

Date	23 January 2023
Time	14:30 – 16:30
Venue	Committee Suites, Cheshire East Council, Middlewich Road, Westfields, Sandbach, CW11 1HZ
Contact	carol.allen9@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
14:30		Meeting management			
	1	Confirmation of Appointments of Chair and Vice-Chair	PD	For information	-
	2	Welcome from the Chair and discussion: <ul style="list-style-type: none"> What do we want this board to be? And not be? How do we want the board to feel? 	Chair	-	Verbal
	3	Apologies: Dennis Dunn, Ged Murphy, Matt Tyrer, Deborah Woodcock, Dan McCabe	Chair	For noting	Verbal
	4	Declarations of Interest	Chair	For noting	Verbal
	5	Minutes of meeting on 02 November 2022	Chair	For approval / noting	Paper Page 4
	6	Action Log and matters arising	Chair	For noting	Paper Page 13
	7	Decision Log	Chair	For noting	Paper Page 14
		Business Items – strategies, plans and integration			
14:50	8	Place Director's Update	PD	For noting	Paper Page 15
15:00	9	The suspension and planned return of inpatient intrapartum services at Macclesfield District General Hospital	Director of Transformation and Partnerships, East Cheshire NHST	For discussion	Paper Page 47

Time	Item No	Item	Owner (Incl. Partner Organisation)	Outcome required	Format & Page No
		Section 75 Committee Decisions*			
15:15	10	Cheshire East Place System – S75 expansion	ADT&P	For Board discussion / s75 Cttee endorsement	Paper Page 53
15:25	11	Cheshire East Place system - Crewe Winter pressures proposals	ADT&P	For Board discussion / s75 Cttee approval	Paper Page 62
		Assurance / Information Reports – delivery and performance			
15:35	12	Strategic Planning and Transformation Group – Report of the Chair	ADT&P	For noting	Paper Page 71
15:45	13	Finance Update	ADF&P	For noting	Paper Page 76
15:55	14	Quality & Performance Update on NHS Commissioned Care Services	ADQ&S	For noting	Paper Page 85
16:05	15	Primary Care Advisory Forum Update	ADT&P	For noting	Verbal
16:15	16	Operational Delivery Group – Report of the Chair	ADT&P	For noting	Paper Page 93
		Governance			
16:25	17	Evaluation of meeting: <ul style="list-style-type: none">• Purpose remit and meeting organisation• Chairing and contributing• Evaluation of effectiveness• Effective use of time	Chair	For discussion	-
	18	Any other Business			
16:30	Close of meeting				
Next meeting		Date: 1 March 2023 Time: 14:00 – 16:00 Venue: TBC			

Key

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

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

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

PD – Place Director, ICB Place Team

*** TOR extracts relating to Section 75 Committee – see overleaf:**

Extracts from Partnership Board terms of reference:

Section 3, Introduction:

“Where a decision needs to be taken by one or more statutory Partner organisation(s) on matters falling within the remit of the Section 75 agreement and Section 75 Committee, other Partners represented within the Cheshire East Place Partnership Board may participate in discussions about those matters and decisions may be taken by way of consensus amongst all Partners. However, if consensus cannot be reached, the members of the Section 75 Committee can continue to take a decision on a matter by exercising their individual delegated authority in accordance with the Section 75 agreement. The Section 75 Committee may, where appropriate or necessary, meet separately from the Cheshire East Place Partnership Board in order to exercise the commissioning functions of the ICB and/or the Council in relation to the S75 Agreement.”

Section 7, Membership (extract):

Nominated representative (role/title)	Organisation	Sector represented	Member of consultative forum	Member of S75 committee
Director of Place	ICB	ICB	Yes	Yes
Director of Adults, Health & Transformation	Council	Adults	Yes	Yes

Section 8, Quorum:

“Section 75 Committee – quoracy is each representative from the ICB and Council, or their nominated substitute.”



Cheshire East Health and Care Partnership Board – Public Session

Wednesday 2nd November 2022 - 2.00pm – 4.00pm
The Boardroom, Bevan House, Nantwich

Unconfirmed Minutes

Membership

Name	Key	Title	Organisation	Present
Steven Michael (chair)	SM	Independent Chair		✓
Amanda Williams	AW	Place Ass. Director of Quality and Safety Improvement	ICB Place Team	✓
Andrew Smith	AS	Acting Chair	ECT	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	✓
David Holden	DH	GP Partner	Audlem Medical Practice	Apols
Deborah Woodcock	DW	Executive Director of Children's Services	Cheshire East Council	Apols
Dennis Dunn	DD	Chairman	MCHFT	✓
Dr Patrick Kearns	PK	Chair	Vernova Healthcare	Apols
Ged Murphy	GM	Chief Executive	ECT	✓
Helen Charlesworth-May	HCM	Executive Director – Adults, Health and Integration	Cheshire East Council	Apols
Ian Moston	IM	Chief Executive	MCHFT	✓
Isla Wilson	IW	Chair	CWP NHS FT	✓
Lorraine O'Donnell	LOD	Chief Executive	Cheshire East Council	Apols
Louise Barry	LBa	Chief Executive Officer	Healthwatch Cheshire	✓
Lynda Risk	LR	Place Associate Director of Finance & Performance	ICB Place Team	Apols
Mark Wilkinson	MWI	Place Director – Cheshire East	ICB Place Team	✓



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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	✓
Tim Welch	TW	Chief Executive	CWP	Apols
William Greenwood	WG	Chief Executive & Company Secretary	LMC	Apols

In attendance

Name	Key	Title	Organisation	Present
Anushta Sivananthan	AS	Consultant Psychiatrist / Medical Director	CWP NHS FT	Apols
Carol Allen	CA	Notetaker	C&M, ICB	✓
Deborah Upton	DU	Legal Advisor	Cheshire East Council	Apols
Dylan Murphy	DM	Head Corporate Governance	C&M, ICB	✓
Guy Kilminster	GK	Corporate Manager Health Improvement	Cheshire East Council	✓
Katherine Sheerin	KS	Director of Transformation & Partnerships	East Cheshire NHS Trust	✓
Katie Riley	KR	Finance, representing Lynda Risk	ICB Place Team	✓
Nichola Thompson	NT	Director of Commissioning / People Directorate	Cheshire East Council	Apols

Item	Discussion and Actions	Action Owner
	Meeting Management	
1.	Welcome and Introduction from the Interim Chair	
1.1	The chair welcomed Board Members to the first Meeting in Public. The terms of reference and associated appointments of the Partnership Board have now progressed through partners' governance structures. This is therefore the first formal, public meeting of the Partnership Board.	
2.	Apologies	
2.1	The Partnership Board: • NOTED the apologies received.	
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 21 September 2022	
	The following corrections were made to the previous minutes:	

Item	Discussion and Actions	Action Owner
	<p>Agenda Item 9: Update on Maternity Services at Macclesfield District General Hospital section that reads: "Ladies have been birthing at Leighton Hospital, Stepping Hill Hospital and Wythenshawe Hospital in partnership with Manchester FT should read "Women have been birthing at Leighton Hospital, Stepping Hill Hospital and Wythenshawe Hospital in partnership with Manchester FT".</p> <p>The Partnership Board:</p> <ul style="list-style-type: none"> • NOTED the minutes of the Shadow Partnership Board meeting held on 22 September 2022; and • APPROVED the minutes, subject to any required corrections (including those to the attendance list). 	
5.	Action Log and matters arising	
5.1	The Partnership Board NOTED the Action Log.	
	Business Items	
6.	Place Director Update (Mark Wilkinson)	
6.1	<p>MW provided the Board with an update.</p> <p>There are three key items:</p> <ol style="list-style-type: none"> 1. Information relating to Provider Collaboratives. 2. Place Clinical Director: Dr Andrew Wilson the former chair of Cheshire CCG's Governing Body has been appointed to the role of Place Clinical Director. 3. Consultation on the ICB Staffing Structures. <p>Feedback:</p> <ul style="list-style-type: none"> • Ongoing discussion around all Place team members attending the Partnership Board going forward. • Dr Wilson was a non-executive director on the MCHFT Board as well as vice-chair of the Health and Wellbeing Board. There were conflicts of interest to consider but it was also noted that the partnership board aimed to promote joint-working and break down organisational barriers. • Thought would be given to the process for the declaration and management of Partnership Board members' interests. • Thought needed to be given to GP / primary care representation on the Partnership Board to ensure there was a strong voice from primary care. • The staffing structure consultation will conclude on the 10th November 2022. • There was a hugely complex task ahead in Cheshire with one CCG establishing two Places. • Four posts reporting to Mark Wilkinson have been appointed to. The wider teams were split between East and West with leaning-in arrangements where people have not been formally allocated to East or West. • Mark Wilkinson agreed to clarify the staffing structure. ACTION: MWI. <p>The Partnership Board NOTED the update.</p>	

Item	Discussion and Actions	Action Owner
7.	Cheshire East Place System Winter Plan 2022/23 (Shelley Brough)	
7.1	<p>SB delivered an update on Winter Planning, noting that the plan is being developed within financial and workforce constraints.</p> <p>Comments:</p> <ul style="list-style-type: none"> Targeted work was being undertaken around low vaccination rates in Cheshire East, including NHS staff There was an issue with respiratory problems with the under-fives and flu for up to fourteen-year-olds relating to vaccination developments and prevention. Board Members were informed about the rising Respiratory Syncytial Virus (RSV) Infection rate in reception school children. Care and nursing workforce is in the winter plan across the whole system, incorporating recruitment and retention of staff effort. Declining public interest in the Covid-19 vaccination is a concern across Cheshire and Merseyside. Mitigation plans working across the providers will be put in place around the threat of industrial action. The mechanism to coherently provide a review of the metrics is important. The focus on NHS staff continues. Particularly on social care staff is important The increase in the cost-of-living will impact the suicide rate and people's mental health; ensure organisations were compliant with suicide training (including front line staff) <p>Questions and responses:</p> <ul style="list-style-type: none"> The question was asked how Third Sector Partners were connecting? <ul style="list-style-type: none"> The Voluntary Community Sector's relationship has changed, embedded in the working of the Local Authority and Health which is encouraging. Voluntary work is connecting at a Care Community level. <p>Comments:</p> <ul style="list-style-type: none"> A monitoring programme is in place via the Operational Group. Items for escalation go via the Leadership Group and through the Board. Chief Operating Officers, Operational Leads for Provider Organisations and Local Authority meet to address issues. BCFSC & a GP representation will be present at the Operational Group. The comment was made that Board Members should be made aware of organisations represented on reporting groups for assurance. Maintaining elective capacity through winter must be a priority. The demand for the local authority is created because of congestion in hospitals by not assigning people to the correct bed. Social and domiciliary care demand can be lowered. Focus on achieving the level of optimisation inside the acute sector to reduce decommissioning. 	

Item	Discussion and Actions	Action Owner
	<ul style="list-style-type: none"> The £500M iBCF winter schemes impacts the resource plan and will pose a risk if scraped. Consider governance arrangement to focus on service delivery, not only reporting. <p>The Partnership Board:</p> <ul style="list-style-type: none"> NOTED the content of the Cheshire East Place System Winter Plan 2022-23. SUPPORTED the onward governance approval process in line with Organisational requirements. 	
8.	Sustainable Hospital Services Programme: East Cheshire NHS Trust and Stockport NHS Foundation Trust (Katherine Sheerin and Ged Murphy)	
8.1	<p>KS and GM delivered an update on:</p> <ol style="list-style-type: none"> East Cheshire NHS Trust's overarching strategy – Our Healthy Future Together 2022 – 2025. Creating Sustainable Hospital Services for the people of Eastern Cheshire and Stockport. The next steps in taking this work forward. <p>Key risks relate to workforce resource, financial resource, governance and appetite for change.</p> <p>Queries and Responses:</p> <ul style="list-style-type: none"> The question was asked whether any health and inequalities data were available for Stockport? What action plans are in place to improve data? <ul style="list-style-type: none"> ➤ Work with partners was undertaken. ➤ Stockport have a similar Place plan in terms of geography, ethnicity, people with learning disabilities, looking at community access rates for people with mental health issues. ➤ Commence an Equality Impact Assessment (EIA). <p>Comments:</p> <ul style="list-style-type: none"> Engagement and Comms with the public in terms of next steps is key. Running workshops with counsellors who were the interface between the public. Clinicians and medical directors were generally listened to by the public. Clinicians determining what is best for patients. Services are clinically led. The interconnectivity with a medical team in Cheshire East and the Four Models of Care would be helpful. Having joined up communication around the four models of care would be beneficial. People out into the community (e.g., the Allied Health Professionals) will be believed by the public. Care Communities were able to engage and guide people in the community. Joint comms between the two Trusts would be useful. The strategy should make explicit reference to the developing approach in Mid Cheshire and how the two complemented one another. <p>The Partnership Board:</p>	

Item	Discussion and Actions	Action Owner
	<ul style="list-style-type: none"> NOTED the update and proposals outlined in the presentation. 	
	Assurance / Information Reports	
9.	Cheshire and Merseyside Development Framework – Cheshire East Place Self-Assessment – for information (Mark Wilkinson)	
9.1	<p>MW reported that since the 1st July 2022 when the new Integrated Care System arrangements went live, a significant amount of activity has been undertaken to develop arrangements at a Place level. The Cheshire and Merseyside Development Framework report is structured to provide an update across the 4 domains (ambition/vision, leadership/culture, design/ delivery and governance) of the C&M Development Framework.</p> <p>The C&M Development Framework has four categories of assessment (domains) to inform whether as a place we are ‘emerging’, ‘evolving’, ‘established’ or ‘thriving’ against each of the domains.</p> <p>Appendix A: C&M Development Framework sets out against a number of helpful domains, what good looks like and how progress is measured towards maturity for the board. This is the first in a series of regular updates which will be produced by Cheshire East Place and circulated across all Partners for sharing within organisational governance as appropriate. Progress is measured periodically against each domain.</p> <p>Place review meetings in Cheshire East take place with ICB central to discuss progress, areas for improvement.</p> <p>Feedback:</p> <ul style="list-style-type: none"> There were reasons to provide a positive assessment, but it was arguable whether the threshold for a “thriving” assessment had been achieved for the “ambition and vision” domain at this stage of development. Cheshire East Place to create a framework (outcome measures) on what the board aims to achieve. <p>The Partnership Board:</p> <ul style="list-style-type: none"> NOTED the performance to date as expressed against the C&M Development Framework and ENDORSED the recommendations as follows: <ul style="list-style-type: none"> Ensure that the enabler workstreams have clarity about the outcomes that they need to deliver and how this supports delivery against C&M Development Framework. Ensure that each of the enabler workstreams are meeting regularly and that there is commitment from place to attend. Ensure each committee and sub-committee have forward plans. 	
10.	Quality and Performance Report (Associate Director Quality and Safety) (Amanda Williams)	
10.1	AW gave an overview of the Quality and Performance Report: November 2022:	

Item	Discussion and Actions	Action Owner
	<p><u>Introduction:</u> The ICB Quality and Performance Committee is now established. Each place provides summary reports in relation to quality and performance of NHS commissioned care services. The report is focused on NHS commissioned care services.</p> <p>This paper is a report of Cheshire wide (Cheshire East and Cheshire West) Quality and Performance Subcommittee of the ICB, previously the Cheshire Quality and Performance Committee of the CCG. Predominately looking at NHS commissioned services. A transition into a more integrated Place Quality and Performance group, a more integrated report on the quality of Place in total. Working closely with partners (local authorities and public health colleagues, providers). A draft terms of reference is in place for a Place Quality and Performance Group which has a wider system membership.</p> <p>At the Quality and Performance subcommittee held on 5th October 2022 harm reviews were discussed. Acknowledging formal process along long wait and cancer reviews. Bearing in mind avoidable harm in general. Board Members were asked to support and think about having a combined data set which measures avoidable and think about solutions.</p> <p><u>Joint Targeted Area Inspection (JTAI):</u> An inspection took place during July in Cheshire East for evaluating the service of child criminal and sexual exploitation. The report was received on the 26 September 2022.</p> <p>Key strengths and problems were outlined with recommendations for improvement made. Cheshire East system accept all findings/recommendations and are now working on delivery of a multiagency safeguarding arrangements (MASA) JTAI improvement plan.</p> <p>It is essential to be more responsive when identifying children at risk.</p> <p>Comments:</p> <ul style="list-style-type: none"> • NHS commissioned services talks about staffing vacancies in the community services in MCHFT, which exists elsewhere. The report is in the public domain, includes all sectors and must be consistent. • IM raised the point around people not being in the correct care environment, leading to deconditioning. • Plans are being developed to work with partners across the system and the business intelligence team to develop an 'avoidable harm' dashboard. It was noted that MCHFT had an award-winning database accessible to Cheshire East and Cheshire West. • The dashboard will provide oversight data around quality improvement. • Reducing deconditioning and preventing onward demand was critical for adult social care and domiciliary care was critical. • The council were undertaking a financial review around capacity concerns in the business management unit. 	

Item	Discussion and Actions	Action Owner
	<p>The Partnership Board:</p> <ul style="list-style-type: none"> • NOTED the contents of the report. • 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. 	
11.	Update on Financial Position (Katie Riley for the Associate Director of Finance)	
11.1	<p>KR gave the following update: The purpose of the report is to update on the overall financial position of Cheshire East Place, showing the financial position of all partners. The report will be amended over the next months to be more consistent in terms of reporting periods and content.</p> <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 seem likely to be needed allowing activity to be increased at the same time as maintaining or improving services and access whilst reducing the associated cost.</p> <p>Key risks are identified across all organisations as increase cost, increase demand for services and the limitations of staff availability. The delivery of efficiency savings that have planned and increasing demand/inflation and emergency risks was key.</p> <p>The Better Care Fund (BCF) allocation is included in the report which shows £40M committed into the fund, approx. £20M from the ICB and £20M from the Council. Financial recovery will be the focus going forward which was a massive challenge for the system. The knock-on impact in future is huge/challenging.</p> <p>Feedback:</p> <ul style="list-style-type: none"> • Use standardised templates. • MCHFT were undertaking work with the ICB to describe the underlying deficit position drivers. • Expenditure paperwork will be brought to the board, for transparency. <p>The Partnership Board NOTED:</p> <ul style="list-style-type: none"> • The financial position of each organisation, as outlined at Section 2. • The next steps, as outlined at Section 9. 	
	Governance	
12.	Recruitment of Partnership Board Chair – Place Director (Mark Wilkinson)	
12.1	<p>MW gave a verbal on the recruitment process:</p> <ul style="list-style-type: none"> • Today is Dr Steven Michael's last day serving as chair of the Partnership Board. 	



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Item	Discussion and Actions	Action Owner
	<ul style="list-style-type: none"> Two expressions of interest, to serve as chair, were received. The role is for 12-months. Following discussions with local authority colleagues a decision was made to have a chair and a vice chair role. To aid succession-planning, the proposal was that the vice chair would take on the role of chair in twelve months' time. The role was limited to existing Partnership Board members and only certain members were eligible (as it would not be appropriate for ICB or Trust executives to serve in that role, for example). The Board will approve the final proposal. <p>Feedback:</p> <ul style="list-style-type: none"> Partners must be involved in agreeing the process. <p>The Partnership Board NOTED the update.</p>	
13	Any other Business	
13.1	<p>Process: Future agenda items: A forward work plan will be developed in conjunction with governance directors.</p> <p>Membership representation: Primary Care, Dentists, Community Pharmacy and Opticians: The membership of the group will be considered.</p> <p>The Board thanked Dr Steven Michael for his valuable contribution.</p>	
	Close of meeting.	
Date and Time of next meeting: To be confirmed.		

