MEETING NOTES - WARWICKSHIRE NORTH PLACE EXECUTIVE

5th May 2022

09:00-11:00

MS Teams Meeting

PRESENT		
Name	**Initials**	**Title**
Jenni Northcote	JN	Chair - Director of Strategy, Service Improvement and Partnerships, GEH
Salmah Mahmood	SM	Programme Manager – Warwickshire North Place, GEH
Patrick Johnson	PJ	Interim Chief Operating Officer, GEH
Chris Lonsdale	CL	Director of Finance, CCG
Catherine Free	CF	Medical Director, George Eliot Hospital
Becky Hale	BH	Assistant Director of People, Strategy and Commissioning, Warwickshire County Council
Yasser Din	YD	Commissioning Manager – Public Health, Warwickshire County Council
Tracey Sheridan	TS	Associate Director of Operations Swft
Martin Sandler	MS	Deputy Medical Director GEH / Associate Medical Director Swft
Sharon Binyon	SH	Medical Director, CovWarks
Laura Nelson	LN	Director of Operational and Financial recovery, CCG
Amar Kacchia	AKh	LMC Representative
Ryan Coffey	RC	Project Manager, GEH
Suzanne Gray	SG	Senior Programme Manager, GEH
Joanna Clerici	JC	Consultant, Pallative Care, GEH
Sophie Gilkes	SG	Chief Strategy Officer, Swft
Mark Jones	MJ	Associate Director, Strategic Estates and Capital Planning, Swft
Alison Bolton	AB	Group Associate Director of Improvement, Wye Valley Trust
Sam Young	SY	Programme Assistant – WN Place, GEH
Name	**Initials**	**Title**
David Eltringham	DE	Managing Director, GEH
Elouise Jesper	EJ	GP Partner and PCN CD in Nuneaton
Chris Bain	CB	Chief Executive for Healthwatch, Warwickshire
Steve Maxey	SMy	Chief Executive, North Warwickshire Borough Council
Shade Agboola	SA	Director of Public Health, Warwickshire County Council
Blaire Robertson	BR	Programme Director, UHCW
Asif Atta	AA	CovWarks
Daljit Athwal	DA	Executive Director of Nursing, George Eliot Hospital
Rupin Somaiya	RS	Deputy Medical Director, George Eliot Hospital

Item No.	Notes
1.	**Apologies** As detailed above. **Welcome / Introductions** JN 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 April's meeting. **Action Log;** 7.4.1 – Frailty and Ageing Well Connections – MS suggested that an update be provided at June's meeting. 3.4.1 – Mental Health and ARRS Role Funding – CL to bring a full update when he has a position on the recurrent budget as well as underspend with an update being provided in June.
3.	**Matters Arising** There were no matters arising.
4.	**Place Delivery Group Report – SM/RC/SG** Enc 3 - WNPDG Progress Report V3.dc The attached report was taken as read by partners. SM wanted to re-iterate the current position in terms of the approach to governance with the place programme and place delivery reporting, with the main point being; • Every other month there is a place delivery group which reports into the place executive • In intervening month there will be individual SRO meetings and individual programme leads meetings • It has been quite challenging over the last quarter to get meetings with the SRO's and Programme Leads into the diary and there are gaps in terms of Mental Health, Long Term Conditions and resource constraint around the Wider Determinants of Health. • They are keen to work with SRO's to see how can mitigate some of those risks so an ask from the project team is to commit some time to go through the projects. • SB suggested that the project team to link in with Eleanor Cappell wo is the Project Manager for the Community Mental Health Transformation. • SM suggested that an item on Mental Health be placed on a future agenda to discuss.

