

MEETING NOTES - WARWICKSHIRE NORTH PLACE EXECUTIVE

Thursday 4th August 2022

09:00-11:00

MS Teams Meeting

PRESENT		
Name	Initials	Title
David Eltringham	DE	Chair - Managing Director, GEH
Salmah Mahmood	SM	Programme Manager – Warwickshire North Place, GEH
Kay Speed Andrews	KSA	CCG
Martin Sandler	MS	Deputy Medical Director GEH / Associate Medical Director Swft
Rachael Tompkins	RT	General Manager, SWFT
Robin Snead	RS	Chief Operating Officer, George Eliot Hospital
Chris Bain	CB	Chief Executive for Healthwatch, Warwickshire
Jane Coates	JC	Public Health, Warwickshire County Council
Neesha Memetovic-Bye	NMB	Public Health Officer, Warwickshire County Council
Steve Maxey	SMY	Chief Executive, North Warwickshire Borough Council
Elouise Jesper	EJ	GP Partner and PCN CD in Nuneaton
Catherine Free	CF	Medical Director, George Eliot Hospital
Chris Lonsdale	CL	Director of Finance, CCG
Blaire Robertson	BR	Programme Director, UHCW
Becky Hale	BH	Assistant Director of People, Strategy and Commissioning, Warwickshire County Council
Asif Atta	AA	CovWarks
Sharon Binyon	SH	Medical Director, CovWarks
Amar Kacchia	AKh	LMC Representative
Suzanne Gray	SG	Senior Programme Manager, GEH
Adam Carson	AC	Chief Executive, Innovate Healthcare Services
Dominic Cox	DC	Director of Strategy and Development, CovWarks
Sam Young	SY	Programme Assistant – WN Place, GEH
Name	Initials	Title
Jenni Northcote	JN	Director of Strategy, Service Improvement and Partnerships, GEH
Shade Agboola	SA	Director of Public Health, Warwickshire County Council
Rupin Somaiya	RS	Deputy Medical Director, George Eliot Hospital

Item No.	Notes
1.	<p>Apologies</p> <p>As detailed above.</p> <p>Welcome / Introductions</p> <p>DE welcomed partners to the meeting.</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 August's meeting with the following clarifications being made by CL;</p> <ul style="list-style-type: none"> • Although not at the last meeting, CL prepared the presentation delivered by Kay Speed-Andrews and wanted to note that there was a request that actually Place based finance did come down in terms of budget, but the presentation prepared beforehand was the ICBs view, initially, is that it will be down to Care Collaborative and that Place based budgets will not automatically come through. The Care Collaborative Budget will be worked through first before any Place based budgets. • This is not in line with what has been requested or otherwise from Place etc. but CL just wanted to ensure partners were aware that the current view coming from the ICB. <p>Action Log;</p> <p>3.4.1 – Funding for the ARRS roles has been protected as much as it can be under the Mental Health Section 75 with the decisions on how this is used still to be made in terms of posts. Further conversations are on-going, but CL feels there are no further updates that can be provided to the group and recommended this be taken off the action log. ACTION – CLOSED</p> <p>3.7.1 – DE/JN to draft a not to Mel Coombes in relation to concerns with reporting and ARRS Roles – SB assured partners that the Clinical Directors from the PCNs are meeting with the Mental Health Transformation Team and Richard Onyon will also be attend September's WN Place Executive to discuss the Mental Health Transformation which will include a discussion on ARRS roles specifically. It is getting closer to being resolved but there is some more work to do.</p> <p>It was agreed by partners that this action can be closed due to the work continuing as above. ACTION – CLOSED</p>
3.	<p>Matters Arising</p> <p>There were no matters arising raised by Partners.</p>
4.	<p>Place Readiness Programme – SM/SG</p> <p>SM informed partners that this report was distributed ahead of July's WN Place Executive but has separated the Place Delivery Reporting and Place Readiness Reporting which may continue going forward.</p> <p>SG they proceeded to talk through the highlights of the report, with the main points being;</p> <ul style="list-style-type: none"> • There are a couple of pieces of work being undertaken under the place readiness programme, these being; <ul style="list-style-type: none"> ○ In response to the ICB delegation opportunities under the new Health and Care, the team will be drafting a proposition for consideration as part of the Place