Updated: 16 January 2023

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
2022-002	21/09/2022	MW agreed to clarify whether the C-diff rates have increased at East Cheshire Trust.	Mark Wilkinson		02/11/2022	Completed	16/01/23: the accuracy of the statement made in report has been confirmed.
2022-004	02/11/2022	Mark Wilkinson agreed to clarify the staffing structure	Mark Wilkinson		04/01/2023	Completed	16/01/23: ICB staffing structures for consultation were shared with place leadership group members last autumn. The restructure has now moved into implementation phase with colleagues being slotted in to roles in either place or corporate structure. This process has not yet been concluded.
2022-005	02/11/2022	The membership of the group will be considered to ensure effective representation of primary care (considering Dentists, Community Pharmacy and Opticians as well as GPs).	Mark Wilkinson		04/01/2023	Completed	16/01/23: NHS Cheshire and Merseyside currently commissions GP and community pharmacy services, and from April 23 will commission general dentistry and ophthalmic services. Cheshire East Place now has a primary care advisory forum meeting regularly with formal decisions being made at either a Cheshire and Merseyside level or under the authority of the Place Director. It is planned to bring the minutes or an update report from the Primary Care Advisory Forum to future meetings of this Board. In terms of professional engagement, the Local Medical Committee are current members and discussions are underway as to how the Local Pharmaceutical Committee can be more fully engaged.
2022-006	02/11/2022	A forward work plan will be developed in conjunction with Trust governance leads.	Mark Wilkinson		04/01/2023	Ongoing	02/12/22: Monthly meetings have been arranged for the ICB, local authority and Trust governance leads to consider forward planning. An outline forward planner (developed by the ICB) has been shared for wider consideration and development. 16/01/23: Colleagues from East Cheshire Trust, the Council, and ICB Place team met just before Christmas to continue to develop a forward work plan. Shared virtual spaces have been created to support joint working on the forward plan". Stronger engagement with/ from other partners is required.

HCPB Decision Log 2022 - 2023					
Updated: 25 November 2022					
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.	

Cheshire East Health and Care Partnership Board

Place Director Update January 2023

Date of meeting:	23 January 2023
Agenda Item No:	8
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

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

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

Next Steps:

None

**Responsible
Officer to take
forward actions:**

Mark Wilkinson, Cheshire East Place Director, NHS Cheshire and Merseyside

Appendices:

- A) 2023/24 Planning guidance and priorities: Brief guide from NHS England – December 2022
- B) Health and Care Partnership Boards and Groups
- C) A&E attendances: Cheshire East UEC metrics and interventions

Place Director Report – January 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

Chair and Vice Chair

Following a selection process, Isla Wilson has agreed to take on the role of Partnership Board chair following the end of Steven Michael's contract. Councillor Jill Rhodes has agreed to take on the role of Vice Chair. Both will serve for the calendar year 2023.

Refresh of Health and Wellbeing Strategy

The Health and Wellbeing Board – a statutory committee of Cheshire East Council – has the formal responsibility to set a strategy for the health and wellbeing. This will be a single high-level strategy that will also act as our Partnership Board strategy – as all of our work supports the strategy in one way or another. The Health and Wellbeing strategy is wider as it seeks to influence some of the broader determinants of health for example housing and the built environment.

The strategy will be supported by a five year delivery plan which is also under development and as with the strategy will describe both our Partnership Board longer term plans for health and care integration as well as our contributions as local anchor institutions.

The final 'level' of our planning is operational planning for 2023/24.

The strategy is currently being refreshed and feedback can be provided via [Health and Wellbeing Strategy Consultation 2023 \(cheshireeast.gov.uk\)](https://www.cheshireeast.gov.uk/health-and-wellbeing-strategy-consultation-2023) before 5 February.

The integrated care system across Cheshire and Merseyside

The integrated care system comprises the integrated care board, and the integrated care partnership - possibly confusingly called the health and care partnership (HCP).

The HCP has held its initial meeting. All nine local authorities are represented on it, and the chair is the leader of Cheshire West and Chester Council. At its next meeting it will be asked to approve an interim strategy for publication. This will be followed by a five-year joint forward plan.

The draft forward plan will be ready at the end of March, with formal publication scheduled for end June. In the intervening three months all health and well-being boards will be asked to support the plan.

Just before Christmas the NHS published its annual planning guidance to the NHS. The three overarching themes are to:

- Recover our core services and improving productivity.
- Make progress in delivering key NHS long term ambitions.
- Continue transforming the NHS for the future.

A summary of the planning guidance on a page is attached in appendix A.

Winter pressures, Covid, higher than usual numbers of patients with flu, and industrial action have all combined to present health and care services with some of the greatest challenges ever seen. These challenges are reflected locally.

Partnership development

Place governance arrangements are now set, with all groups formally established and meeting on a regular basis. Former CCG staff are currently going through a slotting in or ring fence process to determine whether they will be working at a place, pan multiple places, or at a Cheshire and Merseyside level. A description of current groups and committees within the partnership is provided in appendix B.

In November 2022 the partnership received additional non-recurrent money – directed via health and social care – to support the accelerated discharge of medically optimised patients from hospital. The recent focus has been to confirm that all approved schemes have been mobilised, and more importantly that the desired impact is being achieved. Although it is still early days, there are positive signs of reductions in the numbers of patients in hospitals who remain as inpatients despite being medically optimised for discharge, and also emergency department attendances. See appendix C for Cheshire East urgent and emergency care (UEC) metrics and interventions. Monitoring will continue over the next few months.

The Place leadership group have confirmed their commitment to working at a neighbourhood level, which in Cheshire East means our eight care communities.

3. Meetings and visits

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

- Attended and introduced a celebration networking event for the Chelford Handforth Alderley Edge and Wilmslow care community at The Guild in Wilmslow.
- Visited the Emergency Department at Leighton Hospital, Crewe.

- Met David Rutley MP together with Ged Murphy, East Cheshire Trust CEO, to discuss various matters including the full return of maternity services.
- Attended the NHS Christmas carol concert at Liverpool's Anglican Cathedral
- Spoke to staff on a tour of Wilmslow Health Centre

4. Recommendation

The Board is asked to note the report.

Appendix A - 2023/24 Planning guidance and priorities: Brief guide from NHS England – December 2022

To help provide certainty for local health and care teams, NHS England has published its annual Priorities and Operational Planning Guidance. ICBs are asked to work with system partners to develop plans to meet the objectives set out in this guidance before the end of March 2023.

The 2023/24 planning guidance sets out three core priorities informed by three underlying principles:

Core priorities

Recovering our core services and improving productivity
Make progress in delivering the key NHS Long Term Plan ambitions
Continue transforming the NHS for the future

Underlying principles

Smaller number of national objectives which matter most to the public and patients
More empowered and accountable local systems
NHSE guidance focused on the “why” and “what”, not the “how”

Headline ambitions for recovering our core services and improving productivity

Improve ambulance response and A&E waiting times.
Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard.
Make it easier for people to access primary care services, particularly general practice.

Recovering productivity and improving whole system flow are critical to achieving these objectives, and we must collectively address the challenge of staff retention and attendance. Throughout all the above will be a focus on narrowing health inequalities in access, outcomes and experiences, and maintaining quality and safety in our services, particularly in maternity services.

Delivering the key Long Term Plan ambitions and transforming the NHS

We need to create stronger foundations for the future, with the core goals of the NHS Long Term Plan our ‘north star’. These include our commitments to:

- Improve mental health services and services for people with a learning disability and autistic people.
- Continue to support delivery of the primary and secondary prevention priorities and the effective management of long-term conditions.
- Ensure that the workforce is put on a sustainable footing for the long term, including publication of a NHS Long Term Workforce Plan.

- Level up digital infrastructure and drive greater connectivity, including development of the NHS App to help patients to identify their needs and get the right care in the right setting.

Local empowerment and accountability

ICSs are best placed to understand population needs and are expected to agree specific local objectives that complement the national NHS objectives. As set out in Operating Framework, NHS England will continue to support the local NHS [integrated care boards (ICBs) and providers] to deliver their objectives and publish information on progress against the key objectives set out in the NHS Long Term Plan.

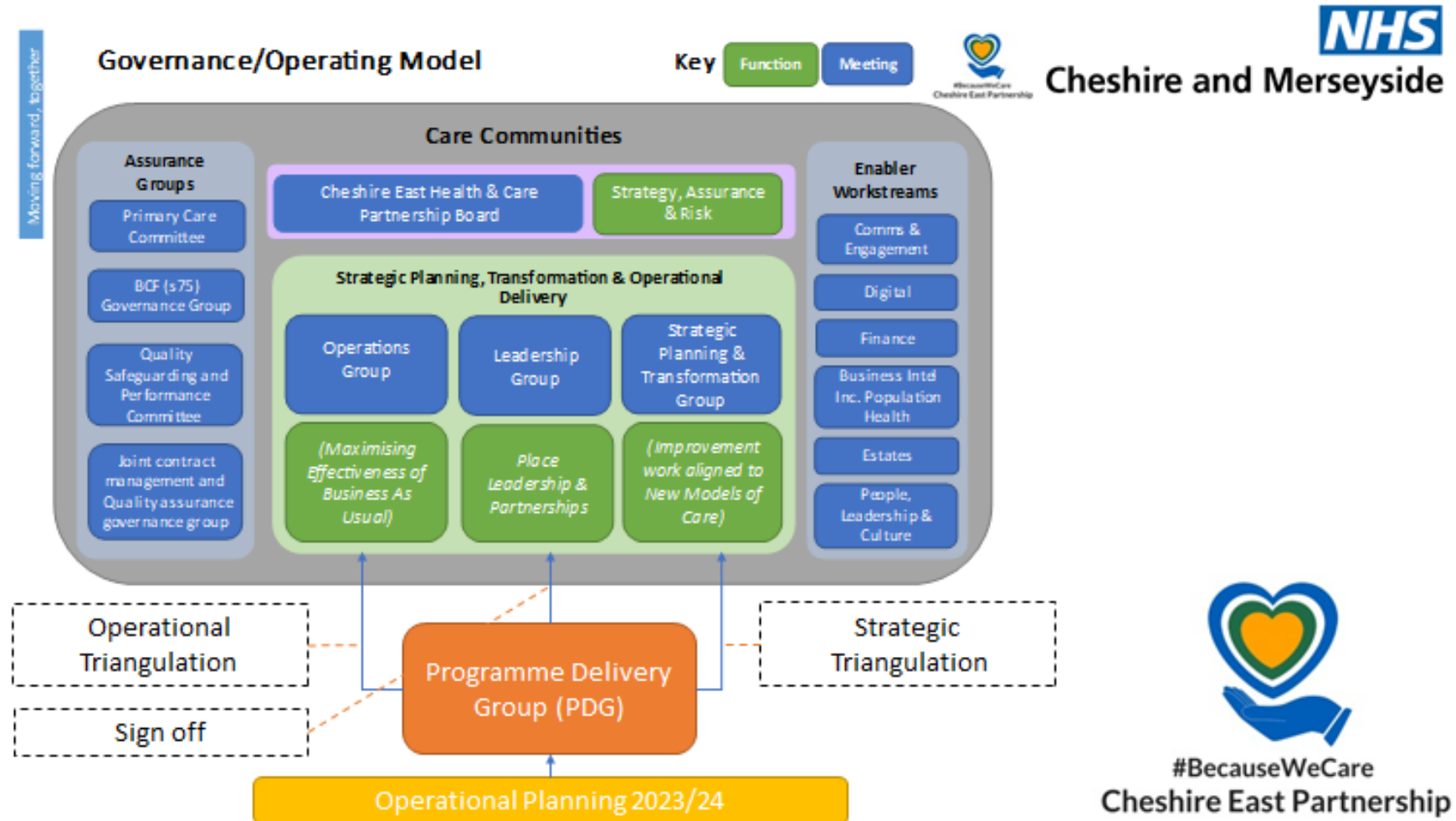
Funding and planning assumptions

The Autumn Statement 2022 announced an extra £3.3 billion in both 2023/24 and 2024/25 for the NHS to respond to the significant pressures we are facing. We are issuing two-year revenue allocations for 2023/24 and 2024/25. At national level, total ICB allocations [including COVID-19 and Elective Recovery Funding (ERF)] are flat in real terms with additional funding available to expand capacity. Core ICB capital allocations for 2022/23 to 2024/25 have already been published and remain the foundation of capital planning for future years. ICBs and NHS primary and secondary care providers are expected to work together to plan and deliver a balanced net system financial position in collaboration with other ICS partners.

Further reading

Full planning guidance documents and supporting guidance can be read on the NHS England website.

Appendix B – Health and Care Partnership Boards and Groups



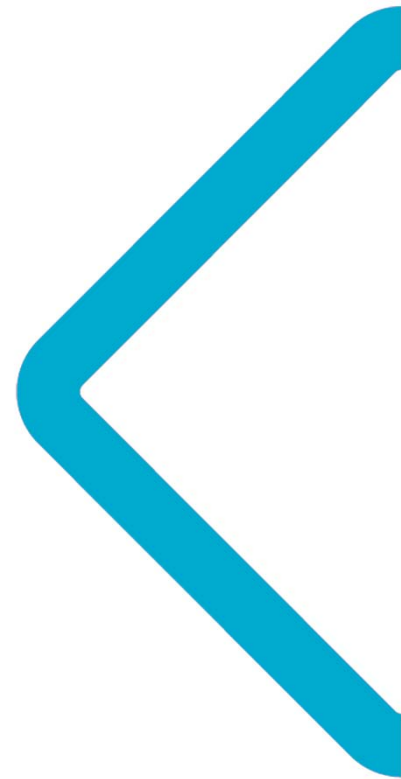




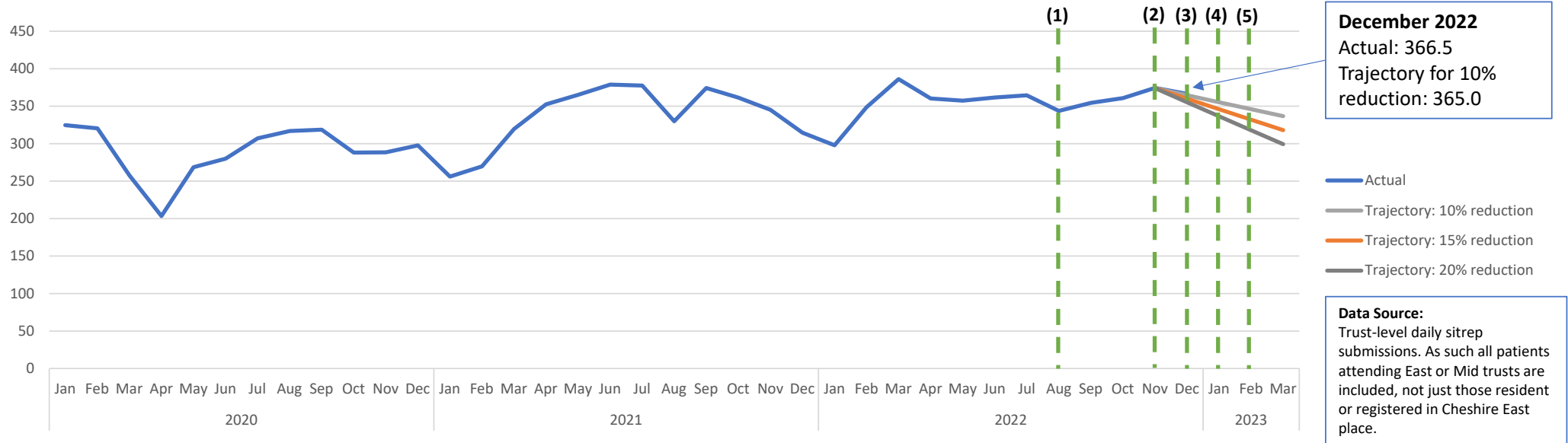
Cheshire and Merseyside

A&E attendances

Cheshire East UEC metrics and interventions



UEC metrics – Average daily type 1 A&E attendances – East and Mid trusts



Initiatives aimed at reducing A&E attendances

Footprint: both providers (black); East (blue); Mid (green).

(1) August 2022 - existing operational Home First services

- NHS 111
- Mental Health Crisis Line Assessment Services
- Accurate Directory of Services (DOS)
- Care4CE Mobile nights
- Community 2-hour Crisis Response
- Community Intervention Beds step up beds (St Catherine's – Station House)
- Primary and Community Care Teams
- Care Home Support Service - provided by the End of Life Partnership
- Advanced Dementia Support Service - provided by the End of Life Partnership
- Care communities offer

(2) November 2022 - new interventions (with all of the above continuing)

- 9th - High intensity Support Workers ECT & MCHFT
- 28th - Rough Sleepers pathway operational

(3) December 2022 - new interventions (with all of the above continuing)

- NWAS process to be agreed. Objective, UCR take calls from the stack and become the first responder to falls in the community where appropriate.
- Winter Access Fund for Primary Care
- Contingency budget for market restructuring and transport - fuel cost support for care at home providers
- Approved Mental Health Practitioners Cover, evenings & weekends for ECT and MCHFT

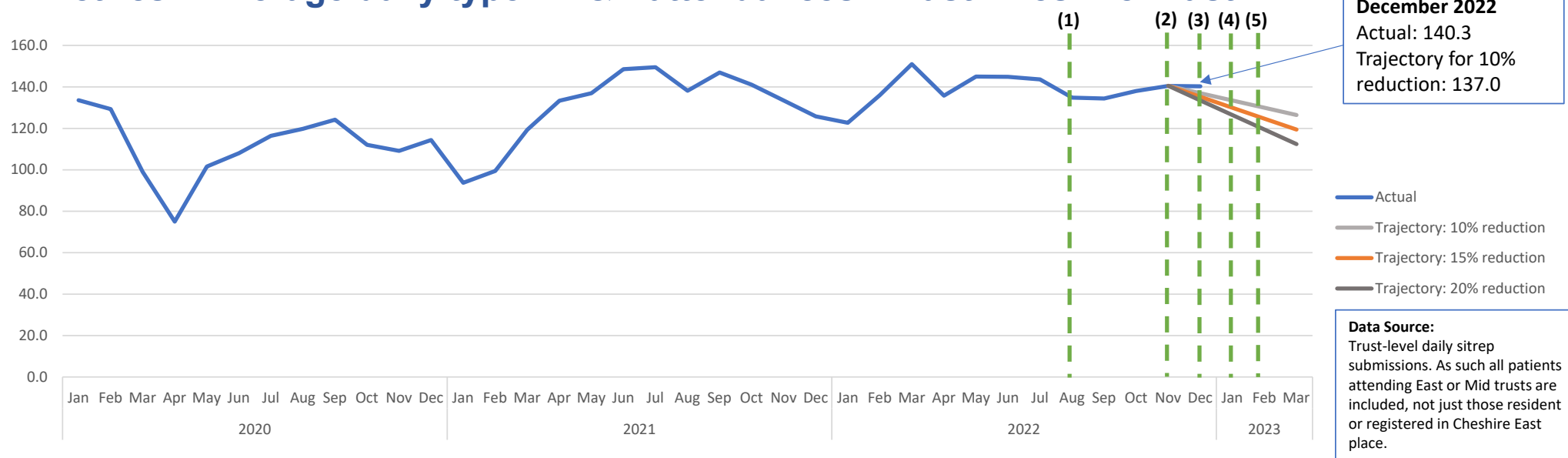
(4) January 2023 - new interventions (with all of the above continuing)

- Care4CE mobile nights service to support people at home during the night
- Mental Health Reablement – Rapid Response Service
- Challenging behaviour training for Care Homes

(5) February 2023 - new interventions (with all of the above continuing)

- Frailty Emergency Assessment Unit

UEC metrics – Average daily type 1 A&E attendances – East Cheshire Trust



Initiatives aimed at reducing A&E attendances

Footprint: both providers (black); East (blue); Mid (green).

