



#BecauseWeCare
Cheshire East Partnership

Date	14 March 2025
Time	14:00 – 16:00
Venue	Academy Suite, Holmes Chapel Community Centre, Station Road, Holmes Chapel, CW4 8AA
Contact	jenny.underwood@cheshireandmerseyside.nhs.uk

Cheshire East Health and Care Partnership Board

AGENDA

Chair: Isla Wilson

Time	Item No	Item	Owner (Incl. Partner Organisation)	Outcome required	Format & Page No
		Meeting management			
14:00	1	Welcome, introduction & Apologies Nush Sivananthan, Jill Rhodes.	Chair	Noting	Verbal
	2	Declarations of Interest	Chair	Noting	Verbal
14:05	3	Minutes of meeting on 11 th November 2024 and Notes from the 27 th of January 2025 SEND workshop. Action Log and matters arising	Chair	Approval	Paper Page 3
		Public and Community Focus			
14:10	4	Care Communities Spotlight (standing item) Bollington, Disley & Poynton	Dr Dave Ward	Discuss	Paper Page 23
		Plans and Priorities			
14:25	5	SEND Workshop Follow-up Update	Josette Niyokindi	Discussion	Paper Page 42
15:25	6	Healthier Futures Programme	Chris Knights	Assurance/ Awareness	Paper Page 48
15:35	7	ICB Operating Context for 25/26	Mark Wilkinson	Assurance/ Awareness	Paper Page 64
15:40	8	Discussion / Q&A on “For Information” Items	All		Verbal
		“For Information” Items			
	8.1	Finance Update	Mark Wilkinson	Noting	Paper Page 65
	8.2	Strategic Planning and Transformation Group	Dr Dave Holden	Noting	Paper Page 73

Cheshire East Health and Care Partnership Board

[Browse meetings - Cheshire East Health and Care Partnership Board | Cheshire East Council](#)

Date: 14 March 2025



Time	Item No	Item	Owner (Incl. Partner Organisation)	Outcome required	Format & Page No
	8.3	Quality and Performance Report	Josette Niyokindi	Noting	Paper Page 79
	8.4	Operational Delivery Group	Simon Goff/Richard Burgess	Noting	Paper Page 83
		Any other Business			
15:45	9	Questions from the Public (standing item)	Chair	-	-
15:50	10	Meeting Evaluation (standing item)	All	Discuss	-
16:00					
Next meeting		Date: 06 May 2025 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

[Browse meetings - Cheshire East Health and Care Partnership Board | Cheshire East Council](#)

Cheshire East Health and Care Partnership Board

Monday 11 November 2024
Cedar Room, Canalside Conference Centre, Brooks Lane,
Middlewich, CW10 0JG at 14:00

Unconfirmed Minutes

Membership

Name	Key	Title	Organisation	Present
Cllr Jill Rhodes (Chair)	JR	Formally Elected Member Representative (Councillor)/ Deputy Chair	Cheshire East Council	✓
Isla Wilson	IW	Chair	Cheshire & Wirral Partnership NHS Foundation Trust	Apols
Cllr Arthur Moran	AM	Formally Elected Member Representative (Councillor)	Cheshire East Council	✓
Cllr Janet Clowes	JC	Formally Elected Member Representative (Councillor)	Cheshire East Council	✓
Dr David Holden	DH	GP/Chair of Strategic Planning and Transformation Group	Place Partnership Group	✓
Helen Charlesworth- May	HCM	Executive Director – Adults, Health and Integration	Cheshire East Council	Apols
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	✓



#BecauseWeCare
Cheshire East Partnership

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	Apols
Denise Frodsham	DF	Director of Strategic Partnerships	Mid Cheshire Hospitals NHS Foundation Trust	✓
Theresa Leavy	TL	Interim ED of Children's Services/DCS, CEC	Cheshire East Council	Apols
Dawn Murphy	DM	Associate Director of Finance and Performance	Cheshire East Place	Apols
Josette Niyokindi	JK	Interim Associate Director of Quality and Safety Improvement	Cheshire East Place	✓
Helen Booth	HB	Community Operational Manager	Nantwich and Rural Care Community	✓
Anita Mottershead	AMOT	Project Manager (Transformation)	Cheshire East Place	✓
Amanda Best	AB	Integrated Head of Community Led Care	Cheshire East Place	✓
Neil Evans	NE	Associate Director of Strategy and Collaboration	NHS C&M Cheshire	✓
Andrea Astbury	AA	Deputy Director of Strategy & Integration Liverpool Place DIA Programme Director C&M	NHS C&M Cheshire	✓
Fran Groves	FG	Care Community Support Manager	Nantwich and Rural Care Community	✓
Cindy Cliffe	CC	Voluntary Sector, Neurodiversity	Nantwich and Rural Care Community	✓
Michael Willcocks	MW	Social prescriber, Audlem Medical Practice	Nantwich and Rural Care Community	✓
Greg Shepherd	GS	CWP Involvement Recovery Worker, and Wellness	Nantwich and Rural Care Community	✓

Others in attendance

Name	Key	Title	Organisation	Present
Guy Kilminster	GK	Corporate Manager Health Improvement	Cheshire East Council	✓
Hilary Southern	HS	Head of Corporate Business Support – Cheshire East & Cheshire West	NHS C&M Cheshire East & West Places	✓
Carol Allen	CA	Corporate Governance Officer Cheshire East	NHS C&M Cheshire East	✓



#BecauseWeCare
Cheshire East Partnership

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: <ul style="list-style-type: none"> NOTED the apologies received and any deputies in attendance. 	
2.	Declarations of Interest	
	There were no declared conflicts of interest.	
3.	Minutes and matters arising	
	Minutes of previous meeting held on 04 September 2024 The minutes of the previous meeting held on 04 September 2024 required the following amendment: Cheshire Health and Care Sustainability Review - defining the scope – Cheshire East & Cheshire West and Chester Places - Mark Wilkinson (For Update) Queries and Responses: <ul style="list-style-type: none"> A question was asked as to the different footprints between the ICS/ICB devolution, bearing in mind Warrington is not part of our ICS and different algorithms are used. <p><i>This sentence should read as follows:</i></p> <ul style="list-style-type: none"> <i>“A question was asked as to the different footprints between the ICS/ICB devolution, bearing in mind Warrington is part of our wider C&M ICS, but a separate ‘place’ to Cheshire East under ICB structure, therefore different algorithms are used”.</i> The Partnership Board <ul style="list-style-type: none"> NOTED and APPROVED the minutes and action log of the Partnership Board meeting held on 04 September 2024. 	
4.	Public and Community Focus	
4.1	Persons Story (standing item) – Impact of dental medicine: Louise Barry (verbal update for information) An update on dentistry was delivered by LB - nationally accessing NHS dental support is causing residents significant challenges currently. Concerns were raised around losing dentists who were handing back/rejecting NHS contracts, as not being financially viable compared to private practice. Concerns were raised around the lack of skills/experience within new dentists. Public feedback to Healthwatch includes significant increase in concerns raised around the slow process of finding a dentist and the difficulty in doing so. There were people from neighbourhoods who could not travel long distances to access an NHS dentist e.g. issues with transport. People in vulnerable categories are needing to pay for dentistry treatment etc. Overall people are struggling. Discussions are taking place regarding Units of dental activity (UDA), how the service is commissioned, paid for and the numbers per head of population. Comments:	



#BecauseWeCare
Cheshire East Partnership

Item	Discussion and Actions	Action Owner
	<ul style="list-style-type: none"> • The problem with people accessing a dentist in Primary Care driving people to A&E for dental problems. • It is now the responsibility of NHS Cheshire and Merseyside to commission dental services which previously resided with NHS England. • Predominately commissioned across Cheshire and Merseyside, with limited involvement from an individual Place perspective. • Legitimate to raise the issue today, as part of the health experience of our citizens. • Beneficial to raise concerns at the C&M ICB System Primary Care Committee to address this too. • In general practice, although the numbers are not huge, this issue is causing additional pressure, with patients angry/ emotional they cannot receive treatment. • An initiative is taking place within Cheshire and Merseyside ICB called All Together Smiling, supervised teeth brushing within other areas. The mission and vision are to tackle oral health inequality, creating healthier, happier communities. • Although dentistry is centrally led by NHS C&M, it is important individual Places are aware of the issue and how our residents can influence. <p>Queries and Responses:</p> <ul style="list-style-type: none"> • A question was asked as to the number of people attending emergency services for dental work in case of an emergency. <ul style="list-style-type: none"> ➢ <i>People access 111 and moved via pathway onto emergency dentist services.</i> • A question was asked as to how we get the All Together Smiling initiative into Cheshire East schools? <ul style="list-style-type: none"> ➢ <i>The All Together Smiling initiative is in its infancy.</i> ➢ <i>The focus is on areas of greatest/highest need.</i> ➢ <i>Professor Ian Ashworth, Director of Population Health should have detail on the All Together Smiling programme around the initiatives rolled out to other areas.</i> ➢ <i>Any partnership issues are raised at the Cheshire and Merseyside Integrated Health and Care Partnership Board.</i> • A question was asked as to the role of Champs? <ul style="list-style-type: none"> ➢ <i>The All Together Smiling initiative is known to the Champs Public Health Collaborative network.</i> <p>Action: Guy Kilminster to explore opportunities within Champs for Cheshire East residents.</p> <p>The Partnership Board:</p> <ul style="list-style-type: none"> • NOTED the contents of the report. • DISCUSSED and AGREED to bring further information back to the Board on local Dental service access across Cheshire and/or Cheshire East, and the impact on A&E attendances - May 2025. • Look at the role of Champs with the All Together Smiling initiative for the Cheshire East residents. 	<p>GK</p> <p>MW</p> <p>GK</p>



#BecauseWeCare
Cheshire East Partnership

Item	Discussion and Actions	Action Owner
5.	<p>Care Communities' Spotlight (standing item) Nantwich and Rural Care Community Team</p> <p>The Nantwich and Rural Care Community presented to the meeting providing context about the service.</p> <p>Comments:</p> <ul style="list-style-type: none"> • The foundations developed by the Care Community occurred over several years, prior to the establishment of ICB/ICS. • Constructive to hear the Local Authority's link to Adult Social Care. • Good to see the use of falls prevention data to guide projects. <p>Queries and Responses:</p> <ul style="list-style-type: none"> • A question was asked as to what extend data was being used to guide our priorities, given the significant annual increases across the population? The presentation today outlined examples of both. <ul style="list-style-type: none"> ➤ <i>Doctors and social prescribing remarked on the increasing numbers of people.</i> ➤ <i>Statistics was compiled showing the increase in diagnostic rates in adults which was high. Using information as a start.</i> • This highlights an issue for "other" wards and areas across Cheshire East who do not fit neatly into the care partnership/care community boundaries. • People who constituted the Crewe Care Community attended Audlem practice. • There was an impression of passive discrimination amongst residents, for individuals within rural parts of Crewe. People felt ignored. • A question was asked as to how we can overcome this to ensure residents in rural areas do not feel abandoned by virtue of locality. <ul style="list-style-type: none"> ➤ <i>A coffee morning is arranged in Wynbunbury village to get people engaged.</i> • A question was asked as to how we can ensure we are not worsening the inequalities by stating we are outstanding when people feel omitted in other areas. <ul style="list-style-type: none"> ➤ <i>The challenge is around the shared models of good practice and secondly around evaluation.</i> ➤ <i>The Care Community was not a statutory body and worked with provided resources.</i> ➤ <i>The sharing of good practice occurs at the Care Community Development groups.</i> ➤ <i>Helen Charlesworth-May facilitates the group of managers, coaches and support managers.</i> ➤ <i>Measurement of the impact is done via dashboards.</i> <p>Feedback:</p>	



#BecauseWeCare
Cheshire East Partnership

Item	Discussion and Actions	Action Owner
	<p>The board was challenged: How to change the currently operating paradigm of constantly giving money to established big organisations and not investing in core services that offer much better value for money.</p> <p>For instance, it was stated that “we have a community model ready to go, that will fit in with what our population want, yet at a time of financial stress on the system we are still haemorrhaging money to private providers who are not doing what our population want”.</p> <p>The Partnership Board:</p> <ul style="list-style-type: none"> • DISCUSSED/NOTED the contents of the report. 	
6.	<p>Care Communities Presentation - use of population health segmentation data to improve outcomes/support UEC and support triage/right clinical response – Anushta Sivananthan/Paddy Kearns/Anita Mottershead</p> <p>The Care Communities Team presented an update on the Approach to Population Segmentation to the board.</p> <p>Comments:</p> <ul style="list-style-type: none"> • 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. • We must 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 can support the system in managing our challenges via applied adoption of a true patient-led approach. <p>Feedback:</p> <ul style="list-style-type: none"> • Important to target people in need, when rolling out the system across Cheshire East. • This has been a major work from a data perspective. • Looking at patient need groups, along with risk stratification. 	



