MEETING NOTES - WARWICKSHIRE NORTH PLACE EXECUTIVE

Thursday 1st September 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
Martin Sandler	MS	Deputy Medical Director GEH / Associate Medical Director Swft
Chris Lonsdale	CL	Director of Finance - Place
Rachael Tompkins	RT	General Manager, SWFT
Robin Snead	RS	Chief Operating Officer, George Eliot Hospital
Chris Bain	CB	Chief Executive for Healthwatch, Warwickshire
Elouise Jesper	EJ	GP Partner and PCN CD in Nuneaton
Catherine Free	CF	Medical Director, George Eliot Hospital
Chris Lonsdale	CL	Director of Finance, CCG
Blaire Robertson	BR	Programme Director, UHCW
Asif Atta	AA	CovWarks
Suzanne Gray	SG	Senior Programme Manager, GEH
Mehwish Qureshi	MQ	Clinical Director, Rural WN PCN
Sarah Duxbury	SD	Commissioner, Warwickshire County Council
Gereint Stoneman	GS	Corporate Policy & Commissioning Manager, Warwickshire County Council
Richard Onyon	RO	Deputy Medical Director (Mental Health), Coventry and Warwickshire Partnership Trust
Eleanor Cappell	EC	Coventry and Warwickshire Partnership Trust
Heather Kelly	HK	Head of Transformation (Children and Young People), WCC, CCC, CWICB
Name	**Initials**	**Title**
Sharon Binyon	SH	Medical Director, CovWarks
Amar Kacchia	AKh	LMC Representative
Jane Coates	JC	Public Health, Warwickshire County Council
Steve Maxey	SMy	Chief Executive, North Warwickshire Borough Council
Salmah Mahmood	SM	Programme Manager – Warwickshire North Place, GEH
Becky Hale	BH	Assistant Director of People, Strategy and Commissioning, Warwickshire County Council
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 August's meeting. **Action Log;** The action log is up to date with no issues or risks reported. .
3.	**Matters Arising** There were no matters arising raised by Partners.
4.	**Place Delivery Group Report – JN/SG**  Enc 3 - Delivery Group Progress Repo JN informed partners that since the last meeting they have reached out to partners who are supporting some of the project workstreams to ensure on-going connectivity and the best opportunity to deliver place delivery in those workstreams. JN then passed over to SG to go through the key points of the report with these being; • There are currently three high scoring risks in relation to the following; o Mental Health Workforce Issues o Wider Determinants of Health in relation to ongoing lack of capacity and resource o Community Capacity and Rapid Response I relation to the hospital discharge grant schemes with no agreed future funding • Priority Area Updates; • Wider Determinants of health; o Local Maternity and Neonatal System (LMNS) Healthy Weight subgroup led by GEH Public Health Midwife have completed Healthy Weight in Pregnancy guidelines, which are awaiting ratification by LMNS o A joint Tobacco Dependency Group is being set up by GEH and SWFT, with respective Task and Finish Groups o To fit in with the well and unwell aspects of the End of Life model of care, there is a pilot in partnership with Mary Ann Evans Hospice to pilot Docobo telehealth with 10 end of life patients – five from the Hospice and five from the Out of Hospital Specialist Palliative Care Team – and see if it is able to improve patients' quality of life • Community Capacity and Rapid Response

- Bed review scoped and on track for Autumn 2022 - focus on the services Warwickshire County Council commissions as well as Moving on Beds
- Winter readiness in domiciliary care business case drafted and is with Warwickshire County Council for review - will be ready for wider sharing and socialisation shortly

