

<b>Welcome</b>	Welcome from Jo Leahy & Steve James
<b>FF update</b>	Steve James – Overview of proposals, SOC and the impact on the community, the reason for our discussions this evening. C2 review, options appraisal, decide on preferred option next month, Senate review and clinical assurance in late October. STP submitted to NHSE on 21 October. Consultation in December on preferred option.
<b>Overview STP neighbourhoods</b>	Mel Duffy – Director of strategy of Shropcom, leading Shropshire neighbourhood plan
<b>Neighbourhood ambition Shropshire</b>	<p>Neighbourhood group formed in July. Range of organisations involved. Place based planning approach to inform social action and build resilient communities. People helping people to reduce reliance on services. Targeted action and developing neighbourhood care models to deliver care closer to home. Model is based on teams and communities working around individual, keeping them well and avoiding crisis.</p> <p>Kevin Lewis – director of health to change Looking at prevention across all of the community, understanding the causes of chronic disease. A number of workstreams have been put into place to achieve this. Looking at risk factors where there is an impact on acute demand.</p> <p>Kate Garner – neighbourhood and community asset development Using people to build resilience in the community. Build social action and supporting the activity, joining up clinical with the community. Using vol sector, thinking of how this can be developed to encourage more young people to volunteer. Piloting this work in Oswestry.</p> <p>Mel Duffy – Care model development progress to date</p> <ul style="list-style-type: none"> <li>• Looking at how we start to map service needs to neighbourhoods</li> <li>• Using JSNA data to identify local health needs to inform care intervention needs</li> <li>• Confirmed two levels of service within the neighbourhoods, currently calling teams and hubs. Teams delivering planned and maintenance care in people’s homes and GP surgeries. Hubs working on higher level around urgent care and looking at more specialist community services like infusions delivered on ambulatory basis.</li> <li>• Extended urgent care provision being trialled in Bridgnorth and Ludlow</li> <li>• Market Drayton are developing the hub. Looking at using non hospital settings for our community hubs</li> <li>• Whitchurch – virtual clinics between GPs and community teams</li> </ul>
<b>Neighbourhood ambition T&amp;W</b>	<p>Jo Leahy Telford triangle – patients at the heart of everything we’re doing. Teams working around the patients. Supporting people to live to their utmost potential at home in the community for as long as possible. This work has a greater focus on prevention. Spending public money more effectively. Targeting people with identified health risks. Professional supporting people as well as informal networks. Building prototypes around natural neighbourhoods. Community centred approach, meet health needs and increase social participation to help prevent local health problems. These changes are incremental and organic.</p>

	<p>Newport – looking at nursing Buurtzorg model. Aligning dementia services with the practices. Developing local offer within the town including diagnostics and x-ray clinics. Giving increased support to the 9 residential homes.</p> <p>South Telford – 45,000 pop, more deprived area. Pilot work from Stirchley already underway with social care teams based within the GP practice. Improved alignment of health visiting. Support planning with LA teams. Need a significant increase in care provision. Need investment to adapt community facilities. Additional support from experts needed to manage the change.</p>
<b>End to end clinical pathway design</b>	<p>Emma Pyrah – senior programme manager FF</p> <p>Leading on clinical pathway work. Multi stakeholder group.</p>
<b>Data sharing digital roadmap</b>	<p>IT as an enabler to connect up the work in the community.</p> <p>Recently written digital roadmap aligned to STP. Some factors have been included as mandatory. Paper free by 2020.</p>
<b>Questions</b>	<ol style="list-style-type: none"> <li>1. What is an MCP? (sorry didn't hear the reply)</li> <li>2. Are we moving away from national integrated care records and towards locally managed? – Cost is a factor, we can integrate most systems fairly simply and that is happening currently. Summary care record is in existence and is being grown and we could try to make more use of it but in longer term we need something more comprehensive.</li> <li>3. Concerned there is a them and us, a different system from Telford than there is for Shropshire, this is an opportunity to integrate more fully than this, as they are so similar – Mainly due to local authority boundaries but what's important is to be able to design services at a more local level so services are more relevant to the local community. As work develops there could be quite different services within the different areas. There will be opportunities to work together across the two workstreams. The work of clinical pathways groups will be more general across the whole county.</li> <li>4. How will we transfer activity across the sector? – looking at moving workforce and finance. Work will be gradual.</li> <li>5. couldn't hear this?</li> <li>6. couldn't hear this?</li> <li>7. Governance of extending workforce to volunteers, how do we protect people from being exploited? Volunteers are regulated and we need to look at what that sector can achieve and that it will still be regulated.</li> </ol>