Date	**06 September 2023**
Time	**14:00 – 17:00**
Venue	Committee Suites, Cheshire East Council, Middlewich Road, Westfields, Sandbach, CW11 1HZ
Contact	jennyunderwood@nhs.net

Cheshire East Health and Care Partnership Board

AGENDA

Chair: Isla Wilson

Time	Item No	Item	Owner (Incl. Partner Organisation)	Outcome required	Format & Page No
14:00		**Meeting management**			
	1	Welcome and Introduction	Chair	-	Verbal
	2	Apologies: Aislinn O'Dwyer, Dawn Murphy, Dr Daniel Harle	Chair	For noting	Verbal
	3	Declarations of Interest	Chair	For noting	Verbal
	4	Minutes of meeting on 17 May 2023	Chair	For approval / noting	Paper Page 3
	5	Action Log and matters arising	Chair	For noting	Paper Page 16
	6	Decision Log	Chair	For noting	Paper Page 17
14:15		**Public and community focus**			
	7	Person's Story (standing item)	Louise Barry	For information	Verbal
	8	Care Communities Spotlight (standing item)	Knutsford Care Community	For information	Presentation Page 20
	9	Mental Health Community and Learning Disability Collaborative	Tony Mayer	For information	Presentation
14:45		**Plans and Priorities**			
	10	Sustainable Hospital Services Programme	Katherine Sheerin	For discussion	Paper Page 43
	11	Care Leaver Covenant	Amanda Williams	For discussion	Paper Page 52
	12	Dementia Implementation Plan	Shelley Brough	For assurance	Paper Page 58
15:30		**Planning & Performance**			

Time	Item No	Item	Owner (Incl. Partner Organisation)	Outcome required	Format & Page No
	13	Quality and Performance Group Report	Amanda Williams	For assurance	Paper Page 83
	14	Strategic Planning and Transformation Group Report	Dave Holden	For assurance	Paper Page 96
	15	Operational Delivery Group Report	Simon Goff	For assurance	Paper Page 102
	16	Primary Care Advisory Forum Report	Amanda Best	For assurance	Paper Page 107
	17	Finance Report	Dawn Murphy/Katie Riley	For discussion	Paper Page 109
	18	Place Director Report	Mark Wilkinson	For discussion	Paper Page 115
		Partnership Committee effectiveness			
	19	Forward Planner and Review (standing item)	Chair	For information	Paper Page 125
	20	Evaluation of the meeting: (standing item) • Purpose remit and meeting organisation • Chairing and contributing • Evaluation of effectiveness • Effective use of time	Chair	For discussion	-
	21	Questions from the Public (standing item)	Chair	-	-
16:50		**Any other Business**			
17:00	**Close of meeting**				
Next meeting	**Date: 01 November 2023 Time: 14:00 – 16:00 Venue: Committee Suites, Cheshire East Council, Middlewich Road, Westfields, Sandbach, CW11 1HZ**				

Cheshire East Health and Care Partnership Board held in Public

Wednesday 17th May 2023
at 2.00pm – 4.00pm

The Boardroom
Bevan House, Barony Court, Nantwich, Cheshire, CW5 5RD

Unconfirmed Minutes

Membership

Name	Key	Title	Organisation	Present
Isla Wilson (chairperson)	IW	Chairperson	Cheshire & Wirral Partnership NHS Foundation Trust	✓
Amanda Williams	AW	Associate Director of Quality and Safety Improvement	NHS Cheshire and Merseyside Place Team	Apols
Cllr Arthur Moran	AMO	Councillor	Cheshire East Council	Apols
Cllr Janet Clowes	JC	Councillor	Cheshire East Council	✓
Cllr Jill Rhodes	JR	Chairperson of the Adults and Health Committee, Councillor	Cheshire East Council	✓
Dr David Holden	DH	Chairperson of Strategic Planning and Transformation Group	Place Partnership	Apols
Deborah Woodcock	DW	Executive Director of Children's Service	Cheshire East Council	✓
Dennis Dunn	DD	Chairperson	Mid Cheshire Hospitals NHS Foundation Trust	Apols
Dr Patrick Kearns	PK	Associate Clinical Director	Place Partnership	✓
Ged Murphy	GM	Chief Executive	East Cheshire NHS Trust	✓
Helen Charlesworth-May	HC-M	Executive Director – Adults, Health and Integration	Cheshire East Council	✓
Ian Moston	IM	Chief Executive	Mid Cheshire Hospitals NHS Foundation Trust	✓
Lorraine O'Donnell	LOD	Chief Executive	Cheshire East Council	Apols
Louise Barry	LBA	Chief Executive Officer	Healthwatch Cheshire	✓
Mark Wilkinson	MWI	Place Director – Cheshire East	NHS Cheshire and Merseyside Place Team	✓
Matt Tyrer	MT	Director of Public Health	Cheshire East Council	Apols

Shelley Brough	SB	Acting Director of Commissioning and Integration/Head of Integrated Commissioning	Cheshire East Council	✓
Anushta Sivananthan	AS	Consultant Psychiatrist / Medical Director	Cheshire & Wirral Partnership NHS Foundation Trust	✓
Chris Hart	CH	Social Action Partnership Director	Cheshire East Social Action Partnership	Apols
Alex Mitchell	AM	Associate Director of Finance and Performance – Cheshire West	NHS Cheshire and Merseyside Place Team	✓
Aislinn O'Dwyer	AO'D	Chairperson	East Cheshire NHS Trust	✓
Dr Daniel Harle	DHA	Medical Director	Cheshire Local Medical Committee Limited (LMC)	Apols

In attendance

Name	Key	Title	Organisation	Present
Carol Allen	CA	Notetaker	NHS Cheshire and Merseyside Place Team	✓
Guy Kilminster	GK	Corporate Manager Health Improvement	Cheshire East Council	✓
Jenny Underwood	JU	Corporate Business Manager – Cheshire East & Cheshire West	NHS Cheshire and Merseyside Place Team	✓
Katie Andrew	KA	Macclesfield Care Community Coach	East Cheshire NHS Trust	✓
Rev. Jonny Frost	JF	Hurdsfield Holy Trinity Church	Macclesfield	✓
Debbie Burgess	DB	Deputy Associate Director Community Services	East Cheshire NHS Trust	✓
Simon Goff	SG	Chief Operating Officer, Chairperson of Operational Delivery Group	East Cheshire NHS Trust	✓
Amanda Best	ABE	Integrated Head of Community Led Care	Cheshire East Place	✓

Item	Discussion and Actions	Action Owner
	Meeting Management	
1.	**Welcome and Introduction**	
1.1	Welcome from the Chairperson and discussions: The chairperson welcomed Board Members to the meeting.	
2.	**Apologies**	

Item	Discussion and Actions	Action Owner
2.1	**The Partnership Board:** • **NOTED the apologies received.** • **NOTED any deputies in attendance.**	
3.	**Declarations of Interest**	
3.1	There were no conflicts of interest pertinent to the items being discussed today.	
4.	**Minutes and Matters Arising**	
4.1	**Minutes of previous meeting held on 01 March 2023**	
	The Partnership Board: • **NOTED the minutes of the Partnership Board meeting held on 01 March 2023; and** • **APPROVED the minutes, subject to any required corrections (including those to the attendance list).**	
5.	**Action Log and matters arising**	
5.1	1. Implementation of the Social Action Protocol: The Implementation of the Social Action Protocol six-monthly update from work with the sector was missing from the previous action log. The Implementation of the Social Action Protocol to be added to the forward planner for Partnership Board meeting on the 6th of September 2023. **Action: Carol Allen.** 2. Managing conflicts of interest: Jenny Underwood to check whether Partnership Board members completed Declaration of conflicts of interest, plus gifts and hospitality form. **Action: Jenny Underwood.** **The Partnership Board NOTED the Action Log.**	**CA** **JU**
6.	**Decision Log**	
6.1	**The Partnership Board NOTED the Decision Log.**	
7.	**Public and community focus**	
7.1	**Person's Story (standing item) (Louise Barry)**	
	LBA presented a Person's Story to the Partnership Board regarding a young girl with Autism. Lizzie who had a chest infection before Christmas, needed anti-biotics and steroids. After finishing the course of anti-biotics, she still was not well. The GP was contacted, and the phone system was not working, so she was taken by car to the doctors. No one was available at the GP practice to see Lizzie. Lizzie then called NHS 111. She had to wait for an hour to get through. Lizzie eventually, got through at 9pm. Due to the chest pains, the call handler stated Lizzie needed an ambulance. Due to the nine hours wait, Lizzie's mom decided to take her to A&E, Lizzie is autistic with a mild learning disability; she also has health anxiety and takes the	

Item	Discussion and Actions	Action Owner
	advice of a health professional or NHS 111 call handler. The visit to the A&E department was busy, noisy, late and the lighting overhead was very bright for someone with sensory overload. Lizzie started to feel overwhelmed. Her mom was told there was nowhere quiet to sit and wait. Shortly thereafter, Lizzie had a non-epileptic seizure. Lizzie was then seen by a doctor in resus and given medication. A few things would have stopped an A&E department admission and the stress. A calm and safe space for anyone experiencing anxiety or feeling overwhelmed, would be amazing. Comments: • There seemed to be a national reluctance to be upfront with the public around understanding pressures within the A&E department. • The public were unaware the 4-hour Emergency Department target was not always achievable. • We need to consider the Learning Disabilities cohort of patients in the wider system to smooth out processes throughout pathways. • People with learning disabilities and/or autism had the highest level of health inequalities. Undertake work systemically by supporting people with communication, risk findings, stratification and supporting people with shared decision-making, in terms of risks. • Adopt common principles, across health and the council services. Have conversations as one across Place. • The question was asked whether, like supermarkets, low stimulation environments could be introduced within A&E departments? • The Partnership Board could have conversations which could include people who have had a diagnosis. • Consider making reasonable/general adjustments that will be beneficial. • Useful if everyone was aware of their organisations Oliver McGowan Mandatory Training status. • The Partnership Board could consider the Integrated Care Systems Health and Care Partnership Learning Disability strategy and develop further. • Given the outcome going through NHS 111 and being directed to A&E was not ideal. • The Quality and Performance Group was currently being setup, a sub-committee of the Partnership Board. The focus of the first meeting in June was on Learning Disabilities. • The patient story identified a failing on community services and primary care. People with learning disabilities and autism want to be cared for close to home, not attend the Emergency Department. • The Partnership Board could model the council's Learning Disability Partnership Group. • The Partnership Board could start conversations with the Learning Disability Partnership Group around their achievements and struggles with Health Care. **Action: The Partnership Board agreed to have a conversation with the**	**HC-M**

Item	Discussion and Actions	Action Owner
	Council's Learning Disability Partnership Group. **Action: The Partnership Board agreed to discuss the Learning Disabilities findings following the Quality and Performance Group.** **The Partnership Board NOTED the presentation.**	**AW**
8.	**Care Communities' presentation (standing item)** **Macclesfield Care Community (Katie Andrew, Rev. Jonny Frost and Debbie Burgess)** The Macclesfield Care Community presentation was shared prior to the meeting. Business Intelligence data directed Macclesfield Care Community to a focus on hypertension and mental health conditions. Work took place with small local communities where incidence was indicated. Queries and Responses: • A question was raised whether the environment was right to spread best practice and learning between the two halves of Cheshire East? ➢ A networking event took place a few months ago, where all care communities came together at a market stall with lots of networking which was useful for sharing. This was work in progress. ➢ A monthly Operational Group meeting took place where clinical leads and coaches shared information. The opportunity was not shared/extended to CCICP colleagues, and this needed to be considered. ➢ The plan was to share best practice in terms of the impact. As an example, the falls prevention service in Nantwich was outstanding. The falls prevention work will be shared to standardise methods across all CC. ➢ The dashboard was done by Cheshire East Place, a joint collaborative. • A question was asked around the local communities' engagement with and response to the inequality dashboard? ➢ The local community had engaged well which was evidenced in the increased figures of people attending the roadshows. One more event was planned for next month. The feedback from the community was taken on board, building on the information produced to build platforms. ➢ The Business Intelligence data was not shared with the community and required further development. • The question was asked what was holding the team back from further developing the work given the team's ambition? ➢ The sheer scale of the work was huge and could not be done at once. ➢ The lack of resources and pressures on the day job remain a challenge for the team. **The Partnership Board NOTED the update.**	
9.	**Plans and Priorities**	
9.1	**Joint Dementia Plan (Shelley Brough)** SB provided the following update: • The aim of the report is to seek approval to publish the final version of the Cheshire East Place (CEP) Dementia Plan.	

Item	Discussion and Actions	Action Owner
	• The Plan has been developed in partnership with Cheshire East Dementia Steering Group made up of local commissioners, providers of dementia services and people affected by dementia. • The Plan focuses on prevention, prompt assessment and diagnosis, support for people affected by dementia, living well with dementia and planning end of life care. • The draft CEP Dementia Plan was out for consultation from the 23rd of March until the 15th of June 2022. Feedback from the consultation was used to inform the latest version of The Plan. • The Plan was based on what people had said about their experiences either as a person living with dementia or as a carer. People with memory concerns, dementia diagnosis, families and carers and the organisations supporting them. • A fully costed implementation plan will be completed. • The implementation plan was based on existing staff time, capacity, resources and service provision. • Cheshire East Dementia Steering Group will support and oversee the delivery of the plan. • Engagement events will take place once the plan was finalised to promote awareness. Queries and Responses: • A concern was raised around human resources and risk management implications arising from the report with what needs achieving. ➢ There was no recognition of changes to structures or teams in terms of restructuring developments. ➢ There was recognition within the implementation plan that this was building on everyone's day jobs. ➢ About existing capacity rather than recruitment and development of new capacity. ➢ Developments within the implementation plan started to progress, e.g., the dementia friendly training and raising awareness. ➢ The council was not seeking to recruit more people to implement the strategy. ➢ The Partnership Board needed to be aware and consider items brought to the Partnership Board as this is a public meeting. • An Equality Impact Assessment (EIA) to be undertaken at the start of the process and not the end, prior to final publication. ➢ An Equality Impact Assessment (EIA) was drafted through the process and will be published. ➢ The EIA will continue to evolve as a dynamic document through the life of the plan. • A question was asked whether there was an aspiration for the Partnership Board to see strategies and a separate implementation plan? ➢ Strategy and implementation are closely connected and should progress as one. ➢	

Item	Discussion and Actions	Action Owner
	Comments: • The Council will take the lead on the dementia plan and approve it. • The plan was brought to the Partnership Board as a way of securing NHS partnership approval, specifically ICB approval. • A significant amount of work had gone into getting the plan to this point. The Partnership Board can support the paper and recognise their role. • Collectively and individually agree to frame documents under common language as organisations. • There will be a governance decision which has to be made by each organisation. • The plan was co-produced, a good example of collaborative working. • Other strategies will be prepared in which everyone will have an interest. Establishing clear reporting lines by building the environment in which the Partnership Board operates will be important. • Agreement to co-produce a report across health and social care coming through Place must take place in advance. • Have shared interest across health and social care coming through the Place. The process would be to set the remit for co-production and receive it, not approve it. • The question was asked what the Place plan was in terms of vision and achievement? ➢ All individual initiatives within each organisation should be contributing towards the delivery of the Place plan. • Should the Partnership Board be monitoring individual schemes? ➢ There was a refreshed Joint Local Health and Wellbeing Strategy and Five-Year Plan, and work was ongoing on an associated five-year delivery plan. We are seeking to agree a common language aligned to the new models of care. • Important to say thank you to the people with dementia and to the carers of people with dementia for their time and hard work. • Recommendations: • Work will commence at the earliest opportunity. • The Partnership Board must support the dementia plan. • The Partnership Board would like to review the draft implementation plan so that all partners are clear that their contributions were appropriate. **The Partnership Board APPROVED the final version.** **The Partnership Board would like to review the Implementation Plan so that all the partners can be clear their contributions are appropriate.** **The Partnership Board to ensure commentary on reports was appropriate, being clear where the report was written for, being clear about which Equality, Diversity and Inclusion processes have been used.** **The Partnership Board to adopt shared language in terms of how we describe services/pathways.**	
10.	**Family Hubs (Deborah Woodcock)**	
10.1	DW provided the following update for information. The Family Hubs report seeks to update the board on progress so far and next steps to ensure the successful implementation of the family hub model.	

Item	Discussion and Actions	Action Owner
	A transformational change programme is underway in Cheshire East to develop Family Hubs. These hubs aim to improve the way we deliver services to children and families, to ensure that all children get the best start in life, have the best possible education, enjoy good health, and grow up feeling loved, safe, nurtured, listened to and able to be who they want to be whilst celebrating diversity. This new model will ensure that our services are flexible enough to respond quickly and effectively to families as their needs change. Cheshire East was one of 12 local authorities that was successful in a bid for the first tranche of £12M Family Hubs Transformation Fund, announced on 23 May 2022. Cheshire East has approximately 18 months funding (over the fiscal years 2022-23 and 2023-24) to transition to a family hub model by March 2024, although this is expected to be extended up to September 2024. Queries and Responses: • A question was raised what happens when service funding finishes in September 2024? ➢ The service was funded through existing funding streams that the Local Authority had alongside the service delivery within Public Health funding around the 0 – 19-year-old health visiting, school nurse service. ➢ No additional funding. Some oversight from the Department for Education. • A question was asked how vulnerable, cared for children fit together with the Partnership Board? ➢ The report was for all children not specifically for cared for children. ➢ The age range is up to 25 for children with special educational needs and disabilities who have been cared for. ➢ A preventative offer around avoiding high cost, high need spend, around repairing fragile family relationships. ➢ The offer was available and open to the cared for population as with all children in the community. ➢ The paper was written specifically for the Partnership Board and is not a committee paper. ➢ A Family Hubs inception paper has been presented to the Children and Families Committee. **The Partnership Board NOTED the update.** **The Partnership Board SUPPORTED the current Family Hubs developments that will enable a focus on joint resources for services making the most difference to families.**	
11.	**Partnership representation on Health and Wellbeing Board (Isla Wilson)**	
11.1	The Chairperson provided the Partnership Board with a verbal update. There was a discussion at a recent Health and Wellbeing Board looking at the membership. Members from the Partnership Board currently attended the Health and Wellbeing Board in various roles. A decision was made to have only voting members present at the Health and Wellbeing Board.	

Item	Discussion and Actions	Action Owner
	A proposal was put forward that Isla Wilson, as Chairperson of the Partnership Board, represent and attend the Health and Wellbeing Board to provide Health and Social Care input. Ian Moston was nominated as Deputy. **The Partnership Board:** **AGREED and NOMINATED Isla Wilson to represent the Partnership Board at the Health and Wellbeing Board.** **AGREED and NOMINATED Ian Moston as the Deputy at the Health and Wellbeing Board.**	
12.	**Planning and Performance**	
12.1	**Strategic Planning and Transformation Group Update (Mark Wilkinson, representing Dave Holden)**	
	MWI provided the Partnership Board with an update: Queries and Responses: • A question was raised whether the risks to the programme will be discussed and how they will be resolved given the challenging financial position? ➢ This formed part of the development work collaborating with Jenny Underwood and other colleagues. ➢ The ICB Place team did work last autumn to think about Risks from an ICB perspective to the ICB achieving its objectives. ➢ Considering a fully developed and owned view across all Place partners of the risks faced. ➢ A Place Risk Register must be developed. **The Partnership Board:** **NOTED and SUPPORTED the development of the Strategic Planning and Transformation Group.**	
12.2	**Operational Delivery Group Update (Simon Goff)**	
	SG delivered an update: This report details the activities and highlights of the newly established Cheshire East Operations Group during April 2023. The Operations Group seeks to maximise the effectiveness of 'business as usual' place resources and is the integrated Place forum responsible for operational planning, performance and delivery. **The Partnership Board NOTED the update.**	
12.3	**Primary Care Advisory Forum – Minutes of meeting held on 19th April 2023 (Amanda Best)**	
	ABE delivered an update: The Primary Care Advisory Group was in its infancy. There was recognition through the Cheshire and Merseyside wider approach, that some functions were delegated to Places. The Group is an opportunity to share conversations and plan accordingly. Discussions take place around discretionary spending and funding allocations. Collectively hold vaccination conversations. Primary care development is devolved	

Item	Discussion and Actions	Action Owner
	locally, working through those arrangements. The Primary Care Advisory Forums had significant engagement from the local medical committee, working with local GPs. Several GPs attend in different capacities. Feedback: • The ICB had a responsibility for dentistry, pharmaceutical commissioning, and ophthalmology from the beginning of April 2023. • The Primary Care Group was a standing agenda item for regular updates. **The Partnership Board:** **NOTED the minutes of the Primary Care Advisory Forum.**	
12.4	**Finance Update (Alex Mitchell)**	
	AM delivered an update: The purpose of this report is to update on the overall financial position of Cheshire East Place, showing the financial position of all partners. The report will be developed over the next few months, supported by the arrival of a substantive Associate Director of Finance in post. The financial position of Cheshire East Place is challenging for all the organisations in the Partnership. The organisations in Place are facing increased demand and increased costs across their activities which is causing an increased financial pressure. Further efficiencies across all organisations will be needed allowing activity to be increased at the same time as maintaining or improving services and access whilst reducing the associated cost. Efficiency targets are very high in 23/24 due to the amount delivered through non recurrent measures during 22/23. Key risks are identified across all organisations as increased cost, increased demand for services, delivery of recurrent efficiencies and limitations of staff availability. Queries and Responses: • A question was raised whether the three-year plan will address the structural deficit challenge? ➢ Prior to Covid-19 there were huge structural deficits for providers and CCGs. ➢ A Place review took place for Cheshire West where a conversation took place around how the ICB identified support to look at the long-term solution for Cheshire in terms of trying to get to a sustainable position. ➢ The priority for the next couple of years was to deliver savings and targets, before addressing the underlying deficit. Comments: • MCHFT were facing challenges in some specialities around meeting the performance standards recognised nationally due to the financial position constraints placed on the ICS. • The Trust will have to produce a longer-term view that describes the problem which exists for the ICS and how they can be resolved. • Cheshire East Health and Care Partnership may need to have a conversation with organisations beyond our boundary which was a bigger piece of work.	

Item	Discussion and Actions	Action Owner
	• Waiting lists continue to grow, referrals are going up. The rate at which patients can safely be cleared off the waiting lists was being tested. • Patients who were on waiting lists could be treated. Decisions have been made which impacted the population. • The patient harm will have an impact because of decisions made. • There was an ambition for a three-year recovery plan by September 2023 to fix a longer-term problem for the NHS. Service choices will be determined for the next few years. • The health inequalities impact assessments were highlighted. We need to consider how the Partnership Board makes choices with difficult choices needed, trying to make sure health inequalities do not worsen for people. • Apply common methodology, given the limitations, to minimise the impact of health inequalities. • Important to have difficult and transparent conversations around the impact on each other's work. • Be mindful around letting standards slip and accepting this as the new norm, accepting conditions which may previously have been unacceptable. • The Local Authorities budget process will be reviewed for the medium-term financial strategy. • Would be helpful to collectively build a three-year plan/recovery strategy for the Place with a series of recommendations. • The Finance Group discussed the three-year strategy based on the Trust's work. • The suggestion was made to bring a Finance update at the September Partnership Board, linking in with the Local Authority to pull a document together from a Place perspective. **The Partnership Board:** **AGREED that a Finance update will be brought to the meeting on the 6th of September 2023, linking in with the Local Authority from a Place perspective.** **The Partnership Board:** **NOTED the Finance Update Report and the financial position of each organisation under Section 2 and Section 8.**	**AM/HC-M**
12.5	**Place Director Update (Mark Wilkinson)**	
	MWI delivered an update: Feedback: • Financial support for care communities: The Place Leadership Group had confirmed support for the concept of neighbourhood level working and working to develop an operating model. • Neighbourhood working and local working was key. • The Quality and Performance Group starting mid-June 2023. The Terms of Reference for the Quality and Performance Group will be brought to the Partnership Board in due course. Thematic discussions were on-going including Learning Disabilities. • <u>The ICB Place Team:</u> Interviews for Dr Andrew Wilson's role is scheduled for early June 2023. There were satisfactory levels of interest in the clinical role.	

