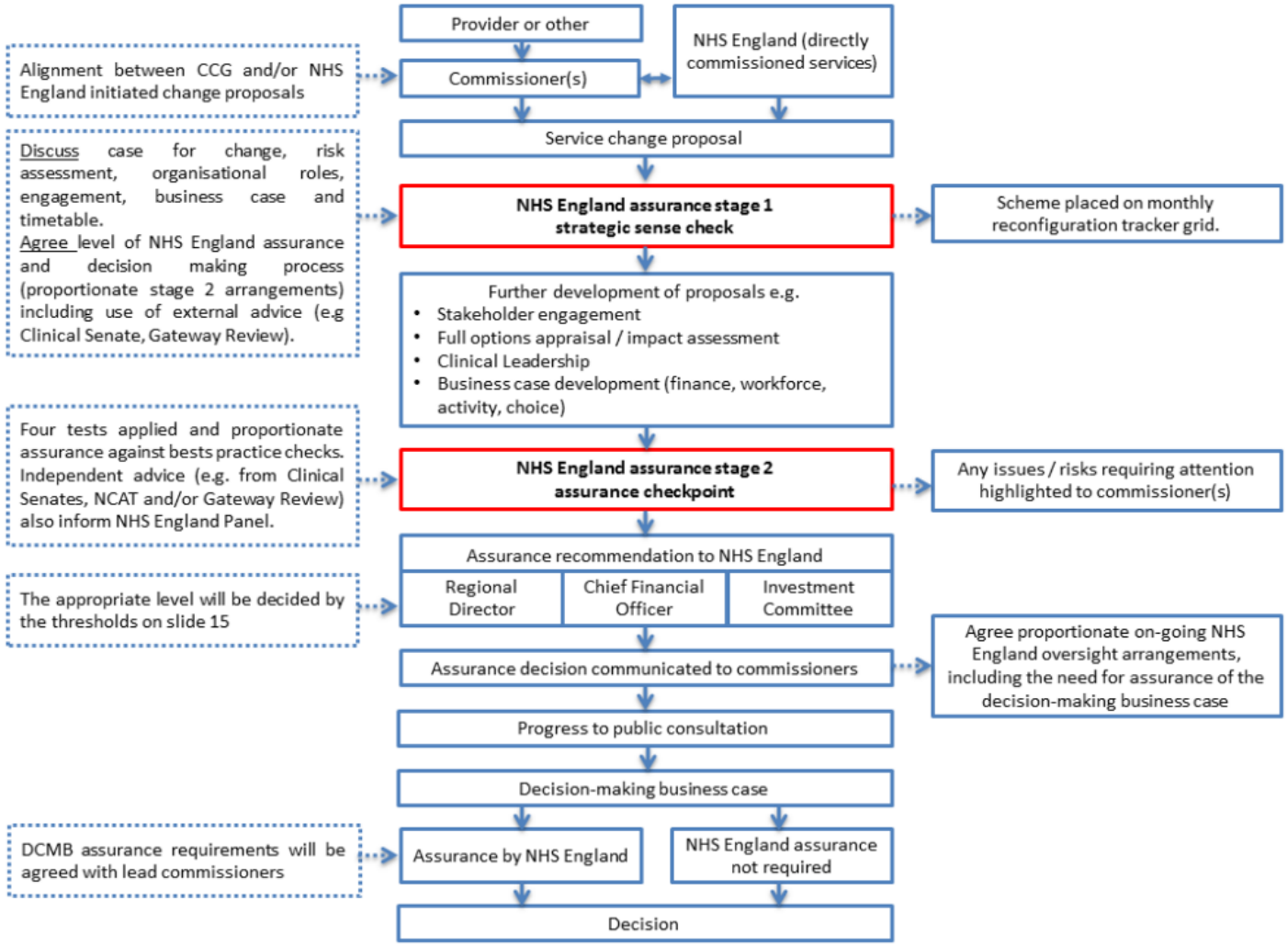
It is recognised that changes to these clinical areas may require changes in other clinical / corporate support / operational services.

PROGRAMME GOVERNANCE STRUCTURE



ASSURANCE PROCESS



PROGRAMME PHASES

Phase One

Jan 2022 – May 2022

- Produce service change proposal and clinical case for change

Complete

Phase Two

June 2022 – May 2023

- Produce Pre Consultation Business Case (if required)
- Plan for and commence implementation of service changes where no formal further process is required

Phase Three

May 2023 – November 2023

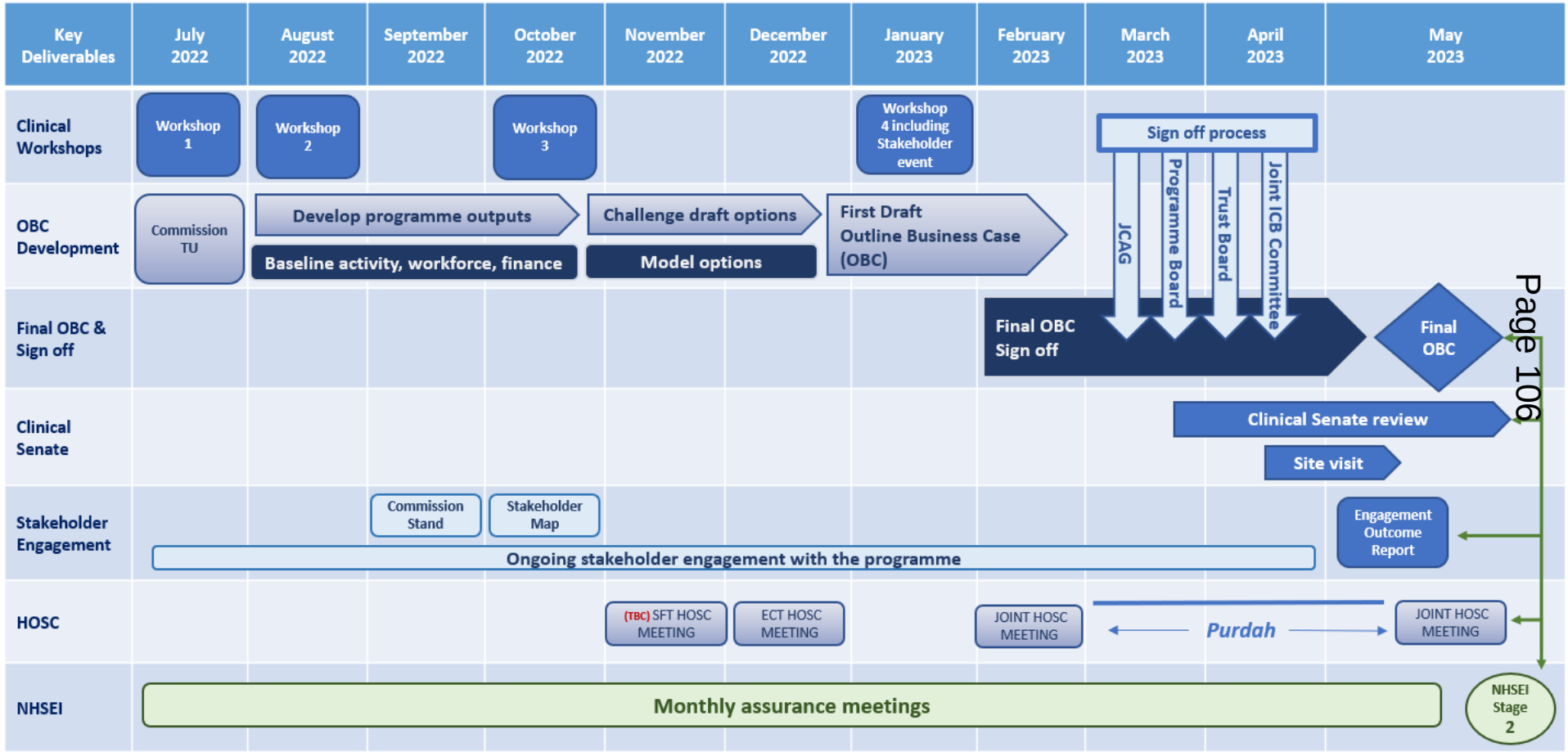
- Undertake public consultation and production of decision-making business case (if required)
- On-going implementation of service changes where no formal further process is required

Phase Four

Nov 2023 – April 2025

- Programme Implementation

PHASE 2 TIMELINE



KEY RISKS AND ISSUES FOR DISCUSSION

Workforce resource

- There is an emerging workforce resource risk around capacity due to winter period, and potential industrial action

Financial Resource

- Strategy for funding service change proposals

Governance

- Decision making across the ICBs, approval of MoC

Appetite for change

- Clinicians / staff members
- Public
- Politicians

KEY NEXT STEPS (NOV / DEC)

- Stress test and model output from workshop 3
- Review stakeholder matrix and management process and overlay across timeline
- Design and prepare workshop 4 (wider stakeholder engagement)
- HOSC presentations
- Confirm TOR for Clinical Senate
- Prepare joint recruitment strategy

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Cheshire East Health and Care Partnership Board

Cheshire & Merseyside (C&M) Development Framework

November 2022

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Date of meeting:	2nd November 2022
Agenda Item No:	9
Report title:	**Cheshire & Merseyside (C&M) Development Framework**
Report Author:	Alex Jones – Better Care Fund Programme Manager Contributors • Shelley Brough - Acting Director of Commissioning and Integration/ Head of Integrated Commissioning • Tanya Jefcoate-Malam - Programme Lead New Models of Care • Guy Kilminster - Corporate Manager Health Improvement
Report approved by:	Cheshire East Leadership Team

