#BecauseWeCare
Cheshire East Partnership

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|---|---|
| **Date** | **01 May 2024** |
| **Time** | **14:00 – 15:30** |
| **Venue** | **MS Teams** |
| **Contact** | hilary.southern@cheshireandmerseyside.nhs.uk |

# Cheshire East Health and Care Partnership Board

**AGENDA**
**Chair: Isla Wilson**

| Time | Item No | Item | Owner (Incl. Partner Organisation) | Outcome required | Format & Page No |
|---|---|---|---|---|---|
| **Meeting management** | | | | | |
| **14:00** | 1 | Welcome, introduction & Apologies: Dave Holden, Paul Bishop, Ged Murphy, Clare Hammell, Ian Moston, Carolyn Wilkins (Nicola Costin-Davis representing), Matt Tyrer | Chair | Noting | Verbal PUBLIC |
| | 2 | Declarations of Interest | Chair | Noting | Verbal PUBLIC |
| | 3 | Minutes of meeting on 10th January 2024 (March meeting cancelled) Action Log and matters arising | Chair | Approval | 3 PUBLIC |
| **Public and Community Focus** | | | | | |
| | 4 | MCHFT New Hospital Programme / Strategic Outline Case | Russell Favager | Discuss | 14 PUBLIC |
| | 5 | CHAW Presentation (standing item) | Hazel Powers Service Transformation Practitioner | Discuss | 41 PUBLIC |
| | 6 | Care Community Development | Mark Wilkinson | Discuss | Verbal PUBLIC |
| **Any Other Business** | | | | | |
| | 7 | Questions from the Public (standing item) | Chair | - | PUBLIC |
| | 8 | Meeting Evaluation (standing item) | All | Discuss | PUBLIC |
| END OF PUBLIC MEETING | | | | | |
| PRIVATE MEETING | | | | | |
| | 1 | Cheshire & Merseyside-wide Programme Approach | Mark Wilkinson | Discuss | - |

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| Time | Item No | Item | Owner (Incl. Partner Organisation) | Outcome required | Format & Page No |
|---|---|---|---|---|---|
| | 2 | 2024/25 Planning Update | Katie Riley | Discuss | - |
| **Next meeting** | | **Wednesday, 03 July 2024<br>Time: 14:00 – 16:00<br>Venue: Cedar Room, Canalside Conference Centre, 34-34 Brooks Lane, Middlewich, CW10 0JG.** | | | |

#BecauseWeCare
Cheshire East Partnership

# Cheshire East Health and Care Partnership Board held in Public

Wednesday 10th January 2024
at 2.00pm – 5.00pm

Middlewich Community Church

## 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 C&M Cheshire East Place | |
| Cllr Arthur Moran | AMO | Formally Elected Member Representative (Councillor) | Cheshire East Council | Apols |
| Cllr Janet Clowes | JC | Formally Elected Member Representative (Councillor) | Cheshire East Council | |
| Cllr Jill Rhodes | JR | Formally Elected Member Representative (Councillor) | Cheshire East Council | |
| Dr David Holden | DH | GP/ Chairperson of Strategic Planning and Transformation Group | Place Partnership Group | |
| Deborah Woodcock | DW | Executive Director of Children's Service | Cheshire East Council | |
| Carolyn Watkins | CW | Chairperson | Mid Cheshire Hospitals NHS Foundation Trust | Apols |
| Ged Murphy | GM | Chief Executive | East Cheshire NHS Trust | Apols |
| Helen Charlesworth-May | HCM | Executive Director – Adults, Healthss and Integration | Cheshire East Council | |
| Ian Moston | IM | Chief Executive | Mid Cheshire Hospitals NHS Foundation Trust | |
| Louise Barry | LB | Chief Executive Officer | Healthwatch Cheshire | Apols |
| Mark Wilkinson | MW | Place Director | NHS C&M Cheshire East Place | |
| Dr Matt Tyrer | MT | Director of Public Health | Cheshire East Council | |
| Simon Goff | SG | Chief Operating Officer | East Cheshire NHS Trust | |

| | | | | |
|---|---|---|---|---|
| Anushta Sivananthan | AS | Consultant Psychiatrist/ Medical Director | Cheshire & Wirral Partnership NHS Foundation Trust | |
| Dawn Murphy | DM | Associate Director Finance & Performance | NHS C&M Cheshire East Place | |
| Aislinn O'Dwyer | AO'D | Chairperson | East Cheshire NHS Trust | |
| Dr Daniel Harle | DHA | Medical Director | Cheshire Local Medical Committee Limited (LMC) | Apols |
| Dr Patrick Kearns | PK | Associate Clinical Director | Place Partnership Group | Apols |

Others in attendance

| Name | Key | Title | Organisation | Present |
|---|---|---|---|---|
| Guy Kilminster | GK | Corporate Manager Health Improvement | Cheshire East Council | |
| Amanda Best | ABE | Integrated Head of Community Led Care | NHS C&M Cheshire East Place | |
| Hilary Southern | HS | Head of Corporate Business Support – Cheshire East & Cheshire West | NHS C&M Cheshire East & West Places | |
| Jenny Underwood | JU | Corporate Business Manager – Cheshire East & Cheshire West | NHS C&M Cheshire East & West Places | |
| Danielle Roberts | DR | Care Community Service Manager | CCICP | |
| Dr Clare Spargo | CS | GP/Care Community Lead (Crewe) | GP | |
| Emma Stuttard | ES | Community Operational Manager – Crewe | CCICP | |

| Item | Discussion and Actions | Action Owner |
|---|---|---|
| | **Meeting Management** | |
| **1.** | **Welcome Introduction Apologies** | |
| | Chair welcomed all to the meeting and introductions were made.<br><br>**The Partnership Board:**<br>• **NOTED the apologies received and any deputies in attendance.** | |
| **2.** | **Declarations of Interest** | |
| | No conflicts of interest pertinent to the items being discussed on the agenda declared | |
| **3.** | **Minutes and matters arising** | |
| | **Minutes of previous meeting held on 1 November 2023**<br><br>**The Partnership Board:**<br>• **NOTED and APPROVED the minutes of the Partnership Board meeting held on 1 November 2023** | |

| Item | Discussion and Actions | Action Owner |
|---|---|---|
| | **Public and community focus** | |
| **4.** | **Person's Story (standing item)**<br>Due to apologies from LB, this item was deferred for this meeting. | |
| **5.** | **Care Communities' Spotlight (standing item)**<br>**Crewe Care Community (Danielle Roberts, Clare Spargo, Emma Stuttard)**<br><br>The Crewe Care Community presented to the meeting, providing context about the population served and the purpose of the Care Community, including its priorities and current projects.<br><br>The detail is included within the presentation, but key highlights and discussion included:<br><br>The six priorities specific to Crewe are:<br>• Tackling health inequalities<br>• Improving accessibility and support<br>• Improving mental health<br>• Developing a robust directory of services<br>• Developing collaborative working within Crewe<br>• Women's health<br><br>Work is taking place in collaboration with CEC creating a 'one plan'.<br><br>Key projects were outlined for the Board, including:<br>• Crewe community hub<br>• Homeless outreach clinic<br>• Lindsay leg club<br>• Asylum seeker outreach clinic<br>• Mental health café<br>• Falls prevention<br><br>Further detail on all projects was outlined within the presentation.<br><br>Asks of the Partnership Board:<br>Funding requested to allow Crewe Care Community to bring ideas/projects to fruition and to continue successful projects:<br>• The HIU (high intensity users) under 5s project – extremely high demand in this group.<br>• Crewe Leg Club<br>• RESTORE2 Outreach / Care Home training support<br>• Development and branding for Crewe Care Community website<br>• Equipment for BP@Home project<br><br>It was queried how the care community is linked in with family hubs model. It was felt that there is opportunity for collaboration and joined up thinking in this area. | |

| Item | Discussion and Actions | Action Owner |
|---|---|---|
| | It was noted that the Board made the decision at the beginning of 23/24 to fund care communities on a recurrent basis, to remove annual pressures around continuing services. Where there are additional requests, these need to be looked at and how existing resources can be reallocated.<br><br>ACTION: DW will connect CS to relevant people in family hubs to progress collaborative work.<br>ACTION: Think about how the Board will talk with the HWBB about transportation barriers to accessing services.<br><br>**The Partnership Board NOTED the update and ENDORSED exploring how additional work could be supported.**<br><br>***DR, CS, ES left the meeting.*** | |
| | **Committee Development** | |
| **6** | **Feedback from the Development Session 01/11/23**<br><br>IW and MW presented feedback and proposals to the Board following the Board Development Session which took place on 1 November last year. During this session the Partnership Board identified what is going well for the Partnership, areas for development, suggested priorities and how – as a Partnership Board specifically – we are working to deliver on meeting the needs of the people of Cheshire East. A summary of the group discussions had previously been circulated.<br><br>From those discussions several proposed pledges have been developed (the rationale for these is included in the report):<br><br>• Act as a full and equal partnership board members irrespective of our organisational roles.<br>• Act with openness and transparency including on the sharing of financial positions.<br>• Allow as much time as needed to assess organisational and system financial and other impacts before any decisions are made with partnership implications.<br>• Develop the basis for mutual accountability in a way that adds value and avoids duplication. Likely to include setting some targets<br>• Focus on priority areas that the Board is best equipped to tackle. We will agree these at our next meeting.<br>• Greater use of other groups to drive action and make the case for collaboration and integration. Crucially, this includes the continued development of our communities.<br>• Partnership Board report recommendations to be about doing things differently. This includes differential resource allocation to address inequality. | |

| Item | Discussion and Actions | Action Owner |
|---|---|---|
| | • Hold an equal split of wide-ranging meetings (place finance, quality, performance etc) and thematic sessions.<br>• Review partnership board papers from other place and consider a thematic board to board potentially with Cheshire West.<br>• Hold at least one development /partnership review session each year.<br><br>A key highlight from the discussions was the shift from organisational focus to place. It was acknowledged that this is a developmental shift and a significant developmental challenge that will take commitment over time and will be difficult at times, but encouraged by discussion on day of where things are going well.<br><br>Pledge number two and three were highlighted. It's important when times are tough to remain transparent and continue sharing so the impact of decisions can be understood. Timing good for this entering planning rounds to have conversations across system partners in real time so impacts of decisions can be assessed.<br><br>The slight shift to move some meetings to thematic sessions was noted as a change in approach. Suggestions for themes for these sessions would be agreed as this develops.<br><br>It is important to understand our different systems and the statutes we have to work within, which are not always mutually helpful, so if we are aware of this can find ways to accommodate and work together.<br><br>It is also important to reduce/avoid duplication – it was requested that this be included in point 7.<br><br>It will be helpful to bring items earlier in order to help to shape and develop, and then back for decision allowing for in-depth discussions prior to decisions being required.<br><br>**The Partnership Board APPROVED the 10 pledges.** | |
| | **Plans and Priorities** | |
| **7** | **Stocktake on progress towards redevelopment of Leighton campus (Ian Moston)**<br><br>IM provided an update to the Board.<br><br>The site redevelopment is a consequence of faulty concrete but brings with it an opportunity to deliver a new model.<br><br>Key milestones that are being reached include the land purchase about to go through, enabling works being planned, clinical service model being translated into an updated SOP. All these plans are taking place prior to March.<br><br>It was queried what impact does the public accounts committee report on the new hospital programme have for Leighton? It was confirmed that there would be no impact as Leighton is one of the reference sites being used to develop Hospital 2.0. | |

| Item | Discussion and Actions | Action Owner |
|---|---|---|
| | It is hard to overstate the scale of the investment, but there is great opportunity that comes along with this. The strategic outline case will be going to ICB board at the end of March, with the outline business case expected summer of 2025. MW is keen that this keeps coming back to this Board, to support and develop on an ongoing basis.<br><br>It was noted that for Crewe HS2 would have been big opportunity, but with the hospital development still nearly billion being invested into the area, so important to understand social value of the hospital development and how to maximse this – for example to think about transportation issues that need to be addressed. Important to bring broader social value back to this Board.<br><br>It was noted that with work going on generally addressing bus infrastructure in Crewe was there an opportunity for co-location of services at transport hub? IM happy to meet the relevant contacts at CEC to look further at connectivity and transportation.<br><br>**The Partnership Board NOTED the update.** | |
| **8.** | **Primary Care Access Recovery Plan (Amanda Best)**<br>AB provided an update on the progress made in implementing the Primary Care Access Recovery Plan and delivery of the Access Improvement Objectives.<br><br>The Primary Care Access Recovery Programme is a detailed programme of work that requires system support. Whilst it's largely focused on actions for General Practice Improvement there are a number of key areas that require system support and fully align to the principle of the Fuller Stocktake report and associated recommendations.<br><br>Cheshire East Place has made good progress in the delivery of key aspects of the programme and is on track to meet key milestones.<br><br>It was noted that this is not just about General Practice, but a multi-factored solution to wider problem. It demonstrates validation around our approach to care communities and collaboration.<br><br>Some key points to note include:<br><br>Q3 data is being gathered and showing an upward trajectory for appointments – above national average, but in line with the national average for urgent appointments and below for routine appointments.<br><br>We are an outlier on age profile of workforce, so need to keep an eye on this.<br><br>From a prescribing perspective Cheshire East is performing the best in north of England.<br><br>Every practice in Cheshire East is recognised by CQC as at least good.<br><br>**The Partnership Board NOTED the update.** | |

| Item | Discussion and Actions | Action Owner |
|---|---|---|
| 9. | **Care Community Operating Model (Anushta Sivananthan)**<br>AS brought the Care Community Operating Model to the Board for discussion and approval.<br><br>This is a proposed model for improving population health and reducing health inequalities by strengthening the governance, functions and autonomy of our Care Communities (integrated neighbourhood teams). Using our population health data, the existing teams will "segment" the population and use a biopsychosocial model to improve outcomes, ensuring a more targeted and coordinated approach for those with the most complex needs and highest inequalities. There will be a requirement for services to move to alignment to the Care Communities, with a view to offering improved consultation and advice via multidisciplinary team support. The teams are grounded in their neighbourhoods/communities and will ensure that the community and community assets are integral to any health, wellbeing and care offer.<br><br>There are risks and opportunities to this approach and one as of partners is to look at the organisational impact of this and encourage engagement with new ways of working. The sooner barriers and challenges are identified the better.<br><br>If agreed, this would need to be fully integrated into Cheshire East work in order to have maximum effect.<br>It was noted that will be important to use consistent language, so it doesn't appear to belong to only one organisation within the partners and to turn it from something abstract to something tangible and understandable for the people who are actually delivering.<br><br>Partners are asked to:<br>• Take the document back to their own organisations (including clinical leaders) to understand impact and changes that maybe required in how colleagues will work.<br>• Undertake the further work that is required - especially financial modelling, use of population health data (CIPHA), wider engagement within organisations and the public.<br>• Confirm details and phased piloting of the model from April 2024<br><br>ACTION – all partners agreed to feedback on actions to AS to pull together and bring back in a future update to this group, including barriers, risks, (un)intended consequences, financial models, requirements for wider engagement.<br>MW/AS will write out and firm up asks, with 2-3 months to look in depth at this within organisations. It was acknowledged that this will be a big change, so important to do it right and not rush it.<br><br>**The Partnership Board:**<br>• **SUPPORTED further development of the proposed model and**<br>• **AGREED to undertake the actions outlined above** | |
| | **Planning and Performance** | |

