

# Cheshire East Health and Wellbeing Board Agenda

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**Date:** Tuesday, 23rd January, 2024  
**Time:** 2.00 pm  
**Venue:** Committee Suite 1,2 & 3, Westfields, Middlewich Road,  
Sandbach CW11 1HZ

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The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and at the foot of each report.

It should be noted that Part 1 items of Cheshire East Council decision making and Overview and Scrutiny meetings are audio recorded and the recordings will be uploaded to the Council's website

## **PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT**

1. **Apologies for Absence**
2. **Declarations of Interest**  
To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.
3. **Minutes of Previous meeting** (Pages 3 - 8)

To approve the minutes of the meeting held on 22 November 2023.

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For requests for further information

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**E-Mail:** [karen.shuker@cheshireeast.gov.uk](mailto:karen.shuker@cheshireeast.gov.uk) with any apologies

4. **Public Speaking Time/Open Session**

In accordance with paragraph 2.24 of the Council's Committee Procedure Rules and Appendix on Public Speaking, set out in the [Constitution](#), a total period of 15 minutes is allocated for members of the public to put questions to the committee on any matter relating to this agenda. Each member of the public will be allowed up to two minutes each to speak, and the Chair will have discretion to vary this where they consider it appropriate.

Members of the public wishing to speak are required to provide notice of this at least three clear working days' in advance of the meeting.

5. **Adopting a refreshed 'All Together Fairer' as the Cheshire and Merseyside Health and Care Partnership Strategy** (Pages 9 - 20)

To receive a presentation on adopting a refreshed 'All Together Fairer' as the Cheshire and Merseyside Health and Care Partnership Strategy.

6. **Better Care Fund 2nd Quarter 2023-2024** (Pages 21 - 28)

To receive a summary of Quarter 2 performance for 2023/24 of the Better Care Fund.

7. **Joint Strategic Needs Assessment update** (Pages 29 - 34)

To receive an update of progress in the JSNA work programme since September 2023.

**Membership:** Membership: L Barry, Dr P Bishop, Councillor C Bulman, H Charlesworth-May, Councillor S Corcoran (Chair), M Davis, Councillor J Rhodes, Dr M Tyrer, M Wilkinson, Councillor J Clowes, C Jesson, P Skates, K Sullivan, C Williamson, I Wilson, C Wright and D Woodcock

## **CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Cheshire East Health and Wellbeing Board**  
held on Wednesday, 22nd November, 2023 in the Committee Suite 1,2 & 3,  
Westfields, Middlewich Road, Sandbach CW11 1HZ

### **Board Members**

Helen Charlesworth-May, Executive Director Adults, Health, and Integration

Councillor Janet Clowes, Cheshire East Council

Councillor Sam Corcoran (Chair), Cheshire East Council

Councillor Carol Bulman, Cheshire East Council

Councillor Jill Rhodes, Cheshire East Council

Mark Groves, Healthwatch Cheshire

Inspector Duncan Gouck, Cheshire Police

Dr Matt Tyrer, Director of Public Health

Kathryn Sullivan, CVS Cheshire East

Mark Wilkinson, Cheshire East Place Director

Deborah Woodcock, Executive Director of Children's Services

### **Cheshire East Officers and Others**

Gill Betton, Head of Service, Children's Development and Partnerships

Dan McCabe, Head of Integrated Urgent and Emergency Care

Sara Deakin, Head of Health Intelligence

Keith Evans, Head of Service: Mental Health and Learning Disabilities

Mark Hughes, Senior Commissioning Manager

Guy Kilminster, Corporate Manager Health Improvement

Dr Susie Roberts, Public Health Consultant

Karen Shuker, Democratic Services Officer

Jo Williams, NHS Cheshire and Merseyside Integrated Care Board (ICB)  
(joined remotely via Microsoft Teams)

## **1 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Dr Paul Bishop, Michelle Davis, Superintendent Claire Jesson, Peter Skates, Claire Williamson, Isla Wilson and Charlotte Wright.

Inspector Duncan Gouck and Mark Groves attended as substitutes.

## **2 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**3 MINUTES OF PREVIOUS MEETING**

**RESOLVED:**

That the minutes of the meeting held on 26 September 2023 be confirmed as a correct record.

**4 PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present.

**5 NOTIFICATION OF PHARMACY CLOSURE**

The Board received a report which provided notification from NHS England of the closure of the Pharmacy in Buglawton and outlined the impact on the residents of Congleton East and Congleton & Holmes Chapel (CHOC) Care Community, and the other pharmaceutical providers who served this area.

Assurance was given that there was no further action required for the statutory responsibility of the Cheshire East Health and Wellbeing Board to be discharged

A gap analysis had been undertaken by the Public Health Intelligence team to understand the impact on residents and customers and other pharmaceutical providers in the area. It was found that there was adequate pharmaceutical provision within the Care Community and the surrounding area which would be able to absorb the additional dispensing workload that would be created by the closure.

The Pharmaceutical Needs Assessment (PNA) for 2022 – 2025 concluded that the pharmacy services were adequate for the lifetime of that PNA within that area and included looking at an aging population, future population growth and housing developments.

**RESOLVED:**

That the report be noted.

**6 CHESHIRE EAST LEARNING DISABILITY PLAN AND ALL AGE MENTAL HEALTH PLAN**

The Board considered a report which sought endorsement from the Health and Wellbeing Board of the Cheshire East Place Plans for Learning Disabilities and Mental Health. The Plans had already been approved at the Children and Families Committee and the Adults and Health Committee.

Both plans had an all-age approach, had been co-produced and were available in easy read versions. Monitoring of the plans would take place

through the Mental Health and Learning Disabilities Boards with an annual report presented to the Adults and Health Committee and the Children and Families Committee.

Board members welcomed the plans but agreed that they were strategies that should be looked at holistically and not stand alone.

Officers agreed to take away a query raised about whether dentistry was included within the NHS health-checks. It was reported that NHS England had previously commissioned this but there was a piece of work being undertaken separately on how this would be brought in to the ICB.

