

Date	01 March 2023
Time	14:00 – 16:00
Venue	The Boardroom, Bevan House, Barony Court, Nantwich, CW5 5RD
Contact	Karen.sharrocks1@nhs.net

Cheshire East Health and Care Partnership Board

AGENDA Chair: Isla Wilson

Time	Item No	Item	Owner (Incl. Partner Organisation)	Outcome required	Format & Page No
14:00		Meeting management			
	1	Welcome and Introduction	Chair	-	Verbal
	2	Apologies: Amanda Williams, Patrick Kearns, Anushta Sivananthan	Chair	For noting	Verbal
	3	Declarations of Interest	Chair	For noting	Verbal
	4	Minutes of meeting on 23 January 2023	Chair	For approval / noting	Paper Page 4
	5	Action Log and matters arising	Chair	For noting	Paper Page 17
	6	Decision Log	Chair	For noting	Paper Page 18
14:15		Business Items – strategies, plans and integration			
	7	Persons Story (standing item)	Louise Barry	For noting	Verbal
	8	Care Communities (standing item)	Sandbach, Middlewich, Alsager, Scholar Green and Haslington (SMASH) Care Community	For information	Presentation Page 19
	9	Joint Local Health and Wellbeing Strategy As this strategy has been discussed in a number of other meetings and will be presented to the health and well-being board at the end of March, it is	ADT&P	For endorsement	Paper Page 45

Time	Item No	Item	Owner (Incl. Partner Organisation)	Outcome required	Format & Page No
		anticipated that this item can be relatively brief			
	10	Social Action Charter	ADT&P	For Board discussion /	Paper Page 110
14:55		Assurance / Information Reports – delivery and performance			
	11	New Quality & Performance Group proposal	ADQ&S	For approval	Paper Page 155
	12	Sustainable Hospital Services Programme	PD/ Ged Murphy	For noting	Paper Page 167
	13	Area Special Educational Needs and Disability inspection framework (SEND)	Deborah Woodcock	For noting	Presentation Page 183
15:25		For Information (Questions will be taken on this section by exception, and all these reports will be noted as one)			
	14	Strategic Planning and Transformation Group – Report of the Chair	ADT&P	For information	Paper Page 190
	15	Finance Update	ADF&P	For information	Paper Page 196
	16	Operational Delivery Group – Report of the Chair	ADT&P	For information	Paper Page 206
	17	Place Director Update	PD	For information	Paper Page 211
15:30		Governance			
	18	Forward Planner report and appendix	Karen Sharrocks	For discussion	Paper Page 217
	19	Evaluation of the 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	-
15:50		Any other Business			
	20	Questions from the Public (standing item)	Chair	-	-
	21	Wash up	Chair	-	-
16:00	Close of meeting				

Time	Item No	Item	Owner (Incl. Partner Organisation)	Outcome required	Format & Page No
		Date: 17 May 2023 Time: 14:00 – 16:00 Venue: Committee Suites, Cheshire East Council, Middlewich Road, Westfields, Sandbach, CW11 1HZ			

Acronyms	
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
SEND	Special Educational Needs and Disability
SMASH	Sandbach, Middlewich, Alsager, Scholar Green and Haslington

Cheshire East Health and Care Partnership Board held in Public

Monday 23rd January 2023 at 2.30pm – 4.30pm

Committee Suites
Cheshire East Council, Westfields, Middlewich Road
Sandbach, Cheshire CW11 1HZ

Unconfirmed Minutes

Membership

Name	Key	Title	Organisation	Present
Isla Wilson (chair)	IW	Chair	CWP NHS FT	✓
Amanda Williams	AW	Place Ass. Director of Quality and Safety Improvement	ICB Place Team	✓
Andrew Smith	AS	Acting Chair	ECT	✓
Cllr Arthur Moran	AM	Independent Group, Vice Chair of the Adults and Health Committee, representing Cheshire East	Cheshire East Council	Apols
Cllr Janet Clowes	JC	Conservative Group Leader Councillor	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	Apols
Dr Patrick Kearns	PK	Associate Clinical Director for CE ICP Clinical Director for Knutsford Medical Partnership	GP Knutsford Medical Partnership	Apols
Ged Murphy	GM	Chief Executive	ECT	Apols
Helen Charlesworth-May	HCM	Executive Director – Adults, Health, and Integration	Cheshire East Council	✓
Ian Moston	IM	Chief Executive	MCHFT	Apols
Lorraine O'Donnell	LOD	Chief Executive	Cheshire East Council	✓
Louise Barry	LBa	Chief Executive Officer	Healthwatch Cheshire	✓
Lynda Risk	LR	Place Associate Director of Finance	ICB Place Team	Apols



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		& Performance		
Mark Wilkinson	MWI	Place Director – Cheshire East	ICB Place Team	✓
Matt Tyrer	MT	Director of Public Health	Cheshire East Council	Apols
Shelley Brough	SB	Acting Director of Commissioning and Integration/Head of Integrated Commissioning	Cheshire East Council	Apols
Anushta Sivananthan	AS	Consultant Psychiatrist / Medical Director	CWP NHS FT	✓
William Greenwood	WG	Chief Executive & Company Secretary	LMC	✓

In attendance

Name	Key	Title	Organisation	Present
Carol Allen	CA	Notetaker	C&M, ICB	✓
Guy Kilminster	GK	Corporate Manager Health Improvement	Cheshire East Council	Apols
Katherine Sheerin	KS	Director of Transformation & Partnerships, representing Ged Murphy	East Cheshire NHS Trust	✓
Andrew Wilson	AW	Cheshire East, Clinical Director	ICB Place Team	Apols
Katie Riley	KR	Finance, representing Lynda Risk	ICB Place Team	✓
Nichola Thompson	NT	Director of Commissioning / People Directorate	Cheshire East Council	✓
Claire Williamson	CW	Director of Strong Start, Family Help and Integration	Cheshire East Council	Apols
Karen Sharrocks	KS	Head of Business Support; Cheshire East/West	C&M, ICB	✓
Kate Daly-Brown	KDB	Director of Nursing and Quality, representing Ged Murphy	East Cheshire Trust	✓
Simon Dowson	SD	Deputy Medical Director, representing Dennis Dunn and Ian Moston	MCHFT	✓

Item	Discussion and Actions	Action Owner
	Meeting Management	
1.	Welcome and Introduction	
1.1	Confirmation of Appointments of Chair and Vice-Chair	
	<p>Since the previous Partnership Board meeting, the Chair appointment has been made it was confirmed there were two expressions of interest for the role of Partnership Board chair following the end of Steven Michael's contract.</p> <p>Isla Wilson was appointed as chair of the Partnership Board Meeting and Councillor Jill Rhodes appointed as vice-chair for the calendar year 2023.</p>	



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Item	Discussion and Actions	Action Owner
2.	<p>Welcome from the Chair and discussions: The chair welcomed Board Members to the meeting.</p> <p>The Local Authority to ensure Children's Services were represented at the Partnership Board. Action: LO'D.</p>	LO'D
2.1	<p>The Chair invited discussion in respect of the future focus of the board and asked members to consider the following: What do we want this board to be? Answers included:</p> <ul style="list-style-type: none"> ➤ Firm focus on Cheshire East Place. ➤ Have good dialogue between Cheshire East and the central ICB teams to influence decisions. ➤ Terms of reference required to oversee delivery within Cheshire East as leaders of organisations. ➤ To have clarity on where the Partnership Board meeting sits within the overall Place governance. ➤ Clarity on whether items are brought to the Partnership Board for information or decision. ➤ Decisions must be recorded clearly. ➤ A person's story should be included as a standard agenda item. ➤ Focus on care communities. ➤ Clarity on decisions and assurance. ➤ Influential on planning. ➤ Look at the delivery and the role in performance management. ➤ Have clear plans and actions to ensure Cheshire East get the right services. ➤ Work to get services locally to meet residential needs. ➤ Be an effective partnership for Cheshire East. <ul style="list-style-type: none"> • And not be? ➤ Avoid duplication at meetings. <ul style="list-style-type: none"> • How do we want the board to feel? ➤ Consider the unique role within the wider framework, the uniqueness of Place. <p>Action: MWI & IW to incorporate the unique role of Cheshire East Place within the wider framework, using agendas and board development.</p>	MWI/IW
3.	Apologies	
3.1	<p>The Partnership Board:</p> <ul style="list-style-type: none"> • NOTED the apologies received. 	
4.	Declarations of Interest	
4.1	<p>There were no conflicts of interest pertinent to the items being discussed today.</p> <p>The ICB were currently undertaking work around the Declaration of Interests for the Partnership Board. Action: KS.</p> <p>The Partnership Board:</p>	KS



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Item	Discussion and Actions	Action Owner
	<ul style="list-style-type: none"> • NOTED the apologies received. • NOTED any deputies in attendance. 	
5.	Minutes and Matters Arising	
5.1	Minutes of previous meeting held on 02 November 2022	
	<p>The following corrections were made to the previous minutes:</p> <ul style="list-style-type: none"> • Membership: Andrew Smith was incorrectly recorded as absent at the previous meeting held on 02 November 2022. • Page 5 of 97 Agenda Item 8: Sustainable Hospital Services Programme: East Cheshire NHS Trust and Stockport NHS Foundation Trust: Comments: Running workshops with counsellors who were the interface between the public should read "Running workshops with Board Member councillors who were the interface between the public". • Page 5 of 97 Agenda Item 8: Sustainable Hospital Services Programme: East Cheshire NHS Trust and Stockport NHS Foundation Trust: Comments: People out into the community (e.g., the Allied Health Professionals) will be believed by the public should read "People out into the community (e.g., the Allied Health Professionals) may be believed by the public". • On page 6 of 97 Minutes of previous meeting held on 21 September 2022: Agenda Item 4: 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". • On page 7 of 97 Agenda Item 7.1: Cheshire East Place System Winter Plan 2022/23: Questions and responses: Voluntary work is connecting at a Care Community level should read "The Voluntary, Community, Faith and Social Enterprise (VCFSE) sector are actively engaged at community level." • On page 8 of 97 Agenda Item 7.1: Cheshire East Place System Winter Plan 2022/23: Comments: The £500M iBCF winter schemes impacts the resource plan and will pose a risk if scrapped should read "The £500M accelerated discharge impacts the resource plan and will pose a risk if scrapped". • On page 10 of 97 Agenda Item 10: Quality and Performance Report (Associate Director Quality and Safety): Comments: The council were undertaking a financial review around capacity concerns in the business management unit should read "The council were undertaking a financial review around the capacity concerns for children's safeguarding." 	



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Item	Discussion and Actions	Action Owner
	<p>The Partnership Board:</p> <ul style="list-style-type: none"> • NOTED the minutes of the Partnership Board meeting held on 02 November 2022; and • APPROVED the minutes, subject to any required corrections (including those to the attendance list). 	
6.	Action Log and matters arising	
6.1	The Partnership Board NOTED the Action Log.	
7.	Decision Log	
7.1	The Partnership Board NOTED the Decision Log.	
8.	Business Items – strategies, plans and integration	
8.1	Place Director Update – January 2023 (Mark Wilkinson)	
	<p>MWI provided the Board with an update.</p> <p>Feedback:</p> <ul style="list-style-type: none"> • The Place Director Report presented key activities and issues from the Partnership together with information on areas of personal focus since the last meeting. • Moving from partnership, governance, and setup procedures into a planning focus. • Working on a five-year delivery plan and undertaking work for operational planning at the start of a new financial year, 2023/24. • There are extreme pressures on all services across health and social care and within the NHS. • Partnership Development: Additional non-recurrent money directed via health and social care to support the accelerated discharge of medically optimised patients from hospital. • The report outlined how the funds were utilised. • Monitoring would continue over the next few months. <p>Queries and Responses:</p> <ul style="list-style-type: none"> • A question was raised about what would be expected from Cheshire East would deliver in relation to the prioritises and the planning guidance? <ul style="list-style-type: none"> ➢ Place Partnership would need to respond to the NHS guidance. A Place Plan for 2023/24 would be put in place. <ul style="list-style-type: none"> ➢ the ICS were establishing planning guidance principles (high level outcomes, indicators) for Cheshire East Place at the beginning of March 2023. <p>Comments:</p> <ul style="list-style-type: none"> • Good to provide insight into the pressures on social care (children, adults and mental health services) in terms of activity. • The report felt NHS focussed and the board would welcome broader updates. <p>The Partnership Board NOTED the update.</p>	



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Item	Discussion and Actions	Action Owner
9.	The suspension and planned return of inpatient intrapartum services at Macclesfield District General Hospital (Kate Daly-Brown)	
9.1	<p>The purpose of the briefing was to provide the Board with an update regarding the state of readiness to safely return full intra-partum care to Macclesfield District General Hospital.</p> <p>Feedback:</p> <ul style="list-style-type: none"> • Inpatient intrapartum maternity services had been suspended at Macclesfield DGH since March 2020. • 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 had 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. • Considering the Ockenden and The Royal College of Anaesthetists recommendations, the revised return criteria agreed by ECT Trust Board in November 2022 must be met to bring the services back. • Working on four risks associated with bringing the service back: <ul style="list-style-type: none"> ○ The increased financial cost of increasing consultant anaesthetist. ○ Review work in partnership with another organisation. The Trust agreed a partnership model with Stockport Foundation NHS Trust to ensure the clinical team and staff could bring the service back. ○ Working through the consultant anaesthetist recruitment which was a challenge. There is a national recruitment shortage of anaesthetists. Interviews will take place this week. ○ The current maternity ward has 32 medical patients because of the urgent care demand at the front door. A plan was underway with domiciliary care and providers to empty Ward 6. <p>Queries and Responses:</p> <ul style="list-style-type: none"> • A question was raised whether out of date equipment would be replaced? <ul style="list-style-type: none"> ➢ A complete review of all equipment requirements was undertaken by the Trust and a list compiled. The latest equipment will be ordered and onsite. • A question was asked whether the anaesthetists had the appropriate level of neonatal experience required? <ul style="list-style-type: none"> ➢ Macclesfield District General Hospital are a special care baby unit (level one), which is for low dependency care. A rotation programme has been put in place with Stockport and other partners for staff to get up to speed and build on skills and competencies. ➢ An induction and training programme will be introduced for three months to improve competency skills for all specialities including midwives, neonates, anaesthesia, and obstetricians. • Regular meetings were taking place to minimise any risks from an ICB perspective. 	



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	<ul style="list-style-type: none"> The ICB were assured that Macclesfield hospital were doing everything possible to undertake robust induction, providing support for staff. A query was raised whether anaesthetists would be offered a broad portfolio of opportunities within a single contract? <ul style="list-style-type: none"> ➤ Individuals were offered intensive anaesthetist, obstetric anaesthetist, and general anaesthetist opportunities with flexibility depending on individual requirements. <p>The Partnership Board:</p> <ul style="list-style-type: none"> NOTED the progress towards safely returning the full intrapartum care to Macclesfield District General Hospital. NOTED the current state of readiness for return. 	
10.	Section 75 Committee Decisions	
10.1	Cheshire East Place System – S75 expansion (Nichola Thompson)	
	<p>NT delivered an update on Expansion of Section 75 agreement between the local authority and ICB.</p> <p>This paper sets out the requirement to expand the Section 75 agreement between the local authority (Cheshire East Council) and the ICB.</p> <p>1. Section 75 agreement for 2022/23 should be expanded to include the recently announced Adult Social Care Discharge Fund:</p> <p>Comments:</p> <ul style="list-style-type: none"> A project group meets weekly to discuss the discharge scheme performance and to update person-centred outcomes. Looking at spending reviews. Each scheme produces a highlight report. Recommendations are made for financial repurposing to use money wisely. Report on returns locally and nationally, report to the BCF on a fortnightly basis. Monitored through the Better Care Fund Governance Group. For clarity, the formal position is between Cheshire East Council and the ICB. A further set of agreements mediated through contracts between the council and ICB as commissioners and individual providers. The informal position to collectively determine how opportunities allocated to Cheshire East were deployed with the appropriate level of partnership engagement in developing plans. Beneficial to see which organisations are leading on the adult social care discharge fund schemes for clarity. Local metrics system could be developed. Exploration of the quality metrics was welcomed to determine if families and individuals can manage once discharged. Healthwatch contacted providers to discover discharge stories from individuals from a quality perspective. The Partnership Board was asked to avoid using acronyms in reports. 	



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	<ul style="list-style-type: none"> The use of the term “challenging behaviour” was no longer supported in social care settings. <p>Queries and Responses:</p> <ul style="list-style-type: none"> A question was raised as to whether the metrics used were agreed locally? <ul style="list-style-type: none"> The metrics used were the national driven targets measured against for the Better Care Fund. <p>The Partnership Board:</p> <ul style="list-style-type: none"> DISCUSSED the update. ENDORSED the Adult Social Care Discharge Fund schemes S75 (appendix one) so that they can be deployed in the winter period 2022/23. <p>2. Section 75 agreement was expanded to reflect recent decisions for the period 2023/24 namely to include Voluntary, Community, Faith and Social Enterprise Sector Grants Programme:</p> <p>Comments:</p> <ul style="list-style-type: none"> The grants scheme will be used to support the Voluntary, Community and Faith sector parts of the discharge fund. The total funding is £10K more than outlined in the paper, to support people with visual impairment. The funding is pooled into the Better Care Fund. An evaluation panel will determine how the grants will be spent. Monies remaining at the end of this period will be retained within the Better Care Fund headroom and rolled over into 2023/24. <p>The Partnership Board:</p> <ul style="list-style-type: none"> DISCUSSED AND APPROVED the expansion of the Section 75 agreement for 2022-23 and 2023-24 to include: <ol style="list-style-type: none"> The schemes included within the Adult Social Care Discharge Fund. Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) grants. 	
11.	Cheshire East Place system - Crewe Winter pressures proposals (Nichola Thompson)	
11.1	<p>The Cheshire East Place system 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.</p> <p>Comments:</p> <ul style="list-style-type: none"> It was proposed that monies to support these proposals come from the Better Care Fund headroom position. 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 	



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Item	Discussion and Actions	Action Owner
	<p>noted.</p> <ul style="list-style-type: none"> • Good to see all partners involved in the Crewe Winter Priorities scheme, including general practice to support population needs. • Impact on falls for individuals and the system is huge. • Good that the Falls Prevention scheme is supported. • Beneficial to review the data for 999 calls made from home. <p>The Partnership Board: NOTED the report. ENDORSED the schemes noted in Appendix one so that they can be deployed in the winter period 2022/23.</p>	
12.	Assurance / Information Reports – delivery and performance	
12.1	Strategic Planning and Transformation Group - Report of the Chair (Nichola Thompson)	
	<p>NT provided the Board with an update.</p> <p>Comments:</p> <ul style="list-style-type: none"> • The 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. • The Social Action Charter update will be brought to the Partnership Board Meeting in March 2023. Action: NT. <p>The Partnership Board: • NOTED the report.</p>	NT
13.	Finance Update (Katie Riley, representing Lynda Risk)	
13.1	<p>KR provided the Board with an update.</p> <p>Comments:</p> <ul style="list-style-type: none"> • The report detailed the latest forecast position for each of the NHS organisations in the Place. • The forecast was based on different periods, depending on when reporting is made public within each organisation. • All the organisations in Cheshire East Place were facing significant financial challenges. • Many of the risks are linked through to inflation, demand but also lack of delivery of savings through recurrent means. • All organisations continued to look for mitigations in 2022/23. • Financial planning and contracting are currently underway for 2023/24. • Next steps: Continued development of Place financial reporting. 	



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	<p>Feedback:</p> <ul style="list-style-type: none"> The last two years had been characterised by a significant additional funding from the cost of Covid-19. Considerable change in direction for the NHS to re-establish financial rigor and refocus on achieving financial duties. East Cheshire Trust were deemed to be subscale, but not substandard, as recognised by the Trust in 2015. Over the past two/three years with significant Covid-19 funding the picture remained blurred. The deficit was reflected in the overall financial position of ICB and not East Cheshire Trust. A suggestion was made to share financial plans across the Place to understand any unintended consequences. Helpful to understand the financial rules for ICB Place, noting that many of these will be determined at a Cheshire and Merseyside level. <p>The Partnership Board NOTED:</p> <ul style="list-style-type: none"> NOTED the report. SUPPORTED the recommendation to consider the potential system wide impact across the Place. 	
14.	Quality and Performance Update on NHS Commissioned Care Services (Amanda Williams)	
14.1	<p>AW gave the following update.</p> <p>Comments:</p> <ul style="list-style-type: none"> The Quality and Performance paper was a report from an ICB Quality and Performance Sub-Committee covering the whole of Cheshire. Predominantly this focused on quality assurance of the NHS Commissioned services. The report will progress into a Quality and Performance Report for the system, rather than just the NHS. A proposal will come to the next Partnership Board, however current thinking is that a Quality and Performance group will be established that will include all partners. To support partners who cover the whole of Cheshire there will aim to be bimonthly meetings which alternate with those held in Cheshire West. Members of the Partnership Board will be approached to seek views on the development of the Quality and Performance group. <p>Queries and Responses:</p> <ul style="list-style-type: none"> A question was raised whether local authority partners and the voluntary sector providers will be involved in the Quality and Performance Group? <ul style="list-style-type: none"> ➤ The terms of reference included partners from the system for Cheshire East. There was a willingness from partners to meet to establish a process. Healthwatch queried the process for dealing with general Patient Advice and Liaison Service (PALS) data collected from the public. <ul style="list-style-type: none"> ➤ NHS Cheshire and Merseyside had a central patient experience proposal 	



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Item	Discussion and Actions	Action Owner
	<p>with a Place facing offer.</p> <p>Comments:</p> <ul style="list-style-type: none"> Consider how colleagues from across the system can work together to have a shared approach to quality which supports good quality outcomes and prevents harm. Collectively bring Quality Assurance Teams together. Colleagues jointly working to make proactive change rather than responding after an event had taken place. There was an aspiration to see parts of the system working in a streamlined way. Suggestion to have a singular system for quality control over time. <p>The Partnership Board NOTED the contents of the report.</p>	
15.	Primary Care Advisory Forum Update (Mark Wilkinson)	
15.1	<p>MWI gave a verbal update.</p> <p>Comments:</p> <ul style="list-style-type: none"> The Primary Care Advisory Forum update was brought to the Partnership Board for assurance. The forum was a newly planned Pan Cheshire meeting with distinct agendas for Cheshire East and West. An advisory group that includes members of the Local Medical Committee and other colleagues. The ICB had formal responsibilities around Primary Care. Primary Care responsibilities were agreed once across Cheshire and Merseyside. Core contracting issues will be managed from a Cheshire and Merseyside level. The Primary Care Advisory meeting took place last week and will support formal decision-making around Primary Care. Significant variation across Cheshire East in how Primary Care was commissioned. The variation may reflect different historical CCGs. The ICB commission services from GPs and community pharmacy. Budget and commissioning responsibilities were delegated to Place. The ICB will commission dentistry at a Cheshire and Merseyside level from April 2023. The ICB will commission general ophthalmic services from April 2023. Essential to reflect using Care Communities as a footprint for planning. <p>Queries and Responses:</p> <ul style="list-style-type: none"> Essential to have a strong position around investment for the delivery of Primary Care in Cheshire East. <ul style="list-style-type: none"> The Primary Care Advisory forum looked at a feasibility study for the redevelopment scheme of the Primary Care facility in Knutsford. A scheme which was discussed for several year and is a strategic priority. There is a significant cost in improving premises. Seeing individuals in Primary Care is costly. A question was raised about access of primary care in rural areas? 	



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	<ul style="list-style-type: none"> One solution was to make use of digital as a way of engaging with Primary Care. Primary Care were facing challenges. <p>The Partnership Board NOTED the contents of the report.</p>	
16.	Operational Delivery Group – Report of the Chair (Nichola Thompson)	
16.1	<p>NT gave the following update.</p> <p>Comments:</p> <ul style="list-style-type: none"> The Operational Delivery group was chaired by Simon Goff, Chief Operating Officer at East Cheshire Trust. The group met on a fortnightly basis and proactively completing work. The group were able to mobilise discharge schemes in a timely manner. The group took on the responsibilities of the Accident & Emergency Delivery Board. <p>The Partnership Board NOTED the report.</p>	
17.	Governance	
17.1	<p>Evaluation of meeting:</p> <ul style="list-style-type: none"> Purpose remit and meeting organisation Chairing and contributing Evaluation of effectiveness <ul style="list-style-type: none"> ➤ The potential in bringing people together was acknowledged. ➤ The group could develop a blueprint of what services could be like to achieve outcomes. ➤ Partnership working was developing positively. ➤ The positivity in terms of shared forward planning was recognised. It was agreed the meeting was an effective use of time. <p>The Partnership Board NOTED the update.</p>	
18.	Any other Business	
18.1	<p>A request was made by a member of the public to share Meeting Papers online for transparency and to avoid jargon where possible.</p> <p>MWI agreed to share information about the organisations with a member of the public. Action: MWI.</p> <p>Action: It was agreed, the meeting would minimise the use of jargon. Action: It was agreed, to make general information available to support members of the public attending.</p>	<p>MWI</p> <p>All KS</p>
	Close of meeting.	
<p>Date and Time of next meeting: 01 March 2023 @ 2pm</p>		

Updated: 23 February 2023

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

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

SMASH Care Community

Storyboard – February 2023



About Us

SMASH Care Community serves the population of Sandbach, Middlewich, Alsager, Scholar Green and Haslington. These areas have a **population of approximately 69,000 people**. The geography is based upon the registered lists of the seven GP Practices that make up SMASH Primary Care Network.

SMASH Care Community was established in 2016 and brought together a range of health and care partners to help improve the lives of the local population.

A core group has been formed to help set out and deliver the key priorities for the local community.

Our aims:

- to provide holistic health and social well-being to the SMASH community
- collaborating with all members of the community to harmonise care provided by all sectors
- reduce health inequalities and to innovate to bring care closer to home
- meet regularly – widening scope to other organisations
- one place of contact and information sharing – Care Community Website
- increased capacity of support

If SMASH was a village of 100 people...

» they would...

» in a year they would have...



the chevrons below indicates if age bracket value is above or below the CCG average

» they would be aged...



» in a year they would require...



Core Group

The current SMASH Core Group was re-launched in 2022 and meets bi-monthly. The group is made up of a number of key stakeholders within the local community.

All partners have verbally signed up to the relationship agreement which stipulates key principles for working together along with agreed objectives for the group.

Initially, the group has focussed on:

- Reviewing local data in order to inform the priorities for 2022/23
- Starting up projects, linked to the local priorities
- Information sharing
- Reviewing the membership of the group
- Building relationships



Initial Priorities identified



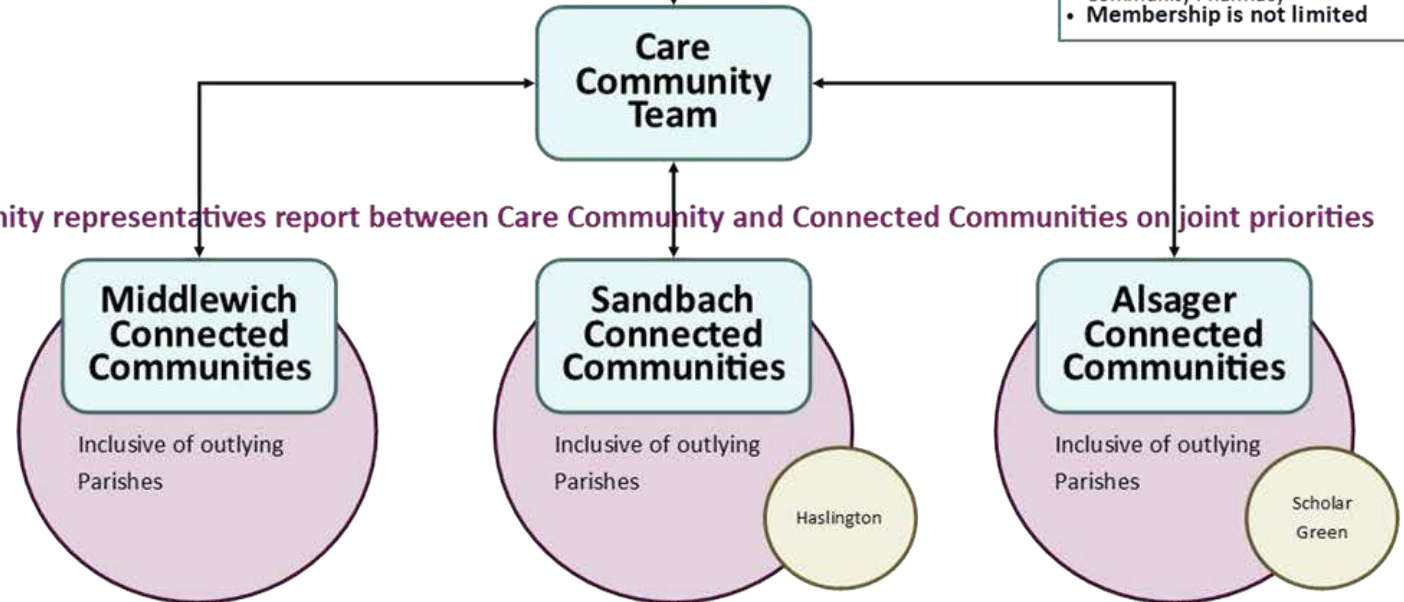
PROPOSED SMASH CARE COMMUNITY STRUCTURE

Key decision makers; Facilitators; and Resource providers; represent partner organisations at care Community Team Meetings to discuss priorities and issues

Key community representatives report between Care Community and Connected Communities on joint priorities

Structure:

- Takes advantage of existing established community mechanisms and addresses need for individual area priorities
- Reporting structure is two way communication
- Connected Community Groups feed most important priorities up to Care Community Team
- Priorities are addressed together through established working groups made up from Connected and Care Community Teams
- Rural and Village Representatives are linked into most appropriate Town areas
- Working groups can widen membership up to include experts and Volunteers



Care Community membership:

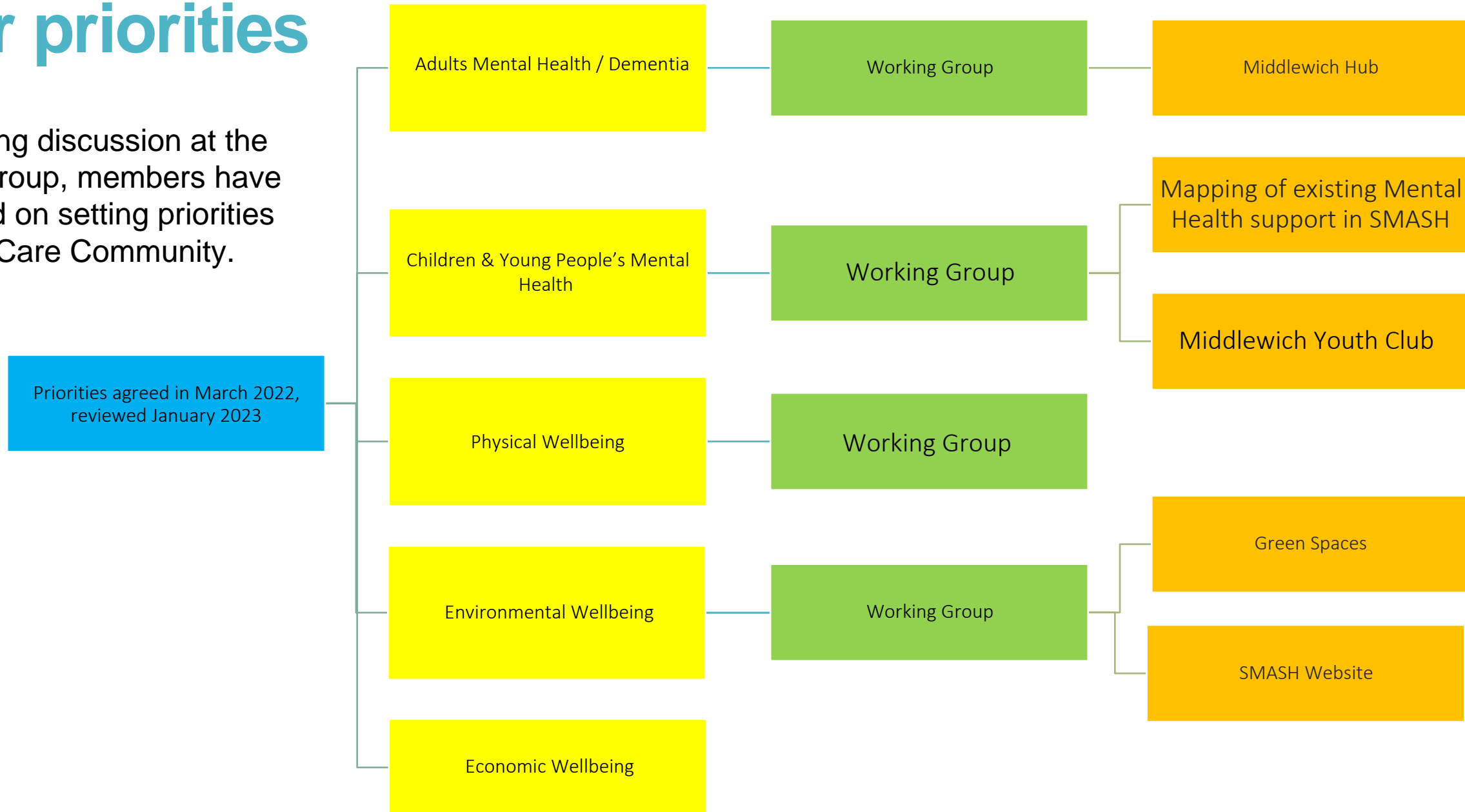
- Cheshire East Local Authority
- SMASH Primary care Network
- Public Health
- Fire & Rescue
- Police
- Community Development
- One You
- Ranger Service
- Lead Social prescriber
- SMASH GP Lead
- Everybody Leisure
- Healthwatch
- CESAP
- Community Pharmacy
- **Membership is not limited**

Connected Community membership:

- Local Authority Councillors
- Parish/Town Councillors
- Voluntary Groups
- Social prescribers
- Community Organisations
- Local Police
- Local Community Activists
- Practice GPs and/or Managers
- FARS
- Libraries
- Children's Centres
- Adult Social Care
- DWP
- Dane Housing
- Churches
- Primary and Secondary Schools
- Everybody Leisure
- CVS
- CESAP
- Healthbox
- **Membership is not limited**

Our priorities

Following discussion at the Core Group, members have focused on setting priorities for the Care Community.



Mental Health – Adults

Population

 68,986

Number of people with mental
health conditions

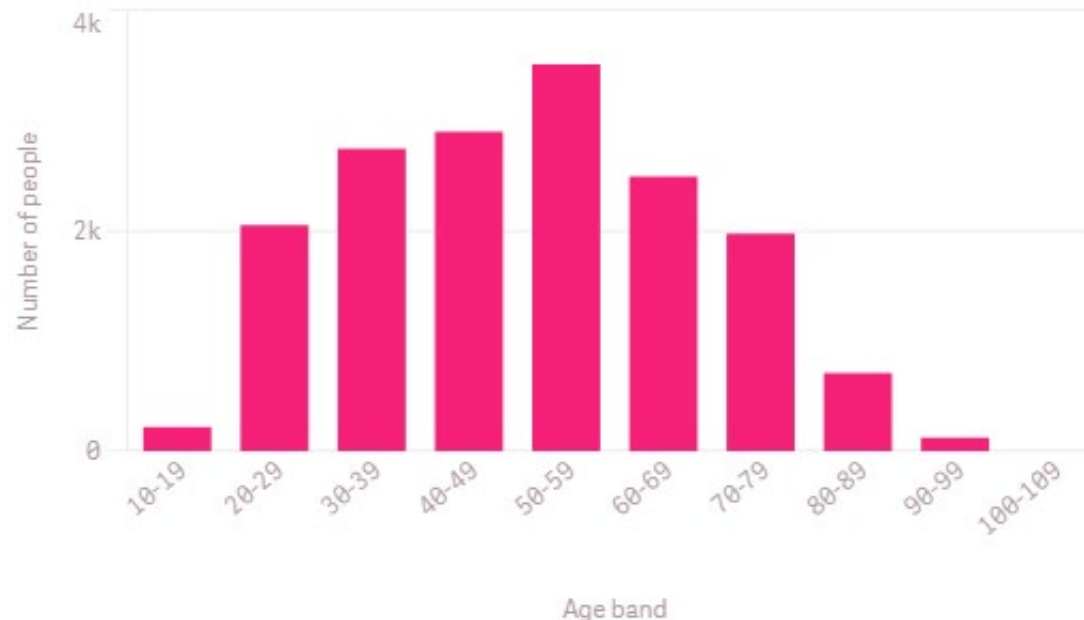
 17,192

Number of people with severe* mental health conditions

 713

**Definition of severe includes Psychotic disorder,
Bipolar and Schizophrenia*

Prevalence of conditions by age group



- 17,192 people aged 18+ have been coded with a mental health condition on Emis and 713 with severe mental health conditions..
- Neurosis is not a stand-alone mental condition. Anyone who have been coded with conditions that could lead to anxiety disorder would be coded with neurosis.