Item	Discussion and Actions	Action Owner
	• Dawn Murphy will commence her role as the Associate Director of Finance and Performance at the end of July 2023. • A Head of Business Support (joint with Cheshire West Place) post was appointed. Hilary Southern will replace Karen Sharrocks and support the Partnership Board. A start date is yet to be agreed. • A full Place team should be in post by September 2023. • The importance of developing an approach to risks was highlighted. • By September 2023 the plan is to have a stronger financial position that will fit in with the three-year financial recovery plan/timescale for the NHS/health and social care recovery plan. • The ICB Place clinical leads were a follow-on to what was in place within the previous CCG. • As a Place, we need to start to expand the definition of 'clinical' particularly when thinking about how we support greater devolution and delegation of work through communities, where it would be much less around what the NHS and medical clinicians do and more about what other professionals implement. It also needs to be a component of professional leadership arrangements. • Care communities should be much broader across all professionals within the NHS and extended into social care. • <u>Tier 1 for urgent and emergency care delivery update:</u> The ICB had been placed in Tier 1 for performance following a national visit. There were a series of actions which affected everyone arising from the meeting. All A&E departments and systems were ranked. As a directed priority, the process and the actions must be completed by September 2023. This will impact the Local Authority and partners. A piece of work which will take shape in the next couple of months. MWI outlined that discussion will take place at the Place Leadership Group meeting tomorrow. Cheshire East was relevantly strong, compared to Cheshire and Merseyside. Performance across Cheshire and Merseyside was poor and had attracted attention. **Tier 1 for urgent and emergency care delivery will be an agenda item at the Partnership Board meeting on the 6th of September 2023.** • The GP recovery plan was highlighted. Endeavour to find a good balance of efficiency between primary care institutions and the hospital to reduce waiting times and/or backlog. Ensure this is added to the decision log. Otherwise, we will have that conversation again in the future. Comments: • A proposal was made to cancel the Partnership Board meeting scheduled for the 5th of July 2023. • An extended Partnership Board meeting is scheduled for Wednesday, 6th of September 2023. **The Partnership Board:** **NOTED the report.**	**CA/JU** **CA**

Item	Discussion and Actions	Action Owner
	The Partnership Board: **NOTED the need to expand the definition of 'clinical' particularly when thinking about how to support greater devolution and delegation of work through communities, the NHS and other health and care professionals.**	
13.	**Partnership Committee Effectiveness**	
13.1	**Forward Planner and Review: (standing item)** The Implementation of the Social Action Protocol six monthly update to be added to the forward planner.	**CA**
13.2	**Evaluation of the meeting** Questions from the public update will be discussed prior to any other business.	
14.	**Any other Business**	
14.1	Questions from the Public (standing item)	
	There were no questions from the public.	
14.2	Next Meeting:	
	The Partnership Board meeting scheduled for the 5th of July 2023 has been cancelled.	
14.3	Wash up (standing item)	
	No new business.	
	Close of meeting.	
Date and Time of next meeting: **06 September 2023 @ 2pm – 5pm (extended meeting)** **Venue: Westfields, Sandbach**		

Updated: 19 May 2023

Deadline Key		**ACTION LOG: Cheshire East H&C Partnership Board**	**Agenda Item:**
	New		
	Ongoing		
	Completed		
	Closed		

Ref	Date raised	Description (please be as specific as possible in this cell)	P-B Owner	Action Delegated to	Deadline	Status	Comments / Update
2022-007	23/01/2023	Thought would be given to the process for the declaration of management partnership board members interests.	Karen Sharrocks	Jenny Underwood	01/03/2023	**Ongoing**	Work is ongoing to collate declarations of interest from Partners. A report will be brought to a future meeting following clarification on requirements for declarations of interests in the context of partnership/system working
2022-008	23/01/2023	Cheshire East Place to create a framework of outcome measures on what the board aims to achieve.	Mark Wilkinson		01/03/2023	**Ongoing**	23/03/22: The Board's strategy will be a subset of the health and wellbeing strategy. This strategy will be supported by a joint outcomes framework which will set out the measures of success for this board.
2022-009	23/01/2023	Ensure committee and subcommittees have forward plans.	Mark Wilkinson		01/03/2023	**Ongoing**	As above. On agreement of the Board forward planner, focus will be given to sub committees.
2022-010	23/01/2023	Support the development of Cheshire East Place group and integrated quality report.	Amanda Williams		01/03/2023	**Completed**	22/02/23: a proposal on this agenda to establish a place quality group paves the way for the development of this report.
2022-015	01/03/2023	The revised New Quality & Performance Group Terms of Reference to be brought back to the Partnership Board for noting and discussion.	Amanda Williams		17/05/2023	**Completed**	
2022-017	17/05/2023	Managing conflicts of interest: Jenny Underwood to check whether Partnership Board members completed Declaration of conflicts of interests	Jenny Underwood		06/09/2023	**Completed**	We have a partially completed register for partnership board members. Work is still underway by central ICB colleagues to clarify whether we need to get to a complete register, whether can rely on declarations made to other organisations and how all of this relates to the delegation of powers to this Board. Suggest can be closed pending further guidance.
2022-018	17/05/2023	Persons Story: The Partnership Board could start conversations with the Learning Disability Partnership Group around their achievements and struggles with Health Care. Action: The Partnership Board agreed to have a conversation with the Council's Learning Disability Partnership Group.	Helen Charlesworth-May		06/09/2023	**New**	
2022-019	17/05/2023	Persons Story: The Partnership Board agreed to discuss the Learning Disabilities findings following the Quality and Performance Group.	Amanda Williams		06/09/2023	**New**	
2022-020	17/05/2023	Finance Update: A Finance update will be brought to the meeting on the 6th of September 2023, linking in with the Local Authority from a Place perspective.	Alex Mitchell/ Helen Charlesworth-May		06/09/2023	**New**	Cheshire East Council's financial reporting timescales mean that information on the first three months of 23/24 is not yet publicly available. Information will be available to include in the November 2023 report.
2022-021	17/05/2023	Tier 1 for urgent and emergency care delivery will be an agenda item at the Partnership Board meeting on the 6th of September 2023.	Carol Allen/ Jenny Underwood		06/09/2023	**New**	Deferred to November 2023

Cheshire East Health and Care Partnership Board

HCPB Decision Log 2022 - 2023

Updated: 17 May 2023

Decision Ref No.	Meeting Date	Topic Description	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	If a recommendation, destination of and deadline for completion / subsequent consideration
HCP-DE-22-01	02-Nov-2022	**Place Director Update**	**N/A**	The Partnership Board Noted the update.	
HCP-DE-22-02	02-Nov-2022	**Cheshire East Place System Winter Plan 2022/23**	**N/A**	The Partnership Board: 1) Noted the content of the Cheshire East Place System Winter Plan 2022-23. 2) Supported the onward governance approval process in line with organisational requirements.	
HCP-DE-22-03	02-Nov-2022	**Sustainable Hospital Services Programme: East Cheshire NHS Trust and Stockport NHS Foundation Trust**	**N/A**	The Partnership Board Noted the update and proposals outlined in the presentation.	
HCP-DE-22-04	02-Nov-2022	**Cheshire and Merseyside Development Framework - CE Place Self-Assessment**	**N/A**	The Partnership Board Noted the performance to date as expressed against the C&M Development Framework and Endorsed the recommendations as follows: 1) Ensure that the enabler workstreams have clarity about the outcomes that they need to deliver and how this supports delivery against C&M Development Framework. 2) Ensure that each of the enabler workstreams are meeting regularly and that there is commitment from place to attend. 3) Ensure each committee and sub-committee have forward plans.	
HCP-DE-22-05	02-Nov-2022	**Quality and Performance Report**	**N/A**	The Partnership Board: 1) Noted the contents of the report. 2) Discussed and Agreed to the proposed development of a Cheshire East Place System Quality and Performance Group and integrated quality report, noting the need for consistent presentation that allowed the reader to understand the information presented in context.	
HCP-DE-22-06	02-Nov-2022	**Financial Position Update**	**N/A**	The Partnership Board Noted the financial position of each organisation and next steps as outlined.	
HCP-DE-22-07	02-Nov-2022	**Governance: Recruitment of Partnership Board Chair**	**N/A**	The Partnership Board Noted the update.	
HCP-DE-22-09	23-Jan-2023	**Place Director Update**	**N/A**	The Partnership Board Noted the update.	
HCP-DE-22-10	23-Jan-2023	**The suspension and planned return of inpatient intrapartum services at Macclesfield District General Hospital**	**N/A**	The Partnership Board Noted the progress towards safely returning the full intrapartum care to Macclesfield District General Hospital. The Partnership Board Noted the current state of readiness for return.	
HCP-DE-22-11	23-Jan-2023	**Section 75 Committee Decisions**	**N/A**	The Partnership Board: 1) Discussed the update. 2) Endorsed the Adult Social Care Discharge Fund schemes S75 (appendix one) so that they can be deployed in the winter period 2022/23.	
HCP-DE-22-12	23-Jan-2023	**Section 75 agreement was expanded to reflect recent decisions for the period 2023/24 namely to include Voluntary, Community, Faith and Social Enterprise Sector Grants Programme**	**N/A**	The Partnership Board: Discussed and Approved the expansion of the Section 75 agreement for 2022-23 and 2023-24 to include: 1) The schemes included within the Adult Social Care Discharge Fund. 2) Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) grants.	
HCP-DE-22-13	23-Jan-2023	**Cheshire East Place system - Crewe Winter pressures proposals**	**N/A**	The Partnership Board: 1) Noted the report. 2) Endorsed the schemes noted in Appendix one so that they can be deployed in the winter period 2022/23.	
HCP-DE-22-14	23-Jan-2023	**Strategic Planning and Transformation Group - Report of the Chair**	**N/A**	The Partnership Board Noted the report.	
HCP-DE-22-15	23-Jan-2023	**Finance Update**	**N/A**	The Partnership Board: 1) Noted the report. 2) Supported the recommendation to consider the potential system wide impact across the Place.	
HCP-DE-22-16	23-Jan-2023	**Quality and Performance Update on NHS Commissioned Care Services**	**N/A**	The Partnership Board Noted the contents of the report.	
HCP-DE-22-17	23-Jan-2023	**Primary Care Advisory Forum Update**	**N/A**	The Partnership Board Noted the contents of the report.	
HCP-DE-22-18	23-Jan-2023	**Operational Delivery Group – Report of the Chair**	**N/A**	The Partnership Board Noted the report.	
HCP-DE-22-19	23-Jan-2023	**Governance**	**N/A**	The Partnership Board Noted the update.	
HCP-DE-22-20	01-Mar-2023	**Person's Story**	**N/A**	The Partnership Board Noted the update.	
HCP-DE-22-21	01-Mar-2023	**Care Communities' presentation**	**N/A**	The Partnership Board Noted the update.	
HCP-DE-22-22	01-Mar-2023	**Joint Local Health and Wellbeing Strategy**	**N/A**	The Partnership Board Endorsed the Joint Local Wellbeing Strategy and Five-Year Plan 2023-2028.	
HCP-DE-22-23	01-Mar-2023	**Social Action Charter**	**N/A**	The Partnership Board: 1) Approved the Social Action Charter document (Appendix 1). 2) Approved the implementation of the Charter in co-production with the VCFSE Leadership Group across the 8 Care Communities. 3) Agreed that Cheshire East Place System/Board representatives would be identified to join the VCFSE Leadership Group (Social Action Charter Task & Finish Group) which will be tasked with taking forward its implementation.	
HCP-DE-22-24	01-Mar-2023	**New Quality & Performance Group proposal**	**N/A**	The Partnership Board: 1) Noted the contents of the proposal. 2) Discussed the proposed approach and membership. 3) Approved the proposal to establish a Place Quality and Performance Group, subject to changes.	
HCP-DE-22-25	01-Mar-2023	**Sustainable Hospital Services Programme**	**N/A**	The Partnership Board Noted and Discussed the proposed approach.	

Cheshire East Health and Care Partnership Board

HCPB Decision Log 2022 - 2023

Updated: 17 May 2023

Decision Ref No.	Meeting Date	Topic Description	Conflicts of interest considered and agreed treatment of the conflict	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	If a recommendation, destination of and deadline for completion / subsequent consideration
HCP-DE-22-26	01-Mar-2023	**Area Special Educational Needs and Disability inspection framework (SEND) presentation**	**N/A**	The Partnership Board Noted the verbal update.	
HCP-DE-22-27	01-Mar-2023	**Strategic Planning and Transformation Group – Report of the Chair**	**N/A**	The Partnership Board Noted the report.	
HCP-DE-22-28	01-Mar-2023	**Finance Update**	**N/A**	The Partnership Board: 1) Noted the financial position of each organisation. 2) Supported the next steps.	
HCP-DE-22-29	01-Mar-2023	**Operational Delivery Group – Report of the Chair**	**N/A**	The Partnership Board Noted the contents of the report.	
HCP-DE-22-30	01-Mar-2023	**Place Director Update**	**N/A**	The Partnership Board Noted the report.	
HCP-DE-22-31	01-Mar-2023	**Forward Planner report and appendix**	**N/A**	The Partnership Board: 1) The Partnership Board Endorsed the forward planner. 2) The Partnership Board Identified any additional items that should be scheduled.	
HCP-DE-22-32	17-May-2023	**Joint Dementia Plan**	**N/A**	The Partnership Board: 1) APPROVED the final version. 2) Would like to review the Implementation Plan so that all the partners can be clear their contributions are appropriate. 3) ENSURE commentary on reports was appropriate, being clear where the report was written for, being clear about which Equality, Diversity and Inclusion processes have been used. 4) To ADOPT shared language in terms of how we describe services/pathways.	
HCP-DE-22-33	17-May-2023	**Family Hubs**	**N/A**	The Partnership Board: 1) NOTED the update. 2) SUPPORTED the current Family Hubs developments that will enable a focus on joint resources for services making the most difference to families.	
HCP-DE-22-34	17-May-2023	**Partnership representation on Health and Wellbeing Board**	**N/A**	The Partnership Board: 1) AGREED and NOMINATED Isla Wilson to represent the Partnership Board at the Health and Wellbeing Board. 2) AGREED and NOMINATED Ian Moston as the Deputy at the Health and Wellbeing Board.	
HCP-DE-22-35	17-May-2023	**Strategic Planning and Transformation Group Update**	**N/A**	The Partnership Board NOTED and SUPPORTED the development of the Strategic Planning and Transformation Group.	
HCP-DE-22-36	17-May-2023	**Operational Delivery Group Update**	**N/A**	The Partnership Board NOTED the update.	
HCP-DE-22-37	17-May-2023	**Primary Care Advisory Forum – Minutes of meeting held on 19th April 2023**	**N/A**	The Partnership Board NOTED the minutes of the Primary Care Advisory Forum.	
HCP-DE-22-38	17-May-2023	**Finance Update**	**N/A**	The Partnership Board NOTED the Finance Update Report and the financial position of each organisation under Section 2 and Section 8.	
HCP-DE-22-39	17-May-2023	**Place Director Update**	**N/A**	The Partnership Board NOTED the need to expand the definition of 'clinical' particularly when thinking about how to support greater devolution and delegation of work through communities, the NHS and other health and care professionals.	
HCP-DE-22-40	17-May-2023	**Place Director Update**	**N/A**	The Partnership Board: 1) NOTED the GP recovery plan. 2) ENDEAVOURED to find a good balance of efficiency between primary care institutions and the hospital to reduce waiting times and/or backlog. 3) To ENSURE this was added to the decision log. 4) NOTED the need to expand the definition of 'clinical' particularly when thinking about how to support greater devolution and delegation of work through communities, the NHS and other health and care professionals.	

#BecauseWeCare
Cheshire East Partnership

Knutsford Care Community

Storyboard – August 2023

About Us

Knutsford Care Community serves the population of Knutsford and its surrounding areas and has a population of approximately 22,500 people. The geography is based upon the registered lists of the three GP Practices that make up Knutsford Primary Care Network, also known as Knutsford Medical Partnership. These are Toft Road Surgery, Annandale Medical Centre and Manchester Road Medical Centre.

Knutsford Care Community was launched in May 2017 and bought together a range of health and care partners to help improve the lives of the local population. In April 2022, a Core Group was formed to help set and deliver upon key priorities for the local community.

Our aims

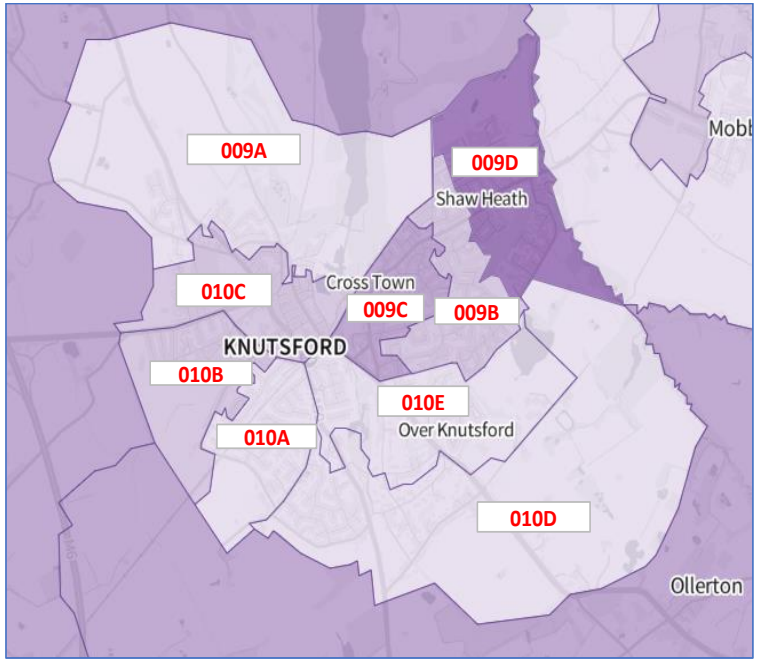
- to provide holistic health and social well-being to the Knutsford community
- collaborating with all members of the community to harmonise care provided by all sectors
- reduce health inequalities and to innovate to bring care closer to home

Complete Care Community – tackling health inequalities

As part of the Complete Care Community programme, funding has been awarded to Knutsford Together and The Monday Hub to develop their support networks within the community. Ongoing projects include Parkletics to support mental health and wellbeing.

Cheshire East 009	Knutsford	Reg Popn
E01018605	009A	1,128
E01018609	009B	1,775
E01018610	009C	2,015
E01018611	009D	1,836
Cheshire East 010	**Knutsford**	
E01018603	010A	1,380
E01018604	010B	1,366
E01018606	010C	1,701
E01018607	010D	1,311
E01018608	010E	1,445

E01018580	Gt Warford	304
E01018598	High Legh	877
E01018599	High Legh	375
E01018648	Mere/Rostherne	1,684
E01018649	Mobberley	993
E01018650	Mobberley	1,709
E01018654	Ollerton/Peover	1,584
E01018705	High Wincham	316
E01018722	Lach Dennis/Los	765
Outlier Areas		705
Total Registered (July 23):		**23,269**



Knutsford: Index of Multiple Deprivation

LSOA	IMD Score	IMD Quintile
009A	3.99	5
009B	10.74	4
009C	14.98	3
009D	29.3	2
010A	1.52	5
010B	10.79	4
010C	11.58	4
010D	2.19	5
010E	1.87	5

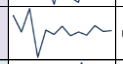
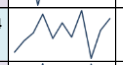
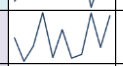
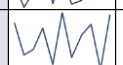
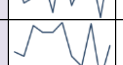
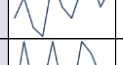
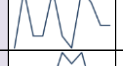
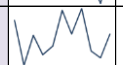
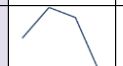
Quintile 1
High 20% of national deprivation
Quintile 2
Quintile 3
Quintile 4
Quintile 5
Low 20% of national deprivation

Cheshire East Average:
14.48
England Average:
21.67

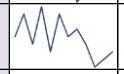
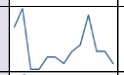
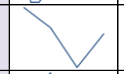
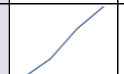
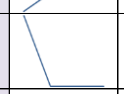
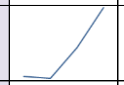
Knutsford is known as an affluent area of Cheshire East however there are significant areas deprivation within the town, particularly in the Shaw Heath area which sits in the Index of Multiple Deprivation (IMD) quantile 2. The Cross Town area is also an area of focus as it sits in IMD quantile 3. Therefore, many of the initiatives and projects undertaken by Knutsford Care Community are focused on the Shaw Heath and Cross Town areas to ensure that we are addressing the local health inequalities.

Data source: SHAPE Place • Deprivation • (shapeatlas.net)

Knutsford Dashboard

Go to KPI Benchmarking	Go to Maturity Assessment & Demographics	KNUTSFORD - CARE COMMUNITY DASHBOARD					Q2 2022/23			Q3 2022/23			Q4 2022/23			Q1 2023/24			Q2	
Generic Metrics	DOMAIN	AMBITION & OUTCOME	CLICK ON INDICATOR FOR FURTHER DETAIL	Baseline / Standard	TREND (Latest Period)		Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Comments
1. Crisis Care <> Acute Hospital Setting	Health & Social Care System Pressures	• Enable people to live healthy independent lives for as long as possible in their own homes, or the place they call home • Reduce the need for escalation of care to non-home settings • Facilitate timely return to their usual place of residence following temporary escalations of care to non-home settings • Support the collaborative working required to deliver the requirements of the hospital discharge operating model	1a: ~ Number of Crisis Referrals - Knutsford Care Community	156 (Q4+Q1 avg proxy)		UP IS GOOD	42	66	61	51	88	129	154	157	151	131	177	165	159	Baseline = x referrals / month %Standard for Priority 1 & 2 =>70% within 2hours and 48 hours respectively. In-month RAG - Green =>70% Yellow 60-69% Amber 50-59% Red <50% Links to metric 3a
			1b: ~ Crisis Referrals - Knutsford Care Community %Achieved Priority 1 - <2hours	=>70%		UP IS GOOD	73.9%	81.8%	76.9%	81.4%	76.3%	61.5%	77.5%	65.4%	62.5%	89.7%	77.4%	77.6%	83.1%	
			1c: ~ Crisis Referrals - Knutsford Care Community %Achieved Priority 2 - <48hours	=>70%		UP IS GOOD	94.7%	81.8%	100.0%	62.5%	83.3%	80.0%	86.5%	79.2%	82.1%	79.4%	86.8%	82.5%	82.9%	
2. Primary Care			2a: ~ GP appointments - Patients registered at Knutsford GP Practice - All Ages	12,511 (Q3+4 avg proxy)		DOWN IS GOOD		11,023	11,681	12,107	13,201	11,818	12,682	11,859	13,399	10,664	12,250	12,938		Data is nationally published on NHS Digital. PCN/Practice-level data from Aug22.
3. A&E ATTENDANCES (Knutsford GP registered patients - all providers)	Health & Social Care System Pressures	A prompt response to urgent needs so that fewer people need to access urgent and emergency care. Increasing the responsiveness of services to meet the urgent needs of the people they serve. Appropriate time in hospital with prompt & planned discharge into well organised community care. Reducing inappropriate time spent in hospital by increasing planned discharge into co-ordinated community care.	3a: ~ A&E attendances - all Knutsford patients (Rate 1000/popn)	178.53		DOWN IS GOOD	180.7	171.2	177.4	190.8	172.8	184.0	172.5	174.1	190.5	176.8	189.5			Baseline is A&E attendances by Knutsford GP registered patients - average rate 2022/23 NOTE: Relationship of A&E attends to Numbers of Crisis Referrals (Metric 1a)
			3b: ~ A&E attendances - all Knutsford patients aged 0-19y (Rate 1000/popn)	39.17		DOWN IS GOOD	42.9	35.0	36.3	41.6	32.7	45.5	34.4	39.9	42.6	31.4	44.8			
			3c: ~ A&E attendances - Knutsford patients aged 75+ (Rate 1000/popn)	26.93		DOWN IS GOOD	26.2	25.6	29.7	28.7	28.7	30.1	25.6	24.2	29.9	22.4	27.0			
4. AVOIDABLE NON ELECTIVE ADMISSIONS (Knutsford GP registered patients - all providers)	Health & Social Care System Pressures		4a: ~ Avoidable ACS emergency admissions - all Knutsford patients (Rate 1000/popn)	0.23		DOWN IS GOOD	0.17	0.26	0.13	0.09	0.34	0.22	0.17	0.30	0.34	0.22	0.30			Baseline is avoidable Ambulatory Care Sensitive (ACS) admissions, falls-related emergency admissions & acute inpatient readmissions <30d by Knutsford GP registered patients - average number/month for 2022/23.
			4b: ~ Avoidable ACS emergency admissions - Knutsford patients aged 75+ (Rate 1000/popn)	1.11		DOWN IS GOOD	0.00	1.64	0.33	0.33	1.64	0.33	0.00	1.64	1.31	0.65	0.65			
			4c: ~ Falls-Related emergency admissions - Knutsford patients aged 65+ (#Admissions)	12		DOWN IS GOOD	11	7	11	8	11	16	14	16	10	6	12			
			4d: ~ Falls-Related emergency admissions - Knutsford patients aged 65+ (£'000)	£67.19		DOWN IS GOOD	£83.7	£31.0	£65.7	£43.4	£53.9	£95.2	£67.2	£97.2	£48.0	£39.9	£67.1			
5. ACUTE INPATIENT READMISSIONS (Knutsford GP registered patients - all providers)			5a: ~ Readmissions < 30 days - all Knutsford patients (Rate 1000/popn)	0.62		DOWN IS GOOD	0.56	0.69	0.69	0.78	0.60	0.52	0.56	0.39	0.52	1.03	0.52			
			5b: ~ Readmissions < 30 days - Knutsford patients aged 75+ (Rate 1000/popn)	1.85		DOWN IS GOOD	1.96	1.64	3.27	3.27	1.96	1.31	0.98	0.98	1.31	3.93	2.29			
5.i ACUTE DISCHARGES BY PATHWAY (Knutsford GP registered patients - East Cheshire Trust)	Health & Social Care System Pressures	This programme aims to: -Develop a care and support model that responds at the point of crisis, -Offer more care at home and ensure we have the right amount of capacity and the right type to provided timely access to advice, treatment and support to prevent a hospital admission and support people to remain at home - Develop an integrated workforce - Transform a sustainable model for Discharge to Assess across the Borough via cluster of beds in set localities.	5c: ~ # Acute discharges on Pathway 0	tbc		UP IS GOOD										data to follow				Daily discharge data from ECT, highlighting pathway of the patient. This includes the GP Practice where the patient is registered to enable the data to be mapped to each Care Community.
			5d: ~ # Acute discharges on Pathway 1	tbc		DOWN IS GOOD										8	11	10	4	
			5e: ~ # Acute discharges on Pathway 2	tbc		DOWN IS GOOD										6	11	7	9	
			5f: ~ # Acute discharges on Pathway 3	tbc		DOWN IS GOOD										8	7	4	10	

