Working together for better health and wellbeing in **Cheshire West**

NHS Cheshire and Merseyside | Cheshire West and Chester | Cheshire West Voluntary Action Championing the community sector | healthwatch Cheshire West

Cheshire West Health and Care Partnership Committee
Draft Minutes of meeting

Date	11 July 2024
Time	9:30am – 11.30am
Venue	Room 1.3, The Portal, Ellesmere Port
Chair	Gary Cliffe
Date of approval	

Attendance		
Name	**Job title / Category of Membership**	**Organisation being represented**
Voting Members		
Gary Cliffe (GC) (Chair)	Chief Executive	Cheshire West Voluntary Action
Andy McAlavey (AMcA)	Place Clinical Director	Cheshire West Place
Laura Marsh (LM) (Chair)	Place Director	Cheshire West Place
Paula Wedd (PW)	Associate Director Quality and Safety Improvement	Cheshire West Place
Helen Bromley	Director of Public Health	Cheshire West and Chester Council
Lesley Appleton (LA)	GP and Clinical Lead for the GP Collaborative	West Cheshire Place
Tim Welch (TW)	Chief Execuitve	Cheshire and Wirral Partnership NHS Foundation Trust
Alex Mitchell (AM)	Associate Director of Finance	Cheshire West Place
Charlotte Walton (CW)	Executive Director of Adult Services	Cheshire West and Chester Council
Sheila Little (SL)	Blacon Ward Councillor	Cheshire West and Chester Council
Louise Barry (LB)	Chief Executive	Healthwatch Cheshire

Jon Develing (JD)	Director of Strategic Partnerships	Countess of Chester Hospital NHS Foundation Trust
Denise Frodsham (DF)	Director of Strategic Partnerships	Mid Cheshire Hospitals
In attendance		
Mark Reading (MR)	Chief Executive	Cheshire Community Action
Chris Knights (CK)	Director of Health Futures Programme	Mid Cheshire Hospitals
Jason Grugan (JG)	Senior Project Manager	Cheshire West Place
Cheryl Hardy	Minute Taker	Cheshire and Mersey Integrated Care Board
Apologies		
Del Curtis (DC)	Chief Executive	Cheshire West and Chester Council
Tanya Jefcoate-Malam (TJM)	Programme Lead, Place Delivery	Cheshire West and Cheshire East Place
Hilary Southern (HS)		

Agenda Item No	Discussions, actions and outcomes	Action lead
	Standing Agenda Items	
1.	**Citizens Questions**	
	There were no citizens question raised and there were no members of the public in attendance.	
2.	**Introduction, Declarations of Interest, Minutes, Action Log**	
	The Chair welcomed everyone to the meeting and noted apologies from the above people. **Declarations of Interest** There were no declarations of Interest reported. **Minutes** The minutes from 9 May were approved as an accurate record with the following amendments to be made. • Apologies from Councilor Sheila Little to be recorded. • Helen Bromley was recorded twice. **Actions** LM confirmed that the fortnightly informal committee meetings have now been established. These meetings provide an opportunity to keep Committee members updated on some of the recovery and cost improvement changes that are being put in place. It was agreed that the membership of these meetings will be reviewed and it will be decided if they will continue to take place fortnightly. It was agreed that these meetings are a good way to share information quickly however good attendance is required to ensure rapid sharing.	