Mental Health – Children & Young People

Population

 13,172

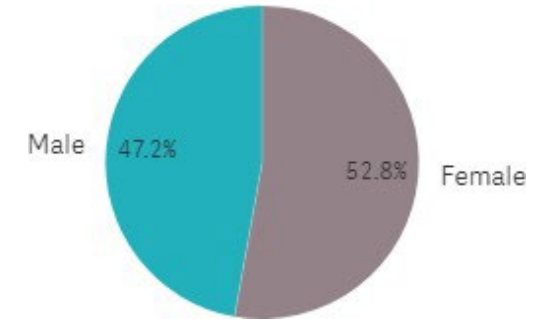
Number of people with mental health conditions

 742

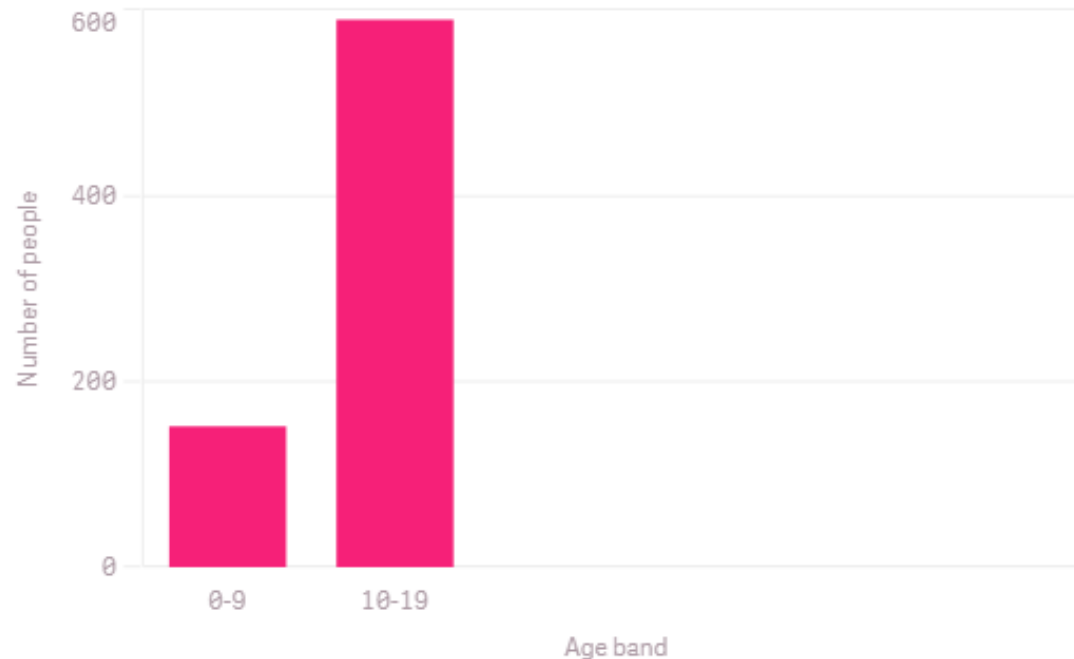
Number of people with severe* mental health conditions

 23

*Definition of severe includes Psychotic disorder, Bipolar and Schizophrenia



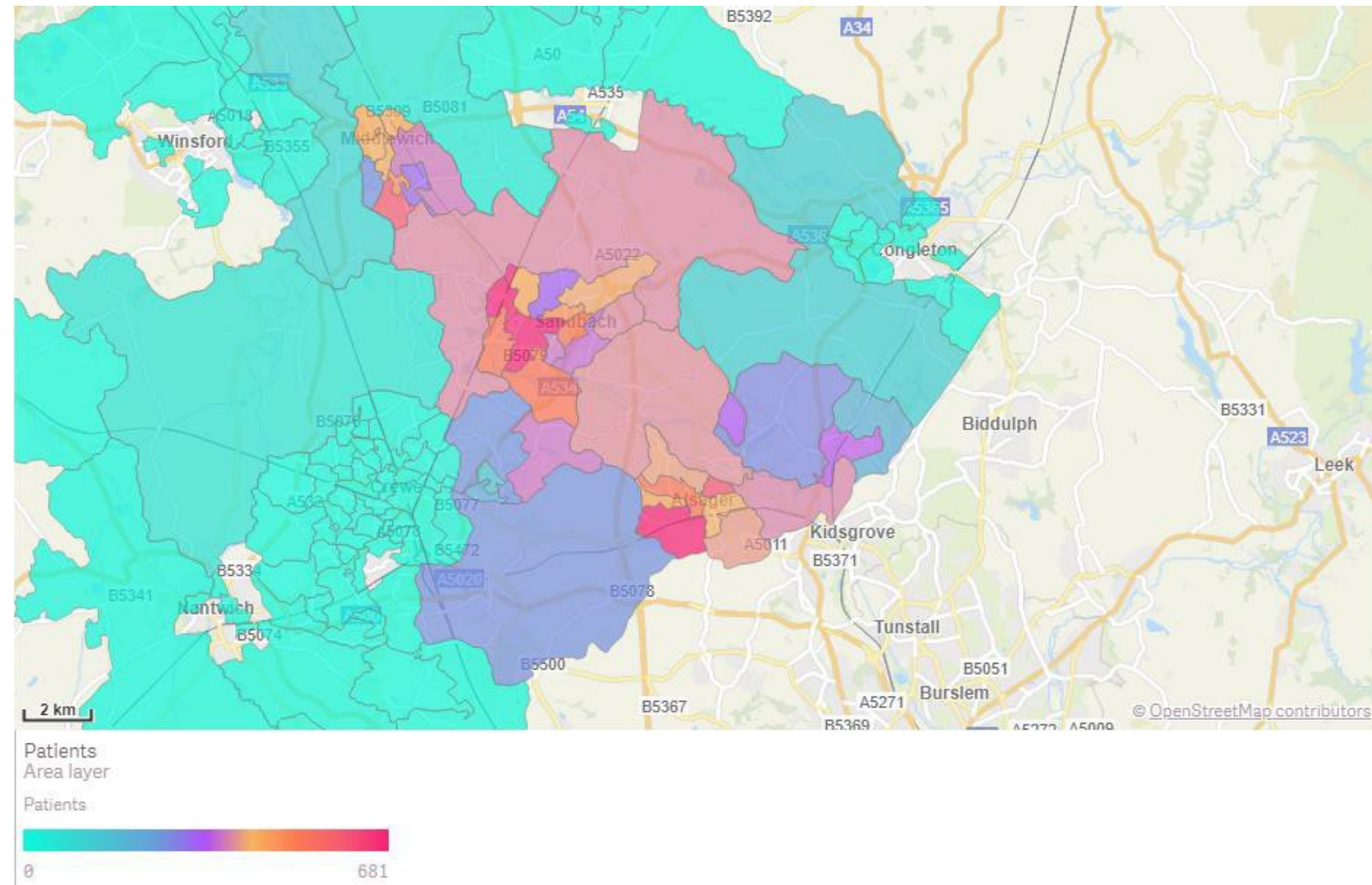
Prevalence of conditions by age group

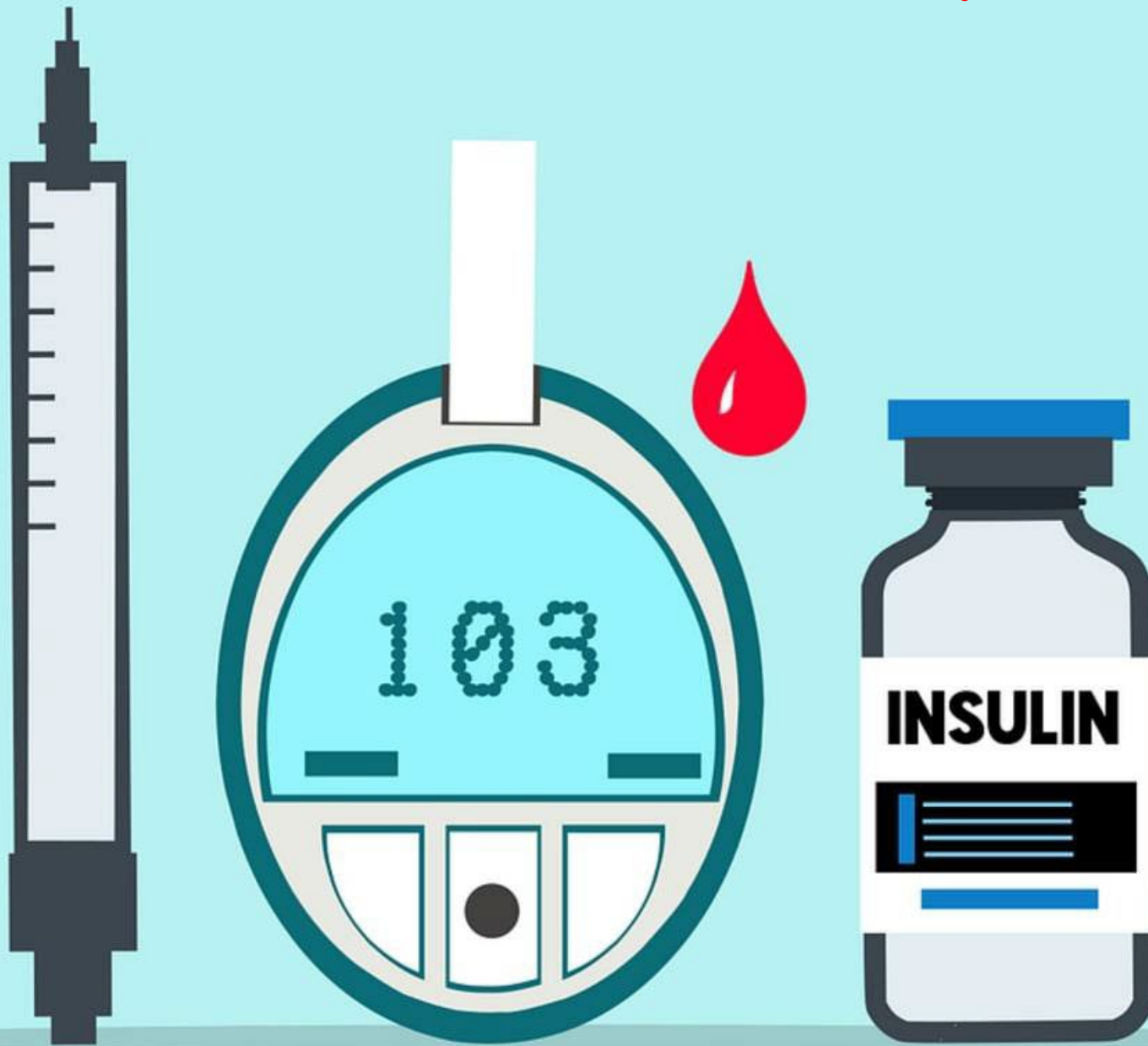


- 13,172 people aged 0-17 have been coded with a mental health condition on Emis and 23 with severe mental health conditions.
- 172 out of 284 people, who have an attendance with the mental health team at CWP, have been a diagnosis with mental health condition.
- Neurosis is not a stand-alone mental condition. Anyone who have been coded with conditions that could lead to anxiety disorder would be coded with neurosis.

Where do people with mental health conditions live?

(Adults, Children & Young People)





Additional area of focus: Diabetes

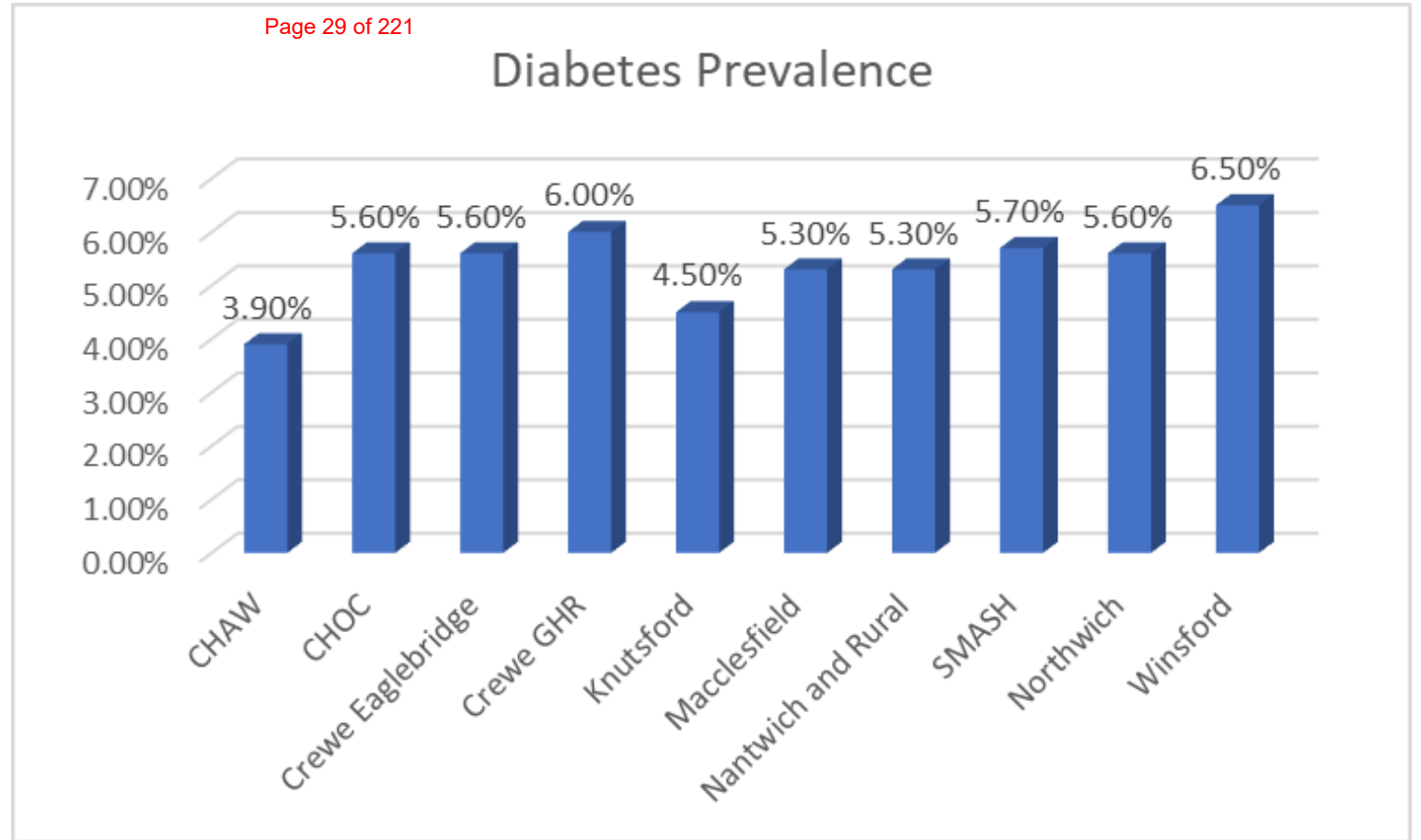
BI data indicates that SMASH has the highest prevalence for insulin dependant diabetic patients.

Look at potential project to support:

- Reduction in DN's time spent administering insulin
- Early intervention and support by running pop up clinics

Diabetes Prevalence by PCN

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There are 4,089 patients with Diabetes in SMASH. There are 4,700 patients with pre-diabetes.

Ankle-Brachial Pressure Index/ Doppler

Doppler clinics are in place at Ashfields PCC. These clinics identify patients with peripheral arterial disease (PAD) which is a common condition. SMASH are planning on offering this service across the Care Community from October 2022.

Rolling out to the wider Care Community will support with:

- Minimising inappropriate referrals to vascular services
- Improving education to patients at risk of PAD – knowing signposting options
- Working collaboratively across community and PCN settings
- Improving access to assessment of patients who do not meet current criteria

Achievements

- Massive congratulations to Christine Guildford who Won The Inspirational AHP Support Workforce Award.
- UCR service for local care homes, communications circulated to 13 care homes in the SMASH area, positive feedback received from professionals utilising the service.
- Well established core group.
- COVID Vaccination Work.
- Built very good relationships across all stakeholders.
- Sandbach hub up and running- SMASH also have established hubs at Alsager & Middlewich.
- COM receiving Queens Nurse title.
- Diabetes nurse nomination for BJM award.
- Care community survey completed with stakeholders results demonstrating a positive outlook on SMASH care community progress.
- Project commenced in collaboration with PCN's, social prescribers, CCSM and community voluntary sectors to review high frequent attendees and realign to services required in the community

Achievements

- The Home First pilot is ready to go it has been agreed for all 5 care communities within CCICP. The huddles are in place. The Home assessments are ready to go.
- Virtual Wards – Launched Monday 30th January. New programme rolled out across UK to allow patients to access the care they need safely and conveniently at home. Benefits: Stay at home, Discharge Early if safe to do so, Reduce patient waiting time, Reduce hospital pressures. Team: Consultants, ACPs, Specialist nurse, HCAs, admin. Working alongside existing community services e.g. UCR, IV at home, IPOCH, British Red Cross. Will go live with Primary Care in future.
- Identified need to establish a link between digital literacy project and remote monitoring and virtual wards development.
- Utilisation of remote ECG monitoring supporting CVH transformation pathway, MECC and patient first approach- pilot between PCN and SMASH CCICP- promising results so far.
- PCN extended hours offering.
- Collaboration between PCN and Health and wellbeing squad- great results to date!
- Alsager and Sandbach are recognised as Dementia friendly communities.

Queen's Award

Alsager Community Support were invited to the Queen's Award for Voluntary Service which was awarded to Alsager Community Support in June as part of the late Queen's Jubilee Honours List.

ALSAGER COMMUNITY SUPPORT



You are invited to join us for the formal presentation of
THE QUEEN'S AWARD FOR VOLUNTARY SERVICE
By the Lord-Lieutenant of Cheshire, LADY REDMOND MBE
at **ALSAGER COMMUNITY CHURCH**
On Wednesday 28th SEPTEMBER 2022
At 3.00 pm (please arrive by 2.45pm)
Dress code: Smart but not formal

RSVP kay.stancliffe@hotmail.co.uk TEL 07914 725992 BY 21st September 2022

PLEASE ENTER COMMUNITY CHURCH BY SIDE ENTRANCE

It is a prestigious award, equivalent to the MBE for voluntary groups, and we are honoured to be one of only two organisations in Cheshire to receive this award in the June 2022 list.



The honour comes at the end of the pandemic and reflects the work done by our volunteers to help people through those difficult times, as well as for the past and ongoing help and support which ACS continues to provide in the local area.

The news of the death of her majesty Queen Elizabeth II has been of great sadness to us all, but the Lord-Lieutenant agreed that the ceremony should go ahead as a lovely way of honouring her memory here in Alsager.



The award was presented by the King's representative in Cheshire, the Lord-Lieutenant, Lady Redmond MBE



SMASH

FEEDBACK

HA

HIGGS, Alan <Alan.Higgs@cheshireeast.gov.uk>
To ● Hockenhull Lois (PBT) Mid Cheshire Tr

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The Stay Well squad appear to have made many friends with the SMASH group so hopefully their kind words will help to keep the squad in place.

Have a nice evening.

Kind regards

Alan Higgs | Cheshire East Council Test & Trace
Operations & Logistics Manager,
Crewe Municipal Buildings, Earle Street, Crewe
07974 612840
Alan.Higgs@cheshireeast.gov.uk

Does SMASH have clear priorities and projects?

SMASH	
Strongly agree	5
Agree	2
Disagree	

Grace Owen (Healthwatch) - It was a great event yesterday, I was so pleased to see so many people engaging. Healthwatch spoke to 10 people and signposted to Cheshire East Carers Hub, CAB, Oaklands Social Prescriber and the Carers Trust.

Preston Lockhart (Pathways CIC) - I spoke to pretty much every person I believe yesterday, most of whom just wanted info about the service, but half a dozen had been involved with us, or were seeking involvement again - so it was great to provide them information there and then, and give numbers to call up to make appointments to see us.

It worked well because they spent time with the Health and Wellbeing team, and as they're all so friendly they managed to get snippets of information out of them reading things like mental health problems or financial difficulties.. So a member of their team pointed them in my direction and then the conversation started from there.

Bridget Robson (Carers Hub) - I thought there was a good vibe! I spoke to two new carers who want to be registered with the Carers Hub and will self-refer.



My overall impression of this Care Community is:

Developing at a significant pace

Lively and varied - loved the rainbow

Amazing, well organised

Progressing well, lots of engagment

Great many services on offer. We have to ensure that residents know about them and how to access them

Clearly working well as a team

Pro-active, busy



Insights

[See all](#)

Last 28 days: 15 Jul - 11 Aug ▼

People reached

2,487
 ▲ 250%

Post engagements

195
 ▲ 124%

Facebook Page reach ⓘ

2,487 ↑ 250.3%


Other achievements - Social Media

A Facebook page for SMASH Care Community was created in June 2022. So far, information has been shared such as local walk-in vaccination clinics, good news stories such as fundraising events along with information about wider NHS changes.

Aims:

- Reach a wider audience via Facebook to support promotion of events and local services
- Support stakeholders by sharing their content, ensuring information is current and accurate



SMASH Care community people story- meet “Sid”

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- Started with lymphoedema, would see practice nurse weekly
- Started work with lymphoedema team who advised alternative treatment required that the practice nurse wasn't trained to provide.
- Resulted in ongoing treatment for 2 years from the DN team which quickly turned into home visits to suit Sid's work life
- Sid got an infection in heel. This plus complexities resulted in hospital admission for 5 months- but getting him into hospital wasn't that easy....
- Sid had become bariatric, his size meant that he couldn't leave his home. Required care community support, fire crews involved, multiple assessments completed, specialised equipment was needed including thinking outside of the box!
- Team involved= Practice nurses, GP, district nurses, physio's, OT's, dieticians, podiatry, tissue viability team, community voluntary services. Still with podiatry.
- Outcome= reduced GP visits, now back in work and excited about returning to the office, healthier lifestyle, lost weight (7 stones!), feeling much happier and speaks highly of the district nurses!
- Well done team SMASH!!

(Picture and name changed to maintain confidentiality)

Vaccination Clinics

- Ashfields
- Cedars
- Greenmoss
- Haslington
- Merepark
- Oaklands
- Waters Edge

Live PCN site from January 2021 to December 2022.

January 2021 initially opened two sites; Alsager and Middlewich.

Offered wider citizen access to support local system capacity.

Offered option to prearrange visits where environment or approach needed to be adjusted. E.g. needle phobia, challenging behaviour, quieter space to reduce anxiety.

Offered “in-car” vaccination for those with limited mobility, anxiety, immunosuppressed.

SMASH worked with local partners to deliver inclusive and effective clinic settings at Alsager and Middlewich.



Middlewich Victoria Hall COVID-19 VACCINATION CLINIC

Are you aged **16yrs and over**, and able to travel to Middlewich Victoria Hall (CW10 9AS) for your vaccine?

To book email
smash.bookings@nhs.net

You will need to include in your email:

- Your full name
- Your date of birth
- Your postcode
- Your NHS number

Clinic times

Date	Time
Thursday 26th August	14:00 – 19:00
Pfizer and Astra Zeneca 1 st and 2 nd Dose	(Walk in available 14:00 – 18:30)
Eligible Children aged 12-15 need to contact GP Practice or email smash.bookings@nhs.net	



Today saw SMASH PCNs second covid-19 vaccination site open in Middlewich

Over 3000 patients vaccinated over the weekend in SMASH PCN

<https://www.cedarsmedicalcentre.nhs.uk/over-3000-patients-vaccinated-over-the-weekend-in-smash-pcn/>

- Total PCN vaccines administered = Over 130,000.
- 12,800 administered in or by practice (this includes practice clinics, housebound and Care Homes).
- 117,500 administered at Alsager & Middlewich sites
- 15,450 administered to non-SMASH registered patients at Middlewich as part of supporting extended Cheshire East & Vale Royal access and enabling access to citizens with additional needs.

Vaccination Clinics



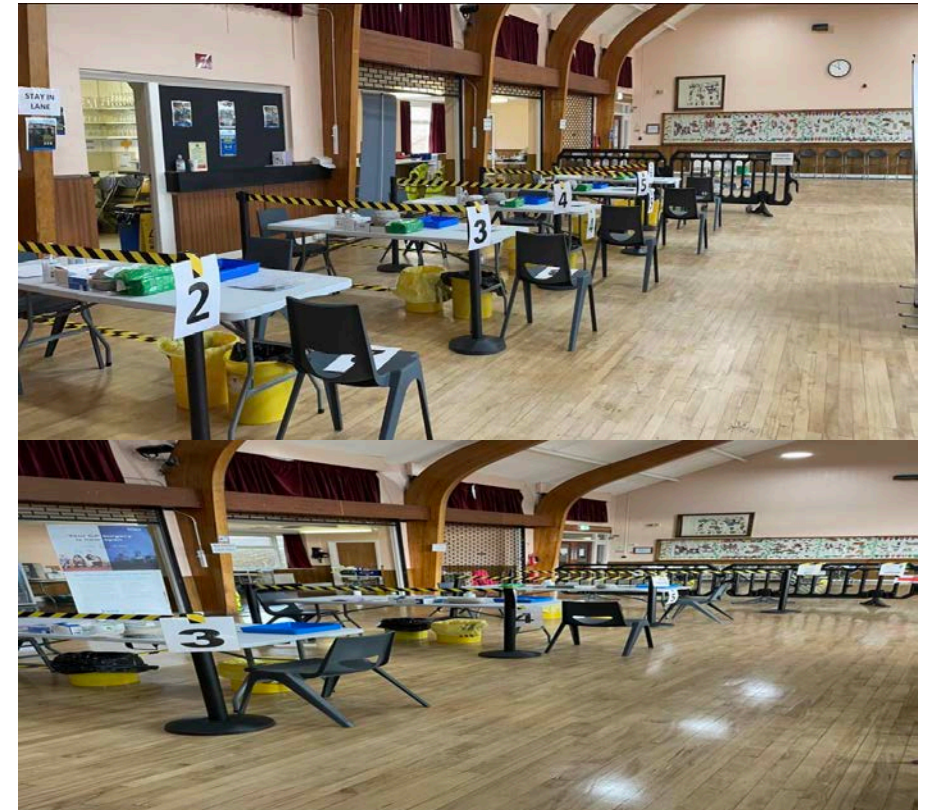
Neil Paul; SMASH Clinical Lead



A local restaurant donated evening meals.



CWP Medical Director volunteering at Middlewich





SMASH Care community people story- meet “Sally”

- Diabetic, visually impaired lady, living alone
 - High user of all health care services
 - Poor diet, low mood, reports lonely and isolated, lost guide dog
 - Poor health due to above factors
 - Required district nurses to visit daily to administer insulin
 - Client not happy with visits but refused to attend clinics
 - Constant safeguarding issues due to social factors
 - Services unaware of any other interventions- Sally reports no one helps her
 - MDT approach utilised with care communities, discovered involved in many services including health care, community support, people helping project, social care and connected communities!
 - Came together to formulate a plan
 - Resulted in reassurance regarding safeguarding issues, improved health, improved independence, empowered to self medicate using specialist equipment procured, discharged from health care services and engaged with community voluntary services
 - Thriving independently in the community with voluntary sector support
-
- (Picture and name changed to maintain confidentiality)



Alsager Stroke Survivors Speech and Language Support Group

Live Projects

Alsager Stroke Survivors – a group to support speech and language, launched in May 2022

Alsager Royal British Legion Veterans Breakfast Club – tackling social isolation and supporting with economic wellbeing and mental health. Launched in April 2022

Board Games for Mental Health – ran with Alsager United Reform Church. Attendees are Adults between the age of 40-60. Again this project supports the metal health priority whilst tackling social isolation. Launched in January 2022 and is still going well.

Middlewich Youth Group – offers a safe place for children to spend time and socialise in one of the more deprived areas of SMASH. This was launched in June 2022 and has been really well received with attendance often being around 30 people.

Healthy eating – cooking group to help educate and teach about healthy and budget friendly meals

Alsager has a **Memory Café** and **Memory Choir**. Dave Whitworth has online and face to face groups.

Forward View

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Plans to expand Coil and Implant Insertions services across the patch

Diabetes Pop-up Clinics in the community – working with Everybody Leisure

Middlewich Hub continues to run and is now in collaboration with the 'Warm Hub' which runs at the Victoria Hall in Middlewich.

Sandbach Hub – this is up and running.

Launch of SMASH Care Community Website.

Forward View

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Food Projects:

Cooking on a Budget – we are still in the process of organising this but it is now going to run in Middlewich and Sandbach and we are working with Everybody Health and Leisure, Fire Service, Sandbach Town Council, Sandbach Unity Methodist Church, local volunteers, Sandbach Pantry, Middlewich Methodist Church and local area coordinators to organise the project.

Churches Together in Sandbach have set up the The Pantry@Sandbach Hub, which runs from the Unity Methodist Church and it started in October.

A new Parent and Tots group started in October last year at the Civic Centre in Alsager.

Extended hours for UCR and GP practices

Community CVH



Help us flourish.....

- ❖ Survey identified transport issues remain in SMASH- rural locations make it hard for our population to attend clubs or appointments
- ❖ Links with benefits for advice and support
- ❖ Suitable accommodation to hold meetings/activities- not enough space
- ❖ Links with schools

Cheshire East Health and Care Partnership Board

The Joint Local Health and Wellbeing Strategy and Five- Year Plan 2023-2028



Date of meeting:	1 st March 2023
Agenda Item No:	9
Report title:	The Joint Local Health and Wellbeing Strategy and Five-Year Plan 2023-2028
Report Author & Contact Details:	Guy Kilminster guy.kilminster@cheshireeast.gov.uk
Report approved by:	

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

N/A

Executive Summary and key points for discussion

The *Joint Local Health and Wellbeing Strategy and Five-Year Plan 2023-2028* sets out the strategic outcomes and priorities for the Health and Wellbeing Board and Place Partnership Board. The Strategy is the responsibility of the Cheshire East Health and Wellbeing Board with the local authority and ICB the organisations required to work together to produce the draft. The draft went out for public engagement in January.

The Strategy will underpin work across the Place to reduce inequalities and improve the health and wellbeing of our residents.

The Board is asked to endorse the Strategy. It will be presented to the Health and Wellbeing Board for approval later in March.

Recommendation/ Action needed:	That the Place Partnership Board endorse the Joint Local Health and Wellbeing Strategy and Five- Year Plan 2023-2028
---------------------------------------	--

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

Please insert 'x' as appropriate:

1. Deliver a sustainable, integrated health and care system
2. Create a financially balanced system
3. Create a sustainable workforce
4. Significantly reduce health inequalities

X
X
X
X

Document Development	Process Undertaken	Yes	No	N/A	Comments (i.e. date, method, impact e.g. feedback used)
	Financial Assessment/ Evaluation			X	
	Patient / Public Engagement	X			
	Clinical Engagement	X			
	Equality Analysis (EA) - any adverse impacts identified?	X			CEC Equality Impact Assessment undertaken prior to public engagement

	Legal Advice needed?		X		
	Report History – has it been to Other groups/ committee input/ oversight (Internal/External)		X		It will be presented to the Health and Wellbeing Board on 21 st March 2023
Next Steps:	Approval by the Health and Wellbeing Board				
Responsible Officer to take forward actions:	Guy Kilminster				
Appendices:	Appendix One - The Joint Local Health and Wellbeing Strategy and Five-Year Plan 2023-2028 Appendix Two – Joint Local Health and Wellbeing Strategy and Five-Year Plan Consultation Feedback Report				

The Joint Local Health and Wellbeing Strategy and Five-Year Plan 2023-2028

1. Executive Summary

The *Joint Local Health and Wellbeing Strategy and Five-Year Plan 2023-2028* sets out the strategic outcomes and priorities for the Health and Wellbeing Board and Place Partnership Board. The Strategy is the responsibility of the Cheshire East Health and Wellbeing Board with the local authority and ICB the organisations required to work together to produce the draft. The draft went out for public engagement in January.

The vision of the Strategy is *“To enable people to live a healthier, longer life; with good mental and physical wellbeing; living independently and enjoying the place where they live.”*

The four strategic outcomes are that:

- I. Cheshire East is a place that supports good health and wellbeing for everyone
- II. Our children and young people experience good physical and emotional health and wellbeing
- III. The mental health and wellbeing of people living and working in Cheshire East is improved
- IV. That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place.

The Strategy will underpin work across the Place to reduce inequalities and improve the health and wellbeing of our residents.

The Board is asked to endorse the Strategy. It will be presented to the Health and Wellbeing Board for approval later in March.

2. Introduction / Background

- 2.1 Health and Wellbeing Boards were established under the Health and Care Act 2012. They are a formal committee of the local authority and are charged with promoting greater integration and partnership between bodies from the NHS, public health and local government. They have a statutory duty, with Integrated Care Boards, to produce a joint strategic needs assessment and a joint local health and wellbeing strategy for their local population.
- 2.2 The previous Joint Health and Wellbeing Strategy (the word 'Local' has been added to the Strategy title as a result of a change set out in the Health and Care Act 2022) expired in 2021. The Pandemic delayed the work to refresh the Strategy.
- 2.3 It was agreed that it would be sensible to bring together the new Strategy with a refresh of the *Place Partnership Five Year Plan* to create a single document for the system. The draft presented to the Board today incorporates both elements and provides a high-level strategic overview of the vision, strategic outcomes and priorities for the two Boards over the next five years.
- 2.4 A *Five-Year Health and Care Service Delivery Plan* will provide more detail on the implementation of activity, together with the organisational plans of the Boards' partners.

3. The Focus of the Strategy

- 3.1 At a workshop in July 2022, system partners agreed to retain key elements of the previous Health and Wellbeing Strategy and Five-Year Plan, on the basis that the Pandemic had significantly impacted upon progressing the ambitions set out within the previous documents. The refresh has taken into account those issues that have been exacerbated by the Pandemic and newly identified areas requiring attention and improvement.
- 3.2 The Strategy sets out the new context within which we are working, considering the NHS Cheshire and Merseyside Integrated Care Board and the Cheshire and Merseyside Integrated Care Partnership, the formal recognition of the 'Place' being coterminous with the local authority geography and the Care Communities operating at a local 'neighbourhood' level. It also summarises the challenges that we face as a system. There is a focus on the wider determinants of health in recognition of the impact that these have and the need for the Health and Wellbeing Board to galvanise partners to work in partnership to address these. In addition, it sets out the

challenges for health and care providers and the aspirations that we have to work together to improve services and outcomes for our residents/patients through a more integrated approach.

