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MINUTES

**Meeting: Better Care Southampton Steering Board on 3rd March 2020
In the Seminar Room, Oakley Road, Ground Floor**

Present:

Dr Mark Kelsey (Chair)	SCCG Chair	SCCCG
Rob Kurn (RK)	Deputy CEO	SVS/HWS
Andrew Smith (AS)	Business Manager	Solent NHS Trust
David Noyes (DN)	Chief Operating Officer	Solent NHS Trust
Naz Jones (NazJ)	Locality Lead	East Locality
Dr Sara Sealey (SS)	Locality Lead / GP	East Locality
Janine Gladwell (JG)	Senior Transformation Manager /West Locality Lead	Solent
Dr Fraser Malloch (FM)	PCN Clinical Director / GP	Central PCN
Stephanie Ramsey (SR)	Director of Quality and Integration / Director of Adult Social Services	SCCCG / SCC
Donna Chapman (DC)	Associate Director System Redesign	SCCCG/SCC
Dr Ali Robins (AR)	Director	SPCL
Janet Ashby (JAY)	Head of Transformation	SPCL
Sarah Olley (SO)	Director of Operations	SHFT

In attendance:

Hannah Gehling (HG)	Administrator	SCCCG
Abbie Richardson (AR)	Planning and Performance Manager	SCCCG
Debbie Chase (DC)	Interim Director of Public Health	SCC

Apologies:

Phil Aubrey Harris (PAH)	Associate Director of Primary Care	SCCCG
Grainne Siggins (GS)	Executive Director Wellbeing (Health and Adults)	SCC
Sarah Turner (ST)	BCS Programme Lead	BCS
Jane Hayward (JH)	Director of Transformation	UHS
Jo Ash (JA)	Chief Executive	SVS
Dr Nigel Jones (NJ)	Locality Lead / GP	East Locality
Matt Stevens (MS)	Lay Member	SCCCG
Julia Watts (JW)	Locality Lead	East Locality
Sundee Benning (SB)	PCN Clinical Director/GP	West End Road

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.	<p>Declarations of Interest <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></p>	
	<p>No conflicts of interest were declared.</p>	
3.	<p>Quarterly Performance Report</p>	
	<p>Abbie Richardson discussed the quarter 3 performance report.</p> <p>A summary showed the difference between the performance and the plan. A&E activity is 11% above planned activity, and short stay non-elective activity is 7% above the plan.</p> <p>The performance summaries are shown in different graphs by month and activity. It was highlighted that falls and frailty and non-elective admissions are decreasing in activity.</p> <p>The activity was broken down by PCN, for each different activity. The majority of PCN's are showing a similar trend to last year, with the most PCN's having an increase in A&E attendances and in the West PCN there has been an increase in the falls and frailty admissions.</p> <p>At the last A&E Delivery Board, a 10 week improvement project was announced to start at the end of February. The feedback recognised the good work undertaken by A&E. There has been an increase in the amount of children and young people, but this may be due to coding changes.</p> <p>The non-elective activity has seen a small dip in December; however the data is now split into age groups. There was a peak for older people in December.</p> <p>Falls and Frailty are now below planned activity.</p> <p>The delayed transfers in care (DToCs) are 6.8% in December, compared to the 3.5% target. UHS have seen the biggest increase in DTOC's.</p> <p>Southampton are benchmarked the 4th worst in the country for DTOC's. However, it is being investigated whether different CCG's code their information in a different way.</p> <p>The rehab and reablement activity is lower than last year. Looking into the next few months, there will be a slight increase in referrals.</p> <p>MK explained that we need to think where the big issue is for A&E. It was discussed that the Better Care Southampton Steering Board need to think about what they can do differently to support A&E. DC explained that the non-</p>	

