

Cheshire East Health and Care Partnership Board

Date: **Wednesday, 17th May, 2023**

Time: **2.00 pm**

Venue: **The Boardroom, Bevan House, Barony Court, Nantwich, CW5**

1. **Agenda** (Pages 3 - 90)

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Date	17 May 2023
Time	14:00 – 16:00
Venue	The Boardroom, Bevan House, Barony Court, Nantwich, CW5 5RD
Contact	jennyunderwood@nhs.net

Cheshire East Health and Care Partnership Board

AGENDA Chair: Isla Wilson

Time	Item No	Item	Owner (Incl. Partner Organisation)	Outcome required	Format & Page No
14:00		Meeting management			
	1	Welcome and Introduction	Chair	-	Verbal
	2	Apologies: Amanda Williams, Daniel Harle	Chair	For noting	Verbal
	3	Declarations of Interest	Chair	For noting	Verbal
	4	Minutes of meeting on 01 March 2023	Chair	For approval / noting	Paper Page 3
	5	Action Log and matters arising	Chair	For noting	Paper Page 17
	6	Decision Log	Chair	For noting	Paper Page 18
14:15		Public and community focus			
	7	Person's Story (standing item)	Louise Barry	For information	Verbal
	8	Care Communities (standing item)	Macclesfield Care Community	For information	Presentation
14:45		Plans and Priorities			
	9	Joint Dementia Plan	Shelley Brough	For approval	Paper Page 31
	10	Family Hubs Council Children's Services	Deborah Woodcock/Claire Williamson	For noting	Paper Page 47
	11	Partnership representation on Health and Wellbeing Board	Isla Wilson	For discussion	Verbal
15:30		Planning & Performance			
	12	Strategic Planning and	Dave Holden	For information	Paper Page 54

Cheshire East Health and Care Partnership Board

Date: 17 May 2023

Time	Item No	Item	Owner (Incl. Partner Organisation)	Outcome required	Format & Page No
		Transformation Group Update			
	13	Operational Delivery Group Update	Simon Goff	For information	Paper Page 59
	14	Primary Care Advisory Forum – Minutes of meeting held on 19 th April 2023	Amanda Best	For information	Paper Page 63
	15	Finance Update	Alex Mitchell	For discussion	Paper Page 69
	16	Place Director Update	Mark Wilkinson	For discussion	Paper Page 78
		Partnership Committee effectiveness			
	17	Forward Planner and Review (standing item)	Chair	For information/assurance	Paper Page 86
	18	Evaluation of the meeting: (standing item) <ul style="list-style-type: none"> Purpose remit and meeting organisation Chairing and contributing Evaluation of effectiveness Effective use of time 	Chair	For discussion	-
15:50		Any other Business			
	19	Questions from the Public (standing item)	Chair	-	-
	20	Wash up (standing item)	Chair	-	-
16:00	Close of meeting				
Next meeting		Date: 05 July 2023 Time: 14:00 – 16:00 Venue: TBC.			



Cheshire East Health and Care Partnership Board held in Public

Wednesday 1st March 2023
at 2.00pm – 4.00pm

The Boardroom
Bevan House, Barony Court, Nantwich, Cheshire, CW5 5RD

Unconfirmed Minutes

Membership

Name	Key	Title	Organisation	Present
Isla Wilson (chair)	IW	Chair	Cheshire & Wirral Partnership NHS Foundation Trust	✓
Amanda Williams	AW	Place Associate Director of Quality and Safety Improvement	NHS Cheshire and Merseyside Place Team	Apols
Cllr Arthur Moran	AM	Independent Group, Vice Chair of the Adults and Health Committee, representing Cheshire East	Cheshire East Council	✓
Cllr Janet Clowes	JC	Conservative Group Leader	Cheshire East Council	✓
Cllr Jill Rhodes	JR	Chair of the Adults and Health Committee, Councillor	Cheshire East Council	✓
Dr David Holden	DH	Chair of Strategic Planning and Transformation Group	Place Partnership	✓
Deborah Woodcock	DW	Executive Director of Children's Service	Cheshire East Council	✓
Dennis Dunn	DD	Chairperson	Mid Cheshire Hospitals NHS Foundation Trust	Apols
Dr Patrick Kearns	PK	Associate Clinical Director	Place Partnership	Apols
Ged Murphy	GM	Chief Executive	East Cheshire NHS Trust	✓
Helen Charlesworth- May	HCM	Executive Director – Adults, Health and Integration	Cheshire East Council	✓
Ian Moston	IM	Chief Executive	Mid Cheshire Hospitals NHS Foundation Trust	✓
Lorraine O'Donnell	LOD	Chief Executive	Cheshire East Council	Apols
Louise Barry	LBa	Chief Executive Officer	Healthwatch Cheshire	✓



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Mark Wilkinson	MWI	Place Director – Cheshire East	NHS Cheshire and Merseyside Place Team	✓
Matt Tyrer	MT	Director of Public Health	Cheshire East Council	Apols
Shelley Brough	SB	Acting Director of Commissioning and Integration/Head of Integrated Commissioning	Cheshire East Council	Apols
Lynda Risk	LR	Place Associate Director of Finance	NHS Cheshire and Merseyside Place Team	Apols
Anushta Sivananthan	AS	Consultant Psychiatrist / Medical Director	Cheshire & Wirral Partnership NHS Foundation Trust	Apols
Chris Hart	CH	Social Action Partnership Director	Cheshire East Social Action Partnership	✓
Aislinn O'Dwyer	AO'd	Chairperson	East Cheshire NHS Trust	✓
Dr Daniel Harle	DHa	Medical Director	Cheshire Local Medical Committee Limited (LMC)	✓

In attendance

Name	Key	Title	Organisation	Present
Carol Allen	CA	Notetaker	NHS Cheshire and Merseyside Place Team	✓
Guy Kilminster	GK	Corporate Manager Health Improvement	Cheshire East Council	✓
Katherine Sheerin	KS	Director of Transformation & Partnerships	East Cheshire NHS Trust	✓
Dr Andrew Wilson	AW	Cheshire East Place Clinical Director	NHS Cheshire and Merseyside Place Team	Apols
Katie Riley	KR	Finance, representing Lynda Risk	NHS Cheshire and Merseyside Place Team	✓
Nichola Thompson	NT	Director of Commissioning / People Directorate	Cheshire East Council	✓
Karen Sharrocks	KSh	Head of Business Support; Cheshire East/West	NHS Cheshire and Merseyside Place Team	✓
Katie Mills	KM	Head of Quality, representing Amanda Williams	NHS Cheshire and Merseyside Place Team	✓



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Rebecca Fanthorpe-Lowe	RF-L	Community Operational Manager	Sandbach, Middlewich, Alsager, Scholar Green and Haslington (SMASH) Care Community	✓
Madeleine Lowry	ML	Associate Director, representing Anushta Sivananthan	Cheshire & Wirral Partnership NHS Foundation Trust	✓
Jenny Underwood	JU	Corporate Business Manager – Cheshire East & Cheshire West	NHS Cheshire and Merseyside Place Team	✓
Lucie Ferneyhough	LF	Community Development Officer	Sandbach, Middlewich, Alsager, Scholar Green and Haslington (SMASH) Care Community, CEC	✓
Kath Reader	KRI	Alzheimer, Dementia Friend Ambassador/Lead Alsager Dementia Friendly Community	Alsager, Care Community	✓
Deborah Neil	DN	Healthcare Specialist, Lead Stay Well Squad	Sandbach, Middlewich, Alsager, Scholar Green and Haslington (SMASH) Care Community, CEC	✓
Sarah Harrison	SH	Programme Manager	East Cheshire NHS Trust	✓

Item	Discussion and Actions	Action Owner
	Meeting Management	
1.	Welcome and Introduction	
1.1	Welcome from the Chair and discussions: The chair welcomed Board Members to the meeting.	
2.	Apologies	
2.1	The Partnership Board: <ul style="list-style-type: none"> • NOTED the apologies received. • NOTED any deputies in attendance. 	
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 23 January 2023	
	The Partnership Board: <ul style="list-style-type: none"> • NOTED the minutes of the Partnership Board meeting held on 23 January 2023; and • APPROVED the minutes, subject to any required corrections (including those to the attendance list). 	



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Item	Discussion and Actions	Action Owner
5.	Action Log and matters arising	
5.1	The Partnership Board NOTED the Action Log.	
6.	Decision Log	
6.1	The Partnership Board NOTED the Decision Log.	
7.	Business Items – strategies, plans and integration	
7.1	Person's Story (standing item) (Louise Barry)	
	<p>LBa presented a Person's Story to the Board regarding a Cheshire East, elderly resident with diffuse large B-cell lymphoma, originally diagnosed in 2018. The patient received chemo which was being administered by Royal Stoke University Hospital. In December 2022, the resident had a sudden decline in mobility, finding it exceedingly difficult to move her right leg. An urgent referral was made for an MRI to be conducted at Leighton Hospital.</p> <p>On the 4th of January 2023, a call was received from Macmillian cancer support, Leighton Hospital to see the Oncologist. The hospital staff were extremely caring, kind, and professional. The family are grateful for the speed of service by the Oncologists, Physios, by the Meals on Wheels team from Wishing Well in Crewe, Macmillian Cancer Support and the District Nurse Team.</p> <p>Everything promised to the family took place within days and the family were constantly kept informed. The carers were lovely, kind and nothing was too much trouble and there was always time. The service received from the NHS was world-class. The NHS shone bright at the darkest period for the family. It was such a privilege to share the positive story with the Partnership Board today.</p> <p>Comments:</p> <ul style="list-style-type: none"> • A Person's Story will be presented at each partnership board meeting. <p>The Partnership Board NOTED the verbal update.</p>	
8.	Care Communities' presentation (standing item) (Rebecca Fanthorpe-Lowe, Lucie Ferneyhough, Deborah Neil & Kath Reader) Sandbach, Middlewich, Alsager, Scholar Green and Haslington (SMASH) Care Community	
8.1	<p>RF-L, LF, DN & KRI provided the Board with a presentation:</p> <p>SMASH Care Community serves the population of Sandbach, Middlewich, Alsager, Scholar Green and Haslington. These areas have a population of approximately 69,000 people. The geography is based upon the registered lists of the GP Practices that make up SMASH Primary Care Network.</p> <p>SMASH Care Community was established in 2016 and brought together a range of health and care partners to help improve the lives of the local population. A core group has been formed to help set out and deliver the key priorities for the local community.</p>	



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Item	Discussion and Actions	Action Owner
	<p>Our aims:</p> <ul style="list-style-type: none"> • to provide holistic health and social well-being to the SMASH community. • collaborating with all members of the community to harmonise care provided by all sectors. • reduce health inequalities and to innovate to bring care closer to home. • meet regularly – widening scope to other organisations. • one place of contact and information sharing – Care Community Website. • increased capacity of support. <p>Core Group:</p> <p>The current SMASH Core Group was re-launched in 2022 and meets bi-monthly. The group is made up of a number of key stakeholders within the local community. All partners have verbally signed up to the relationship agreement which stipulates key principles for working together along with agreed objectives for the group.</p> <p>There are three sub-groups that report into the core group. Their role is to work with local groups and organisations, the voluntary and community groups as part of the connecting community partnership in SMASH to understand the needs and gaps.</p> <p>For example, dementia groups have been setup. The Alsager group runs a monthly memory café, attended by carers. Carers have formed strong friendship between each other which was beneficial during the Covid-19 pandemic. The dementia Steering Group put together the dementia plan, several colleagues attend and share their experiences. Money will dictate how much can be achieved with the service.</p> <p>Feedback:</p> <ul style="list-style-type: none"> • The dementia plan was passed in January 2023 and was being rolled out. <p>Queries and Responses:</p> <ul style="list-style-type: none"> • A question was raised whether partners and relatives were slow to admit that there was a dementia problem? <ul style="list-style-type: none"> ➢ There was a stigma relating to the disease and for some patients/families an element of denial. • A question was raised whether the wide geographical area was a coherent geographical footprint? <ul style="list-style-type: none"> ➢ There were different population demographics across the geography which made it harder to apply a consistent approach to the work. The Care Community work was undertaken on the larger scale whenever appropriate and feasible. <p>Comments:</p> <ul style="list-style-type: none"> • There were eight Care Communities across Cheshire East which were established in 2017. 	



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	<ul style="list-style-type: none"> The Partnership board will be provided with regular updates around the Care Communities work. It was important to remember how well Care Communities supported the population and GP Practices, by reducing the demand in the system. Vital to not be short sighted as a Board with funding decisions for the Care Community role and to consider the longer-term view and a population health perspective. Smaller organisations require funding to run their services. Care community data was shared via regular huddles. A frequent flyer project was undertaken. Visits were undertaken to GP surgeries to do deep dives. <p>The Partnership Board NOTED the update.</p>	
9.	Joint Local Health and Wellbeing Strategy (Guy Kilminster)	
9.1	The Partnership Board: ENDORSED the Joint Local Wellbeing Strategy and Five-Year Plan 2023-2028.	
10.	Social Action Charter (Chris Hart)	
10.1	<p>CH provided the Board with an update:</p> <p>There are over 1,600 Voluntary, Community, Faith, and Social Enterprise Sector organisations (VCFSE) in Cheshire East, delivering a wide range of community services, especially in health and care.</p> <p>The Voluntary, Community, Faith and Social Enterprise organisations are close to the communities they support, providing innovation, leading on prevention and early intervention, often supporting the most vulnerable and marginalised in our communities and offering excellent value for money.</p> <p>Having a thriving and sustainable Voluntary, Community, Faith and Social Enterprise Sector which is strategically connected in Cheshire East is vital and can help solve problems, for example by helping to support care at home through befriending services. The Social Action Charter is a key tool in making this happen and sets out a changed relationship between the VCFSE sector and our public sector partners.</p> <p>The Charter has been co-produced by CESAP with colleagues in the VCFSE sector, including the VCFSE Leadership Group, with wider stakeholders (the Council, Communities Team, Place Leadership Group members) and has included a recent presentation to the Strategic Planning & Transformation Group to gain their input and support in bringing this to you today.</p> <p>Much has already been achieved by Cheshire East Social Action Partnership (CESAP) in engaging the VCFSE sector in Cheshire East, including developing essential</p>	



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Item	Discussion and Actions	Action Owner
	<p>infrastructure which is linking people in our communities to key decision making. This includes:</p> <ul style="list-style-type: none"> • Over 50 VCFSE leaders who we have been building relationships and trust with who make up the VCFSE Leadership Group which is used for co-producing strategies, policies, funding, and services. • There are 15 VCFSE Lead Representatives in 8 Care Communities, who are developing local VCFSE alliances and informing the delivery of community services. • The VCFSE Mental Health Alliance which has over thirty-five members is helping to plan local Community Mental Health services. • And the wide range of capacity building and volunteering support provided, included helping over 250 organisations and groups with development and funding support over the past 3 years, including CESAP attracting over £433,000 of external investment, setting up over 70 new community projects, and working with the business sector to promote the Social Value Award and so that VCFSEs can benefit from CSR and employee volunteering opportunities. <p>The Charter will help maximise, formalise and mobilise all of this. The Charter sets out a vision for a resilient VCFSE sector which is a strategic partner in Cheshire East, and a series of Shared Principles about how the sectors will work together in the future based on trust, partnership working, coproduction, shared responsibility, and shared risk (i.e., VCFSE sector risks are also system risks).</p> <p>The Charter sets out a plan for the next 5 years and includes 8 Shared Commitments for delivery. In that sense, it is much more than just a Charter and a set of principles, it is also about forward action and implementation. The eight shared commitments include:</p> <ol style="list-style-type: none"> 1) Embedding the VCFSE sector as a strategic delivery partner. 2) Developing and growing a financially resilient VCFSE sector. 3) Working together to tackle poverty and inequalities. 4) Developing mechanisms for co-design with Cheshire East communities to hear their voices. 5) Developing VCFSE partnerships and maximising social value with the business sector. 6) Growing the VCFSE sector as part of an inclusive economy, so developing trading social businesses, to help retain wealth in our local communities. 7) Engaging the VCFSE sector as part of an entire system approach and especially in the Care communities. 8) Supporting VCFSE sector with their workforce development and leadership skills. 	



