

## MINUTES

<b>Meeting</b>	<b>Programme Board</b>
<b>Date and time</b>	3:00pm to 5:00pm, Monday 14 May 2018
<b>Location</b>	Inspiration 1, Village Hotel, Castle View, Forstal Road, Maidstone, ME14 3AQ
<b>Chair</b>	Michael Ridgwell, Programme Director, Kent and Medway STP (for Glenn Douglas, Chief Executive, Kent and Medway STP)

### Discussion points and key decisions

#### 1. Welcome, Introductions and Declarations

Michael Ridgwell (MR) opened the meeting and asked members to introduce themselves. There were no declarations of interest.

MR informed the meeting that from this meeting onward, minutes of the Programme Board will be published on the STP website. Members were in agreement with this decision.

#### 2. Workforce 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. Rebecca Bradd (RBr) gave a presentation updating members on the work of the Workforce workstream, focussing on the significant workforce challenge across Kent and Medway, progress to date, the 2018/19 Workforce plan and approach, and the development of the Kent and Medway workforce strategy.

In setting the context for Kent and Medway's own workforce challenges, RBr reminded members that this is a national issue with one in 12 NHS posts in England vacant. In social care the challenge is even greater with a vacancy turnover of 26%. The position in Kent and Medway is worse than the national average with:

- 2500 vacancies in secondary care, 45% of which are in nursing;
- a turnover rate of 26% across social care; and,
- the greatest percentage of GPs nearing retirement – 29%.

The workstream is tackling the workforce gap in the following ways:

- working with Canterbury Christ Church University and the University of Kent to establish a new medical school following the announcement of the successful bid in March 2018 <https://kentandmedway.nhs.uk/latest-news/medical-school-an-essential-boost-for-health-and-care/>;
- actuating 130 international GP placements and the first cohort will be joining Kent and Medway in autumn this year;
- developing a Kent County Council (KCC) information and support hub for social care workers

- the Kent *Take a Different View* recruitment website and campaign which has been developed to attract potential staff by highlighting the advantages of living and working in Kent and Medway and includes case studies and stories from staff who have relocated to the area <https://www.takeadifferentview.co.uk/>

The workstream is developing a Workforce and Organisational Development Strategy with the ambition to develop Kent and Medway's profile as a great place to live, work and learn. The strategy will propose ways of addressing the sustainability challenge, identifying areas where immediate action is needed and looking at longer term solutions to bridge the workforce gap through transformation, improving workforce supply through better planning and supporting infrastructure.

During 2018/19, the workstream has identified four key priorities:

- a) meeting the workforce goals set out in the *Five Year Forward View* and by the STP;
- b) developing leadership capability and capacity;
- c) prioritising staff groups where recruitment and retention is a priority such as general practice, medical, social care, nursing (acute and community) and paramedics; and,
- d) strengthening our workforce infrastructure, including helping health and care staff move around the wider health and care system in a way that allows for career development and system resilience.

The development of the strategy is being led by the Local Workforce Action Board (LWAB).

RBr was keen to obtain views from members on the ambition and priorities outlined in the presentation. She explained that the workstream planned to engage staff and key stakeholder organisations about the strategy and seek their views before bringing the final draft back to the Programme Board in July.

MR highlighted that Hazel Smith's secondment to Health Education England meant that a replacement Senior Responsible Officer for the workforce workstream would need to be identified and as part of the governance review (covered later on the agenda).

Comments from members included the following:

- A strategy to deal with medium and longer-term challenges is welcome, but Kent and Medway has a number of critical short term workforce issues that we need to urgently address. We are currently 250+ GPs short across the county, so we need to look at rapid solutions such as overseas markets, key worker / affordable housing (to attract staff), contractual incentives, childcare and creches
- We may need to look at roles and how they are developed and supported as a way of attracting staff. For example, looking at 'rural medicine' as a specialism, number of GP sessions, more support for GPs in partnerships, blended roles, rotations.
- We need to continue to work with regulators to ensure a shared understanding of the workforce challenges in Kent and Medway and seek their support to align their work against our workforce plan
- Staff are traditionally lost from one organisation to join another within Kent. The same staff are moving around the system – we are in competition with each other and this does not help the situation. Working as a Kent and Medway-wide partnership is an opportunity to address that and we have already made good progress in terms of joint working on for example agency rates

