

ENCLOSURE 1**MEETING NOTES - WARWICKSHIRE NORTH PLACE EXECUTIVE****Thursday 2nd March 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
Mehwish Qureshi	MQ	Clinical Director Rural Warwickshire North PCN
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
Asif Atta	AA	CovWarks Partnership
Alistair Lynch	AL	General Manager, South Warks UFT
Najam Rashid	NR	Interim Medical Director, GEH
Neesha Memetovic-Bye	MMB	Public Health Principal - Warwickshire North, Warwickshire County Council
Jack Foster	JF	Associate Chief Operating Officer – Out of Hospital
Elizabeth Hancock	EH	Healthwatch
Sam Young	SY	Programme Assistant, Warwickshire North Place
Name	Initials	Title
Elouise Jesper	EJ	GP Partner and PCN CD in Nuneaton
Sharon Binyon	SH	Medical Director, CovWarks
Natalie Green	NG	Chief Nursing Officer, George Eliot Hospital
Steve Maxey	SMY	Chief Executive, North Warwickshire Borough Council
Salmah Mahmood	SM	Programme Manager – Warwickshire North Place, GEH
Chris Lonsdale	CL	Director of Finance, ICB
Shade Agboola	SA	Director of Public Health, Warwickshire County Council
Becky Hale	BH	Assistant Director of People, Strategy and Commissioning, Warwickshire County Council
Jane Coates	JC	Public Health, Warwickshire County Council
Rupin Somaiya	RS	Deputy Medical Director, George Eliot Hospital
Rachael Tompkins	RT	General Manager, SWFT
Laura Nelson	LN	Chief Integration Officer, ICB

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Item No.	Notes
1.	<p>Apologies</p> <p>As detailed above.</p> <p>Welcome / Introductions</p> <p>CF welcomed partners to the meeting.</p>
2.	<p>Review of the Minutes and Action Log from the Previous Meeting</p> <p>The minutes from the previous meeting were taken as an accurate record of February's meeting.</p> <p>Action Log;</p> <p>A review of the action log is to take place ahead of April's meeting to ensure that all the dates within are correct.</p> <p>ACTION – SY to review action log and amend dates.</p>
3.	<p>Matters Arising</p> <p>There were no Matters Arising.</p>
4.	<p>Delivery Group Integration – SG/NM/RC</p> <p>SG/NM/RC talked through the outputs from the Delivery Group Integration session which took place in February with the points being;</p> <ul style="list-style-type: none">• Session aims<ul style="list-style-type: none">○ Take the first step to understand how we can connect and collaborate through the new arrangement○ Discuss the new ways of working and understand what colleagues would like to see within the delivery group meetings○ Understand the Integration of the Warwickshire North Place Executive and Warwickshire North Health and Wellbeing Partnership delivery groups and the associated meeting and reporting requirements• Attendees of the session were asked to what they wanted to get out of the session, the responses were as follows;<ul style="list-style-type: none">○ Collaborative working○ Help people in the room get something out of the partnership that helps their work○ Clarity on what are the key objectives of this partnership in terms of improving health and wellbeing for WN and how my service area can assist○ Better understand the difference and value of both WNH&WB and WN Place Executive and their attendance○ Understand how we can do more by working in a more integrated way○ Create links with partners across WN○ Gain an idea of how other organisations get feedback and meaningful engagement from service users and patients○ Understand others' roles in relation to WN Place partnership○ Clear role between delivery and strategic groups

