#BecauseWeCare
Cheshire East Partnership

Date	11 November 2024
Time	14:00 – 16:00
Venue	Cedar Room, Canalside Conference Centre, Brooks Lane, Middlewich, CW10 0JG
Contact	jenny.underwood@cheshireandmerseyside.nhs.uk

Cheshire East Health and Care Partnership Board

AGENDA

Chair: Jill Rhodes

Time	Item No	Item	Owner (Incl. Partner Organisation)	Outcome required	Format & Page No
14:00		**Meeting management**			
(5)	1	Welcome, introduction & Apologies Paul Bishop, Cllr Arthur Moran, Daniel Harle, Ged Murphy, Isla Wilson, Helen Charlesworth-May, Theresa Leavy.	Chair	Noting	Verbal
(5)	2	Declarations of Interest	Chair	Noting	Verbal
(5)	3	Minutes of meeting on 04 September 2024 Action Log and matters arising	Chair	Approval	Paper Page 3
		Public and Community Focus			
(10)	4	Person's Story (standing item)	Louise Barry	Noting	Verbal
(15)	5	Care Communities Spotlight (standing item)	Dr Dave Holden/Helen Booth Nantwich and Rural Care Community	Discuss	Paper Page 20
(20)	6	Care Communities - use of population health segmentation data to improve outcomes/support UEC and support triage/right clinical response	Nush Sivananthan/ Paddy Kearns/ Amanda Best/Anita Mottershead	Note/Agree a way forward	Presentation Page 46
(10)	7	Cheshire Health & Care sustainability Review update	Mark Wilkinson	Discuss	Paper Page 58
(35)	8	Discussion / Q&A on "For Info" Items	All		Verbal
		"For Info" Items			
	8.1	Finance Update	Dawn Murphy	Assurance/ Awareness	Paper Page 75

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Time	Item No	Item	Owner (Incl. Partner Organisation)	Outcome required	Format & Page No
	8.2	Strategic Planning and Transformation Group	Dave Holden	Assurance/ Awareness	Paper Page 83
	8.3	Quality and Performance Report	Josette Niyokindi	Assurance/ Awareness	Paper Page 102
	8.4	Operational Delivery Group	Simon Goff/Richard Burgess	Assurance/ Awareness	Paper Page 125
	8.5	Place Director Report	Mark Wilkinson	Assurance/ Awareness	Paper Page 129
		Any other Business			
(5)	9	Questions from the Public (standing item)	Chair	-	-
(10)	10	Meeting Evaluation (standing item)	All	Discuss	
16:00	**Close of meeting**				
Next meeting	Monday, 13 January 2025 ***NOTE: The January meeting will be a "SEND" Focus Session*** Time: 14:00 – 16:00 Venue: Academy Suite, Holmes Chapel Community Centre, Station Road, Holmes Chapel, CW4 8AA.				

Cheshire East Health and Care Partnership Board

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Date: 11 November 2024

Cheshire East Health and Care Partnership Board

Wednesday 04 September 2024
Academy Suite, Holmes Chapel Community Centre,
Holmes Chapel
at 14:00

Unconfirmed Minutes

Membership

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

Dr Paul Bishop	PB	Cheshire East Place Clinical Director, Clinical Director Congleton and Holmes Chapel PCN Primary Care Clinical Lead Cheshire & Mersey Cardiac Network	Cheshire East Place	Apols
Ged Murphy	GM	Chief Executive	East Cheshire NHS Trust	✓
Dawn Murphy	DM	Associate Director of Finance and Performance	Cheshire East Place	✓
Josette Niyokindi	JK	Interim Associate Director of Quality and Safety Improvement	Cheshire East	Apols
Dr Clare Hammell	CH	Deputy Chief Executive / Chief Medical Director (Deputising for Ian Moston)	Mid Cheshire Hospitals NHS Foundation Trust	✓
Guy Kilminster	GK	Corporate Manager Health Improvement (Deputising for Matt Tyrer)	Cheshire East Council	✓
Katie Mills	KM	Head of Quality & Safety Improvement (Deputising for Josette Niyokindi)	Cheshire East	✓

Others in attendance

Name	Key	Title	Organisation	Present
Hilary Southern	HS	Head of Corporate Business Support – Cheshire East & Cheshire West	NHS C&M Cheshire East & West Places	Apols
Jenny Underwood	JU	Corporate Business Manager – Cheshire East & Cheshire West	NHS C&M Cheshire East & West Places	✓
Carol Allen	CA	Corporate Governance Officer Cheshire East	NHS C&M Cheshire East	✓
Russell Favager	RF	Board Senior Responsible Officer – Leighton New Hospital Programme & Estates Development	Mid Cheshire Hospital NHS Foundation Trust	✓
Chris Knights	CK	New Hospital Programme – Programme Director	Mid Cheshire Hospital NHS Foundation Trust – New Hospitals Programme	✓
Kate Fallon	KF	Congleton and Holmes Chapel Care Community Support Manager	Cheshire East Integrated Care Partnership	✓
Keith Martin	KM	Strategic Transformation Lead for SEND	Cheshire East Council	✓
Dr Jon Barnsley	JB	Clinical Lead - Congleton & Holmes Chapel (CHOC)	Readsmoor Medical Group Practice	✓
Claire Williamson	CW	Director of Education, Strong Start and Integration	Cheshire East Council	✓

Lucy Liang	LL	Public Governor	Countess of Chester Hospital NHS Foundation Trust	✓
Dr Ruth Hussey	RH	Non-Executive Director Executive Team	Cheshire & Merseyside ICB	✓
Denise Tokely-McNicholas	DT-McN	Divisional Director - Division of Women & Children's	MCHFT	✓
Louise Cartledge	LC	Wirral Community Health and Care NHS Foundation Trust/ Team Leader 0-19	Cheshire East	✓
Denise Baillie	DB	Congleton and Holmes Chapel Care Coach/Service Manager	Cheshire East Integrated Care Partnership	✓
Matthew Southall	MS	Paediatric Physiotherapist - Children and Young People Speech and Language	MCHFT/ CCICP	✓

Item	Discussion and Actions	Action Owner
	Meeting Management	
1.	**Welcome Introduction Apologies**	
	Chair welcomed all to the meeting and introductions were made. **The Partnership Board:** • **NOTED the apologies received and any deputies in attendance.**	
2.	**Declarations of Interest**	
	Lucy Liang declared a conflict of interest: • Currently the public governor at Countess of Chester Hospital. • On two development programmes till end of year: ➢ Insight Programme with ICB ➢ NHS England NExT Director Programme with Countess	
3.	**Minutes and matters arising**	
	Minutes of previous meeting held on 01 May 2024 The minutes of the previous meeting held on 01 May 2024 were approved as accurate. **The Partnership Board** • **NOTED and APPROVED the minutes of the Partnership Board meeting held on 01 May 2024.** The action log was noted.	
4.	**Public and Community Focus**	
4.1	**Persons Story (standing item) – Louise Barry** LB delivered an update on Cheshire East Community Reablement Service. <u>Background:</u>	

Item	Discussion and Actions	Action Owner
	• During March 2024 Healthwatch Cheshire East undertook an independent review of the Cheshire East Community Reablement Service (formally registered with Care Quality Commission CQC, as Cheshire East Council Domiciliary Care Service), to gain an understanding of people's experiences of using the service during the past six months, highlighting areas of good practise, and to make recommendations. <u>Summary of Findings:</u> • Overwhelmingly, Healthwatch team members commented upon how positive each person they spoke with was about the service they received, and the standard of care, compassion and support. • "It was very heart-warming to listen to each individual and to hear how thankful they were to the caregivers for all the help and support." Healthwatch team member. • Participants were asked to consider how they would rate the service they received from the Community Reablement Team overall, with 1 being poor and 5 being outstanding. • All were very positive about the help and support they received, with 10 outstanding and 4 good responses. • People spoke very highly of the care they received, and of the kindness and professionalism of the carers. It was clear from the conversations that participants and their families appreciated that the carers often went 'the extra mile 'to provide appropriate support. • Some people needed more support from the service than others. Whilst some participants felt their confidence was fine and that it was practical help they needed, others spoke of how even just having the carers present, knowing that they were there to lean on or ask for help when needed, helped to build their confidence. • It is clear from conversations with people receiving reablement support and their families that this is a highly respected and valued service providing invaluable support to people during the transition from hospital to home. The responses strongly suggest that people are given tailored support to help with their physical recovery and their overall confidence. <u>Recommendations:</u> • Ensure effective communication about the service when in hospital with written information accompanying people on discharge to avoid any confusion. • Give more consistent, up to date and good quality signposting to community-based support and services. • Investigate local transport options for people who are signposted to community groups to avoid this becoming a barrier to attending. • Improve signposting to carers schemes and support services such as the Carers Trust. • Improve signposting to other health and care services upon completion of the Reablement Service's support. • Consider implementing a follow up visit/call a certain period after the support has finished to ensure the individual is continuing to cope and is taking advantage of the signposted support being offered. • Ensure that the correct aids and equipment are issued appropriately, and that people have agreed that it is what they need and will use.	

Item	Discussion and Actions	Action Owner
	Queries and Responses: • A question was asked about, what happened to the recommendations; What follow-up takes place to ensure recommendations are implemented? ➢ *The recommendations are dealt with by the service providers of the commissioned service.* ➢ *The Care Community's Development Group will review the recommendations from the report, as part of an integrated offer of support.* **The Partnership Board:** • **NOTED the contents of the report.**	
5.	**Care Communities' Spotlight (standing item)** **Congleton and Holmes Chapel (CHOC) – Dr Jon Barnsley and Kate Fallon** The Congleton and Holmes Chapel Care Community (CHOC) presented to the meeting, providing context about the service. Comments: • Congleton and Holmes Chapel (CHOC) Care Community launched in March 2019 to bring together multiple partners and organisations with an aim to provide a range of integrated health and social care services within a community setting. • CHOC care community serves the population of Congleton and Holmes Chapel based on the patients registered at the 4 GP practices based in CHOC primary care network, this is a population of approximately 45,300 people. • These practices are: 1. Readesmoor Medical Group Practice 2. Meadowside Medical Centre 3. Lawton House Surgery 4. Holmes Chapel Health Centre • CHOC Care Community core members met to establish an agreed set of priorities. These are: Mental Health & Wellbeing, Children's Health, Strengthen COCH Care C • ommunity, Cardiovascular Health, Respiratory Health. • COCH has done: Pro Active Management of Respiratory Patients, Reduction of Falls, AF Screening, CHOC MDTs, Health & Wellbeing Bus, Long Term Condition Remote Monitoring, C&YP Mental Health. • Care Communities Show, Shine and Share Event took place in October 2022 at Holmes Chapel Community Centre. The event was extremely successful and a fantastic opportunity to network and share all the work the care community is doing. • New initiatives for COCH include: 1. Child asthma and hospital admissions 2. Cooking classes 3. Smoking cessation 4. Dementia 5. Hypertension with PCN	

Item	Discussion and Actions	Action Owner
	• Funding, estates, workforce for community teams remain a key challenge for further developing CHOC Care Community. Feedback: • Keen to: 1. review performance data going into 2024/2025. **2.** to discuss what data is currently available in respect of the Care Communities and how we build this into our overall performance metrics across Cheshire East Place. • Discussion took place, at the previous meeting, around bringing a presentation to the Partnership Board regarding the data governance process for Care Communities. Queries and Responses: • A question was asked about how the Partnership Board can facilitate closer working, which is proving to be difficult. ➢ *As a system, escalate issues to the ICB.* ➢ *On the collaboration side, there is a mismatch on how money is spent in our system, with a focus on current problems, rather than prevention.* ➢ *Be accountable for decisions.* • **The Partnership Board:** • **DISCUSSED/NOTED the contents of the report.** • **AGREED to bring a presentation around the data governance process to the Partnership Board.**	**CA/ DM/AS**
6.	**Plans and Priorities**	
	Special Educational Needs and Disability (SEND) Focus - Claire Williamson and Keith Martin Comments: • Finance remains a challenge for the Local Authority. • The local authority as at the end of the financial year March 2024, had an £89.1m overspend re. dedicated schools grant (DSG). • National SEND: ➢ Almost 600,000 children and young people now have an Education, Health and Care Plan (EHCP). ➢ A significantly larger number of children and young people will be subject to SEND Support Plans. ➢ Data published in June 2024 saw a 26% year-on-year increase in the number of new EHCPs issued. ➢ The accumulated deficit in England for SEND is £3.2 billion.	

Item	Discussion and Actions	Action Owner
	➢ In June 2024, 113 councils forecast a collective deficit of £926m in 2024/2025. ➢ The council with the biggest shortfall in proportion to its funding is Cheshire East. • Local Area SEND: ➢ 4,781 children and young people (0-25) living in Cheshire East have an Education, Health and Care (EHC) Plan (July 2024). ➢ 5,906 pupils on SEN support in our maintained schools and academies (January 2024 census). ➢ Managing needs and therefore demand for our SEND services is one of the biggest challenges for the whole 0-25 SEND Partnership. ➢ Our growth in EHC needs assessments is currently approx. 18% per annum against a national picture of approx. 9% per annum. ➢ Cheshire East has almost double the number of children with an EHCP than four years ago (at Dec 2023). ➢ This is projected to increase to 10,585 EHCPs by 2030 - 2031 if our inclusion plans are not successful. • Local Area SEND Inspection: ➢ Local Authority are on high alert for the local area Ofsted and CQC inspection of services for children and young people with SEND. ➢ Education, health and social care services across our whole partnership will be part of the inspection (planning, commissioning, delivery, impact and outcomes) ➢ The inspection will have a specific focus on Leadership Leaders are ambitious or children and young people with SEND. ➢ Leaders are ambitious for children and young people with SEND. ➢ Leaders actively engage and work with children, young people and their families. ➢ Leaders have an accurate, shared understanding of the needs of children and young people in their area. ➢ Leaders commission services and provision to meet the needs and aspirations of children and young people (including those in alternative provision). Feedback: • It was previously agreed to have a specific and separate session on SEND on the agenda. Specifically, with a view to look at where there are opportunities. • A separate session was suggested, to focus on joint working to drive improvement in preparation for the SEND inspection. • An enormous cohort of children will benefit from the Partnership Board having a focused SEND session. Queries and Responses: • A question was asked whether any specific work around Children and Young People was being done in the Care Communities. Such as: ➢ Focusing on Children and Young People's Mental Health.	

Item	Discussion and Actions	Action Owner
	(It would be helpful to understand the deficit and population need). • A question was asked whether Wellbeing Board Members should be included in the focused SEND session? ➢ *The aim is to have a joint Partnership Board / Wellbeing SEND session*. • A question was asked how effectively the existing groups (e.g. SEND Executive Group, SEND Management Board) / mechanism / ways was working from a local authority perspective. ➢ *Members from of our organisations and teams were engaged, which was beneficial.* ➢ *The governance arrangements are being refreshed.* ➢ *Reviewing the membership to include members from the Partnership Board to become part of the SEND Partnership Board.* ➢ *The Executive Board will be chaired by the Chief Executive, looking at high level health colleagues to join the Executive Board.* • A question was asked why the demographics of Cheshire East was so different and to what extent do we know the answer? ➢ *A key factor was the split between Cheshire West and Cheshire East.* ➢ *Educational data showed that as a comparison in the Northwest, educational outcomes for children and young people rated third overall in the Northwest.* ➢ *Not as inclusive as we should be.* ➢ *Most of the children should be able to have their needs met in a mainstream provision.* ➢ *We should know which children require specialist places.* ➢ *This was not the practice previously and is now being reworked.* ➢ *Work more inclusively and supported our schools to be more inclusive.* ➢ *There has been reported, a 23% decrease in needs assessments in the last six months.* ➢ *Colleagues in attendance were asked for their support.* ➢ *GPs and parents will be coming through the door asking for support regarding those needs assessment.* ➢ *There are more education, health and care plans nationally where there is a wealthy population, but less in deprived population.* ➢ *Cheshire East is a wealthy county and has educated parents who want the best for their child. This will have an impact on education health and care plans (EHCPs).* **The Partnership Board:** **DISCUSSED/NOTED the contents of the report.** **AGREED to see more of the data/analysis at the proposed SEND session.** **AGREED to see where that work lands in terms of refreshing the governance.** **AGREED that members of the Partnership Board will participate on the SEND session and asked to provide valuable input.**	

Item	Discussion and Actions	Action Owner
	AGREED that the population data/headline analysis is included in the SEND focus session to understand finances which have an impact on children/families.	**HCM**

7.	**Healthier Futures – Leighton Hospital Redevelopment - Russell Favager and Chris Knights: (Item for Noting)**
	
	Leighton Hospital is one of a number of "best buy" hospitals built in the 1970s from Reinforced Aerated Autoclaved Concrete (RAAC).
	
	This material today makes up 62% of the Trust estate and contributes significantly to the £430m of backlog maintenance reported in ERIC. Following a SCOSS alert in 2019 and an NHSE directive requiring removal of RAAC from the NHS estate by 2030 due to safety concerns related to this material Leighton was announced as part of the New Hospitals Programme (NHP) in May 2023.
	
	Comments:
	• Leighton hospital completed their Strategic Outline Case (SOC) which went to the ICB Board.
	• Business Case approval is a 3-stage process: -
	  • August 2024 submitted our Strategic Outline Case (SOC) for approval (along with C&M ICB letter of support).
	  • SOC due to be presented to NHP Investment Committee on 10th September 2024.
	  • Commenced Outline Business Case (OBC) stage: The Strategic Outline Case (SOC), The Outline Business Case (OBC) and The Full Business Case (FBC).
	• 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 New Hospital Programme (NHP) and approval of the NHP Programme Business Case version 3.
	
	Preferred Way Forward:
	  ➢ Main new hospital build containing theatres, emergency department, women's & children's, inpatient wards, main outpatients.
	  ➢ Maximise retained estate where practicable – ED converted to training and education 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.
	  ➢ Fully net zero carbon compliant.
	  ➢ Fully digitally enabled hospital.
	
	Feedback:
	• The ICB supported the Healthier Futures Strategic Outline Case (SOC).	

Item	Discussion and Actions	Action Owner
	• Important to ensure the hospital is built to the right size. • Strategic Commissioners and Place partners will pay crucial attention to understanding demand and capacity. • There are assumptions being made around the transformation that will be delivered in the run up to the new hospital and enabled by the new hospital. Need to ensure these are affordable, realistic and deliverable, particularly when they make demands on broader Place partners. • There is close partnership working to get clinical engagement right. • The empower of digital patient element of the healthier futures programme. Need to support processes now, to create that digital empowerment of our residents, so that people are digitally empowered by 2030, when the new hospital opens. A system responsibility. Queries and Responses: • A question was asked if the square metreage will meet future demand and modelling for the next thirty years? ➢ *The modelling is done through 2038 – 2039.* ➢ *The intent is to build spare capacity within the main structure of the building.* ➢ *Plans to have space for additional bed and theatre capacity which will be unused. Grow into it over a period.* • Re: "Net Zero Carbon allowance of £32m": With all the housing development taking place around, part of the plan on those developments would be based on grant source heat exchange. • A question was asked is the infrastructure being utilised? ➢ *Discussions are happening now. Using the power supply from their building, across the road to Leighton Hospital site. There was a potential to sell back any excess capacity to the grid.* • A question was asked around clinical engagement and how explicit the plans would be in terms of the models of care, considering future Artificial Intelligence. ➢ *The national team are clear that the transformation element of clinical services is as important as the focus on the build.* ➢ *There is a national model around shifting care methodology, strategic shifts out from the hospital, into the community.* ➢ *There is good clinical engagement.* ➢ *Need more clinical engagement outside Leighton Hospital.* **The Partnership Board:** **DISCUSSED/NOTED the contents of the report.** **AGREED to bring back a clinical detailed programme to understand the gaps between the decisions being made and what would like to be achieved nationally, including funding.**	**Russ Favager**
8.	**Finance Report - Dawn Murphy**	

Item	Discussion and Actions	Action Owner
	The Cheshire East system has planned for a deficit of £89.9m for 2024/25. 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 will be included in future reports once the first quarter review has been completed and shared. The system is forecasting to achieve the planned deficit at month 3. However, there is considerable risk reported which may impact on deliverability, £24.9m in total. Against this, organisations have identified £8.7m of potential mitigations. Consequently, the risk adjusted forecast deficit is £106.1m, an adverse variance to plan of £16.1m. Efficiency savings of £42.2m are forecast to be achieved in full. Feedback: • The System Finance Report was for Month 3 (June 2024), due to the timing of information being made available, through the organisations governance routes. • The council's information should be made available next time. • All NHS the organisations were part of the recovery programme and has national oversight. • The emerging risks were identified in the paper. • There is national scrutiny and discussions. <u>Local Authority Update: (Helen Charlesworth-May):</u> • The council's figures will be published this week. • Recovery plans are in place, factored into the forecast overspend. • There is an expectation to bring the figure down from the current level to the figure in the report. Queries and Responses: A question was asked around mitigating factors. ➢ *The biggest figures are around avoidance.* ➢ *Adults and Children have seen a significant overspend in the last two years, driven primarily by increasing price of external commissioned care.* *1. The two biggest undertakings are:* *1. Trying to renegotiate some of contracts in place.* *2. Avoid future growth in 2024/2025 for Adults and Children.* *Good news:*	

Item	Discussion and Actions	Action Owner
	1. *Noticed stabilisation of growth and activity.* 2. *Seeing stabilisation of growth in price.* **The Partnership Board:** **DISCUSSED/NOTED the contents of the report.**	
9.	**Cheshire East Transformation Plan - Helen Charlesworth-May** Cheshire East Council faces its most challenging set of circumstances since it was formed. Financial pressures are driving the need to close a £100 million budget gap to ensure financial sustainability and avoid issuing a S114 notice. Recent external review and inspections have identified several areas where the organisation requires significant transformation and improvement. At the same time the Council needs to reset its operating model and define its ambitions to help it capitalise on the borough's strengths as well as being responsive to new developments including a new national government. The Council is preparing to launch a Transformation Portfolio to shape and deliver the widespread, fundamental changes it anticipates that it needs to make to respond to these challenges. Comments: • All organisations have transformation plans. • The council has not had a transformation plan to date. • The brief set for the council's transformation plan is to lead it to a sustainable financial position. • There are a set of activities across the totality of the council to be implemented. • The expectation was that the transformation plan was to deliver up to £1m over four years. • There are several items in the transformation plan around internal mechanisms to manage the way the council works; some will have financial consequences. • There are suggestions around developing new models of care for adults and children. • The council are about to redesign the learning disability service model. • There are many people with a learning disability in supported living. • The supported living facility is outdated. • The council are starting to commission care for adult people with learning disabilities. • The council are embarking on a couple of large transformation programmes: 1. Different lives for people with learning disability. 2. Prevent, reduce and able – supporting the older population to look after themselves; to age well; minimize and delay acute intervention (i.e. residential and nursing care). Queries and Responses:	

Item	Discussion and Actions	Action Owner
	• A question was asked about implications and challenge of getting the target operating model up and running by early next year. ➢ *The target operating model is ambitious.* ➢ *The council are bringing in specialist support to help with the task.* • A question was asked around the prioritisation of the existing 570 projects. There is a need to: ➢ Consider the care communities as a whole. ➢ Recognise the huge investment and benefit impact to the care communities. ➢ Prevent the care communities becoming destabilised. **The Partnership Board:** **DISCUSSED/NOTED the contents of the report.**	
10.	**Cheshire Health and Care Sustainability Review - defining the scope – Cheshire East & Cheshire West and Chester Places - Mark Wilkinson (For Update)** <u>Background:</u> • At 1st August meeting of elected leaders, chief executives and chairs asked to form an Executive Steering Group to identify a proposed programme scope. • On 30th August session held with representatives from: • Local Authorities (Cheshire West weren't represented in the actual session due to annual leave but had been engaged in advance). • NHS (ICB, General Practice, four NHS Trusts in Cheshire). • Healthwatch. • Representatives from the Mental Health, Learning Disability and Community NHS Provider Collaborative, ICS Digital and Data into Action programmes. • In advance of the session there had been a review/consolidation of: • Population Health intelligence across both Places. • NHS Activity and Patient Flow information and consideration of high comparative expenditure. • Existing strategies and plans across both Places of Cheshire. <u>Revised Principles:</u> • Build on previous work/recommendations. • Being cognisant of Devolution plans and complementing this work. • Support current work / governance arrangements and don't duplicate: o Local work (provider/local authority, place led) including existing plans improving population health. o Cheshire and Merseyside wide work e.g. all age continuing care / prescribing / provider collaborative programmes. o Internal cost improvement schemes already accounted for in organisational plans (identify any which can be enhanced and accelerated through collaboration).	