Purpose / action	**Decision/ Approve**		**Discussion/ Gain feedback**		**Assurance**	X	**Information/ To Note**	X
Committee/Advisory Groups that have previously considered the paper								
Cheshire East Leadership Team – 14/10/2022								

Executive Summary	Since the 1st of July when the new Integrated Care System arrangements went live, a significant amount of activity has been undertaken at a Place level. This is in readiness for potential delegations from NHS Cheshire and Merseyside (C&M). This is the first in a series of regular updates which will be produced by Cheshire East Place and circulated across all Partners for sharing within organisational governance as appropriate. The report is structured to provide an update across the 4 domains of the C&M Development Framework. The C&M Development Framework has four categories of assessment (domains) to inform whether as a place we are 'emerging', 'evolving', 'established' or 'thriving' against each of the domains. The 4 domains are as follows: 1. Ambition and Vision – status: Established -Thriving 2. Leadership & Culture – status: Established - Thriving 3. Design & Delivery – status: Evolving 4. Governance – status: Evolving Good progress has been made against the Ambition & Vision, Leadership and Culture domains. Further work is required across the Design and Delivery, and Governance domains. Work is underway to refresh a number of plans and strategies with recognition that a golden thread is needed between these documents.

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Recommendation / action required	That the Cheshire East Partnership Board NOTE the performance to date as expressed against the C&M Development Framework and ENDORSE the recommendations as follows: • Ensure that the enabler workstreams have clarity about the outcomes that they need to deliver and how this supports delivery against C&M Development Framework. • Ensure that each of the enabler workstreams are meeting regularly and that there is commitment from place to attend. • Ensure each committee and sub-committee have forward plans.

Consideration for publication

Meetings of the 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	N
The item contains commercially confidential issues	N
Some other criteria. Please outline below:	N/A

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	X
4. Significantly reduce health inequalities	X

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

Patient and Public Engagement	n/a
Next Steps	The "place" arrangements continue to be developed as outlined in the report and progress be reported back on a regular basis.
Responsible Officer/s to take forward actions:	Alex Jones – Better Care Fund Programme Manager Alex.T.Jones@cheshireeast.gov.uk
Appendices	Appendix A: C&M Development Framework Appendix B: Cheshire East Health & Care Partnership Board Operating Model

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Cheshire & Merseyside (C&M) Development Framework

Background / Context

Since the 1st of July when the new Integrated Care System arrangements went live, a significant amount of activity has been undertaken at a Place level. This is in readiness for potential delegations from NHS Cheshire and Merseyside (C&M).

This is the first in a series of regular updates which will be produced by Cheshire East Place and circulated across all Partners for sharing within organisational governance as appropriate.

The report is structured to provide an update across the 4 domains of the C&M Development Framework (Appendix A for reference):

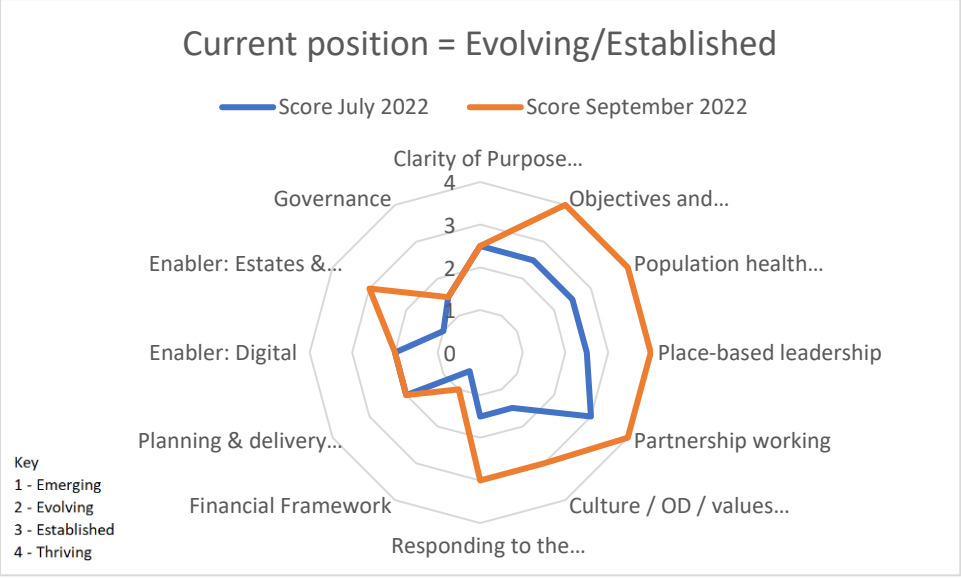
1. Ambition and Vision
2. Leadership & Culture
3. Design & Delivery
4. Governance

The C&M Development Framework has four categories of assessment (domains) to inform whether as a place we are; 'emerging', 'evolving', 'established' or 'thriving' against each of the domains. The majority status against each of the domains is shown below. In addition, as this is the first of this series of report, additional context is provided for completeness.

C&M Development Framework

The C&M Development Framework was first shared with Cheshire East Place executives in in November 2021, where a self-assessment against the domains and categories was undertaken by Place Executive. A more recent update was provided to place executives in June 2022. At that point the dominant status was evolving/established.

The current status is shown graphically below:



1. Ambition & Vision - Status: Established – Thriving

Locally the Cheshire East Partnership five-year plan for 2019-2024 has been produced and published. The plan sets out a common vision: “Our vision is to enable people to live well for longer; to live independently and to enjoy the place where they live. “

We have further developed this vision as meaning: to improve the health and wellbeing of local communities, enable people to live longer and healthier lives. We will do this by creating and delivering safe, integrated and sustainable services that meet people’s needs by the best use of all the assets and resources we have available to us. Wellbeing comes from everyone taking ownership of what they can do for themselves and their community, with support available and focused when and where it’s needed.

We have a published health and wellbeing strategy and Five Year Plan that reflects this vision through its stated priorities & outcomes:

- Outcome One: Create a place that supports health and wellbeing for everyone living in Cheshire East
- Outcome two: Improving the mental health and wellbeing of people living
- and working in Cheshire East
- Outcome three: Enable more people to Live Well for Longer
- Outcome four: Ensure that children and young people are happy and experience good physical and mental health and wellbeing

Our vision is aligned to the health and wellbeing priorities across the borough. The Cheshire East JSNA includes a breakdown of health inequalities across the borough in the form of a ‘tartan rug’ which maps health indicators geographically. The health profile or ‘tartan rug’ demonstrates how each Ward within the locality compares with all other wards in England across a range of health indicators and outcomes. It provides an overview of local health need and is a tool to aid discussions about local priorities.

Cheshire East Place Strategy Development

Work is underway to refresh the Place plans across Cheshire East, the strategies and system plans being refreshed are as follows:

- Cheshire East Joint Health and Wellbeing Strategy 2023 – 2028 and Place Plan - Social determinants - housing, communities, environment, education skills, work, transport, access to services, green spaces, resilient communities, poverty etc.
- Five-year over-arching Cheshire East Partnership health and care system delivery plan 2023 – 2028 - Service transformation, integration ambitions, long term planning to resolve ongoing pressures.
- Joint Outcomes Framework - Demonstrating the difference we are making as a system against the outcomes within the Joint Outcomes Strategy and Delivery Plan.

- System plans - Examples - Workforce recruitment & retention, digital, winter planning, Home First, etc.
- Organisational strategies and plans Examples - ICB operational Plan, Cheshire East Council Corporate Plan, Mid Cheshire Hospitals NHS Foundation Trust Five-Year Strategy etc.

The timeline for refreshing the Joint Health and Wellbeing Strategy and the Cheshire East Partnership delivery plan 2023 – 2028 is as follows:

- Drafting – September to December 2022
- Engagement and consultation – January to February 2023
- Final draft and adoption March/April 2023

2. Leadership and Culture - Status: Established – Thriving

This domain consists of a number of sub-domains: place-based leadership which has effective reporting and oversight, partnership working, which is reflective of the health and care sector, that work is progressing on a joint Organisational Development Programme and finally that we are responding to the voice of the community.

The Cheshire East Health & Care Partnership Board operating model consists of: Cheshire East Health & Care Partnership Board (CEHCPB), Strategic Planning & Transformation Group (SPTG), Leadership Group (LG) and Operations Group amongst other groups. The groups have a spread of NHS providers, primary care, local authority, VCSE and social care colleagues. Within these groups leaders are committed to working together in an integrated and collaborative way.

The newly established (September 2022) Cheshire East Health and Care Partnership Board (H&CPB) is a non-statutory partnership that brings together representatives from across the Cheshire East Place with the necessary delegated authority from their Partner organisations to represent the Partner organisation at the H&CPB and, where applicable, make collective decisions on matters within the remit and scope of the H&CB.

Pre-pandemic the place commissioned Sticky Change to provide OD support to the 8 care communities. This supported their development, establishing agreed values and behaviours. The pandemic has also supported greater cross working across organisations which will underpin shared approaches across the people agenda going forwards. A relationship agreement has been developed in each Care Community, across Health, Social Care and the Voluntary Sector.