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Item	Discussion and Actions	Action Owner
	<p>These are extremely important in maximising what the VCFSE sector has to offer. The Social Action Charter was brought to the Health and Care Partnership Board for support, to work to progress the development of the Charter and to help identify potential sources of investment.</p> <p>Queries and Responses:</p> <ul style="list-style-type: none"> The question was raised as to how reports were disseminated to Councillors? Councillors have good contacts at ward level with smaller organisations. <ul style="list-style-type: none"> ➤ A briefing was planned for Councillors. Any suggestions by the Partnership Board on how this was presented to ward Councillors would be welcomed. <p>Comments:</p> <ul style="list-style-type: none"> Considering the total value and impact of the sector would be beneficial. The information would provide a different understanding of the contributions made to the Place based agenda. The return on investment made as individual partners would be clear. Would be helpful if the charter outlined how as a set of organisations, we get some streamlining, entry points and signposting/visibility around opportunities and the support available for patients and service users. Many residents rely on the sector for support. Important to be clear around what was on offer in the patch. The information will strengthen services and avoid unnecessary delay. From a Cheshire East Mental Health perspective, the team followed six community projects, delivered by the VCFSE. A presentation took place at the Mental Health Partnership Board in February 2023, looking at the impact. The presentation included tracking clients, improved mental health scores and looked at the amount of grants accessed. The offer of early help, particularly the work around the Citizens Advice Bureau and the Disability Information Bureau, was significant in terms of providing people with support before individuals attended GP practices / healthcare services. Seen a huge benefit from investing in the Voluntary, Community, Faith, and Social Enterprise Sectors (VCFSE). Individuals need to be aware of services available. The Strategic Planning and Transformation Group will receive regular reports. The Partnership Board will receive six monthly reports as part of governance and accountability. <p>The Partnership Board:</p>	



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Item	Discussion and Actions	Action Owner
	<ul style="list-style-type: none"> • APPROVED the Social Action Charter document (Appendix 1). • APPROVED the implementation of the Charter in co-production with the VCFSE Leadership Group across the 8 Care Communities. • AGREED that Cheshire East Place System/Board representatives would be identified to join the VCFSE Leadership Group (Social Action Charter Task & Finish Group) which will be tasked with taking forward its implementation. 	
11.	Assurance / Information Reports – delivery and performance	
11.1	New Quality & Performance Group proposal (Nichola Thompson, representing Amanda Williams, Katie Mills)	
	<p>NT and KM delivered an update:</p> <p>The National Quality Board defines quality care as care that is safe, effective, provides a personalised experience, is well-led and sustainably resourced. This paper proposes to establish a Cheshire East Quality and Performance Group. The membership will include representatives from across all partners and will have oversight of quality issues and risks, with a view to making improvements in the quality of health and care.</p> <p>The Cheshire East Quality and Performance Group will meet bimonthly and will scrutinise integrated performance reports and other partnership data to triangulate intelligence around quality. The meeting will also have a focus area approach, which will enable a more in-depth review of different topics. There will be agreed escalation from the group to the Cheshire East Health and Care Partnership Board.</p> <p>Feedback:</p> <ul style="list-style-type: none"> • The suggestion was made to approve the New Quality & Performance Group proposal, subject to the change, to make the proposal less NHS centred. <p>Comments:</p> <ul style="list-style-type: none"> • Proposed membership: Local Maternity Network: Important to note that there are two Local Maternity Networks involved, i.e., Greater Manchester and Cheshire and Mersey. • The data and the quality will be reviewed at the same time on focused areas at the bi-monthly meetings. • All contracting and performance meetings will continue with NHS organisations, to bring the data to light when looking at quality issues. • There was a continuing need for the NHS quality assurance of commissioned services. Contract Quality Meetings play a vital role. • An integrated environment and the development of a Place Partnership to be supplemented by something which looks at quality across all Place partners, a multi-agency view, to provide a Place Partnership view of quality. • The Terms of Reference refers to holding senior staff to account for performance. The level of language reflects a system which reflect the previous ways of working. The holding to account will be undertaken in other ways. 	



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Item	Discussion and Actions	Action Owner
	<p>The Board should be collectively holding ourselves to account for the performance and being clear if the Board committed to deliver this as senior managers. The word “holding senior staff to account,” should be replaced by “holding ourselves as a board to account.”</p> <ul style="list-style-type: none"> • Would be useful to understand and look at the interface between services. The impact on quality of an intervention in one area may have an impact elsewhere. • Triangulation of information will be a challenge, the Business Intelligence aspects, looking at the different data across the Board for quality. Ensuring there was an accurate set of information from all partners would be important. • The aspiration for this needs to be about an integrated safeguarding and quality service, whereby the board was held to account. It will be a huge, missed opportunity if what went before was recreated. Make an active change to what is happening. • The Terms of Reference will need to be rewritten to reflect more of an integrated approach. and include safeguarding. Safeguarding is about prevention of harm. • People who use services should be in the room and need to be formally recognised as people who are assuring and safeguarding. • Be clear around how services are managed with Adults and Children. • Action: The revised Terms of Reference to be brought back to the Partnership Board for noting and discussion. A Williams. • A formal request was made at a recent place review meeting for support with the Business Intelligence (BI) Team to undertake the development of a Placed Based dashboard to get a shared picture of what Place looked like. The question was raised how the resource can be accessed to review the data? • The intention is to use existing systems, using them for different purposes, using them in a slightly separate way. • MWI outlined this was a replacement meeting for what has been the CCG’s Quality and Performance Committee. Changing what was the former Cheshire Clinical Group Quality and Performance Committee, supported by Katie Mills and colleagues for several years. <p>The Partnership Board:</p> <ul style="list-style-type: none"> • NOTED the contents of the proposal. • DISCUSSED the proposed approach and membership. • APPROVED the proposal to establish a Place Quality and Performance Group, subject to changes. 	A. Williams
12.	Sustainable Hospital Services Programme (Katherine Sheerin, Ged Murphy)	
12.1	<p>KS & GM provided the Board with an update:</p> <p>They provided an overview of the Sustainable Hospital Services Programme between East Cheshire NHS Trust and Stockport NHS Trust.</p> <p>The Programme is established to explore a number of services and the options to develop new models of care that will increase sustainability through collaborative</p>	



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Item	Discussion and Actions	Action Owner
	<p>working. The Programme is following the NHSE planning and assuring change framework.</p> <p>Feedback:</p> <ul style="list-style-type: none"> • Programme initiation: The work on creating sustainable hospital services for the people of eastern Cheshire and Stockport has been underway since 2021. • It was established as a formal programme in early 2022 following a public commitment from the two Trust Boards (East Cheshire Trust and Stockport Foundation Trust) to work in partnership to sustain and improve service delivery. <p>Comments:</p> <ul style="list-style-type: none"> • Keen that the streamlining of services will help with the flow of data in general practice day to day. Patients attend Macclesfield hospital services and Stockport hospital services. • Dr DHa was able to access results on a day-to-day basis. Accessing results was not as easy for consultants at Stockport hospital. Work was being done in general practice for some things, which should be undertaken in the hospital and vice versa. • Hopefully, the Information Technology platform flow of data is being considered. • East Cheshire Trust are currently working on their Electronic Patient Record (EPR), Digital Clinical System (DCS) with Leighton Hospital, with digital input into this work. • The view from the Chief Information Officer was that issues are being addressed to avoid problems for any patients having treatment in different organisations. • The Health Overview and Scrutiny Committee monitors outside bodies, including health. The scrutiny committee review annual reports for both East Cheshire Hospital and Mid Cheshire Hospital. • Seeking reassurance that the Health Overview and Scrutiny Committee participated in the process. There are significant changes ahead around the delivery of services, which required the Local Authority involvement for input. • The Health Overview and Scrutiny Committee within the Stockport Council were consulted to make the decision on the approach going forward. • There was a question about the difference in approach that will be adopted for those services where there is formal consultation required versus those not requiring formal consultation. • Requiring maximum transparency around this, as people will be feeling anxious. • From a strategic perspective, how the board implements these changes in a way that is reflective of our core strategy is key. • Discussion took place at groups around wanting women to receive services closer to their home in primary care. Be explicit around the environmental strategy will be helpful. • Moving the item to the Partnership Board from two Cheshire Clinical Groups and two District General Hospitals is helpful. • There will be wider discussion around the District General Hospitals and future planning of services. <p>The Partnership Board:</p>	



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Item	Discussion and Actions	Action Owner
	NOTED and DISCUSSED the proposed approach.	
13.	Area Special Educational Needs and Disability inspection framework (SEND) presentation (Deborah Woodcock)	
13.1	<p>DW delivered an update:</p> <p>Feedback:</p> <ul style="list-style-type: none"> The new framework came into effect in January 2023. Cheshire East could have an inspection in relation to service delivery and the impact of that service delivery for children and young people with Special Educational Needs at any time. This will be a partnership inspection run by Ofsted for the Local Authority and the Care Quality Commission (CQC) for health services. It will be an inspection of the education, care and health services and of their impact and outcomes for children. The previous inspection regime focused on adherence to the code of practice in 2014/15, more focus this time on the Partnership Board and its effectiveness in relation to children with special educational needs. The evaluation criteria apply across education, health and care and to all children and young people with SEND aged 0 to 25 covered by the SEND code of practice. <p>Comments:</p> <ul style="list-style-type: none"> The role of the Partnership Board is pivotal to Special Educational Needs and Disability (SEND). Inspections are important, a partnership focus, not merely a local authority focus. This was a local area inspection not an inspection of the local authority. The partnership working together is vital to improve outcomes for end users. The emphasis of talking directly to service users and young people experiencing special educational needs will be a key change for this inspectorate. <p>The Partnership Board NOTED the verbal update.</p>	
14.	For Information (Questions will be taken on this section by exception, and all these reports will be noted as one)	
14.1	Strategic Planning and Transformation Group – Report of the Chair (Nichola Thompson)	
	<p>The Partnership Board:</p> <ul style="list-style-type: none"> NOTED the report. 	
15.	Finance Update (Katie Riley representing Lynda Risk)	
15.1	<p>The Partnership Board:</p> <ul style="list-style-type: none"> NOTED the financial position of each organisation. SUPPORTED the next steps. 	
16.	Operational Delivery Group – Report of the Chair (Nichola Thompson)	
16.1	The Partnership Board NOTED the contents of the report.	
17.	Place Director Update (Mark Wilkinson)	
17.1	The Partnership Board NOTED the report.	
18.	Governance	
18.1	Forward Planner report and appendix: (Karen Sharrocks)	



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Item	Discussion and Actions	Action Owner
	<p>KSh provided a verbal update:</p> <p>Feedback:</p> <ul style="list-style-type: none"> • There was a review of the ICB governance underway. • This included a review of committees that had been established as part of the wider ICB. • Meetings are being put in place, in diaries, with locations established going forward. • The draft forward planner was meant to start discussions around key issues and themes to work through. <p>Comments:</p> <ul style="list-style-type: none"> • From a local authority perspective, the partnership board feels a little like an NHS meeting. • The request to complete the NHS Conflict of Interest form was unnecessary for a partnership meeting. • The local authority staff had completed conflict of interest forms within their own organisations. • This was a partnership board, not an NHS Board. • The scope of the agenda does not feel like an NHS meeting. The model of care is owned by the Cheshire East Place and that will help. • The role/involvement of the ward councillors should be reviewed to make sure their attendance was worthwhile and valued as partners and the emphasis was not on NHS organisational issues. <p>The Partnership Board ENDORSED the forward planner. The Partnership Board IDENTIFIED any additional items that should be scheduled.</p>	
19.	<p>Evaluation of the meeting: All</p> <ul style="list-style-type: none"> • Purpose remit and meeting organisation <ul style="list-style-type: none"> ➢ Venue for the Partnership Board meetings: The Cheshire East Place corporate governance team struggled to identify appropriate venues for the partnership board meetings. Various leads/partners have been approached to offer their facilities throughout the year. • Chairing and contributing <ul style="list-style-type: none"> ➢ No new business. • Evaluation of effectiveness <ul style="list-style-type: none"> ➢ The Sandbach, Middlewich, Alsager, Scholar Green and Haslington (SMASH) Care Community presentation covered health, social care, voluntary sector, which had important messages. ➢ The Partnership Board had a collective responsibility to ensure that health and social care issues are reflected on the agenda. ➢ The Partnership Board had a joint responsibility to put the agenda together. ➢ The Person's Story presented by LBA was incredibly powerful. 	



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Item	Discussion and Actions	Action Owner
	<ul style="list-style-type: none"> • Effective use of time <ul style="list-style-type: none"> ➤ No new business. 	
20.	Any other Business	
20.1	Questions from the Public (standing item)	
	There were no questions from the Public.	
20.2	Wash up	
	The Partnership Board to consider whether the meeting should be live streamed.	
	Close of meeting.	
<p style="text-align: center;">Date and Time of next meeting: 17 May 2023 @ 2pm – 4pm, Westfields, Sandbach</p>		

Deadline Key		ACTION LOG:				Agenda Item:	
	New	Cheshire East H&C Partnership Board					
	Ongoing						
	Completed						
	Closed						
Ref	Date raised	Description (please be as specific as possible in this cell)	P-B Owner	Action Delegated to	Deadline	Status	Comments / Update
2022-007	23/01/2023	Thought would be given to the process for the declaration of management partnership board members interests.	Karen Sharrocks		01/03/2023	New	Work is ongoing to collate declarations of interest from Partners. A report will be presented to the May meeting. A report will be brought to a future meeting.
2022-008	23/01/2023	Cheshire East Place to create a framework of outcome measures on what the board aims to achieve.	Mark Wilkinson		01/03/2023	New	23/03/22: The Board's strategy will be a subset of the health and wellbeing strategy. This strategy will be supported by a joint outcomes framework which will set out the measures of success for this board.
2022-009	23/01/2023	Ensure committee and subcommittees have forward plans.	Mark Wilkinson		01/03/2023	New	As above. On agreement of the Board forward planner, focus will be given to sub committees.
2022-010	23/01/2023	Support the development of Cheshire East Place group and integrated quality report.	Amanda Williams		01/03/2023	New	22/02/23: a proposal on this agenda to establish a place quality group paves the way for the development of this report.
2022-015	01/03/2023	The revised New Quality & Performance Group Terms of Reference to be brought back to the Partnership Board for noting and discussion.	Amanda Williams		17/05/2023	New	