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	It was confirmed that briefings on what was discussed are sent out following the meetings.	
3.	**Citizen Story**	
	Supported Discharge from Community Home First Programme MR provided an update on the community home first supported discharge programme and highlighted the following: Cheshire community Action are a rural community development organisation. They were approached to pilot a project for the Countess of Chester Hospital to employ a member of staff to work alongside clinical staff to try and remove the barriers to releasing medically fit patients. There is currently funding of £320k per annum to support this work. This project focuses on hospital discharge as well as follow on support and services. Originally this was funded through the winter pressures money. The service was put in place to discharge medically fit people and to support people at home to prevent readmission. Voluntary action has now appointed 4 full time members of staff to support this programme. An update on some of the support that partners provide was shared and it was noted that Age UK provide support to the more vulnerable people with mobility issues. Snow Angels have an existing contract at the Countess to provide support for people at home following discharge, for up to 6 weeks. Carers Trust provide support to newly discharged carers or cared for. Healthbox are currently trailing some strength and balance classes in community settings and in the home. Work is also taking place with other organisations to see what can be done collectively. The key focus areas are: • Reducing hospital stays • Combating social isolation • Addressing practical needs at home Since funding was provided in October 2023, 675 people have been supported. The forecast is to support 1500 patients per year. A piece of software has been developed called the social value engine. This is used across around 190 organisations and shows that around £1.2m a year has been saved with an investment of just £300k. An overview of the patients that have been supported was provided. This showed that 247 have been supported by Snow Angels, 90 people were supported by Age UK and 30 carers/cared for have been supported by Cheshire and	CHF Community Connector Presentat

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	Warrington Carers Trust. 7 people so far have been involved in the strength and balance training in the home. Some of the common themes that make it unsafe for people to go back home were shared, these included: • Cleaning / hoarding • House adaptions • Funding for essential equipment • Social isolation • Poor health / mobility • Financial difficulties • Mental health issues MR shared a case study about a patient who was referred by the IDT nurse with mobility issues. There was a risk of extended hospital stay and increased isolation. It was identified that functional white goods and mobile phone credit were needed as well as a safe living environment. An assessment of the patient's home took place and delivery of white goods and beds was arranged. A referral was made to Age UK and Snow Angels to support the patient. Assistance with rent issues was provided and an arrears help scheme was put in place to support the patient. The IDT nurse and the discharge team worked together to support the patient to go home. Over the last 12 months additional funding has been agreed to expand the capacity of the service. Staff felt that the service was good for patients and relatives. Patients felt that the service was approachable and friendly. Work is taking place to develop lots of different relationships with different systems. There are some opportunities for services to do more work together. It was agreed that the postcode barriers need to be removed to help save money. The Committee discussed the social value work that is being done and noted the importance of measuring this work to see what impact it is having. It was agreed that a lot more social value work needs to be done. A taskforce has been set up to look at this and ensure that partnerships are taking place. It was agreed that the work that is taking place is adding value and without this service people would have spent longer in hospital. There needs to be a commitment to invest more into this. Work is taking place to look at further opportunities to expand this and build up the cohort of volunteers needed to support this. It was agreed that creating links with partners in North Wales would help with some of the discharges.	

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	The Committee discussed the work that is being done with social prescribers and agreed that further work needs to be done to find out the reasons for admissions. It was agreed that more should be done to increase the high intensity user service which looks at frequent flyers. The Committee discussed the number of people waiting for discharge that could go through local authority services. It was noted that these are being held up by MDT meetings and it was agreed that these meetings need to be more joined up. The Committee discussed the number of people wating for social care assessments. It was agreed that there needs to be a better understanding of what is going on in the system. It was agreed that there are lots of issues that the third sector could support with. Readmission rates to the reablement service were discussed and it was agreed that it would be good to understand any learning from this. It was agreed that learning needs to be taken from the work that has been done at the acute hospitals to look at how this can be applied to the discharge approach from mental health units. A community base could be used to support both acute and mental health hospitals. It was agreed that more capacity is needed to build on the offer that is already in place. It was agreed that complex patients need to be flagged when they are admitted so that a review of the home can take place. Discussions took place about ensuring that more people are being discharged to pathway 0, trends indicate that this is happening. This is something that is being worked on collectively. It was agreed that this is something that will be discussed at the Admission Avoidance discharge groups. It was noted the best person to link in with would be Alison Swanton and Pip Morran. It was agreed that this group can be used to help break barriers down.	
	Reports	
4.	**Breaking Down Barriers to working with the Voluntary, Community, Faith and Social Enterprise Sector**	
	GC provided the following update on breaking down barriers to working with the voluntary, community faith and social enterprise sector and highlighted the following:	 CWVA strengthening collal

