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Cheshire East Health and Care Partnership Board

Date:	**Tuesday, 6th May, 2025**
Time:	**2.00 pm**
Venue:	**Virtual Meeting**

1. **Agenda** (Pages 3 - 18)

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NHS
Cheshire and Merseyside

Date	**06 May 2025**
Time	14:00 – 15:30
Venue	Microsoft Teams
Contact	jenny.underwood@cheshireandmerseyside.nhs.uk

Cheshire East Health and Care Partnership Board

Chair: Isla Wilson

Item No	Item	Owner (Incl. Partner Organisation)	Outcome required	Format & Page No
1	Welcome, introduction & Apologies Ian Moston, Paul Bishop, Ged Murphy, Cllr Clowes.	Chair	Noting	Verbal
2	Minutes of meeting on 14 March 2025 Action Log and matters arising	Chair	Approval	Paper Page 2
3	ICB changes and impact on partners	Mark Wilkinson	Discuss	Slides Page 11
4	SEND update	Josette Niyokindi	Assurance	Verbal
5	Financial Control and Oversight Group	Mark Wilkinson	Discuss	Slides Page 13
6	Integrated Neighbourhood Partnerships	Isla Wilson/ Mark Wilkinson	Decision	Slides Page 14
7	Urgent and Emergency Care System Wide Response	Dan McCabe	Discuss	Slides Page 16

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Cheshire East Health and Care Partnership Board

Friday 14th March 2025

Unconfirmed Minutes

Membership

Name	Key	Title	Organisation	Present
Cllr Jill Rhodes	JR	Formally Elected Member Representative (Councillor)/ Deputy Chair	Cheshire East Council	Apols
Isla Wilson	IW	Chair	Cheshire & Wirral Partnership NHS Foundation Trust	✓
Cllr Arthur Moran	AM	Formally Elected Member Representative (Councillor)	Cheshire East Council	Apols
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
Helen Charlesworth-May	HCM	Executive Director – Adults, Health and Integration	Cheshire East Council	✓
Ian Moston	IM	Chief Executive	Mid Cheshire Hospitals NHS Foundation Trust	Apols
Louise Barry	LB	Chief Executive Officer	Healthwatch Cheshire	✓
Mark Wilkinson	MW	Place Director	NHS C&M Cheshire East Place	✓
Dr Matt Atkinson	MA		Cheshire East Council	Apols
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	Apols
Dr Daniel Harle	DHA	Medical Director	Cheshire Local Medical Committee Limited (LMC)	Apols
Dr Patrick Kearns	PK	Associate Clinical Director	Place Partnership Group	Apols

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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	✓
Ged Murphy	GM	Chief Executive	East Cheshire NHS Trust	Apols
Theresa Leavy	TL	Interim ED of Children's Services/DCS, CEC	Cheshire East Council	Apols

Others in attendance

Name	Key	Title	Organisation	Present
Jenny Underwood	HS	Head of Corporate Business Support – Cheshire East & Cheshire West	NHS C&M Cheshire East & West Places	✓
Chris Knights	CK		Mid Cheshire Hospitals NHS Foundation Trust	✓
Josette Niyokindi	JK	Interim Associate Director of Quality and Safety Improvement	Cheshire East Place	✓

Item	Discussion and Actions	Action Owner
	Meeting Management	
1.	**Welcome Introduction Apologies**	
	Chair welcomed all to the meeting and introductions were made. **The Partnership Board:** • **NOTED the apologies received and any deputies in attendance.**	
2.	**Declarations of Interest**	
	There were no declared conflicts of interest.	
3.	**Minutes and matters arising**	
	Minutes of previous meeting held on 11 November 2024 The minutes were accepted as an accurate record. **The Partnership Board** • **NOTED and APPROVED the minutes and action log of the Partnership Board meeting held on 11 November 2024**	
4.	**Public and Community Focus**	
5.	**Care Communities' Spotlight (standing item)**	