Cheshire East Health and Care Partnership Board

HCPB Decision Log 2022 - 2023					
Updated: 17 April 2023					
Decision Ref No.	Meeting Date	Topic Description	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	If a recommendation, destination of and deadline for completion / subsequent consideration
HCP-DE-22-01	02-Nov-2022	Place Director Update	N/A	The Partnership Board Noted the update.	
HCP-DE-22-02	02-Nov-2022	Cheshire East Place System Winter Plan 2022/23	N/A	The Partnership Board: 1) Noted the content of the Cheshire East Place System Winter Plan 2022-23. 2) Supported the onward governance approval process in line with organisational requirements.	
HCP-DE-22-03	02-Nov-2022	Sustainable Hospital Services Programme: East Cheshire NHS Trust and Stockport NHS Foundation Trust	N/A	The Partnership Board Noted the update and proposals outlined in the presentation.	
HCP-DE-22-04	02-Nov-2022	Cheshire and Merseyside Development Framework - CE Place Self-Assessment	N/A	The Partnership Board Noted the performance to date as expressed against the C&M Development Framework and Endorsed the recommendations as follows: 1) 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. 2) Ensure that each of the enabler workstreams are meeting regularly and that there is commitment from place to attend. 3) Ensure each committee and sub-committee have forward plans.	
HCP-DE-22-05	02-Nov-2022	Quality and Performance Report	N/A	The Partnership Board: 1) Noted the contents of the report. 2) Discussed and Agreed to the proposed development of a Cheshire East Place System Quality and Performance Group and integrated quality report, noting the need for consistent presentation that allowed the reader to understand the information presented in context.	
HCP-DE-22-06	02-Nov-2022	Financial Position Update	N/A	The Partnership Board Noted the financial position of each organisation and next steps as outlined.	
HCP-DE-22-07	02-Nov-2022	Governance: Recruitment of Partnership Board Chair	N/A	The Partnership Board Noted the update.	
HCP-DE-22-09	23-Jan-2023	Place Director Update	N/A	The Partnership Board Noted the update.	
HCP-DE-22-10	23-Jan-2023	The suspension and planned return of inpatient intrapartum services at Macclesfield District General Hospital	N/A	The Partnership Board Noted the progress towards safely returning the full intrapartum care to Macclesfield District General Hospital. The Partnership Board Noted the current state of readiness for return.	
HCP-DE-22-11	23-Jan-2023	Section 75 Committee Decisions	N/A	The Partnership Board: 1) Discussed the update. 2) Endorsed the Adult Social Care Discharge Fund schemes S75 (appendix one) so that they can be deployed in the winter period 2022/23.	
HCP-DE-22-12	23-Jan-2023	Section 75 agreement was expanded to reflect recent decisions for the period 2023/24 namely to include Voluntary, Community, Faith and Social Enterprise Sector Grants Programme	N/A	The Partnership Board: Discussed and Approved the expansion of the Section 75 agreement for 2022-23 and 2023-24 to include: 1) The schemes included within the Adult Social Care Discharge Fund. 2) Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) grants.	
HCP-DE-22-13	23-Jan-2023	Cheshire East Place system - Crewe Winter pressures proposals	N/A	The Partnership Board: 1) Noted the report. 2) Endorsed the schemes noted in Appendix one so that they can be deployed in the winter period 2022/23.	
HCP-DE-22-14	23-Jan-2023	Strategic Planning and Transformation Group - Report of the Chair	N/A	The Partnership Board Noted the report.	
HCP-DE-22-15	23-Jan-2023	Finance Update	N/A	The Partnership Board: 1) Noted the report. 2) Supported the recommendation to consider the potential system wide impact across the Place.	
HCP-DE-22-16	23-Jan-2023	Quality and Performance Update on NHS Commissioned Care Services	N/A	The Partnership Board Noted the contents of the report.	
HCP-DE-22-17	23-Jan-2023	Primary Care Advisory Forum Update	N/A	The Partnership Board Noted the contents of the report.	
HCP-DE-22-18	23-Jan-2023	Operational Delivery Group – Report of the Chair	N/A	The Partnership Board Noted the report.	
HCP-DE-22-19	23-Jan-2023	Governance	N/A	The Partnership Board Noted the update.	
HCP-DE-22-20	01-Mar-2023	Person's Story	N/A	The Partnership Board Noted the update.	
HCP-DE-22-21	01-Mar-2023	Care Communities' presentation	N/A	The Partnership Board Noted the update.	
HCP-DE-22-22	01-Mar-2023	Joint Local Health and Wellbeing Strategy	N/A	The Partnership Board Endorsed the Joint Local Wellbeing Strategy and Five-Year Plan 2023-2028.	
HCP-DE-22-23	01-Mar-2023	Social Action Charter	N/A	The Partnership Board: 1) Approved the Social Action Charter document (Appendix 1). 2) Approved the implementation of the Charter in co-production with the VCFSE Leadership Group across the 8 Care Communities. 3) Agreed that Cheshire East Place System/Board representatives would be identified to join the VCFSE Leadership Group (Social Action Charter Task & Finish Group) which will be tasked with taking forward its implementation.	
HCP-DE-22-24	01-Mar-2023	New Quality & Performance Group proposal	N/A	The Partnership Board: 1) Noted the contents of the proposal. 2) Discussed the proposed approach and membership. 3) Approved the proposal to establish a Place Quality and Performance Group, subject to changes.	
HCP-DE-22-25	01-Mar-2023	Sustainable Hospital Services Programme	N/A	The Partnership Board Noted and Discussed the proposed approach.	

Cheshire East Health and Care Partnership Board

HCPB Decision Log 2022 - 2023					
Updated: 17 April 2023					
Decision Ref No.	Meeting Date	Topic Description	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	If a recommendation, destination of and deadline for completion / subsequent consideration
HCP-DE-22-26	01-Mar-2023	Area Special Educational Needs and Disability inspection framework (SEND) presentation	N/A	The Partnership Board Noted the verbal update.	
HCP-DE-22-27	01-Mar-2023	Strategic Planning and Transformation Group – Report of the Chair	N/A	The Partnership Board Noted the report.	
HCP-DE-22-28	01-Mar-2023	Finance Update	N/A	The Partnership Board: 1) Noted the financial position of each organisation. 2) Supported the next steps.	
HCP-DE-22-29	01-Mar-2023	Operational Delivery Group – Report of the Chair	N/A	The Partnership Board Noted the contents of the report.	
HCP-DE-22-30	01-Mar-2023	Place Director Update	N/A	The Partnership Board Noted the report.	
HCP-DE-22-31	01-Mar-2023	Forward Planner report and appendix	N/A	The Partnership Board: 1) The Partnership Board Endorsed the forward planner. 2) The Partnership Board Identified any additional items that should be scheduled.	



Team Macclesfield

Launched: 4th October 2017

Population: 59,143 (Jan 23)

We aim to work together for the benefit of all



#BecauseWeCare
Cheshire East Partnership



Cheshire East Health & Care Partnership Board
17th May 23

Macclesfield



Macclesfield is a market town, close to the Peak District in the North East corner of the Cheshire East Place footprint

There are 6 GP practices co-located in Waters Green Medical Centre

It has a population of approximately 60,000 (Jan 23), with an age profile older than the national average

Although there are areas of relative affluence, there are also pockets of higher deprivation

Care Communities bring together health & social care partners from all sectors to treat illness & promote wellness within their communities.

Our business intelligence data directed Macclesfield to a focus on hypertension and mental health conditions



Prevalence of hypertension in Macclesfield is 16.3%. This is 0.5% higher than the ICP average and 2.4% higher than England



The percentage of people registered with a Macclesfield GP Practice with a mental health condition is 27.2%, 2% higher than ICP average and the highest of the Care Communities

We have opted to work with small local communities where prevalence / need was indicated. Hurdsfield was our first community

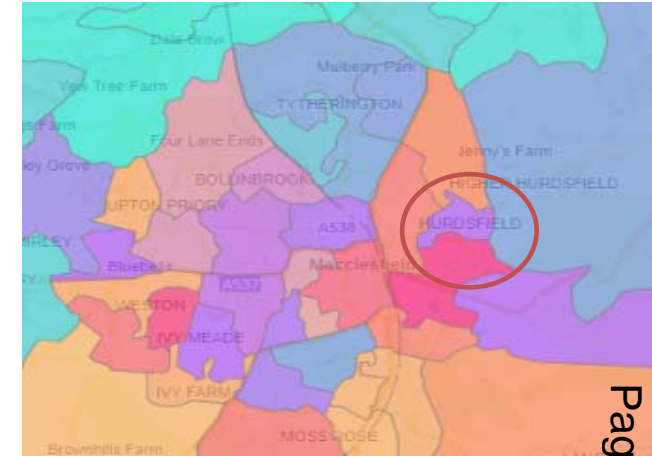
Hurdsfield Locality



Business intelligence led us to focus on the Hurdsfield locality, an area with a population of just over 4,000. Local amenities include Holy Trinity Church, local shops, primary school, LA Children's Centre and Harry Lawson Court, a sheltered housing facility.

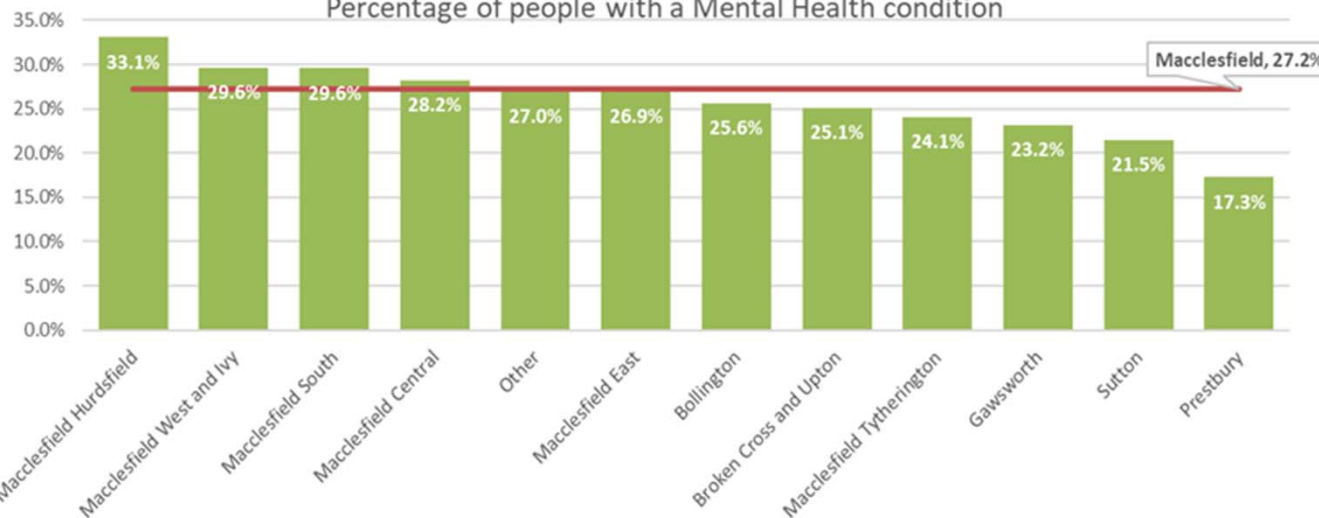
Hurdsfield is an area of Macclesfield with high levels of deprivation. It has a higher prevalence of mental health conditions than anywhere else in Cheshire East

Although it doesn't have the highest prevalence of hypertension, a high prevalence of associated risk factors including smoking and obesity suggest a hidden cohort



Page 24

Percentage of people with a Mental Health condition



Ward	Population	With Hypertension	Prevalence
Prestbury	584	130	22.1%
Gawsworth	2,414	527	21.8%
Sutton	3,556	649	18.3%
Macclesfield West and Ivy	8,137	1,400	17.3%
Macclesfield East	3,837	629	16.3%
Macclesfield South	11,044	1,796	16.2%
Macclesfield Hurdsfield	4,276	697	16.1%
Broken Cross and Upton	8,955	1,443	16.1%
Bollington	1,239	190	15.6%
Macclesfield Tytherington	6,990	1,076	15.4%
Macclesfield Central	7,138	992	13.7%
Other	735	95	12.7%
Macclesfield Care Community	58,905	9,624	16.3%

Building Community Relationships in Hurdsfield

We are working with local Vicar Jonny Frost and his team at Holy Trinity Church. Their knowledge of the area and local population have enabled us to connect with the public and establish what they want in their community



We formed a working partnership with the Stay Well Squad to help us to deliver health checks and explored avenues to share data more effectively between partners.

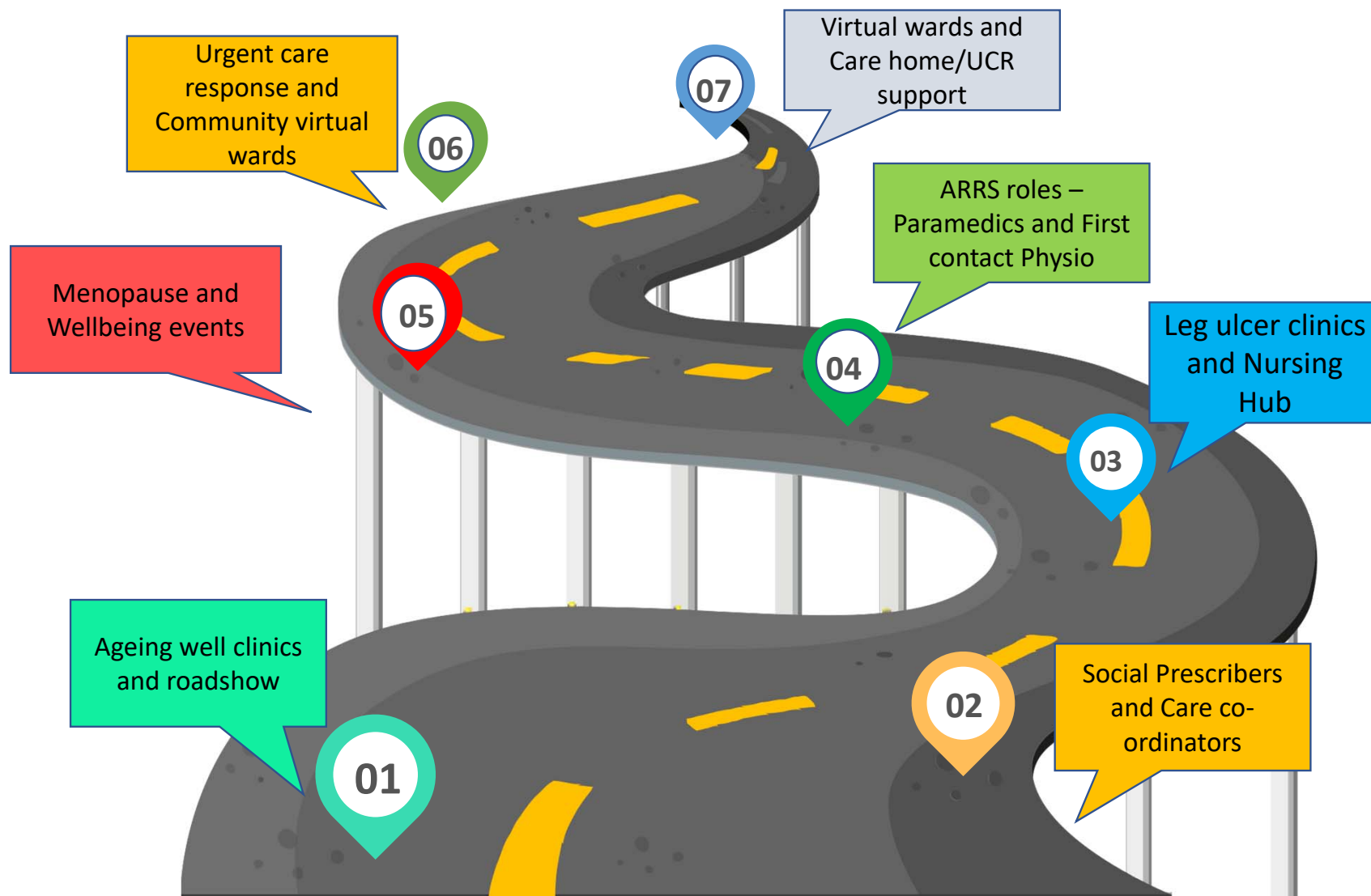
We have volunteered at food banks to strengthen public engagement. Working alongside Cre8 who provide food packages to the public enabled us to engage with residents & find out what they want in their community.



Things that residents want	No of residents
Resident committee and monthly meetings with peaks and plains and Counsellor	15
Maintenance of the hedges and gardens	12
Activity Leaflets through doors rather than Noticeboards	12
Educational speakers	3
Accessible transport	3
Warden to be visible	15
Exercise sessions or courses	1

We engaged with the residents of a local sheltered accommodation, building relationships with Housing Association Officers and the local ward Councillor. Working together enabled us to facilitate the return of a monthly “your voice” residents committee.

Sustained Initiatives

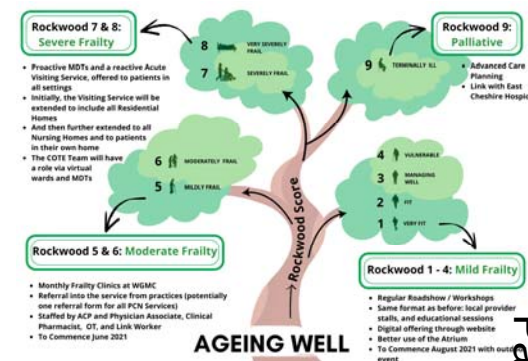


Collaborative Working: Ageing Well Roadshows

The Macclesfield Care Community worked collaboratively with Macclesfield PCN and wider partners to present an ageing well roadshow in March 23. This was the 3rd roadshow following the launch of a wider Ageing Well project in 2019 with a tailored approach to mild, moderate and severe frailty.

The roadshow consisted of a variety of Care Community and voluntary sector partners to deliver and promote services to assist residents to live well for longer.

This roadshow also presented an opportunity to identify residents with undiagnosed hypertension and nursing staff were able to signpost to other services and give advice accordingly regarding blood pressure readings and other lifestyle domains.