| Item | Discussion and Actions | Action Owner |
|---|---|---|
| **10.** | **Place Director Report (Mark Wilkinson)**<br>MW provided an update on current highlights/activity within NHS C&M Cheshire East Place. Areas of focus within the report included:<br><br>• Joint Targeted Area Inspection on the criminal exploitation of children<br>• Urgent and Emergency Care Recovery and Improvement Group<br>• Rationalisation of office accommodation in Cheshire East ICB<br>• Review of Continuing Healthcare Expenditure (CHC)<br>• Mental health resource demand and capacity<br>• Dermatology services<br>• Developing the Cheshire and Merseyside performance report<br>• Meetings and visits.<br><br>One further item to note, that was included within the report was to note that Dr Clare Fuller would be visiting Cheshire East on 7th March. It was hoped this could be used as a lever to build momentum.<br><br>**The Partnership Board NOTED the update.** | |
| **11.** | **System Finance Report (Dawn Murphy)**<br>DM presented the report which provides update on system finances for month 8 up to 30th November 2023.<br><br>The Cheshire East system planned for a deficit of £53.4m for 2023/24. This covers the following partner organisations:<br>• Cheshire and Merseyside Integrated Care Board (Cheshire East Place)<br>• East Cheshire NHS Trust<br>• Mid Cheshire Hospitals NHS Foundation Trust<br>• Cheshire and Wirral Partnership NHS Foundation Trust<br>• Cheshire East Council<br>Reporting from Cheshire East Council has been included. However, due to the different reporting timescales for Local Authorities, the second quarter review has been included with no further update to month 8.<br><br>The system is forecasting to achieve the planned deficit of £53.4m at month 8. However, there is £83.3m of risk reported against this achievement currently mitigated by potential identification of further savings, implementation of financial recovery actions and collaborative working across the system. This brings the risk adjusted forecast to a deficit of £93.0m, an adverse variance to plan of £39.7m.<br><br>Efficiency savings of £58.4m are forecast to be achieved against a target of £56.8m, but £2.0m of the risk mentioned above is associated with delivery of these targets.<br><br>**The Partnership Board NOTED the update.** | |
| **12.** | This item was presented following item 3 on the agenda.<br><br>**Quality & Performance Group Report (Amanda Williams)** | |

| Item | Discussion and Actions | Action Owner |
|---|---|---|
| | AW provided the Board an update on the work of the group, covering the period September to December.<br><br>In this reporting period there have been two meetings of the bimonthly Quality and Performance meeting (October and December 2023).<br><br>In October the person-centred stress test of the winter plan (which has been developed by partners) was shared and scrutinised.<br><br>The December meeting had a presentation from Healthwatch around the intelligence and feedback they receive from local people using health and care services. The group received a report outlining the themes from serious incidents and patient safety incidents reported to the Integrated Care Board between October 2022 and November 2023. There was also a presentation from public health around the Joint Outcomes Framework development.<br><br>Updates were received on work since the last Quality and Performance meeting regarding the national police initiative 'Right Care Right Person' and the risks and issues around Autism and Attention Deficit Hyperactivity Disorder (ADHD).<br><br>Actions and next steps from the meetings are:<br>• Care Communities to review the person-centred stress test and provide support to implementation and development of mechanisms to monitor the quality measures.<br>• To agree with Healthwatch more detailed feedback to come back to a future quality and performance group.<br>• To scope what data and intelligence is available from Adult and Childrens social care that would be helpful to review from a system quality perspective.<br>• To have a focus on alcohol and substance misuse at a future meeting.<br>• It was agreed to have a Crewe focus at the February Quality and Performance meeting, building on the focused discussions planned with the health and care partnership board.<br><br>**The Partnership Board NOTED the update.** | |
| **13.** | **Strategic Planning and Transformation Group Report (David Holden)**<br>Mark Wilkinson presented the report to the Partnership Board on behalf of David Holden. The report details the activities and highlights of the Cheshire East Strategic Planning and Transformation Group (SPT) Group to January 2024.<br><br>Key highlights of the group's work include:<br><br>• Completion of 4th System Blueprint Workshop<br>• Development of Primary Care Confederation<br>• Primary/Secondary Care Interface Work Programme Initiated<br>• Workforce (People) Plan<br>• Care Communities<br>• Estates Planning and Major Infrastructure Developments | |

| Item | Discussion and Actions | Action Owner |
|---|---|---|
| | • Dermatology Integrated Service/Pathway Development<br>• C&M Transformation and Provider Collaboratives<br><br>Risks/Issues:<br>• System wide and organisational financial pressures<br>• Capacity to deliver transformation while managing business as usual and system pressures<br>• Limited project management capacity<br>• Interdependencies with cross C&M ICB plans and cross border planning with VR footprint for MCHT and GM footprint for ECT<br>• Significant Estates pressures in the Community created by various factors but not least by increase in ARRS staff available to PCNs creating a pressure on General Practice estate.<br>• No current workforce lead identified<br><br>Future Plans include:<br>• Finalising the Cheshire East Place Blueprint<br>• Outcomes Framework – Phase 2<br>• Cheshire East Place Delivery Plan<br>• Dementia Developments and progress against the delivery plan<br>• Acute Sustainability and New Hospital developments<br>• Primary Care Development<br>• Dermatology Services<br>• Cheshire & Merseyside Transformation<br>• Joint Market Position Statement (MPS) and Commissioning Intentions<br><br>**The Partnership Board NOTED the update.** | |
| **14.** | **Operational Delivery Group Report (Simon Goff)**<br>SG presented the report which provides an update on the activities and highlights of the Cheshire East Operational Delivery Group to December 2023.<br><br>The Operational Delivery Group meets on a monthly basis with representation from the key partners and stakeholder organisations in Cheshire East Place. The group has dealt with the following issues:<br><br>• Coordinating the Cheshire East Place Winter Plan including stress and scenario testing.<br>• Oversight of Urgent and Emergency Care Performance<br>• Oversight of the implementation of Urgent Mental Health services and the development of a strategic outline case for a Response Centre.<br>• Oversight of the Winter phase Vaccination programme for Covid and Flu.<br>• Oversight of the GP Access recovery plan.<br><br>**The Partnership Board NOTED the update.** | |
| **15.** | **Primary Care Advisory Forum Report (Amanda Best)** | |

| Item | Discussion and Actions | Action Owner |
|---|---|---|
| | AB presented the update report to Partnership Board.<br><br>The Primary Care Advisory Forum is established to support the Cheshire and Merseyside Integrated Care Board (ICB) Primary care Committee in the management of Place-based Primary Care policy and decisions and to discharge functions in line with the Policy & Guidance Manual and Decision-making matrix, as agreed by the ICB.<br><br>Key Points to note:<br>• PCAF meet bi-monthly.<br>• The forum has been held Jointly with Cheshire West with separate sections to debate and inform local Transformation, development and contractual aspects of the Primary Care Programme. However, from 2024 Cheshire East Place will be moving to a purely place based forum.<br>• Key points of focus have been centred on the Primary Care Access Recovery Programme which was discussed as a separate item earlier on the agenda.<br><br>**The Partnership Board NOTED the update.** | |
| | **Any other Business** | |
| 16. | **Questions from the Public (standing item)**<br><br>N/A - No members of public in attendance, or questions submitted in advance. | |
| | **Close of meeting.** | |
| **Date and Time of next meeting:<br>06 March 2024 @ 2pm – 4pm<br>Venue: Holmes Chapel Community Centre** | | |

Healthier Futures

# Leighton Hospital: Strategic Outline Case

Place Partnership Roadshow

Healthier Futures

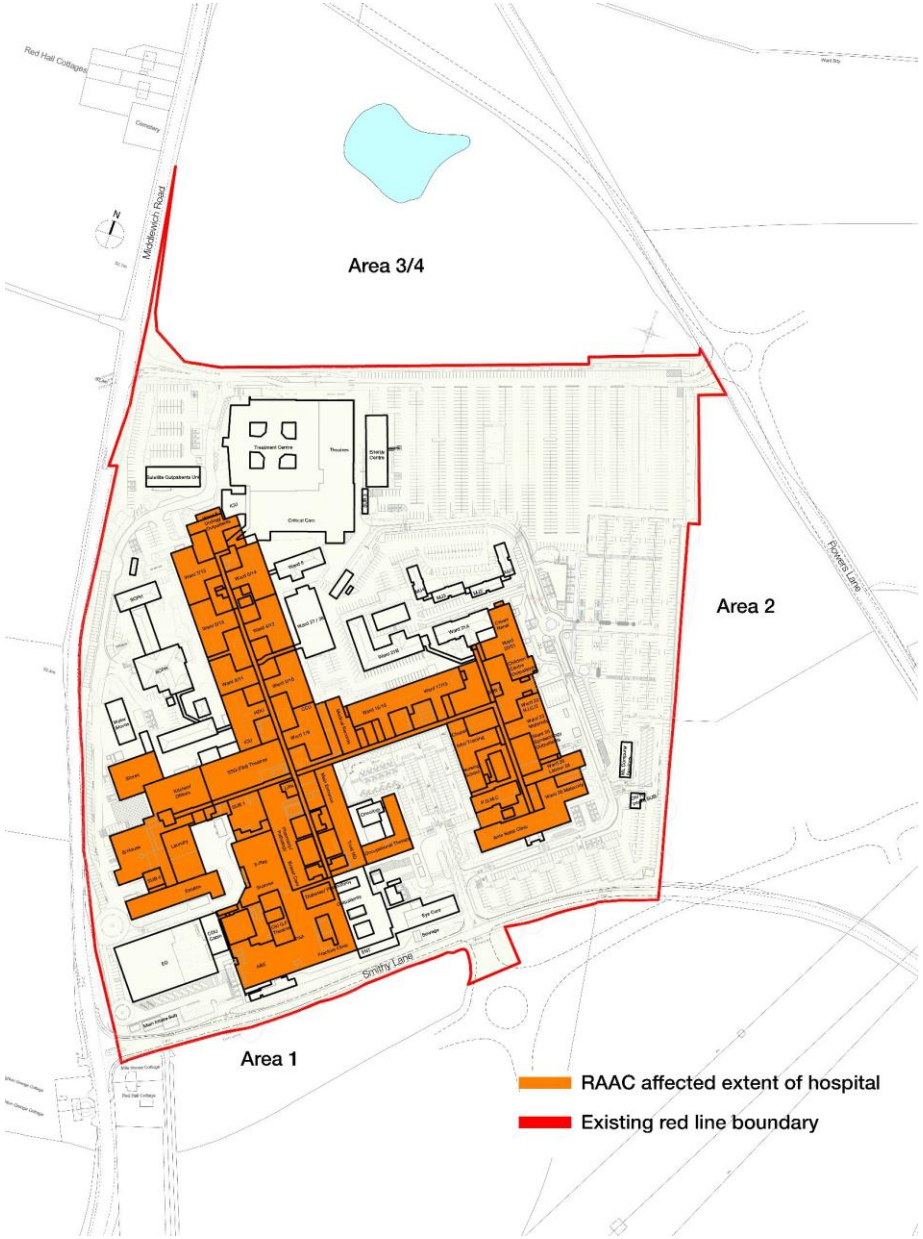
# Project Context

# Leighton Hospital Context

- Built in the early 1970s
- Located in Mid Cheshire by Crewe
- Employs around 5,000 staff
- Serves a community of over 300,000 people
- 450,576 patients seen per year
- Has a number of infrastructure issues including RAAC and asbestos

# Existing site

- ‘Bubbly’ lightweight form of reinforced concrete
- Shelf-life estimated to be about 30 years
- Committee of Structural Engineers (SCOSS) issued a notice in 2019  highlighting the significant risk of failure of these planks
- Mid Cheshire has over 16,000 roof and 100,000 walls planks. Over 80% of the hospital estate at Leighton affected by RAAC
- NHSEI issued instructions requiring the removal of RAAC planks by 2030
- 7 year remediation programme initiated to install failsafe steel work
- £60m+ has been invested since 2020 for this work



Healthier Futures

# Governance and Project Team structure

# Who’s who – Programme Office

**Russ Favager**
Board SRO Leighton NHP and Estates Redevelopment

**Alice Eeley**
Programme Management Office Lead

**Chris Knights**
Programme Director

**Frankie Cameron**
Project Coordinator
FFA, Digital & People

**Nicola Clemo**
Deputy Programme Director

**Sarah Marshall**
Project Coordinator
COT, Technical & Comms

# Who's who – Workstream Leads

**Dr Clare Hammell**
**Chief Medical Officer**

Clinical & Operational Transformation (COT)