	<p>Readiness focus on scoping lead provider governance arrangements in the context of the Care Collaborative and Place developments.</p> <ul style="list-style-type: none"> ○ There will be a series of three workshops across August and September with the Place Readiness SROs and the Place Executive and Partnership Chairs with the purpose of undertaking some scenario planning to help to design draft governance options for lead provider arrangements at Place and then this will be bought back for consideration and further iteration at the WN Place Executive Group and George Eliot to inform about the interface between Place, George Eliot, the Care Collaborative and ICB. <ul style="list-style-type: none"> ● Highlights from across the Workstreams were as follows; <ul style="list-style-type: none"> ○ Place Delivery – Meeting’s regarding homelessness at GEH have taken place with Warwickshire County Council and will be looking at the recommendations from this and how this can be progressed ○ The JSNA action review is continuing with the aim to be able to right some timelines within the Health and Wellbeing Partnership paper in August. ○ Quality and Safety – A meeting has taken place in terms of how to cement Place at the heart of building quality and safety with some good conversations and follow-up points coming out of that meeting with regular meetings being scheduled. ○ Healthier Futures – RW Health are progressing with the insight packs around Elective, Urgent Care, Physiotherapy and T&O with meetings also planned with Primary Care. ○ Contract and Commissioning – The Care Collaborative are working through the ICB for a series of development sessions to agree the scope, the commissioning delegation and how the contract will transfer. ○ Population Information Insights – The monthly intelligence Cell meeting’s on continuing with a draft TOR to be signed off at the next meeting with discussions started on how the PHM support from Optum is deferred. <p>Questions/Comments</p> <p>There were no questions/comments from partners.</p>
<p>5.</p>	<p>PHM Extended Offer - SM</p> <p>SM informed partners that through the logic model, an intervention was developed and what has been fed back through the System PHM steering group is that there is additional support available from Optum to each of the Places around progressing some of their PHM Work and so conversations have taken place with colleagues around how best this can be done.</p> <p>What has been made clear is from a WN perspective is that we do not want to set up PHM orphan project but needs to be intrinsic of the work that we do.</p> <p>The team have asked for support to the Intelligence Cell so that they can embed the framework around that data triangulation and analytics at the heart of what they start to pull together as information across partners and they have also asked for support into the Long Term conditions workstream (which is where the intervention project is being supported) particularly to support the team to think about the benefits framework and how they can start to report back to Place and the population about how progress is being made on the things that they have said they would do.</p>

	<p>The conversations with Optum have been taken back into the task and finish group and into the Intelligence Cell where there has been a lot of support for this.</p> <p>Questions/Comments</p> <p>JC wanted to Duncan Vernon (who has a lead role across the system in terms of connections in PHM and how this plays out at Place) is party to the conversations that are happening in relation to Optum, to ensure there is linkage to which SM confirmed that Duncan Vernon was included in these conversations.</p> <p>DE asked how this support builds on or relates to the priorities already set within the workstreams that are already in progress around prevention such as smoking cessation etc and how do you these relate to which SM responded that if they think about the intervention that was developed through the work that was done with Optum, this was focussed around a cohort of pre diabetics at risk of diabetes with obesity and associated conditions, so they neatly fit into one of the priority areas which is why they are not able to have something that was stand alone. The work that has been developed in terms of how they would implement a set of interventions (that have been agreed) has been done with the prevention mindset in the forefront of how it has been approached and it has been built on some of the work that has been scoped between George Eliot and Primary Care Clinicians around how they can work on that so there is a connection and that's why the team are keen to have support into the analytics stage.</p> <p>BH added that she feels there are some things to work through in terms of the Optum programme/PHM/RW Health activity to make sure it is all connected as there is some concern that a focus on one might impact the ability to focus on the other, the group need to ensure that one doesn't destabilise the other.</p>
<p>6.</p>	<p>Feedback from Place Plan – SM</p> <p>The Place Plan was shared at last month's meeting and circulated after the meeting for feedback/comments from partners, with the following being received;</p> <ul style="list-style-type: none"> • The Place plan refresh was largely positively received • It was felt the plan told the story of Place and follows a logical and sequential structure • The plan has the ability to be adapted and be further enhanced as things become less ambiguous around some of the system structures • There were some recommendations from partners in relation to the language and the focus in terms of how we will do what we've set out to do as opposed to the process or the ambiguity of some of the statements. <p>The next steps are that the feedback will further get incorporated and the plan further refreshed and then this will be taken to print and to intention is for the final product to be presented to this meeting in October and for partners to share with their organisations.</p> <p>Questions/Comments</p> <p>DE felt it's important that the Plan is plain and simple.</p> <p>BH asked if there would be a review towards the end of the year once there are some outputs from the RW Health and Optum work to refresh again to which SM confirmed that this would be the case.</p>