Providing health checks to 60 people in this outreach setting allowed for **15 primary care hours saved**, based on assessing 4 patients per hour per clinic

110

People attended the Event

60

People had a health check, which included BP, BMI, smoking and alcohol support

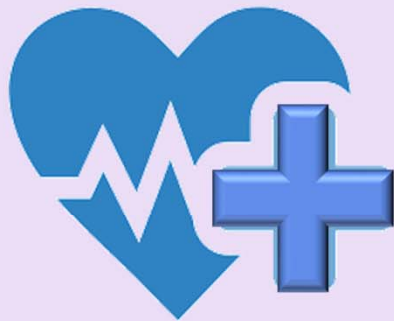
1

Next day nursing clinic referral due to elevated BP reading

Resilient Communities

Active Initiatives

HEALTH



WELLBEING



Supporting
Place initiatives



HTN Case
Finding



Everybody-
Outreach
Programme



SMI Health
Checks



Child Health



Green
Spaces



Mental Health 1st
Aid Training



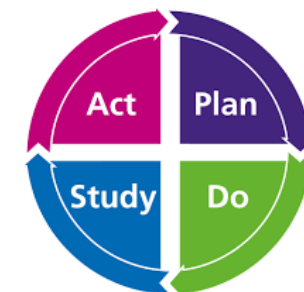
In my
Backyard

QI methodology: Hypertension Case Finding

We have used the PDSA framework to plan, deliver & evaluate solutions for improving HTN case finding in the community

We have worked with the Stay Well Squad to in reach into Hurdsfield community, offering health checks including BPs

We have completed 3 tests since October 22, evaluating and adjusting each time in response to outcomes

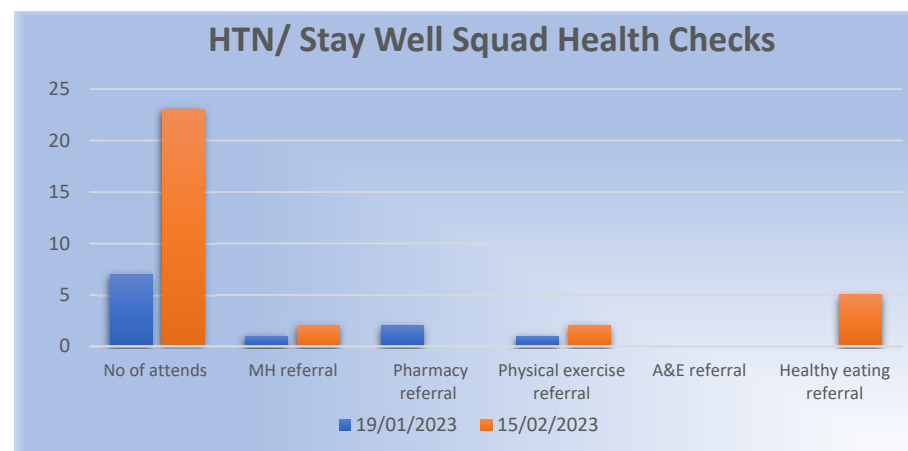


Date	How many people attended	Referral to Mental health	Referral to Pharmacy for High/low BP	Referral to Physical exercise	Referral to A+E	Referral to healthy eating
20/10/22	0	0	0	0	0	0
19/01/23	7	1	2	1	0	0
15/02/23	23	2	0	2	0	5

Test 1: no patients attended

Test 2: 7 patients attended. 4 patients were referred on to services

Test 3: 23 patients attended. 7 patients were referred on to services



The total number of people who attended for a health check with the Stay Well Squad equated to **7.5 hours** in saved primary care hours, based on seeing 4 patients per hour in a clinic.








Next steps:

- Further in reach opportunities to be explored to increase BP checks for high risk residents in Hurdsfield
- Health and wellbeing fair to include health checks
- Continued collaboration at Ageing Well roadshows for all Macclesfield residents

Macclesfield Care Community Dashboard





We are working with BI leads to create an information dashboard enabling us to monitor system level KPIs as well as local bespoke measures that reflect our priorities

System Level Indicators

Generic Metrics	DOMAIN	AMBITION & OUTCOME	CLICK ON INDICATOR FOR FURTHER DETAIL	Baseline / Standard	TREND (Latest Period)		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
1. Crisis Care <> Acute Hospital Setting	Health & Social Care System Pressures	<ul style="list-style-type: none">• Enable people to live healthy independent lives for as long as possible in their own homes, or the place they call home• Reduce the need for escalation of care to non-home settings• Facilitate timely return to their usual place of residence following temporary escalations of care to non-home settings• Support the collaborative working required to deliver the requirements of the hospital discharge operating model	1a: ~ Number of Crisis Referrals - Macclesfield Care Community	101 (Q3 avg proxy)		UP IS GOOD	↑	13	19	21	60	66	53	47	96	160	186	188	191
			1b: ~ Crisis Referrals - Macclesfield Care Community %Achieved Priority 1 - <2hours	=>70%		UP IS GOOD	↑	20.0%	100.0%	30.8%	48.1%	73.7%	73.5%	65.4%	60.4%	57.0%	47.5%	65.5%	69.0%
			1c: ~ Crisis Referrals - Macclesfield Care Community %Achieved Priority 2 - <24hours	=>70%		UP IS GOOD	↑	37.5%	60.0%	50.0%	75.8%	64.3%	73.7%	81.0%	83.3%	68.7%	74.7%	63.9%	66.7%
3. A&E ATTENDANCES (Macclesfield GP registered patients - all providers)	Health & Social Care System Pressures	A prompt response to urgent needs so that fewer people need to access urgent and emergency care. Increasing the responsiveness of services to meet the urgent needs of the people they serve. Appropriate time in hospital with prompt & planned discharge into well organised community care. Reducing inappropriate time spent in hospital by increasing planned discharge into co-ordinated community care.	3a: ~ A&E attendances - all patients (Rate 1000/popn)	252.43		DOWN IS GOOD	↓	234.7	264.2	254.9	251.7	243.0	228.4	242.1	243.0	234.1	218.4	202.0	
			3b: ~ A&E attendances - all patients aged 0-19y (Rate 1000/popn)	42.70		DOWN IS GOOD	↓	37.6	41.2	41.5	43.0	44.6	42.9	40.4	42.7	44.0	40.4	35.9	
			3c: ~ A&E attendances - patients aged 75+ (Rate 1000/popn)	28.33		DOWN IS GOOD	↓	28.1	31.7	30.1	28.5	25.8	24.0	28.0	32.0	31.3	24.0	22.8	
			3d: ~ High Intensity Users - A&E Activity - all Macclesfield GP registered patients (#Attends)	17 (Q3 avg proxy)		DOWN IS GOOD	↓	5	11	9	17	12	19	19	12	21	49	32	28

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Other system level KPIs include avoidable non elective admission, acute inpatient readmissions and primary care appointments for Macclesfield GP registered patients

Trend RAG Key	
	Better v benchmark and better v previous period
	Equal/Better v benchmark but worse v previous period
	Worse v benchmark but better v previous period
	Worse v benchmark and worse v previous period

Macclesfield Care Community Dashboard

Living Well Indicators

These are bespoke care community specific measures that are reflective of our ambitions

Care Community Priority KPIs	DOMAIN	AMBITION & OUTCOME	CLICK ON INDICATOR FOR FURTHER DETAIL	Baseline / Standard	TREND (Latest Period)			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Living Well	Mental Health	<p>**Macclesfield South and Hurdsfield have prevalence in line with the average but lower age profiles. They have worse than average health factors including more people who have smoked, are overweight, have mental health conditions and have presented at hospital with safeguarding activity in the last 12 months. **Prevalence of hypertension in Macclesfield is 16.3%, which is 0.5% higher than the ICP average and 2.4% higher than England. **The programme aims to deliver services that meet the needs of local families closer to home, within communities where possible, through a whole system approach to children's health The outcomes include reduced demand for secondary care services i.e. general paediatric referrals, ED attends and emergency admissions. The 'tartan rug' (Feb 21) identifies Hurdsfield as having the most 'red' indicators of all Macclesfield wards, i.e. indicating the outcomes for those health indicators are in the worst 20% of all wards nationally. For Hurdsfield these include both emergency admissions and admissions for injury in the 0-4 age group, also young smokers age 11-15.</p>	6a: ~ A&E attendances for Mental Health-related presentations - patients aged 10-24y	10		DOWN IS GOOD	↑	6	11	10	5	10	6	17	7	4	3	2	
			6b: ~ A&E attendances for Mental Health-related presentations - patients aged 25-64y	19		DOWN IS GOOD	↓	26	21	21	22	11	21	22	10	12	21	23	
	Hypertension		7a: ~ #Patients on Hypertension Practice Registers with Non-Elective Admission(s) in month - All Ages	85		DOWN IS GOOD	↑	76	94	92	108	94	97	86	108	109			
			7b: ~ QRisk Score of "5a: Cohort" (Risk of NEL in next 12mths)	28.3		DOWN IS GOOD	↓	37.8	32.6	33.4	34.6	37.5	35.4	33.1	31.5	26.7			
			7c: ~ HURDSFIELD Stay Well Project: Number of Attends	on hold		UP IS GOOD	↑										7	23	
	Children's Health		8a: ~ #Patients on Asthma Practice Registers with Non-Elective Admission(s) in month - Aged 0-19y	5		DOWN IS GOOD	↑	4	5	6	2	3	5	5	3	7			
			8b: ~ #Non Elective Admissions for Patients aged 0-4y	66		DOWN IS GOOD	↓	59	79	59	60	53	56	68	71	97	58	46	
			8c: ~ #First Outpatient Referrals to Paediatrics in month - Aged 0-19y	57		DOWN IS GOOD	↓	59	47	65	37	52	52	56	69	36	62	53	
			8d: ~ #CYP who have been coded as users of Tobacco (Macclesfield patients as coded in Primary Care) - Aged 11-25y	to follow		DOWN IS GOOD													

Next steps

- Continue to develop initiatives
 - Embed QI framework with all initiatives
- Continue with community engagement
 - Focus on local schools
 - Expand to Bollinbrook
- Health and Wellbeing event
 - Local and accessible community setting
 - A market stall approach from a range of voluntary, health and social care services
 - To provide health checks to the public including BP, BMI and AF readings
- Complete Care Community Programme
 - Recently accepted on national programme
 - Focus on child & young person mental health with a Youth Ambassador role
- Further development of the BI dashboard
 - Develop local measures
 - Review and embed into culture of the care community

Cheshire East Health and Care Partnership Board

Cheshire East Place Dementia Plan



Date of meeting:	17 th May 2023
Agenda Item No:	9
Report title:	Cheshire East Place Dementia Plan - Final Version
Report Author & Contact Details:	Joanne Cliffe – joanne.cliffe@cheshireeast.gov.uk Mobile: 07785 556499
Report approved by:	Shelley Brough - Acting Director of Commissioning and Integration

Purpose and any action required	Decision/ Approve	x	Discussion/ Gain feedback		Assurance		Information/ To Note	
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Committee/Advisory Groups that have previously considered the paper

Directorate Leadership Team
Adults and Health Committee – Cheshire East Council

Executive Summary and key points for discussion

- The aim of this report is to seek approval to publish the final version of the Cheshire East Place (CEP) Dementia Plan.
- The Plan has been developed in partnership by the Cheshire East Dementia Steering Group. This is made up of local commissioners, providers of dementia services and most importantly people affected by dementia.
- The Plan focuses on prevention, prompt assessment and diagnosis, support for people affected by dementia, living well with dementia and planning end of life care.
- The draft CEP Dementia Plan (including an easy read version) was out for consultation from the 23rd of March until the 15th of June 2022. Feedback from the consultation has been used to inform the latest version of The Plan.
- The Plan is based on what people have told us about their experiences either as a person living with dementia or as a carer and is written for those people; specifically, those with memory concerns, those with a dementia diagnosis, their families and carers and the organisations supporting them.
- This report builds on the previous report taken to Adults and Health Committee in January 2023 (see Appendix) which requested permission to fully adopt the final version of the plan for publication.
- Following approval of the plan, a fully costed implementation plan will be completed.
- Delivery of the approved plan will be supported and overseen by the Cheshire East Dementia Steering Group and updates on progress provided to Helen Charlesworth-May as required



- Once the plan becomes a finalised document, there will be engagement events to promote and create awareness with stakeholders including those living with dementia and their carers / families.

**Recommendation/
Action needed:**

That Cheshire East Place Committee provide permission to adopt this plan as the final version.

Which purpose(s) of the Cheshire East Place priorities does this report align with?

Please insert 'x' as appropriate:

- Deliver a sustainable, integrated health and care system
- Create a financially balanced system
- Create a sustainable workforce
- Significantly reduce health inequalities

x

x

Document Development	Process Undertaken	Yes	No	N/A	Comments (i.e. date, method, impact e.g. feedback used)
	Financial Assessment/ Evaluation				
	Patient / Public Engagement	x			Various discussions with stakeholders during 2019 / 2020 (face to face and online) Survey – 17 th July to 14 th August 2021 Face to face discussions and questionnaire – August 2021 Formal consultation – 23 rd March to 15 th June 2022
	Clinical Engagement				Cheshire CCG GP Clinical Lead was a member of the Steering Group.
	Equality Analysis (EA) - any adverse impacts identified?	x			Face to face engagement, survey and public consultation
	Legal Advice needed?		x		
	Report History – has it been to Other groups/ committee input/ oversight (Internal/External)	x			CEC Directorate Leadership Team CEC Adults and Health Committee

Next Steps:	Once permission has been granted to adopt this Plan as the final version, work will move forward on the agreed action plans.
Responsible Officer to take forward actions:	Joanne Cliffe – Integrated Commissioning Manager, Cheshire East Council Lesley Hilton – Project Manager, Living Well for Longer Team, Cheshire and Merseyside Integrated Care Board
Appendices:	Adults and Health Committee Report January 2023 CEP Dementia Plan CEP Dementia Plan Easy Read version CEP Dementia Plan survey results

	CEP Dementia Plan Consultation report CEP Dementia Plan Questionnaire for face to face groups CEP Dementia Plan EIA published version NHSE Dementia Well Pathway
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CEP Dementia Plan - Final Version

1. Executive Summary

The plan is informed by what people have told us about their experiences either as a person living with dementia or as a carer and is written for those people; specifically, those with memory concerns, those with a dementia diagnosis, their families and carers and the organisations supporting them. Other stakeholders who have also been involved in developing this plan include, Dementia Friendly Community members, individuals living with dementia and their Carers, local health, social care, and voluntary organisations.

This report builds on the previous report taken to Adults and Health Committee in January 2023 (see Appendix) which requested permission to fully adopt the final version of the plan for publication.

2. Background

The current estimated prevalence of people with dementia in Cheshire East is 6,021 (QlikSense, September 2022). This is predicted to increase to approximately 9,230 people by 2030 (Dementia Projections). It is therefore important that we address current need and plan for the future

The CEP Dementia plan has been developed by Cheshire East Council in partnership with Cheshire and Merseyside Integrated Care Board (ICB), local providers and service users. The plan aims to consider local support needs in relation to dementia and review current service provision to identify and promote good practice and to address any gaps or areas for improvement. Our aim is to ensure we have the right services, in the right place, for the right people at the right time.

A Cheshire East Dementia Steering Group made up of people from a range of partner organisations and dementia friendly community leads was established to develop the plan for people who are living with dementia and their carers. The group's role has been to agree/propose strategic objectives, review current provision and develop best practice to ensure local people affected by dementia can get the care and support they need.

Other stakeholders who have been involved in developing this plan include, individuals living with dementia and their carers, local health, social care, and voluntary organisations.

We have based the plan on the NHS England Well Pathway for Dementia which provides a structure we can use to review our current performance and identify areas for improvement.

The Framework puts the individual and their carer at the centre of service development and implementation across health and social care. Each element of the Framework is dealt with in a separate section within the plan and will inform the development and implementation of a local dementia action plan. The elements of the Framework are.

- Preventing Well
- Diagnosing well
- Supporting Well
- Living Well
- Dying Well (Planning and Caring)

The plan supports the work described in other key local documents including:

- Cheshire East Council's Corporate Plan [Corporate Plan \(cheshireeast.gov.uk\)](https://cheshireeast.gov.uk/corporate-plan)
- Cheshire East Partnership Five Year Plan 2019 – 2024 [Layout 1 \(cheshireeast.gov.uk\)](#)
- The Joint Health and Wellbeing Strategy 2018 – 2021 [Layout 1 \(cheshireeast.gov.uk\)](#)
- Cheshire East Falls Prevention Strategy 2019 – 2022 [Falls Prevention Strategy.pdf \(cheshireeast.gov.uk\)](#)
- Cheshire East Council Day Opportunities Strategy 2022 – 2027 [3c. Day Opportunities - Appendix 2 Day Opportunities Strategy.pdf \(cheshireeast.gov.uk\)](#)
- All Age Carers Strategy 2021 – 2025 [All Age Carers Appendix 2 Draft All Age Carers Strategy.pdf \(cheshireeast.gov.uk\)](#)
- Live Well for Longer Plan
- Rural Action Plan [Rural Action Plan 2022.pdf \(cheshireeast.gov.uk\)](#)
- Connected Communities Strategy 2012 – 2025 [Layout 1 \(smartsurvey.io\)](#)
- The Framework for Enhanced help in Care Homes [the-framework-for-enhanced-health-in-care-homes-v2-0.pdf \(england.nhs.uk\)](#)
- Cheshire and Merseyside Integrated Care Board (ICB) Commissioning Plans.

