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Meeting Minutes

Meeting: Better Care Southampton Steering Board
Date: 27 November 2019
Time: 09:00 – 12:00
Location: Seminar Room, Oakley Road, Ground Floor

Present:

Name	Job title	Organisation
Dr Mark Kelsey (Chair)	SCCG Chair	SCCG
Sarah Turner (ST)	BCS Programme Lead	BCS
Jo Ash (JA)	Chief Executive	SVS
Stephanie Ramsey (SR)	Director of Quality and Integration / Interim Director of Adult Social Services	SCCG / 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
Matt Stevens (MS)	Lay Member	SCCG
Donna Chapman (DC)	Associate Director System Redesign	SCCG
David Noyes (DN)	Chief Operating Officer	Solent
Julia Watts (JW)	Locality Lead	East Locality
Naz Jones (NJ)	Locality Lead	East Locality
Sarah Olley (SO)	Director of Operations	SHFT
Sundee Benning (SB)	PCN Clinical Director/GP	West End Road
Dr Sara Sealey (SS)	Locality Lead / GP	East Locality
Andrew Smith (AS)	Business Manager	Solent
Janine Gladwell (JG)	Senior Transformation Manager /West Locality Lead	Solent

Apologies:

None noted

Item	Subject	Action
1.	Welcome and apologies	
	MK welcomed everyone to the meeting. Introductions were made and apologies for absence were noted.	
2.	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>	

	No conflicts of interest were declared.	
3.	<p>Southampton City 5 Year Health and Care Strategy</p> <ul style="list-style-type: none"> For BCSB to receive and approve Work Programmes 	
	<p>CY and DC provided an overview of the Southampton 5 Year Health and Care Strategy, noting that the BCSB is responsible for overseeing the strategy. It was noted that this is still work in progress, implementation of this. Comments are very welcome. Proposal that the Board needs to prioritise the work across the 5 year span.</p> <p>CY to bring timelines to next meeting for consideration.</p> <p>The following comments were made by Board members:</p> <ul style="list-style-type: none"> SO suggested consideration of the layout. This is already in progress. PAH stressed the importance of refreshing the Primary Care section to describe PCN priorities and outcomes JH noted the need to align the strategy with the System Planning session being held on 29/11/19. This will be to focus on investments in the system to make most impact and how all organisations will be achieving the Long term plan assumptions. The involvement of primary care needs consideration JA requested that aspiration for estates accessibility is fully incorporated into all planning. Noted that this is incorporated in latest version Suggestion that the plan should be circulated to staff through all organisations to gain feedback and understanding. <p>The direction of travel was supported by the Board. Final plan to be finalised by February 2020</p>	<p>CY</p> <p>CY</p>
4.	<p>Alignment of Locality and 5 Year Health & Care Strategy Work Programmes</p>	
	<p>DC provided an overview of Better Care and a proposed set of principles to illustrate how the locality and city wide workstreams align with each other and with wider scale work programmes.</p> <p>There was general support for the principles and the clarity they provide. The following comments were made:</p> <ul style="list-style-type: none"> DN- raised importance of sustaining the housing link, as move towards 	

	<p>integration.</p> <ul style="list-style-type: none"> JH – noted the key role PCNs will have in designing and delivering community services going forward. It was noted that this is why PCNs are part of the BCSB and that we need to ensure co-production with them, acknowledging that in some cases there would need to be more of a whole city approach. 	
5.	<p>Integrated Locality Teams - Update from SHFT and Solent</p>	
	<p>DN and SO fed back on the work they have been doing to take forward integrated locality teams – with a specific focus on co-location.</p> <p>DN explained that a subgroup has been set up, initially with Solent, SCC, SHFT and Paul Benson from the CCG (estates advice), to develop a model to bring together and co-locate 3 integrated teams. East locality has been identified as the first opportunity, using Bitterne Health Centre and Bitterne Park Medical Centre. For Central locality, the RSH is being explored and for West locality the Western Hospital.</p> <p>The following comments were made:</p> <ul style="list-style-type: none"> JW highlighted the need to be clear about the end point – what are we aiming to achieve? Is it just co-location or will there be other elements such as single assessment?. DN highlighted that the end goal is for all organisations to be working together as if they were one. PAH highlighted that from a primary care perspective, work is also underway to consider estate options with Paul Benson and noted that the East is being looked at initially for this too. MS raised the need to reflect on how this fits with political priorities as well e.g. there is a lot of political interest in the development of “hubs”. It was noted that the locality work is focussed more on co-locating staff than patient/client facing initiative. Need to consider terminology. Transport was identified as a major issue, particularly for the East of Southampton. SR noted that a transport strategy is underway within SCC. Update to be provided at a future meeting. This gave rise a conversation about geography and the need to be clear about what provision is available where. Agreed that PAH would work with Paul Benson to pull together a map of current provisions and planned future provisions, e.g. Bitterne hub, RSH. JH suggested it would be helpful to link this to metrics around service utilisation. 	<p>SR</p> <p>PAH</p>