A number of joint workforce development initiatives are in place, with oversight through the Cheshire People Place Collaborative. This includes a BAME leadership programme (with COCH); a Cheshire Collaborative approach to international recruitment, a programme to support a new system wide health and wellbeing offer; a workforce plan to support care communities and a virtual learning programme for our top 100 leaders. In terms of next steps,

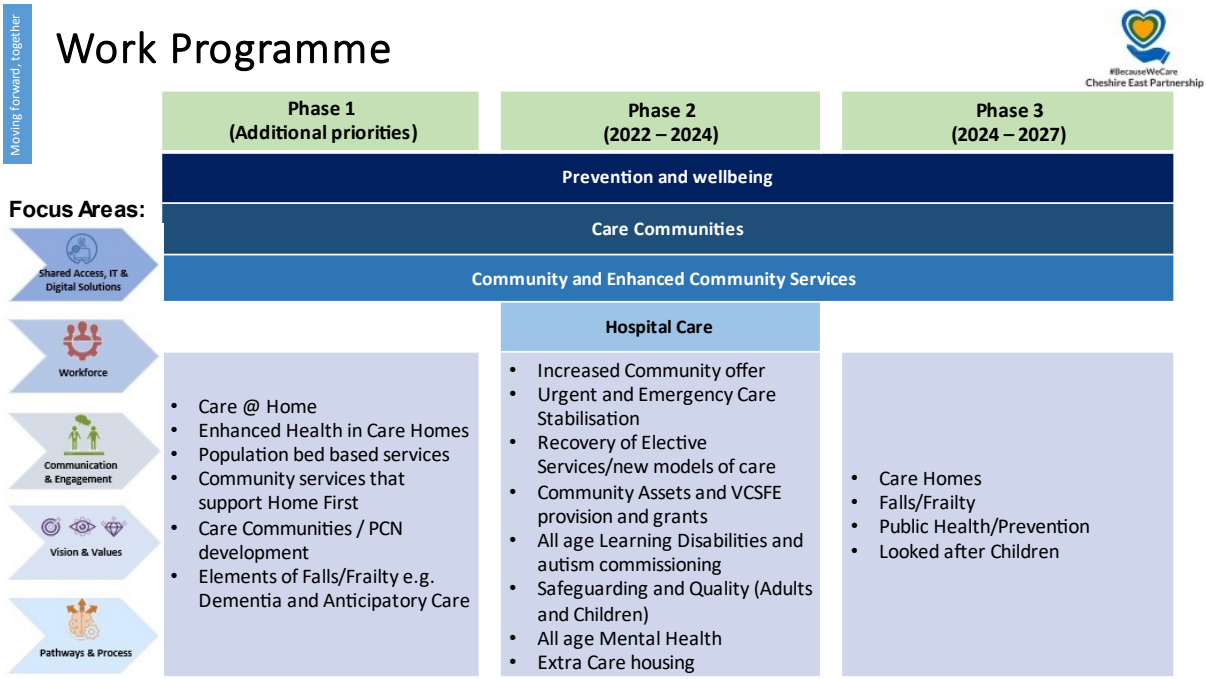
investment in the development of an overarching 'place workforce and leadership development strategy' could be considered by the CEHCPB, alongside development of a Leadership portal, for learning & sharing of best practice.

We have well-established clinical and care professional leadership at Place, which is reflected through membership of CEHCPB, SPTG, LG and OP. Primary Care / PCN / Care Communities and VCFSE are also recognised within SPTG and OP. The behaviours and principles are included within the Terms of Reference for CEHCPB, SPTG, LG and OG. The principles set out. In the Terms of Reference demonstrate a commitment to reflecting the voice of citizens at the heart of the design of services as well as decision making.

Locally the system has produced the Live Well for Longer Plan (LWfL) which will be used as a framework to provide a local voice to the integration agenda, ensuring consistency of service design across the health and social care system, including the wider voluntary, community, faith and social enterprise (VCFSE) sector. The principles detailed in the LWfL Plan will underpin joint commissioning intentions in health and social care and will provide a foundation for our local place-based approach to integration, aligning with the Government White Paper for integration. The principles within the LWfL Plan complement other existing joint strategies across health and social care and will underpin the development of new strategies moving forward.

3. Design and Delivery - Status: Evolving

The domain consists of the following sub-domains: planning and delivery of integrated services, financial framework, digital and estates & assets. The system has produced the following work programme for the planning and delivery of integrated services:



The delivery of integrated services includes operating in multidisciplinary teams across place. Within the place, integrated multidisciplinary teams are working together effectively across organisations. A recent example is the establishment of the 'Transfer of Care Hubs' located at East and Mid Cheshire Trust will be the single route for arranging timely discharges for people leaving hospital via Pathway 1 to 3 and will facilitate access to support arrangements for those that require it. The Hub has a range of staff skill mix from Health and Social teams such as Social Workers, Therapy Staff, Nurses Brokerage Officers and Care Providers.

A plan for developing care communities was previously presented to the Cheshire East Integrated Care Partnership. The aim was to ensure the right staff with the right skills to meet the future needs of Cheshire East population with emphasis on caring close to home. The plan noted that the objective was to clearly demonstrate innovative and creative solutions to developing the workforce, across multiple organisations including new roles and new ways of working, for example, giving 24/7 access to integrated teams.

There are regular monthly updates produced on the place monies available to support transformation, this is evidenced by the costed financial transformation plan which was recently presented to the SPTG.

Locally a high-level Digital Strategy and timelines was presented to Cheshire East Place Executive Group. The draft Cheshire and Merseyside ICS Digital and Data Strategy was presented to the ICB Transformation Committee on 22nd September. Data is being linked across primary, secondary and social care as demonstrated through Cheshire Care Record (Cheshire Care Record live since 2016).

The strategic estates group has coordinated the production of a single asset list which includes the voluntary sector. The development of the Place Estate Strategy will now focus on where we currently are, where we want to go and how we get there. This will be informed by clinical prioritisation which will help determine the level of need.

4. Governance – Status: Emerging – Evolving

The main committee and sub-committees have all been established with terms of reference for CEHCPB, SPTG, LG and OP underway with the majority produced.

Locally, governance arrangements and lines of accountability are clear and well understood. Appendix B shows the Cheshire East Health & Care Partnership Board Operating Model. The Integrated Care Partnership (ICP), the part of the system which works across the nine authority areas, has not yet been formally set up by the ICB but is currently meeting in shadow form and does not currently have a decision-making role. The Leader, as Chair of the Health & Wellbeing Board, is attending on behalf of the Council. The formation of the ICP and the appointment to it will need approval from all nine Councils making up the ICB area.

The Cheshire East Health & Care Partnership Board has been meeting in shadow form, pending its being formally agreed by the C&M Integrated Care Board in September 2022. The

Health & Wellbeing Board is currently reviewing its role to ensure it aligns with the new Integrated Care System and delivers the best outcomes for residents.

The main components and status for each of the governance forums is noted below:

Governance forum	Terms of Reference produced	Terms of Reference signed-off	Forward plan has been produced	Governance forum has met
Cheshire East Health and Care Partnership Board	Complete	Complete	Underway	Complete (shadow initially – full November)
Leadership Group	Compete	Complete	Underway	Complete
Strategic Planning and Transformation Group	Complete	Complete	Complete	Complete
Operational Delivery Group	Complete	Complete	Underway	Complete

As noted as part of the Cheshire East Health & Care Partnership Board Operating Model there are a number of enabler workstreams. Each of the workstreams has a SRO and lead/Chair.

The SRO will provide strategic leadership to the Lead/Chair of the workstream and will represent the workstream at the Leadership Group Meetings, particularly in relation to securing resource. A review is underway to determine if this is the best method for managing workstreams.

Workstream	SRO	Lead/Chair
Communications & Engagement (and Involvement)	Mark Wilkinson	Michael Moore (interim)
Business Intel (Inc. Pop. Health)	Lorraine O'Donnell	Susie Roberts
Digital	Dr Neil Paul	Valda Williams
Estates	Russell Favager	Justin Pidcock
People, Leadership & Culture	Ged Murphy	Rachael Charlton

Strategic Planning and Transformation Group	Helen Charlesworth-May	Dr David Holden
Operational Group	TBC	Simon Goff

Summary

Good progress has been made against the Ambition & Vision, Leadership and Culture domains. Further work is required across the Design and Delivery, and Governance domains. Work is underway to refresh a number of plans and strategies with recognition that a golden thread should exist between these documents. There is a timeline in place to deliver these documents. The Terms of Reference for the main place committee and sub-committees has ensured appropriate representation by the health and care sector which recognises the importance of placing the citizen voice at the heart of designing and delivering services. Further work is required to ensure adequate system financial planning through a joint financial plan, ongoing development of place estate strategy and organisation development strategy.

Recommendations

- The enabler workstreams are key to the delivery against the C&M Development Framework. For consistency of approach each enabler workstream would be asked to share current project plans and draft strategies.
- Ensure that the enabler workstreams have clarity about the outcomes that they need to deliver and how this supports delivery against C&M Development Framework.
- Fully embed Terms of Reference for the main place and sub-committees.
- Ensure that each of the enabler workstreams are meeting regularly and that there is commitment from place to attend.
- Ensure each committee and sub-committee have forward plans.

