

MEETING NOTES - WARWICKSHIRE NORTH PLACE EXECUTIVE**Thursday 1st December 2022****09:00-11:00****MS Teams Meeting**

PRESENT		
Name	Initials	Title
Jenni Northcote	JN	Chief Strategy, Service Improvement and Partnerships Officer, GEH (Chair)
Salmah Mahmood	SM	Programme Manager – Warwickshire North Place, GEH
Chris Bain	CB	Chief Executive for Healthwatch, Warwickshire
Sharon Binyon	SH	Medical Director, CovWarks
Amar Kacchia	AKh	LMC Representative
Blaire Robertson	BR	Programme Director, UHCW
Becky Hale	BH	Assistant Director of People, Strategy and Commissioning, Warwickshire County Council
Jane Coates	JC	Public Health, Warwickshire County Council
Elouise Jesper	EJ	GP Partner and PCN CD in Nuneaton
Ryan Coffey	RC	Project Manager, GEH
Uju Okereke	UO	Public Health, Warwickshire County Council
Martin Sandler	MS	Deputy Medical Director GEH / Associate Medical Director Swft
Suzanne Gray	SG	Senior Programme Manager, GEH
Jack Foster	JF	Associate Chief Operating Officer – Out of Hospital
Rosanna Fforde	RF	Specialty Registrar in Public Health, Warwickshire County Council
Carla Searle	CS	Engagement and Outreach Officer, Healthwatch Warwickshire
Natalie Green	NG	Chief Nursing Officer, George Eliot Hospital
Alison Bolton	AB	Group Associate Director of Improvement (Wye Valley/GEH/South Warwickshire NHS Trusts)
Sam Young	SY	Programme Assistant, Warwickshire North Place
Name	Initials	Title
David Eltringham	DE	Chair - Managing Director, GEH
Chris Lonsdale	CL	Director of Finance, ICB
Shade Agboola	SA	Director of Public Health, Warwickshire County Council
Rupin Somaiya	RS	Deputy Medical Director, George Eliot Hospital
Rachael Tompkins	RT	General Manager, SWFT
Catherine Free	CF	Medical Director, George Eliot Hospital
Robin Snead	RS	Chief Operating Officer, George Eliot Hospital
Asif Atta	AA	CovWarks Partnership
Steve Maxey	SMY	Chief Executive, North Warwickshire Borough Council
Laura Nelson	LN	Chief Integration Officer, ICB

Item No.	Notes
1.	<p>Apologies</p> <p>As detailed above.</p> <p>Welcome / Introductions</p> <p>JN welcomed partners to the meeting and asked partners to introduce themselves to RF and CS who were new to the group.</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 November's meeting.</p> <p>Action Log;</p> <p>3.11.1 – Update to be obtained from RS.</p>
3.	<p>Matters Arising</p> <p>CB requested that, due to the number of enquiries Healthwatch receive from members of the public and patients over the winter, that the messaging on this be clear and people's expectations be managed with things such as ambulance waiting times and elected waiting times as delays seem to be bothering people the most.</p> <p>MS added that there is something about how services are co-ordinated that doesn't always do any favours so simple things such as recognising that there are bank holidays coming up and working out what services are going to be available and when and ensuring there is consistency across the board.</p> <p>AK agreed with CB in relation to his point around communication and felt it was important that things such as A&E waiting times be clearly visible on their websites and messaging on ambulance wait times.</p> <p>BH agreed with MS and wondered if this should link in with the System Operational Coordination Centre which has started today to help manage Winter, with Helen Lancaster taking the lead on this.</p>
4.	<p>Place Plan – SM</p> <p>SM informed partners that the team had been working hard in the background to get the narrative into a steady stream and tone following conversations at these meetings and feedback from partners.</p> <p>The Plan has gone into design and SM shared a draft onscreen with partners to give them a flavour of what the final plan would look like.</p>