#BecauseWeCare
Cheshire East Partnership

Item	Discussion and Actions	Action Owner
	<ul style="list-style-type: none"> • Liverpool John Moores University will undertake a formal evaluation, including qualitative research. • Some patients are required for rigorous and robust evaluation. • Some comparisons with other care community type offers across the ICS. • Consistency is important across the Integrated Care Systems. This may include slightly different services and slightly different offers in places. • The Adult Social Care element is important for data interaction. • Proposed to determine modifiable risk factors for people likely to deteriorate from an Adult Social Care viewpoint. • The work is a priority for the system. • Current workforce capacity concerns were raised. • Considering aligning other data intelligence capacity within Cheshire East more widely across Cheshire and Merseyside. <p>Queries and Responses:</p> <ul style="list-style-type: none"> • A question was asked as to how the impact a bill published recently terminally ill adults expected to die within six months could seek help to end their life if two doctors and a High Court judge verify, they are eligible and have made their decision voluntary. <ul style="list-style-type: none"> ➤ <i>Mid Cheshire Hospital Foundation Trust (MCHFT) have an End-of-Life working group currently led by Cheshire East.</i> ➤ <i>The aim is to widen the End-of-Life group to the whole of Cheshire.</i> ➤ <i>The two key performance indicators being looked at is the number of patients with Advanced Care Planning across our communities and;</i> ➤ <i>The work presented today.</i> ➤ <i>The Healthier Futures Programme, which is the New Hospital, launch of the Transformation Program. A meeting took place last week on Thursday to agree the blueprint.</i> ➤ <i>The Tempest portraits was used with the care delivered.</i> • A question was asked as to health inequality in rural areas particularly the farming community. A Task and Finish report done by Cheshire West highlighted concerns of health inequalities in this area. <ul style="list-style-type: none"> ➤ <i>The Worry Well formed part of the reason there was immense pressure on Emergency Departments.</i> ➤ <i>The information provided had helped receptionist to manage patient demand.</i> ➤ <i>The team are aware of the farming issue within rural areas.</i> • A question was asked as to how we work as a system around the Advanced Care Planning program for individuals in Cheshire East? <ul style="list-style-type: none"> ➤ <i>It is vital accident and emergency (A&E) take this on board and recognise this as a different patient group.</i> 	



#BecauseWeCare
Cheshire East Partnership

Item	Discussion and Actions	Action Owner
	<ul style="list-style-type: none"> ➤ <i>A project in Knutsford identified 180 patients who were in the highest Patient Need Group (11 - Frailty) but were not recognised as being terminally ill or currently in a nursing home.</i> • A question was asked as to the impact on Adult Social Care. <ul style="list-style-type: none"> ➤ <i>As part of the Care Community Development Group a task is being undertaken to determine how this will map to current Adult Social Care spend.</i> Action: Dr Sivananthan to include indicative examples to Adult Social Care spend. • A question was asked as to what the headline interventions might be in cohort five. <ul style="list-style-type: none"> ➤ <i>The work for cohort five has not yet taken place.</i> ➤ <i>Data presented today is around basic conditions e.g. blood pressure, cholesterol which are not treated very effectively.</i> • A question was asked as to how much the category ten and eleven aligns with the complex live stream as originally defined by Combined Intelligence for Population Health Action (CIPHA). <ul style="list-style-type: none"> ➤ <i>This was a different segmentation methodology. The complex lives' cohort was people who had multiple morbidities and mental health, but broader determinate factors and risk factors in their lives.</i> ➤ <i>Complex lives could be looked at in addition to this.</i> ➤ <i>Beneficial to review the complex lives data to determine the wider social partnership and address wider determinants of health.</i> <p>The Partnership Board:</p> <ul style="list-style-type: none"> • DISCUSSED/NOTED the contents of the report. 	AS
7.	<p>Cheshire Health & Care sustainability Review update – Mark Wilkinson/Neil Evans</p> <p>MW introduced the project of work reflecting the commonality related to short and longer term, health and care outcomes and system financial challenges with increasing older population, rising levels of disease, inequalities in life expectancy. The presentation was shared with the agenda.</p> <p>Comments:</p> <ul style="list-style-type: none"> • In August 2024 working through September 2024 an executive group was formed, which had representatives from Cheshire organisations. • Finance was a key driver behind scoping the work. • Data around population health, reviewing how money was spent. • A list of areas to provide support were identified. Next steps: produce a clear plan. • Second area of focus: Children and Young People - expenditure around complex needs to understand the scope and statutory duties. • Other areas of focus: review hospital fragility plans to reflect that the existing programmes of work already present the most appropriate footprint to address the identified challenges. • Opportunities to work across Cheshire will be maximised. 	



#BecauseWeCare
Cheshire East Partnership

Item	Discussion and Actions	Action Owner
	<ul style="list-style-type: none"> The final two areas reviewed but not included as Cheshire wide were models of care around dementia and Cheshire East as a Council were keen on that area. A Cheshire East focus piece of work on Dementia will happen. The 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. Next steps: Development of work plans for each area, including financial and outcome modelling impact of schemes (by end December 2024). <p>Queries and Responses:</p> <ul style="list-style-type: none"> We should not underestimate the fragility of the care market and our care systems, without which hospitals would be more fragile. <ul style="list-style-type: none"> <i>The work programme does not form the entirety of the work programme response.</i> At the meeting which was held last week there was a request to prepare an outline programme scope to inform a go/no go decision on continuing the programme. Due to the lack of pertinent information a decision was unresolved. A common feeling that all systems are currently stretched. Concerns have been raised around how much capacity there is in the system, to take on this additional work. The Health Systems and council already had Transformation Plans for delivery savings in place. Cheshire and Merseyside Acute and Specialist Trust Alliance (CMAST) is a collaborative of providers and well recognised for their productivity. Undertaking a massive programme of work without the right foundation appeared counterproductive. <ul style="list-style-type: none"> <i>In terms of assurance, the work programme was not about doing additional work.</i> <i>The aim was to work differently at a broader level.</i> <i>The focus of the programme was to have a clear meaning at a Cheshire wide level.</i> <i>A pragmatic response with limited capacity.</i> <p>The Partnership Board:</p> <ul style="list-style-type: none"> DISCUSSED/NOTED the contents of the report. 	
8.	Discussion / Q&A on "For Info" Items (Finance Update, Strategic Planning and Transformation Group, Quality & Performance Report, Operational Delivery Group, Place Director Report)	
8.1	Quality and Performance Update on NHS Commissioned Services – November 2024: <u>The Cheshire and Merseyside – Urgent and Emergency Care - Red Lines Toolkit</u> LB reported Healthwatch Cheshire had A&E Watches in Leighton Hospital and Macclesfield District General Hospital coming up at the end of the month and at the	



#BecauseWeCare
Cheshire East Partnership

Item	Discussion and Actions	Action Owner
	<p>beginning of next month. Healthwatch will spend time at the hospitals, doing surveys with patients.</p> <p>An A&E watch was designed to gain a snapshot view around the Red Lines Toolkit, which is based on people's experiences of corridor care or temporary escalation spaces.</p> <p>Collected reports will be made available in time for the next partnership board.</p> <p>The Partnership Board:</p> <ul style="list-style-type: none"> • DISCUSSED/NOTED the update. • DISCUSSED/AGREED to provide the Partnership Board with Healthwatch Cheshire A&E Watch Reports at the next meeting. 	LB
8.2	<p>System Finance Report Month 5 – Dawn Murphy</p> <p>Queries and Responses:</p> <ul style="list-style-type: none"> • A question was asked as to the differences in reporting frequency and timescales, information from Cheshire East Council will be updated when available. <ul style="list-style-type: none"> ➤ <i>The Local Authority will know their fiscal impact once the governments settlement for Cheshire East Council was received.</i> ➤ <i>The recent statement was significantly more for the NHS than for the Local Authority, except Primary Care.</i> 	
8.3	<p>Place Director Report – Mark Wilkinson</p> <p><u>Re: Cheshire Care Report</u></p> <p>Queries and Responses:</p> <ul style="list-style-type: none"> • A question was asked as to where the digital clinical system corresponds with the care record part of the report. <ul style="list-style-type: none"> ➤ <i>The data from Electronic Patient records (EPR) should flow into the Care Records.</i> • A question was asked as to why there were no suggested recommendations in the Cheshire Care Report when there are significant issues? <ul style="list-style-type: none"> ➤ <i>The Adults Social Care Records could not be accessed due to a block caused by Knowsley Council's Adult Social Care records going live on the system.</i> 	
Any Other Business		
9.	Questions from the Public (standing item)	
	There were no questions or statements from members of the public.	
10.	Meeting Evaluation (standing item)	
	<p>Feedback:</p> <ul style="list-style-type: none"> • A comment was made that a widening gap continues to exist around full integration of all relevant parties to successfully effect change. 	



#BecauseWeCare
Cheshire East Partnership

Item	Discussion and Actions	Action Owner
	<ul style="list-style-type: none"> The data presentation today was enjoyed by a lot of people. 	
	END OF MEETING	
<p style="text-align: center;">Date and Time of next meeting: Monday, 27th January 2025 @ 09:00 – 11:00</p> <p style="text-align: center;">NOTE: The January meeting will be a “SEND” Focus Session Venue: Cedar Room, Canalside Conference Centre, 34-36 Brooks Lane, Middlewich, CW10 0JG</p>		

Updated: 20/02/2025							
	New						
	Ongoing						
	Completed						
	Closed						
Ref	Date raised	Description	P-B Owner	Action Delegated to (if relevant)	Deadline	Status	Comments / Update
		(please be as specific as possible in this cell)					
2024-001	01-May-24	Cheshire East Place Risk Register as an agenda item at the July 2024 CEPB Meeting	Jenny Underwood/Hilary Southern		14-Mar-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. 28.01.2025 - [HS] - Jenny to draft a similar report that went to CELT outlining all the risks including Place ones.
2024-002	04-Sep-24	Care Communities: Agreed to bring a presentation around the data governance process to the Partnership Board.	Nush Sivananthan/Dawn Murphy		11-Nov-24	Ongoing	
2024-004	04-Sep-24	Healthier Futures - Leighton Hospital redevelopment - Russ Favager to bring back an update on Healthier Futures programme.	Russell Favager		06-May-25	Ongoing	
2024-007	11-Nov-24	Persons Story: Impact of dental medicine: Agreed to bring further information back to the Board on the local dental service across Cheshire and/or Cheshire East and the impact on A&E attendances.	Jenny Underwood		06-May-25	Ongoing	28.01.2025 - [HS] Jenny can you reach out to Tom Knight/ Luci Devenport and see if they would come and do a bit of an update at a future meeting re: the dental teamwork/ current issues.
2024-008	11-Nov-24	Care Communities Presentation: As part of the Care Community Development Group a task is being undertaken to determine how this will map to current Adult Social Care spend: Dr Sivananthan to include indicative examples to Adult Social Care spend.	Nush Sivananthan		14-Mar-25	Ongoing	
2024-009	11-Nov-24	C&M Urgent and Emergency Care - Red Lines Toolkit: Provide the Partnership Board with Healthwatch Cheshire A&E Watch Reports at the next meeting.	Louise Barry		14-Mar-25	Ongoing	
2024-010	27-Jan-25	Parent Carer Forum: Kayla Sellors to get the suggestions and solutions from service users. An update will be brought back to the next meeting in March 2025.	Kayla Sellors		14-Mar-25	Ongoing	
2024-011	27-Jan-25	SEND: Anushta Sivananthan to link these actions with the work of the Care Communities.	Nush Sivananthan		14-Mar-25	Ongoing	

Cheshire East Health and Care Partnership Board

SEND Workshop

Monday 27th January 2025
Cedar Room, Canalside Conference Centre, Brooks Lane,
Middlewich, CW10 0JG at 09.00 – 11.00

Unconfirmed Minutes

Membership

Name	Key	Title	Organisation	Present
Isla Wilson (Chair)	IW	Chair	Cheshire & Wirral Partnership NHS Foundation Trust	P
Cllr Jill Rhodes	JR	Formally Elected Member Representative (Councillor)/ Deputy Chair	Cheshire East Council	Apols
Cllr Arthur Moran	AM	Formally Elected Member Representative (Councillor)	Cheshire East Council	Apols
Cllr Janet Clowes	JC	Formally Elected Member Representative (Councillor)	Cheshire East Council	Apols
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	P
Ian Moston	IM	Chief Executive	Mid Cheshire Hospitals NHS Foundation Trust	P
Louise Barry	LB	Chief Executive Officer	Healthwatch Cheshire	P
Mark Wilkinson	MW	Place Director	NHS C&M Cheshire East Place	P
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	P
Aislinn O'Dwyer	AO'D	Chair	East Cheshire NHS Trust	P
Dr Daniel Harle	DHA	Medical Director	Cheshire Local Medical Committee Limited (LMC)	Apols
Dr Patrick Kearns	PK	Associate Clinical Director	Place Partnership Group	Apols

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	Apols
Josette Niyokindi	JK	Interim Associate Director of Quality and Safety Improvement	Cheshire East Place	P
Matthew Southall	MS	Community Operational Manager – Paediatrics	MCHFT	P
Penny Teale	PT	Designated Clinical Officer (SEND)	NHS Cheshire and Merseyside Integrated Care Board (ICB)	P
Keith Martin	KM	Strategic Transformation Lead for SEND	Cheshire East Council	P
Naomi Jayatilake	NJ	Clinical Lead	MCHFT	P
Helen Mason	HM	Interim Consultant	Cheshire East Council	P
Kayla Sellors	KS	Cheshire East Parent Carer Forum	Cheshire East Parent Carer Forum	P
Megan Nurse	MN	Chair	MCHFT	P
Joanne Gillman	JG	0-19+ Service Lead	Wirral and Regional Services Wirral Community Health and Care NHS Foundation Trust	P
Kate Daly-Brown	KD-B	Director of Nursing and Quality/ DIPC	Macclesfield District General Hospital	P
Debra Adams	DA	Deputy Divisional Manager	MCHFT	P
Claire Williamson	CW	Director of Education, Strong Start and Integration	CEC	P
Robert Lupton	RL	Deputy Head of Clinical Services/Operational Lead	CWP	P
Matthew Atkinson	MA	Consultant in Public Health	Cheshire East Council	P

Others in attendance

Name	Key	Title	Organisation	Present
Guy Kilminster	GK	Corporate Manager Health Improvement	Cheshire East Council	P
Jenny Underwood	JU	Corporate Business Manager	Cheshire East & Cheshire West	P
Carol Allen	CA	Corporate Governance Officer Cheshire East	NHS C&M Cheshire East	P

Item	Discussion and Actions	Action Owner
	Meeting Management	
1.	Welcome Introduction Apologies	
	Chair welcomed all to the meeting and introductions were made.	

Item	Discussion and Actions	Action Owner
	The Partnership Board: <ul style="list-style-type: none"> NOTED the apologies received and any deputies in attendance. 	
2.	Public and Community Focus	
	Voice of Service User – Parent Carer Forum – Kayla Sellors <p>Verbal Parent Carer feedback was provided:</p> <ul style="list-style-type: none"> Transitions – positively in health as there is someone to speak to who appears to be well informed and actively supports to resolve issues. This is valuable and families felt listened to and meant any issues could be sorted swiftly. Parents raised that those with medically complex children and young people must keep repeating their story, to many professionals across health even if within the same hospital setting (e.g. 4 services at Alder Hey, 2 at Macclesfield, + others (11 in total) and that none of the systems seem to talk to each other meaning the parent must navigate 11 different times. Keep contact details for each of these services and email eleven professionals at a time to ensure everyone has up to date information. <p>This is tiring and extremely time consuming and frustrating for families, whilst another family mentioned that they have meetings once a term with Manchester children's hospital, SENCo and dept head at school which shows lack of consistency across trusts.</p> <ul style="list-style-type: none"> Access to social care remains an issue for families across Cheshire East whether it is meeting thresholds for support (which differ in children to adults), and it felt like social care were not really understanding the disabilities of the children/young people meaning that support packages were reduced or removed entirely. A parent raised if the point system was working as many aspects of it felt irrelevant for their child and thus meant they did not reach the threshold for support. Felt like social care was treating families with children with disabilities as child protection cases or through a child protection lens rather than understanding and recognising their child's disability needs. Social care wanting to perform home visits at 6–12-week intervals felt intrusive for families and distressing for the children/young people involved, and many questioned where this was written into the legislation or put families off applying for support. More support for social care services/short breaks was needed especially for the more complex Children and Young People (CYP) and the removal of the short breaks team and their support Early Help Individual Payments (EHIPs) was a real loss to families across the borough. Research into barriers and enablers to short break services was conducted last year. Services need to be timelier, whether this was for attention deficit hyperactivity disorder (ADHD) / Autism waiting times, mental health support or access to 	