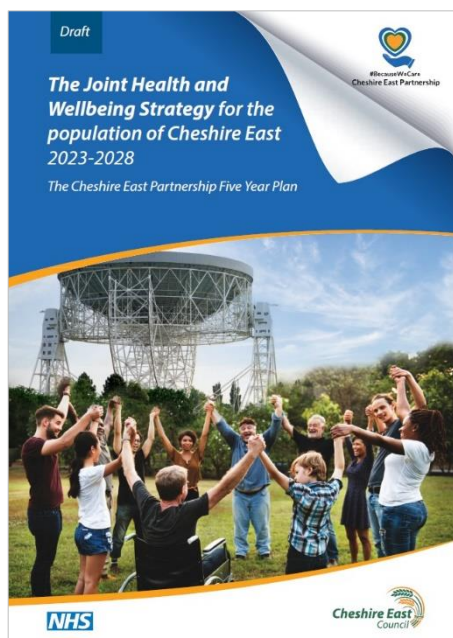
- 3.3 The four strategic outcomes (slight revisions made to wording as a result of engagement feedback) are that:
- i. Cheshire East is a place that supports good health and wellbeing for everyone
 - ii. Our children and young people experience good physical and emotional health and wellbeing
 - iii. The mental health and wellbeing of people living and working in Cheshire East is improved
 - iv. That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place.
- 3.4 For each of these a series of priority areas of work and key deliverables are set out, together with a series of indicators of success. A *Joint Outcomes Framework* is being prepared that will provide the means by which the indicators will be brought together and regularly reported on to demonstrate progress or areas of challenge.
- 3.5 The feedback from the public engagement demonstrated a good level of support for the vision, strategic outcomes and draft model of care. Useful comments were received that have been used to make amends to the draft and are incorporated into the version presented today. Some of the comments were of more relevance to the Delivery Plan and will be picked up in that in due course.
- 3.6 Suggestions regarding the wording of the 'End of Life' element within figure 8 were made. These have been considered and the wording has been changed in the attached draft.
- 3.7 The final draft of the *Joint Local Health and Wellbeing Strategy and Five-Year Plan 2023-2028* will be taken to the Health and Wellbeing Board on 21st March for formal adoption.

4. Recommendations

- 4.1 The Place Partnership Board are asked to consider and endorse the draft *Joint Local Health and Wellbeing Strategy and Five-Year Plan 2023-2028*.

A summary of responses to Cheshire East Council's

Health and Wellbeing Strategy Consultation 2023



Executive Summary

Introduction

Between 6 January and 5 February 2023 Cheshire East Council consulted on an updated draft of the Health and Wellbeing Strategy for the population of Cheshire East 2023 - 2028. The strategy had been updated in liaison with Cheshire East's Health and Wellbeing Board, and Health and Care Partnership.

The consultation was widely promoted and received 116 responses in total.

The vision and strategic outcomes

Very large proportions of survey respondents agreed the vision and strategic outcomes of the strategy are suitable:

- 93% agreed the vision is suitable
- 87% agreed the strategic outcomes are suitable

Despite this strong agreement that both the vision and strategic outcomes are suitable, respondents listed suggestions as to how they could be improved, and these suggestions are listed in detail throughout this report.

Some of the main suggestions included:

- Improvement in health service provision was felt to be a key priority, with NHS and social care provision a concern
- The strategy needs to be fully costed, to ensure it is realistic, especially during financial challenges for the council
- Performance management for the strategy needs detailing – how will success of the strategy will be measured.

The New Model of Care

Large proportions of respondents also agreed the New Model of Care in the strategy is a useful aid to support strategic planning (73% agree), and that the wording of the 4 elements of the model is meaningful (78% agree).

A number of suggested improvements to the model are also listed within this report.

Wording changes for the strategy

Respondents suggested a number of specific wording changes for the strategy:

Outcome 1 – Could the phrase "Create a place" be improved to "Create accessible local places".

Outcome 2 – Could "Ensure" be replaced with "Enable and monitor", as it's not really possible to ensure anything.

Outcome 2 – Rather than ensuring young people are "happy" which is subjective, is it about ensuring they have good opportunities in education, training and employment.

Outcome 4 – Maybe replace "Enable" with "Empower".

Outcome 4 – Perhaps replace the word "more" with "all" so it doesn't sound like the strategy is targeting a specific group.

New Model of Care – The wording "Help me to the end of life" could be seen as a negative. Perhaps "for the whole of my life" would be better.

New Model of Care – The word "Individual" at the centre of the diagram is spelt wrong, it is missing an "i".

The key to the map on page 8 is incorrect for 7 & 8 – The numbers for Nantwich and Sandbach are the wrong way around (the colours are correct).

The high-level vision wording is "Reduce inequalities, narrowing the gap between those who are enjoying good health and wellbeing and those who are not" – Does "narrowing the gap" imply actively reducing the health of those with good health to "narrow the gap" to those with poorer health? Perhaps it should say "Raise the minimum bar" of those with the worst health and wellbeing to meet the level of those with the best.

Anything missing

Respondents also listed a wide variety of things they felt were missing from the strategy, including on:

- How the strategy will be delivered with partners
- How the strategy will work for the seldom heard
- How healthcare services and access will be improved
- How the strategy will be funded

Further suggestions of things missing from the strategy are listed in detail within the report. Some respondents also felt that some of the data used in the strategy is out of date.

Email feedback

The 10 emails received during the consultation came from a variety of stakeholders including the organisations Sandbach Town Council, Gawsworth Parish Council, Disley Parish Council, Active Cheshire and Cheshire Disabled People's Panel.

These emails ranged from support for the strategy, through to very specific concerns about local areas – summaries of these emails, as well as the full emails themselves, can be found in Appendix 1 of this report.

Conclusions

Although the consultation received a fairly low response, those that did respond generally approved of its content.

There are a number of potential additions for the strategy listed throughout this report which may require strong consideration, as well as a number of suggested wording changes, but on the whole it would seem the strategy is an example of a comprehensive, co-produced strategy that has received general support.

Respondents will now be keen to see how the strategy will be funded, delivered, and how its success will be measured.

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Report produced 10 February 2023 by Ben Buckley of the Research and Consultation Team, Cheshire East Council. Email RandC@cheshireeast.gov.uk for further information.

Introduction

Purpose of the consultation

Cheshire East's Health and Wellbeing Board, and Health and Care Partnership, updated the Health and Wellbeing Strategy for the population of Cheshire East 2023 - 2028.

The strategy had last been updated in 2018, and had evolved since then based on:

- Challenges post Covid-19
- [Feedback received from residents and patients through Healthwatch Cheshire East](#)
- [The Health and Care Act 2022](#)
- [The Joining Up Care White Paper \(Feb 2022\)](#)
- [NHS Integrated Care System guidance](#)
- [The Cheshire and Merseyside Integrated Care Partnership priorities](#)

The updated strategy was consulted on between 6 January and 5 February 2023.

Consultation methodology

The consultation was widely promoted, most notably through:

- [Media releases](#)
- Emails to key stakeholders including all local Town and Parish Councils
- [The council's Digital Influence Panel](#)
- Social media

Consultation responses

In total, there were 116 consultation engagements, including:

- 106 survey responses
- 10 email responses (see Appendix 1)

Reading this report

The main sections of the report ("The vision" through to "Anything missing") summarise responses from the 106 survey respondents.

Appendix 1 then summarises and publishes all 10 emails received during the consultation.

The vision

Suitability of the vision

The vision in the strategy is:

“To enable people to live well for longer; to live independently and to enjoy the place where they live”.

93% of respondents agreed this is a suitable vision for the strategy, with 4% that disagreed.



Comments about the vision

Respondents suggested a number of items they felt could be referenced in the vision:

- Improvement in health service provision, including quicker and easier access to health services – Waiting lists for GPs and dentists are too long, there is insufficient funding for autism, ADHD diagnosis, mental health, social care. Funding for staff needs increasing. Different health service organisations / departments must communicate better (8 comments)
- Healthy life – Should there be a mention of aspiring towards a “healthy life” or good physical health? Wording could be “To enable people to live a healthier longer life”. Make the healthy option the easiest option. Educate people on how to live a healthy life – Diet, exercise etc. Increase education on self-care. Promote the one you Cheshire East Live longer eat well keep fit program (5 comments)
- Mental health – Have more reference to it in the vision, physical health is no good if mental health is poor. Wording could be “with a happy mindset” or “support people with their mental health” or “promote good mental health and wellbeing” (4 comments)
- Communities – Encourage rich and supportive communities, and lively culture. These come from but also lead to health and enjoyment/happiness. Support

local services like libraries and bus services. Increase independent green travel, crossings, cycle paths and footpaths (5 comments)

- Independence – Empower people to remain independent, safe and supported to stay in their own home. Making people's homes safe and warm, reduce energy bills (4 comments)
- Protection for vulnerable people – Don't allow vulnerable people to fall through the net, support the poorest people, those with poor health, the digitally excluded (4 comments)

Other comments made included that the vision:

- Needs to be fully costed / showing funding (4 comments)
- Is good, who could disagree? (3 comments)
- Must be more inclusive – including rural communities, all residents, race, age, (3 comments)
- Engaging with older people groups on it (1 comment)
- Must detail how it will deliver on a local level (1 comment)

And final comments included that:

- The vision and strategy are undermined by the budget consultation, which seeks to remove many key services which help peoples mental and physical health – libraries, children's centres, grounds maintenance, leisure centres and highways lighting (1 comment)
- Nothing will change – Stop building houses without developing infrastructure / services (1 comment)
- Public health is the job of the NHS not local councils (1 comment)
- Don't reduce the stigma of death and dying by extending the vision to say live well until they die (1 comment)

Comment about the high-level vision and aspirations

One comment received felt the high-level vision on page 3 of the strategy needed rewording.

The current wording is "Reduce inequalities, narrowing the gap between those who are enjoying good health and wellbeing and those who are not".

One person felt that "narrowing the gap" could be interpreted to mean actively reducing the health of those with good health to "narrow the gap" to those with poorer health. Instead they felt it should say "Raise the minimum bar" of those with the worst health and wellbeing to meet the level of those with the best (1 comment).

The strategic outcomes

Suitability of the strategic outcomes

The strategic outcomes of the strategy are:

Strategic outcome 1: "Create a place that supports good health and wellbeing for everyone living in Cheshire East."

Strategic outcome 2: "Ensure that our children and young people are happy and experience good physical and mental health and wellbeing."

Strategic outcome 3: "Improve the mental health and wellbeing of people living and working in Cheshire East."

Strategic outcome 4: "Enable more people to live well for longer in Cheshire East."

87% of respondents agreed these strategic outcomes included in the strategy were suitable, 8% disagreed.

How strongly do you agree or disagree...

...these are suitable strategic outcomes for the strategy?



Number of responses = 90

Comments about the strategic outcome 1

Strategic outcome 1 is "Create a place that supports good health and wellbeing for everyone living in Cheshire East".

Respondents made a number of specific comments about this strategic outcome – these have been summarised below:

- Good Strategic Outcome – This strategic outcome is very clear, it focuses on the environment as being a wider determinant of health (2 comments)
- The council must provide better infrastructure – better public facilities and better transport access to them to achieve this strategic outcome. Such infrastructure needs building into all new developments. A place that supports good health and wellbeing involves planners and highways being onboard to create neighbourhoods that can be reached on foot rather than cars (6 comments)

- Wording changes suggestions – What is meant by the word "Place"? Could the phrase "Create a place" be improved to "Create accessible local places" (2 comments)
- This strategic outcome seems at odds with the MTFS which is cutting budgets for leisure services, maintenance of green space and libraries, all which support life skills and education, community and neighbourliness (2 comments)
- Outcomes 1, 2 & 3 appear the same with slightly different wording and could be combined for example "Create a place that supports good health and wellbeing for everyone living in Cheshire East where everyone is happy and experience good physical and mental health and wellbeing" (1 comment)
- Town centre appearance – Town centres are looking increasingly run down which doesn't help with physical and mental health (1 comment)
- What about the needs of those who work but don't live in CE? (1 comment)

Respondents also made a number of general comments about this strategic outcome – these have been summarised below:

- Increase access to healthcare services – To GPs, the NHS and dentists, provide a walking into centre local hub for advice and information (5 comments)
- Funding – More funding for the delivery of this strategy is needed (4 comments)
- Performance management – How will success of this outcome be measured? The outcome is too vague (4 comments)
- More detail on this strategic outcome is needed (1 comment)
- Reference to adults with learning disabilities is needed (1 comment)
- Reduce Council Tax (1 comment)

Comments about the strategic outcome 2

Strategic outcome 2 is "Ensure that our children and young people are happy and experience good physical and mental health and wellbeing".

Respondents made a number of specific comments about this strategic outcome – these have been summarised below:

- Good Strategic Outcome – This is a good priority, important (2 comments)
- Early years support and prevention is essential, and it needs to be targeted. Provide support through schools and childcare providers. Perhaps each school should have access to an educational psychologist. Involves families (6 comments)
- Wording changes suggestions – Could "Ensure" be replaced with "Enable and monitor", as it's not really possible to ensure anything. Rather than ensuring young people are "happy" which is subjective, it's about ensuring they have good opportunities in education, training and employment (3 comments)

- This outcome could be achieved through safer streets, children independence, safety (3 comments)
- Children's physical activity is important, needs funding (1 comment)
- Provide more clubs (1 comment)

Respondents also made a number of general comments about this strategic outcome – these have been summarised below:

- Funding to deliver this strategic outcome is needed, including for CAHMS (5 comments)
- Performance management – How will success of this outcome be measured? The outcome is too vague (3 comments)
- Increase access to healthcare services – Make access quicker and easier, including to CAHMS (3 comments)
- Reduce council tax bills / Tackle the cost of living crisis (1 comment)
- Reference to adults with learning disabilities is needed (1 comment)
- Provide advice and guidance and signpost to that (1 comment)

Comments about the strategic outcome 3

Strategic outcome 3 is "Improve the mental health and wellbeing of people living and working in Cheshire East".

Respondents made a number of specific comments about this strategic outcome – these have been summarised below:

- Good Strategic Outcome – This is a good strategic outcome / strategy (2 comments)
- Mental health improvement – Relieve emotional pressure caused by performance oriented pressure, provide better access to services, improve community spirit (3 comments)
- Improve the green environment to help mental health (1 comment)
- Provide holiday childcare services to help parents (1 comment)
- Have community hubs / outreach centres in communities (1 comment)
- This strategic outcome won't happen (1 comment)
- Early years and prevention is essential for good mental health (1 comment)

Respondents also made a number of general comments about this strategic outcome – these have been summarised below:

- Performance management – How will success of this outcome be measured? The outcome is too vague (4 comments)
- Reduce council tax bills / Tackle cost of living crisis (2 comments)
- Funding – More funding for the delivery of this strategy is needed (2 comments)

- Provide advice and guidance and signpost to that (1 comment)
- Reference to adults with learning disabilities is needed (1 comment)

Comments about the strategic outcome 4

Strategic outcome 4 is "Enable more people to live well for longer in Cheshire East".

Respondents made a number of specific comments about this strategic outcome – these have been summarised below:

- Good Strategic Outcome – This is a good outcome, obvious (2 comments)
- Wording changes suggestions – Maybe replace “Enable” with “Empower”? Perhaps replace the word “more” with “all” so it doesn’t sound like the strategy is targeting a specific group (4 comments)
- Have more community services, neighbourly get-togethers, holiday learning clubs (3 comments)
- Provide activities and clubs for pensioners / older people (2 comments)
- Enable older people to stay at home – Provide funding, provide people more help to stay independent (2 comments)
- Address inequality in the borough, support all areas of communities (2 comments)
- Early years support and prevention is essential for a long life (1 comment)

Respondents also made a number of general comments about this strategic outcome – these have been summarised below:

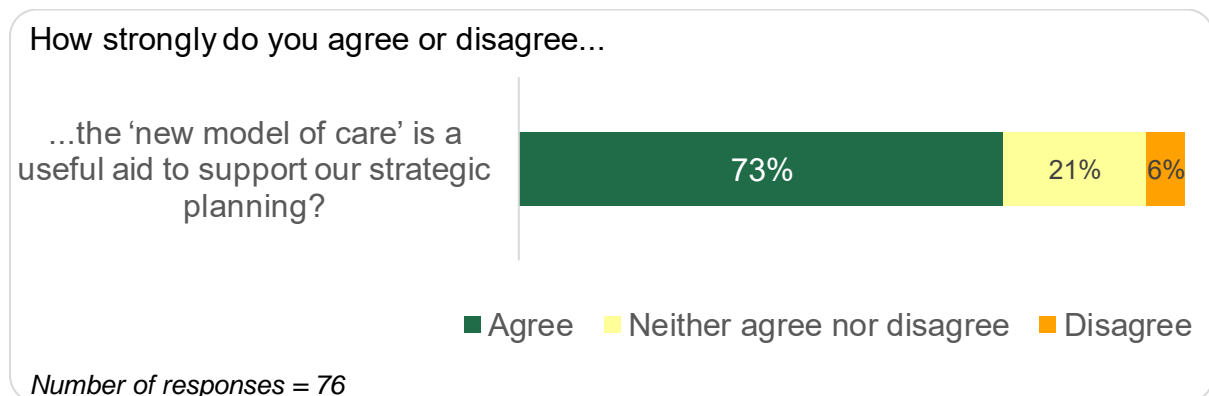
- Performance management – How will success of this outcome be measured? The outcome is too vague (3 comments)
- Reduce council tax bills (1 comment)
- Reference to adults with learning disabilities needed (1 comment)
- Funding – More funding for the delivery of this strategy is needed (1 comment)
- Provide advice and guidance and signpost to that (1 comment)

The New Model of Care

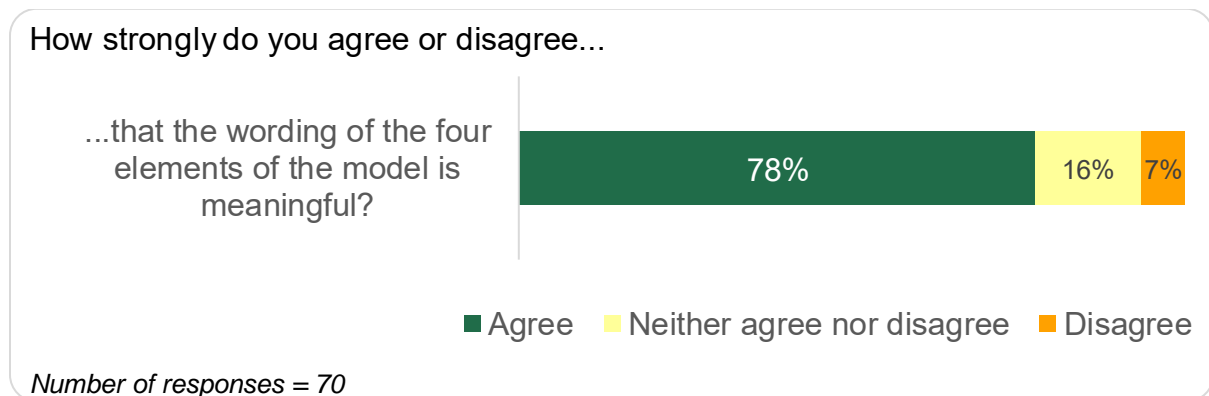
Support for the New Model of Care

A 'new model of care' to meet changing needs has been set out on page 28 of the strategy.

73% of respondents agreed the “new model of care” is a useful aid to support strategic planning, 6% disagreed.



78% of respondents agreed that the wording of the four elements of the model is meaningful, 7% disagreed.



Comments about the new model of care

Respondents made a number of specific comments about the new model of care – these have been summarised below:

- The model is good, straight to the point, It's clear, precise, and concise. It makes the strategy feel as applicable to the individual as to the whole community (3 comments)
- All words, no action – The words are all very fine, but will anything different and better be delivered as a result of this strategy? It will not work to many chiefs and not enough Indians all the chiefs want to be top dog not the best but just

be at the top. The reality is that service users come in and tell you what to do rather than asking what you want to do (8 comments)

- Wording changes suggestion – The wording “Help me to the end of life” could be seen as a negative, scary, gloomy, threatening, ambiguous, and vague. It is too like 'help me to end my life' and sends an unpleasant message. Perhaps "for the whole of my life" would be better? (8 comments)
- Wording change suggestion – The word “Individual” at the centre of the diagram is spelt wrong, it is missing an “i” currently spelt “Indivdual” (2 comments)
- Elderly people – Should be given free personal alarms, and need help being independent (4 comments)
- The model could emphasise the individual’s choice more, as it could be seen as being done to a person still. One of the 4 elements could be about making decisions about your own care, life, end of life, next steps, transitions (3 comments)
- Lack of healthcare provision – It is difficult getting GP and Dentist appointments (3 comments)
- The model lacks detail – There also appears to be some information missing, for example would use of the online Live Well resource (or other means of information/advice) not fall under 'help to find out what's going on' or 'help me to stay independent'? (2 comments)
- Focuses on the individual asking for help. Does not seek out people to help them before they are in crisis or dead (2 comments)
- “Help me to find out what's going on” – Not sure this is as important as the other 3 elements. People can get information at various existing places which should be advertised freely (1 comment)
- Reference to adults with learning disabilities needed (1 comment)
- Funding, staffing - How will the new model of care be met (1 comment)
- Plain English – Although the language for the 4 headers is Plain English, the text underneath becomes quite technical, and uses acronyms and professional jargon that may not mean a lot to the general public or professionals outside of this arena (1 comment)

Anything missing

Respondents felt the strategy needed more detail about how:

- The strategy will be delivered with partners – It is useful to see an outline of how the different strategic bodies are organised within Cheshire East and how they fit together (e.g. Integrated Care System, Health and Wellbeing Board etc.). However, it may be useful to share additional information on how they will work together, and on how duplication will be avoided amongst these various groups. The council should rely largely on the VCFHSE sector for most of Cheshire East (7 comments)
- The strategy will work for the seldom heard and how will they be identified, including young people, LGBTQ+, SEND, Young Carers, Cared for Children, Care Leavers, those living in poverty, rural residents etc (6 comments)
- Better health care access will be provided – How will NHS and dentist waiting lists be reduced (5 comments)
- The strategy will be funded, especially in light of the recent MTFs consultation where cuts to services are being proposed – no plan for funding is offered (5 comments)
- Support will be provided for carers – Perhaps respite day care centres or residential care could provide support to family carers and help them to continue caring and prevent the breakdown of care situations, for example Chadwick Fields and Salini in Middlewich, and Mount View in Congleton (3 comments)
- Early years education would be incorporated into young people's lives, before issues become more difficult to deal with (3 comments)
- Young people healthy activities will be funded, for example childcare, holiday clubs for children and teenagers, targeted support for people with neurodiversity issues. Push back on government targets around educational attainment that put too much pressure on young people (3 comments)
- The environment will be used to improve health and wellbeing in Cheshire East, ultimately the environment needs to be at the centre of this. It's not just about the spaces to exercise in, it's about the places we live in feeling nice – more trees, more green spaces (3 comments)
- Strategy objectives will be measured – Performance management. Some aims are very 'wishful thinking' and a little unrealistic. All very fine words but have no confidence in meaningful outcomes being delivered. There are no measures of what success will look like, and no accountability for delivery – there appear to be a plethora of boards and partnerships involved, and for every partnership listed there is a dilution of responsibility and accountability (3 comments)
- Community / Pride of place will be used to improve health and wellbeing in Cheshire East – helping people to feel civic pride and happiness for the area and communities that they live in, as people seem to live a more isolated life

(mostly due to circumstances), the creation of multiple places for get-togethers ought to be part of the plan, say benches and tables in designates spaces (cul-de-sac) for summer BBQs etc. meeting friendly neighbours promotes wellbeing (2 comments)

- Physical activity will be used to improve general health – Remove barriers to exercise for people who are most vulnerable, particularly those who are impacted by the cost of living and those on a clinical pathway (physical or mental). In addition physical activity should play a bigger role in prevention and support of coping mechanisms in Children and adults alike. Evidence shows that physical inactivity contributes to poor mental and physical health and the widening of health inequalities. This strategy has the incredible potential for improving health and wellbeing through increasing levels of regular physical activity for all. The strategy needs to carry a stronger message around promoting and embedding physical activity and active travel throughout it life-long approach (2 comments)
- Air quality will be improved – There's nothing on air quality specifically, a gap given the imminent passing of "Ella's Law" (1 comment)

A number of technical comments were made about the strategy:

- The key to the map on page 8 is incorrect for 7 & 8 – The numbers for Nantwich and Sandbach are the wrong way around (the colours are correct) (1 comment)
- Dementia – There are references in several parts to dementia and Alzheimer's disease as if they are separate things. Alzheimer's disease is the most common cause of dementia, but there are many others (100+). Why not just simply say dementia. Since dementia is the number 1 cause of death, reducing the risk of dementia would seem to be a key part of any health and wellbeing strategy (1 comment)
- An easy read version of the final strategy would be useful and to explain some of the terminology (1 comment)
- Up to date data should be used - Some is out of date (10 years old) (1 comment)
- Digital health and new technologies are referred to in the document. These new technologies are advancing at pace. We need to be well informed about how these can assist and complement more traditional support. It's important that they are used appropriately as robots / technology will replace face to face support in some cases e.g. reducing Adult social care but this may be at "odds" with the need to for social contact to reduce isolation (1 comment)

A number of other comments were made about the strategy:

- Outcome one 'Provide access to good cultural, leisure and recreational facilities' – this seems at odds with the MTFs which is proposing reducing services / cutting budgets for leisure services, maintenance of green space and libraries which support life skills and education, community and

neighbourliness. How will access to good cultural, leisure and recreational facilities be provided if the MTFS proposals are taken forward and current access is reduced? (2 comments)

- Smaller local councils are needed – Cheshire East Council covers too wide an area. (1 comment)
- End of life care (1 comment)
- Include reference to adults with learning disabilities needed (1 comment)
- Include reference to elderly support (1 comment)
- Focus on those with the poorest health (1 comment)

Conclusions

Although the consultation received a fairly low response, those that did respond generally approved of its content.

There are a number of potential additions for the strategy listed throughout this report which may require strong consideration, as well as a number of suggested wording changes, but on the whole it would seem the strategy is an example of a comprehensive, co-produced strategy that has received general support.

Respondents will now be keen to see how the strategy will be funded, delivered, and how its success will be measured.

Appendix 1 – Email feedback

10 emails were received during the consultation, including the following emails received on behalf of local organisations:

- Email response #4 – Sandbach Town Council
- Email response #6 – Gawsorth Parish Council
- Email response #7 – Disley Parish Council
- Email response #8 – Active Cheshire
- Email response #10 – Cheshire Disabled People's Panel

All 10 emails have been published verbatim below in the date order they were received, and have been anonymised to protect the identity of the individual sending the response. Brief summaries of the content of each email have also been provided.

Email response #1

Date email received: 12 January 2023

Summary of content:

Middlewich is neglected in this report and suffering from a lack of services.

Full email text:

To whom it may concern

Middlewich we're left out of the information gathering for this report. Healthwatch did not visit our town for any feedback so our views have not been considered in a formal partner report that supports this consultation.

The data tables you are using are severely out of date information from 2011 to 2017 can't surely form the basis of making decisions in 2022 to 2028??

Is your data formulated on economies of scale? Of course Crewe and Macclesfield will look worse as they are the larger populated towns however if your formulas in your tables take out population size how does that then compare.

As ever with Cheshire East I worry on how you are getting to your results and how they are calculated and what population calculations are in there?

Middlewich's population has increased we are at 18500 residents and have two doctors and two dentists which is unacceptable. We are a town with alcohol and cancer issues but we have none of these services easily accessible. We also have a leisure centre that can only fit 5 people in the gym at a time it is that small and our outdoor space has been neglected, I have tried to access Section 106 monies to

improve our outdoor spaces to improve outdoor activities and well-being but I have failed to date. I have asked for benches throughout our town as the elderly like to walk to town but need resting places and benches to get to town.

We are meant to be getting a new leisure centre but no one will answer when.

Cheshire East reported that swimming was the most popular exercise in the authority yet we are the only town in Cheshire East to never of had a pool and have to travel to Sandbach or Winsford and both of them pools are now saturated with their growing population. We have lovely canals in Middlewich to walk down but they are not well maintained by canal river trust and without children being able to get swimming lessons it is high risk to walk near the water.

We need youth and elderly projects in our town but it's always left down to the resident to source funding and pay for these initiatives. We had support from Cheshire East to help set up a youth club for teenagers and it is oversubscribed and now the funding has been pulled. That funding and the youth club has helped reduce teenage crime, get youths together to improve wellbeing, provided services and information quickly, helped feed teenagers and provide a safe warm space off the streets.

Days out for the older population are arranged by residents and volunteer groups like WI, UA3. How can you help these to continue the good work?

Increased financial pressures, aging population, children with more complex needs, lack of services, poor staffing for services, lack of infrastructure for the population numbers, increased homelessness, cut budgets all equals disaster.

I'm surprised your report doesn't mention intervention for homelessness as this will be increasing with financial pressures and affects wellbeing massively.

Services are not acting quick enough with children in danger and on safeguarding issues. Schools are having to employ family social workers to help prevention of serious cases. Schools are supporting children that have complex needs and they don't have the right staff or funding to do it, that is also having a stress and mental health impact on teachers and staff which is affecting parents.

Everyone should have a health MOT inspection every year that will help prevention and costly treatments/service in the long run.

Whatever your implementing you need to start it with children first so it's a lifestyle change. Drugs (prescribed and illegal) is massive at the moment, what is being done here?

Work with the foodbanks and work with their customers to understand current needs.

I could go on and on but Middlewich is suffering from lack of services.

Good luck and I look forward to some changes in the report that help the above issues.

Regards.

Email response #2

Date email received: 18 January 2023

Summary of content:

CEC must support Active Travel and not be so car-centric.

Full email text:

CEC could do a lot to promote better health and wellbeing by improving their support for Active Travel instead of being so car-centric.

<https://ukhsa.blog.gov.uk/2016/08/30/health-matters-theres-never-been-a-better-time-to-promote-active-travel/>

Regards

Email response #3

Date email received: 19 January 2023

Summary of content:

A number of concerns raised around:

1. The lack of respite facilities
2. Support for those leaving hospital without families
3. The lack of social housing
4. Sheltered schemes for the over 55s
5. Carbon neutral Vs Car ownership
6. The lack of community halls
7. School curriculums re budgeting and cooking skills
8. The lack of dentists

Full email text:

I have read through the document and acknowledge what a difficult task this is especially as Cheshire East is so divided in wealth, however, I feel that a number of issues could be helped easily.

1. Please bring back the respite facilities that used to exist and proved to be such a help to reduce bed blocking. My auntie had two operations and both times because

she lived alone she spent two weeks in recuperation at Cypress House in Handforth, which I believe no longer exists. She was given care and physiotherapy to strengthen her muscles. She was in company so thrived, encouraged to eat to regain her health and during her time in respite, the family were able to work with the OT to fit grab rails, a stair lift and clean her home and shop ready for her return.

2. Not everyone has family and therefore it is important that when initially leaving hospital this time in respite helps people to get better with the correct help and care.
3. Social housing where is it? Where has it gone? It now seems that Housing Trusts appear to only want shared ownership or “affordable rents” which are not affordable to young families. Good social housing is really important as it gives security to children and allows families to settle and grow in a community, without fear of a private landlord serving notice.
4. Sheltered schemes for the over 55's. These were invaluable for some especially losing spouses, not being able to afford running costs for larger homes, valuable tools for freeing up family social housing. They provided security, company and independence, but were not residential homes. People had their own independent living but could meet together for social gatherings. They worked, but recently Cheshire East has lost Winstanley House in Knutsford, Ivy House and Winlowe in Macclesfield, Holmfields in Alderley Edge, Oakdean in Wilmslow and Vernon Lodge in Poynton. Perhaps they were not up to date i.e studio apartments, but surely they could have been renovated, demolished and rebuilt to accommodate peoples needs and requirements. The country seemed to have it right after the war on many levels, but now we are destroying good values and behaviours by removing these options especially as your strategy mentions people are living longer.
5. Cheshire East is striving to become carbon neutral by 2040 however, newly installed retail parks are sited in different parts of the town and accessible only by car. For families without a car it's pointless, allowing the town to die and communities become fragmented. Macclesfield used to be thriving and now its empty. For Mental Health, people came into the town to meet friends and socialise.
6. What has happened to the community halls in Cheshire East and Village Halls and churches in rural areas? These places were the beating heart of a community and places where young and old could meet. Recently Honford Hall was sold to a Housing Trust, who immediately closed it as a community hall and its now rented to a private business. These places are so important to retain in communities.
7. The schools require more budgeting sessions and cookery to let children gain knowledge and skills to take them onto the next step of their lives as they go forward into adult hood.
8. Dentists, Cheshire East appear to be in crisis where dentists' are concerned and it is impossible in some areas to register with one as most appear to be going private.

I hope these constructive comments are of help.

Email response #4 – Sandbach Town Council

Date email received: 25 January 2023

Summary of content:

Approval of the strategy.

Full email text:

Dear Research and Consultation Team,

Please find comment from the Members of Sandbach Town Council Planning and Consultation Committee regarding to the Health and Wellbeing Strategy Consultation which closes on 5 February:

“Sandbach Town Council is pleased to endorse the documented approach, which appears to meet the aims and objectives of an Health and Wellbeing strategy.”

Email response #5

Date email received: 28 January 2023

Summary of content:

People not being able to take time off work after surgery.

Full email text:

I see from reading the Congleton Chronicle that you are looking for views regarding health and well-being in this area.

Two cases have personally come to light with me. Not connected in any way to me but none the less I feel their plight is worth consideration.

Both people need knee replacement surgery but can't afford to take time off work as they would go onto basic benefits. They didn't mention their pain or their situation to me until I asked if they were struggling to walk. Both replied that they needed surgery but couldn't afford to be off work for 12 weeks aftercare. Neither are related to each other in any way. This got me thinking of how many other people are in the same situation. Need surgery and can't afford to be off work.

I am retired so the financial situation doesn't apply to me. But the pain and discomfort resonates with me as I have recently had knee replacement surgery. I wouldn't wish the pain on my worst enemy. It is not something that would encourage malingerers to be off work and treat the time as paid holiday.

Do you know of any charities or foundations who would be able to help people in the Cheshire East Community with the problem of time off work after surgery

Thanking you in advance

Email response #6 – Gawsworth Parish Council

Date email received: 30 January 2023

Summary of content:

A number of points made around:

- Support for the strategy
- The state of the NHS and Social Care provision
- Detailed feedback on the visions and strategic priorities

Full email text:

CEC Health and well-being strategy 2023 – 2028

Comments – Gawsworth Parish Council

This seems a well thought out strategy document with a lot of good content. I have the following comments.

The NHS is in a state of serious crisis and the social care system is not fit for purpose. We are in a cost of living crisis. The current crises have a large effect on the health and well-being of Cheshire East residents and should affect the CEC health and well-being strategy 2023 – 2028. The Vision must acknowledge this situation and the strategy must include consideration of this national reality in each section of the local strategy. It seems likely that the current failures and challenges in the NHS and Social Care will continue during the period of the Strategy and the likely effects on Cheshire East residents and the services that the Council provides should be identified. The Council's proposed responses to the national crisis situation should be discussed and presented.

Vision

Focus: "Ensuring our actions are centred around the individual, their goals and the communities where they live, working with, ,not doing to you"

Strongly support this focus. This should include partnering with with community organisations, Parish Councils etc.

You could make special mention of support for and reach into rural communities

Tackling inequalities is important. However please make it clear that this is about “levelling up”, (although if you can find a less hackneyed phrase that would be good!)

Include reference to learning from the Coronavirus pandemic and putting in place appropriate preventative and contingency plans. The direct and indirect threat to health and well-being from the pandemic continues especially to the elderly and vulnerable. The national government is largely ignoring the challenges faced by the vulnerable eg those who are immunocompromised. What is the Council’s response? I believe CEC should prioritise appropriate support including health communications . There will be another pandemic or major infectious disease challenge, quite possibly within the period of the plan. Preparedness for that event must be assessed.

Outcomes

2. Ensure that our children and young people are happy and experience good physical and mental health and wellbeing

A. The stated outcome is unachievable. There is no possibility that you can ensure happiness or good health. Take care throughout the document about committing to ‘ensuring’ things.

B. This and other general outcomes should apply to all residents, not just children and young people. It is morally questionable to work to favour certain age groups. Eg why are children and young people more deserving of happiness than older people? This does not preclude dedicating resources to tackle challenges that are experienced by particular groups such as children and young people as long as clear practical reasoning and moral justification is provided for why one age group deserves benefit when another doesn’t.

