MEETING NOTES - WARWICKSHIRE NORTH PLACE EXECUTIVE

Thursday 6th October 2022

09:00-11:00

MS Teams Meeting

PRESENT		
Name	**Initials**	**Title**
David Eltringham	DE	Chair - Managing Director, GEH
Jenni Northcote	JN	Chief Strategy, Service Improvement and Partnerships Officer, GEH
Rachael Tompkins	RT	General Manager, SWFT
Chris Bain	CB	Chief Executive for Healthwatch, Warwickshire
Elouise Jesper	EJ	GP Partner and PCN CD in Nuneaton
Asif Atta	AA	CovWarks
Jane Coates	JC	Public Health, Warwickshire County Council
Kay Speed-Andrews	KSA	Finance Representative, ICB
Charlotte Dawkins	CD	Graduate, GEH
Ryan Coffey	RC	Project Manager, GEH
Claudia Williams	CW	Graduate, GEH
Natalie Green	NG	Chief Nursing Officer, GEH
Becky Hale	BH	Assistant Director of People, Strategy and Commissioning, Warwickshire County Council
Amar Kacchia	AKh	LMC Representative
Elaine Hodges	EH	Programme Manager South Warks UFT
Uju Okereke	UO	Public Health, Warwickshire County Council
Name	**Initials**	**Title**
Martin Sandler	MS	Deputy Medical Director GEH / Associate Medical Director Swft
Robin Snead	RS	Chief Operating Officer, George Eliot Hospital
Catherine Free	CF	Medical Director, George Eliot Hospital
Blaire Robertson	BR	Programme Director, UHCW
Sharon Binyon	SH	Medical Director, CovWarks
Suzanne Gray	SG	Senior Programme Manager, GEH
Chris Lonsdale	CL	Director of Finance, ICB
Steve Maxey	SMy	Chief Executive, North Warwickshire Borough Council
Salmah Mahmood	SM	Programme Manager – Warwickshire North Place, GEH
Shade Agboola	SA	Director of Public Health, Warwickshire County Council
Rupin Somaiya	RS	Deputy Medical Director, George Eliot Hospital

Item No.	Notes
1.	**Apologies** As detailed above. **Welcome / Introductions** DE welcomed partners to the meeting.
2.	**Review of the Minutes and Action Log from the Previous Meeting** The minutes from the previous meeting were taken as an accurate record of September's meeting. **Action Log;** DE requested that the action log be reviewed and the status's update and the RAG rating to be amended accordingly.
3.	**Matters Arising** There were no matters arising raised by Partners.
4.	**Place Plan – JN** JN informed partners that the final plan was still going through some amendments to layout etc. but would be circulated for discussion at November's meeting. **Questions/Comments** EJ asked if the changes that the Clinical Directors were working towards in terms of developing the primary care board to which JN confirmed this has been mentioned to her and in terms of the place plan there are references to engagement with primary care and clinical leadership in general terms. EJ informed partners that the Clinical Directors have recently had a meeting in terms of their strategy going forward and one of the key outcomes is that there is a desire for them to develop a Primary Care Board. They are very aware of the fact, since the CCGs have gone, there is no current forum for the Warwickshire North GPs to talk to each other and exchange ideas so felt that putting together this Primary Care Board would help with this. DE asked EJ if she would be prepared to provide an update on this at the next Place Executive Meeting to which she confirmed she would. **ACTION – EJ to provide an update on Primary Care at November's meeting.** BH wanted to make the point that there's a lot of activity across the system around the number of strategies being developed with the key one at the moment being the Integrated Care Strategy and as there will be a connection between the Place Delivery Plan and the Integrated Care Strategy if there is some way these can be bought together as the plan is finalised or if there's something that might need to be done once the strategy is finalise that shows how the WN Place Plan is supporting the delivery if the Integrated Care Strategy.

