

## **Cheshire East Health and Care Partnership Board**

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<b>Date:</b>	<b>Friday, 5th September, 2025</b>
<b>Time:</b>	<b>9.00 am</b>
<b>Venue:</b>	<b>Academy Suite, Holmes Chapel Community Centre Station Road, Holmes Chapel, CW4 8AA</b>

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1. **Agenda** (Pages 3 - 12)

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<b>Date</b>	<b>05 September 2025</b>
<b>Time</b>	<b>09:00 – 11:00</b>
<b>Venue</b>	<b>Academy Suite, Holmes Chapel Community Centre, Station Road, Holmes Chapel, CW4 8AA</b>
<b>Contact</b>	<a href="mailto:jenny.underwood@cheshireandmerseyside.nhs.uk">jenny.underwood@cheshireandmerseyside.nhs.uk</a>

## Cheshire East Health and Care Partnership Board

### AGENDA Chair: Isla Wilson

Time	Item No	Item	Owner (Incl. Partner Organisation)	Outcome required	Format & Page No
		<b>Meeting management</b>			
<b>09:00</b>	1	Welcome, introduction & Apologies Ged Murphy, Alex Borg, Jill Rhodes.	Chair	Noting	Verbal
<b>09:05</b>	2	Declarations of Interest	Chair	Noting	Verbal
<b>09:10</b>	3	Minutes of meeting on 06 May 2025 Action Log and matters arising	Chair	Approval	Paper
		<b>Public and Community Focus</b>			
<b>09:15</b>	4	Healthwatch Update	Louise Barry	Noting	Verbal
		<b>Plans and Priorities</b>			
<b>09:30</b>	5	Integrated Neighbourhood Focus – Future strategic direction and way forward	All	Discussion	Verbal
<b>09:50</b>	6	NHS Reforms	Rich Burgess	Awareness /Discussion	Verbal
<b>10:20</b>	7	System Financial Turnaround	Rich Burgess	Awareness /Discussion	Verbal
		<b>Any other Business</b>			
<b>10:40</b>	8	Questions from the Public (standing item)	Chair	-	-
<b>10:50</b>	9	Meeting Evaluation (standing item)	All	Discuss	Verbal
<b>11:00</b>	<b>Close of meeting</b>				
<b>Next meeting</b>	<b>Tuesday, 11 November 2025</b> <b>Time: 14:00 – 16:00</b> <b>Venue: Cedar Room, Canalside Conference Centre, Brooks Lane, Middlewich, CW10 0JG</b>				

**Cheshire East Health and Care Partnership Board**

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Date: 05 September 2025

## Cheshire East Health and Care Partnership Board

Tuesday 06 May 2025 @ 2.00 pm  
using MS Teams

### Unconfirmed Minutes

#### Membership

Name	Key	Title	Organisation	Present
Cllr Jill Rhodes	JR	Formally Elected Member Representative (Councillor)/ Deputy Chair	Cheshire East Council	ü
Isla Wilson	IW	Chair	Cheshire & Wirral Partnership NHS Foundation Trust	ü
Cllr Arthur Moran	AM	Formally Elected Member Representative (Councillor)	Cheshire East Council	ü
Cllr Janet Clowes	JC	Formally Elected Member Representative (Councillor)	Cheshire East Council	Apols Stewart Gardiner Attending
Dr David Holden	DH	GP/Chair of Strategic Planning and Transformation Group	Place Partnership Group	Apols
Cllr Stewart Gardiner	SG	Deputy Leader of Conservative; Vice Chair of Strategic Planning Board (Councillor)	Cheshire East Council	ü
Helen Charlesworth- May	HCM	Executive Director – Adults, Health and Integration	Cheshire East Council	Apols
Ian Moston	IM	Chief Executive	Mid Cheshire Hospitals NHS Foundation Trust	Apols
Megan Nurse	MN	Chair	Mid Cheshire Hospitals NHS Foundation Trust	ü
Louise Barry	LB	Chief Executive Officer	Healthwatch Cheshire	ü
Mark Wilkinson	MW	Place Director	NHS C&M Cheshire East Place	ü
Dr Anushta Sivananthan	AS	Consultant Psychiatrist/ Medical Director	Cheshire & Wirral Partnership NHS Foundation Trust	Apols
Aislinn O'Dwyer	AO'D	Chair	East Cheshire NHS Trust	ü