- Unscheduled Care
  - Management of change for existing Urgent Response team is now complete and recruitment is ongoing
  - EMIS changes to improve data upload have been implemented
  - Falls Assist From Floor pilot in WN is being extended to a wider age range, with planning commenced to roll out county wide
- Mental Health
  - People's workforce plan for mental health completed and described as outstanding by NHS England
  - Out of area beds reduced to zero following FLOW work implementation
  - Roll out and allocation of mental health practitioners / teams to school settings is continuing, with a further roll out to four schools planned in September
- Enabling Workstream – Cancer Pathway
  - Confirmation of funding availability for flexible use (up to £100,000) – review underway with potential to extend pilot based on straight line trajectory of current spend position, potentially for a further five months
  - Referral increase from 19 in June to 22 in July giving 16% increase month on month
- Digital
  - Discharge to Assess home and remote monitoring programme formally merged and rebranded as Home Based Therapy with expected 60 patients countywide using this service monthly
- Primary Care
  - Concerns in the Community Pharmacist Scheme that patients are being rereferred back to General Practice from pharmacy due to workforce issues – this has been escalated to Local Pharmacy Committee and the Head of Medicines Management at the ICB and is being looked into
  - Health and wellbeing programme in place for the primary care workforce
  - Local recruitment and retention schemes under way
- Volunteering
  - Follow-up community workshops delivered for both North Arden PCN and Nuneaton Central and South locality, discussing what data is telling us, links to community groups and how we can work together
  - Recruitment for full time Band 7 Project Manager in progress, looking at other avenues for secondments and talent from other local recruitment processes
- Estates
- Progress with build continues with the Hartshill primary care building delivery scheme – forecast delivery late autumn 2022 (November)

Questions/Comments

DE thanks partners who attended the progress meetings.

DE reminded partners that the content of this meeting is not confidential unless agreed otherwise and encouraged people to share papers to give people a insight into what the group do.

JN informed partners that they are using this reporting to feed into the reporting that they do for the WN Health and Wellbeing Partnership which goes up to the system level Wellbeing Board.

	DE added that the outputs from the group also go to the Trust Management Board at the George Eliot Hospital also so the organisation see's this also. DE suggested adding an appendix to the Place Delivery Report that shows who the SRO and Project Lead is for each project is so that then people who have sight of this can check that they have the right names for people within their organisation. **ACTION – Add an appendix to the Place Delivery report to give sight of the SRO and Leads for projects.**
5.	**Place Financials Update - CL** CL has previously advised partners that, as previously stated, he is not yet able to provide a Place breakdown, he is hoping to give an overall update of the overall position for Coventry and Warwickshire and try and break down into Place with key messages in terms of the financial position and challenge, and then touch briefly on social care on the back of that. Main points; • As a system Coventry and Warwickshire was forecast to be deficit position in month four which is the year end position. • Work is ongoing with NHS England/NHCI on key lines of enquiry looking at agency rates, run rates and the monthly cost as a system to show what the run rate is as a system and efficiency targets are the main areas they are looking at. • There is no Place breakdown for the ICB, committee or NHS providers but there is an overview of the position in each organisation • In terms of agency expenditure all organisations except CWPT are slightly over their plan for the current financial year. • In terms of efficiency, whereas most efficiency has been identified there is a lot on non-recurrent efficiency within the plans which means that when it comes to next year if the efficiency is not made recurrent to the current financial year, they will add the challenge to Place for next year with the 40% efficiency gap so recurrent plans need to be made. • Given the fact that there is conversions factor for next year as a system it anticipated that next year will be challenging. • In terms of the ICB, there are particular pressures on packages of care and prescribing across the board and there is currently no specific breakdown of that available. • There are multiple risks to this position and at the moment that are seen as mitigated but its only in the financial year in terms of social care. • In terms of Social Care CL is aware from conversations taking place in joint commissioning boards that there are pressures in terms of social care are putting a prioritisation process which have been non recurrent funded and some decisions need to be made around those items • There is also a review of the better care fund on the back of possible discharge pressures, the hospital discharge grant disappeared this year and has led to pressure in the current financial year. **Questions/Comments** DE commented that obviously organisation will be thinking about inflationary pressures and in particular energy bills as well as the increased cost of living which will impact on Health and Social Care organisations as well as communities and populations, and asked CL if there are any thoughts on handling all of that to which CL responded that he thinks this is a national question which he doesn't believe they have a complete answer for, it is part of the run rate