**RESOLVED: (Unanimously)**

That the Cheshire East Health and Wellbeing Board endorse:

1. The Cheshire East Place – Learning Disabilities Plan.
2. The Cheshire East Place – Mental Health Plan.

**7 CHESHIRE EAST WINTER PLAN 2023-24**

The Board received an update on winter planning for 2023/2024. The overall purpose of the Winter plan was to ensure that the system was able to effectively manage the capacity and demand pressures anticipated during the Winter period October 2023 to 31 March 2024. System plans ensured that local systems were able to manage demand surge effectively and ensure people remained safe and well during the Winter months. The planning process considered the impact and learning from last Winter, as well as learning from the system response to Flu and Covid-19 to date.

Oversight and monitoring had commenced to measure the effectiveness or any emerging or associated risks such as system workforce challenges and the increase in the level of need and complexity of individuals which was now much greater in terms of their level of needs, care and support.

Funding so far had been invested on schemes around prevention, facilitated discharge, additional workforce loads such as social work and approved mental health practitioners.

Set metrics were in place for rigorous monitoring of the plan which included accident and emergency attendance and admissions, daily discharge, length of stay, care at home capacity and mental health act assessments.

Following comments and questions from Board members, officers reported that:

- There had been an uptake of 60.2% of all those eligible for the covid winter booster in Cheshire East.

- The most up to date figures for flu vaccinations hadn't been released yet.  
To attract staff in having vaccinations there had been onsite clinics and programmes run with pharmacies, details of which had been shared with staff.
- Levels of influenza were low although there had been an increase. The number of covid cases had increased recently although those had begun to come down again.
- There was a clear message that there was not going to be any additional funds to support capacity within the NHS for the winter period.

**RESOLVED:**

That the update be noted.

**8 SEND STRATEGY**

This item was taken after item 9 - SEND SEF.

The Board received a report which set out the details of the refreshed Special Educational Needs and Disabilities (SEND) partnership strategy and priority areas for the next 12 months aligned to the outcomes of the Delivering Better Value (DBV) programme.

Due to the current financial position the high needs spend was an area for development and the refreshed strategy enabled areas of activity to be identified in order to mitigate spend..

It was expected that the strategy would be re-written next year which would include the mitigations and activities coming out of the Safety Valve programme of work which was the next tier of intervention by the Department for Education (DfE).

A plan of the detailed work which would sit under the Safety Valve programme would be a feature of the 2024 activity to re-write the strategy and the detail of the programme of work would be set out in a refreshed governance structure. The Health and Wellbeing Board would be sighted on this along with the SEND partnership activity which would also be brought to the Board on a regular basis.

**RESOLVED:**

That the report be noted.

**9 SEND SEF**

The Board received a presentation on the SEND Self Evaluation Form (SEF) which was used as a tool for the partnership to know itself well and

to identify areas for development. The SEF would then feed in to the SEND Strategy. The presentation outlined the following:

- The purpose of the SEF
- The development of Cheshire East's SEF
- The strengths and areas of development for Cheshire East
- The next steps

Board members asked that there was consistency with the information provided for the different boards and partnerships within the Council so that there was a similar approach as there appeared to be a perceived discrepancy within some areas.

In response to concerns raised in respect of the disparity of provision such as waiting lists and inconsistency in the different processes across the borough, officers reported that this was an area of great scrutiny with partners and a report will be brought to the Health and Wellbeing Board for consideration.

**RESOLVED:**

That the presentation be noted.

The meeting commenced at 2.00 pm and concluded at 3.40 pm

Councillor S Corcoran (Chair)

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# Adopting a refreshed All Together Fairer as our HCP Strategy

## **Stephen Woods**

Head of Strategy  
Strategy and Collaboration Team  
NHS Cheshire and Merseyside ICB

## **Alan Higgins**

Strategic Lead All Together Fairer Programme

Champs Support Team (Hosted by Wirral Council)

# Summary

- Feedback from across the system indicates that there is strong ownership and sense of engagement in the All Together Fairer (ATF) report, its recommendations and implementation. The impact the HCP can have in positively addressing inequality and social determinants should be the primary focus of our plans.
- Whilst feedback in relation to the interim HCP Strategy and subsequently the Joint Forward Plan has been very positive, it has however, highlighted a health service bias to the content in both documents.
- Our intention is to align our HCP strategic plan more closely with the All Together Fairer report, providing a focus on the wider social determinants of health.

## **We can achieve this by developing:**

- A refreshed high-level strategy outlining principles, key themes and priorities fully aligned to All Together Fairer and;
- An associated Delivery Plan (Joint Forward Plan) that consolidates existing plans and focuses on delivery and implementation.

In bringing social determinants to the fore of the Health Care Partnership Strategy, we have the potential to stretch the system scope and healthcare partnership remit, creating a much broader social determinants agenda. Three areas may help shape the discussion about the content of the HCP strategy that would better align the strategy to the social determinants focus of the Marmot principles focussing on.

- Transformational procedures
- Anti-Poverty work
- Equity in all policies

# What this adds ...

- There is much that is already happening through local government to act on the social determinants of health. Councils have strategies and policies on poverty, employment support, transport, green space, etc. and a lead responsibility for public health.
- Some of the work the councils initiate is funded through the public health grant but much of the work on social determinants is core council business.
- The HCP strategy refresh will recognise this work and add to it by bringing a whole system focus - NHS, Local Government, Public Sector partners, Private Sector and Voluntary sector - on transformational procedures, anti-poverty work and seeking equity in all policies and implementation.


# Draft Health Care Partnership Strategy (HCP)

- HCP strategy developed as an interim strategy at pace back in January 2023
- Health inequalities lens - Built around the 8 Marmot principles and the 22 Beacon Indicators
- Builds on learning from the pandemic
- Outlines our population profile and challenges size/geography/complexity
- Establishes our Vision, Mission and Objectives - focuses on 4 core objectives
- Population Health – Core20PLUS5
- Builds around Health and Wellbeing Board Strategies and Place Plans
- Working with people and communities

- Led by the HCP (ICP) partners
- Duration: 5 years
- Informed by: C&M wider partnership priorities; National Guidance; Health and Wellbeing Plans; Place plans
- Purpose: strategy for broad health, social care needs of the population including wider determinants of health
- Interim strategy published Jan 2023 with work to prioritise content happening through to summer 2023


## Challenges:-

- Current focus is on secondary prevention and treatment services
- Needs greater focus on wider determinants e.g. housing, education, early interventions, criminal justice system etc.
- More reflective of the whole partnership



**Vision**

We want everyone in Cheshire and Merseyside to have a great start in life and get the support they need to stay healthy and live healthier for longer.



