# VCFSE Representative feedback form

Use this form to plan your engagement before the meeting, and capture key points to communicate afterwards with sector colleagues.

Please email, with meeting name and date, to stephanieg@communityfutures.org.uk.

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| Meeting details |  | Rep details |  |
| **Title** | **Date** | **Name** | **Organisation** |
| Clinical and Care Professional Leadership Assembly (Shadow) | 15.06.23 | Joe Hannett\**Vicky Shepherd\** | Community Futures. *Age UK BwD (apols).* |
| Resources / documents? | **Y**/N | [Link to relevant page on ICB website](https://www.lancashireandsouthcumbria.icb.nhs.uk/about-us/clinical-and-care-professional-leadership) | [Download CCPL Framework](https://www.healthierlsc.co.uk/download_file/7998/12229) **\*This will force a download\*.**  |
| **Main items discussed.** |
| **1**. Understanding the Assembly. **2**. Attendance. **3**. Role of the Assembly. **4.** Terms of Reference. **5**. Suggested first ‘*question’* for each Assembly to address. **6**. Recommendations. **1**. **Understanding the Assembly.** This is a key part of the ICB, with resources and delegated authority to provide advice to the ICB (see framework link above).* “One of our key commitments is to include a diverse range of clinicians and care professionals’ voices within our decision-making processes…” *Dr. David Levy.*
* The CCPL will have **Place** and **System** leads, some already recruited, with specialisms (**see framework link above – pgs. 12-20**).
	+ **Place** leads have a remit to “*engage partners from across health and social care, public health and…VCFSE, who will be instrumental in sharing insight and intelligence to inform local quality matters*”.
	+ **System** leads have a remit to “*Engage partners from across health and social care, population health and …VCSFE, to identify opportunities for improvement, and work…to jointly develop system-level responses to challenges, risks and issues*”*.*

**2**. **Attendance**. * Question about public involvement TBD.
* Rotate meeting days/times to facilitate maximum attendance.
* Require specialist Mental Health member(s).

**3. Role of the Assembly.** * Focus on what communities need rather than solely system and financials.
* Separate to clinical senate; look broadly how it can address challenges as a system.
* Feed into national policy.

**4. TOR** V2 to be circulated.**5. Question; “How do we maintain safe services in financially challenging times?”*** The group queried the discussion question, whether implicit assumptions could have an impact on engagement with the Assembly. Future questions will be designed by a small, diverse group.

**6. Recommendations.** 1. Open and honest conversations should take place with the public regarding the systems financial position, whilst being mindful of any political implications.
2. There should be recognition that the voluntary sector do things well and other organisations need to understand their offer and engage.
3. The Assembly advise we need to do things differently, such as:
* Management of the frail elderly needs to be by community-based multi-professional care and health working, with resources shifting from acute settings to the community.
* Unaffordable and fragile service need to be identified and decisions made to enable them to be sustainable or cease.
1. There should be thought given to workforce team cultures during this time of constraint ensuring a focus on innovation and enablement (rather than resilience) and staff morale.
2. We need to identify the difficult decisions we must take and consider how the Assembly is going to guide the system.

The co-chairs are very keen for people to respond to these with any reflections both from those present, and for anyone who was unable to attend. |
| **Implications for the VCFSE Sector.** |
| 1. Commitment to a diverse range of “clinical and care professionals”.
2. Explicit remit for new CCP Leads to engage with VCFSE, a new and clear line into local quality issues and system improvement opportunities.
3. Possible future questions;
* Challenges in accessing community dentistry for our whole population
* Shift our focus from high cost, low quality services to low cost, high quality services (e.g. virtual wards).
* Improving outcomes for children.
* Improving quality and outcomes for a rural population within the available resource.
* Learning from the way the VCSFE sector operates. Working better together.
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| **Items to follow up before next meeting.** |
| * What does recommendation 2 actually mean?
* Who are the CCPL Place and System leads, how/why to contact?
* VCFSE involvement in designing questions for the CCPL Assembly to consider.
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| **Date and venue of next meeting.**  |
| Online poll circulated to members to ascertain next date. Venue likely LCC County Hall.  |