**Dylan Williams**
**Chief Information Officer**

Digital

**Andrew Deakin**
**Head of Capital Development**

Technical

**Katy Brownbill,**
**Assoclate Director Comms & Engagement**

Communications & Engagement

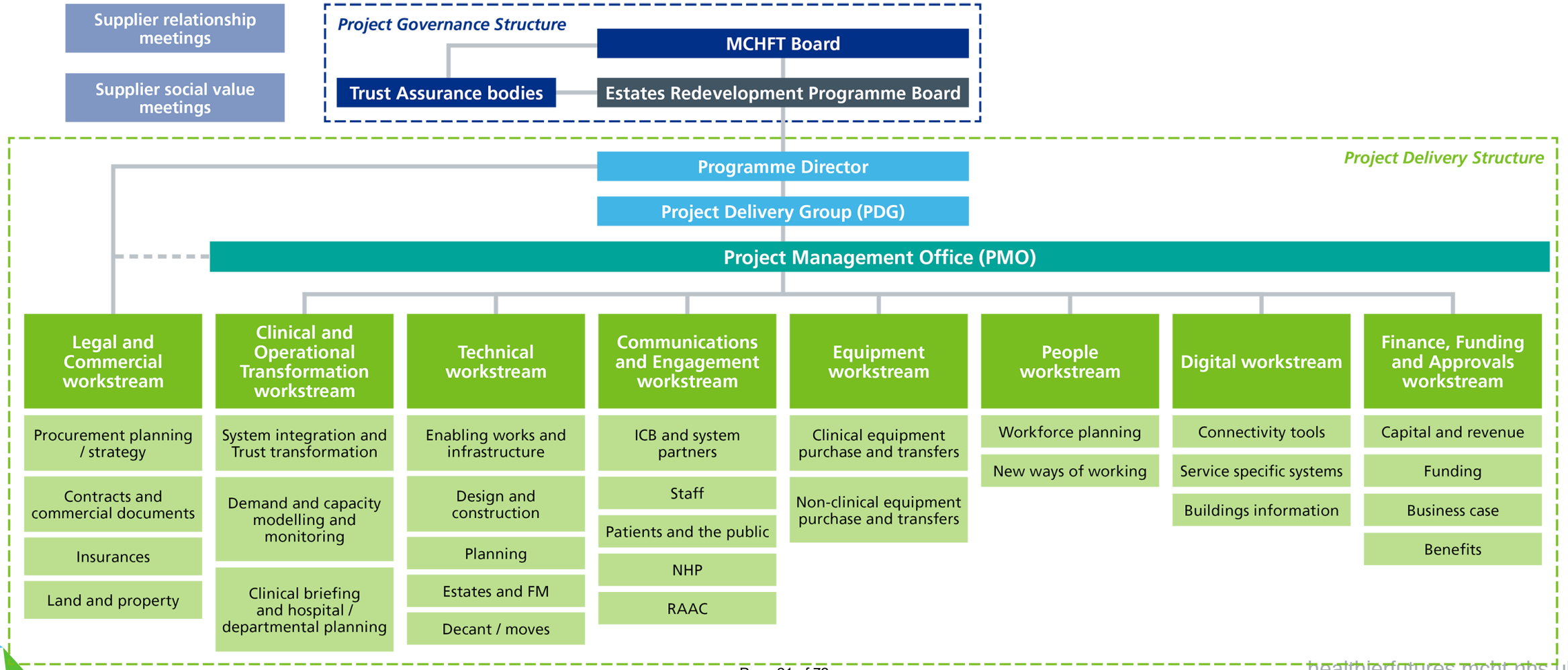
**Duncan Goff**
**Deputy Director of Finance**

Finance, Funding & Approvals (FFA)

**Nicola Price**
**Chief People Officer**

People

# Programme Structure



Healthier Futures

# Our Scheme

# Healthier Futures: Our vision and objectives



*Mission*: To re-imagine the District General Hospital model, creating a healthier, more sustainable, future for the people and communities of Cheshire

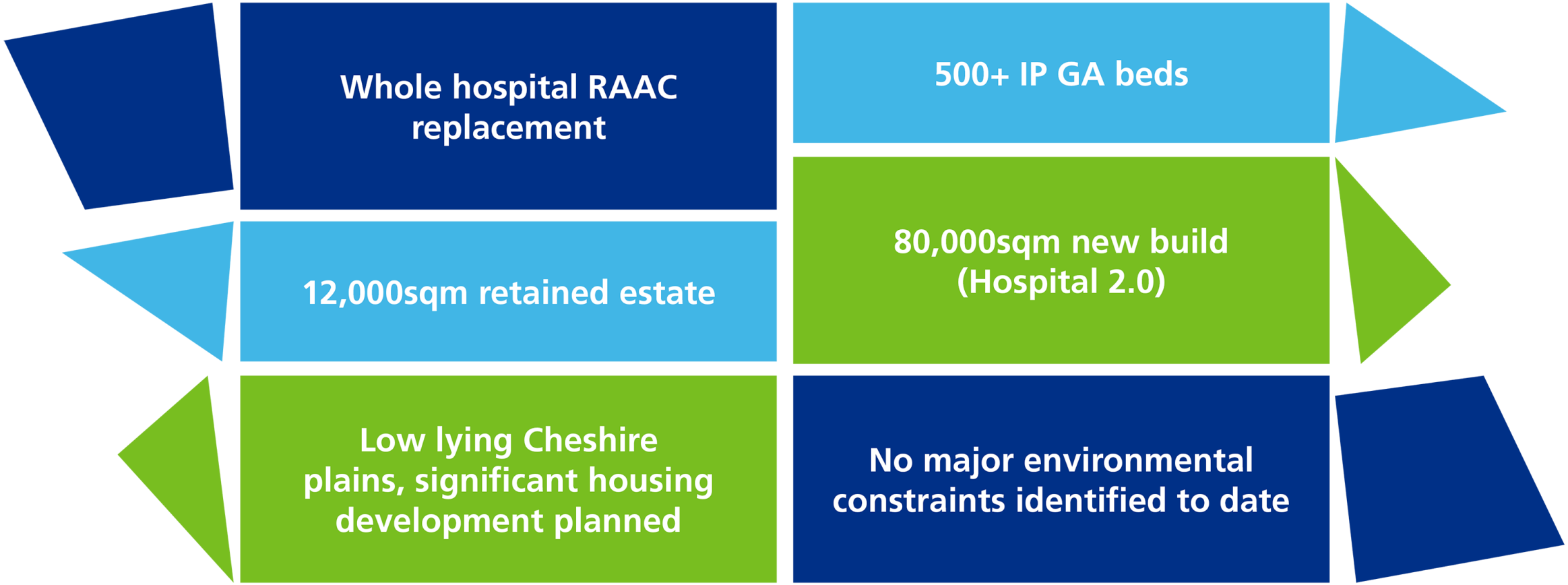
| Adaptable: | Sustainable: | Innovative: | Efficient: | Safe: |
|---|---|---|---|---|
| To provide the clinical capacity required to meet population health needs for the future | To provide an environmentally sustainable campus, with clear social value for local communities | To provide high quality, digitally enabled health and care to be delivered at the right time in the right place. | To ensure efficiency across services and campus to support financial sustainability and resilience | To eradicate RAAC from our estate by 2030, creating a campus that promotes health and wellbeing for all |

# Timelines

- Replacement of RAAC affected estate to be completed by 2030
- Demolition of existing hospital (less retained estate elements) included within overall project costs and to occur post 2030
- Further development of the site post demolition of the hospital – to be defined
- Current dates are subject to agreement with NHP and approval of the NHP Programme Business Case version 3

| Milestone | Date |
|---|---|
| SOC submission | July 24 |
| Outline planning submission | Dec 24 |
| OBC submission | Aug 25 |
| FBC submission | Aug 26 |
| Main works construction start | Dec 26 |
| Construction completion | Jun 29 |
| Go-live | Nov 29 |

# Our scheme at a glance



# Land acquisition

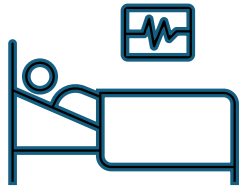
- 24.44 acres of land over four land parcels
- JISC approved business case
- £6m Funding secured
- Completed purchase in March

# Design Brief

- Adopt and apply NHP Hospital 2.0 design
- Meet the affordability factors set by NHP
- Maintain an operational hospital throughout
- Maintain current parking provision (2,215 staff and visitor) throughout and post construction
- Minimise double decant during construction
- Planning discussions have commenced with Cheshire East

# What is Hospital 2.0

## Standardised repeatable design



- Consistent Design Across all New Hospital Construction
- Some Be-spoking for Site Specific issues example ground conditions
- Kit of Parts e.g. bathroom components, doors (27k to 700)
- Uses Modern Methods of Construction

## Efficiencies

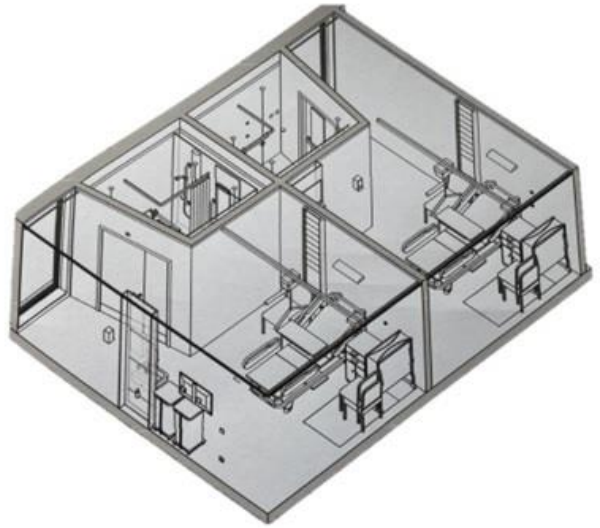
- Integrated whole systems approach enabling best-value procurement and construction
- Schedule and Time Savings as Design already Completed
- More cost certainty due to designs being re-used and less risk of design flaws.
- Allows more investment by private sector to innovate

## Improvements in patient care

- Enables consistent approach to transformation across the NHS
- Encourages standard and tested patient flows due to standardised patient pathways
- Greater Staff familiarity when working out of multiple hospitals
- Allows more input from Staff, Patients and patient representative groups

# Build Standardisation Approach

- Using Modern Methods of Construction (MMC) - off-site manufacture to reduce build time and help meet the NHS's net zero carbon ambitions
- Provisions for the procurement and mandating of common components
- Standard room design > the introduction of single rooms
- Digital technology and intelligence > Smart technology will reduce basic and repetitive tasks and free up time for patient care



# Short list options

**BAU**- Potential closure of the hospital (mandated by DHSC and HM Treasury)

**Do Min-** Replace RAAC planks and address functional suitability and capacity issues (includes significant & high backlog)

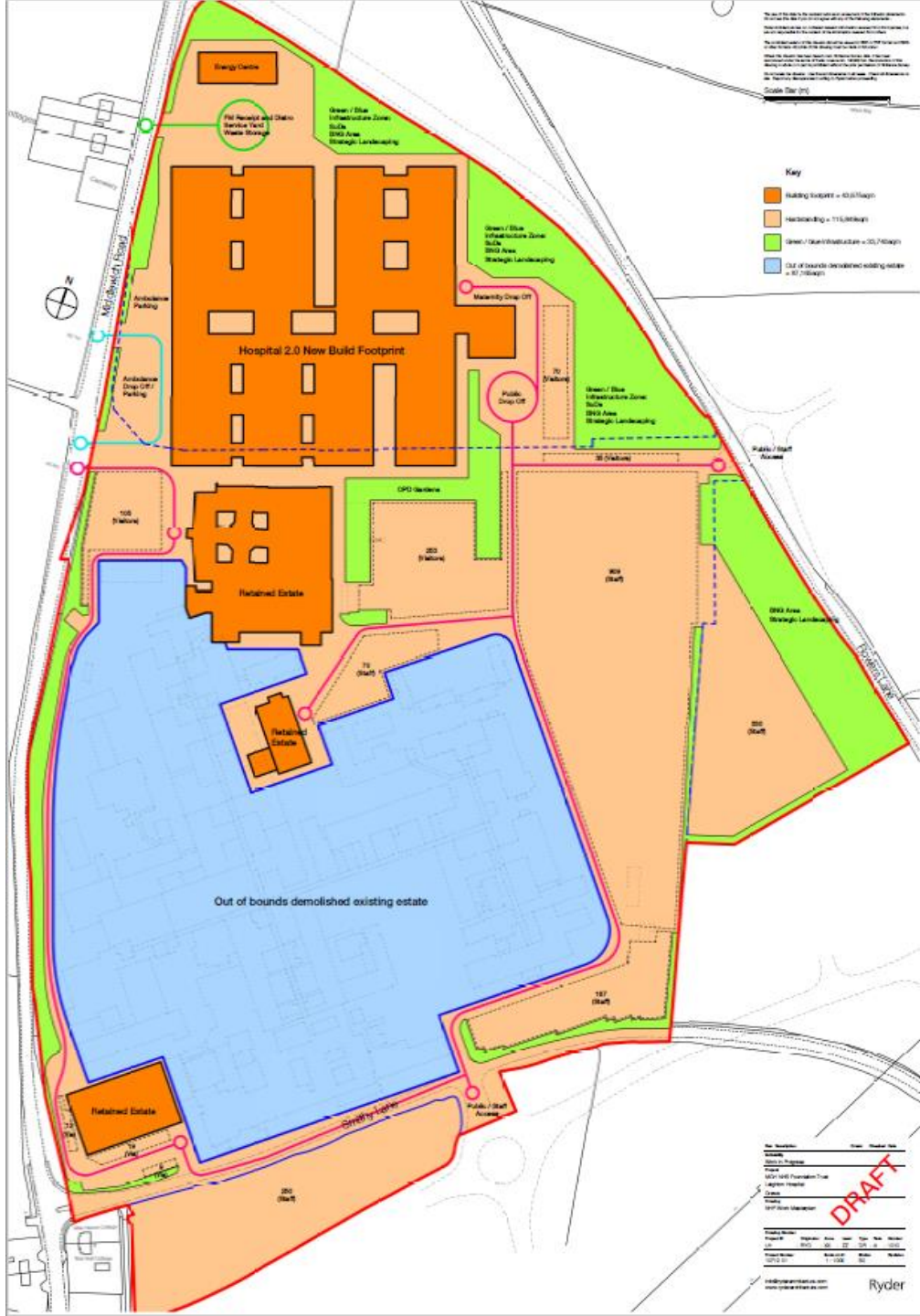
**Preferred Way Forward -** Retain new estate ED, DTC and Darwin with DTC being for specialist outpatients and endoscopy. Remainder of hospital as new build.

**Intermediate -** Retain ED, DTC and Darwin with DTC being for specialist outpatients and endoscopy, remainder as new build. Elmhurst coming back on site and added to Darwin as rehab facility. Infinity house coming back on site.

**Do Max-** Full new build with Elmhurst coming back on site and added to Darwin as rehab facility. Infinity house coming back on site.