Principles: Work with Healthwatch and the voluntary, community, faith, and social enterprise

(VCFSE) sector as key partners.

Add partnership with the NHS and Social Care Sector and also recognise the potential of local voluntary and charity organisations and Parish and Town Councils to partner in the delivery of health and well-being initiatives. In Gawsorth we are working on our 5 year strategy and would like to include objectives to support health and well-being through the Parish Council, Community Hub and local clubs and organisations working on delivering initiatives. We will however be dependent on Cheshire East for direction and resources and it would be good to have this strategic partnership recognised in this document.

The Cheshire East Health and Wellbeing Board and The Cheshire East Health and Care Partnership

It is concerning that community pharmacists appear not to be represented and I don't think . Community pharmacists are mentioned at all in the strategy. They are being asked to take on ever increasing roles as the first port of call for health concerns. Their role will become ever more important as there is little sign of resolution for issues with long waiting times for ambulances, A&E and GP appointments. Cheshire East Council should establish links and cooperation with Community pharmacists.

04 Building Blocks

While this section seems, on the face of it, a logical basis for the subsequent sections I was concerned about two aspects

1. The arguments fail to distinguish between causality and correlation. It is important to determine whether there is a reasonable case for causality when choosing where best to direct interventions. I suggest that this section is given a careful evidence check as it forms, the basis for the interventions proposed in the strategy.

- a. For example it is claimed that cold homes can result in increased stress, high blood pressure and a weaker immune system. While the co-existence of poor social conditions and poor health is, I think, well documented the causative relationships are surely more complicated. Has the anxiety caused hypertension as claimed or the hypertension caused anxiety or are they coincidental? Will 'worry' cause 'a weaker immune system' or might poor living conditions be linked with heightened immune responses and autoimmune diseases as some evidence suggests? Is population health deteriorating nationally and in Cheshire East as stated? I thought life expectancy has been steadily rising in the long term although over the past decade the developing crises in the NHS and social care has lead to deterioration meaning that the UK lags behind other developed countries in several measures.

2. Scientists would welcome inclusion of some key references to support the assertions. Only one paper is quoted, a US study from 2015 which points out that a major contributor to variations in outcomes was US state differences. It's unclear how this paper can be interpreted in the current UK context and it seems unwise to use it as a basis for Cheshire East health strategy.

The Tartan Rug illustration and text are interesting. However, it is unclear what conclusions you draw from these and other data other than that the Crewe area has generally worse indicators of health. It seems entirely right that interventions are taken down to individual and local level but what useful information does this give to Gawsforth, or any other ward, as to what our priorities should be? The numbers in the rug are, in themselves, pretty meaningless, most of the measures are indirect indicators of health and the differences may not be clinically or statistically significant. . A lot more information is needed and/or you should state clearly what conclusions you draw and why about priorities.

Causes of Death

Would be useful to include the direct and indirect effects of the coronavirus pandemic on deaths and morbidity.

Strategic Outcomes -key deliverables.

Outcome 1

“Working with local residents and partners to improve quality of and access to existing green spaces in areas of higher deprivation

Prioritising new walking and cycling infrastructure in areas with higher levels of deprivation and promoting active travel”

I suggest that this should be a priority in all areas, not just areas of higher deprivation. Active travel routes will pass in and out of deprived areas. Eg To preserve Danes Moss as a green space used by Macclesfield residents and provide easy active travel access from Macclesfield would be a valuable action. However this Outcome, as written, does not support it.

Outcome 2

- For children with cancer, we will ensure that the best treatments are available

Fantastic! But how on earth can CEC do this? National government decides which treatments are available through NICE reviews. They may decide that the most effective treatments should not be made available because of cost. Are you proposing to fund the best treatments when national government has decided they are not cost effective according to NICE criteria?

Outcome 3

Communities provide opportunities for all people to integrate and feel a part of their ‘place’

Excellent! This depends on effective cascades down to communities including rural communities. I haven't yet read anything that suggests how interventions will be cascaded to local levels. That will be covered in the delivery plans but what is the strategy for effective cascades?

Outcome 4

Enable more people to live well for longer

Respiratory health (eg Long Covid) and the lessons from the pandemic have been ignored

P27. Tackling inequalities

The hyperlinks to the unidentified references 12 and 13 lead to blank pages

You contrast life expectancy between the highest and lowest wards. Is there a correlation between level of deprivation and life expectancy across all wards? Does the discrepancy stretch across all causes of death? Highlighting the stark difference between highest and lowest is headline gathering but we need to understand why there are those differences if interventions are to be appropriately targeted. Has this been done? If so please reference. For Gawsworth headlining that Gawsworth women are the most long lived in Cheshire East could unjustifiably lead to the conclusion that interventions for women's health are not supported but this is probably not justified.

Our Care Communities

Having previously established the desire to take health promotion measures into communities it is totally unclear as to how this will be delivered for eg a largely rural community such as Gawsworth with a concentration of Peak and Plains special needs housing. What is the delivery strategy? The health and well being bus visits were a good start but what is the strategy for the future? I'd suggest eg:

- Expansion of the health and well-being promotion activities at a local community venues working with Parish Councils, Community Hubs etc. target at the greatest local need eg CV Screening, Prostate Ca screening, Free CPR training, Baby first aid training.
- Develop first responders network. Especially important in the light of current ambulance response times

Going Digital

Fully support this initiative. Parish Councils and Community organisations can help.... you provide the programme materials and we could help with local trainers and expert users. Utilise community venues by providing access to tablets and laptops eg Digital Cafes. (like libraries are for town dwellers). The Connected venues and centres funding is a small start but what is the strategy for leveraging this resource?

Taking Action

I can't see a strategy for delivery and roll out to our community. I look forward to seeing the delivery plan but some comment on the strategy behind that delivery plan would be useful in this document.

Other

There is an almost total lack of consideration of the learnings so far from the Covid pandemic. Also little or no reference to the continuing effects of Covid, including long

Covid, the knock on effects for all-cause deaths and support for the vulnerable and severely immunocompromised. The preparedness for the inevitable future waves of Covid and other respiratory infection pandemics should also be considered -we should not be as badly prepared as we were for the current pandemic.

There is no evaluation of the cost effectiveness of interventions. Surely this should be a key part of the strategy? There will be continued extreme pressure on budgets so getting maximum effect is essential. There seems to be a commitment to tackling deprivation in the hope that that will bring health benefits. Which interventions should provide best value for money?

Email response #7 – Disley Parish Council

Date email received: 30 January 2023

Summary of content:

A number of points made around:

- Support for the strategy
- Concern about the aging population in Disley
- Concern about the impact of the council's MTFS on the strategy

Full email text:

Dear Cheshire East

Please find below a prepared response from Disley Parish Council to the Health and Wellbeing Strategy Consultation 2023:

Disley Parish Council is broadly supportive of the strategy. The Parish Council has a Health and Wellbeing Project Group and works with partners including The Middlewood Partnership (GP Surgery), Cheshire East social services, End of Life Partnership, Disley Library and a large number of community groups and volunteers to improve the lives of Disley and Newtown residents. We seek to promote a good quality of life and work to help keep our residents healthy and happy. An important part of what we do includes providing good quality services and information to members of our community to enable them to live well for longer and at the same time reduce the burden on our hard-pressed health and social care services.

Disley has a higher proportion of people aged 65+ than the Cheshire East average and provides services such as the Disley Community Bus which helps to reduce social isolation and includes a weekly door to door shopping service to a local supermarket. The Parish Council is helping to support the new Disley Friends Social Group for carers and cared for which meets monthly.

Disley Parish Council has concerns about the impact of the CEC budget proposal to reduce library opening hours because of the likely impact on the health and wellbeing of residents, particularly children, young parents and the elderly. The library service plays a vital role in supporting both mental and physical wellbeing in our community and provides low level social contact for the socially isolated and lonely. The library staff and use of library computers are essential for digital inclusion. Disley Library is an important partner for Disley Parish Council in the delivery of our own Health and Wellbeing Strategy.

Kind regards

Email response #8 – Active Cheshire

Date email received: 3 February 2023

Summary of content:

The importance of physical activity, and the benefits of Active Cheshire.

Full email text:

On behalf of Active Cheshire, we welcome the opportunity to input into the H&W Strategy Consultation 2023.

It will come as no surprise to you, that our focus, in line with both the Active Cheshire CONNECTED strategy, and the All Together Active Strategy, supports the strategic aims of more people in our communities being more active, more often. The well documented and evidenced benefits from increased physical activity are well known, and woven into the deep held position that a more active life, leads to a longer, happier and healthier life.

We welcome the mention to physical activity and would recommend maximising the opportunity to strengthen the synergy between this strategy and All Together Active, so that we can have the most consistent and therefore impactful approach possible.

Evidence shows that physical inactivity contributes to poor health and the widening of health inequalities, whereas regular physical activity has incredible potential for improving health and wellbeing.

All Together Active is a system-wide strategy for Physical Activity which was commissioned by the Integrated Care System Population Health Board, in conjunction with place-based and regional partners. We believe that All Together Active is capable of improving physical activity levels at scale.

To develop firm foundations for the strategy, we set up a sub-group of relevant experts and stakeholders (both local and national). This included representatives from public

health, primary care, secondary care, education, academia, the voluntary sector, the sport & leisure sector and more.

The group guided us along a roadmap of key milestones that included:

- Exploring local data and insight
- Mapping physical activity systems
- Identifying opportunities for Place-based collaboration

We also commissioned academic research to establish the evidence base for what does and doesn't work, linking with Place-based priorities.

Local engagement with organisations and with individuals facing health inequalities highlighted both the complexity of the task and a phenomenal appetite to get stuck in and make it happen.

Nationally, All Together Active aligns with strategies such as the NHS Long Term Plan and Sport England's 10-year Uniting the Movement strategy. Locally, All Together Active aligns with the four ICS strategic priorities and supports the implementation of All Together Fairer and its Marmot Principles. There are also strong synergies with Place strategies and other local initiatives such as Joint Strategic Needs Assessments (JSNAs), Health & Wellbeing Plans and Local Cycling and Walking Infrastructure Plans (LCWIPs).

In building the strategy, we have worked closely with both local and national organisations including Champs Public Health Collaborative and Sport England.

All Together Active works in parallel with the Joint Health and Wellbeing Strategy as it takes a life course approach which is identified as the most effective way to reduce health inequalities.

The importance of building active environments where risk factors and barriers to inactivity are removed is everyone's business. Be it at home, when travelling, in the community, at work, in education or in a health and care setting, a genuine shift towards embedding easily accessible active life choices hugely benefits everyone.

Shared opportunities include:

- Integrating physical activity into health and care pathways, including mental health services and social prescribing
- Encourage more inclusive access to walking
- Maintaining physical activity for healthy ageing
- Supporting mental health and tackling loneliness and social isolation
- Empowering individuals to access Physical activity without prescription
- Consistent metrics being used across Place Boundaries to record and report physical (in)activity

I hope you find our feedback useful and supportive of the positive approach being taken in CE. Should you wish for any further feedback, please don't hesitate to get in touch.

Best wishes

Email response #9

Date email received: 6 February 2023

Summary of content:

Air quality should be mentioned in the strategy.

Full email text:

Good Morning

Apologies I realise the above consultation has now closed, however I just wanted to highlight that throughout the whole document there is no mention or link to air quality. There is a vast amount of research between the links of poor air quality and inequalities in health, so I was a little surprised the links were not made in the document. Cheshire East has an Air Quality Action Plan, a Low Emission Strategy and an Air Quality Strategy, and I think it would be beneficial for this plan to highlight and link into these.

Many thanks

Email response #10 – Cheshire Disabled People's Panel

Date email received: 6 February 2023

Summary of content:

A number of points made around:

- How the consultation format could be improved
- The need to work with the Cheshire Disabled People's Panel, to ensure the views of those most impacted and with lived experience are captured
- Lack of mention of disability in the strategy
- Out of date data used in the strategy
- Comments on specific aspects of the strategy

Full email text:

Cheshire Disabled People's Panel (CDPP)

Cheshire East Council

Health and Wellbeing Strategy Consultation

February 2023

About us

Cheshire Disabled People's Panel (CDPP) brings together Disabled People's Organisations (DPOs) across Cheshire to work collectively to act as the voice of disabled people in the County.

Definitions

Within this consultation response, we use the words 'lived experience of disability and long-term conditions', 'disabled people', 'we', 'us' and 'our' to mean people facing disabling societal barriers due to their impairments or conditions (regardless of their age). This includes physical impairments, mental ill health, hearing impairments (including Deaf people with BSL as first language), visual impairments, learning difficulties, neurodiverse people, and those with chronic illness or fatigue.

In line with the CRPD definition, CDPP members are organisations of disabled people: 100% of our membership are disabled people and we are majority led, directed, governed and staffed by disabled people. The Social Model of Disability is the starting point for everything we do, and we are committed to and fully respect the principles and rights recognised in the Convention¹.

Consultation response

We very much welcome the opportunity to contribute to this consultation.

We have set out our summary response under general comments, and have also made comments against the priorities, focused on those most likely to affect our collective members and people accessing our services.

Consultation Format

We have concerns that this consultation lacks detail and is therefore difficult to comment on in meaningful way, both for us and the wider public.

The consultation questionnaire uses questions such as 'to what extent do you agree with this?' We think that a better structure for asking questions in consultation is 'How

¹ UNCRDP, general comments 7 (2018). Retrieved from https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=C-RPD/C/GC/7&Lang=en

would this affect you?'. This would provide the council with more meaningful information about how its proposals would impact on residents.

We would be happy to work with the council to provide feedback on easy read consultation documents in future, however we would also strongly urge the Council to consider a more meaningful method of consultation and engagement, and ideally, coproduction.

Nothing about us without us

One in five people have lived experience of disability and long-term conditions. This is increasing due to people living for longer (older people have a higher risk of living with disability or long-term health condition) and because of the global increase in chronic health conditions associated with disability, such as diabetes, cardiovascular diseases, mental illness, and long-covid.

Despite disabled people being a large 'minority group'; often, there are no disabled people in the room when key decisions are made that directly affect our lives. Therefore, across each of the proposed areas, it is important for the council to consider how service re-design, implementation, and/or development will be coproduced with the people most impacted, to ensure the voice of people with lived experience and long-term conditions is heard. We urge the Council to work with us, and at very least to ensure that thorough equality impact assessments are carried out on any proposals that affect disabled people.

General Comments on the strategy

1. There is no mention of disabled people or disability in general in any part of the document. We strongly urge the council to amend this. 1 in 5 people are disabled, and this number is growing². Applied to Cheshire East this represents a population of nearly 100,000 people based on the 2021 census³. It is therefore vitally important that the council take account of this group of people, who are substantially impacted by many of the themes in the strategy, including care, mental health, digital inclusion and fuel poverty.

2. The document presents some significantly out of date population data, some as old as 2006. We query why the council is not waiting to be able to use the 2021 census information to give a clearer picture of need in the area.

² Nearly one in five people had some form of disability in England and Wales - Office for National Statistics (ons.gov.uk)

³ Current Facts and Figures (cheshireeast.gov.uk)

Comments on specific parts of the strategy

Principles

The strategy lays out core principles that will guide the Council's work around Health and wellbeing. We particularly welcome those that pledge to work in coproduction with local people to 'Put the voices of people and communities at the centre of decision-making and governance at every level' and to 'Coproduce and redesign services and tackle Cheshire East priorities in partnership with people and communities.'

With this in mind, it is disappointing that Cheshire Disabled People's Panel was not involved with the development of this strategy at an earlier stage. Consultation is not the same as coproduction. We are ready to support the council to work within this principle in future, however, we must make clear that we have no funding to support our work, which represents a major barrier to the inclusion of disabled people.

Challenges

The council should consider a specific reference to disabled people in the challenges section. Challenges currently identified include access to care, physical access to health services, support for carers and mental health support. All of these areas have a disproportionate impact on the significant numbers of people living in Cheshire East who will have lived experience of disability or a long-term health condition.

Strategic Outcomes

1. Outcome one

We broadly support the measures listed under outcome one, however we would like to see specific reference to disabled people, particularly with reference to the themes of the cost of living crisis and fuel poverty. We welcome the outcome of Help to Live Independently for as long as possible but we suggest rephrasing as 'The right support to live independently for as long as possible', so that the importance of care and support needs being met is not lost.

2. Outcome two

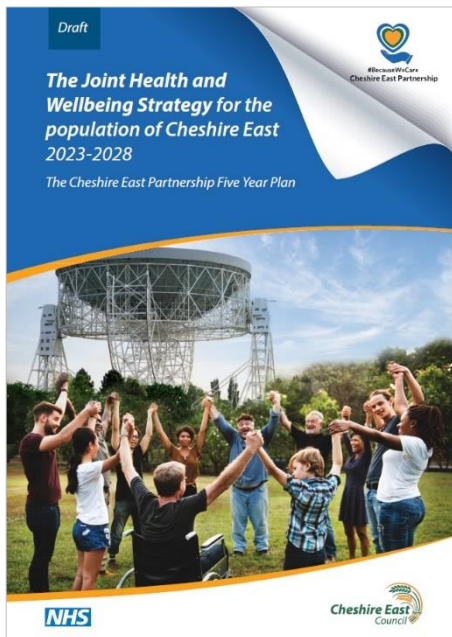
We have no comments on this outcome

3. Outcome three

We welcome the commitment to provide the right care for children with a learning disability and reduce waiting times for autism assessments. However, we would suggest this is extended to the right care for all disabled children. Again, there should be specific reference to disabled people in this section.

Shared Commitments

We broadly welcome the shared commitments listed in the strategy; however, these lack some detail. Particularly the commitment around increased 'personalisation' needs more detail to become meaningful.



The Joint Local Health and Wellbeing Strategy for the population of Cheshire East 2023 – 2028

Introduction

This latest Joint Local Health and Wellbeing Strategy is:

- a re-commitment to the priorities in our previous strategy, which remain key challenges across Cheshire East and have in some cases been exacerbated by the Pandemic
- a new commitment to addressing challenges emerging since the Pandemic
- a pledge towards different, more effective and sustainable ways of working across Cheshire East place for the long-term.

When the previous Joint Health and Wellbeing Strategy and Cheshire East Place Five Year Plan were published, COVID-19 was not yet known. The impact of the Pandemic on all of us and everything that we do has been significant, with lives lost, long-term health consequences for many, an exhausted health and care workforce and businesses struggling to survive.

However, the pandemic also demonstrated our ability to respond quickly and effectively, to support each other, to care, to innovate, to volunteer and to do everything we possibly could as individuals, communities and organisations to protect our most vulnerable residents. This is a positive legacy that we can build upon.

The COVID-19 pandemic has widened existing inequalities with the greatest impact on our most vulnerable residents and demonstrated the need for resilient communities and services; finances are stretched; the demand pressures on all parts of the health and care system are greater than ever, with significant workforce gaps as a result of challenges in recruiting and retaining staff. Cost-of-living increases are impacting individuals, families, communities, businesses, the faith and voluntary sector organisations and all parts of the public sector.

The Health and Wellbeing Board and the Cheshire East Health and Care Partnership recognise and acknowledge these challenges. Working together with our residents and other stakeholders is the only way that we can address and overcome them. Our over-arching goal is to improve population health and wellbeing whilst reducing health inequalities and this Strategy sets out our strategic objectives and areas of focus to achieve that over the next five years.

The Joint Local Health and Wellbeing Strategy sets out our¹ high-level vision and aspirations to:

- **Reduce inequalities, narrowing the gap between those who are enjoying good health and wellbeing and those who are not**
- **Improve the physical and mental health and wellbeing of all of our residents**
- **Help people to have a good quality of life, to be healthy and happy.**

¹ The 'Joint Local Health and Wellbeing Strategy for the population of Cheshire East 2023 – 2028' is written on behalf of the Cheshire East Health and Wellbeing Board and the Cheshire East Health and Care Partnership, forming the latter's 'Five Year Plan'. 'Joint' refers to it being the responsibility of both the local authority and the NHS Cheshire and Merseyside Integrated Care Board to produce the Strategy (and associated work, for example the Joint Strategic Needs Assessment and Joint Outcomes Framework)

OUR VISION

“To enable people to live a healthier, longer life; with good mental and physical wellbeing; living independently and enjoying the place where they live.”

Our local focus will be upon:

- Tackling inequalities, the wider causes of ill-health and the need for social care support, through an integrated approach to address worklessness, poverty, debt, poor housing, social isolation and loneliness
- Prevention and early intervention, health improvement and creating healthy environments that support and enable good physical and mental health and wellbeing and contribute to keeping people independent and at home for as long as possible
- Ensuring our actions are centred around the individual, their goals and the communities where they live, working with, not doing to you
- Developing and delivering a sustainable, integrated health and care system that supports you as close to home as possible.

We will take action to help improve the physical and mental health and wellbeing of the population now and in the future, investing in what makes the biggest difference to most people, focussing upon empowering individuals, families and communities to take ownership of their wellbeing with support available when and where it's needed. We will co-design and deliver safe, integrated and sustainable services that meet people's needs through the best use of all the assets and resources we have available to us.

The Strategy's primary evidence base is the Joint Strategic Needs Assessment, and it is complemented by a number of Cheshire East and NHS Integrated Care Board (ICB) strategies such as those for the Environment, Housing, Transport, Green Spaces and Digital, all of which influence people's health and wellbeing. It also considers the recommendations of plans across the wider Cheshire and Merseyside Integrated Care System, including the *Cheshire and Merseyside Integrated Care Partnership's Strategy* and the Integrated Care Board's '*All Together Fairer*' and '*All Together Active*' strategies.

In addition, other plans will set out in more detail different aspects of how we will deliver our vision and priorities. These will include a *Five-Year Health and Care Service Delivery Plan*, the *Live Well in Crewe Plan*, and the *Better Care Fund Plan*. Organisational strategies will also be aligned to the local Joint Health and Wellbeing Strategy in due course, with a commitment to work in partnership to deliver against the strategic outcomes set out below.

Outcomes

We have four strategic outcomes that we are working to achieve. These are that:

1. Cheshire East is a place that supports good health and wellbeing for everyone
2. Our children and young people experience good physical and emotional health and wellbeing
3. The mental health and wellbeing of people living and working in Cheshire East is improved
4. That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place.

A *Joint Outcomes Framework* will monitor our progress against these (see page 17 below)

To enhance our working in partnership and as an integrated care system we will be:

- Demonstrating improved outcomes within a broad vision of health and wellbeing
- Enabling people to be happier, healthier and independent for longer
- Making the connections between wellbeing and economic prosperity
- Supporting people to take personal responsibility for their good physical and mental health and wellbeing and making healthy lifestyle choices
- Co-designing and collaborating with our residents, service users and people with lived experience
- Building the necessary workforce, estate infrastructure and financial capacity
- Providing strategic system leadership

Principles

The principles that will underpin our work are to:

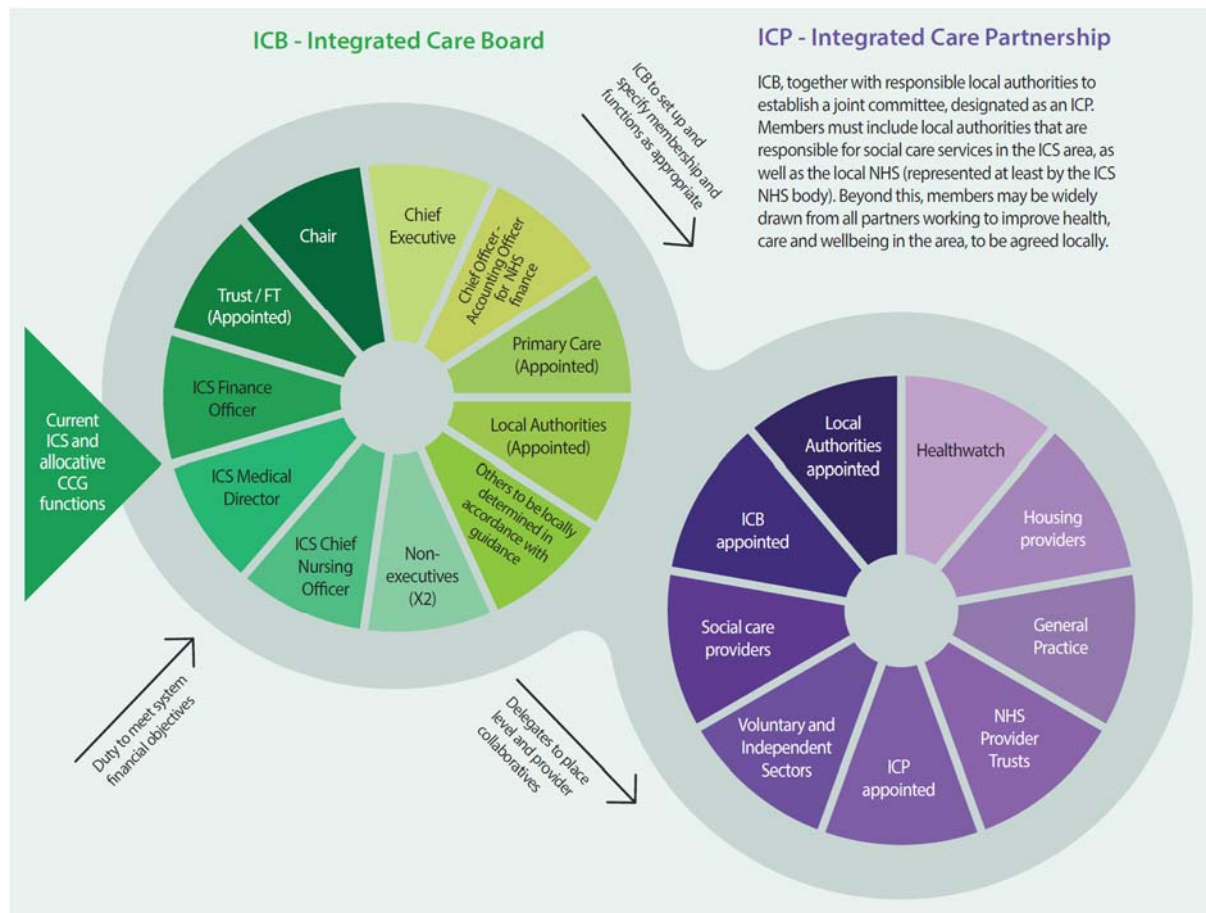
- Put the voices of people and communities at the centre of decision-making and governance, at every level
- Engage with and listen to the seldom heard, for example young carers, cared for children, care leavers, those living in poverty, rural residents and the LGBTQ+ community
- Co-design services and tackle Cheshire East priorities in partnership with people and communities, building upon '*Living Well for Longer*'
- Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions
- Understand communities' needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect
- Build relationships with excluded groups, especially those affected by inequalities
- Work with Healthwatch and the voluntary, community, faith, and social enterprise (VCFSE) sector as key partners
- Provide clear and accessible public information about vision, plans and progress, to build understanding and trust
- Use community development approaches that empower people and communities, making connections to social action
- Use co-design and production, insight and engagement to achieve accountable health and care services.

The way health and care is organised locally

The Cheshire and Merseyside Integrated Care System

Cheshire East is a partner in the Cheshire and Merseyside Integrated Care System (ICS). The ICS comprises two key components (Figure 1): the NHS Cheshire and Merseyside Integrated Care Board that, since 1st July 2022 has held responsibility for planning and funding most local NHS services, including primary care, community pharmacy and those services previously commissioned by clinical commissioning groups (CCGs); and the Cheshire and Merseyside Integrated Care Partnership (ICP) which brings together a broad set of system partners (including local government, the voluntary, community, faith and social enterprise sector (VCFSE), NHS organisations and others) to develop a health and care strategy for the area.

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Figure 1. The Integrated Care System**The Cheshire East Health and Wellbeing Board**

The Cheshire East Health and Wellbeing Board was established in 2013 as a requirement of the Health and Social Care Act (2012). The Board exists to:

- Bring together the key decision makers across the NHS and local government
- Set a clear direction for the commissioning (planning and delivery) of health care, social care and public health services
- Drive the integration of services across communities
- Improve local democratic accountability
- Address the wider determinants of health and tackle inequalities.

In Cheshire East the Health and Wellbeing Board membership includes representatives from: the local authority, local NHS partners, the community and voluntary sector, Healthwatch, the Cheshire Constabulary and Cheshire Fire and Rescue Service (Figure 2).

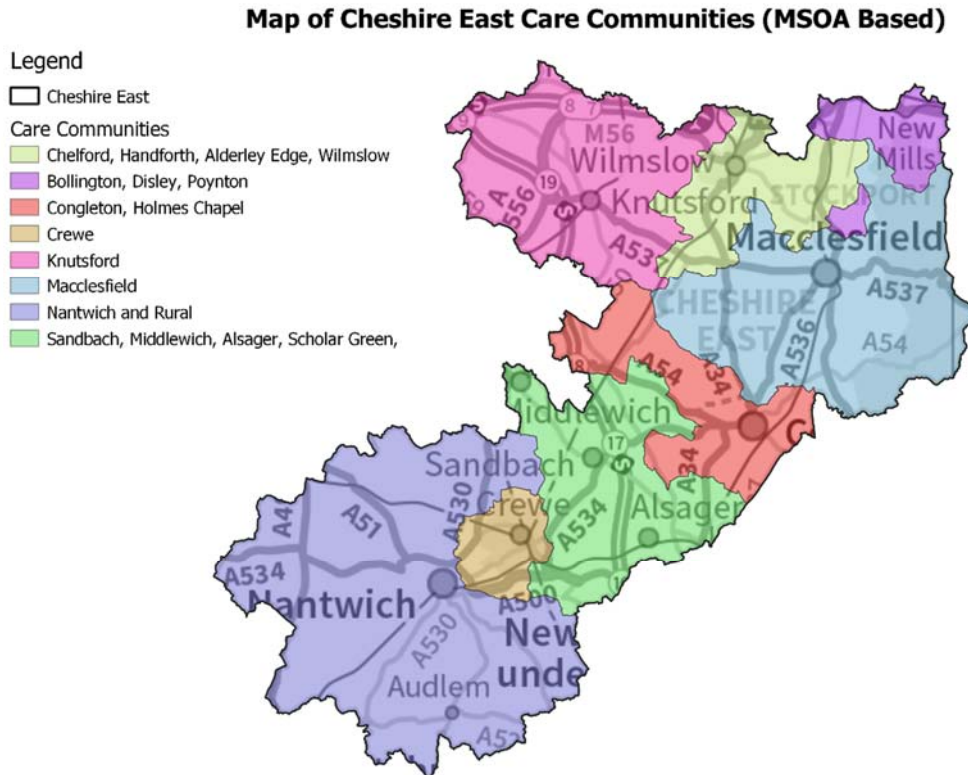
Figure 2. The Cheshire East Health and Wellbeing Board**The Cheshire East Health and Care Partnership**

The Cheshire East Health and Care Partnership was established in 2018 and is made up of all parts of the local health and care system: the local authority, NHS Cheshire and Merseyside, NHS provider organisations, GPs, the community and voluntary sector and Healthwatch (figure 3.). The focus is on improving access to and the quality of health and care service provision, through a more integrated approach and working closely with residents, communities and the community and voluntary sector.

Figure 3. The Cheshire East Health and Care Partnership**Our Care Communities**

Our eight Care Communities are local partnerships based around clusters of GP surgeries, working to meet the needs of residents in their areas. These will form the foundation of the integrated health and care system in Cheshire East.

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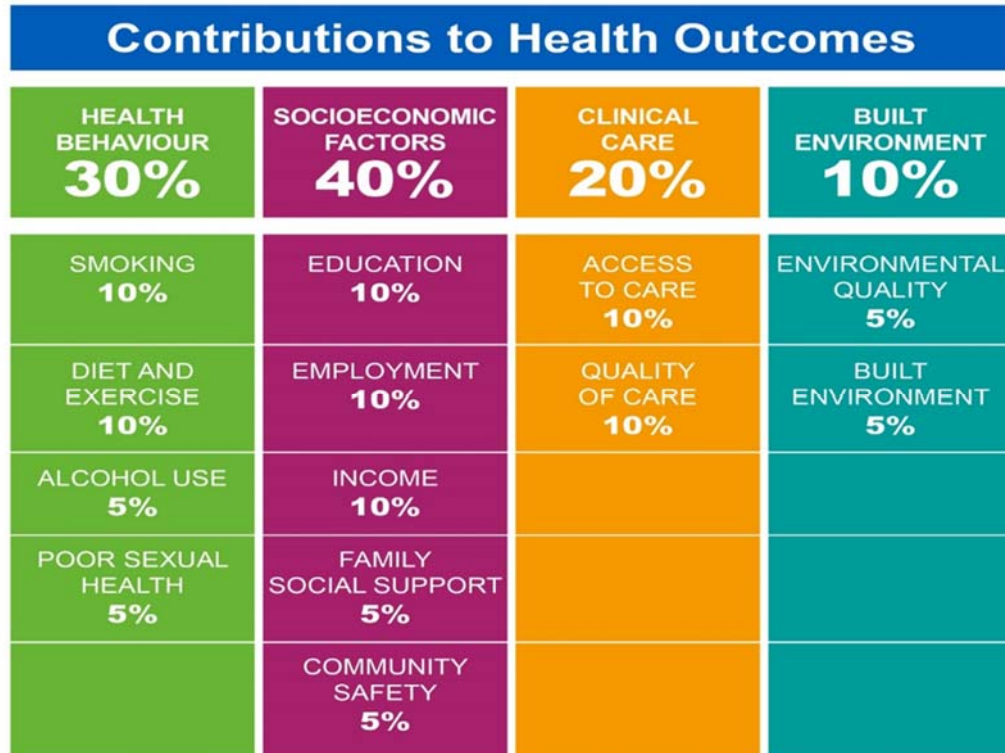
Map 1. The Cheshire East Care Communities

Public Health Intelligence Team, © Crown copyright and database right 2022. Ordnance Survey 100049045

The ‘building blocks’ of good mental and physical health and wellbeing

Good physical and mental health and wellbeing go hand in hand with economic growth and prosperity. Whilst access to good quality health services is important, most of what makes us healthy has nothing to do with health care (figure 4.) We all need access to suitable housing, education, employment, sufficient income, infrastructure (including green spaces, leisure and cultural opportunities) and good quality information that helps us to make positive choices in relation to our lifestyles. These ‘building blocks’ of health and wellbeing are connected and complement each other. When we don’t have a warm home or healthy food and are worrying about making ends meet, it puts a strain on our bodies. This can result in increased stress, high blood pressure and a weaker immune system and lead to ill health and the need to access health services.

Figure 4. Relative contributions to population health outcomes (Park H., Roubal, A.M., Jovaag, A. Gennuso, K.P. and Catlin, B.B 2015 - American Journal of Preventive Medicine December 2015)



Despite deteriorating health and widening inequalities across the country and in Cheshire and Merseyside, there is scope for local areas to make a real difference. '*All Together Fairer: health equity and the social determinants of health in Cheshire and Merseyside*'², published in May 2022, sets out a strong case for reducing health inequalities by focussing upon these building blocks as recommended by the Marmot review (Marmot (2020) Health Equity in England: The Marmot Review 10 Years On³). The inequalities are unnecessary and unjust, harm individuals, families, communities and place a huge financial burden on services, including the NHS, the voluntary and community sector and on the economy. Changes in approach, allocation of resources by need and strengthened partnerships are essential. The recommendations of the '*All Together Fairer...*' report will inform our thinking and delivery plan.

Many residents of Cheshire East have good levels of physical and mental health and wellbeing. However, there are still very significant issues affecting our population, some of which have been exacerbated by the pandemic and cost of living crisis.