Item	Discussion and Actions	Action Owner
	• Maximise learning from other programmes/peers to ensure Cheshire can benefit. • Positively contribute to the overall system deficit position across health and care in Cheshire East and/or Cheshire West and Chester. • Not about provider organisational form. • Solutions are about what is best to meet the needs of the population not organisations. • The focus is on actual delivery actions to accelerate our existing Place strategic priorities. <u>Headline outcomes of the session:</u> The three top areas were identified where the evidence in relation to population health and expenditure suggested value in developing more detailed scoping documents for work across Cheshire. • Cardiovascular Disease (Multi Morbidity) optimal model – Lead - Jon Develing, Clinical Lead Dr Paul Bishop, Andrea Astbury. • Dementia optimal model – Lead Helen Charlesworth May, Clinical Lead Dr Anushta Sivananthan (Helen to link with Charlotte Walton for CWAC) and Dr David Holden. • SEND – Lead Andy Styring, Helen Brackenbury, Claire Williamson, and to identify an appropriate Paediatrician. There was also agreement to review the current NHS programmes addressing hospital-based service fragility to consider if any current/historic assumption should be revisited e.g. in the context of care community-based delivery of care – Lead Katherine Sheerin. Queries and Responses: • A question was asked about the different footprints between the ICS/ICB devolution, bearing in mind Warrington is not part of our ICS and different algorithms are used. ➢ *Graham Urwin has written to Council Chief Executives setting out how the ICB is keen to work with Councils and starting to identify the opportunities.* ➢ *The devolution deal is more focused around economic regeneration, more focused around skills development.* • A question was asked at the meeting, on the 1st of August 2024, around clarity and transparency in relation to the objectives of this review, without articulating what the problems were. ➢ *Three potential areas are being focused on as being areas where it was felt there were significant opportunities in Cheshire, which are unique to the challenges faced.* ➢ *Part of the drive was from a financial perspective because of the very large, planned deficit across Cheshire, notwithstanding the challenges facing the NHS.* ➢ *In looking at the three areas: population health, efficiency opportunity in mind, rehearsed the importance of SEND.*	

Item	Discussion and Actions	Action Owner
	➢ *The list is an attempt to begin to answer the important question of what the objectives are/what the focus is.* • A question was raised where we were going to be in the middle of this month regarding a decision as to whether we would be progressing the review considering both objectives that were developed. Also, when people have so many other things that they are working towards, where does this sit in the bigger scheme of things… with all the pressures that our organisation is experiencing. ➢ *The timescale was split.* ➢ *Clear that there needs to be a "go"/"no go" decision.* **The Partnership Board:** **DISCUSSED/NOTED the contents of the report.**	
11.	**Place Director Update – Mark Wilkinson (For information)** Feedback: • The Place Director Update at today's Partnership Board was not discussed, due to lack of time. • A Place Director report will be dealt with separately, via email.	
	Any Other Business	
12.	**Questions from the Public (standing item)**	
	There were no questions or statements from members of the public.	
13.	**Meeting Evaluation (standing item)**	
	Feedback: • A comment was made that the meeting was too informational without sufficient depth. • The timing restriction limits the ability to identify how as a partnership board we need to engage with items being discussed. • What does the Partnership board need to know for information, to be more succinct. • Decide where we add value. Is it about risk mitigation and unblocking issues or actual solution discovery. • The agenda could state the expectation of an item. • Uncertain of what is expected from the "Person Story" by the Partnership board: Must: 1. Consider what the Person's Story/section is about. 2. Discuss in more detail at the next Partnership Board Meeting. • A challenging question was asked - Why have we not been able to effect change before? • Made satisfactory progress so far, in terms of relationships. Still have a way to go in terms of expectations.	
	END OF MEETING	

Date and Time of next meeting:
Monday, 11 November 2024 @ 14:00 – 16:00
Venue: Canalside Conference Centre
34-36 Brooks Lane, Middlewich, CW10 0JG

Updated: 06.11.2024							
	New						
	Ongoing						
	Completed						
	Closed						
Ref	**Date raised**	**Description** **(please be as specific as possible in this cell)**	**P-B Owner**	**Action Delegated to (if relevant)**	**Deadline**	**Status**	**Comments / Update**
2023-008	06-Sep-23	**Care Communities (Knutsford)**: MW/ IW to pick up with ICB around process for how and where place financial decisions can be made e.g., around 4 asks of the presentation (page 42 in pack). Response will be brought back to Partnership Board.	Mark Wilkinson/ Isla Wilson	-	01-Nov-23	**Ongoing**	CA chased for update on 14.05.2024, via email
2024-001	01-May-24	Cheshire East Place Risk Register as an agenda item at the July 2024 CEPB Meting	Hilary Southern		13-Jan-25	**Ongoing**	July CEPB meeting was cancelled. Item removed from the agenda on 04.09.24. An update will be provided at the January 2025 Partnership Board meeting.
2024-002	04-Sep-24	Care Communities: Agreed to bring a presentation around the data governance process to the Partnership Board.	Nush Sivananthan/Dawn Murphy		11-Nov-24	**Ongoing**	
2024-003	04-Sep-24	SEND: Agreed that the population data/headline analysis is included in the SEND focus session to understand finances which have an impact on children/families.	Helen Charlesworth- May		11-Nov-24	**Ongoing**	
2024-004	04-Sep-24	Healthier Futures - Leighton Hospital redevelopment - Russ Favager to bring back a clinical detailed programme to understand the gaps between decisions made and what would like to be achieved nationally. Including funding.	Russ Favager		13-Jan-25	**Ongoing**	

CE HCP Decision Log 2023-24					
Updated: 06/09/2023					
Decision Ref No.	**Meeting Date**	**Topic Description**	**Conflicts of interest considered and agreed treatment of the conflict**	**Partnership Board Decision (e.g. Agreed a recommendation, Approved etc.)**	**If a recommendation, destination of and deadline for completion / subsequent consideration**
HCP-DE-23-09	06-Sep-23	**Care Communities (Knutsford)**	**N/A**	1) ENDORSED exploring how could support additional work.	
HCP-DE-22-32	17-May-23	**Joint Dementia Plan**	**N/A**	1) APPROVED the final version. 2) REQUESTED to review the Implementation Plan so that all the partners can be clear their contributions are appropriate.	
HCP-DE-22-33	17-May-23	**Family Hubs**	**N/A**	1) 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-23	**Partnership representation on Health and Wellbeing Board**	**N/A**	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-23	**Strategic Planning and Transformation Group Update**	**N/A**	1) SUPPORTED the development of the Strategic Planning and Transformation Group.	

Nantwich and Rural Care Community

Nantwich and Rural Care Community

Cheshire East Health and Care Partnership Board

Date: 11th November 2024

The Nantwich and Rural Care Community Team

Nantwich and Rural Care Community

Dr David Holden
Clinical Lead

Helen Booth
Care Community
Operational Manager

Deb Lindop
Development
Officer

Rachael Nicholls
Public Health

Bernice Cross
CWP Operational
Manager

Mark Groves
Healthwatch

Fran Groves
Care Community
Support Manager

Zoe Okoh
Care Community
Admin Support

Phil Pomroy
Adult Social Care

Cindy Cliffe
Voluntary Sector

Greg Shepherd
Lived experience Recovery
Worker
CWP

Nantwich and Rural Care Community

- **The Aim:** To improve local population health and wellbeing and experiences of services.
- **The Budget:**
  - We have some paid for clinical time, project management and administrative support.
  - This year we have been supported by BCF for a specific project on high intensity service users and people who fall
- **The Challenges:**
  - As there is no running budget for any of these projects (aside from BCF), all resource is externally sourced or provided on goodwill by partner organisations, which limits the potential scope and impact of projects
  - The work/contribution is provided as extra to core duties from team members
  - Community estate is at capacity

The Successes:

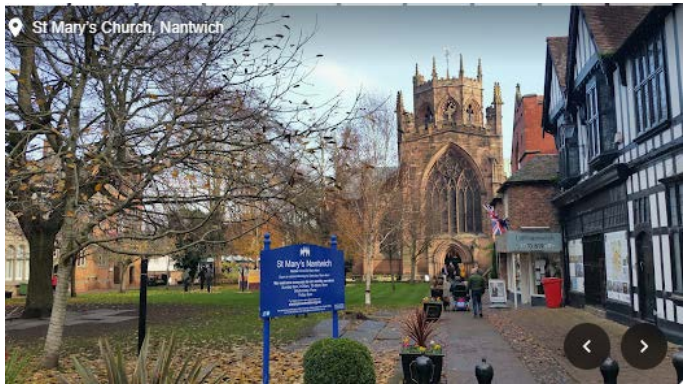
- The co-production and togetherness that the Care Community has generated has paid dividends for all of us.
- The projects we have undertaken have been specifically relevant to our community and are having impact particularly for our groups experiencing health inequalities

- **The Ask of Partnership Board:**
  - Support for the continuation of our work and to find a way to accelerate the 'left shift' of resource to improve population health locally and provide holistic options for support

What is Nantwich and Rural

Nantwich and Rural Care Community

- Nantwich & Rural Care Community serves the population of Nantwich, Audlem and Wrenbury and its surrounding rural areas.
- The population of approximately 36,000 people
- 5 GP surgeries service that population.
- The Care Community includes various stakeholders with an interest in population health, including primary care, our local people, community teams including mental health, social care, district nursing and voluntary organisations.



What is Nantwich and Rural cont....

Nantwich and Rural Care Community

- Highest veteran population in Cheshire

- Boating and large Farming communities

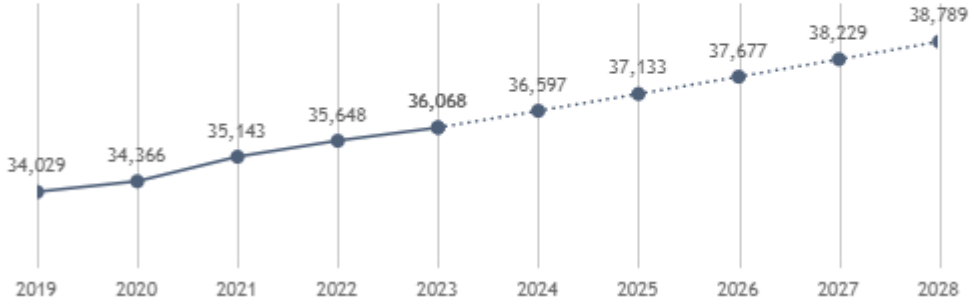
- Large proportion of elderly residents with some living in rural isolation due to transport challenges

What is Nantwich and Rural cont....

Nantwich and Rural Care Community

POPULATION TREND

1.5% average annual growth rate



Future

In the coming years the **population is projected to get older**

45 2023 → 46 2028

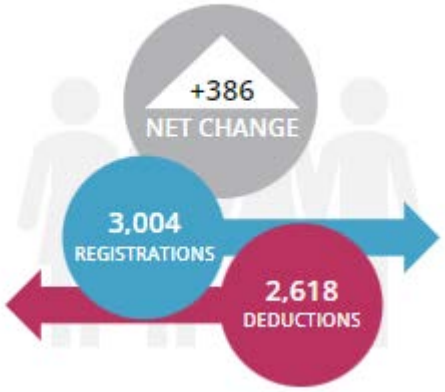
Average age

For context – for every 200 new residents we need at least an extra session of GP time to manage demand

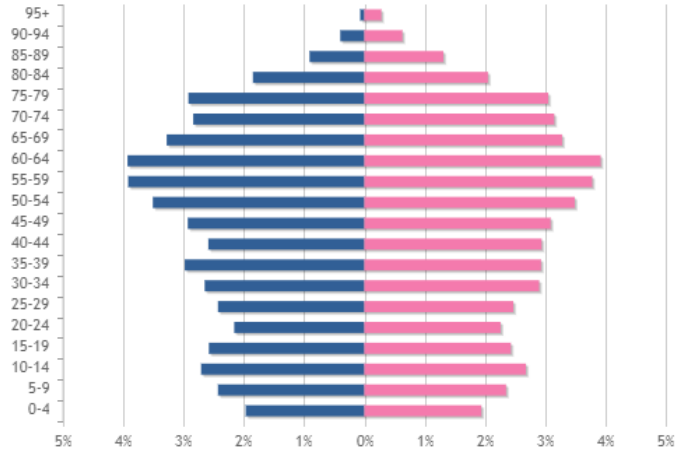
From Nov 23 to Nov 24 the GP practices provided 222,673 appointments

Enough capacity to see **every** resident 6 times/year (or 50% of the population every month)

CHANGE IN POPULATION (12 months)



Registered Patient Age & Sex %



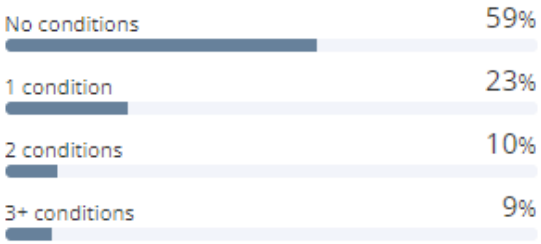
44.9 Male Average Age

46.4 Female Average Age

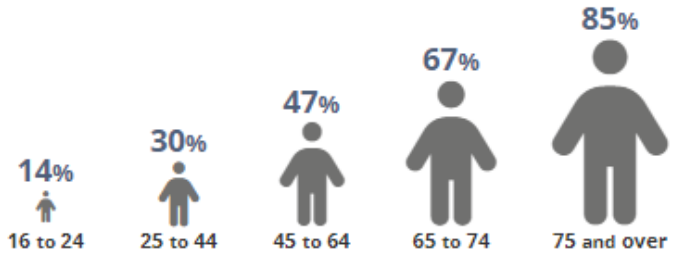
Children and Young People 0-17yr**	Infants & Neonates (0-12 mth)	192	17% 6,328
	Toddlers (1-3 yr)	919	
	Children (4-10 yr)	2,451	
	Adolescents (11-17 yr)	2,766	
Working Age Adults 18-64yr**	Young adults (18-44 yr)	10,513	57% 20,933
	Middle aged (45-64 yr)	10,420	
Older People 65+yr**	65-79	6,601	26% 9,347
	80-89	2,235	
	90+	511	

3 in 7 of the population has at **least one** long-term condition

1 in 5 of the population has **more than one** long-term condition



LONG-TERM CONDITION PREVALENCE BY AGE



AVERAGE MORTALITY AGE (12 months)

Male	Female
80.1 yrs	83.6 yrs

Patients on one or more repeat medication	41%
Care home patients	350
Housebound patients	348
Severely frail	283
Patients receiving palliative care	326
COVID-19 high risk	1,360

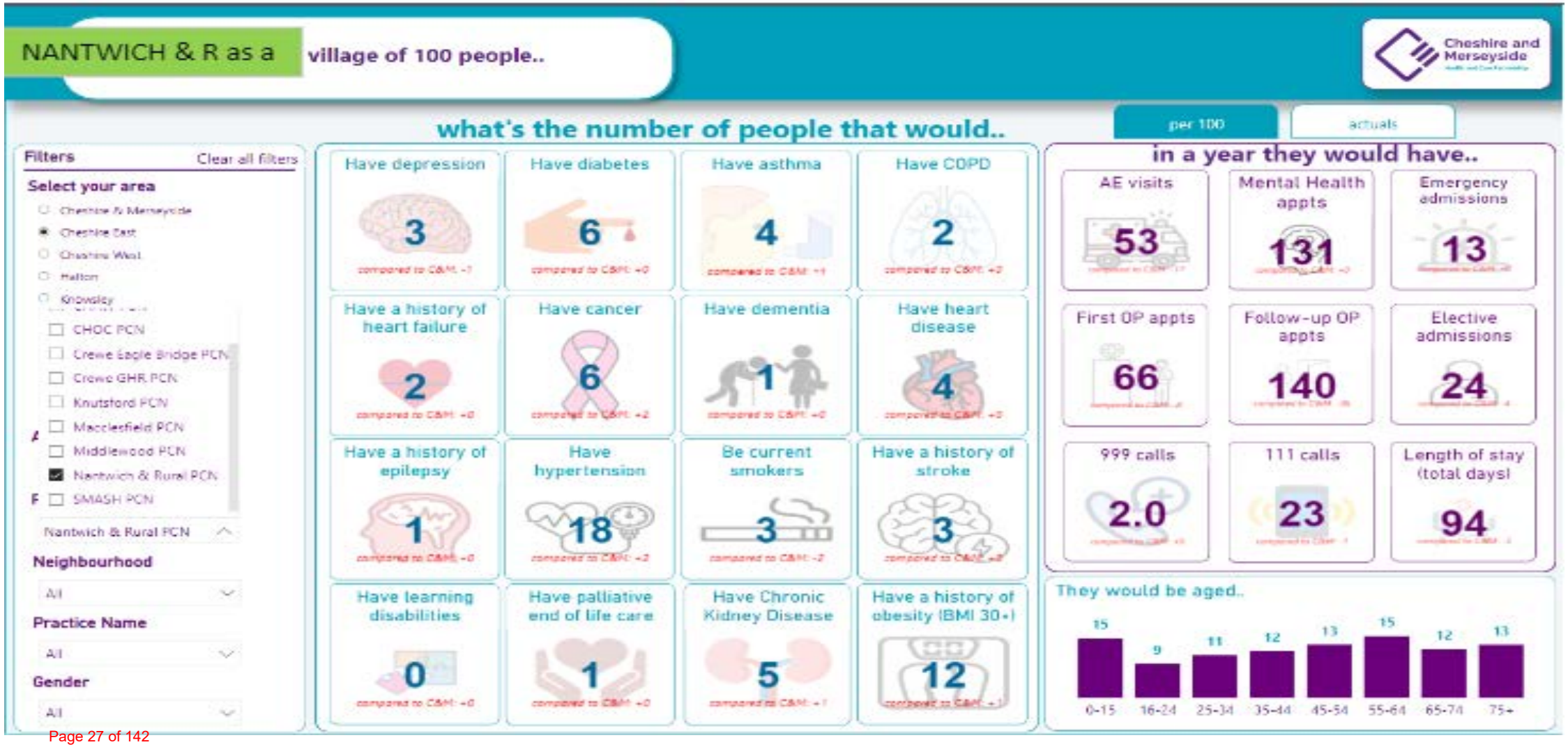
Long-term Condition	Number of Patients	Change in last 12-months	% of Population
Asthma	2,420	+36	7%
Atrial Fibrillation	1,205	+29	3%
Cancer	2,074	+83	6%
CHD	1,378	-19	4%
CKD	1,749	0	5%
COPD	764	+9	2%
Dementia	387	+17	1%
Depression	5,289	+211	14%
Diabetes	2,182	+63	6%
Epilepsy	278	-5	1%

Long-term Condition	Number of Patients	Change in last 12-months	% of Population
Heart Failure	612	+35	2%
Hypertension	6,726	+210	18%
Learning Disability	153	+4	<1%
Mental Health	293	+6	1%
Osteoporosis	206	-14	1%
Palliative Care	326	-13	1%
Peripheral Arterial Disease	240	-4	1%
Rheumatoid Arthritis	322	-2	1%
Stroke and TIA	931	+14	3%

Nantwich and Rural Care Community

If Nantwich was a Village of 100

Nantwich and Rural Care Community



Activity Data....

Nantwich and Rural Care Community

Go to KPI Benchmarking	Go to Maturity Assessment & Demographics	Go to CE Joint Outcomes Framework & Qualitative Reports	NANTWICH & RURAL - CARE COMMUNITY DASHBOARD				Q2 2023/24			Q3 2023/24			Q4 2023/24			Q1 2024/25			Q2 2024/25			
Generic Metrics	DOMAIN	AMBITION & OUTCOME	ON INDICATOR FOR FURTHER D	Baseline / Standard	TREND (Latest Period)		Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	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: ~ RAPID - 2hrs Number of Crisis Referrals - CCICP Footprint Aggregated Activity	575		UP IS GOOD	482	631	515	605	644	721	619	620	606	547	611	562	568	593		NOTE: Data is currently total for CCICP and includes Northwich & Winsford. %Standard for Priority 1 & 2 =>70% within 2hours and 2days respectively. In-month RAG - Green =>70% Yellow 60-69% Amber 50-59% Red <50%
			1b: ~ UNPLANNED - 2d Number of Crisis Referrals - CCICP Footprint Aggregated Activity	419		UP IS GOOD	377	484	405	479	368	443	499	356	420	363	431	482	443	448		
			1c: ~ RAPID - 2hrs %Compliance - CCICP Footprint Aggregated Activity	=>70%		UP IS GOOD	89.4%	91.9%	87.2%	88.3%	84.5%	81.1%	78.0%	83.2%	84.5%	86.3%	87.7%	83.3%	85.6%	87.4%		
			1d: ~ UNPLANNED - 2d %Compliance - CCICP Footprint Aggregated Activity	=>70%		UP IS GOOD	91.8%	92.1%	91.6%	92.1%	94.3%	92.3%	92.8%	93.5%	92.4%	93.7%	95.1%	90.9%	89.4%	95.3%		
2. Primary Care			2a: ~ APEX - Total GP Appointments Booked in Month	17,287		UP IS GOOD	16,735	17,129	19,188	22,013	17,169	13,966	18,199	16,636	16,887	17,275	16,478	15,568	16,775	14,512	15,479	i. APEX reporting (experimental data): Booked Appointments + DNA activity and DNA estimated cost. ii. EMIS reporting to give Social Prescribing referrals. Baseline is avg/mth for 2023/4
			2b: ~ APEX - Total Appointments DNA	597		DOWN IS GOOD	585	720	650	840	676	462	520	483	497	621	487	452	656	423	534	
			2c: ~ APEX - Estimated Cost £k of DNA Appts	£18.3		DOWN IS GOOD	£17.6	£21.6	£19.5	£25.2	£20.3	£13.9	£15.6	£14.5	£19.7	£18.6	£14.6	£13.6	£19.7	£12.7	£16.0	
			2d: ~ Social Prescribing Referrals - N&R Registered Patients	108		UP IS GOOD	107	77	96	114	123	104	137	140	134	152	182	176	198	118	145	
3. A&E ATTENDANCES (Nantwich & Rural 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	3a: ~ A&E attendances - All Nantwich & Rural Patients	821		DOWN IS GOOD	842	839	846	836	822	799	765	765	882	784	876	870	850	740	811	Baseline is A&E attendances by Nantwich & Rural GP registered patients - avg activity/mth 2023/24 NOTE: Relationship of A&E attends to Numbers of Crisis Referrals (Metric 1a)
			3b: ~ A&E attendances - Nantwich & Rural Patients aged 0-19y	176		DOWN IS GOOD	177	138	191	198	200	152	166	178	191	164	225	210	182	136	196	
			3c: ~ A&E attendances - Nantwich & Rural Patients aged +75y	195		DOWN IS GOOD	185	234	192	212	187	186	187	174	216	198	220	215	215	190	189	
4. AVOIDABLE NON ELECTIVE ADMISSIONS (Nantwich & Rural GP registered patients - all providers)			4a: ~ Avoidable ACS emergency admissions - All Nantwich & Rural Patients	31		DOWN IS GOOD	21	22	35	35	41	20	38	32	33	36	39	27	26			Baseline is avoidable admissions, falls-related emergency admissions & readmissions <30d by Nantwich & Rural GP registered patients - average number/month
			4c: ~ Falls-Related emergency admissions - patients aged 65+ (#Admissions)	38		DOWN IS GOOD	35	51	31	30	23	44	41	38	44	40	38	30				
			4d: ~ Falls-Related emergency admissions - patients aged 65+ (£'000)	£152.5		DOWN IS GOOD	£162.1	£222.9	£112.3	£119.5	£104.7	£193.0	£129.6	£159.8	£169.8	£197.3	£160.6	£120.8				
5.i ACUTE DISCHARGES BY PATHWAY (Nantwich & Rural GP registered patients - Mid Cheshire Hospitals FT)	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 (simple discharge home: no new or additional	196		UP IS GOOD	213	182	183	209	225	155	216	177	210	225	177	182	189	160	162	Daily discharge data from MCHFT, 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. Baseline is avg/mth for 2023/24.
			5d: ~ # Acute discharges on Pathway 1 (return home with new additional or restarted package of	17		UP IS GOOD	19	16	18	21	14	19	18	21	16	21	24	23	17	16	16	
			5e: ~ # Acute discharges on Pathway 2 (recovery/rehab/assessment/care	18		UP IS GOOD	23	18	19	10	20	24	23	20	19	18	17	23	18	12	23	
			5f: ~ # Acute discharges on Pathway 3 (bed-based 24h care before return to care setting)	10		DOWN IS GOOD	7	14	6	10	6	13	13	8	10	11	9	10	9	9	11	
6 Adult Social Care	Health & Social Care System Pressures		6a: ~ Outcome = "Progress to New Referral"	63		DOWN IS GOOD	75	54	67	91	50	48	83	55	64	47	53	53	47	30	54	Adult Social Care Data (via CE LA). Post code segment links to Care Community geography. Covers all new referrals, safeguarding concerns and activity re information and advice
			6b: ~ Outcome = "Information/Advice" or "Signposted to Other Agency"	26		UP IS GOOD	19	14	42	16	23	17	29	39	32	24	35	35	31	46	41	

We are using our system dashboard provided by Place data team in order to target interventions and improve outcomes

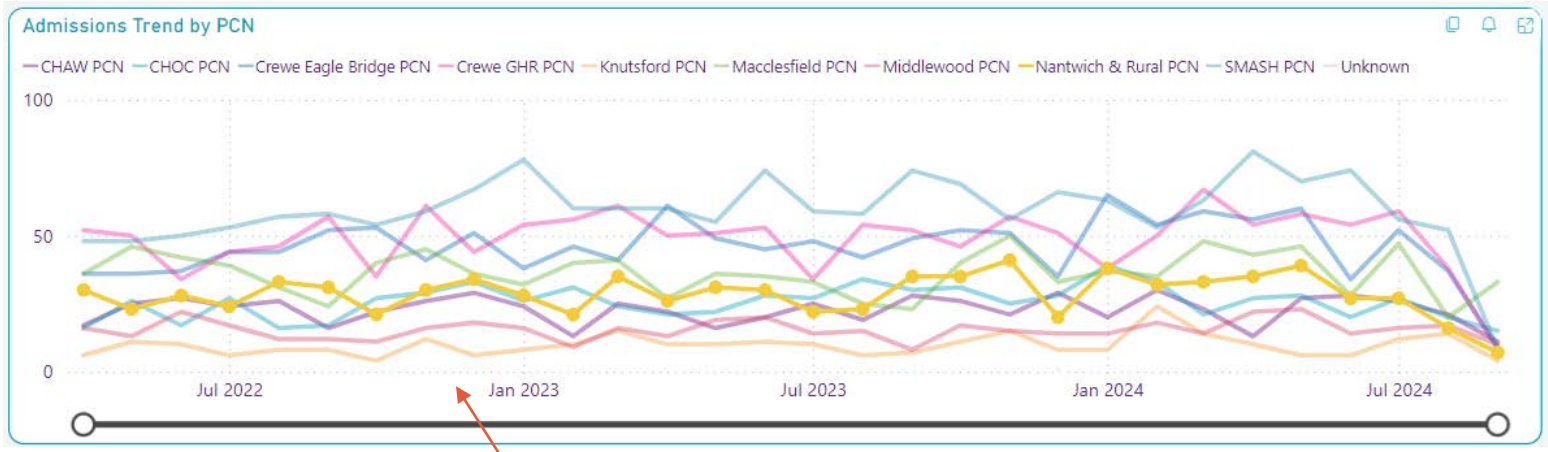
Our performance in several areas is improving but particularly for end of life care and planning

We are working on quality in and around the care homes to manage care planning

We are working hard to meet the needs of those living with health inequalities and underserved groups

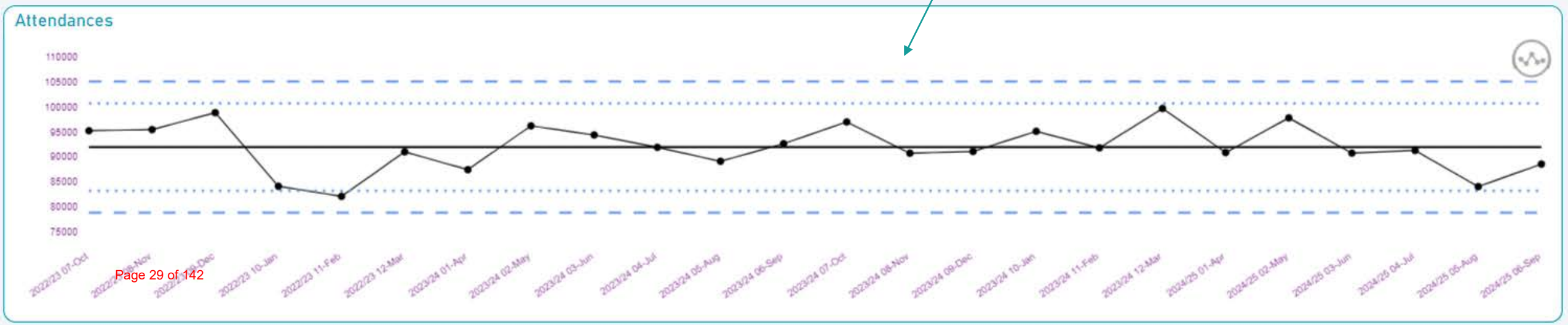
All of our practices have improved in their GP annual survey feedback this year

AED Activity and admissions....



