

ENCLOSURE 1**MEETING NOTES - WARWICKSHIRE NORTH PLACE EXECUTIVE****Thursday 1st June 2023****09:00-11:00****MS Teams Meeting**

PRESENT		
Name	Initials	Title
Catherine Free	CF	Chair – Acting Managing Director, GEH
Jenni Northcote	JN	Chief Strategy, Service Improvement and Partnerships Officer, GEH (Chair)
Amar Kacchia	AKh	LMC Representative
Robin Snead	RS	Chief Operating Officer, George Eliot Hospital
Blair Robertson	BR	Programme Director, UHCW
Ryan Coffey	RC	Project Manager, GEH
Elouise Jesper	EJ	GP Partner and PCN CD in Nuneaton
Asif Atta	AA	CovWarks Partnership
Becky Hale	BH	Assistant Director of People, Strategy and Commissioning, Warwickshire County Council
Alistair Lynch	AL	General Manager, South Warks UFT
Martin Sandler	MS	Deputy Medical Director GEH / Associate Medical Director Swft
Suzanne Gray	SG	Senior Programme Manager, GEH
William Butler	WB	Non-Executive Member, ICB
Asmaa Ahmedabadi	AAH	Warwickshire County Council
Sam Young	SY	Programme Assistant, Warwickshire North Place
Name	Initials	Title
Natalie Green	NG	Chief Nursing Officer, George Eliot Hospital
Steve Maxey	SMY	Chief Executive, North Warwickshire Borough Council
Chris Lonsdale	CL	Director of Finance, ICB
Shade Agboola	SA	Director of Public Health, Warwickshire County Council
Rachael Tompkins	RT	General Manager, SWFT
Laura Nelson	LN	Chief Integration Officer, ICB
Salmah Mahmood	SM	Head of Service Improvement and Place Partnerships, GEH
Claudia Williams	CW	Project Manager, GEH
Uju Okereke	UO	Public Health, Warwickshire County Council
Jack Foster	JF	Associate Chief Operating Officer – Out of Hospital
Jane Coates	JC	Public Health, Warwickshire County Council
Elizabeth Hancock	EH	Healthwatch

Item No.	Notes
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1.	<p>Apologies</p> <p>As detailed above.</p> <p>Welcome / Introductions</p> <p>CF welcomed partners to the meeting and introduced Bill Butler from the ICB who joined the meeting for the first time, partners then went onto 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 May's meeting.</p> <p>Action Log;</p> <p>The action log was taken as on track with no issues highlighted or raised.</p>
3.	<p>Matters Arising</p> <p>There were no Matters Arising.</p>
4.	<p>Levelling Up Report - SG</p> <p>The report was taken as read.</p> <p>SG informed partners that the report provides an update on progress to produce a Warwickshire North (WN) Place Levelling Up report coordinated through Purpose Coalition facilitated via George Eliot in collaboration with other place partners.</p> <p>SG talked through some of highlights of the report with the main points being;</p> <p>Governance</p> <p>To continue momentum on the recommendations highlighted within the report, we will be incorporating recommendations above within Warwickshire North Place. We will ensure the Purpose Goals are included in our Integrated Place Delivery programme and raise awareness with project leads through the bi-monthly delivery group, reporting to Place Executive and Warwickshire North Health and Wellbeing Board.</p> <p>Within George Eliot, we have a governance process in place for our Sustainability Programme, which includes 6 weekly meetings with our 9-focus area leads, and quarterly reporting to Trust Management Board and Trust Board; and we will ensure that People priorities are fed in to refreshed People Board We will ensure updates are also captured as part of our Levelling Up updates to Place.</p> <p>Recommendations from the Report for WN Place</p> <ul style="list-style-type: none">As a partnership, Warwickshire North Place (WNP) has the potential to truly build out its talent pipeline across Warwickshire County Council (WCC) and other partner bodies. This begins in early years, primary and secondary school settings. WNP could perform outreach into local primary and secondary schools, informing children of how to access opportunities, information behind specific careers and aligning certain skill sets with potential opportunities. Engagement with children, as early as possible, on career opportunities is central in raising awareness and aspirations. If WNP wanted to use

resources more efficiently, it could look at targeting outreach into areas of high unemployment and lower socio-economic backgrounds. Targeting outreach in this way, will ensure that opportunity is spread to the widest pool of potential talent.

