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MINUTES

Meeting: **Better Care Southampton Steering Board on 28 August 2019**
In the Seminar Room, Oakley Road, Ground Floor

Present:

Dr Mark Kelsey (Chair)	SCCG Chair	SCCCG
Jo Pinhorne (JP)	Operations Director – Adults Southampton	Solent
Sarah Turner (ST)	BCS Programme Lead	BCS
Dr Sara Sealey (SS)	Locality Lead / GP	East Locality
Jo Ash (JA)	Chief Executive	SVS
Stephanie Ramsey (SR)	Director of Quality and Integration / Interim Director of Adult Social Services	SCCCG / SCC
Jane Hayward (JH)	Director of Transformation	UHS
Dr Nigel Jones (NJ)	Locality Lead / GP	East Locality
Dr Fraser Malloch (FM)	PCN Clinical Director / GP	Central PCN
Dr Samantha Davies (SD)	PCN Clinical Director / GP	LWP PCN
Matt Stevens (MS)	Lay Member	SCCCG
Dial In: Sarah Olley (SO)	Divisional Director of Operations	SHFT

In attendance:

Clare Young (CY)	PMO Manager	SCCCG

Apologies:

Donna Chapman	Associate Director System Redesign	SCCCG/SCC
David Noyes	Chief Operating Officer	Solent
Dr Nicola Robinson	Locality Lead / GP	Central
Julia Watts	Locality Lead	East Locality
Naz Jones	Locality Lead	East Locality
Dr Sanjeet Kumar	Cluster Lead	West Cluster

Item	Subject	Action
1.	**Welcome and apologies**	
	MK welcomed everyone to the meeting. Introductions were made and apologies for absence were noted, as above.	
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*	
	Action: All members are asked to complete the conflict of interest and	**ALL**

	declaration of interest forms as per the attachments. These are to be completed by everyone even if they do not have any conflicts of interest to note. Members of the Board made it known they had not received papers for the meeting. **Action:** The distribution list for the BCS steering board to be reviewed to ensure all members' names are included.	**ST**
3.	**Minutes of the Previous Meeting (31.7.19), Matters Arising and Action Tracker**	
	Corrections: 4. <u>Workforce subgroup</u> *Add: JA proposed that there should be shared modules for induction and training. All key agencies should be included in workforce.* 5. <u>Update on localities and roles</u> • *The East locality has come together Sara, Julia, Naz and Nigel are the locality leads.* Subject to the above amendments being made the minutes of the Better Care Southampton Steering Board on 31.7.2019 were approved. **Action Tracker actions:** 1. Close 9. Place on agenda for next meeting and close 13. Invite Dan King to next meeting and close 14. Close 16. Close 17. Close 18. In progress, close 19. Close 20. Close	**ST**
4.	**Better Care Performance Report: to review Q1**	
	CY talked board members through the performance report highlighting the following: • Largest challenge is on A&E attendances which then impacts on Non Elective Admissions (NEL) admissions • P6, largest increase in A&E activity is in the working age range of 18-64 years • P7, NEL admissions are seeing the largest area of impact in the older people age range of 65+years • P8, the significant increase in emergency hospital	

	admissions in falls and frailty is in the Length of Stay (LOS) <6hrs, >65+yrs The aforementioned comments are also reflective of the national position and further deep dive into the information has not shown any specific reasons as to why these outputs have arisen. The Board asked CY if the pack could be broken down into localities. **Action:** CY to investigate this option. The Board discussed at length the actions currently being taken by the A&E Delivery Board (AEDB), such as communications plan, working with champions, cross referencing the top 200 High Intensity Users (HIUs). **Action:** SR to circulate the AEDB comms plan. FM asked how widely e-consult is used across primary care as it had been found to be useful within St Mary's Practice and Primary Care Networks (PCNs) in London were using e-consult in an innovative way on behalf of all practices. MK explained usage was variable across the city. **Action:** MK to share data of usage of e-consult with primary care to share within PCNs for discussion. • P11, Delayed Transfers of Care (DTOC) continue to increase above target • P12, Southampton is benchmarked nationally as the 7th worst in the country for DTOC. West Hampshire is 9th. Reasons for DTOC patients are, waiting for care packages, assessments and Nursing Home (NH) places predominantly. SR explained actions being taken to address DTOC challenges are: • Visit to Cornwall to learn from their actions • Recruitment to previous gaps in assessment posts • Complexity of double-up of home care appointments, implementing hoist training to reduce the need for manual handling to free up double up requirements • Long term plan for extra NH capacity • Prevention of admissions – re-ablement in the community, get contact with individuals earlier and connect with social care for re-ablement to increase mobility. Aim to get this in place before Jan/Feb. JH explained to the Board how DTOCs were measured nationally and the impact this had on the outcome for UHS. Currently UHS has the equivalent of 3 full wards full of patients who do not need acute beds. Ideally the equivalent of two of these wards should	**CY** **SR** **MK**

