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MINUTES

Meeting: **Better Care Southampton Steering Board on 2nd June 2020**
Virtual Meeting on Microsoft Teams

Present:

Dr Mark Kelsey (Chair)	SCCG Chair	SCCCG
Matt Stevens (MS)	Lay Member	SCCCG
Janine Gladwell (JG)	Senior Transformation Manager /West Locality Lead	Solent
Adam Cox (AC)	Clinical Director Southampton	Southern Health
Dr Nigel Jones (NJ)	GP and PCN CD	East PCN
Janet Ashby (JAy)	Head of Transformation	SPCL
Jo Ash (JA)	Chief Executive	SVS
Naz Jones (NazJ)	Locality Lead	East Locality
Jane Hayward (JH)	Director of Transformation	UHS
Stephanie Ramsey (SR)	Director of Quality and Integration	SCCCG / SCC
David Noyes (DN)	Chief Operating Officer	Solent
Grainne Siggins (GS)	Executive director Wellbeing (Health and Adults)	SCC
Donna Chapman (DC)	Associate Director System Redesign	SCCCG/SCC
Dr Sara Sealey (SS)	Locality Lead / GP	East Locality
Dr Fraser Malloch (FM)	PCN Clinical Director / GP	Central PCN
Sarah Turner (ST)	BCS Programme Lead	BCS
Hayden Kirk (HK)	Clinical Director Adults Southampton	Solent
Tristan Chapman (TC)	Director of Improvement and Partnerships	UHS

In attendance:

Hannah Gehling (HG)	Administrator	SCCCG

Apologies:

Sarah Olley (SO)	Director of Operations, Southampton	SHFT
Rob Kurn (RK)	Deputy CEO	SVS/HWS
Dr Ali Robins (AR)	Director	SPCL
Andrew Smith (AS)	Business Manager & Locality Lead	Solent/Central Locality
Julia Watts (JW)	Locality Lead	East Locality
Sundeep Benning (SB)	PCN Clinical Director/GP	West PCN
Phil Aubrey Harris (PAH)	Associate Director of Primary Care	SCCCG
Matthew Prendergast (MP)	PCN Clinical Director/GP	North PCN
Sanjeet Kumar(SK)	PCN Clinical Director/GP	West PCN
Chris Sanford(CS)	PCN Clinical Director/GP	Living Well Partnership
Sara A'Court(SA)	PCN Clinical Director/GP	West PCN
Pauline Grant	PCN Clinical Director/GP	West PCN

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*	
	No conflicts of interest were declared.	
3.	**Update from localities and PCN's**	
	MK opened the discussion by explaining the background to the localities and the Primary Care Network's (PCN) and asking how we can link them together. NazJ questioned whether there is still commitment for localities to exist or whether they can work together. MK explained that consideration needs to be given to the best model for Southampton moving forward, however, there is currently some overlap between the work both the localities and PCN's undertake. It was discussed that it does not make sense to have two different structures. DN stated that it is a good time to look into the systems and see how they can be improved and what transformation work can be done to support the PCN's after the pandemic. It was questioned what work needs to be completed at a city level and a PCN level. MK explained that the Integrated Care Partnership (ICP) will create different levels of workflows, however there will still be a need for a local level. JAy stated that it can be confusing to understand the difference between the localities and PCN's, for example; the West locality is the same boundaries as the PCN. MK stated that the localities were set up before the PCN's and the idea was for the PCN's and localities to join together. NJ explained that each area is different - in the East the locality is holding together work across the three different PCN's, adding value by developing the wider community offer. A discussion took place earlier this year to see whether the locality should continue and it was agreed that the locality is still needed. SS felt that we need to realign ourselves with the PCN footprints. The localities can work alongside the PCN's supporting with the development of the wider community offer. The PCN work is primarily focussed on primary	

	care work. FM explained that the surgeries can choose what PCN they want to be in however they do not get to choose their locality. MK stated that there is a need for PCN's to include other services from their communities within their work. PCN's have a clear remit of strategic work, however how can the localities be used to support them to benefit the communities and the population. NazJ explained that the joint working for the providers has been interesting as they are working across different localities and PCN's. DN acknowledged that there can be confusion between the localities and PCN's. More work needs to be completed at a very local level (i.e. PCN) to create a better local service, however there is some work that needs to be completed at a wider level (across several PCNs, city wide or even wider). It was agreed that for providers it would be hard to provide 6 people for the PCN's compared to the 3 localities. MK stated that PCN's and localities need to work together and agree what needs to be done with the resources available. ST suggested focussing on designing a system based on the levels at which services are best delivered as opposed to getting too hung up on the labels (PCNs, Localities etc) and how we can all work together to achieve the goals. MK agreed that we should stop using localities as a name and recognise that there is leadership at a local population level made up of PCNs and representatives from other sectors. The local leadership will then be able to decide how work is split and how it can help at the different population levels. GS stated that we need to pull together a detailed paper with the different views and concerns. The paper then will be able to be discussed at the next meeting. It was stated that we should get the views from the front line staff as well, as COVID has broken down some of the previous working barriers. It was agreed that a paper should be brought back to the next meeting. **Action: DC/ST to collate feedback and responses about PCN and Localities and bring a paper to the next meeting.**	**DC/ST**
4.	**5 Year Health and Care Strategy**	
	SR and DC presented an impact assessment undertaken by the Integrated Commissioning Unit in consultation with other key stakeholders of the 5 Year Health and Care Strategy to determine what is now different as a result of COVID and what the short, medium and long term priorities should	