- Building out the talent pipeline further, WNP could perform outreach into local colleges and universities - joining this up with the Early Years Programme and the extensive work WNP already carries out around positive destinations post 16+. This work could include offering information on strategic work experience, apprenticeship, and graduate programme opportunities. Although WNP runs a successful apprenticeship programme, joining this up with specific partnerships with local education providers and its work done in local schools could make a profound difference to the lives of young people in the region.
- As part of its 'People's Plan' GEH runs a comprehensive employee progression and development programme. In the light of COVID-19 and the cost-of-living crisis, WNP also extended its colleague offering in all areas of health and wellbeing.
- However, it is difficult to assess when and where blockages and hurdles to employee progression may arise. This is another important factor in ensuring fair career progression and WNP could go even further in delivering value for its colleagues, and leading the healthcare sector in the UK, by identifying individuals in need of further support through strategic socio-economic tracking.
- WNP is already contributing to operationalisation of 'Population Health' as a central institutional function. However, displaying wide public support to the approach and detailing plans of further alignment while taking advantage of its links with similar organisations to inform them of its benefits, could make a huge difference to the health of patients, colleagues, and the wider community.

The purpose of this item at the meeting was to ask WN Place Partners to endorse the proposed governance and to also to provide the opportunity to open discussions on how the recommendations could progressed with thoughts from Place Executive as well as noting the intention of taking this through the integrated delivery group.

Questions/Comments

JN added that they are aware that there are a lot of initiatives currently happening, particularly through the People plan and Anchor activities, but feels there is an opportunity to link these things together to produce a localised offer.

JN continued that in terms of the items identified within the younger age groups, the opportunity to tie that in with some of the thematic programmes of work such as the work around year six obesity and the children and families work.

BH highlighted the work that is happening across the county council and district and borough councils on the whole levelling up agenda so feels there is clearly a focus which is much broader across all of the areas of levelling up but also felt that there was something about how this plan connects to what is being developed within Warwickshire North because all of the districts have their own levelling up plans and there's also things going on across the county council footprint that is also important to link in so feels it would be helpful, through this forum, to be clear about what is being delivered and led through this lens of levelling up and how it fits with what is happening with Nuneaton and Bedworth and Warwickshire North.

JN responded that they are working with the integrated delivery group and the two borough councils, and this is the key element that has already been identified with their levelling up