Knutsford Dashboard

Care Community Priority KPIs	DOMAIN	AMBITION & OUTCOME	CLICK ON INDICATOR FOR FURTHER DETAIL	Baseline / Standard	TREND (Latest Period)			Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Comments
Living Well	Mental Health	A significant number of Knutsford patients are recorded on the QOF register as suffering with depression. Social isolation is an issue for many Knutsford residents, particularly since the COVID pandemic, and this is a contributing factor for depression.	6a: ~ A&E attendances for Mental Health-related presentations - Knutsford patients aged 10-19y	2		DOWN IS GOOD	↓	2	3	1	1	6	2	3	0	1	3	2	1		6a-b. A&E attends taken from Emergency Care Data Set (ECDS) - "Psychosocial & Behavioural Change" + "Environmental (Self Harm)" Complaint Groups. Baseline is avg/mth in 2022/23.
			6b: ~ A&E attendances for Mental Health-related presentations - Knutsford patients aged +20y	5		DOWN IS GOOD	↑	4	7	3	8	2	7	4	5	3	0	1	2		
	Cardiovascular Health & Hypertension	The data highlights Knutsford as an outlier for Hypertension, particularly in Shaw Heath and Cross Town. The drop in sessions will offer a chance for local residents to have their blood pressure, and other health indicators, checked on a regular basis. There is a high prevalence of hypertension in the Knutsford area and it is suspected that as many as 1,537 cases are undiagnosed and untreated. **What are we doing?** - To help identify those with hypertension, regular drop-in sessions are being set up to check residents blood pressure. - Cardiology Virtual Clinics are held weekly with a Consultant from East Cheshire Trust. - Holter Cardiac Monitors are now regularly used in Primary Care	7a: ~ Patients on Coronary Heart Disease QOF Registers: A&E attends (rolling 12 months)	tbc		DOWN IS GOOD													812	7a-b. Monitoring of A&E and NEL activity for Knutsford patients on CHD QOF registers. 7c. =>50% risk of CHD cohort of emergency admission within next 12 mths. 7d. Number of patients discussed in Virtual Cardiac Clinics. 7e. Number of 24 hour holter monitors fitted within Knutsford Primary Care (baseline is 2022-23 / 12). 7f. 1st OP attends to Cardiology Specialty in secondary care. Baseline avg per mth 22/23.
			7b: ~ Patients on Coronary Heart Disease QOF Registers: Emergency Admissions (rolling 12 months)	tbc		DOWN IS GOOD													287	
			7c: ~ Patients on Coronary Heart Disease QOF: =>50% probability of emergency admission <12mths	tbc		DOWN IS GOOD													64	
			7d: ~ Cardiology Virtual Advice Clinics: #patients discussed	tbc		UP IS GOOD		8	11	1	1	3	3	2	4	5	10	4	4	2	
			7e: ~ #24hr Holter Monitors: delivered in Primary Care	20		UP IS GOOD	↑	20	16	26	23	23	21	23	33	31	25	22	16	21	
			7f: ~ Knutsford patients aged +20y referred to Cardiology Out Patients (1st attends)	24		DOWN IS GOOD	↓	23	22	18	29	35	21	30	26	17	15	30	17		
			7g: ~ Patients on Hypertension QOF Registers: A&E attends (rolling 12 months)	tbc		DOWN IS GOOD													1,462	7a-b. Monitoring of A&E and NEL activity for Knutsford patients on Hypertenson QOF registers. 7c. =>50% risk of Hypertension cohort of emergency admission within next 12 mths.
			7h: ~ Patients on Hypertension QOF Registers: Emergency Admissions (rolling 12 months)	tbc		DOWN IS GOOD													527	
			7i: ~ Patients on Hypertension QOF: =>50% probability of emergency admission <12mths	tbc		DOWN IS GOOD													112	
	Knutsford Home First	A significant number of Knutsford patients are elderly, frail and often in their last year of life. Nationally, there is a home care crisis with a significant lack of capacity and while steps are being taken to try and address this, local solutions are also required. Patients can become deconditioned if they remain in hospital for too long and the more elderly and frail patients may never get that back.	8a: ~ #Patients with a coding of Frailty AND Depression	1,037		DOWN IS GOOD	↑										1,037	1,069	1,120	1,159	8a. Knutsford patients aged 18+ with a score of mild, moderate or severe frailty AND on QOF regs. for Depression. 8b. Knutsford patients on QOF for COPD who have >50% risk of hopsitalisation <6months. 8c. Home First cohort - Palliative Care - #NELs. 8d. Residents in the highest deprived area (Longridge is in IMD decile 3), with Depression + other LTCs. 8e. PARKLETICS - uptake of sessions delivered.
			8b: ~ #Patients aged 18+ with COPD, with a >50% probability of hospitalisation <6months	18		DOWN IS GOOD	≈										18	15	15	15	
			8c: ~ Knutsford patients Home First cohort - Palliative Care registers (all patients): #NELs	tbc		DOWN IS GOOD													122	
	PARKLETICS & Healthier Living	Parkletics is a movement that champions the most natural way to enjoy a more active, social and happier life. Parkletics includes natural outdoor exercise equipment that has been uniquely designed in collaboration with Sheffield Hallam University's Social Science Faculty.	8d: ~ #Knutsford Patients living in the top 40% of national deprivation, with Depression + =>2 more LTC. Total Acute activity (rolling 12m)	527		DOWN IS GOOD	↑										527	526	545	570	
			8e: ~ PARKLETICS project: Uptake sessions by residents	tbc		UP IS GOOD													14	

Our priorities

The Core Group are focussing on three priority areas with a number of projects underway or planned to tackle each area.

Wellbeing and Social Isolation

Complete Care Community projects

- Parkletics
- Knutsford Together
- The Monday Hub

Cardiovascular Health

- Hypertension Drop-in clinics
- Cardiology Virtual Clinics
- Holter Cardiac Monitors

Home First

- Support palliative patients to remain at home

Wellbeing and Social Isolation

What's the problem?

A significant number of Knutsford patients are recorded on the QOF register as suffering with depression. Social isolation is an issue for many Knutsford residents, particularly since the COVID pandemic, and this is a contributing factor for depression. There are also significant numbers of patients who are prediabetic, obese and/or suffering with hypertension which may also be impacting their mental health. This is a particular issue in the Shaw Heath area.

What are we doing about it?

- To tackle these issues, Knutsford Care Community have supported local initiatives including The Monday Hub (initially called the Life After COVID cafe) and Knutsford Together to help address social isolation and depression.

- An outdoor gym known as Parkletics has also been built in the heart of Shaw Heath and free weekly fitness classes have been prescribed to local residents to help address social isolation and depression as well as improve health conditions such as prediabetes, obesity and hypertension.

Knutsford: Patients on QOF Depression registers (aged 18+) = (3,167)

#Patients on Registers IMD Quin							
Age Band	1	2	3	4	5	nk	Total
18-24	1	32	50	48	63	3	197
25-44	1	165	276	271	230	8	951
45-64	1	159	389	343	362	2	1,256
65-84		46	175	239	188	2	650
85+			25	56	32	1	114
Total	**3**	**402**	**915**	**957**	**875**	**16**	**3,168**
			Shaw Heath				
%Total	*0.1%*	*12.7%*	*28.9%*	*30.2%*	*27.6%*	*0.5%*	

Knutsford: Patients with a latest HbA1C recorded of 42-47 (1,246 patients)

Count of Age IMD Quin							
Age Band	1	2	3	4	5	nk	Total
0-17		1			1		2
18-24				1	1		2
25-44		7	15	12	5		39
45-64		34	117	106	88	2	347
65-84	1	37	181	211	243	1	674
85+		3	34	92	52	1	182
Total	**1**	**82**	**347**	**422**	**390**	**4**	**1,246**
			Shaw Heath				
%Total	*0.1%*	*6.6%*	*27.8%*	*33.9%*	*31.3%*	*0.3%*	

High level numbers with HbA1C range of 48-55

Total number of patients = 354

Of which 27 are Shaw Heath residents

Knutsford: Patients with a latest BMI recorded of =>30 (2,121 patients)

BMI =>30 IMD C							
Age Band	1	2	3	4	5	nk	Total
0-17		7	5	2	9	1	24
18-24		15	13	10	17	2	57
25-44		79	131	96	79	3	388
45-64	1	94	266	253	242	4	860
65-84		61	201	236	207	2	707
85+			15	41	28	1	85
Total	**1**	**256**	**631**	**638**	**582**	**13**	**2,121**
			Shaw Heath				
%Total	*0.0%*	*12.1%*	*29.8%*	*30.1%*	*27.4%*	*0.6%*	

High level numbers with BMI of =>30

BMI range of 31-35 = 1,101 (Shaw Heath = 117)

BMI range of 36-39 = 340 (Shaw Heath = 52)

BMI of =>40 = 277 (Shaw Heath = 53)

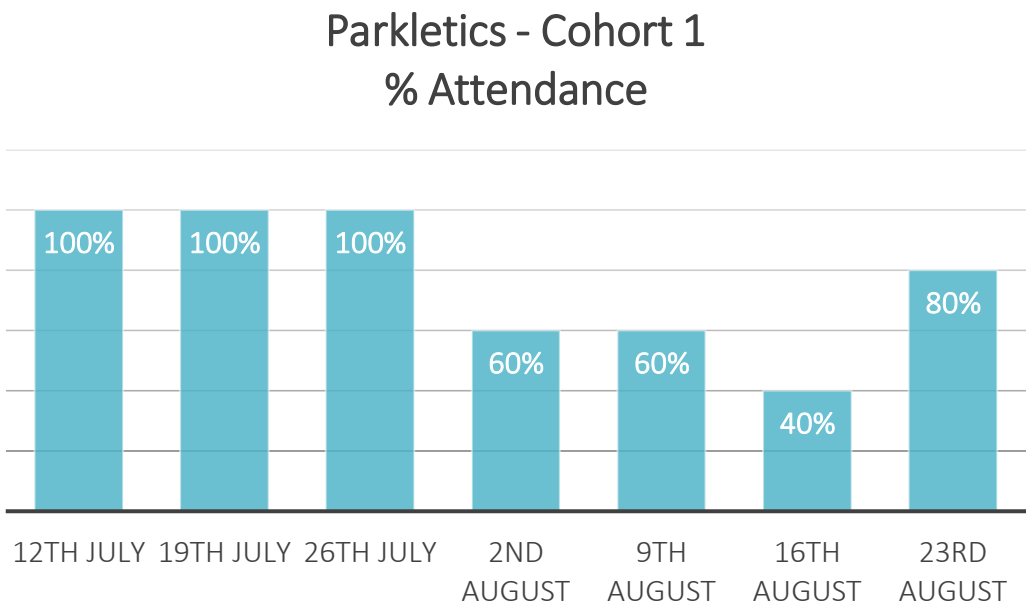
Parkletics

Parkletics is a movement that champions the most natural way to enjoy a more active, social and happier life. Parkletics includes natural outdoor exercise equipment that has been uniquely designed in collaboration with Sheffield Hallam University's Social Science Faculty.

- Free prescribed classes have commenced with aim of improving mild medical conditions, depression and social isolation.
- The class has so far helped improve participants overall fitness, strength, mobility, flexibility and social interaction. On completion of the programme medical and psychological tests will be repeated to understand the impact.
- One You Cheshire East will also incorporate Parkletics into their Move More classes which are due to start over summer 2023
- The goal is to encourage local residents to take up training to become Parkletics Instructors and Champions.

Parkletics - Outcomes

There are currently 5 people signed up to the first Parkletics cohort and attendance has been steady, with a dip in August mostly due to the summer holidays and some sickness. All participants have had their blood pressure, weight and HBA1C levels checked before starting the programme and they have completed the Warwick-Edinburgh Mental Wellbeing Scale. These measures will be checked again on completion of the 12 week course to understand what impact Parkletics has had. Participants overall fitness, strength, mobility, flexibility and social interaction is also being monitored from start to finish.



Case study

A 62 year old male currently attends Parkletics classes on a weekly basis and so far hasn't missed a single class. Before joining the class he was isolated at home, watching TV for much of the day, with little to no exercise. He didn't like the idea of going to a gym and was lacking in confidence. Parkletics has encouraged him to move more during the week and his confidence, balance and overall fitness has improved significantly since joining the class. He has met with another participant to exercise using the equipment in between classes and he regularly attends The Welcome Café after the class with some of the other participants. He is gaining confidence in social environments.

Knutsford Together

Improving lives in our community

Knutsford Together is a charity that coordinates statutory, voluntary and community groups and services to connect people in need with the help and support they need. The model is based on the Compassionate Frome project, for further information, please click here.

What they offer:

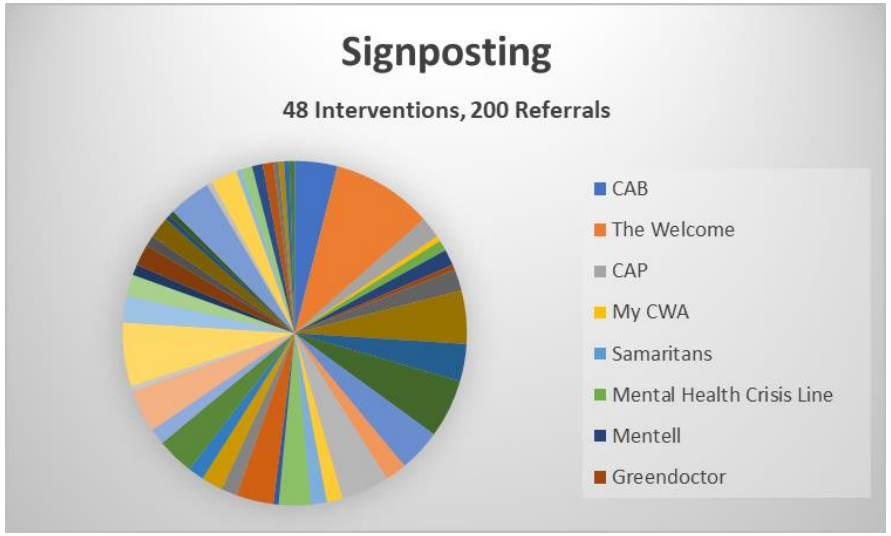
- A network of voluntary Local Connectors who offer support and advice to local residents.
- A Community Coordinator who can signpost residents to support services when required.
- A comprehensive and user-friendly Directory of Services - available at www.knutsfordtogether.org.uk.
- A weekly talking café on Tuesday's at Café on the Corner in Knutsford town centre.

Progress to date

- There are currently 33 open cases.
- 133 face-to-face visits have been completed
- 130 Local Connectors have been trained
- 18 Local Connector training sessions have been delivered to Knutsford Medical Partnership, Knutsford Community Hospital, Cheshire Police Victim Support Unit, Knutsford Police Station, Knutsford Town Council, The Monday Hub and online sessions.
- 36 talking cafes have been hosted

Knutsford Together - Outcomes

The World Health Organisation has a scale for measuring wellbeing outcomes and Knutsford Together have used this scale to measure the outcome for 12 of their recent clients. The graph shows that in 100% of cases, there was an improvement. Ten clients had face-to-face visits from Knutsford Together as this helps build personal relationships and achieve the best outcomes.



Case Study

Nicola from Knutsford together met with a lovely, retired couple (Mr and Mrs F) after receiving a referral from their son-in-law. Since COVID, there had been a huge decline in this couple's mental and physical health and Jane in particular had become isolated, scared and was rapidly losing her independence and confidence. After some reluctance, Nicola met the couple at their home and Jane explained that other than going to her son's house, she hadn't been out for 3 years, nor had she let anyone into her home. Mr F also appeared to have the onset of dementia. After some gentle persuasion, the couple agreed to go to a local café with Nicola for a coffee and despite some heavy rain on the day and some reluctance from Mrs F, the couple went to the café. Nicola did all she could to make the experience as easy and stress free as possible. All the way home, Mrs F chatted about how much she'd enjoyed going out and that although it was scary, she was really glad she'd done it and that it had given her the confidence to do it again. Nicola continues to work with the couple and has been able to help in other areas of their lives including putting a referral in to Adult Social Care for her husband. Building that relationship of trust and giving them that time face-to-face, hugely impacts how much more you can do for clients.

The Monday Hub

The Monday Hub is a free weekly café for anyone who needs social contact and conversation. It started out as a 'Life After Covid' café in a small room at Knutsford Community Hospital and was started by two volunteers, Clare Brabbins and Jo Sass, to help tackle social isolation in Knutsford as one of the many effects from Covid19. It has since moved to the Curzon Theatre in the heart of Knutsford. Most people who attend are isolated for at least part of the week, and many have chronic poor physical health or ongoing mental health issues.

A website has now been developed for the Monday Hub and includes a video highlighting the substantial benefits the hub has bought to the community in Knutsford: https://www.themondayhub.co.uk/

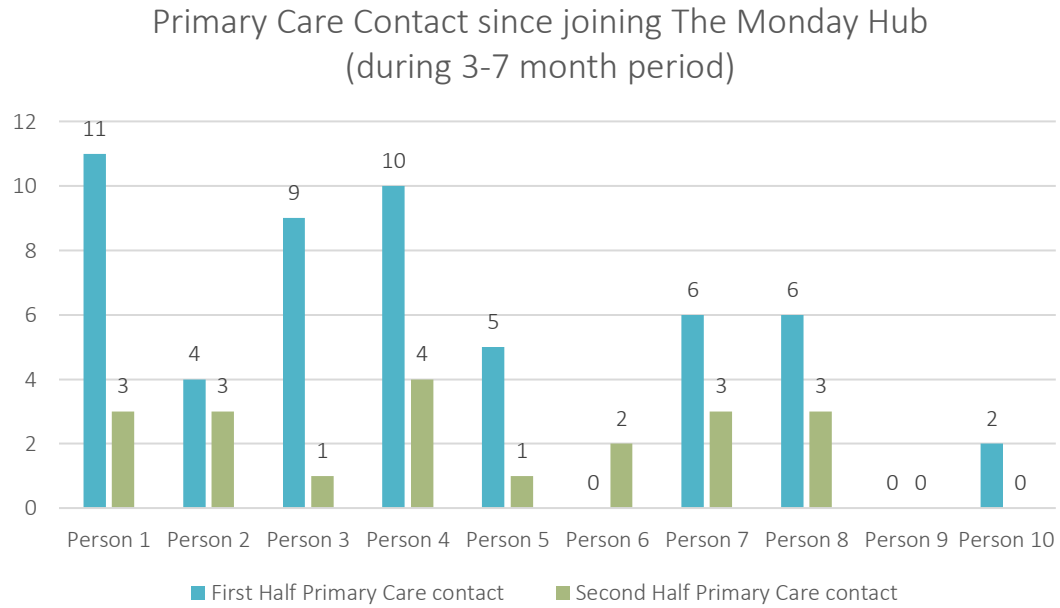
The Monday Hub won Team of the Month at East Cheshire NHS Trust for the month of October and received £400 to spend on capital purchases or training. Kara Mason said, **'Volunteers who have set up the Monday Hub at Knutsford to support our local community with access to services and to create a network to avoid isolation'.**

Priority: Wellbeing and Social Isolation

The Monday Hub - Outcomes

Feedback provided by Clare Brabbins:

- The Monday Hub has a steady stream of people attending, approximately 12 to 15 people each week and around 40 different people in the last 6 months. There are approximately two new people attending each month.
- There is a core group of volunteers who will set up the cafe and some give lifts, they appear to get a lot out of volunteering.
- Some people are brought or encouraged to attend by various community staff, and some of these keep coming.
- Some regular attenders have stopped coming to The Monday Hub as they have built sufficient confidence and networks to get other community links. These people start building their confidence in The Monday Hub's gentle and supportive environment, and then feel able to do other things which are probably more challenging and appropriate for them.



Case Study

An older male came to The Monday Hub initially seeking significant reassurance. He had previous mental health problems however he was previously highly functioning and successful. He split from wife and had poor social skills with little social contact. He started a range of activities within the group and now has become a leader within the group. He has gained the confidence to develop relationships with people outside of the group successfully. During the first six months of attending The Monday Hub, his primary care contact went from 10 in the first 3 months down to 4 in the second 3 months.

Cardiovascular Health

What's the problem?

There is a high prevalence of hypertension in the Knutsford area and it is suspected that as many as 1,537 cases are undiagnosed and untreated.

What are we doing about it?

- To help identify those with hypertension, regular drop-in sessions are being set up to check residents blood pressure.
- Cardiology Virtual Clinics are held weekly with a Consultant from East Cheshire Trust.
- Holter Cardiac Monitors are now regularly used in Primary Care

Knutsford: Patients on QOF Hypertension registers (aged 18+) = (3,167)

ESTIMATED Number of Patients registered on GP Practices QOF for Hypertension								35.3%
	Age Band							
PCN	20-34	35-49	50-64	65-74	75-84	85+	Total	Increase
CHAW	55	461	2,300	2,307	2,682	1,418	9,223	2,406
CHOC	65	503	2,580	2,630	2,966	1,292	10,037	2,619
Crewe EB	87	751	2,521	1,847	1,707	647	7,559	1,972
Crewe GHR	69	566	2,717	2,559	2,481	1,112	9,503	2,479
Knutsford	37	299	1,494	1,456	1,670	936	5,891	1,537
Macclesfield	88	736	3,787	3,415	3,414	1,610	13,050	3,405
Middlewood/BDP	19	264	1,567	1,827	2,200	1,112	6,988	1,823
Nantwich & R.	26	288	1,521	1,586	1,829	878	6,128	1,599
SMASH	123	816	4,400	4,158	4,500	1,813	15,810	4,125
Total	568	4,684	22,886	21,783	23,449	10,819	84,189	21,965

National modelling indicates that there is a 35.3% "gap" across Cheshire between actual and predicted diagnosis of Hypertension. This could indicate a further 1,537 cases across Knutsford.