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Appendix A – C&M Development Framework

Domain		Emerging	Evolving	Established	Thriving
Ambition & vision	Clarity of purpose & vision	•All partners understand the need for a common vision for their place. •The vision is aligned to the health and wellbeing priorities of the district.	•All partners have described the common vision for their place. •The vision is clearly delivering the health and care priorities as part of the overall approach to health and wellbeing.	•All partners can demonstrate that the common vision for their place is understood within each partner organisations. •The health and care system are proactively informing the longer term health and wellbeing strategy for their place.	•All partners can describe how the common vision for the place is delivered through action at organisation and partnership level. •All partners can describe the connectivity between the health and care vision and the wider ambitions for health and wellbeing in the place. •MOU/agreement in place
	Objectives & priorities	•Some progress towards defining Place-Based Partnership priorities especially in line with the 5 service changes set out in the LTP.	•Defined objectives and priorities on exiting known local issues and challenges, System priorities, existing information, evidence of health needs and national priorities.	•Emerging evidence of delivery on existing priorities alongside new objectives and priorities being formed from the emerging system wide PHM data	•Evidenced delivery of seeing plans through to demonstrable impact/ outcome which aligns to national priorities. All new objectives and priorities are based on comprehensive and rich PHM data
	Population health management to address health inequalities	•Data from national and local sources to understand population health and care needs. •Place-Based Partnership utilises data to understand local population need. •One or two examples of local pilots.	•Understanding of current and future population health and care needs using local and national data for some service lines. •Data supports Place-Based Partnership drive to planning, commissioning and service delivery.	•The National PHM programme leads to full population health management capability embedded at neighbourhood, Place and system levels which through lessons learnt from the programme supports the ongoing design and delivery of proactive care.	•Established PHM approaches are being utilised to directly shape planning, delivery and evaluation of services through the utilisation of lessons learnt and high level PHM analytical capabilities. •VCFSE sector intelligence and insight is enabled to collate wider community feedback, hear from critical voices within different communities, escalate priority issues, and take action on these issues
Leadership & culture	Place-based leadership	•Starting to establish informal meetings of key partners to focus on outcomes (both System-wide and defined Place-specific) reporting and oversight •Consideration is being given to an approach to clinical	•All Place leadership including emerging clinical and care professional leadership signed up to working together with ability to carry out decisions that are made with some examples of how integration support Place development and a commitment •Appointment of key posts to develop the infrastructure of the Place-Based Partnership. •Clinical engagement is embedded within	•Agreed Place leadership in place, supported by all partners to lead the delivery & development of the Place-Based Partnership and actively participate in OD Collaborative, diverse and inclusive Place leadership and governance; including PC, NEDs, VCSEs, LG & social care providers reflecting the local population. •Recognised Place leadership authority across all Place providers. •Established clinical and care professional leadership.	•Place leadership with matured relationships in place and experience of working in clear, collaborative and inclusive Place governance with explicit delegation, open book transparency within preferred contractual arrangement to ensure resources are able to move in line with agreed clinical pathway changes and risk sharing where appropriate. •Clinical and care professional leadership drives priorities and ensures clinical involvement in design and decision making. •Joint workforce development initiatives encourage diversity of

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Domain	Emerging	Evolving	Established	Thriving
	and care professional engagement and leadership within its neighbourhood and place arrangements.	neighbourhood and place arrangements	•Clinical engagement is embedded in the design of services.	leadership, support continuity and sustainability.
Partnership working	•Place-Based Partnership to support early thinking about how to scale up primary care and how to integrate services ensuring effective distinction between integration at Place level and integration at Neighbourhood level. •Membership is being developed that it reflects the health and care sector in the place. •An approach to VCSE involvement in the partnership is being considered	•Working with PCNs to support the Development of clear vision and plans for neighbourhood level integrated care models and how each PCN will need to develop to enable the consistent delivery of Place wide pathways. •PCN's to have representation in Place-Based Partnership governance. •Membership is representative of the health and care sector at place. •There is VCSE representation on the partnership.	•Place-Based Partnership to ensure that there is clear PCN representative model and role in Place-Based Partnership governance. •PCNs directly and actively contribute to the setting of Place-Based Partnership vision and priorities. •Demonstrable progress in neighbourhood level care models and consistency across all PCNs is neighbourhood level provision with Place level care pathways. •The membership is representative of the health and care sector at place, some of whom are able to decisions on behalf of their organisation. •There is VCSE sector representation and it is embedded in all elements of population planning.	•PCN and VCSE representatives are in position through all levels of Place-Based Partnership governance and are involved in ensuring delivery for all delegated responsibilities at Place-Based Partnership level. •Partners regulatory and reporting requirements are acknowledged and accounted for within the place based partnership •Neighbourhood level care models delivering planned outcomes. •Consistent provision across all PCNs of neighbourhood level provision for Place level care pathways. •There is membership which is representative of the health and care sector at place, which is able to make decisions on behalf of their organisation. •There is VCFSE sector representation, which is embedded in all elements of population planning, decision making and delivery. •Workstreams are led by different partners where the partner has particular expertise and knowledge
Culture / OD / values & behaviours	•Discussions are being held as to how increase engagement across key partners and sectors both at place, or horizontally/vertically within the ICS. •Initial discussions are being held in relation to representing each other on behalf of the place •Plan in development for OD programme to support closer working together between Place-Based Partnership partners	•There are plans in place to increase the involvement of all sectors, including service users, VCS, public and local government in decision making at place and neighbourhood level. •There is a shared ambition to work towards representing each other on behalf of the place.	•There is an OD culture of shared learning, sharing experience, best practice to support shared decision making. •There is a shared ambition to represent each other on behalf of the place and plans are in development for the next 18 months •The agreed set of values and behaviours is influencing the decision making of the Place-Based Partnership board.	•There is a clear programme to develop and support future system leaders which is available to all partners. •There is an agreement in place in relation to representing each other on behalf of place and a clear plan in place for next 18 months. •Clear evidence that the OD programme has tangibly enabled the development of skills and capability, with strong embedded co-design and co-production processes.

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Domain		Emerging	Evolving	Established	Thriving
		and the transition to new operating models. •Acknowledge the importance of having agreed set of values and behaviours.	•Place-Based Partnership Partners participating in OD programme. Defined values and behaviours agreed between Place-Based Partnership partners. Initial discussions with CCG/ICS NHS Body	•Place-Based Partnership Partners actively implementing the outputs of the OD programme to address the barriers to more integrated working. •OD programme in place to support Place-Based Partnership facing CCG/ICS NHS Body staff	•Place-Based Partnership values and behaviours culturally embedded within all Place-Based Partnership partners including current CCG/ICS NHS Body Place-Based Partnership facing teams and VCSE partners. •Integrated and dynamic workforce development "one workforce" is proportional and accessible to all system partners.
	Responding to the voice of our communities	•An approach is being considered to citizen engagement within its neighbourhood and place arrangements.	•Citizen engagement is included within neighbourhood and place arrangements.	•Citizen voice is being embedded within neighbourhood and place arrangements to ensure public engagement in the design of services. •Place-Based Partnership understands existing networks for effective reach into communities	•Citizen voice is embedded within neighbourhood and place arrangements driving priorities and ensuring public voice involvement in design and decision making. •Design, delivery and improvement are shaped through co-production with communities •Utilisation of existing networks for effective reach into communities
Design & delivery	**Financial framework**	•Informal discussions taking place between Place-Based Partnership Partners regarding planning for financial flexibilities to enable the achievement of Place level priorities. •Informal discussions between Place-Based Partnership and CCG/ICS NHS Body on potential future framework. •There is a transparent approach to sharing details of organisational budgets and the place is having discussions in relation to developing a joint financial plan. •Consideration is being given to the need for financial governance to support shared decision making/pooled budgets.	•Place-Based Partnership Partners establish formal group to take forward discussions regarding key areas relating to strategic allocation of financial resources . •Place-Based Partnership representatives participate in System wide sub-group(s) on future Financial Framework. •A joint financial plan is being developed. •Financial governance is being developed to support shared decision making/pooled budgets	•Place-Based Partnership agrees and commences initial contract model with CCG/ICS NHS Body with associated agreements and governance between Place-Based Partnership partners as to how finance flows between organisations to support the delivery of priorities and functions. •There is a joint financial plan to deliver devolved budgets •There is clear financial governance in place to support shared decision making/pooled budgets.	•Place-Based Partnership agrees and commences contract model based on modelling of current and future population health and care needs with ICS NHS Body. •The associated agreements and governance between Place-Based Partnership partners as to how finance flows between organisations to support the delivery of priorities and functions are in place and operational. •Place-Based Partnership proactively tackling financial challenges as a collective. •The joint financial plan is able to demonstrate the impact made on health outcomes as a result of the investments made. •The financial governance has clear links back to individual organisational governance at place •Social Value Charter principles are adopted and are evident within commissioning and supply chains