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- Easier access for local people to navigate health services
- How all the partnerships link together
- What support is there, financially & staffing, across the board
- Create an easy understandable system to maximise service infrastructure and financial planning contribution
- How do we make the delivery group a partnership meeting that people want to be part of
- Understand gaps and concerns from people on the front line
- Understand what opportunities and risks might be
- Looking for new innovative opportunities
- Get a sense of where the worries are in the room, e.g. poverty
- The team then talked through the journey that had taken place so far to get to the point they are currently, these being
 - Mapping of all priorities against WN Place Executive Programme
 - Mapping of all the priorities against the WN H&W Partnership priorities
 - Review JSNA Progress
 - Lessons learnt
 - Develop Recommendations
 - Develop a single place plan and governance – Current stage
- The next stage in this process will be the implementation of a single Place matrix team
- There are currently a number of priorities across WN Place Forums, these being;
 - Place Executive – Wider Determinants of health, Long Terms Conditions, Children and Young People, Mental Health, Urgent and Emergency Care, Community Capacity and Rapid Response
 - HWB Partnership – Access to services, Reducing health inequalities, Housing and Health, Reducing obesity and improving lifestyles
 - JSNA – Promoting Inclusive Communities, Children and Young People, Promote healthy lifestyles and reduce the burden of long term conditions, Address poverty, housing and inequalities.
- Consolidated WN Place Priorities – Reducing Health Inequalities
 - Improve access to services – Transport/Primary Care/Autism Diagnosis
 - Improving Mental Health and Wellbeing – Urgent & Acute MH/Community MH/Dementia
 - Children and Young People – Mental Health/A&E attendance/ Weight management
 - Addressing the Wider determinants of health – Homelessness/Housing/Learning Disabilities
 - Promoting/improving healthy lifestyles and reducing the burden of long term conditions – Diabetes/COPD/Heart Failure
- Feedback on the integration of the groups was as follows;
 - Would willingly feedback to a central co-ordinated body- but we need someone to act as point of co-ordination
 - Need to ensure we are all speaking a common language- one that is driven from the community we serve
 - Need to understand what the governance looks like for the group and how that feeds into Place Executive and the Health and Wellbeing Board
 - Would like option for face-to-face meetings- value of connections and conversations in the same room
 - Sharing resources, time and effort
 - Great space to identify interdependencies and key contacts
 - The need for place-based prioritisation and understand issues highlighted in Public Health report especially for Warwickshire North
 - Platform for us to work with our community and advocate as a unit for our population

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	<ul style="list-style-type: none">○ We need to create a communications plan to communicate and understand what our population needs to know for the integration○ Need ToR and governance structure● It was collected decided as a group at the Delivery Group Integration session that the use of the art of story telling to benefit and engage teams at the Delivery Group as well as<ul style="list-style-type: none">○ Focussing each session on where an inequality is highlighted and look as a group how we are tackling it○ Address key areas at a time and demonstrate progress○ Include evidence based financial definitions of what we are doing○ Route on how we take things through to escalate to get voices heard and change made○ Communication to our population of what we are doing● The take aways from the session were;<ul style="list-style-type: none">○ Warwickshire North needs to have a voice○ We need to challenge inequalities for our citizens○ Seeing the person as a whole, rather than just the problem that they are facing○ The power of story telling● Next steps;<ul style="list-style-type: none">○ Warwickshire North needs to have a voice○ We need to challenge inequalities for our citizens○ Seeing the person as a whole, rather than just the problem that they are facing○ The power of story telling <p>Questions/Comments</p> <p>JN felt it was a good session and there has been great feedback following the sessions from participants and how the use of storytelling as part of their approach to reporting so that they don't just report on things but use story telling to bring to life what has been done and what sits behind it.</p> <p>UO added that there was an ask in terms of ensuring that things that the group are working on are tangible and achievable just so there are things that can be celebrated and that would motivate people to keep getting engaged and involved in the work.</p> <p>CF asked if the harmonisation of the priorities has now happened across the H&W Board and WN Place Executive to which JN confirmed that has.</p>
5.	<p>Place Delivery Group Report - RC</p> <p>The Place Delivery Group Report was taken as read with RC taking partners through some highlights from the report, these being;</p> <p>This is the first Place Delivery Group Report where the SITREP has been completed with any Projects reported as amber or red RAG status have been asked to provide a Corrective Action Statement for assurance around the plan to get back on track.</p> <p>Transfer of care hub is a project within the Ageing Well programme, rated red due to a lack of update received from the project lead to the Programme Manager for the Ageing Well progress report that is fed into this paper. Moving forwards, this project will become part of the discharge Frontrunner programme which is being established and will be reported on via this route.</p>

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Urgent response redesign is reported as amber due to numbers of referrals. Plans are in place to work with pendant alarm companies to increase referrals, as well as working with West Midlands

Ambulance Service (WMAS) to increase referrals from 999 and 111, including preparations to move to Computer Aided Dispatch portal. Referral numbers from WMAS have been helped by the recent launch of the falls assist from floor service, and the plan hopes to see the project report as on track by the end of March.