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	<p>programmes that link into the health elements of those deliverables are part of the place plan so is covered within the integrated piece and reporting.</p> <p>JN added that she attended a meeting on wealth building where there were initial discussions with partners locally with particular focus around collaboration particularly procurement and supply chain etc. so there is some further work that came out of that meeting that JN will be picking up around networking with GEH but also with Place partners to tie it together. One of the questions asked at that meeting by JN was around the work currently happening and she offered to share the levelling up document and the place plan with them so that it is clear where we are at Place as it already brings some of this work together.</p> <p>CF asked a question in relation to education, and when thinking about educational colleagues that are now forming together as academies, have got a lot of synergy and whilst education is not directly related to health a lot of these things such as opportunities of employment, the work around children and young people's mental health and obesity does link into colleagues within education but CF noted that colleagues are not involved in certain meeting's such as the County Council Team Warwickshire Meeting and seems like a gap in terms of alignment.</p> <p>JN responded that there was a contact from the academies at the meeting so there is a link/representative there.</p>
5.	<p>Health Inequalities – AAH/JN</p> <p>Tackling Social Inequalities Fund – AAH</p> <p>AAH talked partners through a presentation in relation to this item, with the main points being;</p> <ul style="list-style-type: none">• The aim of the Tackling Social Inequalities (TSI) Strategy is to tackle the cause and impact of deprivation in Warwickshire.• From research, we know there is a link to health inequalities and deprivation leads to poorer health outcomes.• A 2021 report on child poverty states that children are the group of the population most likely to be in poverty, and the gap in school attainment between children on Free School Meals (an indicator of poverty) and their peers is widening.• One-off grant funding of £150,000 available to meet strategy aims, specifically the 3 priorities.• As decided by Chairs of each Place Partnership, the money will be split across each Place proportionately according to need (marker to be used will be proportion of children in poverty).• TSI Priorities - Priority 1: To develop the workforce and culture to enhance awareness of social inequalities.• Upskilling practitioners• Develop accessible and effective communications and enable signposting to services.• Poverty Proofing• Priority 2: Improving access to goods, resources, services, and communities, both physically and virtually.• Accessible and affordable transport• Improving access to digital technology and skills to use these technologies.• Maximising take-up of Pupil Premium in schools• Priority 3: Maximising and managing income.• Supporting development of local economy and job market• Develop financial skills training through schools and colleges.• Providing emergency flexible funds to support those most in need.

- The Warwickshire North Place Allocation is £71,437

What is needed by You

- Submit a brief proposal for use of this one-off funding, including how you will report on some measurable outcomes.
 - Alignment to at least one of the TSI priorities
 - Alignment to Place priorities and relevant levelling up plans/priorities
 - Project proposal will be a local Place decision and project delivery will be led by Place
 - Timeframe to be confirmed
- **Project Proposal**
 - Outline of project
 - Nominated project leads
 - Timeline for delivery
 - Budget allocation
 - Measurable outcomes
- **Project Ideas**
 - It can be a project or piece of work that is already underway and requires additional funding.
 - Project idea that may have previously been developed but parked.
 - Partnership working
- **Proof of Concept**
 - Something new: Countywide funding given directly to Place Partnerships for projects.
 - Fairly flexible and light touch but need oversight for auditing purposes.
 - Use as example: Evaluate impact of funding directly to Place Partnerships and evaluate this new process of working with Place Partnerships.

Questions/Comments

JN added that they bought this item to this group for three reasons, these being;

- To make partners aware that there is a fund that has been allocated and people understand the scope of the funding.
- To distinguish it from the other Health Inequalities funding that will be discussed later in the meeting.
- It is a small amount of money but sometimes a small amount of money can impactful if used well, there are also other bids for funding that are currently taking place so one of the things that they wanted to explore with WN Place Executive colleagues is that rather than creating a local bidding process, to work through the WN Delivery Group which has all of the partners through the existing projects and programmes and guide us in terms of which TSI areas we would want to potentially focus on already having existing projects or programmes that could be extended, accelerate or develop or improve further and for that group to come back with suggested in terms of that.
- In terms of the administration of the programme tracking for this to be done through the current delivery arrangements because then that will make use most of the current infrastructure that is currently in place rather than duplicating this.
- Recommendation to focus on Children and Young People.

CF asked partners if they were happy to go with the recommendations made by JN to which partners agreed.

AAH wanted to clarify that because Child Poverty has been used as a marker that this needs to be something that tackles something to do with Children and Young people but isn't the case and was just used as a marker.

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AAH added that they need to ensure that the funding is allocated this financial year but doesn't want to leave it that late so are asking Places to have the proposals in by summer/early autumn so that the money can be allocated and projects to be started by the end of the financial year.

AK asked how it is envisaged that work will take place with school nurses and health visitors to make this work effectively, it's a project but it needs to be maintained going forward as it is a one off project and is only good for a short period to which JN responded that the longevity piece is something that needs to be considered which is why JN feels it important to look at things that are already in train.

CF asked what the timescales are in terms of bringing back some proposals to this group for review to which JN responded that they do have the infrastructure to drive this forward at pace.