6.	<p>Locality Priorities</p> <ul style="list-style-type: none"> • To receive presentation on priorities identified by each locality • For the Board to agree and endorse the work to be taken forward 	
	<p>ST introduced the work that localities have been undertaking to develop a number of projects, noting that these are currently at headline level to seek agreement to progress with full scoping. The Board were asked to consider a number of key questions:</p> <ul style="list-style-type: none"> • Whether the locality project should proceed to full implementation. • If the locality project should proceed but should be led by a system wide programme group and the locality be a member of that programme. • If a system programme: which programme should the locality project be part of? • Whether the locality project should cease and not progress any further. <p><u>West Locality projects</u></p> <ul style="list-style-type: none"> - Virtual Ward – how to make it more effective? - Integrated Community hub – improving access to information and prevention focus. Support from Age Well Group – pilot in one area <p>Questions and discussion:</p> <ul style="list-style-type: none"> • DN is it a physical hub? – to be explored, may be other alternatives such as IT. May need to be called something else as confusion with different uses of word “hub” • SO – scoping work may alter the vision, may be opportunities in working with So Linked outreach sessions. JA noted that So Linked are going to be rolling out 6 sessions across the city and from Jan to April will be holding “community conversations” with the Local Solutions Groups in each area. • NJ – would it include GP input? Need to see what the scope is. • MK – confirmed that there is active link with the PCN. • JH – query re support needed from UHS. Noted that there is 	

geriatrician input to the working group.

- SO – offered support/input from SHFT into the virtual ward work.

Central/North

- Communication – engagement with wider locality, co-production
- Referral pathway review – both for community mental health team and Steps to Wellbeing. Process to support referrals and what alternative support could be available.
- Development of personalised care information – sharing information between services. Not just statutory services – but also voluntary, community, private care etc. Co-production – what works and what patients see as a challenge
- Alcohol – alcohol admissions key issue for locality. Want to understand more why. Workshop planned – what questions need asking, what are any potential gaps? Not just a locality issue – would be a pilot.

Questions and discussion :

- DN - Positive about the Communications – need to ensure linked to and supported by city wide Better Care communication work. ST noted that the central locality has specifically identified the Muslim community as an area of focus.
- Mental health – FM highlighted work already underway with Hanna Burgess and need to link into this
- Alcohol – wide involvement of a range of stakeholders, including public health and Alcohol Team at UHS. SR emphasised benefit of local in depth work to impact city wide planning
- Personal Care information – SO queried how does this link to CHIE?

East

- Social prescribing – build on community navigation pilots. Network meeting to bring all players together and maximise impact.
- Wound Care – ongoing initiative. Pilots with Solent community nursing online prescription service; planning how to engage with practices more

<ul style="list-style-type: none"> - Mental health High Intensity Users (HIU) – working with Tara Bell in SHFT to explore this cohort from a primary care perspective - COPD – patient self-management and pathway review, noting that locality is outlier for COPD outcomes. Task and finish group – connected with Wessex Activation Self-Management Programme (WASP) to identify interventions, trial and share city wide - Nursing Pathway – how maximise use of entire nursing workforce in the locality. - Breast feeding – uptake poor, meeting with Mia Wren to consider existing initiatives and see how this can be strengthened <p>Questions and discussion:</p> <ul style="list-style-type: none"> • DN ensured the link with So linked and Local Solutions groups was in place • DC queried breastfeeding – there is a city wide strategy group already in place chaired by Amy McCullough – need to link with this • DC noted very positive work on MH HIU bridging the gap between work in the hospital and primary care – importance of linking this up with city wide HIU programme <p>In summary the Board noted the really positive work that the localities have started and agreed that all the projects should proceed but need to link with city wide work programmes where they exist. The only exception to this may be the Central mental health project where it was felt there may be duplication with the work that FM is doing with Hana Burgess – to be confirmed.</p> <p>ST also highlighted a potential risk around overlap and duplication of work on integrated teams.</p> <p>FM queried the future of localities moving forward with projects versus PCNs. MK highlighted that there will need to be an ongoing discussion. NJ gave assurance that projects have been co-produced with frontline services, linking with the PCNs.</p> <p>Next steps:</p> <ul style="list-style-type: none"> - ST and DC to review links with city wide work programmes - BCSB to oversee the projects – ST to organise quarterly 	<p>ST/DC</p> <p>ST</p>
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	<p>feedback to the board.</p> <ul style="list-style-type: none"> - Communications to go out about the projects – ST to link with new Comms lead 	ST
7.	Better Care Steering Board Term of Reference (ToR) - To review TOR and agree voting rights	
	Voting proposal to be developed and brought back to future meeting.	Agenda
8.	Minutes of the Previous Meeting (25.9.19) & Matters Arising	
	<p>The minutes of the Better Care Southampton Steering Board on 25th September 2019 were approved.</p> <p>Matters arising There were no matters arising.</p>	
9.	Risks, Action, Issue and Decision (RAID) Log	
	Risks and issues noted and RAID log updated.	
10.	Any Other Business and items for future meetings	
	<ul style="list-style-type: none"> • MK to bring IT update at next meeting • Partnership Agreement – to be dealt with between statutory organisations outside the meeting. 	<p>MK/ Agenda</p> <p>SR/DN/ SO/MK/ JH/AR</p>
<p>Date of next meeting: Wednesday 29 January 2019, Seminar Room, NHS Southampton City CCG, Oakley Road, Millbrook, Southampton, SO16 4GX</p>		