(1) August 2022 - existing operational Home First services

- NHS 111
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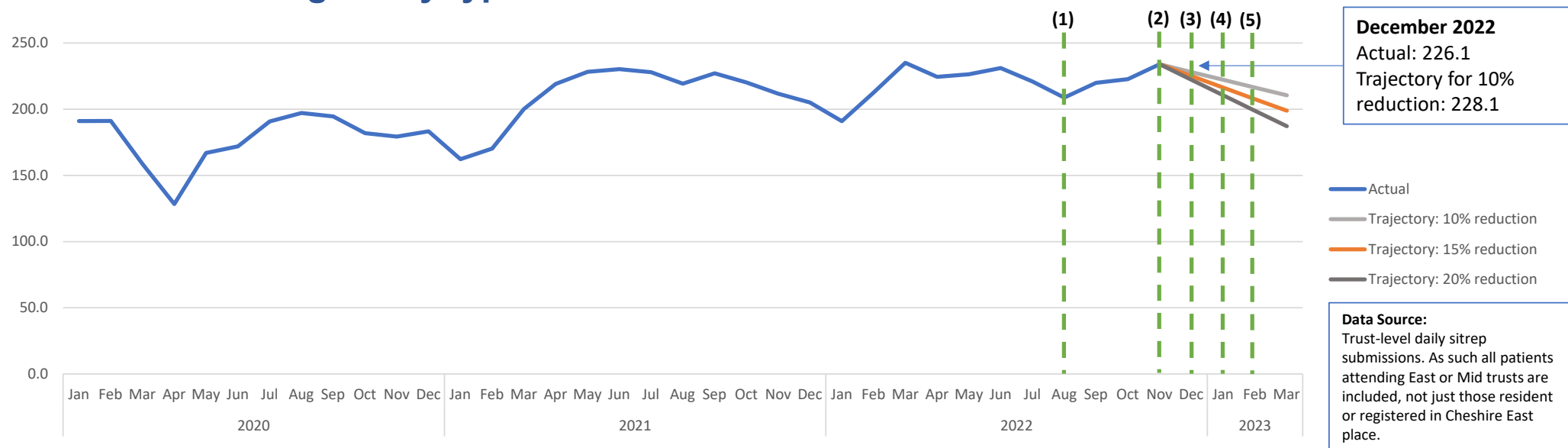
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- Challenging behaviour training for Care Homes

(5) February 2023 - new interventions (with all of the above continuing)

- Frailty Emergency Assessment Unit

UEC metrics – Average daily type 1 A&E attendances – Mid Cheshire Trust



Initiatives aimed at reducing A&E attendances

Footprint: both providers (black); East (blue); Mid (green).

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- Care4CE Mobile nights
- Community 2-hour Crisis Response
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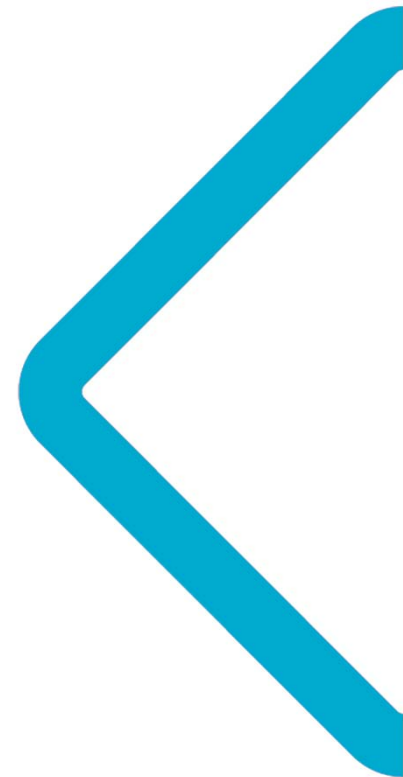
- Frailty Emergency Assessment Unit



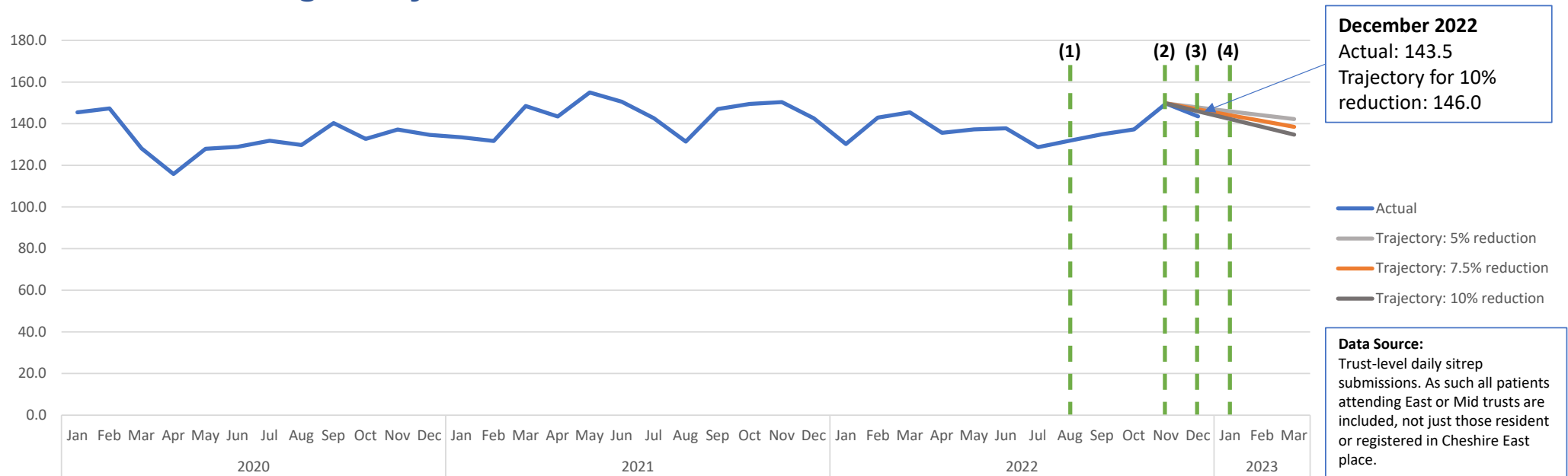
Cheshire and Merseyside

Non-elective admissions

Cheshire East UEC metrics and interventions



UEC metrics - Average daily non-elective admissions* - East and Mid Trusts



*this specific data feed did not commence till January 2020 and from comparison to other sources we expect historic activity presented here to be lower than activity seen in 2018 -2019 due to COVID.

Initiatives aimed at reducing non-elective admissions

Footprint: both providers (black); East (blue); Mid (green).

(1) August 2022 - existing operational Home First services

- Frailty Service ECT
- React Service MCHFT
- Mental Health Crisis Response bed base
- Acute Visiting Service, GPOOH

(2) November 2022 - new interventions (with all of the above continuing)

- 21st - Co-locate Care4Ce Mobile Night & ECT Out of Hours District Nursing
- 21st - 200 Hours additional community capacity to positioned into ECT, ED Department linked to Frailty service and Urgent Community Response

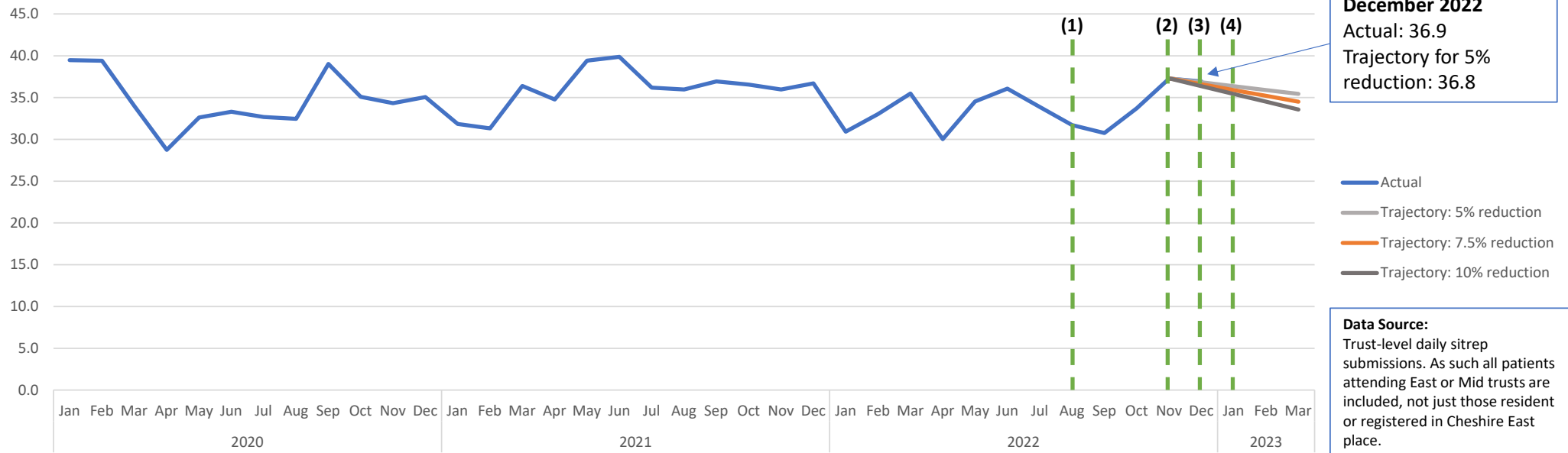
(3) December 2022 - new interventions (with all of the above continuing)

- Hot Hub escalation expansion for non-elective and Paediatrics

(4) January 2023 – new interventions (with all of the above continuing)

- East Cheshire Hospice and St. Luke's Hospice bed capacity
- Co-locate Care4Ce Mobile Night & Mid Out of Hours District Nursing

UEC metrics - Average daily non-elective admissions* - East Cheshire Trust



*this specific data feed did not commence till January 2020 and from comparison to other sources we expect historic activity presented here to be lower than activity seen in 2018 -2019 due to COVID.

Initiatives aimed at reducing non-elective admissions

Footprint: both providers (black); East (blue); Mid (green).

(1) August 2022 - existing operational Home First services

- Frailty Service ECT
- React Service MCHFT
- Mental Health Crisis Response bed base
- Acute Visiting Service, GPOOH

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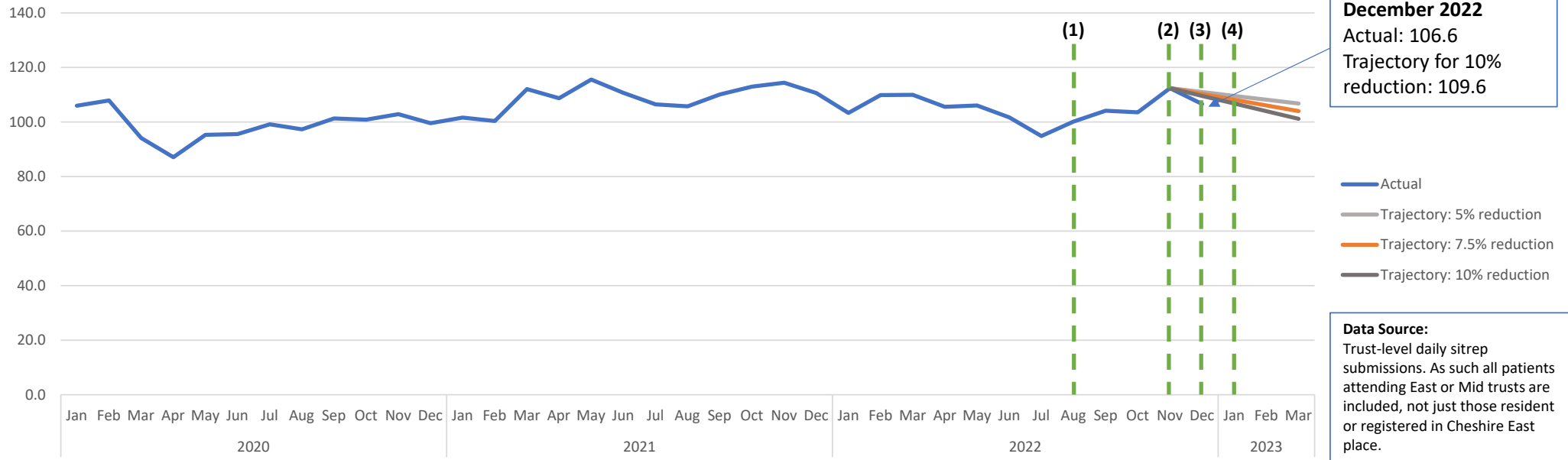
(3) December 2022 - new interventions (with all of the above continuing)

- Hot Hub escalation expansion for non-elective and Paediatrics

(4) January 2023 – new interventions (with all of the above continuing)

- East Cheshire Hospice and St. Luke's Hospice bed capacity
- Co-locate Care4Ce Mobile Night & Mid Out of Hours District Nursing

UEC metrics - Average daily non-elective admissions* - Mid Cheshire Trust



*this specific data feed did not commence till January 2020 and from comparison to other sources we expect historic activity presented here to be lower than activity seen in 2018 -2019 due to COVID.

Initiatives aimed at reducing non-elective admissions

Footprint: both providers (black); East (blue); Mid (green).

(1) August 2022 - existing operational Home First services

- Frailty Service ECT
- React Service MCHFT
- Mental Health Crisis Response bed base
- Acute Visiting Service, GPOOH

(2) November 2022 - new interventions (with all of the above continuing)

- 21st - Co-locate Care4Ce Mobile Night & ECT Out of Hours District Nursing
- 21st - 200 Hours additional community capacity to positioned into ECT, ED Department linked to Frailty service and Urgent Community Response

(3) December 2022 - new interventions (with all of the above continuing)

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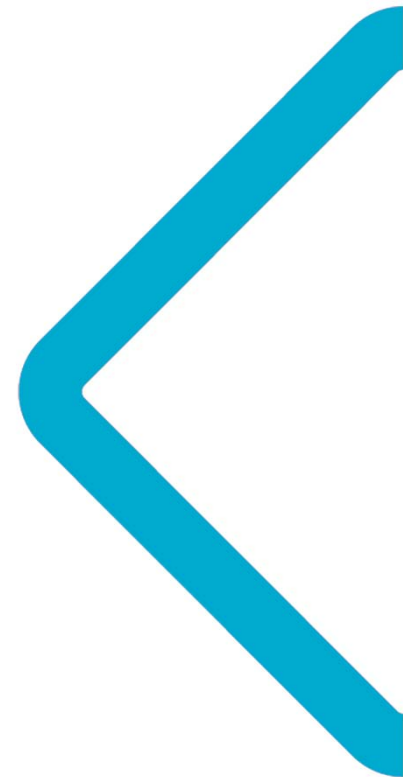
- East Cheshire Hospice and St. Luke's Hospice bed capacity
- Co-locate Care4Ce Mobile Night & Mid Out of Hours District Nursing



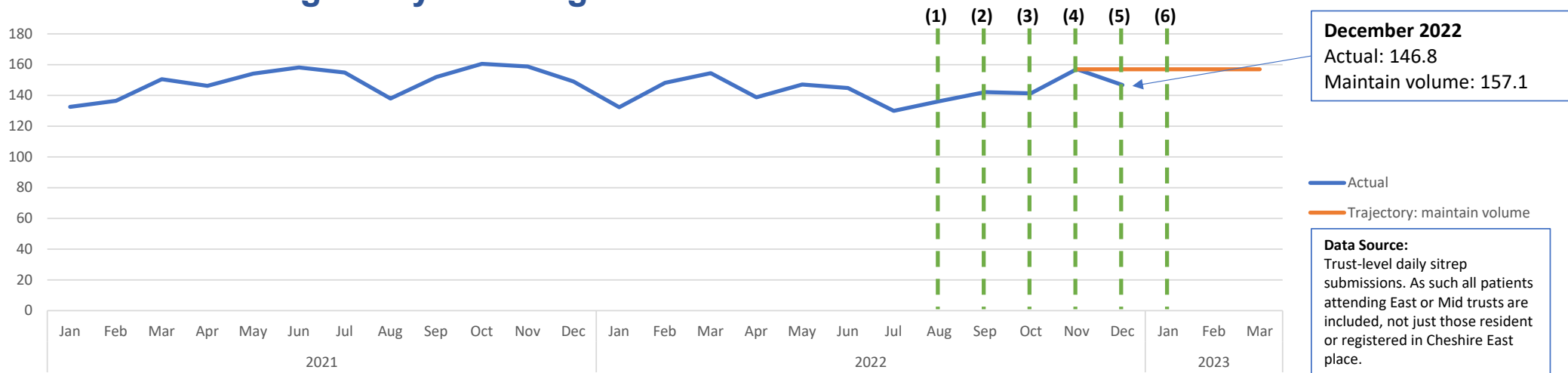
Cheshire and Merseyside

Discharges

Cheshire East UEC metrics and interventions



UEC metrics – Average daily discharges – East and Mid trusts



Initiatives aimed at reducing total discharge volumes

Footprint: both providers (black); **East** (blue); **Mid** (green).

