

WEC rapid feedback to share with partners

Meeting of 16th March 2023

Summary of Discussion

As agreed at WEC in May 2022, we will produce summary of discussion alongside key actions within 24 hours of the WEC meeting, with more detailed notes and action log to follow.

In attendance: Mark Fitton (Chair), Carole Cumino, John Devapriam, Vivek Khashu, Hollie Hastings, Ruth Lemiech, Sally Moyle (part meeting), Jo Newton, Jo Ringshall, Simon Trickett, Roy Williams, Jonathan Wells, Sue Harris, Mari Gay, Lisa McNally
In attendance: Lynda Dando

Update on actions:

Approach to IPR being reviewed with new ICB Associate Director of Analytics to streamline ICB / Place approach.

Place approach to risk being reviewed by newly convened ICB risk and governance group which will put forward recommendations to WEC in a few months' time.

Community Paediatrics – comprehensive report to CPF outlined the triage approach and information that will be shared with families who are waiting to be seen. GPs also to be signposted to this.

The action plan to support the H&W H&CT and WAHT MOU shared at February WEC is being finalised and will be shared with progress update at the May meeting.

Health and Housing update to be scheduled for Autumn.

Fuller Stocktake

Lynda Dando joined the meeting to share the next steps in terms of implementation of the Fuller report and associated stocktake which the ICB had been asked to produce at short notice. There are pockets of excellence which are not readily evident in the stocktake, due to the narrow approach the stocktake mandated. Lynda highlighted the three pillars of Fuller: Integrated urgent care; Proactive complex care (protecting GP relationship with LTC patients); Inequalities and prevention, and emphasised that the real work should start at place now to take these forward. There is a significant clinical leadership requirement and some medium- and long-term planning required. Place should identify strength, gaps, weaknesses and next steps. Proposal to focus on an area of interest to all partners, considering our demography and priorities, frailty would be a good starting point.

Hollie described the plan to set up a Fuller Integration programme group and use the baseline assessment to inform development of the place based Fuller plan. To ensure all colleagues are aware of the agenda, it may be helpful to develop place-based briefings – to discuss with partners.

Discussion identified the significant OD requirement associated with this work and potential to harness e.g. Academy capacity and other resource to progress.

Simon T suggested that relatively speaking we are miles ahead, having had integrated neighbourhood teams in place for years. He suggested we should be adopting a more upbeat and optimistic narrative about where we are. Fuller isn't about adding additional money into the system but about organising our existing resources and assets, aligning our relationships and communications to best serve our communities. Recommended that very senior level ownership may accelerate progress.

Roy suggested we need to be really clear about what we are trying to achieve, and though additional funding may not be required, change management resource would be needed. Mari assured that there is some programme management resource available and Ruth will progress this.

Jonathan pointed out the huge variation between NT's eg estates and staffing. We already have a lot of non-doctor resource dealing with same day non-continuity of care demand – the task now is to scale this beyond individual practices / PCN's. It will be important that primary care feels it is leading this work, alongside the full range of place-based partners. Next WEC – 6th April – to be devoted to Fuller @ Place.

Primary Care Networks

Hollie updated that progress towards a county-wide GP Federation is progressing well and this should streamline and simplify engagement with primary care through General Practice Worcestershire structures. The highlight report will follow which sets out the far reaching work underway for example opportunities to develop the workforce through ARRs and working with the university regarding establishment of a pharmacy school.

Clinical Leadership - CPF

Roy asked WEC to note the updates in the paper and shared that this week's meeting was joined by an independent observer who is working with the ICB Medical Director, Will Taylor, looking at clinical leadership across the ICB. Roy said the observer was impressed with the level of engagement and the proactive problem solving approach from participants.

Simon expressed disappointment that the virtual wards work is so far behind, given the in-county opportunities. Agreed to explore community based approach, drawing on learning from Shropshire, at next CPF. Acute trusts to review reporting to see if they can increase their numbers, as there is a view that the equivalent of a whole ward at home, receiving consultant supervision.

Newton Europe at WCC

Mark pointed colleagues towards the presentation that was shared with the papers. Newton are two thirds of their way through a diagnostic piece aimed at ensuring social care is fit for purpose and offering the right outcomes for our residents. They are taking a change management approach to creating a sustainable landscape from a service development perspective. Mark shared that the work was partly transformational and partly efficiency driven, giving WCC an opportunity to review how they can provide best value for future years. It will not be sustainable to increase investment in social care year on year and this is an opportunity to review. Carole asked if the role of carers is being picked up and Mark said this was part of the review. On the topic of transitions raised by Sue, Mark agreed a family approach was most helpful.

Integrated Performance Report

IPR being picked up as part of ICB review. Jo highlighted some good progress with 78 week waiters. Regrading urgent care, medical and surgical SDECs have helped to reduce ambulance delays. They are seeing fewer ambulance conveyances but increased walk-ins. Discharges is an area where the acute trust continue to struggle.

Place Director's Report

Ruth pulled out some highlights from her report, including the OCT review which will come to the May meeting for a progress update. The ICB demand and capacity work is progressing well and outputs will be shared when available. A place based workshop to envisage integrated urgent care and potential for greater integration with other services was well attended and options will be further developed over the next 6 weeks so can update at May WEC.

The next meeting on Thursday 6th April will have a single item agenda regarding Fuller, a replacement diary invitation will be issued.

The next formal WEC meeting will be Thursday 4th May.

Ruth Lemiech
Director of Place Development
16th March 2023