	DE responded that she completely agrees with BH in terms of those explicit connections but the thing that he is struggling with is the vehicle for doing that and any advise or support on how to that would be very much appreciated. JC informed partners that Rugby Place is behind where this group is in terms of their development of their Place Plan. DE felt it would be good to have someone from the Communications Team join a future meeting and said he would be happy to offer up some resource from GEH to support this. **ACTION – DE/JN to discuss Communications support for the group going forward.**

5.	**Clinical Strategy – 1 Year On - JN**
	
	 
	Enc 4 - Clinical Strategy - one year in
	
	JN talked partners through the attached slides, explaining that the aim of the slides is to show what has been delivered as a hospital and wider during this time. The presentation touched on the following;
	• The highlights that have been achieved (how are we delivering against the 6 strategic aims)
	• Examples of what we are doing;
	  ○ Community Diagnostics Hub
	  ○ GEH Endoscopy Training Academy
	• Specific Deliverables – what we said we would do and what we have done covering the following areas;
	  ○ Urgent and unscheduled care
	  ○ Medicine and Long-Term Conditions
	  ○ Surgery and Planned Care
	  ○ Maternity, Children and Young People
	  ○ Mental Health
	  ○ Frailty
	  ○ End of Life
	• Examples of enablers – Making it happen
	  ○ We have a people strategy and focussed improvement programme
	  ○ Leading with purpose leadership development cohorts
	  ○ We are delivering in Partnership
	  ○ Maximising use of our site – building our CDC
	  ○ Working with partners at Place
	  ○ Delivering on Sustainability, strategy, workshop and cultural shift
	  ○ Delivering string research performance establishing link with SWFT and Univ
	  ○ Docobo remote monitoring
	  ○ MiSense digital monitoring
	• Clinical Strategy Highlights
	• Next Steps
	
	Questions/Comments
	
	DE felt that this is a really impressive piece of work and that so much of it has been delivered and asked how they make sure they keep advancing the strategy as the context it is operating in, is changing rapidly but what is the opportunity to influence and stretch the horizon rather

	than wait until 2024 and what the cycle of review is to which JN responded that the intention is that the Clinical Strategy would be influenced by conversations happening on a more dynamic basis through the Clinical Opportunities Group and the new Clinical and Professional Partnership Group to ensure it remains relevant and focussed as they evolve. The Clinical Strategy provides the framework and outlines what was said was important and the assessment is that the things that were said to be important 18 months ago are still the things that are important but note that there are some areas that have not had as much work done as they would have hoped such as Frailty. DE felt that Education was really important where the interface between the Integrated Care Board and Place is not clear, if you take George Eliot Hospital for example, they have really strong relationships with Warwick Medical School and Coventry University in particular and there is a robust education team on site so the question for DE is if you think about a lead provider in that context how does that relate to system and what does that mean for Place which are unanswered questions. DE also felt this was also the same for research. EJ responded that there has been a lot of resources gone into the alliance with the training hub and its important that benefit is gained from that resource that has been allocated. DE informed partners that a conversation has taken place in relation to Laura Nelson joining the Place Executive moving forward as a ICB representative to which JN confirmed that they had reached out to her. **ACTION – JN/DE/BH to pick up a conversation outside of the group in terms of ICB representation.** DE asked BH if she could confirm, in terms of her new role, where she is in terms of all of this to which BH responded that she is not representing the ICB and it's a discussion they need to get into about all of the Places as she isn't sure that there is a ICB representative across the board. CB felt it was important that the strategy is connected to patients and communities as communities and their perspectives are changing and as they emerge from the pandemic they are beginning to see the different priorities emerging and its about making sure what Place is doing is aligned to the priorities of the communities and some of them feel more isolated now then they did before the pandemic so its about beginning to talk with them and listen to what they have to say and make sure that the priorities align. JN summarised what she felt the outcome of the above conversations were, these being; • In terms of areas of focus, these would be frailty, prevention health inequalities and anticipatory care. • Reflect on the fuller report and see if there's anything that needs to be specifically pulled through into the next phase of the strategy. • The intentions for that next phase of the strategy are to be overseen by the new Clinical Professional and Partnership Group to keep momentum going with the key priorities being workforce and education and training. • Communities and priorities, initially conversations had taken place through communities, voluntary sector organisations in relation to what their key priorities were and some of the key things that came out of the discussions previously were around diagnostics and mental health support so making sure that these are still the focuses. • ICB connectivity. BH informed partners that she met with Warwickshire Fire and Rescue and they have a Place lead for the north and clear priorities around prevention, protection and response so in terms

