MEETING NOTES - WARWICKSHIRE NORTH PLACE EXECUTIVE

Thursday 7th July 2022

09:00-11:00

MS Teams Meeting

PRESENT		
Name	**Initials**	**Title**
David Eltringham	DE	Chair - Managing Director, GEH
Jenni Northcote	JN	Director of Strategy, Service Improvement and Partnerships, GEH
Salmah Mahmood	SM	Programme Manager – Warwickshire North Place, GEH
Kay Speed Andrews	KSA	CCG
Tracey Sheridan	TS	Associate Director of Operations Swft
Martin Sandler	MS	Deputy Medical Director GEH / Associate Medical Director Swft
Robin Snead	RS	Chief Operating Officer, George Eliot Hospital
Chris Bain	CB	Chief Executive for Healthwatch, Warwickshire
Steve Maxey	SMy	Chief Executive, North Warwickshire Borough Council
Amar Kacchia	AKh	LMC Representative
Ryan Coffey	RC	Project Manager, GEH
Suzanne Gray	SG	Senior Programme Manager, GEH
Sam Young	SY	Programme Assistant – WN Place, GEH
Name	**Initials**	**Title**
Becky Hale	BH	Assistant Director of People, Strategy and Commissioning, Warwickshire County Council
Shade Agboola	SA	Director of Public Health, Warwickshire County Council
Blaire Robertson	BR	Programme Director, UHCW
Rupin Somaiya	RS	Deputy Medical Director, George Eliot Hospital
Chris Lonsdale	CL	Director of Finance, CCG
Catherine Free	CF	Medical Director, George Eliot Hospital
Sharon Binyon	SH	Medical Director, CovWarks
Elouise Jesper	EJ	GP Partner and PCN CD in Nuneaton
Jane Coates	JC	Service Manager, Inequalities, Public Health, WCC
Asif Atta	AA	CovWarks

Item No.	Notes
1.	**Apologies** As detailed above. **Welcome / Introductions** DE welcomed partners to the meeting.
2.	**Review of the Minutes and Action Log from the Previous Meeting** The minutes from the previous meeting were taken as an accurate record of July's meeting. **Action Log;** The action log was up to date with no risks being raised.
3.	**Matters Arising** ARRS Roles at PCN – AK informed partners that there are some issues in relation to this role as PCN are meant to be getting a link worker that's half paid for by CWPT and half paid for by PCNs. The impression that has been given by CWPT is that they have done a job specification that fits at Place level, but this wouldn't fit with a PCN plan at all. This is being raised nationally but AK is raising it at the meeting as a risk as it seems that CWPT have their agenda which isn't aligned with the General Practice agenda. **ACTION** - DE suggested that himself and JN reach out to Mel Coombes to raise concerns about this issue as well as the reporting issues. **ACTION** - AK suggested JN and DE link with Mehwish Qureshi once the correspondence has been drafted to ensure the issue outlined is accurate.
4.	**Place Programme Reports and Dashboard Updates – JN/SM/RC**  Enc 3 - Place Executive 07.07 - Deli RC talked partners through the Place Delivery Group Paper, with the main points being; • Some changes have been proposed within the paper in terms of non-reporting and update compliance from the priority areas. • Every two months the workstream leads are expected to submit to submit their reports for which there are issues with this, and these have previously been flagged at the WN Place Executive Group. • There have been a variety of reasons for this such as personnel gaps, capacity issues and other reason beyond the team's knowledge where updates are just not being received. • To try and combat this issue the following proposal has been made; ○ Where a workstream does not provide programme progress updates for a reporting period (2 months) despite reasonable programme chasing, the

workstream will be recorded as off-track with issues, with recovery assurance required from SRO, and RAG-rated as amber.