RC went onto provide partners with a summary of the Place Delivery Group Report, with the main points being;

- RC explained that he would be going through how the report has been structured this month as the structure of the reporting has been altered slightly as it is now aligned to the Kings Fund Population Health model that is worked to across place.
- The usual priorities and enabling workstreams have been reported as usual but now sit underneath the four quadrants of the Kings Fund Model.
- Wider Determinants of Health – this section provides an update on smoking in pregnancy and the work being undertaken to focus on those have not yet engaged with the service during their pregnancy and are continuing to smoke and ensuring there are some risk management in place for those members of the population.
- Health Inequalities Pilot Project and children's weight management in schools with parents and carers being invited to an interview at Coventry University following some surveys that have been undertaken.
- Health Behaviours and lifestyles – within this quadrant sits long-term conditions, priorities at place and as referenced by SM, this has not been updated as the Programme Lead for this has left post and there will be no replacement until 20th June 2022.
- Integrated Health Care System – The majority of the programme areas fall within this quadrant updates.
- Community Capacity – The falls prevention project has officially moved into BAU with the report outlining how this will be progressed, what will be included within the BAU and also an update and figures for the Docobo project.
- Unscheduled Care Priority – The high intensity users project has now published their final evaluation of the project which is available for sharing if any partners would like sight of this.
- Mental Health – As previously outlined, there have been no updated on this for May.
- Enabling Workstreams contains updates on digital, improved health programmes which includes the non-specific symptoms Cancer pathway project which has now gone live and has three patients referred into it at the time the report was written but this is now believed to be six.

Enc 4 - WN Lead Provider Readiness.dc

SG then went onto provide partners with an update in relation to Place Readiness Programme with the attached report being take as read, the main points being;

- The aim of the place readiness is to work as a place partnership to ensure readiness to respond to the population needs and influence strategic positions as a Care collaborative.
- There are some key principles and values identified which helped to shape the five different workstreams and in order to provide focus in the alignment, the requirements for the ICB and the Care Collaborative were revied and attributed to each work stream.
- SRO's have now been identified and initial meetings have taken place with a plan on page being developed for each of those workstreams.
- Key achievements so far:
    - In place delivery there is continuing work with the Health and Wellbeing Partnership to map the priorities and review the JSNA actions.
    - Quality and Safety – the quality assurance committee terms of reference has been revised and agreed at QAC which means that the meetings will be separated out into public and private with the CCG being invited to be part of those meetings also.

- Finance and Transformation – Initial kick off meetings with RW Health in relation to the healthier futures work have taken place.
- Contract and Commissioning – A lead provider readiness assessment against the collaborative proposals has been undertaken.
- Data Insights – work has been continuing on the dashboard which will be covered a separate agenda item.

- Upcoming Key milestones;
  - Place Delivery - Two workshops with the Partnership Delivery Group will take part in May which allow a review of the JSNA actions aligned with the Kings Fund quadrants and start to plot in some plans on a page and get some leads for those items.
  - Finance and Transformation – There is a piece in relation to the contractual elements with RW Health and the information governance.
  - Quality and Safety – There are some workshops to be planned and a terms of reference for the group to be devised and agreed.
  - Commissioning Contract - They are currently awaiting the Coventry and Warwickshire Care Collaborative Development Program which should be available early May which will help to thrash out some of the actions and milestones for Warwickshire North specifically.
  - Population Information – A plan on a page has been developed and one of the first actions is to pull together the Intelligence Cell together to discuss the workstreams and how to actions and can be moved on.

Questions/Comments

CF asked who was leading on the RW Health Bid as she noticed that the team were waiting for the information governance to be resolved and it was a topic that was discussed in the Information Governance Meeting the previous day to where some uncertainties on what the data was being requested which needs to be resolved and suggested the person leading this contacts herself and Ben from an IG perspective in GEH.

SG responded that the SRO for that workstream is Haq Khan with some work going on with Swft for which Fiona Langworthy is partially leading and co-ordinating.

5.4.3 ACTION – The relevant people to be linked in terms of the RW Health Bid where a request for data. JN/SG to link with CF.

TS shared with the group the approach being taken in terms of Community Capacity and Rapid Response with this being to ensure that the process taking place accounts for some of the wider pieces of work, As SRO,TS has arranged a meeting with JN and SM as well as some of the wider delivery group to reset how they wish to take this forward taking into account the interdependencies and the delivery arm of that also.

SB thought it would be necessary to think about how the work been undertaken on the Mental Health Collaborative is joining up with the WN Place Programme to ensure nothing is being missed also considering LDNA.

5.4.4. ACTION – Dominic Cox, SM and SB to meet to discuss how the Mental Health Collaborative is joining up with the WN Place Programme.