Item	Discussion and Actions	Action Owner
	<p>paediatricians where there are currently long waits with little support whilst waiting (particularly ADHD).</p> <ul style="list-style-type: none"> There was also lots of discussion about Avoid/Restrictive Food Intake Disorder (ARFID) and the lack of pathways across Cheshire East for families whether this was for diagnosis or support. There was a fun with food programme in Macclesfield and that Cheshire and Wirral Partnership NHS Foundation Trust (CWP) were supporting families in Children and Adolescent Mental Health Services (CAMHS), but this was not consistent and was not recognised by South Cheshire. There was a suggestion by a parent which many agreed with about having an open event for health/social care so that families could speak to professionals or even a questionnaire for SEND families so views could be sought. Silo working in health was felt to be an issue by some, things did not feel joined up enough, or families felt they were bouncing around services not knowing the right services to meet the needs of the child/young person. There were also concerns raised around some services only enabling access for those with a learning disability, yet many health professionals do not diagnose whether a child/young person has a learning disability so do not meet criteria for access. Where/when does this get diagnosed. There was also mention of support for the parents/carers who might be neurodiverse themselves. Transparency and clear processes were another theme, whether this was around diagnosis, funding, school placements, it cannot be tracked, and parents struggle to get hold of the right person to discuss it with and can take hundreds of calls and emails to try and navigate the system. Parents stated they would like initiative-taking updates, letters and calls departments to the parents and carers, and quicker response times. It was felt that some services were gatekept i.e. Sensory Processing Occupational Therapy School Service (SPOTSS) team will only accept a referral by school after completing their extensive forms but if the child could not access school due to sensory struggles, they could not get an appointment as the forms cannot be completed and child/young person/family cannot access their support. 	
3.	<p>Setting the Context – Penny Teale and Keith Martin The Special Educational Needs and Disability (SEND) presentation was shared prior to the meeting.</p> <p>Purpose of the session</p> <ul style="list-style-type: none"> Explore what we could improve about the current systems, focussing on how we can make an impact and what the priorities are. Engage everyone in a solution focussed session. Building a consensus and a call to action for change. <p>SEND Themes</p>	

Item	Discussion and Actions	Action Owner
	<ol style="list-style-type: none"> 1. Collaboration 2. Coproduction 3. Early Intervention 4. Preparing for Adulthood <ul style="list-style-type: none"> • The Partnership Board were requested to consider the SEND Themes during group discussions. • Consider as a partnership how to shape current ways of working to focus on SEND. • A self-assessment was produced as part of an Inspection of local authority children's services monitoring inspection from Office for Standards in Education, Children's Services and Skills (Ofsted) in relation to social care and early health delivery. <p>Risks and Concerns:</p> <ol style="list-style-type: none"> a. Children and Young People's Mental Health. b. Neurodevelopmental Pathway (Autism and Attention Deficit Hyperactivity Disorder (ADHD)). c. Variable waiting times for access to Speech and Language therapy (SALT) Occupational Therapy (OT) and Physiotherapy assessments and some 'hidden' onward waits for subsequent therapy. d. Outcomes for children at SEN support. e. Quality and timeliness of completion of EHCPs. <p>1. Neurodevelopmental Pathway (Autism and Attention Deficit Hyperactivity Disorder (ADHD))</p> <p>Feedback:</p> <ul style="list-style-type: none"> • Cheshire East has three different Trusts providing ASC/ADHD assessments meaning we have inconsistent and disjointed services and pathways. • Demand for assessment is increasing, in line with national trends. There is a setting a high number of referrals at the transition age (year 6 – 7). A significant increase in demand in referrals for ADHD and Autism without a responsive increase in clinical capacity. • Work on what the support looks like, through early intervention and support while families are waiting rather than just focussing on diagnosis. • The difference in terms of waiting well accessibility/support for the north and south element. <p>2. Mental Health Support</p> <p>Waiting times for children and young people with Mental Health Services are increasing in numbers.</p> <p>A question was raised what the partnership can do together in organisations in partnership to improve the outcomes for children and young people around mental health and anxiety.</p> <p>Feedback:</p>	

Item	Discussion and Actions	Action Owner
	<ul style="list-style-type: none"> • A comment was made around what offer was made available in Cheshire East – there is support available, but a lack of clarity on what this is and how to access it. • What resources are available if we are trying to do things differently. • Talked about iThrive model which aims to reduce the number of times waiting and ensure that services work cohesively to address needs. • Culture change – need to alter the way we view Mental Health services and support. • Discussed empathy approach which is used when dealing with cancer diagnosis and treatment. We should be using the same approach for mental health which is quite effective. • Discuss what a team around a child means. Families not feeling that there is a team, just one person again. • What is the Mental Health School offer? Is this a national directive. What can we do in Cheshire East. • What is it variation in the best practice we should consider and do in Cheshire East as a response to that. • A feeling of an abandoned services around Mental Health. • Consider family hub collaborative objectives in different areas as to whether they join up with mental health care communities' priorities across the board. • Consider isolated work within Primary Care Networks (PCNs). One primary care network that may be funding a Mental Health Nurse working within small areas. This was not consistent across all areas. • Understanding that recourse further, preventative work, getting that message out more. Why are we in the crisis that we are in. <p>3. Preparing for Adulthood:</p> <p>How can we work together in a connected system to ensure Children are on the correct pathway?</p> <p>Feedback:</p> <ul style="list-style-type: none"> • Everything you do in children, is about preparation for adulthood, right from the early years. • There is important work to do around prevention and early intervention e.g. addressing bullying, upskilling schools around neurodiversity, helping the young person to live as independent adult life as possible. • Transition – had a good example of how the process is convoluted – Paediatrician is unable to refer to adult ADHD assessment services and needs to direct the family to request a referral via the General Practice. This causes issues if the family forgets or does not prioritise organising this. • Beneficial to map out the processes to transition from children to adults across all health services. • There is often a focus on transition to residential placements for young people with complex needs, despite their outcomes often being better if they can remain within their local community, with an appropriate health and social care package to support them. • Set clear expectations as soon as possible for parents/carers, in terms of transition and what to expect at age eighteen. • Implementation of National Institute for Health and Care Excellence (NICE) guidance; the preparation for adults should be given at the age of fourteen. 	

Item	Discussion and Actions	Action Owner
	<ul style="list-style-type: none"> Question: Where do Primary Care teams and care communities fit in all of this? Could a children and young person's discharge team working with an adult welcoming team managing every case of transition be considered. The transition between the Cheshire Integrated Care Board (ICB), Continuing Health Care (CHC) children and adults' teams and how to prepare for that. Deal with families in a much more holistic way to support the carer/parent for them to then support the child. 	
4.	Action Planning – All	
	<p>Feedback:</p> <ul style="list-style-type: none"> Consideration of whether this needs to be a joint piece of work between the Partnership Board and the Health and Wellbeing Board to get the right people in the room. Need to also ensure this links into the existing SEND governance structure. Put together a Task and Finish Group to make recommendations as a way forward (including mapping; what would it take to be more consistent across Cheshire East, what do neighbouring areas have which we could copy, how do we learn from things which are working well, not working well). A process mapping exercise to bring together acute and community health, adult social care, mental health and learning disability and neurodevelopmental, the voice of parents and carers and the voluntary sector, with a focus on transition between children's and adults' services. Map the resources, map the pathway to identify the gaps and inconsistency, understand what happens elsewhere. Consider how much is spent on the service as a starting point, identify where we would look to make changes. A full and better understanding on current spend. A good, shared understanding of the diagnostic pathways with a commitment to transformation. A visibility of the resource, connecting that with directory of services that exist. Commissioning opportunity. A collective view on what we are seeking to achieve. Variation is hard to explain across the patch. Family hubs and care communities must be better joined up. Expectation – not just the service user that needs to be seen as part of this. How we engage the family and carer as part of the solution. Co-production – start conversation with families and young people around outcomes. <p>ACTION: Kayla Sellors to get the suggestions and solutions from service users. An update will be brought back to the next meeting in March 2025.</p> <p>ACTION: Anushta Sivananthan to link these actions with the work of the care communities.</p> <p>The Partnership Board:</p> <ul style="list-style-type: none"> DISCUSSED and AGREED to map the resources, to map the pathway so that we can identify the gaps and inconsistency. An understanding of what happens elsewhere. AGREED to bring this item back to the March 2025 meeting. AGREED to consider co-production to identify key priorities to fix. 	<p>KS</p> <p>AS</p>
	END OF MEETING	

Item	Discussion and Actions	Action Owner
<p style="text-align: center;">Date and Time of next meeting: Friday 14th March 2025 @ 14.00 – 16.00 Venue: Academy Suite, Holmes Chapel Community Centre, Station Road, Holmes Chapel, CW4 8AA</p>		

DRAFT



BDP (Bollington, Disley, Poynton)

CESHIRE EAST PARTNERSHIP BOARD 2025

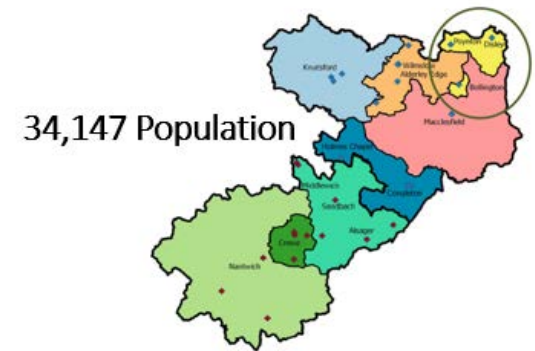
David Ward (Clinical Lead)

Rhoda Gaylo (Care Community Coach)

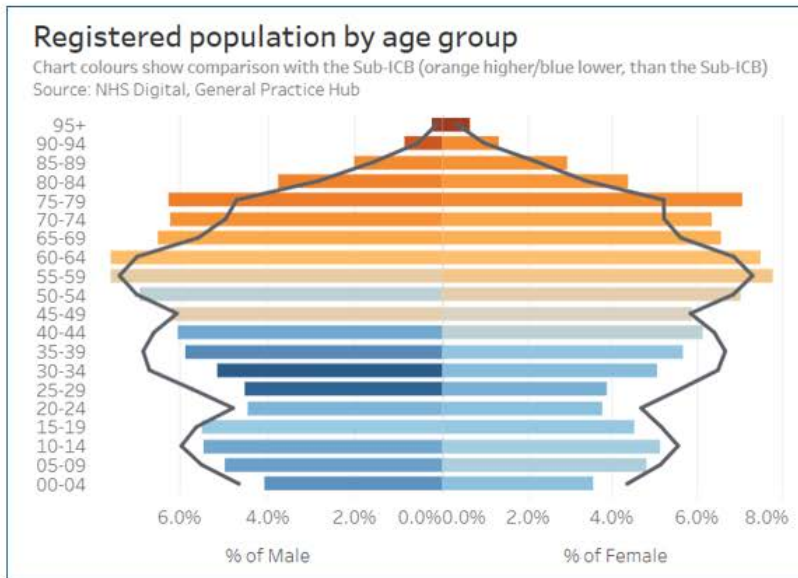


Background & Demographic Profile

- 4 GP practices merged in 2019
- BDP Care Community was launched in 2018 to bring together all networks & partnership who can positively impact the health and wellbeing of our population



BDP – GP Registered Population Dec 24



Dec-24

C East Proportion of Older Patients

	Total	%+70y	%+85y
BDP	34,104	21.3%	4.1%
CHAW	52,185	16.4%	3.4%
CHOC	49,156	19.1%	3.4%
Crewe	96,974	12.0%	2.1%
Knutsford	23,530	19.3%	4.2%
Macclesfield	62,985	15.9%	3.0%
Nantwich & R	36,566	19.0%	3.6%
SMASH	74,167	17.1%	2.9%
C East	429,667	16.5%	3.1%

Month **Reg Popn**

Apr-21	33,427
Apr-22	34,008
Apr-23	34,179
Apr-24	34,008
Dec-24	34,104

2% increase in registered population between Apr21 and Dec24

The patient demographics of BDP indicate a larger proportion of older people when compared to Cheshire and other Cheshire East Care Communities.

From aged +55y, BDP has a greater % of older people, than Cheshire (the orange shading in the pyramid).

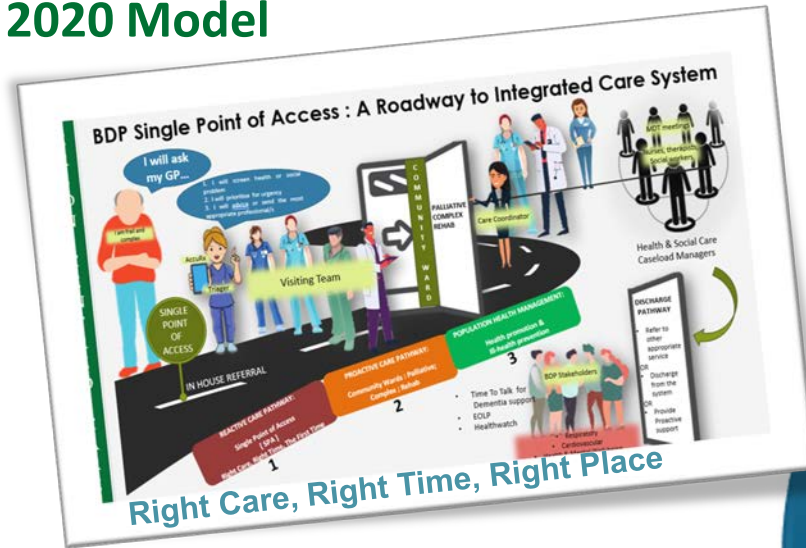
There are 21.3% of BDP patients aged +70y – the highest in Cheshire East. There are 4.1% of BDP patients aged +85y – 2nd highest in Cheshire East.