**Mission**

We will prevent ill health and tackle health inequalities and improve the lives of the poorest fastest. We believe we can do this best by working in partnership

<p><u>Tackling Health Inequalities in outcomes, experiences and access (our eight Marmot principles).</u></p> <ul style="list-style-type: none"> <li>• Give every child the best start in life</li> <li>• Enable all children, young people and adults to maximise their capabilities and have control over their lives</li> <li>• Create fair employment and good work for all</li> <li>• Ensure a healthy standard of living for all</li> <li>• Create and develop healthy and sustainable places and communities</li> <li>• Strengthen the role and impact of ill health prevention</li> <li>• Tackle racism, discrimination and their outcomes</li> <li>• Pursue environmental sustainability and health equity together.</li> </ul>	<p><u>Improve population health and healthcare.</u></p> <p>Focus on prevention of ill health and improved quality of life by:</p> <ul style="list-style-type: none"> <li>• Delivering the Core20plus5 clinical priorities for <u>adults</u> and <u>children and young people</u></li> <li>• Reduce deaths from cardiovascular disease, suicide and domestic abuse</li> <li>• Reduce levels of obesity, respiratory illness and smoking as well as harm from alcohol</li> <li>• Improve early diagnosis, treatment and outcome rates for cancer</li> <li>• Reduce maternal, neonatal and infant mortality rates</li> <li>• Improve satisfaction levels with access to primary care services</li> <li>• Improve waiting times for elective and emergency care services</li> <li>• Improve diagnosis and support for people with dementia</li> <li>• Provide high quality, accessible safe services</li> <li>• Provide integrated, accessible, high quality mental health and wellbeing services for all people requiring support.</li> </ul>	<p><u>Enhancing productivity and value for money.</u></p> <ul style="list-style-type: none"> <li>• Develop a financial strategy focused on investment on reducing inequality and prioritise making greater resources available for prevention and well-being services</li> <li>• Plan, design and deliver services at scale (where appropriate) to drive better quality, improved effectiveness and efficiency</li> <li>• Maximise opportunities to reduce costs by procuring and collaborating on corporate functions at scale</li> <li>• Develop whole system plans to address workforce shortages and maximise collaborative workforce opportunities</li> <li>• Develop a whole system estates strategy</li> <li>• Develop a thriving approach to research and innovation across our Health and Care Partnership.</li> </ul>	<p><u>Helping to support broader social and economic development.</u></p> <ul style="list-style-type: none"> <li>• Embed, and expand, our commitment to social value in all partner organisations</li> <li>• Develop as key Anchor Institutions in Cheshire and Merseyside, offering fair employment opportunities for local people</li> <li>• Promote our involvement in regional initiatives to support communities in Cheshire and Merseyside</li> <li>• Implement programmes in schools to support mental wellbeing of young people and inspire a career in health and social care</li> <li>• Work with Local Enterprise Partnerships to connect partners with business and enterprise.</li> </ul>
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**Marmot 8**

# Context - Reframe, simplify and prioritise

All together Fairer								
Vision	We want everyone in Cheshire and Merseyside to have a great start in life and get the support they need to stay healthy and live healthier for longer.							
HCP Objective	Improve Population Health and Health Care							
Mission	We will prevent ill health and tackle health inequalities and improve the lives of the poorest fastest. We believe we can do this best by working in partnership							
Life Course	Start Well - Living Well - Ageing Well							
Tackling Health inequalities in outcomes, experiences and access - 8 Marmot principles	Give every child the best start in life.	Enable all children, young people, and adults to maximise their capabilities and have control over their lives.	Create fair employment and good work for all.	Ensure a healthy standard of living for all.	Create and develop healthy and sustainable places and communities.	Tackle racism, discrimination, and their outcomes.	Pursue environmental sustainability and health equity together.	Strengthen the role and impact of ill-health prevention.
Example focus areas	Listen to children, young people and their families to co-create solutions that work for them	Establish a single line of sight of outcomes for CYP, driving improvements in health and social care to address the impact of health inequalities	Develop as key Anchor Institutions in Cheshire and Merseyside, offering fair employment opportunities for local people	Ensure access to safe, secure, and affordable housing	Embed, and expand, our commitment to social value in all partner organisations	Build relationships with excluded groups, especially those affected by inequalities	Delivery of the Green Plan	Delivering the Core20plus5 clinical priorities for adults and children and young people
HCP Objectives	Enhancing Productivity and value for money				Helping to support broader social and economic Development			
Example focus areas	Develop a financial strategy focused on investment on reducing inequality and prioritise making great resources available for prevention and well-being services	Plan design and deliver services at scale to drive better quality, improved effectiveness and efficiency	Maximise opportunities to reduce costs by procuring and collaborating on corporate functions at scale	Develop whole system plans to address workforce shortages and maximise collaborative workforce opportunities	Embed and expand, or commitment to Social Value in all partner organisations	Develop as anchor institutions, offering fair employment opportunities for local people	Promote involvement in regional initiatives to support communities	Implement programmes in schools to support mental wellbeing of YP and inspire a career in health and social care
Wider Determinants	Employment		Education		Housing / Planning for Health		Criminal Justice	
Enablers	Workforce Development		Estates		Digital and Data		Effective use of resources	

