

ENCLOSURE 1**MEETING NOTES - WARWICKSHIRE NORTH PLACE EXECUTIVE****Thursday 2nd February 2023****09:00-11:00****MS Teams Meeting**

PRESENT		
Name	Initials	Title
David Eltringham	DE	Chair - Managing Director, GEH
Jenni Northcote	JN	Chief Strategy, Service Improvement and Partnerships Officer, GEH (Chair)
Steve Maxey	SMy	Chief Executive, North Warwickshire Borough Council
Salmah Mahmood	SM	Programme Manager – Warwickshire North Place, GEH
Catherine Free	CF	Medical Director, George Eliot Hospital
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
Lynette Parsons	LP	Positive Directors Clinical Consultant Lead, C&W ICB
Asif Atta	AA	CovWarks Partnership
Alistair Lynch	AL	General Manager, South Warks UFT
Najam Rashid	NR	Interim Medical Director, GEH
Laura Gibson	LG	Associate Chief Operating Officer, GEH
Claudia Williams	CW	Project Manager, GEH
Danielle Oum	DO	Chair of Coventry and Warwickshire ICS
Elaine Hodges	EHO	Programme Manager, South Warks UFT
Elizabeth Hancock	EH	Chief Executive, Mary Ann Evans Hospice
Sam Young	SY	Programme Assistant, Warwickshire North Place
Name	Initials	Title
Jack Foster	JF	Associate Chief Operating Officer – Out of Hospital
Sharon Binyon	SH	Medical Director, CovWarks
Natalie Green	NG	Chief Nursing Officer, George Eliot Hospital
Chris Bain	CB	Chief Executive for Healthwatch, Warwickshire
Chris Lonsdale	CL	Director of Finance, ICB

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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
Robin Snead	RS	Chief Operating Officer, George Eliot Hospital
Laura Nelson	LN	Chief Integration Officer, ICB

Item No.	Notes
1.	<p>Apologies</p> <p>As detailed above.</p> <p>Welcome / Introductions</p> <p>DE welcomed partners to the meeting and asked partners and guests to introduce themselves.</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 December's meeting.</p> <p>Action Log;</p> <p>5.10.1 – Atherstone Hub – This has now been scheduled to be discussed at March's Meeting.</p> <p>SMy informed partners that a levelling up fund bid had been submitted for a physical activity hub which was a new health centre incorporating a new library and health clinic given the very tight facility in Aston, unfortunately they did not get through to level two with this bid, there is a round three for which they will try again.</p> <p>Winter Planning – SM informed partners that there is feedback for some of these actions and as part of the discussions they are going to have as part of the winter planning wash up and planning for 2023.</p> <p>JN added that RS is proceeding with this through the A&E Delivery Board and also through a number of planned pieces of work so the intention is to draw that through so she feels these items should be marked as completed on the action log but the planning will continue and the intention is that they will start planning for winter as a cycle.</p> <p>DE agreed that the actions should be marked as completed and requested that a new action is created for RS to update on the progress out of the A&E Delivery Board for review of this winter and the programme of work that plans for next winter.</p> <p>ACTION – RS to feedback and set out what the planning work looks like ahead of next winter with reference to the Urgent Emergency recovery Plan.</p>
3.	<p>Matters Arising</p> <p>There were no Matters Arising.</p>