The PAST

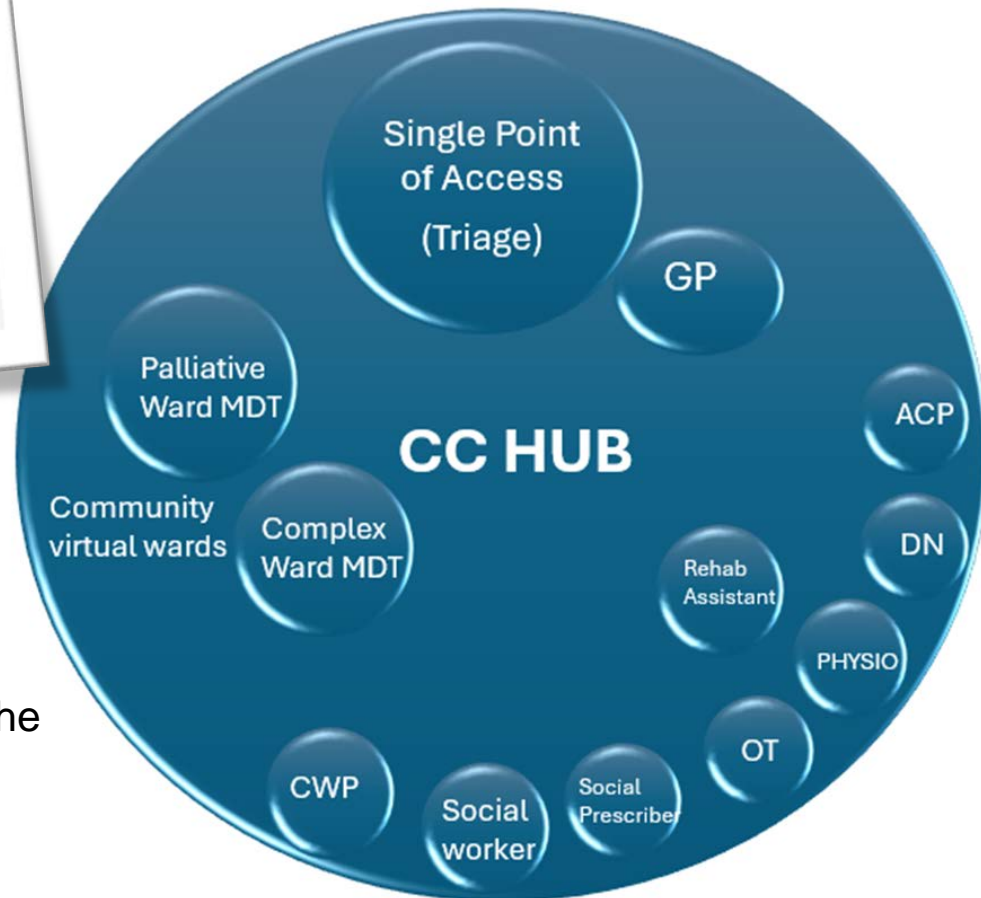
What went well?-Building our Neighbourhood Teams

27 of 86

2020 Model



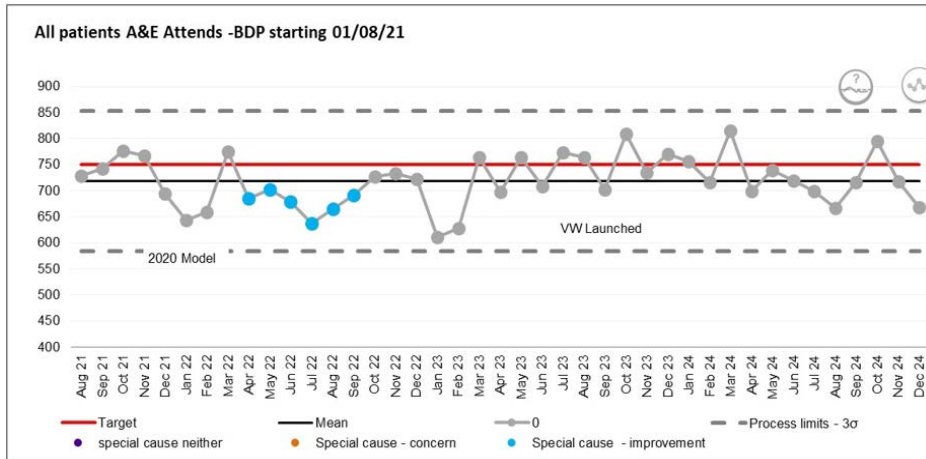
- Joint workforce between BDP Care Community & PCN was formed.
- Transformative, sustainable & fit for the future.
- Empowers growth and resilience through working together



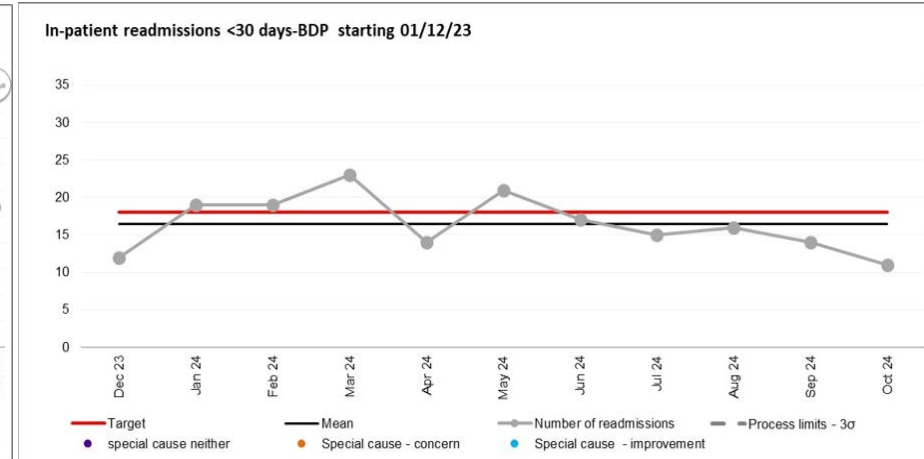
Integrated & Community Focused

What is going well at PRESENT

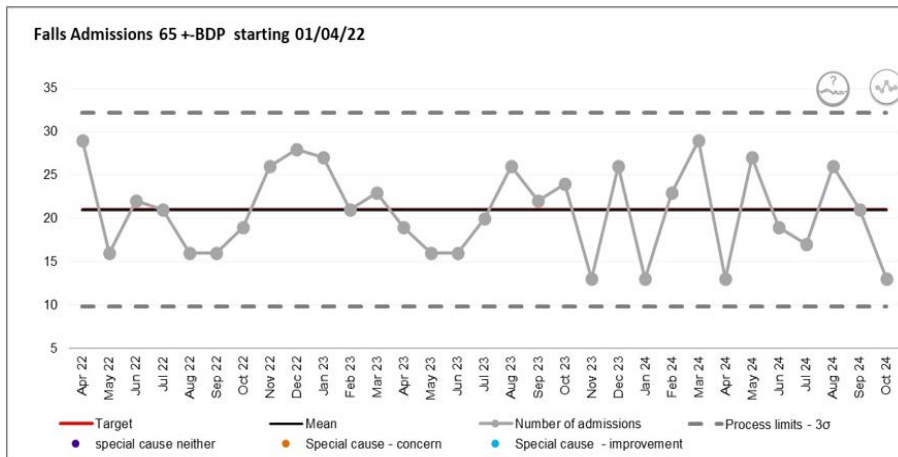
All patients- AE attends



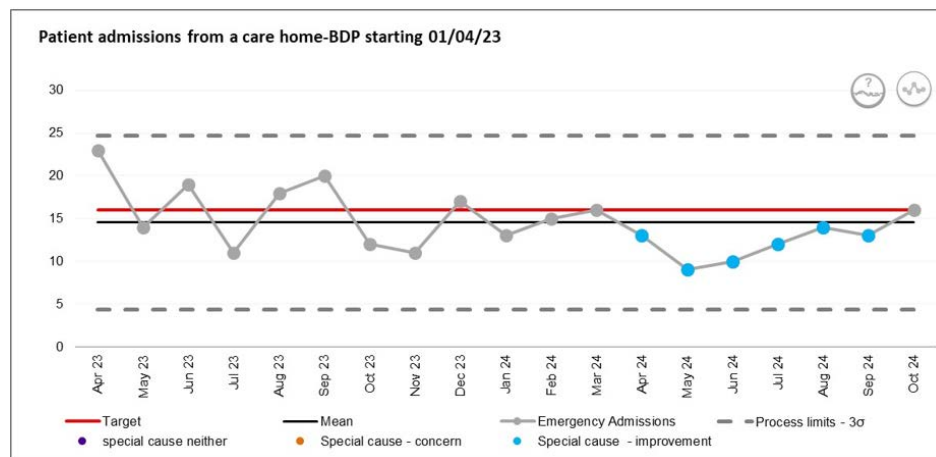
In-patient readmissions <30 days



65+ Falls admissions

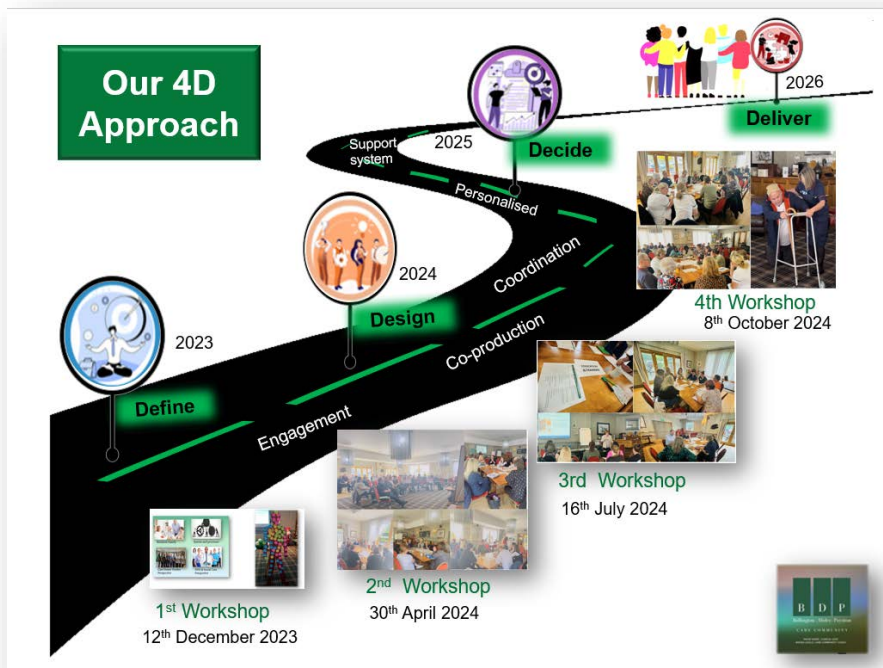


Care Home admissions



Care Home Support Network Project

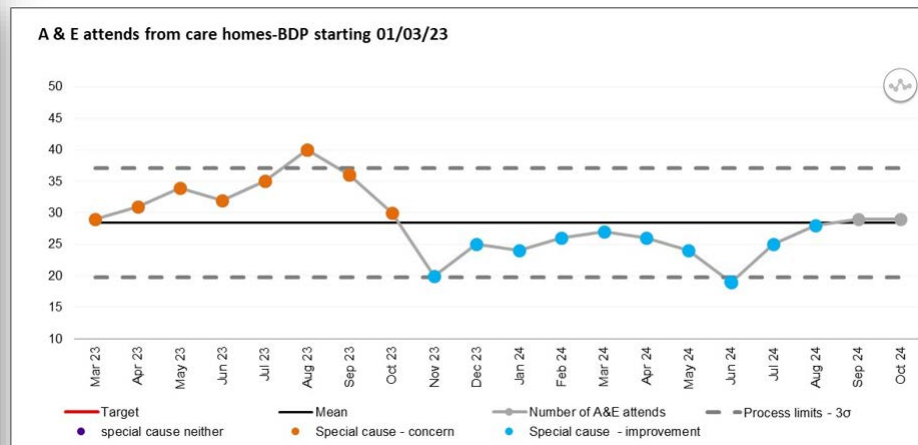
30 of 86



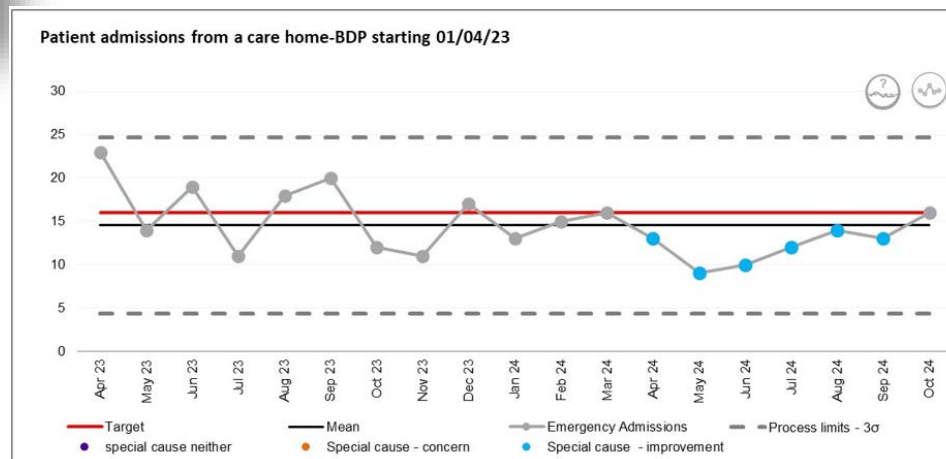
BDP has significantly focused on working with their aligned Care Homes, including several workshop events.

The BDP Care Home Pathway initiative commenced in April 2023, and **launched in December 2023**

BDP Care Home - AE attends



BDP Care Home – All admissions



High Intensity User (HIU) Project

Better Care Fund HIUs Complex Case Finder – CIPHA Searches

- **156 BDP patients were found in the original CIPHA search (Oct 24); based on criteria of:**
 - Aged 18+y
 - In Resource Utilisation Bands (RUBs) 4 or 5 (2nd and 1st highest service users)
 - In Patient Need Groups (PNGs) 9 or 10 (3rd and 2nd highest need groups)
 - =>25% risk of admission (next 12m) and =>25% risk of hospitalisation (next 12m)
 - Have had =>2 A&E attends in last 12m
 - Patients in a Care Home not included
- **Of the 156 patients, the following baselines established:**
 - The cohort had **528 A&E attends** and **247 Emergency Admissions** in the 12m period prior to Oct 24
 - There were **14 patients in RUB 4** and **142 in RUB 5**
 - There were **14 patients in PNG 9** and **142 in PNG 10**
- **March 2025 (Cohort less those patients who have moved / died):**
 - There are currently 19 patients in RUB 4 and 122 patients in RUB 5.
 - There are 3 patients in PNGs 5-8. 14 in PNG 9, 103 in PNG 10 and 21 in PNG 11
 - **There have been 341 A&E attends for the 12m period to Feb 25 (down from the baseline of 528)**
 - **There have been 197 admissions (down from the baseline of 247)**



Patient Need Group	
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 Behavioural Condition
9	Dominant Major Chronic Condition
10	Multi Morbidity / High Complexity
11	Frailty

Baseline AE and Emergency Admissions have reduced in the 6 -month period for 156 cohort of patients, initially identified as HIU.

Case 1

Patient Context

- 79yr old patient.
- Severe heart failure, very short of breath, and anxiety re: breathlessness.
- Frequent attender in A+E most weeks, sometimes telephoning an ambulance twice a day.
- Multiple failed home visits because professionals would arrive, and patient would have gone to A+E.

Intervention

- On one occasion following another failed home visit the complex Care GP went to A+E, intercepted his admission.
- He was transferred to the Hospice for symptom control.
- Discharged home after 4 weeks and died peacefully at home 4 weeks later, with family supported by District nurses and Hospice @ Home.

Outcome

- This was the preferred outcome for the patient and his family, driven by the Complex Care GP.
- Without this intervention he would have continued to yo-yo in and out of A+E and likely would have died in a hospital corridor.

Case 2

Patient Context

- 89yr old patient.
- Recently discharged after a long hospital admission, at home with a care package.
- The family and patient believed she should not go back to hospital again, and to be palliated at home, these discussions had not been formally documented.

Intervention

- Complex care GP visit allowed time to talk all eventualities through and document her wishes clearly.