	now be. Start Well – DC explained that the assessment was completed through the Children's Multiagency Board and there has been strong education and social care involvement. This year is the Year of the Child. The impact assessment highlights the impact of schools being closed, fewer face to face contacts with families, increased anxiety and economic hardship created by the lockdown. Particular concerns include increased safeguarding incidents (e.g. domestic violence), widening health inequalities, increased emotional and mental health needs and backlogs in treatment and reviews. Live Well – SR recapped that the live well targets included key areas such as increasing life expectancy, reducing smoking prevalence, increasing cancer being diagnosed at an earlier stage and reducing alcohol related mortality. The previous deadlines will have to be adjusted due to the current pandemic. DC stated that the Age Well sub-group has been reinstated to identify and take forward the key priorities. She highlighted that during the pandemic a huge amount of work has been progressed to support vulnerable people which will be built on as part of the short-medium term priorities. This includes sustaining and further building on the enhanced community/voluntary sector offer, including volunteering and the new Hello Southampton initiative; new ways of integrated working focussed on targeting those most at risk and supporting self-management; greater use of digital/technology e.g. remote consultations; accelerating the roll out of the Enhanced Healthcare in Care Homes model to all residential and nursing homes; implementing a new model of community discharge hubs, further integrating community health and care services. Some of the concerns and impacts of COVID19 include isolation, loneliness, economic hardship and safeguarding risks including domestic violence. Die Well – SR stated that there has been a lot progress and creative work in the current situation. The key ambitions include the services to be more integrated and to allow people to be identified earlier. A road map was created to show the work plan for the next couple of years. The changes during COVID19 have been very positive .The key collaboration approach	

	will continue after COVID19. DC and SR went on to present a summary of all the short and medium term priorities split by how the work could best be taken forward at a Southampton level, Hampshire and Isle of Wight (HIOW) level (ICS) or Southampton and South West Hampshire level (ICP). It was noted that where work happens at an Integrated Care System (ICS) or ICP level, Southampton colleagues are also central to the planning and the actual implementation will remain place based. **DECISION:** The short and medium term revised priorities were supported by the BCSB with the following additional comments: Start Well – • GS stated that we need to be mindful of the attention that will still need to be given to the COVID response and what capacity is available to achieve the priorities. MK explained that if there was a second wave, the work would need to be paused again. Live Well – • JA stated that she was surprised to see mental health and bereavement at an ICS level. SR explained that work is already being completed at a HIOW level, as well as local level. • AC explained that his biggest concern is that the escalation of capacity is difficult as there are not many ways to increase capacity due to staffing and number of beds. Southern Health are supporting Steps to Wellbeing to expand access. • JH questioned that if we are restarting services do we need to assess how much PPE the city will need. Age Well – • GS queried the levels in that some things that are being developed at a ICS level also need to be delivered at a city level. MK explained that different work needs to be undertaken at different levels because there needs to be some alignment across Hampshire; however, the city level work needs to be kept unique. JA suggested need for principles underpinning place versus ICP versus ICS. • JG questioned how this aligns to the system wide restoration and recovery plans	

	• JAy questioned why the volunteer and community work is in the medium term plan not the short term plan, because a lot of work has been undertaken during COVID. These changes have made huge changes to the patients. Wording to be amended Die Well – • JA explained that she has a short video on how to cope with bereavement for front line staff who do not usually have to deal with it. • NazJ stated that it is important to support the care homes as a lot of the shielding patients are becoming more complex. SS questioned how this information will be communicated outside this group. SR stated that it would be good to revise the documents and then they can be shared wider. **<u>Summary of next steps and actions</u>** **ACTION: DC/SR to make amendments to the priorities following feedback from BCSB with a view to then presenting to Joint Commissioning Board in June for approval** **ACTION: BCSB subgroups to then start working up detailed implementation plans** **ACTION: DN, MS and MK to meet with colleagues in West Hampshire to compare our strategy with the Hampshire one.** **ACTION: Post approval by JCB, DC and SR to work with Clare Young to update and relaunch Strategy**	**DC/SR** **BCSB Sub Groups** **DN/MS/MK** **DC/SR**
5.	**Future Action and Agreement how to take forward**	
	Owing to time, this item was deferred to the next meeting. **Action: HG to add to the next meeting agenda:** • Learning from the Portsmouth and SE Hampshire aligned incentive contract: **ACTION: HG to invite Rod Ashman to attend the next meeting** • Finance mapping: To discuss approach at the next meeting • Demand and Capacity Modelling: GS stated that we need to look into what the impact on activity has been since COVID-19 and what	**HG** **HG**

	does the future forecast look like for the rest of the year. MK agreed that it would be interesting to see how the demand for the different services will have changed. SR stated that we need to factor in how the long term chronic illness's activity will impact the services. **ACTION: GS to discuss with JH and James House approach and feedback to the next meeting**	**GS**
6.	**Minutes of the Previous Meeting & Matters Arising**	
	The minutes of the Better Care Southampton Steering Board on 03/03/2020 were approved.	
7.	**Any Other Business and items for future meetings**	
	Future Agenda Items: • Update about Localities and PCN's • Update re 5 Year Health and Care Strategy • Future Actions & Agreement how to take forward	
8.	Close	