The community pharmacist scheme is reporting as red, signifying it is off track without a defined plan in place currently, due to concerns patients are being rereferred back to general practice from pharmacy due to pharmacy workforce issues. This issue has been escalated to Local Pharmaceutical Committee (LPC) and Head of Medicines Management at the Integrated Care Board (ICB). The ICB is currently awaiting a response from the LPC, but has not been given a timeframe to hear back.

End of life care is reporting as amber due to the palliative care specialist team being unable to recruit the intended plan of 10 patients to the Docobo remote monitoring pilot due to capacity issues. 7 patients are recruited to the pilot currently, with positive feedback and an evaluation report to follow by the next reporting period.

The obesity project is reported as amber due to struggles engaging with local schools for healthy lifestyles due to their capacity. The project team has taken learning from this and the funding from schools unable to participate due to their capacity is being put back into the engagement work that Coventry University leads for the project

The smoking cessation project's focus on vaping in young people has shared a draft e-cigarette toolkit with three education settings and received positive feedback from one school, and is now chasing feedback from others, with hopes to receive this by the next reporting point

Place Priority: Wider Determinants of Health

- ✓ Homelessness needs assessment work has been connected to System Health Inequalities Bid and reviewed successful briefing regarding linked approach for homeless needs assessment across the acute Trusts. A meeting has taken place with the System lead for the bid to discuss next steps and agree a joint approach.
- ✓ A draft e-cigarette toolkit has been shared with three education settings and received positive feedback from one school – chasing feedback from others. Further amendments have been made to the toolkit ready to be shared with the working group.
- ✓ Vaping in young people resources from Peterborough & Cambridge have been localised for Coventry & Warwickshire.
- ✓ One of the identified schools for healthy eating have been in touch and want to utilise the funding – awaiting a meeting to discuss this further. As the other schools didn't have capacity to participate, learning has been taken from this and the remaining funding is being put back into the engagement work that Coventry University completed for the project earlier on in the year.
- ✓ First Healthy Pregnancy (including healthy weight) subgroup of Local Maternity and Neonatal Systems (LMNS) Health & Wellbeing workstream meeting held 01.02.23. The group is working on new terms of reference and key actions and risks for 2023/24.
- ✓ New LMNS Governance midwife post interviews took place at the end of January – awaiting an update from LMNS on appointment.

Place Priority: Long Term Conditions

- ✓ Cardiovascular Disease (CVD) Checks project group and documentation set up.
- ✓ Completed connection of cardiovascular disease bids to create pathway diagram.
- ✓ Clinical interactions meeting has taken place for CVD Checks.
- ✓ Meetings scheduled with Healthwatch, CAVA and Community Engagement Officers for CVD Checks.
- ✓ Scoping underway for options for non-registered patients, e.g. those who are homeless, for CVD Checks.
- ✓ Diabetes funding options being explored, with a Covid recovery focus.
- ✓ Multidisciplinary diabetic clinics are being set up, involving Diabetic Specialist Nurses, GP specialists and GEH Diabetes Consultants, as a 12 month pilot with a focus on identifying most appropriate management plan for each patient's diabetes.
- ✓ System respiratory group being set back up, including focuses on COPD and spirometry in each Place.
- ✓ Pulmonary rehab funding received from NHSE to develop a five year plan, with discussions taking place with GEH clinicians to identify focus areas of improvement.
- ✓ Long Covid project is now delivering four services in WN, but is struggling with GEH capacity and number of referrals in some cases.
- ✓ System received £25,000 funding for spirometry training which has been given to the central training hub, offering both initial and refresher spirometry training.