DE asked if there has been a connectivity with the Health and Wellbeing Board as it is important that they have the opportunity to influence the document and be involved in the sign off to which SM confirmed that there was that connectivity and that they are really clear that they want one plan across Place so are taking into consideration direction from the Health and Wellbeing Partnership Group and will be taking the Plan through that group for approval also.

Care Collaborative Update – BH

BH provided a verbal summary of the status of this, with the main points being;

- The Coventry and Warwickshire Care Collaborative Development Programme continues with three key workstreams and there is engagement in those workstreams from representatives from WN and from other organisations.
- Some aspects of this are focussed on some of the technical aspects of how delegation and governance might work.
- From a Warwickshire development Care Collaborative perspective, they are trying to keep coming back to the focus on doing and trying to build partnerships and arrangements by doing.
- There is a delivery plan that is split into sections and has actions around ICB moving activity to the Care Collaborative/actions around the Care Collaborative development, actions around host development and actions around Place development in terms of the lead provider approaches so all of that has come together into one action plan with a development group that oversees the delivery of that on a monthly basis and has partners from across Warwickshire on that group.
- The are continuing to work on the development of the consultative forum for the Warwickshire Care Collaborative by quate three but it is anticipated this will be closer to December as opposed to September.
- They will be working through the development of role profiles and processes to identify the people who will be on the consultative forum with some initial thoughts having been pulled together on how membership may work and the plans in Warwickshire to reconstitute the Health and Wellbeing Executive to become that consultative forum for workshops.
- The areas of focus haven't changed for the Care Collaborative and the consultative forum in phase one so it continues to be urgent and emergency care and out of hospital and for Warwickshire the discharge front runner will be a key part in terms of that in terms of approach and building by doing, the continuing health care and the better care fund.
- As the Consultative Forum is set up, there is a need to be clear of how this interfaces with some of the things that are in the system such as A&E Delivery Board.
- There has been an agreement that a focus for August is that colleagues in CWPT are starting to pull together what they anticipate the interface will be between the Mental Health Collaborative arrangement, Warwickshire Care Collaborative arrangement and the Place Partnerships that exist. Dominic Cox is starting to pull this together to start to articulate how that might work ensuring that the partnerships co-exist and work together.
- WN is a test case for how the lead provider approach may work with the Care Collaborative and the ICB so proposals are starting to be compiled on how this may work which can then be adopted across Rugby and South Warwickshire once they are right.

BH wanted to address a comment made by SMY from the minutes of the last meeting in relation to the District and Borough Councils to provide assurance that they are committed to understanding how the district and borough councils will link in with the Care Collaborative, recognising its focus on the integration of the Health and Care quadrant that it's still important to do that in a way that's robust but proportionate. There is a session arranged with the district

7.