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	The processes that are in place within each organisation make it difficult for third sector organisations to work with Place. Place leaders were asked to empower people who are in decision making roles to realise that they can do things differently. It was recognised that organisations are open to change, and it was suggested that any examples of where this is being blocked should be shared with leaders as they could look at different ways of doing things. Work is being done to look at commissioning relationships with the third sector, it is expected that this will help develop relationships. It was noted that the starting well contract is not going through a normal commissioner provider process. It was agreed that the learning from this could be shared. **Action: HB agreed to bring updates on this back to the Committee.** Examples were shared of where fundamental shifts have taken place and where things have been led by the voluntary sector. It was agreed that breaking down barriers is important to allow more flexibility on how care is offered.	
5.	**Leighton Hospital Development**	
	Chris Knights provided an update on the Leighton hospital development and highlighted the following: The total capital costs for the new build are £1.2b which will include a full hospital replacement. It is expected that savings that can be delivered are in the region of around £23m per year. This would cover the running costs of the new hospital, however there is an affordability gap for capital of around £20m. All organisations are in the same position and are unable to afford the capital for the overall investment. This is something that central are dealing with on a case-by-case basis. This will be a zero-carbon build and around 10% of procurement will be done in that space it is expected that this will go up to 30%. There is a high emphasis on social value in Place. Leighton is a reference site for the new hospitals programme which will standardise hospital provision across the country. The expectation is that the business case approval process will take 2 years and that the expected go live date will be November 2029. Once this is opened the old hospital will be demolished. Leighton has been funded for the demolition programme.	 HWW Presentations - Heal

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	Discussions have taken place about what the old site will be used for once the new hospital has been opened. Assurance has been provided that the intention is to put in services for end of life, cancer treatment etc. Further discussions will take place with colleagues to agree how the site can be used to create a health neighbourhood. It was noted that the next few years will be about enabling. Although Bed capacity will be the same as what is in place now there is expansion space to increase this in the future. The group discussed the needs of the aging population and agreed that this is something that will need to be addressed as a system. Work will need to be done to ensure that the right beds are in the right place. It was agreed that regular updates will be provided on enabling. It was agreed that having a clinical model provides a good opportunity to design a different health and care model. This can be linked in with the work that is taking place in Cheshire and Merseyside. It was agreed that individual services need to be looked at to see what can be done to stop patients having to come to hospital. The Committee discussed estates issues and it was agreed that the ICB needs to do some further work to look at this. It was agreed there is a lot more work to do on creating a fundamental shift. It was confirmed that the virtual ward money has now been secured and this been made recurrent. It was agreed that demand needs to be managed differently to stop people coming into hospital. There needs to be a risk sharing approach. It was agreed that longer term ambitions need to be demonstrated before attitudes to risk change.	
6.	**Place Directors Report**	
	LM provided an update on the Place Directors Report and highlighted the following: Programme plans are now up and running. A detailed slide showed the recovery plan for urgent care, this describes all the projects that are being worked on under admission avoidance, inpatient hospital flow and discharge. An update on the community Partnerships mental health programme was provided. Leadership for this has been transitioned to the voluntary sector and they have developed a mandate with clear deliverables.	6. Place Committee Place Directors Repc

