

MEETING NOTES - WARWICKSHIRE NORTH PLACE EXECUTIVE

7th April 2022

11:30-13:00

MS Teams Meeting

PRESENT		
Name	Initials	Title
Jenni Northcote	JN	Chair - Director of Strategy, Service Improvement and Partnerships, GEH
Salmah Mahmood	SM	Programme Manager – Warwickshire North Place, GEH
Chris Lonsdale	CL	Director of Finance, CCG
Yasser Din	YD	Commissioning Manager – Public Health, Warwickshire County Council
Tracey Sheridan	TS	Associate Director of Operations Swft
Martin Sandler	MS	Deputy Medical Director GEH / Associate Medical Director Swft
Sharon Binyon	SH	Medical Director, CovWarks
Laura Nelson	LN	Director of Operational and Financial recovery, CCG
Elouise Jesper	EJ	GP Partner and PCN CD in Nuneaton
Ryan Coffey	RC	Project Manager, GEH
Suzanne Gray	SG	Senior Programme Manager, GEH
Sam Young	SY	Programme Assistant – WN Place, GEH
Name	Initials	Title
David Eltringham	DE	Managing Director, GEH
Catherine Free	CF	Medical Director, George Eliot Hospital
Chris Bain	CB	Chief Executive for Healthwatch, Warwickshire
Steve Maxey	SMy	Chief Executive, North Warwickshire Borough Council
Becky Hale	BH	Assistant Director of People, Strategy and Commissioning, Warwickshire County Council
Shade Agboola	SA	Director of Public Health, Warwickshire County Council
Blaire Robertson	BR	Programme Director, UHCW
Amar Kacchia	AKh	LMC Representative
Patrick Johnson	PJ	Interim Director of Operations, GEH
Asif Atta	AA	CovWarks
Daljit Athwal	DA	Executive Director of Nursing, George Eliot Hospital
Rupin Somaiya	RS	Deputy Medical Director, George Eliot Hospital
Ayub Khan	AK	Service Manager (Universal Services), Warwickshire County Council

Item No.	Notes
1.	<p>Apologies</p> <p>As detailed above.</p> <p>Welcome / Introductions</p> <p>JN welcomed partners to the meeting.</p> <p>JN introduced Elouise Jesper to partners as the replacement for Racheal Davies representing PCN along with AK.</p>
2.	<p>Review of the Minutes and Action Log from the Previous Meeting</p> <p>The minutes from the previous meeting were taken as an accurate record of March's meeting.</p> <p>Action Log;</p> <p>2.2.2 - Dashboard – SM confirmed that work is progressing has something has now been built by the contractor and across the next week data will be put into that product and will have something to share with partners at the next meeting</p> <p>3.4.1 – Mental Health AARS Roles – JN asked if the conversations in relation to this are progressing to which EJ confirmed they were.</p>
3.	<p>Matters Arising</p> <p>There were no matters arising.</p>
4.	<p>Care Collaborative Update – SM</p> <p>SM provided a verbal update to partners with the main points being;</p> <ul style="list-style-type: none"> • Initial discussion have taken place as a group, BH has been supporting in terms of shaping up from a place perspective and feeding in the views of partners • A place readiness programme has been developed and there were a series of workshops in December and February to start shaping up what the Care Collaborative can look like and people are starting to crystallise some of that thinking • This is part of a development programme over the next three to four years and they key part of that for WN is how the group engage with the Warwickshire Care Collaborative and therefore the key element being is that the Warwickshire Care Collaborative will have to interface with three places so conversations are taking place in terms of the Care Collaborative Development approach • One action that is being picked up by the Place Mapping team is how the Care Collaborative Development approach aligns with the Place Readiness Programme and the intention is to present this back into this meeting in terms of any gaps identified so they can be addressed collectively • SM also proposed to partners that this Care Collaborative be a standing agenda item that partners feed into if they are involved in any conversations to support and co-ordinate in that way. <p>Questions/Comments</p> <p>JN informed partners that in addition to the initial piece of work around Care Collaborative, alongside this the CCG are also looking at what the assurance arrangements will need to look</p>

like in order for the Care Collaborative to be constituted and ultimately be the vehicle through which the funding, contracts and resourcing flow into Place.