	<p>Questions/Comments</p> <p>SB wanted to ask how the plan fits with the emerging Mental Health Collaborative as they had their first meeting a few weeks ago and had workshop a week ago and there are some important things coming out of those sessions such as Mental Health at System Level which fit with the Mental Health priorities at place and are keen to ensure they are linking all of it together in that way.</p> <p>SB requested a discussion outside of the meeting to work out how to weave in that relationship.</p> <p>SB also requested that the WN Place representative at the Mental Health Collaborative is identified and confirmed.</p> <p>SM responded that one of the things they wanted to do with the document is to make it as overarching as possible so not to be so specific in terms of the projects that sit underneath those priorities and defining them in that way and feels it is a document will support the read across and it is recognised within the document that there is a changing landscape so hopefully sets a tone of what is to come.</p> <p>SM continued that she would welcome a conversation about, is how does the Place programme adapt and respond to the changes in the landscape and therefore is that the place were the initial synergies start to be built into those clearer, articulated priorities that must read across.</p> <p>EJ confirmed that Mehwish Qureshi is attending both as a Clinical Director and WN Place Representative.</p> <p>JN informed SB that conversations are ongoing with JC and the Place Delivery Team in relation to additional representation at the Mental Health Collaborative Meetings.</p> <p>CB thinks that the governance arrangements and the lines of accountability and authority within the ICS are not clear currently and are not sure how the various bits of the system are going to fit together going forwards so feels further clarity on this will be needed on this. There is also a need for continuous engagement with communities, patients and the public to see how this is landing and makes a difference.</p> <p>ACTION – The Place team to link with Carla Searle around the Place Plan and the Communications work for the Website piece that is being developed as well as getting that connectivity with the wider communities.</p> <p>ACTION – The Place Team to work with partners on a mapping exercise in terms of meetings and groups that partners are connected into to make the most of that existing connectivity and understand the gaps.</p>
<p>4.</p>	<p>Pathfinder Update - SG</p> <p>Following endorsement from partners at previous WM Place Executive Meetings there has been increased momentum on developing the pathfinder piece of work.</p> <p>SG shared with partners the operating framework (Enclosure 4.1 within the papers) for which will provide the foundations of the approach acting as the pathfinder and using the same key headings of the NHS Operating Framework and pulls together the original pathfinder document and from the original WN Place Executive papers and in the “what do we need to achieve section” incorporates all of the key lines of enquiry that have been found as they have gone through this piece of work.</p>

	<p>SG asked partners for their support on the approach that is being taken and for any comments or feedback on the operating framework and looking at the next steps are in terms of testing the proposed approach and gaining partners comments on this noting the suggestions in the papers in relation to the out of hours contract.</p> <p>Questions/Comments</p> <p>BH noted that there lots of different things going across various different footprints which will need to be taken account of and suggested that there might be a need to put into this something specifically around the three provider collaboratives and will need to be really clear about the interface between all of the evolving structures.</p> <p>BH also noted CB’s point in relation to the governance being made clear and feels this does need to be pinned down in terms of decision making, decision shaping and where it sits across the structures that are evolving.</p> <p>SM the approach is designed to be adaptable and is about defining how as a Place we start to engage with that level of clarity as it comes forth and defining our role within that was the overarching ambition.</p> <p>SM also thought it would be good collectively, as a group, think about what can be taken through the 1234 approach just to get an understanding to how this works.</p>
<p>5.</p>	<p>Winter Planning – All</p> <p>EJ wanted to ensure that partners are aware that there’s a Operational Task and Finish Group for the Primary Care Collaborative for Winter Planning with Mandy Roche being the representative for WN.</p> <p>BH wanted to alert partners to the fact that they have been allocated the Adult Social Care Discharge Fund to be used to support discharge activity over winter across Coventry and Warwickshire, Warwickshire County Council have been allocated £1.8 million and the ICB has been allocated £6.2 million across Coventry and Warwickshire to support discharge activity with a focus on Adult Social Care. This has to be signed of by the Health and Wellbeing board on 16th December for submission with the first lot of money coming in December.</p> <p>MS raised with partners if they thought there was a need for a Warwickshire wide Escalation Plan as it is likely that everyone is going to face some difficult times not only in terms of the pressure of work but the risk of power cuts, fuel poverty, heat problems and strike action on a whole range of practitioners and wondered if there are a series of contingency and touch points.</p> <p>JN suggested that this discussion should link into the discussions with the System Operational Coordination Centre with the contact being Helen Lancaster and then locally pick this up through the Operational links with JN volunteering to link with RS on this.</p> <p>ACTION – The Place Team to link in with Helen Lancaster on the System Wide Escalation Plans and the communication of arrangements over holidays etc and JN to link with RS on picking this up locally.</p> <p>JC confirmed that there was a cost of living summit and there are a number of key actions to be picked up to move forward and this will be made available to partners.</p>