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Domain	Emerging	Evolving	Established	Thriving
Planning & delivery of integrated services	•Ambition to develop key roles and responsibilities for integrated commissioning with Place-Based Partnership partners and CCG jointly discussing the elements of commissioning (e.g. care pathway redesign, structure of within Place, defining health needs & priorities, planning, procurement, monitoring, regulating) which could be delegated to the Place-Based Partnership and for which services. •Early plans for greater integration of services for Place. Early discussions on formalised collaboration models with all partners within the Place-Based Partnership	•Emerging agreement between Place-Based Partnership partners and CCG on the elements of commissioning to be delegated to the Place-Based Partnership/undertaken at Place level with Place-Based Partnership leadership and for which services. •Emerging agreement on the timetable for changes. •Plan in place around future Place service model. One or two examples of Place level service transformation and pathway redesign. Collaboration formalised between all partners within the Place-Based Partnership.	•Place-Based Partnerships have taken responsibility for some of the agreed commissioning elements from the CCG/ICS NHS Body with appropriate pooling, shared appointments, clarity on roles, responsibilities and functions at Place level and risk management arrangements. Planning for the remaining elements is underway. •Future service model plan being implemented. Pathway redesign is led by clinical and professional leaders through Place partnerships. Formalised collaboration within Place-Based Partnership in delivering large elements of care.	•Place-Based Partnerships have taken responsibility for all of the agreed commissioning elements from the CCG/ICS NHS Body with appropriate pooling, shared appointments, clarity on roles, responsibilities and functions at Place level and risk management arrangements with clear alignment to service integration and Place governance. Multiple benefits and outcome improvement delivered. •Enhanced integrated multidisciplinary teams include VCFSE organisations •Integration of care has marked impact on population outcomes, inequalities and financial sustainability. •Clear partner collaboration governance at Place embedded with Place vision. •Services are co-designed with all partners and the community
Enabler: Digital	•Partners' IT and data infrastructures are not currently connected but a clear plan is in development to improve connectivity. •There is an approach developed to start to link Service user level data across different organisations	•Data from across primary, secondary and social care is starting to be linked and there is proof of concept and embedded within this is a view of the wider determinants of health. •Digital schemes being explored for joint implementation across organisations. •Partners are beginning to align their decisions about IT infrastructure	•Data from across primary, secondary and social care is routinely linked, analysed and insights shared across Partners. •Linking with other data from other sources such as education and the police is being explored.	•New ways of delivering analysis, to support decision-making, are starting to emerge, in particular using real time data and feeding straight to clinicians. •Joint approach to data infrastructure, sharing and governance Plans for the use of real-time linked data to inform service user care •Single digital approach with IT systems integrated across Partners •Social impact measured and included within data collection and dashboards
Enabler: Estates & assets	•Partners estates and assets are not yet fully identified but a clear plan is in place to map these out	•Place assets and estates are identified	•There is a local understanding of community-based physical assets and their collective use is promoted across partners	•Utilise the cross-sector estate and acknowledge the accessibility and location of buildings. •Front line practitioner are aware of all partners services and locations

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Domain	Emerging	Evolving	Established	Thriving
				and/or are clear where to locate this information.
Governance	•Governance is being developed which sets out the mechanisms through which ICS functions are discharged to place. •Mapping is underway to ensure that there is a clear overview of who represents the place on all ICS Boards and programme groups. •A mutual accountability approach to working is being considered. •Governance arrangements are being developed for the partnership and an outline operating model. •Limited understanding of Place architecture across the footprint and limited plans to organise resources for delivery of functions and priorities. •Initial discussion with CCG/ICS NHS Body on potential moving of functions with linked resources	•There is governance which sets out the mechanisms through which ICS functions are discharged to place. •There is represented widely across the ICS and mechanisms for communication back to place, are being developed. •Arrangements for mutual accountability are being developed. •The operating model has agreed terms of reference and is developing accountability arrangements to the wider system. •Place-Based Partnership has clear plans on the resource requirements to effectively deliver functions and priorities including the contribution of Place-Based Partnership partners and of the CCG/ICS NHS Body to deliver agreed delegated/ transferred functions.	•Place-Based Partnership board supplemented with clear sub-committee structure with clear process for escalations. •There is governance which sets out the mechanisms through which ICS functions are discharged to place and the accountability back to the ICS against quality, finance and performance. •There are representatives from across the system on all ICS Boards and programme groups and decisions are brought back to the place for discussion before being made. There are mechanisms for sharing discussions at ICS with place. •The terms of reference set out the mutual accountability arrangements for the Partnership •The operating model has clear lines of accountability and governance, with agreed terms of reference for the Partnership and associated groups. •Place-Based Partnership partners have provided the agreed resources for Place-Based Partnership infrastructure. The process of CCG/ICS NHS Body staff working more closely/transferring to the Place-Based Partnership infrastructure has commenced in line with the agreed delegation/ transfer of function/part of	•There is governance which sets out the mechanisms through which ICS functions are discharged to place and the accountability back to the ICS against quality, finance and performance and is able to demonstrate this in action. •There is representation from across the system on all ICS Boards and programme groups, all of whom have the ability to make decisions on behalf of the place and communicate plans, progress and decisions back to the place. •The terms of reference set out the mutual accountability arrangements for the Partnership and there is a track record of the success of these in improvements in health outcomes •The operating model has clear lines of accountability and governance, with agreed terms of reference for the Partnership and associated groups, which is co-owned by all members. •Infrastructure and resources in place to enable the effective delivery of functions and priorities with commitment from Place-Based Partnership Partners and ICS NHS Body to establish further as priorities continue to develop and/or there is a variation to the agreed functions of the Place-Based Partnership.

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Domain	Emerging	Evolving	Established	Thriving
			function previously undertaken by the CCG/ICS NHS Body.	
	•Known risks re the sufficiency of resource, specialist expertise and infrastructure to deliver on local priorities. •There is an understanding that there is a need to consider a move to arrangements to assess and share risks and gains across providers	•There is an ambition to move to arrangements to assess and share risks and gains across providers alongside an approach to transparency within the place.	•Arrangements to assess and share risks and gains across providers are being developed alongside an approach to transparency around resource availability and allocation within the place.	•Arrangements to assess and share risks and gains across providers are established and supported by transparency around resource availability and allocation within the place. •Existing infrastructure networks are recognised and included within Governance structures.

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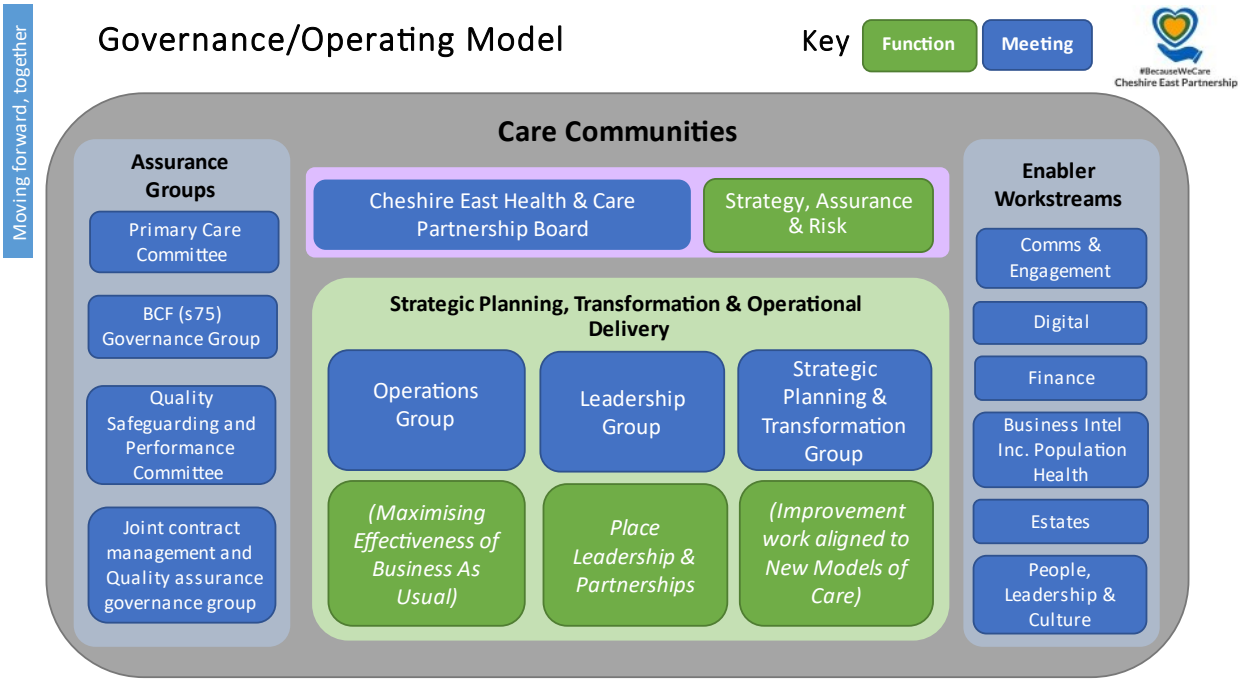
Appendix B – Cheshire East Health & Care Partnership Board Operating Model



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Cheshire East Health and Care Partnership Board

Quality & Performance Update on NHS Commissioned Care Services

November 2022

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Date of meeting:	2nd November 2022
Agenda Item No:	10
Report title:	**Quality & Performance Update on NHS Commissioned Care Services**
Report Author:	Amanda Williams - Associate Director of Quality & Safety Improvement Cheshire East
Report approved by:	Amanda Williams - Associate Director of Quality & Safety Improvement Cheshire East

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

Committee/Advisory Groups that have previously considered the paper

This report is an overview of the Quality and Performance report that went to the Cheshire Quality and Performance Subcommittee on 5th October 2022.