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Cheshire East Partnership

Dr Daniel Harle	DHA	Medical Director	Cheshire Local Medical Committee Limited (LMC)	Apols
Dr Patrick Kearns	PK	Associate Clinical Director	Place Partnership Group	ü
Dr Paul Bishop	PB	Cheshire East Place Clinical Director, Clinical Director Congleton and Holmes Chapel PCN Primary Care Clinical Lead Cheshire & Mersey Cardiac Network	Cheshire East Place	ü
Ged Murphy	GM	Chief Executive	East Cheshire NHS Trust	Apols

## Others in attendance

Name	Key	Title	Organisation	Present
Jenny Underwood	JU	Head of Corporate Business Support – Cheshire East & Cheshire West	NHS C&M Cheshire East & West Places	ü
Josette Niyokindi	JK	Interim Associate Director of Quality and Safety Improvement	Cheshire East Place	ü
Guy Kilminster	GK	Corporate Manager Health Improvement	Cheshire East Council	ü
Daniel Mc Cabe	DMcC	Head of Integrated Urgent and Emergency Care	Cheshire East Council	ü
Helen Mason	HM	Interim Consultant	Cheshire East Council	ü
Kate Little	KL	Deputy CEO	CVSCE	ü
Claire Williamson	CW	Director of Education, Strong Start and Integration	Cheshire East Council	ü
Carol Allen	CA	Corporate Governance Office	Cheshire East Place	ü

Item	Discussion and Actions	Action Owner
	<b>Meeting Management</b>	
1.	<b>Welcome Introduction Apologies</b>	
	Chair welcomed all to the meeting and introductions were made.  <b>The Partnership Board:</b> · <b>NOTED the apologies received and any deputies in attendance.</b>	
2.	<b>Minutes and matters arising</b>	
	<b>Minutes of previous meeting held on 14 March 2025</b>  The minutes were accepted as an accurate record.  <b>The Partnership Board</b> · <b>NOTED and APPROVED the minutes and action log of the Partnership Board meeting held on 14 March 2025.</b>	
3.	<b>ICB changes and impact on partners</b>	

Item	Discussion and Actions	Action Owner
	<p>Mark Wilkinson described how back in mid-March the secretary of state announced that NHS England was to be abolished with functions to be reintegrated with the Department of Health and Social care. The government announced its wish to see a reduction in ICB running costs by 50% on average nationally.</p> <p>In Cheshire and Merseyside, the anticipated pay bill reductions are in the order of 25% to 30%.</p> <p>The launch of a new national operating model for the Integrated Care Board was received today. The document sets out the functions of the Integrated Care Board going forward. There is an expectation that the ICBs will become more focused on strategic commissioning (to be defined). Lesser concern with provider oversight and performance management of provider performance.</p> <p>Cheshire and Merseyside have committed to consult with staff and partners on the new structures in June 2025. An expectation that the changes will take effect from October 2025 – December 2025. Staff will be consulted in June 2025.</p> <p>There will still be nine Places, doing less at Place in future with more functions at a higher level. Potentially the Devolution Cheshire and Warrington footprint, across Merseyside, Liverpool City Region. Continuation to explore what makes sense to do well across the ICB.</p> <p>Questions/Responses/Comments:</p> <p>What does downgrading a resource at Place level but retaining it mean? What sensibly will remain at Place.</p> <p><i>MW explained that no decisions has yet been made. A team currently led by Richard Burgess with work around transformation and local Transformation and Partnership work. A good reason to retain this function at a Place level.</i></p> <p><i>Discussions are ongoing around functions like Quality and Safety Improvement and Finance which could be delivered at a higher level.</i></p> <p>As a system, it was recognised that there could be interruption to ongoing work during the process. A suggestion was made that the Place Leadership Group discuss what work gets paused and/or continue to retain momentum built over time.</p> <p>There was an ask from the local authority for consideration that staff are not stretched too thinly across the three Places. For example, the Designated Clinical Officer statutory function and any representation with their safeguarding partnerships (who are busy).</p> <p><i>Areas of joint Place Directors who had joint posts across NHS and with local authorities is more challenging. Cheshire and Merseyside are aligning the structures to the reality of how we work. Three years ago, a significant investment was made in Place level</i></p>	