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Item	Discussion and Actions	Action Owner
	The Board received a presentation from Bollington, Poynton and Disley care community. They described how they had built their integrated team based around the needs of a population with an older demographic. They looked at how practices could work together and decided to merge practices, so now operate as a single practice PCN which was keen to develop a neighbourhood team. Estates work allowed co-location of people e.g. ACPs, GPs, therapists, social prescribers etc. They talked about key projects that have shown an impact for example care home projects where the PCN worked with care homes to change culture and try to avoid A&E attendances sharing learning and experiences which is leading to seeing the number of A&E attendances going down. Another project highlighted was the high intensity user project which used money from the BCF. They reported seeing increasing episodes of episodic care, with patients bouncing in and out of system. This project facilitated a step back to look at why this is happening. There is one GP full time looking at this at a really granular level. There are people attending A&E 3-4 times a week, calling GP daily etc. Having GP able to look in depth at how to avoid this this invaluable. Moving forward the team plans to look at things that work, get people in the same room regardless of employer, be proactive. Where care communities can really expand and add value and be transformational. Questions Is the complex care GP a single GP or rotational. It was explained that there are different models, but BDP have a GP with an interest. They are learning that having senior clinician doing this is important. They have team in place to hand over to after key decisions made. Secondary care involvement would also be helpful. Has an evaluation been done of what has been saved? The figures were only received last week, so haven't done that work yet, however the data is available. If we had an opportunity to put forward a business case around one of the pathways, where would we focus on this? The Board had been discussing frailty and end of life does this match BDP findings or should we look elsewhere? BDP is an elder PCN, so perhaps skewed, but sense is that this would be a great area to focus proactive care with a powerful impact on system. It was felt that the optimism in this conversation is really great. We can see in the figures in this presentation the value of investment in the care communities. It feels like really good news, done with a large amount of good will. The challenge now is how do we turn what has been a small project driven by good will into a strategy to take forward. Frailty,	

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Item	Discussion and Actions	Action Owner
	given the CE population demographic, focused piece of work is something we should all get behind. ACTION: Put together working party to look into business case for this – email out to see who might need to be on this group – pull together rapid business case	IW
6.	**SEND** update Josette Niyokindi reported on progress on the key actions coming out of the workshop held in January. A scoping exercise has been carried out to identify what resources we have across the system. An update was given on ICB work to address waiting times, disjoint and fragmentation. An engagement meeting had taken place that morning with Ofsted and CQC which has received a positive reaction. Noting that the work with the board was well received in support of any upcoming inspection. Areas of focus would appear to be impact and pace – it was recognised that it is early on journey but want to know what impact is and how soon the impact will be seen, however it was noted that this wasn't an inspection. A large amount of work has taken place to map services including age, referral criteria, capacity, gaps, risks. Guidance was requested from the Board on further direction of travel and next steps. There is not yet a patient journey map with so much cross over it is an incredibly complex picture. It was noted that referral rates are stable in paediatric psychiatry, speech and language referrals have gone up since covid and the severity and complexity of those coming through the system so much higher. There are still gaps from patient journey perspective in the transition from child to adult. It was felt that it was important to set our own course and not get tied up in inspection agenda. ACTION – establish task and finish group to put together an action plan for this group. There is lots of risk stratification, are we doing that by deprivation – where we see most complexity. Look at what's next, use existing resources more effectively and remove barriers between providers – come together as MDT approach – call on resources across the system. JN and Jo Williams – but solutions need to come from providers. Make sure work is explicitly led by what comes out of Parent Carer Forum.	**JN**

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Item	Discussion and Actions	Action Owner
	Report back here regularly. If there are organisational barriers bring them to this group to resolve. It was queried what the likely impact of proposed new SEND changes would be. It is currently an unknown but expected to be significant. It was agreed to bring back update when this known. Some things are working well so we need to ensure we highlight all the good work as well as the issues. Waiting well is not term that has been received well by regulators, however the parent carer forum suggested this term. There is online training for professionals working with families and children with SEND It was stress we need to make clear where co-creation is happening. It seems like it takes place more than has been credited so the Board really want to see where this is happening. We need to understand what are the priorities of PCF? We have to do co-creation properly or shouldn't do it at all. We need to create a place where there is a conversation, not just reporting what they say. If we do 'waiting well' well, then the goal would be early intervention, so patients don't need to move on to next stage. This needs to be explicitly understood and parents and carers need to be part of working group. The Ithrive model is a prioritisation tool being introduced across Cheshire and Mersey from April, the PCF were engaged in developing this. The plan is to launch the tool in schools in September. This is a best practice tool and we are looking to do similar for neurodiversity. It was felt that the key is to work collectively with partnership and coordination in schools. Commission for needs rather than for diagnosis. Are resources in right place, look at early intervention, support early in journey. It was noted that there has been impressive progress since January.	
7.	**New Hospital Programme** Chris Knights attended from the New Hospital Programme. The Board have seen the slides that had been circulated so would like to take the opportunity to have a detailed discussion.	