# Preferred Way Forward

- Main new hospital build containing theatres, ED, women's & children's, inpatient wards, main outpatients etc)
- Maximise retained estate where practicable – ED converted to training and education, DTC converted to high throughput ambulatory services and Darwin converted to a rehab bed model
- Optimised clinical and operational functionality, adjacencies, flows and travel distances
- Compact and efficient footprint provides the necessary access for blue light, service and public traffic, and a landscaping setting benefitting patient and user wellbeing
- Footprint pulled away from Flowers Lane / existing and consented development
- MSCP under consideration but not confirmed at this stage
- Fully net zero carbon compliant
- Fully digitally enabled hospital



# Developing the long-term masterplan

Longer term vision for the site includes;

- Demolition of existing hospital buildings
- Development of a health campus or neighbourhood - a number of potential partner organisations identified but further development required (hospice, cancer outreach, retail offering, local gym, trainee staff accommodation etc)
- Development of biodiversity enhancement areas e.g. grasslands, wildflower areas etc. Added wellbeing benefits to staff, patients and community


A New hospital 5 storey plus screened plant
B Retained estate - specialist outpatients / endoscopy
C Retained estate - rehabilitation bed accommodation
D Retained estate - education and training
E Multi storey car park
F Satellite cancer centre
G Serviced accommodation / retail / gym / creche
H Elmhurst rehabilitation bed accommodation
I Hospice
J Higher education
K Mental health assessment unit
L Key worker housing
M Future expansion / development
N Energy centre
P Surface parking zone

# Clinical transformation

The new hospital will provide a platform for transformative models of care that will improve patient safety, improve the quality of care provided, and promote an efficient hospital ecosystem. Examples of how this will be achieved include:

Creation of specialist hubs where expert resources can be focused, and a one-stop model of care can be delivered to maximise the patient experience and timeliness of delivery. This includes specialist hubs for cancer, gynaecology, and cardiology at the new Leighton Hospital.

Consolidation of several non-elective areas into a single encompassing Same Day Ambulatory Care unit.

Segregation of elective flows including in theatres, inpatients, and diagnostics. This means physically separate areas and dedicated capacity to maintain throughput.

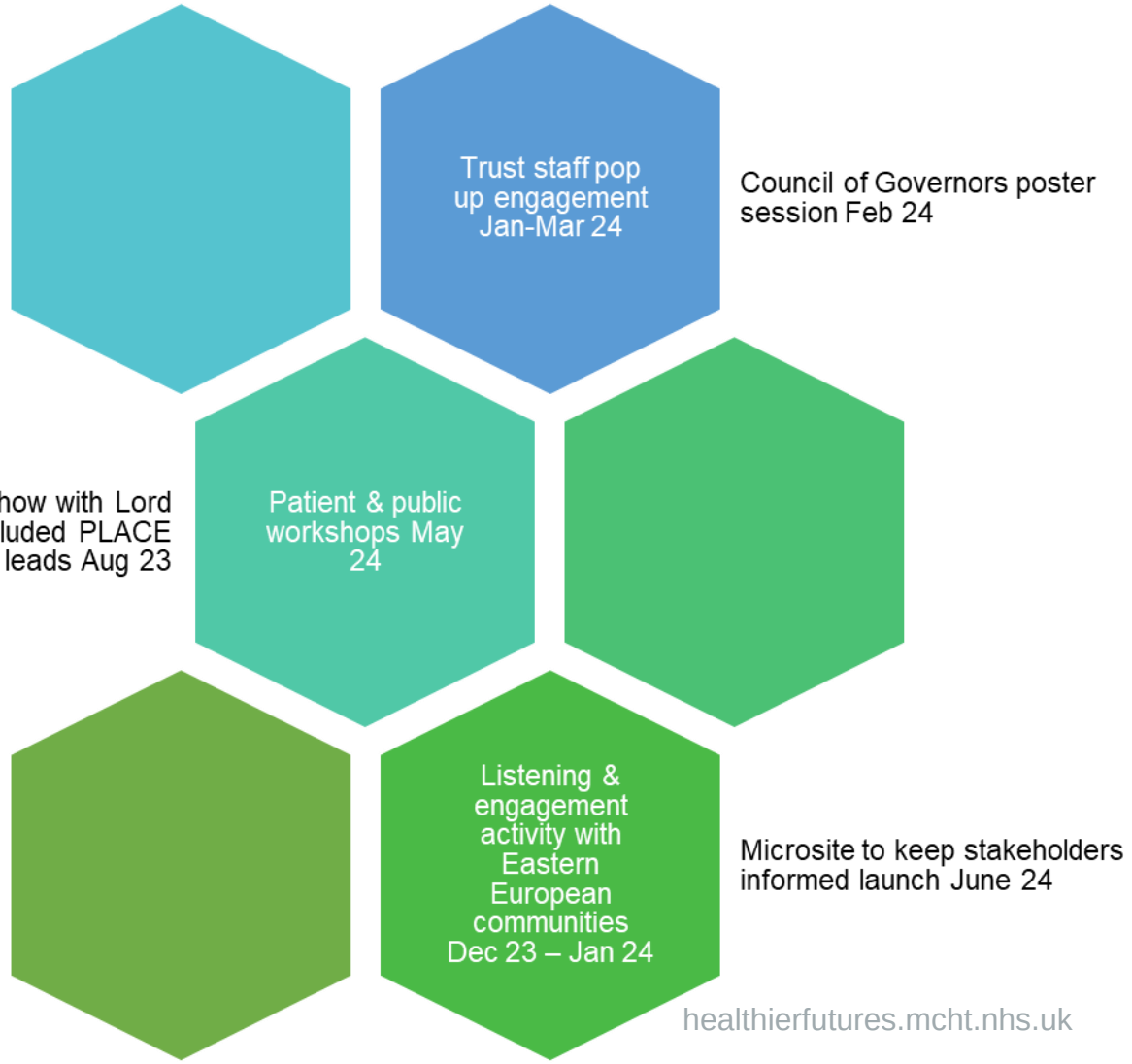
Having an estate that better meets the current and future needs of the population served, which will allow service transformation and whole-system thinking.

Healthier Futures

# Engagement

# Communications & engagement

- Workstream dedicated to communications and engagement around the scheme
- At the start of our engagement journey
- Strong focus on public, patient and staff engagement throughout the process to develop the new hospital
- Wider PLACE and system partners integral to successful delivery for the whole community




Healthier Futures
CHAOS
POOR I.T. INFRASTRUCTURE
LACK OF CONNECTION
BUSY
HIVE OF MASSIVE ACTIVITY
INSIDE & OUTSIDE REALLY HOT!
STRETCHED OUT
TEAM GO ABOVE & BEYOND
THINGS AREN'T CENTRAL!
NOT A LOGICAL LAYOUT!
DARK & CROWDED IN PLACES
LOTS OF PRESSURE
REWARDS ARE NOT FINANCIAL
SIGNAGE HELPS TO NAVIGATE AS GOOD AS IT GETS
HARD FOR STUDENTS TO GET TO
NOT ENOUGH PARKING!
CLEAN
SOME NEW
FACILITIES, SPECIALISMS & DEPARTMENTS
NOT ENOUGH DESK OR WORKSPACE AREAS FOR TEAM
ERIENCE
NO STORAGE
SK SPACE
NO SPACE OR PRIVACY
IN WARDS OR PHARMACY
"IT SEEMS AN ODD & CONFUSING LAYOUT... EASY TO BE IN THE WRONG PLACE & HAVE A LONG WALK"
DETACHED FROM PATIENTS
SQUEAK, SQUEAK, SQUEAK
NOISY!
BANG, CLATTER!
LIKE A FAMILY
WE PULL TOGETHER IN A CRISIS
HUMAN
IN APPROACH
LIMITED GREEN SPACES FOR A&E & CRITICAL CARE TO UTILISE TO DECOMPRESS
SILO
DUE TO BEING SO SPREAD OUT.
WORKING
DUPLICATED & REPEATED FORMS & PROCESSES
BADGE ACCESS TO ONLY A FEW DOORS & AREAS
STRESS
FUL
FROM THE START IF YOU CAN'T PARK
HOSPITAL COMMUNITY
MUSIC DANCE
SHOPS
FOOD
GYM
FITNESS CLASSES
CAFE
WELLBEING
SOCIAL SPACES
LIKE A COMMUNITY WITH OPTIONS
HEALTH CAMPUS STYLE
SPIRITUAL SPACES
LIFT SPIRITS
DAYLIGHT WHEREVER POSSIBLE
NATURAL LIGHT
STAFF AREAS
DIGITAL WARD ROUNDS
CONSISTENT TEMPERATURE
HAPPIER TEAM
LEARNING HUB
ALL IN ONE PLACE TO GROW & SHARE TOGETHER
PATIENT HEART
STAFF BREAK AREAS
OPEN SPACES
SENSE OF PRIDE
FRESH/CLEAN & PROFESSIONAL
FRESH FRUIT & VEG
STAFF REHAB
FEEL SAFE!
THE NEW BUILDING HELPS US COMMUNICATE CONNECT, SUPPORT RIGHT DEPARTMENTS & ENABLES FLOW IN THE RIGHT PLACE
LOGICAL
CYCLE TO WORK
BIKE SPACES
EASIER TO NAVIGATE
DIGITAL SIGNAGE
TRANSPORT LINKS
ACCESSIBLE TRANSPORT FOR ALL
"SIGNS THAT TELL PEOPLE THINGS BEFORE THEY ASK"
SHORTER PATIENT JOURNEY
FRIENDLY TEAM
PRIVACY ON WARDS
SUPPORT REL
TO BE ABLE TO SEE THE OUTSIDE
THEN GO OUT
TO WA
FRIENDLY
COMMITTED
HARDWORKING
"WORKING FLAT-OUT BUT STILL GREAT CARE HERE"
COIN ONLY CAR PARKS ARE A REAL PAIN!
AMAZING STAFF
"THEY'RE ALL LIKE ANGELS!"
"THEY'RE VERY CARING"
PATIENT-LED CARE
TOOLS & TECHNIQUES
HOLISTIC VIEW
ENABLE PATIENTS
NO VEG WITH THE FOOD
BUILDING WORK CAUSES MAJOR DISRUPTION FOR GETTING HERE
SIGNS THAT REASSURE & EXPLAIN THINGS
PATIENT JOURNEY
SUPPORTS PATIENT & RELATIVE DIGNITY
FOCUSED AREAS & FLOORS
MADE TO FIT THE POPULATION OF THE FUTURE
ENOUGH PARKING THAT'S SAFE & CLOSE TO WHERE I'M GOING
REDUCED WAITING
SUPPORT OUR MENTAL HEALTH
8-3-24 @JanJansen
Graphic Scribe Consul

# Current Issues / Topics

- Programme Business Case – awaiting confirmation on:
  - Capital allocation
  - Timetable
- Procurement of technical advisors ongoing:
  - Architects – Contract award June
  - Cost Manager – Contract award May
  - Principle Designer – Contract award May
  - Social Value Strategy - Contract award May
  - Healthcare planner - Contract award May
  - Business Case Authorship – Contract award July
- Team running Programme
  - Russ Favager - Board SRO Leighton NHP
  - Chris Knights – Programme Director
  - Recruitment ongoing for the following who are expected to be in post by July 24
    - Construction Director, Mechanical and Engineering Lead, Risk Manager, Digital Programme Manager / Digital Project lead, PMO lead, Deputy Programme Director, Workforce planning lead
- Market engagement within construction market will be required in the summer to allow development of detailed design.

# Next Steps

- Strategic Outline Case completion
  - Submission to ICB to gain letter of support – June 2024
  - Submission to Region, NHSE & NHP - July 2024
  - Business case approval – October 2024
- Commence next project phase (Outline Business Case) with the appointment of a design team – June 2024
- Roll out engagement plans with PLACE and other system partners

Healthier Futures

healthierfutures.mcht.nhs.uk

CHAW

CARE
COMMUNITY

# Fostering a Community Approach to Health and Wellbeing

CHAW Care Community is one of  8 care communities across East Cheshire Place.

The Care Community is aligned to the Primary Care Network which is composed of five GP practices covering the localities of **Chelford, Handforth, Alderley Edge and Wilmslow** with an approximate population of **50,046**.

The Care Community was launched in September 2018 and a Core Group identified in April 2022.  We are a collaborative of partner organisations across health, local authority and VCSFE who work together to support our shared purpose of improving health and wellbeing outcomes for our local population.

## CHAW's Core Group objectives:

- Enable our local population to live well
- Understand our local population needs and target initiatives to support them
- Adopt a Home First approach to keep care closer to home
- Work collaboratively to achieve our goals

# Our Population Profile

- Despite covering Wilmslow and Alderley Edge (areas of affluence in Cheshire), CHAW also has one of the most deprived areas in the UK; the Colshaw Estate which has an IMD quantile score of 1 which is in the highest 20% of national deprivation. There are also areas in Handforth which have IMD Quintile of 2 and 3.

- CHAW also has rural areas which have an IMD quintile score of 3 – Wilmslow Lacey Green and Chelford.

- There are 11 Lower Super Output Areas across the CHAW geography that fall into the highest quintile of national deprivation for accessing services – these are the rural areas around e.g. Chelford, Morley, Styal and Mobberley. Older patients with frailty issues may experience difficulties accessing services and may be at a higher risk of social isolation. There are currently **13,290** CHAW registered patients living in these areas.