Community Capacity and Rapid Response

- ✓ Cap on home-based teams has been removed to support discharge pressures. Scope and design of discharge pilot as part of Front Runner continues.
- ✓ Discharge 2 Assess (D2A) commissioned 20 beds for winter pressures, working with new providers and operational colleagues to ensure best usage.
- ✓ Early stage conversations with lead provider for D2A with ICB as part of Front Runner.
- ✓ £216,000 for hospices to increase hospice at home capacity being distributed currently.
- ✓ Community Hospital review business case finalised and recommendations presented to ICB for approval, with further work on the implementation plan.
- ✓ Fortnightly frailty task and finish group established to progress proactive care cohort in WN, with workshop held and feedback collated regarding current service offer.

Unscheduled Care

- ✓ Clinical competencies frameworks for urgent response by role developed in draft.
- ✓ Initial steps taken to prepare for urgent response demand and capacity tool use.
- ✓ Falls assist from floor service now embedded and investigation underway on implementing dedicated falls vehicles.
- ✓ Long lie criteria relaxed to support on WMAS strike days as part of a managed risk approach. Learning from these days is now being considered.
- ✓ Engagement undertaken and agreement reached with Warwick District Council to implement a pendant alarm pilot. Awaiting meeting dates to initiate.
- ✓ Diagnostic point of care test supplier meeting held 20th December and formal quote now received.
- ✓ Additional bid made to WN Place Health Grant for a second diagnostic test device in WN.
- ✓ Meeting to review device needs held 9th January, including links with virtual wards and A&E requirements.
- ✓ Since December 19th the urgent response service has expanded to cover all patients over 70 on frailty wards, including those with GPs outside of Warwickshire, and all over 75s from medical wards (and extra bedded areas). This has pushed the call rates up from 108 calls a month, to an average of 15 a day (approximately 3x increase). Data is being considered on the returns against the expanded service.

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- ✓ Feedback from patients remains positive for urgent response.
- ✓ Work has continued with WMAS and GEH colleagues to explore opportunities within SDEC for paramedic referral/contact/conveyance instead of conveyance to ED.
- ✓ The team are also re-validating the Directory of Services (DoS) profiles for SDEC and are finalising their agreement to piloting the three 111 call assessor pathways, as done so by the other 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

Community mental health core redesign staff consultation paper.

- ✓ presented and proposed structure discussed with managerial staff.
- ✓ Scoping work underway for community mental health multi-agency flow, with a plan in development to pilot multi-agency multi-disciplinary teams.
- ✓ Workshop held to showcase learning and innovations as part of Warwickshire Business School research to support development of 18-25 mental health offer.
- ✓ Forensics workshop held with System partners on 10.02.23 to support operationalisation of model and agree interventions.
- ✓ Increased estates provision for eating disorders.
- ✓ Two new Psychological Therapists joined the team in January.
- ✓ Team Manager, Social Worker and Dietician posts all currently out for recruitment, utilising eating disorder awareness week to increase promotion.
- ✓ Band 6 Occupational Therapist for community enablement appointed to and Advanced Nurse Practitioner has joined the team.
- ✓ Project has commenced to start to map the clinical pathway within rehab inpatient spoke.
- ✓ Service offers have been designed in collaboration with primary care colleagues at a Place-based level. This enables local service design to reflect rurality, population need and integration with primary care teams.
- ✓ Training from the Pottergate Centre to assess and provide interventions for dissociative identity disorder service is in the process of being commissioned to the psychotherapy service.
- ✓ Draft options paper in development to support investment for Service User Network, part of the psychological interventions model.
- ✓ The team have commenced testing Dialog+ as an intervention to support individuals whilst on the therapy waiting lists.
- ✓ Conversations continue to progress to support multiagency working within the children and young people crisis team. The team are currently discussion the possibility of having four local authority social workers within the crisis team (two children's social workers, from both Coventry and Warwickshire).
- ✓ Work is ongoing to support the implementation of brief responses within the crisis team and the Think Family Outreach Team. Specific therapeutic interventions have been identified that meet the brief response criteria and SNOWMED codes are being identified to support the dataflow.
- ✓ Contract variation with Coventry and Warwickshire Mind (CW Mind) has now been completed. The move towards CW Mind doing the day to day delivery of the crisis line will support ongoing capacity within the Crisis Team.
- ✓ Evaluation of the 18-25 peer mentoring support service was presented to Children and Young People board in February.
- ✓ The wider 18-25 mental health offer is being considered by a new working group which is chaired by the ICB and brings together professionals working in both children's and adults mental health services.
- ✓ The DiADeM dementia assessments in care homes have led to 73 new diagnoses, though progress has been stalled by staff availability.