Executive Summary and key points for discussion

This report is a summary of the information discussed at the Cheshire Quality and Performance subcommittee held on 5th October 2022 **in relation to NHS commissioned care services**. It is proposed that there will be further development with partners to transition to a more integrated system quality report.

There has been some movement in referral to treatment (RTT) times for both East Cheshire Trust and Mid Cheshire Hospitals Foundation Trust, however the waiting time for elective procedures remain higher than pre-covid figures. Both Trusts continue to clinical validate and prioritise the patients on the RTT waiting lists to ensure patients receive appropriate treatment in a timely manner.

Long wait and cancer harm review processes are established across both Trusts and there is oversight of themes and learning by the Cheshire East Place ICB quality team. Plans are being developed to work with partners across the system and the performance/ business intelligence team to develop an 'avoidable harm' dashboard. This will provide clearer oversight and provide data which can then inform quality improvement work.

Work continues around the clinical strategy development to address the fragile services within East Cheshire Trust. Within Mid Cheshire Hospitals Trust there continues to be staffing challenges across Central Cheshire Integrated Community Partnership (CCICP). These are being addressed through active recruitment and retention strategies. Further work is being undertaken by Cheshire and Wirral Partnership regarding the monitoring of restraint incidents. Cheshire East Place-ICB are to work with the Trust to strengthen assurance provided through the quality schedule. Concerns regarding the quality of serious incident reporting and investigations by NWAS are to be escalated to Lancashire and South Cumbria ICB who are lead commissioners for the NWAS contract.

In July 2022 the Cheshire East Joint Targeted Area Inspection (JTAI) was undertaken on the multiagency response to children at risk of criminal and sexual exploitation. The JTAI report was published on 26th September. Cheshire East system accept all findings/ recommendations and are now working on delivery of a multiagency safeguarding arrangements (MASA) JTAI improvement plan.

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Recommendation/ Action needed:	**The Board is asked to:** **NOTE** the contents of the report **DISCUSS** and **AGREE** to the proposed development of a Cheshire East Place System Quality and Performance Group and integrated quality 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	N
The item contains commercially confidential issues	N
Some other criteria. Please outline below:	N/A

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	
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			X	
	Patient / Public Engagement			X	
	Clinical Engagement			X	
	Equality Analysis (EA) - any adverse impacts identified?			X	
	Legal Advice needed?			X	
	Report History – has it been to 0ther groups/ committee input/ oversight (Internal/External)			X	

Next Steps:	This report is an overview of the report that went to Cheshire Quality and Performance Subcommittee. In line with current governance arrangements, it will form part of the report to be presented at the NHS Cheshire & Merseyside ICB Quality & Performance Committee. This report is currently an overview of quality and performance of NHS commissioned care services in Cheshire East, rather than a system quality and performance report. Further development with partners is required to enable transition to a more system quality and performance oversight report at Cheshire East Place.
Responsible Officer/s to take forward actions:	Amanda Williams – Associate Director of Quality & Safety Improvement Cheshire East Place

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Quality & Performance Report November 2022

1. Introduction

This is a summary of the information discussed at the Cheshire Quality and Performance subcommittee held on 5th October 2022 in relation to NHS commissioned care services.

As previously reported this Cheshire wide meeting will move towards a place-based model as the structures to support greater place-based working evolve. The Terms of Reference for this Cheshire Quality and Performance subcommittee reflect that this is an interim structure spanning more than one place. Terms of reference for Place based Quality and Performance Groups have been approved and will be used to establish the Place system Quality and Performance Group

The ICB Quality and Performance Committee is now established. Each place provides summary reports in relation to quality and performance of NHS commissioned care services.

It is acknowledged that this report is focused on NHS commissioned care services. It is proposed that there will be further development with partners to transition to a more integrated system quality report.

2. NHS Funded Care Provider Quality issues

The following matters were presented to the Cheshire Quality and Performance subcommittee held on 5th October 2022. Only matters relevant to the population of Cheshire East have been included in this report. The matters discussed at the Cheshire Quality and Performance subcommittee are all managed within existing ICB governance structures, such as contract meetings and delivery boards. The performance team were able to present a report that had split performance into Cheshire East and Cheshire West Place. Further work will be progressed to refine the performance report and ensure there is alignment with quality issues and concerns

Performance
Referral to treatment (RTT) waiting lists at Mid Cheshire Hospitals Trust have reduced between July and September, however the numbers remain above pre Covid figures. East Cheshire Trust RTT waiting lists increased in August (which was the data reported at the October Quality and Performance subcommittee). Both Trusts continue to utilise the independent sector to assist with reducing patient numbers. Both Trusts also continue to clinical validate and prioritise the patients on the RTT waiting lists to ensure patients receive appropriate treatment in a timely manner. The Trusts are focusing on patients waiting over 78 weeks in line with national guidance.

The East Cheshire system remains challenged with regards to urgent care performance. The home first programme is moving at pace to look at joint opportunities linked to reablement, crisis response, district nursing out of hours and 3rd sector organisations. An in-reach care home offer is being worked up across the system to look at what additional training and support can be offered from community services to prevent placement breakdown and people remaining at home/ not presenting to emergency departments.

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Mid Cheshire Hospitals Trust performance against the majority of key cancer targets remain above national and Cheshire and Merseyside averages. All patients who have waited over 52 weeks since referral for first definitive treatment require a clinical harm review to be undertaken. In October 2021 NHS England & Improvement (NHS EI) North West region reviewed Cancer long waiting guidance, in conjunction with the North West Cancer Alliances to support trusts and commissioners to ensure effective safety netting procedures for patients waiting for long periods to start their cancer treatment. The guidance is specifically aimed at patients who have waited for longer than 104+ days (if on a 62-day pathway) or 73+ days (if on a 31-day pathway) to commence cancer treatment. Both Trusts have progressed to embed their long wait harm review processes. Root cause analysis (RCA) investigations are undertaken on all long waiters. To date 11 RCAs have been received from East Cheshire Trust, eight of which identified no harm. Further RCAs are expected from both Trusts following their internal governance processes. Themes from the RCAs include lack of leadership/ clinical responsibility, delays in diagnostics, management of DNA's, increasing demand and workforce/ staffing pressures. The Cheshire East ICB quality team have oversight of the RCAs and meet with the Trusts to ensure learning and improvements are embedded.

It is noted that as well as increasing waiting times leading to harm, patients can also suffer other avoidable harm e.g. healthcare acquired infections, delayed discharges and people not being in the correct care environment to meet their needs so leading to deconditioning. Plans are being developed to work with partners across the system and the performance/ business intelligence team to develop an 'avoidable harm' dashboard. This will provide clearer oversight and provide data which can then inform quality improvement work.

NHS Commissioned Care Services updates

East Cheshire Trust – Work continues around the clinical strategy development to address the fragile services within the Trust. A further clinical engagement workshop was held in October and the Trust is on track to produce the short list of options by December. The plan is to have a clinical senate review between January and March 2023 and further public engagement. In the meantime, the trust continues to develop short / midterm partnerships to provide additional resilience and clinical sustainability.

Mid Cheshire Hospitals Trust – There continues to be staffing challenges across Central Cheshire Integrated Community Partnership (CCICP). The Trust reported at the last Contract quality and performance meeting that they had successfully recruited 15 new staff. The staff are newly qualified nurses and the Trust has a comprehensive induction and preceptorship programme planned to support the staff and ensure they are retained. Although Covid 19 has contributed to the absence of community nurses during 2022 there has been a reduction in overall sickness to an average of 9% for community nursing. Overall, staff turnover has reduced slightly however there are several teams with high turnover and a key focus for CCICP during 2022/2023 will be to support retention of this valuable workforce. It is anticipated that the introduction of a Community Nurse Competency Development Practitioner post, the additional capacity due to increased investment and the aforementioned successful recruitment and the development and roll out of Band 5 community nurse competencies will support future recruitment and retention.

Cheshire and Wirral Partnership NHS Foundation Trust – The Trust provided data around restraint incidents. The number of restraint incidents fluctuates from month to month. The trust has a new restraint reduction policy and reports on staff training (Proactive Approach Training). This is monitored through the quality leads meetings with the Trust and the contract quality and

performance meeting. The Trust is currently reviewing the metrics they monitor to reflect the Use of Force Guidance. Cheshire East Place-ICB are to work with the Trust to strengthen assurance provided through the quality schedule.

North West Ambulance Service (NWAS)- there are concerns regarding the quality of serious incident reporting and investigations from all Places across Cheshire and Merseyside. Lancashire and South Cumbria ICB are lead commissioners for the NWAS contract and concerns have been raised with them in the past. Patient Safety leads from across Cheshire and Merseyside ICB are meeting to look at how support can be provided to the Lancashire and South Cumbria ICB and NWAS to facilitate improvement.

Oliver McGowan training. There is now a legal requirement for all CQC registered providers to ensure that their employees receive learning disability and autism training appropriate to their role. The Northwest region has been allocated an initial £1,054,144 to build capability and capacity in the systems to deliver Oliver McGowan Mandatory Training (OMMT) in 2022/2023. The money is to be allocated to healthcare organisations currently, (although this is being reviewed) and it is hoped that further money will follow for Social Care providers in due course.

