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## MINUTES

**Meeting: Better Care Southampton Steering Board on 10 February 2020  
In the Seminar Room, Oakley Road, Ground Floor**

### **Present:**

Jo Ash (JA)	Chief Executive	SVS
Stephanie Ramsey (SR)	Director of Quality and Integration / Director of Adult Social Services	SCCCG / SCC
Dr Nigel Jones (NJ)	Locality Lead / GP	East Locality
Dr Fraser Malloch (FM)	PCN Clinical Director / GP	Central PCN
Dr Ali Robins (AR)	Director	SPCL
Donna Chapman (DC)	Associate Director System Redesign	SCCCG/SCC
David Noyes (DN)	Chief Operating Officer	Solent NHS Trust
Naz Jones (NazJ)	Locality Lead	East Locality
Sarah Olley (SO)	Director of Operations	SHFT
Andrew Smith (AS)	Business Manager	Solent
Janet Ashby (JAY)	Head of Transformation	SPCL
Phil Aubrey Harris (PAH)	Associate Director of Primary Care	SCCCG

### **In attendance:**

Andrew Gittins (AG)	Senior Administrator	SCCCG
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### **Apologies:**

Dr Mark Kelsey (Chair)	SCCG Chair	SCCCG
Sarah Turner (ST)	BCS Programme Lead	BCS
Jane Hayward (JH)	Director of Transformation	UHS
Matt Stevens (MS)	Lay Member	SCCCG
Julia Watts (JW)	Locality Lead	East Locality
Sundee Benning (SB)	PCN Clinical Director/GP	West End Road
Dr Sara Sealey (SS)	Locality Lead / GP	East Locality
Janine Gladwell (JG)	Senior Transformation Manager /West Locality Lead	Solent

Item	Subject	Action
1.	<b>Welcome and apologies</b>	
	DN welcomed everyone to the meeting.	
	Introductions were made and apologies for absence were noted, as above.	

2.	<p><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></p>	
	No conflicts of interest were declared.	
3.	<p><b>Southampton City 5 Year Health and Care Strategy</b></p> <ul style="list-style-type: none"> <li>• <b>For BCSB to receive and consider latest version</b></li> </ul>	
	<p>CY provided an overview of the Southampton 5 Year Health and Care Strategy, noting that the BCSB is responsible for overseeing the strategy.</p> <p>The strategy is being finalised shortly. It has been shared with the System Chiefs Group.</p> <p>The following comments and queries were made by the board:</p> <ul style="list-style-type: none"> <li>• There was a detailed discussion regarding the distinction between Better Care integration work and the 5 Year Health and Care Strategy. It was explained that Better Care and integration are included in the document, however the strategy is wider and focuses on the high level outcomes.</li> <li>• There has been feedback regarding age well and seeing the ageing population as an asset and representing them more positively.</li> <li>• It was agreed to reflect some more positive messages within the introduction of the document, and include some of the achievements, such as Integration, 0-19 work and Community solutions etc, but also recognise that we want to be more aspirational in the city.</li> <li>• DN noted the changing wider picture with for example STP and ICS.. Are we happy to keep this as a city strategy or should we be looking at it more widely. Generally the principles are the same however the council will be keen to keep as a City strategy. However it is important to be flexible to work with the wider system. It was added that to the public, 'place' is important.</li> <li>• JA advised that there isn't a connection to the Safe cCiy strategy, which incorporates domestic violence and alcohol etc. CY noted that this will be incorporated, especially in the public friendly version of the document.</li> <li>• NazJ suggested strengthening the inclusion of different populations/diversities.</li> </ul> <p><b>ACTION: CY to circulate final draft for comment. Document to be agreed via individual organisation's governance processes before going</b></p>	CY/ALL

	<p><b>through Cabinet and CCG Board in March.</b></p> <p>It was noted that reporting of achievements and activity data will go through this meeting going forward.</p> <p><b>ACTION: DN suggested a refresh of the current implementation milestone plan once strategy has been approved, and include who is delivering the different aspects of the strategy to gain clarity.</b></p> <p>There was a brief discussion regarding Behaviour change and it was agreed an update would be brought to a future meeting.</p> <p><b>ACTION: Public health to provide an update on behaviour change at a future meeting.</b></p>	<p><b>CY</b></p> <p><b>SR/AG</b></p>
<p><b>4.</b></p>	<p><b>Primary Care Networks – Service specifications</b></p>	
	<p>Phil Aubrey Harris attended the meeting to give an update on Primary Care networks.</p> <p>The service specifications have now been finalised and have been circulated. Significant investment now being made and major enhancements to additional roles to help secure 26,000 additional staff, including pharmacy technicians, care co-ordinators, health coaches, dietitians, podiatrists and occupational therapists and Mental health professionals from April 2021.</p> <p>Key comments and questions from the presentation are as follows:</p> <ul style="list-style-type: none"> <li>• SO asked where this work is being discussed and where it is taking place. Are GP practices employing these members of staff themselves? SHFT would like to be involved in discussions. Concerns expressed regarding employing staff from the same limited “pot”, and duplications across the city.</li> <li>• It was noted that employment needs to be within the PCN’s however the network can be city wide.</li> <li>• AR brought attention to the workforce meeting that is already in place which has these types of discussions. SHFT would like to be included in this. It was noted that there will be regular updates from the workforce group to the BCSB.</li> <li>• FM raised that the key to the workforce issues is shared roles, which is stated in the specification.</li> <li>• PAH recognised that the CCG are having the initial conversations with</li> </ul>	