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- ✓ The data reconciliation project has led to an additional 173 recorded dementia diagnoses so far and is continuing at pace.
- ✓ Additional improvements are being made in referral sources, efficiency and pathways within and through the Memory Service. Improvements in the running of the service, supported by NHSE, have put the service in a strong position to respond to the new referrals being sought through various sources.
- ✓ Memory Service are increasing training to more junior staff within the team to increase assessment capacity.
- ✓ NHSE have recommended that we identify a GP Lead for dementia to support work on diagnosis rate, given the important role of primary care in this work.
- ✓ In depth action plan has been developed for severe mental illness health checks following a system-wide workshop held in December and the actions have been suggested and co-created with attendees from Public Health, ICB, CWPT, Primary Care, and the VCSE.
- ✓ The team are working with GP alliance and contracting to increase uptake of health checks, and there has been a positive increase following the changes in the way they are offering the service.
- ✓ Suicide prevention priorities identified as part of the strategy:
 - Reducing inequality and addressing gaps – target our approach for those groups and communities at a higher risk of suicide.
 - Working towards suicide safer communities – increase awareness to help change public attitudes about suicide.
 - Influencing workplace practices – promote suicide prevention as a priority within the wider health and wellbeing activity of System partners.
 - Sharing data and learning – provide real time data to ensure that prevention activity is targeted in response to locally identified priorities.
 - Maintaining effective partnerships – facilitate co-production, collaboration and coordination to maximise the impact of suicide prevention activity across Coventry and Warwickshire.

Enabling Workstream: Volunteering

- ✓ Extending referral pathway to all GPs in the two PCNs involved in the pilot.
- ✓ Recruited to the Community Engagement posts.
- ✓ Agreed funding for “Shape Up for Surgery”, supporting Amba Care Solutions.
- ✓ Secured Programme Management support through to April 2023 (or July 2023 if needed).
- ✓ Weekly reporting of Back to Health activity is now happening.
- ✓ Clinical post approved at Banding Panel (Band 7).
- ✓ Analysis undertaken of data from over 4,000 calls made to date.
- ✓ Exploring how to connect the Back to Health project with existing waiting well initiatives in GEH - specifically volunteers supporting patients to fill out MyPreOp assessment.
- ✓ Volunteering increasingly seen as a key element of hospital delivery as evidenced by regular reference to volunteering in Bronze Command meetings in GEH.
- ✓ Numbers of active volunteers are growing.
- ✓ Continuing to improve the efficiency of the contact centre – e.g. increasing reliance on texting rather than calling, as first point of contacting patients.
- ✓ Progress on development of training package.
- ✓ First draft of contact centre Standard Operating Procedure (SOP).

Estates

- ✓ Hartshill build is almost complete, however the practice is waiting for confirmation of CQC registration of the new site and fibre connection before confirming a moving date.