3. Joint Targeted Area Inspection (JTAI)

A Joint Targeted Area Inspection (JTAI) is an inspection framework for evaluating the services of vulnerable children and young people. It is conducted jointly by OFSTED, Care Quality Commission, Her Majesty's Inspectorate of Constabulary and Her Majesty's Inspectorate of Probation. Each inspection includes a specific 'deep dive' safeguarding theme. The inspection takes place over a 3-week period and looks at how well local agencies are working together in an area to protect children. The inspection triangulates evidence from tracking and sampling children's experiences, views from children and their families, observing practice, talking to practitioners, and gathering information from individual agencies.

In July 2022 the Cheshire East JTAI was undertaken on the multiagency response to children at risk of criminal and sexual exploitation. The JTAI report was published on 26th September.

Although the multi-agency inspection did find areas of strength in our Children Safeguarding Partnership practice, the inspection found areas where we need to make significant improvements and at pace. An overview of the inspection key findings and priority actions from the letter to the Cheshire East Safeguarding Children Partnership is provided:

a. The Children Safeguarding Partnership did not understand the extent of the failure to protect children who are at risk, or victims of, criminal and sexual exploitation
b. There was insufficient scrutiny of the day-to-day experiences of these vulnerable children, with too much focus on process
c. The lack of a multi-agency training strategy around child exploitation means that many staff do not have the required skills to consistently help and protect exploited and missing children
d. Urgent action is required to understand and address the underlying complexities and continuing risks to exploited and missing children across all agencies and services, as too many children remain in situations of risk and harm

The inspectors also identified the following strengths for the Children Safeguarding Partnership:

a. Partners from all agencies have the commitment and ambition to improving services
b. Frontline staff across all agencies make strenuous efforts to work together to help children and their families

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c. Recognition of targeted disruption work in the community by youth justice staff, youth workers and police officers
d. Experienced @ct staff provide intensive support to exploited children and their family members
e. Children benefit from bespoke targeted multi-agency early help work, including from commissioned services, which reduces risk of exploitation to children
f. The safeguarding children in education settings (SCIES) team is highly valued by schools. School leaders find the advice and support they receive from the SCIES team helps them make safer decisions for children g. Effective commissioning and collaboration across health networks, including mental health, sexual health, and substance misuse services

Cheshire East system accept all findings/ recommendations and are now working on delivery of a multiagency safeguarding arrangements (MASA) JTAI improvement plan.

4. Recommendations

a) NOTE the contents of the report

b) DISCUSS and AGREE to the proposed development of a Cheshire East Place System Quality and Performance Group and integrated quality report

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Cheshire East Health and Care Partnership Board

Finance Update – Cheshire East October 2022

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Date of meeting:	2nd November 2022
Agenda Item No:	11
Report title:	**Finance Update October 2022**
Report Author:	Katie Riley, Associate Director of Finance
Report approved by:	Mark Wilkinson, Cheshire East Place Director

Purpose / action	**Decision/ Approve**		**Discussion/ Gain feedback**		**Assurance**	X	**Information/ To Note**	X

Committee/Advisory Groups that have previously considered the paper	
This Paper has not been reviewed at any previous meeting.	
Executive Summary	The purpose of this report is to update on the overall financial position of Cheshire East Place, showing the financial position of all partners. The report will be amended over the next months to be more consistent in terms of reporting periods and content. This report is being presented to the meeting to provide all partners with information in respect of organisation's financial positions to encourage understanding and facilitate integrated working to improve the efficiency of the system in providing both health and social care. 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. The financial position of Cheshire East Place is challenging for all the organisations in the Partnership. The organisations in Place are facing increased demand and increased costs across their activities which is causing an increased financial pressure. Further efficiencies across all organisations seem likely to be needed allowing activity to be increased at the same time as maintaining or improving services and access whilst reducing the associated cost. Key risks are identified across all organisations as increased cost, increased demand for services and limitations of staff availability.
Recommendation	The Board is asked to NOTE: • The financial position of each organisation Section 2. • The next steps at Section 9.

Consideration for publication	
Meetings of the 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	N
The item contains commercially confidential issues	N
Some other criteria. Please outline below:	N/A
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	X
4. Significantly reduce health inequalities	X
Patient and Public Engagement	None
Next Steps	Cheshire Places have submitted a financial recovery plan to the ICB central finance team which is likely to be the subject of further work.
Appendices	Appendix 1 – Summary of Better Care Fund Schemes

Finance Update October 2022

1. Executive Summary

The financial position of Cheshire East Place is challenging for all of the organisations in the Partnership. The organisations in Place are facing increased demand and increased costs across all of their activities which is causing an increased financial pressure.

Further development of efficiencies across all organisations is needed allowing activity to be increased at the same time as maintaining or improving services and access whilst reducing the associated cost.

2. Organisational Financial Position as noted during October 2022

Please find below the financial position/plan as reported by the statutory organisations within the Cheshire East Place Partnership.

3. Cheshire East Council – First Quarter Financial Review

An early review of the Council's forecast financial performance for 2022/23 shows a forecast adverse Net Revenue financial pressure of £11.6m against a revised budget of £328.4m (3.5%). A summary of this variance is shown below:

2022/23 (GROSS Revenue Budget £474.2m)	Revised Budget (NET) £m	Forecast Outturn £m	Forecast Variance £m
Service Committee			
Adults and Health	120.9	132.6	11.7
Children and Families	74.5	78.0	3.5
Economy and Growth	23.6	23.8	0.2
Environment and Communities	44.3	46.2	1.9
Highways and Transport	13.8	14.3	0.5
Corporate Policy	39.8	40.6	0.8
Sub-Committee			
Finance Sub	(316.9)	(323.9)	(7.0)
TOTAL	**-**	**11.6**	**11.6**

The main pressure areas are as follows:

- Increasing demand led pressures in social care for both Children's Services and Adult's Services, mirroring the national picture.
- Increasing costs relating to rising inflation and the current national pay offer.

Senior officers are preparing action plans for all areas to mitigate the adverse forecasts which include:

- Managed restriction of in-year spending, whilst retaining essential services, in consultation with the relevant Committee.
- Reviewing the level of spending on key contracts and reviewing the need for contract renewals during 2022/23.
- Pricing and grant reviews to ensure income is being fully recovered on related activity.
- Enhanced vacancy forecasting and management.
- Re-alignment of, and appropriate use of balances, such as earmarked reserves, general reserves and capital receipts.
- Review and reprofile the Capital Programme to prevent any impact of related inflation on the revenue budget.

4. Cheshire and Merseyside ICB – Cheshire East Place Position to 30th September 2022

For the three-month period to the end of June 2022, NHS Cheshire CCG delivered a balanced position. Consequently, the Cheshire East Place share of the CCG delivered a balanced position for the first 3 months of the year.

Considerable work has been done since the beginning of July to allow reporting at Place level. In Cheshire this has been particularly challenging because the historic CCG footprint is being split into the two Places, East and West.

A summary of the year-to-date position to 30th September 2022 and the forecast financial position for quarters two through to four (1st July 2022 – 31st Mar 2023) for Cheshire East is shown below. Please note, there may be small changes to the budgets and plans in coming months as the split between the East and West places is refined:

Cheshire East Place (Q2 - Q4 Only)	M6 Year to Date (£'000)			Forecast Outturn (£'000)		
	Budget	Actual	Variance	Budget	Actual	Variance
NHS Acute Services	79,036	78,953	83	234,571	234,510	61
Other Acute Services	4,411	4,921	(510)	13,232	14,911	(1,679)
Community Services	17,378	16,892	486	46,007	45,297	710
Mental Health Services	11,972	12,422	(450)	35,605	36,250	(646)
Complex Care	5,164	4,545	619	15,492	13,576	1,916
Continuing Care	13,562	13,589	(26)	40,711	43,879	(3,168)
CCG Primary Care	4,641	4,098	544	12,157	11,272	885
Delegated Primary Care	15,766	16,586	(819)	48,624	51,855	(3,231)
Expected ARRS Allocation				1,296	0	1,296
Prescribing	17,403	16,576	828	51,923	51,640	284
Other Programme	5,911	6,673	(762)	18,389	17,523	866
Clinical Programme Costs	649	313	337	1,948	1,880	68
Reserves	0	0	0	0	0	0
Unidentified QIPP	(1,833)	0	(1,833)	(5,500)	0	(5,500)
Sub Total - Variance to Plan	**174,062**	**175,566**	**(1,505)**	**514,455**	**522,594**	**(8,139)**
Planned In Year deficit	(7,803)	0	(7,803)	(15,439)	0	(15,439)
Total	**166,259**	**175,566**	**(9,307)**	**499,015**	**522,594**	**(23,578)**

This summary shows a forecast adverse variance to plan of £8.1m, against a planned in year deficit of £15.439m. As mentioned in the previous report, the most significant variances are detailed below:

- Other Acute Services – the ICB holds healthcare contracts with many independent sector Acute providers. The largest overspends are against Spire Healthcare and Spa Medica. It is currently assumed no additional Elective Recovery Funding will be received as assessment for this is made at system level across Cheshire and Merseyside.
- Continuing Care – this relates both to demand/complexity and price inflation which is exceeding the planning assumptions which were agreed across the ICB during the planning round. This is not dissimilar to the pressures being faced in other organisations within the Cheshire East Place.
- Unidentified QIPP (efficiency savings target) - £5.5m of additional planned savings were included in the budget for 2022/23. A small proportion of this has been delivered since 1st July non recurrently (resulting in underspends against other budget areas above) but the majority remains unidentified and is contributing to the adverse variance to plan.