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Item	Discussion and Actions	Action Owner
	It was felt that we need to begin by linking back to care communities and the opportunities and threats for wider place transformation. A challenge was made around if community intervention doesn't happen then there is potential for the whole endeavour to fail. If we do nothing we will be 230 beds short of capacity. CK noted that they have started that journey and have good support from system colleagues in Place and other care providers, but acknowledged there is a lot to do The challenge for the NHP is that that they are first in queue nationally, which is great, but also carries risk – for example taking national colleagues on journey e.g. for digital. CK noted they were also conscious of not wanting to burden primary care colleagues, there is a focus on frail elderly, high intensity users, ambulatory provision, increasing bed base. The plan is not without risk and some things are within MCHFT's control to avoid shortage of beds, but where requires things not within MCHT gift will require multi agency support. There are three big workstreams. – building hospital – Non-NHS and social care opportunities – Reducing admissions – clinical model – potential to have profound effect on primary care and social care – there was concern that this is led by a hospital clinician – seems like key workstream where could get input from these sectors. CK acknowledged this and noted that there is input. They are clear that they don't want to pass the burden on to other sectors. Although Claire Hammill running the workstream engagement has been happening – HCM and IW noted they hadn't been contacted – this is vital as part of this workstream. The Board didn't feel that a secondary hospital clinician can led a workstream about transformation that needs to happen in primary care and social care. Concern was expressed about the lack of follow up on offers to get involved and support the project. CK will speak to IW direct to resolve this. There are aspirations on the master plan, but we need to have actions. It feels like the master plan is preventing discussions and proactive moves forward. The strategic plan will be developed it was noted that the sooner other partners e.g. CWP are involved the more they can do. Is the size of the build being reduced? CK reported that they are being asked to reduce to 540, but not taking out expansion capacity. It was acknowledged that there is risk in this. In Clinical pathways non elective is a big part, but elective also has a big impact in the community setting. Unless there is a change in culture in staff to think as a system across place there will be struggles. There is a gap in GP involvement in operational work building pathways. It was felt that integrated neighbourhood teams should be the building blocks with consultants in community. This is a challenge and yet to see a plan for how this will be delivered. How	

Item	Discussion and Actions	Action Owner
	do we utilise resource within NHP to ensure the right people are working in the right places when parent organisations are challenged. CK noted that the NHP is still quite early in process and there is time to get component parts in place, but it will only happen with full system support. The workforce challenge is significant – dialogue has to happen now and involve all partners. Pathways also need to involve ECT – the Trusts need to follow the same model for clinical transformation with a clear link with colleagues in east. It was noted that the lack of Mental Health in the plan is a concern and also need to think about how we can right size other sectors at same time.	
	Place Director Update – ICB operating context MW talked to the Board about the challenges being faced in the ICB and the wider system highlighting unaffordable planned deficits in NHS, along with social care and the voluntary sector. A decision was made yesterday to reduce running costs of ICBs nationally by 50% This presents an incredible challenge and will require the organisation to operate in a different way. It is hard to see how ICB can continue in same role as place convenor. However this could preset an opportunity for providers and other organisations local to Cheshire East It was noted that good will would be needed to keep this group going, but that it is vital that we do this to be able to do the really important work to support our communities. The Cheshire Devo agenda potentially adds extra spotlight to the ask. We cannot allow public sector reorganisation to stagnate change. Is there scope to develop the roles needed to drive this into devo proposition? Potentially look at what is being done in greater Manchester – model the same.	
8.	**Discussion / Q&A on "For Info" Items** (Finance Update, Strategic Planning and Transformation Group, Quality & Performance Report, Operational Delivery Group, Place Director Report) The reports were noted by the Board.	
	Any Other Business	
9.	**Questions from the Public (standing item)**	
	There were no questions or statements from members of the public.	
10.	**Meeting Evaluation (standing item)**	
	Feedback: • Moving away from slides and into discussion focus – high challenge and high support	

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Item	Discussion and Actions	Action Owner
	• Think about community/voluntary sector in care communities. • How do care communities challenge each other and learn from each other • Opportunity through resources but make accountable – action to have discussion about care communities and how to develop and take forward.	
	END OF MEETING	
Date and Time of next meeting:		