There is a proposal that a number of work streams are established from a place and NHS provider at place perspective.

A initial response has been received to indicate that we would like a strong presence from place at the board and also in the work streams particularly around the development workstreams and shaping up the assurance requirements.

The CCG has gone out to advert for the Chief Integration Officer roles for Coventry and Warwickshire and those roles will be part of crating the capacity from a CCG ICB perspective to oversee the establishment of the two care collaboratives in Coventry and Warwickshire and those transition arrangements.

The group agreed for this to be a standard agenda item and for this also to be reflected within the themed meetings around the delivery updates as it is how it is shaping for the future.

Place Mapping – SM/RC/SG/YD


 Enc 4 - WN Place
 Delivery Mapping V1.

The attached report was taken as read.

SM set the context for this item by reminding partners a place readiness programme has been constituted (as reported previously) which consists of five key areas of work, one being place delivery looking at delivery across place not just what goes through the place executive. This is how work is undertaken in partnership with colleagues within Health and Wellbeing and connecting together with all of the different strands described as place delivery and undertaking a mapping exercise to understand how this is mapped against the Kings Fund model in relation to the programmes of work that are initiated across place and what might be considered a gap and how this is progressed and if it is a priority and if so, how is it constituted.

5. SG provided some context into the exercise, with the main points being;

- A review of the existing and future programmes of work was undertaken to understand the alignment between the two groups to make sure that there is coordination of a single integrated plan and ensure movement towards the Care Collaborative in the ICS and ensuring alignment to the Kings Fund model.
- Some interdependencies and opportunities have been identified with the aim to streamline the delivery effort which involves utilising the partnership collaboration and the matrix resources.

RC went on to outline the approach for this work, with the main points being;

- Referring to the delivery mapping approach within the paper, RC explained that this outlines that it is known that there is the place executive programme where there are a number of projects across five priorities and also the partnership group, which have their own set of priorities with themes underneath those.
- For both of the above, these were aligned to the Kings Fund population health model which is shown within the appendices within the paper.

- Appendix three within the paper shows how the place executive projects have been mapped and aligned to the Kings Fund quadrants.
- Appendix four shows the same but for the partnership priority themes.
- RC explained how this was part of the first stage of the mapping exercise to think about how everything that is going on within those two groups are aligned.
- To ensure this was a rounded view the team also aligned this to the Warwickshire Director of Public Health's annual report health profiles which contained a rag rating for the health profiles for Warwickshire and looked at how those could feed in and where they sat within the two programmes of work with the same being done with the JSNA actions.
- Once all this was done the team assimilated what does it tell them and how can it be moved forward for the JSNA review with partners across Warwickshire North.

YD went onto explain the detail behind the JSNA Review, with the main points being;

- The JSNA stands for the Job Strategic Needs Assessment which is a piece of engagement work that is mandatory.
- This work was undertaken in 2019 and is a heavy piece of engagement with partners as well as communities along with a desktop data review.
- It picks up a whole raft of inequalities within Warwickshire with a geographical one being done which looks at certain geographies such as the North where there are four geographies with Nuneaton and Bedworth being seven so a total of 11.
- YD referred partners to the website www.warwickshire.gov.co.uk/JSNA for more information with a number of reports which the team took and summarised into an action plan of 128 actions which allows them to address the engagement that been done.
- The next step was how this could be linked into the work that is being done in place and a lot of work has been done in aligning it to the Kings Fund and linking it to the priorities of the place executive to see where there is overlap and duplication and more importantly where there are gaps in the service so these could be aligned to the priorities to ensure those actions are being delivered.
- YD referred to the dashboard within the report that shows how they are progressing and getting on with this piece of work.