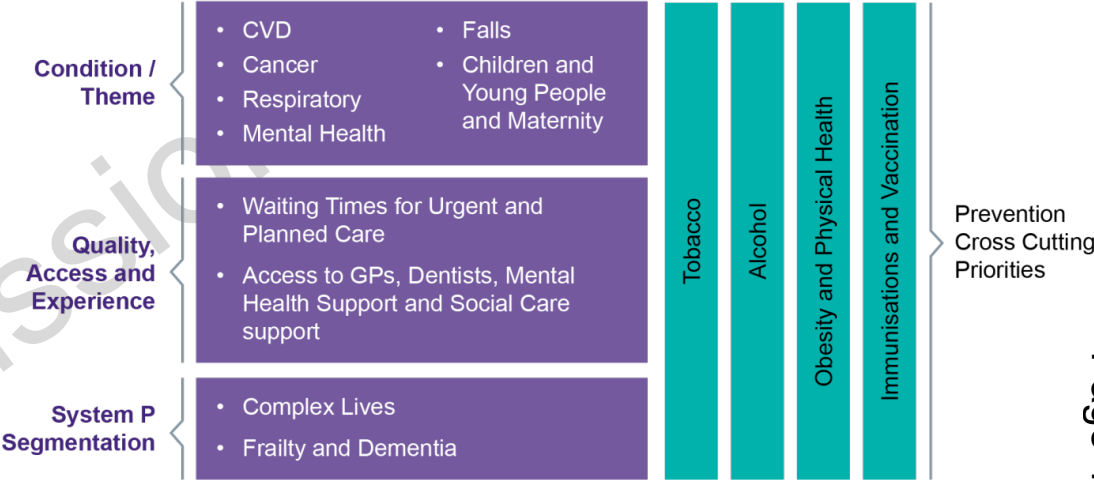
# Helping determine our priorities



Wider Social  
Determinants

A summary of where the data tells us our population experience worse outcomes when compared to the “England average”, and where our population have told us their experience of accessing care does not meet their expectations.

We recognise this doesn’t tell the whole story....



In assessing our priorities we recognised that the inequality in outcomes within our population was stark and to address these we needed to focus on not only the areas where we could see worse outcomes compared to national peers but also in line with our vision and mission in ensuring all our plans focus on addressing this inequality within our own population:

The Health and Care Partnership is updating our interim Strategy to even more closely align around our eight All Together Fairer Priorities and then the associated delivery plans for these eight . The Partnership uses their meetings to focus on key themes with recent sessions focusing on how we can work together in relation to

- Children and Young People
- Housing
- Environmental sustainability commitments

# Identifying/developing priorities – who leads?

## Why plan collectively?

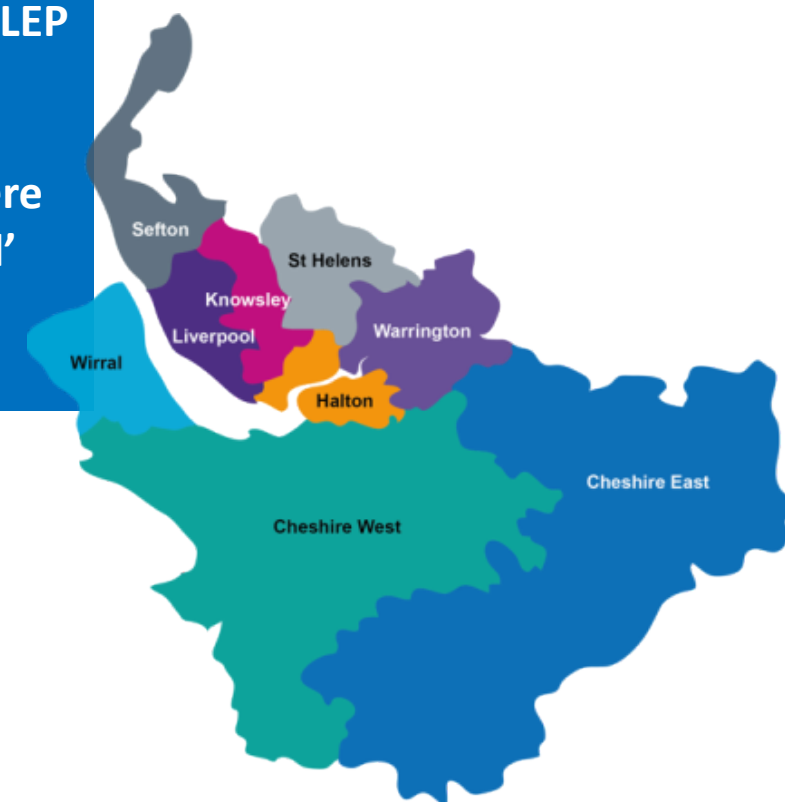
Greater visibility and sharing of plans to:

- Avoid duplication of effort in context of <running costs
- Prioritise plans to focus efforts at where greatest need/impact
- Supports spread of good practice, pace of implementation more effectively
- Clarity on plans, what they will deliver, and who is accountable for delivery
- What footprint should plans be set on? Is it best at a Place footprint or are their benefits from economies of scale ?

Activities specific to Health and Wellbeing Strategy or local priorities

Identifying opportunities to work across wider footprints where this makes sense for example Liverpool City Region or LEP partnership footprints.

Across Cheshire and Merseyside where is makes sense to deliver 'once for all' rather than 'as well'



# What would the high-level strategy focus on?

In bringing social determinants to the fore of the Health Care Partnership Strategy, we have the potential to stretch the system scope and healthcare partnership remit, creating a much broader social determinants agenda. Three areas may help shape the discussion about the content of the HCP strategy that would better align the strategy to the social determinants focus of the Marmot principles focussing on.

- Transformational procedures
- Anti-Poverty work
- Equity in all policies

## Transformational Procedures: -

Work on social determinants in other countries has shown that, as the work has matured, there has been more focus on transformational procedures. Transformational procedures include: -

- Development of an allocation strategy that supports best use of resources to reduce inequalities and improve population health outcomes.
- Implement a proportionate universalism approach to resource management and distribution and continuously review procedures to ensure this happens in practice.
- Ensure access to and uptake of welfare support benefits.
- Increase, and make equitable, funding for social determinants of health and prevention.

# What would the high-level strategy focus on?

## Anti Poverty Work: -

The main social determinant that we need to address is poverty.

- One way to do that is to organise and support activity that focusses on an aspect of poverty for example furniture poverty, digital poverty, food poverty etc.
- Another, more system focussed and lasting way, is to organise and support activity to increase benefit take up by increasing knowledge of what is available and providing support to people to apply for benefits.
- A significant move would be to act to reduce the stigma associated with being on benefits.