BH added into the chat box about how there is a need to keep an eye on the balance of the oversight of programme delivery and how resource intensive this becomes for colleagues managing programme and projects.

5.	**Dashboard – SM/SG/RY** SM reminded partners that this was part of the journey they have been on over the last 18 months in terms of the dashboard and around the information that would like to be viewed at place, how easily available and ready is it to use, what kind of user format partners want it in, who will collect it and when it is collected. The team are in a position now where they have an agreement in terms of getting some matrices together and starting to use some information as a Place Executive. The dashboard that was presented at the meeting was iterative and is not a comprehensive dashboard and are looking for feedback and comments from partners today. SG went onto talk through a presentation on the Dashboard with the main points being; • The team have started to align different measures and matrices where data is already in circulation to the Kings Fund quadrants to ensure a constant theme through the pieces of work within the reports. • The team then started to look at gathering different information through the GEH business information team, public health and the CCG. • SG informed partners that the data presented is not the complete data and wasn't for scrutiny but was to give partners look and a feel for the dashboard and what it is aimed to get out of it. • There are further developments happening which they would like to include in the data, for instance the non-specific cancer pathway figures and information around CDH which they are hoping to include from next month. • Different measures have been split into different sources into the Kings Fund quadrant for example under integration there is information relating to the number of calls from 111 and where they referred to, the A&E four hour monthly standard data from the GEBI team, length of stay from the GEH team, RTT data from the BI team. • Mental Health is an area which is still being worked on with CCG partners to get some data and metrices and have a timeframe to provide this data into this forum. • Diagnostics will be provided following on from the CDH opening. • For the Wider Determinants of Health information, the team have used the public health dashboards to pull out information and figures in relation to smoking, obesity and childhood obesity. • Within healthy behaviours and lifestyle there is the cancer wait information from GEH and also the non-specific cancer pathway information which will feed into it also. • For places and communities where we live, the team are aiming to have the GP access rates to A&E feeding into it from the CCG for which the team are currently awaiting a timeline for this. • Health Index information is also included from the ONS. • The dashboard is colour coded to the quadrants and the aim is to provide some analysis to the place executive and RAG rate this information based on the data. • The aim is for the dashboard to be updated to correspond with the Place Delivery Group report. **Comments/Questions** BH feels that the dashboard is very health focussed and there is a need to be mindful of that and create something from the start that recognises the whole partnership and wider aspects.

	BH would like to have a broader conversation about how some of the community aspects such as community safety, domestic abuse, social care. mental etc. are drawn into this to give more of a sense of what its like to live in WN. **5.5.1 ACTION – The team to link with BH in terms of linking this information into the Dashboard.** MS agreed with the point made by BH especially the integration quadrant but as a broader point felt that some of the health information doesn't seem very challenging and it seems to be information that can be easily downloaded and MS felt information such as admissions avoided, an understanding of PCN capacity, care homes capacity which are important day to day figures and could be tweaked to improve to overall system. JN felt this was a good point and thought it would be great for the team to link in with the relevant areas. **5.5.2 ACTION – The team to link with TS in terms of the community capacity information and with PCN representatives in terms of the PCN data.** **Chat box notes included;** BH suggested Spencer Payne would be a key person from WCC to link in with the team as well as D&BC colleagues who could help with wider matrices. CF added that a health metric which is potentially a place responsibility is numbers meeting no-longer meeting the criteria to reside. TS suggested hospice capacity be included, with BH agreeing and suggested social care capacity information included also. TS also suggested D2A LOS outcomes. MS suggested using data on capacity across health and social care including virtual capacity. RC went on to present the first draft of the dashboard which has been created.
6.	**Finance Position – CL** CL provided an update on the finance position with the main points being; • The NHS System finance plan was submitted on 25th April • There is a system deficit plan of £38 million • They are working with NHS England where they have to determine whether that is an acceptable level as a system and whether they are taking into consideration acceptable inflation levels, issues with technical and COVID in terms of the acceptability of the distance from breakeven • There is likely to be a couple of iterations of the plan • The CCG has not yet been able to put budgets into their own systems so in terms of position in getting that into a local impact for WN is a work in progress and will be undertaken when a finalised position is clear • Work is starting on the local combined efficiency plan is which is the GEH efficiency position as well as CCG and they will try to add things such as community etc. on top of that • At the moment, it's very much a work in progress due to the system plan not being finalised and submitted recently • Some level of council position will need to be added on top.