Item	Discussion and Actions	Action Owner
	<i>structures who were then operating in a centralised way. At this time bringing structures in line with the new ways of working.</i>	
4.	<p><b>SEND update/presentation</b></p> <p>Josette Niyokindi reported on progress through the partnership since the meeting held in March 2025, to improve the waiting times for Neurodiversity assessment and SEND from a health perspective.</p> <p>Questions/Responses/Comments:</p> <ol style="list-style-type: none"> <li>What is the experience and evidence of other areas that are using the profiling tool? Has the evidence shown it has reduced the diagnostic demand? Has it reduced Education, Health and Care Plan (EHCPs) coming forward?  <i>An evaluation has been compiled. It should be ready in the next few weeks. This will outline whether the demand has provided the desired result.</i></li> <li>Are providers working together to iron out differences across Cheshire East? <i>Meetings are taking place with the three providers to discuss challenges. Regular meetings are planned to reevaluate the experience in Cheshire East.</i>  <i>When talking about providers it is important to note that ADHD, Autism, Adult and Child is a holistic community-based care and not a hospital specialist. Cheshire East have been working closely with CWP on a model that is based on Integrated Neighbourhood team working.</i>  <i>Working with CWP for a fully integrated, holistic and comprehensive opportunity for people to be diagnosed, given support and in some cases, medication.</i>  <i>There were two different models for children and adults being discussed with ICB colleagues.</i></li> <li>Do we understand why there are such elevated levels of autism diagnosis?  <i>There were three main reasons given:</i> <ol style="list-style-type: none"> <li><i>1) There has been a diagnostic shift. A more of a hysterogenic mix was noticed, rather than the diagnostic criteria - but only for very severe people.</i></li> <li><i>2) People are being redirected into that diagnosis.</i></li> <li><i>3) People are being picked up who have Neurodiversity. They are aware of it and can therefore be diagnosed.</i></li> </ol> </li> </ol> <p>A question was asked when the evaluation report will be available? Collectively looking at the evaluation before designing the model?</p>	

Item	Discussion and Actions	Action Owner
	<p><i>The evaluation report is due out shortly. Cheshire East will continue to have a working group who will review how we move forward with the model.</i></p> <p>ACTIONS -</p> <ol style="list-style-type: none"> <li>1. The neurodiversity recovery programme evaluation for Cheshire East will be brought back to a future Partnership Board.</li> <li>2. JN to verify diagnostic figures for Cheshire and Merseyside which are noted higher than national trend.</li> <li>3. JN to provide the Partnership Board with an update around the adult pathways at a future meeting, as a separate agenda item.</li> </ol>	<p>JN</p> <p>JN</p> <p>JN</p>
5.	<p><b>Financial Control and Oversight Group</b></p> <p>Mark Wilkinson reported the ICB is currently consumed with:</p> <ol style="list-style-type: none"> <li>1. Changes and the implications around this for colleagues</li> <li>2. The financial recovery</li> </ol> <p>There is an agreed financial plan both for the ICB and the broader ICS – all NHS Provider organisation that make up the Integrated Care System from an NHS perspective.</p> <p>The planned deficit for 2025-2026 is being signed off and approved by NHS England. The plan was arrived at by apportioning ever high savings assumptions both onto provider colleagues and onto the ICB budgets. Plenty of work is underway to deliver savings.</p> <p>A system improvement director Mandy Nagra has been appointed on a 12-month, fixed contract. Signals an explicit financial turnaround process for both the ICB and the wider system.</p> <p>Existing and new programmes are being recast to deliver financial turnaround. These include reducing our use of the independent sector, tackling unwarranted variation, decommissioning, all age continuing care including S117 and joint packages.</p> <p>The ICB is debating a sharper focus on paying for health.</p> <p>Questions/Responses/Comments: A question was asked around the impact on the decision in terms of timing for people? This will be monitored by the UEC metrics.</p> <p>ACTION - The Partnership Board agreed to add this item to the Cheshire East Place Director's update and to the action log.</p>	<p>MW</p>
6.	<p><b>Integrated Neighbourhood Partnerships</b></p> <p>The partnership board previously agreed to conclude what can be done, by working more closely together in more integrated ways throughout the care communities.</p>	