**CHAW: Index of Multiple Deprivation**

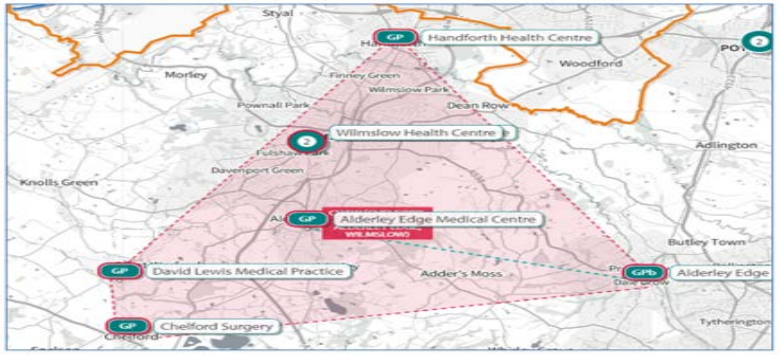
| LSOA | IMD Score | IMD Quintile |
|---|---|---|
| 004A | 11.83 | 4 |
| 004B | 9.38 | 4 |
| 004C | 8.19 | 5 |
| 004D | 26.16 | 2 |
| 004E | 14.75 | 3 |
| 004F | 39.05 | 1 |
| 005A | 4.4 | 5 |
| 005B | 4.71 | 5 |
| 005C | 16.37 | 3 |
| 005D | 21.36 | 3 |
| 006A | 3.08 | 5 |
| 006B | 7.92 | 5 |
| 006C | 4.2 | 5 |
| 006D | 1.87 | 5 |
| 007D | 9.1 | 4 |
| 007F | 16.88 | 3 |
| 007G | 17.64 | 3 |

| LSOA | IMD Score | IMD Quintile |
|---|---|---|
| 008A | 3.54 | 5 |
| 008B | 2.00 | 5 |
| 008C | 4.37 | 5 |
| 008D | 2.36 | 5 |
| 011A | 2.03 | 5 |
| 011B | 4.13 | 5 |
| 011C | 8.83 | 4 |
| 012A | 2.74 | 5 |
| 012B | 1.98 | 5 |
| 012C | 5.76 | 5 |
| 012D | 10.43 | 4 |
| 012E | 6.11 | 5 |
| 020B | 12.51 | 4 |
| 022B | 5.52 | 5 |
| 022C | 12.62 | 4 |

Life expectancy for males living in:
Wilmslow East is 84.3 years
Wilmslow Lacey Green is 77.6 years
Life expectancy for females living in:
Wilmslow East is 88.9 years
Wilmslow Lacey Green is 82.1 years

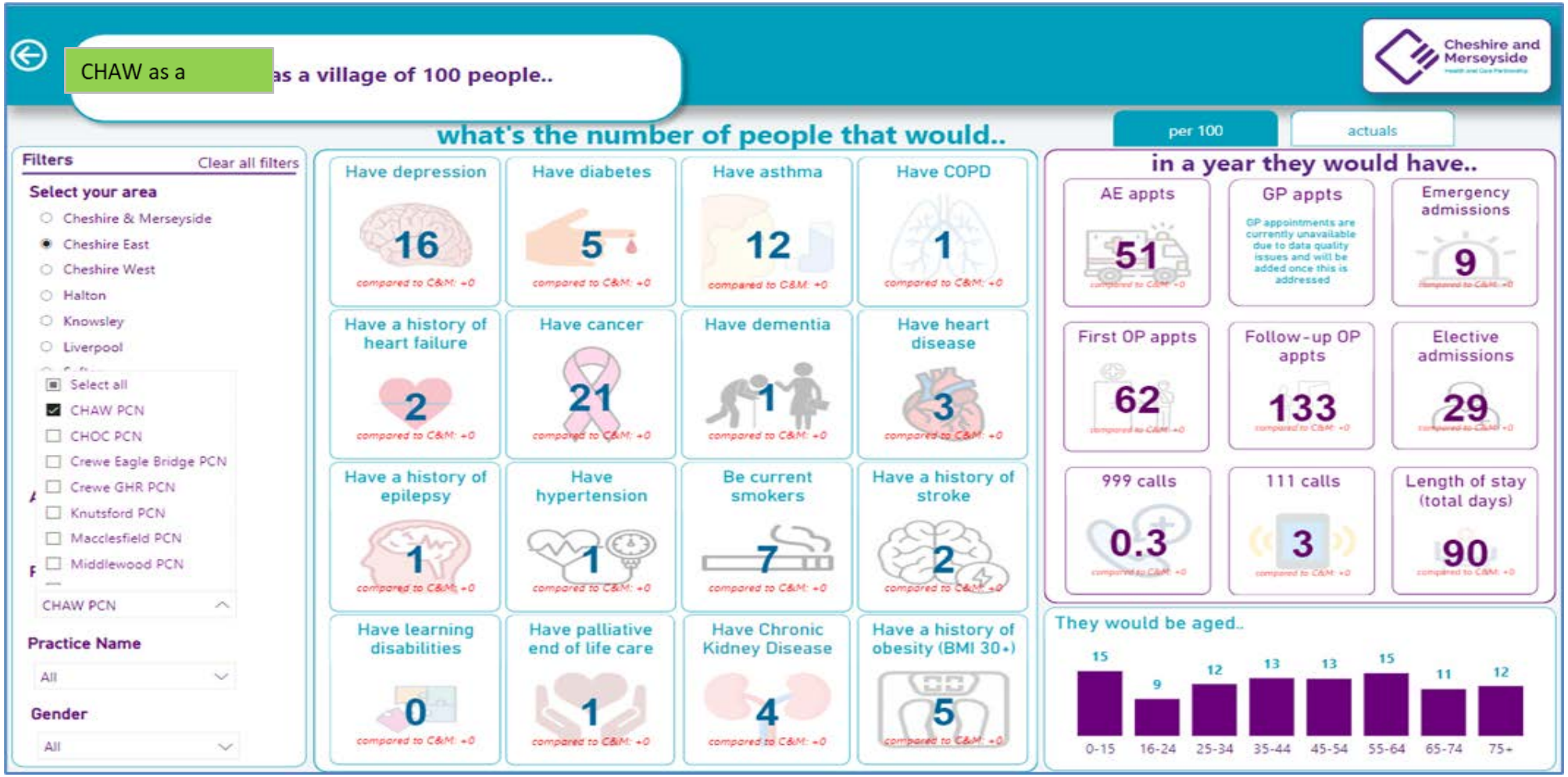
**1-2 miles adds nearly 7 years to your life**

| | | |
|---|---|---|
| E01018411 | Dane Valley | 240 |
| E01018412 | Dane Valley | 317 |
| E01018580 | Mobberley | 1,557 |
| E01018582 | Wilmslow Dean Row | 2,722 |
| E01018584 | Wilmslow Dean Row | 2,055 |
| E01018596 | Handforth | 1,899 |
| E01018597 | Gawsworth | 1,503 |
| E01018649 | Mobberley | 451 |
| E01018651 | Wilmslow Lacey Green | 1,500 |
| E01018654 | Chelford | 790 |
| E01018668 | Poynton West and Adlington | 256 |
| | | **13,290** |




Data Source:
SHAPE Place • Cheshire (shapeatlas.net)

# If CHAW was a village of 100 people

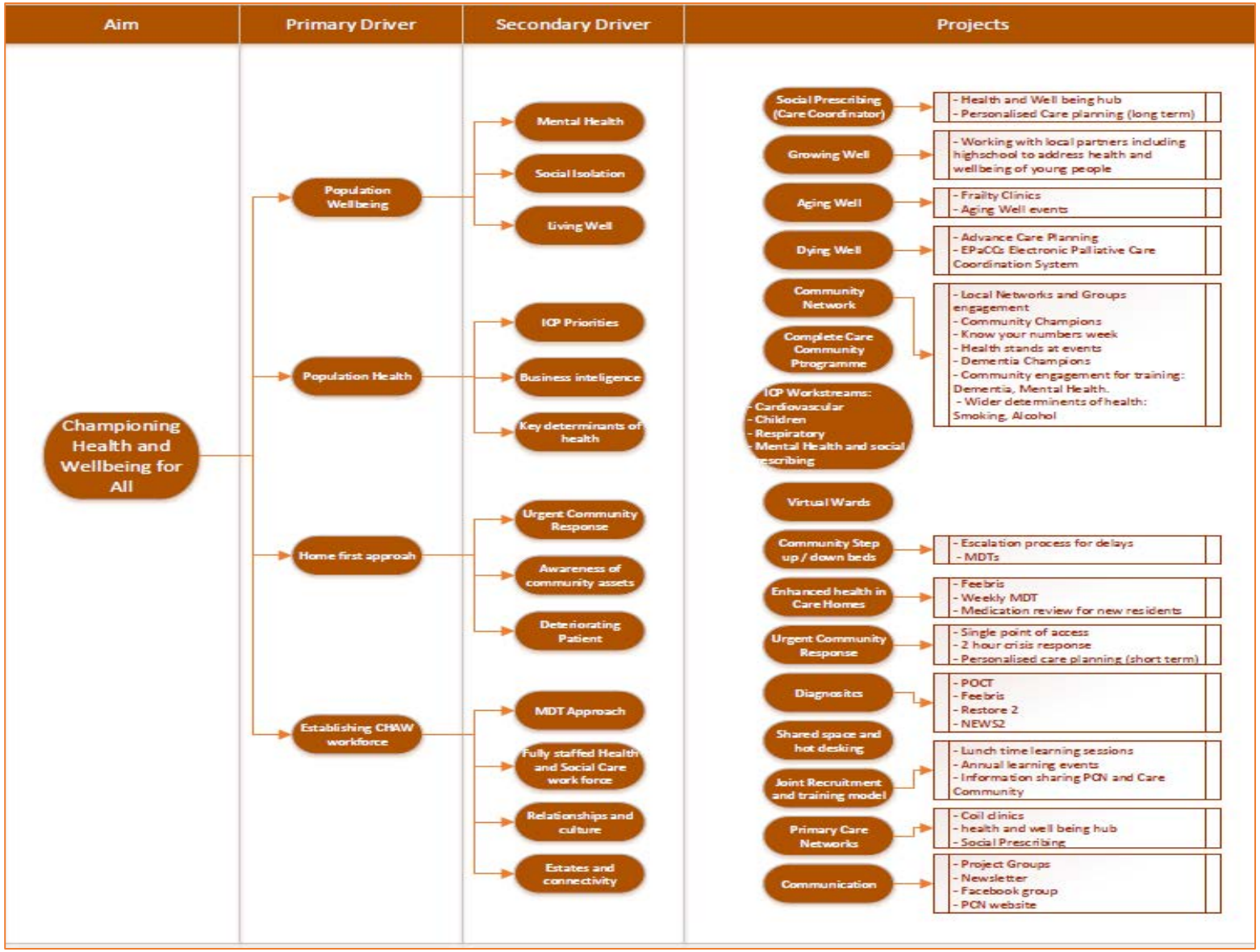



- Prevalence of most long-term conditions is broadly similar to or lower than the Cheshire East ICP average, with slightly higher rates of Cancer.
- Prevalence of Hypertension is slightly lower the ICP average while the prevalence of other conditions are similar to the ICP except Obesity which is higher.
- Emergency admissions are lower than ICP average along with 999 calls and 111 calls
- Elective admissions and First/Follow Up Outpatient appointments are higher.

Since launching, CHAW have led on numerous projects to achieve our objectives and our aim to 'Champion Health and Wellbeing for All'.

These projects have covered all age ranges to support our population to grow well, live well, age well and ultimately die well.

The Care Community Core Group develop a workplan for the year ahead underpinned by BI data, local priorities through engagement with our residents and services alongside system priorities



# CHAW ONE PLAN for HEALTH

This plan sets out our vision, aims and key delivery areas we want to focus on with our Partners to develop our communities.

This is the place where Chelford, Handforth, Alderley Edge and Wilmslow Care Community (CHAW) and Connected Community partners, working with residents come together, with a shared vision - to identify gaps in services, codesign and co-deliver projects to strengthen our communities.

The **ONE PLAN** is the catalyst for change and improved community wellness.





[CHAW One Plan for Health – CHAW Care Community (chawhealth.co.uk)]

# CHAW Dashboard: Monitoring Our Performance

| Go to KPI Benchmarking | Go to Maturity Assessment & Demographics | Go to CE Joint Outcomes Framework & Qualitative Reports | CHAW - CARE COMMUNITY DASHBOARD | | | | Q4 2022/23 | | | Q1 2023/24 | | | Q2 2023/24 | | | Q3 2023/24 | | | Q4 2023/24 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Generic Metrics | DOMAIN | AMBITION & OUTCOME | CLICK ON INDICATOR FOR FURTHER DETAIL | Baseline / Standard | TREND (Latest Period) | | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 |
| 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 - CHAW Care Community | 91 (Jul-Dec23 avg proxy) | | UP IS GOOD | 119 | 112 | 129 | 122 | 134 | 123 | 111 | 75 | 75 | 100 | 90 | 97 | 124 | 95 | 120 |
| | | | 1b: ~ Crisis Referrals - CHAW Care Community %Achieved Priority 1 - <2hours | =>70% | | UP IS GOOD | 58.5% | 59.4% | 69.2% | 75.0% | 67.3% | 70.7% | 60.9% | 71.4% | 65.5% | 76.6% | 75.6% | 67.5% | 74.5% | 84.2% | 61.5% |
| | | | 1c: ~ Crisis Referrals - CHAW Care Community %Achieved Priority 2 - <48hours | =>70% | | UP IS GOOD | 77.3% | 80.0% | 80.5% | 78.8% | 82.3% | 80.0% | 83.1% | 80.9% | 82.6% | 83.0% | 75.6% | 87.7% | 80.8% | 82.5% | 81.5% |
| 2. Primary Care | | | 2a: ~ APEX - Total GP Appointments Booked in Month | 23,561 | | DOWN IS GOOD | 21,570 | 20,292 | 22,999 | 17,257 | 20,290 | 22,548 | 20,415 | 22,281 | 25,859 | 25,651 | 27,164 | 22,618 | 27,942 | 26,112 | 24,592 |
| | | | 2b: ~ APEX - Total Appointments DNA | 696 | | DOWN IS GOOD | 703 | 639 | 732 | 534 | 628 | 743 | 621 | 600 | 857 | 634 | 869 | 692 | 748 | 750 | 676 |
| | | | 2c: ~ APEX - Estimated Cost £k of DNA Appts | £20.88 | | DOWN IS GOOD | £21.1 | £19.2 | £22.0 | £16.0 | £18.8 | £22.3 | £18.6 | £18.0 | £25.7 | £19.0 | £26.1 | £20.8 | £22.4 | £22.5 | £20.3 |
| | | | 2b: ~ Social Prescribing Referrals - CHAW Registered Patients | 51 | | UP IS GOOD | | | | 19 | 13 | 14 | 57 | 58 | 55 | 78 | 64 | 70 | 82 | 43 | 64 |
| 3. A&E ATTENDANCES (CHAW 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 CHAW Patients | 816 | | DOWN IS GOOD | 810 | 767 | 899 | 833 | 832 | 845 | 862 | 792 | 830 | 843 | 864 | 986 | 828 | 920 | |
| | | | 3b: ~ A&E attendances - CHAW Patients aged 0-19y | 213 | | DOWN IS GOOD | 211 | 227 | 240 | 176 | 235 | 228 | 215 | 169 | 229 | 226 | 250 | 239 | 201 | 248 | |
| | | | 3c: ~ A&E attendances - CHAW Patients aged +75y | 187 | | DOWN IS GOOD | 192 | 165 | 216 | 222 | 174 | 206 | 195 | 195 | 216 | 208 | 205 | 274 | 190 | 195 | |
| 4. AVOIDABLE NON ELECTIVE ADMISSIONS (CHAW GP registered patients - all providers) | | | 4a: ~ Avoidable ACS emergency admissions - All CHAW Patients | 23 | | DOWN IS GOOD | 24 | 13 | 25 | 22 | 16 | 20 | 25 | 18 | 28 | 26 | 22 | 28 | 19 | | |
| | | | 4c: ~ Falls-Related emergency admissions - patients aged 65+ (#Admissions) | 23 | | DOWN IS GOOD | 22 | 24 | 22 | 23 | 19 | 25 | 30 | 32 | 25 | 25 | 25 | 31 | 21 | | |
| | | | 4d: ~ Falls-Related emergency admissions - patients aged 65+ (£'000) | £140.75 | | DOWN IS GOOD | £131.2 | £177.9 | £136.5 | £131.4 | £118.8 | £123.0 | £191.2 | £163.0 | £134.0 | £149.0 | £134.9 | £176.0 | £140.7 | | |
| 5. ACUTE INPATIENT READMISSIONS (CHAW GP registered patients - all providers) | | | 5a: ~ Readmissions < 30 days - All CHAW Patients | 39 | | DOWN IS GOOD | 43 | 35 | 45 | 43 | 39 | 41 | 38 | 46 | 40 | Awaiting development of Readmissions data in ICB BI Portal. Q3 Data will be backfilled when available. | | | | | |
| | | | 5b: ~ Readmissions < 30 days - CHAW Patients aged +75y | 17 | | DOWN IS GOOD | 19 | 12 | 22 | 18 | 10 | 14 | 11 | 26 | 23 | | | | | | |
| 5.i ACUTE DISCHARGES BY PATHWAY (CHAW 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 - | 5c: ~ # Acute discharges on Pathway 0 | 115 | | UP IS GOOD | | | | 92 | 102 | 127 | 127 | 142 | 101 | 130 | 120 | 113 | 88 | 119 | 121 |
| | | | 5d: ~ # Acute discharges on Pathway 1 | 18 | | UP IS GOOD | | | | 21 | 18 | 11 | 20 | 27 | 21 | 19 | 15 | 18 | 17 | 17 | 17 |
| | | | 5e: ~ # Acute discharges on Pathway 2 | 11 | | UP IS GOOD | | | | 7 | 6 | 15 | 13 | 12 | 11 | 9 | 11 | 9 | 16 | 15 | 3 |
| | | | 5f: ~ # Acute discharges on Pathway 3 | 18 | | DOWN IS GOOD | | | | 14 | 12 | 13 | 19 | 13 | 21 | 12 | 32 | 17 | 25 | 24 | 14 |