The aim is to make a real and positive difference to the lives of people living with dementia in Cheshire East and to ensure that people with dementia and their carers receive high quality, compassionate, and timely care whether they are at home, in hospital or in a care home. The overarching vision is to make Cheshire East a truly dementia friendly community.

3. Consultation and Engagement

As part of the development of the Cheshire East Place (CEP) Dementia Plan (including the easy read version) there has been engagement and consultation which has taken place to shape the final document.

Prior to the formal consultation period of the draft dementia plan, numerous aspects of engagement took place with local stakeholders, such as Carers Hub, Body Positive, Dementia Friendly Community leads and the council's Community Development officers. For example, due to the covid pandemic, face to face engagement with those living with dementia and their carers was limited, but our Community Development Officers spoke to individuals from such community cohorts as ethnic minorities, to obtain their feedback on their experiences of dementia, and these have been incorporated into the dementia plan / action plans.

The dementia plan survey was sent out between 17th July and 14th August 2020 and formed one element of a comprehensive Consultation and Engagement plan.

It was supplemented by face-to-face group engagement which took place throughout parts of Cheshire East by our Dementia Friendly Community Leads and or members of the councils Community's Team / Dementia Reablement team, throughout August 2021. This consisted of a questionnaire which individuals were asked to complete.

The draft CEP Dementia Plan (including an easy read version) was out for consultation from the 23rd of March until the 15th of June 2022.

The findings of all engagement measures have been factored into the final version of the plan and will inform the design and implementation of our Dementia Action Plan.

4. Recommendations

That Cheshire East Place Committee provide permission to adopt this plan as the final version

Adults and Health Committee

Date of Meeting:	23 rd January 2023
Report Title:	CEP Dementia Plan - Final Version
Report of:	Nichola Thompson, Director of Commissioning & Integration
Report Reference No:	AH/07/2022-23
Ward(s) Affected:	ALL

1. Purpose of Report

- 1.1. The purpose of this report is to update Adults and Health Committee on the final version of the Cheshire East Place Dementia Plan (including the easy read version). As part of this report, there will be a request for permission to fully adopt the final version of the plan for publication.
- 1.2. This proposal meets the Council's priority within the Corporate Plan to:

Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services

2. Executive Summary

- 2.1 The plan is informed by what people have told us about their experiences either as a person living with dementia or as a carer and is written for those people; specifically, those with memory concerns, those with a dementia diagnosis, their families and carers and the organisations supporting them. Other stakeholders who have also been involved in developing this plan include, Dementia Friendly Community members, individuals living with dementia and their Carers, local health, social care, and voluntary organisations.

- 2.2 This report builds on the previous report taken to Adults and Health Committee in January 2022 (see Appendix) which requested permission to formally consult on the draft version of the plan.
- 2.3 Once the plan becomes a finalised document, there will be engagement events to promote and create awareness with stakeholders including those living with dementia and their carers / families.
- 2.4 Following the approval of the plan, a fully costed implementation plan will be completed.
- 2.5 The draft CEP Dementia Plan (including an easy read version) was out for consultation from the 23rd of March until the 15th of June 2022.
- 2.6 Commissioners from Cheshire East Council and NHS Cheshire and Merseyside ICB have both analysed the response report supplied to them from Cheshire East Council Research and Consultation team and have met to discuss next steps. (See Appendix)

3. Recommendations

- 3.1. That Committee provide permission to adopt this plan as the final version.

4. Reasons for Recommendations

- 4.1. The plan sets out the Cheshire East Place ambitions to support people to live well with dementia. One of Cheshire East's Corporate Plan objectives is to "Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services". It also reflects the national strategic direction outlined in the Prime Minister's Challenge on Dementia which detailed ambitious reforms which were to be achieved by 2020.
- 4.2. Cheshire East Council and NHS Cheshire and Merseyside ICB have drafted the Cheshire East Place Dementia Plan to identify and consider local support needs in relation to dementia and to map service provision with a view to ensuring that the right services are delivered, in the right place, for the right people at the right time. The aim is to make a real and positive difference to the lives of people living with dementia in Cheshire East and to ensure that people with dementia and their carers receive high quality, compassionate, and timely care whether they are at home, in hospital or in a care home. The overarching vision is to make Cheshire East a truly dementia friendly community.
- 4.3. Included as a separate part of the plan are a set of Action Plans which set out the work which is to take place between 2023 and 2027 to improve

outcomes and services to those living with dementia and their carers / families.

5. Other Options Considered

5.1. Another option would be not to adopt this version as the final plan for publication. However, this would not demonstrate an inclusive approach, transparency, or good practice. Furthermore, it could damage the reputation of the Council and other key stakeholders.

5.2.

Option	Impact	Risk
Do nothing	<p>Doing nothing could lead to a lack of trust in the Council and key stakeholders from people living with dementia, their carers and families.</p> <p>Future consultations may be impacted.</p>	<p>Dementia support services could be undermined if the plan is not developed. Gaps in services may not be identified and dementia support services may not have the opportunity to share the impact and learning of dementia interventions and the benefits these can bring to Cheshire East may not be realised.</p> <p>For example:</p> <ul style="list-style-type: none"> • There needs to be a joined-up approach across the whole dementia journey. • Those living with dementia and their carers feel they don't have a voice at a strategic level with the Council. • Too much information is online. • More young onset dementia and age-

		<p>appropriate services / activities are required.</p> <ul style="list-style-type: none"> • There is a need to address the difficulties faced by those socially isolated, for example access to appropriate dementia friendly transport
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6. Background

- 6.1.** A Dementia Steering Group was created in January 2021. Membership consists of Dementia Friendly Community Leads, Dementia leads from each of the local Hospitals, Alzheimer's Society, Dementia Reablement Team, Carers Hub, End of Life Partnership and Cheshire Fire Service. This group has been instrumental in shaping the draft plan. They have provided vital information to support the drafting of the document and will take ownership of the implementation of the Action Plans, to ensure there is a consistent approach to developing dementia services across the borough.
- 6.2.** Commissioners have also engaged with front line organisations such as the Carers Hub and My Cheshire Without Abuse. As a result of this engagement a project group has been established which is working on supporting and improving awareness and knowledge of practitioners, residents and all those involved in pathways relating to Domestic Abuse and individuals living with dementia / carers. The group works in partnership with each other to agree strategic objectives, review current provision and develop best practice to ensure residents affected by dementia / carers, can get the care, and support they need
- 6.3.** Due to the covid pandemic, face to face engagement with those living with dementia and their carers was limited, but the Council's Community Development Officers spoke to individuals from such community cohorts as ethnic minorities, to obtain their feedback on their experiences of dementia, and these have been incorporated into the draft plan. Representatives from ethnic minority communities also provided feedback via the Dementia Survey:

- Asian / Asian British 2%
- Mixed: White and Black Caribbean / African / Asian 1%
- Other ethnic origin 1%
- Rather not say 5%

- 6.4.** A formal consultation process took place between 23rd March and 15th June 2022, which provided a further opportunity for stakeholders to comment on the contents of the draft document. An opportunity to work in a co-productive approach on specific actions will be progressed once the final version of the plan and ambition action plans are published. This will take the form of the development of targeted task and finish groups which will look at specific actions and how to take this forward.
- 6.5.** To ensure that as many people as possible could take part in the consultation process, the Commissioners ensured that all the stakeholders who attend the Dementia Steering Group had sight of the consultation link and how to access it. There are representatives from some of the Dementia Friendly Communities in the Cheshire East area who are part of the group, they ensured that those living with dementia and their carers who they support were aware of the consultation and had the opportunity to participate in the consultation.
- 6.6.** It was identified that there was a need for “hard copies” of both the dementia plan and the easy read version to be available to residents. Therefore, there was information on the consultation, whereby, individuals could request a hard copy of the plan. Commissioners engaged 10 of the main libraries in Cheshire East, providing them with hard copies available for the public to take away and complete. This was also promoted by the Dementia Friendly Community leads, Dementia Reablement team etc.
- 6.7.** As a result of the engagement and consultation, there were some common themes which have been identified as gaps / issues, these are:
- There needs to be a joined-up approach across the whole dementia journey.
 - Those living with Dementia and their Carers feel they don't have a voice at a strategic level with the Council.
 - Too much information is online.
 - Lack of Bereavement Support and signposting.
 - A need for Early onset Dementia and age-appropriate services / activities.
 - A need for Early onset support for those people who also have Learning Disabilities – as above, also understanding of the specific issues they may face.
 - Care at Home and Accommodation with Care providers being trained to Tier 2 level, to further enable understanding around those living with dementia and their differing needs.
 - Difficulties faced by those socially isolated, for example access to appropriate dementia friendly transport.

- Dementia Friends awareness for such individuals as Community Groups, Voluntary sector, Health and Social care workers etc.
- Cheshire East Council staff members ALL need to be Dementia Friends.

- 6.8.** The points above and the consultation feedback (below) have been used to inform the plan and ambitions action plans. Commissioners are working with stakeholders to develop solutions to the points identified which will include such things as, the development of focus groups especially around those action areas which addresses the needs of specific cohorts of the community, such as ethnic minorities, learning disabilities and young onset dementia, also including befriending services to address social isolation and signposting services to ensure that people with dementia and their carers are able to access available and appropriate support.
- 6.9.** Dementia Friends Sessions are already in place for Members, Leadership team and staff members across Cheshire East Council, this is to ensure that as a Council we are moving towards becoming a Dementia Friendly Organisation.

7. Consultation and Engagement

- 7.1.** Prior to the formal consultation period of the draft dementia plan, numerous aspects of engagement took place with local stakeholders, such as Carers Hub, Body Positive, Dementia Friendly Community leads and the council's Community Development officers. For example, due to the covid pandemic, face to face engagement with those living with dementia and their carers was limited, but our Community Development Officers spoke to individuals from such community cohorts as ethnic minorities, to obtain their feedback on their experiences of dementia, and these have been incorporated into the dementia plan / action plans.
- 7.2.** As part of the development of the Cheshire East Place (CEP) Dementia Plan there has been engagement and consultation which has taken place to shape the final version.
- 7.3.** The dementia survey formed one element of a comprehensive Consultation and Engagement plan for the Plan development.
- 7.4.** It was supplemented by face-to-face group engagement which took place throughout parts of Cheshire East by our Dementia Friendly Community Leads and or members of the councils Community's Team / Dementia Reablement team, throughout August 2021. This consisted of a questionnaire which individuals were asked to complete. The findings of all engagement measures have been factored in the further development of the draft plan.

7.5. An Easy Read version of the plan was also published as part of the consultation.

7.6. As part of the consultation there were a total of 59 responses

- 40 main survey responses
- 17 easy ready survey responses
- 2 emails

Out of the 40 respondents who answered the main survey:

- 18 were carers, close family or a relative of a local resident living with dementia
- 11 were interested Cheshire East residents
- 1 was an elected Cheshire East Ward Councillor, or Town/Parish Councillor
- 4 were healthcare professionals,
- 3 were care home providers
- 1 was an employee of Cheshire East
- 1 was answering on behalf of a group organisation or club
- 1 was a volunteer

Out of the 17 respondents who answered the easy read survey

- 11 were females
- 12 were aged 65 or older

Overall, 24 out of 38 respondents agreed the plan was easy to understand and 27 out of 39 agreed it takes account of all the right evidence.

23 respondents provided an overall comment regarding the dementia plan. The comments received are summarised by theme below:

- Need more support / providers
- Needs more detail / awareness to those who don't fit the standard template
- Document is long / not easy to read

Those who answered the easy read version of the survey were asked if they thought there is anything else we can do to support those living with dementia, their families or their carers. 9 respondents chose to leave a comment. The comments received are summarised into 3 key themes:

- Improve support and care

- Improve training and staffing
- Improve communication

7.6 We have taken into consideration the comments and feedback from the engagement and consultation and applied them where appropriate. The main changes as a result of the consultation which we have made are:

- We have made the document smaller
- We have made the information easier to find
- As detailed in **6.7** above, we have further developed the ambition action plans which sit alongside the plan.
- There is more information detailed in the plan and ambition action plans around those who do not fit “the standard template”

8. Implications

8.1. Legal

8.1.1. Legal advice will be sought as the plan develops. Where the plan identifies a need to commission and procure services this will be undertaken in accordance with CEC Contract Procedure Rules and, where applicable, Contract Procurement Regulations 2015. Where any in kind support (including training) and/or grant funding be made available, consideration will be given to applying the criteria under the Council’s corporate grants policy, to ensure organisations are treated in a fair manner. The data of the responders will be retained in accordance with the principles of the Data Protection Act 2018, and identities subject to anonymisation.

8.1.2. The plan demonstrates the Council’s adherence and commitment to its legal duties under the Care Act 2014. Any specific issues arising as the plan develops, will be the subject of specific requests for legal advice as required.

8.2. Finance

8.2.1. There are no financial implications requiring changes to the Medium-Term Financial Strategy (MTFS) as a result of the recommendation in this report.

8.2.2. The services which support the implementation and delivery of the plan will continue to be bound by the financial limits within the Councils MTFS.

8.3. Policy

8.3.1. This draft plan aligns with one of Cheshire East's Corporate Plan objectives, which is to "Reduce the reliance on long-term care by improving services closer to home and providing more extra care facilities, including dementia services".

8.3.2. The draft plan reflects the national strategic direction outlined in the Prime Minister's Challenge on Dementia which detailed ambitious reforms to be achieved by 2020.

8.4. Equality

8.4.1. An Equality Impact Assessment will take place prior to the publication of the final Cheshire East Place Plan

8.5. Human Resources

8.5.1. There are no Human Resource implications arising from this report.

8.6. Risk Management

8.6.1. There are no Risk Management implications arising from this report.

8.7. Rural Communities

8.7.1. One of the issues raised within the draft plan is the impact of dementia on those who find themselves socially isolated, this would include those living in rural areas. The strategy looks at how isolation can be reduced with appropriate transport or peer support groups and sights the Rural Action Plan as a document to be considered.

8.8. Children and Young People/Cared for Children

8.8.1. The plan looks at how we can ensure that young people are part of the community support for people living with dementia, and also how we can work with those in education to improve their awareness around dementia.

8.9. Public Health

8.9.1. Dementia has a significant impact on individual and population health and wellbeing in Cheshire East. Support provided by services is crucial for those already living with dementia and this plan both acknowledges the often-avoidable difficulties faced by those affected by dementia and provides a welcome step forward in improving support for those living with dementia, their families and carers.

8.9.2. It is important to note that to reduce the population-level impact of dementia, we also need to actively work on prevention by supporting and

enabling our residents to reduce their risk of developing dementia in the first place; a healthy diet, regular physical, mental and social activity, low alcohol consumption, and not smoking all reduce the risk of developing dementia.

8.10. Climate Change

8.10.1. There are no Climate Change implications arising from this report

Access to Information	
Contact Officer:	Joanne Cliffe Joanne.cliffe@cheshireeast.gov.uk 07785 556499
Appendices:	Appendix A - Final CEP Dementia Plan Appendix B - Final Easy Read CEP Dementia Plan
Background Papers:	Appendix C - Previous Committee Report Appendix D - Dementia Friends Awareness Sessions Briefing Appendix E - Dementia Plan Consultation Report Appendix F - Questionnaire used to engage to inform Plan Link to background papers

Cheshire East Health and Care Partnership Board

Family Hubs Update

Date of meeting:	Wednesday 17 th May 2023
Agenda Item No:	10.
Report title:	Family Hubs Update
Report Author & Contact Details:	Claire Williamson Claire.williamson@cheshireeast.gov.uk
Report approved by:	Deborah Woodcock

Purpose and any action required	Decision/ Approve		Discussion/ Gain feedback		Assurance		Information/ To Note	*
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Committee/Advisory Groups that have previously considered the paper

Executive Summary and key points for discussion

A transformational change programme is underway in Cheshire East to develop Family Hubs. These hubs aim to improve the way we deliver services to children and families, to ensure that all children get the best start in life, have the best possible education, enjoy good health, and grow up feeling loved, safe, nurtured, listened to and able to be who they want to be whilst celebrating diversity. This new model will ensure that our services are flexible enough to respond quickly and effectively to families as their needs change.