	<p>and borough council Chief Executives in September with the aim to start another conversation on how it may work and how they make the best use of people’s times.</p> <p>Questions/Comments</p> <p>DE reiterated the strong desire for Place to be the primary unit of planning and delivery and just wants a statement from the those involved in the work that Place is still absolutely the fundamental building block is this to which BHs perspective was that this is absolutely the principle of what they are trying to work this through, which makes a little more complicated but feels this is why the building by doing approach will help.</p> <p>SM asked for some clarity on what is Place/what does it mean as if it’s used interchangeably it could lend itself to some confusion to which BH agreed and has been a constant issue which is why they keep referring to the Warwickshire Care Collaborative and Place Partnership as from BH’s perspective there are four units of Place with these being the regional, Coventry and Warwickshire, Warwickshire and Place Partnerships so this is why they refer to the Warwickshire Care Collaborative and Place Partnerships.</p> <p>CF felt it was important that the needs decision to be made on how Place is going to be referred to and if that isn’t the case it needs to be shared as to where the focus will be so people know where to spend their time to which EJ and RS Agreed.</p> <p>BH volunteered to put together a diagram to show how things will work.</p>
<p>8.</p>	<p>Clinical Strategy – One Year On – CF/SM</p> <p>SM informed partners that the Clinical Strategy has now been in place for 1 year and a review is currently taking place in terms of what does one year on look like against the three to five year Clinical Strategy that is in place and some of that will be shared ahead of October’s Place Executive as a document to share and almost tie it together with some of the Fab Friday movement that the team want partners to get involved with so a document will be sent out to partners for them to review.</p> <p>CF added that there is a lot of work that has taken place since the clinical strategy was launched and it’s a really good exercise to do this stocktake and try and include as many examples as possible and is about celebrating what has been done so far and committing to do what we still need to do.</p>
<p>9.</p>	<p>System Leadership – SG</p> <p>SG informed partners that there is an opportunity for a Foundation Training Programme in System Leadership, this is a five-week programme of self-directed study.</p> <p>It is five hours per week and can be started at any time as it s a rolling programme so there are no ties to a start and finish date and it covers the following;</p> <ul style="list-style-type: none"> • What is System Leadership • Why is it important • How do you do it <p>SG suggested that this training be started with the Place Delivery team for the current year for them to then come back to Place Executive to feedback and to outline the benefits of the programme.</p>

	<p>The aim is then that next year this would then be rolled out to all Places Programme project leads and SRO's where they feel that it is necessary.</p> <p>Questions/Comments</p> <p>There were no questions or comments from partners.</p>
<p>11.</p>	<p>Digital Strategy – AC</p> <p>Adam Carson introduced himself to partners and explained that he was at the meeting representing the ICS Digital Strategy, with the main points being;</p> <ul style="list-style-type: none"> • The strategy has been developed over the last 6 months and has involved a significant process of interviewing people from across the ICS looking in detail at patient journeys and having a number of working sessions in a public forum to help drive the details of it. • The strategy is currently in the consultation phase which is slightly behind where they expected to be at this point but the plan is that the strategy will go to the ICB in September/October for approval. • Before the submission to the ICB the team are keen for all Places within Coventry and Warwickshire to have input into the strategy from a Place perspective. • At the moment, and certainly during the pandemic the role of digital has increased but if you look forward five to ten years, we are in the position now where we know that unless we embrace digital and look at the demands of the population and the increasing desire to use technology to manage people's own care and some of the productivity challenges faced as health and social care providers, if we don't start use digital in a co-ordinated and planned way then there is going to be a struggle with the challenges • The ICS Strategy is designed with the current challenges in mind so currently when we look at digital technology its very organisationally focussed and it tends to be reactive, from a patient or person perspective it tends to be inaccessible or inefficient so a fragmented model is seen for example each health care organisation that someone might come into contact with uses different systems and that creates challenges in the perception of the use of digital technology. • The strategy proposes five principles, these being; <ul style="list-style-type: none"> • Person focussed care • System wide • Agile and Innovative • Data Led Decision Making • Inclusive and Sustainable • The strategy presents case studies to present how technology and digital can transform the way a person/individual received care within the system. • There 8 are key elements of the strategy; <ul style="list-style-type: none"> • Citizen and Patient Portal • Digital Workforce Tools • Integrated Care Record • Population Health Management Platform • Virtual Health and Care • Electronic Health and Care Record • Advanced Analytics and Date Inter-operability • Infrastructure and Technical Capabilities • The key Milestones for the strategy are as follows; <ul style="list-style-type: none"> • Short term - Defining frameworks and developing foundations