A&E Attendances by Sub ICB Place

Place	22/23 AE Attendances	23/24 AE Attendances	L12m Attendances	L12m Att Var to 23/24	L12m Att Var % to 23/24
Nantwich & Rural PCN	9,870	10,476	10,486	10	0.1%
Kiltearn Medical Centre	3,808	4,153	4,172	19	0.5%
Nantwich Health Centre	2,273	2,411	2,412	1	0.0%
Tudor Surgery	1,521	1,560	1,599	39	2.5%
Wrenbury Medical Centre	1,236	1,315	1,339	24	1.8%
Audlem Medical Practice	1,032	1,037	964	-73	-7.0%



One Plan

Nantwich and Rural Care Community

ONE PLAN for HEALTH- Nantwich and Rural

This plan is simple it's about partners working with residents with a shared goal, of building better communities together, that become a recipe of support for a good life!

The following case studies are just one way we evidence the impact of how the One Plan is working

One Plan

- Feb - £2213 - The Police Crime Commissioner Fund
- March - £1500 - Rotary Nantwich
- May - £2500 - Cheshire Community Foundation
- July 2024 - £12000 - Church Warden Funding
- 6th Sept 2024 - £20000 - Awards For All
- 9th Sept - £15000 – CEC Green Communities Fund
- 30th Sept - £5298 – CEC Digital grant

Design of logo and branding – Nantwich resident - Matt – volunteering hours

Painting and makeover – volunteering hours in excess of 200 hours

Equans – 20 staff donating 200 hours professional support painting and decorating and creation of book nook and sensory room

Howdens £1000 donation to kitchen refit and discounted goods

Anomonmous social value donation £5000

2 teens leading sessions volunteering on Friday nights

Q3 Oct 2024

One Plan

DWP Partnerships support for brain injured residents/jobseekers Oct 2024

Issue highlighted – through an open discussion between One Plan partners about Mental Health and barriers to access support and the lack of services available to those living with brain injuries was highlighted

Action taken: DWP partners took that information and then consulted CE residents/jobseekers in May 2024 regards those experiencing any acquired brain injury.

Valuable information from the survey enabled DWP to secure some individualised, tailored one-to-one support over 6 sessions (duration and frequency to be determined with each individual and based on personal tolerance and cognitive and physical fatigue for example) with a designated Mentor.

This is delivered on either a remote or face-to-face (determined by customer preference) and will be overseen by a qualified Psychologist who is a Vocational Rehabilitation Expert and Certified Disability Management Professional with over 15 years' experience working in the post-injury rehabilitation sector including both ABI and TBI.

There are 10 places on the programme which runs from 16th September – with 12 customers signed up .

The programme will be built around each individual's needs and what they want to achieve.

This programme will offer, but is not limited to, the following.

- Warm handover where the provider can explain the activities of the provision,
- A full diagnostic & work plan to be completed to identify the major barriers to employment,
- Emotional & behavioural coping strategies following a brain injury,
- Employability skills that include job search, application processes and interview skills,
- Identify disability confident employers or those with an awareness of brain injuries,
- Rebuild confidence,
- Organisation and planning for everyday events such as setting an alarm, preparation for travel, ironing. This list is not exhaustive.

Outcome – an open offer to anyone working with anyone who is in receipt of JSA/ESA/UC and is interested please ask them to speak to their Work Coach – spaces are limited and will be offered on a first come first served basis. If numbers exceed the assigned spaces the opportunity for an additional programme could be considered.

One Plan

Bunbury Easy Exercise project success Q3 Oct 2024

The starting point: One resident and community activist began attending a gym in Tarporley for strength and balance

The challenge: after gathering other interested elders from the Bunbury ALIVE group it was clear transport was an issue for those less mobile and those non drivers

Key steps to making a difference

- January 2024 saw the gym attending a community event in Bunbury supported by CEC Communities team and other community support organisations and public services, CEC engagement was a focus to reveal the needs and aspirations of the elder residents.
- Event organiser and PPG member Pat Blackwood began conversations with the gym manager.
- May 2024 saw the launch of an easy exercise class in Bunbury village hall.

Barriers overcome – social prescribers are now connected to CEC Communities Team and get regular updates, plus the hall was expensive to hire and attendance was very low Pat said she felt deflated and was considering closing the class down, as only 2 people were attending in the early days but then at a PPG meeting spoke of the challenge and the practice kindly offered the health promotion room for free

Outcomes – the room holds 10 people comfortably and as a practice it is great to see it being used to support community health resilience to prevent falls in older age plus numbers have increased so now there are 20 members that fill 2 classes every Thursday - everyone pays the trainer £5 and it feels safer to hold the classes here with help on hand if it were ever needed. RESULT

Impact – When the class began 5 months ago Pat had two people who could not get from sit to stand, one chap lives with a neurological condition. The improvement is astonishing! Both members are now able to stand and sit comfortably. They began with light weights but they are now requesting the 5kg weights. **Pat says "the sessions are so much fun and there is so much laughter that patients in the waiting room want to know what we are doing and this has led to some new members! The ages range from 75 upwards, the majority are in their 80's and the eldest is 96. The group have all become firm friends and now plan to go out for a Christmas dinner after class on the 19th December. Its huge success and I am so happy to be able to offer this vital service in our village"**

Our Priorities

Nantwich and Rural Care Community

- Our priorities have been devised from reviewing the data on our population and engaging with communities about what they want and wish to see.
- Addressing health inequalities is key. Our top priority identified was Neurodiversity, however we identified other areas that can cause inequality locally and have projects underway for all including:
  - Veterans
  - Gypsy, Traveller and Boating Communities
  - Elderly rurally isolated
  - Falls
  - High Intensity Users

Current Projects

Nantwich and Rural Care Community

- Roll out of a care community neurodiversity support group, both online and in-person, in collaboration with voluntary sector and CWP. End goal to make Nantwich and neurodiverse friendly town
- Analysis of our travelling community and their access to care
- Continued effort and support by various organisations at our monthly hub events – looking to expand this out to more rural areas
- Making Nantwich a Dementia friendly town
- Continued updates to our Nantwich and Rural Care Community website
- Veterans – ensuring all patients on registered lists who have identified themselves as a veterans are updated on EMIS with fast-track access to care. All practices have now been accredited as veteran-friendly
- Supporting with a falls co-ordinated directory with all falls support services in the community documented in the same place.

Website and Local Directory of Service

[Home - Nantwich and Rural Care Community]

Navigate using hyperlink above or....

www.nantwichandruralcarecommunity.org

Designed to allow clinicians and members of the public instant access to locally relevant information and events

Neurodiversity

Nantwich and Rural Care Community

First event held on 17/10/2024

True co - production by the care community in Partnership with statutory services and VCFSE to identify public wishes for service provision

Neurodiversity cont....

Nantwich and Rural Care Community

- Engagement with the local population about what service would be useful
- We asked what are your biggest challenges? Your response:

- Surprisingly I've always struggled more with maths than reading - I think the dyslexia affects my working memory which makes it harder to complete calculations... I'm also always misplacing things! I sometimes misread sarcasm as seriousness and need someone to explain they were joking.
- Mental health, work
- Relationships
- doctors, paperwork, school
- Relationship
- Employment, housing, healthcare and managing medication
- Parenting
- More deciding what to cook and eat, impulse spending, executive functioning, decision paralysis, finding suitable employment, fatigue, self-care and many more!

Neurodiversity cont....

Nantwich and Rural Care Community

- Can manage money, but I need help with benefits. executive functioning, mental block against work, benefits, DIY, messy house
- Handling stress.
- Overwhelm, planning, tidying
- Getting the correct support understand and communication
- Mental health support
- Parenting
- Procrastination, organiation, focus
- Managing household tasks and housework
- Dealing with official people
- Focus on concentration
- Active leisure activities eg walking and running
- Anxiety, executive function issues, indecision, low self esteem/no self belief, overwhelm, communication, inattention, impulsivity, fear of responsibility
- appropriate workplace adjustments/support for employers to make appropriate adjustments
- Managing energy and getting burn out

Neurodiversity cont....

Nantwich and Rural Care Community

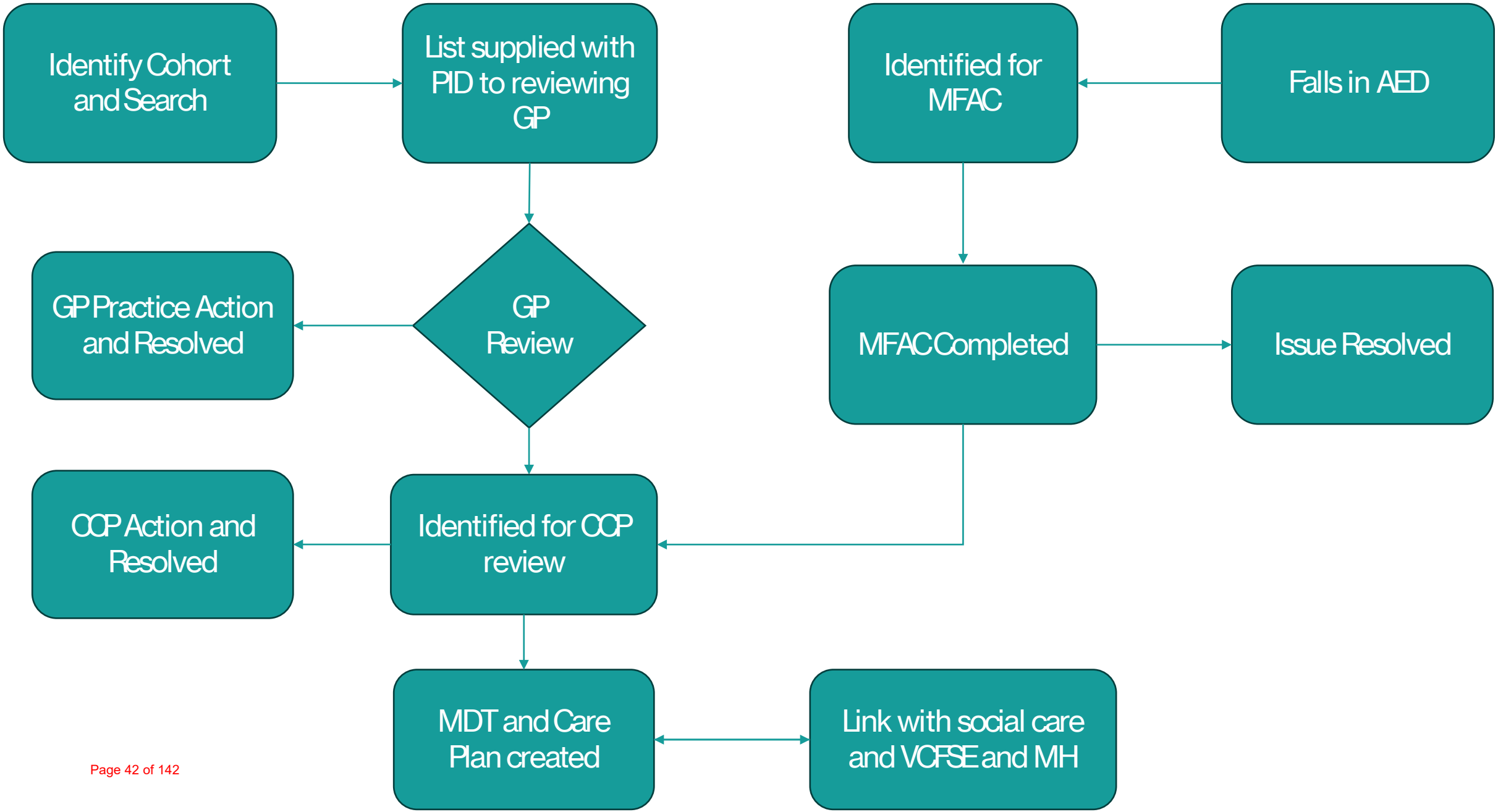
- We asked what support would benefit you to lead your best life?

- We now have on offer 6 weekly sessions held at Nantwich methodist church in the evenings which will range from peer-to-peer support to advertising and promoting the importance of empowerment and wellness tools/techniques

Better Care Fund Project

Nantwich and Rural Care Community

- Working in partnership with SMASH care community to increase impact and to foster relationships between both care communities
- Funding for GP sessions to actively case find patients at highest risk of going into hospital and the highest users of services.
- Funding for an assistant CCP to co-ordinate MDTs, assessment and care of identified patient cohorts.
- Funding for a band 4 physiotherapist assistant who will review all patients from Nantwich and Smash who are being discharged from hospital to complete multifactorial falls risk assessment and onward signposting with the end goal to prevent a further fall.


Identify Cohort and Search
List supplied with PID to reviewing GP
Identified for MFAC
Falls in AED
GP Practice Action and Resolved
GP Review
MFAC Completed
Issue Resolved
CCP Action and Resolved
Identified for CCP review
MDT and Care Plan created
Link with social care and VCFSE and MH

What do the Next 12 months look like

Nantwich and Rural Care Community

- Nantwich and Rural recognised as veteran friendly, neurodiversity friendly and dementia friendly town
- Reduction in preventable hospital admissions through enhanced case finding and input to those at most risk of admission
- Active reduction in falls in Nantwich with and increase in residents maintaining an active and healthy lifestyle
- Roll out to community teams and public the co-ordinated falls directory to support this
- Run our community hubs in Nantwich and Rural, as well as expanding to more rural areas within our footprint

Nantwich and Rural Care Community

- **The Aim:** To improve local population health and wellbeing and experiences of services.
- **The Budget:**
  - We have some paid for clinical time, project management and administrative support.
  - This year we have been supported by BCF for a specific project on high intensity service users and people who fall
- **The Challenges:**
  - As there is no running budget for any of these projects (aside from BCF), all resource is externally sourced or provided on goodwill by partner organisations, which limits the potential scope and impact of projects
  - The work/contribution is provided as extra to core duties from team members

The Successes:

- The co-production and togetherness that the Care Community has generated has paid dividends for all of us.
- The projects we have undertaken have been specifically relevant to our community and are having impact particularly for our groups experiencing health inequalities

- **The Ask of Partnership Board:**
  - Support for the continuation of this work and to find a way to accelerate the 'left shift' of resource to improve population health locally and provide holistic options for support

Nantwich and Rural Care Community

Any questions/feedback?

Thank you for listening

Cheshire East Place

Approach to Population Segmentation
Place Partnership Board
November 2024

Dr Nush Sivananthan
Dr Paddy Kearns
Anita Mottershead

Context

- In 2023 Cheshire East Health and Wellbeing Board published its five-year strategy, and five-year delivery plan. A subsequent piece of work called the System Blueprint, was completed, which helped partners visually depict how we want services to look and feel by 2030.

- This solidified our eight Care Communities as the core delivery vehicle to bring care closer to home for all our residents. And as Lord Darzi wrote in his recent letter to the Secretary of State for Health and Social Care in September

“Simplify and innovate care delivery for a neighbourhood NHS. The best way to work as a team is to work in a team: we need to embrace new multidisciplinary models of care that bring together primary, community and mental health services”.

- Much of this work was presented on the back of legacy CCG Strategies and the comprehensive work that MCHFT commissioned around supporting populations (10 patient profiles). All of which are important in defining our approach.

- 2024/25 sees extremely tight fiscal pressures across all our Partner organisations, with operational focus being on cost reduction and NHS constitutional performance improvements, whilst maintaining a functional health and care economy. Like many other areas, Cheshire East Place is in financial recovery.

- The New Hospital Programme, Sustainable Hospital Programme and General Practice sustainability are all reliant on the partnership delivering the System Blueprint objectives but we need to define the enablers along the way.

- Immediate priorities need to be selected in terms of deliverability, large scale impact, financially quantifiable and aligned to our strategy and delivery plan.

- We must therefore prioritise what little resources there are available to begin the delivery of this work, through our Care Communities. With a clear collective focus.

- Outside of these immediate priorities, other service sustainability issues and ‘burning platforms’ must be managed as efficiently as possible within the partnership. This requires all partners to take ownership of system pressures and not seek to either cost shift or risk shift. Equally as partners we will be there to support each other on managing these pressures. We must respect the fragility of each of our positions and respect the impact our decisions have on each other.

- Applied consistently, Population Segmentation has the ability to support the system in managing our challenges via applied adoption of a true patient-led approach

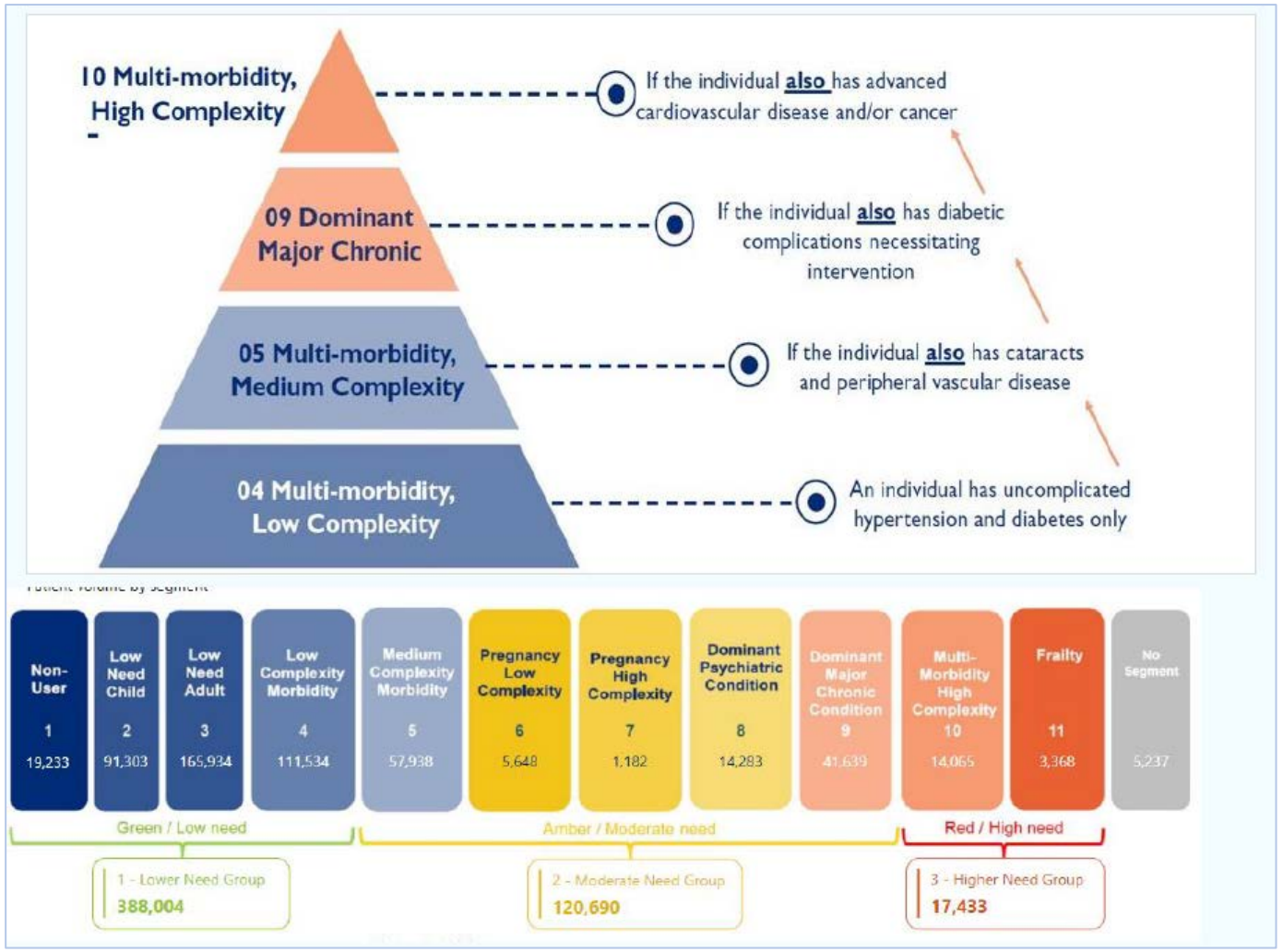
How Segmentation Works

The Graphnet platforms hosts CIPHA system software to stratify a population by the risk associated with their current morbidity burden + expected resource use.
CIPHA extracts data directly out of GP Clinical systems.

All GP Practices have currently signed and activated the required Data Sharing Agreements (DSA) that allow data feeds into CIPHA.

Processes for capturing the data against the identified cohorts is via Excel, a manual process which takes time to complete.

Functionality is potentially available via Ardens codes to return the data back into EMIS, via manual processes.

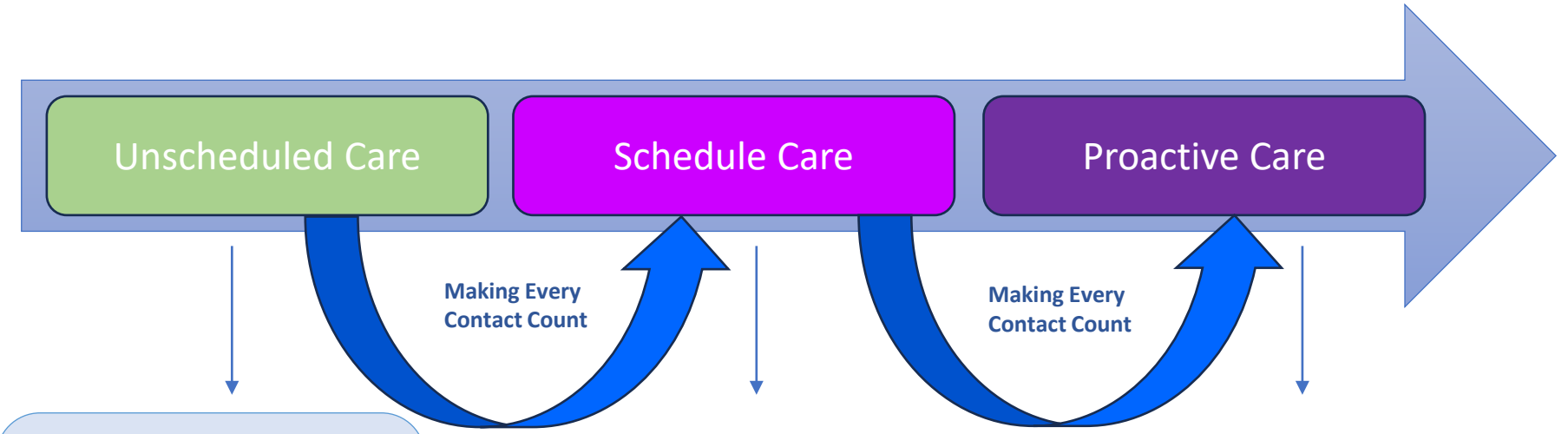


Patient Need Group (PNG) Segmentation Overview

Used globally for over 30 years and calibrated for the UK population.

Stratifies patients into clinically-relevant categories:
11 mutually exclusive and hierarchical groups, aggregated into 3 traffic light "signals" (Red, Amber, Green) easy to understand and apply in a clinical setting.
Is being used for **service development, and to define cohorts for clinical programmes** targeting interventions.

Segmentation: Example Applications



- Support in Triage (Primary and Secondary Care)
- Opportunistic condition management / baseline measurements
- Low need patients referred to CPCS

- Demand and Capacity Management
- Right care –right channel. E.g. Green patients using Online appointments.
- Waiting Well
- Complex patients longer appointments to manage their complex history
- Optimising quality interventions associated with LTC management / QOF Prioritisation

- Use case finding to optimise patients on different pathways. E.g. Acute waiting list, pre-natal.
- Post-admission home visit.
- Structured Medication Reviews (PCN pharmacist).
- Social Prescribing.

Living and staying well

- Patient feels supported and understands their health conditions better.
- More faith in the system
- Better outcomes & quality of life
- Less inappropriate ED attendances
- Less demand for same day Access

Triage and on-day demand:
Embedding knowledge of the patient's boarder needs into triage and care navigation models as a soft signal alongside why they are presenting…

…allows triage teams / FOH staff to separate need from want and ensure patients get signposted and/or booked into appointments that make best use of the wider workforce and other resources.

QOF prioritisation: Prioritising QOF by PNG (need) allows for more complex patients to be seen earlier in the year, when resources are more flexible and to optimise them before winter . This is linked to that fact that 60% of the bed base is attributed to PMG 10,9,5 and 4 , PNG 11 is being remote monitored (in Frimley).

Segmentation Primary Care Framework: Segmentation Potential integrated pathways (CIPHA Data)

Creating a “clinical currency” – a methodology of risk rating patients that is consistently applied in Practice / Place.

RAG	LOW				MODERATE					HIGH	
PNG	1 Non-User	2 Low Need Child	3 Low Need Adult	4 Multi-Morbidity, Low Complexity	5 Multi-Morbidity, Medium Complexity	6 Pregnancy, Low Complexity	7 Pregnancy, High Complexity	8 Dominant Psychiatric/ Behavioral Condition	9 Dominant Major Chronic Condition	10 Multi-Morbidity, High Complexity	11 Frailty

Level of escalation

General Practice
Community Teams
Specialist Teams
Care Communities

Specialist Teams – Community Based MDTs

Integrated Neighbourhood / Care Community Teams

Initial MDTs

F/U MDT Discussions
Secondary Care MDTs / Input
Integrated Frailty teams
Outreach
Remote Monitoring

Patient Need Group (PNG) +/- change in activity (increase / decrease)

Consistent change in PNG over a 3 month period – triggers a proactive integrated intervention (monthly monitoring via Care community Dashboard

Escalation of Need

System & Project Metrics – these will be baselined and updated via the John Hopkins ACG risk stratification data hosted on CIPHA

2. Metrics

Within the original bid, six quantifiable metrics were identified for monitoring against this work and have been aligned to the system and project metric categories requested. An additional qualitative metric has been added to gain data on improvements in quality of life through patient feedback: the monitoring framework for this is still to be identified.