Recommendation/ Action needed:	This report seeks to update the board on progress so far and next steps to ensure successful implementation of the family hub model.
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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
2. Create a financially balanced system
3. Create a sustainable workforce
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				
	Patient / Public Engagement				
	Clinical Engagement				
	Equality Analysis (EA) - any adverse impacts identified?	X			EIA published; low risk of any adverse impacts identified.
	Legal Advice needed?				
	Report History – has it been to Other groups/ committee input/ oversight (Internal/External)	x			Family hub programme initially agreed by Children and Families Committee in July 2022. Further update paper to be shared in June 2023.

Next Steps:	Continued implementation of the family hub delivery plan.
Responsible Officer to take forward actions:	Claire Williamson, Director of Strong Start, Family Help and Integration
Appendices:	

Family Hubs Update

1. Executive Summary

A transformational change programme is underway in Cheshire East to develop Family Hubs. These hubs aim to improve the way the partnership delivers services to children and families, to ensure that all children get the best start in life, have the best possible education, enjoy good health, and grow up feeling loved, safe, nurtured, listened to and able to be who they want to be whilst celebrating diversity. This new model will ensure that our services are flexible enough to respond quickly and effectively to families as their needs change.

Cheshire East was one of 12 local authorities that was successful in a bid for the first tranche of £12m Family Hubs Transformation Fund, announced on 23 May 2022. Cheshire East has approximately 18 months funding (over the fiscal years 2022-23 and 2023- 24) to transition to a family hub model by March 2024, although this is expected to be extended up to September 2024.

2. Introduction / Background

Cheshire East's Children and Young People's Plan 2022-26 sets out the partnership vision to ensure all children in the borough get the best start in life, have the best possible education, enjoy good health and grow up feeling loved, safe, nurtured and listened to and able to be who they want to be whilst celebrating diversity.

The development of family hubs is a key part of the vision for children's services. Family hubs support children and young people from birth until they reach the age of 19 (or up to 25 for young people with special educational needs and disabilities). They bring council, health and community services together so that families can access the right support at the right time.

The hubs aim to improve the way we deliver services across the partnership to children and families to ensure that our services are flexible enough to respond quickly and effectively to families as their needs change. This includes the ongoing development of child health hubs. Family hubs will provide a mix of physical and virtual spaces, as well as outreach, where families can easily access non-judgmental support for the challenges they may be facing.

As a partnership, we want to create a system that promotes the very highest standards for all children and young people, closes the attainment gap and allows every pupil in Cheshire East to reach their full potential. We will move to a team around the school approach so that we can support schools to identify and support families earlier when the needs arise by increased collaboration with key partners. We are also committed to strengthening our early years workforce to make sure children have access to the best quality early years education. We are

making these changes in response to emerging government policy and guidance. As we recover from the pandemic, local authorities must invest in supporting vulnerable children back into education. They must also increase wellbeing support for families and increase focus on the way we support children in the early years from conception to age two, implementing some of the recommendations from The Best Start for Life, The Early Years Healthy Development Review, and the recent government spending review emphasised the need for local services to join to create Family Hubs, where families can access a broad range of advice and support.

In October 2022, we brought together around two hundred members of staff from the council, NHS, and partners, including VCFS, in two workshops to launch our family hub vision and begin the coproduction process. Attendees pledged their support to the development of family hubs across Cheshire East and helped to identify key priorities to help us shape the family hub vision moving forward. These included, the implementation of a governance structure, the development of a Family Hubs Communication and Engagement Strategy, establishing further co-production forums for children young people and their families and key stakeholders, the mapping of current services, including our digital and outreach offer and building on key relationships formed at the launch events.

3. Next Steps

We are proposing to create a network of provision across the borough by creating hubs for families and children of all ages. Currently our children's centres cover the age range 0-5. We will be moving to extend the age range in line with the family hub model to 0-25. Services that are planned to be delivered from family hubs include:

- Intensive support to reduce family problems that result in family breakdown, working with the child and family to make positive changes.
- Midwifery appointments, health checks, weaning and nutrition advice, early years play education and sensory development.
- Family help and support for children with disabilities or additional needs.
- Practical support around finance, housing and supported learning. Youth support services, including youth justice.
- Mental health support for children, young people, families and new parents.

The family hub offer will include a digital offer to help increase the reach of our services and provide an alternative way for families to access services. We will also continue our outreach offer as part of the family hub programme. Support for children with special educational needs and disabilities (SEND) and mental health support are areas of focus within the family hub developments.

Partnership working and co-location is essential for the success of the family hub model and work with the voluntary sector to identify opportunities in key areas of need are being explored.

A detailed delivery plan and governance is in place to drive the family hub implementation, including an operational steering group that meets monthly. The governance structure ensures engagement across the partnership and includes coproduction with parents/carers and children and young people. The steering group is supported by five workstream areas, leading on key priorities, set out below. The workstream leads provide updates to the steering group on progress against the delivery plan and highlight any key challenges, risks, or barriers so that these can be discussed/actioned as necessary.

Steering Group – Chair: Claire Williamson, Director of Strong Start, Family Help and Integration

- a. Staffing and resources
 - b. Strategy and governance
 - c. Organisational change and workforce development
- 1) **Integrated Service Delivery** – Chair: Danielle Holdcroft, Head of Service Early Years, Family Help & Prevention
 - a. Parenting Journey
 - b. Supporting Families
 - c. Buildings, Design and Co-location
 - d. Collaborative Service Delivery
- 2) **Child Health Hubs** – Chair: Mat Southall, Community Operational Manager, Paediatrics
 - a. Delivery spaces
 - b. Operating model - core offer
 - c. Workforce
- 3) **SEND (including early years and communication)** – Chair: Sarah Ramsey, Youth Support Services Manager / Kelly Lloyd Roberts, SEND Early Start Lead.
 - a. Service delivery
 - b. Coproduction
- 4) **Mental Health** – Chair: Cheryl Cooper, Senior Project Manager, Mental Health & Neurodiversity
 - a. Service delivery
 - b. Scoping
 - c. Digital
 - d. Commissioning
 - e. Engagement and coproduction
- 5) **Communication and Engagement** – Chair Lesley Seal, Communications Business Partner
 - a. Communication plan
 - b. Coproduction and feedback plan
 - c. Digital strategy

All our workstreams are made up of attendees from across the partnership and attendance continues to grow as work develops. Recent progress is detailed below:

- **Integrated Service Delivery:** This workstream was established in March 23, they have developed, shared, and consulted upon the eight collaborative areas across the borough and have now created four task and finish groups to drive implementation. Next steps will focus on widening the parenting journey offer to a 0-25 offer, the transition of Oakencloough Childrens Centre and Oaktree Children's Centre to open as Family Hubs in July 2023.
- **Child Health Hubs:** This workstream was established prior to the family hubs programme and has now moved under the family hub governance. The child health hub project has created a solid foundation for our 0-5 offer, driving forward collocation and joined up working between local authority and health services. Next steps will focus on developing a consistent offer of services and rolling these out across family hub sites.
- **SEND:** This workstream was established in March. They are implementing a needs led approach, ensuring that the SEND offer and SEND hub offer is led by the needs of the users. Parent Carer Forum sit on the workstream to ensure coproduction throughout the family hub development. Next steps will focus on understanding the needs of children and families and aligning this with the mapping of what services can offer in terms of our SEND centre of excellence.
- **Mental Health:** This workstream have held a workshop to discuss key priorities for this area to be developed and share ideas about ways in which agencies can come together to support the implementation of services in the family hub model. Next steps will focus on looking at data and consultation activity to understand the issues facing our children, young people, and families and how to work collaboratively to develop our mental health offer.
- **Communication and Engagement:** This was the first of our workstreams to be established and great progress has been made including developing and implementing a communications plan, establishing a regular newsletter, and working with a design agency to devise the family hub branding which will shortly be ready to take to key stakeholders, children, young people and families to coproduce a final design. Next steps will focus on the continued development and coproduction of the family hub brand, moving to the implementation stage of building our digital offer and developing a forward plan of engagement events.

The next step for the governance model as we move to implementation phase is to develop locality collaborative groups that will bring together services across the partnership to drive progress at a local level. These groups will consider local need and look at data such as the joint strategic needs assessment (JSNA) and in lower layer super output areas (LSOAs) to determine and meet local need. We are holding two events in June to bring partners from across the localities together in their collaborative areas to develop these working groups.

We have identified the following three sites that will be develop from our existing children's centres and converted into our first family hubs:

1. Oak Tree Children's Centre, Crewe – Opening 13 July.
2. Monks Coppenhall Children's Centre, Crewe - Opening date TBC
3. Oakencrough Children's Centre, Wilmslow – Opening 14 July

Monks Coppenhall will be developed as our SEND centre of excellence, as well as providing our core offer of services. Further centres have been identified and these will be developed on a rolling programme, completed over the next 12 months. Our plans focus on moving to two localities – North and South, which will be broken down further into geographic collaborative areas.

The remaining identified centres will be rolled over the next six to 12 months with full implementation completed by September 2024.

Having the right branding will be essential so that families recognise family hubs as supporting children and young people up to the age of 25. The branding has been coproduced with stakeholders and will be rolled out with the opening of family hubs.

4. Recommendations

All partners within Cheshire East Health and Care Partnership Board are key to the success of family hubs in Cheshire East. Board members are recommended to support the current developments that will enable us to focus our joint resources on those services that make the most difference to families.

Cheshire East Place Strategic Planning and Transformation Group Chairs Report May 2023



Date of meeting:	17.5.23
Agenda Item No:	12
Report title:	Strategic Planning and Transformation Group Chairs Report May 2023
Report Author & Contact Details:	Dr David Holden
Report approved by:	NA

Purpose and any action required	Decision/ → Approve		Discussion/ → Gain feedback		Assurance →	x	Information/ → To Note	
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Committee/Advisory Group previously presented
N/A

Executive Summary and key points for discussion
This report details the activities and highlights of the Cheshire East Strategic Planning and Transformation Group (SPT) Group to May 2023. The SPT group aims to support the achievement of the Cheshire East Integrated Transformation Programme Plan, including reporting and tracking progress, identifying, and mitigating risk and developing solutions to system/Place based challenges, across the current priority areas and enabler workstreams.

Recommendation/ Action needed:	The Place Partnership Board is asked to: note the report
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Which purpose(s) of an Cheshire East priorities does this report align with?	
Please insert 'x' as appropriate:	
1. Deliver a sustainable, integrated health and care system	x
2. Create 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 Other groups/ committee input/ oversight (Internal/External)			x	

Next Steps:	. None
Responsible Officer to take forward actions:	Dr David Holden - Chair of Cheshire East Place Strategic Planning and Transformation Group
Appendices:	None.

Cheshire East Strategic Planning and Transformation Board Chair's Report – May 2023

1. Introduction

This report details the activities and highlights of the Cheshire East Strategic Planning and Transformation Group (SPT) Group to May 2023. The SPT group aims to support the achievement of the Cheshire East Integrated Transformation Programme Plan, including reporting and tracking progress, identifying, and mitigating risk and developing solutions to system/Place based challenges, across the current priority areas and enabler workstreams.

2. Key Business

2.1 Establishment

The SPT group was established and has held monthly meetings from 27th September to date. The Terms of Reference and forward plan for the group have been agreed.

2.2 Planning

The SPT Group forward plan is focused on:

- Designing the future operating model of Cheshire East Place
- Setting the agenda for transformation priorities
- Receiving proposals for innovative change programmes across Cheshire East Place
- Receiving updates on work that is progressing within Place that will have a transformative affect on multiple partners across the Place system
- And understanding the initial impact of this programme of transformation to enable the transition to implementation, and final hand-over to the Strategic Operational Group

In order to fulfil these aims, the SPT have agreed to develop the following:

- High level Strategic Planning
- Population outcomes priorities
- Current system level finance

The SPT group will contribute to the development and delivery of the Health and Wellbeing Strategy and Place Plan, including a fully triangulated implementation plan representative of all partner organisations.

Since being established the SPT group have endorsed the following:

- Place Development Framework update and reporting mechanism

- Health and Wellbeing Strategy and Place Plan developments and timeline (including the Outcomes Framework)
- Care Communities Priorities
- Place based Grants developments
- Live Well for Longer Plan (a Place based Framework for coproduction)
- Helpforce – Volunteer proposal
- Place based VCFSE Model proposal

Work has continued in the workstreams. Over recent weeks there has been a clarification of governance and working relationships and interdependencies between this board and the Operations board. These have been reviewed and are due for final agreement.

Due consideration has been given to the C&M ICB, NHS and H&WB board planning priorities and the synergy between these and the development of the surrounding structures and integrated architecture.

Upcoming developments:

- Accelerating the development of Care Communities and developing their operational capacity via the 8 Care Communities Steering Group
- Completion and sign off of a Framework for Delivery for the Transformation Programme and Care Community development Framework
- Understanding the requirements for large scale change and capacity and capability mapping
- Major Service Redesign programme
- Proposed workshops in June/July to clarify the blueprint for our future health system in Cheshire East Place with output expected in October 2023 (awaiting formal sign off from Leadership group once further detail established)

Risks to programme:

- Current challenged financial position
- Operational challenges and releasing time
- Restrictions in commissioning ability and disruption in teams at Place during transition to ICB and Place development (now settling)

3. Recommendation

Cheshire East Place Leadership Group are asked to note the report and continue to support the development of the SPT group.

Cheshire East Health and Care Partnership Board

Cheshire East Operations Group Chair's Report

April 2023

Date of meeting:	17 th May 2023
Agenda Item No:	13.
Report title:	Cheshire East Operations Group Chair's Report
Report Author & Contact Details:	Simon Goff
Report approved by:	N/A

Purpose and any action required	Decision/ Approve		Discussion/ Gain feedback		Assurance	X	Information/ To Note	X
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Committee/Advisory Groups that have previously considered the paper

N/A

Executive Summary and key points for discussion

This report details the activities and highlights of the newly established Cheshire East Operations Group during April 2023.

The Operations Group seeks to maximise the effectiveness of 'business as usual' place resources and is the integrated Place forum responsible for operational planning, performance and delivery.

Recommendation/ Action needed:	The Partnership Board is asked to note the report.
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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
2. Create a financially balanced system
3. Create a sustainable workforce
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)				Cheshire East Place Leadership Group



Next Steps:	N/A
Responsible Officer to take forward actions:	Simon Goff, Chief Operating Officer, East Cheshire Trust & Chair of Cheshire East Operations Group
Appendices:	None

Cheshire East Operations Group Chair's Report

1. Introduction

This report details the activities and highlights of the newly established Cheshire East Operations Group during October 2022. The Operations Group seeks to maximise the effectiveness of 'business as usual' place resources and is the integrated Place forum responsible for operational planning, performance, and delivery.

2. Key Business

Due to the Industrial Action that took place in April '23, the Operations Group only met once.

2.1 Governance Proposal

The Operations Group received and discussed a proposed model for the Cheshire East Place Governance model.

The model set out the roles and relationships between the Place Leadership Group and the Corporate ICB functions, in addition to the Local Authority Committees and the NHS Provider Trusts. In addition, the model describes the relationship and content of the Strategic Planning & Transformation Group (SPTG) and the Operations Group (OG).

Further to the above, the model articulates the priority workstreams reporting up into the SPTG and the OG and the priority programmes within each workstream. Taking this approach will allow each group to formalise a work programme for the coming 12 months and ensure that all partners are clear on the role and function of each group and what is expected of all attendees. It is recognised that progress has been made in the last 12 months, but taking this approach will provide the structure required to ensure there is alignment between partners on what needs to be achieved.

In addition to the function of the SPTG and the OG, the model sets out the priorities Planning and Delivery by the NHS (ICB) and Local Authority Commissioning teams.

Following the discussion, the model will be adapted to reflect the comments made by partners and is scheduled for approval by the Cheshire East Place Leadership Group on the 18th May.

3. Recommendation

Cheshire East Partnership Board are asked to note the report.