(1) August 2022 - existing operational Home First services

- Mental Health Reablement
- Community Equipment
- Community Reablement
- **Raid Response Care Via Routes and Evolving Care – Support Hospital Discharge**
- **General Nursing Assistants Hospital Discharge**
- D2A Community beds
- Resilience Beds to support P1 discharges
- Virtual Wards Home Oximetry
- British Red Cross discharge to home service
- Personal Health Budgets to support discharges
- Carers Payments to facilitate rapid discharge
- St Pauls Hospital Discharge Support delivered via Community Voluntary Sector

(2) September 2022 - new interventions (with all of the above continuing)

- 1st - 4-week assistive technology offer at the point of discharge
- 5th - Community Connectors deployed into Transfer of Care Hub
- 5th - Reablement Workers deployed into Transfer of Placements
- **5th - Bridging Placements of Care packages GNA & Reablement**
- 12th - Home First OT Therapist & Reablement 72 discharges
- 14th - Community Voluntary Services St Michaels & St Pauls support
- ISL in reach support for MH patients contract extended

(3) October 2022 - new interventions (with all of the above continuing)

- 17th - Carers Pilot Launched MCHFT
- Virtual Wallet to support Rapid discharge
- Overseas additional community capacity Cherished Care

(4) November 2022 - new interventions (with all of the above continuing)

- 25th - AT equipment to be located in Transfer of Care Hubs
- 28th - Community equipment remote stores to be operational and accessible 7 days
- 28th - Remote Carers payment offer
- 28th - CGL – Drug and Alcohol Service linked to transfer of care hub

(5) December 2022 - new interventions (with all of the above continuing)

- Expansion of respiratory Virtual Wards
- Assistive Technology & Gantry Hoists to reduce double handling care packages
- Emergency Housing accommodation for prevention and discharge (for homeless people)
- Housing Grant to support overseas staff recruitment for existing commissioned providers
- Hospital Discharge Premium Payment & Prevention Scheme
- Additional hospital transport for discharges for evenings & weekends
- Additional Acute Pharmacy capacity to support hospital flow
- **Rapid Response Care to support hospital discharge – South of the Borough**
- Acute Trust Discharge support for ECT & MCHFT:-
 - Hospital discharge Co-Ordinator's x2 ECT & x2 MCHFT
 - **East Cheshire Trust additional OT support**

- Health Care Assistants x2 linked to Home First Occupation Therapy Model

- **Occupational Assessment Therapy Flat (Riseley House, Macclesfield) to support individuals to return home**
- **Male only unit (8 beds) at Riseley House, Macclesfield, for challenging behaviour**
- ED Mental Health In reach specialist Support Workers to support people awaiting discharge
- Short stay beds to support discharges
- Care robots to free capacity in the care home market

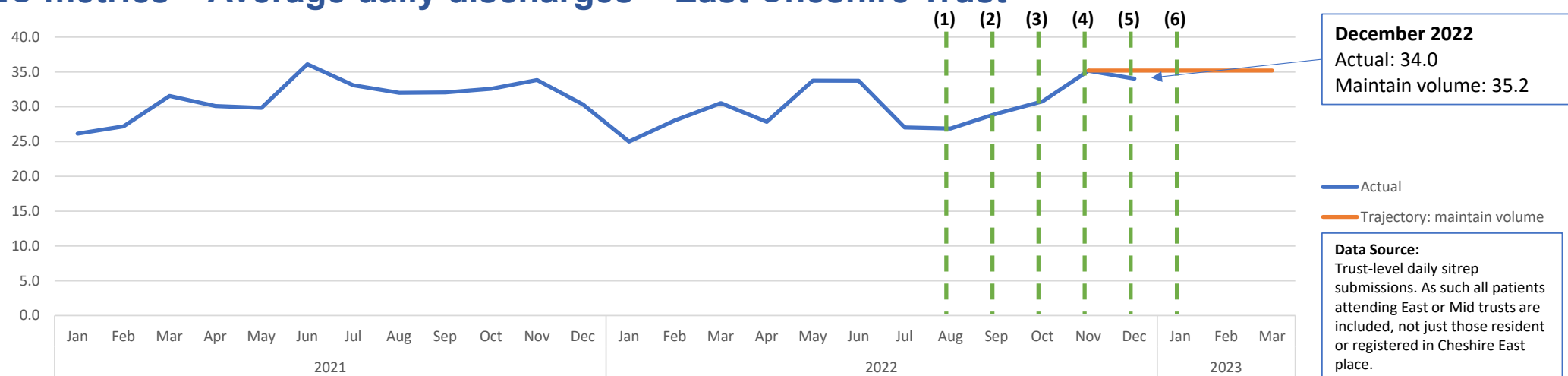
(6) January 2023 – new interventions (with all of the above continuing)

- **Increase General Nursing Assistant Capacity care at home via CCICP**
- Transfer of Care Hub, Nurses and additional Social Workers to support discharges out of ED and out of hospital
- **Mental Health step down supported living flats (4) 1st Enable in Crewe**
- **Wilmslow Manor 6 general nursing beds, Henning Hall 6 general nursing beds**

Other:

- Additional discharge coordinator to work across rehab to support timely discharge and create flow
- Housing Support and Recovery in reach support to CWP wards to facilitate discharge

UEC metrics – Average daily discharges – East Cheshire Trust



Initiatives aimed at reducing total discharge volumes

Footprint: both providers (black); **East (blue); Mid (green).**

(1) August 2022 - existing operational Home First services

- Mental Health Reablement
- Community Equipment
- Community Reablement
- **Raid Response Care Via Routes and Evolving Care – Support Hospital Discharge**
- **General Nursing Assistants Hospital Discharge**
- D2A Community beds
- Resilience Beds to support P1 discharges
- Virtual Wards Home Oximetry
- British Red Cross discharge to home service
- Personal Health Budgets to support discharges
- Carers Payments to facilitate rapid discharge
- St Pauls Hospital Discharge Support delivered via Community Voluntary Sector

(2) September 2022 - new interventions (with all of the above continuing)

- 1st - 4-week assistive technology offer at the point of discharge
- 5th - Community Connectors deployed into Transfer of Care Hub
- 5th - Reablement Workers deployed into Transfer of Placements
- **5th - Bridging Placements of Care packages GNA & Reablement**
- 12th - Home First OT Therapist & Reablement 72 discharges
- 14th - Community Voluntary Services St Michaels & St Pauls support
- ISL in reach support for MH patients contract extended

(3) October 2022 - new interventions (with all of the above continuing)

- 17th - Carers Pilot Launched MCHFT
- Virtual Wallet to support Rapid discharge
- Overseas additional community capacity Cherished Care

(4) November 2022 - new interventions (with all of the above continuing)

- 25th - AT equipment to be located in Transfer of Care Hubs
- 28th - Community equipment remote stores to be operational and accessible 7 days
- 28th - Remote Carers payment offer
- 28th - CGL – Drug and Alcohol Service linked to transfer of care hub

(5) December 2022 - new interventions (with all of the above continuing)

- Expansion of respiratory Virtual Wards
- Assistive Technology & Gantry Hoists to reduce double handling care packages
- Emergency Housing accommodation for prevention and discharge (for homeless people)
- Housing Grant to support overseas staff recruitment for existing commissioned providers
- Hospital Discharge Premium Payment & Prevention Scheme
- Additional hospital transport for discharges for evenings & weekends
- Additional Acute Pharmacy capacity to support hospital flow
- **Rapid Response Care to support hospital discharge – South of the Borough**
- Acute Trust Discharge support for ECT & MCHFT:-
 - Hospital discharge Co-Ordinator's x2 ECT & x2 MCHFT
 - **East Cheshire Trust additional OT support**

- Health Care Assistants x2 linked to Home First Occupation Therapy Model

- **Occupational Assessment Therapy Flat (Riseley House, Macclesfield) to support individuals to return home**
- **Male only unit (8 beds) at Riseley House, Macclesfield, for challenging behaviour**
- ED Mental Health In reach specialist Support Workers to support people awaiting discharge
- Short stay beds to support discharges
- Care robots to free capacity in the care home market

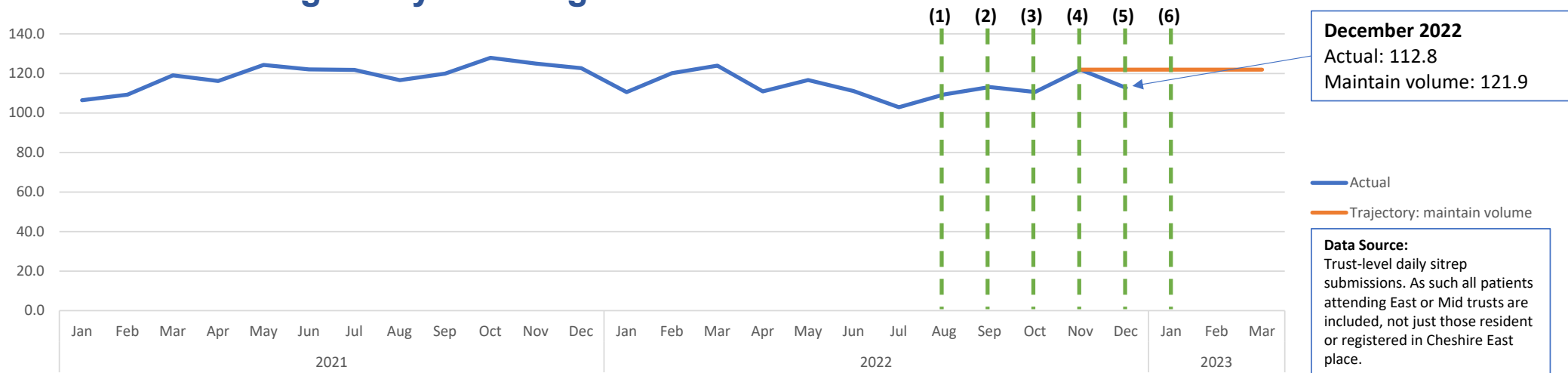
(6) January 2023 – new interventions (with all of the above continuing)

- **Increase General Nursing Assistant Capacity care at home via CCICP**
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- **Wilmslow Manor 6 general nursing beds, Henning Hall 6 general nursing beds**

Other:

- Additional discharge coordinator to work across rehab to support timely discharge and create flow
- Housing Support and Recovery in reach support to CWP wards to facilitate discharge

UEC metrics – Average daily discharges – Mid Cheshire Trust



Initiatives aimed at reducing total discharge volumes

Footprint: both providers (black); **East (blue); Mid (green).**

(1) August 2022 - existing operational Home First services

- Mental Health Reablement
- Community Equipment
- Community Reablement
- **Raid Response Care Via Routes and Evolving Care – Support Hospital Discharge**
- **General Nursing Assistants Hospital Discharge**
- D2A Community beds
- Resilience Beds to support P1 discharges
- Virtual Wards Home Oximetry
- British Red Cross discharge to home service
- Personal Health Budgets to support discharges
- Carers Payments to facilitate rapid discharge
- St Pauls Hospital Discharge Support delivered via Community Voluntary Sector

(2) September 2022 - new interventions (with all of the above continuing)

- 1st - 4-week assistive technology offer at the point of discharge
- 5th - Community Connectors deployed into Transfer of Care Hub
- 5th - Reablement Workers deployed into Transfer of Placements
- **5th - Bridging Placements of Care packages GNA & Reablement**
- 12th - Home First OT Therapist & Reablement 72 discharges
- 14th - Community Voluntary Services St Michaels & St Pauls support
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- 17th - Carers Pilot Launched MCHFT
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- Overseas additional community capacity Cherished Care

(4) November 2022 - new interventions (with all of the above continuing)

- 25th - AT equipment to be located in Transfer of Care Hubs
- 28th - Community equipment remote stores to be operational and accessible 7 days
- 28th - Remote Carers payment offer
- 28th - CGL – Drug and Alcohol Service linked to transfer of care hub

(5) December 2022 - new interventions (with all of the above continuing)

- Expansion of respiratory Virtual Wards
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- Housing Grant to support overseas staff recruitment for existing commissioned providers
- Hospital Discharge Premium Payment & Prevention Scheme
- Additional hospital transport for discharges for evenings & weekends
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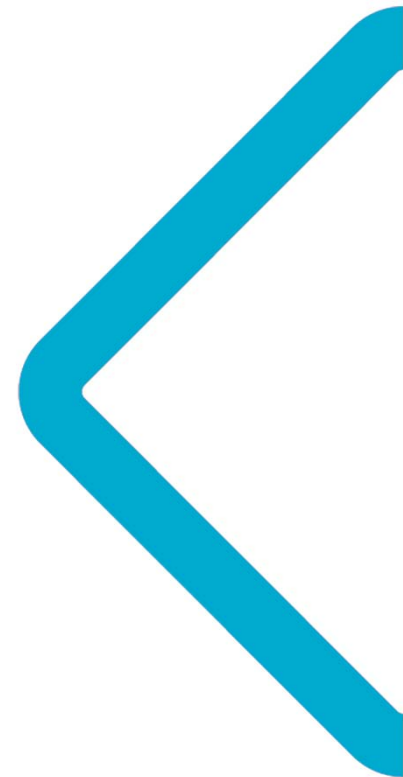
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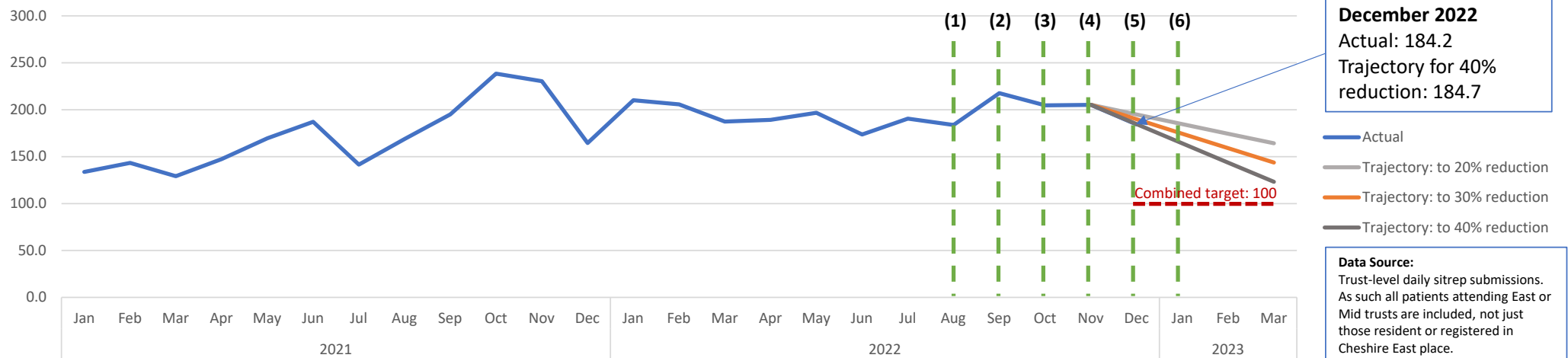
Cheshire and Merseyside

Not meeting criteria to reside

Cheshire East UEC metrics and interventions



UEC metrics – Average daily number not meeting criteria to reside excluding discharges – East and Mid trusts



Initiatives aimed at reducing total discharge volumes

Footprint: both providers (black); **East (blue); Mid (green).**

(1) August 2022 - existing operational Home First services

- Mental Health Reablement
- Community Equipment
- Community Reablement
- **Raid Response Care Via Routes and Evolving Care – Support Hospital Discharge**
- **General Nursing Assistants Hospital Discharge**
- D2A Community beds
- Resilience Beds to support P1 discharges
- Virtual Wards Home Oximetry
- British Red Cross discharge to home service
- Personal Health Budgets to support discharges
- Carers Payments to facilitate rapid discharge
- St Pauls Hospital Discharge Support delivered via Community Voluntary Sector

(2) September 2022 - new interventions (with all of the above continuing)

- 1st - 4-week assistive technology offer at the point of discharge
- 5th - Community Connectors deployed into Transfer of Care Hub
- 5th - Reablement Workers deployed into Transfer of Placements
- **5th - Bridging Placements of Care packages GNA & Reablement**
- 12th - Home First OT Therapist & Reablement 72 discharges
- 14th - Community Voluntary Services St Michaels & St Pauls support
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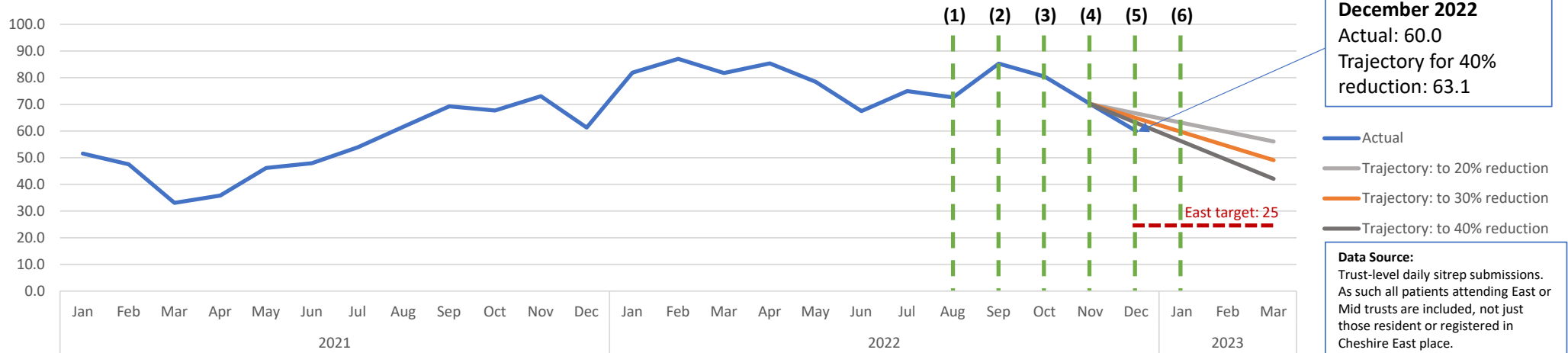
(6) January 2023 – new interventions (with all of the above continuing)

- **Increase General Nursing Assistant Capacity care at home via CCICP**
- Transfer of Care Hub, Nurses and additional Social Workers to support discharges out of ED and out of hospital
- **Mental Health step down supported living flats (4) 1st Enable in Crewe**
- **Wilmslow Manor 6 general nursing beds, Henning Hall 6 general nursing beds**

Other:

- Additional discharge coordinator to work across rehab to support timely discharge and create flow
- Housing Support and Recovery in reach support to CWP wards to facilitate discharge

UEC metrics – Average daily number not meeting criteria to reside excluding discharges – East Cheshire Trust



Initiatives aimed at reducing total discharge volumes

Footprint: both providers (black); **East** (blue); **Mid** (green).

