

MINUTES

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| Meeting | Programme Board |
| Date and time | 3:00pm to 5:00pm, Monday 2 July 2018 |
| Location | Motivation Room, Village Hotel, Castle View, Forstal Road, Maidstone, ME14 3AQ |
| Chair | Glenn Douglas, Chief Executive, Kent and Medway STP |

Discussion points and key decisions

1. Welcome, Introductions and Declarations

Glenn Douglas (GD) opened the meeting and asked members to introduce themselves. There were no declarations of interest.

2. Primary Care Deep Dive

The Programme Board's meeting structure allows for occasional 'deep dive' sessions which allow members an in-depth look at a particular work stream. Dr Gaurav Gupta, Dr Fiona Armstrong and Liz Mears gave an overview of practice-based primary care, highlighting the issues facing general practice across Kent and Medway and introducing the primary care workstream.

There are 230 practices serving a population of almost 1.9 million across Kent and Medway. This population figure is expected to increase by 9.5% over the next 10 years. Current funding for GP services stands at the sum of £87.92 per patient per year. For this sum, GPs are expected to deliver a wide range of services to local patients including face-to-face and telephone consultations and occasional home visits at a rate of between 40-60 patient contacts a day. This sum also funds most running and management costs, including revalidation of GPs and clinical staff, professional indemnity costs and premises and facilities costs.

It would be hard enough to manage these challenges with a primary care workforce at full capacity but is even more difficult when across the county 12% of GP posts and 30% of practice nurse posts remain unfilled. This puts an even greater strain on local practice-based services. The key risk is that while existing and emerging models of care are dependent on primary care being robust (e.g. local care), a significant number of practices are operating on the edge of viability.

Dr Gupta suggested there were a number of actions that could be taken to strengthen primary care across Kent and Medway, focussing on maintaining safe working levels, additional resourcing (e.g. GP Forward View) and increased productivity e.g. increased use of technology, patient transport).

Dr Armstrong explained that in addition to the challenges facing general practice that have been set out, the Case for Change in Kent and Medway (<https://kentandmedway.nhs.uk/stp/caseforchange/>) identifies the fragility of primary care as one of the key issues facing the system. Improving this is key to delivering on all of our other

priority areas, particularly local care and prevention. She proposed that a new STP workstream would be the best vehicle for taking forward focused work to improve primary care.

Informed by NHS England's publication *General Practice Forward View*, the NHS England primary care maturity matrix and good practice examples from other systems and those that are already being taken forward at local level, a set of aims and objectives for the workstream have been identified. Priorities are still being identified, however some initial ideas include:

- Reducing inappropriate variation in quality of services
- Workforce and training – including extended roles within the primary care team
- Estates and premises
- Productivity – high impact actions and risk / gain share
- Development of a core primary care offer, including contracts and incentives, building on the East Kent offer
- Out of hours and extended access appointment times
- Organisational and personal development for development of 'at scale' working
- Digital maturity

Also proposed is a Primary Care Board, jointly chaired by Dr Fiona Armstrong (co-Chair, Clinical and Professional Board) and Dr Mike Parks (Kent Local Medical Council), which will provide strategic leadership to the primary care workstream. An indicative workplan has also been developed for the next 3-4 months.

Programme Board members welcomed the proposals within the presentation and the following comments were made:

- A primary care workstream felt like one of the missing pieces of the puzzle, so its creation is welcome and will strengthen the STP programme
- It was suggested that the proposed membership of the Primary Care Board is amended to include one of the acute trust medical directors
- Representatives from community services and the mental health trust also need to be on the Board
- There is clearly significant overlap between local care and primary care workstreams, and work should be done to identify synergies and differences
- Short term action is required to deal with recruitment and retention of GPs, requiring a clear and radical action plan as traditional solutions will not work. This will require stakeholder and regulator conversations to socialise and get buy-in for more radical proposals.
- The importance of reducing inequality while increasing numbers of GPs was mentioned.
- The workstream should look at how digital and self-care can help us deal with this situation
- The new medical director for NHSE will be coming to visit the STP in the near future, which presents an opportunity for discussing these challenges at a higher level.

Programme Board members **AGREED** the proposal to create a new primary care workstream and supported the establishment of the Primary Care Board.

3. East Kent Update

Caroline Selkirk gave an update on the East Kent position following work undertaken by EY on the state of readiness of the East Kent pre-consultation business case (PCBC). She confirmed

the programme scope and outlined the changes made to governance arrangements as a result, and outlined key tasks for the next three months. Further work is underway around the scope of elective orthopaedic services in this programme of work. Although an East Kent transformation programme, she stressed that engagement with the whole system is key.