Data source: NHS Cheshire & Merseyside ICB – Cipher

Hypertension

- Knutsford Care Community and Knutsford Medical Partnership will be holding bi-monthly Hypertension Drop in sessions at The Welcome Café and other local venues in the Shaw Heath and Cross Town areas of Knutsford.
- The data highlights Knutsford as an outlier for Hypertension, particularly in Shaw Heath and Cross Town. The drop in sessions will offer a chance for local residents to have their blood pressure, and other health indicators, checked on a regular basis.
- The first session will be held on Wednesday 6th September during 'Know Your Numbers' week
- Two local HCA's attended a family fun day at The Welcome Café on Friday 18th August to offer blood pressure checks to local residents. Two residents were found to have high blood pressure and referred on to their GP.

Outcomes to be recorded

Once the project is underway, the following outcomes will be recorded:

- Number of people seen during the drop-in session
- Number of people referred for treatment
- Number of people with preexisting hypertension, referred to their GP to check their medication

the welcome
a hub for everyone

Cardiology Virtual Clinics

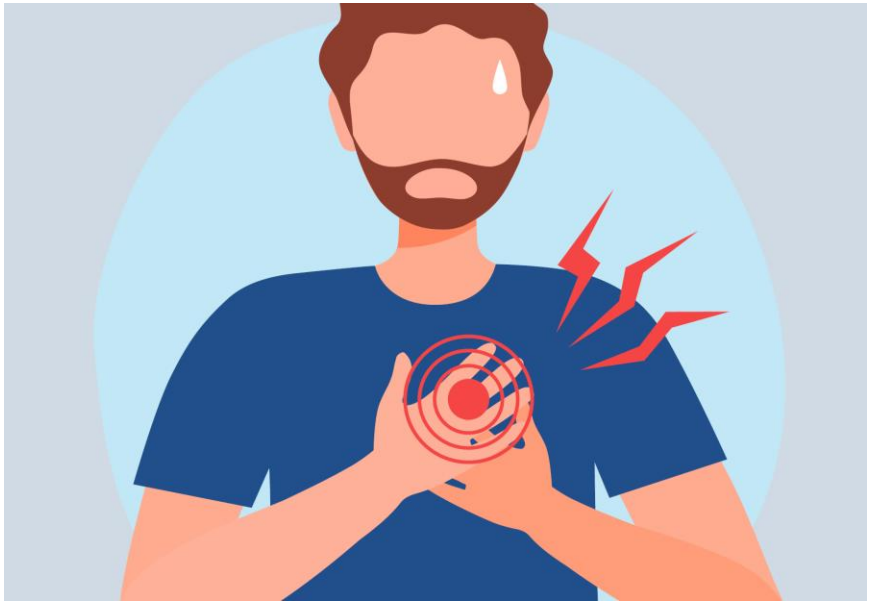
In April 2022, Knutsford Care Community began to trail cardiology virtual clinics with Dr Rob Egdell, Cardiologist Consultant at Macclesfield Hospital. The clinics took the form of a weekly virtual question & answer clinic and clinicians within Knutsford PCN could refer 3 cases per week, one from each GP surgery. The clinics have been a success however ongoing support is required for this to become business as usual.

Aims

- Discuss and seek advice virtually face to face for patients with complex heart failure within the community
- Formulate advance care planning for patients with advanced heart failure
- Improve learning opportunity for patients with advanced heart failure in Primary Care
- Improve communication between Primary and Secondary care
- Improve the patient's experience
- Reduce hospital attendance

Heart Failure MDT's

Dr Russell also holds a monthly Heart Failure MDT which offer the opportunity for clinicians to discuss or seek advice. The initiative started in Knutsford Care Community and has since been rolled out across the Care Communities in East.



Priority: Cardiovascular Health

Cardiology Virtual Clinics - Outcomes

Pilot period results (4 months)

- 7 clinics on a Wednesday lunchtime lasting 30 mins to 1 hour
- 21 patients in total discussed
- In 19 patients a referral to secondary care outpatients' was saved (90%)
- In 2 patients direct access to secondary care investigation was achieved and then follow up arranged

Cost Saving: average cost of attendance at cardiology outpatient clinic in acute setting - £136 without tests or £242 including tests (ECG; Echo)

A total of **60 patients** have been discussed in the virtual clinics from **August 2022 – July 2023**

Case Study

A 67 year old anxious male was investigated for PAF. His ECHO was normal and a holter monitor was performed remotely which showed 4 beats of VT. The man was discussed during a virtual cardiology clinic. His heart was normal, his examination was normal and he had no worrying symptoms. The patient was reassured with safety netting. This saved 3 hospital attendances (2 x Holter monitor, 1 x cardiology OPD), lead to a faster diagnosis time and improved patient satisfaction. This was a shared learning experience.

Holter Cardiac Monitors

In 2021, a pilot project was planned in order to enable Holter monitors to be fitted out of the Knutsford Medical Partnership practices. Three Spacelabs Lifecard monitors were purchased and access to MDGH Sentinel software was achieved (with a KMP facility created so only KMP patients could be seen). A training session was undertaken at start of the project to discuss the process and how to fit the monitors.

Aims:

- Improve patient satisfaction
- Open access to patients unable/unwilling to attend CRD at MDGH
- Enable option of longer Holter monitoring periods from the GP surgery (up to 5 days)

Outcomes

CRD; Average 22 days to analyse from start of recording

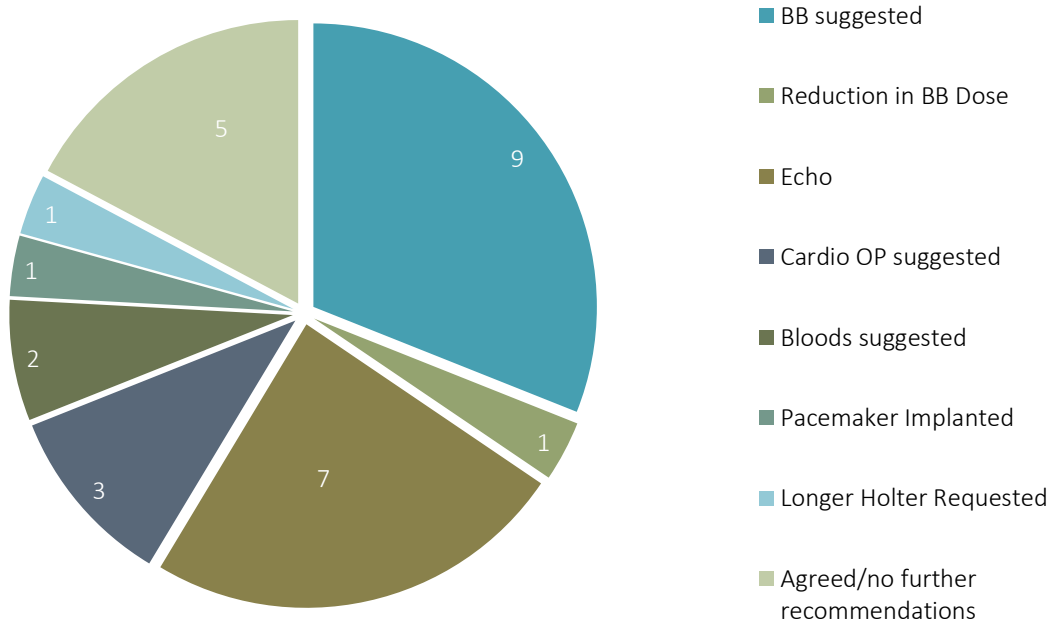
KMP; Average 22 days to receiving report from sending

Reduced from 32 days in first month to 21days in last month

20 sent for Cardiology comment *(often high ectopic burden)*

Average 13 days to receive back from Cardiology*

Recommendations from Cardiology (predominantly SpRs)



Case Study

A 79 year old male from Mobberley area was fitted with a Holter Cardiac Monitor on 26/05/21 due to possible collapse of LOC. Between 22.18 and 23.06 the patient appears to go into third degree AV block with ventricular escape - associated with pauses up to 3.88s at 22.19 and periods of bradycardia to a minimum of 25bpm at 22.18. This is associated with a 2% burden of ventricular beats. An urgent *Ad Hoc* telephone consultation was held on 22/06 PM with letter dictated and typed on 24/06. The patient was told they would require a pacemaker and they were urgently listed at Wythenshawe Hospital for a day case implant. An Abbott dual chamber pacemaker was implanted by Dr Russell at UHSM on 28/07/2021. The first check at UHSM on 09/09 was satisfactory.

Home First

What's the problem?

A significant number of Knutsford patients are elderly, frail and often in their last year of life. Nationally, there is a home care crisis with a significant lack of capacity and while steps are being taken to try and address this, local solutions are also required. Patients can become deconditioned if they remain in hospital for too long and the more elderly and frail patients may never get that back.

There are an average of 19 patients per day on Pathway 1 (waiting for home care) at East Cheshire Trust, some of whom are from the Knutsford area.

What are we doing about it?

Knutsford Care Community have explored a number of options to help reduce length of stay and prevent avoidable admissions. The Knutsford District Nurses have now linked in with East Cheshire Hospice to offer a Home First HCA service.

Knutsford: Patients on QOF Palliative Care registers (all ages) = (258)

Palliative (QOF) IMD Quint					
Age Band	2	3	4	5	Total
0-17				1	1
25-44		2			2
45-64	2	6	2	2	12
65-84	2	37	38	25	102
85+	2	34	81	24	141
Total	**6**	**79**	**121**	**52**	**258**
	Shaw Heath	Cross Town			
%Total	*2.3%*	*30.6%*	*46.9%*	*20.2%*	

Palliative (QOF)	#Gende		
Age Band	F	M	Total
0-17	1		1
25-44	2		2
45-64	8	4	12
65-84	58	44	102
85+	104	37	141
Total	**173**	**85**	**258**

Moderate or Severe Frailty (EFI)

Palliative (QOF)	#Gende		
Age Band	F	M	Total
45-64		1	1
65-84	38	23	61
85+	86	30	116
Total	**124**	**54**	**178**

Data source: NHS Cheshire & Merseyside ICB – Cipher

Knutsford Home First

In parentship with East Cheshire Hospice, the Knutsford District Nurse Team are working together with the aim of providing care at home for Palliative patients. They will work closely with the End-of-Life Partnership, McMillan team and local GP's to identify patients earlier in their journey before they reach crisis point. This is an innovation in collaborative working between a hospice and community nurses, therefore giving the patient access to a wide multidisciplinary team.

Selena King, District Nurse Team Leader

Aims

- Ensure patients in Knutsford who want to die at home are able to
- Support earlier discharge from the hospital or the hospice
- Avoid preventable hospital admissions
- Provide personal care to patients in their own home in the last year of life

Criteria

Patients must be:

- In the last 12 months of life
- Registered with a Knutsford GP

Outcomes to be recorded

Once the project is underway, the following outcomes will be recorded:

- The number of bed days saved at Macclesfield Hospital and the Hospice
- Patients who have passed away in their preferred place of death

East Cheshire Hospice
Where people come to live

Other Achievements

Dementia Pathway Project

Knutsford has a higher than the national average of people over the age of 75 and 1 in 6 people over the age of 80 will get dementia, therefore, the demand for dementia services in Knutsford is likely to increase.

Aims

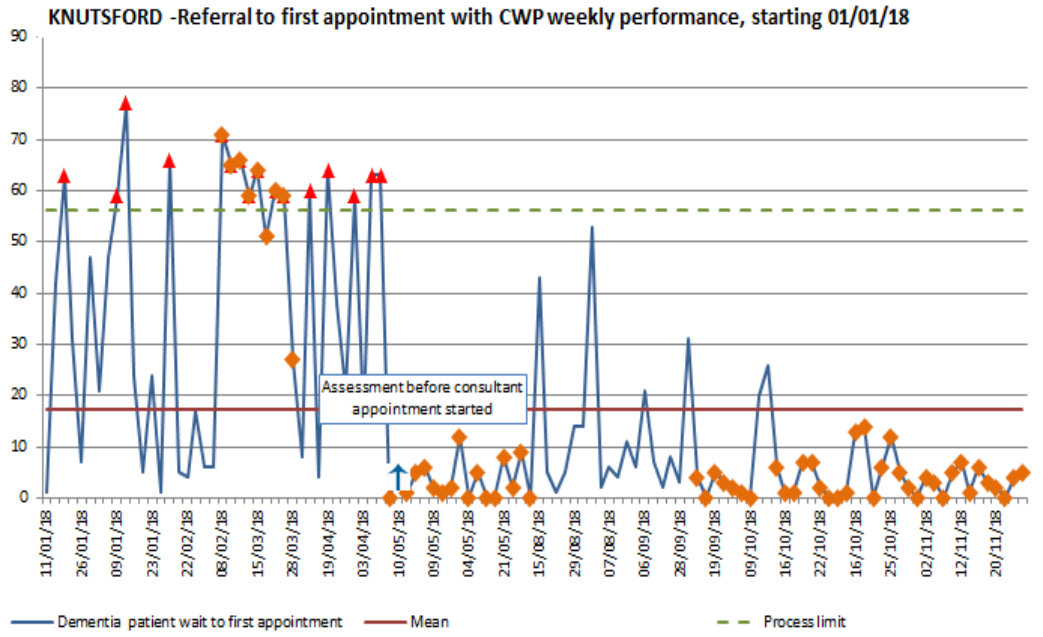
- Enable quicker initial dementia diagnosis
- Provide a local review clinic led by the GP Practice
- Provide timely access to consultant clinic for complex/advanced dementia patien

What was done?

- Consultant Psychiatrist carrying out clinics in GP Practice
- Developed a review primary care pathway for patients who are stable
- Appropriate patients being transferred from consultant care to primary care

Outcomes

- The majority of patients are now seen within 10 days (see graph). Patient feedback has been positive
- Approximately two stable patients per month are referred back to the Knutsford GP Practices. The majority of patients have other long term conditions. Practice nurse carries out the patient annual review
- Approximately 8 -9 patients are seen at each CWP consultant clinic in Knutsford. This has improved the relationship with GPs who have found this useful in terms of learning and general access to advice.



Benefits for the patient

- Improve wait time to diagnosis
- Reduced number of appointments as review combined with other long term condition reviews where possible
- Improved access to consultant for patients with complex/advanced dementia
- Reviews closer to home in GP Practice

The Dementia Project Team were awarded a Health Service Journal (HSJ) Partnership award in 2019.

Other Achievements

C-reactive protein (CRP) Point of care CRP testing for CODG

Advanced Clinical Practitioners began to trail the use of Point of Care CRP testing in November 2020 within Nursing Homes and on Home Visits to guide treatment and management options. CRP testing is only used in Knutsford Care Community.

Aims:

- Reduce the number of antibiotic prescribing
- Improve the decision making for admissions
- Improve inappropriate admissions
- Reassure patients
- Support the clinician in making a differential diagnosis
- Reduce blood tests/sampling – cost saving (venus samples)
- Reduce follow up visits

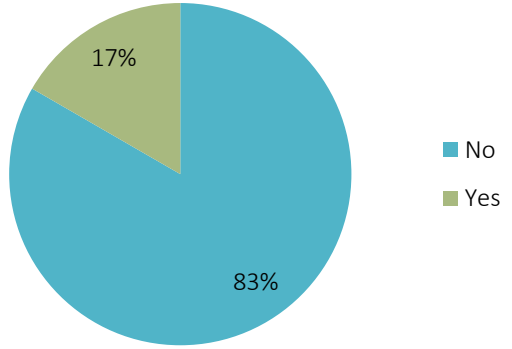
Case Study

Patient 1 – a man aged 83 was recently discharged from hospital. CPR monitoring helped support the clinician in the close monitoring of patient to avoid hospital admission

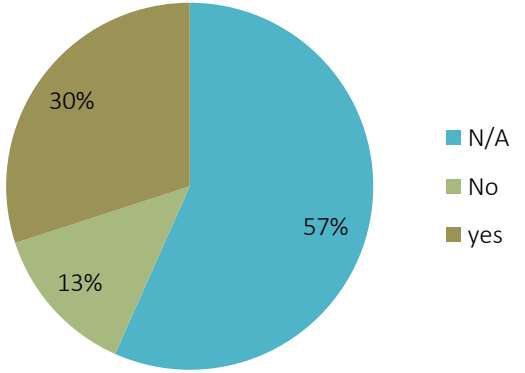
Outcome – patient remained at home and avoided hospital admission (further details in attachment)

30 patients were reviewed in the pilot and 93% were in their own home

Antibiotics given?



Admission Avoidance?



What next?

- The Core Group have identified two new priorities to focus during 2024 as a result of intelligence provided by Cheshire & Merseyside ICB:
    1. Living Well – this will include cooking classes for residents, a directory of support both locally and nationally to support a healthy lifestyle and it will take into account the cost of living crisis.
    2. Smoking – targeting those who smoke in Shaw Heath and Cross Town. Also, targeting young people vaping in schools.

- Tatton Wellbeing Loop - Knutsford Care Community hope to create a traffic free, safe wellbeing loop to support social resident becoming more active, to improve their health and wellbeing. GP's will be able to prescribe patients to the loop to engage in physical exercise to treat health and mental wellbeing. We would aim to study and hopefully prove reductions in blood pressure, weight and HbA1c along with mental wellbeing scores after engagement in the loop process.

- Our Community Development Officer is writing a 'Knutsford Plan' and is in the process of reestablishing the Knutsford Partnership from September 2023. This includes a wide range of stakeholders including police, fire, local businesses and members of the public.

- The annual Knutsford Celebration Event will take place on Thursday 15th November as a chance to engage with the local community.

Our Ask

1. Knutsford Holter Monitoring: initial funding for this project has now run out. We are funding HCA time and device upkeep ourselves. Please can we have funding to keep this going. It is very valuable for our patients.

2. Remote Cardiology clinics: these are ongoing and very useful to get rapid Consultant opinion for our patients. It saves hospital attendances and first appointment and ongoing follow up OPA attendances. But - GP time is unfunded for discussion and follow up of our patients. This needs to be funded to be able to carry on.

3. Further support with regards to ongoing projects such as the Dementia Pathway.

4. More help for system to advocate exercise as a prescription within the NHS. The NHS at present is too reactive and not proactive in encouraging and supporting healthy lifestyle. Other systems (Germany) do this well but we do not.

Sustainable Hospital Services Programme Phase 2

Progress update to Cheshire East Health and Care Partnership Board

6th September 2023

East Cheshire NHS Trust *'Our Healthy Future Together 2022 - 2025'*

Our purpose is to deliver outstanding care and to improve the health of ALL the people we serve

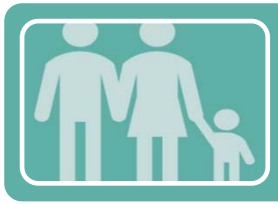
Themes and Strategic Goals to Success

Communities - We will work with local people to maximise our value

Success: Increase the number of local people employed by the ECT from 68% to 75% of the workforce over the next 5 years

Patients - We will deliver outstanding care

Success: Move from good to outstanding CQC overall

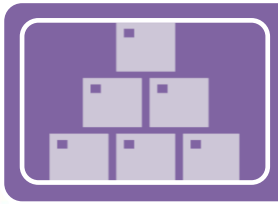


People - We will be a brilliant place to work

Success: Increase our staff engagement score in the NHS staff survey, moving from average to being in the top 25% of all acute and community trusts

Partnership - We will strenghten and expand services through partnership working with other care providers

Success: Reduce the unnecessary time people stay in hospital by 80%



Resources - We will make the best use of our resources to deliver outstanding care

Success: Reduce the total tCO_2e emissions by 3,897 from our 2019/20 baseline by 2023/24 in order to meet NHS carbon neutral targets

ECT Trust Strategy – Theme 4

Theme 4: Partnership

Goals:

We will strengthen and expand services through partnership working with other care providers

Success:

Reduce the unnecessary time people stay in hospital by 80%

Communities

Resources

Patients

Partnership

People

Key Projects:

- Strengthen Care Communities, support them to maximise their role in delivering integrated care which keeps people well in their own homes
- Secure high quality, safe maternity services
- Implement partnership arrangements with Stockport and Place partners to strengthen and stabilises key services
- Deliver the 'Emergency Care Village'

- Increase elective capacity to accelerate access to services for the people of eastern Cheshire and beyond
- Increase diagnostic capacity in the community and hospital
- Increase the accessibility of more specialised services
- Become a beacon of excellence in the care of older people

Programme aim

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

This will be achieved through joint working between:

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

Key phases

Phase One

Jan 2022 – May 2022

- Produce service change proposal and clinical case for change

Complete

Phase Two

June 2022 – Apr 2024

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

Phase Three

May 2024 – Dec 2024

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

Phase Four

Jan 2025 – Dec 2025

- Programme Implementation

Programme scope

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

The programme is focused on the following 10 clinical areas;

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

ED services are out of scope

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

Clinical engagement – emerging proposals

General surgery

- All complex elective and urgent general surgical admissions to be treated at SFT
- No inpatient general surgical beds, day case only at ECT

Orthopaedics

- A ring-fenced elective facility to be developed ECT, shared by both trusts
- Spinal surgery and joint revisions at SFT

Gynaecology

- A small number of complex elective cases from ECT treated at SFT e.g., requiring a joint gynaecology/general surgery procedure or elective robotic surgery cases

Critical Care

- Increased capacity at the SFT site to accommodate increased volume of general surgery patients

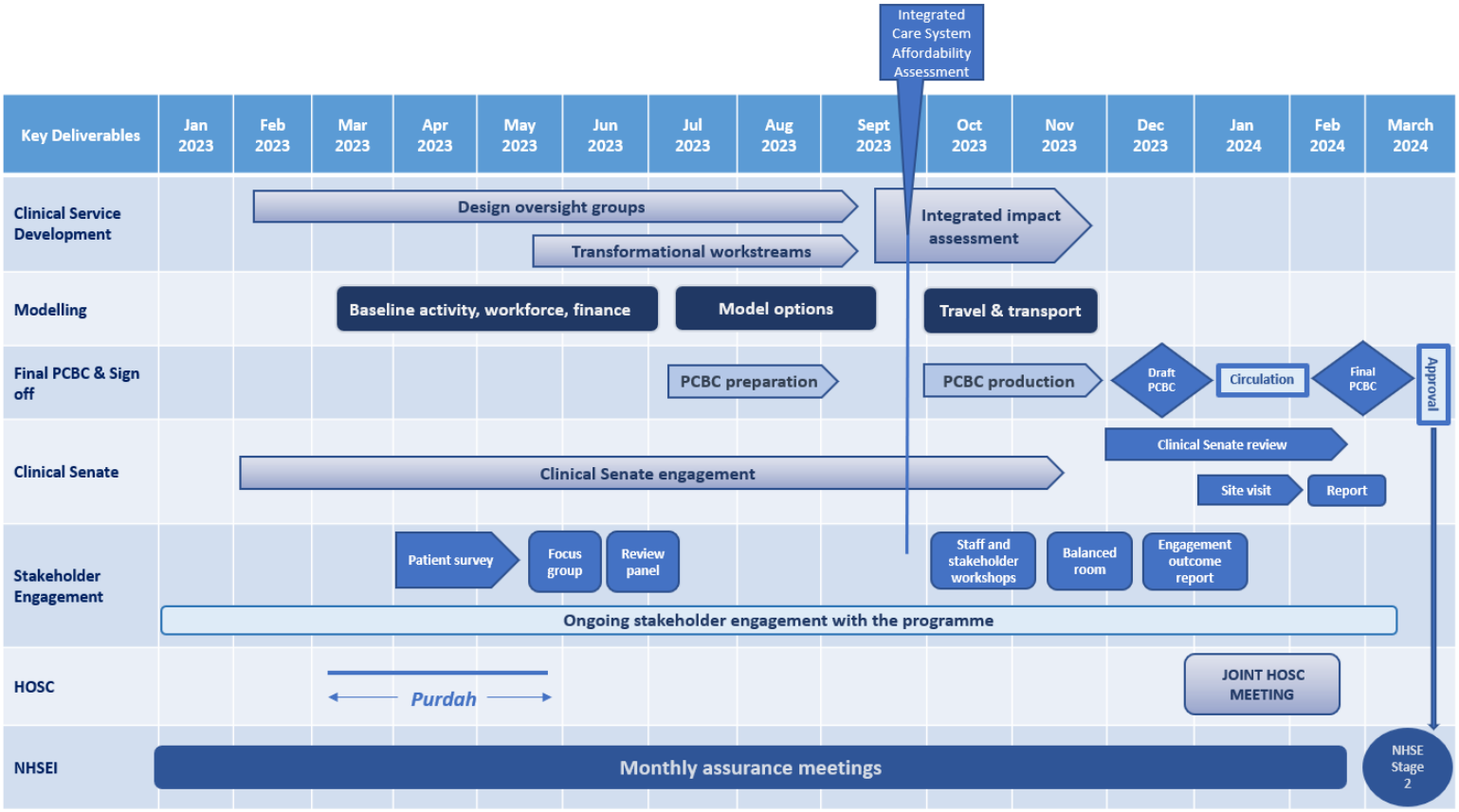
ED / Imaging

- Change of pathways at the ECT site to reflect the changes within general surgery

Patient engagement

- Patient survey completed, over 600 responses with a final report being drafted
- Focus group has been held with a good mix of patient backgrounds
- Initial feedback highlights:
  - The quality of services provided are generally good
  - Staff are professional and friendly, but low in numbers
  - Communication could be improved
- Concerns were noted as:
  - The need for the emergency department to remain at both sites
  - Parking and public transport
  - Waiting times are too long for emergency care and other areas

Timeline – Phase 2



Cheshire East Health and Care Partnership Board

NHS Universal Family (Care Leaver Covenant) Programme

September 2023

Date of meeting:	6 September 2023
Agenda Item No:	11
Report title:	Cheshire East Quality & Performance Report
Report Author:	Helen Case, Designated Nurse Children in Care, Sefton Place on behalf of all NHS Cheshire and Merseyside Designated Nurses Children in Care/ Safeguarding
Report approved by:	Amanda Williams, Associate Director of Quality and Safety Improvement.