| Rolling 12mths data | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Rate / 1,000 A&E Activity | | | | Rate / 1,000 Avoidable ACS NELs | | Rate / 1,000 Emergency Admissions re Harm from Falls | |
| PCN | All | 0-19 | 75+ | PCN | All | PCN | 65+ |
| CHAW | 201.39 | 242.09 | 423.27 | CHAW | 5.11 | CHAW | 27.24 |
| CHOC | 246.02 | 277.98 | 429.81 | CHOC | 7.14 | CHOC | 28.80 |
| Knutsford | 191.48 | 190.76 | 425.13 | Knutsford | 5.40 | Knutsford | 24.07 |
| Macclesfield | 308.75 | 340.12 | 547.84 | Macclesfield | 6.70 | Macclesfield | 26.59 |
| Middlewood | 262.80 | 316.64 | 474.02 | Middlewood | 5.13 | Middlewood | 25.79 |
| Crewe | 341.38 | 362.41 | 583.47 | Crewe | 12.37 | Crewe | 51.42 |
| Nantwich & R. | 273.14 | 302.21 | 492.41 | Nantwich & R. | 9.68 | Nantwich & R. | 48.74 |
| SMASH | 259.02 | 279.87 | 497.18 | SMASH | 10.26 | SMASH | 45.97 |
| **Cheshire East Place** | 274.29 | 303.22 | 492.53 | **Cheshire East Place** | 8.51 | **Cheshire East Place** | 36.55 |

Examples of how we have worked together to tackle reducing avoidable admissions and A&E attends are:

- Colocated UCR with CHAW PCN ARRS roles to strengthen communication and MDT working
- Well developed Primary Care Support to Care Homes with named lead clinician
- Implemented Feebris within some of our Care Homes
- Promoted UCR within Care Homes
- Training for Care Homes and Professional Networks
- Social Media Campaigns to promote Community Pharmacy and UCR offer
- MDT working for complex patient cases
- Implemented Community Wards for UCR caseload, Complex Patients and Palliative Patients
- Mapping Community assets, working with CDO to address gaps

# CHAW Priorities Dashboard
# Monitoring Our Impact

| Care Community Priority KPIs | DOMAIN | AMBITION & OUTCOME | CLICK ON INDICATOR FOR FURTHER DETAIL | Baseline / Standard | TREND (Latest Period) | | | Jan-23 | Feb-23 | Mar-23 | Apr-23 | May-23 | Jun-23 | Jul-23 | Aug-23 | Sep-23 | Oct-23 | Nov-23 | Dec-23 | Jan-24 | Feb-24 | Mar-24 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Living Well | Older People: Care Homes & Frailty | **Enhanced Support to Care Homes.** To ensure we are compliant with the framework for Enhanced Health in Care Homes, we are continually improving processes to proactively work with our care homes, and patients, so they feel supported. **Feebris**, a digital solution, enables check ups which develop a picture of the residents baseline and identifies health trends. It supports early identification of illness and rapid diagnosis, treatment or resolution through primary care which leads to proactive interventions and better health outcomes. **FRAILTY** • 10% of CHAW's population are frail. The data shows a recent increase in A&E and non elective attendances, with more frail patients ending up in hospital. • We want to ensure we | 6a: ~ CHAW Aligned Care Homes (ALL): A&E Attends | 26 | | DOWN IS GOOD | ↓ | | | | | | | 31 | 27 | 39 | 42 | 42 | 18 | |
| | | | 6b: ~ CHAW Aligned Care Homes (ALL): Non Elective Admissions | 18 | | DOWN IS GOOD | ↓ | 24 | 7 | 20 | 15 | 11 | 14 | 12 | 15 | 27 | 13 | 28 | 12 | | | |
| | | | 6c: ~ CHAW Aligned Care Homes (FEEBRIS Supported): A&E Attends | 7 | | DOWN IS GOOD | tbc | Awaiting development of activity app in ICB BI Portal. Data will be backfilled when available. | | | | | | | | | | | | | | |
| | | | 6d: ~ CHAW Aligned Care Homes (FEEBRIS Supported): Non Elective Admissions | 4 | | DOWN IS GOOD | ↑ | 9 | 4 | 3 | 5 | 4 | 5 | 1 | 4 | 9 | Awaiting development of activity app in ICB BI Portal. Q3 Data will be backfilled when | | | | | |
| | | | 7a: ~ CHAW Patients aged +65y with EFI of Moderate or Severe: A&E Attends (rolling 12m) | 1,522 (Q1-3 avg proxy) | | DOWN IS GOOD | ↓ | | | | 1,317 | 1,220 | 1,390 | 1,604 | 1,535 | 1,931 | 1,584 | 1,572 | 1,547 | 1,537 | 1,686 | 1,669 |
| | | | 7b: ~ CHAW Patients aged +65y with EFI of Moderate or Severe: Non Elective Admissions (rolling 12m) | 734 (Q1-3 avg proxy) | | DOWN IS GOOD | ↓ | | | | 602 | 632 | 702 | 764 | 727 | 895 | 782 | 760 | 742 | 745 | 835 | 799 |
| | | | 7c: ~ CHAW Patients aged +65y with EFI of Moderate or Severe: #Risk of Hospitalisation <6mths | 88 (Q1-3 avg proxy) | | DOWN IS GOOD | ↓ | | | | 118 | 113 | 100 | 92 | 80 | 104 | 67 | 58 | 56 | 57 | 85 | 50 |
| | Mental Health | CHAW's focus is on improving mental health support and wellbeing for young people aged 11 17 years old in the CHAW PCN area. A gap has been identified in provision; mildly affected children are supported by schools; severely affected children are supported by CAMHS, so we are looking to support | 8a: ~ CHAW patients aged 5-19y: A&E attends for mental health/self harm | 2 | | DOWN IS GOOD | ↑ | 2 | 2 | 4 | 2 | 0 | 3 | 4 | 4 | 1 | 1 | 5 | 6 | 2 | 9 | |
| | | | 8b: ~ CHAW patients aged 10-19y: #Prevalence for mental health conditions | 401 (Q1-3 avg proxy) | | DOWN IS GOOD | ↓ | | | | 383 | 380 | 392 | 399 | 404 | 408 | 404 | 421 | 416 | 417 | 417 | 411 |
| | Women's Health | Women's Health: Social prescribers provided menopause workshops. We are looking to see if we can develop this into a group consultation model with clinical input. Development of a menopause support group to develop policies, offer clinical support and optimise educational opportunities in CHAW. | 9a: ~ CHAW female patients aged 45-59y: Referrals into Gynaecology | 24 | | DOWN IS GOOD | ↑ | 20 | 20 | 29 | 18 | 27 | 18 | 19 | 23 | Awaiting development of activity app in ICB BI Portal. Q3 Data will be backfilled when available. | | | | | | |
| | | | 9b: ~ CHAW female patients ALL: Referrals into Gynaecology | 94 | | DOWN IS GOOD | ↑ | 92 | 77 | 92 | 54 | 87 | 70 | 81 | 91 | | | | | | | |
| | | | 9c: ~ CHAW female patients ALL: ICD procdures in Primary Care (Insertion/Replacement) | 15 | | UP IS GOOD | ↑ | 30 | 20 | 40 | 15 | 25 | 35 | 30 | 31 | 22 | 25 | 29 | 13 | 18 | 10 | 16 |
| | End of Life | The measures shown here are based on the agreed EPaCCs codes that are shared across systems supporting co-ordination of care and delivery of the right care in the right place, by the right person, at the right time. (Drill down to see actual # of patients) | 10a: ~ % All deaths in last 12 months who were identified as being on Electronic Palliative Care Coordination Systems | 60% (C&M target) | | UP IS GOOD | ↑ | 33% | | | 33% | | | 35% | | | 37% | | | | | |
| | | | **10b: ~ % All deaths in last 12 months who were identified as being on the Gold Standards Framework, had a CPR discussion/decision and an Advanced** | 45% (Cheshire target) | | UP IS GOOD | ↑ | 31% | | | 31% | | | 33% | | | 37% | | | | | |
| | | | 10c: ~ % All deaths in last 12 months who were identified as having an Advanced Care Plan | 45% (Cheshire target) | | UP IS GOOD | ↑ | 40% | | | 41% | | | 43% | | | 45% | | | | | |
| | | | 10c: ~ % All deaths in last 12 months where Preferred Place of Death and Place of Death was recorded | 25% (Cheshire Target) | | UP IS GOOD | ↑ | 28% | | | 29% | | | 30% | | | 32% | | | | | |

# Mental Health in Young People
# Complete Care Community Programme

CHAW is part of the Complete Care Community Programme which is a national programme tackling health inequalities.

CHAW's initiative for the Programme is improving mental health support and wellbeing for our young people.

A gap has been identified in provision to support moderately affected children.

28/03/2024

| Prevalence by Ward | rate/1000 popn |
|---|---|
| Handforth | 15.00 |
| Wilmslow Lacey Green | 9.43 |
| Cheshire East | 10.57 |
| Wilmslow Dean Row | 7.56 |
| Alderley Edge | 8.89 |
| Wilmslow West & Chorley | 7.75 |
| Wilmslow East | 8.05 |
| Chelford | 6.51 |

*Data Source: CIPHA*

This table shows the latest prevalence of mild to moderate mental health conditions for CYP aged 10-19y across the wards covered by the CHAW Care Community. **This rate equates to a current total of 411 patients in this cohort.** The highest areas of deprivation across CHAW are in Handforth & Lacey Green and this would indicate a link of high prevalence to high deprivation. Note: the Cheshire East rate is the average across Cheshire East Place.

# Mental Health in Young People

We designed services that optimises the use of local resources, provides early intervention and support:

- Working with schools and voluntary sector, we have developed escalation plans using all resources available
- Increased provision of young person's counselling sessions at Wilmslow Youth
- Supported the Drop in Young People's Mental Health café
- Provided quick access to counselling services to parents, grandparent and carers.
- Provided an educational session on mental health in young people to the wider CHAW Care Community.
- Tested the recruitment of a CAHMS worker in the PCN who worked with the Mental Health team for a holistic approach to Young People's Mental Health.


Wilmslow Youth Activity

| | 2020-21 | 2021-22 | 2022-23 |
|---|---|---|---|
| Mentoring & Counselling Clients | 48 | 73 | 82 |
| Mentoring & Counselling Sessions Delivered | 401 | 705 | 698 |
| Well-Being Group Footfall | 157 | 596 | 711 |
| Well-Being Group Sessions Delivered | 8 | 72 | 118 |
| Parents Attending Courses | 24 | 37 | 41 |
| Individual Young People Attending ROC Café | 84 | 216 | 282 |

# Women's Health



There was a noticeable increase in demand  of women asking for advice about menopause due to the ‘Davina Effect’. There was no additional resources in Primary Care and limited access to secondary support. CHAW applied for funding and employed a Women's Health Lead.


**Outcomes**

An audit survey of current skills of CHAW’s clinician’s skills and service provision to identify any areas for support

Delivering regular teaching and support  to CHAW’s GP’s, Registrars and ARRS staff.

Developed C&M Testosterone prescribing policy across primary and secondary care

Developing the Digital Strategy across CHAW which included promoting all services on the CHAW website.

Optimising menopause consultations by designing menopause and HRT patient questionnaire for patients to complete ahead of their consultation.

Dr Rachel Barnes
Lead for Women's Health in CHAW

**Provided advice and guidance on HRT or menopause issues to the PCN Clinicians with the aim of avoiding the need to refer to secondary care. Over 80 primary care referrals dealt with- Saving the system**

**Motherwell are now advocating CHAW’s model for other areas**

# Women's Health

## Inter-practice coil and implant service

### Background

After Covid 19 pandemic there was no coil or IUD fitting service locally available for the women in CHAW due to family planning(FP) clinics becoming virtual and moving services away from CHAW area. FP clinics do not do HRT coils so patients were having to lie or then be referred to gynae.