System metrics

- To reduce #A&E activity over a rolling 12-month period
- To reduce #NELs activity over a rolling 12-month period

Project metrics

- To maintain/move to a lower Patient Need Group
- To maintain/move to a lower Resource Utilisation Band
- To maintain/lower the percentage risk of emergency admission
- To maintain/lower the percentage risk of an extended length of stay
- Improvement in quality of life shown through patient feedback (qualitative data – monitoring framework to be confirmed)

Indicative profiles for how Population Segmentation targets can support patient level interventions with rising risk

				Local Project / Cohort Criteria									System	
Total PCN Popn	Total 18+	Cohort Range	CC	Age Range	RUB	PNG	%risk EmAdm	A&E activity (last 12m)	GP Encounters	# in cohort	note 1	note 2	A&E 12m	EmAdms 12m
62,537	51,201	51,201	**Macclesfield**	=>18y	ALL	ALL	any	=>5	all	**286**	cohort is exact to PID search	Nursing Home patients excluded	1,900	383
51,978	41,879	41,879	**CHAW1**	=>18y	ALL	ALL	any	=>4	all	**156**	cohort is est via non PID search	Include NH patients	882	229
			CHAW2	=>18y	4	5	=>10%	all	=>100	**122**	cohort is est via non PID search	Nursing Home patients excluded	86	45
48,904	39,812	25,651	**CHOC**	=>45y	3 + 4	ALL	=>30%	all	all	**249**	cohort is est via non PID search	Nursing Home patients excluded	315	145
34,181	28,350	9,458	**BDP**	=>65y	4	9 + 10	=>20%	all	all	**186**	cohort is exact to PID search	Nursing Home patients excluded	124	40
23,468	18,871	5,839	**Knutsford**	=>65y	4 + 5	9 + 10	=>35%	all	all	**158**	cohort is est via non PID search	Nursing Home patients excluded	210	122
													3,517	**964**

N.B data is indicative and subject to amendment and change

Risk Stratified Patient Need Groups BEFORE interventions (UEC activity) – Aligned to Patient Portraits

Table 1.

Activity + Cost within 12m prior to:

27/10/2024	Patient Need Group	Profile	#CE patients	%total	A&E Attends	%total	£A&E K	EmAdms	%total
1	Non User		20,859	5.2%					
2	Low Need Child		57,930	14.3%	16,320	14.0%	£1,527.5	2,224	6.3%
3	Low Need Adult	Magda (1) Fiona (3) Michael (5)	105,920	26.2%	13,178	11.3%	£1,439.7	1,492	4.2%
4	Multi Morbidity / Low Complexity	Sayeed (4)	92,266	22.8%	23,729	20.4%	£2,592.1	5,623	15.9%
5	Multi Morbidity / Medium Complexity	Malcolm (6), Sadha (7)	57,665	14.3%	23,163	19.9%	£2,943.3	7,550	21.4%
6	Pregnancy / Low Complexity	Jane & Ella (2)	3,977	1.0%	1,482	1.3%	£156.0	466	1.3%
7	Pregnancy / High Complexity		594	0.1%	503	0.4%	£59.1	194	0.5%
8	Dominant Psychiatric Behavioural Condition		12,497	3.1%	6,471	5.6%	£802.2	1,596	4.5%
9	Dominant Major Chronic Condition	Wendy (8)	36,096	8.9%	13,309	11.4%	£1,753.0	5,485	15.5%
10	Multi Morbidity / High Complexity	Olive (9)	13,552	3.4%	14,976	12.9%	£2,367.1	8,566	24.3%
11	Frailty	Phillip (10)	2,443	0.6%	3,113	2.7%	£561.2	2,109	6.0%
			403,799		**116,244**		**£14,201.2**	**35,305**	

Risk Stratified Patient Need Groups BEFORE interventions (Acute £, average NEL LoS, Primary Care contacts + %risk) – Aligned to Patient Portraits

Table 2.

Activity + Cost within 12m prior to:

27/10/2024	Patient Need Group	Profile	£Acute K	%total	Avg NEL LoS	GP Encounters	%total	# =>40% risk EmAdm	%total
1	Non User								
2	Low Need Child		£6,541.2	3.5%	0.57	500,622	5.3%	0	0.0%
3	Low Need Adult	Magda (1) Fiona (3) Michael (5)	£8,835.4	4.7%	1.12	1,106,411	11.8%	0	0.0%
4	Multi Morbidity / Low Complexity	Sayeed (4)	£26,577.1	14.3%	1.09	2,196,068	23.4%	6	0.1%
5	Multi Morbidity / Medium Complexity	Malcolm (6), Sadha (7)	£45,594.9	24.5%	2.04	2,374,557	25.2%	379	9.0%
6	Pregnancy / Low Complexity	Jane & Ella (2)	£8,475.6	4.5%	0.71	115,044	1.2%	0	0.0%
7	Pregnancy / High Complexity		£2,075.7	1.1%	0.72	29,306	0.3%	1	0.0%
8	Dominant Psychiatric Behavioural Condition		£6,458.8	3.5%	1.55	498,303	5.3%	136	3.2%
9	Dominant Major Chronic Condition	Wendy (8)	£33,027.3	17.7%	2.45	1,524,375	16.2%	773	18.3%
10	Multi Morbidity / High Complexity	Olive (9)	£40,951.7	22.0%	3.51	890,373	9.5%	2,246	53.0%
11	Frailty	Phillip (10)	£7,819.9	4.2%	5.18	169,171	1.8%	693	16.4%
			£186,357.6			**9,404,230**		**4,234**	

Profiles have been worked through for each Care Community registered population.
Data flows via EMIS are updated daily.

Opportunities for Cheshire East Place

- Embed a consistent approach to population segmentation across the system, using a common language and common methodology:
- Map population profiles to PNG rates so all system partners have a consistent understanding of pop profiling.
- Application of the methodology can be tailored based on Care Community / PCN priorities.
- Use the population health approach to maximise the potential to “industrialise” best practice via at scale commitment.
- Lead by innovation. To what extent can a single approach influence the Cheshire Review & Place Financial recovery?
- Use all available resources to prioritise Pop Seg – leading by example via BCF Care Community projects
- Identify early interventions AND early wins that can influence left shift of resources
- Use the approach to evidence impact and outcomes that are measurable

Additional System Support

- Support to use the Johns Hopkins model across the system- ie across Acutes and mental health as well as Care Communities.
- Use the model to provide more effective preventative care eg frailty units, SDEC, Virtual wards, including signposting to community assets.
- System support for advance planning for non cancer End of Life care
- Now we know where our population maybe at risk- what is the appetite to invest/change service offer to prevent clinical escalation……
- Need to understand the risks, limitations and barriers and consider how these are broken down
- Mindful of how these “asks” align to the System Blueprint in terms of making real the commitment to the Plan.
- Limited capacity in BI and transformation in Care Communities.

QUESTIONS OR COMMENTS

Cheshire East Health and Care Partnership Board

Cheshire Health and Care Sustainability Review – Opening Scope and Governance Proposal

Date of meeting:	11 November 24
Report title:	Cheshire Health and Care Sustainability Review – Opening Scope and Governance Proposal
Report Author & Contact Details:	Mark Wilkinson, Cheshire East Place Director Mark.wilkinson@cheshireandmerseyside.nhs.uk
Report approved by:	Mark Wilkinson, Cheshire East Place Director

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

Committee/Advisory Groups that have previously considered the paper
Cheshire wide Executive Steering Group (not yet formally constituted) comprising representatives from health and care partners.

Executive Summary and key points for discussion

Elected leaders, chief executives and chairs have considered the basis for a Cheshire Review reflecting the commonality related to health and care outcomes and system financial challenges:

- Increasing older population and rising levels of disease with greater need/demand for health and care services
- Inequalities in life expectancy and health and wellbeing outcomes within/across our Places
- The NHS alone having a planned financial deficit position of £167m in 2024-25 and local authorities facing similar scale of financial challenge

It was recognised that each organisation and Places have developed strategic and financial recovery/improvement plans already so this needed to offer additional benefits.

An Executive Steering Group comprising partner representatives has met on several occasions and recommends:

- Proceeding with the programme of work proposed on pages 5 & 6 of the appendix.
- Agreeing to the next steps on page 8 including development of work plans by December 2024
- Noting that it is proposed that Place Partnership Governance is used to approve the work programmes
- Retaining ownership on a Place/local neighbourhood basis for determining local population priorities but maximises the benefits across Cheshire.

Three key areas have been identified:

1. Accelerating place priorities - The first group of priorities directly map to the three emerging Government Missions (hospital to community, analogue to digital and sickness to prevention) and align with existing priorities in each Place.

2. Strategic Commissioning - The review of hospital fragility plans reflect that the existing programmes of work already present the most appropriate footprint to address the identified challenges but that where opportunities to work across Cheshire exist they will be maximised.

3. Interdependent programmes of work - These two thematic areas recognised important work areas but are being managed outside of the Cheshire Health and Care Sustainability Review as fall within existing governance and plans at Place and Cheshire and Merseyside ICB/S footprints.

Recommendation/ Action needed:	Approve the initial work programmes subject to further scoping and considerations of resourcing.

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

	Process Undertaken	**Yes**	**No**	**N/A**	**Comments (i.e. date, method, impact e.g. feedback used)**
Document Development	Financial Assessment/ Evaluation	X			The Cheshire faces a significant underlying deficit.
	Patient / Public Engagement	X			Healthwatch have been involved in relevant meetings. Specific change proposals would require more specific engagement.
	Clinical Engagement	X			GP Clinical leaders fully engaged.
	Equality Analysis (EA) - any adverse impacts identified?			X	Not applicable at this stage.
	Legal Advice needed?		X		
	Report History – has it been to other groups/ committee input/ oversight (Internal/External)				Cheshire wide Executive Steering Group (not yet formally constituted) comprising representatives from health and care partners.

Next Steps:	Development of detailed work plans for each area including financial and outcome modelling on impact of schemes (by end of December 2024). • Terms of Reference for each Programme and Executive Steering Group finalised • Final scope to be approved by Executive Steering Group prior to presentation and approval at Partnership Boards • Agree partner resourcing to deliver the programme/either financially or through dedicated resource Scheme work plans will be prioritised based on a prioritisation tool developed within the ICB to assess speed and scale of impact.

Responsible Officer to take forward actions:	Neil Evans, Programme Director, Cheshire Health and Care Sustainability Review Mark Wilkinson, Senior Responsible Owner, Cheshire Health and Care Sustainability Review

Appendices:	Pack from 5 November meeting.

Cheshire Health and Care Sustainability Review

Opening Scope and Governance Proposal
5th November 2024

Cheshire East & Cheshire West Places

Agenda and purpose of meeting

This meeting follows on from the meeting held on 1st August where there was a request to prepare an outline programme scope to inform a go/no go decision on continuing the programme:

1. Reminder of background and activity to date in relation to the Cheshire Health and Care Sustainability Review

2. Review "scope recommendations" from Executive Steering Group

- Support a "go" recommendation to proceed to with the programme of work proposed on pages 5&6
- Agree to the next steps on page 8 including development of work plans by December 2024
  - Note that it is proposed that Place Partnership Governance is used to approve the work programmes
- Support the governance proposal on page 6 which retains ownership on a Place/local neighbourhood basis for determining local population priorities but maximises the benefits across Cheshire

Background /Chronology – Previous Meeting

- At the 1st August meeting elected leaders, chief executives and chairs considered the basis for a Cheshire Health and Care Sustainability Review. This reflected the commonality related to short, and longer term, health and care outcomes and system financial challenges:
  - Increasing older population and rising levels of disease with greater need/demand for health and care services
  - Inequalities in life expectancy and health and wellbeing outcomes within/across our Places
  - The NHS alone having a planned financial deficit position of £167m in 2024-25 and local authorities facing similar scale of financial challenge
- It was recognised that each organisation and Places have developed strategic and financial recovery/improvement plans already so this needed to offer additional benefits and may have a longer-term focus
- Until we were clear on having a viable scope that the Terms of Reference presented could not be finalised/approved but that a set of principles would be applied to shape the approach to working at a Cheshire footprint (see appendices – page 9 for principles that have been updated to reflect the feedback in the meeting)
- There was an ask to form an Executive Steering Group to identify a proposed programme scope where there are benefits from economies of scale by working across Cheshire to deliver improved outcomes/financial improvement opportunities

Background /Chronology – Executive Steering Group

- On 30th August a session was held with an Executive Steering Group containing nominated leads from health and care system partners
  - The group identified a number of priorities for further work having considered evidence in relation to:
    - Population Health intelligence across both Places
    - Existing strategies and priorities developed in both Places of Cheshire
    - NHS Activity and Patient Flow information and consideration of high comparative expenditure
  - To avoid duplication the group also considering which areas were already been addressed through existing C&M wide programmes (including Urgent and Emergency Care, Continuing Healthcare, Medicines Management, Unwarranted Variation, Independent Sector Optimisation, Mental Health Out of Area Placements, Efficiency at Scale)
- During September nominated leads from the group developed work proposals covering:
    - Development of neighbourhood approaches to multi-morbidity and cardiometabolic disease
    - Children and Young People/Special Educational Needs
    - Dementia
    - Hospital Service Fragility
- These were considered at group meetings on 11th and 25th October and refined into the recommendations in this paper
- The areas identified were recognised as initial priorities and can be added to in the future to reflect other opportunities e.g. supporting emerging devolution priorities, one public estate etc

Accelerating Place Priorities

The first group of priorities directly map to the three emerging Government Missions (hospital to community, analogue to digital and sickness to prevention) and align with existing priorities in each Place.

Thematic Area	Summary of Recommendations of scope for Cheshire wide work	Initial Governance
1) Multi Morbidity model with a focus on: 2)Shifting care from hospital to community 3) Cardiometabolic Disease (CMD)	Fast track implementation of: • Facilitate Care Communities in implementing multimorbidity models including maximising opportunities through Cheshire and Merseyside Data into Action Programme • Develop/implement revised models which reflect a shift to a community focus for three prioritised specialties (proposed to be Diabetes and Endocrinology, Dermatology and Rheumatology subject to further analysis and consultation) • CMD prevention and treatment priorities (develop a consistent care model and education programme for clinicians to reduce unwarranted variation aligned with local population health need e.g. inequalities)	• Existing Place Partnership based Neighbourhood (Care Community and Community Partnerships) governance to ensure focus remains on local needs/assets • New Cheshire CMD Programme Board with reporting into existing Place Partnership Boards and C&M CVD Prevention Board
4) CYP/SEND (Children and Young People/Special Educational Needs & Disabilities)	*Further work underway to test where working at scale can deploy the opportunities identified through Place and C&M Transformation Programmes* Initial focus areas proposed: • High complexity/cost crisis care alternative provision • Early intervention Mental Health support • Procurement of equipment to support SEND CYP	• Activity developed through Place governance for CYP but with direct linkages to Beyond/C&M Directors of Children's Services Change and Integration Programme

Strategic Commissioning

The review of hospital fragility plans reflect that the existing programmes of work already present the most appropriate footprint to address the identified challenges but that where opportunities to work across Cheshire exist they will be maximised.

Thematic Area	Summary of Recommendations of scope for Cheshire wide work	Initial Governance
5) Hospital Service Fragility	• Reflecting the geographic rationale the three Hospital programmes continue independently with shared learning across Cheshire • In line with the C&M Recovery Programme - NHS commissioner and provider review and repatriation of identified specialty activity/spend to maximise capacity e.g. ophthalmology at elective centre at Northwich	• Maintain existing NHS provider-based governance with ICB commissioner oversight of three programmes (includes repatriation)

Overarching Cheshire Sustainability Review Governance:

- It is proposed that ICB will co-ordinate a Cheshire PMO (Programme Management Office) function to support delivery of schemes 1-5 with progress/opportunities and reporting of progress.
- Schemes primarily to be governed through Place Partnership Boards arrangements
- Cheshire wide Executive Steering Group convened periodically to track progress and maximise sharing across the two Places

Interdependent programmes of work

These two thematic areas recognised important work areas but are being managed outside of the Cheshire Health and Care Sustainability Review as fall within existing governance and plans at 6) Place and 7) C&M ICB/S footprints

Thematic Area	Summary of Recommendations of scope for Cheshire wide work	Initial Governance
6) Dementia	Assessment that much of the scope would be Place specific. Cheshire East Place partners will lead on development of an optimal dementia pathway with learning shared with wider Cheshire/C&M partners.	This work would be managed outside of the scope of this Programme through the Cheshire East Dementia Steering Group linking into Cheshire East Place Partnership governance
7) Ensuring Cheshire impact/benefits of C&M wide Recovery Programmes maximised	NHS C&M wide Recovery Programmes are focused on some of the key Cheshire priorities (including Urgent and Emergency Care, Continuing Healthcare, Medicines Management, Unwarranted Variation, Independent Sector Otimisation, Mental Health Out of Area Placements, Efficiency at Scale)	• Existing ICB Recovery Sub-Committee is in place to ensure delivery of these programmes. • ICB commissioners/providers in both Places will link in to ensure local action is maximising/assuring delivery and aligns with Place based activity.

Next steps

- Development of detailed work plans for each area including financial and outcome modelling on impact of schemes (by end of December 2024).
  - Terms of Reference for each Programme and Executive Steering Group finalised
  - Final scope to be approved by Executive Steering Group prior to presentation and approval at Partnership Boards
  - Agree partner resourcing to deliver the programme/either financially or through dedicated resource

- Scheme work plans will be prioritised based on a prioritisation tool developed within the ICB to assess speed and scale of impact.
  1. Multimorbidity approaches in neighbourhoods (Care Communities or Community Partnerships)
  2. Community models in dermatology, diabetes and endocrinology and rheumatology
  3. Cardiometabolic disease model development and education programme
  4. CYP – Further assessment and development of opportunities to work across Cheshire in defined areas in support of the C&M Beyond Programme priorities
  5. Hospital Based Services (four programme areas with ICB Strategic Commissioner oversight and facilitation)
     - Sustainable Hospital Services (East Cheshire)
     - Healthier Futures (Mid Cheshire)
     - Countess of Chester and Wirral
     - Maximise repatriation opportunities to provide care closer to home

Appendices

Revised Principles for working across Cheshire – incorporating feedback from the meeting on 1st August

The principles guiding the development of the scope were refined to reflect feedback from Cheshire health and care system leaders:

- Build on previous work / recommendations
- Complementing the emerging government policy including devolution plans, 10 Year NHS Plan and other relevant policy
- Support current work / governance arrangements and don't duplicate:
  - Local work (provider/local authority, place led) including existing plans improving population health
  - Cheshire and Merseyside wide work e.g. all age continuing care / prescribing / provider collaborative programmes
  - Internal cost improvement schemes already accounted for in organisational plans (identify any which can be enhanced and accelerated through collaboration)
- Maximise learning from other programmes/peers to ensure Cheshire can benefit.
- Positively contribute to the overall system deficit position across health and care in Cheshire East and/or Cheshire West and Chester.
- Not about provider organisational form.
- Solutions are about what is best to meet the needs of the population not organisations
- The focus is on actual delivery actions to accelerate our existing Place strategic priorities

A multimorbidity model with a focus on Cardiometabolic disease

Both Places already have programmes to deliver community based care models and the programme will identify where this can be accelerated by working at scale or offering additional programme support. As part of this and reflective of the population health review showing high disease prevalence, variation in outcomes (including significant health inequalities) and treatment activity across Cheshire partners identified Cardiometabolic Disease as a key priority area that Cheshire could deliver benefits by working at scale. This analysis also highlighted the prevalence of CMD alongside multiple long term conditions, including mental health being recorded as the second highest condition for people with CMD supporting the wider approach to multi-morbidity.

- Using a programme approach to identify common approaches/share best practice in implementing community based multi morbidity models (care communities/community partnerships) and ensuring the opportunities presented by the C&M Data into Action Programme are delivered at pace and scale to support the locally defined Place and neighbourhood priorities e.g. end of life care in Cheshire East Place.
    - Movement of services into neighbourhoods from hospital – identified specialities of diabetes and endocrinology, rheumatology and dermatology (noting these need further data analysis and engagement with "neighbourhoods" to assess feasibility and priority
    - The phasing of this programme will need to develop the business case that shows how the resources can be redeployed to deliver this programme
- Development of a Cheshire Cardiometabolic (CMD) Programme Group which feeds into C&M CVD Prevention Group/C&M Clinical Network to oversee implementation of the key priorities relating to cardiometabolic disease (including ABC - Atrial Fibrillation, Blood Pressure and Cholesterol, Diabetes, , Insulin Resistance, Chronic Kidney Disease etc).
- Through stakeholders assess and review current variation, pathways and service user experience in Cheshire to develop a consistent model focusing on primary/secondary prevention and delivering the three Government missions (prevention, shift to community and digital).
    - Workshop planned to include regional partners e.g. Public Health, C&M Clinical Network, Health Innovation NW Coast as well as local partners including VCFSE and Expert Patients to review current model and gaps/opportunities
    - Attract opportunities for inward investment/capacity; e.g. industry partners
    - Health economic analysis of the impact of plans with prioritisation of key aspects of this model to form a delivery plan based on health outcomes and financial impact
    - Adoption/design of dynamic digital tools/templates to support primary care in managing CVD/CRM
- Implementation of a Cheshire wide CMD clinical education programme reduce unwarranted variation in clinical practice

Children and Young People/SEND

The partners reviewed opportunities in relation to CYP/SEND and identified opportunities to work jointly in design and development of solutions but generally with Place based delivery (in reflection of statutory responsibilities). The areas where further work is being explored are:

- High complexity/cost crisis care alternative provision for CYP with a focus on community provision and linking into the C&M Appropriate Place of Care Programme (Beyond)
- Early intervention mental health support to provide early access and support linking to Cheshire and Merseyside Programme (Mental Health and Childrens Services)
- Equipment provision procurement options for SEND children

It is recognised that there are a number of programmes at both Cheshire and Merseyside and locally in Place and therefore alignment and ensuring no duplication of effort are vital and as such programme management and governance will be carefully considered.

Hospital Service Fragility & Redesign

- Existing provider service change programmes best maintained on current footprints due to geographic/patient catchment drivers. NHS Cheshire Commissioner oversight of the programmes to facilitate:
  - Sharing of issues and development of best practice solutions
  - Alignment of programme plans and timelines
  - Aim to maximise where activity provided for the Cheshire population to be as close to home as possible (whether the activity is community and hospital based)

	East Cheshire	Mid Cheshire	Countess of Chester
Service change implications (including fragile services)	Sustainable Hospital Services	Healthier Futures (new Hospital Programme)	Collaboration with Wirral Foundation Trust
Community Based Model (left shift)	As part of the multi morbidity model build on existing localised vertical integration work in each of the three Cheshire hospital catchments to consider future opportunities to deliver improved outcomes/efficiency in relation to: 1) Dermatology, 2) Diabetes and Endocrinology and 3) Rheumatology (subject to further analysis and stakeholder agreement on viability and priority)		
NHS Repatriation	Review of opportunities in relation to partnership service SLA/non C&M Elective Activity with other NHS Providers including maximising both existing capacity and also Community Diagnostic Centres and new Northwich Elective Hub		
IS Repatriation	Impacts of Independent Sector Repatriation from ICS programme		

Dementia

The partners identified this work was a greater immediate priority in Cheshire East and as such the scale of the proposed scope would vary between the two Places and therefore the focus will be at a Place basis with information/learning being shared rather than as a single programme across Cheshire.

- Significant challenge and by 2040 50% growth in over 65s with dementia. 77% of people with dementia have another LTC.
  - Analysis showed 4400 admissions per month (where the patient had dementia coding) in Cheshire East and Vale Royal, with a longer length of stay than “all admissions” and excess bed day costs of £12.2m in a 23month sample period.
- Cheshire East would prioritise full pathway Place based programme in line with “Blueprint 2030” and Care Communities Operating Model to also include:
  - Diagnosis, treatment and support
  - Community focus and move of resources from an end stage focus
  - Enablement approach
  - Consistent NHS clinical offer as part of wider frailty model consistent with “Jean Bishop” model (could be applied across all of Cheshire to get benefits of scale)
  - Housing and built environment e.g. Extra Care Facilities
- Planned work will be governed through existing Cheshire East Dementia Steering Group which reports into existing Cheshire East Place Governance
- Outputs of work developed in Cheshire East will be shared with Cheshire West and where relevant applied across both Places
  - Plans/delivery with wider partners across the Devolution footprint and Cheshire and Merseyside. Cheshire East is already linked to work happening across Cheshire and Merseyside partners in developing a Dementia Strategy

Cheshire East Health and Care Partnership Board

System Finance Report - Month 5

Date of meeting:	11 November 2024
Report title:	System Finance Report – Month 5 (August 2024)
Report Author:	Katie Riley – Head of Finance
Report approved by:	Dawn Murphy – Associate Director of Finance and Performance

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

Executive Summary and Key Points for Discussion

The Cheshire East system has planned for a deficit of £89.9m for 2024/25. 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
- Cheshire East Council

The system is forecasting to achieve the planned deficit at month 5. However, there is considerable risk reported which may impact on deliverability, £56.0m in total. Against this, organisations have identified £12.7m of potential mitigations. Consequently, the risk adjusted forecast deficit is £133.2m, an adverse variance to plan of £43.3m.

A planned efficiency savings target was set of £51.9m and of that target, £51.8m is forecast to be achieved.

For the first time this financial year, the forecast from Cheshire East Council has been included. Due to differences in reporting timescales compared to NHS organisations, the forecast included for CEC is based on the period April 24 to July 24 (month 4).

Recommendation/ Action needed:	**The Board is asked to:** Note the content of the report.

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	
The item contains commercially confidential issues	
Some other criteria. Please outline below:	

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	
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				
	Patient / Public Engagement				
	Clinical Engagement				
	Equality Analysis (EA) - any adverse impacts identified?				
	Legal Advice needed?				
	Report History – has it been to other groups/ committee input/oversight (Internal/External)				The financial position for each organisation will have been presented through internal governance structures.

System Finance Report – Month 5 (to the end of August 2024)

1. Introduction

1.1 The purpose of this report is to update on the overall financial position of Cheshire East Place. Partners include Cheshire and Merseyside Integrated Care Board (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 Month 5, August 2024, for NHS organisations. Due to differences in reporting frequency and timescales, information from Cheshire East Council is based on the four-month period ending July 2024.