Innovation for Healthcare Inequalities Programme (InHIP) Update - SG

This item is to provide assurance and information on the submitted InHIP programme proposal.

The Innovation for Health Inequalities Programme (InHIP) is an AAC/NHSE commissioned programme that looks to use NICE approved innovations to close healthcare inequality gaps in either a deprived population (Core20) or a population locally identified by the ICS as experiencing healthcare inequalities (PLUS group). There was £100,000 of funding ringfenced for each of the 42 ICSs in England, which is to support the delivery of a project that seeks to increase the uptake of one of these NICE approved innovations in the Core20 and/or PLUS groups. To create sustainability and maximum reach to these populations, there is an expectation that projects will be designed and delivered in collaboration with voluntary and community sector organisations.

The opportunity was initially offered at ICS level, but due to resourcing was not progressed. The opportunity was then offered and agreed for Warwickshire North (WN) to progress. We will be focusing the efforts of the proposal within Warwickshire North (WN), and if successful can share learnings and insights with the ICS for future scaling across the system.

Due to a short turnaround to secure the funding, we utilised existing bids with a focus around Cardiovascular disease (CVD) and the use of Kardia devices.

We note there is a need to optimise our MECC offer to reduce inequalities in both the screening, diagnosis and treatment of disease. Learning from the successes of our C-19 vaccination programme has highlighted an unmet need for those living in our areas of highest deprivation with reduced access to healthcare, and those communities in rural areas.

6.

This proposal builds on local work over recent years around our outreach offer to support Making Every Contact Count (MECC). It also works to deliver our system commitment to deliver personalised care to our population in line with our personalisation strategy. One key aim from this strategy is to reduce health inequalities by focussing on what matters to people, and taking account of their circumstances, challenges, and assets, enabling everyone the opportunity to lead a healthy life, no matter where they live or who they are.

This proposal will build on existing outreach health screening and prevention focused activity (health checks, immunisation), to include CVD prevention (with some benefits to respiratory prevention). The work will focus on hypertension, cholesterol testing, pulse checks and wider screening whereby common pathways for detection, diagnosis and treatment are being developed. The intention is to build on this work and train our volunteers, community connectors and social prescribers to target high-deprived populations and:

- Introduce and increase detection of AF using the kardia device or similar device. Although Kardia devices cannot be used to make a diagnosis of AF, they can however be used to exclude atrial fibrillation due to its high sensitivity and specificity for detecting arrhythmias. Any abnormalities detected will need safely feeding into pathways for a formal diagnosis of AF.
- Further increase the detection of hypertension through BP monitoring, such as Omron
- Point of Care testing for Cholesterol using finger pricking technology

The resource will enable further progress to be made in reaching populations most at risk of CVD morbidity through enhancing the current outreach programme. Alongside this is the use of innovative ways of working or technologies to enable the direct transfer of remotely recorded data into GP records will be explored.