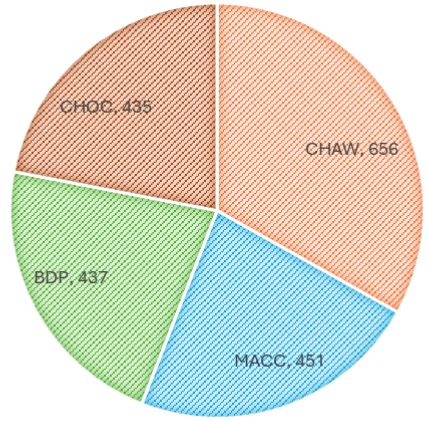
### Outcome

CHAW set up an inter-practice coil and implant service providing services locally.

We are saving the system approximately £18,900 a year by reducing the number of referrals to secondary care

**CHAW provided 27% of East Cheshire's total contraceptive device procedures during the period of 28th June 2021 – 29th April 2024**

### IUD insertions by Care Community




| procedure date range: 28/6/21-29/4/24 | | %of East total |
|---|---|---|
| CHAW total: | 735 | 27% |
| Macc | 536 | 20% |
| CHOC | 519 | 19% |
| BDP | 491 | 18% |
| Knut | 444 | 16% |

## Next Steps: Screening

An initiative is planned to improve the uptake of cervical screening

# Leg Circulation Clinic

The Leg Circulation Clinic at Handforth Health Centre was a 6-month pilot in April 2022.

The clinic was held to enable early diagnosis of Peripheral Vascular Disease and signpost patients to relevant services to help improve health outcomes.

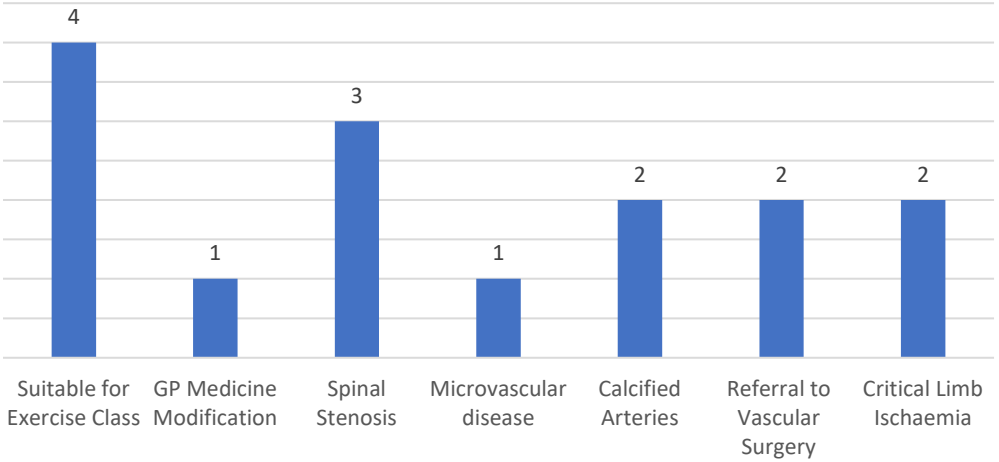
## Outcomes

- Addressing an unmet need in primary care as GP's unable to refer for dopplers.
- Accurate assessment of circulation allowed good diagnosis and information provided to patients
- Referral to vascular services for appropriate cases while others were directed to more appropriate services such a lifestyle support
- Improved communication with GP's
- Prompt assessment of patients who do not meet current referral criteria
- Collaborative working with Podiatry, One You and Community/Practice Nurses

## Next Steps

- A business case is being developed to scope funding for this to continue and be rolled out to other care communities

Clinical findings of initial 15 patients seen




**Of the 15 patients seen, only 2 required a referral to Vascular Surgery.**

**The pilot saved 30 vascular referrals to secondary care. A saving to the system.**

# Frailty

## Prevalence of Frailty

| January 2024: CHAW registered patients | | |
|---|---|---|
| **All patients** | **51,313** | |
| *of which:* | | |
| **Patients aged +65y** | **11,087** | **21.6%** |
| Males | 5,126 | |
| Females | 5,961 | |

| April 24 - Frailty Codings (EFI) | | |
|---|---|---|
| **All Patients** | | %total |
| Mild | 5,756 | 11.2% |
| Moderate | 1,950 | 3.8% |
| Severe | 1,080 | 2.1% |
| | **8,786** | **17.1%** |

| **those aged +65y** | | %+65y |
|---|---|---|
| Mild | 3,264 | 29.4% |
| Moderate | 1,604 | 14.5% |
| Severe | 1012 | 9.1% |
| | **5,880** | **53.0%** |
| | 67% | |

| **All Patients** | Quintile 1 (Colshaw) |
|---|---|
| Mild | 234 |
| Moderate | 87 |
| Severe | 50 |
| | 371 |

CHAW patients living in Quintile 1
1,899

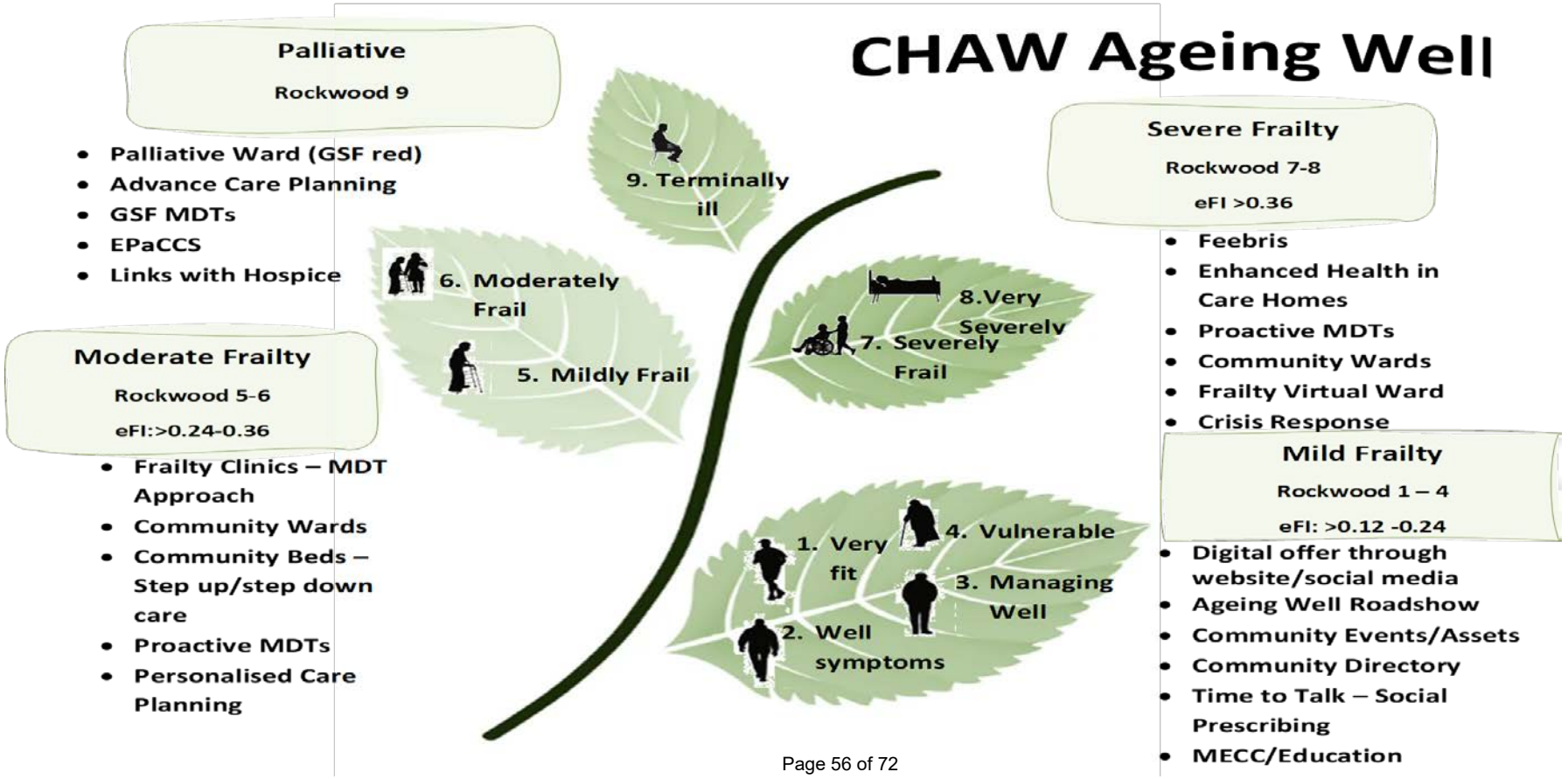
- 17.1% of all CHAW patients are coded with some level of frailty (via the Electronic Frailty Index or EFI); this equates to 8,786 patients
- 67% of these patients are aged +65y
- 53% of all CHAW patients aged +65y have some level of frailty
- There are currently 604 CHAW registered patients aged =>90 years of age
- There are currently 1,899 CHAW patients living in IMD Quintile 1 (Colshaw Farm Estate). 371 (19.5%) of these patients are coded with some level of frailty
- There are 11 Lower Super Output Areas across the CHAW geography that fall into the highest quintile of national deprivation for accessing services – these are the rural areas around e.g. Chelford, Morley, Styal and Mobberley. Although these areas do not experience high economic deprivation, some older patients with frailty issues may experience difficulties accessing services and may be at a higher risk of social isolation.

Data Source: NHS Cheshire & Merseyside ICB
CIPHA

# Frailty Strategy

CHAW have developed a Frailty Strategy to support people living with frailty.

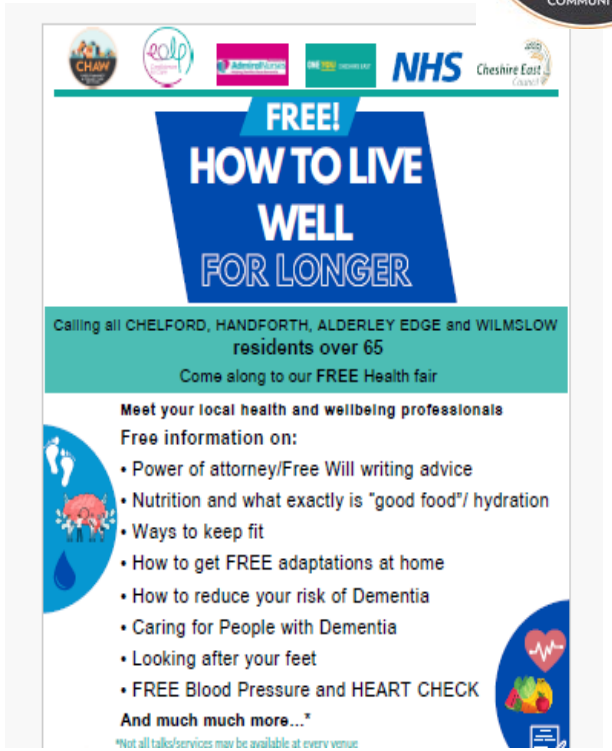
Our aim is to provide high quality health and social care, so that our local population live longer and have healthier, active and independent lives.



# Living Well For Longer – Mildly Frail

Frailty

- 67% of CHAW's population over age 65 are frail
- 29.5% of this population are mildly frail
- Provide Living Well for Longer Events provide opportunities for CHAW residents identified as mildly frail to access relevant support and information from a range of professionals and services to promote a healthy lifestyle and self-management skills to adopt positive lifestyle changes to live well for longer. They aim to increase awareness of services available locally and how to access support as required, empowering residents to manage their own care.
- Blood pressure and atrial fibrillation health checks enables opportunistic case finding of people who may need a medical review.
- Attendees signed up for balance classes, Discussions around Power of attorney and footwear reviews to mention but a few.
- Events are held quarterly in a different locality
- Learning and improvements are made through attendee feedback for the next event





# Living Well For Longer Event Wilmslow Patient Feedback

## We scored 8.75 out of 10 on how useful patients found the event

Frailty

Good to have a practicing doctor at the event and available to chat with

Valued having my blood pressure taken and strength test

Very interesting and useful

Good information for me which I will share with friends and family members

Loved the market place

Very impressive and to know all that is available if and when needed

Very useful for raising awareness of potential health issues and services available

Really helpful to focus on preventative health; both for individuals and to help pressures on NHS

# Frailty – Severely Frail

## Enhanced support to Care Homes

There are nine Care Homes in the CHAW area. (2 more are being built)

To support our care homes, we have implemented:

- NEWS 2 /Restore 2 training
- Medication review for all new admissions
- Feebris Technology
- Named Clinician for each home
- Care Home MDTs
- Delivered equipment training for monitoring vital signs to Care Home staff
- Infection prevention and control training
- Urgent Community response support for deteriorating residents
- Community Bed MDTs for commissioned D2A Beds

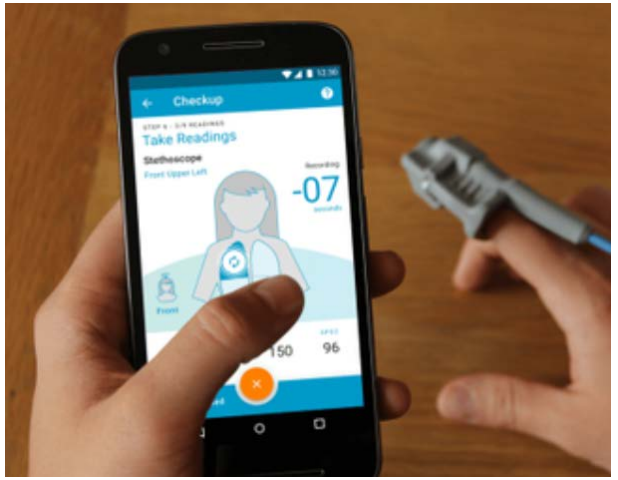
# Feebris: a digital solution for our Care Homes

## Aim & Objectives

To improve resident outcomes and quality of life by using the AI digital model for routine regular monitoring and part of a clinical decision-making strategy by non-clinicians in care homes.

To reduce avoidable GP and urgent care input, identify health issues earlier and increases GP and other providers' capacity.