There is a real potential for the HCP to focus its priorities in relation to poverty creating full system responses reflecting the opportunities which each partner can contribute through their plans.

## Equity In All Policies: -

The more progressive thinking has moved on from the push for health-in-all-policies. What we are now seeking is equity in all policies. We have the opportunity to strive for equity in education, employment, access to green space, etc. in the knowledge that achieving equity there will bring equity in health.



# What would the high-level strategy focus on?

## What might some of this look like?

- Collectively focus on embedding and expanding and giving a higher profile to our commitment to Social Value in all partner organisations.
- Continuing our focus on developing as anchor institutions, offering fair employment opportunities for local people.
- Work together to consolidate and expand work to support our population to access safe, secure, and affordable housing and relieve homelessness.
- Planning for Health – collectively adopt sub-region wide strategies that put equity and sustainability at the centre of planning.
- Collectively addressing resource allocation in Cheshire and Merseyside and develop and extend proportionate universalism approaches. Collaboratively develop an investment strategy and weighted funding formula to better address health inequalities.

**In the HCP Strategy we can acknowledge the work that is happening across the region through councils, hospitals, schools, third sector and voluntary sector organisations and groups to alleviate poverty and achieve equity and make it clear that this work is valued, requires collaborative funding to support it and that the Board can provide a consistent and constant focus on this work.**

# Next Steps

## Key milestones: -

- **Workshop sessions to socialise and develop the strategy** – ICB Central Team Dec-Jan
- **Complete stocktake of progress against ATF and the 8 principles/7 recommendations** – CHAMPS team
- **Development Workshop Early January to explore alignment with ATF** – CHAMPS Team and partners
- **HCP workshop session 16<sup>th</sup> Jan** – ICB Central Team and HCP partners
- **4 Leadership development Workshops** (CHAMPS Team delivered by Tammy Boyce from the institute of Health Equity) Jan and Feb
- **Community Engagement via Place based teams** (potential for re-run of the HCP survey) – ICB Central Team and HWB Leads/Place Directors
- **Development of HCP content Feb to March** – ICB Central team and CHAMPS supported by Place and Programme Leads
- **Development of JFP** (Delivery Plans = HCP, Place x 9 and NHS ICB) by March 24 – As above
- **Final ATF/HCP March 24** – As above

## Ask of Health and Wellbeing Boards and Place Directors:-

- Socialise the slide deck with HWB board members and Local place partners with the plans for adopting a refreshed All Together Fairer as our HCP Strategy – and provide feedback to the ICB Strategy and Collaboration Team
- Support community engagement at place – specifically around the intention to focus on Transformational procedures / Anti-Poverty work / Equity in all policies

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Cheshire and Merseyside

## CHESHIRE EAST HEALTH AND WELLBEING BOARD

## Reports Cover Sheet

<b>Title of Report:</b>	Better Care Fund – Quarter 2 performance update
<b>Report Reference Number</b>	
<b>Date of meeting:</b>	23/01/2024
<b>Written by:</b>	Alex Jones
<b>Contact details:</b>	<a href="mailto:Alex.t.jones@cheshireeast.gov.uk">Alex.t.jones@cheshireeast.gov.uk</a>
<b>Health &amp; Wellbeing Board Lead:</b>	Helen Charlesworth-May

## Executive Summary

<b>Is this report for:</b>	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
<b>Why is the report being brought to the board?</b>	The purpose of this paper is to provide the Health & Wellbeing Board (HWB) with a summary of Quarter 2 performance for 2023/24 of the Better Care Fund.		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategic Outcomes this report relates to?</b>	1. Cheshire East is a place that supports good health and wellbeing for everyone <input type="checkbox"/> 2. Our children and young people experience good physical and emotional health and wellbeing <input type="checkbox"/> 3. The mental health and wellbeing of people living and working in Cheshire East is improved <input type="checkbox"/> 4. That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place <input checked="" type="checkbox"/> All of the above <input type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input type="checkbox"/> Accessibility <input type="checkbox"/> Integration <input type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	Cheshire Health and Wellbeing Board notes and approves the performance against the following metrics: avoidable admissions, discharge to normal place of residence, falls, residential admissions, reablement. Alongside the metrics where appropriate the achievements and challenges have been noted. Finally, the report includes assumptions and supporting narrative around hospital discharge.		

Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?	The report has been considered at the local Better Care Fund Governance Group.
Has public, service user, patient feedback/consultation informed the recommendations of this report?	No
If recommendations are adopted, how will residents' benefit? Detail benefits and reasons why they will benefit.	Not applicable

## 1 Report Summary

- 1.1 The following report forms part of the monitoring arrangements for the Better Care Fund. The report notes that the system is on track to meet its targets in respect of: avoidable admissions, discharge to normal place of residence, falls, residential admissions and reablement.

## 2 Recommendations

- 2.1 Cheshire Health and Wellbeing Board notes and approves the performance against the following metrics: avoidable admissions, discharge to normal place of residence, falls, residential admissions, reablement. Alongside the metrics where appropriate the achievements and challenges have been noted. Finally, the report includes assumptions and supporting narrative around hospital discharge.

## 3 Reasons for Recommendations

- 3.1 The report forms part of the monitoring arrangements for the Better Care Fund.

## 4 Impact on Health and Wellbeing Strategic Outcomes

- 4.1 This report supports the Health and Wellbeing Priority of Ageing Well.

## 5 Background and Options

- 5.1 The following section contains the local performance against a range of national metrics: avoidable admissions, discharge to normal place of residence, falls, residential admissions and reablement.

### 1. Avoidable admissions

The following metric considers unplanned hospitalisations for those people where they have a chronic ambulatory care condition.

Table 1 – Avoidable admissions

Avoidable admissions-	For information – planned performance	For information – actual performance	Assessment of progress against the
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Unplanned hospitalisations for chronic ambulatory care sensitive conditions (NHS outcome framework indicator 2.3i)	as reported in 2023-24 planning (Q1, 2, 3, 4)	for Q1	metric plan for the reporting period
	163.6, 161.6, 159.6, 157.6	180.1	On track to meet target.