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4.	<p>WN Place Executive Chair</p> <p>It was proposed that Catherine Free pick up the chairing of the committee when DE leaves post in February to which partners agreed.</p> <p>DE asked partners if there is anyone that did have any objections to please make this known to him within 48 hours.</p> <p>Questions/Comments</p> <p>BH asked if CF would also be the representative for the Warwickshire Care Collaborative, once DE leaves post, to which DE confirmed she would be.</p>
5.	<p>Improvement Story - JC</p> <p>JC took partners through a presentation on Helping Everyone Achieve Longer Term Health (HEALTH) Passport.</p> <p>Population Health Management Approach</p> <ul style="list-style-type: none">• Learn and create a proof of concept to apply a Population Health Management Approach to improve care delivery for key at risk groups within the context of COVID recovery, which is enabled by changes to financial investments and incentives that support the behaviours across the care continuum, and which maximises the opportunity for alternative out of hospital data and digitally enabled care• WN Place undertook the Optum PHM programme in 2022, using data-driven theograph, including average activity and finances per patient, to enable cohort selection. A Logic Model was produced by Place partners to take forward as a basis of our intervention for the chosen cohort.• The reason for doing this piece of work is to;<ul style="list-style-type: none">○ Help health partners understand how people view their lifestyle choices○ What stops them from using services and opportunities that might help them improve their health○ What sort of thing they would use if it was an offer to help improve their lifestyle choices, including what sort of incentives would work to engage them <p>Engagement Plan</p> <ul style="list-style-type: none">• Two community connectors started a conversation with the target audience that presented with any combination of the visual criteria• A range of locations across Warwickshire North were targeted based on LSOA level of deprivation to engage with select cohort including<ul style="list-style-type: none">○ Dordon, Mancetter, Bedworth, Stockingford, Atherstone, Polesworth and Nuneaton.• Venues were visited throughout the day 7am-7pm• Locations included<ul style="list-style-type: none">○ Industrial sites, men & women sheds, Takeaway sites, community halls, school family drop-in sessions and generally talking to people on the street. <p>Findings</p> <ul style="list-style-type: none">• 167 people engaged in conversations with the community connector with the questions being what is important to you when thinking about your health and wellbeing, 5 themes emerged from these conversations, these being;<ul style="list-style-type: none">○ Mental health○ Physical fitness

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- Isolation
- Access to services – GPs
- Cost of living/finances

Barriers

- Feeling isolated
- Unable to get a GP Appointment
- Stigma attached to seeking support
- Long waiting times
- Lack of motivation
- Not knowing where to seek support
- Lack of finances
- Not deemed a priority

Opportunities

- Workplace wellbeing
- Where to seek support
- Signposting to services available in the local area
- Awareness of services available
- Where to seek support
- Mental health support
- Flexibility of appointments – times available for working people

Conclusion

- Most people knew about healthy eating, exercise etc, but there are myriad simple and complex reasons as to why they did not/could not make the changes that would bring better health.
- Access to appointments was raised as a common concern across place, with most people interviewed emphasising the difficulties faced with trying to access appointment slots
 - Feedback also highlighted that the impact of this could potentially drive people towards other alternatives such as A&E
 - Those that did access GEH were positive of the care/support they had received
- Very few have engaged in services around smoking/healthy weight.

Because COVID money is coming to an end they are about to lose their engagement capacity from Warwickshire County Council, there is some capacity in another part of the council but has a slightly different focus to what they have been able to use these officers for and JC wanted to flag to the system that that one of the things they have seen as a “nice” to do, is the public engagement work and JC would argue that is the opposite now and has become more important than ever, particularly if they are looking at community level interventions and people taking power and being more educated for themselves and to help others.

JN felt this was an incredible piece of work and wanted to bring this to partners today for three reasons;

1. To make partners aware of the work that has been done
2. To say that PHM requires this level of insights to go alongside data
3. How we might want to collaborate as a partnership how they might want to invest in this type of very important and quite skilled engagement activity because it transcends all organisations and to have people with these sorts of skills that can be deployed in invaluable.

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Questions/Comments

DE felt that the intelligence of this sort of work impacts on the delivery plan and the long-term condition piece of work as well as a number of other things.

DO felt that if the aim is to get upstream and change the way they are working so that they can help people to have healthy lives and promote wellbeing rather than just treating them when they are ill.

DO wanted to clarify if this capacity is being lost in the whole of Warwickshire or just Warwickshire North to which JC confirmed that Coventry does have their own arrangement but the resource they have had in Public Health during the pandemic is a Warwickshire wide resource and has been focussed on areas of greatest need.

DE asked partners if anyone hears of any funding opportunities to make JC aware so she can follow these up.

JN felt it was imperative that these people are valued and that they embed it into the way partnership working and engagement is carried out and may require the option of substantive funding that can get as a partnership to move this forward.

DE agreed and as a GEH representative informed partners they would be willing to carry some risk around some of these things on behalf of Place.