- Medium Term – Embedding Transformation
- Long Term – Continuously innovating in our mature digital environment

There are 4 questions that partners are asked to consider, these being;

1. Do the priorities outlined in the digital strategy accurately reflect the priorities for Warwickshire North Place?
2. The strategy focusses primarily on a system approach to digital development – are their specific place priorities or approaches to digital that should be considered or included?
3. Governance is key – currently this is focussed at the system level, but is there more we can do to promote and govern place based digital initiatives?
4. The strategy should reflect all health and care partners within the place and system. Does this come across or does it feel too health focussed?

Questions/Comments

EJ felt that it was important that this conversation matches the previous discussion that have taken place with BH regarding the Place strategy as there is a need to make sure the digital strategy isn't divorced from the broader strategy and is the enable to make sure Place achieves what it needs to. The digital strategy of strategy of WN is something that has been developed a lot and one of her anxieties is that Place loses its ability to make change and continue the developments that Place currently has. There is a great success story in terms of the relationship with CCG colleagues and have a voice as networks and make sure the solutions reached have matched what we need and have been able to implement those funding decisions and EJ is keen that this isn't lost in the development of the strategy.

JC felt it was really interesting but the things occur to her in terms of the strategy is not in terms of the core things that they want to achieve but the intended or unintended consequences of doing this with her reflection being where are people in this because they are talking about the people and the benefit and efficiencies in the system and you only have to see the outcomes of the pandemic and social media and the fact that there's a diminished amount of trust in terms of some portions of the population, a growing unwillingness to be part of systems that hold people's information and she just wondered what's the degree in which the narrative has been thought through that helps the population understand the benefits of this and that work goes in so that people understand what is happening with their information and really doesn't think that people should be forgotten in this.

JC continues that the more digital technology is introduced the more they remove the face to face interaction that some people need and so where you have this that solves a mass issue you create a smaller but more potentially damaging either mental health concern, for those people who lose personal interface.

CF felt there was nothing fundamentally wrong with this but her main concern, having read the document was what is this document asking them to sign up to in WN Place and what is it asking partners to do when it is asking them to deliver/make decisions because she cannot see from the steps they are asking people to take are the sorts of commitments they are signing up for about how they are going to develop things to achieve this. You could look at the steps that have been drawn out and say the ICB is going to deliver that so none of the partners here need to deliver anything.

CF's other question was in relation to funding because there's very little that is clear about what they are going to do but the one clear thing is they are going to increase funding to this so it is unclear if there is an agreement or is it that there is a need to invest in this so funding

for somewhere else needs to stop in order to deliver it and what is it they won't be investing in if this is the case.

CF continued that in terms of the design authority she cannot see how this links to things such as the whole governance structure which they are laboriously trying to work out for the EPR.

CF also felt that having a strategy for the ICS should then inform the strategy for Place and hospitals etc. and she doesn't know if she can take that and do something meaningful with it here or at GEH

SB added agreed to the above but felt that she was conscious this was setting out a range of things that they are aspiring to achieve but what she is not feeling is the segmentation by sector and by clinical population.

SB was concerned about the programme from the start about where the users and carers voice is and she is aware that they have had some workshops but given that they are in a world of co-production she would expect to see some part of that governance where they are bringing in some groups that are representing the people that they are delivering their care to ask if it works for them

RS agreed with SB's comments and was going to raise similar point in terms of the patient and local populations involvement but also the staff involvement and the people who have used the systems. The successful implementation of any system hinges on the staff involved in using it and thereby into using it does it make their life more straight forward and deliver what is needed in terms of patient care.

AC felt the point of today was to get feedback and shaping this as a system in Coventry and Warwickshire.

AC's personal feedback is that there is not enough in the strategy about the people currently and they also need to think about building capability in staff, as an ICS it touches on that but not enough.

AC also agrees that the staff and patient engagement element, it is implied throughout in the bigger document but don't talk about how they are going to do that and feed into the governance structures.