	analysis that is ongoing in some of the conversations with NHSE and improvement so will be an ongoing conversation. DE asked if he is anticipating some additional monies will be made available to cover some of the gaps to which CL responded that it will be a known pressure in the financial year and NHS England will understand that pressure but will probably want this to be mitigated as much as possible with the possibility of extra money coming through or count it as a understandable deficit position but it will be dependent on what the national approach will be. JN asked that in terms of discussions going on around the better care funds and noting that the better care fund is one of the areas that is propositioned to be one of the earlier projects that may transition into the Care Collaboratives or to Places, are there discussions and opportunities for Place to comment on the decisions that will be made around those funding elements because potentially the legacy of those decisions will come into Place and Care Collaboratives. CL responded that it hasn't been thought about how this will be distributed and believe WN will have some sort of level of representation on the JCB and will go through the JCB and will then be up to them to bring the discussions back in terms of both the prioritisation position and the better care fund. JN also asked another question in relation to prescribing and if there had been any impact has been seen in terms of COVID legacy in relation to long covid etc and the prescribing impact and also because of the thinking around moving to virtual wards and supporting people in the community so if there has been a shift in prescribing costs. CL responded that there is only two months' worth of prescribing data at this stage and it's looking OK but there isn't enough to do a detailed analysis and this is being based on national profiles which do change the level of expectation so CL's understanding is that the pressures are not in WN at the moment.
6.	Due to being ahead with the agenda DE asked partners if they had any other business whilst awaiting attendance form some people who were due to attend for various items. **AOB – All** MS informed partners that the Stroke service has now centralised and has been running without a hitch so far and all acute stroke will now go through UHCW. RS thought it was important to note that we should all expect that with any new pathway process there will be teething issues and there will be issues that will arise and the approach to early escalation so that relevant parties will have the opportunity to make adjustments. CF added that GEH no longer has a TIA service so it will mean some changes in terms of patient flow and its important to ensure that the discharge processes are right for all the populations otherwise this will cause issues.
7.	**Place Partnership Levelling Up – GS/SD** Enc 4 - Levelling up.doc Levelling up in Warwickshire.pdf

	SD talked through the levelling up a Warwickshire approach which was approved by the County Councils cabinet in July building on what come out of the white paper in February about levelling.
	
	SD talked through a presentation with partners, the main points being;
	• They have taken a team Warwickshire Approach for the development of the levelling up approach with some case studies.
	• There are a number of organisations already in line with the levelling up approach but also a number of organisations that they would like to engage further with to ensure alignment.
	• Levelling up on a page outlines the national missions which come out of the governments white paper back in February, these being;
	  • Research and development
	  • Local Leadership
	  • Pride in Place
	  • Skills
	  • Education
	  • Well-being
	  • Health
	  • Crime
	  • Housing
	  • Digital Connectivity
	  • Transport Infrastructure
	  • Living Standards (pay, employment and productivity)
	• There are 4 focus areas which have been identified for Warwickshire, these being;
	  • Reducing disparities
	  • Social mobility
	  • Community power
	  • Sustainable futures
	• Places – Focus on 22 lower super output areas and the development of place plans for each district/borough
	• There are also county wide priorities which will also be focussed on
	• The levelling up local priorities are as follows;
	  • A joint mission and holistic approach – they will bring together partners from across Warwickshire's public, private, voluntary and community sectors to work together on Levelling Up and shared challenges as a Team Warwickshire.
	  • They will work closely with government and regional/sub regional bodies so that Warwickshire benefits from opportunities to do more locally and deliver on wider and national and regional agendas
	  • A long-term approach – addressing disparities and increasing social mobility will take decades. This approach will commit to making sustainable progress on long-term issues while delivering early results where possible
	  • Addressing root causes – we will use data, insight and partnerships to tackle the root causes of complex issues, rather than the symptoms, prioritising prevention and early intervention to prevent long-term problems.
	  • Strength based – we will build on the strengths and individuals , communities, places and interest groups to improve quality of life for them. This approach will not hold back other places or groups with stronger starting positions. The approach will combine the country wide scale and reach with a very local focus and action.
	  • Data driven – they will use data and insight to identify the things and places they need to target and help them adapt as they learn. They will, track and