	<p>We have liaised with our Primary Care Network (PCN) colleagues to approve the bid content and focus area and worked with them on any challenges and queries. We have also had initial conversations on how data can be transferred from the CVD checks to the relevant General Practice (GP).</p> <p>The focus will be within Warwickshire North, with the aim that any findings and learnings can be shared and scaled across the ICS.</p> <p>The next steps are;</p> <ul style="list-style-type: none"> • Funding will be received by the ICS on 5th December- agreement to be confirmed on how funds will be transferred • Set up initial project group to discuss opportunities for location for the checks and how to progress the project <p>Partners were asked to provide approval of the approach taken for the bid proposal and provide feedback on the suggested bid proposal.</p> <p>Questions/Comments</p> <p>SB wanted to check if there was a member of the Mental Health team on the Steering Group to which SG confirmed there wasn't.</p> <p>SB suggested that the team link in with Lexi Ireland on this.</p> <p>ACTION – SG to link in with Lexi Ireland in relation to joining the Steering Group for the InHip Programme.</p> <p>EJ made partners aware that there is also a bid around additional health inequalities money, the hope is to link this project with the proposal to start using hypertension plus, which gives patients the opportunity to view their own blood pressure at home and then link into websites available in GP Surgeries in Nuneaton and Bedworth PCN.</p> <p>SG wanted to make partners aware of an opportunity around lifestyle clinics which is a three week programme around different focuses to support people in being active and their diets etc. with the deadline for the bid being 31st December 2022.</p>
<p>7.</p>	<p>ICS Strategy Mapping - RC</p> <p>Significant work continues across Warwickshire North (WN) Place to deliver our priorities and improve the health and wellbeing of the population we serve. This happens via the WN Place Delivery Programme, as well as various other connected forums.</p> <p>Coventry and Warwickshire Integrated Care System released their revised priorities for the Integrated Care Strategy in November 2022. The WN Place team have conducted a mapping alignment exercise to demonstrate that the work progressing across WN continues to be aligned to the latest version of the System priorities, fostering the ethos of partnership working across both Place and System levels.</p> <p>Place Executive partners can take significant assurance that the mapping exercise demonstrated these synergies across all priorities within the new Integrated Care Strategy, and the initiatives being pursued across our Place are helping to deliver these focus areas.</p> <p>RC talked through the System Integrated Care Strategy Mapping to Warwickshire North Output, which was circulated as Enclosure 6 – Appendix 1 of the papers.</p>

	<p>Questions/Comments</p> <p>There were no questions or comments.</p>
<p>8.</p>	<p>QSIR - AB</p> <p>AB talked partners through the QSIR (Quality, Service Improvement and re-design) programme, the main point being;</p> <ul style="list-style-type: none"> • QSIR has been available in the NHS for approx. 7/8 years and although designed in the NHS it works for partners across the boards. • QSIR offers delegates a toolkits around how to improve the spaces in which we work in, services delivered and the processes everyone is involved in day in day out. • There are 8 topics that are covered within the programme. • There are two tiers of improvement education, this is QSIR Practitioner which is a face to face 5 day programme and QSIR Virtual. • The Practitioner programme does have a fee associated with it, this is currently £100 but this will increase in the new year. • The next cohort of QSIR practitioner is in March 2023. • QSIR Virtual is a scaled back version of the practitioner programme which is eight 1 hour webinars delivered over teams with no fee assigned to this programme. • QSIR programmes must be applied for. • There have been a number of projects that have come through the QSIR programme. <p>Questions/Comments</p> <p>MS asked AB would there be an opportunity for this to essentially sheep dip a large proportion of our leaders at Place no matter the background or their resourcing or their payment or otherwise but use that as our organisational development, our relationship building and getting people speaking a common language.</p> <p>MS also asked if there's a way of doing this that brings people together and yet allows them to collaborate and build relationships.</p> <p>AB responded that this programme can be flexed into whatever shape it is needed to be in, 5 days is a big ask of some people but the programme can be reduced down to make 10 half days and deliver it over a period of time so there is not a huge amount of times taken from clinicians so it is very adaptable.</p> <p>EJ informed AB that they are about to start advertising for their digital and transformation leads for each network and feels that some support for their projects would be appreciated.</p> <p>JN felt that this could be used by the bid teams by them coming together and help them in the way they take forward those proposals.</p> <p>JN asked AB about people such as volunteers and if this would be open to them to which AB confirmed it would be and charities and volunteers have been through the programme previously.</p> <p>JN suggested putting together a proposition for Place, taking all the comments and suggestions from today's conversation and putting a proposition forward.</p> <p>EJ suggested AB attend the primary care development group to talk through QSIR.</p>