AC continues that they need to agree a way forward, that the right principles are in the strategy and the right areas of working and above all there is a need to collaborate and work in partnership.

AC agrees that the design authority needs further thinking and in terms of the point around segmentation by sector made by SB, AC agreed with this also.

AC continued that the feedback in relation to the strategy is, at times, a bit one size fits all and its very system focussed which is one of the reasons they were keen to bring this the WN Place Executive for comment.

DE thanked AC and requested that the minutes reflect the feedback given by partners and asked SM to work with SY to ensure they reflect this and then circulate that to partners to give them an opportunity to add to that and then shape a response to AC based on this.

ACTION - SM to work with SY to ensure they reflect this and then circulate that to partners to give them an opportunity to add to that and then shape a response to AC based on this.

The Development of the Mental Health, Learning Disability and Autism Collaborative - SB/DC

SB felt that given the conversations that the group have been having around the relationship between Place and the System, that it is a good moment for them to bring their initial thoughts around the Mental Health and LD&A collaborative and getting that thinking and feedback from Place with WN being the first Place that this conversation has taken place with.

DC gave a brief overview in terms of the status of the collaborative and how Place want to get the joint working right moving forward with the main points being;

- They have got to a point now where they are agreeing that there will be a Mental Health LD&A Collaborative working alongside the geographical Places but recognising the need for that focus.
- The main rationale being that they clearly need to integrate pathways.
- There is a massive challenge in terms of reducing inequalities for the population for Mental Health and LD&A.
- There is a huge demand coming through in terms of the impact of COVID to all of the services.
- The final element of the conversation is the need to focus on co-production. There has been a lot of work for people who were at a session that was held earlier in the year and they now have experts by experience who will be a huge part of the programme moving forward.
- There is already an existing system programme, Mental Health for example, there is a group of people that come together, and they are going to transition that board into the Collaborative and deliberately in order to make some changes in links.
- One of them is to formalise the relationship with Place, with a seat being available for each of the four Places and in terms of the Collaboratives, they are looking at PCN Clinical Directors representatives, BCSE Council and experts by experience so it will feel a very different partnership group.
- In terms of the early priorities, they are going to be asked, as an ICS, to have a Mental Health Strategy and with the expectation that this is going to be sent by the end of March so they want the Collaborative, with everyone, to be able to own that and drive it forward
- The other areas around inequalities - There is the opportunity for some money in the system and they believe looking at that across Mental Health and LD&A and Collaboratives working with Place they can really get some traction in that area.
- Community Mental Health Transformation is the real opportunity they have now, local integration plus investment and it is important to get the model right in North Warwickshire and other Places and this will be a key focus over the next year.
- Some of the other areas are around crisis support, SB is leading some work across the system on support for individuals in crisis so before they trigger needing to come in what else can be done more proactively and that has come out positively in terms of Primary Care recognising there are a number of patients who we hold that risk and something needs to be done more proactively.
- Packages of care – there is a significant amount of money spent across the system on packages, is there a different way and better services needed locally to avoid patients going out there and having the right intervention and support.
- A key area of the Collaborative is about embedding this new offer at Place, this is the real focus for them and a real strong voice coming from all the discussions is they need to shift the focus from services to support because as soon as the conversation

12.

is started about services, they are creating a dependency and a real strong view from colleagues is the need to empower people in their own communities in order to live their own lives, so there is a real change in how we need to work.

- The community resilience is critical so what is available in North Warwickshire will help individuals be able to live their lives which is an important part of the programme.

Questions/Comments

DE thanked DC and felt the reassuring thing for him is that there will be a seat at the table for Places because the worry that people have expressed in the past about the Collaborative approach is that one size fits all and Place won't have a voice, and this sounds like a real opportunity for Place to influence.

BH wanted to share some thoughts with these being that earlier in the meeting there was a discussion about the Warwickshire Care Collaborative and the relationship with the Place Partnership and being clear that as we establish things that work for people and the functions that need to be delivered that most of the activity will happen in neighbourhoods and in Places, so she wanted to gain a sense from DC in terms of that principle with the Mental Health Collaborative.