A member asked about the work previously carried out on developing the PCBC. Caroline responded that although significant work has been undertaken more work is needed to develop the PCBC, especially in relation to defining and building the case for the capital investment, which will be a key area of consideration within the updated NHS England assurance process. In addition, further work is taking place to develop the detailed plans for local care that are as important as acute service changes in delivering improved quality of care and clinically and financially sustainable services for the long-term in east Kent.

Additional comments from members included the following:

- Ensuring that patient and public involvement is still a key part of the governance structure
- There needs to be clarity on how prevention is being incorporated into the East Kent programme
- An update on East Kent should come to the Clinical and Professional Board.

The Chair requested a further update on East Kent at the October Programme Board meeting.

4. Kent and Medway STP Financial Position

At month two, the STP has a system-wide deficit of £28.9m, against a planned deficit of £27.7m. This includes a Provider Sustainability Fund amount of £1.7m.

There was some challenge to the financial position as presented. It was suggested that it should be tracked against the five year forecast within our original Sustainability and Transformation Plan. Phil Cave agreed to bring this information to the next Programme Board meeting. This was **AGREED** by members.

In addition to a focus on financial reporting, it was suggested that the programme should be tracked against all three elements of the clear aims within the Kent and Medway Sustainability and Transformation Plan – to improve and close the gap on variations in health and wellbeing; to improve and close the gap on variations in care and quality of services; to improve efficiency and productivity and close the gap between funding and costs to ensure a sustainable health and care system across Kent and Medway .

5. Chief Executive's Report

Kent and Medway Care Record

Susan Acott updated Programme Board members on progress made to deliver phase one of the Kent and Medway Care Record (KMCR) project and plans for progressing to phase two (procurement of a supplier to develop and implement the new IT solution).

The business case to deliver the first phase of the KMCR project (readiness for market) was approved by the STP Digital Strategy Group in July 2017. The Business Services Centre within

Kent County Council were appointed in January 2018 to deliver this first phase of the project which is now nearing completion. The STP Programme Board will be approached in September to authorise the commencement of phase two. Before this meeting, the project team will provide the necessary information for partner organisations to bring to their constituent boards for sign off.

After initial market engagement and learning from other best practice examples across the NHS, the KMCR solution is likely to incur running costs of £2-3million per year, plus £400-450k per year for project management until implemented. The project team will discuss with the Finance Group about how these costs might be apportioned. Partner organisations will need to manage their own implementation costs.

Comments from members included the following:

- We need to think about interoperability of KMCR with Surrey and Sussex systems. This is particularly important for SECamb and other organisations that operate Kent, Surrey and Sussex wide.
- When new providers are commissioned, the use of KMCR needs to be factored into procurements and contracts

ACTION: Susan Acott to provide a form of words for commissioners to include in contracts and procurement documentation.

- There was a query about whether drugs and alcohol services had been consulted as part of the project and work to date. Susan Acott agreed to check with the project team.
- The Local Medical Committee offered to help with engaging GPs in the development and implementation of the KMCR.
- It may be possible to set up a webinar / webcast showing how similar systems work in other parts of the country.

Kent and Medway STP Budget

A summary pack has been pulled together showing the current position on the STP budget for 2018/19. The budget has been agreed by all partners, with the exception of two CCGs who have requested further detail to inform their discussions.

It was **AGREED** that this should be highlighted as a risk and placed on the STP risk register.

Stroke Review

Partners were asked to continue to engage with the Kent and Medway Stroke Review and provide data to the stroke workstream when requested, for timely completion of the decision-making business case (DMBC).

A member reminded the workstream not to lose the emphasis on post stroke rehabilitation, a message that came through strongly during the consultation. This is already a discrete strand of work within the Stroke workstream or should also be picked up as part of the local care work programme.

Workstream Highlight Reports

The highlight reports were noted.

Risk Register

The risk register is now using a risk matrix based on an NHSI model. This means that overall, ratings have shifted from Red to Amber, but the content and mitigation of risks remains the same.

The risk register was noted.

Forward Plan

The Chair asked that a further Stroke Review update is brought to the September meeting, and an update on the Medical School at the October meeting, to which Health Education England should be invited.

ACTION: PMO to update the Forward Plan for the September and October meetings.

It was noted that there will be no August meeting.

6. Minutes and Actions from the last meeting, AOB

The minutes of the June meeting were **AGREED**.

Updates on actions from June are below:

| Action | Owner | Deadline |
|---|---------------------------------|-----------------|
| Finance Group to work with the Estates workstream to come up with funding solutions to establish the strategic estates capability Not yet due | Phil Cave / Rebecca Spore | 3 December 2018 |
| Role and the remit of the Clinical and Professional Board, Finance Group and other key oversight groups need to be clarified, including how or whether each group needs to report into the Programme Board. To be included in the Governance Review paper for discussion at the 3 September Programme Board meeting | Beckie Burn | 2 July 2018 |

Any Other Business

It was **AGREED** that alternative times or dates would be sought for the Programme Board meetings currently scheduled for Monday morning (specifically the September and November meetings).