RC added that there is a meeting in the diary with SMy with some key partners from the health and wellbeing partnership side of WN for action (14th June 2023) to discuss that plan which will then feed into the Place Delivery group on 21st June after which proposals can start to be written and shaped.

CF suggested it would be appropriate for the proposals to be shared at August's meeting to provide the team with sufficient time.

ACTION: The Place team are to put together a proposal liaising through the Place delivery Group and bring this back to August's Meeting for partners agreement.

Managing Health Inequalities Fund – JN

JN provided partners with a brief update in terms of the managing of this piece of work, with the highlights being;

- We have been asked to lead on picking up the Health Inequalities Fund going forward for Warwickshire, we have it with public health colleagues and ICB colleagues and have started to draft out a set of principles around how they would like that to work and are in the process of looking at the strategic decision making tool around that work and have further meeting's coming up.
- JN wanted to raise that as they administer the process they need to be able to continue some of the work that they have been doing to date, which is some capacity building with developing the bids and the need to think about how that support is structured so that the bids are still being facilitated at Place as well as being transparent and being able to review those bids and the continued support of this is being reviewed by the team.
- It is envisaged that there will be a core consistent group on the panel but there may be people co opted to look at bids and proposals that can add value to those conversations, this is all currently in development.
- Final proposals will be coming forward to a future meeting.

Questions/Comments

CF asked if it has been determined how this fund is being administered or if this is still to be determined to which JN responded that it is in process.

CF felt it is important that we role model the same trust in others that we would like to see in ourselves in terms of the administration and allocation of the funding.

Funding Optimisation – Capacity and Resourcing – JN

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	<p>JN wanted to discuss this item as there are a lot of opportunities, some around funding and opportunities to have a real focus around health inequalities within existing work programmes but also wiring things together so they make the most of work programmes but also know that this will become a challenge because it has already been seen that there has been some opportunities potentially for some funding to come into this area and sometimes there isn't the necessary infrastructure or coordination capacity to wire things together or optimising using all of that opportunity, whether that be working together to write joint proposals or making the most of staffing to deliver projects.</p> <p>The team therefore would like to propose that partners provide details of teams within their organisations that have a particular focus within their organisations on health inequalities whether that be a lead or champion with the aim of creating a network of people where inequalities is a focus to use that understanding as an agenda to bring people together and pull together the shared resources partners have.</p> <p>ACTION: Partners were asked to outline who within their organisations have resources/capacity that has a focus on Health Inequalities to help to create a network of people who have the same focus so this could be used to bring people together and ensure that every opportunity is made to link shared resources, partners were asked to forward details to Ryan Coffey.</p> <p>Questions/Comments</p> <p>EJ felt that Health Inequalities should be embedded into every project that they do and the risk of saying that money is for health inequalities means that you risk setting up short term project that don't and have any long term impact and are unsustainable so having some mechanism of supporting the parts of wider projects and rewarding their efforts to make sure that the health inequalities is in the DNA of every project is more sustainable and makes sense and how do we recognise that in a sustainable way.</p> <p>CF felt this was a good point and what we don't what to be doing is tokenism and there is a challenge now with how money is being allocated as it is being given in small amounts here and there and part of what JN is saying is if we want to maximise the opportunity we need to come together. The other challenge JN eluded to was a lot of the resource is within the ICB and a lot of the things are being devolved to Place but there needs to be a conversation with the ICB around is there some resource that follows that helps administer some of this but there is also a responsibility of partners to look at what are the things we already have that we can bring together like a "social" network that starts to enable that whilst we are in the transition phase of things being centrally held to being devolved.</p>
7.	<p>Warwickshire Care Collaborative – Consultative Forum Update - BH</p> <p>BH provided partners with an update on the Warwickshire Care Collaborative Consultative Forum with the main points being;</p> <ul style="list-style-type: none">• Papers for the Collaborative will be shared with WN Place partners for questions/comments to be sent to CF as the WN representative at the meeting.• The Better Care Fund is on the agenda for the next meeting with the money from this fund being used to fund the community recovery pilot that is currently being operated in Warwickshire.• There is also an update on the agenda for the Community Recovery Service and how that is going with this being on week 6 of that service so should get some indications of what the service has been like and the outputs and challenges.