- This work is welcome in terms of us developing the detailed knowledge to know (i) the extent of the problem, (ii) the potential solutions, (iii) what the potential barriers are and whether any of these barriers require a conversation with national bodies or regulators
- Is there a gap between what we need and what we can achieve, and how can this be addressed? We need to make the size of the problem visible
- The biggest recruiters to health and care services are other staff (i.e. our workforce are a big influence over whether someone applies to work for us and plays a vital role in communicating information on vacancies). We need to use this important resource to help tackle the problems we face. We should also focus on retention (not just recruitment) and ensuring staff are given opportunities and incentives to stay.
- There are some things we are doing well. We are one of the few STP areas that is incorporating the social care workforce and making it part of the solution
- There is an issue about professionals returning to work in health and social care and the use of bursaries to attract them back to the workforce

MR summarised the discussion, focussing on suggested areas for action for the Workforce workstream:

- The need for a continued focus on robust data to inform the baseline – to evidence the Kent and Medway workforce position
- Support for the need for a clear strategy, which includes early actions to deal with immediate problems - and projects initiated to implement these actions.
- Ensuring we are implementing the right workforce models for the challenges we face
- Support for a focus on tracking progress we are making on increasing workforce numbers (especially overseas GPs / staff)

**ACTION:** Workforce workstream to incorporate feedback from deep dive discussion in the development of its 2018/19 plans and developing strategy, to be brought to the July Programme Board meeting.

### 3. Local Care Update

Caroline Selkirk (CS), supported by Cathy Bellman (CB), Lisa Keslake (LK) and Reg Middleton (RM), presented progress made by the Local Care workstream on the output of local care planning. This included milestones, investment and impact in 2018/19 across Kent and Medway, risks and issues, action plan progress and further work required to develop the local care model.

The locality plans currently being finalised have been developed by NHS commissioners. The plans are focused on how we can deliver better, more coordinated care for patients in or close to their own homes with NHS and social care services working in a more integrated way for the benefit of patients – keeping them well and out of hospital or getting them home sooner if they have had a hospital stay. Implementation plans now need to be co-designed and co-owned across the health and care system, with providers and wider stakeholders.

There is a particular issue around non-elective occupied bed days (NEL OBD), where the expected activity reductions outlined in the original investment case (and therefore expected cost reductions) may not be achieved as soon as originally anticipated. Finance Group and operational colleagues have agreed that further work is required on OBD impact and that the low forecast for 18/19 is likely to be multi-faceted. The need to reduce rising OBDs for those patients who are medically fit for discharge demonstrates the reason why changing the service

model is needed in order to meet this rising demand against the workforce challenges discussed earlier.

Commissioners understand the benefit that investment in local care will have for their local populations and it is proposed that a £32million investment will be made in 2018/19, the majority of which will come from CCGs. Development of local care services is vital if we are to provide better, holistic care and unless we build-up local care we will not address the challenges we face in Kent and Medway. This funding is built into CCG plans but risks were noted around the potential for this funding having to be used to meet provider over-performance, rather than invested in local care. This will be kept under review, including through the Local Care Implementation Board, who will be responsible for overseeing how this resource is spent and holding the system to account.

Programme Board members were broadly happy with the approach set out by the Local Care workstream and **AGREED** that work should proceed as planned, with the proviso that the plans go through the Local Care Implementation Board so that it could scrutinise the detail.

#### **4. Kent and Medway STP Financial Outturn 2017/18**

The purpose of this item was to give members a summary of the system-wide financial position across Kent and Medway at month 12, 2017/18, including the planned deficit, the actual position and how far the system is behind plan. MR presented this item as Phil Cave needed to give his apologies at short notice.

Local NHS organisations in Kent and Medway are collectively behind plan by a deficit of £102m at month 12. The planned deficit for NHS organisations across the Kent and Medway STP area (excluding SECAMB) as at year end is a deficit of around £40m. As expected from previous discussions and forecasting, the actual position is a £143m deficit.