	report transparently on progress to communities and inform work with partners, using regional benchmarks wherever possible. • Targeted and tailored to communities of place and of interest – based on data and insight, they will prioritise and engage the communities of place and interest that needs the most support, building community power and influence. They will capitalise on their strengths to help them build the capacity to improve things in the long-term, tailoring approaches to local circumstances. • In terms of linking to the health and wellbeing side, the relevant national missions is; • Health – by 2030, the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will raise by five years. • The country wide priority being; • Improve healthy life expectancy at birth across the country by 5-10 years by 2035 from 64.5 to 69.6 years for males and from 64.1 to 69.1 for females. • To do this with focus on reducing the proportion of children and adults who are overweight, preventing premature death from cardiovascular disease, facilitating earlier diagnosis of cancer and supporting improvements in mental health and wellbeing. • Link to wider determinants of health and health and well-being – there are lots of things in the national priorities that link to this, some of these being; • Social capital and community power ▪ VCSE ▪ Community Powered Warwickshire • Quality of housing ▪ Increase access to good quality, affordable housing • Crime and Vulnerability ▪ Reducing neighbourhood crime • Skills, education, and job opportunities ▪ Increasing access to well-paid jobs ▪ Reducing the number of NEETs countrywide • Natural Environment and climate change ▪ Sustainable futures strategy • This is being looked at through different spatial levels, these being; • County ▪ Health inequalities and levelling up (wider determinants) ▪ Country wide strategies including C&W health inequalities and integrated care ▪ Core 20 + 5 approach to health inequalities and health in all priorities approaches • Place ▪ Place-based delivery plans at District/Borough and ICS level ▪ Alignment with all 3 place-based health forums • Community ▪ Hyper-local activity focussed on pockets e.g. community pantries ▪ Community health projects ▪ Targeted health interventions • WN Health links identified, if you look at the 22 areas (local super output areas) there are 22 more areas that have been identified, these being; • Bede East, Bede Cannons, Poplar Coalpit Field, Camp Hill North West & allotments, Riversley, Atherstone Central – Centre, Macetter South & Ridge Lane, Poplar Nicholas Chamberlain • Kingswood Stockingford Schools, Bar Pool North and Crescents, Kingswood Grove Farm & Rural, Camp Hill Village & West, Bede North, Abby Town

	Centre, Middlemarch & Swimming Pool, Abby Priory, Hill Top, Camp Hill East & Quarry, Abby North
	• Next Steps
	  • Focus on developing 5 place plans for each district and borough with Team Warwickshire partners and aligned for each place forum (Starting with Warwick District and staggering between September and March)
	  • Align to place-based health inequalities strategy/work and other strategies (education, economy, infrastructure etc.)
	  • Maximise opportunities and links between heath and the wider determinants
	
	ACTION - SD suggested that herself and SG have a separate conversation outside of the meeting for SD to understand the Place Readiness Programme and see where this links with the levelling up Approach.
	
	Questions/Comments
	
	ACTION - DE feels there is an opportunity to bring this discussion to the WN Health and Wellbeing Partnership Board which is where all four of the Kings fund domains are dealt with. Links to be made to bring this to a future meeting.
	
	JN advised that there has been a piece of work that has been undertaken with the Health and Wellbeing partnership where they have looked at the JSNA actions and tried to distil them into what is business as usual for core teams and where the pieces of work that actually need to come together as a partnership to drive forward because no single organisation is driving that piece of work so thinks that is the areas where, if they took those and looked at where they are mapped against the Levelling Up priorities as capacity is a consideration and don't want to make themselves too thin but if they can join forces on some of these things by consolidating on some of these areas.
	
	JN also advised that the team is also working on a big around heart failure which she thinks is linked to Health Inequalities etc. and feels it would be good to make that connection.
	
	JN also suggested taking this conversation to the Primary Care Development Group to link in with the PCNs.
	
	ACTION - JN suggested that the team take this out of the meeting and produce a response to this from WN Place in terms of how they think they can connect and where the key connections with the key people would sit and send this proposition back to GS/SD as a first step.

8.	**Community Mental Health Transformation – RO/EC** 20220809 CMHT Model Stakeholder En Ben & Margaret - The Patient Journey.docx RO provided partners with background to this explaining that this goes back to 2020 in terms of how to link primary care and secondary care for mental health and have those more integrated pathways. They have spent a lot of time thinking about principles and the importance of co-production and was a joint system bid with voluntary and community sector partners, local authorities and with experts by experience to model and develop the bid and were successful in January 2020 in getting the national transformation money and that's

supported by the CCG to increase baseline funding also and is £24 million over the 3 years of the programme.