(1) August 2022 - existing operational Home First services

- Mental Health Reablement
- Community Equipment
- Community Reablement
- **Raid Response Care Via Routes and Evolving Care – Support Hospital Discharge**
- **General Nursing Assistants Hospital Discharge**
- D2A Community beds
- Resilience Beds to support P1 discharges
- Virtual Wards Home Oximetry
- British Red Cross discharge to home service
- Personal Health Budgets to support discharges
- Carers Payments to facilitate rapid discharge
- St Pauls Hospital Discharge Support delivered via Community Voluntary Sector

(2) September 2022 - new interventions (with all of the above continuing)

- 1st - 4-week assistive technology offer at the point of discharge
- 5th - Community Connectors deployed into Transfer of Care Hub
- 5th - Reablement Workers deployed into Transfer of Placements
- **5th - Bridging Placements of Care packages GNA & Reablement**
- 12th - Home First OT Therapist & Reablement 72 discharges
- 14th - Community Voluntary Services St Michaels & St Pauls support
- ISL in reach support for MH patients contract extended

(3) October 2022 - new interventions (with all of the above continuing)

- 17th - Carers Pilot Launched MCHFT
- Virtual Wallet to support Rapid discharge
- Overseas additional community capacity Cherished Care

(4) November 2022 - new interventions (with all of the above continuing)

- 25th - AT equipment to be located in Transfer of Care Hubs
- 28th - Community equipment remote stores to be operational and accessible 7 days
- 28th - Remote Carers payment offer
- 28th - CGL – Drug and Alcohol Service linked to transfer of care hub

(5) December 2022 - new interventions (with all of the above continuing)

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- Assistive Technology & Gantry Hoists to reduce double handling care packages
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 - **East Cheshire Trust additional OT support**

- Health Care Assistants x2 linked to Home First Occupation Therapy Model

- **Occupational Assessment Therapy Flat (Riseley House, Macclesfield) to support individuals to return home**
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- Care robots to free capacity in the care home market

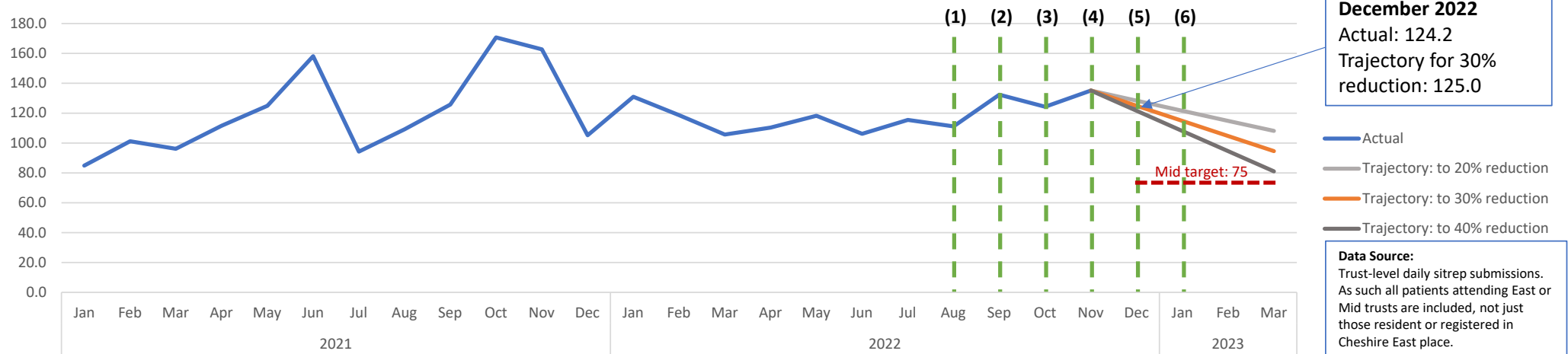
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UEC metrics – Average daily number not meeting criteria to reside excluding discharges – Mid Cheshire Trust



Initiatives aimed at reducing total discharge volumes

Footprint: both providers (black); **East (blue); Mid (green).**

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- Community Reablement
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- Virtual Wards Home Oximetry
- British Red Cross discharge to home service
- Personal Health Budgets to support discharges
- Carers Payments to facilitate rapid discharge
- St Pauls Hospital Discharge Support delivered via Community Voluntary Sector

(2) September 2022 - new interventions (with all of the above continuing)

- 1st - 4-week assistive technology offer at the point of discharge
- 5th - Community Connectors deployed into Transfer of Care Hub
- 5th - Reablement Workers deployed into Transfer of Placements
- **5th - Bridging Placements of Care packages GNA & Reablement**
- 12th - Home First OT Therapist & Reablement 72 discharges
- 14th - Community Voluntary Services St Michaels & St Pauls support
- ISL in reach support for MH patients contract extended

(3) October 2022 - new interventions (with all of the above continuing)

- 17th - Carers Pilot Launched MCHFT
- Virtual Wallet to support Rapid discharge
- Overseas additional community capacity Cherished Care

(4) November 2022 - new interventions (with all of the above continuing)

- 25th - AT equipment to be located in Transfer of Care Hubs
- 28th - Community equipment remote stores to be operational and accessible 7 days
- 28th - Remote Carers payment offer
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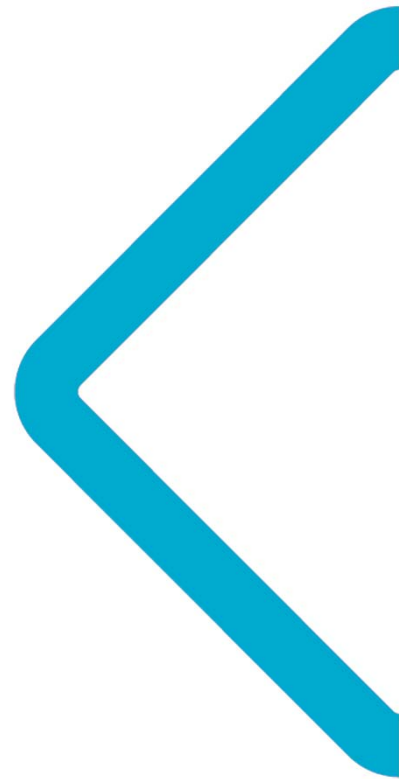
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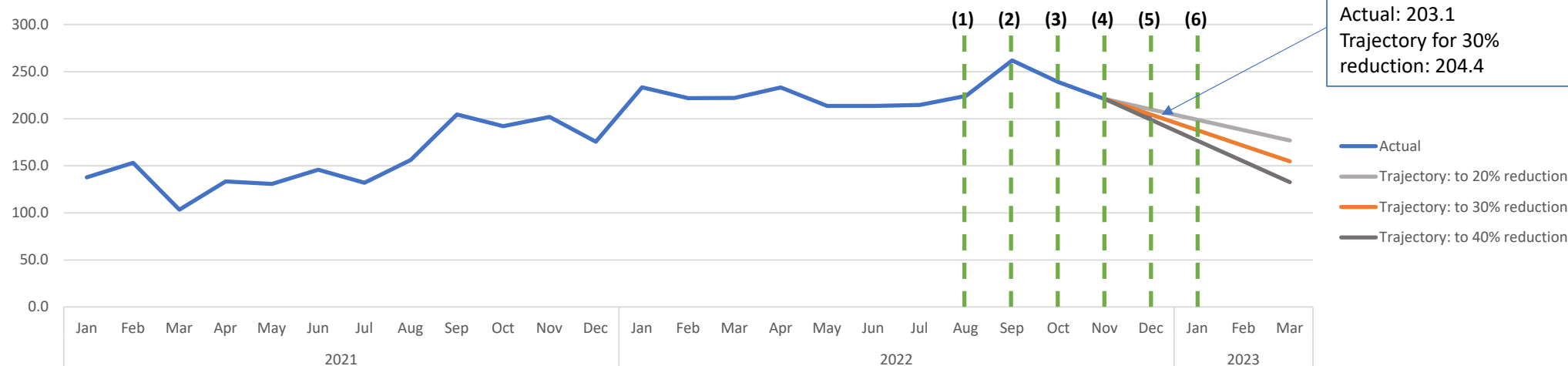
Cheshire and Merseyside

Long stays (21+ days)

Cheshire East UEC metrics and interventions



UEC metrics – Average daily number of patients with 21+ day LoS – East and Mid trusts



Initiatives aimed at reducing total discharge volumes

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- Personal Health Budgets to support discharges
- Carers Payments to facilitate rapid discharge
- St Pauls Hospital Discharge Support delivered via Community Voluntary Sector

(2) September 2022 - new interventions (with all of the above continuing)

- 1st - 4-week assistive technology offer at the point of discharge
- 5th - Community Connectors deployed into Transfer of Care Hub
- 5th - Reablement Workers deployed into Transfer of Placements
- **5th - Bridging Placements of Care packages GNA & Reablement**
- 12th - Home First OT Therapist & Reablement 72 discharges
- 14th - Community Voluntary Services St Michaels & St Pauls support
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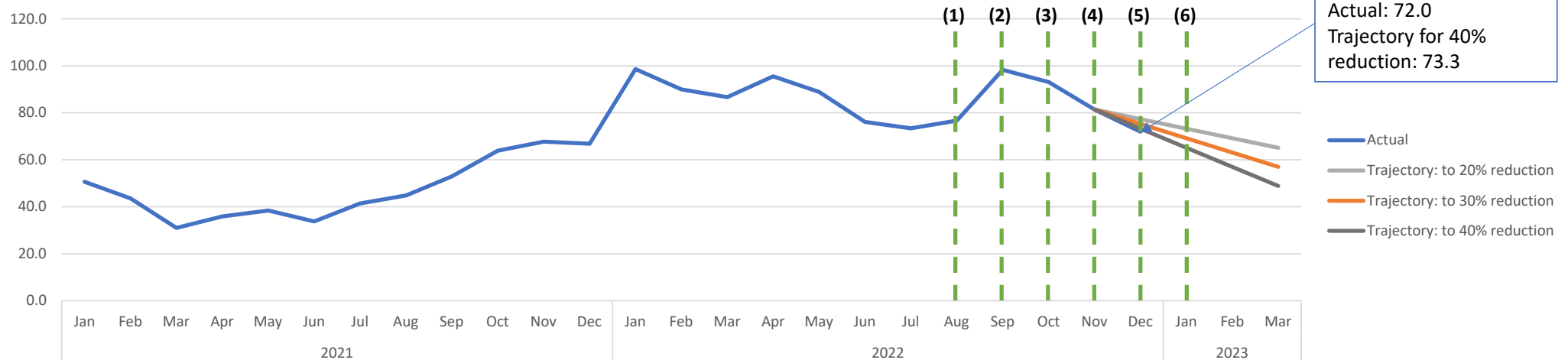
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UEC metrics – Average daily number of patients with 21+ day LoS – East Cheshire Trust



Initiatives aimed at reducing total discharge volumes

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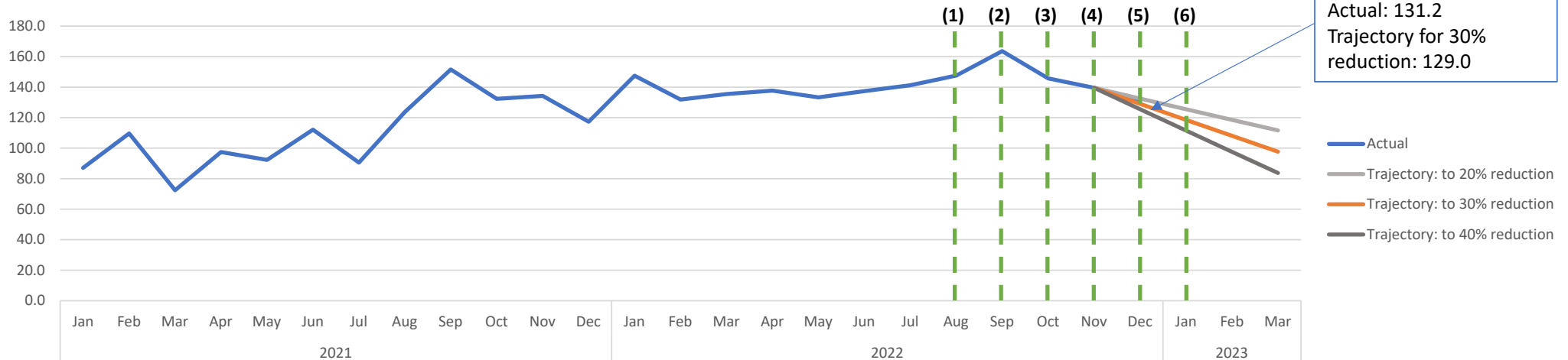
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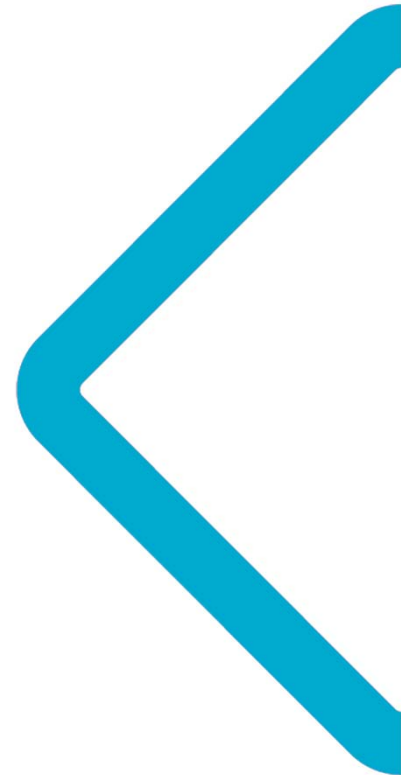
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Cheshire and Merseyside

Methodology for trajectories

Cheshire East UEC metrics and interventions



UEC metrics – Overview and Purpose

- Between November 2022 and March 2023 Cheshire East Place are investing in a number of schemes to help reduce system pressures in Health and Social Care. This is in addition to schemes already in place prior to November 2022.
- It is intended that these schemes will have multiple benefits both to patients various providers, though as part of this the system intends to realise a benefit across five key areas related to healthcare performance at East Cheshire Trust and Mid Cheshire NHS Foundation Trust.
- Work is taking place with scheme leads to understand a realistic level of benefit that each scheme could achieve. However, in the interim a requirement has been raised to set initial trajectories that help illustrate how schemes could help to alleviate the current significant pressures being experienced.
- Without supporting information from scheme leads we have taken an initial approach to assume that the level of funding being invested to schemes would be sufficient to reduce current pressures to levels that have been seen historically, whilst being mindful of the impact COVID and lockdowns may have placed on some of these measures.
- Trends are presented as a monthly average and we have assumed targets will be achieved between November 2022 and March 2023 through a linear fashion. We have also highlighted relevant schemes against each area and expected dates for when schemes will commence
- The five key areas alongside their trajectories and brief rationale behind these are presented below, with more detail on subsequent pages of this report.
- More work is required in this area to incorporate realistic benefits from scheme leads as well as seasonal impacts (e.g. fewer days in February, discharges lower at weekends, population growth, etc.)

Area	Initial trajectory for March 2023	Rationale for target
A&E attendances	~15% reduction	The impact of COVID and pandemic lockdowns has demonstrated historic levels of A&E attendances that were significantly below current levels (e.g. ~40% lower in Apr-2020). However, a reduction in daily A&E attendances of ~15% would still be below levels seen throughout 2019 and could be considered ambitious.
Emergency admissions	~7.5% reduction	Historically there has been minimal variation in the average daily volume of emergency admissions which could indicate there aren't many inappropriate emergency admissions. This suggests that a reduction in this area may be more challenging to realise than other areas. Schemes which prevent people turning up to hospital should have an impact but due to a lack of historical precedent, a target of 7.5% could still be considered ambitious with the available information.
Total discharges	Maintain current levels	~150 discharges are observed per day across both Trusts. If this can be maintained whilst volumes of A&E attendances and emergency admissions reduce this would be seen as a positive. It may not be realistic to expect discharges to increase if simultaneously there is an expectation of downward pressure on admissions
Number of people in hospital who do not meet the criteria to reside (DNMCTR)	~30% reduction (ICB target of 50%)	Currently there are ~150 people in hospital who DNMCTR across both Trusts. There is an ambitious ICB target for this to reduce to ~75 people which would represent a 50% reduction. Initially we are setting a target of a 30% reduction which would be in line with historic data seen (Aug-2022) and could be re-evaluated as more schemes become live. The majority of schemes are aimed at supporting hospital flow/discharge so we would hope to see a greater reduction in this area compared to others.
Number of people in hospital with a Length of Stay (LoS) of 21 days or more	~30% reduction	From historic months the average number of people in hospital with a long LoS has been observed to be between ~20% (Dec-2021) and ~40% (Jan-2021) lower than current levels. A target of ~30% would be considered ambitious but consistent with levels observed in some historic months (Aug-2021). This measure would also overlap with the above DNMCTR measure so we would expect a degree of overlap.

Cheshire East Health and Care Partnership Board

**The suspension and planned
return of inpatient intrapartum
services at Macclesfield District
General Hospital**

January 2023



The suspension and planned return of inpatient intrapartum services at Macclesfield District General Hospital January 2023

Report author & contact details			Katherine Sheerin (katherine.sheerin@nhs.net) Director of Transformation & Partnerships, ECT					
Report approved by (sponsoring Director)			Mark Wilkinson, Cheshire East Place Director					
Responsible Officer to take actions forward			Kate Daly-Brown, Director of Nursing and Quality, East Cheshire NHS Trust					
Executive Summary		The purpose of this paper is to provide the Board with a briefing on the suspension of full intrapartum services at East Cheshire Trust (ECT), an update on the process to re-instate the service and the risks to, and benefits from, delivery.						
Purpose and any action required	Decision/ Approve		Discussion/ Gain feedback	X	Assurance		Information/ To Note	X
Recommendation		The Board is asked to: <ul style="list-style-type: none">i. note the progress towards safely returning full intrapartum care to Macclesfield DGH.ii. note the current state of readiness for return.						
Key issues		<p>Intrapartum maternity care services were temporarily suspended at MDGH in March 2020 in response to concerns raised by the anaesthetists regarding their ability to safely provide both anaesthetic provision to maternity and critical care services. This was because of the anticipated increase in demand for critical care service arising from the Covid-19 pandemic and their limited workforce. Antenatal and postnatal care and home births continue to be delivered by the Trust in Eastern Cheshire. The Board at ECT remain committed to the return of services when safe to do so.</p> <p>NHS England priorities and operational planning guidance for 2022/23 included a specific requirement that “Local Maternity Systems are asked to support providers to prioritise reopening any services suspended due to the pandemic.” NHS England and the Greater Manchester & East Cheshire Local Maternity System (GMEC LMS) have urged ECT to explore all potential possibilities to return services by April 2023.</p>						

	The paper provides an update regarding the readiness to safely return full intra-partum care to Macclesfield DGH against criteria agreed by East Cheshire Trust Board in November 2022.			
Key risks	Key risks for the programme are: <ul style="list-style-type: none"> a) Identification of a supporting partner b) Financial and commissioning support from NHS Cheshire and Merseyside c) Recruitment of staff d) Creating the bed capacity 			
Impact (x) (further detail to be provided in body of paper)	Financial	IM &T	Workforce	Estate
	X		X	
	Legal	Health Inequalities	EDI	Sustainability
				X
Route to this meeting	ECT have worked with NHSE North West and Cheshire CCG (superseded by the ICB) throughout the suspension. Regular checkpoint meetings are held with NHSE North West, Cheshire & Mersey ICB and Cheshire East Place.			
Management of Conflicts of Interest				
Patient and Public Engagement	ECT have worked with Maternity Voice Partnership throughout the suspension of services. MVP and local women clearly want to see inpatient intrapartum services returned to the MDGH site.			
Next Steps	East Cheshire Trust Board continues to review progress towards meeting agreed return criteria and continues to liaise with partners including NHS Cheshire & Merseyside, GM Local Maternity & Neonatal System, and Cheshire East Place.			
Appendices				

Glossary of Terms	Explanation or clarification of abbreviations used in this paper

The suspension and planned return of inpatient intrapartum services at Macclesfield District General Hospital January 2023

1. Purpose

The purpose of this briefing is to provide the Board with an update regarding the state of readiness to safely return full intra-partum care to Macclesfield DGH.

2. Background

Inpatient intrapartum maternity services have been suspended at Macclesfield DGH since March 2020, with most registered women delivering at neighbouring 'host' hospitals in Leighton, Stockport and Wythenshawe.

The initial suspension of inpatient services was for a period of up to six months arising from the limited anaesthetic capacity in the Trust to deal with the Covid-19 pandemic. The suspension has been extended on three occasions following assessment against Board approved recovery criteria (which have changed over the period). The most recent extension (March 2022) set out the Board's commitment to return the services by April 2023 when safe to do so.

In September 2022, a detailed paper was considered by the ECT Board, which set out a number of appraised options for how the service could be re-instated safely. These had been developed through significant work over the spring / summer, involving staff, partners, stakeholders and patients.

Two reports were critical to the Board's considerations: -

- The Findings, Conclusions and Essential Actions from the Independent Review of Maternity services at the Shrewsbury and Telford Hospital NHS Trust ('The Ockenden Report, March 2022).
- The Royal College of Anaesthetists invited review of the anaesthesia service in relation to provision of maternity care at East Cheshire NHS Trust (February 2022).

The Board concluded that in order to meet the requirements of these reports and in line with the options appraisal, a supportive partnership model should be established. This would allow for rotation of staff to ensure that skills are appropriately retained to meet the needs of service delivery.

The board paper also set out the four key areas of risk to securing full restoration at that time as follows: -

- The need to develop robust arrangements to deliver high quality, safe intrapartum services with a supporting partner.
- The need to secure support (including financial) from NHS England and NHS Cheshire and Merseyside for the proposals.
- ECT's ability to recruit, retain and train sufficient staff to sustainably deliver the service.

- The need to reduce the requirement for escalation beds, allowing Ward 6 to return to being used for maternity patients.

The Board also supported the creation of a Maternity Oversight Group and Maternity Implementation Group to oversee and implement plans to return services, ensuring that all risks were met. The Board also asked for a refresh of the criteria to be met for services to return; this was undertaken and the refreshed criteria shared with the Board at its meeting in November 2022.