BH agreed this and felt the risk of not having these posts is huge and asked JC to confirm the costs of these posts to which JC confirmed.

Chat Box Comments

SM – Taking into consideration engagement approaches noting digital poverty.

BH – Is there an opportunity through the ICS health inequalities money to invest in this capacity?

JN – it's very skilled and the other issue has been they are on fixed term contracts we need to get this type of skilled workers on permanent contracts to value their specialism.

JN – This was a true incite – and its actually very cheap in comparison – if we all contributed a small amount as partners we could secure this resource.

SMy – Its worth a conversation about UKSPF funding as well.

DO – Could also align housing officers as they operate in the areas of need.

BH – Seeing a response to what we have learned through this in the delivery plan is now critical – thinking about how we target communication of our offer in particular.

SM – We will work with JC to see what the service offer would look like.

JC – Fire and rescue officers are also keen to extend the MECC approach when they are doing home safety and safe and well checks. We have lots of opportunities and not all of them require money – but they do need time and willingness.

Place Delivery Group Reporting – RC

The report was taken as read and RC provided partners with some key highlights, these being;

- SITREP – the telehealth within the rapid within the Community and Response Response workstream has now closed and has become business as usual.
- All projects marked red or amber now have corrective action statements which can be found to the subsequent page.
- The SITREP for long terms conditions is under review.
- All risks marked at 12 or above are discussed at the WN Delivery Group and managed via the project leads.
- Wider Determinants of health
 - Joint Band 6 Tobacco Project Manager recruited.
 - An action plan has been created to explore vaping in young people and what support is available to tackle this. A working group has been created in December to address this, along with a draft e-cigarette toolkit to share with education setting which includes information on stopping smoking and vaping. The working group is currently reviewing resources from other local authorities and the suitability to local demographics.
 - Engaged with three local schools to offer opportunities to explore promoting healthy lifestyles and healthy weight within the education setting, but struggling to get buy-in due to their capacity and therefore exploring other options within Nuneaton Central JSNA to provide opportunities to engage.
 - Set up of Cancer Prevention, Early Diagnosis and Screening Working Group (focusing on health inequalities starting with people with learning disabilities).
- 6. • Community Capacity and Rapid Response
 - Warwickshire confirmed as one of three pilot sites for the Community Recovery Programme as part of Discharge To Assess (D2A) – currently building project structure and approach around this – likely that this will operationalise as an increase to the existing Home-Based Treatment service.
 - Closing of the Telehealth Docobo remote monitoring project in WN as objectives have now been delivered, WN roll-out has been completed and the project has entered business as usual.
 - Introduced the role of Care Home Champion across WN area care homes to encourage ongoing support and usage.
 - Frailty workshop held for WN aligned to the Anticipatory Care ask, with focused discussions taking place on the current and desired offer for the chosen WN cohort of frail patients with two or more long-term conditions.
- Unscheduled care
 - Falls assist from floor countywide roll out complete.
 - Improved referral and contact trend data for urgent response since EMIS changes were implemented.
 - Work has continued with WMAS and GEH colleagues to explore opportunities within Same Day Emergency Care (SDEC) for paramedic referral/contact/conveyance instead of conveyance to Emergency Department (ED).
 - The team are also re-validating the Directory of Services profiles for SDEC and are finalising their agreement to piloting the three 111 call assessor pathways, as done at the other two acute Trusts in the System. These will enable non-clinical referrals from 111 call assessors into SDEC instead of ED for specific conditions.
- Mental Health
 - Adult urgent and acute mental health care Crisis House evaluation is underway and being finalised.