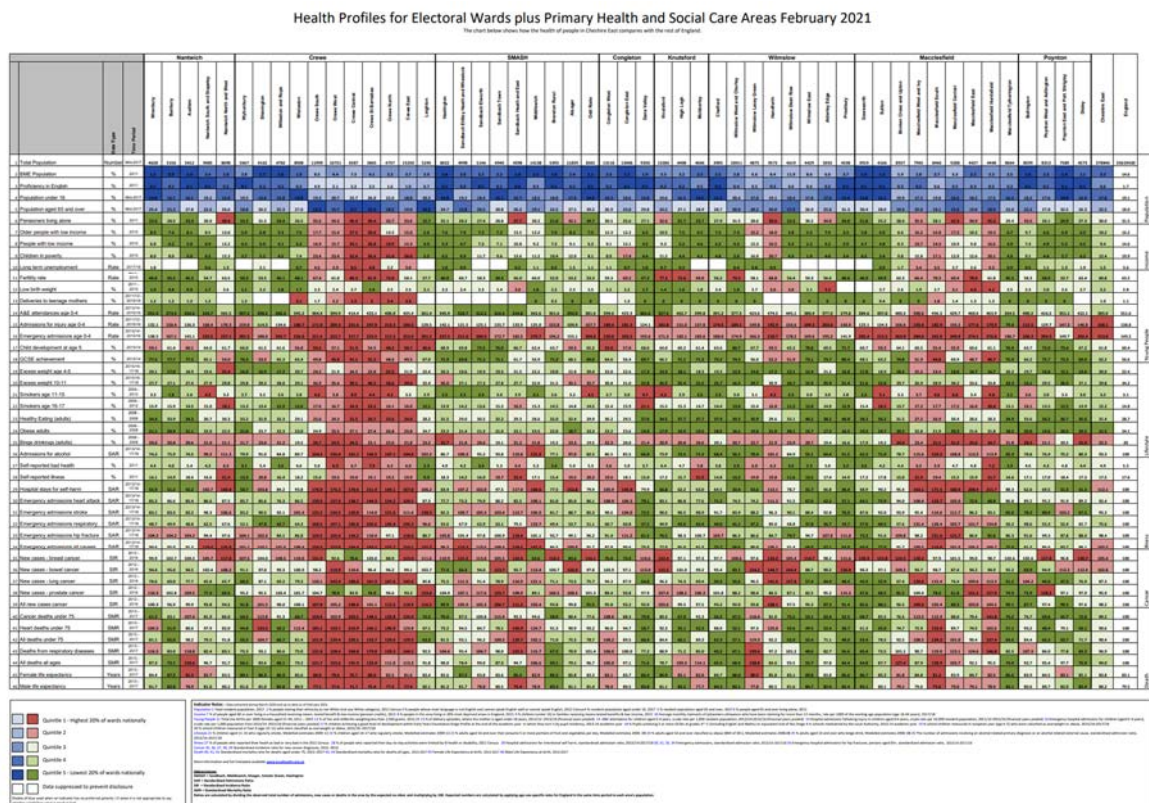
Amongst these are:

² [All Together Fairer | Champs Public Health Collaborative](#)

³ [Health Equity in England: The Marmot Review 10 Years On - The Health Foundation](#)

- The need to increase the number of people who maintain a healthy lifestyle – e.g., are physically active, have good mental wellbeing and enjoy a balanced diet
- Preparing for an increasingly ageing population (by 2029 it is estimated the number of people aged 65 or over will have increased from 89,225 (2021) to 107,374)
- Improving the mental health and emotional wellbeing of residents
- Addressing some stark differences across Cheshire East that are illustrated in the 'Tartan Rug' (which shows the relative performance in the wards of Cheshire East against a series of health indicators) [Tartan Rug \(cheshireeast.gov.uk\)](https://cheshireeast.gov.uk/tartan-rug)

Figure 5. Cheshire East Health Profiles for Electoral Wards... (The Tartan Rug)



To improve the physical and mental health and wellbeing of our residents and reduce the demand for health and social care there needs to be a focus on preventing ill health at the heart of all our strategic plans, actions and service provision. This is also where the role of individuals, families, schools, housing, workplaces, leisure facilities and communities is vital, contributing to good health and wellbeing and preventing or delaying a need for health or social care arising.

We want to make it as easy as possible to stay healthy, supporting and enabling people where needed. And we want to promote a shared understanding of individual and community responsibility to enable wellbeing and more people living well for longer.

What are the challenges?

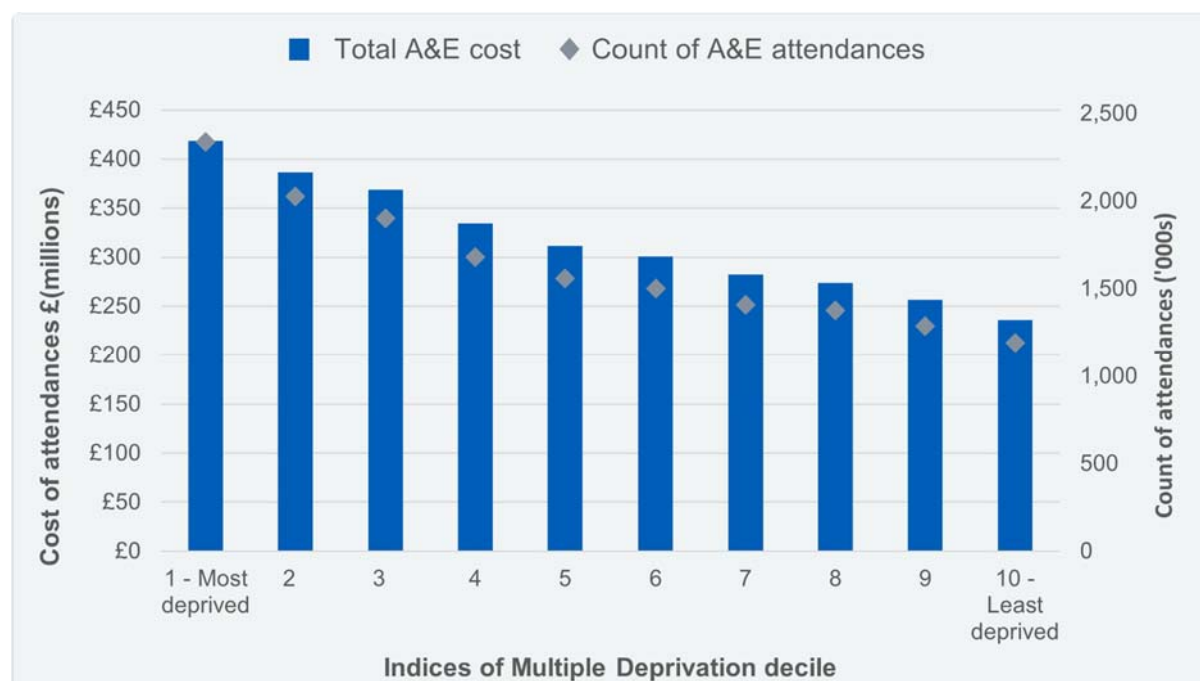
Many of us are living longer, in better homes, with good social networks and in supportive communities. Nevertheless, one in five people have lived experience of a disability or long term health condition and we are experiencing increasing fragility and vulnerability in older age with the increasing numbers of older people placing more demand upon health and care services. The

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number of over 65-year-olds has increased by 25% since 2011 and now forms 22.4% of the population, compared to an England average of 18.4%⁴.

For those living in our more deprived areas, health and wellbeing is often poor. Evidence⁵ shows that they live shorter lives than those in less deprived areas, and that they spend more of their lives experiencing ill health. This inevitably leads to more use of - and a greater cost to - the health and care system. For example, Accident and Emergency usage and costs are higher in more deprived areas:

Figure 6. Impact of Deprivation on Acute Patient Level Activity and Costing – all England⁶



The pandemic has worsened existing challenges and created new ones, with potentially long-term health consequences for many people, adding to the demand pressures that health and social care services were already facing.

These demand pressures are stretching the workforce capacity and financial resources of all parts of the health and social care system, to the point at which it will become unsustainable if we do not change the way things are done. They are also leading to long delays for many people who need to access health and care services.

Causes of death

Across the United Kingdom, 2001-2018, leading causes of death have included lung cancer, ischaemic heart disease, influenza and pneumonia, dementia, chronic lower respiratory diseases and cerebrovascular diseases. In 2018, the leading cause of death in the UK was dementia, accounting

⁴ Census 2021 Available from: <https://www.ons.gov.uk/visualisations/censuspopulationchange/E06000049/>

⁵ Marmot et al. (2020) Build Back Fairer: The COVID-19 Marmot Review

⁶ Acute Patient Level Activity and Costing, 2019-20, NHS Digital, published online 11 Feb 2021

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for 12.7% of all deaths registered. The leading cause of death in males in 2018 was ischaemic heart disease, whilst in females, it was dementia⁷.

Overall rates of healthy lifestyle behaviours are better in Cheshire East than the England average, but we have some communities where they are much worse⁸. The mortality rates for heart diseases in Cheshire East are similar to the England average^{7,9}. However, people in some areas of Crewe and Macclesfield have a significantly higher risk of early death from heart disease^{7,10}. Again, rates of cancer death are lower than the England average^{7,8}, but higher in some areas of Crewe and Macclesfield^{7,9}. Additionally, those living in our more deprived communities are more likely to die from a respiratory related disease^{7,9}. The excess under 75 mortality rate in people with severe mental illness in Cheshire East is worse than the England average⁷.

Our residents' views

Healthwatch Cheshire East's annual report 2021-2022 sets out several issues that are of most concern to our residents.

- Accessing GP services, including long waits to get through to reception and to get an appointment and mixed experience of telephone and video consultations
- Delays in referrals to other services and lack of information regarding timescales with a lack of clarity as to where the ownership lay to get the referral appointment sorted
- Concerns regarding the referral and waiting times to access mental health services
- The physical accessibility of health services because of limited or poor public transport links
- Lack of NHS dentistry provision and being pressured into paying for treatment as a result
- Limited support for carers

Being a carer

We acknowledge the pressure that being a carer can bring and will ensure that the *All Age Carers Strategy for Cheshire East 2021-2025*¹¹ guides our work and that we support the key delivery actions.

⁷ Office for National Statistics. Leading causes of death, UK: 2001 to 2018. Registered leading causes of death by age, sex and country. Available from:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/articles/leadingcausesofdeathuk/2001to2018#uk-leading-causes-of-death-data> (Accessed 3 November 2022).

⁸ Cheshire East Council (2022) Health Profiles for Electoral Wards Plus Primary Health and Social Care Areas. February 2021. Available from: <https://www.cheshireeast.gov.uk/pdf/jsna/ward-profile-tartan-rug/tartan-rug-cec.pdf> (Accessed 3 November 2022).

⁹ Office for Health Improvement and Disparities. Mortality Profiles. Available from: <https://fingertips.phe.org.uk/profile/mortality-profile/data#page/1> (Accessed 3 November 2022).

¹⁰ Office for Health Improvement and Disparities. Local Health Profiles. Available from: <https://fingertips.phe.org.uk/profile/local-health/data#page/0/gid/1938133183/pat/401/par/E06000049/ati/8/are/E05008610/yr/5/cid/4/tbm/1> (Accessed 3 November 2022).

¹¹ [What is a carer \(cheshireeast.gov.uk\)](https://www.cheshireeast.gov.uk/what-is-a-carer)

Figure 7. Key Delivery Actions, Cheshire East All Age Carers Strategy**Key Delivery Actions**

To enable us to successfully deliver the All Age Carers Strategy for Cheshire East, several key delivery actions have been identified.

We will develop an outcomes-based approach to carers and their cared for. Where services are provided for a carer they will also achieve a set of results for the cared for.

We will deliver outcomes through working with the joint commission of the Carers Hub Service and by the development and co-production of the All Age carers Strategy:

- Identifying the outcomes that are expected to be achieved prior to making any referrals to services
- Contracting for services based on outcomes and then monitoring based on those outcomes e.g. joint commissioned carers service
- Work collaboratively with our health partners to ensure seamless pathways to support our carers

The Strategic Outcomes**Outcome One: Cheshire East is a place that supports good health and wellbeing for everyone**

Where we spend our daily lives, living, attending school, relaxing or playing, working, socialising has a significant influence on our health and wellbeing. We will work together to:

- Work with our local communities to enable them to be supportive with a strong sense of neighbourliness
- Support people to develop the life skills and get the education that will help them to thrive
- Help and support people to live independently for as long as possible
- Provide access to good cultural, leisure and recreational facilities
- Support active travel initiatives across the borough
- Ensure people have housing that is not detrimental to their health and wellbeing
- Support key employment sectors and local supply chains with health and care investment
- Pay particular attention to supporting those in our more deprived and rural communities and addressing specific issues they may face
- Support adults with learning disabilities and/or autism to have the same opportunities as anyone else to live satisfying and valued lives and, to be treated with the same dignity and respect.

Key deliverables

- Ensuring that health and wellbeing considerations are regarded as a core part of all work related to spatial planning, transport, housing, skills, employment and economic development
- Delivering the recommendations of the '*Living Well in Crewe Plan*'
- Working together to support residents, staff, businesses and other partners through the cost-of-living crisis in particular those facing fuel and food poverty
- Working with local residents and partners to improve the quality of their living environment and access to existing green spaces in areas of higher deprivation.

- Working with the Safer Cheshire East Partnership to support vulnerable and at risk residents and supporting the work towards safer communities
- Commissioning and/or providing services that enable people to improve their health and wellbeing
- Prioritising new walking and cycling infrastructure in areas with higher levels of deprivation and promoting active travel
- Supporting the work to deliver air quality improvements set out within the *Cheshire East Air Quality Strategy* and Action Plan
- Apply the '*Health Pathfinder*' model (in relation to domestic abuse) locally within health settings
- Further developing our approach to social value and our organisations' roles as 'anchor institutions'.

Indicators for success include to:

- Increase the percentage of people aged 16 to 64 in good employment
- Increase the number of people using outdoor spaces for exercise and physical activity
- Reduce the number of households that experience fuel poverty

Outcome two: Our children and young people experience good physical and emotional health and wellbeing

We want our children and young people to get the best start in life and to be supported at each stage of their development. This begins with:

- Supporting expectant mothers to have a healthy pregnancy
- Supporting new mothers with breastfeeding
- Having networks and services for families with pre-school children and prioritising school readiness
- We will focus upon reducing childhood obesity and building emotional wellbeing
- We will provide the right care for children with a learning disability and reduce waiting times for autism assessments
- We will support our disabled children and young people
- For children with cancer, we will strive to provide the best treatments that are available
- We will focus on the health and wellbeing of our most vulnerable children and young people, cared for children and care leavers.

Key deliverables

- Completing the roll out of Family Hubs
- Working as a system to improve school readiness for all
- Reducing the inequalities in educational attainment between those children eligible and not eligible for free school meals
- Reducing school exclusions, offending and drug and alcohol abuse in young people
- Working together to support families most in need and improve household incomes and health outcomes for their children
- Maximising the numbers of young people in education, training or employment, boosting aspiration and engagement.

Indicators for success include to:

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- Reduce child poverty and its impact on health and wellbeing
- Reduce the numbers of children with tooth decay
- Increase the rates of infants that continue to breastfeed at 6-8 weeks of age
- Increase the number of children reaching expected level of development at 2 - 2.5 years of age
- Reduce the numbers of 4 to 5 (reception) and 10 to 11 (Year 6) year olds who are overweight or obese
- Increase the numbers of 15-year-olds meeting the recommended 'five a day' fruit and veg
- Reduce the proportion of school pupils with social, emotional and mental health needs
- Maintain the low numbers of 16–17-year-olds not in education, employment or training or whose activity is not known.

Outcome three: The mental health and wellbeing of people living and working in Cheshire East is improved

Mental health includes our emotional, psychological and social wellbeing. It affects how we think, feel and act. It also determines how we handle stress, relate to others, make choices and our level of resilience. It is important at every stage of life.

We want to work towards:

- Our residents having improved emotional wellbeing and mental health through a focus upon prevention and early support
- There being access to mental health services that meet the needs of our population
- People do not feel isolated or lonely
- Communities providing opportunities for all people to integrate and feel a part of their 'place'
- Adults and children experiencing domestic abuse receiving support that reduces risk, meets their needs and enables long term recovery.

Key deliverables

- Implementation of the *All-Age Mental Health Plan*
- Assessing the levels of isolation across the borough and the impact of the Pandemic to inform the planning and delivery of appropriate interventions
- Improving access to prevention and early intervention signposting, guidance and advice
- Addressing the health inequalities faced by people with learning disabilities and autism
- Undertaking the severe mental illness health check self-assessment and draft an improvement action plan
- Ensuring we are well connected to the Cheshire and Merseyside ICB Mental Health Programme and Cheshire and Wirral Partnership's Community Mental Health Services Transformation Programme
- Support the delivery of the Cheshire East Domestic and Sexual Abuse Strategy
- Responding to the Cheshire and Merseyside Suicide Prevention Strategy and preparing a Cheshire East Suicide Action Plan.

Indicators for success include to:

- Increase the numbers of adults who report good wellbeing

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- Increase the proportion of adult social care users who have as much social contact as they would like
- Increase the proportion of adult carers who have as much social contact as they would like
- Increase the proportion of adults in contact with secondary care mental health services living independently and who are in employment
- Reduce the levels of depression in adults
- Reduce the number of hospital stays for self-harm
- Reduce the number of suicides.

Outcome Four: That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place.

As has already been mentioned, we need to focus upon the causes of ill health (e.g. poor diet, smoking, drinking alcohol, lack of physical activity), rather than on the illness or disease that these cause (e.g. smoking increases the likelihood of heart disease, stroke, lung cancer and vascular dementia). Preventing ill health and disease enables more people to live well for longer.

We will act across the life-course, from childhood to older age focusing upon prevention and early intervention to address:

- Alcohol and substance misuse
- Smoking
- Physical activity
- Healthy eating
- Domestic abuse and sexual violence

When people have been unwell, we will work as a system to facilitate their return home with the appropriate support to continue their recovery and to help them maintain their independence for as long as possible.

We want every person within Cheshire East to get fair access to palliative and end of life care and support, regardless of who they are or the circumstances of their life. We want everyone with life limiting conditions to live well, before dying with peace and dignity in the place where they would like to die, supported by the people important to them.

Key deliverables:

- Delivering four collaborative health and wellbeing campaigns across all partners each year
- Continue our focus on cardiovascular and respiratory health, both preventative activity and more integrated support for those affected
- Implementing an '*All Together Active*' delivery plan within Cheshire East
- Supporting the implementation of the '*Live Well for Longer Plan*'
- Supporting the implementation of the *Dementia Strategy*
- Improving the availability and quality of green spaces in areas with higher levels of deprivation
- Working to improve the availability of community transport
- Supporting people with disabilities and/or long-term health conditions
- Evidence based commissioning of public health and preventative services in primary and secondary care

- Rolling out '*Making Every Contact Count*' (MECC) across the workforce within the health and care system (including the voluntary, community, faith and social enterprise sector)
- Delivering the Home First Programme: Hospital prevention, which includes the Community 2 Hour Response, Virtual Wards, Falls Prevention, Rapid Home Care and Community Voluntary Sector support
- Identification of people who are likely to be in their last year of life
- Support people in their last year of life to develop a personalised care plan, making more likely that they will receive care and die in the place of their choice.

Indicators for success include to:

- Reduce the number of adults who are overweight or obese
- Increase the number of adults that are physically active
- Reduce the number of alcohol related admissions to hospital
- Increase the number of people successfully completing alcohol or drug treatment
- Increase the numbers of people eating the recommended 'five a day' fruit and veg on a 'usual day'
- Increase the number of people offered and accepting an NHS Health Check
- Increase the dementia diagnosis rates
- Improve the health-related quality of life for older people
- Reduce the numbers of older people who fall and need to be admitted to hospital
- People dying in their preferred place of death.

Our approach to achieve the strategic outcomes

Promoting wellbeing and preventing ill health

We want to support people to stay healthy with good mental and physical wellbeing for as long as possible. We want to enable people to live well for longer in their communities without the need for health and care services, where possible.

Empowering people to take responsibility for their own health and wellbeing throughout their lives will require coordinated work to ensure that people feel motivated and capable to promote their wellbeing. The provision of accessible information, advice and guidance, including through *the Live Well Directory* and via our system of social prescribers and community connectors will be core to this. It will also be important to provide sufficient opportunities within people's local area, enabling them to follow healthy lifestyles such as being more physically active.

As a system, we will also need to focus on addressing some of the root causes of ill health including **poor housing, poverty and poor education**, and work to build consensus on how each part of the system can play their part in addressing these causes, whether it is through more systematically signposting individuals to the support they need in relation to the root causes, working harder to reach people experiencing these challenges, or fundamental shifts in planning and regeneration work.

Wealth and Wellbeing

The strength of the economy of an area and its vitality and wealth generation directly contribute to the health and wellbeing of the community. We are making education, jobs and skills a key part of

our strategic approach and will engage our businesses in conversations about their role in boosting the health and wellbeing of their workforce and the communities they serve.

As partners we will invest in our own community whenever this gives us the best outcomes and provides best value. We will maximise the additional benefits that can be created by delivering, procuring or commissioning goods and services in Cheshire East. We want our local economy and workforce to benefit from the funds we have to spend and through that spending that we:

- Enable people to be well in work by directly supporting their mental wellbeing
- Removing complex barriers to employment and financial independence
- Ensuring that the skills strategy opportunities extend to people who are not in work and face the greatest challenges in securing a job
- Promote employment and economic sustainability
- Raise living standards for local people
- Maximise digital inclusion
- Ensure that individuals and families have housing suitable for their needs
- Build the capacity and sustainability of the voluntary, community, faith and social enterprise sector
- Promote equity and fairness
- Promote environmental sustainability

Tackling Inequalities

Health inequalities are avoidable and unfair differences in health status between groups of people or communities. There are stark differences across Cheshire East that need to be addressed. For example, there is a noticeable difference in life expectancy of around 12.6 years between the lowest rates in Crewe Central and the highest in Gawsworth for women¹² and a 12.7 year gap between the lowest rate in Crewe Central and the highest in the Sandbach, Ettiley Heath and Wheelock ward for men¹³.

In general, there is more ill health in Crewe and parts of Macclesfield than in other areas. We know that this coincides with areas of deprivation, poorer housing, and lower educational achievement and employment. The numbers of people who smoke, drink and are obese are also correspondingly higher and pressures on primary, secondary and social care services are similarly higher.

Tackling these long-standing inequalities is not easy but is more likely through a holistic system wide approach that recognises and responds to the different inter-related challenges. NHS England has introduced a new approach to tackling healthcare inequalities for adults¹⁴ and children¹⁵ In addition the Cheshire and Merseyside Integrated Care System has committed to reducing inequalities and endorsed the '*All Together Fairer: health equity and the social determinants of health in Cheshire and*

¹² <https://fingertips.phe.org.uk/profile/local-health/data#page/3/gid/1938133185/pat/401/par/E06000049/ati/8/are/E05008610/iid/93283/age/1/sex/2/c-at/-1/ctp/-1/yr/5/cid/4/tbm/1/page-options/car-do-0>

¹³ <https://fingertips.phe.org.uk/profile/local-health/data#page/6/gid/1938133185/pat/401/par/E06000049/ati/8/are/E05008610/iid/93283/age/1/sex/1/c-at/-1/ctp/-1/yr/5/cid/4/tbm/1/page-options/car-do-0>

¹⁴ [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

¹⁵ [NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people](#)

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Merseyside’ report and its recommendations. Each ‘Place’ will be supported to address its local inequalities and implement the recommendations most useful to the issues that need addressing locally.

Our approach to reducing inequalities in Cheshire East will be led through the Increasing Equalities Commission.

Identifying markers of success and monitoring these through the Joint Outcomes Framework

A consensus building process has been undertaken to identify 12 key outcome indicators through which to monitor progress, towards our vision, across the Cheshire East health and care system. These include:

Overarching indicators

- Life expectancy at birth
- Healthy life expectancy at birth

Creating a place to promote health and well being

- Long-term unemployment
- Proportion of households in fuel poverty

Physical and mental wellbeing in children

- Percentage of children achieving a good level of development at 2-2.5 years (as a key contributor to mental wellbeing)
- Prevalence of overweight (including obesity) at year 6
- Smoking status at time of delivery

Mental wellbeing

- Social isolation: percentage of adult social care users who have as much social contact as they would like
- Social isolation: percentage of adult carers who have as much social contact as they would like
- Emergency hospital admissions for intentional self-harm

Live well for longer

- Percentage of physically active adults
- Admission episodes for alcohol-specific admissions.

These indicators will form the first of two parts of a Joint Outcomes Framework. The second part of the Framework will focus on additional indicators to monitor local progress in relation to the *Cheshire East Five-Year Health and Care Service Delivery Plan*. The Joint Outcomes Framework as a whole, will continue to evolve over the coming years, influenced by: emergent findings within the Joint Strategic Needs Assessment; community insights; Cheshire and Merseyside intelligence, progress in relation to the Delivery Plan; and developments in what we are readily able to measure.

Importantly, the purpose of the Outcomes Framework is **not to** monitor and evaluate all core activity and transformation across the health and care system. However, there is a recognition across Cheshire East Place, that sustained focus on the above 12 specific outcomes, and inequalities across these, is required in order to demonstrate progress towards achieving the overarching vision outlined in this strategy.

A new way of working to meet changing needs

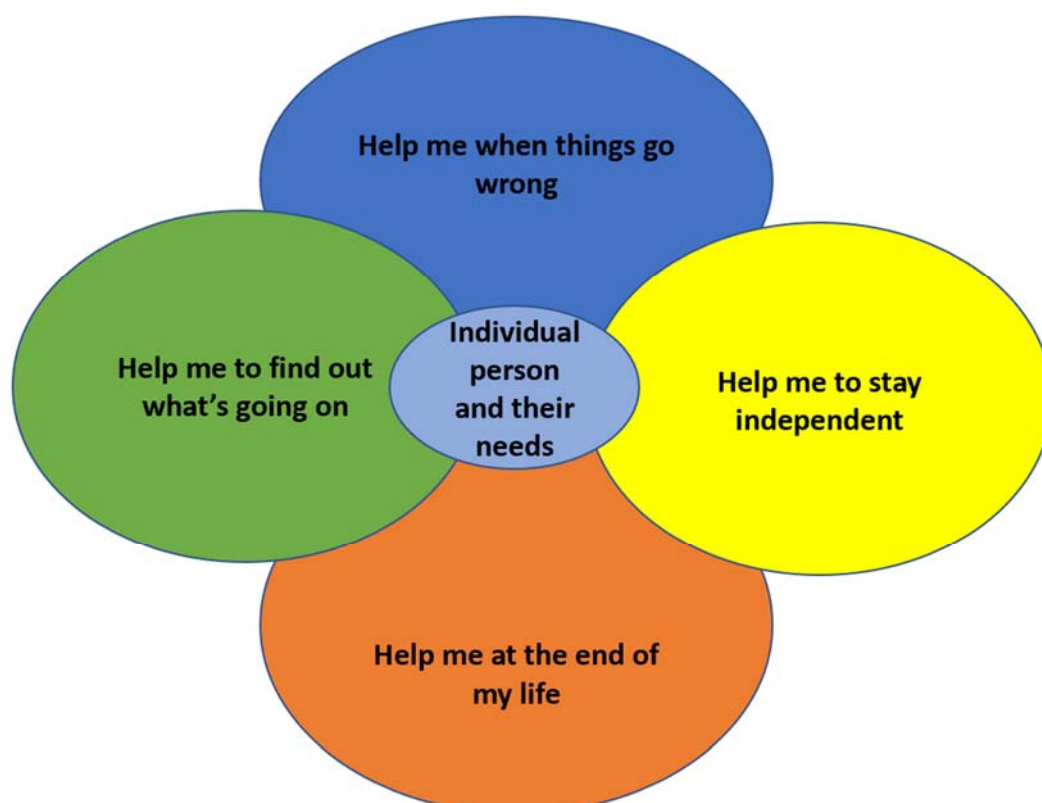
The make-up of our population continues to change and our plans for services need to reflect this. The economic regeneration of Crewe, arrival of HS2 and significant levels of housebuilding will bring in working age families to parts of the borough. Elsewhere we have fast growing cohorts of older people and our health and care services need to be ready to meet the needs of people with increasing frailty, multiple medical conditions and increasing levels of dementia.

New ways of working will be key to achieving better outcomes for our residents and meeting the changing and increasing demands. We also need to make the most of new technology, medicines and treatments that will improve health and wellbeing and make it easier to access health and care services when needed.

Our assumptions and planning will be tailored to promoting wellbeing and preventing illness, where possible and to supporting and empowering people to live with and manage frailty and several health conditions more effectively at home and in their communities. Local teams of health and social care professionals, working in partnership with families and carers, partners, will enable better co-ordinated care.

Through a detailed analysis of our population and local health and care needs, four areas of focus have been agreed, that will be designed around the individual:

Figure 8: Person centred care



This work will inform and influence how we develop our service improvement work. To achieve our aspirations new ways of working, enhanced workforce skills and a commitment to delivering differently will all be required.

Our Care Communities

We have established eight Care Communities across Cheshire East (see map 1 above), with staff from GP practices, community and hospital services, social care, other public sector organisations and the voluntary, community, faith and social enterprise sector working together more effectively. These have already proved their worth through the Pandemic. They have a common 'core service' but can add to that to reflect specific local priorities, needs and difference.

A tailored local service will be on offer which means:

- We can proactively identify people at high risk of needing services, intervene early and quickly to prevent their situation worsening
- We can empower people to self-care and better support their families and carers
- We can make better use of the different professionals working in therapies, pharmacies, social and primary care
- We can recognise the existing strong local relationships, skills and connections and support them to grow and flourish.

The Care Communities will be providing services that will result in fewer people needing to be in hospital and their hospital stays being shorter because there is more provision in the community. The hospitals will be able to focus on those with the most serious health issues and those needing urgent emergency treatment.

The Care Communities model will allow services to focus upon the individual, supported by family and friends within their local communities. We will be able to link in more closely and in partnership with other resources and assets in the community that can impact upon health and wellbeing, such as housing, leisure activity, green spaces, community transport and local social groups.

We will increase our support to communities and opportunities to volunteer (for example 'People Helping People') by providing information, infrastructure, networks and skills to help local groups and social enterprises to grow. This will enable our communities to become more enterprising and resilient, reducing dependency and enable the more deprived areas to address the inequalities impacting on their lives.

The '*Next steps for integrating primary care: Fuller stocktake report*¹⁶ sets out several recommendations as part of its 'Framework for shared action' that will influence the development of the Care Communities and the work of the Primary Care Networks. These will be incorporated into the delivery plan.

Integrated health and care services – working together for you

At the heart of the Care Community ethos is integration, joining up different parts of the health and care services to provide a better experience and better outcomes for those we care for.

This approach is bringing teams together for their local populations. We will match the right care with a patient's needs and use integrated case management to allow people who are older, with longer term conditions, complex needs or mental illness to access services through a single point of

¹⁶ [NHS England » Next steps for integrating primary care: Fuller stocktake report](#)

contact and benefit from a co-ordinated multi-agency team of professionals working to a single assessment, a single care plan and through a single key worker.

The same approach will be taken as people near the end of their life. The care provided through community teams, care homes, hospices and hospitals will whenever possible, be planned and personalised for people with life limiting conditions, allowing them to live well before dying with peace and dignity in the place of their choice.

Going digital

Achieving the step-change in prevention and early intervention and the delivery of services will require effective use of technology and digital solutions. We will use technology to support people to take responsibility for their own health and wellbeing. Our teams and services will be equipped with the data, digital tools and equipment that they need to work efficiently and effectively in an agile and flexible way.

However, we are very conscious that some people are digitally excluded. *Our Digital Inclusion Plan* will set out how we will support people to get online and, where that is not possible, or they choose not to, ensure that they are not excluded from being able to access or receive services.

Building the right health and care workforce

Our workforce in health and social care in Cheshire East totals over 20,000 people; just over 11,000 in social care and 9,000 in our NHS organisations but recruitment and retention remains a significant challenge.

Our Workforce and Organisational Development strategy is being further developed as our changing clinical models evolve with the aspiration to have a single workforce strategy and plan for health and care services across the Cheshire East Place. We already know we will have great difficulty recruiting care workers, GPs, nurses and consultants, so our strategy will include the development of services that can be delivered by other health and social care professionals.

We are placing a special focus upon future workforce supply, recruitment and retention across Cheshire East and ensuring system-wide leadership development takes place to enhance the capabilities of those leading that workforce.

We are concerned about being able to provide safe and recommended levels of staffing both now and in the era of seven-day services. We will consider how we develop services, so they are both safely staffed, rewarding places to work and accessible to local people.

The Care Communities People Plan has recently been published and sets out six areas of focus with action plans:

- Growing our workforce
- New ways of working
- Creating a healthy leadership culture
- Caring for our people
- Innovation
- Learning and development

This will form the basis for the Care Communities workforce development and will be an essential part of the overall Place Workforce and Organisational Development strategy.

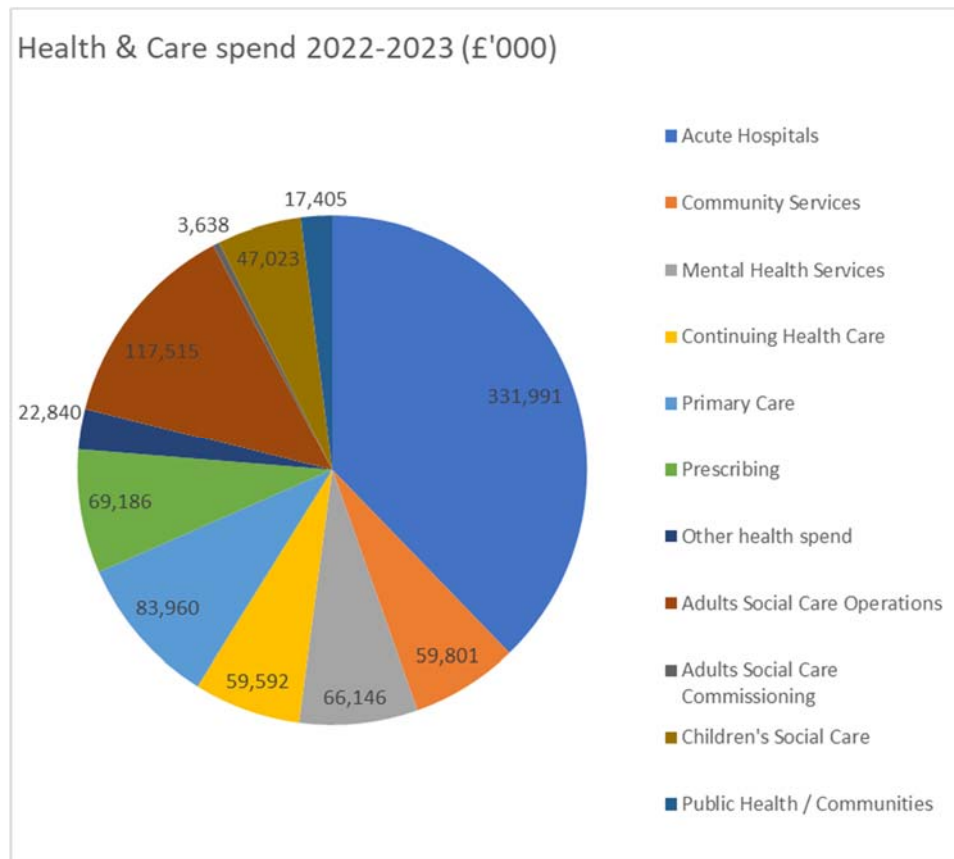
Using taxpayers' money wisely

The NHS in Cheshire East spends nearly £700 million, but its income is £655 million. The deficit has arisen, in part because of the increasing demands on the system that have outpaced budget availability. Similarly, all local authority services have faced very considerable financial challenges in recent years and increasing demand in both adult and children's social care. Inflationary pressures have added additional stress across health and care budgets in the last year. Cheshire East Council spends some £185 million on adults and children's social care, public health and community services.

The financial resources of the Cheshire East Place will remain stretched and we need to focus on keeping people healthy and supported in their own communities for as long as possible to avoid more costly medical or social care interventions. Our plans will change the balance between care in our acute hospitals and care in the community. We will increase the range and choice of care provided in people's homes and in community pharmacies, local clinics and primary care centres. Wherever possible we want to be able to support people to stay at home and only have to go into hospital or residential care if absolutely necessary. Our future investments will be focussed upon keeping people well and as independent as possible.