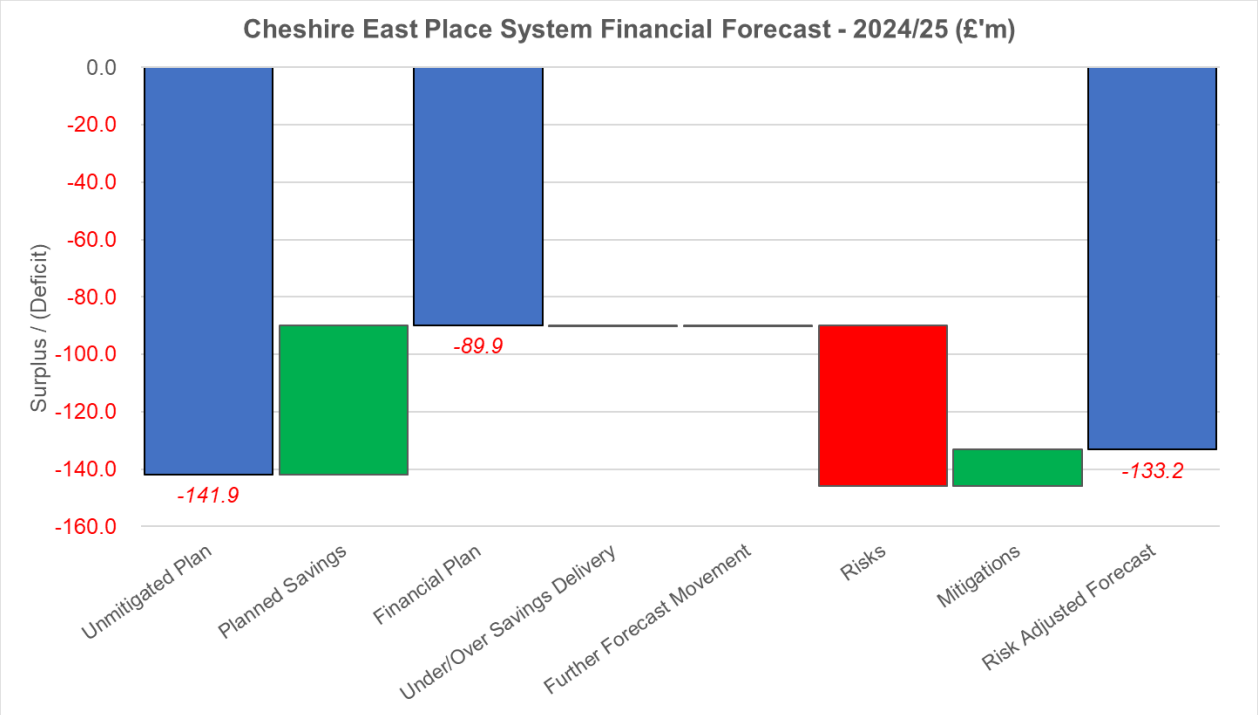
1.3 The key issue is the challenged financial position of all organisations within the partnership and the impact this has on all sectors and providers of health and social care.

1.4 Where organisations provide a significant level of service to more than one Place, their financial reporting has been apportioned out using an approximate percentage split but the total organisational position can be seen in Appendix 2.

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 for 2024/25 is £89.9m and the system is currently forecasting to achieve this position. However, risks and mitigations are being reported by all organisations bringing the risk adjusted forecast deficit to £133.2m, an adverse variance to plan of £43.3m:



2.3 A planned efficiency savings target was set of £51.9m and of that target, £51.8m is forecast to be achieved.

2.4 There are more detailed breakdowns of the summary financial position presented in Appendix 1 and Appendix 2.

3. Risks and Mitigations

3.1 Each organisation reports risks in a slightly different format, but these have been grouped into categories for simplicity and to present a consistent position across the system.

3.2 In total, the risk reported across all organisations at month 5 is £56.0m; this is compared to £29.7m reported last month. However, £26.5m of additional risk has been included this month from Cheshire East Council.

3.3 The largest risks are related to delivery of efficiency savings (£13.3m) and care costs (£11.0m).

3.4 Risks for Cheshire East Council are classified as 'Other' noting that they don't all relate to Health and Social Care.

3.5 There are £12.7m of potential mitigations which have been identified at month 5 which could support if the risks materialise; this is compared to £8.2m last month.

3.6 The overall movement in risk adjusted forecast since last month is a deterioration, from £111.4m deficit to £133.2m; £26.5m of this movement relates to the inclusion of CEC.

4. Efficiency Schemes

4.1. Cheshire East Place included plans to achieve £51.9m of efficiency savings during 2024/25. A significant proportion of this target was planned for recurrently.

4.2. Currently, it is forecast that £51.8m of this will be delivered. However, there is £13.3m of risk reported against this delivery so it's important this is managed carefully throughout the year to maximise the benefit from these schemes.

4.3. Despite the forecast showing full achievement, there are some variances being reported by individual scheme area and more non recurrent savings being forecast to offset under delivery of recurrent savings. This is a risk going into future years. Detail by organisation and scheme is shown in Appendix 3.

5. Conclusions and Next Steps

5.1. This report is produced monthly and presented within Cheshire East to ensure everyone is aware of the financial position and the challenges being faced.

5.2. Due to differences in reporting frequency and timescales, information from Cheshire East Council will be updated when available.

Appendix 1

Cheshire East System Financial Position - Month 5 2024/25

Narrative	Surplus / (Deficit)		
	Plan (£'m)	Forecast (£'m)	Variance (£'m)
Planned Income / Allocation	931.4		
Planned Expenditure	-1,073.3		
2024/25 Unmitigated Surplus / (Deficit)	**-141.9**	**-141.8**	**0.1**
Efficiency Schemes	51.9	51.8	-0.1
Agreed Movement from Plan		0.0	0.0
M5 Reported Forecast Surplus / (Deficit)	**-89.9**	**-89.9**	**0.0**
Risks			
Staffing (incl. Industrial Action)		-1.0	-1.0
Elective Recovery Fund		-1.5	-1.5
Inflationary Pressure (incl. Medicines)		-0.6	-0.6
Efficiency Savings		-13.3	-13.3
Unplanned Care / Winter		0.0	0.0
Care Costs (incl Social Care and Packages)		-11.0	-11.0
Cash Support Costs		0.0	0.0
Other		-28.5	-28.5
Mitigations			
System Working and Further Savings		12.7	12.7
Other		0.0	0.0
2024/25 Risk Adjusted Forecast Surplus / (Deficit)	**-89.9**	**-133.2**	**-43.3**

Appendix 2

Cheshire East System Financial Position - Month 5 2024/25								
Narrative	**Breakdown by Organisation (£'m)**					**Total (£'m)**	***Total Org (£'m)***	
	ICB	**ECT**	**MCHFT**	**CWP**	**CEC**		***MCHFT***	***CWP***
M5 Reported Forecast Surplus / (Deficit)	**-52.0**	**-14.4**	**-23.8**	**0.3**	**0.0**	**-89.9**	***-35.6***	***1.5***
Risks								
Staffing (incl. Industrial Action)	0.0	-0.8	0.0	-0.2	0.0	-1.0	*0.0*	*-1.2*
Elective Recovery Fund	0.0	-1.5	0.0	0.0	0.0	-1.5	*0.0*	*0.0*
Inflationary Pressure (incl. Medicines)	-0.5	0.0	0.0	-0.1	0.0	-0.6	*0.0*	*-0.6*
Efficiency Savings	-6.6	-5.0	-1.7	0.0	0.0	-13.3	*-2.5*	*0.0*
Unplanned Care / Winter	0.0	0.0	0.0	0.0	0.0	0.0	*0.0*	*0.0*
Continuing Care and Packages of Care	-10.2	-0.4	0.0	-0.5	0.0	-11.0	*0.0*	*-2.5*
Cash Support Costs	0.0	0.0	0.0	0.0	0.0	0.0	*0.0*	*0.0*
Other	0.0	-0.7	-1.3	0.0	-26.5	-28.5	*-2.0*	*0.0*
Mitigations								
System Working and Further Savings	3.5	8.3	0.0	0.9	0.0	12.7	*0.0*	*4.3*
Other	0.0	0.0	0.0	0.0	0.0	0.0	*0.0*	*0.0*
2024/25 Risk Adjusted Forecast Surplus / (Deficit)	**-65.8**	**-14.4**	**-26.8**	**0.3**	**-26.5**	**-133.2**	***-40.1***	***1.5***

**Reporting for CEC covers the period Apr-24 to Jul-24*

Appendix 3

Month 5 Cheshire East Summary of Delivery - Efficiency Schemes

Scheme Name	Over / (Under) Achievement		
	Plan (£'m)	Forecast (£'m)	Variance (£'m)
ICB (100% Share)			
Continuing and Complex Care	2.547	2.547	0.000
Home First	2.675	2.675	0.000
Medicines Management	3.273	3.273	0.000
Other	0.818	0.707	-0.111
Stretch Target	3.915	3.915	0.000
ECT (100% Share)			
Pay - Recurrent	8.840	4.423	-4.417
Non-pay - Recurrent	2.385	3.064	0.679
Income - Recurrent	0.000	0.503	0.503
Pay - Non-recurrent	0.000	2.617	2.617
Non-pay - Non-recurrent	0.000	0.529	0.529
Income - Non-recurrent	0.000	0.088	0.088
MCHFT (67% Share)			
Pay - Recurrent	5.251	3.842	-1.408
Non-pay - Recurrent	4.194	2.040	-2.154
Income - Recurrent	4.132	3.598	-0.534
Pay - Non-recurrent	0.000	0.000	0.000
Non-pay - Non-recurrent	1.456	5.012	3.556
Income - Non-recurrent	0.000	0.541	0.541
CWP (19.8% Share)			
Pay - Recurrent	1.713	1.286	-0.427
Non-pay - Recurrent	1.042	0.272	-0.770
Income - Recurrent	0.000	0.000	0.000
Pay - Non-recurrent	0.000	0.997	0.997
Non-pay - Non-recurrent	0.000	0.090	0.090
Income - Non-recurrent	0.000	0.109	0.109
CEC (100% Share)			
Adults & Childrens - Total	9.706	9.706	0.000
Total	**51.947**	**51.835**	**-0.111**

Cheshire East Health and Care Partnership Board

Date of meeting:	11th November 2024
Report title:	Strategic Planning and Transformation Group Report
Report Author:	Dr David Holden - Chair
Report approved by:	-

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

Executive Summary and Key Points for Discussion

The transformation programme continues as set out below with the 2024-25 priorities slide deck for the focussed work around some key outcomes for Place. These areas were selected as priorities due to either being areas of high spend or activity in need of a change in pathway or aligning to our Place outcomes framework.

The financial and operational constraints at present are well understood.

Care Communities continue to develop and deliver local change but this is hampered by a relative lack of investment and development support.

Work is continuing on promoting and developing the 'System Blueprint'. Dedicated resource is required to manage a large scale change programme to deliver this.

The main system risk at present is of not developing the out of hospital and community space with enough pace to match the delivery of the new Leighton hospital and therefore being unable to realise the benefits this could bring.

At present the capacity for delivery is limited to continuous improvement and small scale projects. Large scale changes and a shift in delivery model will only happen with dedicated resource and support from the whole system.

Recommendation/ Action needed:	**The Board is asked to:** **1.) note the report** **2.) note the significant risks to delivery due to capacity/capability** **3.) note the significant risks to delivery due to financial constraint** **4.) recognise the significant amount of work undertaken in light of the above**

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	
The item contains commercially confidential issues	
Some other criteria. Please outline below:	

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				
	Patient / Public Engagement				
	Clinical Engagement				
	Equality Analysis (EA) - any adverse impacts identified?				
	Legal Advice needed?				
	Report History – has it been to other groups/ committee input/oversight (Internal/External)				

Next Steps:	

Responsible Officer to take forward actions:	

Appendices:	SPTG Delivery Priorities 24/25

1. Introduction

The Strategic Planning and Transformation Group (SPTG) meets on a monthly basis in order to maintain strategic direction around planning and transformation across the Place footprint.

In 2023 Cheshire East Health and Wellbeing Board published its five-year strategy, and five-year delivery plan. A subsequent piece of work called the System Blueprint, was completed, which helped partners visually depict how we want services to look and feel by 2030. This solidified our eight Care Communities as the core delivery vehicle to bring care closer to home for all our residents.

2024/25 will see extremely tight fiscal pressures, with operational focus being on cost reduction and NHS constitutional performance improvements, whilst maintaining a functional health and care economy. The ICB has stipulated a recovery programme which must be delivered. The LA has developed a transformation programme of its own to support recovery.

The New Hospital Programme (Healthier Futures), Sustainable Hospital Services Programme and General Practice sustainability are all absolutely reliant on the partnership delivering the System Blueprint. We must therefore prioritise and compartmentalise resources from short-termism to begin the delivery of this work, through our Care Communities.

We are now also working in the context of a 'Cheshire Review' and potential devolution which stretch resources further.

2. Body of report

As set out in the attached slide deck, several programme areas were selected for 24/25 in order to be able to address immediate needs within the system, ranging from pathway redesign, public health interventions and supporting the financial recovery programme. Although the programme looks broad at first glance, under each programme heading a pragmatic approach has been taken to use the limited resources available to have maximum impact.

For example under the 'Healthy Digestion' programme the focus is on high levels of hospital admission in Gastroenterology, the primary driver here is alcohol related admission, which requires a public health and community approach to management to help reduce demand. A small task and finish group has been arranged for these areas to address this specific issue and make recommendations.

Unfortunately, the System's focus on financial recovery and urgent and emergency care performance has limited time and space for teams to focus on the future. There has also been a tendency towards centralisation which has challenged local programmes. Place level resource is limited with almost no new capital or revenue resource available and most new funding has come from national/regional programmes such as virtual wards.

As a result of this, work around the System Blueprint has struggled to gain significant and constant traction from a delivery perspective.

All Partnership organisation boards have now signed up to deliver the 2030 Blueprint. At the last SPTG board meeting, the Place communications collaborative presented a plan for communication of the Blueprint and this in tandem with promotion internally by organisations will be the mainstay of promotion.

Over the next month or so a roadmap for the Blueprint will be produced including risks for delivery.

An example of one of these is community estate, which is in need of upgrading and in most cases at or near capacity across the Place with limited plans for expansion. This is particularly for space that is suitable for delivering regulated activities. We have seen consequences of this lack of space with examples of community services being moved out of primary care estate due to expansion in ARRS staff roles with no alternative accommodation easily found.

This produces a limitation currently on expanding community capacity and moving staff/activity away from an acute setting as proposed in both the Blueprint and the assumptions made in the Sustainable Hospital Services and Healthier Futures (new Leighton Hospital) programme. The new 10 year plan laid out by Government also talks to this and therefore there is some work to be done here. We have previously commissioned a review and hold a report of the current Place estates but at present it is challenging to see how this could be expanded given the current constraints.

In order to be pragmatic, from a Blueprint perspective we have chosen two population segments to work with. The ‘End of Life Strategic Partnership’ (Population segment ‘Philip’) to be our pilot for delivery of the model and what is required and also an Older People’s group to align with the JSNA and focus on the Population Segment ‘Olive’.

These two groups were identified as being the most likely to require an entirely new way of working and delivery of care to manage people’s needs within their community. The outcomes of this will be shared with SPTG and the Partnership board in due course.

Care Communities continue to be a key vehicle for delivery of the Blueprint and their development has continued via the ‘8 Care Communities Together’ group. Through this forum, the Care Communities have been exploring population segmentation and proactive care using the John Hopkins model and working with the system ‘Data into Action’ team to utilise the local dashboard data and the system level segmentation and stratification tools to further enhance local care and delivery.

The Care Community groups are also in the process of exploring the Blueprint and what this means for their local communities in conjunction with all system partners at a local level.

The BCF has supported the Care Communities to undertake a piece of work around high intensity users of services using a population stratification approach based on the above. This is occurring across the Place at present and will report in June 25.

Providers are challenged also with meeting the requirements of other groups they are part of for example the provider collaborative groups across C&M which also have their own programmes for delivery. For the acute providers the amount of time and effort required to invest in their own programmes (Healthier Futures and SHS) is similarly significant.

3. Summary

In summary, the SPTG has take a pragmatic approach to using its limited resources to maximise system outcomes and to start developing our approach to delivery against the System Blueprint.

There is a significant amount of work happening in spite of this but if the ambition for Place is large scale change, then this is unlikely to be realised without a significant change in this dynamic.

There is a risk that if we do not address this that there will be carryover risks to our major infrastructure projects in terms of delivery. We are also unlikely to be able to move any more care ‘closer to home’.

The limitations and challenges are well understood, however it is important to acknowledge them openly in terms of the impacts on our ambitions.

4. Recommendation

As per the executive summary. For the board to note the current appraisal of the Transformation programmes and the limitations/risks around delivery.

This report may also read as negative, which isn’t its intention. I wanted here to acknowledge the huge amount of work, time, enthusiasm and effort that the individuals who have been involved in all of programmes, in particular the Care Communities, bring to the programme, particularly where in most cases this in addition to their core work roles.

Strategic Planning & Transformation Priority Delivery for 24/25

Background

NHS
Cheshire and Merseyside

- In 2023 Cheshire East Health and Wellbeing Board published its five-year strategy, and five-year delivery plan. A subsequent piece of work called the System Blueprint, was completed, which helped partners visually depict how we want services to look and feel by 2030. This solidified our eight Care Communities as the core delivery vehicle to bring care closer to home for all our residents.

- 2024/25 will see extremely tight fiscal pressures, with operational focus being on cost reduction and NHS constitutional performance improvements, whilst maintaining a functional health and care economy. The ICB has stipulated a recovery programme which must be delivered.

- The New Hospital Programme, Sustainable Hospital Programme and General Practice sustainability are all absolutely reliant on the partnership delivering the System Blueprint. We must therefore prioritise and compartmentalise resources from short-termism to begin the delivery of this work, through our Care Communities.

- Immediate priorities need to be selected in terms of deliverability, large scale impact, financially quantifiable and aligned to our strategy and delivery plan.

- We have some hard deadlines to work too, with the New Leighton Health and Care Campus build beginning in 2026, and being operationally ready by 2029. A set of planning assumptions about what and where care is delivered will need to be established throughout 2024 and 2025 to support the planning of the Hospital.

- New Procurement Legislation is requiring the ICB to formally re-commission CCICP Community Services, with a new Place based community service contract going live from April 2026.

- Outside of these immediate priorities, other service sustainability issues and 'burning platforms' must be managed as efficiently as possible within the partnership, without compromising the delivery of our priorities. This requires all partners to take ownership of system pressures and not seek to either cost shift or risk shift. Equally as partners we will be there to support each other on managing these pressures. We must respect the fragility of each of our positions and respect the impact our decisions have on each other.

National Priorities 24/25

NHS
Cheshire and Merseyside

Priorities for the next financial year

NHS England sets out three key focus areas for 2024/25

- **Recovering core services**
- **Supporting the workforce**
- **Improving productivity**

Which are underpinned by…

"Maintaining focus on **quality and safety of services**, particularly **maternity and neonatal** services, and **reduce inequalities in line with Core20PLUS5**"

"Improving **ambulance response and A&E waiting times** by supporting **admission avoidance and hospital discharge**"

"Improving **access to mental health services** so that more people of all ages receive the treatment they need"

"Making it easier to **access community and primary care services**, particularly **general practice and dentistry**"

"**Reducing elective long waits** and **improve performance** against core **cancer and diagnostic standards**"

"Improving **staff experience, retention and attendance**"

12 objectives will form the basis for how NHS England assess its performance, alongside local priorities agreed by ICSs

Quality and patient safety	• Implement the Patient Safety Incident Response Framework (PSIRF)
Urgent and emergency care	• Improve A&E wait times with a minimum of 78% of patients seen within 4 hours in March 2025 • Improve category 2 ambulance response time to average 30mins across 2024/25
Primary and community services	• Reduce long waits in community services • Improve access to primary care, support practices to ensure appointments within 2 weeks and urgent assessment same day or next day
Elective care	• Eliminate 65 week waits by September 2024 at the latest • Deliver system specific activity targets, consistent with national value weighted activity target of 107% • Increase proportion of first appointments or procedures in outpatients to 46% across 2024/25 • Improve patient experience of choice
Cancer care	• Improve performance against 62-day standards to 70% by March 2025 • Improve performance against 28-day Faster Diagnosis Standards to 77% by March 2025 • Increase stage 1 and 2 cancer diagnosis to achieve 75% early diagnosis ambition by 2028
Diagnostics	• Increase proportion of diagnostic tests within 6 weeks to 95% by March 2025
Maternity, neonatal and women's health	• Continue implementation of the Three-year delivery plan • Make progress towards national safety ambition and increase fill rates against funded establishment for maternity and neonatal services • Establish and develop at least 1 women's health hub in every ICB by December 2024
Mental health	• Improve flow and work towards eliminating inappropriate out of area placements • Increase those accessing transformed models of adult community, perinatal, and children and young people's mental health • Increase completed treatments for anxiety and depression in adults via NHS Talking Therapies with at least 67% achieving improvements and 48% recovery • Deliver a full annual physical health check in at least 60% people with severe mental illness by March 2025 • Increase dementia diagnosis rate to 66.7% by March 2025
People with a learning disability and autistic people	• Deliver annual health checks in 75% of those aged 14+ and on the GP learning disability register • No more than 30 adults with LD or autism per 1 million population (or 12-15 for under 18s) receiving inpatient mental health care
Prevention and health inequalities	• Achieve 80% of those with hypertension to be treated by March 2025 • Provide lipid lowering therapy treatment for 65% of people with CVD risk score of greater than 20% by March 2025 • Increase children and young people's vaccination uptake • Address health inequalities and deliver on the Core20PLUS5 approach
Workforce	• Systematic implementation of the People Promise retention interventions • Increase choice and flexibility in rotas, reduce duplicative inductions and payroll errors • Provide placements and apprenticeships to meet the NHS Long Term Workforce Plan
Use of resources	• Deliver a balanced net system financial position for 2024/25 • Reduce agency spend to a maximum of 3.2% of the total pay bill across 2024/25

Recovery Programme our focus for 24/25

Themes	Primary Strategic Drivers	Priority Programme	How we'll deliver: 9 Places	How we'll deliver: Supra Place	How we'll deliver: Provider Collaborative	Key focus of the work:	How will we know if we've delivered
Recovery Programme our focus for 24/25 * Known interdependencies between these programmes		Urgent Care Improvement, improving the quality and performance in Urgent and Emergency Care*	■	■		North Mersey Urgent Care Improvement	• Patients seen within 4 hours (target 24/25 78%) • Maintain the peak increase in capacity agreed through operating plans in 2023/24. (all bed types including virtual wards)
			■	■		Mersey and West Lancs Urgent Care (Including Shaping Care Together priorities)	
			■			Wirral Urgent Care Improvement	
			■	■		Cheshire Urgent Care Improvement	
			■	■		Warrington and Halton Urgent Care Improvement	
		Efficiency at Scale Programme	■		■	Driving safe and sustainable improvement in our productivity and efficiency	• Delivered system Value through Efficiency & Productivity
		Improving collaboration and integration across our acute and community providers with a focus on identified areas *	■	■		Liverpool Review	• Greater collaboration and integration between providers of health and care delivering a community, acute and specialist system that is clinically and financially sustainable.
			■			Wirral Review	
			■	■		Warrington Review	
			■	■		Cheshire Review	

Digital and Data – enabler role across each of the programmes

REDUCING HEALTHCARE INEQUALITIES

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Target population

CORE20PLUS5

Key clinical areas of health inequalities

1. **MATERNITY**
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2. **SEVERE MENTAL ILLNESS (SMI)**
ensure annual Physical Health Checks for people with SMI to at least, nationally set targets

3. **CHRONIC RESPIRATORY DISEASE**
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4. **EARLY CANCER DIAGNOSIS**
75% of cases diagnosed at stage 1 or 2 by 2028

5. **HYPERTENSION CASE-FINDING**
and optimal management and lipid optimal management

SMOKING CESSATION
positively impacts all 5 key clinical areas

Data drivers for local prioritisation

NHS
Cheshire and Merseyside

- 3 Outlying Metrics of the HWBB Outcomes Framework
  - Smoking at time of maternal Delivery
  - Emergency Hospital Admission for Intentional Self-Harm
  - Admission Episodes for Alcohol Specific Conditions

- Top 3 Non-Elective Admission Sources with length of Stay <5
  - Diseases in Children
  - Digestive/Gastro Issues
  - Cardiac Issues

- High-Cost Sources
  - High Intensity Users
  - Frailty
  - Obesity

- High-Volume General Practice
  - Musculoskeletal
  - Mental Health
  - Respiratory

Domains of Care Alignment

Oversight & Assurance

Cheshire East Place Partnership: Strategic Planning and Transformation Group 2024/25 Master Work Programme

Specific Workstreams and Project Groups with defined terms, plans and outcome targets both in year and until 2030

Enabler Workstream (Existing Workstreams)

- Communications & Engagement Workstream (Michael Moore CEC)
- Digital Workstream (Valda Williams CEC)
- People & Leadership Workstream (TBC ECT)
- BI Workstream (Outcomes, & Inequalities) (Dr Susie Roberts CEC)
- Estates Workstream (Justin Piddock CWP)

Priority Project

- **Healthy Children**
  Yr1: < 0 LOS Admission in under 5s
- **Healthy Digestion**
  Yr1: < 5 LOS Gastro Admissions & Attends
- **Healthy Heart**
  Yr1: < 5 LOS Admissions & Attends
- **Healthy Ageing**
  Yr1: < Attend ovr 80yrs & Care Homes
- **Good quality at the end of life**
  Yr1: < hospital readmission last 90 days

Supporting Project

- Musculoskeletal
- Mental Wellbeing & Neurodiversity
- Urgent Care & Discharge from Hospital
- Healthy Lives
- Voluntary, Community, Faith and Social Enterprise Development

CORE 20 PLUS FIVE

Cross cutting programmes of work to consider in all projects and workstreams

- Care Community Development Programme
  (Inclusive of Family Hub Development & Women's Hub Development)
- Primary Care Development Programme
  (Inclusive of Pharmacy, Optometry and Dentistry)
- New Hospital Programme & Sustainable Hospital Programme

Cheshire East Place Partnership: Strategic Planning and Transformation Group 2024/25 Master Work Programme

Programmes to be established formally under SPT, and report back within first 3 months with established plans

Healthy Children

Lead: Jo Vitta (ICB)
Clinical: Dr Hina Khan
Exec: TBC

- New Project
- **Priority Target**: **prevention of 0-LOS NEL admissions and ED Attends in Children**
- Support Care Community Development through integration of Family Hubs
- Explore new models of community focused care within existing resources
- Inclusive of SEND, Mental Health and Neurodiversity

Healthy Digestion

Lead: Crewe CC?
Clinical: (MCHFT Gastro)
Exec: Dr Matt Atkinson

- New Project
- **Priority Target**: **prevention of <5 LOS NEL admissions and ED Attends in adults with Gastro Issues**
- Utilise Right Care analysis to target specific Care Community cohorts for targeted intervention, such as alcohol misuse
- Utilise Right Care analysis to work with Primary Care to reduce unwarranted variation
- Contribute to Care Community development on local initiatives
- Contributing to the Cheshire East Place Combatting Drugs Partnership

Healthy Heart

Lead: Paula Wells (ICB)
Clinical: Dr Paul Bishop
Exec: TBC

- Existing Project, scope requires broadening
- **Priority Target**: **prevention of <5 LOS NEL admissions and ED Attends in adults with Cardiac issues**
- Immediate pathway redesign under AstraZeneca funded resource
- Integrate with Care Communities on targeted population-based prevention strategies
- Contributing to the wider Healthy Lives agenda, particularly in relation to: implementation of the lifestyle on prescription; contributing to ongoing developments in smoking cessation support; and the local All Together Active plan

Healthy Ageing

Lead: John Grant (ICB)
Clinical Lead: Dr Vicky Buckley
Exec: TBC

- Refocusing of legacy ICB workstreams
- **Priority Target: < in 80+ attendances & < in attends from Care Homes**
- Development of integrated holistic models of care within existing resources
- Enhanced Care in Care Homes, Virtual Wards, 2 Hour Urgent Crisis Response Programmes included
- Contributing to the wider Healthy Lives agenda, particularly: Falls prevention and frailty work, and the local All Together Active plan

End of life

Lead: Lesley Hilton (ICB)
Clinical: Dr Vicky Buckley (& Dr Sinead Clarke)
Exec: Denise Frodsham (MCHFT)

- Refocusing of legacy ICB workstreams, new group now established
- **Priority Target**: **3+ hospital readmission 90 days, < bed days following EA for those in last year of life**
- Develop seamless patient journey to allow those to live out the end of life in their preferred location
- Oversee EOLP system education
- Consider PCIP and Fast Track models and financial pressures.
- Contributing to the wider Healthy Lives agenda, particularly the Care of older people JSNA and Compassionate Communities networks.