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	<ul style="list-style-type: none">○ Community mental health workshop taken place with health and social care colleagues to discuss social interventions and alignment to the new core model.○ Met with Devon and Cornwall services and revisited Northampton Recovery team to support learning from other organisations.○ Eating Disorders workshop to scope mild to moderate pathways held on 3rd November – positive feedback to proposed single service model and expansion of ED pathways.○ Out of area beds continue to be zero.○ Mental Health Support Teams wave five supporting children and young people in Nuneaton/Bedworth schools is now completed and has entered business as usual● Enabling Workstream: Non specific cancer Pathways<ul style="list-style-type: none">○ Total of 121 referrals received from April to end of November.○ 15 referrals received in November, an increase from October.○ Two new GP surgeries referred into the pathway in November.○ 73% of GPs now referring into the service.○ 100% compliance for people with suspected cancer to see a specialist within 14 days of being urgently referred by their GP.● Volunteering<ul style="list-style-type: none">○ Successful community meetings in Nuneaton and North Arden - very good feedback from participants.○ Referral process now in place from PCNs to GEH.○ Agreement that all community referrals will initially be targeted at Health Exchange - this referral pathway now established.○ New volunteers have been recruited● Communications<ul style="list-style-type: none">○ Following the WN Place co-ordination team's previous meeting with the ICB Communications team, where the agreed action taken away was for the ICB team to discuss WN's proposal with other Places in the System and get their approval for a standardised Coventry and Warwickshire approach, a follow-up meeting has taken place in December. The Communications team fed back that all other Places have approved the approach suggested by WN, and plans are now in place to publish Place partner information on the ICB website for all four Places to help increase the profile of Places at a System level.○ Templates have been shared with the WN Place team as a guide to complete and return, including information on our workstreams, SROs, Place Plan and demography. There will also be opportunities to submit improvement story case studies to share the success of WN projects. <p>Questions/Comments</p> <p>There were no Question or Comments from Partners.</p>
6.1	<p>INHIP Update - SG</p> <p>SG reminded partners that in November, they were notified that they were successful in receiving £100k of INHIP funding to do with blood pressure, cholesterol and check their atrial fibulation signs within the community.</p> <p>They are currently looking at using the GEH Vaccination Hub as one of the areas and are using some of the intelligence from the Community engagement officers to look at some of the others areas that they can do with in Warwickshire North, with the aim of starting the checks in July.</p>

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	<p>SC informed partners that they have finished mapping the clinical pathways and are looking at the tech and any applications they will need to record the results to refer any patients into the existing GP Pathways.</p> <p>There is a meeting with the West Midlands Group coming up to confirm the measures and data sets for that project and they have started to confirm the equipment they are going to need to carry these out.</p> <p>They are also working with the ICB where the funds are currently held to get a MOU in Place so that they can start spending the money and they also have some meetings with Healthwatch and CAVA in the next couple of weeks to discuss the project and how they can work together.</p> <p>They have also found out that they have been successful for another pot of funding which is £150,000 which is the going further faster funding and this funding will be able to support providing the additional clinics to those patients found from the community check that need the GP input as well as being able to do systematic audits in the practices of existing patients who will benefit from some form of intervention.</p> <p>The Nuneaton and Bedworth PCN have been successful in being awarded £8,000 to run a trial of lifestyle clinics focusing on a programme of three weeks for different cohorts of patients while they learn about food and nutrition and be able to support them going forward.</p> <p>The team are just awaiting notification on whether they have been successful for a Health Inequalities bid put in for the system funding submitted for the PCNs for hypertension plus which is a clinical decision support which will allow helping with the management of hypertensive patients remotely.</p> <p>Questions/Comments</p> <p>There were no questions or queries.</p>
6.2	<p>PCN Update – EJ</p> <p>EJ provided partners with a verbal PCN update with the main points being;</p> <ul style="list-style-type: none">• The projects (outlined by SG) are co-ordinating successfully together and they have been excited to find out how they can engage as networks and those clinical conversations are continuing.• Reflections from all the conversations is there may be a need, possibly from system, to support in terms of a hypertension lead and prevention lead so they would like to initiate a conversation to discuss this.• The additional roles planned are going through recruitment and has progressed significantly and they are expecting to recruit up to 90% of what funds are available.• They have seen the arrival of Care Co-ordinators and more social prescribers and Nuneaton and Bedworth now have a health and wellbeing coach which has just started in post.• The interviews for mental health practitioner roles are expected to start next week with an increase in band 7 applications for this role.• Some additional clinical pharmacists are starting imminently.• A new service called rehab direct has commenced which is a referral system for patients with chronic pain who want to engage with some additional support in terms of improving their quality of life and managing the pain.• New physician associates are also expected to start in post.