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	<ul style="list-style-type: none">• The ICB are going to start bringing shadow reporting into the Care Collaborative particularly around those areas of focus within the scope of the Care Collaborative so what is happening around urgent and emergency care and activity around continuing health care.• There is also a paper due on the JSNA programme for Warwickshire and Population health management with some thoughts and observations about the development of the integrated intelligence functions for Warwickshire which will be key for how partnerships are being developed.• There is also an update on the Mental Health Collaborative as well as an item on delegation readiness for which there is a high level plan that partners have agreed and the ICB have put a proposal together about how they will release resource form within the ICB to mobilise this activity with the expectation that partners add some resource to that team so there is a matrix team that is working from the Coventry and Warwickshire footprint.• ICB colleagues are allocating some resource to support activities that are happening and being led through the Collaborative and Place Partnerships so the Health Inequalities activity will be supported by people who have a role around health inequalities within the ICB.• There is also on-going work in relation to Winter with proposals that need to be pulled together on how it is intended that the Warwickshire allocation for Winter will be spent. <p>Questions/Comments</p> <p>MS expressed his concern over end-of-life care and hospice in the collaborative as it seems that it is falling through the cracks, the ICB are talking about it, as well as everyone else but is not sure where end of life care is being pulled together to which BH responded that it is something she will take back to the group. BH added that she has had a conversation with Tracey Pilcher on how this is being co-ordinating what is happening around end of life but feels confirmation is needed on where its sits with the work currently happening on out of hospital and how the work is being led on the strategy.</p> <p>ACTION: BH to confirm on what is happening with EOL and how it is being co-ordinated and how to ensure that there are clear plans that fit in with Place Partnerships and resource.</p> <p>RS want to give partners some further information in relation to the community recovery service and how anecdotally they have seen a difference certainly within the acute trust and going back to March, the medically fit for discharge numbers were approximately in the low 70s with a peak of around 75 but within recent weeks this number has been in the 20s, so this is showing a significant difference.</p>
8.	<p>Winter Planning 23/24 Update - RS</p> <p>The report was taken as read.</p> <p>RS talked partners through a short presentation with the main points being;</p> <p>Reflective Approach</p> <p>What we did: Reflective exercise through review and discussions on Winter 22/23</p> <ul style="list-style-type: none">• Analysis of Winter 22/23 initiatives• Considerations for more partner collaboration• Informing on Winter Planning 23/24 <p>How we recognise Winter surge (Partner reflections):</p> <ul style="list-style-type: none">• Increase in attendance at ED/A&E/UCC/GP Surgeries

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- Respiratory surge impact (children and older people) across all areas
- Increase in activity through single point of access for out of hospital services (community, mental health hubs, care homes)
- Increase in sickness absence for staff in acute/high acuity flow areas.
- Increase demand for bed flow across acute/mental health/care home providers.

Flow Management

- Alternatives to ED pathways (working with Primary Care/community-based services)
- Rapid response teams for home falls – preventing avoidable admissions.
- Discharge and Length of Stay focus

Response to Surge

- Continue to support elective pathways.
- Extra hospital beds
- More 111 and 999 call handlers

Look back

Flow Management Schemes

- Flow management schemes:
- Additional support to staff to manage Mental health referrals.
- GEH Virtual Ward implemented, multiple pathways including respiratory.
- Community response teams acting as bridging service,
- Continued/increased use of urgent community response and rapid response.
- 7-day senior leadership for day-to-day flow management: enhancement of rotas (MH), review of capacity protocols (GEH), additional leadership support across peak periods (GEH).
- MH Access Hubs,
- Trusted Assessors – residential assessments within 1 – 2 days of request
- Increased Dom care capacity and reablement.
- 100-day challenge project for discharge and length of stay
- Closer integration of discharge teams (hospital/community/social care) for better discharge planning.
- Multi-agency discharge events (MADE)
- Maximising same day emergency care
- High Intensity Users of ED focus
- Frailty PDSA based in ED – supporting patients to be seen and safely discharged home on the same day.

