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## **MINUTES**

**Meeting: Better Care Southampton Steering Board on 25 September 2019  
In the Seminar Room, Oakley Road, Ground Floor**

### **Present:**

Dr Mark Kelsey (Chair)	Southampton City CCG Chair	SCCCG
Jo Pinhorne (JP)	Operations Director – Adults Southampton	Solent
Sarah Turner (ST)	Better Care Southampton Programme Lead	BCS
Jo Ash (JA)	Chief Executive	SVS
Stephanie Ramsey (SR)	Director of Quality and Integration / Interim Director of Adult Social Services	SCCCG / Southampton City Council UHS
Jane Hayward (JH)	Director of Transformation	UHS
Dr Nigel Jones (NJ)	Locality Lead / GP	East Locality
Dr Fraser Malloch (FM)	Primary Care Network (PCN) Clinical Director / GP	Central PCN
Matt Stevens (MS)	Lay Member	SCCCG
Donna Chapman (DC)	Associate Director System Redesign	SCCCG
David Noyes (DN)	Chief Operating Officer	Solent / UHS
Dr Nicola Robinson (NR)	Locality Lead / GP	Central Locality
Julia Watts (JW)	Locality Lead	East Locality
Naz Jones (NJ)	Locality Lead	East Locality

### **In attendance:**

Tom Sheppard (TS)	Head of Communications	SCCCG
Phil Aubrey-Harris (PAH)	Associate Director of Primary Care	SCCCG
Dan King (DK)	Service Lead – Intelligence and Strategic Analysis	SCC
Georgina Cunningham (GC)	Commissioning Manager	SCCCG

### **Apologies:**

Dr Sara Sealey (SS)	Locality Lead / GP	East Locality
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<b>Item</b>	<b>Subject</b>	<b>Action</b>
<b>1.</b>	<b>Welcome and apologies</b>	
	MK welcomed everyone to the meeting. Introductions were made and apologies for absence were noted, as above.	
<b>2.</b>	<b>Declarations of Interest</b> <i>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</i>	

	No declarations of interest were made to any items on the agenda.	
<b>3.</b>	<b>Minutes of the Previous Meeting and Matters Arising</b>	
	The minutes of the Better Care Southampton Steering Board on 28 <sup>th</sup> August 2019 were approved.	
<b>4.</b>	<b>Communications strategy and plan</b>	
	<p>Tom Sheppard presented an update</p> <p>Final agreement reached on a Communications support post to be hosted via CCG, fixed term until March 2020.</p> <p>Action plan approved by Board which identifies key areas for focus. This will be a framework for all Communications teams to be able to understand priorities.</p> <p><b>Action – TS to circulate plan to all Communications leads.</b></p> <p>Virtual Communications team across all organisations is not as effective as could wish for due to conflicting priorities and changing posts.</p> <p><b>Action – all to flag Better Care as a priority with Communications leads.</b></p> <p>This is not necessarily extra work but provides an ability to brand work already underway</p> <p>Draft strategy to be developed as a priority and getting the “message” out about Better Care work.</p> <p><b>Action: TS to co-ordinate the development of the draft strategy</b></p> <p><b>Action: Monthly communications update to the Board</b></p>	<p><b>TS</b></p> <p><b>TS</b></p> <p><b>TS</b></p>
<b>5.</b>	<b>Southampton Data Observatory</b>	
	Demonstrated by Dan King for information, please see attached presentation. It is an interactive tool that is continually refreshed. It is broken down into locality and practice health profiles as well. Not practice identifiable to public but the file is to be shared with practices so they can see it as this level of detail – Sarah Turner working with Dan King on this currently. FM queried if there could be progress towards a Primary Care Network (PCN) focus as well, need to identify what will be most helpful. MK raised link with Sustainable Transformation Programme (STP) wide work as	

	<p>well, such as the system population health management tool being developed. Need to ensure linkages between types of data, how it is broken down, and how it is analysed.</p> <p><b>Action: potential to use the existing data group to provide oversight. Dan King to facilitate</b></p> <p>Action plans from localities may highlight additional data needs</p> <p>JA proposed city wide briefings to inform local communities and help them to understand the challenges to be able to develop their own responses and actions.</p>	<p><b>DK</b></p>
<p><b>6.</b></p>	<p><b>Update on Primary Care Network (PCN) Development</b></p>	
	<p>Update by Phil Aubrey-Harris. Keen to establish regular engagement with PCNs and Clinical Directors regarding:</p> <ul style="list-style-type: none"> <li>• commissioning and the implementation of Long Term Plan and the 5 year Health and Care framework, for example in the development of specifications.</li> <li>• PCN Organisational Development (OD), e.g. Julia Bowey's work to support PCNs to develop plans to access STP funding.</li> <li>• co-production of local commissioning plans – strategy / or more specifically Local Improvement Scheme (LIS) schemes (Nov)</li> </ul> <p>NHS England (NHSE) currently working with relevant stakeholders nationally to develop draft specs. These will be shared in the “Autumn” hopefully with some opportunity to feed into them, then national negotiations and published in February. Areas expected to be:</p> <ul style="list-style-type: none"> <li>• Structured medication reviews / optimisation</li> <li>• Enhanced Health in Care Homes (EHCH)</li> <li>• Anticipatory care</li> <li>• Personalised care</li> <li>• Early cancer diagnosis</li> <li>• CVD prevention &amp; diagnosis – 2021</li> <li>• Tackling Inequalities – 2021</li> </ul> <p>Needs to be recognised that areas are not commissioning into a vacuum of as much work already underway. There will be Network Dashboard - minimum reporting requirements for the specifications to allow monitoring / benchmarking.</p> <p>There will be an Impact and Investment fund April 2020 with a</p>	

