

**Highlight Report: Better Care Steering Board (BCSB)
October 2019**

Vision
Providing system wide leadership, setting and driving the programmes of work required to achieve the city's vision and goals as set out in the city's 5 year plan (2020-25) through an integrated city wide system of person centred, strengths based, joined up care and support across health and social care, physical and mental health, primary and secondary care.
Purpose
<ul style="list-style-type: none">• Overseeing new system wide models of pro-active care that ensure financial sustainability of health and social care services which promote collaboration and integration.• Holding all stakeholders/organisations to account to operate as a single Southampton "system". This will be underpinned through a Partnership Agreement.• Delivering the agreed plans for Better Care in Southampton, mitigating risks and removing blocks to progress.• Ensuring resources within organisations are prioritised and organised in a joined up way to maximise outcomes and that clusters/PCNs are resourced and empowered to deliver real change on the ground.• Utilising and encouraging the use of outcome based system wide specifications/contracts etc. to incentivise providers to work together.• Holding organisations to account to ensure the continual ongoing engagement of all stakeholders in co-designing, informing and delivering Better Care Southampton plans.• Representing their own organisations whilst prioritising the needs to operate in a collaborative partnership manner for the benefit of Better Care Southampton.• Ensuring that work programmes are aligned across the Local Delivery System and making connections with wider system planning and development (e.g. at a SW system or STP wide level) to ensure achievement of Southampton's Better Care and 5 Year Health and Care Plan.

Key issues considered:

1. Southampton City Five Year Health and Care Strategy programmes and work streams agreed and planning model and timescales approved. See Appendix 1. Highlight reports being developed and will be combined for formal reporting to Joint Commissioning Board.
2. Development of Integrated Locality Teams discussed and what this could look like in the longer term. Faster development required and David Noyes, from Solent NHS Trust, and Sarah Olley, from Southern Health Foundation Trust, now leading work to prioritise integrating teams and to develop a process as to how this builds and integrates with PCNs and localities.
3. Consideration of system Frailty model developed by Ageing Well sub group. Aim to delay the onset and progression of frailty and to enable more people to continue enjoying life independently in their own homes. Other benefits: to reduce pressure on both emergency and social care through better planning and proactive care and support. Approach supported by BCSB, along with agreement on description of levels of input at community, integrated teams and city wide.

4. Oversight of Urgent and Emergency care plans and achievement of Southampton focused actions. Session on improving services to High Intensity Users of services. Cross system working group in place – focus on top 100 without a plan in place already. Challenges with information sharing were identified. Mark Kelsey is progressing with this.
5. Update on workforce – initial collection of workforce data from all agencies by locality to provide a baseline of shape and distribution of capacity and capabilities. This will be undertaken by a workforce subgroup to support planning and achievability of future service models, for example showed that 36% of current workforce will be over 55 years of age by 2024. Further analysis is underway.
6. Q1 Performance reviewed – BCSB requested that report is widened by locality to include key performance indicators relevant to each sub group.
7. Developing Better Care Programme: In order to deliver the programme all parties have identified the need to establish an agreed level of resource to facilitate/ lead on delivery of a system wide work agenda which will support new models of care in the city. Memorandum of understanding being developed to underpin this work.
8. Communications: time limited appointment to support communications leads to develop a Communications and Engagement Strategy and develop website / web content.

Key Risks

Potential risk	Mitigations
Failure to achieve commitment from all organisations on resources for locality and Better Care leadership.	<ul style="list-style-type: none"> • Development of Memorandum of Understanding with formal sign off and agreement on how to hold each other to account
Failure to adapt and develop to Integrated Care System changes	<ul style="list-style-type: none"> • Monitor STP direction of travel. Ensure there are strong links into all STP work streams from the BCSB. • Ensure regular feedback at BCSB meetings on STP work streams.
Risk that front line staff, wider partners, service users and members of the public are unaware of, do not understand or do not own Better Care vision and nothing changes on the ground.	<ul style="list-style-type: none"> • All BCSB partners to identify a lead communications person to support Better Care communications and engagement. • Additional communications resource to be funded to work with communications leads on producing and implementing a Better Care communications strategy.
Risk that there is no progress in sharing care plans, improving consistency and quality of care plans thereby promoting silo working and duplication	