

Retention of Records: This agenda will be confidentially destroyed 2 years after the date of the meeting, in line with CCG policy and guidance from the Department of Health.

Meeting Minutes

Better Care Southampton Steering Board

1st September 2020, 14:00 – 16:00

Virtual Meeting on Microsoft Teams

Present:

Dr Mark Kelsey (Chair)	SCCG Chair	SCCCG
Matt Stevens (MS)	Lay Member	SCCCG
Sarah Olley (SO)	Director of Operations, Southampton	SHFT
Stephanie Ramsey (SR)	Director of Quality and Integration	SCCCG / SCC
Hayden Kirk (HK)	Clinical Director Adults Southampton	Solent
Sarah Turner (ST)	BCS Programme Lead	BCS
Naz Jones (NazJ)	Locality Lead	East Locality
Jane Hayward (JH)	Director of Networks	UHS
Mike Windibank	Chief Operating Officer	SPCL
David Noyes (DN)	Chief Operating Officer	Solent
Dr Fraser Malloch (FM)	PCN Clinical Director / GP	Central PCN
Donna Chapman (DC)	Associate Director System Redesign	SCCCG/SCC
Jo Ash (JA)	Chief Executive	SVS

In attendance:



Hannah Gehling (HG)	Administrator	SCCCG
---------------------	---------------	-------

Apologies:

Dr Ali Robins (AR)	Chief Executive Officer	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)	GP Clinical Lead for West Locality / West PCN Clinical Director	West PCN
Janine Gladwell (JG)	Senior Transformation Manager /West Locality Lead	Solent
Adam Cox (AC)	Clinical Director Southampton	Southern Health
Dr Nigel Jones (NJ)	PCN Clinical Director/GP	East PCN
Janet Ashby (JAY)	Head of Transformation	SPCL
Grainne Siggins (GS)	Executive Director Wellbeing (Health and Adults)	SCC
Dr Sara Sealey (SS)	Locality Lead / GP	East Locality
Tristan Chapman (TC)	Director of Improvement and Partnerships	UHS

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 <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.	5 Year Health and Care Strategy	
	<p>DC reminded Board members of the 5 year Health and Care strategy COVID impact assessment that had been presented to a previous meeting and the resulting priorities which had been agreed in June. Since then each of the workstreams have developed implementation plans for 2020/21, which are now being presented to the Board for approval prior to ratification by Joint Commissioning Board in September. DC and SR took people through the implementation plans.</p> <p>Key points of note:</p> <ul style="list-style-type: none"> - JH: clarification of what work has slipped due to COVID. DC highlighted that this had been shared with the Board in June. - NJ: how do the workstreams join up with PCN work. Action: MK and SR to discuss the 5 year Health and Care strategy with the PCN CDs. - ST: how do we ensure that the enabling workstreams are complementing the work of the life course workstreams and how do we avoid duplication with wider STP work. ACTION: each of the workstreams to review the enabler implementation plans and identify any specific "asks" that are not included. To report back to the next Board meeting for a discussion on the enabling workstreams. - JH: the implementation plans currently make very little reference to acute elective care recovery. MK noted that the Health & Care Strategy is focussing on Southampton specific priorities and needs to be read alongside the ICP plans which focus on the S&SWH system, rather than duplicate. However it was felt that there would be benefit in cross referencing with the S&SWH Elective Care Programme to 	<p>MK/SR</p> <p>DC with Clare Young Agenda - Oct</p> <p>DC with</p>

	<p>ensure that any key priorities are included. ACTION: meeting to be set up involving Tristan Chapman, Emma Lewis and a primary care rep to review.</p> <ul style="list-style-type: none"> - JA: noted that with any future waves of COVID there could be an impact on the workstreams, causing some pieces of work to be put on hold. ACTION: DC to review the implementation plan with a view to highlighting those actions which will need to progress regardless compared to those which may go on hold again. <p>The Better Care Steering Board approved the implementation plans in principle subject to the above actions.</p> <p>JA queried next steps in terms of communicating the strategy. DC stated that Public Health still need to update their sections in the strategy, but the aim is to relaunch the strategy and the implementation plan together in the Autumn.</p> <p>The intention is then to bring progress updates for each workstream back to the Board on a 4 month rolling timeframe. This will also include the KPI dashboard.</p>	<p>Clare Young</p> <p>DC with Clare Young</p>
<p>4.</p>	<p>Impact of COVID on Health Inequalities</p>	
	<p>In the absence of Andrew Mortimore who was unable to attend, SR provided an overview of this paper which had been presented to Health and Wellbeing Board, highlighting the impact of COVID on the city's existing health inequalities.</p> <p>Key points noted by the Board:</p> <ul style="list-style-type: none"> - MK questioned whether tackling health inequalities had been sufficiently addressed in the Health and Care Strategy implementation plans. DC reported that public health are involved in the workstreams. She also highlighted that the KPI dashboard includes health inequality measures. - NazJ highlighted that in addition to pre-existing need and health inequalities COVID has also created new need and inequalities in some populations, e.g. those who are shielding. Some of these patients have low mental health now due to the isolation. - JH felt that the paper does not focus enough on digital exclusion and the impact this has had on some groups during the Covid pandemic. She also felt that the impact of schools not being open (e.g. on education outcomes, child development and employment) is missing 	