There was a focus on sever mental illness but defined quite broadly so not just psychosis but recognising areas that hasn't had investment in the past such as eating disorders, personality disorders and improved access to psychological therapies which has been recognised for many years in spite of lots of effort and the thing that's often recognised as a first line treatment for mental disorder it is something that is hard to access through waiting times so there is a really focus to improve those pathways.

It is generally making good progress despite a slow start in year one, there were worried in terms of workforce and recruitment but there are now 100 people recruited against the current project plans of approx. 80 at this point.

EC then talked partners through a prepared presentation, outlining the following;

- Current state from a patient's perspective
- Current state from a staff perspective
- Patient Experience stories
- What people have asked for
- The new proposed primary care enhanced offer model
- The proposed model
- Proposed next steps

Questions/Comments

RS attend the regional winter planning preparedness meeting with NHSEI and one thing that was really focussed on was the single point of access services for Ambulance Crews to access all GPs or anyone in the system to access for that matter, the categories of services displayed in the slides presented were almost identical to the ask of the NHSEI so it would seem appropriate that they have the right access and approach then that would support the conversations that had taken place in the meeting and asked if the message to the proposed new model coming from this or is there an ability in order to make it into a access through a single point of contact service.

RO responded that they do have a single point of access through the access hub, the feedback they have had is that it has been quite hard to access especially over thresholds so a lot of thinking in the model is around improving access so trying to make it less bureaucratic as well as timelier to get people into the right intervention as quickly as possible.

ACTION - RO added that no conversations have taken place in relation to Ambulance Crews accessing this with RS requesting that this be taken away and discussed as it would be a big advantage.

ACTION - DE suggested that this be discussed through the A&E Delivery Board to which RS agreed.

MQ added that there is a single point of access service but there is a need to look at whether it is doing what is supposed to do from a Primary Care perspective as when they make a referral it is bounced back with one line of advice saying contact the GP advice line when the GP making the referral would have understood that this is above the advice line scenario and needs secondary care input. MQ asked if there is anyone looking at the amount of referrals that are being bounced back inappropriately to the GPs.

	RO responded that this is the reason they do want to look at this. Around 50% of referrals to the access hub are signposted elsewhere when they should be getting to the right place. The aim that relationships between all people working in a place are better. JN noted that it was great to hear that they feel the recruitment is going well as she knows that something that has been a struggle in the past. JN asked if there are a proactive thing that CWPT are going to be doing in the way they take this recruitment and the rollout of this particular programme to facilitate levelling up some of the services because they are not introducing this model in a flat arrangement where the baseline service delivery and workforce is the same everywhere. There are specific challenges in this particular area and so was wandering if RO/EC can give her some confidence around that and some of the targeted elements. JN added that it would be also good to link in around Personalisation and the services that are going to be doing that Personalised Care Planning to ensure that it is being coded correctly and all of that is getting on to the system and the also that the offer in relation to e-learning modules is offered to those staff to make sure personalisation is really embedded as part of that programme. RO responded that in terms of recruitment and workforce, this has been the number one thing on their risk register until recently and is not sure that it has been different from the places and seems to have been an issue across the board. RO also added that he does think it is important to link in terms of the Personalisation training around the language and to make sure it's joined up. EJ was encouraged to hear comments in relation to intentions to link in with the PCNs but is concerned that she doesn't have the assurance at the moment about the plans in relation to how its going to happen and it feels currently that there is a mismatch between the aspirations for the plan and what it feels like on the ground and feels that the issue of recruitment is something that is important for example, there are still no mental health link workers in a significant part of the localities and in addition, they are having referrals rejected from the Mental Health access with the advice so is important this role is in place to take this on. EJ continued that she believed the purpose of this meeting was to look at how this plan was supporting the recruitment of the ARRS roles and wander if the focus of what has been spoken about is broader than addressing that issue as there has been no recruitment into these roles yet. MQ added that her serious concern, which PCNs have asked her to raise and for the place risk register to recognise, is the lack of planning consistency and recruitment progress with the ARRS roles, what they would like to understand is the next steps and if they are hearing that this cannot progress then that's something they need to understand and know to enable them to go back to their PCNs and practices as accountable CDs and say that the recruitment for these ARRS roles is no longer going to progress as they currently don't have a plan. RO acknowledged that it does feel stuck within WN and recognised the needs are different in each place. He sees the ARRS roles are part of thinking about the top part of the diagram shared in the slides and thinking about that this role is key to delivering services, new roles, a new offer in primary care that wasn't there before alongside the link workers. It has made more progress in the other places. RO is hopeful that they will be able to agree the model over the next few weeks.