Improve the communication between care home, primary, secondary and specialist care




## RESULTS

- There is a strong correlation between declining Feebris utilisation and attendance at ED. Emergency department attendance trended downwards from January through to March, but surged in April and August when utilisation of Feebris dropped
- Reduction in avoidable escalations to 111/999 in our Homes by 69%
- Reduction in avoidable escalations to GP by 74%.

# Dying Well - End of Life Care

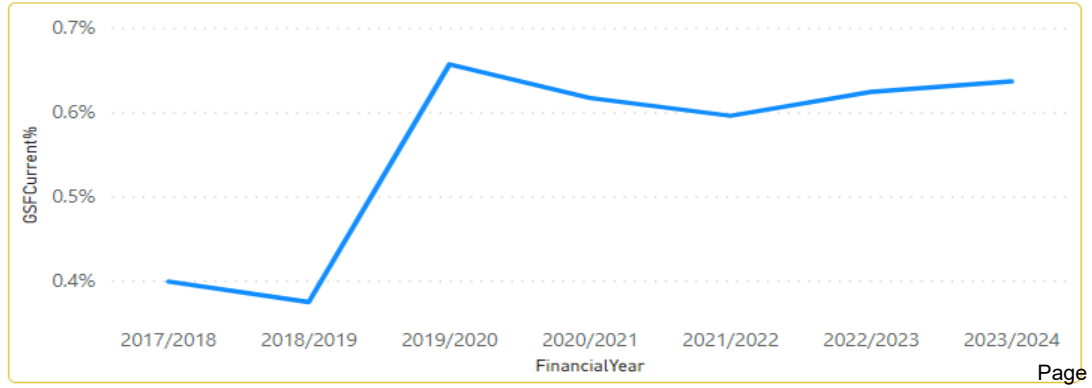
## HLO 1 - % of People on their GP's Palliative Care Register

**Why is this important as a measure of High Quality Care?**

Patients who are identified as being palliative are more likely to have discussed and recorded their preference for end of life care with their GP. As a result, their wishes and preferences for treatment and place of care are more likely to be met. The use of Electronic Palliative Care Coordination System (EPaCCS's) identification coding can mean that someone is identified as palliative to all those that come into contact with their care, this process alone supports care coordination, prompts conversations etc sometimes without the need for a formal register or meeting However, being on a register also makes it more likely that a patient will be discussed by the team looking after them, so their care is better planned, managed and co-ordinated.

**CHAW – Q4 2022/23 (latest data)**

| Practice Population: | On Register: | HLO Target: |
|---|---|---|
| 51077 | 331 | 306 |




Selected Period Performance

0.65%

Target: 0.6%



Data Source: Microsoft Power BI

# Dying Well - End of Life Care

## Key Performance Indicators – EPaCCs CHAW registered patients

The measures shown here are based on the agreed EPaCCs codes that are shared across systems supporting co-ordination of care and delivery of the right care in the right place, by the right person, at the right time.

| | Target | Q4 2022/3 | Q1 2023/4 | Q2 2023/4 | Q3 2023/4 |
|---|---|---|---|---|---|
| 10a: ~ % All deaths in last 12 months who were identified as being on Electronic Palliative Care Coordination Systems | 60% | 33% | 33% | 35% | 37% |
| 10b: ~ % All deaths in last 12 months who were identified as being on the Gold Standards Framework, had a CPR discussion/decision and an Advanced Care Plan in place. | 45% | 31% | 31% | 33% | 37% |
| 10c: ~ % All deaths in last 12 months who were identified as having an Advanced Care Plan | 45% | 40% | 41% | 43% | 45% |
| 10d: ~ % All deaths in last 12 months where Preferred Place of Death and Place of Death was recorded | 25% | 28% | 29% | 30% | 32% |

**Next Steps**:

Continue to improve EPACCS recording

Review of MDT meetings to improve attendance, communication and joint working between professionals

Death Café - planned for May 2024

Expanding Bereavement Counselling offer in CHAW locality

CHAW Nursing Team involved in workstream to improve pathways and services for young people transitioning to adult services

# Dementia

| PCN | Practice Name | Practice Dementia Register aged 0_64 | Practice Dementia Register aged 65_Plus | Registered patients aged 0-64 | Registered patients aged 65_Plus | Dementia diagnosis rate (per 1000 population) | | Expected number Aged 65_Plus | Difference (Dementia Gap) |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Aged 0_64 | Aged 65_Plus | | |
| CHAW PCN | Alderley Edge Medical Practice | 1 | 121 | 6,245 | 2,294 | 0.16 | 52.75 | 168 | **47** |
| | Chelford Surgery | 0 | 43 | 3,230 | 1,249 | 0.00 | 34.43 | 80 | **37** |
| | Handforth Health Centre | 10 | 159 | 7,914 | 2,166 | 1.26 | 73.41 | 152 | **-7** |
| | Kenmore Medical Centre | 1 | 93 | 9,060 | 3,251 | 0.11 | 28.61 | 220 | **127** |
| | The David Lewis Medical Practice | 3 | 1 | 104 | 7 | 28.85 | 142.86 | 0 | **-1** |
| | Wilmslow Health Centre | 3 | 65 | 13,645 | 2,125 | 0.22 | 30.59 | 143 | **78** |
| | **Totals:** | **18** | **482** | **40,198** | **11,092** | **0.45** | **43.45** | **763** | **281** |

There are currently 500 patients (482 aged +65y) across CHAW with a Dementia diagnosis (this equates to a Dementia Diagnosis Rate (DDR) of 4.51% of the +65y population of 11,092.

Recently sourced data has now enabled us to view the estimated number of CHAW patients with Dementia and thus able to calculate the Dementia "Gap" (the difference between actual and estimated diagnoses). Actual diagnoses in those patients aged +65y = 482; the estimated total is 763. This indicates a CHAW gap of 281.

Data Sources: NHS Digital & MLCSU BI

CHAW have scoped current Dementia support within the area and introduced an additional social group for people living with Dementia and their care givers.

Dementia Friends training is to be arranged for Care Community colleagues

Dementia
"Forget me not"

# Care Community Engagement

**CHAW has fostered a community approach by:**

- Providing educational sessions for professionals
- Use of social media to promote  local resources, events and public health information
- Supported local public health campaigns i.e. know your numbers week
- Hosting annual celebration and networking events
- All age Health & Wellbeing Fair
- Stand at local Artisan Fair for opportunistic BP/AF checks
- Supported local initiatives and funding bids i.e. Lindow Common Bid



## Outcomes

Improved relationships and widened networks

Increased awareness of organisations and resources in the CHAW area

Increased engagement and willingness to work together.

# Health and Wellbeing Fair

wilmslow.co.uk ☰ Menu

## Hundreds attend free health and wellbeing fair

by Lisa Reeves TUE 16th APR 2024

The first Health and Wellbeing Fair for residents of Wilmslow, Alderley Edge, Handforth and Chelford was a great success on Saturday, 13th April with over 500 attendees and all stalls booked to capacity.

CHAW Care community held its first Health & Wellbeing Fair with over 50 partners having stalls and over 500 attendees on the 13th of April

| Name of stall holder |
|---|
| CHAW Care Community |
| East Cheshire NHS Trust/Virtual Wards/UCR Team |
| CHAW PCN |
| Long Covid |
| East Cheshire Eye Society |
| East Cheshire Audiology |
| Well Pharmacy |
| Spire Healthcare (BP's) |
| Heart Heroes |
| Motherwell |
| Axess Sexual Health |

| Number | Name of stall holder |
|---|---|
| 12 | HCA Healthcare - private hospital in Wilmslow |
| 13 | Cheshire East Council |
| 14 | Public Health |
| 15 | Wilmslow Youth |
| 16 | CHAW Family Hub |
| 17 | Connecting Chelford/Dementia & First Aid/PRG |
| 18 | Transition Wilmslow |
| 19 | Time Out Group |
| 20 | Hope Central |
| 21 | NHS App help from Wilmslow Centre |
| 22 | Alzheimer's Society |

| Name of stall holder |
|---|
| Active Hearts Wilmslow |
| 5kyourway/Wilmslow Junior Parkrun/Parkrun |
| Groundwork (Lindow Partnership) |
| Podiatry |
| Amplifon |
| RASASC |
| youramazingself (yoga) |
| Scoot Fit |
| CAB |
| Yourmeds/ WELL pharmacy |
| EOLP |
| Cheshire East Carers Hub |
| Wheeldon Opticians |

| Number | Name of stall holder |
|---|---|
| 36 | Healthwatch |
| 37 | Age UK Cheshire East |
| 38 | CWP |
| 39 | Mentell |
| 40 | Spire Manchester Reflux Clinic |
| 41 | Time For You Mobile Health & Beauty |
| 42 | Angels at Home |
| 43 | The Guild for Lifelong Learning |
| 44 | Cheshire Hypnotherapy |
| 45 | The Wellness Webb |
| 46 | Physiofit (Alderley Edge/Wilmslow) |
| 47 | CGL |
| 48 | Specsavers Wilmslow |

# Health and Wellbeing Fair

## Empowering our residents to take control of their own health and wellbeing! 💪


### Feedback

Everybody very helpful, Cheshire East Hub can offer advice
Everything well organised
Hearing – just booked a test, so will be useful
Generally everything
Not particularly
Glaucoma
Reflux – wife suffers and needs advice on different exercises
Found citizens advice, ??? And general information interesting
Acid reflux , Karen Pilates,
Massage
Reflux advice and general info advices on knees
BP and heart checks
Hearing, good stalls
So many people here, useful info
Volunteer stand good
Wanted ECG and manged to get it done
Had ECG and BP done
Spoke to Rachel,
Menopause talk interesting
Heart talk interesting
None – only did a quick lap, lots is not appliable to me
Enjoyed weight loss talk
Weight loss talk
Spire – very knowledgably
Menopause talk
Alcohol and mental health
ECG and BP
Booked a hearing test
Waste of money (?? Difficult to read)
Up to date for health
BP
ECG
See things I didn't know about
Would like more on general diet
Interesting about private hospital
Back pain stall
Pilates
EOLP

Menopause talk
Alzheimer's
How surgery works and what services offered
Hearing
Interesting to know what's out there in CHAW
Variety of info
I thought it would be more about mental health
NHS App
Mindybody Yoga
Talks
Gastro Reflux
Alexander technique
Cardio talk
Childrens activities (family hub)
Interested in the volunteering opportunities
Knee Man
Talks – bit too busy for my 2 grandchildren but great to have it in all-in-one place
Carers stalls
Knee man
Podiatry Lady
NHS APP
Hearing
Hearing
BP
Mindfulness
BP & ECG
Massage – very nice,
Hearing check
Interesting Stalls
Alzheimer's society
Heart
Weight loss
Nothing outstanding – granddaughter under CAHMS
Spoke to one of the GPs
Love the mental health service – CHAW is beautiful
GP's speech on weight loss was really good
BP and ECG done

# Health and Wellbeing Fair


"Don't think so already healthy!"

"Already healthy"



"We are aware and healthy anyway"

"Regular BP's"

"Connect with body - yoga"


"Taking a little care - me time"

"Learnt from HRT if no symptoms can still take it for prevention reason for other illnesses"

"Healthier lifestyle"

"Hearing Tests"

"Already do fitness, yoga etc"

"Cardiology Spire - very useful info"

"Very healthy already but open to advice"

## Will you make any lifestyle changes as a result of today's event?

# Health and Wellbeing Fair

## Timetable of talks

**Location: Breakout room, Everybody welcome**

| Time of talk | Talk and Speaker |
|---|---|
| **2:05 pm** | **Understanding the Menopause**<br>*Dr R.Barnes- CHAW Women's health lead+ Kenmore GP* |
| **2:25 pm** | **Other professionals at your GP surgery and how they can help you**<br>*J.Morton CHAW PCN manager + S.Blythe Lead PCN Pharmacist+ L.Campbell PCN Mental Health nurse lead* |
| **2:45 pm** | **Healthy ways to lose weight and keep it off.**<br>*Dr A.Damani- Lifestyle GP + Wilmslow health center GP* |
| **3:05pm** | **How to look after your heart & when to see a cardiologist**<br>*Dr Scott Gall- Cardiologist* |
| **3:25pm** | **Small Changes for Big benefits (lifestyle on prescription)**<br>*Hayley Cooper- Public Health Cheshire East* |
| **3:45pm** | **Nurturing your mental health**<br>*Dr Sana Gill- Clinical Psychologist* |

A range of talks were given by Care Community colleagues which were well attended with good interaction with the audience

# "TELL ME HOW"

CHAW Care Community

***Quarterly educational and information sharing events evolved from partner requests***

***Sharing cross-organisational referral information, pathways and contacts.***

Recent Sessions include:

- ❖ Tell me what Mental health support is available across CHAW and how can patient's access this
- ❖ Tell me how to support people with the cost of living
- ❖ Tell me what social prescribers, care coordinators and Local area coordinators do and how can patients access their help

We are expanding this to the wider CHAW population through in person or digital events following high engagement in the talks at our Health and Wellbeing Fair in April 2024

## Getting Partners working collaboratively…

This has been an issue, but we have supported partners by

- Facilitating hybrid meetings
- Supporting networking and professional support e.g. Mental Health collaboration
- Attending Bollin Partnership and other wider Care Community groups/Services
- Joined other Partner Working Groups e.g. Family Hubs
- Development day allowed time for discussion on aspirations, current challenges and how to support our population working together

## We Coproduce with our residents....

- Bollin Partnership have resident representation
- Engagement with PPGs and Community Associations
- Feedback through our events
- Healthwatch support engagement

# Commitment for the next 12 months:

- We are currently reviewing our data and engaging with the wider Care Community to develop our workplan for 2024-25
- Secure funding to progress projects and support collaborative working when opportunities arise
- Continue to address health inequalities for patients living in the most deprived areas of CHAW
- Continue co-production of initiatives with residents and seeking feedback on how well we are doing
- Obtain the voice of the young people so they can contribute and influence what is happening locally
- Continue to map our assets and develop creative solutions to enable safe hospital discharges and support people to remain at home for as long as possible
- Continue to develop and engage local voluntary sectors to support health and well-being initiatives
- Develop our Volunteer Register and mapping of volunteers to residents
- Scoping of Estates to enable Care Community MDT working
- Roll out tried and tested projects from other Care Communities
- Continue to engage with the ICB re technology and shared computer systems

# Challenges


Funding for projects
'Lip Service' for Community/Cohesive Working
Workforce
CHAW
CARE COMMUNITY
Lack of shared IT systems
Counting impact
Estates