Purpose and any action required	**Decision/→ Approve**		**Discussion/→ Gain feedback**		**Assurance→**		**Information/→ To Note**	X

Executive Summary and key points for discussion

It is well recognised that care experienced individuals often have far poorer outcomes than their non-care experienced peers.

The Care Leaver Covenant is a promise made by the private, public and voluntary sectors to provide support for care experienced young people aged 16-25 to help them to live independently.

On 27 October 2022 NHS Chief Executive Amanda Pritchard made a commitment to supporting care experienced young people announcing that NHSE would be signing the Care Leavers Covenant on behalf of all NHS organisations.

On 6 December 2022 a letter was shared with Integrated Care Board (ICB) Chief People Officers, Regional Workforce and Operational Development Directors, looking to identify 10 ICB pathfinders to join NHSE on the start of the journey to introduce the NHS Universal Family (Care Leavers Covenant) Programme. Designated Nurses for Children in Care were asked to submit an expression of interest in becoming one of the pathfinder organisations but unfortunately due to the tight turnaround the deadline for submission had passed.

The selected 10 ICB pathfinders are to employ 250 care experienced young people in total by the end of the 2023-24 financial year. The programme will then be widened to all 42 ICBs to meet a target of 500 care leavers being employed in 2024-25 and then move to an annual target of 1000 employment opportunities being provided for care experienced young people in 2025-26.

ICBs and NHS Trusts do not have to wait for the national roll out of the NHS Universal Family (Care Leavers Covenant) Programme. A paper was approved by the NHS Cheshire and Merseyside Executive Board in January 2023, that agreed to the progression of the NHS Universal Family (Care Leavers Covenant) Programme in 2023-24 although NHS Cheshire and Merseyside is not a pathfinder ICB.

This report provides an update on the progress so far and identifies the next steps to be taken.

Recommendation/ Action needed:	It is recommended that all relevant ICS place committee members note the content of this paper and NHS Cheshire and Merseyside's commitment and progress in relation to the NHS Universal Family (Care Leavers Covenant) Programme. **The Board is asked to:** a) NOTE the contents of the report and progress made.

Consideration for publication	
Meetings of the Health and Care Partnership Board will be held in public, and the associated papers will be published unless there are specific reasons as to why that should not be the case. This paper will therefore be deemed public unless any of the following criteria apply (please insert **'x'** as appropriate:	
The item involves sensitive HR issues	N
The item contains commercially confidential issues	N
Some other criteria. Please outline below:	N/A

Which purpose(s) of the Cheshire East Place priorities does this report align with?	
Please insert **'x'** as appropriate:	
1. Deliver a sustainable, integrated health and care system	X
2. Create a financially balanced system	
3. Create a sustainable workforce	
4. Significantly reduce health inequalities	

Document Development	**Process Undertaken**	**Yes**	**No**	**N/A**	**Comments (i.e., date, method, impact e.g., feedback used)**
	Financial Assessment/ Evaluation			X	
	Patient / Public Engagement			X	
	Clinical Engagement			X	
	Equality Analysis (EA) - any adverse impacts identified?			X	
	Legal Advice needed?			X	
	Report History – has it been to 0ther groups/ committee input/ oversight (Internal/External)			X	

NHS Universal Family (Care Leavers Covenant) Programme

1. Introduction / Background

1.1 In the UK, on average young people now live in their family home until the age of 23. Yet, when it comes to the highly vulnerable in our society – those who have been in foster care or a children's home, the expectation is that young people start to live independently at 18, or in some cases even younger. Sadly, we know that care experienced young people often have far poorer outcomes than their peers. By the time they reach 19-21 years old, 4 in 10 are not in education, employment or training. Many suffer with poor physical and mental health and are at even greater risk of suicide than their non-care experienced peers.

1.2 In July 2016, the Government published a major policy document 'Keep on Caring' to support young people from care to independence. A key policy commitment in the paper is a strategic pledge to introduce a Care Leaver Covenant. The Covenant is a promise made by the private, public and voluntary sectors to provide support for care leavers aged 16-25 to help them to live independently. The aim of the Care Leaver Covenant, to which organisations commit, is to provide additional support for those leaving care; making available a different type of support and expertise from that statutorily provided by local authorities. Drawing on the resourcefulness and imagination of their staff and their working environment, organisations have the potential to offer new perspectives and professional expertise. These can offer opportunities and a new way of thinking to aid the care leavers in moving forward successfully to the next phase of their lives.

1.3 The Care Leaver Covenant is funded by the Department for Education and delivered by Spectra. Spectra are a social impact company and were appointed, in 2018, as the national delivery partner for the Care Leaver Covenant. They design and deliver social impact and inclusion programmes for governments and organisations across sectors. Over 330 organisations, across all sectors and industries, have 'signed' the Covenant and are providing tangible offers and opportunities to care experienced young people in England.

1.4 On 27 October 2022 NHS Chief Executive Amanda Pritchard made a commitment to supporting care experienced young people announcing that NHSE would be signing the Care Leavers Covenant on behalf of all NHS organisations. The concept of the NHS Universal Family is at the heart of the Care Leaver Covenant and the NHS is committed to improving outcomes for care experienced individuals, whilst also harnessing the talent that lies in the care leaver community to help the NHS better serve our patients and our communities. The NHS also recognises that it has something to offer our care experienced young people - the opportunity to have a fulfilling career in the NHS.

1.5 The NHS Universal Family (Care Leavers Covenant) Programme aims to:

- Make a firm and visible commitment to supporting care experienced young people in our NHS Family.
- Ensure 250 care experienced young people, access employment, education and training opportunities in service by 2024.

- Establish and implement the NHS Care Leavers internship scheme in partnership with Covenant.
- Work with Covenant to develop a 'Care Leaver's Offer' in 10 pilot Integrated Care Boards (ICBs) supported centrally for ICBs to take forward the covenant in their communities.
- Ensure strong advocacy from National, ICB and Provider leadership community, led by Thomas Simons, Chief HR & OD Officer and Deputy National Director of People.

1.6 On 6 December 2022 a letter was shared with ICB Chief People Officers, Regional Workforce and Operational Development Directors, looking to identify 10 ICB pathfinders to join NHSE on the start of the journey to introduce the NHS Universal Family (Care Leavers Covenant) Programme. NHSE indicated that they would provide £25,000 to support each successful pathfinder site. The deadline for expressions of interest in becoming a pathfinder ICB was 16 December 2022.

1.7 The selected 10 ICB pathfinders are to employ 250 care experienced young people in total by the end of the 2023-24 financial year. The programme will then be widened to all 42 ICBs to meet a target of 500 care leavers being employed in 2024-25 and then move to an annual target of 1000 employment opportunities being provided for care experienced young people in 2025-26.

1.8 The NHSE Programme team are working up a draft plan, and but this will be finalised in collaboration with the 10 pathfinder ICBs as part of early steps workshops. A toolkit (or similar) is intended to be co-produced as a specific output of the pathfinders and used as part of the full national roll out.

1.9 ICBs and NHS Trusts do not have to wait for the national roll out of the NHS Universal Family (Care Leavers Covenant) Programme. A paper was approved by the NHS Cheshire and Merseyside Executive Board in January 2023, that agreed to the progression of the NHS Universal Family (Care Leavers Covenant) Programme in 2023-24 although NHS Cheshire and Merseyside is not a pathfinder ICB.

2. Progress So Far and Next Steps

2.1 Since the paper was approved, the following progress has been made:

- We have met with Spectra and registered NHS Cheshire and Merseyside's intention
- We have met with the NHSE system resourcing team to discuss NHS Cheshire and Merseyside's intention
- We have/are in the process of ensuring that the 9 place Corporate Parenting Boards are aware of the NHS Universal Family (Care Leavers Covenant) Programme
- We have ensured that the Joint Forward Plan reflects the NHS Universal Family (Care Leavers Covenant) Programme
- We have/are in the process of discussing the inclusion of the NHS Universal Family (Care Leavers Covenant) Programme in the 9 place plans
- We have met with the Associate Director for Organisational Development

- We have made contact with the Associate Directors for Workforce and Inclusion, Workforce and Education Transformation Lead and the Head of Communications
- We have met with the Beyond Programme Leads
- We have developed an initial suite of possible ‘offers’
- We are in the process of consulting with care experienced young people across the 9 place areas about what they consider would be helpful to have within the ‘offer’
- We have met with Workforce/HR leads to discuss the requirements and how to operationalise the ‘offer’

2.2 Next Steps:

- Review feedback from our young people and use this to help inform the final ‘offer’
- Ensure that the 9 Directors of Social Care are briefed regarding the final ‘offer’
- Ensure that the 9 Corporate Parenting Boards are kept updated on the progress of this programme and the final ‘offer’
- Update the Beyond Programme Board
- Inform Spectra of the final ‘offer’ so that it can be advertised on the webpages
- Ensure that the final ‘offer’ is widely publicised via internal mechanisms and social media platforms
- Share our learning with the NHSE system resourcing team
- Consider how we encourage provider organisations to commit to the NHS Universal Family (Care Leavers Covenant) Programme

3. Recommendations

3.1 It is recommended that all relevant ICS place committee members note the content of this paper and NHS Cheshire and Merseyside’s commitment and progress in relation to the NHS Universal Family (Care Leavers Covenant) Programme.

Helen Case
Designated Nurse Children in Care
Sefton Place – on behalf of all Designated Nurses Children in Care/Safeguarding Children NHS Cheshire and Merseyside

Cheshire East Health and Care Partnership Board

Cheshire East Dementia Implementation Plan

September 2023

Date of meeting:	6 September 2023
Agenda Item No:	12
Report title:	Cheshire East Dementia Implementation Plan
Report Author:	Joanne Cliffe – Cheshire East Council Lesley Hilton – Cheshire East Place, C&M ICB
Report approved by:	Shelley Brough – Acting Director of Commissioning and Integration, Cheshire East Council

Purpose and any action required	**Decision/→ Approve**		**Discussion/→ Gain feedback**		**Assurance→**	X	**Information/→ To Note**	X

Executive Summary and key points for discussion

The Cheshire East Dementia Implementation Plan provides an overview of planned actions for 2023/24. It supports delivery of the local ambitions outlined in the recently published Cheshire East Dementia Plan which was developed in partnership with local people affected by dementia, providers and commissioners.

Recommendation/ Action needed:	**The Board is asked to:** a) NOTE the contents of the report. b) Gain ASSURANCE on delivery of actions agreed within Cheshire East's Dementia Strategy

Consideration for publication

Meetings of the Health and Care Partnership Board will be held in public, and the associated papers will be published unless there are specific reasons as to why that should not be the case. This paper will therefore be deemed public unless any of the following criteria apply (please insert **'x'** as appropriate:

The item involves sensitive HR issues	N
The item contains commercially confidential issues	N
Some other criteria. Please outline below:	N/A

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

Please insert **'x'** as appropriate:

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

Document Developme	**Process Undertaken**	**Yes**	**No**	**N/A**	**Comments (i.e., date, method, impact e.g., feedback used)**
	Financial Assessment/ Evaluation			X	
	Patient / Public Engagement			X	
	Clinical Engagement			X	

	Equality Analysis (EA) - any adverse impacts identified?			X	
	Legal Advice needed?			X	
	Report History – has it been to 0ther groups/ committee input/ oversight (Internal/External)			X	

Dementia Implementation Plan

1. Introduction

The Cheshire East Dementia Implementation Plan provides an overview of planned actions for 2023/24. It supports delivery of the local ambitions outlined in the recently published Cheshire East Dementia Plan which was developed in partnership with local people affected by dementia, providers and commissioners.

The actions in the Plan are split into the 5 domains of the NHSE Dementia Plan, i.e., Preventing Well, Diagnosing Well, Supporting Well, Living Well and Dying Well.

Whilst developing the Plan we identified many examples of good practice and considerable enthusiasm and commitment from staff and volunteers to improve provision for people affected by dementia. We also found that current provision is not fully meeting the needs of our population. Waits for assessment and diagnosis are long, some services are only available in defined areas and others are currently at risk of ending because they were funded on a short term basis. We also know that local need will grow as our population ages and that further investment will be required if we are to meet that need.

However, this plan takes account of the current financial constraints and is therefore initially focused on a more in depth review of current provision, working with providers to improve the services already available within current budgets, improving information on dementia and making it more accessible, and supporting local communities to become dementia friendly. For the most part this will be achieved without additional funding. However, delivery of the Plan does rely heavily on the time and commitment of a range of staff and volunteers.

The findings from the review and any learning achieved will be used to inform the development of the next implementation plan, any future service redesign, and any requests for additional funding.

Progress against the Plan will be reviewed at Quarterly Dementia Steering Group Meetings. Regular highlight reports may also be provided to CEP Committee if required.

2. Dementia Implementation Plan

Cheshire East Place Dementia Plan One Year Delivery Plan for April 2023 to March 2024							
	Pathway Ambition	Actions To achieve ambition	Lead Organisation	Funded by	Cost / Budget	How will we know the aims have been achieved?	Timescales (Achieved By Date)
	PREVENTING WELL PATHWAY						
1	Increase the number of people encouraged and supported to lead healthier lifestyles to reduce their risk of developing dementia.	Promote health screening and the offer of information, advice and support. Identify what healthier lifestyle support is available (EG free gym passes, healthy eating courses) and numbers attending and develop actions/targets linked to that support? Improve engagement with specific groups at risk of developing dementia Public Health Team to review current provision regarding dementia prevention at workshop.	Public Health Teams ICB and Cheshire East Council	Public Health ICB and Cheshire East Council	Staff time Staff time	Increase in number of groups/organisations promoting information, advice and support e.g. Care Communities. See HWB Strategy for Outcome 4 – More people live well for longer.	March 2024

2	Improve awareness of dementia amongst individuals, organisations and local communities in Cheshire East.	Work in partnership with the Alzheimer's Society to develop a schedule of Dementia Friends Awareness sessions to be delivered to, • Cheshire East Council staff • Cheshire and Mersey ICB staff (Cheshire East Place) • Learning Disability Population • Dementia Friendly Communities Identify Dementia Ambassadors in Cheshire East Council and the ICB to provide Dementia Friends awareness Explore opportunities to increase the number of Dementia Friendly Organisations in Cheshire East.	Cheshire East Council, ICB Alzheimer's Society	Alzheimer's Society to fund from existing budget – so no cost to commissioners.	Staff time	10 Dementia Awareness Sessions delivered. 100 staff attended training and made pledges to be more supportive and understanding of people affected by dementia.	March 2024

		Support new Alzheimer's Society publicity campaign by promoting in newsletters.					
3.	Support the development and continuation of Dementia Friendly Communities.	Support the development of a network of Dementia Friendly Communities so that they can support each other and encourage other communities to become dementia friendly.	Cheshire East Council & ICB	Cheshire East Council & ICB	Staff Time	A Cheshire East Dementia Friendly Forum will be established. Additional Dementia Friendly Community to be established in 2023/24	July 2023 March 2024
4.	Raise the profile of dementia and its impact.	Publish Cheshire East Dementia Plan and promote to stakeholders. Work with local partners to agree communication and engagement activity for and publicise in relevant newsletters, websites etc. Launch new electronic Dementia Information Leaflet.	Cheshire East Council & ICB	Cheshire East Council & ICB	Staff Time	Dementia Plan Published Communication and engagement plan developed and delivered. Dementia information leaflet available to public and staff	July 2023 November 2023 June 2023
5.	Promote any research into the cause(s) of and the development of any cures/treatments for	Seek dementia research opportunities and promote to Dementia Network	Cheshire East Council &	Cheshire East Council &	Staff Time	TBA	March 2024

	dementia to local residents and encourage participation.		ICB	ICB			
	DIAGNOSING WELL PATHWAY						
6	People concerned about memory loss will receive a timely diagnosis.	Work with CWP to develop a range of key performance indicators in line with Prime Ministers Challenge on Dementia to ensure timely assessment and diagnosis. Include new KPIs and monitoring/review arrangements in local contract to support a consistent service offer which includes reduced waiting times for assessment and diagnosis and additional support. Use NHSE funding (non-recurrent) to increase capacity within Memory Service to; • Provide support for those awaiting assessment/diagnosis and those diagnosed.	ICB ICB & CWP ICB & CWP	ICB ICB & CWP NHSE Grant to Cheshire CCG to reduce waits for assessment and diagnosis.	Staff Time Staff Time £268K paid to CWP (for East and West services)	Reduction in waits for assessment and diagnosis across Cheshire East. Increase in the local Dementia Diagnosis Rate (DDR). Agreed performance standards to be included in contract/service specification with provider. Pilot Project - Additional Admiral Nurse appointed on temp contract in each Cheshire	February 2024 January 2024

		• Reduce waits for assessment and diagnosis. • Evaluate impact of increasing support in Memory Service and use to inform case for service improvement/redesign. Review diagnosis rates and care pathways for those with Young Onset Dementia and make any necessary recommendations for service improvement. Work with the wider care and support system GP's, Memory Services, Care Homes, Social Care etc to review Memory Service pathways to, • Identify opportunities to ensure equitable access to assessment and diagnosis across Cheshire East.	CWP ICB	ICB ICB	Staff Time Staff Time	Memory Service to provide post diagnostic support. Evaluation report to be provided with recommendations for next steps. Requirement to review is included in CWP SDIP. Report on findings and recommendations for next steps/service redesign. Patients living in Cheshire East have equitable access to dementia services.	

		• Review shared care arrangements. and prescribing responsibilities. • Agree next steps.					
7	Carers will get the support they need to maintain their caring role. (This includes anyone caring for an individual living with dementia, or carers who are also themselves living with dementia)	Making Space (Carers Hub) to offer a Carers assessment to carers supporting people living with dementia. Making Space (Carers Hub) to refer those caring for someone with dementia to register as carers with their GP Practice. Making Space staff to be provided with Dementia Information Pack (see below - No. 5) for information of other local services and for distribution to Carers of those living with dementia. *See also Supporting Well and Living Well* Promote Making Space's DISC (Dementia	Making Space Cheshire East Council, ICB and Dementia Steering Group Dementia Steering Group	Making Space (Carers Hub) is already funded through BCF No cost	Staff Time Staff Time of existing provider Staff and volunteer time	Increase in number of carers having a carers assessment. Increase in number of carers registered with Cheshire East GP Practices. 100% of carers supported by Making Space to be offered referral to GP Practice. 90% to be referred. Carers supporting someone living with dementia have the information they need to access care and support for themselves and for the person they are caring for.	February 2024 July 2023

		Information and Support for Carers) programme with relevant stakeholders. East Cheshire Hospice to expand their current Dementia/Carers Wellbeing Programme to local care communities in 2024. This will include activities such as Singing for Dementia and Love to Move. Promote East Cheshire Hospice Dementia Carers Wellbeing Programme run across their 5 care communities in Cheshire East. Investigate what dementia support services are provided by St Luke's Cheshire Hospice and promote.	East Cheshire Hospice Dementia Steering Group	No cost No cost	East Cheshire Hospice Staff and Volunteer time	More people affected by dementia, including carers who attend the classes will have improved health and wellbeing. Increase in numbers of people affected by dementia attending the classes. People affected by dementia, including carers, who attend the classes will have improved	March 2024 March 2024 March 2024

						health and wellbeing.	
8	Appropriate access to information and advice will be available at each point of the individual's journey	An electronic dementia pack will be developed. It will include information on, • How the illness might progress • Support services • Local support groups • Relevant contacts • Managing financial pressures • Claiming welfare benefits • General support and advice The information pack will be shared with GP Practices, Memory Services, the Dementia Reablement Service and other providers so that it can be shared with people affected by dementia at the point of diagnosis, and/or when needed. The information pack will also be available on the Council's website.	Cheshire East Dementia Steering Group	No funding required	Staff Time	All local providers supporting people affected by dementia to have access to the information pack. Individuals affected by dementia can access the information independently.	February 2024

	SUPPORTING WELL PATHWAY						
9	People living with dementia will be supported to live at home for longer.	We will support the Home First Service to ensure the needs of people living with dementia are taken into account in the development of the project. The focus of Home First and the Dementia Plan is to • Prevent avoidable admissions to hospital. • Support hospital patients to be discharged to a home of their choice as soon as clinically appropriate. Review transfers of care for people with dementia in hospital who are ready to be discharged home or to a care home. This will involve, • Review of current data, care pathways etc. • Consult with patients and staff. • Identify issues and challenges.	Cheshire East Council & ICB ICB	Funding or worker time		Dementia lead to join Home First Project Group and attend development meetings. Options appraisal to be presented to Cheshire East Place Committee with recommendations for next steps.	May 2023 July/August 2023

		• Investigate good practice. • Make recommendations.					
10	Appropriate care and support will be available at each stage of the dementia pathway.	Review current support services to identify good practice and any gaps in provision (see also diagnosing well) Make recommendations to improve provision and address any gaps. Promote support services to community groups to share information and strengthen the message Review the information on local support services available to GPs and improve/update as necessary. Investigate opportunities to encourage conversations regarding future care and support arrangements.	ICB ICB ICB ICB/Council	No cost only CEC and ICB worker time and dementia steering group support	Staff Time	Report to Cheshire East Place with recommendations for change	October 2023
	LIVING WELL PATHWAY						
11	Appropriate care and support will be available to those affected by dementia	Evaluate the current Care Home Support Service	ICB	ICB	Staff Time	Audits conducted in participating care homes to	March 2024

	living in care homes (As recommended in the Enhanced Health in Care Homes (ECHC) Framework)	(aimed at providing bespoke support to care homes to enable residents to live well for longer). Specific elements of the service relating to dementia include, • The provision of RITA (Reminiscence Interactive Therapeutic Activities) in a number of care homes – a digital therapy system aimed at improving the health and wellbeing of people with dementia. • Activity Coordinator Support – aimed at assisting in providing meaningful person centred activities to maintain the health and wellbeing of care home residents. Review how/if the service improves the health and wellbeing of residents	ICB ICB	ICB ICB	Staff Time TBC	assess needs and development plans agreed. Care home managers and staff are able to support residents affected by dementia through the provision of staff training and health and wellbeing activities. Evaluation report and recommendations for next steps to be made to Cheshire East Place. Care Home Service designed and commissioned.	