A paper setting out the background to the service suspension, progress with reinstatement and criteria to be met to ensure its safe return was presented to NHS Cheshire and Merseyside private Board meeting in November 2022.

3. Return Criteria

Taking in to account the Ockenden and RCOA recommendations, the revised return criteria agreed by ECT Trust Board in November 2022 are as follows: -

Local Level

1. National modelling indicates that further Covid-19 surge is unlikely and local capacity to meet clinical need would be manageable within enhanced workforce and environment.
2. Robust arrangements are in place to deliver high quality, safe intrapartum services with a supporting partner; this includes support for the ongoing training and development of staff.
3. Workforce recruitment, attendance and resilience is at a level sufficient to maintain safe staffing levels in obstetrics, midwifery, neonatal, anaesthetic and theatre services.
4. Capacity for patients (including any Covid-19 positive patients, any linked to seasonal pressures and any with no criteria to reside) can be accommodated to core wards without the requirement to utilise additional estate and facilities in maternity.
5. The Trust has robust plans in place to guarantee access to emergency theatres when necessary.

System Level

6. Local Maternity Systems in Cheshire & Mersey and Greater Manchester are sighted and safely resilient to the impact of the ECT recovery plan.
7. Support is received from commissioners and regulators for proposals to return intrapartum services.

4. Readiness to Return

The current assessment of readiness identifies that safe staffing levels in relation to Consultant Anaesthetists and the capacity to re-instate the maternity in-patient beds remain unresolved and this poses a risk to return the service by April 2023. Progress is being made with anaesthetist recruitment and also £2m investment from national moneys has been confirmed to support discharge arrangements, with schemes currently being implemented in collaboration with Place partners. However, operational surge in demand and the impact of industrial action result in ongoing levels of challenge against this criterion.

5. Recommendations

The Board is asked to:

- i. note the progress towards safely returning full intrapartum care to Macclesfield DGH.
- ii. note the current state of readiness for return.

Cheshire East Health and Care Partnership Board

Cheshire East Place Expansion of Section 75 agreement

January 2023

Date of meeting:	23rd January 2023
Agenda Item No:	10
Report title:	Expansion of Section 75 agreement
Report Author & Contact Details:	Alex Jones Alex.t.jones@cheshireeast.gov.uk
Report approved by:	Nichola Thompson

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

Adult Social Care Discharge Fund

The Operational Delivery Group has endorsed the schemes included within the Adult Social Care Discharge Fund. The Cheshire East Place Leadership Group have endorsed the schemes included within the Adult Social Care Discharge Fund.

Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) grants

A paper was presented to the Cheshire East Strategic Planning and Transformation Group on 20/09/2022.

Executive Summary and key points for discussion

Please see below:

It is requested the Section 75 Committee agree to expand the Section 75 agreement to include the schemes included within the Adult Social Care Discharge Fund and the Voluntary, Community, Faith and Social Enterprise Sector Grants Programme.

Recommendation/ Action needed:	Please see below:
	Endorse the expansion of the Section 75 agreement for 2022-23 and 2023-24 to include: the schemes included within the Adult Social Care Discharge Fund and Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) grants.

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)	x			

Next Steps:	Schedule template for the schemes included within the Adult Social Care Discharge Fund and Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) grants are appended to the Section 75 agreement and the new document is signed-off by authorised signatories.
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Responsible Officer to take forward actions:	Nichola Thompson – Director of Commissioning & Integration at Cheshire East Council and Associate Director of Transformation & Partnerships (C&M) Alex Jones – Better Care Fund Programme Manager Cheshire East Council
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Appendices:	Appendix one - Adult Social Care Discharge Fund schemes
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Cheshire East Place System Section 75 agreement expansion

1. Executive Summary

- 1.1 This paper sets out the requirement to expand the Section 75 agreement between the local authority (Cheshire East Council) and the ICB. There are two components, firstly that the section 75 agreement for 2022/23 should be expanded to include the recently announced Adult Social Care Discharge Fund and secondly that the section 75 agreement is expanded to reflect recent decisions for the period 2023/24 namely to include Voluntary, Community, Faith and Social Enterprise Sector Grants Programme.

2. Introduction / Background

- 2.1 Historically the Government provides funding to local authorities each year which is targeted at encouraging integration, by requiring CCGs and local authorities to enter into pooled arrangements and agreeing an integrated spending plan. Those arrangements are known as 'SECTION 75 Agreements', and the money is provided from the ring-fenced, Better Care Fund (BCF), which was launched in 2015. Since the abolition of CCG's the agreement was novated over to the ICB.

2.2 **Section 75 expansion 2022/23**

- 2.3 This report notes that the section 75 agreement for 2022/23 should be expanded to include the schemes/projects which have been identified as part of the Adult Social Care Discharge Fund. A condition for accessing the fund is that its included within the Better Care Fund Section 75 agreement. Funding guidance notes 'local authorities and ICB funding allocation should be pooled into local BCF section 75 agreements with plans for spend agreed by LA and ICB chief executives and signed off by the HWB under national condition 1 of the BCF'.

2.4 **Adult Social Care Discharge Fund**

- 2.5 On the 18/11/2022 formal notification was given to the local health and care system of the Adult Social Care Discharge Fund – allocations, conditions and metrics. The funding designed to achieve the maximum reduction in delayed discharge has been allocated on the following basis:

- £200 million will be distributed to LAs, based on the adult social care relative needs formula (RNF).
- £300 million will be distributed to Integrated Care Boards (ICBs), targeted at those areas experiencing the greatest discharge delays. This is based on a combination of i) a fairshares distribution based on 2022 to 2023 ICB weighted populations¹ (25% of ICB funding) and ii) a discharge metric flexed to reflect the size of the ICB weighted population (75% of ICB funding).

- 2.6 The expectation was that the funding is pooled into the Better Care Fund. The funding is to be provided in two tranches - the first (40%) in December 2022, and the second (60%) by the end of January 2023 for areas that have provided a planned spending report and weekly activity data, and have met the other conditions.

2.7 As part of the announcement, it was noted that the schemes identified within the Adult Social Care Discharge Fund should be included within the local health and wellbeing board section 75 agreement.

2.8 **Purpose of the funding**

2.9 The Fund can be used flexibly on the interventions that best enable the discharge of patients from hospital to the most appropriate location for their ongoing care.

2.10 It was noted that funding should prioritise those approaches that are most effective in freeing up the maximum number of hospital beds and reducing bed days lost within the funding available, including from mental health inpatient settings. Discharge to Assess (D2A) and provision of homecare is recognised as an effective option for discharging more people in a safe and timely manner.

2.11 Funding can also be used to boost general adult social care workforce capacity, through staff recruitment and retention, where that will contribute to reducing delayed discharges. In some areas where there are particular delays to discharge of patients with long hospital stays – for instance those with particularly complex care needs – a concerted focus on supporting discharge of these patients may be important to free up hospital capacity.

2.12 **Monitoring**

2.13 Along with returns on the number of care packages purchased, the Fund will be monitored using the following metrics:

- the number of care packages purchased for care homes, domiciliary care and
- intermediate care (to be collected via a new template);
- the number of people discharged to their usual place of residence (existing BCF metric);
- the absolute number of people 'not meeting criteria to reside' (and who have not been discharged);
- the number of 'Bed days lost' to delayed discharge by trust (from the weekly acute sitrep); and the proportion (%) of the bed base occupied by patients who do not meet the criteria to reside, by trust.

2.14 **Local development of Adult Social Care Discharge Fund**

2.15 Locally the development of the schemes forming part of the Adult Social Care Discharge Fund has been led by the Cheshire East Operational Delivery Group. The Cheshire East Operational Delivery Group forms part of the H&CPB, as the key subgroup responsible for integrated Place based operational performance and delivery as well as encompassing the work of the A & E Delivery Board.

2.16 The Operational Delivery Group Programme of work is aligned to priorities within the Cheshire East Partnership 5 Year Plan, Joint Health and Wellbeing Strategy, the Cheshire East strategic models of care as well as the NHS Long Term Plan, which describes a place-based approach for how we will work together to improve the health and wellbeing of residents in Cheshire East. The subgroup will act operationally as an

integrated forum of place-based partners to respond to the strategic aims and priorities of place, to translate them to ensure service delivery remains sustainable, and of high quality.

- 2.17 The Operational Delivery Group invited its members to develop a range of proposals to meet the intended use of the fund, in total 30 schemes were developed. The list of schemes included as part of the fund are noted in appendix one. The list of schemes were endorsed by the Operational Delivery Group on 25/11/2022 as well the Place executive leaders group on 01/12/2022.
- 2.18 **Expansion of Section 75 agreement for 2023/24**
- 2.19 It is proposed that the Section 75 agreement for 2023/24 is expanded to include the VCFSE Grant Programme.
- 2.20 A paper entitled 'Approach to Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) grants in Cheshire East Place for 2023/24' was presented to Cheshire East Strategic Planning and Transformation Group on 20/09/2022.
- 2.21 The current Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) Grants Programme is due to end 31st March 2023 and work has been undertaken with Local Authorities to explore opportunities improved integration.
- 2.22 It is proposed that a new VCFSE Grant Programme is developed to enable new projects to commence 1st April 2023. Grant criteria and evaluation processes will be developed alongside Care Communities and VCFSE Sector lead over the coming weeks, with the process being led and coordinated by Cheshire East Council.
- 2.23 Cheshire East SPT were asked to support the development of a Section 75 Agreement to facilitate a new VCSFE Grant Programme to commence 1st April 2023. The Grant Programme will be led by Cheshire East Council in partnership with Cheshire and Merseyside ICB, Care Communities and a VCSFE Sector Lead representative.
- 2.24 The VCFSE grant programme is split into two workstreams – Physical Health and Well Being and Mental Health and Well Being. The table below summarises the annual allocation for grants in Cheshire East which will be within scope:
- 2.25 Table 1: Summary of funding split by Place that is deemed to be in scope

	Cheshire East
Physical Health and Wellbeing	£116,344
Mental Health and Wellbeing	£66,516
Total	£182,860

- 2.26 Earlier in 2022, Cheshire East Council updated its Grants Protocol and Corporate Grants Policy (2002-2025) which provides guidance around which is the most appropriate way of commissioning services, whether that be grant funding or the commission of a contract as well the processes and decision-making requirements. It also sets out how grants offered by these service areas should be aligned to meet the strategic aims and objectives as set out in the Council's Corporate Plan.

- 2.27 Building on this, it was proposed that further work is undertaken with Cheshire East Council colleagues to commence a new VCFSE Grant Programme which will see the joint development of grant criteria which will align with Place priorities and the joint outcomes framework. This will be progressed by engaging with VCSFE Lead representative and Care Communities to promote the Grant Programme and to invite applications.
- 2.28 It was proposed that Cheshire East Council will lead the coordination of the grant process and Care Communities and a lead representative of the VCFSE sector will be involved in the development of the grant requirements and will be included in the evaluation process to ensure alignment with local priorities. Grants will be issued for up to 12 months and organisations will have to reapply for further funding. The Grant Programme will be revised annual to provide flexibility, acknowledging that priorities at a local level (care communities) may change.

3. Current Position

- 3.1 For the schemes included in the expanded Section 75 agreement for 2022/23 and 2023/24 a corresponding 2-page template schedule has been produced. The template will be appended to the Section 75 agreement.
- 3.2 The contents of this report relate to the expansion of the existing Section 75 agreement and therefore requires a decision from the Section 75 Committee. The Section 75 Committee (formed in accordance with arrangements between Cheshire CCG ("the CCG") and Cheshire East Council ("the Council") under Section 75 of the NHS Act 2006 to administer matters connected with the BCF and IBCF and any other matters delegated to it in accordance with the Section 75 agreement in place from time to time). The membership of the SECTION 75 Committee is between the ICB and Council).

4. Recommendations

- 4.1 The Cheshire East Health and Care Partnership Board Section 75 Committee are asked to:
Endorse the expansion of the Section 75 agreement for 2022-23 and 2023-24 to include: the schemes included within the Adult Social Care Discharge Fund and Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) grants.

Appendix one - Adult Social Care Discharge Fund schemes

Scheme name	Budget allocation	Key lead	Start date
1. Assistive Technology & Gantry Hoists to reduce double handling care packages	£50,000	Nik Darwin	Dec-22
2. Emergency Housing accommodation for prevention and discharge (for homeless people)	£10,000	Dave Fenton	Dec-22
3. Housing Grant to support overseas staff recruitment for existing commissioned providers	£40,000	Jo Sutton/Emma Eardley	Dec-22
4. Winter Access Fund for Primary Care	£250,000	Amanda Best	Dec-22
5. Contingency budget for market restructuring and transport - fuel cost support for care at home providers	£80,000	Jo Sutton	Dec-22
6. Acute Visiting Service & GP out of hours	£120,000	Tara Davies/ Clare Sandelands	Dec-22
7. Hot Hub escalation expansion for non-elective and Paediatrics	£60,000	Denise Frodsham	Dec-22
8. Hospice Beds (East Cheshire Hospice & St Lukes Hospice).	£85,000	Karen Burton	Jan-23
9. Care4CE mobile nights service to support people at home during the night-aligned to MCHFT	£60,000	Jo Hobson	Jan-23
10. Personal Health Budgets to support discharges	£15,000	Karen Burton	Operational
11. Carers Payments to facilitate rapid discharge	£15,000	Jill Stenton	Operational
12. St Pauls Hospital Discharge Support delivered via Community Voluntary Sector	£30,000	Dan Coyne	Operational
13. Hospital Discharge Premium Payment & Prevention Scheme	£125,000	Jo Sutton/Emma Eardley	Dec-22
14. Additional hospital transport for discharges for evenings & weekends	£40,000	Jo Young/Mark Wilde	Dec-22
15. Additional Acute Pharmacy capacity to support hospital flow	£70,000	Jo Young/Mark Wilde	Dec-22
16. Rapid Response Care to support hospital discharge – South of the Borough	£100,000	Liz Hopper/Emma Eardley	Late Dec 2023
17. Acute Trust Discharge support for ECT & MCHFT	£300,000	Jo Young/ Mark Wilde/ Samantha Evans/Sarah Vaneeathan	Dec/Jan 2023
18. Increase General Nursing Assistant Capacity care at home via CCICP	£250,000	Denise Frodsham/Pip Marrant	Jan/Feb 2023
19. Transfer of Care Hub, Nurses and additional Social Workers to support discharges out of ED and out of hospital	£80,000	Sarah Leigh-Bergin/Jane Watson/Sarah Vaneeathan	Jan/Feb 2023
20. Approved Mental Health Practitioners Cover, evenings & weekends for ECT and MCHFT	£60,000	Tasha Zacune	Dec-22
21. Mental Health step down supported living flats (4) 1st Enable in Crewe	£115,140	Mark Hughes, Jeff Johnston	Jan-23
22. Mental Health Reablement – Rapid Response Service	£12,500	Mark Hughes/ Dave Appleton	Jan-23
23. Challenging behaviour training for Care Homes	£5,000	Dave Appleton/Liz Hopper/Tasha Zacune	Jan /Feb 2023
24. Occupational Assessment Therapy Flat (Riseley House, Macclesfield) to support individuals to return home	£20,750	Samantha Evans/Liz Hopper	Dec-22



25. Male only unit (8 beds) at Riseley House, Macclesfield, for challenging behaviour	£138,300	Jeff Johnston/Liz Hopper/Tasha Zacune	Dec-22
26. ED Mental Health In reach specialist Support Workers to support people awaiting discharge	£45,000	Mark Hughes/Dave Appleton	Dec-22
27. Short stay beds to support discharges	£1,000,000	Dan McCabe/Jo Sutton/Sarah Leigh-Bergin	Dec-22
28. Care robots to free capacity in the care home market	£200,000	Jo Sutton/Nik Darwin	Dec-22
29. £118k to be re allocated into the Primary Care access scheme	£118,000	Jacqui Williams	Jan-23
30. £40k to support the Feebris proposal in team CHAW	£40,000	Jacqui Williams	Jan-23
31. £2k to BDP which will provide transport to patients.	£2,000	Jacqui Williams	Jan-23
32. £70K to provide GP support to Wilmslow Manor from 3rd January 2023 through to the end of March. This is based on locums providing cover	£75,000	Jo Young	Jan-23
33. Care at home support	£160,000	Jo Sutton	Jan-23

Cheshire East Health and Care Partnership Board

Cheshire East Place Crewe Winter proposals

January 2023

Date of meeting:	23rd January 2023
Agenda Item No:	11
Report title:	Crewe winter proposals
Report Author & Contact Details:	Alex Jones Alex.t.jones@cheshireeast.gov.uk
Report approved by:	Nichola Thompson

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

Better Care Fund Governance Group & Strategic Planning and Transformation Group have considered the proposals noted in Appendix one.

Executive Summary and key points for discussion

Please see below:

This paper seeks endorsement for a range of winter pressure proposals targeted at Crewe, the proposals set out in Appendix one seeks £120,000 in funding to support five target areas: Asylum Seeker Outreach, Falls Prevention, Care Homes Fall prevention, Care Home early failure, Mental Health Outreach

Recommendation/ Action needed:	Please see below:
	Support and endorse the Crewe winter funding proposals noted In Appendix one.

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)	x			

Next Steps:	Implement and continue to monitor the progress of the schemes noted in this report.
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Responsible Officer to take forward actions:	Nichola Thompson – Director of Commissioning & Integration at Cheshire East Council and Associate Director of Transformation & Partnerships (C&M) Alex Jones – Better Care Fund Programme Manager Cheshire East Council
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Appendices:	Appendix one - Crewe winter funding proposals
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Cheshire East Place System Section 75 agreement expansion

1. Executive Summary

- 1.1 This paper seeks endorsement for a range of winter pressure proposals targeted at Crewe, the proposals set out in Appendix one seeks £120,000 in funding to support five target areas: Asylum Seeker Outreach, Falls Prevention, Care Homes Fall prevention, Care Home early failure, Mental Health Outreach. It is proposed that the monies to support these proposals comes from the Better Care Fund headroom position.
- 1.2 As the headroom falls within the Section 75 Agreement, it therefore needs endorsement from the S75 Committee to deploy the monies to support the schemes noted.

2. Introduction / Background

- 2.1 A presentation of the Crewe winter pressures proposals was presented at the Cheshire East Strategic Planning and Transformation Group on 22/11/2022 it was noted at the meeting that colleagues wished to endorse the schemes and utilise the headroom available within the Better Care Fund. The proposals are shown in Appendix one and total some £120,000 which is to be deployed through the winter period 2022/23.
- 2.2 Any funds not spent during this period will be retained within the Better Care Fund headroom and rolled over into 2023/24.
- 2.3 **Living Well in Crewe**
- 2.4 In 2020, Cheshire East Health and Wellbeing Board established the Increasing Equalities Commission to lead and coordinate work across Cheshire East that focuses upon reducing the inequalities experienced by residents of the borough. The Commission quickly recognised that Crewe should be its initial focus. Lives are being cut short in Crewe because the building blocks for a healthy community are weak or missing.
- 2.5 The Cheshire and Merseyside Health and Care Partnership have placed the reduction of health inequalities as a key aim for our local system. It gave a commitment for the sub-region to become a “Marmot Community” – one in which the entire system is committed to tackling health inequalities throughout people’s lives, through a determined and joint effort across a number of sectors to achieve common goals.
- 2.6 The Council has committed to being an organisation that empowers and cares about people and one that will reduce health inequalities across the borough. The Corporate Plan echoes the themes in this report, from developing a “thriving and sustainable place” and working with “residents and partners to support people and communities to be strong and resilient”, to supporting “all children to have the best start in life”.
- 2.7 Based on the latest available data (2015-2019), the average life expectancy at birth in Cheshire East was 80.3 for males and 83.9 for females. For both sexes, life expectancy in every central Crewe ward is lower than the Cheshire East average. It is lowest for both in Crewe Central, at 72.7 for males and 76.8 for females. On average, males and females in Crewe Central are dying 11.6 and 12.1 years earlier, respectively, than their neighbours in Wilmslow East

2.8 Prioritising health and wellbeing

- 2.9** Public sector organisations should put improving health and wellbeing and the reduction of inequalities at the heart of decision making. We should agree wellbeing and inequality indicators against which progress can be measured. The entire local system shares responsibility for improving these outcomes and we should all work towards becoming a Marmot Community.
- 2.10** Public sector partners have tremendous power as employers, as providers, as commissioners of services and as purchasers. To generate social value, we must recognise that spending money locally can generate long-term benefits, and these are more important than short-term savings. Local companies may need support to bid for local work.
- 2.11** To contribute to reducing inequalities, everyone from central government to frontline services should embrace proportionate universalism – creating an offer for all but with the greatest investment given to the areas with the greatest need.