	DE felt the danger was that they were going to try and solve this problem in this forum but due to time restraints would not be able to do this at this meeting but asked if there was another forum for which this conversation could continue to get to the end point needed because this is an issue that has been raised a number of times over the past few months and needs resolving to which RO responded that this is very much a place issue and he understanding is that a meeting needs to be arranged with PCN CDs to try and move things forward as it does feel stuck. DE asked if there is anything WN Place Executive could do, to which JN agreed and was keen to understand what the barrier/issue is as to why this has been progressed in other places but not here so that this could be resolved. MQ responded that the problem is the PCN contractual requirements and the fact that the PCNs have to make a population centred, driven by their practices and population and their workflow plans which indicate that they require higher banding professionals like band 7 in order to deliver the local personalised care driven services and plug the gaps in health inequalities. The plan that CWPT has submitted is more place based focussed which means there is a band 7 on the top across the whole of WN supported by lower banding individuals and this is where they are stuck because the 50% funding has to come from CWPT or provider and they can't recruit on their own. PCNs are using their own funding to subcontract psychological therapies because of how much of a delay there was and are commissioning Sycamore to plug that gap, so the issue is the ask does not match the proposal and they haven't been able to shift because of this. **ACTION -** MQ also added for this to be added to the Place Risk register. **ACTION** – JN to provide support to a meeting with CWPT and PCN's to help resolve the issue with the ARRS roles. **ACTION** – Schedule an update at a future meeting on the ARRS roles.
9.	**Children and Young People Programme - HK** Enc 5 - CYP Front Sheet.doc CYP Introduction to Programme.pptx HK introduced herself in her new role as Head of Transformation for Children and Young People. The purpose of HK attending today is to raise awareness and give partners some information on the programme and gain comments/feedback. HK went on to talk partners through a presentation, which included the following; • NHS Long Term Plan focuses on improving health & care for CYP • Children are 20% of the population • 1.7 million CYP have long-standing illnesses (asthma, epilepsy, diabetes) and increasingly obesity & mental distress • England lags behind other countries in aspects of child health • Areas to respond to changing needs, support CYP in making healthy lifestyle choices and influence their relationship with health services • Themes of the programme are;

- Integrating services for children and young people by working with local help to develop and test integrated models of care
- Improving the quality of care for CYP with long term conditions such as asthma, epilepsy, diabetes, and complications from obesity
- Including children and young people in development and decision making to capture their voice and experience and ensure services are designed to meet the needs of CYP

- Case for change on obesity, asthma, hospital/ED admissions, epilepsy, diabetes and infant mortality
- Definite areas shows areas where the children and young people transformation programme is leading and also where areas/programme where there are either joint programmes or another programme that is leading on it and they are supporting
- Potential areas for the children and young people programme workstreams
- The scope for the programme (which is yet to be clarified) is;
  - Geography: Coventry and Warwickshire
  - Age: Likely to be 0 – 18, with up to 24 for some conditions/areas and to start thinking about LTP ambition for 0 – 25 for 'selective areas'
  - Levels: Across all levels – ICS, local authority, Places, PCN
  - Conditions & Issues: Asthma, epilepsy, obesity, diabetes; urgent and emergency care; health inequalities; Personalisation…
  - Approach: Population Health. Wider social determinants, places and communities, lifestyles and behaviours
- Ambitions to be set;
  - Improved outcomes for children and young people both as individuals and as a population
  - Improved experience and access for children and young people
  - Demonstrable increase in the CYP voice in designing services, policy making, etc.
  - Demonstrable alignment and links between different workstreams and sectors
  - Demonstrable reduction in health inequalities
  - Successful implementation of specific programmes, such as NHS Asthma Care Bundle
  - Improved data and information for the system, improved information sharing
  - Successful identification of gaps in system with solid plans to fill gaps
  - Demonstrable maturity as a system; one that has children's health as a priority
  - Enhanced productivity and value for money; supporting broader social & economic development

Questions/Comments

DE felt that the message is that they are embarking on this programme they about to get into a set of wider conversations and this is the beginning of the process of a conversations today and is setting the scene.