		affected by dementia and agree next steps. Review 2022/23 EHICHs Gap Analysis and confirm 2023/24 work plan. This will include a wider review of support available to care home residents with dementia. Redesign/recommission of EHICHS services for commencement in 2024.					
12	Research and develop best practice in relation to dementia and domestic abuse within Cheshire East.	Awareness training sessions to be held for staff and volunteers who have contact with people living with dementia and their carers.	Cheshire East Council	Community Safety Fund from the Police and Crime Commissioner	£4,000 Includes venue hire for 2 days 4 sessions) Commissioning an organisation / theatre group to write scripts and act in the play at the sessions (also a	No.150+ attendees with improved understanding of dementia and domestic abuse.	November 2023

		Develop resources to raise awareness of dementia and domestic abuse amongst staff, volunteers and carers. Support staff and volunteers who may work with people living with dementia and their carers,		Dementia / Carers and Domestic Abuse Project group buy in and time – no cost	film maker for one day to record the events to enable them to be used at future awarenes s sessions for those living with dementia / their carers etc) Project Group time and buy in -no cost	2 presentations around Dementia and Domestic Abuse to the GP Forum. Training video to be used to raise awareness of dementia and domestic abuse more widely. Production of guidance on how to recognise and respond to signs of domestic abuse associated with dementia.	May 2023 March 2024 15th June 2023
13	People living with dementia and their carers will have a voice at a strategic level.	Work with the Alzheimer's Society to establish a Cheshire East Dementia Voice Group.	Alzheimer's Society	Funded by Alzheimer's Society	No cost to CEC or ICB	People living with dementia will be involved in the work of the	January 2024

						Alzheimer's Society. People living with dementia will have a voice in shaping services and support within Cheshire East. Cheshire East Dementia Voice Group to be represented at and inform the work of the Dementia Steering Group.	
14	People living with dementia and a learning disability will be more involved in the development of services relevant to them	A dementia and learning disability group will be set up and include those with lived experience of learning disabilities. Work with Cheshire and Wirral Partnership Trust, the LD Partnership Board and self advocates to identify individuals who want to be involved in the above group.	Cheshire East Council, ICB and CWP	No cost just the time of the group	No cost	People with lived experience of a learning disability and dementia will be involved in developing dementia services / support. Cheshire East Dementia Voice Group to be represented at and inform the work of the Dementia Steering Group.	February 2024

15	Organisations providing Transport (including local charities) will be equipped to support those living with dementia and their carers (including those living in rural areas)	Engage with people who live with dementia and their carers to identify the challenges they may face when using transport. Review current transport provision (including local (charity) transport) and assess if suitable to meets the needs of people affected by dementia. Where there is a need to improve awareness around dementia with the organisations providing Transport (including local (charity) transport) we will identify a Dementia Ambassador to provide dementia awareness sessions to their staff.	Cheshire East Council and Transport organisations / charities	No cost – staff time and time of the steering group volunteers	No cost	20 people who live with dementia or their carers will be consulted to start the analysis. 5 Organisations/ charities who support with transport will be consulted to obtain the information we require Increase in organisations / charities who provide transport will become more dementia friendly	March 2024 March 2024

	DYING WELL (PLANNING AND CARING WELL) PATHWAY						
16	People living with dementia will be supported to plan for their future care and support up to end of life.	Support GP Practices to increase the number of people living with dementia who have an EPACCS record on EMIS. Provide training for staff supporting or caring for people at end of life. See also item 11 – Care Home Support Service and Advanced Dementia Support Service. This training will include; • Communication skills to facilitate difficult conversations. • Advance care planning • Symptom management	ICB & End of Life Partnership (EoLP) ICB & EoLP ICB & EoLP	ICB ICB ICB	Included in EoLP Grant Agreement which isn't itemised. As above. Staff time	Increase in identification of people affected by dementia approaching end of life to support/enable advance care planning. Delivery of a core programme of education that enables staff to improve their knowledge, skills and confidence around end of life care. Increase in community recording of advance care planning. Increase in recorded plan of care discussion with patients.	March 2024 March 2024 March 2024 October 2023

		Review current Advanced Dementia Support Service with other support services, see item 10. (This service provides support on a consultancy basis for people affected by dementia at end of life and/or experiencing changes in their symptoms.) Promote Hospice Care to Adult Social Care Staff and more widely as an option for patients with dementia approaching end of life.	East Cheshire Hospice	East Cheshire Hospice	Staff time	Report to Cheshire East Place with recommendations for change if required. Staff are more aware of the palliative and end of life care options available for people with dementia. People with dementia approaching end of life are more able to make informed decisions about their end of life care. Increased referrals to hospices for end of life care.	March 2024

17	People with dementia will be supported to die in their preferred place.	Review how/if the service provided by Partners in Palliative Care (PCiP) meets the needs of people affected by dementia who are at end of life. See also item 9 - Hospital Discharge Projects	ICB	ICB	Staff Time	Evaluation report and recommendations for change if needed.	September 2023
18	Support carers of people living with dementia to prepare for and cope with bereavement.	Normalise conversations about death and dying, loss, grief, and bereavement by: • Supporting local communities & volunteers including carers groups to respond to people who are carers for people at the end of life. • Promote Future Life Planning amongst carers and completion of All About Me Booklet East Cheshire Hospice provides pre and post	ICB & EoLP East Cheshire Hospice	ICB East Cheshire Hospice	Included in EoLP Grant Agreement which isn't itemised. Staff Time	Carers report that they feel better prepared to cope with caring at the end of life. Increased knowledge skills and confidence from professionals and volunteers supporting people experiencing loss and bereavement. Changes in behaviour and attitudes to future life planning. Increase in carers receiving pre and post bereavement support and	March 2024 March 2024

		bereavement support to carers who may have previously used hospice services. East Cheshire Hospice to actively promote their services to former hospice users.				improved wellbeing.	

Glossary

Term	Meaning
BCF	Better Care Fund
CEC	Cheshire East Borough Council
CWP SDIP	Cheshire and Wirral Partnership Trust Service Development Improvement Plan – an annual plan identifying key areas of work for the provider.
EHICH	Enhanced Health in Care Homes – A national framework aimed at improving the care and support provided in care homes. The framework sets out minimum standards of service provision in care homes which enables local commissioners and providers to review local provision and plan any necessary improvements.
EPACCs	Electronic Palliative Care Coordination System – a template on the GP electronic patient record (EMIS) used to capture and share information and patient's wishes regarding their care.
EMIS	Egton Medical Information System - This is an electronic patient record system used in the NHS. In Cheshire East this is used in primary and community care.
EoLP	End of Life Partnership

HWB strategy	Health and Wellbeing Strategy
ICB	Cheshire and Merseyside Integrated Care Board
KPI	Key Performance Indicators
PCiP	Palliative Care in Partnership – A service commissioned by the ICB to support and care for people at end of life.

3. Recommendations

a) NOTE the contents of the report.
b) Gain ASSURANCE on delivery of actions agreed within Cheshire East's Dementia Strategy

Cheshire East Health and Care Partnership Board

Cheshire East Quality & Performance Report

September 2023

Date of meeting:	6 September 2023
Agenda Item No:	13
Report title:	Cheshire East Quality & Performance Report
Report Author:	Amanda Williams - Associate Director of Quality & Safety Improvement Cheshire East
Report approved by:	Mark Wilkinson - Place Director

Purpose and any action required	**Decision/→ Approve**		**Discussion/→ Gain feedback**		**Assurance→**	X	**Information/→ To Note**	X

Executive Summary and key points for discussion

There have been two meetings of the bimonthly Quality and Performance meeting (June and August 2023). Each meeting has a focus area. June's focus was mental health and learning disabilities, and the August meeting was focused on children and young people.

In June there were presentations, discussions and actions agreed in relation to:

- Section 136 provision
- Section 117 mental health aftercare
- Learning disability workforce and the impact on Greenways Assessment and Treatment Unit

In August the areas covered were:

- Child and Adolescent Mental Health
- Children and young people assessed under the mental health act in an acute setting
- Youth Justice System Health Needs Analysis

The national police initiative 'Right Care Right Person' and the risks and issues around Autism and Attention Deficit Hyperactivity Disorder (ADHD) were discussed at both meetings.

The Quality and Performance group still has work to do around system data and the development of a system risk register and issues log.

Actions and next steps from the meetings are:

1. Maintain Cheshire East input into the Cheshire and Merseyside Mental Health Programme around the Section 136 work.
2. Update at the next quality and performance group meeting on the Section 117 discharge pathway work.
3. Establishment of a Cheshire East task and finish group to focus on improving the experience of children and young people assessed under the mental health act in an acute setting.
4. Recommendations from the Youth Justice Service health needs analysis to be incorporated into the JSNA and progress to be overseen by the youth justice board and Health and Wellbeing Board.
5. Establishment of a Cheshire East system group to oversee the implications of RCRP and for Cheshire East partners to engage with the police initiated RCRP tactical and strategic groups.
6. Establish a task and finish group across Cheshire East partnership to improve Autism and ADHD pre and post diagnosis support as well as effective information and communication for families while their children are waiting for assessment.
7. Draft and agree system risk and issues registers for quality and performance.

Recommendation/ Action needed:	**The Board is asked to:** a) NOTE the contents of the report. b) Gain ASSURANCE that system leaders and staff across the partnership are coming together to explore system risks and issues and begin to work together to improve quality and performance and to improve the experience and outcomes for local people in Cheshire East.

Consideration for publication

Meetings of the Health and Care Partnership Board will be held in public, and the associated papers will be published unless there are specific reasons as to why that should not be the case. This paper will therefore be deemed public unless any of the following criteria apply (please insert **'x'** as appropriate:

The item involves sensitive HR issues	N
The item contains commercially confidential issues	N
Some other criteria. Please outline below:	N/A

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

Please insert **'x'** as appropriate:

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

Document Development	**Process Undertaken**	**Yes**	**No**	**N/A**	**Comments (i.e., date, method, impact e.g., feedback used)**
	Financial Assessment/ Evaluation			X	
	Patient / Public Engagement			X	
	Clinical Engagement			X	
	Equality Analysis (EA) - any adverse impacts identified?			X	
	Legal Advice needed?			X	
	Report History – has it been to 0ther groups/ committee input/ oversight (Internal/External)			X	

Quality & Performance Report September 2023

1. Introduction

This report is an overview of the information discussed and assurance gained at the Cheshire East Quality and Performance Groups held on 14th June 2023 and 15th August 2023.

Following approval at the Cheshire East Health and Care Partnership Board in March 2023 to establish a bi-monthly Cheshire East Quality and Performance Group there have been two meetings. The purpose of the group is to discuss and gain assurance around system quality and performance issues and risks. Membership includes senior leaders and executive directors from partners working across Cheshire East.

Each meeting includes a focus area. June's focus was on mental health and learning disabilities (including Autism and Attention Deficit Hyperactivity Disorder). The August meeting focused on children and young people. The focus area for the October meeting will be around quality impact of winter plans, hospital flow and care home quality.

Further work is required around using data to inform system performance and the establishment of a system quality risk register and issues log.

The terms of reference were agreed at the first meeting in June 2023. It was noted that there was no representation from Care Communities or general practice at the meeting (although they had been invited). There was Care Communities representation and the Cheshire East ICB Clinical Director (who is a GP) was also in attendance at the August meeting.

It was agreed to invite other partners as necessary based on the focus area e.g., police/ NWAS. It was noted that engagement with local people and people with lived experience happened through the individual agencies but that there was a commitment to exploring how to involve local people more in future meetings. Representatives from the Parent Carer Forum was invited to the June meeting - children and young people focus, however, due to the meeting falling withing school holidays it was not possible for them to send a representative. Schools were also not able to attend. There is learning for the group around when to schedule focus areas moving forward to enable wider participation.

2. Mental health and learning disabilities- June 2023

Section 136 provision

Challenges around capacity to support people attending the Emergency Department (ED) with mental health difficulties in East Cheshire Trust (ECT) were explained. ECT is a place of safety for people under Section 136.

Section 136 is part of the Mental Health Act that gives police emergency powers. Police can use these powers if they think someone has a mental disorder and they are in a public place and need immediate help (Section 135 applies if the person is at home). The police can take the person, or keep the person, in a place of safety, where their mental health will be assessed. Someone can be detained in a place of safety for up to 24 hours. This can sometimes be extended for another 12 hours. After the mental health assessment, the person may be discharged, or they may be detained in hospital under a different section of the Mental Health Act.

The group heard that the demand had increased significantly and combined with demand of a busy emergency department (ED) means bringing distressed people into an environment that may not be able to adequately meet their needs. In addition, police time is taken up waiting to handover the patient to a mental health practitioner. The ED doesn't have the capacity and staff don't have adequate training to deal with people with complex mental health needs. A longer-term strategy needs to be developed which includes dedicated Section 136 suites.

Work is progressing through the Cheshire and Merseyside mental health programme looking at Section 136 and Cheshire East is represented on the group by ECT and the Cheshire East ICB transformation and partnership team.

Section 117

The Mental Health Act 1983 Code of Practice states:

"After-care is a vital component in patients' overall treatment and care. As well as meeting their immediate needs for health and social care, after-care should aim to support them in regaining or enhancing their skills, or learning new skills, in order to cope with life outside hospital".

A person is entitled to section 117 aftercare if they have been in hospital under sections 3, 37, 45A, 47, or 48 of the Mental Health Act 1983

The Mental health Act defines aftercare under section 117 as:

- Meets a need arising from, or related to, the person's mental disorder.

and

- Reduces the risk of a deterioration of the person's mental condition (and, accordingly, reducing the risk of the person requiring admission to a hospital again for treatment for mental disorder)."

There is a multidisciplinary approach to Section 117 assessment of need- jointly between the ICB commissioning nurse, Cheshire Wirral Partnership (CWP) care coordinator and Cheshire East Council social worker. There are then joint reviews carried out at 3 months and 12 months.

CWP hold the Section 117 register. The main concern around Section 117 is that there are currently 4,101 people on the register. Some of these will no longer require aftercare. Work is progressing between partners to develop a discharge pathway. There was a workshop held on 20th June 2023. An update will be requested at the October meeting.

Workforce pressures and update on Greenways Assessment and Treatment Unit (ATU)

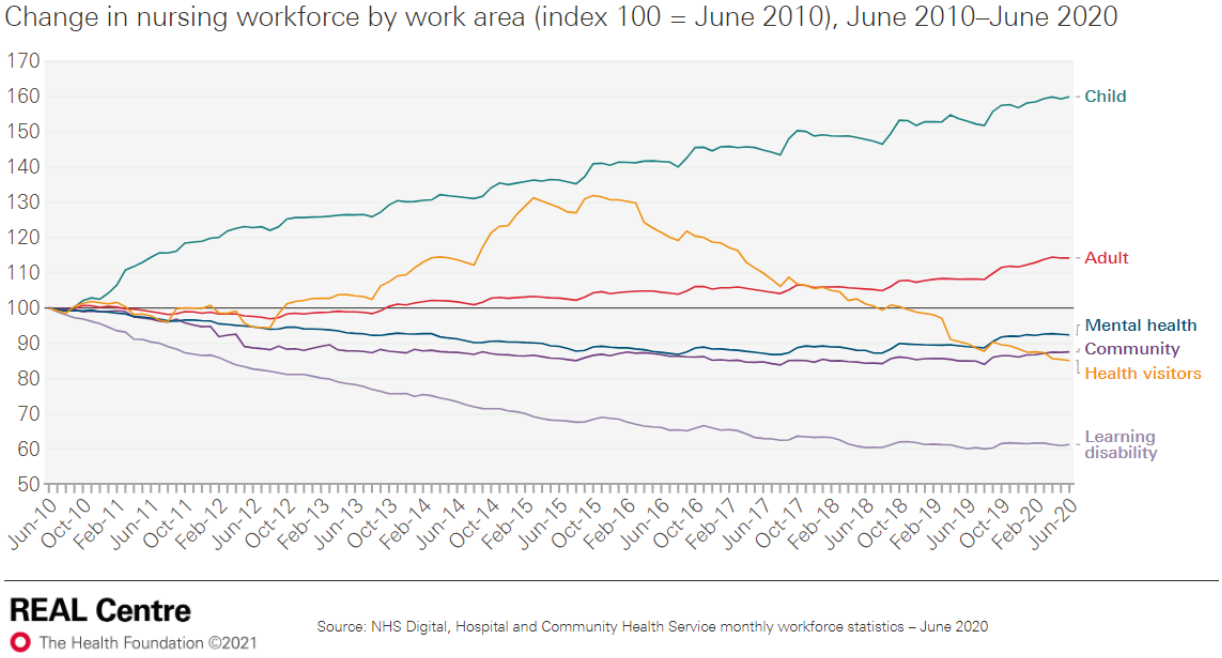
Prevalence rates across the UK for people with learning disability indicate that 2.16% of adults will have a learning disability and 2.50% of children. This is a small increase, but the key factor is that people with learning disability are beginning to live for slightly longer which means there are more people accessing services as they get older. Evidence is clear that people with learning

disabilities experience frailty and early onset dementia at lower threshold ages than the general population.

Most people with learning disabilities have their needs met through social care, mainstream health services and, for some, with additional support from Community Learning Disability services at key points. However, when people experience acute mental health challenges, Assessment and Treatment Unit (ATU) provision is essential. There is a considerably higher prevalence of mental health problems in this population than the general population, with estimates varying between 25% – 40% (Estimate figures from the Foundation for People with Learning Disabilities.)

'Learning disability nurses work to provide specialist healthcare and support to people with a learning disability, as well as their families and staff teams, to help them live a fulfilling life.' (NHS Health Careers, 2023b)

There has been a decline in learning disability nurses over the past 6 years. One driver for this is the reduction in educational capacity, with limited availability of learning disability courses at universities. The removal of the bursary has improved the uptake of training for adult and children's nurses; however, it has had a negative impact on learning disability nurses who tend to be more mature and would find it difficult to take on student debt.



A learning disability assessment and treatment unit (ATU) provides specialist hospital support to people with a learning disability who have mental health problems and/or behaviours that present significant challenges. Intensive community support now available means that those being admitted to the ATU require significant resource to support them, often two or more staff to one person ratio. Resource needs have increased significantly to meet the increased acuity. Work is being undertaken by CWP to review the ATU provision and service specification and funding requirements. ICB commissioners are involved in the review.

In June 2023 it was reported that an emergency planning process had been initiated in May 2023 for Greenways ATU (Macclesfield) due to anticipated shortfall in nursing cover from July 8th, 2023.

This was due to long-term recruitment issues which had been exacerbated by a number of staff moving to new roles (career progression opportunities) within a short space of time. There was a risk that provision at Greenways would be suspended from July until the nursing workforce in the unit could be stabilised to deliver safe care and treatment. There was no intention to close the unit permanently.

Teams across CWP and the ICB have been working to reduce the number of patients in the unit by supporting discharge and avoiding delayed discharges. The rotas are staffed until mid-September, but with a heavy use of agency staff, and there are currently no delayed discharges for Cheshire East patients. There is only one Cheshire East person in the unit who is in active treatment and is looking to be discharged in early September.

CWP continue to work to improve the staffing shortage situation through:

- Requests for mutual aid from other providers across the Northwest (although this has not led to any support being provided to date)
- Incentives for agency nursing and incentivised requests for recent retirees to return have been made.
- Within CWP, and in addition to the recruitment and retention payment already in place, a focused incentive pay approach has been initiated for learning disability/ mental health nurses to take on additional hours to support the unit from July 2023.

Longer term there is an increasing need for more learning disability nurses. Individual NHS providers are already taking action to attract learning disability nurses with incentives from the small number remaining in the workforce. The pipeline to increase numbers into the profession requires urgent attention and, potentially, a different approach to other disciplines. CWP have ideas about how this could be supported through partnerships with universities.

The impact of Transforming Care (2012) has seen a change to the patient number accessing ATUs with a changed profile. Providers including CWP are asking for ICB commissioning support to ensure the provision of services for the future. The ATU Review currently underway at CWP will inform this.

3. Children and young people- August 2023

Child and adolescent mental health service (CAMHS) update

CWP provided an outline of their CAMHS provision and current waiting times.

Emotional healthy children, young people and families offer provides additional support to the local authority offer. The service focuses on screening and early intervention. It involves signposting to resources, peer education (year 11 and teachers taught mental health first aid) and more sustainable support to early years setting- group consultation offer.

There are two mental health support teams- Crewe and Macclesfield. A third team is starting in January next year. Each team delivers one to one intervention, support to senior leads in schools to access support early and timely advice and consultation.

Within 0-18 CAMHS services there is a team around the team approach to complex care. This enables all agencies working with the child and young person come together for support and to develop a plan.

The Complex Needs Escalation and Support Tool (CNEST) was coproduced with families and young people and was developed to support early identification of children and young people at risk of admission to a tier 4 CAMHS inpatient unit. Within the framework there are also place based gateway meetings designed to ensure that the local system takes collective responsibility for care and welfare of their young people and place-based resolution meeting to remove barriers identified in the gateway meetings.

Initial access (assessment) waits.
The current wait for assessment:

- Children and Young People (CYP) 0-18 East is 0 weeks.
- CYP 0-18 South Cheshire wait is 8 weeks.

Wait for treatment:
The current wait from assessment to treatment

- CYP 0-18 East is 5 weeks.
- CYP 0-18 South Cheshire is 12 weeks.

CWP have a children and young people mental health hub. This is a team of multidisciplinary mental health practitioners who triage referrals, gathering specific information about presenting difficulties and assessing risk factors. This team support the reduction in referral to treatment times and can provide short term group interventions.

There has been an increase in demand and complexity of people referred into the community eating disorders team. CWP are meeting the national target of urgent referral being seen within 5 days and routine referral within 28 days.

Some key challenges for CAMHS are increasing demand and increasing complexity against limited capacity and workforce pressures. There is work in progress looking at the different pathways, mapping the workforce and looking to increase earlier help and self-help through awareness videos and improved information for families. The Trust are subject to a rapid quality review and this work forms part of the improvement plan.

Children and Young people assessed under the mental health act- workshop feedback.

Feedback was given to the group on a workshop held on 29th June 2023 which brought together partners across the system to look at how to support children and young people attending ED after a family or placement breakdown due to challenging behaviour/ mental health concerns. Outcomes of the workshop included:

- Establishing a task and finish group in Cheshire East to focus on improving the experience of young people assessed under the mental health act whilst in an acute setting.
- The group will explore how to use the CWP CNEST wider, beyond mental health professionals.

- The approved mental health professional (AMHP) role needs to be promoted and staff from across the system encouraged to train to provide the service.
- Building in the needs of young people into redesign of emergency departments.

Youth Justice System Health Needs Analysis (HNA) overview

There are approximately 50-60 young people in the youth justice service in Cheshire East. 80% are males as they have a tendency to express themselves through antisocial behaviour whereas females tend to internalise and self-harm. The youth justice service is the early intervention/ prevention service for the adult justice system but there is a need to move more upstream to prevention.

Key findings of the HNA included:

- Perpetration of violence was the major contributing factor that had brought the young person into contact with the youth justice system.
- High proportions of the young people were vulnerable to exploitation.
- Multiple and complex needs were risk factors and unmet health and wellbeing needs created barriers for families.
- COVID-19 pandemic and cost of living crisis exacerbated health needs.
- High proportions had Adverse Child Experiences (ACE) -52% had four or more ACEs.
- Three key areas of previously unmet need: mental health, SEND, substance use (all identified and supported through youth justice scheme health offer)
- Long waiting lists and risk thresholds were a barrier for CAMHS support (pre-youth justice service).
- Young person involved in youth justice service were more likely to have a SEND need, half had a neurodiversity diagnosis – challenges include unidentified need, waiting times for diagnosis and professional misunderstanding.
- Young person was more likely to be disengaged from education – those with unmet need were more at risk of exclusion.
- Evidence of co-morbidities - e.g., neurodiverse young person, poor mental health, disengaged from school. Young person with a mental health condition, used drugs, 4 + Adverse Childhood Experiences (ACEs), higher risk of reoffending.
- Early intervention and trauma informed approach is critical.
- Youth justice service multi-disciplinary health model provides good examples of partnership working, consistent approach, identification of needs and more efficient access to support.