SG went onto outline to emerging recommendation that were outlined to DE and SMy prior to today's meeting, with the main points being;

- The first recommendation was to produce one integrated place plan and with that have a clear structure and governance in place to support that.
- The team would also like to look at combining the place executive programme and the health and wellbeing partnership work streams to eliminate duplication and ensure resources are being used in the best way to support the delivery of the key priorities.
- In order to support this the team would also like to establish one origin or delivery group which will feed up and report to both boards to give them the same information and strengthen those clear governance lines that they wish to establish.
- The team want to ensure there is synergy with the partnership priorities and the executive priorities to ensure they are always being aligned back to the Kings Fund model whilst also ensuring they are informed by the JSNA actions that YD outlined.
- They also want to continue to report progress against the day-to-day action through this forum as well as the partnership board.
- Next steps – they are currently at step five against the roadmap within the report so aim to complete the review of the JSNA actions and can keep assigning those statuses and keep reporting back to the board about progress and continue to develop the recommendations discussed to both chairs of the boards and the delivery groups and ensure the progress is reviewed ensuring everyone is kept up to date on the current status.

- Another next step is to develop the single place plan and the governance structure to support this and to implement that single place matrix.

Comments/Questions

TS thought this was really clear and asked RC if there was a misalignment with some of the community workstreams to which RC responded that there was not a misalignment, it was just that this piece of work had not been done in this way before in terms of, they knew they were all working alongside and have seen from the mapping exercise that there is plenty of duplication so they are aligned but the piece of work hasn't been done before to bring them together.

JN added that she felt what it had shown is that there's possibly not so much focus on clear activity and project delivery in that realm and may be something that needs to be picked up in the conversations with the partnership as there's a lot of community activity happening but whether integration is happening with that is an area for expert exploration.

JN went to outline to specific recommendations outlined for this piece of work, these being;

- Working towards a single place plan
- In order to do this, look at bringing together the current delivery groups so that there is one delivery mechanism rather than two separate meetings
- Lastly, partners are comfortable that the future reporting will be restructured as described around the Kings Fund model which means the report may look slightly different going forward but the priorities for this group will be retained.

JN wanted to note that both SMy and DE have been briefed on the above approach.

Partners agreed with the above approach moving forward.

Mental Health and LD Development Session – JN/SB



Enc 3 - Mental Health and LD Dev Session Fand LD Dev Session.p

6.

JN provided partners with some background in relation to this item with main points being;

- The attached documents (circulated as part of the pack), are the input and outputs of session that was facilitated by the Mental HealthTrust with partners which was focussing on Mental Health and Learning Disabilities and looking at some key questions and challenges in terms of moving forward Mental Health at system and how that might relate into place.
- There is a proposal for a follow up meeting to take place in June.
- JN fed into the meeting that it is important that this doesn't run alongside additional meetings that are taking place that weren't connecting back into place as most places have a Mental Health workstream as part of their place programme and it would be important to create synergies between those discussions and the discussions happening within this forum, which was received positively.

SB went onto discuss this piece of work and next steps with the main points being;

- JN and Mehwish Qureshi were present for Warwickshire North.
- The challenge is how to take forward Mental Health and Learning Difficulties and Autism into the new system architecture in a way that brings together, at system level, partners to plan and think about what they are trying to draw around Mental Health