Item	Discussion and Actions	Action Owner
	<p>Discussion at the previous board was around developing particular pathways. End of Life and Frailty were both identified as opportunities for greater neighbourhood working. A meeting of the Place Executive was due to take place to discuss integrated neighbourhood partnerships. Cheshire East recognised the importance of neighbourhood working and engagement. The NHS long term plan due out next month will encourage the concept.</p> <p>Cheshire East is uniquely well placed through efforts undertaken by Dr Sivananthan and colleagues to establish and support our care communities. Developing these partnerships is a mechanism of allowing provider colleagues to strengthen and build on excellent work.</p> <p>Cheshire East Place Leadership Group recently discussed the care community proposal and received mixed reactions.</p> <p>The ICB has asked as to whether this could be considered as a pilot scheme in the care communities.</p> <p>Questions/Responses/Comments: A question was asked around the recommendation – seek support from ICB / NHSE colleagues for the development of the accountable care organisation. <i>Integrated Neighbourhood teams is a more appropriate term/language.</i></p> <p>All NHS provider organisations within the systems are extremely challenged; the workforce capacity to be able to contribute to the massive amounts of different programmes and change. Over the coming months it will become more prevalent as to how much extra work appears.</p> <p>Would be helpful to understand what the partnership board is asked to participate in. <i>The ask is to expand the work of the care communities, to improve resource allocation.</i></p> <p>Establish a working group to take this forward.</p> <p>ACTION – Conversations will evolve outside this group with the three Trust Chairs. An update will be brought back to the partnership board at a future meeting.</p>	IW / MN / A'OD
7.	<p><b>Urgent and Emergency Care System Wide Response</b> Daniel McCabe referred to the Locality Plan and the Cheshire and Merseyside plans, shared with the agenda.</p> <p>Currently there is a Cheshire and Merseyside regional plan. As part of this plan, there were identified sentinel metrics to eliminate corridor care, work on admission avoidance opportunities, ambulatory care pathways and a look at the length of stay reduction and the criteria to continue in residence.</p> <p>Cheshire East Place is currently working with Chief Operating Officers and system partners to look at the devolved UEC Improvement Plans.</p>	

Item	Discussion and Actions	Action Owner
	<p>The focus is on reviewing admission avoidance. The plan articulates schemes focused on.</p> <p>Questions/Responses/Comments: Would welcome comments from Councillors on the Discharge to Assess operating model.</p> <p>We need rapid step changes around UEC for Cheshire not small incremental improvements. Is this going to be an impact we need going forward? <i>Trying to maximise current capacity.</i> <i>Looking at how efficient we can be with resources, looking at workforce.</i> <i>Using resources in areas with pressure and aligning finances to said areas.</i></p> <p>Has it been agreed that Newton will do an independent review? In areas, Newton had done significant evidential changes from their recommendations. A separate, independent system is looking at what is unique about Cheshire. <i>The Newton work is being paused, due to the current financial position.</i></p> <p>Healthwatch had done a piece of work with patients around their discharge experience at East Cheshire Trust. The report will be made available within the next week. Healthwatch to consider doing a piece of UEC work.</p> <p>ACTIONS – An Urgent and Emergency Care update will be brought back to the next Partnership Board meeting in July. Dan McCabe agreed to provide the partnership board with feedback on the findings relating to the Discharge to Assess options appraisal.</p> <p>An agenda item at a future Partnership Board meeting.</p>	<b>D McC</b>
	<b>Any Other Business</b>	
	There were no questions from members of the Board.	
	<b>END OF MEETING</b>	
<p><b>Date and time of next meeting:</b> <b>Monday, 14 July 2025 @ 09:00</b> <b>Venue: Canalside Conference Centre,</b> <b>34-36 Brooks Lane, Middlewich, CW10 0JG</b></p>		

Updated: 01/09/2025							
	New						
	Ongoing						
	Completed						
	Closed						
Ref	Date raised	Description	P-B Owner	Action Delegated to (if relevant)	Deadline	Status	Comments / Update
2024-012	14-Mar-25	Put together working party to look into developing business case around frailty pathway – Isla Wilson will email out to see who might need to be on this group and be best placed to pull together rapid business case.	Isla Wilson		May-25	Ongoing	
2024-014	06-May-25	SEND update / presentation - Provide CEPB with an update around the neurodiversity recovery programme evaluation for Cheshire East.	Josette Niyokindi		Nov-25	Ongoing	
2024-015	06-May-25	SEND update / presentation - Verify the diagnostic figures for Cheshire and Merseyside outlined as higher than the national trend.	Josette Niyokindi		Nov-25	Ongoing	
2024-016	06-May-25	Adult Pathway update to be presented at a future CEPB meeting.	Josette Niyokindi		Nov-25	Ongoing	
2024-018	06-May-25	Integrated Neighbourhood partnerships Conversations will evolve outside the partnership board with the three trusts chairs. An update will be brought back to the board at a future meeting.	Isla Wilson/Megan Nurse/Aislinn O'Dwyer		Nov-25	Ongoing	
2024-019	06-May-25	Urgent and Emergency Care System Wide Response: An Urgent and Emergency Care update will be brought back to a future meeting.	Dan McCabe/Elizabeth Hopper		Nov-25	Ongoing	
2024-020	06-May-25	Urgent and Emergency Care System Wide Response: Dan McCabe agreed to provide the CEPB with feedback on findings relating to the Discharge to Assess Options appraisal.	Dan McCabe/Elizabeth Hopper		Nov-25	Ongoing	

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