	Questions/Comments BH asked if the £38 million was for Coventry and Warwickshire to which CL confirmed it was the total system amount. CF asked if there was an assumption of what will be the split will be and when there will be a breakdown so partners can see WN's finances as it's a important things that should be discussed in this meeting to which CL responded that there is a allocative model that has been shared with Coventry and Warwickshire in terms of the Care Collaborative level which will need breaking down further between WN, Coventry and Warwickshire and Rugby which CL believe will take some period of time to complete approximately Q2/Q3 until there is some meaningful data. CL continued that a level of shadow has been provided previously and they will attempt to provide a caveated level of shadow again but at this stage they are not in a position to do it as they need to have a finalised system position to fully enable that which can likely be produced towards the end of Q1 when there is a more stable position. There certainly will be a efficiency position based on GEH and CCG budgets but possibly not the community and other bits in the first quarter.
7.	**Community Diagnostic Centre – CF** CF informed papers that there is a paper that she will share in relation to this that recently went to Trust Board. CF continued to provide partners with an update in relation to the CDC, with the main points being; • The capital has been signed for the phase 2 of the Community Diagnostic Centre for WN which went through the public trust board on Tuesday • Contributions of £2 million have been provided from the wider system which enabled us to meet the capital requirements with contributions from GEH so that WN can have a fully functional CDC • The £2 million investment means that phase one will open later in the year, July being the scheduled operational time that will mean that patients in WN will have access to state-of-the-art lung function testing, extra ultrasound capacity, plain film x-rays and echo cardiography • The contributions from partners will allow the build the building for phase two in the next financial year so that by this time next year the building will be complete, and the CT scanner will follow in the next year with the MRI Scanner the year after that **Questions/Comments** There were no questions or queries from partners in relation to this agenda item.
8.	**QSIR - AB** AB wanted to give partners a refresh in terms of QSIR and provide information on how they could be part of it if they so wish, the main points being; • QSIR - Quality Service Improvement and Re-design • The Berwick Report into patient safety recommends that all NHS staff have some level of improvement capability. • QSIR covers leading improvement, project management, sustainability engagement, measurement, demand and capacity, process mapping and creativity

	• Providing participants with the know-how to design and implement more efficient and productive services • The Quality, Service Improvement and Redesign (QSIR) programmes are the latest iteration of a highly successful service improvement programme that has been delivered over many years to hundreds of staff involved in healthcare. • Delivered in a variety of formats to suit different levels of improvement experience, the QSIR programmes are supported by publications that guide participants in the use of tried and tested improvement tools and featured approaches and encourage reflective learning. • The QSIR programmes suit clinical and non-clinical staff involved in service improvement within their organisation and/or system. • Each cohort typically consists of people from a range of backgrounds and professions. We believe this mix helps to make the programmes so vibrant. There's always huge wisdom in the room and many perspectives, providing a rich learning environment. • For more information contact QSIR@geh.nhs.uk or QSIR@swft.nhs.uk  QSIR Information.pdf **Questions/Comments** There were no questions or comments in relation to this agenda Item.

9.	**Care Collaborative Update - BH**
	
	BH provided an update on the above with the main points being;
	• The Coventry and Warwickshire Care Collaboratives Development Programme focused on the geographical Care Collaborative, is being established.
	• The programme board for this group has been established.
	• There will be three workstreams attached to that programme that various people across partners organisations that will be supporting, and they are centred around the development of the two geographical care collaboratives, the move of the strategic responsibilities from the CCG/ICB into the Care Collaboratives and elements around assurance processes for Care Collaborative and Place Readiness.
	• They should be in a position next month where they are able to share plans on a page for each of the workstreams
	• From a Warwickshire perspective, a Warwickshire care collaborative development group has been established for which there is a draft action plan which is currently in circulation for comment from colleagues, from a WN prospective JN ins involved in that group and from a South perspective Sophie Gilkes is involved in that work.
	• They are structuring the programme for Warwickshire in three sections, these being;
	  ○ How they are connecting in with the Coventry and Warwickshire System work and making sure they are clear about the interdependencies and what is happening there that impacts on how they work within Warwickshire
	  ○ The development of the Warwickshire Care Collaboratives, some of the elements around formalising the consultive forum and joint committee, how the Care Collaborative will interface and work with the Place Partnerships and the primary providers from the NHS
	  ○ There are a number of other actions including how the geographical Care Collaboratives will work with any other potential Collaboratives that are developed within the system