Primary Care Advisory Forum – Cheshire East Place
Primary Care Advisory Forum – Cheshire East & Cheshire West Place
Primary Care Advisory Forum – Cheshire West Place

Minutes of Meeting
Wednesday 19/04/2023 15:00-17:00 Via MS Teams

3.0 Primary Care Advisory Forum – Cheshire East Place (15:00)

ATTENDEES:

Name	Initials	Role	Attendance
Mark Wilkinson	MW	Place Director – Cheshire East Place	In Attendance
Amanda Williams	AW	Associate Director of Quality – Cheshire East Place	Apologies
Richard Burgess	RB	Assistant Director of Health & Care – Cheshire East Place	Absent
Amanda Best	AB	Head of Primary Care Development – Cheshire East Place	In Attendance
Alex Mitchell	AM	AD Finance – Cheshire West Place	In Attendance
Daniel Harle	DH	Medical Director - Cheshire LMC	In Attendance
William Greenwood	WG	Chief Executive - Cheshire LMC	Apologies
Suzanne Austin	SA	Pharmacy Services Manager, Cheshire LPC	In Attendance
Louise Barry	LB	Healthwatch	Apologies
Dean Grice	DG	Head of Primary Care - Cheshire	In Attendance
Katie Mills	KM	Head of Primary Care Quality – Cheshire	In Attendance
Lorraine Weekes-Bailey	LWB	Head of Primary Care Finance – Cheshire	In Attendance
Janet Kenyon	JK	Assistant Director of Medicines Strategy and Optimisation (Cheshire East & Cheshire West)	Absent
Alison Williams	AW	ICB COCH Team Senior Pharmacist, Medicines Management Team	Absent
Amelia Dodd	AD	Primary Care Administrator	In Attendance
Rachael Ullmer	RU	Primary Care Contract & Policy Manager	In Attendance

MEETING NARRATIVE AND OUTCOMES

Agenda Item	Topic
1.1	Welcome and Apologies (as needed)
1.2	Declarations of Interest <ul style="list-style-type: none"> - Dr Daniel Harle – GP in Macclesfield - Dr Simon Powell – GP in Ellesmere Port - Dr Andrew Wilson – GP in Sandbach
1.3	Minutes and Action Notes from previous meeting

	<p>ACTION – Minutes from digital programme meeting to be brought to May PCAF</p> <p>ACTION (CE-2303-02) to remain open – AB will bring brief update on Prescribing & Shared Care for May PCAF (Prescribing & shared care)</p> <p>ACTION – Prescribing Scheme & shared care agreement – Comms to be sent out early next week with regards to current position.</p> <p>ACTION – Prescribing Scheme & Shared Care Agreement – Paper update, note of agreement to come to next PCAF to confirm that we have an agreement in place for 23/24.</p>
1.4	<p>Celebration of the Month – Green Spaces Project AB briefly went over highlight report.</p>
1.5	<p>Primary Care Development Update report AB took questions on the highlight report.</p>
1.6	<p>QOF QI Highlight Report Report sent to PCAF attendees.</p>
1.7	<p>Asylum Seeker & Refugee Project update (inc TB Screening) AB went through AS powerpoint update. ACTION – AB will let MW know when the integrated view is available.</p>
1.8	<p>AOB (Cheshire East Place issues only) DG's AOB – DG went over the Primary Care Highlight report – Risks around David Lewis Centre. ACTION - AB/RU to bring this back to PCAF in July.</p>
	Meeting closed at 15:37pm

2.0 Primary Care Advisory Forum – Cheshire East & Cheshire West Place (15:40)

ATTENDEES:

Name	Initials	Role	Attendance
Mark Wilkinson	MW	Place Director – Cheshire East Place	In Attendance
Amanda Williams	AW	Associate Director of Quality – Cheshire East Place	Apologies
Richard Burgess	RB	Assistant Director of Health & Care – Cheshire East Place	Absent
Amanda Best	AB	Head of Primary Care Development – Cheshire East Place	In Attendance
Daniel Harle	DH	Medical Director - Cheshire LMC	In Attendance
Simon Powell	SP	GP Hope Farm Medical Centre	In Attendance
William Greenwood	WG	Chief Executive - Cheshire LMC	Apologies
Suzanne Austin	SA	Pharmacy Services Manager, Cheshire LPC	In Attendance
Louise Barry	LB	Healthwatch	Apologies
Dean Grice	DG	Head of Primary Care - Cheshire	In Attendance
Katie Mills	KM	Head of Primary Care Quality – Cheshire	In Attendance
Lorraine Weekes-Bailey	LWB	Head of Primary Care Finance – Cheshire	In Attendance

Janet Kenyon	JK	Assistant Director of Medicines Strategy and Optimisation (Cheshire East & Cheshire West)	Absent
Alison Williams	AW	ICB COCH Team Senior Pharmacist, Medicines Management Team	Absent
Amelia Dodd	CB	Primary Care Administrator	In Attendance
Rachael Ullmer	RU	Primary Care Contract & Policy Manager	In Attendance
Laura Marsh	LM	AD Transformation & Partnerships – Cheshire West Place	In Attendance
Paula Wedd	PW	Associate Director of Quality – Cheshire West Place	In Attendance
Alex Mitchell	AM	AD Finance– Cheshire West Place	In Attendance
Sarah Murray	SM	Head of Primary Care Development -Cheshire West Place	In Attendance
Andrew McAlavey	AMc	Clinical Director, Cheshire West Place	In Attendance
Liane Goryl	LG	Sexual Health Services Commissioner, Cheshire West and Chester Council	Absent

MEETING NARRATIVE AND OUTCOMES

Agenda Item	Topic
2.1	Additional Welcome and Apologies
2.2	Declarations of Interest <ul style="list-style-type: none"> - Dr Daniel Harle – GP in Macclesfield - Dr Simon Powell – GP in Ellesmere Port - Dr Andy McAlavey – GP in Ellesmere Port - Dr Andy McAlavey – Registered Business/Organisation Director for Great Sutton Limited - Dr Andrew Wilson – GP in Sandbach
2.3	Focus on - Primary Care IT Skipped – No IT representative present.
2.4	Covid Vaccination Programme – Spring 2023 Booster Campaign Section was included in the Primary Care Development paper – SM recapped.
2.5	QOF Year End update DG briefly updated on QOF – There are currently 59 Practices that have declared, 14 Practices to declare and 6 practices that have saved their QOF instead of declaring. RU working with the practices to get them to a position where they can declare their QOF. DG mentioned post payment verification – A random, small number of practices are selected for a “deep dive” into their data. Involves a visit out to the practices with an ICB clinician and ICB officer to check the data & provide scrutiny. RU and CL will pick this up with the Place Leads as we head into summer. This will be across Cheshire & Merseyside - RU / DG & CL will come up with a process and run it past the LMC and get the LMC to approve the process before we go to the Practices. ACTION - AB & SM to give the Practice Managers a heads up about the PVV at the next Practice Managers Meeting.
2.6	Primary Care Finance update – Cheshire wide LWB went over the finance plans on screen.

2.7	Frequency of Primary Care Advisory Forum Meetings – DECISION – Agreement to alter the meetings to be bi-monthly. PCAF to be held in May then moved to bi-monthly.
2.8	AOB (Cheshire wide issues) PLT arrangements – General update – <ul style="list-style-type: none"> - Time & scheduling choices – keen to maintain status quo. This has been fed up to C&M level by Place Leads. - Commitment to multi-organisational development events and scheduling an annual training & development programme outside of PLTs. To also include Practice Nurse training requirements. ACTION – James Burchall to be invited to give an Estates update at PCAF going forward.
	Meeting closed at 16:27pm

3.0 Primary Care Advisory Forum – Cheshire West Place (16:20)

ATTENDEES:

Name	Initials	Role	Attendance
Laura Marsh	LM	AD Transformation & Partnerships – Cheshire West Place	In Attendance
Paula Wedd	PW	Associate Director of Quality – Cheshire West Place	In Attendance
Alex Mitchell	AM	AD Finance– Cheshire West Place	In Attendance
Sarah Murray	SM	Head of Primary Care Development -Cheshire West Place	In Attendance
Andrew McAlavey	AMc	Clinical Director, Cheshire West Place	In Attendance
Daniel Harle	DH	Medical Director - Cheshire LMC	In Attendance
Simon Powell	SP	GP Hope Farm Medical Centre	In Attendance
William Greenwood	WG	Chief Executive - Cheshire LMC	Apologies
Suzanne Austin	SA	Pharmacy Services Manager, Cheshire LPC	In Attendance
Louise Barry	LB	Healthwatch	Apologies
Dean Grice	DG	Head of Primary Care - Cheshire	In Attendance
Katie Mills	KM	Head of Primary Care Quality – Cheshire	In Attendance
Lorraine Weekes-Bailey	LWB	Head of Primary Care Finance – Cheshire	In Attendance
Rachael Ullmer	RU	Primary Care Contract & Policy Manager	In Attendance
Janet Kenyon	JK	Assistant Director of Medicines Strategy and Optimisation (Cheshire East & Cheshire West)	Absent
Alison Williams	AW	ICB COCH Team Senior Pharmacist, Medicines Management Team	Absent
Amelia Dodd	AD	Primary Care Administrator	In Attendance
Mark Wilkinson	MW	Place Director – Cheshire East Place	Absent

Liane Goryl	LG	Sexual Health Services Commissioner, Cheshire West and Chester Council	In Attendance
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MEETING NARRATIVE AND OUTCOMES

Agenda Item	Topic
3.1	Welcome and Apologies (as needed)
3.2	Declarations of Interest <ul style="list-style-type: none"> - Dr Daniel Harle – GP in Macclesfield - Dr Simon Powell – GP in Ellesmere Port - Dr Andrew Wilson – GP in Sandbach - Dr Andy McAlavey – Registered Business/Organisation Director for Great Sutton Limited
3.3	Minutes and Action Notes from previous meeting All fine to close.
3.4	Cheshire West Highlight Report Paper was attached with agenda. No actions or questions.
3.5	QOF QI Update SM briefly discussed QOF paper. LM mentioned - Workforce summary that can feed into the combatting drugs partnership – Help make the connection.
3.6	Contractual considerations: Great Sutton Medical Centre – Great Sutton now have a fixed number of appointments and when those are taken, patients are being directed through to NHS111 during the day. NHS111 do not have capacity to deal with the extra patients. ACTION – Meeting to be held between practice, SM, AM or LM and Julia Riley to discuss. LM happy to arrange. ACTION – Appointment information will be required to take to this meeting (How many appointments were directed to 111). ACTION - SM mentioned several practices have adopted the BMS safe working guidelines in a positive way – SM suggested sharing their experiences and will gather examples that can be shared with the practice at the meeting. Dr Adey & Dr Dancey, Ashton Branch Surgery – Tarporey Practice is looking to move their Kelsall branch surgery into the new Kelsall Medical Centre building and close their Ashton Branch Surgery. The Ashton Branch has been closed since COVID and was never re-opened due to the building not being suitable. The meeting needs to be held in public. DG proposed arranging a separate ADHOC meeting for Cheshire West PCAF with a 1 item agenda and get the GP practice to advertise the meeting. ACTION – DG / RU to go back to CL to double check this can be done at Place rather than at ICB level Primary Care Committee. ACTION – DG/RU to find out how long the practice must advertise the meeting to their patients before the meeting can be held. Preference – May PCAF, Cheshire West section to have a part a and part b - One of them to be made public.

3.7	Primary Care Development Report Consent item – Report was sent out with the agenda.
3.8	AOB (Cheshire West Only) No AOB to discuss.
	Meeting closed at 16:54pm

Cheshire East Health and Care Partnership Board

Finance Update – Cheshire East May 2023

Agenda Item: 15

Finance Update May 2023

Executive Summary	<p>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 developed over the next months to be more consistent in terms of reporting periods and content, supported by the arrival of a substantive Associate Director of Finance in post.</p> <p>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.</p> <p>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.</p>				
Purpose (x)	For information / note	For decision / approval	For assurance	For ratification	For endorsement
	X		X		
Recommendation	<p>The Board is asked to:</p> <p>Note</p> <ul style="list-style-type: none">• The financial position of each organisation - Section 2.• Next steps - Section 8.				
Key issues	<p>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.</p> <p>Further efficiencies across all organisations will be needed allowing activity to be increased at the same time as maintaining or improving services and access whilst reducing the associated cost. Efficiency targets are very high in 23/24 due to the amount delivered through non recurrent measures during 22/23.</p>				
Key risks	<p>Key risks are identified across all organisations as increased cost, increased demand for services, delivery of recurrent efficiencies and limitations of staff availability.</p>				

Impact (x) (Further detail to be provided in body of paper)	Financial	IM &T	Workforce	Estate
	X	X	X	x
	Legal	Health Inequalities	EDI	Sustainability
	X	X	X	x
Route to this meeting	This Paper has not been reviewed at any previous meeting.			
Management of Conflicts of Interest	N/A			
Patient and Public Engagement	None			
Next Steps	See Section 8			
Appendices	None			

Finance Update May 2023

1. Executive Summary

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 all 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 at 1st May 2023

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

3. Cheshire East Council – Q3 Finance Update

The information below does not reflect the year end position reported by Cheshire East Council due to reporting timescales and availability of information. An update from year end will be provided to the Board at the next meeting in July.

The latest review of the Council's forecast financial performance from quarter three shows a forecast adverse financial pressure of £7.7m for 2022/23. A summary of this variance is shown below:

2022/23 (GROSS Revenue Budget £474.2m)	Revised Budget (NET) £m	Forecast Outturn £m	Forecast Variance (Surplus) / Deficit £m	Change since previous review £m
Service Committee				
Adults and Health	121.1	130.0	8.9	0.0
Children and Families	74.2	77.7	3.5	(0.5)
Corporate Policy	40.6	41.0	0.4	(0.0)
Economy and Growth	23.6	22.8	(0.8)	(1.0)
Environment and Communities	44.4	47.3	2.9	1.2
Highways and Transport	13.8	13.6	(0.2)	(0.7)
Sub-Committee				
Finance Sub	10.6	3.6	(7.0)	0.0
TOTAL	328.3	336.0	7.7	(1.0)

The Council's Committees reviewed the forecasts during the final quarter of 2022/23 and are aware that demand and prices in both Adults and Childrens Services have continued to rise. Outturn figures are therefore expected to be similar to, or in excess of, the third quarter position.

4. Cheshire and Merseyside ICB – Cheshire East Place Position to 31st March 2023

For the three-month period to the end of June 2022, NHS Cheshire CCG delivered a small deficit to plan of £384,000. A proportionate share of this split by weighted population would equate to £195,000 for Cheshire East.

A summary of the ICB position for the period from 1st July 2022 to 31st March 2023 for Cheshire East is shown below:

Cheshire East Place (Q2 - Q4 Only)	M12 Year to Date		
	Budget (£000's)	Actual (£000's)	Variance (£000's)
NHS Acute Services	233,597	233,742	◆ (144)
Other Acute Services	13,429	15,453	◆ (2,024)
Community Services	49,726	47,277	● 2,449
Mental Health Services	35,685	35,487	● 198
Complex Care	15,801	15,404	● 398
Continuing Care	40,864	44,584	◆ (3,720)
Local Primary Care	12,814	11,737	● 1,077
Delegated Primary Care	50,788	52,719	◆ (1,932)
Prescribing	54,570	55,277	◆ (706)
Other Programme	18,297	17,854	● 442
Clinical Programme Costs	1,623	1,188	● 435
Reserves	0	0	▲ 0
Unidentified QIPP	(5,500)	0	◆ (5,500)
Sub Total	521,694	530,723	◆ (9,029)
Planned In Year Deficit	(15,252)	0	◆ (15,252)
Total	506,441	530,723	◆ (24,282)

This summary shows an adverse variance to plan of £9.029m, against a planned in year deficit of £15.252m. 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, Optegra and Manchester Surgical Services. No Elective Recovery Funding has been available to cover these because the wider Cheshire and Merseyside system has not exceeded the required targets.
- Continuing Care – this relates both to demand/complexity and price inflation which exceeded the planning assumptions agreed across the ICB during the planning round.
- Unidentified QIPP (efficiency savings target) - £5.50m of additional planned savings were included in the budget for 2022/23. This has been delivered through achievement

of non-recurrent mitigations in other budget areas (hence why this variance shows in the table) which compounds the financial challenge facing Cheshire East Place in 2023/24.

Risks for 2023/24

- A 5% savings target has been applied to all non-NHS ICB budgets for 2023/34. This equates to £8.937m for Cheshire East which is a very challenging target to deliver during the year.
- Increased costs associated with the continued usage of discharge schemes to support flow through the system.
- National inflationary assumptions have been applied to both Continuing Care and Prescribing budgets, in line with the consistent approach agreed across all Places in C&M. Local place-based modelling suggests that growth/inflation exceeds these national assumptions.