	<p>focus on reducing non elective admissions and on impact on Emergency Department targets. CCG very interested and keen to explore opportunities with PCNs</p> <p>PAH outlined CCG plans for Primary Care estates and access review which is commencing on the East of the City from now until March 2020.</p>	
<b>7.</b>	<b>GP forum on PCN's and Better Care</b>	
	<p>To be held Ageas Bowl, 5.30-8pm 1/10/19 – all Board invited. MK outlined agenda. Most of the session will concentrate on discussion in locality groups on what help PCN's and GPs need and what should be prioritised.</p> <p>Ideal opportunity to be using social media tools at the event</p> <p><b>Action: SR to identify a Communications rep for the event</b></p>	<b>SR</b>
<b>8.</b>	<b>Feedback from High Intensity Users (HIU) Workshop</b>	
	<p>Georgina Cunningham presented verbal update on workshop session. Good to collate issues and share information. Cross reference of HIU data – found 82 not already on a scheme out of the 200 reviewed. Needs further development of outcomes and actions.</p> <p>Primary care have own HIU work as well so need to consider how this can be addressed as a system. There is to be another workshop which will be widened to consider HIU in primary care and also include voluntary sector and So-Linked.</p> <p>Issues identified included the need for better communications between UHS and primary care. MK identified problem for practices in gaining access to plans held by UHS. Need better use of CHIE to improve information sharing.</p> <p><b>Action: MK to follow up</b></p> <p>Need for more protected time for clinicians to plan better with these individuals and a greater focus on earlier identification.</p> <p><b>Action: DC to flag with JH re need to look at resourcing of A&amp;E consultant to be able to continue to prioritise this work.</b></p>	<p><b>MK</b></p> <p><b>DC</b></p>
<b>9.</b>	<b>Workforce Update</b>	
	Sarah Turner provided an oversight of workshop held with representation from all organisations.	

	<p>Initial analysis shared which reviewed the features of the workforce across providers in each locality. The Workforce group is developing actions to consider at November meeting.</p> <p><b>Action: Workforce to return as agenda item</b></p>	<b>ST</b>
<b>10.</b>	<b>Age well subgroup</b>	
	<p>Chris Sanford provided an update. Age Well group is drawing together strands re frailty. Developed a model – 4 tiers, working to understand flows of patients and avoid fragmentation.</p> <p>Priority to consider how SDEC and URS can work more together and be more community orientated. Looking at how to develop integrated care teams across the city and achieve dementia assessments working as single multi-disciplinary team.</p> <p><b>Action: CS to increase PCN representation on Age Well group</b></p> <p>Age well work programme was reviewed and supported. Stratification – agree as a principle</p> <p>SO suggested opportunity to consider proactive and reactive models from elsewhere, for example within Southern health and partnership with SCAS.</p> <p>Need to simplify system and description – risk being “victim of success” with many successful teams and initiatives but need multiple providers to work as one. Need to solve duplication and overlap, building on what we have got, by engaging with front line staff on how this works. Proposal to hold a workshop for staff in each locality to consider how to achieve this and identify what works best for each area as it won’t be one size fits all.</p> <p><b>Action: Agreed to use principle of subsidiarity – to do as much local level as practical.</b></p> <p>Need to socialise the model with localities/PCN’s.</p> <p><b>Action: CS and Age Well group to attend localities/PCN meetings.</b></p>	<p><b>CS</b></p> <p><b>ST/CS</b></p> <p><b>CS</b></p>
<b>11.</b>	<b>RAID Log</b>	
	Risk and issues were noted	
<b>12.</b>	<b>Any Other Business</b>	
	None were raised.	

13.	<b>Close</b>	
	Meeting closed at 11:10.	
<b>Date of next meeting:</b> Wednesday 30 October 2019, Seminar Room, NHS Southampton City CCG, Oakley Road, Millbrook, Southampton, SO16 4GX		