The PMO is working to respond to NHS England feedback about a bidding process (that has now passed) for intensive support for GPs.

The meeting ended at 17:10

ACTIONS – to be reviewed at the next meeting

| Action | Owner | Deadline |
|--|-------------|------------------|
| Track the financial position of the STP against the five year forecast within the original Sustainability and Transformation Plan | Phil Cave | 3 September 2018 |
| Develop metrics and tracking to show progress against delivery of STP core aims – health and wellbeing; care and quality; financial sustainability | STP PMO | 3 December 2018 |
| Provide a form of words for commissioners to include in contracts and procurement documentation regarding the use of the Kent and Medway Care Record | Susan Acott | 3 September 2018 |
| Add the risk that the STP budget is still under consideration by two CCGs to the STP risk register | Donna Carr | 3 September 2018 |
| Update the Forward Plan for the September and October Programme Board meetings | Donna Carr | 1 August 2018 |
| Seek alternative times or dates for the Programme Board meetings currently scheduled for Monday morning | Donna Carr | 1 August 2018 |

ATTENDEES

| Organisation | Name | Role |
|---|---------------------|---|
| Dartford and Gravesham NHS Trust | Gerard Sammon | Interim CEO |
| East Kent Hospitals University NHS Foundation Trust | Susan Acott | Chief Executive, Digital SRO |
| East Kent Hospitals University NHS Foundation Trust | Phil Cave | Executive Director of Finance, Chair of Finance Group |
| Hood & Woolf | Steph Hood | Director, Communications & Engagement |
| Kent & Medway Sustainability & Transformation Partnership | Donna Carr | STP PMO Officer |
| Kent & Medway Sustainability & Transformation Partnership | Ravi Baghirathan | STP Programme Director, Medway and North West Kent |
| Kent & Medway Sustainability & Transformation Partnership | Michael Ridgwell | STP Programme Director, Comms & Engagement SRO |
| Kent & Medway Sustainability & Transformation Partnership | Glenn Douglas | STP Chief Executive (Chair) |
| Medway NHS Foundation Trust | David Sulch | Deputy Medical Director |
| Kent County Council | Paul Carter (Cllr.) | Leader of the Council |
| Kent County Council | Andrew Scott-Clark | Director of Public Health, Prevention SRO |
| Kent Local Medical Committee | Dr Gaurav Gupta | Chairman |
| Maidstone and Tunbridge Wells NHS Trust | Miles Scott | CEO |
| Medway NHS Foundation Trust | Lesley Dwyer | Chief Executive, Co-Chair of MNWK Delivery Board |
| Medway Unitary Authority | James Williams | Director of Public Health, Prevention SRO |
| Medway Unitary Authority | Neil Davies | Chief Executive |
| NHS England | Ivor Duffy | Director of Assurance and Delivery |
| NHS Medway CCG | Caroline Selkirk | Managing Director, East Kent CCGs and Local Care SRO |

| Organisation | Name | Role |
|--|---------------------|--|
| NHS Swale CCG | Fiona Armstrong | CCG Clinical Chair and Co-Chair, Clinical and Professional Board |
| NHS Medway and North West Kent CCGs | Ian Ayres | Managing Director |
| South East Coast Ambulance Service NHS Foundation Trust | Jayne Phoenix | Associate Director of Strategy and Business Development |
| Medway Unitary Authority / Medway Health & Wellbeing Board | David Brake (Cllr.) | Portfolio Holder for Adult Services / Chairman |
| Kent Community Health NHS Foundation Trust | Paul Bentley | Chief Executive, PMO SRO |
| Kent and Medway NHS Partnership Trust | Vincent Badu | Director of Transformation |
| Healthwatch Kent | Steve Inett | CEO Healthwatch Kent, Chair of PPAG |
| Kent Local Medical Committee | Mike Parks | Medical Secretary |
| Kent Local Medical Committee | Liz Mears | Clerk |
| South East Coast Ambulance Service NHS Foundation Trust | Bethan Haskins | Executive Director of Nursing and Quality |

APOLOGIES

| Organisation | Name | Role |
|---|------------------------|--|
| NHS England | Felicity Cox | Director of Commissioning Operations |
| NHS Improvement and NHS England | Anne Eden | Regional Director – South East |
| Medway NHS Foundation Trust | Diana Hamilton-Fairley | Medical Director and Co-Chair, STP Clinical and Professional Board |
| Kent County Council | Penny Southern | Interim Executive Director for Adult Social Care & Health |
| NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG | Patricia Davies | Director of Acute Clinical Strategy, Kent and Medway CCGs |
| Medway Unitary Authority | Alan Jarrett (Cllr.) | Leader of the Council |
| NHS Medway and North West Kent CCGs | Simon Perks | Deputy Managing Director |