5. Cheshire and Wirral Partnership Foundation Trust as of 31st March 2023

The Trust as a whole, reported a pre-audit surplus for the financial year 2022/23 of £0.9m against a plan of £2.856m. The deterioration against the planned financial position has been driven mainly by high use of out of area placements alongside several technical accounting adjustments in relation to pension fund valuations.

Efficiencies

The efficiency target across the whole of CWP, for 2022/23 totaled £8.27m. In year, this target was fully achieved, however only thirty-five percent was done so recurrently, and therefore as we head into 2023/24, a focus on identifying and delivering recurrent efficiencies is of paramount importance.

Key Issues / Risks for 2023/24

There are several risks inherent in our finances for the next 12 months and beyond as follows:

- Non-Recurrent resource supporting service delivery in 2023/24.
- Out of area bed provision linked to delayed transfers of care, resulting in inability to discharge patients to release beds for new admissions. Risk cost continues to grow, and therefore exceeds resource available to meet in year.
- Delivery of 5% efficiency programme.
- Service delivery risks aligned to reduced long term plan funding.
- Recurrent investment to support the delivery of Learning Disabilities and Autism transformation agenda not identified.
- Recruitment constraints could lead to continued agency usage.

At the time of writing this report, work continues to identify opportunities for the Trust to improve the financial plan, moving to a balanced position.

A capital programme of £7.9m is also planned for. This is higher than our normal capital programme due to securing Public Dividend Capital to support the development of the Mother and Baby Unit as well as the Urgent Resource Centre.

6. East Cheshire NHS Trust Update as of 31st March 2023

The Trust delivered a deficit of £1.462m for 2022/23 which was an improvement against a planned deficit of £2.554m. The main reasons for the improvement to the planned deficit are shown below:

Description	£'m
Planned deficit	£2.554
Interest received	£0.152
Retirement benefits and personal injury change in discount rate	£0.400
PDC improvement	£0.160
Allocation of capital charges support from the C&M ICB/NHS England	£0.663
Other	£0.283
Revised forecast outturn	£1.462

Efficiencies

The Trust QIPP target was £5.498m full year effect. The Trust delivered one hundred percent of the target, with £2.000m delivered recurrently and £3.498m delivered through non recurrent schemes.

The Trust Board sub committees closely monitor delivery:

- Innovation and Productivity Group
- Finance Performance and Workforce Committee

Capital

The Trust fully utilised its internally generated capital. Additional capital resource limit of £300k has been allocated to the Trust in recognition of the improved forecast outturn position. This will be utilised for the equipment required for the return of maternity services. Additionally, the Trust received £9,478k of PDC funding in 2022/23. This comprised of:

- £3.900m – Joint Advisory Group Accreditation Endoscopy
- £2.722m – Digital Clinical System including Infrastructure
- £1.784m – Elective Treatment Centre
- £0.624m – Breast Screening
- £0.319m – Mobile Breast Screening
- £0.094m – Digital Endoscopy
- £0.035m – Cyber Security

Key Issues / Risks for 2023/24

- Corridor care - patients waiting in corridors that require additional staffing to ensure patient safety in the emergency department.
- Increasing numbers of patients with mental health support needs either being admitted or having a delayed discharge because of a shortage in mental health beds or support services; this requires additional security and clinical staff.
- Continuing covid and flu inpatients.
- 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.
- Industrial action – maintaining patient safety and the impact of additional cost of agency staff if required.
- Inflationary increases above national guidance funding for 2023/24.

7. Mid Cheshire Hospitals NHS Foundation Trust as of 31st March 2023

The Trust reported a deficit of £17.0m for 2022/23 which is a £6.6m adverse variance to the original planned deficit of £10.4m.

Efficiencies

The Trust delivered £16.3m of the £16.8m target for its efficiency programme, with the majority being delivered non-recurrently.

Key Issues / Risks for 2023/24

- Pay costs remain high and have not reduced to a pre-Winter level despite the reduction in wards/beds within the Trust, which is not explained by the additional costs seen with the industrial action.
- The costs driven by unplanned care demand have risen, specifically around unplanned care beds and the expansion of the Emergency Department. Work is underway to review the Trust approach to staffing, establishment size and financial management at ward level.
- Across the Trusts there has been an increased reliance on premium cost and work is ongoing to reverse this trend, outsourcing and insourcing being the priority.
- Challenges in relation to increases in volume usage in key contracts, such as the pathology network, especially where there has been an increase in staffing.
- Delivery of cash releasing efficiency savings needs to be recurrent in 2023/24 as one of the pressures going into the new financial year is the non-recurrent nature of efficiency savings made in 2022/23.

8. Planning for 2023/24

An NHS financial planning submission for 2023/24 was made by the Integrated Care System (ICS) on 4th May 2023; this plan has not yet been approved. A summary of the draft plans for organisations within Cheshire East Place is included below showing the overall planned surplus or deficit position, and the total savings target:

Organisation	Organisation (£'m)		Cheshire East Place (£'m)	
	23/24 Financial Planned Surplus / (Deficit)	23/24 Savings Target *	23/24 Financial Planned Surplus / (Deficit)	23/24 Savings Target
CEC				
CWP	0.0	12.8	0.0	TBC
ECT	(4.4)	10.3	(4.4)	10.3
MCHFT	(18.9)	19.0	(12.7)	12.7
ICB - Cheshire East	(36.4)	8.9	(36.4)	8.9
Total	(59.7)	51.0	(53.5)	31.9

** Savings targets for NHS organisations are aligned to the 5% C&M requirement, 5% of Non NHS for the ICB*

The plan for Cheshire East Council was not fully available at the time of writing the report but this will be confirmed at the next meeting.

As mentioned in the report above, the savings targets for 2023/24 are very challenging and pose a significant risk to the system. Further risks for 2023/24 have been detailed in sections 4 to 7 of the report.

9. Next Steps

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

- A joint Integrated Finance, Investment and Resource Group has been established across Cheshire.
- 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.

Cheshire East Health and Care Partnership Board

17 May 2023

Place Director Update

Date of meeting:	17 May 2023
Agenda Item No:	16
Report title:	Place Director Update
Report Author & Contact Details:	Mark Wilkinson, Cheshire East Place Director
Report approved by:	Mark Wilkinson, Cheshire East Place Director

Purpose and any action required	Decision/ → Approve		Discussion/ → Gain feedback	X	Assurance →	X	Information/ → To Note	X
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Committee/Advisory Groups that have previously considered the paper

None

Executive Summary and key points for discussion

Not applicable

Recommendation/ Action needed:

To 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
2. Create a financially balanced system
3. Create a sustainable workforce
4. Significantly reduce health inequalities

X
X
X
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	

Next Steps:	None
Responsible Officer to take forward actions:	Mark Wilkinson, Cheshire East Place Director, NHS Cheshire and Merseyside
Appendices:	Appendix 1 – Key commitments from the delivery plan for recovering access to GP primary care

Place Director Report – May 2023

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

Financial support for care communities

In my last board report, I reported on the care communities that have been working across Cheshire East since around 2018. They have operated in a very flexible way, determining their own projects etc. in a way that has maximised local engagement and flexibility. The Place Leadership Group has confirmed its support for the concept of neighbourhood level working, and we are now working to develop an operating model.

Recurrent investments for 2023/24 and beyond have been made as follows:

Post	WTE or Sessions / week
Care Community Support Managers	5.5
Care Community Admin Support	3.0
Care Community Professional Leadership	2 PAs i.e., 1 day each week for 8 care communities
Administrative Support	0.5
Associate Medical Director – Strategic Planning and Transformation lead	3 PAs i.e., 1.5 days each work
Associate Medical Director – GP Confederation lead	3 PAs i.e., 1.5 days each work

It is intended that by making a permanent commitment to care communities we will be able to make more systematic progress.

Quality and performance group

The first meeting of the Cheshire East Quality and Performance Group is planned for 14th June. It is intended that each meeting will have a thematic focus area. The first focus area will be mental health and learning disabilities. The aim will be to highlight any current system issues and identify how partners can work together to make improvements. Feedback from the quality and performance group will form the basis of regular quality and performance reports to this partnership board.

In relation to quality and performance of NHS commissioned services pressures on the

system continue, especially in emergency departments. East Cheshire Trust is a designated section 136 place of safety, but all acute providers continue to experience pressure due to the availability of mental health beds. Work has started, led by Cheshire and Merseyside Acute and Specialist Trust (CMAST) Provider Collaborative and NHS Cheshire and Merseyside Director of Mental Health Programme to look at section 136 provision. A Cheshire and Merseyside workshop is scheduled for 19th May.

Industrial action from junior doctors and RCN had an impact on elective activity, however, the planning and escalation put in place by our local affected trusts prevented the emergency departments becoming overwhelmed with patients with unmet needs. All provider Trusts have submitted quality impact assessments to NHSE via the ICB. No immediate harm was identified by any of the Cheshire Trusts. The impact of further delays to treatment and long waits will continue to be monitored through the ICB Contract Quality and Performance meetings at Place.

ICB place team

Dr Andrew Wilson has left his role as Place Clinical Director to reduce his time commitment to NHS Cheshire and Merseyside. Instead, he will focus on a pan Cheshire and Mersey role in medicines management. Interviews for his replacement are scheduled for early June and there's a good level of interest in the role.

Dawn Murphy has been appointed to the Associate Director of Finance and Performance and will start in post on 24 July. She is currently working as a Deputy Director of Finance at the Northern Care Alliance NHS FT.

Hilary Southern has been appointed to the joint (with Cheshire West place) Head of Business Support post. A start date is yet to be agreed.

Support for Voluntary Community Faith and Social Enterprise (VCFSE) Sector

At our March board meeting we approved the Social Action protocol – a set of commitments as to how we will work with and support the VCFSE sector.

Following funding decisions made by Cheshire East Council and NHS Cheshire and Merseyside the current service provider's contract will cease at the end of June. We intend to procure a new partner to deliver against a revised specification.

This is likely to mean a gap in the support for the sector whilst this exercise is completed but will put us in a stronger and more sustainable position in future.

Delivery plan for recovering access to GP primary care

The Department of Health and Social Care has just published a key plan aimed at strengthening access to GP primary care.

The key commitments are set out in Appendix A.

Place will be expected to develop delivery plans to achieve the commitments set out in the plan.

ICB place clinical leads

The following clinical leads have been appointed* to support our transformation work:

GP appointed	Initial allocation of work
Dr Hina Khan	Starting Well, Cancer, Telehealth
Dr Graham Duce	Medicines Management, Antibiotic Stewardship, Endocrinology Pathways Macclesfield / Stepping Hill
Dr Annabelle London	Primary Care Quality
Dr Rachel Hall	Living Well for Longer including Dementia, Care Homes and End of Life
Dr Kamran Baig	ADHD/Autism Pathways, work with Paul around Macclesfield / Stepping Hill work
Dr Paul Bishop	Elective Care, lead on Macclesfield / Stepping Hill Clinical Pathways
Dr Jimi Robinson	Urgent Care, Virtual Wards
Dr Patrick Kearns	Development of GP Confederation
Dr Dave Holden	Strategic Planning and Transformation

* Subject to agreement of terms and conditions.

Meetings and visits

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

- Engaged with local MPs (Dr Kieran Mullan and Esther McVey) on matters of shared interest.
- Led a team building event for the Cheshire East place team at Congleton Town Hall. We are planning a further event in July.

3. Recommendation

The Board is asked to note the report.

Appendix 1 – Key commitments from the delivery plan for recovering access to GP primary care

Our commitment is to tackle the 8am rush and make it easier and quicker for patients to get the help they need from primary care. We will:

Empower patients by rolling out tools they can use to manage their own health and invest up to £645 million over two years to expand services offered by community pharmacy.

1. Enable patients in over 90% of practices to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App by March 2024.
2. Ensure integrated care boards (ICBs) expand self-referral pathways by September 2023, as set out in the 2023/24 Operational Planning Guidance.
3. Expand pharmacy oral contraception (OC) and blood pressure (BP) services this year, to increase access and convenience for millions of patients, subject to consultation.
4. Launch Pharmacy First so that by end of 2023 community pharmacies can supply prescription only medicines for seven common conditions. This, together with OC and BP expansion, could save 10 million appointments in general practice a year once scaled, subject to consultation.

Implement ‘Modern General Practice Access’ so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message. We are re-targeting £240 million – for a practice still on analogue phones this could mean ~ £60,000 of support over 2 years.

5. Support all practices on analogue lines to move to digital telephony, including call back functionality, if they sign up by July 2023.
6. Provide all practices with the digital tools and care navigation training for Modern General Practice Access and fund transition cover for those that commit to adopt this approach before March 2025.
7. Deliver training and transformation support to all practices from May 2023 through a new National General Practice Improvement Programme.

Build capacity so practices can offer more appointments from more staff than ever before.

8. Make available an extra £385 million in 2023/24 to employ 26,000 more direct patient care staff and deliver 50 million more appointments by March 2024 (compared to 2019).
9. Further expand GP specialty training – and make it easier for newly trained GPs who require a visa to remain in England.
10. Encourage experienced GPs to stay in practice through the pension reforms announced in the Budget and create simpler routes back to practice for the recently retired.
11. Change local authority planning guidance this year to raise the priority of primary care facilities when considering how funds from new housing developments are allocated.

Cut bureaucracy to give practice teams more time to focus on their patients' clinical needs.

12. Reduce time spent liaising with hospitals – by requiring ICBs to report progress on improving the interface with primary care, especially the four areas we highlight from the Academy of Medical Royal Colleges report, in a public board update this autumn.
13. Reduce requests to GPs to verify medical evidence, including by increasing self-certification, by continuing to advance the Bureaucracy Busting Concordat.
14. Streamline the Investment and Impact Fund (IIF) from 36 to five indicators – retarget £246 million – and protect 25% of Quality and Outcomes Framework (QOF) clinical indicators.

Item	Frequency	Purpose	March	May	July	Sept	Nov	Jan24	Mar 24
Meeting Management									
Welcome and Introduction	Standing item	Meeting Mngt	Y	Y	Y	Y	Y	Y	Y
Declarations of Interest	Standing Item	Meeting Mngt	Y	Y	Y	Y	Y	Y	Y
Minutes of the previous meeting	Standing Item	Meeting Mngt	Y	Y	Y	Y	Y	Y	Y
Action Log	Standing Item	Meeting Mngt	Y	Y	Y	Y	Y	Y	Y
Public and community focus									
Citizen Voice (peoples story). Rotate across partners	Standing item	Information	Y	Y	Y	Y	Y	Y	Y
Care Communities	Standing Item	Information	Y	Y	Y	Y	Y	Y	Y
Health and wellbeing	As & when	Information/ endorsement							
Strategic Items									
ICB Place Director's Update	BI - Monthly	Discussion / agreement	Y	Y	Y	Y	Y	Y	Y
Strategic plans & priorities:- E.g. Family Hub Development	As & when	Discussion/ agreement		Y					
Five-year delivery plan 2023/8		Discussion/ agreement		Y					
Operational Planning & Performance									
2023/24 Operational plan	Annually			Y					
Report from Strategic planning and Transformation group	Bi – Monthly	Information	Y	Y	Y	Y	Y	Y	Y

Item	Frequency	Purpose	March	May	July	Sept	Nov	Jan24	Mar 24
Report from Quality and Performance sub committee	Bi Monthly	Information	Y	Y	Y	Y	Y	Y	Y
Report from Operational Subgroup	Bi – monthly	Information	Y	Y	Y	Y	Y	Y	Y
Operational Priorities – including Winter Pressures / Fragile services	Bi - monthly	Discussion / agreement	Y	Y	Y	Y	Y	Y	Y
Workforce Update (Place and ICB Work programmes)	Quarterly	Discussion/ agreement			Y		Y		Y
Sustainable Hospital services	Quarterly	Discussion/ escalation			Y		Y		Y
Business Cases									
Business cases developed with partners for approval & discussion.	As & When required	Approval							
Risks & Assurance	Assurance	Assurance / information							
ICB Risk Assurance Framework & committee risk register	Delivery and performance	Assurance / information		Y		Y		Y	
Partnership Board effectiveness– Forward Planning and Review	Six monthly	Assurance / information		Y			Y		Y
Questions from the public	Standing Item		Y	Y	Y	Y	Y	Y	Y

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