Outcome

- Following a Stroke at home, her son phoned 999 and an ambulance arrived.
- Paramedic crew could see the coded entries re: not for hospitalisation as per her document wishes. They phoned the Surgery and spoke to the on-call GP.
- The patient was supported by the paramedic at home and passed away peacefully that day. Without that documentation, the crew would have been obliged to transfer her to hospital, and she would have died either in transit or in A+E.

Case 3**Patient Context**

- 69yr old patient.
- Has never attended/ be seen at the Middlewood surgery.
- Admitted via ambulance after he collapsed and was found to have severe renal failure. He spent 10 days in ITU and then was discharged shortly afterwards.
- His home environment is disorganised and unkempt.
- The discharge plan was for outpatient follow up, but the patient wasn't opening any mail so missed the initial clinics. He declined social services support as he felt that was too intrusive.

Intervention

- The Complex Care GP had the time and knowledge necessary to manage his condition and liaise with specialist nurses and consultants.
- His kidney function was extremely abnormal on discharge, and he has needed intensive monitoring. He has required intensive input, only made possible because of this service.

Outcome

- Without this, the patient would have been lost to follow up and almost certainly would have died.

Case 4**Patient Context**

- 67yr old patient.
- Issues with alcohol misuse, bipolar disorder, and diabetes.
- Provision of healthcare being limited by his cognitive impairment and lack of transport.
- Assessed at home with his next of kin. During the assessment he became unresponsive. Blood sugars were checked, and he was having a hypo.

Intervention

- Treatment was given straight away, and he made a good recovery. His insulin was adjusted and follow up was scheduled with the diabetes nurses.

Outcome

- If the patient had been alone he may have died because he had no hypo awareness and would have become unresponsive.
- If the next of kin had been there, an ambulance would have been called.
- However, with a Complex Care GP in attendance, the patient was treated at home and the GP had the knowledge and experience needed to adjust his insulin to keep him safe at home.

Other Projects & More...

Other Proactive Initiatives for our Local Population

35 of 86



Healthy Children

Children & Young People Health and Mental Wellbeing

Children & Young People Sub-Group was established in January 2023.

Main objectives:

- To improve the relationship between children and agencies,
- To improve mental health support for young people,
- To improve support for parents in reducing the prevalence of



Healthy Children

Parents 'Information' Evening Sessions

The Children and Young People sub-group has delivered parents evening sessions for parents and carers, to provide information about local services, as well as talks about parenting and promoting self-care awareness. There were a wide range of community organisations such as **SEND to School Nurses** and **Citizens Advice** who shared information about their services. Other organisations who presented are: **Just Drop In**, **Everybody Sport and Leisure**, **Talking Therapies**, **Motherwell**, **Cheshire East Council**, **Inspiring Animal Therapy**, and **Charge Grow Live**.

Over 30 parents / carers attended sessions in Poynton and Disley. In addition, a **SEND 0-19 Practitioner** now delivers a drop-in session in BDP. The first was held in November 2024 and was joined by **Ruby's Fund** and **The start4life team**.



Healthy Ageing

Social Prescribing Session



Healthy Ageing

MEN's Health & Wellbeing

Men's Health Sub-group was created in September 2024. A Men's Health fair in Poynton was held which was attended by various organisations such as **Citizens Advice**, **Stockport County**, **Andy's Mens Club**, **The Rotary**, **Heart Hero's**, **Just Drop In**, including **Middlewood GPs** and the **Social Prescribing Team**. Over 50 residents had attended.

In Collaboration with Middlewood Partnership, The British Royal Legion, and Bollington Health & Leisure holds a weekly **Veterans group** which was launched in June 2024. The group have welcomed veterans and their families to access the gym including the pool for free every Wednesday between 7-9pm. A group HIIT session, with GP representation was also offered and well attended.



Healthy Ageing

Dementia Steering Group



The Dementia Steering Group was formed in January 2017, made up of representatives from local town, parish councils, local voluntary groups, and health professionals who are supporting people living with dementia, and their carers. Over the years the group had organised Dementia Awareness Sessions for residents and local businesses. It also involves distribution of Twiddle muffs for people living with dementia, a flyer containing support and social group information, young people awareness on dementia, including memory awareness event. More recently the group have had hosted two dementia concerts in October 2024. The Steering Group invited residents from local care homes and members of community groups, who support older people and people living with dementia to enjoy an afternoon of performance at 'A Concert to Remember'.

Everybody was welcomed with songs by **Poynton Golden Memories Group**, **House Band** and **Poynton Reflections**. Care home residents from Hope Green, Woodlands, Parklands, and members from Poynton Golden Memories Group (PGMG) and Living Well, had performed, supported by soprano, dementia and music specialist (Katy Allan), local singer (Maise Greaves) and music teacher (Mr Webster) from Poynton High School.



Healthy Children

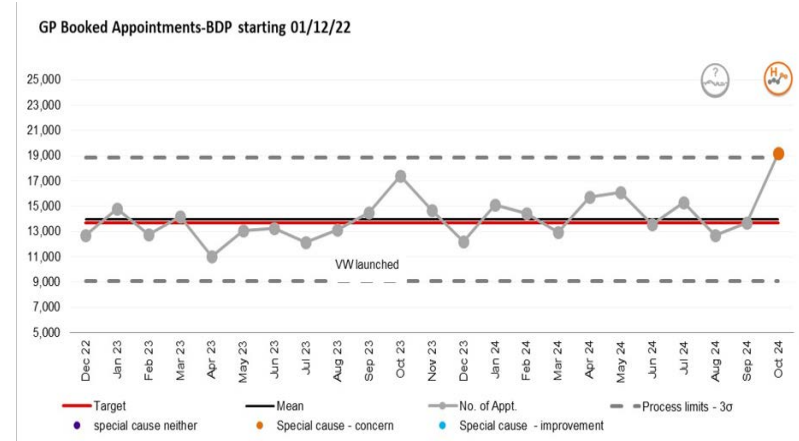
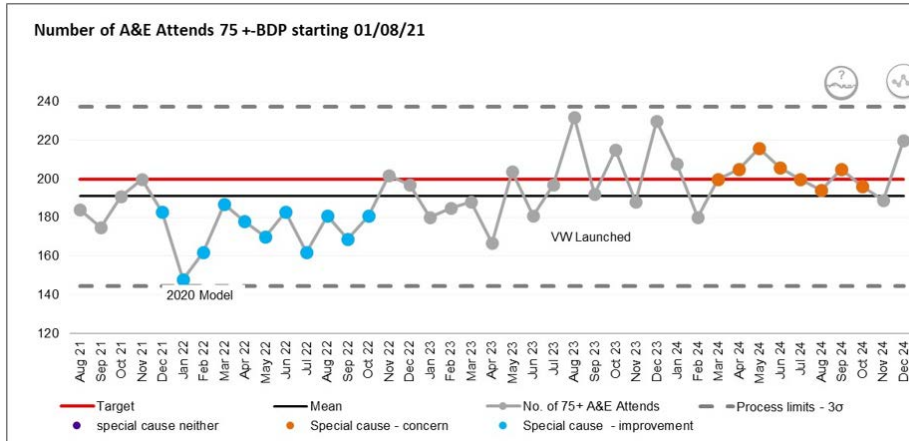
Grow a Plant Project

In spring 2024, local primary schools had a grow a plant project, where pot to let them grow and given for our local Resident. Each pupil cor plants were hand delivered to residents in Parklands and Woodlands C

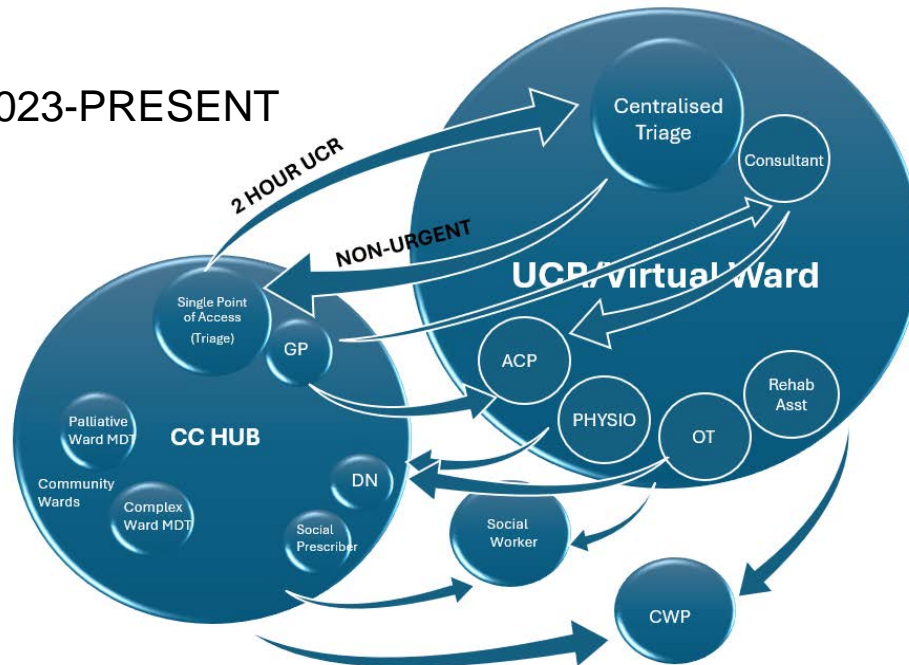


Challenges

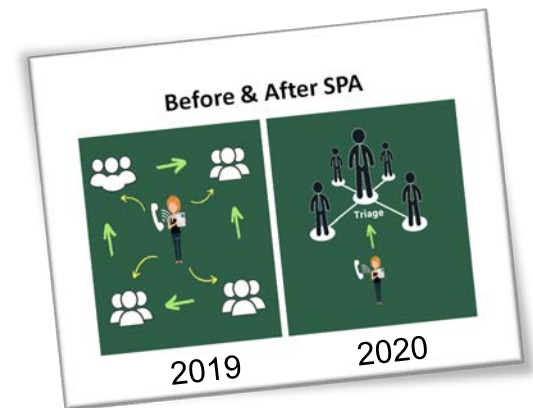
What didn't go well for us at Present ?



2023-PRESENT



Fragmented & Disconnected from Community

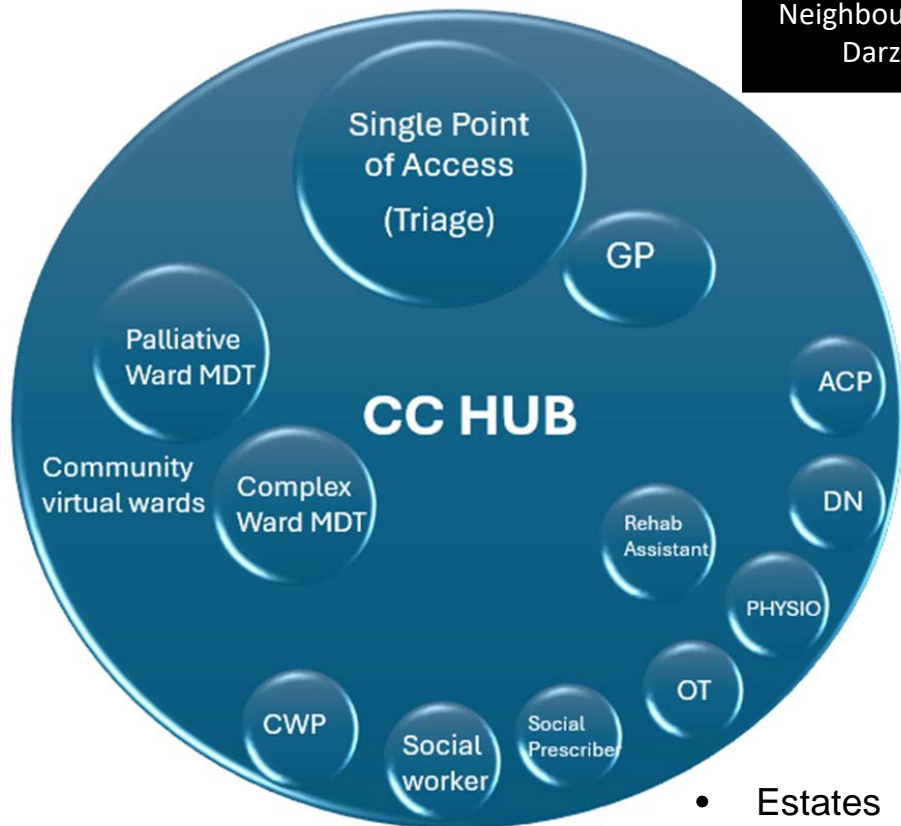


The FUTURE

Aspiration/Recommendation^{39 of 86}

- Re-alignment of community workforce and services (hospital to community), to deliver 2030 Blueprint
- Putting primary & community services at its core to begin the shift, to enable people to be supported at home

2020 MODEL



Neighbourhood Teams
Darzi Review

2030 MODEL



- Estates
- Community Driven Pathways
- Autonomy & Partnership of Community Leaders



KEY MESSAGE

- **Building neighbourhood teams is difficult but easy to dismantle**
- **Give the building blocks to people on the ground to build them**
- **Proactive care is key**
- **Results will be impressive and the solution to acute care challenges**

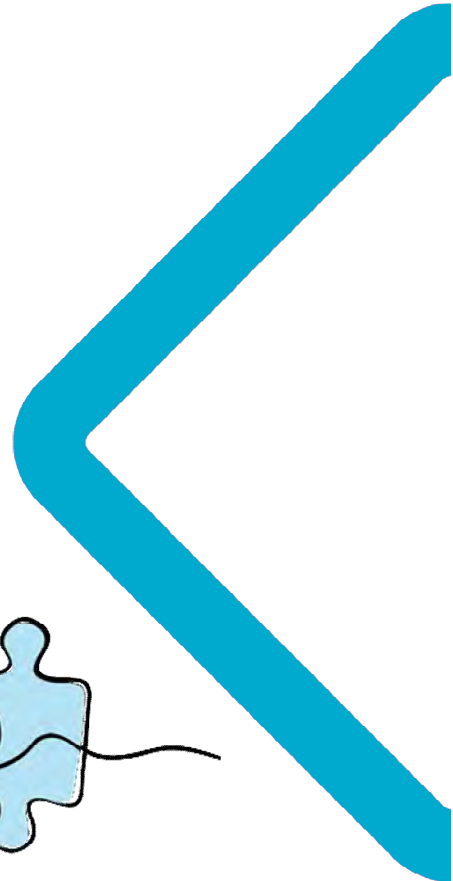
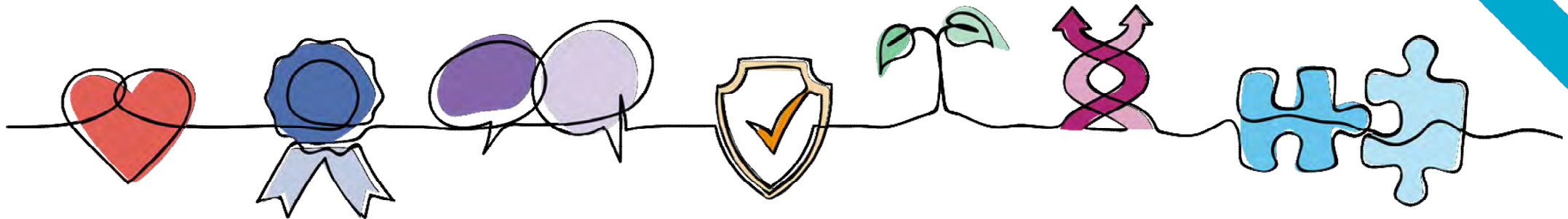
Thank
You!!