Response to Surge

- GEH had 30 acute surge beds open across 2022 funded by ICB, a further 26 bed gap was forecast against winter demand. Plans submitted into ICS for additional 34 beds to build in risk mitigation. Confirmation of approved funding in late November enabled 22 of the 34 beds (in plan) to be opened and in effect operate as super surge capacity.
- Cancellation of elective activity
- Adult/Paediatric Respiratory Hubs (*national requirement – going further for winter resilience*)
- Same day urgent response and rapid response - community
- Increased GP extended hours services
- Increased residential capacity (higher cost bracket) – 15 winter pressure beds.
- System escalation calls across weekends/bank holidays.
- Daily system sit reps.
- System and national reporting requirements

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- Staff health and well-being initiatives (late parking/staff safety (MH), well-being trolleys, increased leadership visibility to support and thank staff (GEH).

Reflective Comments – Comments made by partners during discussions

We all reacted and responded to Winter surge but at times it still felt like we were working in our own organisational ways with our own Winter Plans feeding into a system plan’.

‘We tried to do things together, but we should have started this sooner to fully realise benefits and see improvements’.

‘Communications between partner organisations could have been better’.

‘How can funding decisions be made sooner so that we can better plan our resources and response otherwise we are constantly reacting’.

‘Staff morale was low’.

‘We worked well as a team’.

Some Areas of Focus for 23/24

1. Community Recovery programme
2. Establishing the right bed base to support minimal impact on Elective pathways
3. Earlier identification of Estate across WN as potential hub site locations
4. What more can we do together to support our Frail Elderly population?
5. How can we improve GP direct access to medical and surgical ambulatory pathways?
6. How do we work with alternative roles in Primary Care?
7. What improvements need to be made to the Community pharmacy consultation service?
8. Larger integrated Surgical Assessment Unit (SAU) on GEH site.
9. What funding is available? How will this be allocated? Can this be made available sooner?
10. Improved demand and capacity management for more complex patients on pathways 2 and 3.
11. Wider use of direct assessment pathways out of ED for surgery, medicine, and fractured neck of femur (#NOFS).
12. What further integration can we have with the virtual ward?
13. How can we improve and embed the single referral form when planning discharge and working with social care?
14. How do we improve weekend discharges? Which services are required to support this across the week (7-day services) which services would have a greater benefit by operating some 7-day services activity, and how can we prioritise these?
15. Is there an opportunity to have a collective health and well-being offer?

Next Steps

- Agree a set of Principles and ways of working in establishing a Place level winter plan. Below are some suggestions based on the feedback:
 - We will work together on improving care for our Frail Elderly population.
 - We will work together on Ambulatory care pathways (medical and surgical) for acute streaming and GP direct access.
 - We will work with openness and transparency to ensure our Plan is reflective of our collective partner contributions.
 - We will openly discuss the challenges we are facing individually and collectively.

- We will work together and review the opportunities in our individual staff health and well-being offers and how we can do something more collectively.
- Recommendations to be developed as part of a framework for Place level winter planning – Place delivery team to support building this into the integrated Place programme. Work in some of these areas is already happening, part of the Framework response will be to map and establish what is new and what is existing.
- Timescale – a Plan to be established and collaborated on sooner is a clear message
- 16th June – System Winter planning event – we need to understand the timescales being established at System level and how these will interact with the timescale we agree.
- Suggested governance for Place Winter Plan development and reporting.