The seriousness of the deficit was discussed and members requested further information on:

- The financial position and plans for 2018/19
- Initial shared plans/actions to address this position for further detailed discussion
- The financial position before and after Sustainability and Transformation Funding is taken into account
- CIP and QIPP savings in 2017/18
- The 2017/18 financial position of other STP areas (where comparable)

**ACTION:** Provide members with further information on the STP financial position for 2017/18 and initial plans to address this deficit in 2018/19

There was a general discussion on role and remit of the Kent and Medway sustainability and transformation partnership in financial system management and sustainability, particularly in relation to the roles of NHS England and NHS Improvement, and what bearing this should have on what financial information is brought to Programme Board for consideration. MR reminded members that it is vital that the Kent and Medway partnership and joint plans across the local NHS and social care consider and address all three of the *Five Year Forward View* gaps: care and quality; health and wellbeing; as well as funding and efficiency.

#### **5. STP Finance and Governance Update**

Ravi Baghirathan (RBa) presented the final draft of the STP budget, outlining the principles governing how the budget will be managed. MR following with an update on changes to STP programme governance in the light of recent programme developments and ongoing system transformation.

The final draft of the budget was presented to members, and it was noted that a number of organisations are looking to take the budget proposal to their public meetings for approval.

Discussion points included:

- Resources for Medway and North West Kent Delivery Board (MNWK): this is contained within the Clinical Strategy budget
- Resources for Prevention project management have now been agreed (currently sitting within PMO budget)
- Medway Council contribution: there was a query about this, which relevant members agreed to discuss and resolve outside the meeting.

Members **AGREED** the total budget, subject to formal agreement through organisations, and noted this will be published on the STP website in due course.

MR shared a proposed revised governance structure with members for initial thoughts, stressing that further discussions will be conducted with individual member organisations and at the forthcoming June and July Programme Board meetings.

Discussion points included the following:

- Pharmacy committee: this has been included as a suggestion only and is subject to further consultation and discussion with members
- Primary care: this is now a new STP workstream in recognition of the challenges facing the primary care workforce. There will be a 'deep dive' on primary care at the June meeting, where this will be discussed in more detail.
- Ensuring the Patient and Public Advisory Group (PPAG), Communications and Engagement workstream and the Partnership Board are properly represented on the schematic
- The Clinical and Professional Board (CPB) must be a driver of change and initiator of ideas. There should also be a greater link between CPB and health and wellbeing boards (HWBs).
- We need to look at workstream SROs in the light of recent vacancies. It is possible that some workstreams might need to be rationalised

MR raised a question about how the STP involves the chairs and non-executive directors of provider organisations in its work, and asked members to consider this when reviewing the draft structure.

**ACTION:** Discussions to take place with key partners organisations on governance and updated proposals to be brought back to the Programme Board

## 6. Chief Executive's Report

Estates Workbook Update

MR reminded members of the importance in submitting estates and capital returns for the wave 4 workbook by the end of May. Estate owners are to provide disposal details for any unused estate to enable the development of a robust disposal pipeline and provide details of all capital schemes, even if they are not yet fully worked up. There will be a more in depth discussion on Estates at the June meeting.

Workstream Dashboard

Beckie Burn (BB) briefly presented the dashboard to members, highlighting the significant work that the STP PMO is doing with workstreams to finalise plans and begin to report Red Amber Green (RAG) ratings based on agreed milestones and deliverables.

Members asked for milestones and deliverables for each workstream to be brought to the next meeting for discussion.

**ACTION:** Bring milestones and deliverables for each workstream to the next Programme Board meeting for discussion.

STP Programme Risks

The programme risks were discussed and noted.

Forward Plan for Deep Dive topics to be discussed at the programme board

The forward plan was noted.

**7. Minutes, Actions from the Last Meeting, AOB**

An amendment to the notes of the last meeting was requested, under item 4:

*Original wording:*

The programme Board AGREED the total budget and approach to apportionment, noting that further bilateral discussions were required.