Updated: 01/05/2025							
	New						
	Ongoing						
	Completed						
	Closed						
Ref	**Date raised**	**Description**	**P-B Owner**	**Action Delegated to (if relevant)**	**Deadline**	**Status**	**Comments / Update**
2024-002	04-Sep-24	Care Communities: Agreed to bring a presentation around the data governance process to the Partnership Board.	Nush Sivananthan/Dawn Murphy		11-Nov-24	Ongoing	
2024-004	04-Sep-24	Healthier Futures - Leighton Hospital redevelopment - Russ Favager to bring back an update on Healthier Futures programme.	Russell Favager		06-May-25	Ongoing	
2024-007	11-Nov-24	Persons Story: Impact of dental medicine: Agreed to bring further information back to the Board on the local dental service across Cheshire and/or Cheshire East and the impact on A&E attendances.	Jenny Underwood		Jul-25	Ongoing	28.01.2025 - [HS] Jenny can you reach out to Tom Knight/ Luci Devenport and see if they would come and do a bit of an update at a future meeting re: the dental teamwork/ current issues.
2024-008	11-Nov-24	Care Communities Presentation: As part of the Care Community Development Group a task is being undertaken to determine how this will map to current Adult Social Care spend: Dr Sivananthan to include indicative examples to Adult Social Care spend.	Nush Sivananthan		14-Mar-25	Ongoing	
2024-009	11-Nov-24	C&M Urgent and Emergency Care - Red Lines Toolkit: Provide the Partnership Board with Healthwatch Cheshire A&E Watch Reports at the next meeting.	Louise Barry		14-Mar-25	Ongoing	
2024-010	27-Jan-25	Parent Carer Forum: Kayla Sellors to get the suggestions and solutions from service users. An update will be brought back to the next meeting in March 2025.	Kayla Sellors		14-Mar-25	Ongoing	
2024-011	27-Jan-25	SEND: Anushta Sivananthan to link these actions with the work of the care communities.	Nush Sivananthan		14-Mar-25	Ongoing	
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	NEW	
2024-013	14-Mar-25	SEND - establish task and finish group to put together an action plan to deliver on discussions around SEND from the workshop in January and today's meeting. To report back into Board at future meeting (July?)	Josette Niyokindi		Jul-25	NEW	

3. ICB changes and impact on partners

Cheshire and Merseyside

- Launch of national operating model for ICBs expected end April.
- Local plan is for structures to be consulted on in June, to allow for implementation October to December.
- Running cost targets per head of population driving ICB merges in other parts of the country.
- In Cheshire and Merseyside, the anticipated pay bill reductions are in the order of 25% to 30%.
- Discussions on structure principally centre around which functions continue to operate at Cheshire East level - there will be some - and which are delivered at a higher level – potentially a devolution footprint or Cheshire and Merseyside.
- Local partnership implications

Cheshire and Merseyside

4. SEND update

Will be provided by Josette Niyokindi, Interim Associate Director of Quality and Safety Improvement.

5. Financial Control and Oversight

Cheshire and Merseyside

- One of five systems nationally (out of 42) without an agreed financial plan for 2025/26.
- The appointment of a system improvement director – Mandy Nagra – signals an explicit financial turnaround process for both the ICB and the wider system.
  - Expenditure assurance panels removing local decision making
  - Sharper focus on ‘health paying for health’
- Levels of cost improvement expected in both providers and ICB budgets are at historically high levels with considerable risk contained within our collective plans.
- 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.

6. Integrated Neighbourhood Partnerships (1)

Cheshire and Merseyside

'We need to move to a neighbourhood health service that will deliver more care at home or closer to home, improve people's access, experience and outcomes, and ensure the sustainability of health and social care delivery. More people are living with multiple and more complex problems, and the absolute and relative proportion of our lives spent in ill-health has increased.'

- Addressing these issues requires an integrated response from all parts of the health and care system.'

- Cheshire East has several strategic capabilities in the context of integrated neighbourhood working.

  - ICS leading analytical capabilities combined with a demonstrable track record of moving from data into action.
  - Established (since 2017) and successful neighbourhood (care community) teams.
  - High quality primary care / many challenges around urgent and emergency care.

6. Integrated Neighbourhood Partnerships (2)

Cheshire and Merseyside

- Need to create a place level partnership vehicle to build on what the ICB has enabled in a world where the ICB becomes more strategic, also to respond to devolution.
- Our recent work has seen us apply patient risk stratification approaches to identify - at practice / patient level - those individuals who are frail and / or end of life.
- Our Better Care Fund investment is already demonstrating how working with these patients reduces ED attendances, and hospital admissions.
- Cheshire East would score well currently against the generally accepted features of accountable care organisations:
    - Accountability for Population Health – developed integrated place partnership governance
    - Defined Patient Population – work has already started with the defined frail / end of life cohort.
    - Emphasis on Quality and Cost
    - Data and Reporting Requirements – a particular strength
    - Leadership and Management Structures – robust and collaborative and extending to include representatives of the VCFSE sector.
    - Network of Providers – strong relationships vie the End-of-Life Partnership
    - Patient-Centeredness.
- **RECOMMENDATION -** Seek support from ICB / NHSE colleagues for the development of this approach.

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