HK confirmed this was the message and informed partners that she is setting up and Coventry and Warwickshire Board for the programme and would welcome partners views and thoughts on how to board can be developed.

EJ felt an important was asking ourselves in adult services or children's services, is the service that is being provided to the age range developmentally is important and felt that having that in the presentation is important and feels that one of the gaps is mental health services between 16 and 18 which should be a priority also.

	HK responded that the mental health conversation is an interesting one because there is a huge infrastructure around mental health and has very much been a system priority and there is a huge workforce around that so at the moment asthma, epilepsy, diabetes has been more of the Physical health conditions. Some areas are putting mental health under their work plans others are not as mental health is very well resourced and has its own infrastructure so doesn't need anything adding to it from this perspective and will take this comment on board. DE emphasised the point made by EJ and asked mental health to be taken into consideration when structuring the programme as it's a big gap in WN.
11.	**Place Readiness Pathfinder– JN/SG**  Enc 6 - Place Readiness Pathfinder.  Appendix 1 Place Readiness workshop.p  Appendix 2 Place Readiness Workshop JN provided partners with some context on this item explaining that as an executive group you receive the report that Suzie Gray pulls through on Place Readiness which is focused on the preparations for enabling them to respond to the developments with the ICB as a place and they have already constituted a number of work streams under the place readiness programme and have aligned those workstreams to the development plans that are coming our of the Care Collaborative and out of the transfer to strategic commissioning forums that are also progressing at system level, in addition to that piece of work, as a place they have indicated that they really wanted to ensure that they were going to get the pace that they felt was appropriate for WN in terms of developing the potential to take more responsibility, accountability and influence at place that may be available under the arrangement that are available to the ICB as a consequence of the Health and Social Care Act flexibilities. A meeting was held of the need for each of those workstream areas, with a broader range of people to attend, for which some couldn't attend such as primary care. The intention of that meeting was to check out with those representatives that were able to join and those leading the readiness workstreams, to what extent they were willing to put there selves forward as a pilot or an opportunity to pathfinder a route through for becoming a place that has some delegated responsibilities in relation to delivery. The report outlines to outcome of that initial discussion and are asking for some support from place executive for them to put there selves forward for a pathfinder that seeks to explore the opportunities for how they set up those place delegations and place opportunities to ensure that they can deliver on the ambition for subsidiarity at place but are not wanting to do this as separate from whats going on in the ICB or separate to what is going on in the Care Collaborative so this pathfinder would be an offer to the care collaborative in the sense that they would be willing to take the opportunity to explore some of the considerations, the dfificulties, the opportunities, the way forward and the different arrangements that could be put in place so that it sits as part of the development of the care collaborative because ultimately the Care Collaborative is made up of the three places in Warwickshire and so therefore they had the discussion as a proposition and explored this by using the analogy of a journey in terms of what the mission is, what is trying to be achieved, where do we want to get to, what tools are there already to help on that journey, who needs to be bought on that journey, what might be some of the boulders that would need to be addressed in order to establish it and what are some of the parameters of the path and being aware of some of the legislative elements also. Its bringing back that discussion and that proposition into the place executive to get endorsement from this group with the intention that they would seek to get some specific

	outputs and they would be around place governance, clarity around the recommendations in relation to the role of provider at place, exploration of the interface and relationship between place lead provider and care collaborative in order to ensure that the way this is set up works and works for the benefit of delivering the objectives and the ICB and place have and to help scope and inform what an enabling culture of the proposed arrangement would be for the care collaborative. The next steps will be further workshops that would take place where others could join that conversation and then to take that learning and to work up those outputs that are described to shape what that might look like for partner consideration in those four rooms. **Questions/Comments** DE added that unless they take the initiative, he feels that things won't come to the group and his view is this gives a bit of opportunity to influence what happens through the ICB and to get on the front foot to take a leadership role. DE asked partners if they have any objections to which partners did not and RS gave his support to the approach.
	Date of Next Meeting: Thursday 6th October 2022 09:00 -11:00 Microsoft Teams Meeting – diary invite