Cheshire East Place Partnership: Strategic Planning and Transformation Group 2024/25 Master Work Programme

Programmes to be established formally under SPT, and report back within first 3 months with established plans

Musculoskeletal

Lead: CCICP/ECT
Clinical: Dr Vicky Buckley
Exec: Pip Morant (MCHFT)

- New Project but aligned to C&M Independent Sector Value recovery programmes
- **Priority Target**: **<1stOP Orthopaedic >Surgical Conversion Rates**
- Direct Access SPA for all of Cheshire East
- Road map for integrated MSK model at a CC level
- Decommissioning AQP
- Referral management and diversion from General Practice

Mental Wellbeing & Neurodiversity

Lead: Jo Williams (ICB)
Clinical: Dr Kamran Baig
Exec: Dr Anshushta Sivananthan (CWP)

- New Project but aligned to C&M Mental Health & Neurodiversity recovery programmes
- **Priority Target**: **stabilising and reduction in ND waiting times; reduction in talking therapy waiting times**
- Develop clear pre-diagnostic offer
- Redesign primary care led diagnostic and review offer
- Stabilise BLG Talking Therapies and standardise local MH offer for 16+ (Step 1 & 2)

Urgent Care & Discharge (Home First)

Lead: Dan McCabe (CEC)
Clinical Lead: Dr Jimi Robinson
Exec: Simon Goff

- Existing Project
- **Priority Target**: >**4hr ED, Zero Corridor Care, <NC2R**
- Integration, Digital, Transfers of Care, D2A, Mental Health flow, BCF metrics, financial sustainably

Healthy Lives

Lead: Guy Kilminster (CEC)
Clinical Lead: Dr Susie Roberts (CEC)
Exec: Dr Matt Tyrer

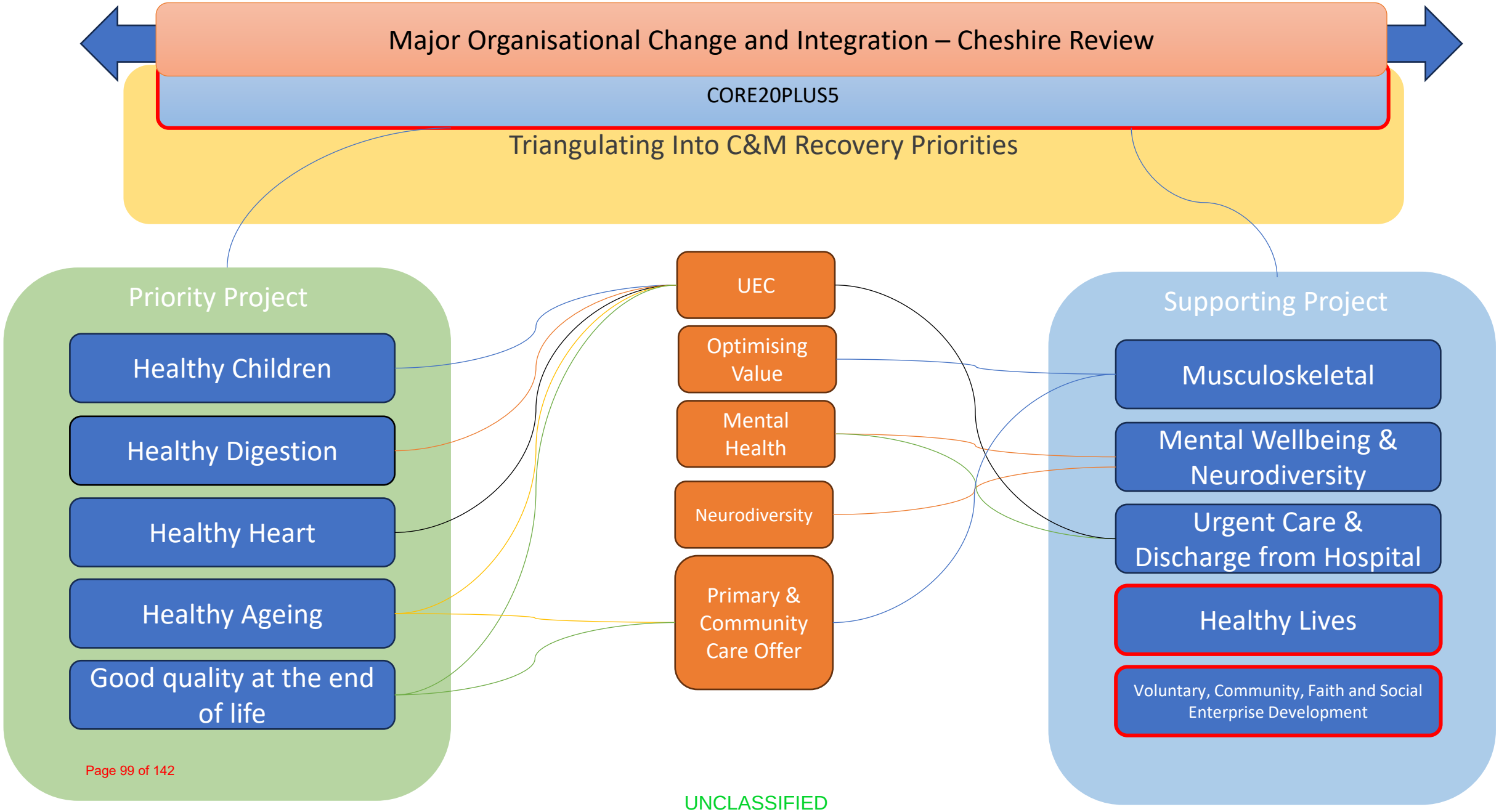
- Refocusing of Public Health programmes to align to Place objectives around: poverty and the local All Together Fairer work, smoking, lifestyle services and lifestyle on prescription implementation; the All Together Active plan, health weights, sexual health and oral health programmes; children and young mental wellbeing work including the Healthy Young Minds Alliance; and the Combatting Drugs Partnership
- **Priority Target:**
- Focus on CORE20PLUS5 monitoring and intervention planning
- On-going development of Outcomes Framework and Joint Strategic Needs Assessment to feed wider priorities.
- To promote wider use of and reference to integrated health intelligence (such as the Care Communities dashboards, joint outcomes framework and the JSNA), to inform planning and monitoring approaches.
- Oversight of action to recover outlying outcome framework performance.

VCFSE Development

Lead: Dan Coyne (CEC)
Clinical Lead: Dr Paul Bishop (ICB)
Exec: Kathryn Sullivan (CVS)

- New project following the recommission of the VCFSE programme.
- **Priority Target**:
- Focus on developing a sustainable model for the VCFSE to be integrated into the health and care economy
- Short term project to embed VCFSE into Care Communities and build the voice in to Place governance.

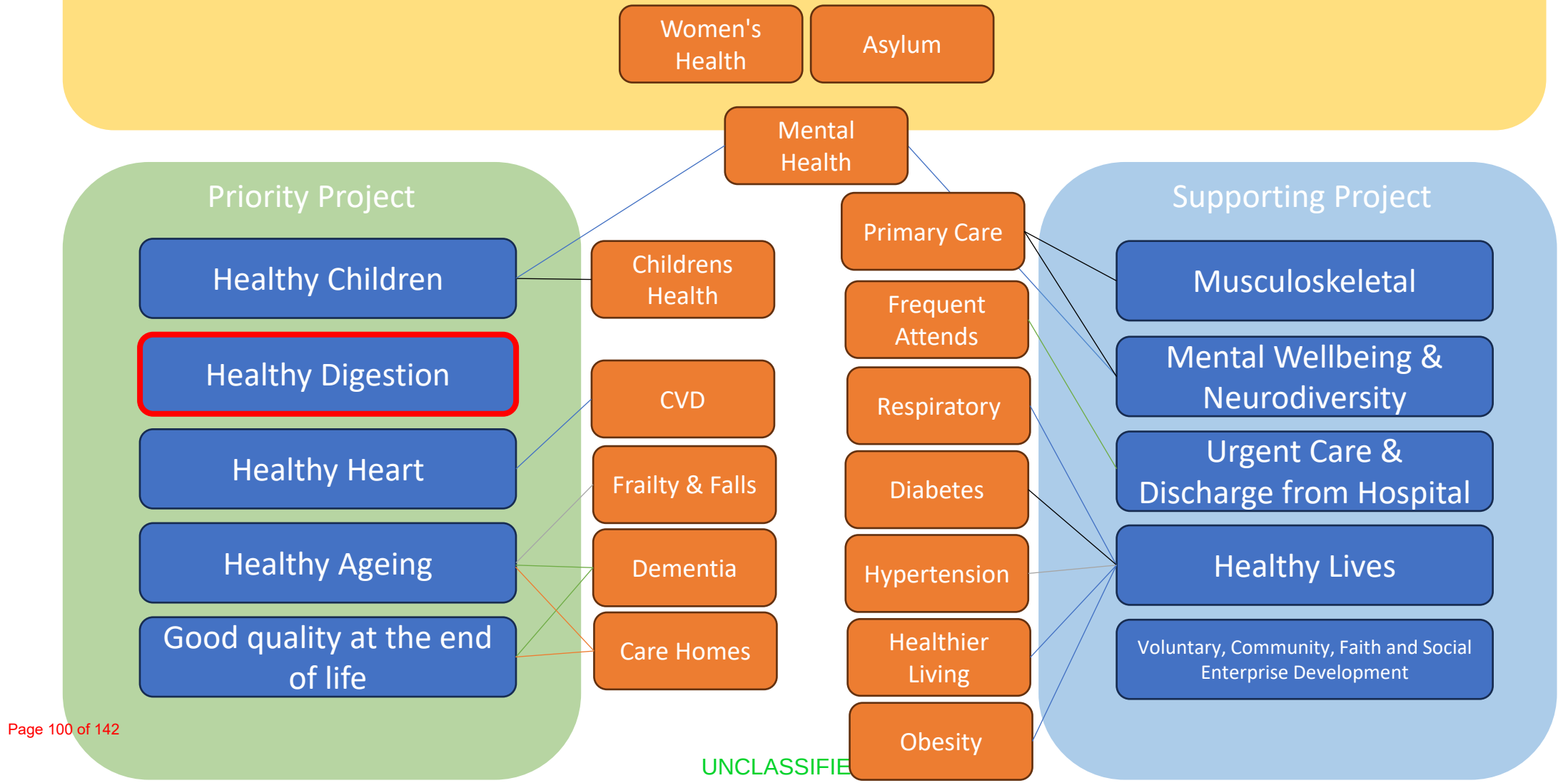
Cheshire East Place Partnership: Strategic Planning and Transformation Group 2024/25 Master Work Programme



Care Community Development Programme

(Inclusive of Family Hub Development & Women's Hub Development)

Triangulating Care Community Priorities into Place Priorities



Example alignment

High Level Priority:

Healthy Ageing

Strategic Drivers:

JSNA Social Isolation
Dementia Strategy
Five Year Delivery Plan
Jean Bishop Integrated Care Model

Short Term Actions:

1. Single community and hospital care frailty assessment and care plan
2. Virtual Ward expansion and geriatrician access
3. Development of Frailty Dashboards for targeted intervention
4. Integration of Care Homes in to Care Communities (including Training)
5. Expansion and maximisation of 2 Hour Community Response & Virtual Wards
6. Supporting 2nd year Dementia action plan

What are we measuring?

Falls, Hospital (re)Admissions, ED Attendances, Hip Fractures, Hoarding, Isolation Contacts,

National Benefits from Models: >80s 14% Reduction in Attends. 18% Reduction in Attends from Care Homes over 3 year period.

Cheshire East Health and Care Partnership Board

Quality & Performance Update on NHS Commissioned Services

November 2024

Date of meeting:	11th November 2024
Report title:	Quality & Performance Update on NHS Commissioned Services
Report Author:	Josette Niyokindi – Interim Associate Director of Quality & Safety Improvement Cheshire East
Report approved by:	Mark Wilkinson – Place Director, Cheshire East

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

Over the last nine months the contents of this report have been presented to the bi-monthly Cheshire Quality and Performance Group meetings and subsequently to the monthly C&M ICB Quality and Performance Committee.

Executive Summary and key points for discussion

This report brings to the attention of the Board, the key headlines from the previous nine months, and our main areas of focus for development performance.

- NHS Providers
- Maternity care
- Urgent Care
- Care homes
- All Age Continuing Care
- SEND 0-25
- ILACS – health improvements update
- Infection Control
- Performance overview

Recommendation/ Action needed:	**The Board is asked to:** **NOTE** the contents of the report

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	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:	The ICB at Cheshire East Place to continue working in collaboration with partners and stakeholders on all health and care related improvements.
Responsible Officer/s to take forward actions:	Josette Niyokindi – Interim Associate Director of Quality & Safety Improvement Cheshire East Place

Quality & Performance Report November 2024

1. Introduction

This report is a summary of the last nine months as reported to the monthly ICB Quality and Performance (Q&P) Committee and the bi-monthly Cheshire wide Q&P Assurance Group (QPAG).

It will provide an overview of ICB quality and performance assurance of NHS commissioned services at Cheshire East Place.

2. Quality highlights

2.1 NHS Providers

East Cheshire Trust is a segment 3 organisation and remains under enhanced oversight led by C&M ICB. In August 2023 it was identified that the Trusts Summary Hospital Level Mortality Indicator (SHMI) performance had been outside of expected range since August 2022, despite the Trust commissioning external quality improvement support to look at the underlying issues.

An initial diagnostic was completed, to identify clinical indicators which could impact on SHMI. This identified key areas of work for the Trust including: -

- Hydration
- Hospital acquired pneumonia
- Acute kidney injury
- Timely escalation of deteriorating patients.

The Trust have developed comprehensive improvement plans for each of these clinical areas. A SHMI Quality Improvement Group led by the ICB, meets bi-monthly to review progress against these indicators.

Although concerns remain around acute kidney injuries (AKI), recent audit shows that significant numbers of patients are admitted with pre-existing AKI.

Cheshire East Place have commenced a hydration quality improvement program which will focus on care homes, domiciliary care providers and primary care, which will support the wider hydration work to reduce AKI, pressure ulcers, pneumonia, and urinary tract infections (UTI's).

The Trust shows good compliance with submission of quality schedule evidence.
NHSE has recently completed a nursing and workforce review as part of a regional programme with a positive judgement.

2.2 Maternity care

The inspections of MCT and ECT maternity services were published in the spring.
Following CQC inspection of maternity services in September 2023, Mid Cheshire Trust's overall rating has been downgraded from 'good' to 'requires improvement'. Progress and improvements are evident. The Trust remains under routine quality surveillance with enhanced maternity oversight.
ECT has retained a rating of 'good', although there was a downgrading of the 'safe' element from good to requires improvement. The Trust has received a Special recognition award for Outstanding Service
Both Trusts have produced an action plan to address the findings of the inspections, and these are jointly monitored by Place and Local Maternity and Neonatal System (LMNS) ICB C&M. Progress on both action plans is on-track. There is ongoing work between C&M and Greater Manchester to refine assurance and oversight of ECT Trust as currently sits across both LMNS.
Links to both inspection reports are below.

East Cheshire Trust CQC Maternity Services Inspection 2024

Mid Cheshire Trust CQC Maternity Services Inspection 2024

2.3 Urgent and Emergency Care - Red Lines Toolkit

The Cheshire and Merseyside Red Lines Toolkit is a guide produced for all providers to use and includes various sections including processes for when Emergency Departments are in an escalation position, how to capture and ensure patient experience, staff wellbeing and experience, evidencing patient safety and methods to follow to de-escalate.

The toolkit has been co-produced by various Cheshire and Merseyside healthcare professionals, senior leaders across Places, Northwest Ambulance Service, members of the Care Quality Commission and Healthwatch and is based around a Proactive Protection Bundle. The toolkit includes a clinical assessment tool for supporting patient experience for those who are cared for in non-ED areas e.g. the corridor or temporary escalation spaces.

The ICB is aware that both ECT and MCHT Trusts undertake hourly ED nurse rounding and participates in the ED patient safety checklist. Compliance with the national ED patient safety checklist is included in the Quality Schedule. It should be noted that due to ongoing building work, ECT has very limited capacity (maximum of 5 beds) for corridor care compared to MCHT and the rest of C&M.

Further assurance has been requested regarding implementation of four key areas: -

- escalation and de-escalation process for pressures,
- patient care and comfort, and
- development of oversight process within the Trust.

Responses are awaited and will be presented to Quality and Performance Committee in November.

2.4 Cheshire and Wirral Partnership (CWP).

Due to a number of emerging concerns, a collaborative working group with Lead Provider collaboratives was established in June 2024.

Meetings have been held bi-monthly since. These meetings include representatives from Quality & Safeguarding teams in Cheshire West, Cheshire East and Wirral Place, and Quality Leads from Lead Provider Collaboratives, Prospect, Empower and Level Up. The aim is to bring together key stakeholders that commission beds within Cheshire and Wirral Partnership (CWP) to facilitate comprehensive information sharing and a joined-up quality approach.

There was a CQC ‘Well Led’ on-site review in July 2024. The final CQC report is still awaited.

2.5 Infection Prevention and Control (IPC)

Healthcare acquired infections remain above target across both Cheshire East Trusts. Monitoring and actions are in place to address this based on specific metrics with associated targets. Quality schedules held by the Trusts, and specific reporting requirements provide satisfactory oversight of infection prevention and control practices.

Based on the Cheshire-wide Antimicrobial Strategy 2023-24, an updated plan for 2024-25 has been developed to address current identified areas of work.

In ECT, this includes hydration, timeliness of IT systems for tests, and external pathology provision.
In MCT, most patients affected are elderly, complex patients with multiple comorbidities who have had multiple admissions and antibiotics in both the acute and community settings. Actions include the provision of 7-day IPC service delivered since October 2023 to support sustained operational pressures offering timely IPC advice & guidance, management of outbreaks and patient placement. They have also noted no covid or MRSA cases and minimal norovirus outbreaks.

2.6 Care homes

Responsive Quality Assurance visits to care home providers continue. This provides monitoring via Cheshire East Council (CEC) and ICB governance processes and provides assurance of safe and effective services.
The quality team continue to work closely with Urgent and Emergency Care transformation colleagues and are providing enhanced quality oversight and support for nursing home admissions where quality contract monitoring is in place.

- There are **102** care homes across Cheshire East Place. Of these, **43** homes provide nursing and dementia specialist nursing care commissioned by Cheshire East Place/Cheshire East Council.
- Cheshire East residents are also funded for placements contracted by Stockport Council, for which Cheshire East Place retain quality oversight.
- Three nursing homes provide care to residents with neuro-disability rehabilitation needs.
- Quality Assurance is provided by the quality team based on the rationale and levels of escalation reflected in the RAG rating chart.
- Two care homes are currently in **Enhanced Monitoring**, with one of these providers in an Organisational Safeguarding Agreement (OSA)
- There is 1 home receiving **Enhanced Surveillance** during this reporting period.
- 40 homes are in **Routine monitoring**

Healthwatch (Cheshire East) continue to undertake Enter and View visits.

The current governance structure is:
- Care Home Collaborative Group (Cheshire & Merseyside)
- Enhanced Health in Care Homes (Cheshire East Place)
- Safeguarding, Urgent Emergency Care, and System Quality Assurance Workshop (Cheshire East Place)

Current quality improvement projects include:
- Hydration promotion across Cheshire Care Providers as part of the C&M project work
- Practice Development/Education in Care Homes
- Occupational Therapy provision in care homes

Following reinvestment from the ICB, Phase 3 of the cluster model for Pathway 2 beds (discharge to assess) was redesigned in September 2024.

Cheshire East Place quality team continue to support the quality monitoring for the 12 homes contracted to provide nursing provision to Pathway 2 beds with a total of 75 nursing beds within these settings. The quality team attend contract meetings and monitor a monthly Quality Schedule.

2.7 All Age Continuing Care (AACC)

Cheshire sub locality was subject to NHS Continuing Care Deep Dive from NHS England (NHSE) early this year.
NHSE found that AACC delivery in the Cheshire sub-location has experienced a number of significant challenges since 2014. It was evident that improvements have been made over the years. However, it concluded that the end-to-end AACC service delivers additional functions outside AACC responsibilities. Areas of strength were also highlighted in the review.

NHS England is assured that the processes and procedures relating to NHS AACC are robust and compliant with the National Framework, and governance processes within the team are clear. In addition, there is evidence of ongoing co-operation, collaboration and wider system working with partners.

Areas for development: -

- Improve the percentage of NHS CHC Assessments completed from referral to decision within 28-days (target is above 80%)
- Reduce the number of assessments waiting more than 12 weeks for an NHS CHC assessment (target 0)

A number of recommendations were made regarding non-CHC funding streams and processes including improving: -

- Pathway 3 (discharge to assess pathway),
- Section 117 Aftercare case management and funding, and
- The Transforming Care S117 process, including funding arrangements.

An improvement plan is in place to address all the above. The ICB are on target to meet the agreed trajectories on the 28 days assessment, and all the long waiters have been cleared.

Pathway 3 has been revised and relaunched with early indications of good outcomes.

There is ongoing discussion between ICB and CEC regarding Section 117 Transforming Care funding arrangements.

2.8 SEND 0-25

The neurodiversity (ND) assessment pathway waiting times remain a concern; there are three providers involved in the current pathway delivery, and variation in performance and reporting means it is not yet possible to report an overall average. Data collection and

reporting is a work in progress. There are also variations in practice associated with three different providers.

To address this, local partners are collaborating to develop a uniform, multi-agency model that delivers support during assessment and diagnosis. Cheshire East will be introducing the C&M NDP model following the C&M pilot which is ongoing as part of the ICB Recovery Programme. In the meantime, work is focused on services at the point of need, including Family Hubs drop-ins and a communication project. Speech and language therapy (SaLT) services are being recommissioned jointly with the local authority.

Cheshire East is participating in the national PINS project (Partnerships for the Inclusion of Neurodiversity in Schools), with five primary schools taking part. The project aims to develop capacity, resilience and confidence in school staff and thereby improve attendance, progress, and mental wellbeing of pupils through the provision of appropriate support.

To build the capacity of health service staff to address the SEND of our children and young people, the Designated Clinical Officer (DCO) has delivered Basic SEND training to the LD CAMHS team (13 participants). Feedback was positive and presentation to the wider CAMHS workforce has been requested.

Joint SEND governance has been revised to strengthen oversight of multi-agency joint strategy and improvement action plan.

Performance against the statutory requirement to submit health Advice for EHCP assessments within 6 weeks remains high at 91.8%. Similarly, RTT times for children's therapies is over 80% in all cases and for SaLT this is 90%, however it should be noted that language and communication outcomes are unsatisfactory in Cheshire East.

Joint SEND inspection preparation continues. Self-assessment (SEF) has been completed and scores indicate strengths in multiagency working and 'waiting well'. The partnership has identified weaknesses in communication, transition, and timely access to health services. The Local Offer in particular, does not have sufficient oversight or ownership across the partnership. Inspections are increasing robust and it is likely that inspection will find 'inconsistent

2.9 Inspection of local authority children's services (ILACS)

The ILACS inspection (26 February 2024 to 8 March 2024) report was published in May 2024 and inspectors judged the local authority to be inadequate overall with respect to their responsibilities.
Four areas inspected were:

1. The impact of leaders on social work practice with children and families.
2. The experiences and progress of children who need help and protection.
3. The experiences and progress of children in care; and
4. The experiences and progress of care leavers.

It should be noted that the inspection highlighted areas of strength as well as areas for development. In terms of partnership, the inspectors found the following (health related excerpts):

- The development of family hubs.
- Arrangements for the integrated front door are well embedded and thresholds are consistently applied, although partners need to be better included in decision making.
- Care leavers' physical health needs are 'mostly' met by health services. Care leavers with complex mental health difficulties are provided with effective support and planning by relevant agencies.
- Cared for children can access support from relevant health and wellbeing services. Children who have more complex health needs have effective and timely multi-agency plans.

The ICB at Place is focusing on addressing the following areas for development: -

- Waiting times for emotional support services result in some delay for a small number of children accessing these services.
- Initial and review health assessments are not always completed within appropriate timescales.
- Not all care leavers have access to their full health history.

The link to the full report is here: Inspection of Cheshire East local authority children's services

In response to the inspection findings, an Improvement and Impact Board has been established to monitor progress against the improvement plan. The ICB at Place has been working with stakeholders to address the health-related elements of this plan. For example, the implementation of the iThrive model across Cheshire East to ensure the right support at the right time is delivered. There is focus on attendance at appointments as 'was not brought' is a significant affecting factor in performance, particularly in relation to IHAs. Promotion of the uptake of full health history summary has been further encouraged as not all care leavers were engaging with this offer. Co-producing with care leavers is central to this work.