NHS Cheshire and Merseyside ICB

Cheshire East Place

Mental Health and Neurodiversity



Increasing and changing needs



Cheshire and Merseyside

- Needs are significantly increasing in both volume and complexity.
- As needs increase, there is much more demand for health assessments, which are more complex in nature.
- Needs are multifaceted and cross multiple domains and specialisms and don't fit well into separately commissioned clinical and diagnostic pathways.
- Needs have increased for children, young people and adults, but the increase is much greater for children and young people.
- Alongside an increase in needs we have seen a reduction in resilience of parents, schools, staff and services and changes in thresholds to access support.

**There has been a
step-change
increase in mental
health and
neurodiversity
needs.**

**This trend has
been accelerated
by the impact of
Covid-19.**

PINS**Waiting Well****iThrive****Beyond Platform****Health Priorities**

Partnership for Inclusion
Neurodiversity in
Schools
Health & Education
Whole School
Skills based
Focused on staff and
pupil wellbeing and
development

Coproduced local support
Led by local parents,
young people and
professionals
Local Neurodivergent
Graphic Designer
New professional
Guidance and Webpage
Collated, coordinated,
needs-based support

Person-centred and
needs-led
Shared decision-
making across services
Community of mental
health and wellbeing
support and strategies
Common language
Coherent offer

Digital Platform
System-wide single
point of access
Self-referral
Aligning technology
and clinical decisions
Supported by iThrive
and Waiting Well
No wrong door

Outcomes

**Earlier
identification
and intervention**

**Proactive support
for for people who
are waiting**

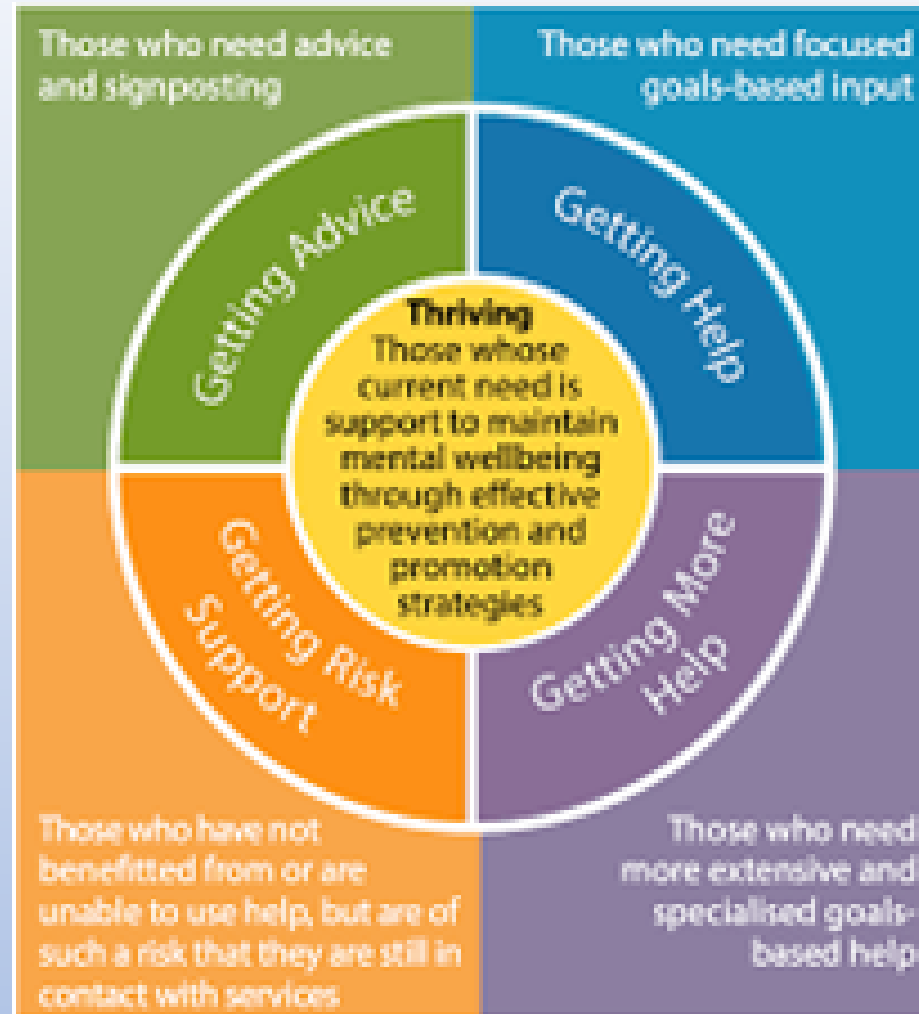
**Multidisciplinary,
cross-organisational
approach**

**Screening tool
and
prioritisation**

**Simplified access,
navigation, needs-
led directory**

Thrive describes needs in five categories or needs based groups:

- Thriving
- Getting Advice
- Getting Help
- Getting More Help
- Getting Risk Support



To Thrive support should be:

- Accessible
- Needs-led
- The right help at the right time

- Collective and joined-up response to holistic, multifaceted and changing needs.
- Creating the conditions and culture for transformation.
- Person-centred planning, prioritising, commissioning, and delivery.
- Deliberate coordination of, and connections between separate services and organisations in response to needs (coherence).
- Investing in relationships, shared-decision-making, shared outcomes, shared language and shared risks.
- Predicting need and referral patterns.
- Moving away from criteria, thresholds and separate clinical and diagnostic pathways to needs-led.

Best Practice

- iThrive – October 2024 DfE identified the Cheshire East iThrive Directory as good practice, particularly our “work on mental health policy development, partnership working and coordination in schools”.
- The DfE shared the Cheshire East iThrive Directory at the National DfE MHST Learn and Launch Event. Refresh completed January 2025.
- iThrive – Multi-agency events jointly organised between Education and Health and underway.
- Coproduced Waiting Well Initiative – first project in Cheshire and Merseyside ICB with dedicated webpage. Launched April 2025.
- New Neurodiversity Profiling Tool – Training May to July 2025.
- Risk Stratification Tool – Collaboration between health, education and social care – completion June 2025.
- PINS – Collaboration between health and education (NHSE national celebration event Cheshire East).



Healthier
Futures

Cheshire East Health and Care Partnership Board

Chris Knights, Programme Director

14th March 2025

Scheme at a glance - scope

**Whole
hospital
RAAC
replacement**

**572 overnight
stay beds**

**c. 6,000sqm
retained estate**

**c.110,000sqm
new build estate**

**Low lying
Cheshire plains,
significant house
development
planned**

**No major
environmental
constraints
identified to date**

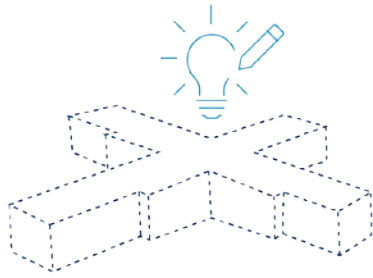
Key Points to note

- Leighton was one of only two RAAC Trusts to be named by Chancellor Rachel Reeves, in the budget announcement
- Leighton is outside of the Government review of NHP
- Pathfinder in design for Hospital 2.0
- RIBA 2 Launch in January 2025
- Planning Application for the new build late Spring/early Summer 2025



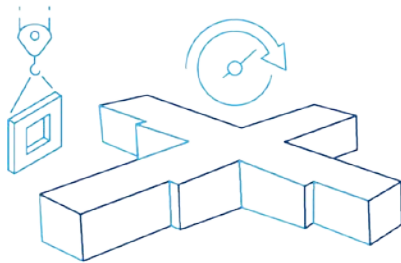
The Design

What is Hospital 2.0?



Standardised Repeatable Design

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



Efficiencies

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



Improvements in Patient Care

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

- H2.0 Design Alignment
- Full adoption of 9 H2.0 departments (wards, Emergency Department, Imaging, Theatres, Maternity, Neonatal, Critical Care, Paediatrics and Outpatients)
- Looking to adopt Endoscopy
- Agreed electrical capacity upgrade and exploring Ground Source Heat Pumps (GSHP)



healthierfutures.mcht.nhs.uk

Transformation

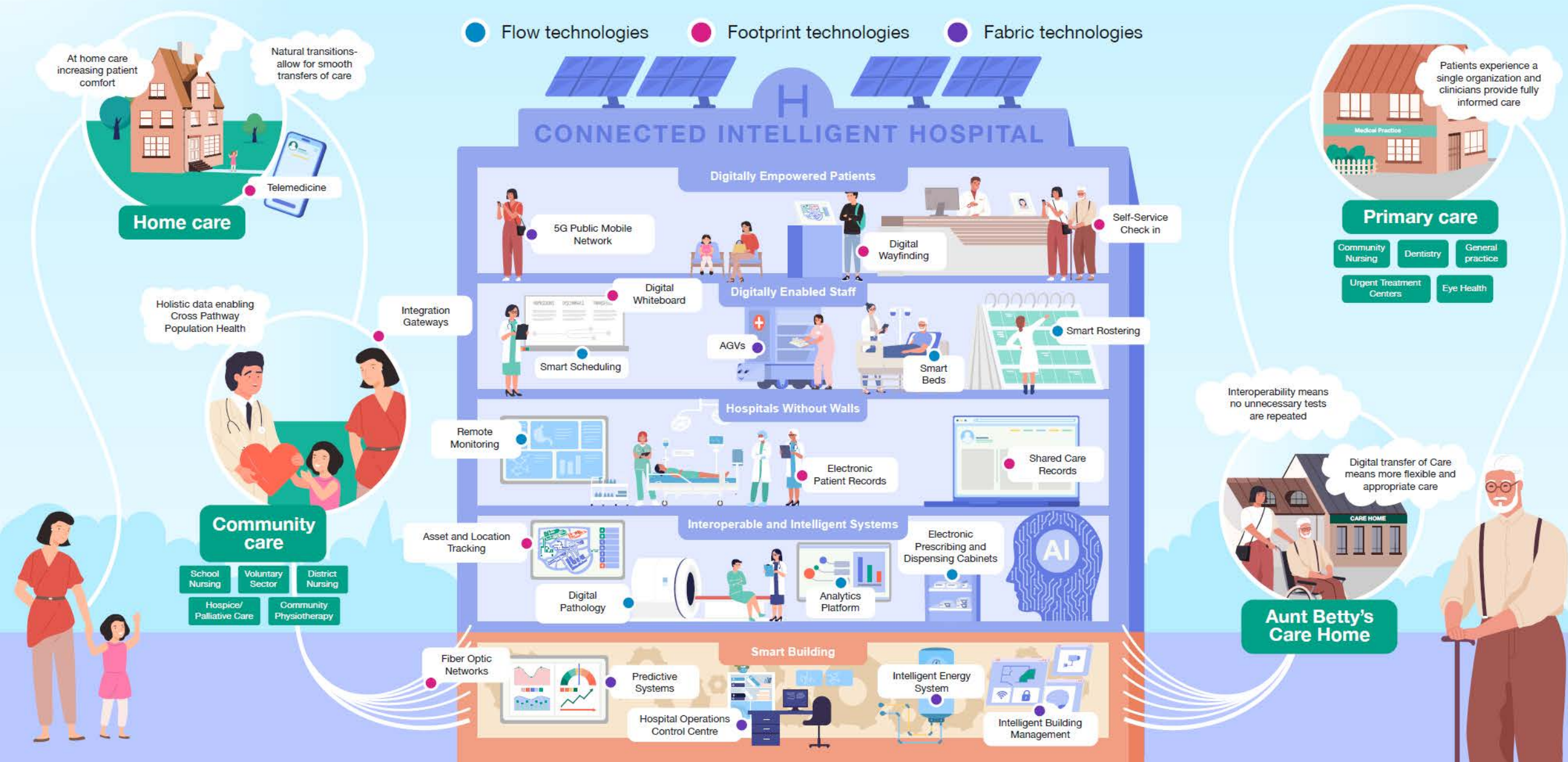
- Launched our Healthier Futures Transformation programme November 24
- Key Drivers matched to biggest impact transformation levers from national D&C model:
 - NEL: Reduced frail elderly admissions (inc.falls reduction)/ increased ambulatory care provision/ early supported discharge (stroke)
 - Elective care: increased day surgical rates /best practice length of stay
 - OPD: reduced follow up appointments
- A number of key strategic projects:
 - Community diagnostics
 - Cancer care
- Digital element significant component
 - SMART outpatients
 - SMART site operations
- Developing partnerships to innovate
- Creating 'system 2.0'

Bold ambitions:

- Lowest rate of hospital admissions/100,000 population
- Lowest rate of inpatient falls/1000 bed days
- Zero hospital acquired infections

Hospital 2.0 - Digital Vision

55 of 86



Social Value Plan

Focus our efforts on 4 key themes developed in collaboration with local partners.

10% of our procurement weighting.

Priority local communities of Crewe, Alsager, Winsford and Northwich.

What are we targeting?

- 20,000 young people engaged
- 2,000 young people inspired to follow a career in science, technology (Inc. digital), engineering and maths
- 300 new employment opportunities (45 from our priority communities)
- 350 hours of training hours to support MSMEs and VCSEs within the supply chain
- Spend directed to local businesses, including MSMEs and VCSEs...And much more!



Improving health, well-being and sense of community.



Protecting and improving our natural environment.



Making sustainable and resilient supply chains.



Strengthening skills, employment and inclusion.

Our Big Ideas

Our goal is to use the investment in the Trust as a catalyst - igniting further investment, resources, and commitment for the local community.



Active and green travel

Our vision is to develop a world-leading active travel hospital, setting a new standard for hospital delivery and supporting the ambitions of the #activetraveltogether initiative.

A sustainable future for social prescribing

Our vision is to work with community partners to build a healthier future by making social prescribing a cornerstone of our community care.



STEM-led futures

Our vision is to use the Healthier Futures programme to enhance the Science Technology Engineering and Maths curriculum for 30,000 local young people over the programme's lifetime.

Our next steps.

- Understand what a world leading hospital for wheeling, walking and biking looks like. Join the dots with strategic active travel initiatives locally.
- Map the social prescribing system for Cheshire East and West.
- Pilot our primary- Dream big programme in the summer of 2025 – see next slide.

What can you do to help?

- Link us into brilliant partners and initiatives that might help us to achieve these ideas.
- Tell people about the programme and the opportunities.
- Tell us if and when we could do something to unlock better social outcomes.

