



west midlands
ACADEMIC HEALTH SCIENCE NETWORK

**West Midlands Academic Health Science Network Clinical Priority Leads' and Enabling Theme Directors' Forum
24 November 14:00-16:00**

Minutes

Present: Christopher Parker (CP), Tony Davis (TD), Lucy Chatwin (LC), Neil Mortimer (NM), Peter Jeffries (PJ), Paddie Murphy (PM), Louise Stewart (LS), Theo Arvanitis (TA), Emma Patterson (EP), Jeremy Kirk (JK), Ruth Chambers (RC), Gavin Russell (GR) and Blair Davis (BD)

Apologies: Tim Jones (TJ), Jamie Coleman (JC), Peter Lewis (PL), and Rhian Hughes (RH)

Agenda Item 1: Welcome/opening remarks/apologies

CP welcomed members and apologies were given by those listed.

Agenda Item 2: Minutes of the last meeting

The minutes of the last meeting were accepted as a true and accurate record.

Agenda Item 3: Actions arising

CP went through the actions of the last meeting.

PJ has had extensive conversations with George Despotou, however TA would still like to have a meeting.

ACTION: TA to meet with George Despotou and PJ

ACTION: TA to re-send Sharepoint link as well as a reminder email to the group.

CP has not produced an options paper on budgets, IP etc. and the provenance of the £800k discussed at the last meeting was covered by an after meeting note in the Minutes of the previous meeting. TD would cover much of this in his update.

After a PPI meeting in August 2014 it was made clear that attendees did not want the WMAHSN to create another PPI group. The SCN has a newsletter, and there are already CCG PPI groups. All proposals should have PPI input and there needs to be PPI embedded in to programmes. The WMAHSN is still a part of PILAR.

CP confirmed the appreciation of the Board for the updates given by the Theme Directors and Clinical Priority Leads in September. Dame Julie Moore and Sue Ibbotson both expressed their thanks.

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Discussions were had regarding difficulty TA had been having with regards to connecting with EMIS. RC offered to assist TA by putting him in touch with Paula Turnock who has EMIS contacts.

ACTION: RC to connect TA with Paula Turnock who can aid with EMIS contacts.

ACTION: Difficulty connecting with EMIS should be added to the risk register.

TA and JK discussed whether to 'force' the issue by undertaking a trial. This could be done as soon as possible.

ACTION: NM to have a conversation with TA and Paula Turnock to see how Endeavour could assist.

Agenda Item 4: Executive team update

CP told the group that the WMAHSN are already seeing the benefits of moving in to the ITM. What the WMAHSN does complements work done by BHP and the Commercial Hub has been firmed up with MidTech and Medilink.

CP thanked everyone for their input on the NHSE accelerated business planning. It was well worth doing despite the short time-frame. The spreadsheet will go to the Board tomorrow and then will be shared with the Theme Directors and Clinical Leads thereafter.

ACTION: BD to attach spreadsheet with the minutes

The aim to was to try and push the economic impact we have, however this was not mentioned sufficiently strongly in the final report to NHSE. CP did however mention this when in London last week to John Stewart.

CP feels there should be more focus on the uptake of innovation as this is our USP. The difficult thing is getting things to land. CP has spoken to Spoke Chairs to support this approach, as well as Sue Ibbotson to get PHE input. This is perfect timing with the launch of the Meridian platform.

All 3 Ambassadors have now been appointed for the GMC and BD is liaising with UHB with regards to contracts and payments. The quarterly assurance GMC visit was successful, and the assistance of the WMAHSN has been acknowledged. CP and NM are involved in briefings to WMGMC phase 3 Trusts. These Trusts stand to benefit a great deal and are taking on very little risk. NM updated that all concerns are now addressed at UHNM. TD is on the management board of the GMC and also offered assurance that fears are starting to be allayed.

CP gave a brief update on the testbeds. It is unfortunate that the Northern testbed did not make it through to the interview stage. The mental health testbed has got through to interview. It is not know whether the rare disease testbed was successful. [After meeting note; it was not.]

The quarterly assurance visit went well with David Levy and Genevieve Dalton, however it came to light that they were unaware of much of what has been going on as directed from the central NHSE team. Other news was that John Stewart is moving and will be replaced by John Holden and AHSNs are to move from under Sir Bruce Keogh to Ian Dodge. There could be advantages in this such as better funding for the new financial year.

The WMAHSN is about to go out to advert for the Executive team posts as well as an Innovation and Adoption Theme Director. Louise Stewart will need to be replaced for E&T. This may take a slightly different route than a HEWM joint appointment but there will still be a link.

TD updated that NHSE are meeting with Innovate UK. Some testbeds have been invited to interview between 30th November and 9th December. As more information comes in all will be updated.

The AHSN is starting to engage with Vanguard and getting closer to seeing how it can help and support them. Ian Dodge has more involvement with the FYFV, which is where the AHSNs' core role/function sits. This may mean less financial cuts. It is also encouraging to see that AHSNs are mentioned strongly regarding delivery in the interim report on the Accelerated Access Review.

Agenda Item 5: Networks and Services updates

RC provided a brief update on the PCC exemplars, the first of which is TECs. There have been 5 sub-regional events with around 200 people in attendance overall. StarTback is doing well and the Manifesto has been sent to PHE and the SCN who were very impressed by it. It can also be found on the WMAHSN website.

RC is trying to share population based data with regards to LTC in which PHE, the CSU and the SCN have shown an interest. Everyone needs to start talking the same language on data services.