To get the most out of the taxpayers' investment in the NHS and social care we will continue working with health and care professionals to identify ways to improve services and reduce duplication. We will make better use of our combined buying power to get commonly used products more cheaply. We will make sure that the Cheshire East pound is invested in the health and care of our population effectively, efficiently and accountably.

Figure 9. Health and care spend in Cheshire East 2022-2023



Taking Action

This Joint Health and Wellbeing Strategy will be supported by the Partnership's *Five-Year Health and Care Service Delivery Plan* that will bring together the key elements of our improvement plans.

There is significant demand and need for services in Cheshire East, a combination of local demand pressures, coupled with the impact of preventable ill health and deaths and reducing funding, all of which combines to put pressure on the health and care system.

There is already a lot of work taking place to facilitate and support greater collaboration (for example through the Care Communities and closer working between our hospitals and social care colleagues) and we will build upon this to connect programmes of work to achieve improved health and wellbeing.

The term 'place-based' health is becoming increasingly used and recognises the need to focus on support and services for communities and that are 'closer to home'. It also acknowledges the importance of education, jobs and housing in shaping people's health and wellbeing, more so than any health and care services that might be accessed. Our focus will be upon individuals, supported by families and friends and the wider community. All the resources and assets available in a 'Place' should be used to establish and maintain those building blocks of good health and wellbeing.

The increased emphasis on prevention and early intervention will require us to organise our services differently and work more collaboratively as a system, helping people to stay independent and to live well for longer.

Every community in Cheshire East is different and local solutions will reflect local circumstances and challenges, but **our actions will be underpinned by five shared commitments:**

Integrated and empowered communities:

Individuals will be enabled to live healthier and happier lives in their communities with minimal support. Our services will focus on people's capabilities, what they can do, not what they can't! We will have a joint approach to building capacity in the community with a focus upon reducing social isolation. We will extend the use of personalisation and assistive technology to help people stay in their own homes. We will look to address the root causes of disadvantage.

Integrated case management:

Individuals with complex needs - including older people with longer term conditions, families with different and complicated needs and those with mental illness will access services through a single point of contact and benefit from their needs being managed and co-ordinated through a multi-agency team of professionals working to a single assessment, a single care plan and with a single allocated key worker.

Integrated commissioning:

People with complex needs will have access to services that have a proven track record of reducing the need for longer term care. This will be enabled by interventions such as intermediate care, reablement, mental health services, drug and alcohol support and housing with support options.

Integrated enablers:

We will take a joint approach to information sharing and digital solutions and adopt a funding and contracting model that focuses upon outcome or population-based commissioning models. We will

utilise pooled budgets to enhance community-based services and a joint approach to workforce development to recruit, develop and retain staff. **Being carbon neutral:**

We recognise that climate change is the most significant health and human rights issue facing us today, and the transition to net zero is an opportunity to tackle inequalities and the wider determinants of health. It is an approach that is fundamentally important to the future survival of all of us, the population, and the planet. Cheshire East Council and NHS organisations have in place 'Green Plans' setting out how we will work to combine net zero carbon ambitions with broader social priorities to reduce health inequalities, enhance wellbeing and provide support across our community. The term social value means different things to different people depending to the context. For us it means improving the economic and environmental benefits for the people who connect with our services. It means tackling poverty and inequality. It means improving the health and wellbeing of the Cheshire East population. It means making the very best use of every penny we spend to ensure the long-term financial stability of the system, so we can provide the best possible standard of health and care to our residents.

We will consider the work of the Cheshire and Warrington Sustainable and Inclusive Growth Commission and how their priorities link to those set out within this Strategy.

Conclusion

The issues raised within this document are complex and longstanding and will take many years to address. There is much work to do. However, with sustained commitment from professionals and communities alike, and approaches that empower, inspire and reflect on lessons from the past, change is possible. It is also essential. We look forward to working together.



#BecauseWeCare
Cheshire East Partnership

Cheshire East Health and Care Partnership Board 1st March 2023



Date of meeting:	1 st March 2023
Agenda Item No:	10
Report title:	Cheshire East Social Action Charter
Report Author & Contact Details:	Chris Hart, Director, CESAP (chris.hart@cesap.org.uk)
Report approved by:	

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

N/A

Executive Summary and key points for discussion

This is a report by Cheshire East Social Action Partnership (CESAP) to present the Cheshire East Social Action Charter and gain approval from the Health and Care Partnership Board.

Recommendation/ Action needed:

- To approve the Social Action Charter document (Appendix 1)
- To approve implementation of the Charter in coproduction with the VCFSE Leadership Group across the 8 Care Communities.
- To nominate Cheshire East Place System/ Board representatives to join the VCFSE Leadership Group (Social Action Charter Task & Finish Group) which will be tasked with taking forward its implementation.

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

X

X

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

Next Steps:	<ul style="list-style-type: none"> • Implementation of the Social Action Charter via the VCFSE Leadership Group (Social Action Charter Task & Finish Group) in partnership with representatives from the wider Cheshire East Place System/ Board. • Ongoing engagement, coproduction and implementation of the Social Action Charter through the Care Communities with support from our 15 Care Communities VCFSE Representative roles. • Progress will be monitored via the Strategic Planning and Transformation Group (SPTG), with reports to the Board when appropriate.
Responsible Officer to take forward actions:	Chris Hart, Director, CESAP
Appendices:	<ol style="list-style-type: none"> 1. Social Action Charter document 2. Social Action Charter Presentation to the SPTG on 20/12/22 3. VCFSE Model Developments Presentation to the SPTG on 20/12/22

Cheshire East Social Action Charter

1. Introduction

This is a report by Cheshire East Social Action Partnership (CESAP) to present the Cheshire East Social Action Charter and gain approval from the Health and Care Partnership Board.

2. Background and Context

There are over 1,600 VCFSE sector organisations and groups in Cheshire East. This represents a strong, powerful and committed resource, delivering a wide range of vital health and care services to Cheshire East communities. The VCFSE sector can lead the prevention agenda, is close to the communities they support, often helping the most vulnerable and marginalised, offers great value for money, innovation, flexibility, and can lever in funding not available to formal health care providers. Having a thriving and sustainable VCFSE Sector is fundamental to the economic, physical and mental well-being of Cheshire East residents.

A key aim of CESAP is to help mobilise, support, and strategically engage the VCFSE sector in Cheshire East as part of a whole system approach.

- The concept for a Social Action Charter is to set out a new relationship between the VCFSE sector and our public sector partners.
- The VCFSE sector is an essential part of the health and care system in Cheshire East and the Social Action Charter will provide a framework which will guide how partners work together in the future, including key principles.
- A great deal has already been achieved by CESAP in developing the role of the VCFSE sector and in building up a coherent VCFSE sector infrastructure linking individuals and communities to Cheshire East decision making structures. This includes our support for the Care Communities with 15 VCFSE representatives creating local partnerships and informing the delivery of local services, the formation of thematic alliances, e.g. VCFSE Mental Health Alliance which has over 35 VCFSE members, and mechanisms for coproduction, e.g. VCFSE Leadership Group which includes over 50 VCFSE leaders.
- The Social Action Charter has been developed by CESAP through coproduction with the VCFSE Leadership Group and feedback from partners, and was reported to the Strategic Planning and Transformation Group (SPTG) in December for input and support in bringing this to the Board for approval as the next step.
- The Social Action Charter represents a 5 year commitment, detailing the important role and contribution of the VCFSE sector, a shared Vision for a resilient VCFSE sector which is a strategic partner in Cheshire East, together with a series of 8 Shared Commitments for delivery. Please see the Social Action Charter document in Appendix 1. Please also see attached the Charter presentation in Appendix 2 and a VCFSE Model Developments presentation in Appendix 3, both reported to the SPTG in December, for background.
- The Board will have a role in identifying and committing to investment in its implementation, which will be led through the VCFSE Leadership Group, with engagement from system leaders and VCFSE representatives in the Care Communities.

3. Recommendations & Next Steps

The Health and Care Partnership Board are asked to:

- To approve the Social Action Charter document (Appendix 1)
- To approve implementation of the Charter in coproduction with the VCFSE Leadership Group across the 8 Care Communities.
- To nominate Cheshire East Place System/ Board representatives to join the VCFSE Leadership Group (Social Action Charter Task & Finish Group) which will be tasked with taking forward its implementation.



Cheshire East Social Action Charter

This is a collaboration agreement between the Cheshire East Voluntary, Community, Faith and Social Enterprise (VCFSE) Sector, represented by the Cheshire East VCFSE Leadership Group, and Cheshire East Health and Care Partnership (including Cheshire East Council, NHS Cheshire and Merseyside (CE ICB), local NHS Providers, GP Confederation, Care Communities, CESAP and Healthwatch).

Purpose

The purpose of the Charter is to form the relationship between the VCFSE sector and public sector partners and develop the VCFSE sector's role as a strategic partner in the design and delivery of all areas of Cheshire Health and Wellbeing Strategy and Place Plan. The Charter will provide a framework for future working and embed the VCFSE sector as part of a whole system approach.

Shared Principles

The Charter is based on a relationship of:

- Mutual Trust and Honesty
- Partnership Working
- Coproduction with Partners
- Shared Responsibility
- Shared Risk (i.e. VCFSE Risks are considered as Whole System Risks)

Important Role of the VCFSE Sector

The VCFSE sector is recognised in key guidance from NHS England and NHS Improvement about embedding the VCFSE sector as part of the Integrated Care Systems. The sector is recognised for "it's diversity, flexibility, innovation, value for money and reach into different communities". The VCFSE sector is a vital cornerstone of a progressive health and care system and it is important to ensure governance and decision-making arrangements support close working with the VCFSE sector as a strategic partner in shaping, improving and delivering services and developing and delivering plans to tackle the wider determinants of health.

In the Fuller Stocktake report (May 2022) the VCFSE sector is seen as key to ensuring comprehensive and co-ordinated care around the patient; understanding local social, demographic and cultural factors; and for its wealth of expertise.

The VCFSE sector is also recognised in other independent and influential reports, e.g. the Marmot Build Back Fairer review which makes frequent reference to the VCFSE sector's knowledge and it's tested practical solutions to tackling entrenched inequalities, addressing environmental problems, and improving wellbeing. In Cheshire East, the VCFSE sector:

- can lead the prevention agenda by providing activities and resources to help people have good health and well being
- already works in localities, acting as an important delivery partner, providing local services that meet the needs of Care Communities
- often works with the most marginalised in society who are often in the greatest need of the right health and social care

- can deliver whole care pathways, supporting the transition in and out of care
- offers a huge resource including people and buildings working in the health and social care sector
- is able to raise the aspirations of individuals and communities, which statutory partners find more difficult (the VCFSE sector has lots of intelligence and information, some very granular and local, that can contribute to the bigger picture)
- can lever in other resource, not otherwise available to formal health care providers

In Cheshire East we also include Faith as part of the VCFSE sector (the F in VCFSE). Following the remarkable efforts made by Faith communities during the Covid-19 pandemic and the unique contribution it provides in developing social cohesion, especially supporting many of the most vulnerable people, the Government is suggesting a 'Social Covenant' that recognises the way Faith communities contribute and to encourage and resource greater participation. This will build on the good work that has already been happening, improving relationships and developing partnerships with Government and the rest of the voluntary sector.

VCFSE Sector Contribution

Cheshire East has a strong, committed and resourceful VCFSE sector developed over many years. It is estimated that Cheshire East has over 1,600 VCFSE sector organisations and groups. The sector connects communities, supports individuals and families, delivers services, and provides opportunities for volunteering, training and skills development. The VCFSE sector supports communities and helps them to thrive, often supporting the most vulnerable.

A thriving and sustainable VCFSE Sector is fundamental to the economic, physical and mental well-being of Cheshire East residents. This has never been clearer since the start of the Covid-19 pandemic when the sector mobilised and developed an effective community response. It is important to recognise the impact of the response in keeping people safe, ensuring the provision and supply of emergency food, medication and other essential items whilst maintaining social contact with people. The VCFSE sector was able to identify people in most need of support in our communities, potentially not known to authorities, and reach them before crisis.

We have learned many lessons from this response and these are incorporated within the Charter. We understand the need for co-production, the need to be flexible and responsive, and to focus on outcomes for Cheshire East residents. We have learned the importance of being inclusive and to communicate and engage with individuals, families and communities in ways that reflect their economic, social, environmental and cultural circumstances and backgrounds.

Scope

A thriving and sustainable VCFSE Sector will enable Cheshire East to achieve the outcomes of the Cheshire East Health and Wellbeing Strategy, Place Plan and Delivery Plan. The vision is to "enable people to live well for longer; to live independently and to enjoy the place where they live."

It will link into the Cheshire & Merseyside Marmot Community Place Based work and Cheshire East Health Inequalities Review. It will support the work of the Increasing Equalities Commission and the Health and Wellbeing Board. It will support joint strategies, e.g. Live Well for Longer, the Joint Market Position Statement (MPS), and the new Joint Outcomes Framework, and will contribute to the Care/Business Models.

It will connect to the 8 Cheshire East Care Communities and the VCFSE Sector Leads and local VCFSE alliances that are developing in these areas. The Care Communities are multiagency partnerships that support local delivery and the VCFSE sector is helping to inform and shape local priorities and the delivery of local services.

Shared Vision

The ambition for the Social Action Charter is for a resilient VCFSE sector that is a strategic partner in Cheshire East with a strong and influential voice, enabling better outcomes.

Through our combined commitment, enthusiasm, partnership working and co-production we will deliver the Vision by investing in VCFSE sector organisations and groups in ways that create strong and prosperous communities in all of Cheshire East's Care Communities areas.

The new Cheshire East Health and Care Partnership will use the following agreed shared commitments to engage with and invest in the VCFSE sector.

Shared Commitments for 2023-2028

Commitment 1: We will embed the VCFSE sector as a strategic delivery partner of services

Our aim is to ensure VCFSE sector organisations and groups are integral to the delivery of services in communities, alongside statutory-run services and commissioned contracts.

Examples of routes through which this commitment will be supported:

- Co-design; Co-production; Co-monitoring and Co-evaluation of policies, strategies and services with the VCFSE sector.
- Further develop the role of the VCFSE Leadership Group at the heart of a collaborative VCFSE representative structure for Cheshire East, recognising the complexity and diverse nature of the sector.
- Ensure the VCFSE sector is represented across all key governance boards, partnerships and forums. Support the development of VCFSE Representatives Model, recognising VCFSEs are not funded for this and this requires investment.
- VCFSE sector influential in developing the Cheshire East Joint Market Position Statement (MPS) and Joint Outcomes Framework.

Commitment 2: We will develop and grow a financially resilient VCFSE sector that is resourced to help address our biggest challenges

Our aim is to work together to maximise existing grant giving, new funding sources, and commissioning and contracting arrangements, including ensuring commissioning processes are accessible to the VCFSE sector.

Examples of routes through which this commitment will be supported:

- Open up new markets to VCFSEs as part of transformation, recognising the VCFSE sector provides value for money
- Develop an investment approach based on long-term core funding to support strategic VCFSE sector infrastructure/ capacity in delivering the vision of the Cheshire East Place/ Health and Wellbeing Strategy.
- Explore models for investment brokerage, Community Asset Transfer, and collaboration, e.g. colocation of VCFSEs and joint service delivery.

Commitment 3: We will work together to tackle poverty and inequalities that exist in Cheshire East

Our aim is to support the work of the Marmot Community and the Increasing Equalities Commission in meeting its strategic priorities, including imbalance and disparity across Cheshire East Care Communities, and in addressing the wider determinants of health.

Examples of routes through which this commitment will be supported:

- Contribute to or lead programmes to address key inequalities issues, such as food poverty, homelessness, and digital exclusion, which brings together the VCFSE sector with public and private sector partners to drive action through collaboration.
- Work to ensure the interconnectivity of issues is recognised and avoid working in silos.

Commitment 4: We will develop mechanisms for codesign with Cheshire East communities, listening to their voice and responding to their needs

Our aim is to work with our communities in designing local services, activities or opportunities based on existing assets and local need.

Examples of routes through which this commitment will be supported:

- Expand channels for service design to be informed by 'lived experience' through the VCFSE sector.
- Create arrangements to enable local people, groups and organisations to be involved in the design of the services which are provided for them (e.g. Live Well for Longer Plan provides a best practice example of engaging with residents).
- Provide and share intelligence for the Joint Strategic Needs Assessment (JSNA).
- Embed the principles of the TOGETHER in Cheshire East Coproduction Framework and help develop a whole system approach to coproduction – 'one conversation'.

Commitment 5: We will develop VCFSE partnerships and maximise social value with business and industry

Our aim is to work collaboratively with local businesses and statutory partners to increase their focus on social value and social responsibility.

Examples of routes through which this commitment will be supported:

- Promote and increase take up of the Social Value Award.
- Maximise spend through Social Value opportunities to best suit the needs of local communities.
- Maximise Employer Supported Volunteering, secondments, work shadowing, and skills transfer between sectors.
- Ensure benefits from social value commitments are maximised through procurement.
- Contribute to climate change targets, e.g. VCFSE projects; building energy audits and co-location.
- Measure the impact on and of the VCSFE sector.

Commitment 6: We will grow the VCFSE sector as part of an inclusive economy

Our aim is to support the development of social enterprises, co-operatives, and community businesses, helping to develop and retain wealth and resources within Cheshire East communities.

Examples of routes through which this commitment will be supported:

- Invest in the ability of the VCFSE sector to improve things locally, because they are local, creating a multiplier effect and social return on investment.
- Increase the market share of social economy organisations in Cheshire East including through attracting social investment.
- Enable VCFSE's to access to mainstream business support.

Commitment 7: We will engage and develop the VCFSE sector in system and place

Our aim is to ensure the VCFSE sector is embedded within the system at place, including Care communities to help shape local priorities and services.

Examples of routes through which this commitment will be supported:

- Further develop the Care Communities VCFSE Leads Pilot Project to support VCFSE representatives to engage VCFSEs through local alliances, gather intelligence, inform decision making and provide feedback.
- Further develop the Cheshire East VCFSE Mental Health Alliance and transformation of Community Mental Health (CMH) services and working with CWP.
- Recognise the unique contribution of faith communities and networks, developing a Cheshire East Faith Alliance.
- Support development of a Veterans and Armed Forces Pathway Alliance.

- Support social prescribing by providing a range of essential services, support and care to local residents, and support for VCFSEs receiving referrals.

Commitment 8: We will support VCFSE workforce development and leadership skills

Our aim is to improve capacity, capability and employment standards across the paid and volunteer VCFSE workforce, improving leadership and facilitating greater integration with the public sector.

Examples of routes through which this commitment will be supported:

- Baseline VCFSE workforce and development needs, to support workforce issues including supply (recruitment and retention of a diverse VCFSE workforce), VCFSE workforce wellbeing, support for leadership in VCFSE sector organisations, increased collaboration across the VCFSE, public and private sectors to enable a strategic approach to workforce development (e.g. part of a system Workforce Strategy).
- Develop the skills of VCFSE Leaders, increasing opportunities for peer support and learning for system leaders in the VCFSE sector and create more opportunities for multi-agency connection and increasing awareness of good practice in VCFSE leadership
- Create meaningful volunteering and pathways to employment.

Implementation and Investment Plan

Workstreams/ Actions will be developed to deliver the shared Social Action Charter Shared Commitments. To be formed into an agreed Implementation and Investment Plan.

Consider alignment of the Charter to the high level outcomes within the Joint Outcomes Framework in terms of associated metrics and deliverables within the Charter Implementation and Investment Plan.

Governance and Management

The Social Action Charter and development of a Social Action Charter Implementation and Investment Plan will be overseen by the VCFSE Leadership Group with support from the Cheshire East Social Action Partnership (CESAP). This will be reflected in revised Terms of Reference for the VCFSE Leadership Group and may include formation of a Social Action Charter Implementation Subgroup (developed from the current Social Action Charter Task & Finish Group).

The Social Action Charter is a core partnership framework of the Cheshire East Health and Care Partnership Board. The Cheshire East Health and Care Partnership Board is responsible for ensuring that the commitments set out in the Charter are delivered against.

The VCFSE Leadership Group will have a role in reviewing progress against the Social Action Charter shared commitments every 6 months, and providing regular update reports to the Strategic Planning & Transformation Group and Cheshire East Health and Care Partnership Board.

Investment

The Cheshire East Health and Care Partnership will have a role in identifying and committing to investment in the VCFSE sector, both for strategic engagement and in service development and delivery. Initially this will build on the 1 year Care Communities VCFSE Leads/ Representatives Pilot Project funded by Cheshire East Council, and will need to be reviewed by the Partnership as part of potential future system investment.

Evaluation and Review

Evidence and impact measures will be developed as part of the Charter Implementation and Investment Plan.

Cheshire East Social Action Charter Signatories

The Social Action Charter has been developed through the Cheshire East VCFSE Leadership Group. Membership of this group includes a cross section of VCFSE sector organisations and groups by type; geography and service area, together with public sector partner. A small Social Action Charter Task & Finish Group has led on engagement with stakeholders through a range of workshops, and feedback has been incorporated into the Charter document.

The following is a Statement of Commitment and sign up from VCFSEs and partners. Formal sign up by the Cheshire East Health and Care Partnership Board will enable accountability with the VCFSE sector.

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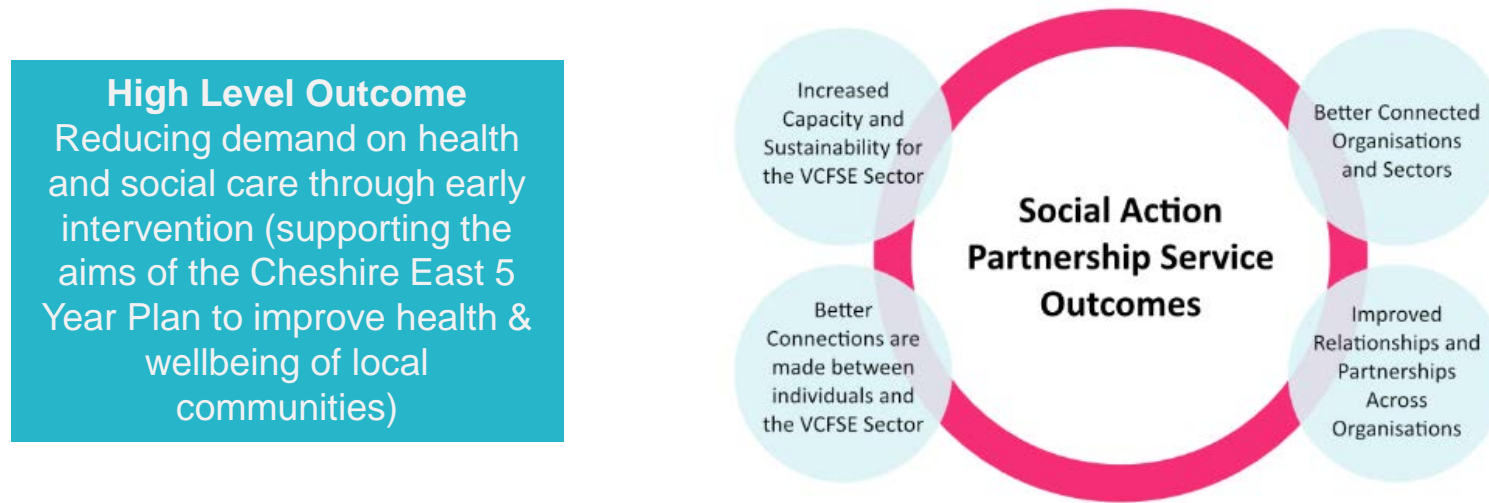
Cheshire East Social Action Charter

Cheshire East Strategic Planning & Transformation Group
20th December 2022

Chris Hart, Director, CESAP

Context

- A key aim of CESAP is to strategically engage the VCFSE sector in Cheshire East as part of a whole system approach



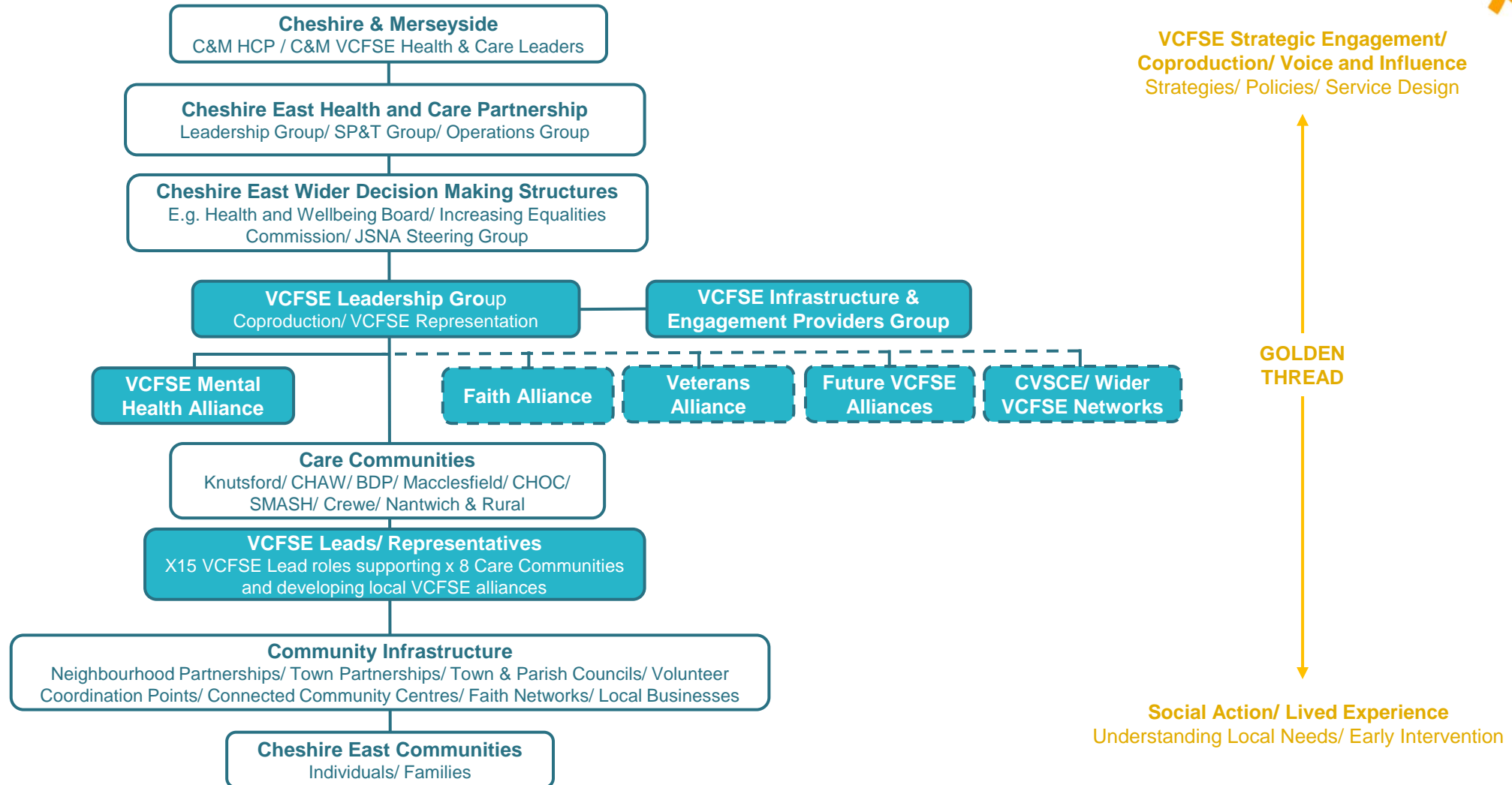
- Concept for a Social Action Charter is to set out a new relationship between the VCFSE sector and our public sector partners

What Has Been Achieved So Far?

- Development of a coherent VCFSE sector infrastructure – a “golden thread” connecting individuals and communities to Cheshire East decision making, e.g.
 - VCFSE Leadership Group – mechanism for coproduction with public sector partners (expanded from an initial 15 VCFSEs to over 50 VCFSEs in last 12 months)
 - VCFSE thematic alliances, e.g. VCFSE Mental Health Alliance (35 VCFSE members), developing Faith Alliance and Veterans Alliance – engaging lived experience
 - Unique VCFSE Representative Model – over 25 VCFSE Reps directly recruited onto boards and partnerships
 - Care Communities VCFSE Leads Pilot Project – 15 VCFSE Leads/ Reps roles in the 8 Care Communities, roles supported for 1 Year by Cheshire East Council (£45k grant)

VCFSE Sector Infrastructure

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Social Action Charter Development

- Developed through coproduction with the VCFSE Leadership Group
- Task & Finish Group to input ideas about what is needed
- Agreed to develop a Charter 'Framework' – used for wider engagement
- Initial feedback provided by key partners, e.g. Council colleagues, Place Director, Communities Team
- Framework taken back to VCFSE Leadership Group Workshop – 2/9/22
- Draft Social Action Charter document produced

Some Key Messages

Our promise' to each other
about how we want to work
together in the future

A set of rules

To bring about a change
in culture based on
partnership working and
improved connections

Shared principles
and commitments

Realistic resourcing of
the VCFSE sector

About relationships

Improve
engagement
with residents

Need to include
social value

Need to
tackle
inequalities

Genuine
coproduction -
upstream

Meaningful/ measurable
collaboration

Honest conversations –
speaking truth to power

What is the Social Action Charter?

- A collaboration agreement between the Cheshire East VCFSE Sector, represented by the VCFSE Leadership Group, and Cheshire East Health and Care Partnership (including Cheshire East Council, NHS Cheshire and Merseyside (CE ICB), local NHS Providers, GP Confederation, Care Communities, CESAP and Healthwatch).
- **Purpose:**
 - To form the relationship between the VCFSE sector and public sector partners and develop the VCFSE sector's role as a strategic partner in the design and delivery of all areas of Cheshire East Health and Wellbeing Strategy and Place Plan
 - The Charter will provide a framework for future working and embed the VCFSE sector as part of a whole system approach
- **Timeline:**
 - 5 Years (2023-2028)

What is the Social Action Charter?

- **Shared Principles:**
 - Mutual Trust and Honesty
 - Partnership Working
 - Coproduction with Partners
 - Shared Responsibility
 - Shared Risk (i.e. VCFSE Risks are considered as Whole System Risks)
- **Important Role of the VCFSE Sector:**
 - Recognised in NHS England guidance and influential reports, e.g. Fuller Stocktake report and Marmot Build Back Fairer review
 - We also include the 'F' in VCFSE – recognising the unique contribution the Faith sector provides in developing social cohesion and supporting vulnerable people

What is the Social Action Charter?

- **VCFSE Sector Contribution:**
 - Over 1,500 VCFSEs in Cheshire East, connects communities, supports individuals/families, delivers services and provides opportunities for volunteering
 - A thriving and sustainable VCFSE sector is fundamental to the economic, physical and mental well-being of Cheshire East residents
 - Important to learn lessons from the Covid-19 pandemic – the need for coproduction, being flexible, responsive, and focused on outcomes
- **Scope:**
 - Connect to the Health and Wellbeing Strategy and Place Plan outcomes
- **Shared Vision:**
 - Ambition is for a resilient VCFSE sector that is a strategic partner in Cheshire East with a strong and influential voice, enabling better outcomes

Charter Shared Commitments 2023-28

Series of 'we will' statements, aims, and examples of routes to support these

1. Embed the VCFSE sector as a strategic delivery partner of services
2. Develop and grow a financially resilient VCFSE sector that is resourced to help address our biggest challenges
3. Work together to tackle poverty and inequalities that exist in Cheshire East
4. Develop mechanisms for codesign with Cheshire East communities, listening to their voice and responding to their needs
5. Develop VCFSE partnerships and maximise social value with business and industry
6. Grow the VCFSE sector as part of an inclusive economy
7. Engage and develop the VCFSE sector in system and place
8. Support VCFSE workforce development and leadership skills

How Will the Charter be Delivered?

- **Implementation and Investment Plan:**
 - Workstreams and actions will be developed to deliver the Shared Commitments
 - Potential to align to the Joint Outcomes Framework regarding metrics/ deliverables
- **Governance and Management:**
 - Overseen by VCFSE Leadership Group with support from CESAP
 - A core partnership framework of the Cheshire East Health and Care Partnership Board
- **Investment**
 - Cheshire East Health and Care Partnership will have a role in identifying and committing to investment in the VCFSE sector, for engagement and delivery
- **Evaluation and Review:**
 - Evidence and impact measures will be developed as part of the Implementation Plan

Charter Journey

- **Timeline:**
 - VCFSE Leadership Group 2/9/22 – including Task & Finish Group and wider VCFSE sector engagement
 - Strategic Planning & Transformation Group – 20/12/22
 - 8 Care Communities – for engagement/ coproduction with support from our Care Communities VCFSE Leads
 - Cheshire East Place Leadership Group
 - Cheshire East Council Members Briefing
 - Cheshire East Health & Care Partnership Board – for approval
- Alignment with Health and Wellbeing Strategy and Place Plan Refresh
- Formal sign up/ Statement of Commitment from partners

Recommendations

The Strategic Planning & Transformation Group are asked to:

- Provide feedback on the draft Social Action Charter document
- Consider/ provide advice on an appropriate approach for identifying future investment to deliver the Charter, including investment in Shared Commitments Workstreams and resources needed to help drive these forward
- Support for the next steps of the Charter's journey to the Cheshire East Health and Care Partnership Board for approval

Strategic Planning and
Transformation Group
20.12.2022

Dan Coyne, Head of
Communities and
Integration, Cheshire East
Council

VCFSE Model Developments

Focus on Health and Social Care Integration



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VCFSE, Health and Social Care Integration

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Overarching Deliverables - The development of a CE Place VCFSE Model (with a clear vision and approach across health and care)

1. CE Place Development Framework – Ensure that the VCFSE development actions are achieved
2. A joint CE Grants process (with a single Grants Policy/Protocol across Health and the LA)
3. Develop a clear VCFSE Commissioning Pathway
4. Understanding our collective Social Value impact on the VCSFE sector
5. A cross sector/organisation approach to Volunteer recruitment
6. VCSFE Community Assets/Buildings Support/Guidance
7. Workforce engagement / development with regards to the new model, grants, commissioning, Social Action Charter...

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1. CE Place Development Framework - SWAT analysis

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Strengths

- CEC Communities Team
- Care Communities
- Social Prescribers
- CESAP - VCFSE Leadership Group
- Crowd Funding
- People helping People
- Healthwatch
- Connected Community Centres
- We Are Cheshire East Volunteer Portal
- VCFSE representation at CE Place: Place Leadership – Care Communities
- Integrated Planning and Delivery – VCFSE priority
- Joint Social Value Policy across Health and Care
- CEC, CE ICB, CWP, MCT have achieved the Social Value Award

Weaknesses

- **Different grants processes across health and care**
- Potential Duplication: CESAP / CVS
- Early Help Framework ended 30th June 22
- Lack of consistency / approach to grant evaluation, which results in limited evidence base for future commissioning intentions/opportunities to grow or build on pilots which evolve from the VCFSE sector
- Wider VCFSE offer/model inc environmental etc (Place)
- VCFSE/Community assets support

Opportunities

- VCFSE sector are a core and central to the CE Place System
- ICS/ICB Developments
- CVS – C&M role
- CE Place Development Framework (VCFSE actions)
- Integrated Planning and Delivery Workstream – VCFSE priority
- **Social Action Charter**
- CE Place Joint Outcomes Framework – alignment and contribution from the VCFSE sector
- CEC Grants Policy/Protocol
- Joint grant evaluation processes, building an evidence base / business cases for future commissioning
- C&M Anchor Institute developments
- CCG Grants end date – March 23
- CE Place VCFSE Provider Collaboration
- TOGETHER – Coproduction Guide

Threats

- **Impact of Covid on the VCFSE sector**
- Sustainability of the VCFSE sector e.g. national CAB funding cuts
- **Cost of living crisis**
- Recruitment and retention across all sectors
- Drop in volunteers
- Lack of clarity from C&M re Place delegations

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VCFSE, Health and Social Care Integration

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What's changed/changing/Evolving?