Do you know a school or employer that would like to be involved in our pilot? Opportunity brought to life! In an immersive learning experience, your local primary school could transform into a hospital, construction site, or laboratory for a day. Dream big with us—let's inspire young minds, spark ambition, and connect learning to local careers!

Summer 2025



Our Big Conversation

Purpose

To foster meaningful dialogue between Mid Cheshire Hospitals NHS Foundation Trust and its communities, patients, and staff over a defined period (February – April 2025).

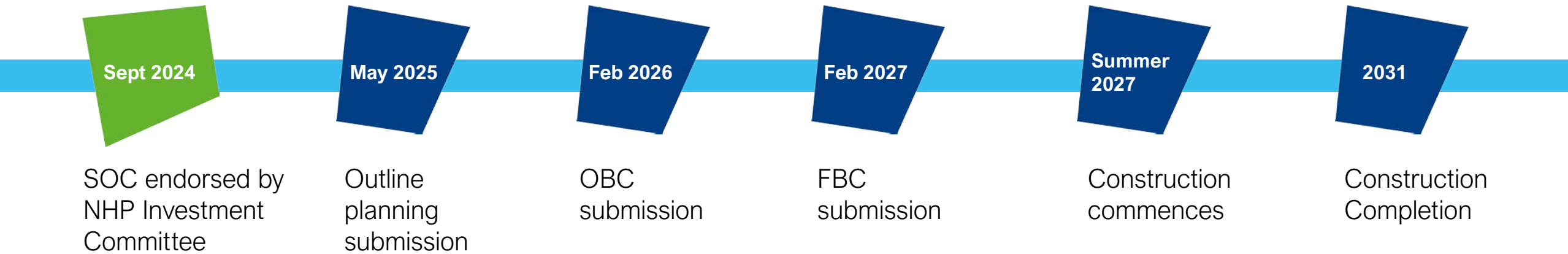
The engagement programme aims to listen, understand, and co-create solutions that contribute to the delivery of Healthier Futures for Mid Cheshire.

A structured and coordinated piece of engagement to respond to the new hospital element of Healthier Futures as well as the Trust's strategic refresh.



Timetable

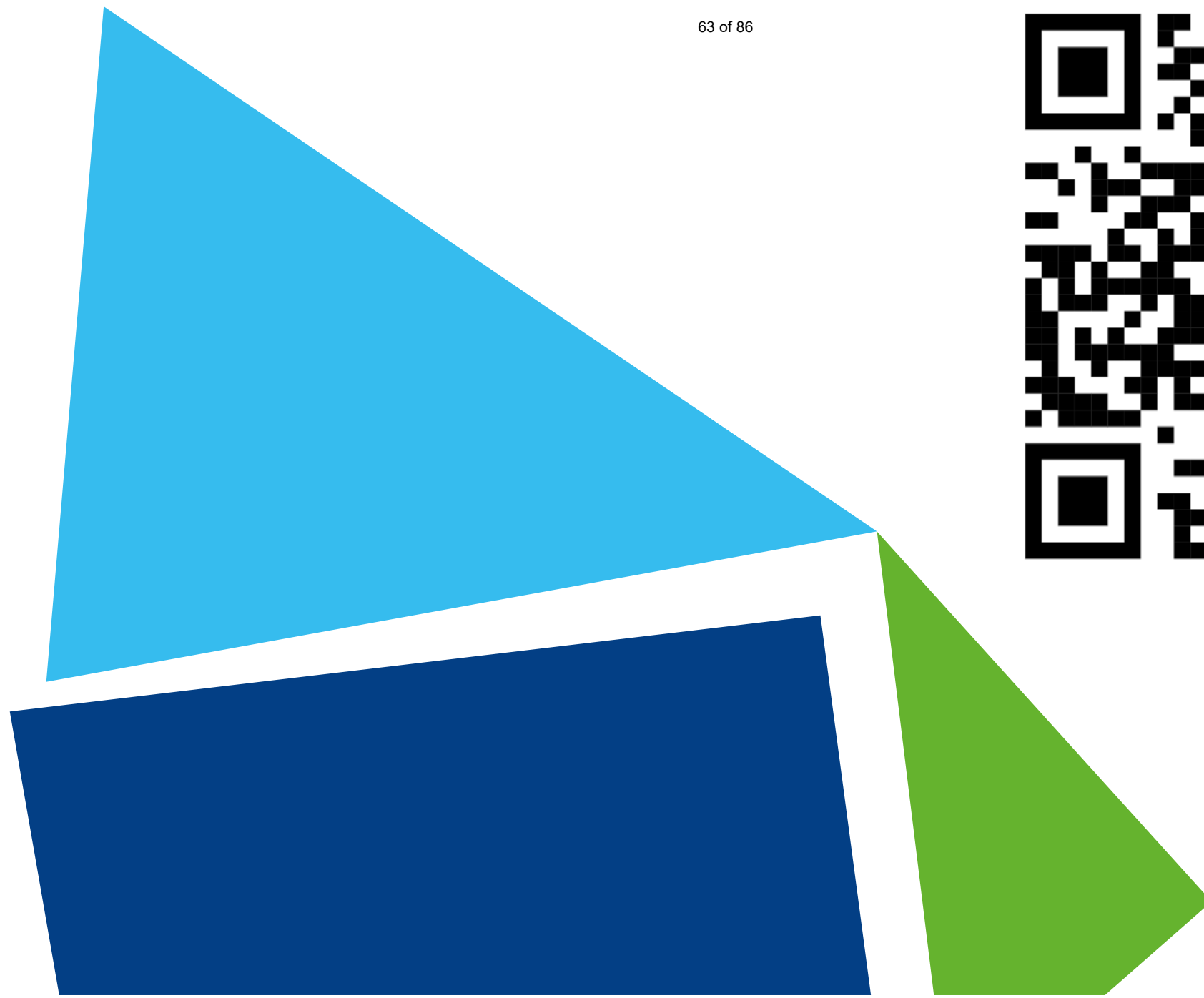
Timeline



Illustrative Visual of a Future Healthcare neighbourhood

62 of 86





ICB OPERATING CONTEXT 2025/26

Some senior NHS leaders described 2024/25 as the toughest year of their NHS careers. The consequences of that difficult year will significantly roll into the year that is about to start. Not least because a large part of the efficiency savings achieved in year have been one off in nature meaning that the savings required roll up into the coming year.

Politically, the NHS fared well with a large cash uplift. The increase though was significantly taken up by the cost of pay awards together with the employer's national insurance increase. This means there is 'close to zero' new money. Over the long run the NHS has required real terms (i.e. after inflation) growth annually to respond to demographic pressures, new medicines etc. The financial pressures facing other partners are if anything even more serious. I would include in this category primary care, local authorities and the VCFSE sector.

Moving into 2025/26 we face financial deficits across just about all organisations, although the response to this varies. Voluntary sector organisations face the risk of closure. Councils are required to set a legal budget but now increasingly require exceptional financial support. The NHS works to achieve planned deficit assumptions – permitted in year overspending albeit with a requirement for repayment.

At the same time there are clearly opportunities for improvement encapsulated in the three shifts intended to improve health and care services:

- Hospital to community
- Analogue to digital
- Sickness to prevention

Not only would achieving these shifts improve patients lives, they would also support a more efficient health and care system.

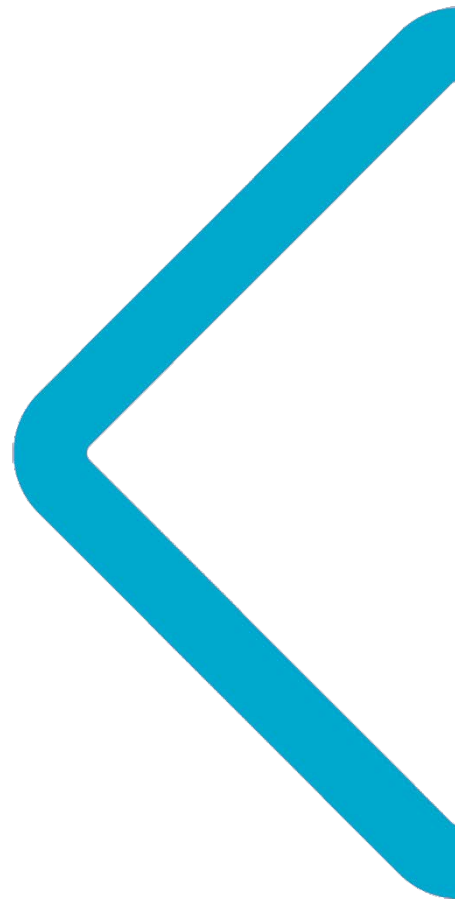
These shifts have been aspired to (and some progress made) for many years. What is important is therefore the 'how' more than the 'what'. Nationally and locally, our best prospect lies in the further development of neighbourhood / care community level working

The idea of commissioning (assessing need, specifying and procuring services, holding to account) is also coming back to the fore.

Mark Wilkinson
Cheshire East Place Director

Cheshire East Health and Care Partnership Board

System Finance Report - Month 9



Date of meeting:		14 th March 2025						
Report title:		System Finance Report – Month 9 (December 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								
<p>The Cheshire East system initially planned for a deficit of £89.9m for 2024/25. This plan has been revised to a deficit of £67.3m following the NHS Providers' receipt of non-recurrent deficit support funding. This covers the following partner organisations:</p> <ul style="list-style-type: none"> • 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 <p>The system is forecasting to achieve the planned deficit at month 9. However, there is considerable risk reported which may impact on deliverability, £47.0m in total. Against this, organisations have identified £0.8m of potential mitigations. Consequently, the risk adjusted forecast deficit is £113.5m, an adverse variance to plan of £46.2m.</p> <p>A planned efficiency savings target was set of £51.9m and of that target, £47.4m is forecast to be achieved.</p> <p>Due to differences in reporting timescales compared to NHS organisations, the forecast included for Cheshire East Council is based on the period April 24 to July 24 (month 4).</p>								
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.

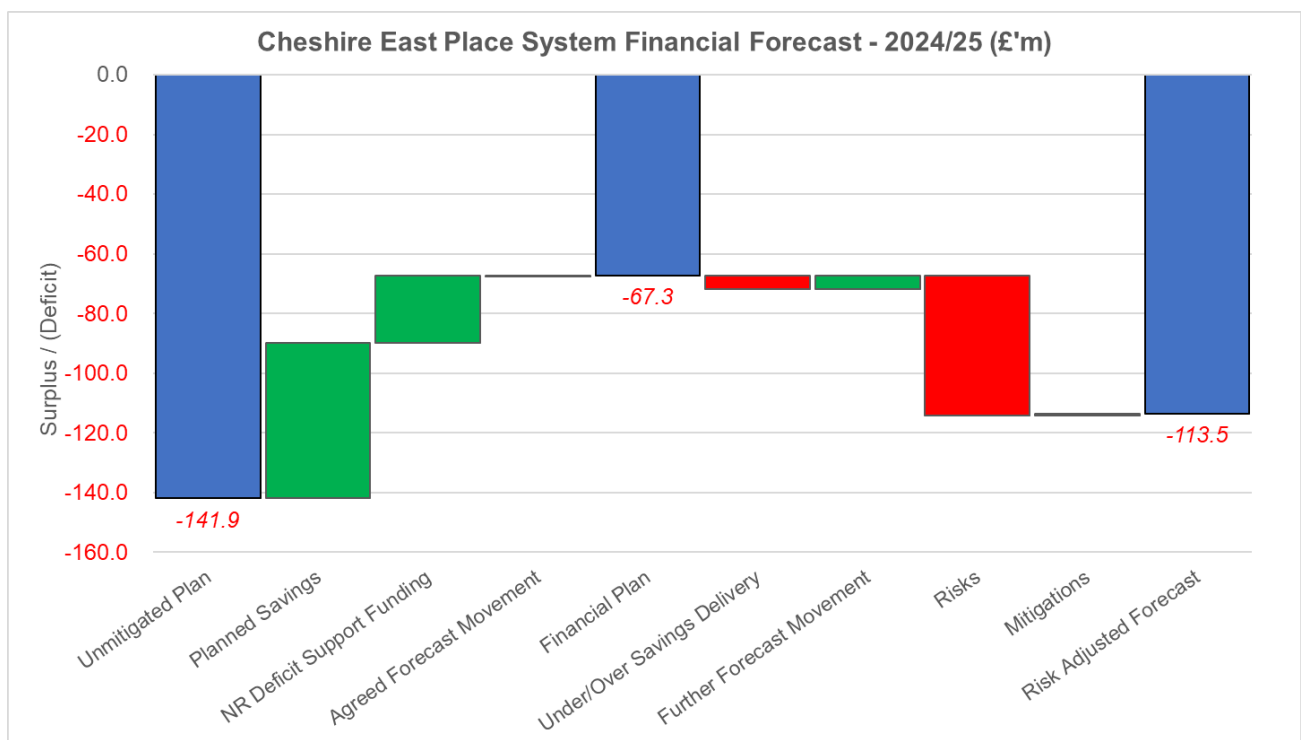
System Finance Report – Month 9 (to the end of December 2024)

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 9, December 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 revised planned deficit for 2024/25 is £67.3m 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 £113.5m, an adverse variance to plan of £46.2m:



- 2.3 A planned efficiency savings target was set of £51.9m and of that target, £47.4m 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 9 is £47.0m; this is compared to £46.5m reported last month. Within these figures, Cheshire East Council is reporting £26.5m of risk and Cheshire East ICB, £16.2m.
- 3.3 The largest risk is related to care costs, £15.7m.
- 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 £0.8m of potential mitigations which have been identified at month 9 which could support if the risks materialise; this is compared to £1.0m last month.
- 3.6 The overall movement in risk adjusted forecast since last month is a small deterioration, from £112.7m deficit to £113.5m.