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	<ul style="list-style-type: none">• Nuneaton and Bedworth have appointed a new partner to help with social media called Redmoor Health.• There has been recruitment of new managers for PCNs to help to put some of these plans in place quicker.• There is a tender out for the town hall development and are hoping to have some funding from the system in terms of covering the rent for this.• Adverts for the data and technology leads are now being progressed for the PCNS.• There is a hope for some support with digital development across GP surgeries with a strategy being put together for this.• A new meeting called the Clinical Contract Forum is being planned which provides the opportunity for each GP surgery to appoint a lead in terms of discussing processes and sharing good practice in terms of improving services.• A pilot for the hypertension Plus is due to commence.• The Primary Care Board has now launched which is going to improve the way the three networks communicate with one another and make changes for efficiently. <p>Questions/Comments</p> <p>There were no questions or comments.</p>
T	<p>Long Term Conditions – RC/CW</p> <p>The team have developed a presentation which was shown during the meeting. The purpose of this discussion is to consider our individual and collective efforts across Place in supporting our patients and citizens with Long Term Conditions and how and what could be done differently and more of. Partners were asked to consider this discussion within the focus on earlier intervention and reducing health inequalities.</p> <p>Long Term Conditions (LTC) are a key priority within the NHS Long Term Plan and this is replicated across the Coventry and Warwickshire Integrated Care System. Warwickshire North Place, through the development of the Place Plan and Place Clinical Strategy, formalised this as a priority area of focus for the local population and so determined that this is part of the Place Programme.</p> <p>The recent publication of the NHS Planning Guidance also reaffirms this as a priority with associated indicators as areas of particular focus.</p> <p>This discussion item was intended to review the current projects and associated workstreams across Place for LTC and for Place Executive to consider ways in which they can work together to support more early intervention and reduce health inequalities.</p> <p>Partners were asked to consider the following;</p> <ul style="list-style-type: none">• Are we focussing on the right priorities for long term conditions• Are we doing the right things in these areas for the population and groups affected by Health Inequalities?• What could we do better for people in WN with Long Term Conditions?• What could we do earlier in case finding, diagnosis and prevention?• How could we identify and engage with the population cohort? <p>Partners were asked if they feel the following would be the right areas of focus;</p> <ul style="list-style-type: none">• Improvements seen in patients' HbA1c and BMI• Reduction in numbers attending A&E with hypo or hyperglycaemia• Reduction in numbers and severity of COPD exacerbations per patient

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- Reduction in inhaler prescribing costs
- Reduction in number of GP appointments for COPD exacerbations
- Reduction in the time between ECHO scan and first heart failure appointment
- Reduction in admissions for heart failure exacerbations

Questions/Comments

DE felt this was an important issue and asked the Place team to think about the following outside of the meeting;

- There are things happening in other Places which needs connecting to this or need and understanding of what the relationship to those varying things are
- The connection to the Coventry and Warwickshire A&E Delivery Board especially in terms of Frailty (aging well, falls etc.)
- Consider the suggestions that have been added to the chat box from partners.
- Have a one-off conversation outside of this room to pull all of the above together and then come back to the meeting with a structured approach, priorities and actions.

ACTION – The Place team to undertake the above action outlined by DE.

Chat Box Comments

DE – There is massive progress here – in the summer of 2022 we were worried about the LTC programme, what a difference 6 months on, well done!

SM – Recognising the interdependencies within the Place Programme – working across Population cohorts.

JN – There is lots going on but it still feels disconnected from the system LTC Programme – and we feel the Place link is not being optimised with system.

CF – In COPD I would like to see something on case finding – the problem (particularly in of deprivation with higher smoking prevalence) is a failure to diagnose COPD early - resulting in later diagnosis +/- more damage).

MS - Consider care home admission, service demand e.g. carers.

NR – Mental Health conditions?

MS – Polypharmacy and falls.

CF – This is a excellent discussion for the first Clinical Meeting.

JN – This is the inquisitive enquiry framework being used for scoping various partnership considerations.

DO – Maternity?