Achievements - Quarter 1 actual is 16.5 (+10.1%) above the quarter 1 plan. The quarter 1 Cheshire East figure is, however, 5.3 (-2.9%) below the average of our comparator authorities.

There has been initiatives to support avoidable admissions including carers payments to facilitate discharge, GP out of hours support, there has been steady progress against the discharge to normal place of residence metric, falls pathway within the Urgent Community Response (UCR) service at Mid Cheshire Trust went live taking referrals for falls from North-West Ambulance Service (NWAS). The number of residential admissions is below the planned figure for the year and finally a greater proportion of people are still at home following reablement from hospital discharge.

Part of the Carers Payments to Facilitate Rapid Discharge scheme includes wellbeing checks to the Carers via phone, email or face to face. These checks have prevented hospital readmissions, by putting preventive services in place. A local performance dashboard shows the impact that this has had, it notes 165 referrals received across quarter 1 and quarter 2 with some 87 referrals closed during the period.

The GP Out of Hours support in ED enabling patients with primary care presentations to be streamed directly from the Emergency Department to GP Out of Hours/Urgent Treatment Centre (within hours). 6.61% of Friday to Sunday attendances in Q1 were streamed by the Out of Hours GP, this equated to a total of 343 streamed patients.

Challenges and any support needs - Quarter 1 is above the planned figure but is slightly lower than Quarter 4. The following activities were identified as contributing to achieving the planned reductions: Assistive technology and specialist equipment; GP out of hours 7 Days per week; Night Sitters; ARI Hubs - Alsager & Knutsford; and Additional Urgent Community Response capacity. There have been some operational challenges in the first quarter with some of these schemes but plans to bring these back on track are in place and these should still have the anticipated impact on the metric.

## **2. Discharge to normal place of residence**

The following metric considers how effective we are at discharging people to their normal place of residence.

**Table 2 – Discharge to normal place of residence**

Discharge to normal place of residence - Percentage of people who are discharged from acute hospital to their normal place of	For information – planned performance as reported in 2023-24 planning (Q1, 2, 3, 4)	For information – actual performance for Q1	Assessment of progress against the metric plan for the reporting period
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residence			
	88.3% 88.9% 89.0% 89.9%	88.98%	On track to meet target.

Achievements - July performance is 89.7% which is above target. There has been steady improvement on this metric over the past 12 months helped by investment in the Care at Home market which has seen a significant increase in capacity: as at the end of August, there had been a 21% increase in the number of hours delivered compared to the same point in the previous year. Wait Lists for Home Care have also been vastly reduced.

Challenges and any support needs - The domiciliary care market is a fragile resource, Providers have informed local authorities of their concerns regarding financial sustainability with major challenges including Workforce issues recruitment & retention, Rurality of the Cheshire footprint - Rising fuel costs

### 3. Falls

The following metric considers hospital admission as a result of a fall for those aged 65 and over.

Table 3 – Falls

Falls - Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000	For information – planned performance as reported in 2023-24 planning	For information – actual performance for Q1	Assessment of progress against the metric plan for the reporting period
	2,188.5	564.50	On track to meet target.

Achievements - The falls pathway within the Urgent Community Response (UCR) service at Mid Cheshire Trust went live taking referrals for falls from North-West Ambulance Service (NWAS). Falls Awareness week held 18-24 September 2023. Community therapy CPD Falls session completed.

### 4. Residential admissions

The following metric considers the rate of admissions to residential care.

Table 4 – Residential admissions

Residential admissions - Rate of permanent admissions to residential care per 100,000 population (65+)	For information – planned performance as reported in 2023-24 planning	For information – actual performance for Q1	Assessment of progress against the metric plan for the reporting period
	680	662.60	On track to meet target.

Achievements - The annual rate, as at the latest month, is 1.0 below the planned rate. This equates to 1 admission below the planned number. The current projected end year rate is 662.6

Challenges and any support needs - Demographic changes in Cheshire East that are seeing an increasing older population compared to the national picture, particularly in the upper age bands who are more likely to require their needs to be met via a permanent placement.

## 5. Reablement

The following metric considers effectiveness of a reablement/rehabilitation intervention following hospital discharge.

Table 5 – Reablement

Reablement - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services.	Q2 performance	Assessment of progress against the metric plan for the reporting period
	83.9%	On track to meet target.

Achievements - Performance is 3.8 percentage points above the same quarter last year and is above the 23/24 plan percentage. Local performance information shows that the reablement service has seen the following demand: community reablement year to date referrals 803, mental health reablement 1464 referrals and dementia reablement 454 referrals.

Work completed over the past 8 months in preparation of the go-live date for Urgent Crisis Response, Virtual Ward, End of Life, Emergency Department discharge is as follows:

- Actively engaged in the integrated steering group/workshops including the Big Conversation working with partners across the wider system of the delivery model to establish next steps.
- Task & Finish Group to align the General Nursing Assistants in the Integrated Partnership of Care Hub [IPOCH] competencies with Reablement Workers and East Cheshire Health Care Assistants providing a more streamlined integrated model.
- Complete Train the Trainer Competency training for Reablement Seniors who cascaded the competencies and observe/sign off in practice all Reablement & Mobile Night Workers.
- Seniors trained in Trusted Assessor to prescribe and order low level OT equipment.
- Procure and have End of Life Partnership deliver End of Life training.
- Procure and train all staff on NEWS2 medical equipment including a written Service Level Agreement for the calibration of the equipment.
- Reviewed and updated in-house reporting system to streamline data capture.
- Reviewed customer brochure and amended to fit rapid response.
- Reviewed and updated the portal referral process into Liquid Logic.
- Referrals have doubled in quantity into the Reablement Service and the service covers all areas of East Cheshire.
- Retrained all staff in the Reablement ethos and delivery of support.

## 6. Capacity and demand

The following tables detail the hospital discharge capacity of the system.