	○ The third element is the host function and how the host will develop, manage the population, how will it be the conduit for the Care Collaborative to make decision but key to that how it onward delegates and supports most activity to be delivered across the three place partnerships. • There is a lot of partnership work that needs to take place over the next six to twelve months to start moving some of this work forward • The health and care bill is now an act and therefore and will be all systems go in terms of the July date and it is expected that shadow arrangements for the Warwickshire Care Collaborative won't be in place until at least Q3/4 but all the pre work needs to be done up to that point. **Questions/Comments** There were no questions or comments in relation to this agenda item.
10.	**Atherstone Hub – SG/MJ** SG explained that there is currently a building they have called the Atherstone Clinic that some community services are provided from. There are two community buildings that as an organisation they considered moving from NHS Property Services into the trust ownership around estate, the reason being that they are buildings that are key to delivering key services but as they are not in their ownership, they are unable to invest in them. The building for Rugby is the Orchard Centre and are moving forward with that in terms of a key delivery point for community services. In terms of Atherstone it's appropriate to bring this to the WN partnership to understand how it fits within the current thinking around the estate and direction of travel for delivery of services for the future. They have not bought this to today's meeting for a decision but to give information and start the conversation. If as a partnership want to continue using Atherstone clinic then that is fine and continue that under NHS property services, it's more that this is an opportunity that if this is key to our estate moving forward then that we might want to explore as a partnership bringing it in to ownership of the trust so that investment can take place. MJ provided an overview of what services are currently provided out of the clinic and how this fits within the wider estates strategy. The main points being; • It will all work around the locality hub planning workstream • Looked at the demise of properties in that area and over the years, strategically, have lost a number of service delivery points • There is still a present a Polesworth although minimal and Atherstone provides a stronghold in terms of strategic service delivery points, predominantly because it is located on the high street, good train links and is located on the side of the memorial centre and leisure centre so is good for car parking • There is also one of their primary teams in there which are district nursing integrated health team • All Swfts community offer In North and South Warwickshire sits within NHSP and the challenge is that it's a dated property and it has a number of functional and compliance related issues which they have identified but cannot get investment into the premises

	to inject however transferring the asset ownership give that overall control in capital and from managing the support services. • The immediate ask is to see where that fits within the WN offer, they have been working with other service providers in that area as part of what they can do more collaboratively **Questions/Comments** Partners agreed that this was a useful location. MS asked if we should be looking at a new build to which MJ said ideally a new build but if they can get investment, they could make the current building work. JN the ask for today's discussion is; • Awareness of this premises and conversation • Whether the location is the right location in terms of delivering key services going forward • To which group does the conversation need to go • In terms of a business case what sort of strategic support would there be for this noting that the building itself might be a good location but is it fit for purpose. The conversation on the business case would be taken with MJ's organisation**.** JN felt that Atherstone as a setting is a useful location and also in terms of transport links and the need for estates capability, she feels it is something for WN Place to give due consideration in terms of a site and being able to influence what is delivered from their but recognising the constraints that have been outlined in terms of capital. JN suggested that MJ have a discussion with the wider primary care networks in that area facilitated through the Primary Care Delivery Group. MJ will also circulate some information and area of feedback they would like and then put this onto a future agenda to have a more focussed discussion. **5.10.1 ACTION – MJ to circulate further information in relation to this and then come back to a future meeting to have a more focussed conversation.**
11.	**AOB** Purpose Coalition – JN JN to circulate a briefing paper in relation to this piece of work to partners following the meeting. Stroke Services – MS MS has previously raised issues around the stroke services for Coventry and Warwickshire but informed partners that there has now been an agreement for centralisation of stroke which will be 1st September 2022.
	Date of Next Meeting: Thursday 9th June 2022 09:00 -11:00 Microsoft Teams Meeting – diary invite