	<p>and then Learning Disabilities and Autism and from their perspective place is a key unit of thinking about delivery because the populations that are served are different in different parts and that is something that is really encapsulated in place.</p> <ul style="list-style-type: none"> • The question is how to get that up and down connection thinking about it in terms of strategic planning at system and then really thinking in terms what services, particularly in communities, delivered at a local level vary across the patch but the variation should be because of the population need and not because of the resource or historical. The same priorities are needed for similar populations which is work that has been started. • Every region is having some kind of Mental Health and LD&A collaborative within their new structure and are working through what that may mean and may look like which was the purpose of the workshop. • Three key areas are emerging in terms of what is going to make a difference, these being strategically planned and locally delivered community based services, having the right range and capacity for therapeutic services for people when they are in Mental Health and LD&A crisis with a lot of discussion about the fact that sometimes the only option, it seems for someone in crisis is to admit them to an inpatient bed which is clearly not the right way of planning so there is a whole workstream there in managing crisis and helping people when they are moving towards needing more assistance and have we got that right. • The final areas is a system we spend a lot of money on residential placements that are not all in our area (long term therapeutic placements) so there is a real opportunity in coming together as a system to think about what we might want to draw or actions that would enable us to have a much better service offer but closer to home to people have the pathways and the movement. • There are separate conversations taking place around the Mental Health and LD&A structure collaborative might look like structurally but the plan for this work was to take this out into the various areas and places to and thinking about if these are the right priorities. • This work is largely for adults as there is another piece of work going on in relation to children. • There is a plan for another meeting to take place in June and between now and then there will be some meetings taking place for each of the three areas and asked partners to think about who they would like to attend those meetings to bring that place voice so that there really is that linkage. <p>Questions/Comments</p> <p>There were no questions or comments from partners.</p> <p>ACTION - JN went on to add that in terms of the specific areas outlined and ask partners to give some thought in terms of the areas outlined and request for partners to take those conversations into their networks so into primary care, community acute locally and come back and have a discussion around key messages or themes.</p> <p>SB added that there would be opportunity for representatives from place to attend meeting's to do with the three workstreams who would have an interest and then feed that back into the place executive due to the workshop in June being a face to face meeting so would have limited capacity for a number of people from this forum to attend.</p>
7.	<p>Place Resourcing – SM</p>

	<p>SM explained that this agenda item was in relation to the risk identified around resourcing which has been continuously reported for the place programme and with a lot of changes taking place from a CCG perspective, so resources allocated to place.</p> <p>This still is a risk within the programme and would like partners to think about what resources we currently have within the partner organisation that are aligned to WN as a place and how and the team from a readiness perspective can start to co-ordinate from a readiness perspective start to co-ordinate to start to pull that matrix team together which is described within the update provided under the Place Mapping agenda item and asked partners to make recommendations in terms of who they can connect with to enable them to start to do that.</p> <p>There is a risk around programme leadership to some of the programmes of work and this is being looked at in terms of ways in which people can be connected on delivery to progress those because they are still deemed as a priority.</p> <p>ACTION – Conversations to take place with partners in relation to connectivity in relation to resources into this programme.</p> <p>Questions/Comments</p> <p>There were no questions or comments in relation to this agenda item.</p>
<p>8.</p>	<p>WN Health and Wellbeing Update – YD</p> <p>YD felt that most of these updates were provided within the Mapping agenda item, the only thing he wished to mention in terms of what has happened since the last WN place executive meeting in terms of the WN Health and Wellbeing Partnership board where they went through the COVID numbers, what’s going on in WN in regards to COVID public health board and DE had the opportunity to talk through the impact of COVID within GEH along with the vaccination plan.</p> <p>Some of the key presentation that were given at the meeting were in relation to poverty proofing strategy and the financial conclusion along with a presentation on the wellbeing re-design and how mental health services have been redesigned for prevention and first steps through the wellbeing service for which YD would provide the website links in relation to this within the chat box function.</p> <p>An update was also provided in relation to the suicide prevention strategy as well as self-harm.</p> <p>Questions/Comments</p> <p>JN asked YD if he could provide an update in relation to the status of the recruitment for the Public Health posts to which YD responded that interviews had taken place for the Public Health principle for which a verbal offer has been made which has been accepted.</p> <p>In relation to YD current post, he will be starting in his new role on 20th June 2022 at the CCG and SA is looking at backfilling this post.</p> <p>Two consultant posts were advertised for which one of these has been successfully recruited and will be going out for re-advertisement in relation to the other role.</p>

Stroke Implementation Update – LN



Enc 5 - Coventry and
Warwickshire Stroke Pathway

The attached briefing was taken as read.

LN introduced herself as the Director of Elective and Financial Recovery across the ICS and also the SRO for the Stroke Implementation Pathway.