- Where this status is recorded, it is expected that that the SRO takes an action from Place Executive to make the necessary interventions with the workstream lead to ensure there is a recovery plan in place and to provide assurance to the programme team within two weeks. The SRO should also take steps to ensure for the next reporting period that the workstream is in recovery and to ensure the workstream progress report is submitted on time and with sufficient detail for the next reporting period.
- Where a workstream does not provide a progress update for two consecutive reporting periods (4 months) despite SRO intervention or where no SRO intervention has been made, the workstream will be recorded as off-track with issues and no recovery assurance, RAG-rated as red and escalated.
- In this instance a Corrective Action Statement (CAS) will be required from the SRO and a meeting with SRO and workstream lead will be scheduled to discuss the CAS. The SRO should also take steps to ensure for the next reporting period that the workstream is in recovery and to ensure the workstream progress report is submitted on time and with sufficient detail for the next reporting period.
- Where a workstream does not provide a progress update for three consecutive reporting periods (6 months) despite SRO intervention or where no SRO intervention has been made, no CAS has been received and the SRO and workstream lead have declined to meet with the programme team, the work stream will be recommended to be paused or suspended from the WN Place Programme.
- Where a workstream is recommended to be paused or suspended from the Place Programme, the SRO and workstream lead will be invited to attend the next Place Executive meeting to discuss remedial actions. Should a workstream be paused or suspended from the Place Programme, this will be notified to the Integrated Care Board, as Place will no longer be able to provide delivery assurance.

Questions/Comments

DE asked for the charts in figure 1 be populated with the names to allow partners to be able to have a view on who is responsible.

DE also felt that the timelines that would be given are very generous and if a sense of urgency is to be created that these should maybe be reviewed. JN responded that when the team were looking at this, they were conscious that they are working through partners and through collaboration and wanted to maximise the opportunity for more subtle interventions in that period.

SMY's only issue would be in terms of what suspending the workstream means, he understood this in terms of the logic but felt it almost sounded counter productive in terms of they want this to continue and one of the remedial measures if it doesn't continue is to discontinue it.

SMY felt that the team needed to be careful in terms of the language and the use of the work suspended.

DE suggested that, in a supportive way, should there be a moment where a conversation is triggered with himself and the SRO to find out any issues that are causing the lack of reporting. DE also suggested SMY be involved as chair of the Health and Wellbeing Board who may have a different perspective to bring to the conversation.

RS felt that six months was a long time to have not received an update on the progress of a piece of work and this work is critical on how place is developed and how things are taken forward and agreed with DE's point in terms of this being a focussed intervention by himself and SMY earlier than the six months proposed.

AK agreed with RS and added that there is often going to be a reason for the problems in reporting with this being people are either over worked or haven't got enough time to do this so people need to be given the time to do this and support those people.

TS felt that for her the question is, is work happening on the workstream and it's just that it's the administration process. TS also added that for her, everything that is going on is usually reported internally and not just for this group.

DE asked if this was about not creating additional work by asking for different formats and if someone is reporting something into their own organisation is that report acceptable to partners in this context also.

TS felt that it could be something like this.

JN felt it was a helpful conversation and that although the Place Executive do have a reporting template that if an update is sent through in a different format that information is being extracted and put into the Place Executive template and the team are reaching out to SRO's and Programme Leads offering support where needed.

DE summarised the conversation, with the main points being;

- Partners don't want to lose the traction that we have on these pieces of work as It's important for the place communities and populations that are served
- Partners understand the path that the team are trying to walk of not being too heavy handed but equally we must deliver so there is a sense of urgency that needs to be driven
- It's important to know the SROs for all these projects
- Escalations discussed in terms of the unblocking of the projects that are lacking in reporting

ACTION – The team to work with DE and SMY in terms of this escalation process.

RC continued with the remainder of the Place Delivery Group report with the main points being;

- Long term conditions and Mental Health updates were not provided for a second consecutive month.
- The risk log has been updated to include all live risks across the programme including the Place Readiness Programme risks.
- There are three risks at the threshold of 12 these being;
    - Mental Health Workforce
    - Health Inequalities Capacity
    - Finance and Transformation Steering Group
- AK raised a risk in terms of capacity with GPs and Nurses within general practice and suggested the team link in with Jeff Powell.
- **DE suggested the team link in with the System risk register – ACTION**
- Programme highlights;

    Wider Determinants of Health:

    - Learning disabilities project team working with CWPT to navigate confidentiality requirements around sharing Community Learning Disability caseloads with GEH for hospital record alerts to be added. Contact at GEH identified to support this.

