Meeting Minutes: Better Care Southampton Steering Board

The meeting was held on: Wednesday 18th April 2018 15:00 – 17:00
Location: CCG Conference Room Oakley Road, Ground Floor.

Present:	NAME	INITIAL	TITLE	ORG
	Dr Mark Kelsey	MK	CCG Chair	SCCCG
	David Noyes	DN	Chief Operating Officer	Solent
	Ali Robins	AR	Chief Executive Officer	SPCL
	Jane Hayward	JH	Director of Transformation	UHS
	Jo Ash	JA	Chief Executive Officer	SVS
	Adam Cox	AC	Clinical Service Director for AMH	SHFT
	Stephanie Ramsey	SR	Director of Quality and Integration	SCCCG/SCC
	Donna Chapman	DC	Associate Director System Redesign	SCCCG/SCC
In Attendance	Clare Young	CY	Planning Manager & PMO	SCCCG
	Emily Chapman	EC	Business Manager (minutes)	SCCCG
Apologies	Suki Sitaram	SS	Chief Operations Officer	SCC
	Mark Morgan	MM	Director of Operations	SHFT

		Action:
1.	**Welcome and Apologies**	
	Members were welcomed to the meeting. Apologies were noted and accepted. It was noted that SR was representing for Suki Sitarum	
2.	**Declarations of interest.**	
	A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship.	

	UHS, Solent and SPCL have registered for bidding for the Enhanced and Urgent Primary Care Sevice service tender which is currently live. This was noted by the Chair and agreed it did not pose a conflict at this time as no decisions relating to this were on the agenda. No other declarations were made in relation to the agenda	
3.	**Minutes of the Previous Meeting, Matters Arising and Action Tracker**	
	The minutes of the meeting that took place on 21st March 2018 were agreed as a true, accurate record of the meeting. **Matters Arising** It was agreed that every three months System Chiefs would be invited to this meeting, this is scheduled for June 2018. The September 2018 meeting has also been opened up to invite the wider membership including fire, police etc.	
4.	**Operating Model**	
	The Board received the updated operating model. AR/DN introduced the paper to the Board, it is had several iterations and has received comments from all system partners along with support for the direction of travel. There was some discussion of the operating model document. The document seeks to set out how we operationalise the multidisciplinary working at cluster and sub-cluster level i.e. what is it we do and for which segments of the population The Board discussed if this document should be a 'framework' for what clusters need to consider and how they might think about it? The Board agreed the document needs further work and would be priority for new Programme Manager to iterate it towards something that can be shared with the cluster teams. Other points raised in the discussion were: - how do we train people to do an MDT? - digital technology will be critical to how this works- teleconferencing, administration etc. - how voluntary sector is involved as currently it is a very medical model - can we incorporate vignettes of how things might work? - It was agreed that success measures are needed, a set of KPIs should be alongside this which will link with the Better Care Deliverables.	

	The next steps were agreed: • The Steering Board agreed the model in principle with the understanding that there is more detailed work to do • The new Project Manager post to work on the document incorporating input from a range of agencies / organisations • SR to ensure a review from a Local Authority perspective and comments on the framework • vignettes of how things might work need to be developed	
5.	**Better Care Deliverables and Development of KPIs**	
	CY joined the meeting. The Board received the Better Care deliverables and development of KPIs paper. DC talked through the highlights of the papers. The Board discussed the KPIs and agreed that the outcome measures are important e.g. non elective admissions, deaths at home. It was discussed areas such as meeting attendance etc. need to managed through cluster leadership and how it is monitored, rather than included in broader KPIs. SR raised that national measures will need to be collected, but it would be good to tailor outcomes specifically for what needs to be achieved locally. It was suggested there is a need to add in more KPIs against Primary Care, Mental Health, digital areas such as use of Patient Online. It was also suggested that workforce development should be included as an important measure. The Board discussed the deliverables. JA queried if the timescales are realistic. DC responded that some of the work is already underway, this work measures where the work programmes are currently standing. It was raised that the deliverables in primary care could be strengthened and also Mental Health and Digital. The Board discussed how the Primary Care deliverable for 2018/19 could be separated as Primary Care Commissioning is led through other groups. However, it is important that primary care deliverables align with the better care work. The Mental Health deliverable relates to the work being done within the community e.g. tier 3.5 which is about the IAPT plus service. **ACTION: DC to add in comments made, and will circulate the updated version. These will be brought back to the next Board Meeting.**	**DC**

6.	**Performance Report**	
	The Board received the Better Care Performance report for month 11. CY talked through the highlights of the report. The Board discussed Delayed Transfers of Care (DTOC). The main issues within UHS relate to winter pressures. The Health DTOC appears to be high but this may relate to self funding patients. **ACTION: JH to review DTOC for Southampton to identify any trends related to health delays** Work is taking place in relation to falls. Links are being made with a consultant in UHS in relation to an audit in coding. It was suggested we may not continue to monitor injuries to falls, this would need to be reviewed as it is a local Better Care indicator but only relates to a small number of patients. AC left the meeting. The Board reviewed the GP streaming data which had been received recently. AR highlighted that The data reflected that the streaming is having a positive impact. Work is taking place to look at re-admissions also. CY left the meeting.	**JH**
7.	**Digital Update**	
	MK provided a verbal update on digital to the Board as follows: - Interoperability – the local solution is CHIE, there is an increase in use and also development of single sign on is going well - CHIE – waiting for version 3 updgrade which should take place around early June, work is taking place with Graphnet to deliver the timescale. - The Graphnet contract comes to an end in April 2019, the process for re-procurement has started to take place and will progress rapidly - Wider interoperability – SCC are going out to procurement for a new social care sytem, health have had input into this with positive discussions taking place, integration with health is key throughout the procurement - The Local Authority now have access to CHIE via Paris (this relates to registered social workers) due to IG issues this hasn't been broadened out to dom care providers etc AR raised GDPR in relation to HHR and Risk Stratification. A Privacy Impact Assesment will need to take place with risk assesments. MK raised that for CHIE the Information Governance has been updated in relation to GDPR. Practices have all signed a new Data Sharing Agreement and understand the implications of it.	

	MK highlighted that work is taking place on a LHCRE (Local Health and Care Record Exemplar) bid. HIOW are working with Dorset to create this bid which could provide up to £7.5m over 2 years to accelerate digital transformation. There is also a draft Southampton Digital Plan which will be shared. It was agreed that a verbal digital update should be a standing item on the agenda for the working group.	
8.	**Memorandum of Understanding – Project Manager post**	
	The Board received the draft Memorandum of Understanding for the Project Manager Post. AR has also created a document with legal services for the funding which will be received by System Chiefs. In realisty probably both documents are not needed. To review next steps following System Chiefs. SR to check the JD to ensure it aligns. The project manager has been appointed to and the candidate has accepted. The aim is for the candidate to start quickly. It was agreed that UHS would host the candidate's contractual employment; this will be explored outside of the meeting. **ACTION: DH/JH to determine who would host the project managers contractural employment**	**DN/JH**
9.	**Better Care Southampton Working Group minutes**	
	These will be circulated outside the meeting.	
10.	**Any Other Business**	
	JA raised the Community Solutions Groups for clusters are now up and running. An update to be provided to a future Board.	

Date of Next meeting: Thursday 17th May 2018, 15:00 – 17:00, CCG Conference Room, Oakley Road, SO16 4GX.