EP provided an update on mental health on behalf of PL along with a handout to attendees. This included information on expected health, healthcare and economic benefits for the current year; interactions or need for cooperation with other themes/priorities, regional partners or the opportunities process and finally personnel issues - either within the network/service or implications for future workforce development. EP outlined the benefits of the testbeds and the further establishment of the RAID network. The process of developing a Mental Health Innovations Network has begun and will launch officially in February 2016. Due to the testbed process there has been a delay in recruiting posts and undertaking planned events, the request was made to carry over the majority of the money in to the next financial year, and confirmation of funding was also requested for Clinical Lead and Programme Lead. This was confirmed.

GR then went on to update on PS. There may be some joint collaborations with PSC and mental health. PJ has been working hard around programmes and they are starting to get traction on care-homes, sepsis, and building up safety cases. GR is going to work up a paper on collaborative issue of leadership and culture. The biggest problem is functioning as a collaborative. PJ queried whether we may have to invest in some capacity.

PM was next to provide an update on EIT Health. The International consortium has now been established as a legal entity and there are permanent Directors in post. There has been slow progress but they are getting there. There has been slower progress at the UK and Ireland level on becoming a legal entity. The Business plan was submitted in September 2015, and someone will be in post by December 2015 1.2 FTE to support activities currently covered by TD. There are good opportunities for the West Midlands in 2016; potential €500k. There is lots of enthusiasm. Regarding SCALE and Living labs, ToR are being developed for Living labs. The Network has not really got going but activities around consortium have helped, and the plan is to have subgroups.

TD thanked Warwick and IDH for helping on the living labs, and reiterated that it was a very successful event.

TA updated on Digital Health. There have been problems with QueryTool but innovation services are now being developed. There has also been development on modules as well as further development with CURE. A prototype on imaging has been produced which will cater for 1000 cases of children with brain tumours. This has been tested at a

local level at BCH, and there are negotiations underway with UHCW for trials in testing for diabetes.

TA advised he will be sending the URL for the sharepoint to the other Theme Directors and Clinical Priority Leads.

There is a plan to try and integrate parts of MyHealth with DISH, and 'how to' guides are currently being prepared.

The WIN network is growing and there are currently 653 members. Events are being organised as well as network meetings, and at the Open network "show and tell" there were approximately 112 delegates in attendance. The event was extremely positive and TA would like to hold another one of these before the end of March 2016. The WIN annual conference will be on 26th January 2016 and TA would like to invite RC as a guest speaker.

ACTION: TA to send out call for papers for WIN conference

LC has been focused on the innovation side of things with the network. Vicki Ensor and Tammy Holmes are co-chairing the Innovation and Adoption advisory group.

LC has been developing and testing the platform which was launched at the Health and Wealth Summit. Case studies would previously have gone through the opportunities for innovation process but now can be put through the platform. LC is looking for volunteers to test the platform, and the advisory group has been extremely helpful in advising how the platform should look. Test data will be wiped in the first week of December ready for going live in January.

ACTION: Worth LC having half a day with CCGs etc to go through the platform. Need to get commissioners involved now.

JK updated the group that there has been a delay with the CT mapping, and it looks as though it will be more like January now. The CRN has done very well and there is currently a £440k underspend. JK is hoping to fund a pilot study for Lorraine Harper at HEWM, an online student depression tool with BSMHFT, as well as funding trainees networks for PRAM (Paediatric Research Across Midlands) pilot in WM. This work will be WMAHSN/CRN badged.

LS was next to update on E&T. There is a need to be clear on economic benefits. LS will be writing a report to CP and Mandy Shanahan on how to move forward with E&T but feels it is important to work together to save time and money. LS has spent time reviewing innovation proposals, and concluded that workforce implications need to be incorporated in to Meridian. There is still a lack of clarity on what each organisation (HEE and WMAHSN) is responsible for and HEE have had feedback indicating they are slow and unresponsive. The advantage of working together is that WMAHSN can speed this up. There are new Community education provider networks which may broaden opportunities for engagement.

PM is keen that the HEWM connection is maintained. Possibly some elements from E&T could be taken to EIT health subgroup.

TD was last to provide an update on Wealth Creation. At the Health and Wealth Summit an update was given on the 7 point growth plan. The secondments are now in place, and the BQ magazine dinner on the issue of devolution was successful. George Freeman was present along with representatives from LEPs and industry as well as a hospital chair. The WMAHSN is assisting in the development of Battery Park and helping the Combined Authority. Industry engagement is also going well.

Agenda Item 6: Opportunities

The Opportunities Co-ordinator post will go out to advert soon. This person will then handle the opportunities process. The AHSN is tightening up on communications with SM so people know what stage their proposal is currently at. Currently proposals come in through the website, however in the future it will be through the platform. Business managers are currently handling opportunities and are putting some of them through Meridian for testing. Some of these will be going to the Board for recommendation. The process is extremely transparent to let people know what stage opportunities are at.

Agenda Item 7: Items tabled for discussion

No items tabled for discussion.

Agenda Item 8: Risks and Issues. Risks and issues were discussed and the following actions arose:

ACTION: NM and TA to discuss risk on QueryWorkbench

ACTION: CP to provide feedback to Warwick Business School on survey as people are confusing it with the national survey.

RC queried funding for next year and when we will know. CP hopes we will know by January 2016.

ACTION: TA to send wording for risk on IP and IG to NM.

ACTION: The issue of sustainability of funding and membership should be added to the risk register.

Agenda Item 9: Any other business

No other business.

Agenda Item 10: Date and venue of next meeting

Wednesday 13th January 14:00-16:00 Board room, ITM.