- South Warwickshire GP Federation have developed an EMIS report to extract screening data, which has been analysed and some additional parameters are being explored. Once finalised, the team will seek to replicate for other Places including WN. This data will be used to target support to practices where screening for patients with learning disabilities is identified as low and to case study those with high completion rates.
- Group met regarding best interest decision issues raised by GEH cancer team – actions and links with community learning disabilities team established in response.
- End of life care project meetings took place in May and June, discussing funding, programme resource and links with personalisation, health inequalities, poverty proofing and Docobo.
- Meeting between WNP delivery co-ordination team and Wider Determinants of Health Manager from Warwickshire County Council has taken place to discuss the GEH Needs Assessment for Homeless Patients.
- Data has been received regarding deprivation and young people linked to the obesity project. This is being done in conjunction with Coventry University.
- The vape maternity initiative as part of the smoking in pregnancy project has seen a 100% referral rate, but lack of patients taking up the service offer.
- As part of the WNP delivery mapping exercise recently undertaken, the alignment of this Place priority has been reviewed and a recommendation made that it would be best placed in the WN Health & Wellbeing Partnership, rather than the WNP Executive Programme. Wider determinants of health are one of the quadrants of the population health model which already sits within the Partnership and will enable more connected delivery with relevant areas aligned to wider determinants and health inequalities – **this proposal was agreed by partners.**

Milestones moving forward;

- Further exploration of EMIS report parameters before expanding its use.
- Agree confidentiality requirements with CWPT for sharing learning disability caseloads with GEH and feasibility of data transfer.
- End of life care to decide on bidding plan and confirm how funds are drawn as part of this bidding.
- GEH Needs Assessment for Homeless Patients to be reviewed and suggestions made by WNP team under existing recommendations to make links to WN work, and then bring for discussion to a future Place Executive meeting.
- Health and Wellbeing Clinic to be instated to support obesity in pregnancy.
- GEH Smoking Policy to be updated to align with the vape maternity project if it is agreed that pregnant women will be supported to vape on site to aid their smoking cessation.
- Change process form to be completed to finalise move of this workstream into the WN Health and Wellbeing Partnership if signed off at Place Executive.

Community Capacity and Rapid Response

- Discharge to assess (D2A) review in progress with working groups in situ
- Bid response developed, reflecting the three Place Partnerships across Warwickshire in response to the National Discharge and Flow Taskforce and Discharge Integration Frontrunners proposal. The bid is proposing a new discharge pathway - a partnership between NHS and Social Care, providing care and support at the point of discharge linked to the three acute centres (GEH, University Hospital Coventry and Warwickshire and Warwick Hospital).
- New Docobo remote monitoring Project Manager in place, with Programme Manager also recruited and awaiting a start date.

Milestones moving forward

- D2A implementation phase to begin following completion of review

- Remote monitoring Programme Manger to commence in post

Unscheduled Care

- Urgent Response Redesign workforce recruitment is ongoing including progression of developmental roles.
- Urgent Response Redesign draft KPI reporting charts have been developed and are being validated.
- Alternative pathways to ED work have continued with West Midlands Ambulance Service and GEH colleagues to explore opportunities within Same Day Emergency Care (SDEC). A pilot has been ongoing for the pathway between 111/999 and SDEC at GEH, whereby a change of phone number to a more direct number, has been in operation for several weeks to see if this opens the capacity to refer. Results to be discussed shortly.
- The Clinical Opportunities Group have worked together to implement a GP liaison role, working from the SDEC service. The group have discussed next steps to develop this role further in line with similar approaches within the System and other organisations and recommend that a review of the role is incorporated into SDEC programme of work and progressed as part of a key objective in the Alternative Pathways to ED approach. The team are currently undertaking a scoping exercise to connect the pieces of work that have started within the wider partnership to shape this up.

Key Milestones moving forward

- Full implementation of EMIS recording changes to improve Urgent Response Redesign reporting
- Clinical model test and challenge workshop planned for July
- Review of the Directory of Services for Same Day Emergency Care
- Review of the use of Consultant Connect for ED and Children's Assessment Unit
- Continue to build links with Mental Health and Primary Care, to support services users and ensure appropriate care is received

Digital

- Over 2000 patients now live on Docobo across WN
- All care homes, learning disability homes and COPD patients that meet the criteria for Docobo are live – 100% coverage
- 98% reaction rate within two-hour alert target
- Currently 10 live heart failure patients on Docobo with 40 further kits available and roll-out being planned
- 10 end of life patients identified to trial Docobo this month
- Scoping has commenced for Docobo to support severe mental illness health checks
- A remote monitoring dashboard is being created in partnership with three other CCGs, which will be used to identify frequent ED patients for Docobo utilisation, connecting to Virtual Ward Rounds
- Plan to recruit a Head of Remote Monitoring Band 8B post in addition to ongoing recruitment of Programme and Project Managers