Questions/Comments

MS raised two points, the first being that one of the changes that has been implemented is a touch point twice daily between Urgent Community Response Teams and West Midlands Ambulance Service supported by a Senior Geriatrician that has day on day prevented people turning up at the hospital who might otherwise have been admitted and stayed in hospital, MS believes this has made a significant impact. MS's second point was that, most of the focus for this coming winter is based on making UHCW functional and MS had concerns that this seemed to be an ICB lack of recognition that the other places also have pressures during winter but that the whole system tends to work together because when one element falls over the pressure transmits to the other and wondered if any other partners felt the same.

RS responded that he does agree with MS and the way that the ICB is made up currently there is a significant proportion of that weighted towards the actions taken by UHCW and there's the Coventry areas Place and feels that there is a proportional focus on that area. This is something RS has picked up at ICB level to ensure that they are clear that our winter plan coming forward for this coming year is a place-based winter plan and therefore each place should be directed likewise so there is equal weighting to those plans and to understand the interdependencies of those plans.

JN added that the piece of work that has been pulled together will also feed in the meeting that is happening in terms of the ICB which is linked to the piece of work that BH was alluding too earlier in the meeting around being clear how to administer the funds in relation to winter going forward with more of a Place focus.

JN continued that from a partnership perspective going forwards, in terms of some of the conversations, wondered whether some of the broader contributions that support winter should be considered for instance some of the collaborations that are happening with some of the non-health partners, particularly some of the more preventative activities etc and could be picked up through the WN Place Delivery group as this is now more integrated then they have ever been.

JN added further that noting that the contributions from Primary Care have been identified in relation to additional appointments, JN wondered how this is being linked with the new Primary Care Collaborative going forward to ensure there are those broader links to the wider partners both in health and non-health as it all matters from a preventative perspective particularly with young children and families potentially.

RS agreed with JN and felt that now all the links are in place in terms of the Care Collaborative and Place Executive they could start to exploit and use them to their best advantage to put in some more detail around what is being done for health prevention, health education etc.

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	<p>BH added that there is around just over £5 million for Warwickshire for Winter that proposals need to be pulled together for the collaborative as to how this is going to be spent, from a WN perspective this work will feed into potentially what they want to do and that cost and how do they draw down into the allocation, this sits alongside the £5 million that is in the Better Care Fund which is paying for the community recovery and beds so there is elements of what is in RSs plan and then there is what do they need to put on top. BH is awaiting confirmation from the ICB on who will help co-ordinate this but there will be an event taking place in early July that brings together all this information, so they pull together the Warwickshire proposal and what that looks like across WN and if there is anything Warwickshire wide that they want to be funding.</p> <p>AK felt that it was important to consider how feedback from these meeting's will be communicated.</p> <p>EJ asked RS if he felt that he has adequate Primary Care involvement within these plans to which RS responded that they do have input from Primary Care, but they are also at a stage now where they are able to pull people in where necessary to provide additional input.</p> <p>CF asked RS where we currently are with the D2A provisions within North Warwickshire to which RS responded that it was felt that the pathway wasn't an optimal pathway for patients with discharge to access pathway so based on that service will be recommissioned with a timescale of the end of September, so from 1st October Arbury Lodge would no longer be used for the discharge to assess process with notification from the ICB of receipt of that notice and also a request has been received for more information on the activity that has been seen on the D2A pathway and the make up of patients going through that pathway in recent months and this data has been provided to the ICB. This was done with full discussion with system partners.</p>
9.	<p>Partner Updates</p> <p>PCN Update – EJ</p> <p>EJ provided partners with a verbal update, the main points being;</p> <ul style="list-style-type: none">• Mental Health Approach – They are involved with the Mental Health Collaborative, and they are in the process of developing their Mental Health strategy.• In terms of developing PCN work and relationships with CWPT and there has been some development in terms of appointing the Mental Health Practitioners and are in the process of developing and strengthening Local Hub Delivery for Mental Health Services which is integrated into Primary Care linking with Social Prescribers, Care Co-ordinators, and existing services.• There is a plan to have Band 7 Practitioners, with the Band 6 Practitioners almost replaced.• Band 5 roles are currently being advertised so this is in progress.• There is a hope to have bad 4 Care Coordinators as part of that Mental Health PCN team, with discussions on-going in relation to how this could be done.• Work is on-going in terms of Estates Support• IT Development – Primary Care has moved forwards since the beginning of the pandemic in terms of an IT perspective. One of the challenges being faced currently is that there will no longer be full funding for the text message aspect of Accurx which is causing some anxiety with the cost being pushed back over to Primary Care, so discussions are on-going in relation to this.• There is some development on-going to fully maximise the appointment of the ARRS roles across the patch as there is still money that could be spent so we need to ensure