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	<ul style="list-style-type: none">✓ Chancery Lane move to Hartshill planning is ongoing.✓ Draft clinical plans in place for North Arden and Rural PCNs so now moving forward with the estates planning.✓ PCN estates strategy development work is ongoing as per schedule below. Rural PCN is in phase 1 and Nuneaton and Bedworth PCN and North Arden PCN are in phase 2. The strategies will provide an evidenced-based pipeline of primary care requirements which can be prioritised according to genuine need and incorporated into the ICS estates plan. <p>PCN Update</p> <p>MQ provided a PCN update in EJ absence, the main points of this being;</p> <ul style="list-style-type: none">• The ARRS roles (band 7) have now been recruited successfully for each PCN in WN and further recruitment for Band 6 & 5 is underway and that does include the Mental Health Link Workers.• There have been lots of discussion at the Mental Health Collaborative (which MQ attends) about developing a strategy with some workshops coming up which will involve a wide breadth of Clinicians and Non-Clinicians to help shape the strategy with the hope this will be finalised by April.• Primary Care and PCNs are working towards developing neighbourhood and integrated teams with some initial conversations taking place to see the fuller stock take implementation which is a requirement as a system not just as a PCN.• Estates remain very challenging, PCN's are in a catch 22 situation where they can't recruit as there are no estates but if they don't recruit they are at risk of losing the funding. The physical space available is very challenging and MQ asked for some support from the WN Place Executive on this issue.• There are some conversations in relation to direct access to diagnostics at George Eliot Hospital and MQ feels that it is all about communication and the cascading of the information to the PCN's about all of the work at Place Level and MQ has spoken to with Roma Holland and some colleagues at the LMC about how this information can be cascaded.• Docobo data is being analysed to look at the inefficiencies across the system, a lot of time saving for the care homes, patients, Clinicians and General Practice has been identified but there is some more support required from SWFT to analyse the EMISS data in terms of inefficiencies across ICC.• There are some workstreams taking place within PCNs, especially in acute frailty, and there are opportunities from things that are taking place at Place Level to actually directly find links into those pathways and co-develop pathways. <p>Questions/Comments</p> <p>EH felt there is so much work going on and was interested to find out how that level of work is communicated with the local communities to which JN responded that in WN there is a tendency to just get on and try and make the connections and some of this is now being retrofitted into some of the comms and it is important to say that there are direct conversations and discussions with people that are impacted by these initiatives on the ground so there are elements of engagement integrated into it but there is more that could be done.</p> <p>ACTION – JN/CF to look at the estates issue and look at how steps could be taken to progress the work on estates can be taken forward.</p>
7.	<p>Levelling Up/Cost of Living – SG</p> <p>The report was taken as read with the main highlights being;</p>

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	<ul style="list-style-type: none">• We are engaging with the levelling up agenda to improve social mobility for patients, colleagues and communities. The purpose of the report is to be able to measure the current work in Warwickshire North against the Purpose Goals and identify key areas of achievement and areas where we can work together to improve.• Following an initial meeting with Purpose Coalition, a mapping process was undertaken to align current work to the 14 Levelling Up goals. This was done through a Place lens to ensure we captured the entirety of how our patients and community are being supported. To support with, we engaged with Public Health. This initial mapping was shared with Purpose Coalition, along with some case studies, Trust Annual Objectives, Annual Plan and GEH Green Plan.• Alongside this report, we are aware that local boroughs are developing levelling up plans in response to policy requirements. 2 of these plans will be applicable to the Warwickshire North geography. It is important to note that these plans will be different to the report compiled for Warwickshire North, however it will be important to link in with the plans to understand key actions and activities to support the levelling up agenda.• The key achievements noted in the report are;<ul style="list-style-type: none">○ The use of Docobo, the work going on for people and wellbeing for our staff and community, the green plans and the use of Population Health as the approach that is used and the acknowledgment of the role of the Anchor Institution for George Eliot Hospital.• Some of the recommendations that have been put into the report are as a draft and the next step will be developing those recommendations in co production with Purpose Coalition in the coming weeks.• As part of the reviewing of the levelling up, the cost of living crisis has also been taken into consideration.• Next steps;<ul style="list-style-type: none">○ Engagement with leads of borough level plans to understand how plans will be reported on and insights shared through the Health and Wellbeing Partnership○ To understand the shared priorities for the Levelling Up Plans <p>Questions/Comments</p> <p>CF thought this again showed the amount of great work going on with WN and felt it was important that people are made aware of this.</p>
8.	<p>Clinical and Professional Partnership Group - NR</p> <p>The WN Clinical and Professional Partnership Group held their first meeting on Thursday 16th February 2023 with the members of the group being from a number of different sectors.</p> <p>The partnership has been established to provide professional and clinical advice on relevant areas of work within health and care.</p> <p>During 2023/24 the priorities will include:</p> <ul style="list-style-type: none">▪ Reviewing the progress of the Place clinical strategy to identify and prioritise specific clinical and professional leadership requirements to accelerate delivery of the ambitions set out in the Clinical Strategy.▪ Clinical and professional advice and leadership to:<ul style="list-style-type: none">○ Healthier Futures work programme○ Development and co-production of diagnostic pathways associated with the mobilization of the Place CDH○ Drive and champion expansion and optimisation of virtual wards