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 £47.4m of this will be delivered. However, there is £1.7m 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 almost 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 9 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	-137.4	4.5
Efficiency Schemes	51.9	47.4	-4.5
Non Recurrent Deficit Support Funding	22.6	22.6	0.0
Agreed Forecast Movement	0.0	0.0	0.0
M9 Reported Forecast Surplus / (Deficit)	-67.3	-67.3	0.0
Risks			
Staffing (incl. Industrial Action)		0.0	0.0
Elective Recovery Fund		0.0	0.0
Inflationary Pressure (incl. Medicines)		0.0	0.0
Efficiency Savings		-1.7	-1.7
Unplanned Care / Winter		0.0	0.0
Care Costs		-15.7	-15.7
Cash Support Costs		0.0	0.0
Other		-29.6	-29.6
Mitigations			
System Working and Further Savings		0.8	0.8
Other		0.0	0.0
2024/25 Risk Adjusted Forecast Surplus / (Deficit)	-67.3	-113.5	-46.2

Appendix 2

Cheshire East System Financial Position - Month 9 2024/25

Narrative	Breakdown by Organisation (£'m)					Total (£'m)	Total Org (£'m)	
	ICB	ECT	MCHFT	CWP	CEC		MCHFT	CWP
M9 Reported Forecast Surplus / (Deficit)	-52.0	-5.9	-9.7	0.3	0.0	-67.3	-14.5	1.5
Risks								
Staffing (incl. Industrial Action)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Elective Recovery Fund	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Inflationary Pressure (incl. Medicines)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Efficiency Savings	0.0	0.0	-1.7	0.0	0.0	-1.7	-2.5	0.0
Unplanned Care / Winter	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Care Costs	-15.7	0.0	0.0	0.0	0.0	-15.7	0.0	0.0
Cash Support Costs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	-0.5	0.0	-2.6	-0.0	-26.5	-29.6	-3.8	-0.2
Mitigations								
System Working and Further Savings	0.7	0.0	0.0	0.0	0.0	0.8	0.0	0.2
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
2024/25 Risk Adjusted Forecast Surplus / (Deficit)	-67.5	-5.9	-13.9	0.3	-26.5	-113.5	-20.8	1.5

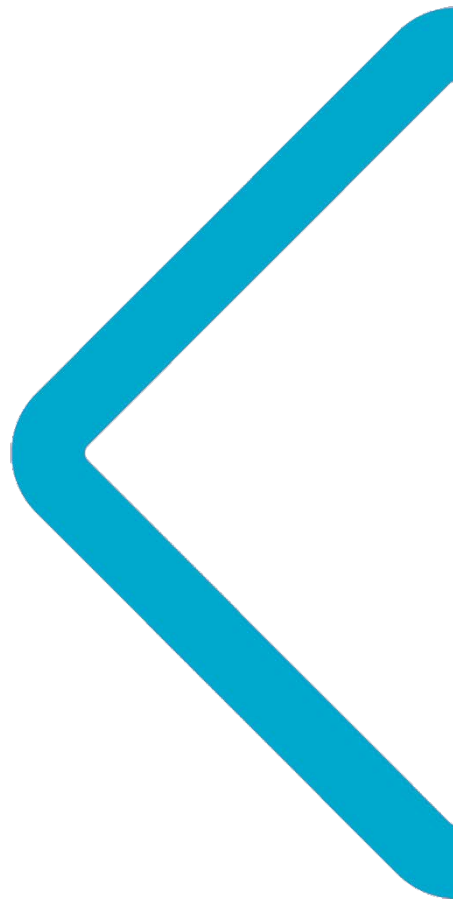
*Reporting for CEC covers the period Apr-24 to Jul-24

Appendix 3

Month 9 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	1.809	-0.738
Home First	2.675	2.675	0.000
Medicines Management	3.273	3.790	0.517
Other	0.818	0.429	-0.389
Stretch Target	3.915	0.000	-3.915
ECT (100% Share)			
Pay - Recurrent	8.840	2.436	-6.404
Non-pay - Recurrent	2.385	1.773	-0.612
Income - Recurrent	0.000	0.869	0.869
Pay - Non-recurrent	0.000	3.992	3.992
Non-pay - Non-recurrent	0.000	1.399	1.399
Income - Non-recurrent	0.000	0.755	0.755
MCHFT (67% Share)			
Pay - Recurrent	5.251	1.480	-3.771
Non-pay - Recurrent	4.194	2.684	-1.510
Income - Recurrent	4.132	4.459	0.327
Pay - Non-recurrent	0.000	0.814	0.814
Non-pay - Non-recurrent	1.456	3.901	2.446
Income - Non-recurrent	0.000	1.694	1.694
CWP (19.8% Share)			
Pay - Recurrent	1.713	1.011	-0.701
Non-pay - Recurrent	1.042	0.177	-0.865
Income - Recurrent	0.000	0.000	0.000
Pay - Non-recurrent	0.000	1.249	1.249
Non-pay - Non-recurrent	0.000	0.142	0.142
Income - Non-recurrent	0.000	0.175	0.175
CEC (100% Share)			
Adults & Childrens - Total	9.706	9.706	0.000
Total	51.947	47.421	-4.526

Cheshire East Health and Care Partnership Board



Date of meeting:		14 th March 2025						
Report title:		Cheshire East Place Strategic Planning and Transformation Group Report						
Report Author:		Dr David Holden (Chair)						
Report approved by:		Dr David Holden						
Purpose and any action required	Decision/→ Approve		Discussion/→ Gain feedback	X	Assurance→		Information/→ To Note	X
Executive Summary and Key Points for Discussion								
<p>The SPTG has continued working across system partners on a broad range of activities and areas. A decision has been taken to narrow this focus for 25/26 which will reduce the focus on other areas. The Board is asked to note the focus on the three population segments:</p> <ul style="list-style-type: none"> • Olive (PNG 10/11) • Philip (PNG 11) • SEND/Children with complex needs <p>As presented in the last quarterly update, there is a very limited amount of specific programme/transformation resource and little to no financial support available to any of these projects. The time for board attendees is being given as one part of substantive roles rather than dedicated to these areas.</p> <p>It would allow the programmes to develop at a faster pace if dedicated resource for this could be found.</p>								
Recommendation/ Action needed:		<p>The Board is asked to:</p> <p>Note the focus on the three population segments: Olive (PNG 10/11) Philip (PNG 11) SEND/Children with complex needs</p> <p>Note and discuss the request for specific project resource to allow the programmes to develop at a faster pace.</p>						

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
2. Create a financially balanced system
3. Create a sustainable workforce
4. Significantly reduce health inequalities

X

X

X

X

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

Next Steps:

Approval of approach and discussion around resource allocation

Responsible Officer to take forward actions:
Appendices:

1. Introduction

The work of the SPTG continues as per previous reports.

There are several contributions made to large scale programmes for example: –

- Developing and delivering our System Blueprint for 2030,
- Overseeing the development and support of Care Communities,
- Developing and delivering our approach to Population Segmentation
- Contributing to the Healthier Futures Programme
- Developing the contribution of the VCFSE sector and linking with system partners
- Recent ask to contribute to a Place response to the Local Authority Devolution consultation

This is alongside specific programmes of work with population cohorts and specific areas from time to time for example a Dermatology pathway.

2. Body of report

The Strategic planning and transformation group contains members from partner organisations in Place. There are regular members representing all organisations and contributory members who attend from time to time.

There is specific funding for the Chair's role and for the administration of the group. There is no specific aligned programme resource or budget allocation outside of this.

Despite this there has been a large amount of activity completed from a strategy perspective and in developing our Care Communities, System Blueprint and population segmentation strategy.

The Board acts under the Place Leadership Group and provides advice and support to a number of large-scale programmes but unfortunately does not have the resource to host anything of this size itself.

In previous years, we have attempted to try and address several system areas but the progress we are able to make in each of these has been superficial or slow given the limited time that can be applied to each when the resource is spread thinly.

The Board has been supporting the development of Care Communities and the work in delivering a new way of approaching care for high intensity and complex system users. This activity has been funded via allocation from the BCF (better care fund) and is due for evaluation over the summer.

In order to try and make specific and more rapid progress, the board has agreed to focus on three areas. These align with our understanding of our population need and the opportunity to improve quality and release financial savings potentially in all sectors. These are the population segmentation groups: Olive (representing older age and complex multi morbidity), Philip (representing those at the end of life) and SEND/Children with complex care needs.

This approach may better allow us to use our limited time to get into the detail of these cohorts and achieve our aims. If a cost or resource implication is identified, there is currently no routine mechanism for us to access this aside from applying either to organisations directly or to the Commissioner.

We are in the process of developing charters for each of the 3 areas with the aim of developing an operational delivery plan. We have made links with Operational colleagues in order to transact the changes we have agreed.

A business case will be drafted for any areas where there is a resource implication.

Due consideration has been given to the recent documentation produced nationally by Lord Darzi, The Neighbourhood health model proposed, the 2025/26 BCF guidance and the 2025/26 NHS operational planning guidance.

The guidance references several suggested structural changes (many of which are already in place in Cheshire East via our care community programme) and the population groups mentioned as key areas of focus we have already been working with. This places Cheshire East in a good position as we align well with national priority.

The changes we need to make will hopefully deliver a better quality of health and care services, less years lived with ill health and moving care into the community where possible will help us both financially and in terms of capacity in our services.

3. Summary

The SPTG has continued working across system partners on a broad range of activities and areas. A decision has been taken to narrow this focus for 25/26 which will reduce the ability to support other areas. The Board is asked to note the focus on the three population segments:

- Olive (PNG 10/11)
- Philip (PNG 11)
- SEND/Children with complex needs

As presented in the last quarterly update, there is a very limited amount of specific programme/transformation resource and little to no financial support available to any of these projects. The time for board attendees is being given as one part of substantive roles rather than dedicated to these areas.

It would allow the programmes to develop at a faster pace if dedicated resource for this could be found.

4. Recommendation

As above

Cheshire East Place Quality & Performance Group

Key issues report to March 2025 Quality
and Performance Committee

Josette Niyokindi

Interim Associate Director of Quality & Safety
Improvement

Katie Mills

Head of Quality & Safety Improvement

Key issues arising from the ICB Place meetings held February 2024

ALERT (matters of concern, non-compliance or matters requiring a **response/action/decision** from the **C&M ICB Quality & Performance Committee**)

Issue	Place Quality & Performance Group comments	Action taken to date	Limited/Partial/Full Assurance at Place	Timescale
Park Homes Group St Catherine's Care Home	Organisational Safeguarding and enhanced quality surveillance in place for this home (sister home to Winsford Grange in Cheshire West Place). Concerns relate to poor improvement and progress to Action Plans set out in September 2024 from IPC, ICB Quality, and Cheshire East Council Quality teams. CQC inspection report imminent and likely to reduce rating (not yet published).	Further quality visits have taken place from ICB, CEC, and IPC teams over February, with an OSA meeting also held this month. ADQs from both Cheshire Places met with Local Authority senior leaders and the NI of Park Homes Group to discuss the lack of improvement for both Cheshire Homes in escalation. It was agreed weekly action plan meetings will be held with Heads Of each service attending. Visits will be completed across the system with a planned calendar of visits ensuring quality reviews are completed at least fortnightly to see progress being made across the joint action plan.	Limited	April 2025

ADVISE (general update in respect of ongoing monitoring where an update has been requested/provided)

Issue	Place Quality & Performance Group update	Action taken to date	Limited/Partial/Full Assurance at Place	Timescale
East Cheshire Trust	Corporate Risk QU09 Score 20 East Cheshire Trust Summary Hospital Mortality Index (SHMI) is above the expected range which could be an indicator of	The HSMR+ data has been published and reviewed by the ICB and the Trust. Although the mortality rates is still running higher than expected the Trust is now narrowing the gap between observed and expected. This provides assurance that the	Partial Assurance	Improvement work-ongoing

	sub-optimal care of patients resulting in avoidable harm.	<p>mortality improvement program is having a positive impact.</p> <ul style="list-style-type: none"> • Awaiting key highlight from Telesta as it was a lengthy report • Further understanding is needed of increasing super spells rates and increasing number of out of hospital deaths post discharge. <p>In light of the report findings, consideration for reducing the risk score by QPC is requested.</p>		
East and Mid Cheshire Trusts	Electronic Patient Records system commencing 1 st April 2025 for both Trusts.	<p>Both February CQPMs discussed the rollout of DCS and risks of gaps in patient pathways, performance data reporting, and potential patient safety issues if records are not allocated to correct patients. Presentations received including timeline for testing (command and control) over March in preparation for April launch.</p> <p>Trusts confirmed primary care have been made aware of change over but will ensure additional comms. are sent out over March.</p>	Limited	April 2025
East Cheshire Trust	Quality assurance visit to Emergency Department to review Red Lines Toolkit compliance, and temporary escalation spaces.	A QA visit took place with senior Quality team for CE Place meeting senior leads of the Trust and Unit for a walk around of the Unit on 20 th January. A further visit is planned for March to continue to monitor the patient experience and safety of the use of temporary escalation spaces. We saw no breaches of compliance during this visit but will return to speak with patients and staff as part of the March visit.	Partial	March 2025
	Quality assurance visit to Emergency Department to review	A QA visit took place with senior Quality team for CE Place meeting senior leads of the Trust and Unit for a	Partial	March 2025

Mid Cheshire Trust	Red Lines Toolkit compliance, and temporary escalation spaces.	walk around of the Unit on 20th January. A further visit is planned for March to continue to monitor the patient experience and safety of the use of temporary escalation spaces. We saw no breaches of compliance during this visit but will return to speak with patients and staff as part of the March visit.		
ASSURE (issues for which the committee requires or has received assurance)				
Issue	Place Quality & Performance Group update	Action taken to date	Limited/Partial/Full Assurance at Place	Timescale
Eaglebridge Medical Practice (Crewe)	Patient death in carpark. 74-year-old patient waited 4hrs for GP OOH to call back where a virtual assessment was completed via phone. Patient declined to come and be seen by GPOOH, choosing to see own GP the following day. Patient booked in at reception then waited in car due to respiratory symptoms. Found later he had died in car.	Assurance received from CCICP that a full patient safety review is underway including GPOOH and Eaglebridge Practice. Part of this review is the timeline of events and learning for relevant practitioners involved.	Partial	April 2025



#BecauseWeCare
Cheshire East Partnership

Cheshire East Health and Care Partnership Board

Cheshire East Operations Group Chair's Report February 2025





Date of meeting:	14 th March 2023
Agenda Item No:	
Report title:	Cheshire East Operations Group Chair's Report
Report Author & Contact Details:	Simon Goff
Report approved by:	N/A

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

Committee/Advisory Groups that have previously considered the paper

N/A

Executive Summary and key points for discussion

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

Recommendation/ Action needed:	The Partnership Board is asked 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
2. Create a financially balanced system
3. Create a sustainable workforce
4. Significantly reduce health inequalities

X

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

Next Steps:	N/A
--------------------	-----



Responsible Officer to take forward actions:	Simon Goff, Chief Delivery Officer, East Cheshire Trust & Chair of Cheshire East Operations Group
Appendices:	None



Cheshire East Operations Group Chair's Report

1. Introduction

This report details the activities and highlights of the Cheshire East Operations Group during February 2025. The Operations Group seeks to maximise the effectiveness of 'business as usual' place resources and is the integrated Place forum responsible for operational planning, performance, and delivery.

2. Key Business

- Due to a number of competing pressures the Operations Group has been struggling for quoracy and attendance over the past 6 months.
- The group has determined that refresh of the Terms of Reference is required to ensure it continues to add value at a Place level and it is better aligned to the Strategy, Transformation & Partnership Group.
- It is recognised that the focus of the group has largely been related to Urgent Care and issues of immediate pressure or those that required shared attention such as Winter Planning or collegiate planning for Industrial Action.
- It is intended that the group continues to retain oversight of Urgent Care across the Place as the development of the core metrics has allowed greater insight into improvement opportunities as well as sharing of best practice between partners.

3. Recommendation

Cheshire East Partnership Board are asked to note the report.