BH continued that there is a need to be clear that the Mental Health and Learning Disability and Autism are quite different and what is needed is quite different especially when you think about the needs of children with disabilities and children with Autism and a real focus around communities and enabling and supporting people, so they don't need any services or support.

BH also asked if the Collaborative that is being developed all age.

SB felt that it is about that two-way approach and then how do they get people that are more used to working at System Level to come into the Places to help with the thinking there.

SB feels it's more lively interaction than simply somebody coming along and giving them the benefit of their wisdom as she wants it to be more than that.

DE felt it sounded like they are asking for partners to identify someone who might lead on Mental Health for WN and become a conduit for the movement of ideas and action between the Collaborative and Place to which SB confirmed it was.

CF informed partners that they are trying to create something strategic that is for WN Place which builds on the clinical opportunities group that they have at the moment and widens that to include social care, mental health etc. but looks at things from a Strategic point of view with the aim and this would be a perfect thing to bring to that group to say to them this is where we have got to with the thinking and ask what their needs are as GPs, hospitals etc. with the hope that Social Care and some of the NDT people are involved in that group.

BH said there was a session where there was a fuller stocktake and a discussion had taken place about neighbourhood teams and MDT approaches and how that brings in Primary Care, acute activity, the Social Care and Mental Health but all age in terms of children and adults and BH wondered if there is an opportunity to link those two things with this discussion.

EJ informed partners that Mehwish Qureshi is taking the lead from Primary Care in Mental Health and is keen for her to be linked into these discussions.

DE asked if Mehwish Qureshi already has some sort of formal role as Mental Health lead for Place in some way to which EJ clarified that there is no formal because that structure is in transition but Mehwish Qureshi is who the Clinical Directors support.

	<p>DE asked if there would be an issue with her leading on behalf of Place and having a seat at the table within the WN Place Executive to which EJ felt she wouldn't be able to answer that and would need to have a conversation with Mehwish to ensure it's linked in with the other conversations she is having.</p> <p>DE asked EJ if she could have that conversation with Mehwish Qureshi and if necessary, connect into the clinical reference group and provide some advice on who might represent WN Place at the Collaborative to which EJ confirmed she would do this.</p>
<p>13.</p>	<p>SG wanted to update partners that Fab Change Day is changing to Fab Changes 22/23 so rather than an initial day of focus it's around a year-long focus broken into four modules the reason being is that recognising the work pressures and workforce pressures that are out there, but also looking at the fact that change doesn't happen in one day, it's a continual movement.</p> <p>The four modules are broken down into the following;</p> <ul style="list-style-type: none"> • Pledging and getting inspired • Networking and starting your pledge • Assessing how your change is going • Sharing the pledge outcomes <p>They are currently in module one which is about developing pledges, so they wanted to come to WN Place to be a part of the developing pledges together so they have created an idea board where they can upload any pledges that people would like to put forward and the pledges are focussing on how we reconnect with colleagues and other services post pandemic, looking at the small changes that have been made in the last two years and continuing with those, how we can develop our patient experience and wellbeing and a pledge from within your area of speciality of expertise.</p> <p>SG provided partners with the below link to the ideas board within the chat box and asked partners if they could have a think about what they would like to pledge and put this into the ideas board along with their names and departments.</p> <p>https://ideaboardz.com/for/%23FabChange%202022%2F2023/4556645</p>
<p>14.</p>	<p>AOB – ALL</p> <p>CF wanted to raise a lot of resource is going into the PHM programme and CF cannot envisage how this is going to change what they are doing and if they are going to be really true to addressing some of these things, then the investment needs to follow into other areas where there is deprivation but as a system are they prepared for this. CF has a worry that there is a lot of resource going into something that we are unable to deliver on the outcomes.</p> <p>DE proposed that a more detailed conversation around PHM be put onto the agenda of a future meeting with JC and NMB leading on this.</p> <p>ACTION – SM/JN/NMB to liaise in relation to the above.</p>
	<p>Date of Next Meeting: Thursday 6th October 2022 09:00 -11:00 Microsoft Teams Meeting – diary invite</p>