The Place and Care Communities

Grants Policy and Guidance / VCFSE Commissioned Opportunities, VCFSE reps on Care Communities to help shape priorities, Social Action Charter.



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Where were we with VCFSE Sector from a funding and coproduction perspective ?

Process: Duplicate grants, Uncoordinated engagement, unhealthy competition between the VCFSE sector

Relationship: Telling the VCFSE sector info too late or as a token gesture, Lack of clarity around responsibilities, TO and FOR rather than WITH and BY.

Result: Confusion, lack of integration, Un-prepared market, responsive to low level prevention rather than key system pressures.



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2. A joint CE Grants process (with a single Grants Policy/Protocol across Health and the LA)

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The Councils journey with grant funding allocation

- Long standing quarterly community grant fund.
- Average of 30-40 applications received per quarter – often the same organisations applying annually for the same things – e.g sports equipment, room refurbishment.
- Re-branded in 2019 to Bright Idea Fund to become more resident and outcome focused and to also allow community minded individuals to apply under a smaller scheme, 'My Bright Idea' for up to £250.
- Paused due to Covid in March 2020.



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2. A joint CE Grants process (with a single Grants Policy/Protocol across Health and the LA) cont.

What the Council learned - Covid-19 Community Response and Recovery Fund:

- Fast turnaround of applications.
- Applications awarded based on **community need** highlighted by community development officers and People Helping People.
- Most recent rounds have created a local offer of services available to vulnerable communities across the whole of the Borough which has supported the newly established Transfer of Care Hub.
- £1,000,000 put through grants to 69 differing system alleviating services
- Transforming the VCFSE sector to tackle system pressures at speed



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2. A joint CE Grants process (with a single Grants Policy/Protocol across Health and the LA) cont.

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What are we going to do with that learning?

- Coordinated and Responsive to system pressures
- Integrated approach to grant funding across Health and Social Care
- Local (Care Communities) responses to local priorities
- Pilot provisions prior to commissioning

*Covid-19 Community Response
and Recovery Grants
Our community offer - responding to local need &
supporting our communities to recover in 2022/2023*



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What have the benefits been of grant funding in this way?

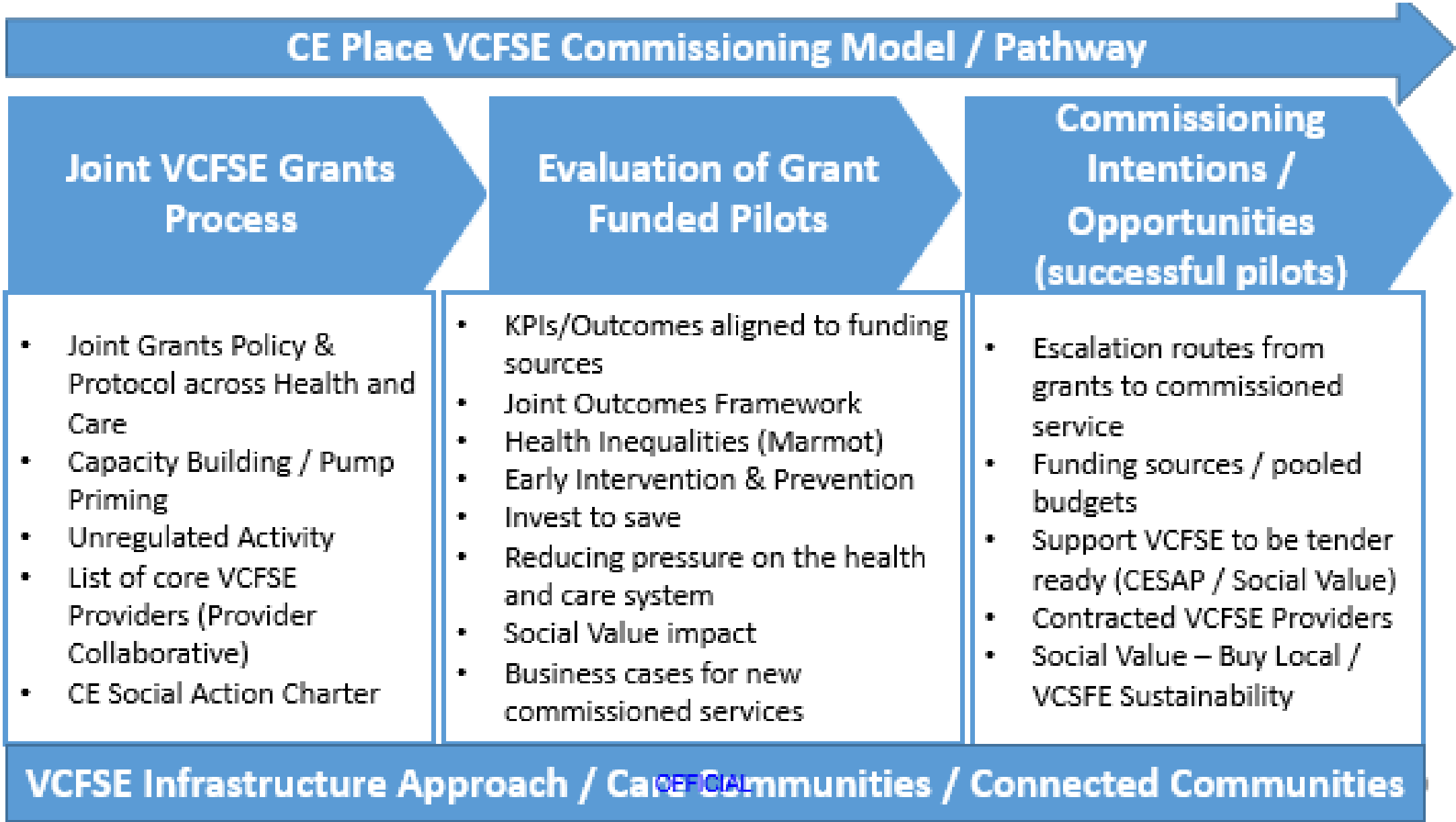
- Flexibility
- Reactivity
- Meeting current, ever changing need
- Responsiveness
- Trust between CE and Providers
- Locality – organisations know their communities



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3. Develop a clear VCFSE Commissioning Pathway



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4. Understanding our collective Social Value impact on the VCSFE sector

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Social Value Update

- Social Value Unit – Pilot 2022/23 (CEC Commissions to provide additional targeted resource into Communities)
- Social Value Award – 2021/22 – Brokerage approach for capacity building



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5. A cross sector/organisation approach to Volunteer recruitment

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Under development

- AMI Developments – CRM system around Volunteer recruitment and Management – also acting as a referral pathway
- Refreshed CEC Volunteer Policy
- Health and Social Care Volunteers (HelpForce)
- Coordinated Volunteer recruitment, coordination and recognition
- ☐ Public Sector Volunteers
- ☐ Volunteers from the Public Sector
- ☐ VCFSE Volunteer



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6. VCSFE Community Assets/Buildings Support/Guidance

Connected Communities Centres and Venues Phase 2

Recommendations – Tier 1/Centre

The following applications are recommended to be awarded Tier 1/Centre status, which benefits from a grant of £5,000.

APPLICANT	AREA
Nantwich Town Council	Nantwich
Nantwich Methodist Church	Nantwich
Audlem Public Hall	Nantwich
YMCA Crewe (Gresty Road)	Crewe
St Andrews Church	Crewe
Caritas Community Centre	Crewe
Middlewich Methodist Church	SMASH
St Johns Church	CHOC
The Old Saw Mill	CHOC
Holmes Chapel Community Centre	CHOC
The Welcome	Knutsford
Wilmslow URC	CHAW
The Green In The Corner	Macclesfield
St Johns Church	Macclesfield
St Pauls Church	Macclesfield
St Barnabas Church	Macclesfield
Poynton Town Council	BDP
Disley Town Council	BDP

What is a Connected Communities Centre?

We envisage applications to become Connected Communities Centres will be received from larger VCFSE organisations. They will be well established within their community, own/lease their own premises which are also available for external hire, and host a varied programme of health, wellbeing and community activities.

Connected Communities Centres may be staffed by paid employees or volunteers and be open at least four days per week. They will support the Neighbourhood Partnership in their area by hosting meetings and working to develop additional services, whether independently or in partnership with other organisations. They will promote volunteering opportunities both internally and externally, and work with the Cheshire East Council Communities team to provide light-touch advice to smaller VCFSE groups.

We would expect all prospective Connected Communities Centres to have staff, volunteers or other resources (for example detailed leaflets or information online) that could answer the following four common questions from local residents:

1. What groups and activities are on at the centre, and what else is available in my local area?
2. If there is not an existing group for my needs, how can I set one up?
3. What volunteering opportunities are available?
4. How can I get more involved in my local community?

Successful applicants will also provide 200 hours per annum free room hire for smaller VCFSE organisations, as well as supporting the Cheshire East Council community grants scheme(s) by hosting decision-making panel meetings and/or volunteering to sit on such panels.

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6. VCSFE Community Assets/Buildings Support/Guidance

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Connected Communities Centres and Venues Phase 2

Other expectations include;

- Liaising with the Cheshire East Social Action Partnership
- Attending and contributing to Neighbourhood Partnership meetings
- Reporting on the use of free room hire hours to the Neighbourhood Partnership and their allocated Community Development Officer
- Engaging in quality assurance measures (GRIPP or similar)
- Utilising digital equipment for the benefit of residents
- Providing ad-hoc storage space for community resources to be stored and distributed (e.g. Winter Warmth items including sleeping bags, slow cookers and clothing)
- Providing opportunities for services to engage directly with residents and with each other on a face-to-face basis, for example by facilitating access to established groups and activities for services to ask questions and receive feedback, arranging meetings at community cafes, hosting pop-up stalls at open days etc.

In return for the above, Connected Communities Centres can expect to receive;

- An unrestricted grant of £2,000 per annum
- An additional one-off grant of £1,000 for the provision of digital hardware
- Support and additional funding to utilise inter-centre digital connectivity, including streaming and other links to Connected Communities partners
- Income generation by inclusion within a Connected Communities Facilities leaflet distributed across Cheshire East and online
- Internal recognition as a franchisee from Cheshire East Council and external recognition as being a part of the Connected Communities social franchise.
- Opportunity to register for the volunteer passport scheme
- Additional links and influence with public, private and third sector partners
- Successful applicants for Cheshire East Council commissioned work will also be advised to use Connected Communities Centres for delivery (where appropriate)

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6. VCSFE Community Assets/Buildings Support/Guidance

Connected Communities Centres and Venues Phase 2

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The following applications are recommended to be awarded Tier 2/Venue status, which benefits from a grant of £1,000.

APPLICANT	AREA
Hankelow Methodist Church	Nantwich
YMCA Crewe (Sherborne Bungalow)	Crewe
Motherwell Community Hub	Crewe
St Peters Church	Crewe
Shavington Village Hall	Crewe
Thirteen Club	SMASH
Willowmere	SMASH
Bromley Farm Community Centre	CHOC
Mossley Village Hall	CHOC
Knutsford Town Council	Knutsford
Oakmere	CHAW
ArtSpace	Macclesfield
Rainow Parish Church	Macclesfield
Sutton St James Church	Macclesfield
The Hope Centre	Macclesfield
The Church of The Resurrection	Macclesfield
Gawsworth Village Hall	Macclesfield

What is a Connected Communities Venue?

We envisage applications to become a Connected Communities Venue being received from smaller VCSFE organisations. They will also be established within their local community and own/lease their own premises which are available for external hire. Connected Communities Venues may only be open for short periods of time (e.g. 2 x mornings per week), but have a willingness to develop and/or host additional services for the benefit of residents.

Connected Communities Venues will work with residents, Community Development Officers and other partners to identify local needs and fill identified gaps in service provision. There will need to be an element of flexibility regarding external hire, however it is understood and appreciated that this expectation will be less substantial than that for Connected Communities Centres.

We would expect all prospective Connected Communities Venues to have staff, volunteers or other resources (for example detailed leaflets or information online) that could answer the following four common questions from local residents:

1. What groups and activities are on at the centre, and what else is available in my local area?
2. If there is not an existing group for my needs, how can I set one up?
3. What volunteering opportunities are available?
4. How can I get more involved in my local community?

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6. VCSFE Community Assets/Buildings Support/Guidance

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Connected Communities Centres and Venues Phase 2

Other expectations include;

- Sharing local information with residents in person and online
- Promote funding opportunities and support residents to apply
- Engage with the Neighbourhood Partnership and other relevant networking forums
- Host and promote internal and external volunteering opportunities
- Providing opportunities for services to engage directly with residents and with each other on a face-to-face basis, for example by facilitating access to established groups and activities for services to ask questions and receive feedback, arranging meetings at community cafes, hosting pop-up stalls at open days etc.

In return for the above, Connected Communities Venues can expect to receive;

- A one-off grant of £1,000 for the provision of digital hardware
- Support and additional funding to utilise inter-centre digital connectivity, including streaming and other links to Connected Communities partners
- Income generation by inclusion within a Connected Communities Facilities leaflet distributed across Cheshire East and online
- Internal recognition as a franchisee from Cheshire East Council and external recognition as being a part of the Connected Communities social franchise.
- Opportunity to register for the volunteer passport scheme
- Additional links and influence with public, private and third sector partners



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7. Workforce engagement / development with regards to the new model, grants, commissioning, Social Action Charter...

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Fitting all this together so it makes sense:

VCFSE, Health and Social Care Integration in action”

- Care Communities (with VCFSE reps) – understanding needs “bed blocking/hospital discharge”
- Using grants in a transformational way to meet system pressures (wrap around support around discharge).
- Developments around longer term commissions – April onwards (ongoing conversations)



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VCFSE Model Development in action

Working Model (People Helping People Phase 2)
Transfer of Care Hub, St Paul's Centre, Silklife and Volunteer
Co-ordination Points



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Transfer of Care Hub

Aims & Outcomes

Aims/Outcomes

Integration of the Communities staff into the multidisciplinary team to help relieve some of the current system pressures around hospital discharge and care at home for Pathway 0, 1 and 2 patients.

The 4 outcomes will be:

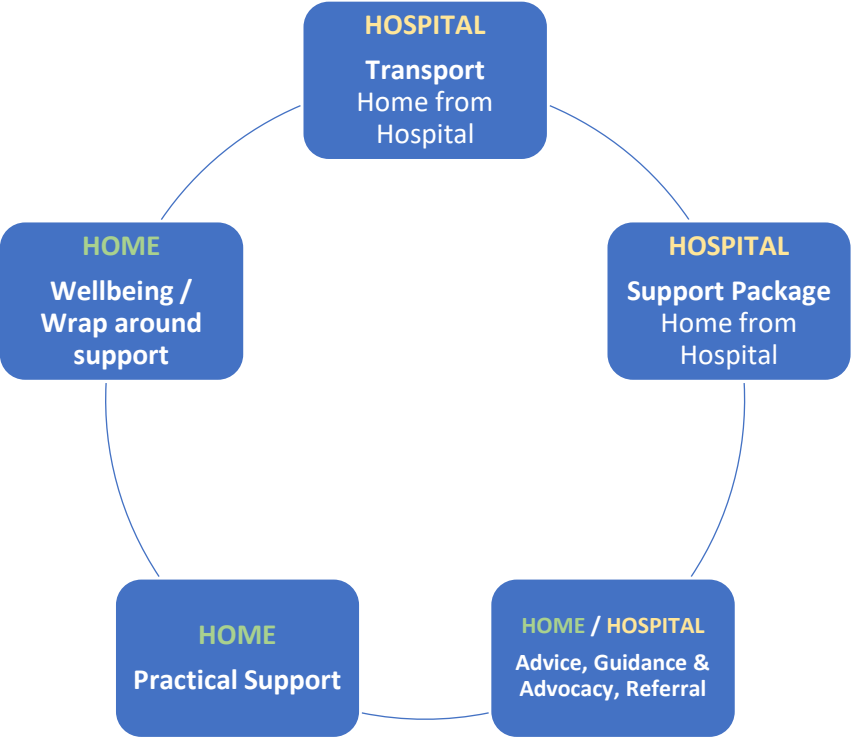
1. Reduce the care packages by providing constructive challenge and alternative provision
2. Increase hospital discharge by providing constructive challenge and alternative provision
3. Increase VCFSE involvement in discharge packages of care
4. Identify number of gaps in VCFSE provision where if available any other of the 3 outcomes would be achieved



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Transfer of Care Hub

Communities Cycle of Support



TRANSPORT & SUPPORT PACKAGE Home from Hospital	<p>Leighton - St. Paul's provide transport patient's home.</p> <p>Support Package: Emergency Food Parcel, Personal Shopping, Utilities top up, Removal of trip and fall hazards, Medication collection, Advocacy</p>
Advice, Guidance & Advocacy, Referral Hospital / Home	<p>Macclesfield - Silklife provide transport of patient's home.</p> <p>Support Package: Emergency Food Parcel, Personal Shopping, Utilities top up, Removal of trip and fall hazards, Medication collection, Advocacy</p>
ADVICE, GUIDANCE & ADVOCACY, REFERRAL Hospital / Home	<p>Emergency Support Referral: Emergency Food and fuel, food banks, social supermarkets, Green Doctor etc.</p> <p>Advice & Guidance, Mental Wellbeing, Debt & Cost of Living advice, Hot food delivery Befriending / Face to Face / Telephone, Transport for appointments, Benefits advice / form completion, Dementia Support</p>
PRACTICAL SUPPORT At home	<p>Shopping, Transport for appointments, Dog Walking, Debt & Cost of Living advice Hot food delivery, Befriending / Face to Face / Telephone, Social Groups and Activities Support, Winter Wellbeing Items radiators, slow cookers, blankets, hot water bottles etc.</p> <p>Minor Adaptations [Orbitas] Handyman service / Grab rails, internal and external / Stair rails / Half steps [plus more]</p> <p>Community Equipment [This is supplied via Ross Care] / perching stool for the kitchen / fixed toilet frame / chair or sofa raisers /mobile hoists /[plus more]</p>
WELLBEING / WRAP AROUND SUPPORT Home	<p>Wellbeing Calls - combination of telephone and home visit is needed. These calls will be planned for between 3 to 6 weeks following discharge.</p> <p>Wrap Around Support Combination of connections to support the patient remain safe and secure at home without need for readmission to hospital. This could be arranging several services, such as practical and mental health support for the patient.</p>

Some up and coming opportunities

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- **DLUHC** - UK Shared Prosperity Fund - £800k over a 3 year period to enable a grant funded schemes to boost .
- **Cost of Living** - Going back out to organisations that have recently come on board as part of the Connected Communities Social Franchise to gauge capacity to offer Warm PlaCEs over the winter.
- **Working Together** - The developments of the new VCFSE Grant Programme in Cheshire East Place for 2023/24. The Grant Programme will be led by Cheshire Council in partnership with Cheshire and Merseyside ICB, Care Communities and a VCSFE Sector Lead representative that was presented to the Strategic Planning and Transformation Group in September.



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Things to consider/reflect on

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What are your opportunities where you may want to consider a grant funding pathway to test and pilot provision? The SPTG role?

What system pressures are you facing where the VCFSE model developments can support?

How can we continue to ensure the VCFSE sector is part of our integration journey?

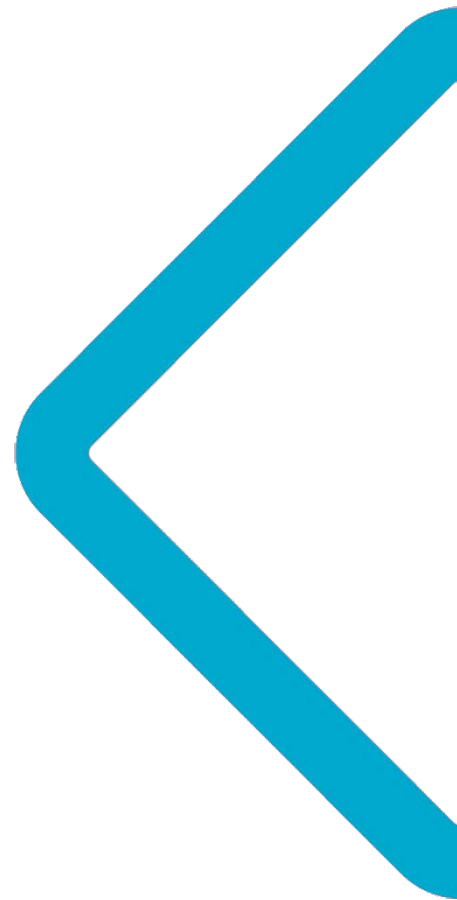


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Cheshire East Health and Care Partnership Board

Proposal to establish a Cheshire East Place Quality & Performance Group

March 2023



Date of meeting:		1 st March 2023						
Agenda Item No:		11						
Report title:		Proposal to establish a Place Quality & Performance Group						
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	<input checked="" type="checkbox"/>	Discussion/→ Gain feedback	<input checked="" type="checkbox"/>	Assurance→	<input type="checkbox"/>	Information/→ To Note	<input type="checkbox"/>
Committee/Advisory Groups that have previously considered the paper								
N/A								
Executive Summary and key points for discussion								
<p>The National Quality Board defines quality care as care that is safe, effective, provides a personalised experience, is well-led and sustainably resourced. This paper proposes to establish a Cheshire East Quality and Performance Group. The membership will include representatives from across all partners and will have oversight of quality issues and risks, with a view to making improvements in the quality of health and care.</p> <p>The Cheshire East Quality and Performance Group will meet bimonthly and will scrutinise integrated performance reports and other partnership data to triangulate intelligence around quality. The meeting will also have a focus area, which will enable a more in depth review of different topics. There will be agreed escalation from the group to the Cheshire East Health and Care Partnership Board.</p>								
Recommendation/ Action needed:		<p>The Board is asked to:</p> <p>DISCUSS AND FEEDBACK on the proposed approach and membership</p> <p>APPROVE the proposal to establish a Place Quality and Performance Group</p>						
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								<input type="checkbox"/>
The item contains commercially confidential issues								<input type="checkbox"/>
Some other criteria. Please outline below:								<input type="checkbox"/>
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								<input checked="" type="checkbox"/>
2. Create a financially balanced system								<input type="checkbox"/>
3. Create a sustainable workforce								<input checked="" type="checkbox"/>

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:		To establish the Cheshire East Quality and Performance Group. The Quality and Performance Group to finalise and approve the terms of reference and workplan at the first meeting.			
Responsible Officer/s to take forward actions:		Amanda Williams – Associate Director of Quality & Safety Improvement Cheshire East Place			

Proposal to establish a Cheshire East Quality and Performance Group

1. Introduction

The National Quality Board-Shared Commitment to Quality was refreshed in 2021 to align with the two quality frameworks for Public Health and Adult Social Care, the NHS Patient Safety Strategy and the People Plan. The development of the Integrated Care System brings opportunities to improve quality across pathways and partnerships.

Quality Care has been defined as care that is safe, effective, provides a personalised experience, is well-led and sustainably resourced. The National Quality Board is clear that quality care must be equitable, focused on reducing inequalities and addressing wider determinants.

Outlined in the Shared Commitment to Quality are 6 key principles that should underpin decisions around quality in health and care systems:

1: A shared commitment to quality

Partners have a single understanding of quality, which is shared across all services. Partners work together to deliver shared quality improvement priorities and have collective ownership and management of quality challenges.

2: Population-focused

Clear quality improvement priorities are based on a sound understanding of quality issues within the context of the local population's needs, variation and inequalities.

3: Co-production with people using services, the public and staff

Meaningful engagement ensures that people using services, the public and staff shape how services are designed, delivered and evaluated.

4: Clear and transparent decision-making

Partners work together in an open way with clear accountabilities for quality decisions, including ownership and management of risks, particularly what happens when serious quality issues arise.

5: Timely and transparent information-sharing

Partners share data and intelligence across the system in a transparent and timely way.

6: Subsidiarity

Management of quality largely takes place locally but is done at scale where needed to improve the health and wellbeing for the local population.

The Juran Trilogy quality management model describes three core quality 'functions' that systems need to deliver. These are:

- Quality Planning- Strategy and policy development; establishing systems and processes.
- Quality Control- Designing processes to identify and manage risks and drive improvement; providing a stable basis on which to improve.
- Quality Improvement- Building and nurturing a learning culture; supporting and enabling quality improvement and transformation at all levels; ensuring staff have the right skills and capabilities for quality improvement; sharing best practice

When these are delivered effectively, they enable systems to:

1. Identify and monitor early warning signs and quality risks
2. Plan and coordinate transformation locally and at a system level
3. Deliver ongoing improvement of quality experience and outcomes.

Following the formation of NHS Cheshire and Merseyside Integrated Care Board in July 2022 partners have continued to deliver quality oversight, however, this has remained within individual agencies and organisations rather than across the system at Place. The National Quality Board recommended the establishment of Place based Quality and Performance Groups to address local quality issues/ risks across the partnership.

In August 2022 proposed terms of reference for Place based Quality and Performance Groups were approved by the Cheshire and Merseyside Integrated Care Board Quality and Performance Committee. These have been used to develop draft terms of reference for the Cheshire East Quality and Performance Group (see Appendix 1). This paper outlines the proposed group's purpose, membership and required commitment from partners within Cheshire East.

2. Purpose and proposed delivery of the group

The purpose of the Quality and Performance Group is to provide a forum for place-based partners across health, social care, public health and wider to routinely share insight and intelligence into local quality matters, identify opportunities for improvement and discuss concerns/risks to quality. This group will also develop place-based responses to support ongoing quality and performance improvement for the local population.

It is proposed that the group meet bimonthly. Cheshire West Place are also looking to establish a bimonthly quality and performance group. To minimise 'meeting' burden and enable partners who have a Cheshire wide remit to engage with quality in both Places there will be coordination so that the East and West meetings alternate.

The draft terms of reference in appendix 1 are the terms of reference approved by the Integrated Care Board Quality and Performance Committee in August 2022, as such they read predominantly from a health perspective. It is proposed that the first meeting of the Cheshire East Quality and Performance Group will focus on the terms of reference with the view to ensuring they are reflective of the partnership before being approved locally.

As well as scrutinising health organisations integrated quality reports the group will bring together all available data from across the partners (e.g. Health, Care, voluntary sector organisations, Healthwatch). This will enable the group to understand the quality issues and risks for Cheshire East. The triangulation of available intelligence around quality and performance at Place will enable the identification of priorities to address unwarranted variation and inequalities in care.

All partners will be requested to bring their quality data, issues and risks to the group and be active members of the group. A workplan will be developed for the year. It is proposed that the structure of the meeting will include a focus area. This will allow greater exploration of areas to inform quality improvement work. The workplan and focus areas will be developed and agreed with the group at the first meeting. Areas to consider include: Avoidable harm and deconditioning due to delayed discharge/ flow delays/ long waits for treatment, children and young people/ maternity, mental health and learning disabilities, Care homes, prevention and early intervention.

The group will develop a local system quality risk register. This will be monitored via the group with an agreed escalation to the Cheshire East Health and Care Partnership Board.

3. Proposed membership

The proposed membership of the group will be from the following Partners (other members can be invited by the group as appropriate):

- NHS Cheshire and Merseyside Integrated Care Board- Cheshire East Place
- Cheshire East Council (including public health)
- Health Watch
- Local Voluntary and Community organisations
- Provider Trusts
- Primary Care
- Local Maternity Network
- Local people with lived experience

At the first meeting there will be a discussion and agreement around which local voluntary and community organisations to invite and also how to effectively co-opt local people with lived experience onto the group.

It is proposed that the Associate Director of Quality and Safety Improvement, Cheshire East Place NHS Cheshire and Merseyside is the Chair of the group.

4. Support/ commitment required from the partnership

To ensure that the group is effective in understanding and improving quality and performance at Place each partner is asked to nominate a representative who is able to speak to quality issues/ concerns and who will be proactive and engaged in the delivery of local system quality. Partners will be required to provide support to the group through sharing business intelligence resource where possible, with a commitment to sharing data and intelligence reports.

The focus areas will require partners to bring information as appropriate to enable informed discussions. This will mean that different partners will lead on the focus areas as appropriate, with input from others.

5. Recommendations

- a) NOTE the contents of the proposal
- b) To discuss and feedback on the proposal
- c) To agree to the establishment of the Cheshire East Quality and Performance Group

Appendix 1



Cheshire East Place
Quality and Performance

CHESHIRE EAST PLACE QUALITY & PERFORMANCE GROUP

TERMS OF REFERENCE

1. Introduction

The Cheshire East Place Quality & Performance Group is a Subgroup of the Cheshire East Place Based Partnership Board and the Cheshire & Merseyside Integrated Care Board. It forms part of the Cheshire and Merseyside Integrated Care System. These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Subgroup.

2. Purpose

To provide a forum at which place-based partners from across health, social care, public health and wider can routinely share insight and intelligence into local quality matters, identify opportunities for improvement and concerns/risks to quality, and develop place-based responses to support ongoing quality and performance improvement for the local population.

Place-based quality meetings will give place and local leaders:

- an understanding of quality and performance issues at place level, and the objectives and priorities needed to improve the quality, safety, experience and effectiveness of care for local people, devolved down to providers as appropriate.
- timely insight into quality and performance concerns/issues that need to be addressed, responded to and escalated to Cheshire East Place Based Partnership Board, Cheshire and Merseyside Integrated Care Board, Quality and Performance Committee (including to the System Quality Group).
- positive assurance that identified risks and issues are being managed and effectively addressed
- confidence about maintaining and continually improving against each of the performance dimensions of quality (safe, effective, person-centred, well-led, sustainable and equitable) of their services.

3. Specific duties

- Gain timely evidence of provider and place-based quality performance, examples of data in **Appendix 1** (Relevant Quality Data and Intelligence).
- Receive, review and scrutinise the integrated performance reports (via Public View Dashboard) with a focus on quality, safety and patient experience and outcomes.
- Deliver at Place the Integrated Care Board's key quality priorities, including priorities to address unwarranted variation and inequalities in care, and recommend these priorities to the Integrated Care Board for inclusion in the Integrated Care Board Strategy / Annual Plan

- ensure the delivery of quality and performance objectives by providers and partners within the designated place, including Integrated Care System programmes that relate to the place portfolio.
- Identify and manage a Place Quality and Performance risk register and escalate where necessary, risks that materially threaten these and any local objectives in line with the Cheshire and Merseyside Integrated Care Board Risk Management Strategy. Review and monitor those risks on the Board Assurance Framework and Corporate Risk Register in relation to Place relating to quality, and high-risk operational risks which could impact on care.
- identify themes in local triangulated intelligence that require local improvement plans for immediate or future delivery.
- gain evidence that staff have the right skills and capacity to effectively deliver their role, creating succession plans for any key roles within the services.
- hold senior staff to account for performance and the creation and delivery of remedial action/improvement plans where necessary.
- share good practice and learning across providers and neighbourhoods.
- ensure key objectives and updates are shared consistently with the senior Integrated Care Board, Integrated Care Board Quality & Performance Committee, System Quality Group and Integrated Care System leaders via the appropriate and established governance structures.
- provide and monitor the effectiveness of quality and performance management structures to oversee the management of the place.
- Ensure that mechanisms are in place to systematically and effectively involve people at Place that use services as equal partners in quality activities

4. Principal Roles and Responsibilities

The Cheshire East Place Quality & Performance Group Chair has principal responsibility for:

- Chairing the Place Quality & Performance Group meetings including deciding the frequency of meetings required
- Providing strategic direction
- Ensuring the group achieves its overall objectives and delivers against requirements
- Monitoring programme and workplan progress

5. Responsibility of Members

In addition to contributing to the delivery of the purpose and duties outlined above, individual Members of the Place Quality & Performance Group and those invited to attend the Place Quality & Performance Group meetings are responsible for declaring their own conflicts of interests (see below).

Management and mitigations will be at the discretion of the Place Quality & Performance Group Chair, which shall be documented in the meeting minutes.

6 Frequency

Meetings shall be held bimonthly with a minimum of 6 per year.

Secretariat support will be provided by Integrated Care Board Quality Team-
Cheshire East Place

Papers will be distributed electronically at least 7 working days prior to the meeting.
Draft minutes will be circulated within 10 working days of the Place Quality &
Performance Group

7 Openness and Confidentiality

Members are required to treat documents as confidential where appropriate. The status of all documents circulated will be clearly indicated.

8 Membership

The Chair will be the place-based quality lead.

Representatives from:

Designation	Organisation
Place Associate Director of Quality and Safety Improvement (Chair)	Cheshire and Merseyside Integrated Care Board, Place Quality Lead
Head of Quality and Safety Improvement	Cheshire and Merseyside Integrated Care Board Place Quality Team
Director of Childrens Services/ Director of Adult Social Services or representative	Local Authority
Director of Public Health or representative	Public Health
Chief Executive Officer or representative	Healthwatch
TBC	Voluntary and Community Sector
Director of Nursing or representative	Provider Trust(s)
TBC	Primary Care
TBC	Local Maternity and Neonatal Network
TBC	Local people with Lived Experience

In addition to the membership detailed above, any other individual may be invited to attend at the chair's discretion.

9 Quorum

50% of members are required for the meeting to be quorate.

10 Attendance

A representative (nominated deputy) must attend in the absence of members of the group.

All members are expected to actively participate in the discussions and decision making and deputies should be fully briefed to be able to participate in discussion and given delegated authority for any decision making. Alternatively, where appropriate members' views may be sought by email and reported verbally at the Place Quality & Performance Group

11 Reporting

The place-based quality and performance group will report for:

- Quality Control, statutory responsibilities, roles and functions to
 - Integrated Care System established assurance structures via Integrated Care Board and local authority
 - Cheshire and Merseyside Integrated Care Board Quality & Performance Committee
 - Place Partnership Board
- Quality Improvement, transparency and sharing of learning to
 - Cheshire and Merseyside Integrated Care Board Quality & Performance Committee
 - Cheshire and Merseyside System Quality Group
 - Place Partnership Board

12 Review of the Group

The membership and terms of reference of the Cheshire East Place Quality & Performance Group will be reviewed annually in the first instance.

An annual effectiveness review of the group may also be undertaken.

Date agreed:

Review Date: March 2024

Version Control:

Version	Date Approved	Description of revisions made
V1	Tbc	Initial terms of reference agreed for Place Quality & Performance Group
V2	Tbc	Amended to Place Quality & Performance Group
V3	27/06/22	Comments Wirral Place included.
V4	05/07/22	Comments from Cheshire Place included
V5	15/02/2023	Added in Cheshire East to make the TOR specific to Cheshire East Place. Amended to bimonthly to align with Cheshire East Place Health and Care Partnership Board frequency. Removed abbreviations

Appendix 1 – Relevant Quality Data and Intelligence

Internal	External
Quantitative	Quantitative
<ul style="list-style-type: none"> • Serious Incidents data and National Patient Safety Alert data • Infection prevention and control data including HCAIs • Hospital mortality data • Freedom to Speak Up (FTSU) data • Integration Index (forthcoming 2022/23) • Staff Survey results data • Workforce data - absence rates and turnover rates • Quality Accounts data • Maternity reporting tool data on quality • Quality data in Model Health System and the Quality Toolkit • Adult and child safeguarding • Local Authority data (eg ASCOF) • Charity/voluntary organisation data • Quality data in the Commissioning for Quality and Innovation (CQUIN) Framework • Workforce Race Equality Standard (WRES) data 	<ul style="list-style-type: none"> • CQC inspection ratings data • Quality data in the System Oversight Framework (SOF) • Quality data in the GP Quality and Outcomes Framework (QOF) • External Audit data • External benchmarking data • Clinical Audits data • NHS Digital data/intelligence on quality • UK Health Security Agency (UKHSA) data/intelligence • External horizon scanning data • Homicides/unlawful killings – historic and ongoing including action plans • National surveys data - CQC patient surveys, HEE training surveys, GMC National Training Survey, GP patient survey (GPPS) • Public Health Outcomes Framework • Friends and Family Test
Qualitative	Qualitative
<ul style="list-style-type: none"> • Complaints, PALS and concerns data • Quality Accounts information • Speaking up reports from staff • Serious Incident investigations and action plans • Internal Audit reports and action plans • Internal reviews (lessons learned, peer reviews, thematic), recommendations and action plans • System Quality Groups/Quality Committees • Staff feedback/survey information • Mandatory and statutory training records • Staff professional development plans (PDPs) • Maintaining High Professional Standards (MHPS) • Risk and issues registers • Contractual and legal action • Quality impact assessments • Healthwatch reports library 	<ul style="list-style-type: none"> • CQC Inspection reports, warning notices, related notifications • HSCRF emerging concerns protocol • HEE intensive support framework and Deanery reports • Professional regulators intelligence • Oversight and Scrutiny Committees, Health and Wellbeing Boards • Central Alerting System (CAS) safety alerts • Patient/service user websites, groups and forums • Traditional media and social media • Getting It Right First Time (GIRFT) and RightCare reports • Regulation 28 Prevention of Future Death reports • Judicial review reports • Safeguarding serious case reviews • Charity Commission case reviews/reports • Use of NICE Quality Standards • Independent Reviews

Cheshire East Health and Care Partnership Board

Sustainable Hospital Services
Programme



Date of meeting:	1 st March 2022
Agenda Item No:	12
Report title:	Update on the Sustainable Hospital Services Programme
Report Author & Contact Details:	Sarah Harrison, Programme Manager, East Cheshire NHS Trust – 01625 663465
Report approved by:	Katherine Sheerin, Executive Director of Transformation and Partnerships, East Cheshire NHS Trust

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

Executive Summary and key points for discussion

To provide an overview of the Sustainable Hospital Services Programme between East Cheshire NHS Trust and Stockport NHS Trust.