the ARRS roles have been fully maximised by the end of the financial year otherwise there will be a risk that future funding will be lost.

- A Frailty Hub is currently being planned in Rural PCN with the concept being that there will be some searches done on focussing on the frailest population with some multidisciplinary clinics being set-up with the opportunity being that they can work across practices at PCN level and utilise the ARRS roles etc to be able to implement that and have some form of Geriatric support.
- There are two other hub ideas being developed are in relation to Hypertension AF and High Cholesterol case finding with the existing project that has been previously shared with the group in Partnership with InHip and going further faster project.

Questions/Comments

CF asked EJ if she felt she was linked to the right people in terms of getting the support needed from this group or elsewhere in terms of Estates, ARRS roles etc to which EJ felt that they did have the right connections.

JN suggested that a briefing note to be compiled on the PCN Update prior to future meetings for this to be circulated as a briefing for partners to review.

AL thought it would be useful for EJ to attend conversations that are currently under way in relation to ARRS roles etc currently taking place with Mehwish Qureshi and will forward the invitation to future meetings to EJ.

Community Recovery Programme – BH

BH provided a verbal update on the Community Recovery Programme with the main highlights being;

- There is a presentation being put together at the moment that will be shared.
- The community Recovery programme went live on 24th April, so it is currently in week 6.
- The dashboard around activity is currently being collated but by midweek at the end of May, 239 Warwickshire residents have been referred to the Community Recovery Service, which is positive.
- This is a free Domiciliary and Therapy Service to enable people to maximise their independence for up to six weeks with a view to hopefully people not needing any long terms care support but for those that do they should need less care and support because they had been enabled.
- There are several things being worked through currently as it has only been six weeks and there are several challenges and issues that are being worked through.

Out of Hospital Contract - JN

JN informed partners that that the process in terms of looking at outcomes and the review of the out of hospital contract has commenced.

The details of the mechanisms of the contract have not yet been discussed but a review of the key outcomes that would want to be achieved through the next phase of the out of hospital service delivery has been discussed and how the outcomes can be consolidated so they are not having a plethora of different measurements.

There are currently fortnightly meetings looking at each of the current measures and then the idea is that there will then be a set of themes that each Place will be asked to consider and explore through a lines of enquiry approach.

ENCLOSURE 1

	<p>There will be engagement with Places and the opportunity therefore to shape some of those discussions.</p> <p>There are also some early discussions in relation to resource arrangements.</p> <p>Questions/Comments</p> <p>There were no Questions or Comments from partners.</p>
10.	<p>AOB – All</p> <p>Dementia Services – JN</p> <p>JN informed partners that there are currently conversations in relation to Dementia services and where best for them to be positioned.</p> <p>Mehwish Qureshi was keen to gain partners thoughts on this and has requested that these be sent to her directly if partners wished to provide this.</p> <p>Estates - JN</p> <p>A meeting has taken place with Laura Nelson and some progress has been made in terms of re-establishing the local estates forum (the aim of August) with support administration support being provided also.</p> <p>Suzanne Gray – JN</p> <p>JN informed partners that Suzanne Gray will be leaving the trust in July and thanked her for support and hard work.</p>
	<p>Date of Next Meeting: Thursday 6th July 2023 09:00 -11:00 Microsoft Teams Meeting</p>