	of the space that the group is in she wandered if it was an opportunity for the group to think about how they might draw that into what they are doing in WN. DE felt that it was important that connections are made but just to agree in terms of what group would be best to connect with them DE asked that as the Joint Strategic Needs Assessment was used in some of the strategy work and was done pre covid, has covid invalidated some of that work, is there a need to be reviewing the JSNA approach and he asked partners if anyone could help with to which JC responded that as part of their weekly meetings with the Place support team, they have been discussing chunking up where they have got to with the JSNA and what was parked during COVID and realistically what the next steps are in terms of taking that forward. When the team looked through the commentary that came with the JSNA, their perspective was that a number of things that were business as usual activities that services are engaged in doing so wherever there were comments around educational performance and school attainment and contribution to children's mental health and that is happening in service areas and was maybe not necessarily the best focus of limited resources to try and drive some of those conversations forward. JC they reached out to try and talk to a few of the officers who had been designated and identified as possible links to activities through the JSNA and JC and her colleague spoke to a some of these people whose reflections were that they were doing those things and there are some important things happening that need to be communicated but the things they were fundamentally concerned about were the implications of poverty, cost of living, people's ability to live and to be able to afford to access services. This has now been taken back to the Place support team and SMy.
6.	**Pathfinder Update – JN**  Enc 5 - WN Place Executive Place PathFi JN provided partners with some background to the pathfinder with the principle being to create a space to start to think about how they build on the work that has been happening within WN in the context of developing opportunities around working with the flexibilities that come forward as part of the Health and Social Care Act but in the context of applying those locally with the developments of the ICB and of the developments of the geographical Care Collaborative. The discussions that have been had within the WN Place Executive indicates that the group feels that it is ready to take on more responsibilities and accountabilities in terms of being able to drive forward delivery that relates to supporting the development of integrated care locally and that they wanted to explore how that could be facilitated in collaboration with ICB colleagues and in developing a Warwickshire care collaborative. The workstream has been set up in terms of place readiness workstreams, so there is some work underway, but the workshops were about bringing people to the table and trying to get a sense of was everybody aware of the context in which developments were taking place and how might we actually start to development arrangement locally. The briefing attached and circulated prior to the meeting sets out what is meant in terms of place readiness, what is trying to be achieved and what the things are that need to be explored and progressed in order to demonstrate that as a place, we are ready to really mature and operate as a place and be seen as an area that can to have either delegated responsibilities for delivery and co-ordination of delivery across the patch. A number of conversations were held with all partners from the WN Place Executive invited to attend, and the briefing document provides the output

	of the sessions with the intention of the document being the foundation of what we're really trying to work towards and also set in the context of the national guidance.
	
	The briefing sets out the aims, objectives, and the scope, with aim of todays conversation is to look at the assumptions and if partners feel these are correct.
	
	Questions/Comments
	
	DE asked JN to be clear about what the aim is of the next part of the conversation with JN clarifying that;
	• That they have indorsement for the pathfinder work from partners – **this was agreed by partners**
	• The lines of enquiry are the right areas of focus – **This was agreed by partners**
	• The assumptions reflect what partners feel they are working within.
	  ○ BH felt that there are some assumptions they need to think about and are less clear and that they need to think about the point regarding delegation guidance and make this clear.
	  ○ BH also felt the point about once a function has been delegated it can't be delegated again is one that they need to test through because some of the commissioning and contract arrangements that is exactly what they do because they commission organisations to then be consortiums to deliver across a range of pathways so is one that they need to test through what that means
	  ○ BH felt the phase two plan for phasing of delegation is now a joint committee but a subcommittee of the ICB.
	  ○ DE felt there was some highly technical definition that needs resolution.
	  ○ DE also felt that there needs to be a common language that everyone understands.