DO - Is there a particular focus on maternal services for people with LTCs?

UO - I think a LTC network at place level would help and I agree with the comment around case finding for COPD. It's big issue in the North.

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	<p>JN - There is a focus on obesity, smoking in maternal services.</p> <p>CF - Core 20 + 5 would help us attract funding and linked to health inequalities - but we should also use our own data to ensure we are matching what our population needs and diabetes would be an obvious one based on that and the work already underway.</p> <p>JN - Do we have the ICB lead connection?</p> <p>UO - Yasser Din has LTC lead for Respiratory, diabetes and obesity. Sheraz and I have CVD and prevention lead.</p> <p>EH - Healthwatch would support that.</p> <p>EJ - Do we have ICB funded Place located clinical lead posts for LTC? Respiratory and Cardiovascular initially?</p> <p>MS - on chronic conditions there are probably three main groups - cardiovascular, cancer prevention and management and frailty associated conditions, there will be crossover.</p> <p>JN - We can do this similar to the Anticipatory care/Falls and Frailty work.</p> <p>CF - Don't forget chronic respiratory conditions!</p> <p>MS - Frailty is a massive PH and inequalities issue!</p>
8.	<p>Anticipatory Care Update – EH</p> <p>EH provided partners with the following update;</p> <ul style="list-style-type: none">• The programme will now be named Proactive Care rather than Anticipatory Care• The expected focus is still on those with two or more Long term conditions• There is no dedicated funding• There is no requirement to submit a proactive care plan, but it is expected that the ICBs will plan and prioritise as part of their development of community care.• Alignment to the Fuller Stocktake.• The expectation is the use of ARRS roles to support this agenda. <p>Questions/Comments</p> <p>DE asked EH if she has everything she needs from partners to which she confirmed she did.</p>
9.	<p>Integrated Care Strategy – DO</p> <p>DO referred to the ICS strategy that was circulated before the meeting and thanked everyone who has contributed to helping inform the strategy, the strategy was developed as widely as possible getting the stakeholders involved in shaping how it is going finally ends up and also engage with communities directly, engagement has been a really important factor.</p> <p>DO went onto say that there are all sorts of financial and political challenges but they need to ensure that the ICS stays true to the purpose. She feels what's really important is that they make sure that they have that link through the system and in places and I key part of this would be the role of the collaboratives as they develop.</p> <p>Questions/Comments</p>

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	<p>DE felt that one of the frustrations that is sometimes experienced around the table is when we think we've got a strong partnership and hankering after the next steps and would like more responsibility for the population and feel it's important that the ICB here from the group from time to time.</p>
10.	<p>Children and Young People Social Prescribing Project – LP</p> <p>In August 2021, following a successful bid, Coventry and Warwickshire Clinical Commissioning Group (now Integrated Care Board) was awarded Vanguard status for the West Midlands via the NSHEI Framework for Integrated Care. The Framework was co-designed by young people and was developed as a response to the NHS England & NHS Improvement Long Term Plan (LTP) commitment to provide additional support for the most vulnerable children and young people with complex needs across multiple domains between the ages of 0-18, including some of the most complex children locally who have been subjected to child exploitation and significant trauma(s).</p> <p>This funding has enabled the ICB and partners to pilot work with our young people to lead on designing the framework and offers a unique opportunity to respond to assess the impact of this new way of working to achieve cultural and organisational change.</p> <p>Our young people have told us that they want:</p> <ol style="list-style-type: none">1. Practitioners that are trauma informed and understand our story2. Practitioners to take time to get to know us and what we like and are good at3. Practitioners that are relatable4. Practitioners and resources that are accessible and that connect us back with our community (Social Prescribing)5. Don't label us as bad6. Don't diagnose us as mad <p>The project has responded to this clear steer from our young people with the development of innovative working practices across Coventry and Warwickshire, which includes:</p> <ul style="list-style-type: none">• Youth Worker Pilot in Children's Services in Coventry and Warwickshire Local Authorities: Young people have named this new service Positive Directions, with 14 new posts called Trauma Informed Youth Worker Practitioners that work directly with young people that have experienced trauma and adversity. These posts are based in local authority teams: in Coventry's Edge of Care team and in Warwickshire in the Youth Justice, Adolescent and Engagement Teams, with one practitioner based in St Giles in Coventry to align with an established service. These practitioners have had enhanced training in the art of youth work and trauma informed approaches, using a Social Prescribing model to engage and empower young people and re-connect them to their community• Case Consultation from a Psychology Service: To strengthen the decision making of the Trauma Informed Youth Worker Practitioners, physiologists will deliver case formation to inform the Social Prescribing interventions and their efficacy from the young person's perspective• Speech and Language Practitioner in Coventry Youth Justice: The Vanguard project is piloting Speech and Language therapy resource that has been co-located into Coventry Youth Justice Team since August 2022 to assist in providing training and expert advice to staff, as well as assessing and working directly with young people open to the service.