Table 6. Hospital discharge

Hospital Discharge	Previous plan					Refreshed capacity surplus. Not including spot purchasing					Refreshed capacity surplus (including spot purchasing)				
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Capacity - Demand (positive is Surplus)															
Social support (including VCS) (pathway 0)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home (pathway 1)	-5	-4	6	5	15	-5	-4	6	5	15	-5	-4	6	5	15
Short term domiciliary care (pathway 1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	-34	-28	-10	-12	-10	-34	-28	-10	-12	-10	0	0	0	0	0
Short-term residential/nursing care for someone likely to require a longer-term care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table 7. Capacity hospital discharge

Capacity - Hospital Discharge		Prepopulated from plan:					Refreshed planned capacity (not including spot purchased capacity)					Capacity that you expect to secure through spot purchasing				
Service Area	Metric	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS) (pathway 0)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation at home (pathway 1)	Monthly capacity. Number of new clients.	60	60	60	60	60	60	60	60	60	60	0	0	0	0	0
Short term domiciliary care (pathway 1)	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reablement & Rehabilitation in a bedded setting (pathway 2)	Monthly capacity. Number of new clients.	114	114	114	114	114	114	114	114	114	114	34	28	10	12	10
Short-term residential/nursing care for someone likely to require a longer-term care	Monthly capacity. Number of new clients.	23	21	19	19	19	23	21	19	19	19	0	0	0	0	0

### Capacity and Demand Assumptions

1. We have reviewed the most recent demand levels from hospital discharge this indicates very little variation from the previous months with Cheshire Trusts overall position reduced by 1.6% against position when initial plans were developed. No refresh of C&D figures as no significant changes in demand.
2. Demand: We have predicted demand by utilising the well-established Cheshire & Mersey model. A piece of software called Stella Architect reworks 2023/24 acute planned discharges into predicted demand for Place Community Intermediate Care services. Assumptions are then applied using a 2022/23 baseline for discharge pathway utilisation, step-up activity and turnaround within community services.
3. Capacity: An assessment is then made of the predicted demand vs the capacity in caseload/occupancy as opposed to activity/demand. This is particularly useful as we can scenario plan reduced LOS and identify additional capacity. There is further opportunity to reverse engineer the model into activity. After the merge into ICB we are reviewing the methodology of modelling and aim to provide a consistent review across Cheshire & Mersey ICB for the next financial year.
4. The additional discharge funded schemes continue to make an impact to facilitated discharge and hospital preventions across the system. 10 of the 12 ADF schemes are now operational and the other 2 are planned for the Winter period. The Adult Social Care schemes have had a positive improvement on the NCTR and Length of Stay performance figures within each hospital, which is evidenced through the UEC metrics.
5. The outcome from our acute bed base modelling is forecasting that there is insufficient acute bed capacity at Mid Cheshire Hospital foundation Trust (MCHFT) and East Cheshire Trust (ECT). The acute bed base short fall is due to the ongoing RACC issues at MCHFT and the return of Maternity at ECT. It should be noted that the BCF and Local Authority are not able to financially mitigate the identified acute bed base shortfall. The system is also experiencing capacity gaps within Primary Care and ongoing congestion challenges within our ED departments. Ongoing planning and mitigation work continues with system partners to identify how the system can pragmatically address the capacity gaps going forward.
6. Overall gaps in information across C&M linked to national data recording of discharge pathway routes from hospitals. C&M wide dataset for intermediate care currently being developed.
7. For pathway 1 where demand exceeds capacity the General Nursing Assistant service will bridge the gap. in addition to this for pathway 2 demand will be met by using additional spot purchase beds via the Integrated Care Board funding stream as allocated through the BCF plan. Some additional

system mitigations focused on avoidable admissions to hospital or to enable discharges are as follows: Weekend discharges – staffing contingency fund allocated to support weekend discharges at times of increased system pressure to ensure capacity and flow, additional consultant-led discharge team in the acute providers. Where there is a lack of acute hospital beds the following mitigations have been identified: cancellation of lowest risk elective procedures to release bed capacity, enact spot purchasing of discharge to assess bed capacity across existing d2a cluster model, deployment of winter ward escalation capacity.

There are a number of schemes and plans focused on the winter period to add resilience these include: adult social care investment fund, better care fund winter schemes, local authority urgent and emergency care support grant, Cheshire and Wirral partnership mental health plans, east Cheshire trust winter plan, mid-Cheshire trust winter plan, we are also supporting discharge through a range of third sector schemes: British Red Cross. Finally, we have been exploring how virtual wards can support care homes, the homes would have access to experienced consultants with direct access to them for 7 day, alongside this we are also strengthening the use of the Urgent Care Response Service.

## **6 Access to Information**

- 6.1 The background papers relating to this report can be inspected by contacting the report writer:  
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CHESHIRE EAST HEALTH AND WELLBEING BOARD  
Reports Cover Sheet

<b>Title of Report:</b>	Joint Strategic Needs Assessment update
<b>Date of meeting:</b>	23 January 2024
<b>Written by:</b>	Dr Susie Roberts
<b>Contact details:</b>	susan.roberts@cheshireeast.gov.uk
<b>Health &amp; Wellbeing Board Lead:</b>	Dr Matt Tyrer

**Executive Summary**

<b>Is this report for:</b>	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
<b>Why is the report being brought to the board?</b>	The purpose of this report to provide the Health and Wellbeing Board with an update of progress in the JSNA work programme since September 2023		
<b>Please detail which, if any, of the Health &amp; Wellbeing Strategy priorities this report relates to?</b>	Creating a place that supports health and wellbeing for everyone living in Cheshire East <input type="checkbox"/> Improving the mental health and wellbeing of people living and working in Cheshire East <input type="checkbox"/> Enable more people to live well for longer <input type="checkbox"/> All of the above <input checked="" type="checkbox"/>		
<b>Please detail which, if any, of the Health &amp; Wellbeing Principles this report relates to?</b>	Equality and Fairness <input checked="" type="checkbox"/> Accessibility <input checked="" type="checkbox"/> Integration <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Sustainability <input checked="" type="checkbox"/> Safeguarding <input type="checkbox"/> All of the above <input type="checkbox"/>		
<b>Key Actions for the Health &amp; Wellbeing Board to address. Please state recommendations for action.</b>	The Health and Wellbeing Board (HWB) is asked to: <ul style="list-style-type: none"> <li>• Note the progress</li> <li>• Contribute to the JSNA conference</li> <li>• Utilise the JSNA to inform continue challenging decision making in relation to public sector budgets</li> <li>• Await further review publications over the first half of 2024.</li> </ul>		
<b>Has the report been considered at any other committee meeting of the Council/meeting of the CCG board/stakeholders?</b>	This report has been considered by the Cheshire East Public Health Senior Management Team, it has also been shared specifically with the Director of Public Health and the Executive Director for Adults, Health and Integration.		