3 NHS Trust performance overview

The ICB has developed performance reporting by Place, and a Place report is now produced monthly for discussion at Place meetings. This report, as August 2024, is attached as Appendix 1 for reference.

Cheshire East Aggregate Position

There are 10 categories reported with sub metrics within each category.
Urgent Care, Planned care, Cancer, Mental Health, Learning Disabilities, Primary Care, Integrated Care – BCF, Health Inequalities & Improvement, Quality & Safety and Finance

Within each of these categories, the metrics are RAG rated in Place against the local trajectory for the ICB. The RAG rating is based on the nation trajectory.

These reports will now form part of the monthly contracting, quality and performance meetings (CQPM) for Cheshire East Place Trusts, they are also discussed at the Cheshire East Leadership Team alongside Cheshire Wide Quality and Performance bi-monthly meetings.

There is a greater focus on performance in 2024/25 and using the CQPM's as an existing governance route. This will strengthen and support the ongoing conversations across Place regarding initiatives that Provider Trusts are delivering and developing.

There will be a focused deep dive workplan developed as there are existing groups supporting and overseeing certain metrics, and this exercise will avoid duplication.
These reviews are developing alongside existing governance routes to ensure that Place is assured and support the progress that's required to improve the performance.

4 Recommendations

NOTE the contents of the report

Appendix 1

NHS
Cheshire and Merseyside

Cheshire East Place Performance Report as August 2024

Index

Cheshire East Place Performance Report – Guidance:

NHS Cheshire and Merseyside

Provider Acronyms:

ACUTE TRUSTS		SPECIALIST TRUSTS		COMMUNITY AND MENTAL HEALTH TRUSTS		KEY SYSTEM PARTNERS	
COCH	COUNTESS OF CHESTER HOSPITAL NHS FT	AHCH	ALDER HEY CHILDREN'S HOSPITAL NHS FT	BCHC	BRIDGEWATER COMMUNITY HEALTHCARE NHS FT	NWAS	NORTH WEST AMBULANCE SERVICE NHS TRUST
ECT	EAST CHESHIRE NHS TRUST	LHCH	LIVERPOOL HEART AND CHEST HOSPITAL NHS FT	WCHC	WIRRAL COMMUNITY HEALTH AND CARE NHS FT	CMCA	CHESHIRE AND MERSEYSIDE CANCER ALLIANCE
MCHT	MID CHESHIRE HOSPITALS NHS FT	LWH	LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	SHLA	ST HELENS LOCAL AUTHORITY	**OTHER**	
LUFT	LIVERPOOL UNIVERSITY HOSPITALS NHS FT	TCCC	THE CLATTERBRIDGE CANCER CENTRE NHS FT	MCFT	MERSEY CARE NHS FT	OOA	OUT OF AREA AND OTHER PROVIDERS
MWL	MERSEY AND WEST LANCASHIRE TEACHING HOSPITALS NHS TRUST	TWC	THE WALTON CENTRE NHS FT	CWP	CHESHIRE AND WIRRAL PARTNERSHIP NHS FT		
WHH	WARRINGTON AND HALTON TEACHING HOSPITALS NHS FT						
WUTH	WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FT						

Key:

	Performance worse than target
	Performance at or better than target
	Ranking performance not appropriate or not available
	Metric data unavailable or not available at Sub ICB Level

Notes on interpreting the data

Latest Period: The most recently published, validated data has been used in the report, unless more recent provisional data is available that has historically been reliable. In addition some metrics are only published quarterly, half yearly or annually - this is indicated in the performance tables.

Historic Data: To support identification of trends, up to 13 months of data is shown in the tables, the number of months visible varies by metric due to differing publication timescales.

Local Trajectory: The C&M operational plan has been formally agreed as the ICBs local performance trajectory for 2023/2024 and may differ to the national target

RAG rating: Where local trajectories have been formalised the RAG rating shown represents performance against the agreed local trajectories, rather than national standards. It should also be noted that national and local performance standards do change over time, this can mean different months with the same level of performance may be RAG rated differently.

National Ranking: Ranking is only available for data published and ranked nationally, therefore some metrics do not have a ranking, including those where local data has been used.

Target: Locally agreed targets are in **Bold Turquoise**. National Targets are in **Bold Navy**.

Cheshire East Place Performance Report – Data Issues:

NHS Cheshire and Merseyside

ICB Q&P Metrics that are available at ICB level but unavailable at SUB-ICB Level:

The monthly Place Performance metrics have been created to replicate the Central ICB Q&P monthly report. The table below shows those indicators that are available at an ICB level, but not at Sub-ICB Level. If or when the data becomes available, the relevant indicator will be moved across to the reporting template. The metrics are as follows:

Category	Metric
Urgent care	Percentage of beds occupied by patients no longer meeting the criteria to reside - 2023/24 data only available at ICB/Provider level
Mental Health	Access rate to community mental health services for adults with severe mental illness - 2023/24 data only available at ICB level
Community	Percentage of 2-hour Urgent Community Response referrals where care was provided within 2 hours - 2023/24 data only available at ICB/Provider level
Primary Care	Units of dental activity delivered as a proportion of all units of dental activity contracted - 2023/24 data available bi-annually, to be reported from December 2023
Integrated care - BCF metrics	Rate of permanent admissions to residential care per 100,000 population (65+) - 2023/24 data not currently available
	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services - 2023/24 data not currently available
Health Inequalities & Improvement	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028 - 2023/24 data only available at ICB level
	Reduction in the % drinking above recommended levels - 2023/24 data not currently available
	Increase the % who are physically active - 2023/24 data not currently available
Quality & Safety	Still birth per 1,000 - 2023/24 data only available at ICB/Provider level
	Neonatal deaths per 1000 - 2023/24 data only available at ICB/Provider level
	21+ day Length of Stay - 2023/24 data only available at ICB/Provider level
Finance	Capital (Variance - 2023/24 data not currently available

A&E 4 Hour Performance

Due to data availability and processing errors, the reported A&E 4hr performance is for Types 1-3 only and therefore excludes any type 4 performance at both a Place and an ICB level.

1. Cheshire East Place Aggregate Position

Category	Metric	Latest period	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	ICB Value	Local Trajectory	National Target	Latest Rank	Preferred Outcome
Urgent care	4-hour A&E waiting time (Department Type 1-3)	Aug-24	69.1%	60.8%	53.5%	56.0%	56.6%	56.6%	57.3%	58.0%	56.9%	55.6%	57.0%	59.2%	58.3%	74.3%	75.2%	78% by Year end	-	High
	**Ambulance category 2 mean response time	Aug-24	00:31:58	00:37:15	00:36:48	00:37:48	00:54:06	00:42:38	00:35:48	00:28:29	00:26:56	00:32:00	00:35:55	00:37:32	00:27:00	00:24:58	00:30:00	00:30:00	-	Low
	**A&E 12 hour waits from arrival	Aug-24	9.5%	12.8%	14.5%	15.4%	15.7%	16.3%	12.1%	13.7%	12.5%	16.5%	15.4%	12.7%	12.7%	15.5%	-	-	-	Low
Planned care	Incomplete (RTT) pathways (patients yet to start treatment) of 65 weeks or more	Aug-24	545	545	710	492	580	494	368	209	171	172	178	156	164	1,972	341	-	-	Low
	Total incomplete Referral to Treatment (RTT) pathways	Aug-24	36,218	36,870	36,508	32,866	35,385	34,902	35,080	34,153	33,709	33,525	33,146	33,310	33,984	372,357	373,381	-	-	Low
	**Patients waiting more than 6 weeks for a diagnostic test	Aug-24	21.4%	23.2%	23.5%	23.8%	23.3%	24.5%	16.5%	12.7%	12.1%	13.6%	13.7%	9.5%	10.2%	10.1%	10.0%	10%	-	Low
Cancer	62-day Wait from an Urgent Suspected Cancer or Breast Referral, Urgent Screening, or Consultant Upgrade to a 1st Definitive Treatment for Cancer (combined from Oct-23)	Aug-24	70.2%	63.5%	60.8%	62.0%	67.5%	61.5%	66.6%	76.9%	65.3%	67.7%	64.4%	70.6%	60.9%	74.6%	71.3%	85.0%	-	High
	31-day Wait from a Decision to Treat/Earliest Clinically Appropriate Date to First or Subsequent Treatment of Cancer (combined from Oct-23)	Aug-24	88.6%	90.8%	82.0%	81.6%	88.8%	90.1%	90.9%	91.5%	89.6%	94.7%	94.3%	93.7%	90.1%	94.3%	96.0%	96.0%	-	High
	28-day Wait from Urgent Referral to Patient Told they have Cancer, or Cancer is Definitively Excluded	Aug-24	70.7%	70.7%	70.9%	73.1%	68.1%	66.9%	72.4%	75.6%	70.5%	75.5%	74.6%	72.6%	72.5%	73.2%	73.4%	77% by Year end	-	High
Mental Health	**Referrals on the Early Intervention in Psychosis (EIP) pathway seen In 2 weeks	Aug-24	86%	75%	77%	78%	76%	68%	72%	79%	83%	91%	84%	89%	88%	78%	60%	60%	23/106	High
	**Access rate for Talking Therapies services	Mar-24	67%	66%	89%	72%	50%	69%	71%	66%						59.0%	100%	100%	33/106	High
	**People with severe mental illness receiving a full annual physical health check *NEW*	Q1 24/25	New Metric for 2024-25					66.3%			55.0%					55.0%		75%		High
	**Dementia Diagnosis Rate	Aug-24	66.4%	66.6%	66.5%	66.8%	66.3%	66.2%	66.6%	67.1%	67.1%	67.3%	67.3%	67.4%	67.3%	67.6%	66.7%	66.7%	52/106	High
Learning Disabilities	**Adult inpatients with a learning disability and/or autism (rounded to nearest 5)	Aug-24	n/a	n/a	n/a	n/a	30	30	30	26	23	20	20	18	15	90	≤ 60	-	-	Low
	**Number of AHCs carried out for persons aged 14 years or over on the QOF Learning Disability Register	July-24 YTD	22.7%	28.2%	34.6%	41.6%	47.2%	61.2%	83.1%	96.2%	3.0%	7.4%	11.4%	18.0%		17.7%	14.7%	75% by Year end	-	High
Primary Care	Number of General Practice appointments delivered against baseline (corresponding month same period last year)	Jul-24	111.8%	113.5%	102.0%	100.4%	96.3%	110.3%	111.3%	95.7%	123.3%	106.3%	97.2%	109.9%		109.0%	-	-	-	High
	Percentage of appointments made with General Practice seen within two weeks *NEW*	Jul-24	New metric for 2024-25								88.2%	89.0%	89.0%	88.8%		89.8%	85%	85%	45/106	High
	**The number of broad spectrum antibiotics as a percentage of the total number of antibiotics prescribed in primary care.	Jul-24	6.9%	6.9%	6.9%	6.9%	7.0%	7.0%	7.0%	6.9%	6.9%	6.8%	6.8%	6.7%		7.8%	10%	10.0%		Low
	**Total volume of antibiotic prescribing in primary care	Jul-24	0.980	0.979	0.977	0.973	0.940	0.935	0.937	0.928	9.934	0.934	0.928	0.927		1.064	0.871	1.045		Low
Note/s	**Local Trajectory:** C&M in-year operational plan trajectory																			

1. Cheshire East Place Aggregate Position contd.

NHS Cheshire and Merseyside

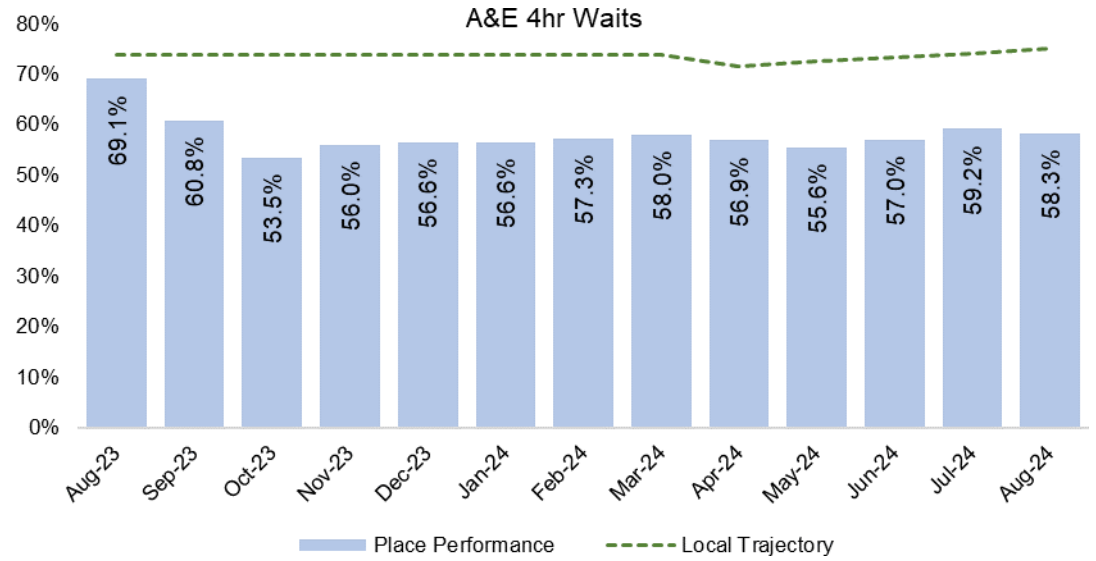
Category	Metric	Latest period	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	ICB Value	Local Trajectory	National Target	Preferred Outcome
Integrated care - BCF metrics	Unplanned hospitalisation for chronic ambulatory care sensitive conditions ***	Q1 24/25	175.0		156.30			199.9			193.9					244.4	-	-	Low
	Percentage of people who are discharged from acute hospital to their usual place of residence *** (As of Apr-23)	Jul-24	88.7%	88.8%	88.8%	89.5%	86.7%	88.9%	88.1%	89.3%	88.4%	89.2%	88.1%	89.3%		93.2%	-	-	High
	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000 ***	Q1 24/25	588.37		451.0			499.1			495.20					535.3	-	-	Low
Health Inequalities & Improvement	**% of patients aged 18+, with GP recorded hypertension, with BP below appropriate treatment threshold	Q4 23/24	68.64%		67.90%			71.81%								65.9%	77%	77%	High
	** Improve access rate to Children and Young People's Mental Health Services (CYPMH) (12 Month Rolling)	Jun-24	43.77%	44.80%	46.36%	47.78%	82.00%	83.00%	84.00%	82.60%	49.06%	48.12%	47.13%				-	-	High
	Smoking prevalence - Percentage of those reporting as 'current smoker' on GP systems. (available from Nov-23)	Aug-24				11.6%	11.6%	11.5%	11.5%	11.0%	11.0%	11.0%	10.9%	10.8%	11.4%	13.7%	12%	12%	Low
Quality & Safety	**Healthcare Acquired Infections: Clostridium Difficile - Place aggregation	Mar-24	135.9%	140.4%	136.5%	141.0%	133.3%	139.7%	136.5%	136.5%						132.6%	100%	100%	Low
	**Healthcare Acquired Infections: E.Coli (Hospital onset)	Mar-24	117.1%	116.1%	119.1%	119.1%	120.3%	121.7%	125.1%	148.7%						130.4%	100%	100%	Low
Finance	Overall Financial position Variance (£m) (as of Apr-22)	Aug-24	-21.80	-6.37	-11.3	-10.86	-11.2	-12.6	-12.6	-13.7	N/A	-0.9	-2.3	-2.7	-4.1	-48.5	0.0	0.0	Low
	Efficiencies (Variance) (as of Apr-22)	Aug-24	2.49	1.9	1.6	1.51	1.7	3.4	3.3	5.7	N/A	-0.5	-0.7	-1.3	-1.5	-26.6	0.0	0.0	Low
	Mental Health Investment Standard met/not met (MHIS)	Aug-24	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A	N/A	Yes	Yes	Yes	Yes	Yes	Yes	N/A
	BCF achievement (Places achieving expenditure target)	Aug-24	9/9	9/9	9/9	9/9	9/9	9/9	9/9	9/9	N/A	N/A	9/9	9/9	9/9	9/9	9/9	9/9	N/A
Note/s	Latest period for ICB performance may differ to trusts due to variance in processing data at different levels. Where available the data is shown at place level e.g. Cheshire West or Cheshire East. Where we are unable to do this the data is for the overall (27D) Cheshire position (denoted with *) Local trajectories set by place as part of BCF submissions to NHSE, therefore rag rating will vary depending on targets set (denoted with ***)																		

2. Exception Report – Urgent Care

Cheshire and Merseyside

A&E 4 hour waits from arrival

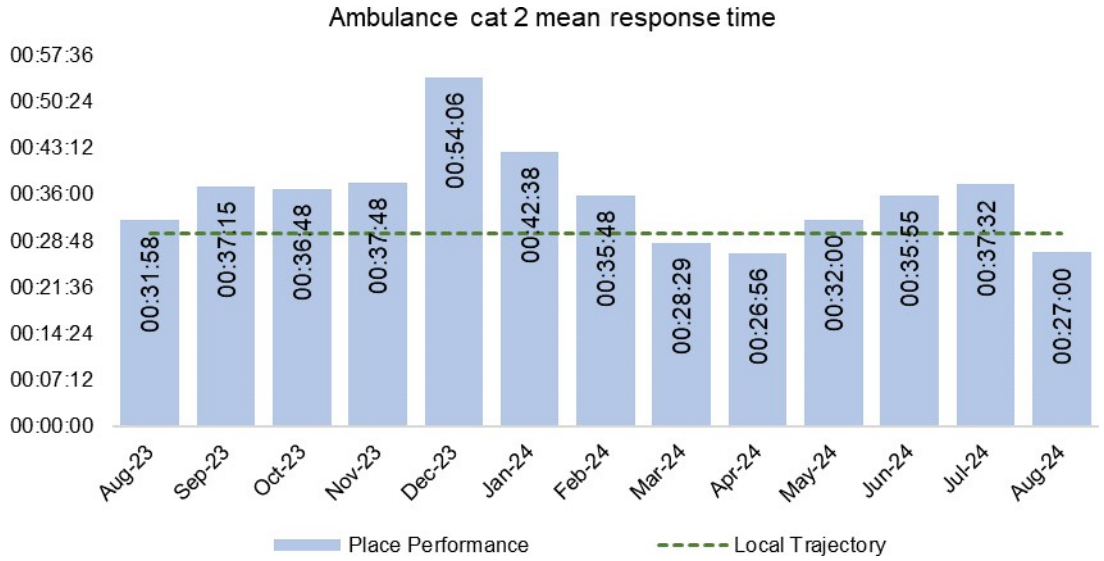
Latest Place Performance (Aug-24)	58.3%	ICB Performance	74.3%
Place Breakdown			Deteriorated



Latest Update	Cheshire East Place continues to fall under the new local target of 75.2% target in August reporting 58.3%, national target is 78% by March 2025.
Action	
Timescale	

Ambulance Cat 2 mean response time

Latest Place Performance (Aug-24)	00:27:00	ICB Performance	00:24:58
Place Breakdown			Improved



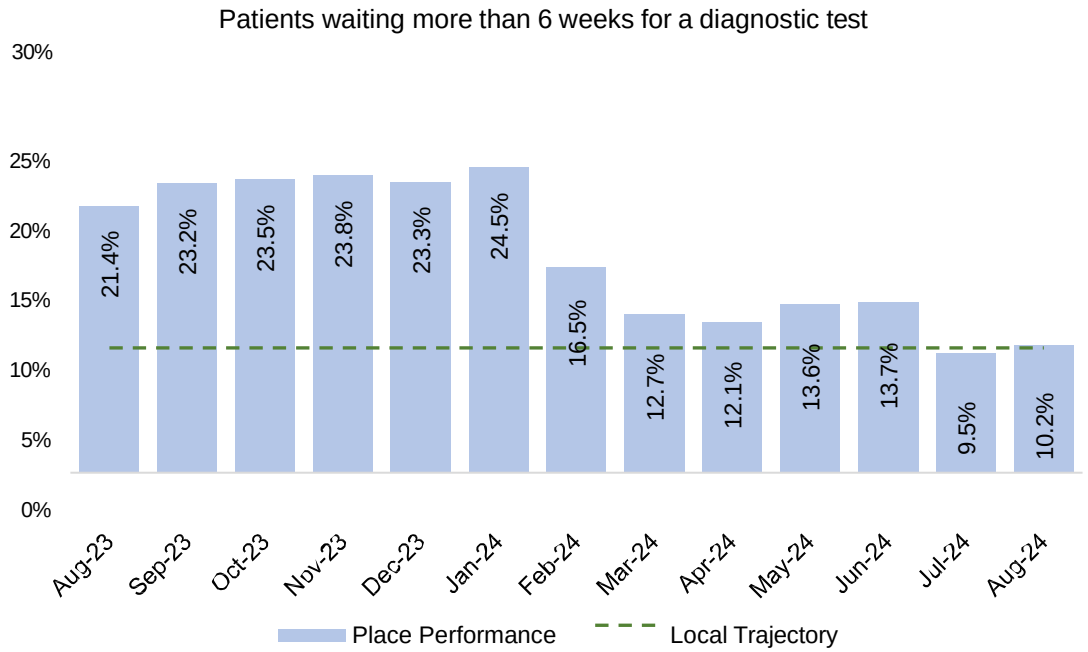
Latest Update	In August Cat 2 Response time has met the 30-minute national target reporting 27 minutes mean response time.
Action	
Timescale	

3. Exception Report – Planned Care

Cheshire and Merseyside

Patients waiting more than 6 weeks for a diagnostic test

Latest Place Performance (Aug-24)	10.2%	ICB Performance	10.1%
Place Breakdown			Deteriorated



Latest Update	10.2% of Cheshire East Place patients are waiting longer than 6 weeks for a diagnostic test in August showing a small decline in performance and therefore also slightly above the national and local target of 10%.
Action	
Timescale	

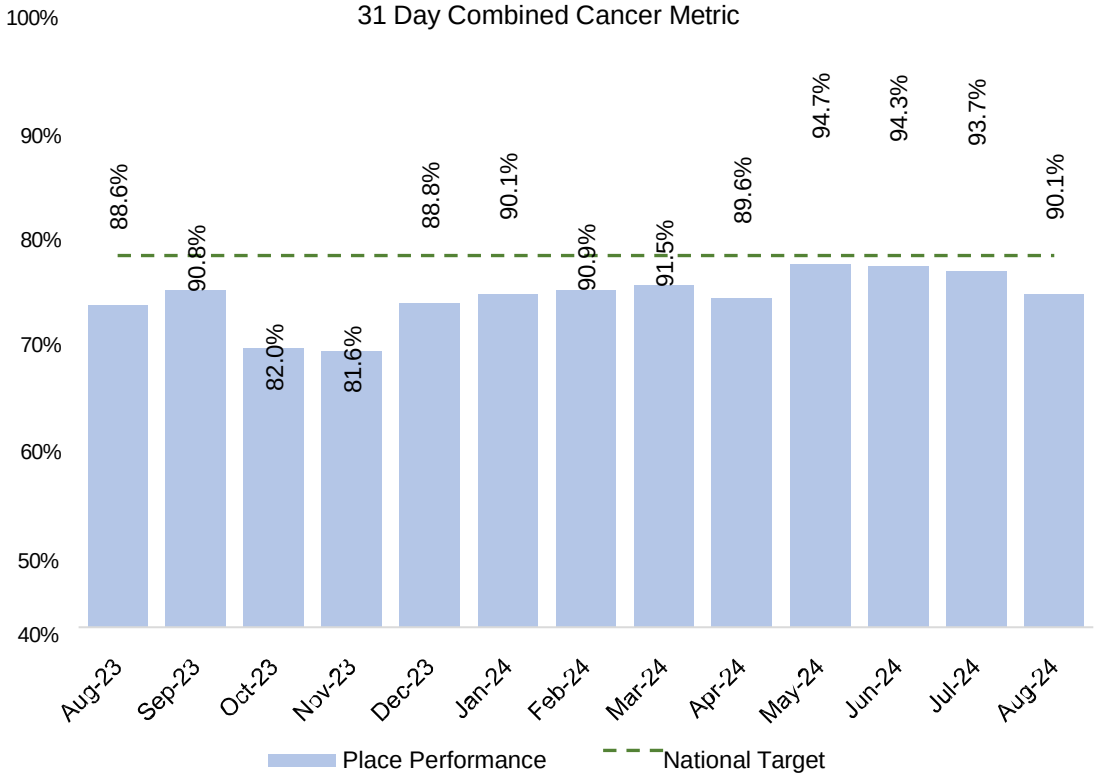
3. Exception Report – Cancer

Cheshire and Merseyside

31-Day Combined Cancer Metric

(31-day Wait from a Decision to Treat/Earliest Clinically Appropriate Date to First or Subsequent Treatment for Cancer)

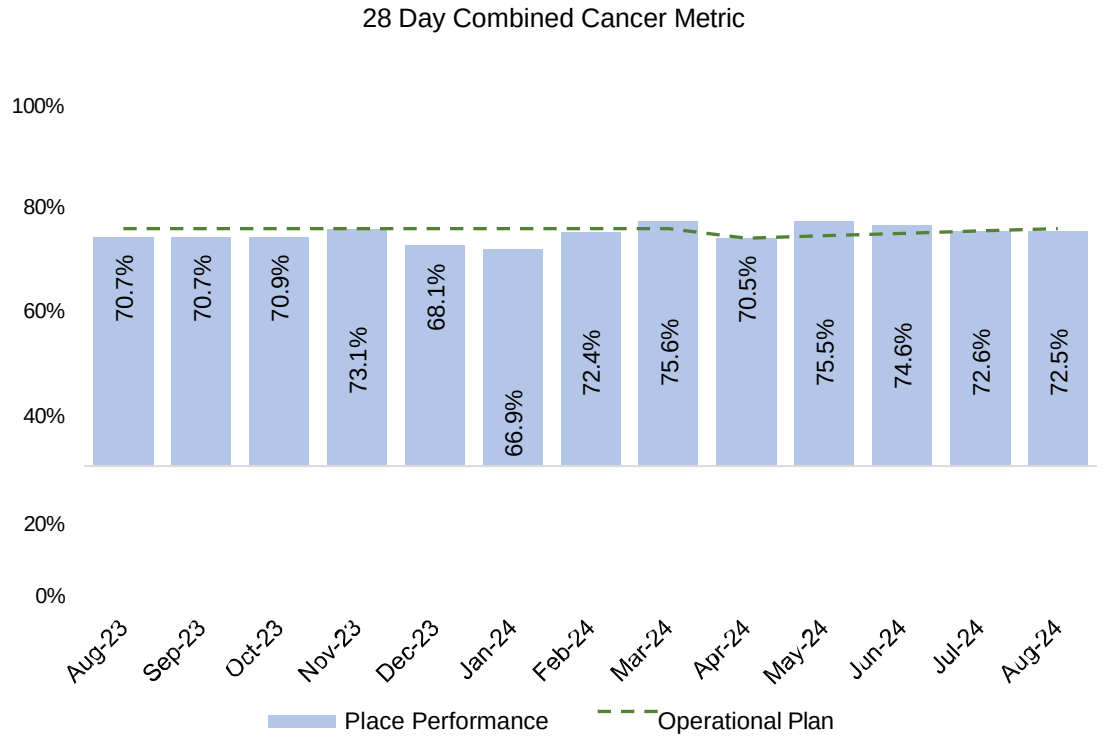
Latest Place Performance (Aug-24)	90.1%	ICB Performance	94.3%
Place Breakdown			Deteriorated



28-Day Combined Cancer Metric

(28-day Wait from Urgent Referral to Patient Told they have Cancer, or Cancer is Definitively Excluded)

Latest Place Performance (Aug-24)	72.5%	ICB Performance	73.2%
Place Breakdown			Deteriorated



Latest Update	Cheshire East Place are the 96% plan for the 31-day combined measure reporting 90.1%, this measure consists of 31-day first treatment and the 3 subsequent treatments metrics in line with Government changes to the waiting time standard.
Action	
Timescale	

Latest Update	Cheshire East Place is below the local plan of 73.4% for the 28-day measure reporting 72.5% and also below the 75% national target.
Action	
Timescale	

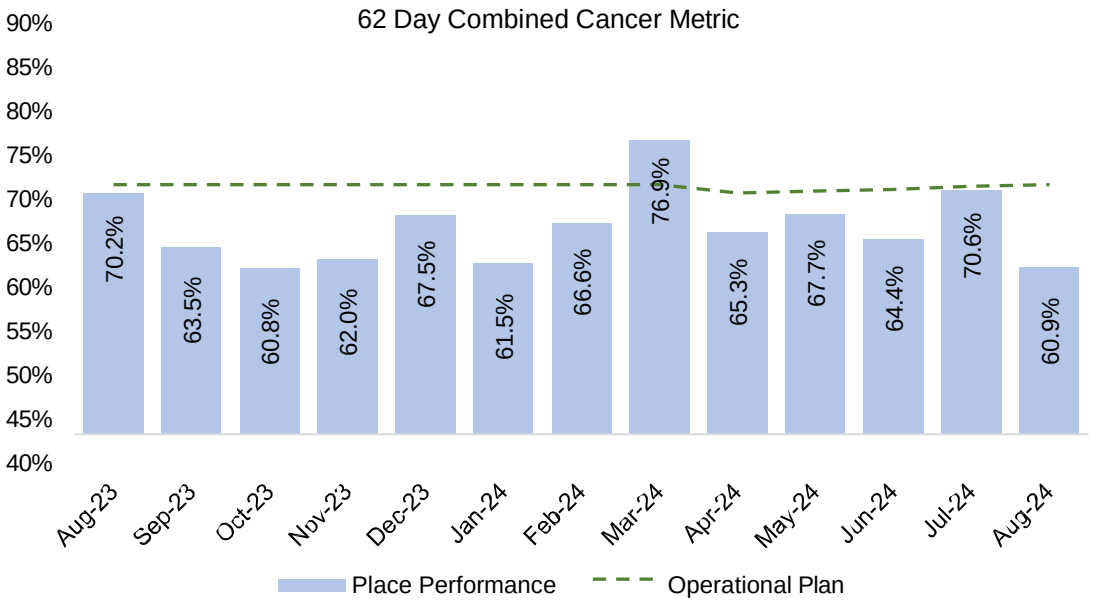
3. Exception Report – Cancer contd.