3. Current Position

- 3.1** The proposals have been presented at the Cheshire East Strategic Planning and Transformation Group as well as being shared with an endorsed by the Better Care Fund Governance Group.
- 3.2** The contents of this report relate to the Section 75 Committee. The Section 75 Committee (formed in accordance with arrangements between Cheshire CCG (“the CCG”) and Cheshire East Council (“the Council”) under Section 75 of the NHS Act 2006 to administer matters connected with the BCF and IBCF and any other matters delegated to it in accordance with the Section 75 agreement in place from time to time). The membership of the SECTION 75 Committee is between the ICB and Council).

4. Recommendations

- 4.1** The Cheshire East Health and Care Partnership Board Section 75 Committee are asked to:
- 4.2** Endorse the schemes noted in Appendix one so that they can be deployed in the winter period 2022/23.



Appendix one – Crewe winter funding proposals

WINTER PRESSURES FUNDING ~ OPTIONS & PRIORITIES £90K

Introduction	
Initiatives considered to have the most potential to ease winter pressures and boost capacity to deliver services:	
1. Asylum Seeker Outreach	£70k
2. Falls Prevention	£10k
3. Care Homes Fall prevention	£10k
4. Care Home early failure	£8k
5. Mental Health Outreach	£22k
Total Funding request:	£120K
Collective decision making through:	
<ul style="list-style-type: none"> Care Community Team Approach ~ Care Community Plan underpinning priorities Discussion with partner organisations Discussions held with Primary Care Leads to determine focus Data and evidence building Working with wider colleagues to establish understanding of need Working with GP Alliance for best practice examples Liaison with CCICP Consulting with delivery of resources prior to undertaking proposals to assess if viable 	

1. ASYLUM OUTREACH PILOT ~ CREWE HOTELS

EVIDENCE	PURPOSE	OUTCOMES
<ul style="list-style-type: none"> Project brief outlining pilot Case Studies: Evidence of asylum seekers being directed to and choosing A&E as a first option Primary Care feedback: Registration process is slow within PC/asylum seekers opting not to register or wanting last minute access to receive urgent health care Language/cultural barriers – not aware of UK health services and processes Asylum seekers plan daily activities around hotel meal provision which impacts on A&E attendance Conversation with other outreach services/NHS Futures Platform DOTW Toolkits 	<p>Deflect attendance at A&E by providing triage to asylum seekers within the safety of their new yet own familiar environment</p> <p>Setting aside a number of daily and weekly appointments to encourage attendance at GP surgery</p>	<ul style="list-style-type: none"> Ease pressures at A&E through reduced attendance. Asylum seekers attending practices as opposed to A&E Triage model directs urgent same day patient appointments at surgeries Engagement with Stay Well Squad to provide health checks and aid in completion of practice registrations Ease pressures on Primary Care through registration and health checks Self Care champions engaged and promoting self care – peer on peer Self Care pack translations can be used/adapted to target other non-English speaking patients/other projects Asylum seekers more aware of services and integrated into processes More engaged with other providers such as Pharmacy (potential certificate scheme for low cost medication through Stay Well squad) Signposting to other welfare services through Social prescribing approach Addressing health inequality Core20+5 criteria
MODEL	VALUE	
<ul style="list-style-type: none"> Based on established Crewe Homeless Model (standards) approach & collective advice to include education outreach High emphasis on self care Support from Stay Well Team /Pharmacy 	<p>Building trust is vital so that residents feel comfortable and able to attend at a surgery. Educating residents, hotel and security staff around access to healthcare within the UK to raise awareness and understanding of the system, making this approach sustainable in the mid to longer term. Selfcare champions will continue the self care approach monitored with SERCO</p>	COSTS
		<ul style="list-style-type: none"> Total Cost £70K As per outline proposal £40k (2+1 hotels) Additional £30k provided by Cheshire East Potential for match funding to extend



2. ESAR FALLS PREVENTION ~ BE STEADY BE SAFE

EVIDENCE	PURPOSE	OUTCOMES
<ul style="list-style-type: none"> Existing service managed by Everybody Leisure (ESAR) Low income/ marginalised patients likely to invest spare cash into heating and eating rather than pay £3.60 to attend classes Vulnerable patient group ~ more likely to fall and need hospitalisation MSK strength and better balance helps to reduce chronic pain and aid pain management Report – Centre for Ageing Better 2022 Otago system reduces falls by 65% Hip fractures cause 1.8 million hospital bed days 1 in 4 people aged over 65 report a fall each year QlikSense data 	<ul style="list-style-type: none"> Prevent/reduce falls & A&E attendance Keeping patients mobilised in an inclusive environment that also links to reduction of social isolation Keeping patients ambulatory and improving balance 	<ul style="list-style-type: none"> Less falls Less NWAS Call outs Lower impact to A&E and primary Care Better self care Improved access and service improvement Patients have improved balance, mobility and coordination Improved confidence Reduced isolation Free Classes – economic crisis Cost saving 1 x person not attending A&E due to a fall but weights costs of NWAS and A&E NEL
MODEL	VALUE	
<ul style="list-style-type: none"> Extend reach of the existing model/ programme with an additional 2 x classes per w week 	<p>This funding builds capacity for ESAR to extend their already proven valuable service to patients w ho might otherwise not attend.</p>	<p>EVERYBODY LEISURE REPORT</p>
		COSTS
		<ul style="list-style-type: none"> £10k Total £5k extension to fall prevention service £5k for hardship fund

3. CARE HOMES FALLS PREVENTION ~ OUTREACH

EVIDENCE	PURPOSE	OUTCOMES
<ul style="list-style-type: none"> ESAR & ONE YOU programmes aimed at ambulatory patients Evidence regular exercise is main prevention for falls in older people Strengthened muscles enable a higher degree of independence Falls still the main cause for NELs in Cheshire East Care Homes The Cheshire East Falls Prevention Strategy 2021 Recommendations around programmes such as the Otago Exercise Programme say that exercise programmes are more effective when in a group 	<ul style="list-style-type: none"> Prevent/reduce attendance at A&E Keeping patients mobilised within their own environment where they feel safe Reduction of falls 	<ul style="list-style-type: none"> Less falls Less NWAS Call outs Lower impact to A&E and primary Care Better self care Patients have improved balance, mobility and coordination Improved confidence
MODEL	VALUE	COSTS
<ul style="list-style-type: none"> Coordinated exercise classes delivered within Crewe Care Homes 	<p>A mix of generic targeted exercise routines with a tailored approach will stimulate and encourage vulnerable residents w ho are able to strengthen muscle, reducing the number of falls whilst also providing interaction and enjoyment</p>	<ul style="list-style-type: none"> £10k to facilitate outreach classes within care home settings. This will be a joined up approach with *CCICP
<p>TOP NE ADMISSIONS PER BED DUE TO FALLS 2021 WINTER COMPARISON</p>	<p>TOP NEL ADMISSIONS PER CH BED</p>	<p>CARE HOME INJURIES FROM FALLS</p>

*Please note there is no similar service a generalised service is currently being set up targeting specific patients within care homes



4. CARE HOMES ~ RESTORE2 ADDRESSING FAILURE

EVIDENCE	PURPOSE	OUTCOMES
<ul style="list-style-type: none"> NWAS – evidence of call out during peak hours due to late diagnosis and action Ward rounds often late in the day; staff waiting to report failure in patients RESTORE2 provides a mechanism for earlier detection and reporting RESTORE2 Programme to assist in the identification of early failure Covid and rapid turn over of staff has lost the emphasis of this programme, discussion with care home staff reveals little or no knowledge of this intervention CCICP are fully supportive of this intervention. There are some plans to appoint a dedicated generic trainer in April 2023 but this will not conflict with their intentions; and is without duplication 	<ul style="list-style-type: none"> Identify deterioration or failure of patient wellbeing at the earliest opportunity Physical observations by care staff to inform escalation to health professional Report to aligned practice for earlier intervention Avoidance of NWAS call out and NEL admission 	<ul style="list-style-type: none"> Provision of clear guidance Recognition of early vital signs of failure Clinicians are informed in a timely way to determine appropriate escalation or course of action Build staff confidence to report patient changes and escalate concerns Clinicians more informed prior to attendance or consultation Patients gets the right support in a timely way to avoid NWAS call out and/or NEL admittance Increase patient safety Wide range of information and resources to support training and ongoing learning Supports ECCH DES element
COSTS	MODEL	VALUE
<ul style="list-style-type: none"> Total Cost £8k Trainer attends 2 x per 4 hours sessions per care home Initial training/Champion mentoring & follow up Option to roll out to nonparticipating care homes in the wider Cheshire East area within budget 	<ul style="list-style-type: none"> RESTORE2 package Trainer - Educate Care Home staff RESTORE2 Champions for sustainable approach 	<p>This system is already available, material is accessible, however, only used in a very small percentage of care homes within Cheshire East; none in Crewe. This is a proven pathway redesign if implemented well with many cost beneficial outcomes including less disruption for the patient</p>

5. MENTAL HEALTH CRISIS ~ OUTREACH

EVIDENCE	PURPOSE	OUTCOMES
<ul style="list-style-type: none"> NHS Digital 2021/2022 data (114,000 attendances linked to depression in UK – Cheshire News report) High numbers of A&E attenders have linked depression, anxiety and neurosis (QlikSense data) 180 frequent attenders costing secondary care a total of £386,018 in last 12 months (QlikSense) Case studies: Evidence of homeless, low income, and vulnerable individuals attending A&E for sanctuary; Know n can receive a hot drink and sandwich after 4 hour wait Charitable sector organisations; Mental health provision stretched within Crewe NHS Mental Health Implementation Plan (NHS Long Term Plan) states need to expand mental health services in new ways 	<p>Intercept patients with mild mental health issues attending A&E to provide needed interventions. Provide coping strategies, Social Prescribing and referral to appropriate partner charities/organisations</p>	<ul style="list-style-type: none"> Reduction of costly frequent attenders Partnership intervention approach – integrated working People receive emotional and practical support at a moment in crisis Links with local organisations strengthened Service available for staff as well as patients
	VALUE	
	<p>Patients are increasingly turning to A&E as wait times for mild mental health referrals are getting longer. Added problems linked to welfare, debt, relationships etc., are pushing patients towards crisis. Working with A&E staff to identify appropriate patients at this point of walk in will alleviate A&E demand, support the patient while waiting for a referral, or provide interim solutions such as approved apps, local wellbeing initiatives for lower level anxiety for patients & staff</p>	



5. MENTAL HEALTH CRISIS ~ OUTREACH

EVIDENCE	DELIVERY	VARIATIONS
<p>The proposal is aimed at individuals who access A&E during off peak hours due to mental health</p> <ul style="list-style-type: none"> People enduring a mental health crisis are known to be overwhelmed & quite often leave A&E feeling as though their needs have not been validated As a system we know that A&E is not the correct pathway for individuals experiencing mental health needs & quite often, once assessed to ensure no physical or medical need is apparent, they require additional support & reassurance to enable them to access the correct holistic intervention for their condition/s As the aftermath of the financial crisis worsens, rising costs and fuel poverty, anxiety related conditions are set to rise 	<ul style="list-style-type: none"> This partnership model can be delivered with the integration of part time crisis or social prescribing workers who are physically present within A&E Provision of reassurance and a holistic approach at the point of contact This is proven to support better outcomes for individuals 	<p>Additional interventions:</p> <ul style="list-style-type: none"> Providing transport support to the Crew e crisis cafe– open until 10pm Reassurance and practical help through a telephone call to confirm an appointment with appropriate support It is proven that signposting individuals experiencing crisis or poor mental health is not usually of benefit to them as it is unlikely to be followed up by the individual
	COSTS	
	<ul style="list-style-type: none"> £22k contribution for Mental Health Social Prescriber role; partnership approach 	



Cheshire East Health and Care Partnership Board

Strategic Planning and Transformation Group Chair's Report



Date of meeting:	23 January 2023
Agenda Item No:	12
Report title:	Strategic Planning and Transformation Group Chair's Report
Report Author & Contact Details:	Dave 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 newly established Cheshire East Strategic Planning and Transformation Group (SPT) Group during November 2022. 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 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	x
3. Create a sustainable workforce	
4. Significantly reduce health inequalities	

Document Development	Process Undertaken	Yes	No	N/A	Comments (i.e. date, method, impact e.g. feedback used)
	Financial Assessment/ Evaluation			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			Cheshire East Place Leadership Group

Next Steps:	N/a
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Responsible Officer to take forward actions:	Dr Dave Holden - Chair of Cheshire East Strategic Planning and Transformation Group
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Appendices:	None.
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Cheshire East Strategic Planning and Transformation Group Chair's Report – November 22

1. Introduction

This report details the activities and highlights of the newly established Cheshire East Strategic Planning and Transformation Group (SPT) Group during November 2022. 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 Finance Plan/Framework

This month the group received financial papers describing the current position for the Place. We heard how challenged this is and the significant financial risk in the system. We discussed financial recovery and the continued intent to pursue the previous trajectory of moving funding from Acute to Community care over the longer term. Allocations would be due between January and March for next financial year so the team will return once these are available.

A request was made to describe cost base for Care Communities in order to support their development and understanding of their resource consumption.

2.2 Outcomes and Objectives Planning

A plan is in train to develop the strategic outcomes for the Place and Health and Wellbeing board. This will in turn shape the Place plans. Group members were invited to contribute to this via survey and at a planned consensus building event before the year end.

The group also received a presentation from Guy Kilminster and Dr Matthew Atkinson leading on the Place delivery plan and Health and Wellbeing strategies and aligning the multiple strategies that currently exist. This was widely supported with a request for contributions from the group.

2.3 Transformation Delivery Group

Update was received and progress on Care Communities and enabling workstreams noted. Risks were noted around ANP recruitment for Children's programme and around digital project support.

Slippage in mental health workstream was noted. This funding will be re-prioritised against pre-approved projects.

An estates proposal has been suggested but this needs to be escalated to Place leadership group as this board can only recommend at present due to current governance arrangements.

2.4 Crewe

A presentation was received around proposals for schemes for transformation funding in the Crewe Care community. They included support for asylum seekers and an integrated mental health offer. The projects were universally supported and funding approved subject to clarifying the reporting metrics.

2.5 Upcoming developments include:

- Social Action Charter
- Place based Estates Strategy proposal
- Enabler highlight and escalation report
- Workstream highlight and escalation report (i.e. Home First)

3. Recommendation

Cheshire East Health and Care Partnership Board is asked to note the report.

Cheshire East Health and Care Partnership Board

Finance Update – Cheshire East

January 2023



Finance Update January 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 amended over the next months to be more consistent in terms of reporting periods and content.</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 seem likely to be needed allowing activity to be increased at the same time as maintaining or improving services and access whilst reducing the associated cost. Efficiency targets are likely to be very high in 23/24 due to the amount delivered through non recurrent measures during 22/23; the detail of this will be worked through during the coming months as part of the planning round.</p>				
Key risks	<p>Key risks are identified across all organisations as increased cost, increased demand for services 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 January 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 during January 2023

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

3. Cheshire East Council – Finance Update

The latest review of the Council's forecast financial performance for 2022/23 shows a forecast adverse financial pressure of £8.7m. A summary of this variance is shown below:

2022/23 (GROSS Revenue Budget £474.2m)	Revised Budget (NET) £m	Forecast Outturn £m	Forecast Variance £m	Change since First Review £m
Service Committee				
Adults and Health	120.9	129.8	8.9	(2.8)
Children and Families	74.5	78.5	4.0	0.5
Corporate Policy	39.7	40.1	0.4	(0.4)
Economy and Growth	23.6	23.8	0.2	(0.0)
Environment and Communities	44.4	46.1	1.7	(0.2)
Highways and Transport	13.8	14.3	0.5	-
Sub-Committee				
Finance Sub	(316.9)	(323.9)	(7.0)	-
TOTAL	-	8.7	8.7	(2.9)

The forecast has improved by £2.9m since the first review at the end of quarter one; the Adults and Health directorate budget contributes most significantly to the improvement. This has

resulted from some remedial actions which have been identified since the original forecast, including the application of temporary funding.

The main pressure areas within both the Adults and Health, and Children and Families directorates are as follows:

- Increasing demand led pressures in social care mirroring the national picture.
- Increasing costs relating to rising inflation and the current national pay offer.

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

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 year-to-date position to 30th November 2022 and the forecast financial position for quarters two through to four (1st July 2022 – 31st Mar 2023) for Cheshire East is shown below:

Cheshire East Place (Q2 - Q4 Only)	M8 Year to Date			Forecast Outturn		
	Budget (£000's)	Actual (£000's)	Variance (£000's)	Budget (£000's)	Forecast (£000's)	Variance (£000's)
NHS Acute Services	130,507	130,496	10	233,510	233,575	(65)
Other Acute Services	7,415	8,381	(966)	13,366	15,419	(2,053)
Community Services	26,782	25,789	993	45,781	44,851	930
Mental Health Services	19,822	19,977	(155)	35,505	35,851	(346)
Complex Care	8,726	7,820	905	15,706	13,759	1,947
Continuing Care	22,698	24,167	(1,469)	40,864	44,694	(3,830)
CCG Primary Care	7,032	6,580	452	12,151	11,163	988
Delegated Primary Care	27,367	27,927	(560)	48,624	51,807	(3,183)
Expected ARRS Allocation				1,296	0	1,296
Prescribing	28,910	28,905	5	51,923	51,890	34
Other Programme	9,996	8,579	1,417	18,272	15,250	3,022
Clinical Programme Costs	1,082	644	439	1,948	1,880	68
Reserves	0	0	0	0	0	0
Unidentified QIPP	(3,056)	0	(3,056)	(5,500)	0	(5,500)
Total	287,281	289,265	(1,984)	513,446	520,138	(6,692)
Planned In Year Deficit	(10,244)	0	(10,244)	(15,252)	0	(15,252)
Total	277,036	289,265	(12,228)	498,194	520,138	(21,944)

This summary shows a forecast adverse variance to plan of £6.7m, 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 and Spa Medica. It is currently assumed no additional Elective Recovery Funding will be received as assessment for this is made at system level across Cheshire and Merseyside.