- Digitally enable health and care

- Clinical and professional advice on identified gaps in health and care provision which impact negatively on population health and place clinical quality indicators – to influence Place planning for 23/24
- Clinical and professional advice on service transformation and new models of care that support productivity efficiency and cost improvement as well as improved patient outcomes and experience – to support improved Place financial position and retention of high-quality performance and Patient satisfaction across partners delivering clinical and professional health and care services in WN place.
- Provide clinical and leadership support to embed Personalisation within health and care delivery.
- Identify opportunities for integrated health and care development, training and networking to break down barriers between different disciplines specialties and professional groups

The Partnership is responsible for the formulation and provision of professional guidance to the Place Programme - via Place Executive, Warwickshire North Health and Wellbeing Partnership Board, as well as the system clinical forum to influence the best decisions about care pathways and health and care delivery priorities.

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At the first meeting on Thursday 16th February 2023 the group discussed the following;

Consensus on The Primary Care and Secondary Care Interface

A document was shared via primary care colleagues that they felt was good practice on ways of working with Secondary Care colleagues and wanted to expand this further and have this as a broader set of principles and way of working across services that Clinicians would be required to interface across.

Some of the information from the consensus document has been used to think about how the Terms of Reference for the WN Clinical and Profession Partnership Group can be adapted and create some concordat working between Primary and Secondary Care as an interface and equally across the Clinical and Professional Partnerships at Place.

Clinical Strategy

The group reviewed the Clinical Strategy and started the discussion on how, as a multi professional group can bring ideas together and deliver the ideas that have been formed within the Strategy.

The group recognised that strategy was more focused around George Eliot Hospital delivery endorsed by Place, which reflected the agreed focus for the initial strategy; however the aim for the refreshed strategy should be to broaden the scope of the strategy to include and encompass wider clinical and professional scope recognizing the focus on integration agenda across Place.

Members of the group were asked to review the strategy ahead of Aprils meeting and consider the following;

- Look at the strategy through their own lenses and outline their reaction and what they feel is missing from the Strategy.