	be elsewhere in the system with one ward of patients requiring other processes to take place within the Trust. The largest problem is placing patients with dementia and mental health needs. Two cohorts of patients are being admitted into hospital that generally should not be there, these individuals with social issues and those who are dying. The Board discussed patients who were accessing tertiary level services and their impact on UHS. SS raised the fact that all the issues relate to secondary care. Were there any reflections on primary care issues? The Board agreed there needed to be a primary care dashboard to be developed and this needed to be designed in consultation with primary care colleagues and for the data to be as correct as much as possible. **Action:** MS to raise dashboard development at the Primary Care Committee. **Action:** SR to meet with DC and CY to discuss the performance report, impact metrics and patient experience and bring back to the next meeting.	**MS** **SR**
5.	**Primary Care networks** • **Feedback from PCN Clinical Directors (CDs) on how they see the future** • **Alignment with Better Care**	
	NJ, FM and SD updated the Board on their reflections of PCNs describing all PCNS being at different stages in their development, building on relationships and understanding the different cultures which exist across practices. Central and North expressed concerns about recruitment and the impact this is/will have on them currently and in the future. Discussions have been taking place as to how to make the "day job" more achievable and the environment manageable and safe. Living Well Partnership (LWP) PCN has recruited a pharmacist who will start at the end of Sept and reflected that this was only one person with a large activity task to undertake. Recruitment is of a concern as this has driven up the costs of locums and impacted on continuity of care for patients. Concern has been highlighted about the future funding and costs to PCNs and that the management fund would not grow with them. The Board discussed these issues at length and how Better Care Southampton (BCS) may help/support the PCNs in their development, the relationship with PCNs and the interaction	

	between the community organisations and localities and what integrated teams across the system and localities might look like. It was reflected upon that DN/SO were meeting to discuss integration of teams. **Action:** JP to meet up with DN/SO to understand what action has been taken in relation to organisations integrating teams and to develop a process as to how this builds, integrates etc with PCNs and localities. Further confirmation of the need for a primary care dashboard to be co-produced was raised. **Action:** ST to invite locality and PCN leads to the workforce workshop on 23 September with explanatory information to engage and share the issues of attraction, recruitment, retention and new ways of working The Board raised the relationship with the STP and the requirements of NHSE in relation to PCNs. The PCN leads shared they had been invited to a PCN network breakfast at the LMC conference in Basingstoke. MK suggested that if there was any feedback which they felt would be helpful to relay, or needed further support then this could be relayed directly to him for any appropriate action.	**JP** **ST**
6.	**High Intensity Users (HIUs)**	
	A further discussion of HIUs followed on from the Performance report conversation earlier in the meeting. JH talked through the paper shared with members regarding the top 200 HIUs at UHS, 150 were Southampton City, 50 West Hampshire. It was acknowledged that generally the information related to geography and deprivation factors, but JH asked if there were any gaps in the work currently being undertaken which were not being addressed and how care plans could be unified. UHS send their data to the CSU to identify where individuals and families are to help understand where the resources are being taken up across secondary, primary and the local authority. The issue of data sharing was raised by members of the Board and gaining access to data from the CSU. **Action:** MK to raise the issue of data sharing with the CSU and find solution to share. SR shared with the Board a workshop of the HIU group on 23 September, 9.30-11.30 at Oakley Road, which will discuss the impact of the pilot undertaken to date and further possible options. The group would like to invite locality/PCN representation to the meeting. **Action:** ST to co-ordinate with SR and GC on sending out invitations to colleagues as soon as	**MK** **ST**

	possible. **Action:** The Board requested GC be invited to the next Steering Board and with DC share the outcomes of the workshop	**ST**
7.	**Integrated locality teams: What could this look like?**	
	This had been discussed within agenda item 5.	
8.	**Partnership agreement** • **Update on current position and agreement of next steps**	
	ST provided a summary of the feedback received to date, which addressed what the real purpose of the paper was; in its current form whether it was fit for purpose; differences over ability to pay for posts versus provision of staff and whether all organisations were party to the agreement even if they were not directly involved in the payment or provision of staff. SR informed the Board the CCG would fund a time limited communications post. Who would employ the individual and where they would be sited had yet to be agreed. **Action:** SR to follow up the appointment of this post with TS. ST shared with the Board that the post of project manager had not been successfully recruited to and a further attempt would be tried in September. MK and JP asked for the job description to share with potential individuals for the role. **Action:** ST to send job description details to MK and JP. JA stated the partnership agreement was not just about financial intent but also the commitment for all organisations to work together for a common purpose. The question as to whether PCNs should be signatories to the agreement was raised but as they are not legal entities it was felt this was not appropriate. If the document had been an MOU then the situation would have been different. SR explained she had an opportunity to use the legal team within the council and could take the feedback from the Board and ask the legal team to reframe the document accordingly. **Decision:** The Board agreed the document should be produced from a legal standpoint addressing issues raised as well addressing those not known by the Board. **Action:** SR to take the partnership agreement to the legal team at the council for completion.	**SR** **ST** **SR**
9.	**Standing Items** • **DTOC Update**	

	• **AEDB Urgent & Emergency Care Plan**	
	DTOC had been discussed in agenda item 4. SR updated the Board on AEDB plan with JH. An explanation of the impact of a breach of licence by UHS for not meeting the A&E target and cancer targets in a timely manner was shared. UHS have written a plan for NHS England/NHS Improvement however a system plan has also been requested. This has been written with colleagues and the plan aims for a trajectory recovery by 31.10.2019. Weekly phone calls from both an operational perspective and Chief Executive Officers (CEO's) are in place. The plan is likely to morph into the winter plan. UHS need to demonstrate consistent improvement with system help. **Action:** ST to resend the AEDB plan out to Board members for awareness. UHS have placed 9 additional junior medics in Emergency Department (ED). The organisation is working with highly regarded external ED consultants to help them improve their current situation to a sustainable place.	**ST**
10.	**RAID Log** • **To note risks and issues**	
	The following actions to **risks** were agreed: Risk 9. To be closed.	
11.	**Any Other Business**	
	None were raised.	
12.	**Close**	
	Meeting closed at 11:10	
Date of next meeting: Wednesday 25 September 2019, CCG Conference Room, NHS Southampton City CCG, Oakley Road, Millbrook, Southampton, SO16 4GX		