	<p>the PCN clinical directors however needs to work more closely with the providers.</p> <ul style="list-style-type: none"> <li>• From PCN CD perspective NJ explained that CD's need to sit down together and be clear what they want as there are different views, no decisions have been made yet.</li> <li>• FM suggested pulling together a list of the type of roles to be employed and have providers included in them conversations.</li> <li>• <b>ACTION: PAH volunteered to convene a forum between CCG, PCN's, Providers and CD's</b></li> <li>• There was a group discussion regarding Enhanced health in Care Homes (EHCH), and the work that is already in place and the importance of not losing that while the PCNs develop.</li> <li>• PAH summarised and talked through the next steps.</li> </ul>	PAH
5.	<p><b>Integrated Care Teams (ICT)– to agree proposal for a city wide ICT group to define key principles of the model</b></p>	
	<p>Moraig Forrest-Charde attended the meeting to give an update on Integrated Locality Care Teams</p> <p>Comments from the board are as follows:</p> <ul style="list-style-type: none"> <li>• People have different interpretations and definitions of 'Integration'.</li> <li>• The definition of an Integrated Care Team was debated, and the need to identify the level at which each service/capability best sits in terms of 'county wide', 'city wide' and 'locality/PCN wide'. As an example it was discussed regarding having 6 teams that all contain certain staff members such as mental health and social care workers. It was noted that for some services this could be possible but for others could be more of a challenge.</li> <li>• As an infrastructure SHFT are looking at a single point of access which is locality based so depends on where each service sits.</li> <li>• PAH is keen for primary care networks to be more involved in the Integrated Care Teams.</li> <li>• DN explained that the key part is to know and agree what we can deliver at PCN level, and find a way to link other things into the PCN's through a link worker for example. However what does that mean for</li> </ul>	

	<p>the PCN's, a management structure, MDT meetings etc?</p> <ul style="list-style-type: none"> <li>• Co-location was discussed, and making sure we don't duplicate this going forward.</li> </ul> <p>The agreed next steps to take this piece of work forward are as follows:</p> <ol style="list-style-type: none"> <li><b>1. ACTION: Arrange city wide task and finish group to define the key principles in partnership with localities and PCNs as soon as possible.</b></li> <li><b>2. ACTION: Bring an update to the Better Care Steering Board, once task and finish group is in place.</b></li> </ol> <p>The group discussed who would chair/co-chair this meeting going forward. Chris Sanford was suggested as a chair with his knowledge and experience with the Ageing Well group as well as being a PCN CD. The board agreed with this suggestion.</p>	<p>ST/MFC</p> <p>ST/MFC</p>
<b>6.</b>	<b>Better Care Steering Board Terms of Reference</b>	
	<p>The group reviewed the voting rights in the Board's Terms of Reference.</p> <p>It was agreed that each organisation has a vote, including PCN's who will have one nominated vote between them, and the localities will have one nominated vote.</p> <p>It was noted that Dr Mark Kelsey has invited Grainne Siggins, Director of Adult Social Services, from Southampton City Council to attend these meetings going forward.</p> <p>There was a suggestion of possibly having two representatives from the City Council, or possibly to co-opt additional city council staff when topics are relevant. DN to have a further discussion with MK regarding this.</p>	
<b>8.</b>	<b>Minutes of the Previous Meeting (27.11.19) &amp; Matters Arising</b>	
	The minutes of the Better Care Southampton Steering Board on 27.11.2019 were approved.	
<b>9.</b>	<b>RAID Log</b>	
	<p>Risks and issues noted and RAID log updated.</p> <p>38 – Transport to have an agenda item at a future meeting  41- Feedback on projects quarterly– Closed, however AG to work with CY and ST to ensure that there is a rota going forward to include regular updates.</p>	<p><b>Agenda  AG/CY/  ST</b></p>

	<p>42- Communications strategy- to be reviewed at a future meeting. 44- IT update at the next meeting – MK to provide update on I.T at the March meeting</p> <p><b>Risks</b></p> <p>STP strategy- remains a risk. Jo Ash requested an update on the STP work taking place at this meeting.</p> <p><b>ACTION: STP to provide an update at a future meeting. SR to clarify who would be best to provide that update.</b></p> <p>It was agreed that a new risk would be added regarding workforce and managing it in relation to PCN development. Wording to be confirmed.</p>	<p><b>Agenda Agenda</b></p> <p><b>SR/ Agenda</b></p>
<p><b>10.</b></p>	<p><b>Any Other Business and items for future meetings</b></p>	
	<p>SR updated on the partnership agreement which has been discussed with Legal. She raised the following queries:</p> <ul style="list-style-type: none"> <li>• Sickness and Maternity for short term posts - It was agreed that if maternity cover is required, all parties would discuss how to take forward. It would not be the sole responsibility of the employing organisation.</li> <li>• Recruitment - if someone leaves post, it is a decision of all parties to reemploy or not. If the decision is to re-employ, then the employing organisation of the post will do this.</li> <li>• Conflicts of Interests to be incorporated.</li> <li>• Statement around premises equipment and support- all parties to make available the necessary premises and equipment to enable post holder to perform duties of role.</li> <li>• Accountability and reporting – even though an overall agreement is in place, each person will have their own accountability and line management etc. (JD)</li> <li>• Grievances – SR to clarify regarding cross indemnity issues, however the group agreed to liability being across all parties.</li> <li>• Secondment Agreements – SR to clarify with Legal as currently the staff isn't on secondment.</li> <li>• Redundancy – This will be paid by all the parties not just the</li> </ul>	

	employer.	
	<b>ACTION: SR to share the updated DRAFT partnership agreement.</b>	<b>SR</b>
<b>11.</b>	Close	
<b>Date of next meeting:</b> Tuesday 3rd March 2020, Seminar Room, NHS Southampton City CCG, Oakley Road, Millbrook, Southampton, SO16 4GX		