	<p>elective rates by PCN are being looked into. SR explained that the focus of the Integrated Care Teams, under the frailty model, will increase the admission avoidance work. NazJ questioned what the reasons were for the increased falls. DC explained that Adrian Littlemore has completed some work around people falling and found that the majority of falls are people falling within their own homes overnight or in the early morning. The falls and frailty work that has taken place hasn't impacted as expected. FM questioned whether you can see if these people are accessing primary care or not. It was stated that the CCG are looking into how we can get better access to primary care data. MK stated that most of the attendances to A&E were people that needed to attend rather than go to primary care.</p> <p>Action: To look at non-elective for people with a 0 length stay to see what the reasons are for attendance.</p>	<p>DC</p>
<p>4.</p>	<p>Update on the locality projects and the Integrated Care Team Programme</p>	
	<p><u>West</u></p> <p>JG explained that they are currently focusing on frailty in the West. The virtual ward is led by Solent, however it is being pushed to be more inclusive and to try and get GP's to refer straight into the ward. As part of the project, an integrated dashboard is going to be created to enable ; staff to prioritise more effectively. . The virtual ward is currently not being fully utilised. There are ongoing conversations about the information governance part of the project.</p> <p>MK questioned what solutions have been looked into for the dashboard and suggested making contact with the West digital team.</p> <p>A survey will be sent out to the GP's to see what would be useful for them.</p> <p>There will be weekly meetings to discuss the patients discharge plans, and how other admissions could be avoided. Investigating best route to facilitate GP involvement.</p> <p>It was agreed that all the right elements are in place, however how can the organisation go one step further to integrate better. conversations.</p> <p>It was agreed that co-location is a large piece of work, which needs time to allow individuals to work together.</p> <p>DC explained that ST has drafted a 100 day plan, that is going to the integration care plan meeting. This will give a step by step guidance of what needs to be happening.</p>	

	<p><u>Central/North</u></p> <p>AS stated that the CMHT piece of work has just been closed and it awaiting its review. There are two key things that are being worked on:</p> <ul style="list-style-type: none"> • how we identify high risk drinkers and how we support them, • how we can work with SO:linked and community partners about how to increase engagement.. <p>AS explained that the patient passport work has been superseded by the integration work.</p> <p>SO stated that there is an investment in 2021, for alcohol work.</p> <p>The workshop held had a good spread of attendees. It discussed how can they identify what harmful drinking is and how best to support people. <u>East</u></p> <p>SS stated that they are currently going through a period of rationalisation. A breastfeeding task and finish place has been set up. .</p> <p>The COPD WASP project questionnaire has been sent out to all stakeholders to complete, and a meeting have been arranged to discuss the outcome.</p> <p>The Nursing Integration Pathway is now part of the integration management. The different nursing providers are being looked at within the different localities.</p> <p>NazJ stated that there is a workshop coming out about wound care. There has been engagement with all practices and SPCL. It is interesting to see which surgery had to do the most wound dressing. The data can be shared after discussions at the work group.</p> <p>The high intensity user work has been stopped, and an email will be sent to all primary care teams. The social prescribing work is really positive and three new prescribers have been recruited to. MK questioned whether there are currently any blocks, it was agreed that there are no current blocks.</p>	
5.	<p>IT to support integrated working – Update</p>	
	<p>MK talked through the digital slides.</p> <p>MK explained that the 5 missions of the digital programme are:</p> <ul style="list-style-type: none"> • Integrated Health and Care Records • Digitisation and Infrastructure • Intelligence and Analytics 	

	<ul style="list-style-type: none"> • Digital Access and Empowerment • Digital Workforce <p>Focusing on the Intelligence and Analytics there needs to be better support for front line staff to be able to understand digital knowledge.</p> <p>We need to make sure that the system is fully adopted and there is still digital access to records. The workforce need to be trained up, so that they can share their knowledge with colleagues and others.</p> <p>It was questioned whether there are any timeframes on the items. MK explained that a road map has been created and was updated last year to cover 2021. A lot of work is being undertaken about e-consult with GP's, digital access and patient held records. The My Maternity App, has had 2 individuals use it throughout their pregnancy.</p> <p>Action: Once the road map has been completed, MK to share with the group.</p> <p>GP's have had universal WIFI installed, and in the next financial year all GP's should have Gove Rome. This means that if anyone has access to Gove Rome then they will be able to use the WIFI, without needing a password. BT are also providing a faster bandwidth within the next few months.</p> <p>The re-procurement for CHIE (Care and Health Information Exchange) has been awarded to Orion .Care Homes can now access CHIE, however they will have to purchase their own laptop for them to be able to access the system. The care homes are also starting to get an NHS.net account.</p> <p>It was explained that the Wessex Care funding is still in place, however it has deferred £1 million into the new financial year. The One Medication Record is being developed which allows medical information to be shared across organisations. Once this has been created it will be linked in with CHIE.</p> <p>Action: MK to look into initial training for the launch.</p> <p>Action: HG to share digital slides with the attendees.</p>	<p>MK</p> <p>HG</p>
<p>6.</p>	<p>Behaviour Change</p>	
	<p>DC stated that she is now the interim Director for Public Health.</p> <p>A review has been undertaken after the behaviour change service contract finished early. The review is focusing on the aspects of smoking, exercise, weight or alcohol intake. A series of proposals are being developed and they will be considered against the 5 year Health and Care strategy. The idea is to</p>	