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	Peoples workstream have been doing a lot of good work around supporting joint recruitment events. The communications and engagement team will be promoting the work that the peoples workstream have done to show what has been done across health and social care. This will be shared with staff. The other NHS recovery programmes for the rest of the ICB team in Cheshire West were discussed. This includes children and young people, early intervention, long term conditions and end of life. The group discussed the mental health objective and it was noted that work is taking place to look at connecting this with the LD workstream. It was agreed that although lots of progress has been made further work still needs to be done to progress this. Another area to explore is the respond equivalent for mental health that East have put in place.	
7.	**Finance Update**	
	AM provided a finance update and highlighted the following: A lot of the reporting that has been happening is against old plans, assurance was provided that reporting will be updated for month 3. There is a combined deficit for Cheshire and Merseyside ICB of £150m. The NHS will fund this non recurrently so that a break-even position can be delivered later this year. The money will be repayable in further years. An update on surplus across organisations in Cheshire West was provided and the following was noted: • CWP – planned surplus of £1.5m • Countess – planned deficit of £23.5m • Mid Cheshire – planned deficit of £35.5m • For Cheshire West Place planned deficit of £42.6m This is a collective deficit of £100m, this is a big chunk of the system deceit across Cheshire and Merseyside. The challenge is to collectively deliver around £68m worth of savings. This will need to be done recurrently and will be a huge challenge. A key risk is that inflation will be higher than the assumptions. Which will cause further pressures. From month 3 onwards reporting will be in a more robust position and a tabled report will be brought to the next meeting.	

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	It was noted that there is high demand in mental health adult social care and the budget is already showing an overspend which needs to be recovered. There has been a 20% increase in demand for mental health services. It was agreed that the complexity and profile of people needs to be considered. It was noted that a shift in who is presenting and levels of their level of complexity. The Committee discussed the aging population and it was noted that this is expected to double in the next ten years. It was agreed that there needs to be a better understanding of what future demand will be and work needs to take place to look at what is not being focussed on, where is the population health emphasis and what intelligence is needed to drive this. The Committee discussed if the priorities within the transformation programme are the right ones or can these be added to. It was agreed that a planning meeting would be pulled together to agree what needs to be discussed at the development session. Work will take place to look at where savings can be made and it was agreed that further work will be done to look at reducing prescribing costs. It was noted that the Place plan is a strategic plan for the whole of Place and needs to be linked to the operational work that is taking place. It was agreed that any new decisions being agreed must be sustainable, there needs to be more long term fixes. It was agreed that there will be an opportunity to look at this when the plan is refreshed. Discussions took place about what more could be done around estates that will deliver significant savings. It would be good to bring some voices from primary care and the voluntary sector to help improve the delivery plan. It was agreed that there needs to be a joined up plan and a strong vision. It will be good to have people with innovative ideas involved in the September development session.	
8.	**Quality Improvement in Nursing Homes**	
	PW shared some slides on quality improvement in nursing homes and the following comments were made: The slides show targeted information on where there is opportunity for admission reduction. It was agreed that teams need to use the data to do something different.	Cheshire West Health and Care Par

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	It was agreed that the information on what is being done differently will be shared with Healthwatch. It was agreed that there will be an opportunity to do more in reach into care homes.	
9.	**BCF Update**	
	CW shared the Better Care Fund report with the group and confirmed that this is now delivering the ambitions. It was agreed that the terms of reference for the groups would be reviewed.	 9. BCF Update Report - Place Comn
10.	**Feedback from LD Peer Review**	
	CW confirmed that the LD peer review has now taken place and she agreed to provide an update on this at a future session. General feedback from the review was to do more joint working and more joint commissioning.	
11.	**ITSG: Use of Health Inequalities Monies**	
	HB shared the following update on ITSG: use of health inequalities monies: The ICB have committed £3m this financial year to spend on health inequalities. £1.5m will be staying at ICB level to do programmes at scale. These will include a stop smoking programme, housing and health workstream and a healthy weight workstream. The remaining money is being devolved down to Place level, Cheshire West's share will be £150k this financial year. Public Heath are working across the system with partners looking at how this money can be spent. A paper will go to the next ITSG recommending options on how to spend this. It was confirmed that this will be recurrent funding and next year there will be more money. The ask is for a focus on children and young people. Action: LM to check if this covers 0.5s.	
12.	**Any Other Business**	
	There was no other business to discuss.	
	Date of Next Meeting	
	The next meeting will be held on the 12 September at 9.30am.	

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