Key Risks

- Potential contract pressure with West Midlands Ambulance Service who provide Patient Transport Services (PTS).
- Increased costs associated with the continued usage of discharge schemes to support flow through the system.

Financial Recovery

The ICB has asked all Places to develop financial recovery plans; Cheshire has done this jointly across Cheshire East and Cheshire West Places because the initial planning round for 2022/23 was completed as a single CCG. This has identified several actions which need to be taken forward to maximise any additional efficiencies which could possibly delivered in year; these will be monitored closely and further updates.

5. Cheshire and Wirral Partnership Foundation Trust as at 30th September

The Trust is reporting a year-to-date favourable variance to plan as at 30th September of £46,000 against a planned year to date surplus of £1.2 million. The Cheshire East share of this equates to approximately 17% based on total income received by the Trust.

A summary of the reported position is below:

Provider (£'000)	M6 Year to Date Net Expenditure			Forecast Outturn Net Expenditure		
	Plan	Actual	Variance	Plan	Actual	Variance
Income	112,579	123,999	11,420	224,934	241,019	16,085
Pay	-87,429	-94,466	-7,037	-174,429	-185,087	-10,658
Non Pay	-23,284	-27,875	-4,591	-46,349	-52,215	-5,866
Non Operational	-645	-391	254	-1,300	-861	439
Total	**1,221**	**1,267**	**46**	**2,856**	**2,856**	**0**

Key Risks

- A high number of Out of Area placements are being utilised in addition to opening more CWP beds as a result of delayed transfers of care (DTOCs). The current pressure is being funded non-recurrently but a long term system solution is required.
- Increased use of bank / agency staff to ensure safe staffing levels are being maintained; this is aligned to difficulties in recruitment.
- Delivery of efficiencies is a challenge aligned to current service pressures.
- The actual costs of the pay award and non pay inflation is in excess of contract funding.

6. East Cheshire NHS Trust Update as at 31st August 2022

The Trust is reporting a favourable variance to plan on the 31st of August 2022 of £27,000 against a planned deficit position of £1.875m. The Cheshire East Place makes up 100% of the Cheshire and Merseyside contract value with ECT, further work will be done to establish an approximate income share before next month.

QIPP

The Trust QIPP target is £5.498m full year effect. As at month five, the Trust has delivered £1.568m of savings which has been removed from budgets following quality impact assessments where required. It should be noted QIPP is currently being delivered in the main via non recurrent schemes. The Trust continues to seek additional opportunities for recurrent cashable efficiency savings.

Delivery is closely monitored by the Trust Board sub committees:

- Innovation and Productivity Group
- Finance Performance and Workforce Committee

Capital

Capital expenditure is £0.5m year to date, which is £30,000 behind plan. It is forecast that the capital plan will be fully used at year end based on commitments placed and signed contracts. The Trust is waiting for confirmation of the business case for the treatment centre (supporting elective recovery and patient flow). The Trust has received confirmation of approval for the endoscopy treatment rooms (JAG accreditation).

Key issues and updates

- Impact of any gap in 2022/23 pay award funding.
- Impact of agency ceiling while managing elective recovery, staff sickness/recruitment.
- Impact of winter pressures and lack of additional funding support.
- Cost cap on delivering the vaccination programme.
- Challenge of delivering QIPP recurrently and the impact on 2023/24 planning.
- Impact wider economy issues on retention of lower paid staff and supporting wellbeing to retain staff at work who maybe facing financial difficulty resulting in stress absence.

7. Mid Cheshire Hospitals NHS Foundation Trust as of 30th September 2022

The Trust has reported a deficit of £8.2m to the end of September which is £1.1m adverse variance to plan. The Cheshire East Place makes up approximately 64% of the Cheshire and Merseyside contract value with MCHFT, further work will be done to establish an approximate income share before next month.

The requirement to patient safety within the Emergency Department, and open additional capacity are the primary drivers behind the expenditure above plan to-date, which has been delivered by predominantly using agency staff.

In month the Trust has had an impact of the national pay award, which is not covered in full by the funding provided.

Finally, the Trust has fallen behind on its efficiency programme, with an element of the plan remaining unidentified which is both an in year risk and future challenge for 2023/24 planning.

	Month			Year to Date			FY Plan
	Plan Sep (£'000)	Actual Sep (£'000)	Variance Sep (£'000)	Plan April to Sep (£'000)	Actual April to Sep (£'000)	Variance April to Sep (£'000)	2022/23 (£'000)
Contract Income	26,343	29,667	3,324	156,369	160,947	4,578	319,406
Other Operating Income	1,958	2,353	395	11,748	12,405	657	23,519
TOTAL OPERATING INCOME	**28,301**	**32,020**	**3,719**	**168,117**	**173,352**	**5,235**	**342,925**
Pay	(19,617)	(23,586)	(3,969)	(118,743)	(124,988)	(6,244)	(241,979)
Non Pay	(7,705)	(7,967)	(263)	(48,178)	(49,302)	(1,124)	(96,019)
TOTAL OPERATING INCOME	**(27,322)**	**(31,554)**	**(4,231)**	**(166,922)**	**(174,290)**	**(7,368)**	**(337,998)**
EBITDA	**979**	**466**	**(512)**	**1,195**	**(937)**	**(2,133)**	**4,927**
Non Operating Income	(32)	(40)	(8)	(213)	(36)	177	(274)
Non-Operating Expenses							
Depreciation & Finance Leases	(1,045)	(857)	188	(5,917)	(4,982)	935	(10,572)
Depreciation on Donated Assets	(0)	(29)	(29)	(0)	(176)	(175)	(489)
PDC Dividend Expense	(374)	(375)	(1)	(2,246)	(2,246)	(1)	(4,491)
Net Surplus/(deficit) before Exceptional Items	**(473)**	**(835)**	**(362)**	**(7,180)**	**(8,376)**	**(1,196)**	**(10,899)**
Remove capital donations/grants I&E impact	0	(13)	(13)	0	133	133	489
Net Surplus/(Deficit) after Exceptional Items	**(473)**	**(848)**	**(375)**	**(7,180)**	**(8,243)**	**(1,063)**	**(10,410)**

Key Issues

- Corridor Care - since the move to the new Emergency Department unit in February, there is a regular occurrence of patients waiting in corridors that require additional staffing to ensure patient safety.
- Discharge Lounge - opened in August to accelerate patients identified as ready for discharge in the hospital with the purpose of making ward beds available earlier in the day.
- Additional capacity beds - operationally planned to close but now likely to remain open throughout 22/23.
- Premium costs - increased rates of pay, particularly around medical posts.

- Delivery of efficiency savings - behind plan and delivered mainly through non-recurrent measures which will create a pressure in 2023/24.
- Pay award - funding compared to actual pay increase is £0.5m to month 6 with an anticipated £1m shortfall for the year.

Key Risks

- Unplanned care demand - during the Winter period if additional beds are opened this would be a further source of financial pressure over and above the funding provided in the Winter plan.
- Delivery of efficiency savings - largely non-recurrent in nature this financial year, which will need to be delivered again next year, prior to any further additional efficiency expectations for 2023/24.
- Inflationary pressures - resulting from contract renewals/re-negotiations e.g. energy and local and national pressures to increase pay rates.
- Elective Recovery Funding - assumed within the position but may be clawed back if any underperformance.

8. Better Care Fund

The Better Care Fund (BCF) is an agreement between health and social care with the national aims of enabling people to stay well, safe and independent at home for longer, and providing the right care in the right place at the right time.

Within Cheshire East there is over £40m committed into the BCF, approximately £20m from the ICB and another £20m from the Council. A more detailed breakdown of the schemes and values has been included in Appendix 1 for information. Currently there is minimal financial risk associated with the BCF as most schemes are commissioned on a block basis. Further updates will be given in future months.

9. Next Steps

The following actions are to be undertaken as part of the Cheshire East Place in respect of finance:

- A Finance and Resources Committee is to be established reporting to the Cheshire East Partnership Board.
- Reporting is to be developed across the organisations.
- Those areas of the Cheshire East Council expenditure to be included within the remit of the Partnership Board to be identified and agreed.

Appendix 1

2022/23 Better Care Fund

Adult Social Care Spend from CCG Baseline	CEC
BCF Assistive technology	757
BCF British Red Cross 'Support at Home' service	304
BCF Carers hub	398
BCF Combined Reablement service	4,867
BCF Programme management and infrastructure	420
BCF Safeguarding Adults Board (SAB)	431
BCF Trusted assessor service	96
BCF Carers hub	324
BCF Winter schemes CCG	558
BCF Other Home First Schemes	503
Sub Total	**8,657**

iBCF	CEC
iBCF Block booked beds	944
IBCF Care at home hospital retainer	40
iBCF Enhanced Care Sourcing Team (8am-8pm)	495
iBCF Improved access to and sustainability of the Local Care Market	5,535
iBCF Rapid response	556
iBCF Social work support	635
iBCF Winter Schemes	500
Sub Total	**8,706**

Disabled Facilities Grant	CEC
Disabled Facilities Grant	2,342
Sub Total	**2,342**

CCG Home First	CCG
CCG Home First Contracts	20,091
Sub Total	**20,091**

Cheshire East CES	CEC
CES Share	610
Sub Total	**610**

Total BCF	**40,406**