9.	<p>AOB – ALL</p> <p>Care Collaborative Consultative Forum - BH</p> <p>BH wanted to make partners aware that they are looking to stand up to Warwickshire Care Collaborative Consultative Forum with the first one being in December, the WN representatives linked to the primary care collaborative will be Mehwish Qureshi, David Eltringham and Chris Bain.</p> <p>They will be looking to manage the consultative forum in such a way that papers will start to come through Place Groups first.</p> <p>JN confirmed that herself and Steve Maxey will be deputies for this meeting.</p> <p>PCN Update - EJ</p> <p>EJ has asked SY to circulate a presentation in relation to for the Primary Care Collaborative to give partners a better understanding of what the group is about and what the priorities are about.</p> <p>There are four task and finish groups, one is about improving ARRS utilisation, one about getting the Digital Transformation roles in place, one for winter planning and the other looking at primary care data.</p> <p>The Population Health Management that is being run as part of the Nuneaton and Bedworth PCN is about to get reignited and they are engaging with the healthy intent project to help increase their awareness and ability to interact with the population data.</p> <p>They are currently engaging the services of Redmoor Health to provide a social media package their practices and network to improve their social media presence and to provide a greater opportunity to communicate with their patients.</p> <p>They have various thoughts around improving personalised care, there are some discussions of how this is developed in a digital way as well as other ways.</p> <p>Contracts are in the process of being signed for the services of rehab direct that would be a package of care that could be offered to patients with chronic pain which ties in with Population Health Management project around opiate prescriptions and chronic pain management.</p> <p>There is a editorial board being set up so that they join with the GP gateway and invite primary care IT to be a part of that to ensure the referral routes are clear.</p> <p>There is recruitment ongoing for a Network Manager.</p> <p>EJ asked for some further engagement around their IIF contract achievement, particularly around the elements of AC02 and ACC07. AC02 potentially attracts 111 points into networks with money to be spent on support services for patients and the ACC07 potentially attracts 44 points. There's a lot of work to do in developing those areas and that is around ambulatory sensitive conditions and making sure the pathways are developed as possible and the other is around the kind of advice and guidance, pre referral communications with consultants.</p>
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	<p>ACTION – The Place Team to co-ordinate a conversation with Primary Care to understand the opportunities around the IIF elements AC02 and ACC07 and connect the right people.</p> <p>Website Share/Cost of Living - SM</p> <p>SM informed partners that they are trying to do a review of what everyone is doing as organisations and collectively around the cost of living and wanted to bring this back as a discussion item to Place Executive possibly in January so if there is any information that could be shared then please share this with SM ahead of this agenda item.</p> <p>Frailty/Falls Prevention – RC</p> <p>RC informed partners that there had been two workshops that had taken place (one for falls and one for Frailty) with several stakeholders involved in those conversations.</p> <p>Warwickshire North Place Grant – SG</p> <p>The Warwickshire North Place Health Grant is open to North Place partners to bid for one-off grant funding between £10,000 and £25,000.</p> <p>Guidance notes have been circulated to Place partners, along with the link to the application form, which is also below:</p> <p>https://forms.office.com/r/2WbefM7WzL</p> <p>The deadline for applications is Sunday 8 January.</p>
	<p>Date of Next Meeting: Thursday 6th January 2022 09:00 -11:00 Microsoft Teams Meeting – diary invite</p>