- Continuing Care – this relates both to demand/complexity and price inflation which is exceeding the planning assumptions which were agreed across the ICB during the planning round. This is not dissimilar to the pressures being faced in other organisations within the Cheshire East Place.
- Unidentified QIPP (efficiency savings target) - £5.5m of additional planned savings were included in the budget for 2022/23. This has been delivered through achievement of non-recurrent mitigations in other budget areas which compounds the financial challenge facing Cheshire East Place in 2023/24.

Key Risks

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

5. Cheshire and Wirral Partnership Foundation Trust as of 30th November 2022

The Trust as a whole, has a cumulative surplus to the period ending 30th November 2022 of £1.8m, with a forecast outturn for 31st March 2023 being a £2.9m surplus, in line with the submitted plan. The Cheshire East share of this equates to approximately 17% based on total income received by the Trust.

Efficiencies

The efficiency target across the whole of CWP, as of 30th November is £5.4m; against this an efficiency saving of £5.1m has been realised of which £1.9m is recurrent.

The full year target for the Trust is £8.3m. CWP continue to forecast full achievement of this target, however, additional work is required to finalise all their schemes.

There is a clear need for an improvement in the number and value of recurrent efficiencies as we move forward into 2023/24, to enable the Trust to continue delivering sustainable services.

Key Issues / Risks

Three significant risks are currently being managed by CWP that could negatively impact on the full year financial outturn within 2022/23 and looking ahead into 2023/24 if solutions cannot be identified. Resolution of these issues will require a system wide solution.

- A high number of Out of Area placements are being utilised in addition to re-opening additional CWP beds because of delayed transfers of care (DTOCs) leading to blocked beds and delayed admissions. The expected full year cost of £8.9m is currently being resourced non recurrently.
- Mental Health inpatient staffing issues requiring use of bank / agency staff to ensure safe staffing levels are being maintained. The cost of this to the end of November is more than double what was planned to be incurred.
- Funding to support recurrent service delivery. CWP continues to work with the ICB to identify investments for 2023/24; the current identified gap is circa £9.1m.

6. East Cheshire NHS Trust Update as of 31st December 2022

The Trust is reporting a favourable variance to plan on the 31st of December 2022 of £196,000 against a planned deficit position of £2.6m. The Trust is forecasting to improve the outturn deficit by £250,000 relating to unplanned interest received on cash balances because of improved interest rates in year. The Cheshire East Place makes up 100% of the Cheshire and Merseyside contract value with ECT.

Efficiencies

The Trust QIPP target is £5.5m full year effect. As at month nine, the Trust has delivered £4.0m of savings which has been removed from budgets following quality impact assessments where required. While the Trust continues to be challenged in delivering recurrent QIPP schemes it should be noted there has been an improvement with £1.7m of schemes forecast to be recurrent. However, there continues to be a significant amount of QIPP delivered via non recurrent schemes. The Trust continues to seek additional opportunities for recurrent cashable efficiency savings.

Delivery is closely monitored by the Trust Board sub committees:

- Innovation and Productivity Group
- Finance Performance and Workforce Committee

Key Issues / Risks

- Corridor care - there is a regular occurrence of patients waiting in corridors that require additional staffing to ensure patient safety in the emergency department
- Rising covid and flu inpatient numbers
- Impact of increasing agency costs while managing elective recovery, staff sickness/recruitment
- Impact of winter pressures and lack of additional funding support
- 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

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

The Trust has reported a deficit of £9.3m to the end of November which is a £1.1m adverse variance to plan. The Cheshire East Place makes up approximately 64% of the Cheshire and Merseyside contract value with MCHFT.

Efficiencies

The Trust has fallen behind on its efficiency programme, with an element of the plan remaining unidentified which is both an in-year risk and future challenge for 2023/24 planning. Year to date delivery of £10.9m is £0.35m below plan, with the majority being achieved non recurrently. The total current efficiency target for 22/23 is £16.8m, of which £13.2m has been identified. There remains a £3.6m gap against the full year target, although £2.4m of this gap is already factored into the financial position at month 8. There are further schemes identified but are yet to be valued and worked up, however schemes being currently in process include more sustainable recurrent plans.

Key Issues / Risks

- Corridor Care – since the move to the new Emergency Department unit in February, there is a regular occurrence of patients waiting in corridors that require additional staffing to ensure patient safety.
- Additional Capacity Beds – operationally planned to close but now likely to remain open throughout 2022/23.
- Premium Costs – increased rates of pay, particularly around medical posts.
- Pay Award – funding compared to actual pay increase is £0.7m to month 8 with an anticipated £1m shortfall for the year.
- Unplanned Care Demand - during the Winter period if additional beds are opened this would be a further source of financial pressure over and above the funding provided in the Winter plan.
- Delivery of Efficiency Savings - largely non-recurrent in nature this financial year, which will need to be delivered again next year, prior to any further additional efficiency expectations for 2023/24.
- Inflationary Pressures - resulting from contract renewals/re-negotiations eg. energy and local and national pressures to increase pay rates.
- Pathology N8 Network – an external review has been undertaken which is likely to have financial consequences.
- Elective Recovery Funding - assumed within the position but may be clawed back if any underperformance.

8. Next Steps

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

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

Cheshire East Health and Care Partnership Board

Quality & Performance Update on NHS Commissioned Care Services

January 2023



Date of meeting:	23 January 2023
Agenda Item No:	14
Report title:	Quality & Performance Update on NHS Commissioned Care Services
Report Author:	Amanda Williams - Associate Director of Quality & Safety Improvement Cheshire East
Report approved by:	Amanda Williams - Associate Director of Quality & Safety Improvement Cheshire East

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

This report is an overview of the Quality and Performance report that went to the Cheshire Quality and Performance Subcommittee on 7th December 2022.

Executive Summary and key points for discussion

This report is a summary of the information discussed at the Cheshire Quality and Performance subcommittee held on 7th December 2022 **in relation to NHS commissioned care services.**

In addition to the monthly quality and performance reports presented to the Quality and Performance subcommittee, the December meeting received reports on patient experience and maternity services.

The activity of the ICB patient experience team includes receiving and responding to complaints, PALS enquiries and MP enquires. There were 279 contacts with the team during the first four months of the establishment of the ICB. The report provided a breakdown of the activity and some lessons learned that have lead to improvements in systems and processes.

Urgent care continues to experience high volumes attending emergency departments. The report to the December Quality and Performance Subcommittee reported on the system pressures, however, this was before the start of the ongoing industrial action and unprecedented system pressures seen during December 2022/ January 2023. Performance continues to be through the Cheshire East Operational Delivery Group.

While some progress continues in the reduction of waiting times, the Trusts have developed robust harm review processes that are scrutinised for assurance by the ICB Quality team at Place. Themes are identified and learning disseminated widely.

The Cheshire Infection Prevention Control Strategic Oversight Group received a report in November detailing themes and trends pertaining to the increasing incidence of Clostridium Difficile across Cheshire (and nationally). All Infection Prevention Control leads for Cheshire acute trusts have agreed to further focused work to share the learning and make improvements.

Following the publication of the Kirkup Report- the latest Independent Inquiry into suboptimal maternity care- all Cheshire maternity providers are considering the findings and recommendations in the report. Ongoing Ockenden action plans, with associated timeframes, are also being developed and monitored through the respective Trust Board governance arrangements.

Recommendation/ Action needed:	The Board is asked to: NOTE the contents of the report				
Consideration for publication					
Meetings of the Health and Care Partnership Board will be held in public, and the associated papers will be published unless there are specific reasons as to why that should not be the case. This paper will therefore be deemed public unless any of the following criteria apply (please insert 'x' as appropriate):					
The item involves sensitive HR issues					N
The item contains commercially confidential issues					N
Some other criteria. Please outline below:					N/A
Which purpose(s) of the Cheshire East Place priorities does this report align with?					
Please insert 'x' as appropriate:					
1. Deliver a sustainable, integrated health and care system					X
2. Create a financially balanced system					
3. Create a sustainable workforce					
4. Significantly reduce health inequalities					
Document Development	Process Undertaken	Yes	No	N/A	Comments (i.e., date, method, impact e.g., feedback used)
	Financial Assessment/ Evaluation			X	
	Patient / Public Engagement			X	
	Clinical Engagement			X	
	Equality Analysis (EA) - any adverse impacts identified?			X	
	Legal Advice needed?			X	
	Report History – has it been to Other groups/ committee input/ oversight (Internal/External)			X	
Next Steps:	This report is an overview of the report that went to Cheshire Quality and Performance Subcommittee. This report is currently an overview of quality and performance of NHS commissioned care services in Cheshire East, rather than a system quality and performance report. Proposal for moving to a Cheshire East Quality and Performance Group will be presented to the next Health and Care Partnership Board				
Responsible Officer/s to take forward actions:	Amanda Williams – Associate Director of Quality & Safety Improvement Cheshire East Place				

Quality & Performance Report January 2023

1. Introduction

This is a summary of the information discussed at the Cheshire Quality and Performance subcommittee held on 7th December 2022 in relation to NHS commissioned care services.

As previously reported this Cheshire wide meeting will move towards a place-based model as the structures to support greater place-based working evolve. The ICB management of change process is almost complete. Staff will be moving into Place based teams imminently and plans to establish the Cheshire East Quality and Performance Group will be presented to the next Health and Care Partnership Board. Until the Cheshire East Quality and Performance Group is established this report is focused on NHS commissioned care services.

Each Place provides summary reports in relation to quality and performance of NHS commissioned care services to NHS Cheshire and Merseyside Quality and Performance Committee on a monthly basis.

In addition to the regular monthly quality oversight reports presented to the Quality and performance subcommittee in December, the subcommittee also received a Patient Experience report produced by our Patient Experience, Communications and Empowerment teams. The ICB teams worked collaboratively to produce the report (covering the first 4 months of the establishment of the ICB- July 2022 to November 2022).

2. Patient experience

The report to the Quality and Performance Sub-committee details activity in relation to the management of complaints, MP correspondence and patient queries and contacts received by the Cheshire Patient Experience Team between 1st July 2022 and 31st October 2022. The report presented Cheshire wide data but work is progressing to disaggregate this into Cheshire East and Cheshire West data for future reporting purposes.

The total number of contacts by month is provided in Table below:

Contact Type	July 2022	Aug 2022	Sept 2022	Oct 2022	Total
PALS	49	63	44	49	205
MP Enquiries	11	16	12	15	54
Complaints	5	4	6	5	20
Totals	65	83	62	69	279

The above table shows a total of 279 contacts for the reporting period. This is a 26% decrease on the activity for the same period in 2021, when a total of 376 contacts were received. It should be noted that the decrease in the total number of contacts is due to the significant decrease in Covid vaccination related enquiries which were managed under the Patient Advice Liaison Service (PALS) during the pandemic.

During the reporting period, three formal complaints were received by the Patient Experience team in relation to our main secondary care commissioned providers. This figure is slightly lower than the number of cases received for the same period in 2021 when 5 formal complaints were received. Six complaints were made which related to either decisions made by ICB Commissioners, other Providers or which were multi-organisational.

The majority of complaints received by the patient experience team related to All Age Continuing Care (11 complaints during the reporting period). Feedback and learning from complaints in this area has led to improvements in financial processes, staffing capacity, robust measures to review completed documentation to ensure quality and accuracy and additional support and training for staff around communication with patients and their families.

The Patient Advice and Liaison Service (PALS) offers confidential advice, support and information on health-related matters. The service provides a point of contact for patients, their families, and their carers. PALS provides help in many ways, for example:

- help with health-related questions.
- help resolve concerns or problems when using the NHS.
- tell people how to get more involved in their own healthcare.

Top 10 PALS enquiries by type during the reporting period	Jul	Aug	Sept	Oct	Total
Signposting to other organisations (NHS E/I, Trusts, Local Authority)	14	30	22	14	80
Covid (Record correction, access for housebound, local access)	5	2	3	9	19
Primary Care (registration issues, access to appointment, access to prescription, care, communication)	3	4	4	6	17
Medication issues (access, 28-day prescribing, review, consent for drug trial)	5	2	2	4	13
Individual Funding Request Procedures	1	6	2	1	10
Continuing Healthcare (funding enquiries, timescales, communication, assessment request)	3	3	3	1	10
Continuous Glucose Monitoring / Insulin Pump	3	6	0	0	9
Appointment Delays (secondary care)	2	3	0	3	8
ADHD/ASD/CTAD referral delays	2	1	2	2	7
No further enquirer contact for details	1	0	3	2	6



3. NHS Funded Care Provider Quality issues

Performance and quality updates

The matters discussed at the Cheshire Quality and Performance subcommittee are all managed within existing ICB governance structures, such as contract meetings and delivery boards. The performance team were able to present a report that had split performance into Cheshire East and Cheshire West Place for all providers except Primary Care, which is still reported on a Cheshire footprint.

Referral to Treatment (RTT)

Good progress is being made by all acute trusts on their 78 week wait patients, with a target to have zero by 31st March 2023. Waiting lists are currently increasing, however engagement with the Provider Trusts has highlighted that robust plans are being implemented to resolve this.

Cancer Harm and Long wait harm reviews

Providers continue to strengthen their cancer and long wait harm reviews. Cancer harm review panels within NHS Cheshire and Merseyside- Cheshire East Place gain assurance that the Trusts harm review processes are robust and that themes are collated, and learning shared widely across the organisation. Themes identified to date include need to consider 'harm' holistically e.g. psychological/ social harm as well as physical harm; the impact of staffing capacity on delays; delays in diagnostics; managing DNAs (do not attends) and ensuring people are followed up in a timely way and the need to ensure senior clinical oversight for people with complex conditions.

Urgent Care

Urgent and emergency care services remain under significant pressure. Delivery against the 4-hour standard has deteriorated in month and there has been an increase in the number of patients waiting longer than 12 hours in the A&E Departments from arrival. Performance remains much lower than pre-Covid. Oversight is provided through the urgent care team and through the operations group at Place. Daily system partner multidisciplinary meetings are held to support flow and timely discharge.

Primary Care

The Government is undertaking a 3 year advertising campaign to encourage the public to access GPs via remote consultations and make greater use of pharmacy. The campaign, designed to reduce NHS pressures, includes people calling NHS 111 to book an A&E time slot or be directed to 'a more suitable alternative'; those who need to see their GP feeling comfortable doing so digitally in the first instance; and anybody with minor ailments going straight to see their pharmacist rather than booking an appointment with their GP.

Infection Prevention Control- Clostridium Difficile (C.Difficile)

The Cheshire Infection Prevention Control Strategic Oversight Group, chaired by Public Health colleagues, has undertaken a focused review of C. Difficile infection rates and the reasons behind the increase seen across Cheshire (this is part of wider work underway through the Cheshire and Merseyside Anti Microbial Resistance Board). Following internal Trust reviews of C.Difficile cases over the past 12 months a single report was presented to the November Strategic Oversight Group on themes and trends. Key areas for learning include delays in commencing correct antibiotic treatment, issues with stool chart compliance, delay in isolation once results known, hand hygiene compliance and hygiene issues with the ward environment.



All Infection Prevention Control leads for Cheshire acute trusts have agreed to further focused work on 'asking why', communication of messages and training.

4. Maternity Services

The Kirkup Report (also known as the East Kent Report) is the latest Independent Inquiry into suboptimal maternity care in the United Kingdom. This follows the Morecambe Bay investigation in 2015 and the Ockenden Review (Shrewsbury and Telford 2020/2021). Despite significant policy changes and investment in maternity workforce, similar areas of concern are evident in all these reports.

The Kirkup Report identified some failures and opportunities for improvement that required Immediate and Essential action, or consideration on the part of all providers:

- To get better at identifying poorly performing units
- Giving care with compassion and kindness
- Teamworking with a common purpose
- Responding to challenge with honesty

The expectation is for all Trusts and Integrated Care Boards to review the findings of the Kirkup Report at their next public Board meeting and for Boards to be clear about the action they will take and how effective their assurance mechanisms are at 'reading the signals'.

As part of the commitment and ambition to deliver high-quality care, the Cheshire maternity providers have undertaken a range of assessment activities against the national reports and regulatory requirements, such as the Ockenden Review (where the maternity providers are continuing to work towards full compliance of the Ockenden Immediate and Essential Actions). They are also considering the Kirkup Report findings and recommendations. Ongoing Ockenden action plans, with associated timeframes, are being developed and monitored through the respective Trust Board governance arrangements.

Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) continues to support intrapartum services at East Cheshire NHS Trust, which remain suspended. Mid Cheshire Hospitals NHS Foundation Trust receives approximately 30% of the East Cheshire NHS Trust inpatient workload. The ambition remains to return the intrapartum maternity care service to East Cheshire NHS Trust from the 1st April 2023, with the support of the integrated care system and key partners. The Trust continues to offer local access to antenatal and postnatal care, together with its homebirth service, at the Macclesfield Hospital site and within community settings.

A quarterly 'Cheshire Maternity Clinical and Business Group' with wider stakeholder attendance has been established to focus on:

- progress against the Ockenden Immediate and Essential actions, including progress on workforce recruitment and retention.
- understanding the context of service pressures and impact on progress
- reviewing the Cheshire Maternity Dashboard



This Group also supports a broader understanding of the wider issues that may impact on delivery. It will serve as a forum to share good practice across the three Cheshire maternity providers. The meeting facilitates a more clinical focus and provides a perspective from Primary Care. It includes representation from the Strong Start Programme and Quality Teams.

5. Recommendations

- a) NOTE the contents of the report

Cheshire East Health and Care Partnership Board

Cheshire East Operations Group Chair's Report



Date of meeting:	23 January 2023
Agenda Item No:	16
Report title:	Operations Group Chair's Report
Report Author & Contact Details:	Simon Goff
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 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.

Recommendation/ Action needed:

The Partnership Board is asked to note the report.

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
2. Create 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)	X			Cheshire East Place Leadership Group



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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

2.1 Establishment

The group was established and held its first meeting on the 30th September 2022, with terms of reference being agreed at the subsequent meeting on the 14th October 2022. The Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector are not currently represented within the agreed membership, however this has been actioned for urgent resolution.

A forward planner has started to be populated for the remainder of the year which aligns to reporting of Place assurance groups, enabling workstreams and the ICB's Programme Delivery Group (PDG), which oversees transformation and investment schemes in delivery.

2.2 Planning

The group have overseen the development of the Winter Plan, ensuring alignment to create a fully triangulated plan representative of all partner organisations. The Winter Plan is to be presented to the Partnership Board on 2nd November 2022. The group have prepared to receive draft operational plans to respond to the 23/24 planning round. It is anticipated investment options appraisals and key operational transformation schemes will be prepared prior to the publication of National Planning Guidance in late December. Corporate ICB have confirmed a national planning timetable was intended to be published in October, however it is likely this will be delayed due to the current instability of Government.

A schematic of current programmes of work has been produced with a view of rationalising organisational attendance at various workstream meetings, to maximise the effectiveness of Place resources.

2.3 Operations

Key operational issues have been discussed by the group which include secondary care mental health bed capacity, including out of area placements; general nursing assistant (GNA) sustainability; over prescribing of care packages and links to social prescribing; additional system bed capacity; demand and capacity reconfiguration and virtual wards. It has been mutually agreed to share organisational intelligence to provide greater insight in to demand and capacity planning along with colleagues agreeing to develop more robust systems to review care packages to release community-based capacity.

The group will maintain oversight of the legacy COVID Steering Group and provide linkages into the new Place Governance arrangements. The group have agreed to support a place based steering group and partner organisations will each continue to contribute resources to ensure high quality delivery of vaccinations across the borough throughout autumn and winter.

3. Recommendation

Cheshire East Partnership Board are asked to note the report.