LN went onto provide an update of the status of the Stroke Implementation pathway, with the main points being;

- 9.
- This has now been progressed to the mobilisation phase in terms of delivery
 - They are moving forward in terms of early supported discharge and working through the clinical and operational standard operating procedures to ensure that its consistent for each and every patient.
 - They are also working through the pathways in terms of rehab and repatriation of those stroke rehab patients between the acute providers which is something the operational group is picking up which is newly formed as they are having challenges in terms of what that means on a day-to-day basis in terms of delivering that business case which has been in development for some time and the risk in terms of delivery
 - There are currently two risks that have been in place, one being Warwickshire provision of enhanced care delivery and it's on a specific pathway, but the funding has been found for 2023 for this but were some challenges around the long-term position in terms of the funding for that model specifically for Warwickshire.
 - Rehab beds were agreed approximately 12 months ago in terms of no rehab beds being located at Rugby and them all falling into the Felix and Feldon, from an operational perspective that is currently a challenge, and the operational and clinical leads are working through how they manage that more appropriately to support delivery of that pathway.
 - The final risk is around the medical provision and recruitment at the hyperacute unit, they do have an increase in terms of medical provision but that has slowed down in terms of activating all parts of that pathway. The expected fully go live date is 1st June with the Clinical and Operational leads working through the delivery of that and appropriate processes to make sure that each element of the pathway is right
 - In terms of the risks the help of the stroke network has been enlisted so where there are challenges around different parts of the pathway owned by different areas and challenges around what the clinical risk is, they are willing to do an independent review so are hopeful that the clinical or operational group will work that through but in the instance that there are varying views then the Stroke Network will look at that in terms of where the biggest risk sits and how this can be moved forwards in terms of the pathway.

Questions/Comments

CL added that in terms of financing and contracting the big issues continue to be what happens with the spare capacity at SWFT in terms of the half award being released and how that's utilised and funding for it. The final finance has not yet been signed off, but a meeting is due to take place imminently for this and then the contract basis will fall out of the bottom of that with a recommendation, potentially, going to PEG as to whether it is a lead provider basis or individual contract basis with the preference always being to make it a lead provider basis.

	<p>JN asked what proactive steps are being taken in terms of managing the workforce risks and also around the communications that need support in relation to the implementation of the pathway in terms of the key partners both in terms of the people that will be operating within the pathway whether that be primary care givers or others and also other partners because this has been quite a political topic in particularly the rehab side and supporting people.</p> <p>LN responded that in terms of the workforce risk, there are two elements, one in terms of the early supported discharge pathway in the community pathway. A recruitment campaign started back in October 2021, and they are on track in terms of supporting that provision. It is a higher level in Coventry and there were some challenges due to finance allocation which have now been worked through.</p> <p>There is one pathway that they are quite specific in needing specific resource but is more around finance issues rather than workforce.</p> <p>The other workforce challenge is around medical provision across the hyperacute and then the rehab and how it is distributed. A proposal has been worked through but it is slightly different to the business case provision, so the clinical group and operational group are working through that.</p>
<p>10.</p>	<p>AOB</p> <p>JN provided an update in relation to the Volunteering model that as presented previously to this meeting and the WN Health and Wellbeing Partnership.</p> <p>There has been a lot of progress on the model and a lot of work has been done on the data analytics identifying patients that are waiting to benefit from volunteer intervention and shaping out what that intervention would be.</p> <p>There's been discussions with the PCN and agreement in terms of the rollout plan with PCN.</p> <p>There's a business case that is being developed in terms of the funding requirements to scale up and roll out the project and that business case is going forward to several investors because the intention is that there will be a profile of investments for that volunteering proposal from a number of sources rather than just from one partner.</p> <p>Its going forward to the GEH business process and also the GEH charities business case and also a opportunity that's been identified for NHS England to submit for an opportunity to support the business case also.</p> <p>JN went onto add that each place has been notified that there is a small amount of allocated funding to support place priorities and place initiatives with the connectivity to health inequalities and this has come through to SMy in the Partnership and there is a suggestion that some of this funding could be attributed to this project.</p>
	<p>Date of Next Meeting: Thursday 5th May 2022 09:00 -11:00 Microsoft Teams Meeting – diary invite</p>