	<ul style="list-style-type: none"> • Members provide some comments on collaborations, unique things they are doing and what they would like to add • How they feel this document could be made better • What their contribution would be to the refresh of the strategy • Key people we need to engage with to help coproduce the refresh <p><u>What are the Clinical and Professional Insights and Considerations that should drive our Winter Planning 23/24</u></p> <p>The intention of this agenda item was to have a discussion on what are the Clinical and Professional insights and consideration that should drive winter planning for 23/24 and try to get the discussion going into the insights of the lessons learned in 22/23 and what could be done differently for 23/24 so this can be fed into some of the reviews that are taking place.</p> <p>A number of suggestions and comments were provided by members and It was agreed that members would have a focused, detailed discussion at their next meeting as well as reviewing how the feedback from these discussions could be fed into the reviews currently taking place in other forums.</p> <p>It was agreed that this groups remit was providing the clinical and professional insights and recommendations to feed through to the A&E Delivery Board</p> <p><u>Actions to be progressed</u></p> <p>Consider representation from the group into the ICB Clinical Forum to ensure that feedback from each group is aligned, members are proactive in raising the profile of the Clinical and Professional Partnership as the key forum in Warwickshire North Place to engage with clinical and professional leaders.</p> <p>Review the frequency of the meetings for the Group as members with the possibility of this being moved to monthly or using other forums for more focused discussions.</p> <p>Members to review the Clinical Strategy and provide feedback and comments on the Strategy.</p> <p>Questions/Comments</p> <p>CF asked how the discussions from this group are going to feed back into other discussions happening elsewhere to which JN responded that she would liaise with RS on this this to ensure these discussions are fed back into the relevant forums.</p> <p>ACTION – NR/RS/JN/MQ to discuss how the discussions on winter planning within this forum can feed back into the others discussions taking place elsewhere.</p>
<p>9.</p>	<p>Warwickshire Consultative Forum Update – JN</p> <p>The Key messages are;</p> <ul style="list-style-type: none"> • There is a pause over the Christmas period but is now ramping up again with the first Warwickshire Consultative Forum starting. • There is a meeting on Monday 6th April of the development group to take things forward in terms of shaping up the work and the way they are going to work together to make things happen. • The intention behind the Consultative forum is to shape and inform discussions that then filter into various decision-making bodies so is important to have a schedule of business and set agenda. • Some key things that will be going through this meeting for discussion are; <ul style="list-style-type: none"> ○ The out of hospital contact and the way this is developed and how it will ultimately be commissioned and delivered. ○ The Frontrunner discussions will also be taking place in this forum also.

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	<p>Questions/Comments</p> <p>CF asked if, in terms of the Fronrunner bid, that the WN Place Executive group is really sighted on this and what it means to which JN responded that there has been engagement from Place on this but as a Place to steer this, we need to look at how this group is really sighted on that.</p> <p>ACTION – SY Schedule updates on the Out of Hospital Contract and Fronrunner bids on the agenda going forward.</p> <p>ACTION – RC/SG to think about the added value opportunities that might exist in terms of wrapping around some of that wider health and wellbeing partnership offer into the Fronrunner proposals.</p>
10.	<p>Atherstone Hub – JF/MJ</p> <p>We have recently been informed by North Warwickshire Borough Council that the levelling up fund (LUF) bid was unsuccessful. Despite this set back NWBC are still pressing ahead with moving the project through to the planning stage while they await formal feedback on their bid. Updated plans have been prepared in support of the above a copy of which is attached for information. We have been informed by NWBC that a third round of LUF funding will open soon and the Council intends to re-submit its bid building upon what was considered a very strong application last time. A meeting with the project lead and key stakeholders has been requested to discuss the next steps and intended programme. In the meantime SWFT continue to work with NHSPS to explore what contingency plans can be put in place to address a range of estate related compliance and capacity issues at the existing clinic.</p> <p>Questions/Comments</p> <p>CF suggested partner think about if everyone we are able to influence is influenced to ensure that bid has the best possible chance of going through next time.</p> <p>ACTION – SY to forward the updated plans for the Atherstone Hub to partners.</p>
11.	<p>AOB - All</p> <p>Primary Care Collaborative Forum – MQ</p> <p>This a important and critical part of the system where the conversations about strategy and implementation are taking place where MQ attends and WN PCN representative at this forum. MQ usually provides EJ with a summary report to provide back at the WN Place Executive and wandered if this was the right way to provide that update to which JN felt that this was important to ensure collaboration and a single voice and suggested MQ discussed with EJ what would work best in terms of feeding that back into this forum whether that me EJ provides that or MQ attends this meeting to provide a specific update.</p>
	<p style="text-align: center;">Date of Next Meeting: Thursday 4th May 2023 09:00 -11:00 Microsoft Teams Meeting – diary invite</p>