Recommendations include:

- Data needs to be strengthened and used to identify unmet and undiagnosed health needs. In addition, it is recommended that data is used to inform training for partners.
- More speech and language therapy and CAMHS is needed.
- Engagement with community organisations/ social prescribing to provide more local/ equitable access and wraparound/ aftercare.
- Ensure the ongoing trauma informed support and supervision for staff.

These recommendations will be overseen through the youth justice board. There is a subregional health partnership that will also support delivery of the recommendations. The recommendations are being written into the JSNA's.

4. Right care right person

There was a presentation by Cheshire police at the June Quality and Performance group around the national initiative Right Care, Right Person (RCRP). There was then an update on the development of this initiative at the August meeting.

RCRP is an operating model for police and partners that seeks to ensure the public are provided with the right care, responded to by the right person with the right skills, training and experience to best meet their needs. It provides a framework for assisting police with decision-making about when they should be involved in responding to reported incidents involving people with mental health need.

RCRP is a national policing approach that is being developed and rolled out by each police force at their own pace, to meet their own specific needs. On 26th July a National Partnership Agreement was released which set out a collective national commitment from the Home Office, Department of Health & Social Care, the National Police Chiefs' Council, Association of Police and Crime Commissioners, and NHS England to work to end the inappropriate and avoidable involvement of police in responding to incidents involving people with mental health needs.

Cheshire police is one of three early evaluation forces. A phased implementation is planned, commencing in autumn 2023. Areas that will be covered include:

- Welfare checks
- Health calls for service
- AWOL mental health patients
- People who leave health facilities unexpectedly
- Police us of Section 136 Mental Health Act
- Police support to voluntary mental health cases

The police have established a series of tactical and strategic groups, with system partners, to work through the detail of the implementation of RCRP. Protecting vulnerable people and keeping people safe remains the priority. It is anticipated that the phasing of the approach will take 18 months.

Discussion and concerns were raised around the impact on partners and lack of resources to plug the gaps as police withdraw. It was acknowledged that these are not gaps imposed by the police but that for many years police have been providing the support to address the gaps in provision.

It has been agreed that a Cheshire East system partners group will be established to review the impact of RCRP and agree how partners will respond in order to maintain safety and support to

people with mental health problems. The group will be led by the Cheshire East Director of Public Health.

5. Autism and ADHD

There was a presentation around quality and performance of Autism and ADHD pathways across Cheshire East at the June meeting. This covered both Adult and Children's pathways. There was then an overview of themes from complaints and a case study shared at the August meeting specifically in relation to Autism and ADHD in children and young people.

Many CYP and Adults with autism and/ or ADHD have needs across multiple domains (SALT, mental health as well as Autism and ADHD). There have been increased referrals and increasing complexity, exacerbated by the COVID 19 pandemic.

As of end of May 2023 there were 1,155 children and young people in Cheshire East waiting for Autism and/or ADHD assessment across the three providers (ECT, CWP and Mid Cheshire Hospitals Foundation Trust). There are long waiting times across all pathways with the average wait from referral to assessment for the preschool autism pathway being just over 2 months and the average wait for school age pathways being 14 months- autism and 15 months for ADHD. There is a need to standardise the way waiting times are reported across the system providers. This has been discussed with ICB business intelligence colleagues who will be working with the Trusts to agree a standard data set.

Most complaints were received from parents on behalf of their children/young people. The issues raised ranged from difficulties accessing an Autism and/or ADHD assessment, through to waiting for medication assessments, access to support and beyond.

The following table shows complaint data received by the ICB- this does not reflect the complaints dealt with directly from the providers or the informal complaints received and de-escalated before reaching the formal complaints stage.

	Complaints received **2021/2022**	Complaints received **2022/2023**
Adults with Autism and/or ADHD	28	24
Children and Young People with Autism and/or ADHD	29	34

Year to date there has been a total of 18 MP enquiries, including one Parliamentary question. To note that many people don't make a formal complaint. In February 2023 the Parent Carer Forum raised questions and concerns about the ADHD pathway and waiting times on behalf of 70 Cheshire East parents.

The main themes from complaints are:

- Waiting times for Autism and ADHD assessments and a lack of clarity about when they will be seen.
- Waiting times for ADHD medication, delayed by waits for ECG appointments and arrangements for prescriptions for medications.

- Transition from children to adult service with the main issues raised being continuity of care and medication issues.

Work has started but needs to be progressed at pace to address the long waits in the pathways and provide additional effective support to children, young people and families while waiting. Actions required include:

- Development of a Place- based action plan, supported by the Cheshire Neurodiversity Clinical Network.
- Pre and post diagnostic support are full to capacity until 31st March 2024. There is a need to move to a support pathway of which diagnosis is one element.
- Exploration of opportunities to widen and integrate pre and post diagnostic support by working with Providers of the assessment and diagnosis services, third sector, local authority- linking into the local offer and family hubs and engaging with parents and carers, children and young adults.
- A consistent system-wide approach to assessing harm for those children, young people and adults waiting (need stratification and enhanced signposting).
- A consistent and agreed approach to expediting those most at risk e.g., 'at risk of exploitation' or 'involved with the criminal justice system' or 'looked after children'.

6. System risks

Although the quality and performance group haven't developed the risk register and issues log yet two system risks have been identified by the group. One is the implementation of Right Care Right Person and the other is the system risk around Autism and ADHD long waits.

The Autism and ADHD risks and issues are also part of a wider risk to the system in terms of an anticipated SEND inspection.

These will be drafted into a quality and performance risk register and issues and be scrutinised at the October Quality and Performance Group.

7. Actions and next steps

8. Maintain Cheshire East input into the Cheshire and Merseyside Mental Health Programme around the Section 136 work.
9. Update at the next quality and performance group meeting on the Section 117 discharge pathway work.
10. Establishment of a Cheshire East task and finish group to focus on improving the experience of children and young people assessed under the mental health act in an acute setting.
11. Recommendations from the Youth Justice Service health needs analysis to be incorporated into the JSNA and progress to be overseen by the youth justice board and Health and Wellbeing Board.

12. Establishment of a Cheshire East system group to oversee the implications of RCRP and for Cheshire East partners to engage with the police initiated RCRP tactical and strategic groups.
13. Establish a task and finish group across Cheshire East partnership to improve Autism and ADHD pre and post diagnosis support as well as effective information and communication for families while their children are waiting for assessment.
14. Draft and agree a system risk register and issues log for quality and performance.

8. Recommendations

c) NOTE the contents of the report.
d) Gain ASSURANCE that system leaders and staff across the partnership are coming together to explore system risks and issues and begin to work together to improve quality and performance and to improve the experience and outcomes for local people in Cheshire East.

Cheshire East Strategic Planning and Transformation (SPT) Group

Chairs Report September 2023

Date of meeting:	6th September 2023
Agenda Item No:	14
Report title:	Strategic Planning and Transformation Group Chairs Report September 2023
Report Author & Contact Details:	Dr David Holden
Report approved by:	NA

Purpose and any action required	**Decision/ Approve** →		**Discussion/ Gain feedback** →		**Assurance** →	x	**Information/ To Note** →	

Committee/Advisory Group previously presented
N/A

Executive Summary and key points for discussion

This report details the activities and highlights of the Cheshire East Strategic Planning and Transformation Group (SPT) Group to Sept 2023. The SPT group aims to support the achievement of the Cheshire East Integrated Transformation Programme Plan, including reporting and tracking progress, identifying, and mitigating risk and developing solutions to system/Place based challenges, across the current priority areas and enabler workstreams.

Recommendation/ Action needed:	**The Health and Care Partnership Board is asked to: note the report**

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

Please insert **'x'** as appropriate:

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

Document Development	**Process Undertaken**	**Yes**	**No**	**N/A**	**Comments (i.e. date, method, impact e.g. feedback used)**
	Financial Assessment/ Evaluation			x	
	Patient / Public Engagement			x	
	Clinical Engagement			x	
	Equality Analysis (EA) - any adverse impacts identified?			x	
	Legal Advice needed?			x	

	Report History – has it been to 0ther groups/ committee input/ oversight (Internal/External)			x	

Next Steps:	None

Responsible Officer to take forward actions:	Dr David Holden - Chair of Cheshire East Strategic Planning and Transformation Group

Appendices:	None

Cheshire East Operations Group Chair's Report – September 23

1. Introduction

This report details the activities and highlights of the Cheshire East Strategic Planning and Transformation Group (SPT) since the last Health and Care Partnership Board Meeting in May 2023. The SPT group aims to support the achievement of the Cheshire East Integrated Transformation Programme Plan, including reporting and tracking progress, identifying, and mitigating risk and developing solutions to system/Place based challenges, across the current priority areas and enabler workstreams.

2. Key Business

2.1 Establishment

The SPT group was established and has held monthly meetings from 27th September 2022 to date. The Terms of Reference and forward plan for the group have been agreed.

2.2 Planning

The SPT Group forward plan is focused on:

- Designing the future operating model of Cheshire East Place
- Setting the agenda for transformation priorities
- Receiving proposals for innovative change programmes across Cheshire East Place
- Receiving updates on work that is progressing within Place that will have a transformative affect on multiple partners across the Place system
- And understanding the initial impact of this programme of transformation to enable the transition to implementation, and final hand-over to the Strategic Operational Group

In order to fulfil these aims, the SPT have agreed develop the following:

- High level Strategic Planning
- Population outcomes priorities
- Current system level finance

Since being established the SPT group have endorsed the following:

- Place Development Framework update and reporting mechanism
- Health and Wellbeing Strategy and Place Plan
- Cheshire East Outcomes Framework – Phase 1

- Care Communities Priorities (inc winter proposal)
- Care Communities People Plan
- Live Well for Longer Plan (a Place based Framework for coproduction)
- Helpforce – Volunteer project
- Place based VCFSE Model proposal inc the Social Action Charter and the CE Place based VCFSE Grants, which has been included within the S75.
- Care Communities Operating Model
- Cheshire East Estate Programme
- Health and Wellbeing Strategy (and Place Plan)
- The Cheshire East Blueprint developments x 3 workshops to conclude at the end of Sept with a product available from Oct
- The development of the Cheshire East Place Delivery Plan which includes the 8 Ps as the golden thread principles, with the Care Models embedded.

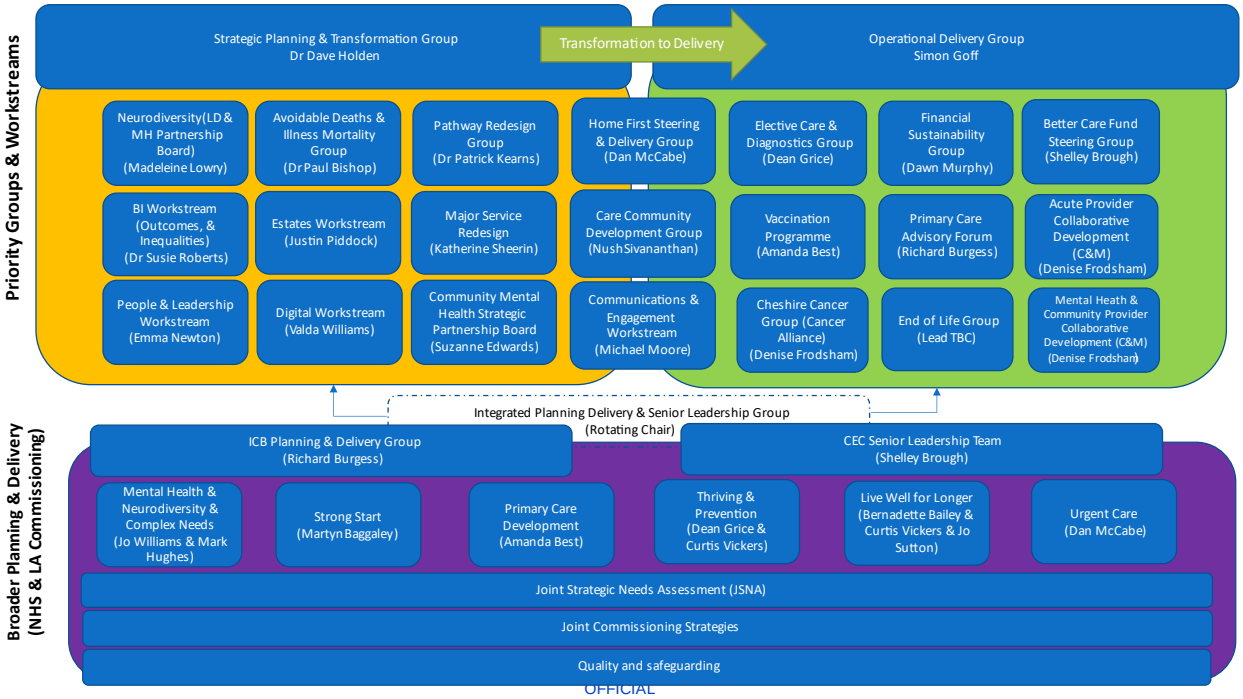
Risks / Issues:

- System wide and organisational financial pressures: The ICB Transformation Fund has been paused for 23/24 due to the ICB financial deficit and the freeze on discretionary spend.

Success / Good News:

- The Department of Health will be promoting the Cheshire East Volunteer Project (delivered by Helpforce) within a communication under the theme 'Innovative volunteering initiatives to support discharge' and used as an example of innovation.

Work has continued in the workstreams. Governance and working relationships and interdependencies between this board and the Operations board have been agreed (see below)



Upcoming developments include:

- Finalising the Cheshire East Place Blueprint
- Outcomes Framework – Phase 2
- Cheshire East Place Delivery Plan

3. Recommendation

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

Cheshire East Operations Group Chairs Report August 2023

Date of meeting:	6th September 2023
Agenda Item No:	15
Report title:	Operations Group Chairs Report August 2023
Report Author & Contact Details:	Simon Goff & Richard Burgess
Report approved by:	Mark Wilkinson, Cheshire East Place Director

Purpose and any action required	**Decision/ Approve →**		**Discussion/ Gain feedback →**		**Assurance →**	x	**Information/ To Note →**	

Committee/Advisory Group previously presented
N/A

Executive Summary and key points for discussion
This report details the activities and highlights of the Cheshire East Operations Group since June 2023. The Operations Group seeks to maximise the effectiveness of 'business as usual' place resources and is the integrated Place forum responsible for operational planning and delivery.

Recommendation/ Action needed:	**The Leadership Group is asked to: note the report**

Which purpose(s) of an Cheshire East priorities does this report align with?	
Please insert **'x'** as appropriate:	
1. Deliver a sustainable, integrated health and care system	x
2. Create financially balanced system	x
3. Create a sustainable workforce	
4. Significantly reduce health inequalities	

Document Development	**Process Undertaken**	**Yes**	**No**	**N/A**	**Comments (i.e. date, method, impact e.g. feedback used)**
	Financial Assessment/ Evaluation			x	
	Patient / Public Engagement			x	
	Clinical Engagement			x	
	Equality Analysis (EA) - any adverse impacts identified?			x	
	Legal Advice needed?			x	
	Report History – has it been to 0ther groups/ committee input/ oversight (Internal/External)			x	

Next Steps:	. None

Responsible Officer to take forward actions:	Simon Goff, Chief Operating Officer, East Cheshire Trust & Chair of Cheshire East Operations Group

Appendices:	None.

Cheshire East Operations Group Chair's Report – August 23

1. Introduction

This report details the activities and highlights of the Cheshire East Operations Group since June 2023. The Operations Group seeks to maximise the effectiveness of 'business as usual' place resources and is the integrated Place forum responsible for operational planning and delivery.

2. Key Business

2.1 Establishment

Following the establishment of the group in September 2022, the group has held sixteen meetings. A forward planner has been created which maps to the agreed sub-groups and workstreams; tasked with delivering place priorities. These include: Home First Delivery Group, Better Care Fund Steering Group, Vaccination Programme Group and the Primary Care Advisory Forum. Legacy place-based groups and wider Cheshire & Merseyside level transformation groups are being reconfigured to fit with the new place governance; through lead place representatives, and will soon feature within the Operations Group agenda. This will include feeds from both Cheshire & Merseyside Provider collaboratives, the Cancer Alliance, Financial Sustainability Group and see the re-establishment of a Place based End of Life group. Participation in the Operations Group remains strong with representation from many areas across the Health and Care Partnership.

2.2 Planning

Earlier in the Summer the group overseen, reviewed and endorsed the Better Care Fund Plan for 2023/24. This fed into a ICS level plan, supported by the Integrated Care Board (ICB) and now successfully accepted by NHS England.

The group are now overseeing the development of the 23/24 Winter Plan, ensuring alignment to create a fully triangulated plan representative of all partner organisations. National timescales have been brought forward this year as they will see final Integrated Care System (ICS) level submission being made by Monday 11th September 2023.

2.3 Operations

Key operational issues have been discussed by the group which include secondary care mental health bed capacity, including out of area placements; general nursing assistant (GNA) sustainability; over prescribing of care packages and links to social

prescribing; additional system bed capacity; demand and capacity reconfiguration and virtual wards. Following the publication of ICB's final system operating plan, NHS England have set clear performance criteria relating to Emergency Care & System Resilience; Elective & Cancer Care; and Mental Health, Learning Disability and Autism; which the group have considered how to address and respond too; working as an integrated system of partners.

The group will now intend to consider its role in overseeing both the handover and operationalising of the Cheshire and Wirral Mental Health Transformation Programme; and the Cheshire Right Care, Right Person agenda; which will see considerable changes to how front-line services interact with the population. This approach: which greater focuses on prevention and de-escalation, should see a marked reduction in inappropriate detentions and conveyances for those in crisis; into our Emergency Departments.

3. Recommendation

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

Primary Care Advisory Forum – Cheshire East Place

Minutes of Meeting
16:00 – 17:00 on Wednesday, 10th May 2023 Via MS Teams

Cheshire West Place

ATTENDEES:

Name	Initials	Role
Mark Wilkinson	MW	Place Director, Cheshire East Place
Amanda Best	AB	Integrated Head of Community Led Care, Cheshire East Place
Laura Jones	LJ	Primary Care Manager, Cheshire West and Cheshire East Place
Rachael Ullmer	RU	Primary Care Contract and Policy Manager, Cheshire & Merseyside ICB
Dean Grice	DG	Thriving and Prevention Programme Lead, Cheshire East Place
Suzanne Austin	SA	LPC representative
Katie Riley	KR	Associate Director of Finance, Cheshire & Merseyside ICB
Louise Barry	LB	Chief Executive, Healthwatch Cheshire

MEETING NARRATIVE AND OUTCOMES

Agenda Item	Topic
1.1	**Welcome and Apologies** MW welcomed the group to the meeting and thanked them for their attendance. Apologies received from: • Katie Mills
1.2	**Declarations of Interest** • No declarations of interest were mentioned.
1.3	**Alderley Edge Boundary Change Request** MW advised that this meeting had been called in order to discuss the application made by Alderley Edge Medical Practice to reduce their patient catchment area. AB and RU gave an overview of the application made by Alderley Edge Medical Practice to reduce their practice boundary. Currently NHS Cheshire and Merseyside ICB records show that Alderley Edge Medical Practice's boundary overlaps primarily with four other mainstream GP Practices, these being the Wilmslow Health Centre, Kenmore Medical Centre (Wilmslow), Handforth Health Centre and Chelford Surgery. The boundary also overlaps to a lesser extent with Knutsford Medical partnership, The Middlewood Partnership, and the six Macclesfield GP practices. The aim of reducing the Alderley Edge Medical Practice boundary is to reduce their northern practice boundary out of Wilmslow town towards Alderley Edge, enabling the practice to better maintain and improve services for patients living in Alderley Edge and south of

	Alderley Edge, while patients living in Wilmslow will continue to have a choice of two Wilmslow GP Practices to register with, with Handforth Health Centre also covering some of Wilmslow town. The ICB Primary Care Contracting and Policy Team see little risk from the proposed boundary change, other than the noted concerns regarding suitable future potential GP coverage of the David Lewis Centre. This risk has been mitigated by the Alderley Edge Medical Practice agreeing to keep the David Lewis Centre site within their revised practice catchment area. The Cheshire East Place Primary Care Advisory Forum approved the Alderley Edge Medical Practice application for a change to their practice boundary area as outlined in the paper circulated prior to the meeting.

Cheshire East Health and Care Partnership Board

Cheshire East System Finance Report

(1 April 23 to 31 July 23)

Date of meeting:	6 September 2023
Agenda Item No:	17
Report title:	Cheshire East System Finance Report
Report Author:	Dawn Murphy, Associate Director of Finance and Performance (Cheshire East)
Report approved by:	Mark Wilkinson – Place Director

Purpose and any action required	**Decision/→ Approve**		**Discussion/→ Gain feedback**		**Assurance→**	X	**Information/→ To Note**	X

Executive Summary and key points for discussion

The Cheshire East system planned for a deficit of £53.4m for 2023/24. This covers the following partner organisations:

- Cheshire and Merseyside Integrated Care Board (Cheshire East Place)
- East Cheshire NHS Trust
- Mid Cheshire Hospitals NHS Foundation Trust
- Cheshire and Wirral Partnership NHS Foundation Trust

Reporting from Cheshire East Council is not yet available but will be included in future months reporting.

The place is forecasting to achieve the planned deficit position of £53.4m at month 4.

However, there is significant risk reported against this achievement currently mitigated by an assumption of further savings alongside and implementation of financial recovery actions and collaborative working across the system.

Efficiency savings are included within the forecast as being fully achieved, however, a large proportion of the savings are being met non-recurrently, which creates an additional savings requirement for 2024/25.

Recommendation/ Action needed:	**The Board is asked to:** a) Support the establishment of a Finance and Resource Group, the terms of reference for which will be presented to a future meeting of the Board. b) Agree support of the Financial Recovery Plan being managed via the Finance and Resource Group. c) Identify a system wide approach to addressing the recurrent efficiencies

Consideration for publication

Meetings of the Health and Care Partnership Board will be held in public, and the associated papers will be published unless there are specific reasons as to why that should not be the case. This paper will therefore be deemed public unless any of the following criteria apply (please insert **'x'** as appropriate:

The item involves sensitive HR issues	N
The item contains commercially confidential issues	N
Some other criteria. Please outline below:	N/A

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

Please insert **'x'** as appropriate:

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

Document Development	Process Undertaken	Yes	No	N/A	Comments (i.e., date, method, impact e.g., feedback used)
	Financial Assessment/ Evaluation			X	
	Patient / Public Engagement			X	
	Clinical Engagement			X	
	Equality Analysis (EA) - any adverse impacts identified?			X	
	Legal Advice needed?			X	
	Report History – has it been to 0ther groups/ committee input/ oversight (Internal/External)			X	

System Finance Report 1st April – 31st July 2023

1. Introduction

1.1 The purpose of this report is to update on the overall financial position of Cheshire East Place. Partners include NHS Cheshire and Merseyside in Cheshire East place (the ICB), Cheshire and Wirral Partnership NHS Foundation Trust (CWP), Cheshire East Council (CEC), East Cheshire NHS Trust (ECT) and Mid Cheshire Hospitals NHS Foundation Trust (MCHFT).

1.2 This report is based on the forecast produced at the end of July 2023. Due to differences in reporting frequency and timescales, information from Cheshire East Council isn't available at the time of writing but will be included for future months.

1.3 The key issue is the challenged financial position of all organisations within the partnership and the impact this has on all sectors and providers of health and social care.

1.4 There are organisations who provide a significant level of service to more than one Place, however, for the purpose of this report the totality of the financial position is included to represent a whole organisation approach.

2. System Financial Position

2.1 The financial position of Cheshire East Place is challenging, organisations are facing increasing demand and increased costs across all their activities which is causing significant financial pressure.

2.2 The planned deficit agreed following the planning round for 2023/24 was £53.4m. The current reported forecast deficit across the system is in line with plan at £53.4m, however considerable risk has been reported against this achievement.