Has public, service user, patient feedback/consultation informed the recommendations of this report?	n/a
If recommendations are adopted, how will residents benefit? Detail benefits and reasons why they will benefit.	It is envisaged that adopting the JSNA recommendations will help to reduce inequalities and enhance existing work to improve overall health and wellbeing in Cheshire East.

## 1. Report Summary

- 1.1. The purpose of this report is to provide an update on the JSNA work programme.
- 1.2. Health and Wellbeing Boards have a duty to produce JSNAs which are an in-depth assessment of the current and future health and social care needs. They are informed from a wide range of sources to produce recommendations for commissioners and partners to use to improve the overall health and wellbeing of residents of Cheshire East whilst looking to reduce inequalities.

## 2. Recommendations

- 2.1. The Health and Wellbeing Board is asked to:
  - 2.1.1. Note the progress
  - 2.1.2. Contribute to the JSNA conference
  - 2.1.3. Utilise the JSNA to inform continue challenging decision making in relation to public sector budgets
  - 2.1.4. Await further review publications over the first half of 2024.

## 3. Reasons for Recommendations

- 3.1. The JSNA recommendations are based on the triangulation and interpretation of data from wide and varied sources through multi-partner collaboration.
- 3.2. Publishing updated JSNAs allow partners and commissioners to use up to date information, evidence and research when designing services in Cheshire East.

## 4. Impact on Health and Wellbeing Strategy Priorities

- 4.1. The production of the JSNA supports the four outcomes from the Health and Wellbeing Strategy 2023-28:
  - Cheshire East is a place that supports good health and wellbeing for everyone.
  - Our children and young people experience good physical and emotional health and wellbeing.

- The mental health and wellbeing of people living and working in Cheshire East is improved.
- That more people live and age well, remaining independent; and that their lives end with peace and dignity in their chosen place.

## 5. Background and Options

- 5.1. Health and Wellbeing Boards have a duty to produce Joint Strategic Needs Assessments (JSNA) for their area.
- 5.2. JSNAs are assessments of the current and future health and social care needs of the local community. These are needs that can be met either by the local authority or by the NHS or other partners. JSNAs are informed by a wide range of sources including research, evidence, local insight, and intelligence to help to improve outcomes and reduce inequalities. They also consider wider factors that impact on their community's health and wellbeing, produce recommendations, and identify where there is a lack of evidence or research.
- 5.3. Reviews are undertaken through multi-partner working groups and are subsequently approved for publication by the Director of Public Health or Executive Director of Adults Health and Integration through delegated responsibility - further details are provided in the report to the Health and Wellbeing Board of March 2023 via: <https://moderngov.cheshireeast.gov.uk/ecminutes/documents/s102045/JSNA%20approval%20processes%2021%20March%202023%20Final%20Version.pdf>
- 5.4. The priorities for the JSNA work programme are agreed by the multi-agency, multi-partner JSNA Steering Group.
- 5.5. **Progress in relation to the current work programme**
  - 5.5.1. The *Children and Young People's Emotional and Mental Wellbeing JSNA* has been completed and has been submitted to the Executive Director for Adults, Health and Integration, and the Director of Public Health for approval and onward publication. The executive summary of this review has already been received by the Children and Families Committee on 13 November 2023, who agreed to note and endorse the findings and recommendations and continue to champion mental health and wellbeing as a priority across all agendas.
  - 5.5.2. The *Tartan Rug dashboard* is ready for publication and a video user guide is in the final stages of development to be published alongside this.
  - 5.5.3. The *Special Educational Needs and Disability JSNA* data collection is nearing conclusion with draft recommendations being developed and a target approval date of April 2024.
  - 5.5.4. The *lifestyle survey* is underway with over 2400 responses received to date.

5.5.5. The following reviews are in the early stages of either scope approval or data collection:

- *Care of older people*
- *Social isolation*
- *Macclesfield*

There has been a wide range of interest in these reviews from across the health and care system with a good level of representation at the working groups.

## 5.6. Additional activities

5.6.1. A virtual JSNA conference is being planned for the end of February. In the morning this will cover:

- The reviews undertaken during 2022/23
- The experience of working on a JSNA (guest speakers)
- How stakeholders can use the JSNA
- Planned next steps in terms of further adaptation of products, topics for review in 2023/24 and 2024/25

In the afternoon, a consensus building conversation event is planned to prioritise recommendations from the 2022/23 JSNAs across partners in Cheshire East Place.

5.6.2. A councillor briefing session is also planned during the first half of 2024 to familiarise councillors with the range of products, and the ways they can be utilised and should be interpreted.

5.6.3. A process of JSNA evaluation is underway. An online survey is being developed regarding 2022/23 reviews and will be circulated to those involved and key audiences. We are also monitoring webpage visits and analytics suggest there have been just over 3000 (non Cheshire East staff) users since July 2023. In addition, further feedback will be gathered at the JSNA conference and we intend on developing an approach to monitoring where and how the JSNA has been used.

5.6.4. Prioritisation of topic areas for 2024/25 is planned to take place over January to March 2024. Suggestions have been gathered throughout the year, and in addition, further topics can be suggested via the [phit@cheshireeast.gov.uk](mailto:phit@cheshireeast.gov.uk) address and during the JSNA conference. The consensus building conversation will be informed by the results of a poll that will be circulated in advance to JSNA steering group members and VCFSE representatives, insights from steering group members and review of the Tartan Rug and Public Health Outcomes

framework. Of note, the capacity to undertake reviews will be reduced during 2024/25 to allow sufficient capacity to be available to undertake the Pharmaceutical Needs Assessment.

### **Access to Information**

- 5.7. The background papers relating to this report can be inspected by contacting the report writer:

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