	<p>be able to offer a targeted service for individuals.</p> <p>SS stated that the GP smoking provision is fragmented and only a small proportion of GP's have been part of the piloted schemes. It was questioned whether the support will be offered across the city or whether it will be more focused to certain pockets.</p> <p>NazJ questioned what ages are being looked at because it seems that more younger age people are taking up smoking. AS explained that there is no evidence that more younger people are taking up smoking or using e-cigarettes.</p> <p>DC explained that 12 months ago e-cigarettes could not be prescribed, however now there is one that doctors are prescribing.</p> <p>The proposal to support the tobacco strategy is the most important and it will require some work to be completed over the next couple of months. It was questioned whether there is a link between the high dependency users and the ethnicity groups. There are some risky behaviour clusters which are known about. It was questioned whether this is something that the PCN's could support with.</p>	
<p>7.</p>	<p>STP Update</p>	
	<p>MK stated that the STP will become Integrated Care System (ICS) by the end of September 2020. In order for this to happen, an application has to be completed and sent to NHSE by July. An ICS CEO will need to be appointed to.</p> <p>On March the 27th there will be the first ICS meeting. There will be representation from all providers and an increased amount of clinical involvement. There will be a spread of individuals geographically and job types. The HIOW response to the NHSE Plan will be signed off at the first ICS meeting.</p> <p>It was discussed that each ICS should have a single CCG under them. There are currently 8 separate CCG's, 6 of which Maggie Macissac is CEO for. There are ongoing discussions about how we will become a single CCG.</p> <p>MK explained that work will still need to be completed on a city, acute, HIOW and ICS Level.</p> <p>Southampton City Council are keen to keep work focused on the city, and make sure the spend continues where it is needed.</p>	

	<p>It was discussed that the communications with staff need to be clear and the same across all CCG's and partners to make sure people know where they are.</p> <p>Action: To have a communications plan brought to the next meeting.</p>	MK
8.	Delayed Transfers of Care (DTC)	
	<p>DC stated that the better care support group have been offered 15 days from the Better Care Local support team to look into areas the requested areas to be focused on. There are six main things that are going to be focused on.</p> <ul style="list-style-type: none"> • The pathways out of hospital • Admission avoidance work • Are we collecting the right data • Market Development • System Leadership • Mental Health Delays <p>SR explained that the LGA have been asked to lead this work.</p>	
9.	Minutes of the Previous Meeting & Matters Arising	
	The minutes of the Better Care Southampton Steering Board on 10/02/2020 were approved.	
10.	RAID Log	
	SR and DC will update the action tracker and send out after the meeting.	
11.	Any Other Business and items for future meetings	
	<p>Items for future meetings</p> <ul style="list-style-type: none"> • April Meeting – Workforce Update • April Meeting – Communications Update • Transport Strategy/Planning • STP Update <p>DC stated that ST has been working with the communications team to develop a communications newsletter to be sent fortnightly. Everyone has contributed photos and brief descriptions. It was discussed who should receive the newsletter. It was agreed that Mk will send the newsletter to all</p>	

	<p>staff and organisations, and primary care will send the newsletter to practices.</p> <p>RK stated that the Kings Fund Programme, is where money can be granted to the NHS to support an idea to improve the work for the idea. If the Better Care Steering Group wanted to put an idea together, this would need to be completed by the 27th March. RK explained that there are two phases to get through. DC circulated a brief paper containing some more details about the phases and the work that needs to be completed. MK stated that there is stuff within the health and care strategy, about what needs to be improved in 2020/21. Action: SR to get PA to arrange a meeting to discuss the options.</p> <p>It was stated that the final version of the 5 year Health and Care strategy are currently going through CCG Board and SCC Cabinet. This strategy will work across the whole city.</p> <p>COVID-19 - DC stated that the Prime Minister has provided a statement about the country moving into the mitigation phase, and to plan for the worst case scenario. There is currently a lot of uncertainty about what will happen in the future. Organisations need to be prepared because they could lose up to 20% of the work force, and they will be unable to work for over a week.</p> <p>There is currently no immunity to COVID-19, and at least 2 cases have been people re-infected with COVID-19. Currently young children are not being affected by COVID-19.</p> <p>The main message the needs to be share, is to reinforce people needing to wash their hands to reduce the risk of catching COVID-19.</p> <p>DC explained that is anyone needs any advice or guidance to then look at the gov.uk website as it will contain the latest up-to-date information.</p>	SR
11.	Close	
<p>Date of next meeting: Tuesday 7th April 2020, Seminar Room, NHS Southampton City CCG, Oakley Road, Millbrook, Southampton, SO16 4GX</p>		