Key Milestones moving forward

- Deliver the pilot pathway and refine through improvement approaches to achieve desired state for the pilot pathway.
- Do targeted internal and external Communications push
- Assess deployment across pathways and our local footprint
- Assess risk to future funding and extension of the project if number of referrals into this pathway remain low, and make judgement on future of the project

5.	**Dashboard – SG/RC** SG informed partners that as part of the population information and insights workstream within Place Readiness, the team are now bringing back the Dashboard to partners following feedback at a previous meeting. SG continued that following the last meeting Data has been included from different sources to pick up things such as air quality, suicide rates etc. to feed into it to make it a more Place based dashboard. SG confirmed that the team now have the CDC data which they will be feeding into the dashboard and the team are currently finishing work with the IT team to ensure public access so all partners of Place Executive can view this with a review of the Dashboard taking place within 12 months. RC talked Place Executive partners through the dashboard and tabs within the dashboard. **Questions/Comments** SMY thought the dashboard was brilliant on three elements, firstly the format of it, the content and enhances his faith in the partnership as in something was raised and the team have gone away and done something about it. RS thought it was great and asked if it would be possible to update some of the graphs as they go up to 2019, so bringing them to 2022 would make them relevant to the current state. JN thanked RC/SG/SM for their hard work on this as well as the GEH informatics team. DE felt it was important for this to be used as a tool.
6.	**Developing Place Based Budgets – KSA**  Enc 6 - Place Based Budgets.pdf KSA attended the meeting as CL representative and explained she was at the meeting to discuss the future financial arrangements in Place budgets with the main points being; • There remains the issue around the size of the gap for the system so as a system they have only been notified of 20 – 23 allocations of which a break-even plan has been submitted. • As a system they do not know the revised objectives or future allocations, so this makes it difficult to understand where they are as a system. • There is work still to be done to work through the governance and national guidance which may support development of this, but no national guidance has been received yet. • The 22/23 break even position is challenging and there remains several risks across the organisations especially given then challenging efficiency targets that are in place but are expecting to delivery a breakeven position as a system. • Whilst aware of the challenges and risks for this year, again, it is not known what this is for the next three years therefore making it difficult to calculate care collaborative budgets however this doesn't stop the team moving forward and making assumptions based on what they do know.

	• At the moment, there is no further updates other than this due to plans only being submitted in June and then can start working through everything and seeing how they can start looking at the care collaborative budgets and how this then links into place. **Comments/Questions** DE felt it is imperative that partners have some hard figures to work with even if there's a margin of error as if you take a step back from the detail, as an NHS we are used to working with indicative figures to get started before they have signed off for plans and are used to adapting to plans/guidance etc. KSA responded that she thinks that it is possible to start with what they currently have. SMY asked what "double delegate" means within the paper circulated to which KSA responded that it means that they cannot do care collaboratives and place at the same time, so the governance needs to be looked at and how it works. DE felt it was important for partners to be clear on their position on this and feels that the principle developed as a place is that partners expect to have the budgets for WN delegated to the group so that they can manage WN and the care collaborative would be a vehicle for that but if the case is that not the case then this would need to be fed back up to the chain of command that this wouldn't be acceptable to partners of WN Place as they would expect to have responsibility over time for the budgets that service the population to which KSA responded that she will feed this back as a point. All partners agreed that this is their expectation.
7.	**Care Collaboratives – JN**  Enc 8 - Care Collab Update June 22.pptx JN talked through some slides provided by BH who was unable to attend the meeting which sets out where they are in terms of Care Collaborative development, with the main points being; • The first slide explains what the original key considerations were • There are several workshops taking place which most partners will be involved in and it's important that WN representation is maintained • Developing proportionate and robust governance – the whole concept of keeping a robust governance and keeping it proportionate is a real challenge with the various different conversations that are going on in terms of the system, collaborative and partnership working and also what this means for the set up of the care collaborative in terms of the set-up of joint committees etc. that will work as part of the care collaborative infrastructure but also recognising that there is still an intention to work very much in relation to the quadrants of the Kings fund and the things talked about at the meeting today in terms of the way Place reports are being done and the dashboard etc. is all aligned to that. • BH is the SRO for one of the Place Readiness workstreams which is where the team are feeding back, from a face-to-face perspective, in terms of the connectivity between these developments and Place. • Haq is the SRO on the Finance and Commissioning workstream in Place Readiness and engagement has been going on in terms of the proposed budget areas and areas of focus that might be in the first phase of the Care Collaborative set up.