- **Occupational Therapy Practitioner in Coventry Edge of Care:** The Vanguard are piloting Occupational Therapy practitioner resources to work in partnership with the Psychologist to assist in the case formulation to ensure care plans and social prescribing offers are child focused, and to assist with the evaluation of the impact of the intervention/s delivered.
- **Universal Social Prescribing Platform:** The Vanguard project has developed an open access repository of the Universal Social Prescribing offers already in place across Coventry and Warwickshire. The Young People have named the platform **Positive Pathways**, they have designed the logo and the website. It will continue to be curated and added to, with a planned launch in Spring 2023.
- **Enhanced Social Prescribing:** Early learning from the system Trauma Needs Analysis has identified gaps in some areas that young people felt could be strengthened. In response, the Project has commissioned:
 - i) Development of a unique accredited 12-week Exploitation to Entrepreneur course called 'Changes' and includes mentorship and coaching for young people with Creative Optimistic Visions.
 - ii) Development, in partnership with Coventry Rape and Sexual Assault Centre (CRASAC) of a 5-week pre-counselling course and 12 monthly support group post counselling.
 - iii) Development of a pilot 6-week equine therapy offer with The Horse and People Project.
 - iv) Development of a pilot 12-week Emotional Resilience course using sport related activities with the Sky Blues in the Community.

These interventions will be evaluated to understand the impact on young people participating in these courses, and will inform future commissioning intentions.

- **System Trauma Informed Response:** The Vanguard project has responded to this clear steer from our young people that staff working with them should be trauma informed. The response has been to develop a suite of Trauma Informed Bitesize training modules. The Vanguard Practice Educators have worked with partners from across Coventry and Warwickshire to develop the modules which have undergone testing with extensive iteration over the past 3 months to ensure the products meet the need of the system. The modules have been endorsed by both Coventry and Warwickshire Safeguarding Partnerships. In addition, the Practice Educators will be providing bi-annual train the trainer opportunities sessions regarding equipping the system to provide ongoing education that will further future proof future sustainability of training across the system.

Referral pathways to the service are being designed and will start to receive referrals initially from internal teams within both local authorities at the end of January 2023, with further pathways developed once the service is established.

Questions/Comments

DE asked how this is being promoted to which LP confirmed that they are working closely with local authority colleagues and other colleagues and feels its really helpful to have a platform such as this.

There will be a soft launch in February/March 2023 and will be working with the communications team around a more formal launch.

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	<p>DO asked if the work of this area has been specifically linked into the developing integrated strategy for children and young people to which LP responded that when developing a new idea, it would be helpful to make sure those individual are sighted on this project. People sighted on the project are the Chief Medical Officer in the ICB and the Chief Nursing Officer and felt it would be helpful for DO to connect LP.</p> <p>EJ asked if there were any plans on how this would be communicated to the GPs to which LP confirmed that they would be working with the Comms team and would ensure this would be communicated to GPs.</p> <p>DE suggested that JN wire LP into the right places to ensure this is communicated effectively.</p>
11.	<p>AOB – All</p> <p>As this was DE’s last meeting before leaving post, partners thanked DE for all his work as Chair of the WN Place Executive Chair.</p>
	<p style="text-align: center;">Date of Next Meeting: Thursday 6th January 2022 09:00 -11:00 Microsoft Teams Meeting – diary invite</p>