2.3 The risks have been identified at month 4 and these are identified further in section 3 of the report. It is hoped that this amount can be mitigated by identification of further savings, alongside the delivery of financial recovery plan and working collaboratively across both the Cheshire East and the Cheshire and Merseyside systems.

2.4 There is currently a significant variance to plan reported against efficiency savings targets with are currently mitigated with the inclusion of non-recurrent efficiencies.

System Position for all Partners

	M4 Year to Date				2324 Forecast Outturn		
	Plan	Actual	Variance		Plan	Current Month Forecast	Variance
	£m	£m	£m		£m	£m	£m
Cheshire East Place - ICB	(12)	(16)	(4)		(36)	(36)	0
East Cheshire Trust *	(4)	(4)	(1)		(4)	(4)	0
Mid Cheshire Hospitals NHS Foundation Trust *	(9)	(12)	(3)		(19)	(19)	0
Cheshire and Wirral Partnership NHS Foundation Trust *	(0)	(1)	(1)		0	0	0
Cheshire East Council**							
TOTAL FOR ALL ORGANISATIONS	**(25)**	**(33)**	**(9)**		**(60)**	**(60)**	**0**

3. Risks & Mitigations

3.1 Each organisation has provided up to date information as part of the Cheshire and Merseyside systems monthly updates.

The risks are categorised by type and organisation.

ICS System Risks	Organisation Name	Description of risk	Likelihood	Potential Financial Impact before mitigations	Description of mitigating actions being taken	Potential Financial Impact after mitigations
			High/ Medium/ Low	£000s		£000s
Inflation and increases in needs	C&M ICB - Cheshire East Place	Prescribing	High	(1,942)	Financial Recovery Plan review alongside a task and finish group to review data and understand mitigations needed	0
Inflation and increases in needs	C&M ICB - Cheshire East Place	All Age Continuing Care	High	(7,114)	Financial Recovery Plan review alongside a task and finish group to review data and understand mitigations needed	0
Inflation and increases in needs	C&M ICB - Cheshire East Place	Community Beds	High	(3,037)	Revert to pre COVID arrangements for funding, review more efficient assessment processes. Other decisions taken to reduce areas of investment	0
Industrial Action	East Cheshire Trust	Industrial Action - the level of strike action and staff categories impacted is still unknown however based on current information could impact nurses, AHPs, Junior doctors and consultants for the remainder of the year	High	(1,500)	The expenditure impact of industrial action was not included in the financial plan. The impact of industrial action cannot be fully understood but all mitigating actions will be taken to maintain patient services. The Trust will work with the system to identify mitigating actions	0
Inflation	East Cheshire Trust	Energy Inflation, this is based on the first forecast from CCS the trusts new provider	High	(2,600)	The excess inflation was not included in the financial plan and The Trust will work with the system to identify mitigating actions	0
ERF	East Cheshire Trust	ERF - including associates where known	Medium	(4,600)	Operational team continue to work to maximise productivity and deliver activity targets	0
Efficiencies	East Cheshire Trust	QIPP unidentified	Medium	(1,700)	Innovation and productivity group monitor progress on delivery and continue to work to close the gap. A strategy live event was held in May to raise awareness of the QIPP and generate ideas from all staff	0
Pay/Staffing	East Cheshire Trust	HCA Back pay relating to change in banding from a band 2 to a band 3	Medium	(1,500)	HR team are in consultation to try and negotiate the best possible outcome	0
Out of Area	Cheshire & Wirral Partnership	High number of Out of Area placements being utilised along with reopening of a CWP ward as a result of DTOCs with blocked beds and delayed admissions.	High	(11,070)	Use of non-recurrent gains in year, Slippage on reserves, Further Review of Balance Sheet for any potential opportunities	0
Pay/Staffing	Cheshire & Wirral Partnership	MH Inpatient staffing issues requiring use of bank / agency to ensure safe staffing levels are being maintained	High	(6,579)	As above plus high levels of vacancies in non inpatient services	0
Inflation	Cheshire & Wirral Partnership	Inflation presures across Trust infrastructure including utilities,provisions, IT contracts, rent and rates, insurances, 3rd Sector conrtacts incl VCSE.	High	(736)	Use of non-recurrent gains in year, Slippage on reserves, Further Review of Balance Sheet for any potential opportunities	0
Other	Cheshire & Wirral Partnership	Microsoft Licence Fees	High	(244)	Review of calculations and charges don't stand	0
Pay/Staffing	Cheshire & Wirral Partnership	A4C and Medics Pay Award	High	(2,067)	Use of non-recurrent gains in year, Slippage on reserves, Further Review of vacancies across the Trust for any potential opportunities	0
Efficiencies	Mid Cheshire Hospitals	Slippage of delivery of CIP schemes	High	(5,000)	Slippage / ongoing discussion with Trust and ICB	0
Inflation	Mid Cheshire Hospitals	Price increased due to contract changes	High	(1,500)	Slippage / ongoing discussion with Trust and ICB	0
Inflation	Mid Cheshire Hospitals	PDC on cash support	High	(1,500)	Slippage / ongoing discussion with Trust and ICB	0
ERF	Mid Cheshire Hospitals	ERF related to strike impact	Medium	(3,000)	Slippage / ongoing discussion with Trust and ICB	0
Pay/Staffing	Mid Cheshire Hospitals	Strike Costs	High	(2,000)	Slippage / ongoing discussion with Trust and ICB	0
Pay/Staffing	Mid Cheshire Hospitals	23/24 HCA Provision	High	(1,000)	Slippage / ongoing discussion with Trust and ICB	0
Unplanned care pressures	Mid Cheshire Hospitals	Additional support required during winter	Medium	(3,500)	Slippage / ongoing discussion with Trust and ICB	0
Pathology N8 network contract	Mid Cheshire Hospitals	Potential overspends due to continuation of outsourcing	Medium	(500)	Slippage / ongoing discussion with Trust and ICB	0
Infrastructure	Mid Cheshire Hospitals	RAAC impacts	High	(100)	Slippage / ongoing discussion with Trust and ICB	0
TOTAL				**(62,789)**		

4. Efficiency Schemes

4.1 Cheshire East Place included plans to achieve £47m of efficiency savings during 2023/24. This figure currently excludes the Local Authority, but these will be added in for future months.

4.2 Each organisation is forecasting a variance to plan for recurrent efficiencies. This is offset within the financial forecast.

The table below demonstrates a summary of unachieved efficiencies by organisation. The recurrent risk for four Health organisations is £3.75m.

	Year to Date Recurrent			2324 Recurrent		
	Plan	Actual	Variance	Plan	Current Month Forecast	Variance
	£m	£m	£m	£m	£m	£m
Cheshire East Place - ICB	2.97	2.89	(0.08)	8.90	8.65	(0.25)
East Cheshire Trust *	1.80	1.00	(0.80)	10.30	9.40	(0.90)
Mid Cheshire Hospitals NHS Foundation Trust *	5.20	3.30	(1.90)	21.20	18.60	(2.60)
Cheshire and Wirral Partnership NHS Foundation Trust *	2.00	1.30	(0.70)	6.60	6.60	0.00
Cheshire East Council**						
TOTAL FOR ALL ORGANISATIONS	**11.97**	**8.49**	**(3.48)**	**47.00**	**43.25**	**(3.75)**

5. Conclusion and Next Steps

5.1 This report will be produced monthly and presented within Cheshire East to ensure all system partners have awareness of the financial position and the challenges being faced.

5.2 It hasn't been possible to include reporting from Cheshire East Council in the report for month 4 due to the different timescales for reporting within the Local Authority but work will continue to include this as soon as possible as this is necessary for a whole system approach.

5.3 A Cheshire Wide Finance Resource Group is being established. This group has a key objective of working across the system to support the financial sustainability for Cheshire East and Cheshire West. The group has been set up as Cheshire Wide to minimise the impact on the partners who work across multiple place systems.

The group will focus on developing and implementing a Financial Recovery plan utilising system wide initiative, where possible.

The progress of the group will be reported via this report in future months. The first meeting is 31st August 2023.

A further recommendation from PLG is to identify an appropriate group/committee who look to deliver recurrent efficiencies as ideally efficiencies shouldn't be finance led. These may already be in place within each organisation, however, a system wide approach may be more successful moving forward.

6. Recommendations

a) Support the establishment of a Finance and Resource Group, the terms of reference for which will be presented to a future meeting of the Board.
b) Agree support of the Financial Recovery Plan being managed via the Finance and Resource Group.
c) Identify a system wide approach to addressing the recurrent efficiencies

Cheshire East Health and Care Partnership Board

6 September 2023

Place Director Update

Date of meeting:	6 September 2023
Agenda Item No:	18
Report title:	Place Director Update
Report Author & Contact Details:	Mark Wilkinson, Cheshire East Place Director
Report approved by:	Mark Wilkinson, Cheshire East Place Director

Purpose and any action required	**Decision/ Approve** →		**Discussion/ Gain feedback** →	**X**	**Assurance** →	**X**	**Information/ To Note** →	**X**

Committee/Advisory Groups that have previously considered the paper
None

Executive Summary and key points for discussion
Not applicable

Recommendation/ Action needed:	To note the report

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

Please insert **'x'** as appropriate:

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

Document Development	**Process Undertaken**	**Yes**	**No**	**N/A**	**Comments (i.e., date, method, impact e.g., feedback used)**
	Financial Assessment/ Evaluation			X	
	Patient / Public Engagement			X	
	Clinical Engagement			X	
	Equality Analysis (EA) - any adverse impacts identified?			X	
	Legal Advice needed?			X	
	Report History – has it been to 0ther groups/ committee input/ oversight (Internal/External)			X	

Next Steps:	None

Responsible Officer to take forward actions:	Mark Wilkinson, Cheshire East Place Director, NHS Cheshire and Merseyside

Appendices:	Appendix 1 – Summary of patient survey results by place (Cheshire East) and care communities

Place Director Report – September 2023

1. Introduction

This report presents key activities and issues for the Partnership together with information on areas of personal focus since the last meeting.

2. Key issues

Joint forward plan

NHS Cheshire and Merseyside have launched their joint forward plan for 2023 to 2028 containing the actions we will take as an Integrated Care System (ICS) to deliver the priorities identified in:

- The Cheshire and Merseyside draft interim Health and Care Partnership (HCP) Strategy.
- The Joint Local Health and Wellbeing Strategies of our nine Place based Health and Wellbeing Boards.
- The priorities outlined by NHS England in The NHS Long Term Plan and the national NHS Planning guidance for 2023-24.

This Joint Forward Plan is driven by the ambitions of the Cheshire and Merseyside Interim HCP Strategy, which is built around four core strategic objectives:

- Tackling health inequalities in outcomes, experiences and access (our 8 Marmot principles).
- Improving population health and healthcare.
- Enhancing productivity and value for money.
- Helping to support broader social and economic development.

Learning from Lucy Letby case

Following Lucy Letby's conviction for the murder of seven babies and the attempted murder of six more, NHS Cheshire and Merseyside has scheduled a board level discussion on some of the broader implications arising from the case. These include (but are not limited to):

- Clinical governance i.e., what can we learn to improve our systematic approach to maintaining and improving the quality of patient care.
- The role and functioning of local quality committees.
- Examining variation in patient outcomes.
- The quality of serious incident reporting and investigation.

- The role of the CQC in assuring health service quality.

Survey of patients who use primary care

The results of an annual national survey of GP patients have recently been released and again show that general practice across Cheshire East is comparatively well rated by the people who use it.

Summary metrics are shown in appendix A, as is a breakdown by care communities – which shows some variation. Practice level data is also available and work is now underway in terms of how we share this relatively good performance and equally identify areas for improvement.

GP Provider Collaborative

Work is underway to establish a Cheshire East GP Provider Collaborative to help to transform the way that General Medical Services are delivered. This is very much GP led around a vision of 'supporting core General Practice allowing it to refine and deliver excellent primary care services in line with national and local contractual expectations, as well as enhanced levels of care and support to the communities we jointly service.' More specific aims include:

- Representation and engagement of practices
- Design and delivery of new models of care
- Support and quality Improvement of General Practice

To achieve these aims, there is an expectation that Confederation partners will be committed to working towards and acting as one in the interests of delivering the best outcomes for the Cheshire East Population within available resources.

Service blueprint for 2030

Although our strategies (including our newly refreshed health and wellbeing strategy) identify our strategic objectives as a place partnership, there is a gap in terms of describing what our health and care services will look like in future. This might be termed a 'service blueprint'.

Significant work has been undertaken by our predecessor organisations, and the intention is to use a tightly defined three workshops over the summer to refresh and reconfirm our support for work undertaken previously. When completed, this can be a product to guide both the sustainable hospital services programme for Macclesfield, and also the design of the new hospital in Mid Cheshire.

Joint outcomes framework

Dr Susie Roberts, public health consultant, has been leading work to develop a joint outcomes framework. The framework is being developed to inform and monitor our

transformation and integration programmes and crucially to measure progress against the health and well-being strategy.

Tier 1 for urgent and emergency care service delivery

The Cheshire and Merseyside ICS has been placed in the highest (least well performing), tier for urgent and emergency care service delivery. This underlines our strategic priority around Home First. This performance improvement framework brings additional scrutiny and also possibly support. Cheshire East performs relatively well compared to Cheshire and Merseyside peers, although less well in national comparisons.

Knutsford primary care centre

The former Cheshire CCG had a long-standing priority to develop a new primary care centre in Knutsford to address well documented challenges in the current premises. Notwithstanding the likely need, the revenue and public sector capital challenges are understood by all partners i.e., both capital and revenue resources are currently limited. More positively, there may be commercial opportunities that could support the provision of NHS services. The immediate next step is to consider how the business case can be developed including the establishment of the clear case for change and evaluation of a full range of options.

Mental health and A&E pressures

The immediate catalyst for some current work was a recent spell when 10 patients requiring mental health inpatient admission were in Mid Cheshire's A&E department at Leighton Hospital, in a longer-term context of Cheshire and Wirral Partnership (CWP) NHS FT's bed pressures meaning patients are frequently directed into out of area beds.

For several years community mental health services have perhaps not had the priority they deserve. Equally people are presenting later and with more acute needs. Circa 60% (up from 40%) of mental health admissions are made under the Mental Health Act to provide care for people not previously known to CWP services. When in a hospital bed, 40% of people have a length of stay over 90 days. This local position is broadly replicated across the North West. The number of Mental Health Act assessments carried out by the Council is also markedly higher.

There is an opportunity though to re-direct spending away from institutions and into community / prevention-oriented services. In other words, as a place there is a view that we are spending the money but not necessarily to best effect.

Place leaders have requested a detailed presentation to a future meeting. The Operations Group are also looking at the potential impact of the withdrawal of non-recurrent mental health staffing support into A&E departments planned for later this year.

NHS Cheshire and Merseyside corporate review of Cheshire East place

Cheshire East place (the ICB place team together with partners including the Council) participates in quarterly review meetings led by our corporate colleagues. In their summary of the last meeting the following points were made:

Financial position and risks – we are consuming more than our fair share of ICB funding and we discussed some of the legacy issues and arrangements in Cheshire that have led to this position. There was a recognition of the huge challenge this represents and that some difficult decisions and choices will need to be made as a system to enable you to develop your plan for delivery.

Commitment to working in a locality model – this suits the area well due to its large and diverse geographical spread. We have eight care community areas (which mirror your Primary Care Network footprints) and have identified some gaps in provision and quality thanks to your comprehensive dashboards of data and information which you have used to analysis the current state of health and care services across the eight areas. We are working on the development of accountability processes across partners.

Children's services – we are seeing an increasing demand from children and families with high levels of complexity leading to long waits for assessments and an increasing challenge to recruit sufficient numbers of health professionals, particularly learning disability community nurses, to support you to manage this demand. As a result, we are reviewing your current pathway into services to establish if there needs to be an additional step added in preventative services and that you are using the services of the Beyond Programme to link into the regional neuro development clinical pathway as you are seeing increased numbers of referrals for a neuro development diagnosis.

Place partnership inspections - there are regular planning sessions held across partners. We recently had a Peer review which identified some issues such as the need for a joint Workforce strategy and the development of a joint plan. We are anticipating and planning for an inspection in Children's services in September/ October 2023

ICB place team

Dr Paul Bishop, a GP in Congleton, has taken up his post of Place Clinical Director. This completes the ICB place team.

Meetings and visits

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

- Engaged with local MPs (Dr Kieran Mullan, Esther McVey, Edward Timpson) on matters of shared interest.

- Led a second successful team building event for the Cheshire East place team at Congleton Town Hall. Further team development is planned.

- Met with the Dean of the University of Chester's Medical School to identify areas for collaboration.

3. Recommendation

The Board is asked to note the report.

APPENDIX A – SUMMARY OF PATIENT SURVEY RESULTS BY PLACE (CHESHIRE EAST) AND CARE COMMUNITIES

NHS
Cheshire and Merseyside

Place Summary Metrics

Place Summary Metrics

Group	Metric	National	ICS	Cheshire East	Cheshire West	Halton	Knowsley	Liverpool	Sefton	St Helens	Warrington	Wirral
Overall Experience	Q32. Overall, how would you describe your experience of your GP practice? **% Good** *(Very Good + Fairly Good)*	71%	72%	76%	78%	67%	68%	70%	71%	68%	71%	76%
Making an appointment	Q16. Were you satisfied with the appointment (or appointments) you were offered? **% Yes, took appt** *(Patients who selected 'I was not offered an appointment' have been excluded)*	72%	73%	77%	76%	69%	66%	72%	73%	69%	74%	74%
	Q21. Overall, how would you describe your experience of making an appointment? **% Good** *(Very Good + Fairly Good)*	54%	54%	62%	59%	42%	41%	51%	51%	50%	53%	58%
Local GP Services	Q1. Generally, how easy is it to get through to someone at your GP practice on the phone? **% Easy** *(Very Easy + Fairly Easy) (Patients who selected 'Haven't tried' have been excluded)*	50%	48%	54%	53%	35%	41%	44%	44%	47%	47%	56%
	Q2. How helpful do you find the receptionists at your GP practice? **% Helpful** *(Very helpful + Fairly helpful) (Patients who selected 'Don't know' have been excluded)*	82%	83%	85%	87%	78%	78%	80%	83%	82%	82%	86%
	Q30. During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to? **% Yes** *(Yes, definitely + Yes, to some extent) (Patients who selected 'Don't know/doesn't apply' have been excluded)*	93%	93%	94%	96%	91%	88%	93%	93%	93%	93%	94%
	Q47. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed? **% Good** *(Very Good + Fairly Good) (Patients who selected 'Don't know/can't say' have been excluded)*	45%	44%	43%	48%	43%	39%	43%	40%	49%	37%	49%
Access to on-line services	Q4. How easy is it to use your GP practice's website to look for information or access services? **% Easy** *(Very Easy + Fairly Easy) (Patients who selected 'Haven't tried' have been excluded)*	65%	66%	67%	70%	64%	57%	65%	65%	70%	62%	67%

Place ragged against ICS Average: Green > than comparison, Amber = comparison, Red < than comparison

Data Source: https://www.gp-patient.co.uk/

NHS
Cheshire and Merseyside

Cheshire East Place Summary Metrics

Group	Metric	National	ICS	Cheshire East	CHAW (CHEUFORD, HANDFORTH, ALDERLEY EDGE, WILMSLOW) PCN	CHOC (CONGLETON & HOLMES CHAPEL) PCN	CREWE - GHR PCN	EAGLE BRIDGE PCN	KNUTSFORD PCN	MACCLESFIELD PCN	MIDDLEWOOD PCN	NANTWICH & RURAL PCN	SMASH PCN
Overall Experience	Q.32. Overall, how would you describe your experience of your GP practice? **% Good** (Very Good + Fairly Good)	71%	72%	70%	85%	74%	70%	62%	84%	83%	74%	69%	81%
Making an appointment	Q.16. Were you satisfied with the appointment (or appointments) you were offered? **% Yes, took appt** (Patients who selected 'I was not offered an appointment' have been excluded)	72%	73%	77%	81%	83%	77%	68%	76%	78%	71%	71%	80%
	Q.21. Overall, how would you describe your experience of making an appointment? **% Good** (Very Good + Fairly Good)	54%	54%	62%	77%	56%	51%	47%	68%	71%	54%	56%	68%
Local GP Services	Q.1. Generally, how easy is it to get through to someone at your GP practice on the phone? **% Easy** (Very Easy + Fairly Easy) (Patients who selected 'Haven't tried' have been excluded)	50%	48%	54%	73%	46%	31%	23%	76%	77%	58%	47%	58%
	Q.2. How helpful do you find the receptionists at your GP practice? **% Helpful** (Very helpful + Fairly helpful) (Patients who selected 'Don't know' have been excluded)	82%	83%	85%	89%	80%	81%	75%	93%	90%	86%	82%	88%
	Q.30. During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to? **% Yes** (Yes, definitely + Yes, to some extent) (Patients who selected 'Don't know/not sure' to apply' have been excluded)	93%	93%	94%	95%	95%	92%	90%	98%	95%	91%	95%	95%
	Q.47. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed? **% Good** (Very Good + Fairly Good) (Patients who selected 'Don't know/not sure' have been excluded)	45%	44%	43%	52%	37%	39%	37%	45%	51%	45%	45%	39%
Access to on-line services	Q.4. How easy is it to use your GP practice's website to look for information or access services? **% Easy** (Very Easy + Fairly Easy) (Patients who selected 'Haven't tried' have been excluded)	65%	66%	67%	74%	64%	64%	56%	68%	72%	58%	66%	71%

PCN ragged against Place Average: Green >than comparison, Amber = comparison, Red< than comparison

Data Source: https://www.gp-patient.co.uk/

2023-24 Forward Planner: Cheshire East Health and Care Partnership Board											
	Meeting Date	Venue	Meeting Management	Owner	Public and Community Focus	Owner	Plans and Priorities	Owner	Planning and Performance	Owner	Other Business	Owner
April												
May		Bevan House, Nantwich	* Declarations of Interest * Minutes of previous meeting * Action Log * Decision Log * Forward Planner		*Citizen Voice (peoples story). *Care Communities Focus				*Quality and Performance Group Report *Strategic Planning and Transformation Group Report *Operational Delivery Group Report *Primary Care Advisory Forum Report *Finance Report *Place Director Report			
June												
July	Meeting Cancelled											
Aug												
Sept	6th September 2023	Westfields, Sandbach	* Declarations of Interest * Minutes of previous meeting * Action Log * Decision Log * Forward Planner		*Citizen Voice (peoples story). *Care Communities Focus *Mental Health Community and Learning Disability Collaborative	LB Knutsford CC Tony Mayer	*Sustainable Hospital Services Programme *Care Leaver Covenant *Dementia Implementation Plan	KS AW SB	*Quality and Performance Group Report *Strategic Planning and Transformation Group Report *Operational Delivery Group Report *Primary Care Advisory Forum Report *Finance Report *Place Director Report			
Oct												
Nov	1st November 2023		* Declarations of Interest * Minutes of previous meeting * Action Log * Decision Log * Forward Planner		*Citizen Voice (peoples story). *Care Communities Focus		*Mid Cheshire Hospitals NHS FT Clinical Services Strategy *Tier 1 for urgent and emergency care delivery *Implementation of the Social Action Protocol (six-monthly update) Mental Health Implementation	IM DM MB	*Quality and Performance Group Report *Strategic Planning and Transformation Group Report *Operational Delivery Group Report *Primary Care Advisory Forum Report *Finance Report *Place Director Report			
Dec												
Jan			* Declarations of Interest * Minutes of previous meeting * Action Log * Decision Log * Forward Planner		*Citizen Voice (peoples story). Rotate across partners *Care Communities				*Quality and Performance Group Report *Strategic Planning and Transformation Group Report *Operational Delivery Group Report *Primary Care Advisory Forum Report *Finance Report *Place Director Report			
Feb												
March			* Declarations of Interest * Minutes of previous meeting * Action Log * Decision Log * Forward Planner		*Citizen Voice (peoples story). Rotate across partners *Care Communities				*Quality and Performance Group Report *Strategic Planning and Transformation Group Report *Operational Delivery Group Report *Primary Care Advisory Forum Report *Finance Report *Place Director Report			