	<p>in the paper.</p> <ul style="list-style-type: none"> - HK advised that there is an STP COVID inequalities symposium on 22 October and queried how we can feed into this. He noted that there is a need to consider where we should focus our efforts in terms of tackling health inequalities. SR advised that Kate Lees from Southampton public health team is our link at the symposium. - NazJ noted that there is an opportunity to share this information with the public as COVID has created fear and there seems to be a lack of clarity of what they are and are not able to do. <p>Action: SR to update Andrew Mortimore with the updates and questions.</p>	
5.	<p>Progressing local plans and priorities</p>	
	<p>ST presented an update on the locality projects which had previously been agreed at the Board. A summary of these projects can be found in the slides embedded below.</p> <div style="text-align: center;">  <p>ITEM 6.0_20200901 BCSB Locality project</p> </div> <p>The West locality stopped both their projects during COVID. ST explained that she is really grateful to Solent and the practices who are leading the virtual wards projects. There had been a lot of input and the group were meeting every three weeks. The group shared a new questionnaire and remit through the governance at Solent. COVID has left the virtual ward projects in limbo as the front line staff have been lost meaning that the group has lost the insight and knowledge. When the project was piloted in the West we would want it to go city wide. The East locality have reviewed all their projects. And met with the PCN CDs to agree how projects to take forward and how the locality can support the PCNs. Two projects being progressed are the Wound Care and Social Prescribing.</p> <p>Central and North have all 4 projects on pause and have a meeting arranged with the two PCN CDs to discuss future working.</p> <div style="text-align: center;">  <p>ITEM 6.1_20200901 Locality Leadership I</p> </div> <p>The current model of care for Southampton was shared and the output is</p>	

based on the responses from the questionnaire sent out to Better Care Southampton colleagues.

The options are:

- Do nothing
- localities integrate into Primary Care Networks (PCN),
- Localities disbanded and
- a mixed model approach

SR thanked ST for all her work and support. The Board wished to hold a decision over to the next meeting in October pending the outcome of the discussions with Central and North PCN CDs.

MK questioned what is the implication for the resource we have put in.


DN explained that he is hesitant to agree anything until the Board know what North and Central want to do. DC stated bearing in mind the projects were signed off here, a number of projects are being picked up by a city wide group. The virtual wards had a lot of progress made. ,

MK explained that the people who are helping the localities previously, might be different due to the new suggested way of working. ST stated that there needs to be a discussion on how we work together. The East want to retain the resource as is and West want a project manager who organises and facilitates the insight and outcome work. The right people need to be available for the task and finish group.

MK asked if the west clinical lead would step up to lead the PCN in the development of virtual ward or integrated care teams through to end of March. Action: ST said she would pick up that conversation with Dr Sara A'

HK stated that the reality is reflecting that there are some of the risks with not being able to meet the demand of the city. Some of the strategic work is being dropped, but it is on the radar but staff could not be released back to the project at this point in time.

MK questioned if there were any plans for post March. ST stated that each area will be in a different position, and each area could bid for money to sustain their current work. SO explained that we know there are certain funds which are provided each year. A Task and Finish group should be put together to ascertain what funds could be allocated or bid for to support future working This work should be relaunched with the strategy. The communication needs to be made clear across the whole system once the

	<p>outcomes of the localities is known.</p> <p>Action: ST to pick up with the comms team once a decision about localities is understood.</p>	ST
6.	Workforce Group Mandate – Southampton, ICS, H&IOW	
	<p>ST provided a briefing to the Board on the workforce agenda – presentation embedded below:</p> <p> ITEM 8.0_BCS Workforce - NHS Peo</p> <p>This draws on the NHS People Plan “We are the NHS: action for us all” recently published by NHSEI. This plan makes clear the intention to see an increased role for systems to work with their constituent parts. There are a list of detailed asks of employers and systems within four categories to be delivered during 2020-21. Each local system is asked to develop a local People Plan in response to the national plan.</p> <p>Locally there has been a Workforce group reporting to the Better Care Steering Board. However this has been paused. There is therefore a need to agree whether or not this group should continue and what its function and membership should be.</p> <p>MK stated that most things will need to be done at an organisational level and come together at a Hampshire and IOW level. MK was of the view that there does not need to be an additional Southampton level plan as well.</p> <p>SR explained that she has been talking to GS who is keen for a Southampton specific workforce group and plan to continue.</p> <p>SO questioned whether the group should be Southampton and South West systems.</p> <p>It was suggested that a small group should meet including GS and ST to consider the need for a Southampton specific group and if required what the focus and membership should look like. Action: Meeting to be set up – to include GS, ST and other key colleagues – to discuss.</p>	ST/GS
7.	Minutes of the Previous Meeting & Matters Arising	
	The minutes of the Better Care Southampton Steering Board on 02/06/2020 were approved.	

8.	Any Other Business and items for future meetings	
	None raised	
Date of next meeting: Tuesday 6 th October 2020, Seminar Room, NHS Southampton City CCG, Oakley Road, Millbrook, Southampton, SO16 4GX		