	• Jenni urged partners to remain engaged even though it does seem quite complex.
	• The key consideration drawn out by BH are;
	  ○ Maintaining primacy of place and developing associated arrangements that support delivery of priorities, plans and strategies at the three units of place:
	  ○ Coventry and Warwickshire
	  ○ Warwickshire
	  ○ Warwickshire North, Rugby, South Warwickshire
	  ○ Developing robust governance arrangements but avoid over-engineering.
	  ○ Clarity on the role of the host organisation in facilitating the Care Collaborative joint committee while holding the delegated budget (and associated risks).
	  ○ Creation of the Care Collaborative joint committee – ultimately via the SWFT Board – concern about proposals to move to a sub-committee of the ICB rather than straight to host arrangements.
	  ○ Maintaining impact across all the quadrants of the Kings Fund model noting the focus of the Warwickshire Care Collaborative Joint Committee.
	  ○ Link to other collaboratives as they develop within our ICS and beyond.
	
	JN asked partners for their key comments and considerations that could be fed back.
	
	Comments/considerations
	
	SMY was slightly reassured to a certain extent but would really appreciate a diagram as he struggles to work out who reports to what subgroups etc and the other issue being when they have had various issues coming through the representation of the district has always aligned so need to work out how districts are represented with DE responding that when he thinks of local authorities, he thinks of the County Councils and the District Borough Councils as equal partners in all of this and therefore there is a legitimacy to all of those agencies being represented in tables and in whatever conversations have been described, so its important to find ways to get them represented.

8.	**WN Place Plan – JN** JN reminded partners how they previously had a place plan which was a series of slides and was built because of an away day and now the team are looking to refresh that into a more succinct story of Place. Following conversation held today its has shown the importance of having a clear narrative of Place at a WN level. The plan has been revised and has been consolidated into a summary document which will be circulated to partners following the meeting and partners are asked to review this and provide their feedback and comments on the content and the flow (specifically under the headings under the bullet points within the document).
9.	**Fab Friday – SG**  Enc 9 - #FabFriday Place Executive July 2(SG shared a presentation with partners in relation to Fab Friday with the main points being;

	• Fab Friday is an Informal way of updating staff on progress of projects throughout George Eliot, and hopefully beyond
	• Featuring approx. 4 projects each month, there is discussion, chat conversations and questions asked during the hour-long virtual session which happens monthly. Also highlight any achievements and iExcel awards with strong Executive support.
	• There have been several presentations so far which have included;
	  ○ Virtual reality
	  ○ Sustainability
	  ○ Knowledge and Library Hub
	  ○ Patient Menu Software
	  ○ Pharmacy Shared Decision Council
	  ○ Defibrillator Lewes House
	  ○ Managers Toolkit
	  ○ Barcodes in Pharmacy
	  ○ Resus Trolley Folder
	  ○ Environmental Improvements in ED
	  ○ Green Plan
	  ○ QSIR Graduates
	• There are three ways partners can get involved, these being;
	  ○ Experience the sessions each month
	  ○ Targeted attendance- based on the agenda, you can choose whether to join
	  ○ Demonstrate and celebrate partnership achievements- come and present!
	• The next session will take place on Friday 29th July from 10:00-11:00.
	
	Questions/Comments
	
	DE commented that his experience of this is the most fun they can have on a Friday morning as you head into the weekend as it's great to see people talking so passionately and enthusiastically about the things they have been involved in and it would be good to see partners present some of the fab work that is going on collaboratively alongside George Eliot and is an open invitation for people to join to actively take part.
	
	DE suggested that this presentation to be taken to the Health and Wellbeing Board which SMY supported.

11.	**AOB** AK asked for a position in terms of Volunteers into the PCNs to which JN said this has been outlined within the Place Delivery Report presented at the start of the meeting. DE thanked TS for all of her contributions to the Place Executive and wished her the best of luck for the future.
	Date of Next Meeting: Thursday 4th August 2022 09:00 -11:00 Microsoft Teams Meeting – diary invite