Cheshire and Merseyside

62-Day Combined Cancer Metric

(62 day Wait from an Urgent Suspected Cancer or Breast Symptomatic Referral, or Urgent Screening Referral, or Consultant Upgrade to a 1st Definitive Treatment for Cancer)

Latest Place Performance (Aug-24)	60.9%	ICB Performance	74.6%
Place Breakdown			Deteriorated



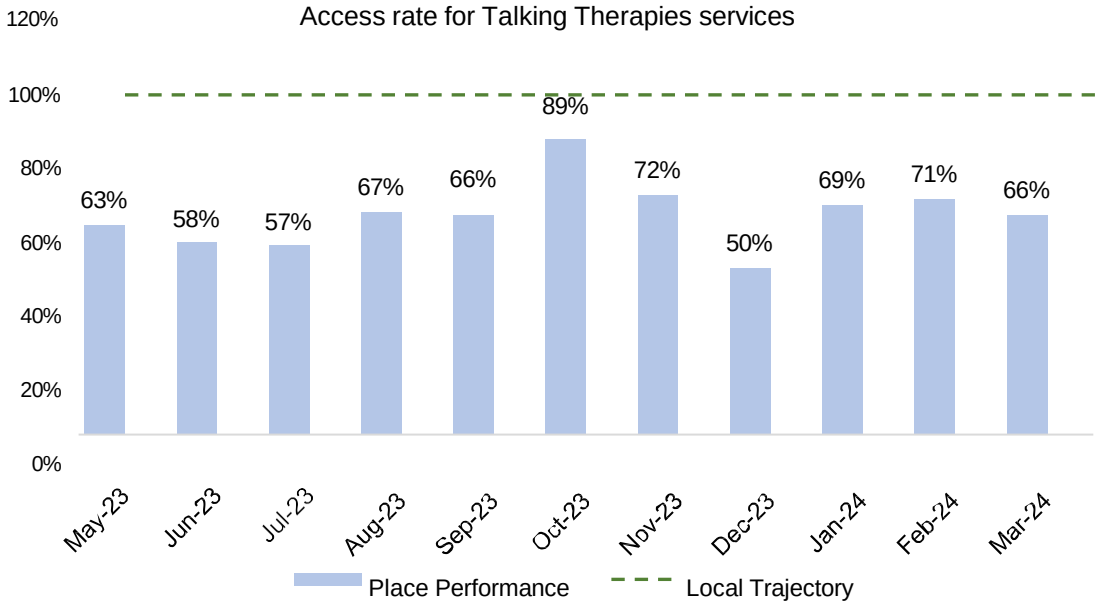
Latest Update	Cheshire East Place remains below the 71.3% plan for the 62-day combined measure reporting 60.9% in August, over 10% decrease on the previous month. This measure is in line with Government changes to the 62-day waiting time standard.
Action	
Timescale	

3. Exception Report – Mental Health

Cheshire and Merseyside

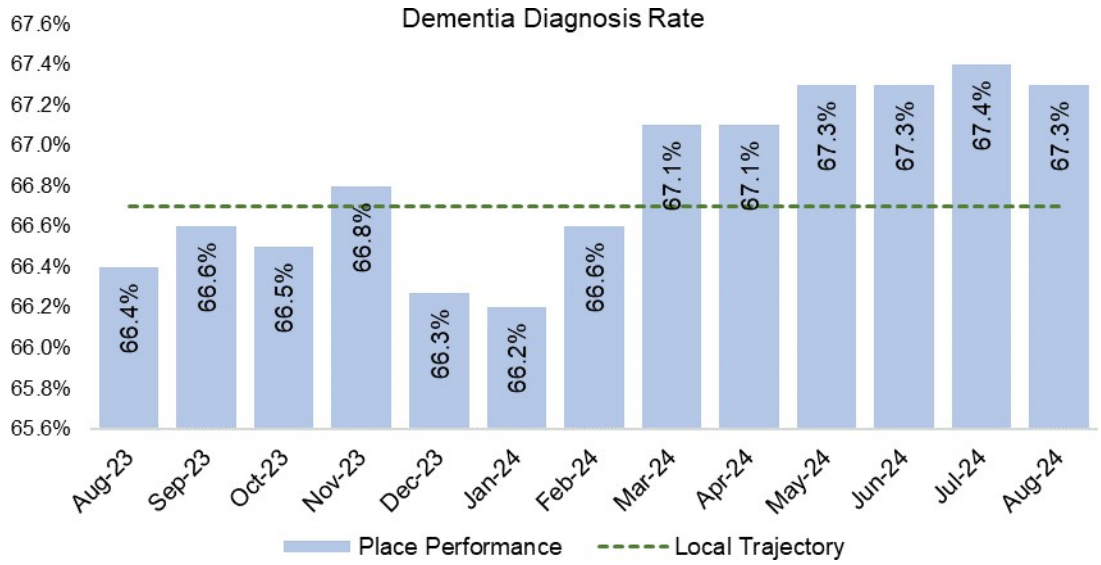
Access rate for Talking Therapies services

Latest Place Performance (Mar-24)	66%	ICB Performance	59%
Place Breakdown			Deteriorated



Dementia Diagnosis Rates

Latest Place Performance (Aug-24)	67.3%	ICB Performance	67.6%
Place Breakdown			Deteriorated



Latest Update	Cheshire East Place report 66% access rates for the Talking Therapies services in March a decline on the previous months but above the ICB rate of 59%.
Action	
Timescale	

Latest Update	Cheshire East Place are reporting 67.3% dementia diagnosis rates in August and remains above the 66.7% target.
Action	
Timescale	

Cheshire East Health and Care Partnership Board

Date of meeting:	11TH November 2024
Report title:	Cheshire East Operational Delivery Group – update
Report Author:	Simon Goff – Chief Operating Officer, ECT.
Report approved by:	Simon Goff – Chief Operating Officer, ECT.

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

Executive Summary and Key Points for Discussion

The Cheshire East Operational Delivery Group have focused on the following key areas of work in the past quarter:

- Winter Planning
- System Performance
- Pan Cheshire UEC recover programme.
- Home First programme of work
- Practice development work linked to care home
- Readmission analysis

Recommendation/ Action needed:	**The Board is asked to:** Note the work undertaken and the focus on further development of the System with a lens predominantly on Urgent & Emergency Care.

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	
The item contains commercially confidential issues	
Some other criteria. Please outline below:	

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 other groups/ committee input/oversight (Internal/External)			X	

Next Steps:	N/A

Responsible Officer to take forward actions:	Simon Goff – Chief Operating Officer, ECT and Chair of the Operational Delivery Group.

Appendices:	

1. Introduction

The Cheshire East Operational Delivery Group is meets on a monthly basis and is made up of representatives from Place partners across the System with the intention of working together to deliver a sustainable, integrated, health and care system.

2. Update

The Cheshire East Operational Delivery Group have focused on the following key areas of work in the past quarter:

- Winter Planning
- System Performance
- Pan Cheshire UEC recover programme.
- Home First programme of work
- Practice development work linked to care homes
- Readmission analysis
- UEC metrics.

The group have been pulling together initiatives from across the Place with the aim of improving the system-wide provision of Urgent and Emergency Care. In addition, the Group have retained oversight of the winter preparedness planning that each partner organisation has been doing.

3. Summary

The Cheshire East Operational Delivery Group have mirrored the ICB focus on Urgent & Emergency Care recovery and have supported the ongoing delivery of the Home First programme and the Winter Plan for the Cheshire East Place.

4. Recommendation

The Board is note the work undertaken and the focus on further development of the System with a lens predominantly on Urgent & Emergency Care.

Cheshire East Health and Care Partnership Board

11 November 24

Place Director Report

Date of meeting:	11 November 2024
Report title:	Place Director Report
Report Author & Contact Details:	Mark Wilkinson, Cheshire East Place Director Mark.wilkinson@cheshireandmerseyside.nhs.uk
Report approved by:	Mark Wilkinson, Cheshire East Place Director

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

Committee/Advisory Groups that have previously considered the paper
None

Executive Summary and key points for discussion
This paper provides an update on developing place-based working in Cheshire and Merseyside, financial recovery programme work being led by Cheshire East, our Cheshire wide urgent and emergency care programme, and the Cheshire Care Record.

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	
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 planned as report is mainly informational.

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

Appendices:	PPL – Delivering Outcomes and Realising Opportunities - Developing Place-based working in Cheshire and Merseyside

Place Director Report

1. Introduction / Background

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

Developing Place-based working in Cheshire and Merseyside

The nine local authorities commissioned a report on options to develop place-based working. I was one of a wide number of stakeholders who were interviewed for the report – the short form report is attached here as an appendix.

Recovery Programme

As part of the ICB's decision to focus on recovery in finance and urgent and emergency care performance, I have (together with several other place colleagues) been leading some work on our use of independent sector (IS) providers.

The IS plays a crucial role within the Integrated Care System (ICS) in providing safe and effective healthcare to our population. Choice is one of the six components of providing personalised care, and the requirement to provide Choice is set out – and legislated for - in the NHS Constitution.

NHS Cheshire and Merseyside spent more than £103m with the IS for Elective Care in 2023/24, a growth of 33% on the prior year. Uncapped contractual arrangements across the NHS and Independent Sector have led to a growing accredited market of new providers. Combined with limited productivity gains in NHS provider provision, this poses a considerable financial risk to the ICS.

The Optimising Patient Choice and Value with the Independent Sector Programme seeks to understand and, where appropriate, mitigate this financial risk, whilst ensuring the ICS's statutory duty to offer patients choice in their healthcare is met, by addressing the following:

- Standardise high quality referral management systems across all nine Places, utilising best practice models.
- Standardise the use of effective Advice & Guidance services across all nine Places and with elective providers.
- Establish triage services where there are none; and standardise the use of existing triage services to reduce unwarranted variation and promote adherence to clinical policy.

- Maximise efficiency and productivity within NHS provider services where not already in scope of the Elective Recovery Programme, to ensure Choice remains competitive.
- Establish strategic and commercial relationships with the IS and explore Local Payment Arrangements.

Urgent and Emergency Care Pan Cheshire Programme

A key recovery programme is our Cheshire wide programme on urgent and emergency care (UEC). As with many of the recovery programmes a lot of good work is being done, but it's not yet having the desired impact on the metrics we are targeting. Performance is still significantly challenged.

We have been looking at the key performance areas of the Home First scheme, and the Discharge to Assess model. Targeted prevention work is underway with 'top 10' care homes, looking at the key reasons for ambulance conveyance to hospitals. Redesign analysis has been concluded (supported by Professor John Bolton) on patients referred for long term care. We have diverted 18 self-funders resulting in both reduced activity and approx. £93.5k saving.

Place partners have discussed how individual metrics are demonstrating positive impact of work done / schemes initiated; but overall priority areas e.g. corridor care & 4-hour performance are still problematic, and all 3 Cheshire Trusts are in Tier 1. We need to be clearer on the 3 or 4 things to drive overall improvement. We are exploring setting a ceiling on 'no criteria to reside' numbers for all trusts, and targets for escalation before reaching that number. As part of this we will be considering the actions to be taken to prevent hitting that target and consequences of those actions e.g. wider social care impact.

Cheshire Care Record

The Cheshire Care Record has been enabling the sharing of data across the Cheshire system since 2016. Usage has been reasonably steady but currently not as high as historically and in 2020 it was evaluated as a useful time-saving tool and making a real difference.

The platform is now hosted by Mersey & West Lancashire Trust as part of a wider evolving Cheshire and Merseyside connected care record; and is no longer a standalone record. Governance is now provided by a Cheshire Connected Care Record Leadership Group which is looking to set up new subgroups to support IG, clinical and operational issues.

There are a couple of current significant issues – former key champions have moved on/ retired and there is no longer a dedicated cheshire-based resource, so promotion, induction, training, benefits realisation etc., is all dependent on individual organisational capacity, ownership & leadership. There aren't currently representatives from all our system partner organisations on the leadership group and usage is limited; in addition,

there is a problem with accessing social care data, due to a resident consent issue in Knowsley. Place partners have been discussing the merits in using the Cheshire health and Care Sustainability Review Programme as an opportunity to promote and enhance the use of the shared record and engage partners.

3. Recommendations

The Board is asked to note the report.

Delivering outcomes and realising opportunities

Developing Place-based working in Cheshire and Merseyside

Oct 2024

Overview

The Cheshire and Merseyside Health and Care Partnership (HCP) was established in 2022 and published its interim strategy in 2023. The strategy set out the key principles for Place-based working between the ICB, Place and local government partners.

Since that point, operational performance and financial deficit recovery have been the System's central focus. In this context, **Place-based working and the principles agreed in the Joint Forward Plan have not taken root**. This means that ways of working, and the principles of subsidiarity described in national policy are not being realised.

We have undertaken an engagement programme and assessment of various policy options to further develop Place-based working in Cheshire and Merseyside. We have set out how **some activities and strategic priorities require the scale and consistency of system** working (like efforts to reduce delayed discharges and average length of stay) requiring a collectivisation of authority and delegation at scale, while other **priorities like neighbourhood working require the system to devolve more autonomy and responsibility to Place-based teams**.

We have grouped our policy options under four key-principles (**accountability, meeting local needs, partnership working and strengths-based approaches**). There are three policy/operational areas for consideration that sit under these four principles (**commissioning, operating model and integration**).

Our **recommendations recognise the significant operational challenges and financial pressures the system is under**, and set out how greater autonomy at Place level and more effective Place-based working can support whole System efforts to deliver improvements.

Greater levels of **joint accountability, budget pooling, integrated commissioning and a renewed focus on developing neighbourhood working** are all central to this.

Making this real will be complex and **require a step change in ways of working across all NHS organisations and local authority teams** across Cheshire and Merseyside. We have set out how local authorities will need to work differently to help deliver whole System pathways, particularly around discharge. While at the same time, realising the principles of subsidiarity and developing effective neighbourhood models of care will require the System to devolve substantial level of accountability and autonomy to Place-based partnerships.

The recommendations in this report should support the work currently underway to develop the future ICB target operating model, help deliver national policy priorities and help the move toward a neighbourhood health service.

Why is this important?

Ultimately this is about meeting the needs of the Cheshire and Merseyside population with the limited collective resources the NHS and Local Authorities have.

This requires partners to work together and to manage their resources around a population.

Working in this way is made more complex by the fact that different organisations are responsible for supporting different sub-sets of that population and can only act within a remit of supporting the people and communities that they are in place to support.

To manage this complexity effective partnerships must be formed at different levels and enabled to affect change, working towards a shared vision for the future of Cheshire and Merseyside that is equitable and delivers:

- Whole system planning on prevention alongside tactical crisis management
- Joined up public health approaches alongside effective demand management at all key stages/opportunities
- Integration of services at the geography that best benefits residents/patients

The future model for Place in Cheshire and Merseyside is a key part of that, and the recommendations in this paper aim to set out a model for delivering a shared vision while also managing the complexities that prevent the System from moving forward.

BETTER OUTCOMES

A MORE EQUAL SYSTEM

BETTER EXPERIENCE AND SATISFACTION

MORE SUSTAINABLE

- Financial challenges
- Service and support gaps
- Different needs in different places
- Different resident/service user preferences in different places
- Different remits and responsibilities of different organisations

Our areas of change

The key themes identified as principles for effective Place-based working in Cheshire and Merseyside

Engaging with leaders across Cheshire and Merseyside has highlighted four areas where Place-leaders can drive forward positive change:

1. **Accountability:** arrangements need to be developed that promote autonomy and ensure all parts of the System are working toward shared ambitions.
2. **Meeting local needs:** allocating resources to meet identified population health needs through Place-based partnerships.
3. **Strengths-based:** utilising community assets and realising the strength of local people is critical to creating a more sustainable system.
4. **Partnership working:** formalised partnership working via an established operating model will be needed to deliver change.

To deliver on these four principles changes are required in three key areas. These changes will build on strengths and progress made to date. Each Place has different strengths and weaknesses in these areas and different levels of change will be required in some Places compared to others.

1. Commissioning

Place partnerships to be enabled to take a more outcome focussed approach to commissioning local services.

This will require greater flexibility in utilising collective resources and in the ability for providers to execute their contracts.

2. Delivery Model

Partnerships must be formed and enabled at Place to work together to transform and improve the local system.

This will require effective collaboration, leadership and decision making at Place. It will also require effective interface points with the C&M system architecture and assurance processes.

3. Integration

Place working must lead to the integration of services and wider support models, with a particular focus on prevention.

This will require integration at Place and at Neighbourhood, as well as effective links in to services and pathways delivered at system level.

Options for consideration (1/2)

A number of options have been developed across our three change areas. These options sit across a scale that is summarised below:

Strengthening partnership arrangements and guidance at all levels

- Joint strategic planning across C&M
- Streamlined governance and clarity on roles and responsibilities,
- More effective matrix working
- More flexibility on localised use of resources
- Streamlined programmes of work
- Assurance of delivery

Adapting the structure of the system to enable partnership at all levels

- Joint strategic planning across C&M
- Local leadership
- Integrating staff/teams
- Integrated governance
- Shared budgets/resources
- Communities of practice
- Assurance of outcomes by system

This table sets out our proposed options under each "action area" – options within each area are not conflicting and could be taken forward together.

		Option 1	Option 2	Option 3
Commissioning	**Integrated commissioning via section 75 arrangements**	Greater pooling of commissioning budgets across health and social care (excluding specialised commissioning) at Place level.	Develop joint accountability options, including appointing SRO(s) for Place sitting across NHS and local authority organisation who commission to a set of agreed outcomes. This may require greater flexibility in NHS provider contracts to enable locally tailored models more easily.	Co-produce commissioning outcomes across health and social care, with input from public health leadership. These outcomes would be agreed at System and built into assurance and performance processes, with delivery at Place.
	Joint commissioning strategies between Places	Joint strategic planning across ICBs and LAs, followed by strengths-based commissioning to promote economic development and community engagement.	Commission discharge pathways consistently and in line with Section 82 duties between Places across the System to deliver better outcomes.	Align public health service commissioning between Places and System, ensuring that local authority services are aligned and complement NHS Section 7A services.

Options for consideration (2/2)

This table sets out our proposed options under each "action area" – options within each area are not conflicting and can be taken forward together.

		Option 1	Option 2	Option 3
The Place Delivery Model	**Accountability and governance arrangements**	Organisations at Place work to shared frameworks (outcomes, governance and financial) with staff operating in a matrix management structure and flexible resourcing model. This would see structures/programmes sitting across C&M feeding into Places and out to system structures (e.g. provider collaboratives, ICB).	Structural organisation and management of delivery and resources at Place*, and governance and assurance framework in place to hold Place accountable for delivery. Place partnerships are to ensure consistency through the development of cross cutting groups (e.g. CHAMPS) to enable collaborative development. Interfacing structures either at C&M level or "Devo" level to ensure effective links to the ICB and provider collaboratives. *This is likely to involve significant organisational and HR challenges around restructuring teams/job roles.	
Integration	**Integrated pathways**	Care models and pathways developed initially at C&M level; then tailored and delivered locally in each Place where variation is required.	Individual places lead on developing pathways as 'pathfinders'; learning and development work is taken and adapted by other places to be tailored to local need.	Overarching care model developed collaboratively across C&M. Some pathways allocated to Place partnerships for Place based care models, at scale pathways allocated to provider collaboratives.
	Integrated Neighbourhood Teams	To implement an integrated neighbourhood teams model across Cheshire & Merseyside within existing commissioning and contractual arrangements.	To commission and contract integrated neighbourhood delivery; commissioning via pooled budgets with increased delegated responsibilities to local partnerships responsible for delivering neighbourhood working.	

Place vs System

How a Place model contributes to delivering outcomes at both levels

While this report has not developed a detailed view of what care outcomes should be delivered at which level the below illustrates the principles and options in practice:

Place (inc. neighbourhoods)	System
Healthy living, prevention of ill health (primary prevention), managing long term conditions and preventing health escalations (secondary prevention).	Treating acute clinical exacerbations and complex medical needs.
Preventative out of hospital care (Primary, Community health, Social Care)	In-hospital and at scale community care for complex medical needs
A worked example: Integrated Neighbourhood Teams • All relevant leaders to make INTs work are around the table at Place. • Neighbourhoods/INTs are too small to develop key infrastructure (business support, reporting, intelligence) but Place can support this. At the same time, services like social care work with a small and complex cohort require the scale of Place to be managed effectively. • To define feasible and evidenced return on investment for every neighbourhood would be hugely difficult, but can be done collectively at Place level; system level approaches would lose nuance and specificity. • Place provides a practical level to work with GP leadership, both PCN leads and wider GP stakeholders; system level management would require a greater level of strengths and levers given to PCN CDs. • Place can play a role in holding neighbourhoods to account. • Co-ordinating staff resources and community assets at Neighbourhood level will lose potential economies of scale, Place provides a practical geography to support Neighbourhood working, and still move resources to match need.	**A worked example: Admission avoidance and better discharge** • This model recognises that the hospital footprints and the populations they support are the Primary focus for this example area, as population/demand flows do not align with Place and cross numerous boundaries. • Place based teams are key to supporting the above process, and through this Place model there is a commitment to work in partnership not just at Place but with key system points – this includes community health and social care working as one team at the front and back door of acute trusts • The Place model would support the streamlining of the interfaces (people, processes, tools, data) to ensure that there is standardisation for the acutes wherever possible, and effective connection in to Place services. • Place service planning and commissioning would take in to account the system outcomes around admission avoidance and discharge.

Recommendations

Based on the analysis of current practice, national direction, best practice and thematic analysis we recommend:

Short term

- The collective development of a population health and integration strategy as well as a **data led outcomes framework for the system**. This will form the strategic direction and enable the management and assurance of outcomes.
- Agreed **assignment of outcomes to Place based systems**, driven by the strategy and outcomes framework. Outcome measures should be tailored to the specific population in each place.
- **Refresh/re-design of governance structures and assurance processes** to ensure that they are fit for purpose; including more effective and at scale interfaces between Place and system level

Medium term

- A **strategic planning and transformation function at Place** bringing together council, ICB and provider staff. Subject to consideration, this could involve structural integration across teams and/or matrix management and operations.
- **Tactical utilisation of existing legal and local agreements** to expand secondary prevention and integrated community working – prototyping innovative models of delivery that deliver strength-based community care and support.
- Conclusion of a **programme of Organisational Development to increase** the understanding of Place and Neighbourhoods across wider staff and to embed **a 'One Team' approach** across organisations.
- Development of a strategic plan and supporting modelling to **agree and demonstrate a planned shift of activity from secondary care** to community/primary care (including realisation of cashable benefits).

Long term

- Holistic **delegation of resources to Place governance** to manage and allocate – exact method of doing so (as outlined in Option Area 2) should be assessed following delivery of first phases of the change plan.
- **Re-tendering of core community contracts** to include an explicit Place and Neighbourhood based element.
- Re-organisation of council and NHS provider **services to operate on a neighbourhood footprint** where relevant to the provision of integrated health, care and wellbeing services.
- **A 'shift left' in service provision,** reducing the proportionate level of secondary care at one end, and increasing levels of independence and good health at the other.