7.	**Anticipatory Care – EH** Anticipatory Care at Place - deciding your EH introduced herself to partners and talked the group through the attached slides with the main point being; • Anticipatory Care is a national ask and is part of the ageing well programme but is also part of the primary cares DES for 2023/24. • Its not a new ask and is building on continuing work. • It is focussed on those that have multiple long-term conditions • It links closely in with the Personalised Care Programme. • They need to determine what cohorts they ae going to focus on in the first year and it is felt that this decision should be made by place. • Long terms aims of the programme is around enabling people to stay health and independent for longer and is very much a proactive approach focus. • There is an element around how they focus on those people with health inequalities and particularly there is an expectation within the draft framework that some of the energies are focussed on the most deprived populations. • There needs to be a system plan which is expected to be submitted in December and are keen that this has a strong place focus. • The expectation is the implementation will be from April 2023 onwards.

- The cohort options are people with two or more adults with long term conditions which is a huge cohort which has now been put into three cohort options which has been outlined on slide 4 of the attached presentation.
- The first decision that they really needed to have for Place level is whether partners want to focus their efforts on frailty on the unplanned care or the core20 plus.
- The decision does need to link in with the place plans.
- The decision on the cohort is needed to drive the following;
    - Any data analysis needed to fine-tune the cohort definition @Place:
      - To include Core20PLUS5 factors
      - Make sure PCN AC list sizes are reasonable
    - Work on EMIS query design and validation process, frequency etc
    - Work on how the short-term support pathway will work inc:
      - Menu of initial assessments
      - Menu of interventions and support to offer
      - Who undertakes the planning, who is Care-co-Ordinator, how the MDT operates
      - Workforce competencies required, address any gaps
      - Impact on Social Prescribers, ARRs
    - Stakeholder engagement:
      - Lived experience and ideas from patients in the chosen cohort (specific NHSE ask)
      - Link with relevant VCSE organisations
    - Consider local indicators and reporting along with national ask once confirmed
    - to complete our Plans by the NHSE December deadlines
- The decision is needed in October.

Questions/Comments

JN asked that in terms of this piece of work once the decision is made on the cohort where will it be driven to and what is the connectivity back to place and also are there any resources and funding that's attributed to this to which EH responded that in this financial year there is no funding attached to it but are expecting funding for 2023/34 but have no idea of what this might look like. EH continued that in terms of the connectivity back to place, they will need to bring together a forum at place level to look at what those next steps look like for place and how it is going to work within WN.

EH offered support in order to facilitate bringing some of it together but need people who know the area to be involved in that particularly from Primary Care as it can't do it without primary care.

DE asked for JN's advise in terms of moving this piece of work forward to which JN responded that she agrees it depends on the cohort and rather setting up new groups look at whether there is already an existing work programme that is already delivering on some of these elements that could be scoped to include this work.

EJ share a couple of reflections with partners, these being;

- EJ went to the workshop in September and what is clear to her is what is important is that they work together at a place level, the difficulty working network level is that you don't have the resources behind it to put something coherent together so that then links into how do you effectively get all of the GP's in WN together and they don't have a natural forum that they can bring this to but seems the Primary Care board could have a role in developing this and thinks that a lot of this is being done already but what they aren't doing is capturing it and making the most of what already exists and expanding it.

	• One of the challenges is that if they see an opportunity how does that experience effectively get cascaded across multiple providers and ensure a joined up approach. • How the response to this is done is not only going to help with the anticipatory care plan but also it's a vehicle towards achieving what needs to happen in terms of how they operate effectively at place level. JN felt that frailty was one of the pieces of work that has already been discussed within the clinical strategy and a area of focus and isn't an area that's been driven forward so feels this is something that is worth exploring. There is already work around the high intensity users and it feels as if good progress has been made in that area and deprivation is something that is cross cutting so could be linked to frailty, so the need is to look at what the existing priorities say and then look at the data from colleagues. **ACTION – JN to look at how this fits into the existing programmes of work and link in with EH and EJ outside of the meeting.**
8.	**AOB – ALL** EJ wanted to share some ideas with partners in terms of using some space in the town hall for their PCN. They are currently preparing a paper, but is an interesting development in terms of bringing the PCN work into the building and working closer with some other partners.
	Date of Next Meeting: Thursday 3rd November 2022 09:00 -11:00 Microsoft Teams Meeting – diary invite