The Programme is established to explore a number of services and the options to develop new models of care that will increase sustainability through collaborative working. The Programme is following the NHSE planning and assuring change framework.

Recommendation/ Action needed:	To note the update and discuss the proposed approach.
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Which purpose(s) of the Cheshire East Place priorities does this report align with?

Please insert 'x' as appropriate:

1. Deliver a sustainable, integrated health and care system
2. Create a financially balanced system
3. Create a sustainable workforce
4. Significantly reduce health inequalities

✓

✓
✓
✓

Document Development	Process Undertaken	Yes	No	N/A	Comments (i.e. date, method, impact e.g. feedback used)
	Financial Assessment/ Evaluation		No		Process underway
	Patient / Public Engagement	Yes			Previous survey work. Involvement of patient reps in clinical workshops. Further significant engagement planned.
	Clinical Engagement	Yes			Significant clinical leadership / engagement at specialty and programme levels.
	Equality Analysis (EA) - any adverse impacts identified?		No		Process will be carried out as part of Phase 2



	Legal Advice needed?		No		If / when required as part of any formal changes.
	Report History – has it been to Other groups/ committee input/ oversight (Internal/External)				SHS Programme Board ECT Trust Board NHSE monthly checkpoint meetings Place updates
Next Steps:	As per the report.				
Responsible Officer to take forward actions:	Katherine Sheerin Executive Director of Transformation and Partnerships, ECT				
Appendices:	None				

Sustainable Hospital Services Programme

Progress Update
for Cheshire East Place Public Board

1st March 2023



Contents

1. Programme overview
2. Update on Phase 2
3. Programme refresh
4. Key issues
5. Planned actions

Programme Initiation

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

The work on creating sustainable hospital services for the people of eastern Cheshire and Stockport has been underway since 2021.

It was established as a formal programme in early 2022 following a public commitment from the two Trust Boards (ECT and SFT) to work in partnership to sustain and improve service delivery.

The Programme is split into four key phases.

Key Phases

Phase One

Jan 2022 – May 2022

- Produce service change proposal and clinical case for change



Complete

Phase Two

June 2022 – Dec 2023

- Produce an Outline Business Case
- Plan for and commence implementation of service changes where no formal further process is required

Phase Three

Jan 2024 – Dec 2024

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

Phase Four

Jan 2025 – Dec 2025

- Programme Implementation

Programme Aim

To design and implement high quality, safe and sustainable hospital services for the people served by East Cheshire NHS Trust and Stockport NHS Foundation Trust.

This will be achieved through joint working between:

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

sustainable hospital services for the people of eastern Cheshire and Stockport

Programme Objectives

- 1) To create high quality, integrated and sustainable services for populations served as part of a compelling vision for each site.
- 2) To improve health outcomes and reduce health inequalities.
- 3) To sustain and improve good clinical outcomes in line with national requirements, addressing variation between services.
- 4) To ensure optimal outcomes 7 days a week within available resources.
- 5) To improve recruitment and retention of staff through greater flexibilities and enhanced opportunities to develop skills and experience, with an increased focus on research, education, and training.
- 6) To ensure value for money for services in scope.

Opportunities for Clinical Collaboration



ONE SERVICE – ONE POPULATION – ONE WORKFORCE

- **Achieve** compliance with clinical standards
- **Strengthen** workforce resilience
- **Plan**, develop sustainable single service models
- **Improve** clinical outcomes
- **Reduce** variation and health inequalities
- **Education**, research, training and development

Programme Scope

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

The programme is focused on the following 10 clinical areas;

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

**ED services are
out of scope**

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

Phase Two Progress

- Good progress was made during 2022 with a Clinical Case for Change produced during phase one.
- The Case for change was supported by both Trust Boards and Commissioners and endorsed by NHSE in June 2022. Phase two commenced in July.
- Three workshops held in the autumn of 2022 to determine model of care and strategic options
- Workshops were attended by 120+ stakeholders
- Subsequently workstream meetings held with clinical groups to determine the preferred models of care
- Engagement with Clinical Senate has commenced, programme team attended a meeting in November 2022.
- Programme stocktake undertaken and refresh based on categorisation of services

Service Summary



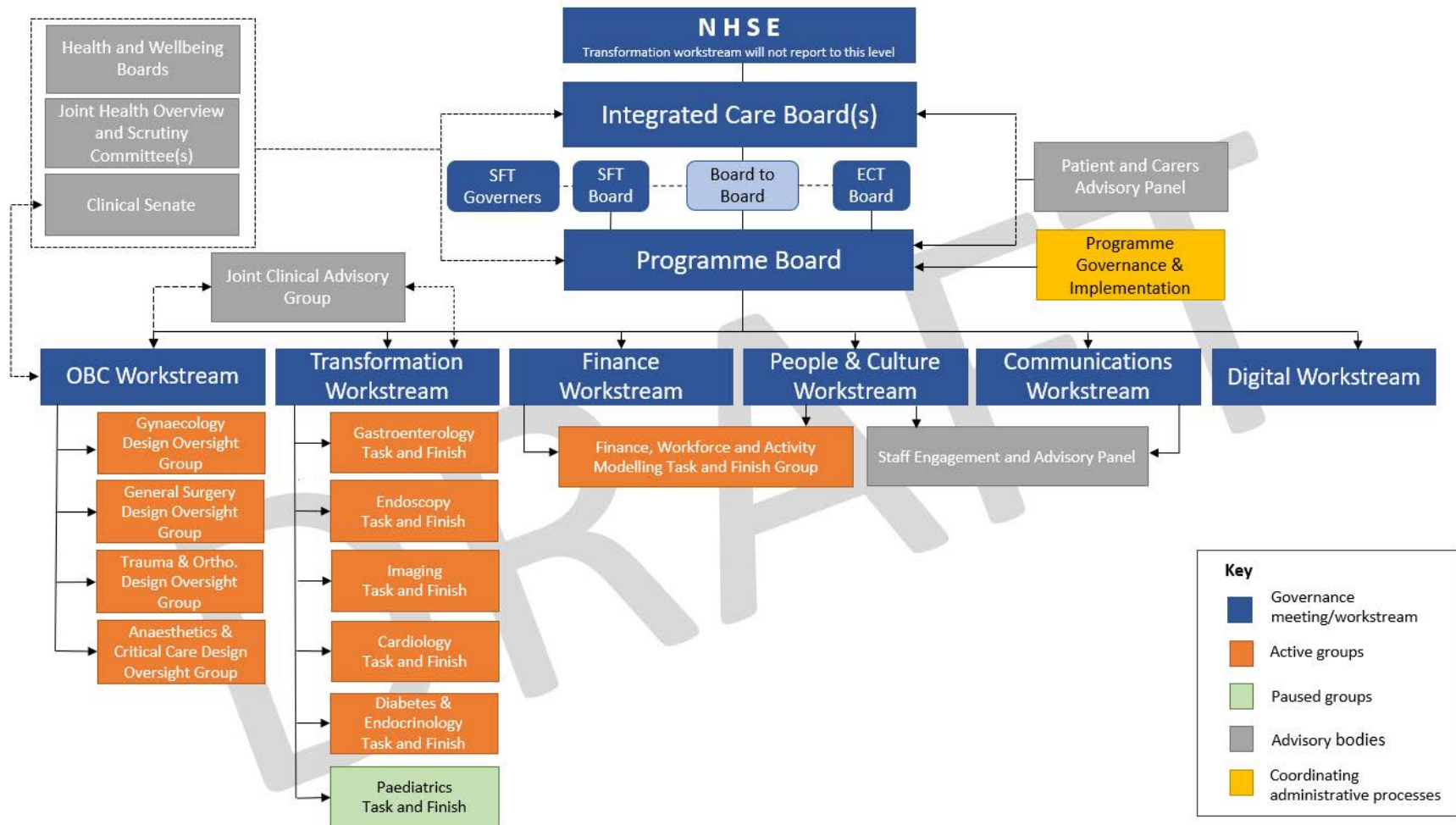
1. **General surgery, gynaecology, anaesthetics and critical care and trauma and orthopaedics** should continue to develop their proposals for inclusion within the OBC.
2. **Gastroenterology, endoscopy, and imaging** remain within the programme scope. Progress is reported to PB but is driven operationally with dedicated transformation support sourced.
3. **Cardiology and diabetes** sustainability is not solely a bilateral solution, and these workstream have been unable to progress and propose a solution to sustainability. Work will continue, led by the project team and a report produced for the April Programme Board. This will set out the proposed approach and determine if these services should remain within the scope of the programme.
4. **Paediatrics and neonatology** should continue to be paused until a decision is made on maternity services. The PA resource currently allocated to the clinical lead in paediatrics should be reallocated to **ED** leads to support input into pathway design and kept under review
5. **Service development improvement plans** are required for the services remaining in scope; dedicated support from the programme team to operational teams will be required to progress this.

Design Oversight Groups

- Design oversight groups have been established for general surgery and gynaecology
- The rolling agenda plan shows the purpose of the groups
- These are a multi disciplinary group which include clinicians, HR, finance, ops managers, EDI leads
- T&O and anaesthetic and critical care will follow once the pathway for surgical services has been agreed

Consensus on Model of Care
Agreed definition of complex
Patient Pathway <ul style="list-style-type: none"> • Complex patients • Non complex patients • Smart triage / specialty referral pathway • Diagnostics • Outpatients • Surgical access and management, including pre-op • Scenario planning for non complex with + 24hour stay on ECT site
Standards (how will MoC meet them?)
Workforce & governance model <ul style="list-style-type: none"> • Employment and management arrangements • Workforce planning (recruitment, out of hours care, rotas/job plans) • Education and training • MDT • Audit
Clinical co-dependencies
Ambulance transfers
Estates requirements
Digital requirements
Research & access to trials

Draft Governance Structure



Engagement

Workshops were attended by 100+ stakeholders across a number of organisations including;

- Clinical and operational staff from ECT & SFT
- Primary care and GP colleagues from Stockport and eastern Cheshire
- Commissioners from Stockport and Cheshire East Place
- North West Ambulance Service
- Patient representatives
- Public Health / Adult Social Care

Planned future engagement actions:

- Commence patient survey
- Prepare balanced room exercise
- Mobilise patient and carer advisory board
- Invite patient representative to design oversight groups
- Establish joint HOSC

Next Steps

- Model clinical proposals
- Mobilise transformational workstream
- Confirm programme funding arrangements for 2023/24 and start to secure people / skills
- Submit short term sustainability requirements to the ICB
- Confirm approach and timescales including Clinical Senate and Joint HOSC

New SEND Inspection Framework January 2023

Deborah Woodcock –Exec Director Children's
Service – Cheshire East Council



SEND Area Inspection

What it covers: How well members of a local area partnership (education, health and care) work together to improve the experiences and outcomes of children and young people with SEND

In the past, these inspections focused on how local authorities meet their responsibilities in the SEND code of practice. (This is statutory guidance produced by the Department for Education and the Department of Health and Social Care.)

The new framework has a greater focus on hearing directly from children and young people with SEND, and their families. This will allow inspectors to get a better understanding of what it's like to be a child or young person with SEND in that local area.



- Inspections want to focus more on the impact that SEND arrangements are having on the lives of children and young people with SEND.
- Statutory responsibilities will continue to have an important role in the new framework, and inspectors will continue to take into account how they are being met. However, it will not be enough to simply meet statutory responsibilities.
- The focus of the new framework will be on whether local area partnerships' SEND arrangements are **improving** the **experiences** and **outcomes** of children and young people with SEND. This will enable inspectors to report on what it is like to be a child or young person with SEND in any local area in England.
- Ofsted and the CQC will also want to explore how the local area partnership has ensured that strategic planning and decision-making are informed by the views and aspirations of children and young people and their families.
- The evaluation criteria apply across education, health and care, and to all children and young people with SEND aged 0 to 25 covered by the SEND code of practice, including those receiving SEN support and those with EHC plans.



Methodology

The methodology of the new framework includes

- Surveys for children and young people with SEND, parents and carers, and practitioners
- In depth tracking of 6 children and young people, including interviews with the children/young people involved, their parents/carers and relevant practitioners
- Sampling and reviewing children's case records, including discussing cases with practitioners
- Visits to providers and services across education, health and care to review the experiences of a wider group of children and young people
- Meetings with leaders across education, health and care

Inspectors will visit a number of providers and services across education, health and care to review the experiences of a wider group of children and young people, in line with their specific lines of enquiry

Inspectors sampling in health providers and services will gather evidence of the assessment, intervention and transition stages of health support. These visits will include universal, targeted and specialist health teams, such as speech and language therapy services and children and young people's mental health teams.



Key messages from Northwest SEND strategic leads session:

- Focus on impact from the start – what difference something makes to the lived experience of children and young with SEND, and their families
- REMEMBER – an action is not an impact, and it's impact on children and young people, not the system
- REMEMBER – robust governance means you cannot hold yourself to account
- Data Dashboard – including Health Data (beyond waiting times), and shared regularly and timely
- Action tracker – that is specific, shows ownership, has milestones and holds people to account



Next steps

Self Evaluation:

It should be kept concise and include information about recent developments to the local SEND system (**We will be working on a format and working across partnership to update and finalise**)

1. What do you know about the impact of your arrangements for children and young people with SEND?
2. How do you know what impact your arrangements for children and young people with SEND are having?
3. What are your plans for the next 12 months to improve the experiences and outcomes of children and young people with SEND?

Working group

We have a partnership working group session planned on 7 March and will circulate outcome following this: DCO has been invited.

Take any key learning from other local authorities: Warrington/Nottinghamshire

Data sets/scorecards and Annex A: Are you aware of requirements and tested systems so that you are ready when the call comes

Review data sets: are they telling you what you need to know? Do they evidence impact and outcomes for CYP and families?

Strategic positioning, governance, partnership working – what has happened since your last inspection in terms of the strategic positioning? Is the governance still as robust as it needs to be? How is the partnership working in reality?



Cheshire East Health and Care Partnership Board

Cheshire East Strategic Planning & Transformation Group Chairs Report



Date of meeting:	1 st March 2023
Agenda Item No:	14
Report title:	Strategic Planning and Transformation Group
Report Author & Contact Details:	Dr 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

**Recommendation/
Action needed:**

The Health and Care 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	

Next Steps:

. None

Responsible Officer to take forward actions:

Dr Dave Holden

Appendices:	None.
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Cheshire East Strategic Planning and Transformation Group

1. Introduction

This report details the activities and highlights of the Strategic Planning and Transformation Group that has been formed as part of the establishment of the H&CPB, as the key subgroup responsible for integrated Place based strategic planning and transformation

2. Key Business

2.1 Key Areas of Focus

The key areas of focus for the Operational Group continue to be:

Children's health Hubs

- Links with CYP mental health services
- Family Hubs steering group well established
- Beyond Programme – development of a respiratory workstream linking with housing
- Wider promotion of CATCH App across NHS Trusts and Community Services
- Successful visit to Wishing Well Centre to allow Peri-natal mental health support group to run from there as a trial.

Mental Health, Wellbeing & Social Prescribing

All of the Cheshire Community Mental Health Transformation Programmes have been presented with consideration and discussion about all of the programmes.

Respiratory Health

- Green Spaces Taster Session at Macclesfield planned for 19th January.
- Spirometry – apprentice interviews taking place Jan 23 at East Cheshire. Mid Cheshire apprentice recruitment on hold. Emails sent out to primary care South & Vale Royal to review patients awaiting spirometry & reversibility at Mid Cheshire.
- Tobacco Addiction Treatment Services – draft paper circulated and discussed. Exact funding requirements being worked up by LA.
- Asthma Guidance document in development at C&M level, to be circulated for comment by Respiratory workstream clinicians.
- Ongoing C&M development of breathlessness pathway.

Cardiovascular Health

- Practices have commenced work on Targeted Cholesterol and Heart Failure project, baseline searches distributed to practices and interim report due Feb 2023.
- Presentation on One You exercise programme offers and how to refer into these delivered to CVH workstream meeting Dec 22.
- Community Heart Failure Paper submitted to Strategic Planning &

Transformation Board for approval (Appendix 1)

- System pathway redesign support from AZ for Community Heart failure services discussion

Home First

- Update on progress and full evaluation of the home first programme has been developed.

2.2 Enabling workstreams

Business Intelligence

The Consensus Building event took place and a number of indicators were agreed, as the first phase of the Joint Outcomes Framework. The aim to finalise this phase is the 3rd of January 2023. The indicators were agreed as follows:

- Overarching – life expectancy and healthy life expectancy
- Creating a place to promote health and wellbeing – long term unemployment and fuel poverty
- Physical and Mental Wellbeing in children – good development at 2.5 years and overweight, including obesity at year 6
- Mental Wellbeing – isolation in social care users/carers and emergency admissions for self-harm
- Live Well for longer – physical activity and alcohol-specific admissions

Consensus at the event and including the pre-event polling was to not include an indicator on smoking as it was felt this would be covered within the smoking JSNA and the ongoing evaluation of smoking incentives pilot.

People, Leadership and Culture

HR Directors and deputies have identified their priorities for the next year and the leads for those priorities. Priorities were outlined as:

- Enabling Integrated Workforce to support discharge lead by Emma Newton
- Attraction and Resourcing Strategy for Cheshire East lead by Abigail Rushton
- Talent Management and system leadership lead by Rachel Charlton
- Wellbeing Projects lead by Jenny Grant

The group was presented with a 'people plan' for the care communities which was very well received and very comprehensive.

Estates

Highlight Report was included within the meeting papers and additional updates were noted:

- Strategic Estates Group continues to meet, with good representation from all key stakeholders
- Cheshire East Council Asset Review is ongoing with the aim on consolidating it and overlaying it with population health data, allowing a targeted approach to service development, as well as looking at an Estates Strategy with Cheshire East Council

- CCICP Estates review has been completed, with input from the Estates team. It was noted this document would become obsolete if the development for a new hospital is agreed as many services will need to be moved to community settings. It was agreed the need to look at big community settings to house services but ensuring payment for this is not extortionate.

Three projects were outlined, with papers being available for all. It was asked the three papers are brought to the January 2023 meeting, for recommendation to the Cheshire East Place Leadership Group. It was noted the papers for Knutsford Community Hub and the proposal for Ashfields be taken to the Primary Care Forum as inclusive of primary care elements.

- Knutsford Community Hub Development
- Potential of repurposing the current Ashfield Hydrotherapy area
- Community Diagnostic Centre

3. Additional Activity and Future Planning

The group have received work on a proposed future model for the Voluntary Community , faith and social enterprise sector and the work on the Social Action Charter.

The group have also held workshops that have focused on care model development and the priorities for the future transformation plan.

4. Recommendations

Cheshire East Place Health and Care Partnership Board are asked to note the report and continue to support the development of the Strategic Planning and Operations Group.

Cheshire East Health and Care Partnership Board

Finance Update – Cheshire East March 2023



Finance Update March 2023

Agenda Item 15

Executive Summary	<p>The purpose of this report is to update on the overall financial position of Cheshire East Place, showing the financial position of all partners. The report will be developed over the next months to be more consistent in terms of reporting periods and content.</p> <p>This report is being presented to the meeting to provide all partners with information in respect of organisation’s financial positions to encourage understanding and facilitate integrated working to improve the efficiency of the system in providing both health and social care.</p> <p>The key issue is the challenged financial position of all organisations within the partnership and the impact this has on all sectors and providers of health and social care.</p>				
Purpose (x)	For information / note	For decision / approval	For assurance	For ratification	For endorsement
	X		X		
Recommendation	<p>The Board is asked to:</p> <p>Note</p> <ul style="list-style-type: none">• The financial position of each organisation - Section 2.• Next steps - Section 8.				
Key issues	<p>The financial position of Cheshire East Place is challenging for all the organisations in the Partnership. The organisations in Place are facing increased demand and increased costs across their activities which is causing an increased financial pressure.</p> <p>Further efficiencies across all organisations will be needed allowing activity to be increased at the same time as maintaining or improving services and access whilst reducing the associated cost. Efficiency targets are 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 March 2022

1. Executive Summary

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

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

2. Organisational Financial Position as noted at 1st March 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 31st December 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 31st December 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)	M09 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	156,257	156,191	66	233,510	233,456	54
Other Acute Services	8,947	10,230	(1,283)	14,447	16,474	(2,026)
Community Services	31,617	30,642	975	45,801	45,157	645
Mental Health Services	23,743	23,629	114	35,505	35,533	(28)
Complex Care	10,471	9,524	947	15,706	13,810	1,896
Continuing Care	27,239	29,796	(2,557)	40,864	44,710	(3,846)
CCG Primary Care	8,310	7,586	725	12,263	11,127	1,135
Delegated Primary Care	33,281	34,389	(1,108)	48,697	52,311	(3,614)
Expected ARRS Allocation				1,856	0	1,856
Prescribing	34,663	34,801	(138)	51,923	51,584	340
Other Programme	11,971	10,410	1,561	18,226	15,679	2,547
Clinical Programme Costs	1,274	930	345	1,911	1,880	31
Reserves	0	0	0	0	0	0
Unidentified QIPP	(3,667)	0	(3,667)	(5,500)	0	(5,500)
Total	344,107	348,127	(4,020)	515,209	521,721	(6,512)
Planned In Year Deficit	(11,496)	0	(11,496)	(15,252)	0	(15,252)
Total	332,611	348,127	(15,516)	499,957	521,721	(21,764)

This summary shows a forecast adverse variance to plan of £6.51m, against a planned in year deficit of £15.25m. 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) - £5.50m of additional planned savings were included in the budget for 2022/23. This has been delivered through achievement of non-recurrent mitigations in other budget areas 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 31st January 2023

The Trust as a whole, has a cumulative surplus to the period ending 31st January 2023 of £2.49m, with a forecast outturn for 31st March 2023 being a £3.18m surplus, this outturn being £0.3m more than our submitted plan.

Efficiencies

The efficiency target across the whole of CWP, as of 31st January is £6.84m, against this an efficiency saving of £6.76m has been realised, £2.45m of this value being recurrent.

The full year target for the Trust is £8.27m, whilst we continue to forecast full achievement of this target, additional work is required to finalise all our 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.

Risks impacting on achievement

Three significant risks are currently being managed by CWP that could negatively impact on 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.

- High number of Out of Area placements being utilised in addition to reopening additional CWP beds because of delayed transfers of care (DTOCs) leading to blocked beds and delayed admissions. Expected full year cost £7.8m, currently being resourced non recurrently.
- Mental Health Inpatient staffing issues requiring use of bank / agency to ensure safe staffing levels are being maintained.
- Funding to support recurrent service delivery. CWP continues to work with the ICB to identify investments for 2023/24. Current identified gap is circa £8.1m.

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

The Trust is reporting a favourable variance to plan on the 31st December 2022 of £0.734m against a planned deficit position of £2.556m. The Trust is forecasting to improve the outturn deficit to £1.183m by:

- £250,000 relating to unplanned interest received on cash balances because of improved interest rates in year.
- £662,000 relating to additional income allocated from the Cheshire and Merseyside Integrated Care Board for additional capital charges.
- £461,000 relating to unplanned favourable movements against the personal injury benefits and early retirement provisions.

Efficiencies

The Trust QIPP target is £5.5m full year effect. As at the end of January, the Trust has delivered £4.6m 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 £2.0m 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.

The Trust Board sub committees closely monitor delivery:

- Innovation and Productivity Group
- Finance Performance and Workforce Committee

Capital

It is forecast that the capital plan will be fully used at year end based on commitments placed and signed contracts. The Trust has received confirmation of the business case for the elective treatment centre (supporting elective recovery and patient flow). Work is underway on both the elective treatment centre and the endoscopy treatment rooms. Additional capital resource limit of £300,000 has been allocated to the Trust in recognition of the improved forecast outturn position. This will be utilised for the equipment required for the return of maternity services.

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
- Continuing covid and flu inpatients
- 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
- Inflationary increases above national guidance funding for 2023/24

7. Mid Cheshire Hospitals NHS Foundation Trust as of 31st December 2022

The Trust has reported a deficit of £10.4m to the end of December which is a £1.8m adverse variance to plan.

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 £12.1m is £0.5m below plan, with the majority being achieved non recurrently. The total current efficiency target for 22/23 is £16.8m, of which £14.4m has been identified. There remains a £2.4m gap against the full year target, although £0.5m of this gap is already factored into the financial position at month 9. 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 2022, 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 including gaps on the trainee rotas, as well as incentivised rates for the winter period.
- Pay Award – funding compared to actual pay increase is £0.8m to month nine with an anticipated £1m shortfall for the year.
- Unplanned Care Demand – further additional beds being opened due to the ongoing operational challenges over the final quarter of 2022/23 which would increase staffing costs as well as impacting on the delivery of the Financial Recovery Plan.
- Delivery of Efficiency Savings – behind plan and delivered through non-recurrent measures which will create a pressure in 2023/24.
- Inflationary Pressures - resulting from contract renewals/re-negotiations e.g., energy and local and national pressures to increase pay rates.
- Pathology Network – an external review has been undertaken which is likely to have financial consequences.
- Elective Recovery Funding - assumed full year allocation within the position but may be clawed back if any underperformance.

8. Next Steps

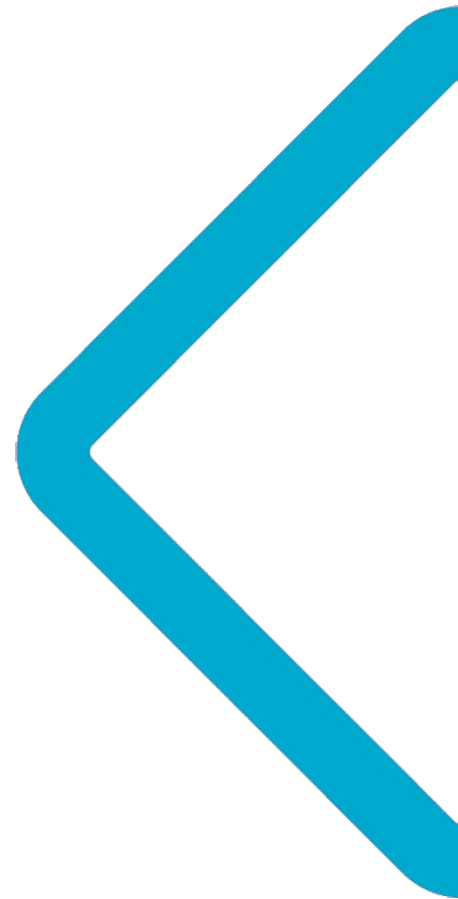
The following actions are to be undertaken as part of the Cheshire East Place in respect of finance:

- 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

Cheshire East Operations Group Chairs Report



Date of meeting:	20 th February 2023
Agenda Item No:	16
Report title:	Operations Group Chairs 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 Cheshire East Operations Group. 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 Leadership Group 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	

Next Steps:	. None
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 – November 22

1. Introduction

This report details the activities and highlights of the newly established Cheshire East Operations Group. 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 Key Areas of Focus

The key areas of focus for the Operational Group continue to be:

- A review of the provision of Pathway 1 (Domiciliary) Care to ensure, where possible, we are maintaining the independence of the population we serve. This includes:
 - Ongoing assessment of patients needs to avoid the potential for the over-prescription of care.
 - Capacity and demand analysis, including an analysis of geographic spread, acknowledging that there is variation in access/provision across Cheshire East.
 - An ongoing review of patients currently residing in Care Homes who would be suitable to return home with Domiciliary Care support.
- The ongoing development and proactive approach in supporting people at the point discharge being taken via the Transfer of Care Hub to ensure the right outcomes are delivered for people.
- Further strengthening the GNA (General Nursing Assistant) service currently run by Mid-Cheshire Trust to expand the workforce and the areas it covers. This includes:
 - Prioritised investment from the Winter Discharge Fund.
- The adoption of the Cluster Model for Care Home capacity. This includes:
 - The commissioning of more capacity in fewer Care Homes across Cheshire East, supported by the procurement of additional Domiciliary Care capacity (as described above).
 - The consolidation of support services such as Primary Care and Therapy input into fewer homes will mean the quality of the support provided will improve as they will benefit from economies of scale with

the existing workforce and improved relationships with the teams from the Care Homes themselves.

- The Cluster model, while still expensive, is more economically viable than the current Spot Purchase approach.

2.2 Operations

The Operational Group has also received updates on:

- The Place response plan to Industrial Action.
- The deployment of the schemes funded by the Winter Discharge Fund.
- The development of the Urgent Care Metrics suite.
- A review of Secondary Care Mental Health capacity to avoid patients waiting extended periods of time Emergency Departments for the next phase of their care or patients having to travel Out of Area (and in some cases across the country) to access a bed.

3. Recommendation

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

Cheshire East Health and Care Partnership Board

1 March 2023

Place Director Update

Date of meeting:	1 March 2023
Agenda Item No:	17
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:

None

Place Director Report – March 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

Development of an operating model for care communities

Care communities have been working across Cheshire East since around 2018, building on the foundations of previous CCG work on Primary care home model and Caring Together / Connecting Care. They have operated in a very flexible way, determining their own projects etc in a way that has maximised local engagement and flexibility. The Place Leadership Group has confirmed its support for the concept of neighbourhood level working, and we are now working to develop an operating model. It is essential that this is worked up with full engagement of our eight care communities.

Care community leads are requesting:

- Resources - to support the people plan as one example.
- Stronger links with enabler workstreams eg finance / digital.
- Clearer system governance to support delegated decision making and prioritisation.
- System performance/quality reporting.
- Consideration of alignment to NHS Cheshire and Merseyside priorities

Return of intrapartum maternity services to Macclesfield District General Hospital

East Cheshire NHS Trust (ECT) suspended intrapartum maternity services at the outset of the COVID 19 pandemic however the Board of ECT remain committed to the return of services when safe to do so. NHS England priorities are to support providers to prioritise reopening any services suspended due to the pandemic.

A report was received by NHS Cheshire and Merseyside's Board in November 2022 which set out the criteria to be met prior to re-instatement, alongside the current state of readiness and provided provisional details of the financial impact associated with the safe return of the service.

Key risks to the safe re-instatement of the service are:

- a) the need to develop robust arrangements to deliver high quality, safe and sustainable intrapartum services with a supporting partner
- b) the need to secure support from NHS England and NHS Cheshire and Merseyside for the investment proposals

- c) ECT's ability to recruit, retain and train sufficient staff to sustainably deliver the service.

These risks are all incorporated into the return criteria which need to be met prior to the service being fully re-instated.

Good progress is being made towards the return of intrapartum care in June 2023 although some risks remain.

NHS Planning for 2023/24

Operational, financial, and workforce planning is underway with a draft plan submitted to NHS England on 23 February. Final plans and contracts are to be in place by 31 March although there remains much work to do to achieve this deadline.

In Cheshire East, the ICB place team lead on planning and contracting with East Cheshire NHS Trust and Mid Cheshire Hospitals NHS FT although clearly our residents benefit from services from a wide range of other providers, most notably Cheshire and Wirral Partnership NHS FT.

Reviewing draft submissions, the following can be determined at this stage:

There is confidence that NHS providers can achieve the key hospital accident and emergency 4 hour waiting time target – 76% by March 24. Similarly, elective targets around a maximum 65 week wait and cancer access targets are forecast to be achieved.

Our plans are currently insufficient in terms of the total amount of elective activity forecast to be delivered, and our forecast acute bed occupancy target remains too high. This latter measure reflects in part our ability to accelerate hospital discharges.

It is the place financial position that remains the most challenging with significant forecast financial deficits in NHS providers and in the ICB place budget.

ICB place team recruitment

Recruitment is underway for the role of Associate Director of Finance and Performance. A strong field of applicants are going through the shortlisting process and interviews are scheduled, likely for week commencing 10 March.

Following the promotion of Nichola Thompson to a statutory director post at Rochdale Council her joint role in Cheshire East will be covered on a temporary basis as follows:

- Rich Burgess will act as Associate Director of Transformation and Partnerships for the ICB place team.
- Shelley Brough will act as Director of Commissioning and Integration for the Council.

3. Meetings and visits

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

- Audlem Medical Practice to learn about the challenges facing primary care and how working collaboratively in care communities can help.
- The community services of Mid Cheshire Hospitals FT including accompanying a physiotherapist on a patient visit.
- Visit to St Luke's Hospice in Winsford

4. Recommendation

The Board is asked to note the report.

Cheshire East Health and Care Partnership Board

Forward planner 2023/24



Date of meeting:	1 st March 2023
Agenda Item No:	18
Report title:	Board forward planner
Report Author & Contact Details:	Karen Sharrocks. Karen.sharrocks1@nhs.net
Report approved by:	n/a

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

n/a

Executive Summary and key points for discussion

The report sets out the 2023/24 forward planner for the Cheshire East Partnership board. The report sets out the key reports and proposed frequencies for each item.

Recommendation/ Action needed:

The board are asked to: -

- ✓ Identify any additional items that should be scheduled
- ✓ Endorse the forward planner

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

Please insert 'x' as appropriate:

1. Deliver a sustainable, integrated health and care system
2. Create a financially balanced system
3. Create a sustainable workforce
4. Significantly reduce health inequalities

X
X
X
X

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

Next Steps:

Responsible Officer to take forward actions:	Karen Sharrocks. Head of Business Support Cheshire East/West.
Appendices:	Appendix a: Forward planner

Cheshire East Partnership Board (CEPB) Forward Planner

1. Executive Summary

The Cheshire East Partnership Board has been established. Meetings of the Partnership Board are held in public every two months (as a minimum), with agendas and papers published in advance, details of the agenda and papers are published on the Cheshire East Council website. www.cheshireeast.gov.uk

The ICB Place Director takes lead responsibility for these meetings. The governance arrangements at place are supported by the Place based Business Support function.

In order to support the smooth running of the meetings an annual calendar of business will be produced each year and agreed by the CEPB. It is recognized that the Board will need to be flexible and there may be areas of business that are ad hoc, however every effort is made to plan proactively to ensure the Board efficiency and effectiveness.

Meeting dates have now been agreed and the Business Support team are in the process of identifying and finalising venues with the aim of ensuring the Board meetings are held across Cheshire East so that the meetings are inclusive and accessible to our wider communities and stakeholders.

The meetings are planned for the following dates:-

Place Committee	Time	Location
March 1st	2pm	Bevan House - Board Room
May 17th	2pm	West Fields Sandbach - committee suites
July 5th	2pm	Bevan House - Board Room
September 6th	2pm	West Fields Sandbach - committee suites
November 1st	2pm	West Fields Sandbach - committee suites
January 10 th 2024	2pm	TBC
March 6 th 2024	2pm	TBC

2. Recommendations

The board are asked to:-

- ✓ Identify any additional items that should be scheduled
- ✓ Endorse the forward planner

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

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