**Revised wording:**

The Programme Board AGREED the approach to budget apportionment, and to bring back the STP budget to the May meeting for approval. It was also agreed to deal with any points organisations raise on a bilateral basis if necessary.

Updates on actions from 9 April are below:

Action	Owner	Deadline
Workstream leads and SROs to add their risks and mitigating actions to the STP risk register before the next Programme Board meeting <b><i>Risk register circulated with papers and on agenda for discussion</i></b>	Workstream SROs	14 May 2018

Schedule a deep dive of the Digital workstream for July 2018 meeting <b>Scheduled and workstream lead informed</b>	DC	14 May 2018
<i>Carried forward from March 2018:</i> Circulate detailed financial position figures to Programme Board members <b>Financial position circulated with meeting papers and on agenda for discussion</b>	DC	27 April 2018
Pull together a list (six) of core objectives / priorities for workforce development across Kent and Medway <b>Priorities will be informed in part by the deep dive discussion</b>	HS/RB	23 March 2018
Circulate Workforce data and infographics to Programme Board members once complete <b>Workforce data and infographics circulated with meeting papers</b>	HS/RB	23 March 2018
<i>The meeting ended at 5:00pm</i>		

#### **ACTIONS – to be reviewed at the next meeting**

<b>Action</b>	<b>Owner</b>	<b>Deadline</b>
Bring milestones and deliverables for each workstream to the next Programme Board meeting for discussion.	Beckie Burn	11/06/2018
Provide members with further information on the STP financial position for 2017/18 and plans to address this deficit in 2018/19	Phil Cave	11/06/2018
Workforce workstream to incorporate feedback from deep dive discussion in the development of its 2018/19 plans and developing strategy, to be brought to the July Programme Board meeting.	Rebecca Bradd	2 July 2018

## ATTENDEES

Organisation	Name	Role	Initials
Dartford and Gravesham NHS Trust	Gerard Sammon	Interim CEO	GS
East Kent Hospitals University NHS Foundation Trust	Susan Acott	Chief Executive, Digital SRO	SA
Healthwatch Kent	Steve Inett	CEO Healthwatch Kent, Chair of PPAG	SI
Hood & Woolf	Steph Hood	Director, Communications & Engagement	SH
Kent & Medway Sustainability & Transformation Partnership	Beckie Burn	STP PMO Lead	BB
Kent & Medway Sustainability & Transformation Partnership	Donna Carr	STP PMO Officer	DC
Kent & Medway Sustainability & Transformation Partnership	Louise Dineley	East Kent Programme Director	LD
Kent & Medway Sustainability & Transformation Partnership	Ravi Baghirathan	STP Programme Director, Medway and North West Kent	RB
Kent & Medway Sustainability & Transformation Partnership	Michael Ridgwell	STP Programme Director, Comms & Engagement SRO	MR
Kent County Council	Jo Frazer	Adult Social Care PMO	JF
Kent County Council	Anne Tidmarsh	Director, Older People & Physical Disability	AT
Kent County Council	Paul Carter (Cllr.)	Leader of the Council	PC
Kent County Council	Peter Oakford (Cllr.)	Cabinet Member for Education and Health Reform	PO
Kent County Council	Allison Duggal	Deputy Director of Public Health, Prevention Workstream Lead	AD
Kent Local Medical Committee	Dr Gaurav Gupta	Chairman	GG
Maidstone and Tunbridge Wells NHS Trust	Jim Lusby	Deputy CEO	JL
Medway NHS Foundation Trust	Lesley Dwyer	Chief Executive, Co-Chair of MNWK Delivery Board	LDw
Medway Unitary Authority	Alan Jarrett (Cllr.)	Leader of the Council	AJ

Organisation	Name	Role	Initials
Medway Unitary Authority	James Williams	Director of Public Health, Prevention SRO	JW
Medway Unitary Authority	Neil Davies	Chief Executive	ND
Medway Unitary Authority / Medway Health & Wellbeing Board	David Brake (Cllr.)	Portfolio Holder for Adult Services / Chairman	DB
NHS Ashford CCG and NHS Canterbury and Coastal CCG	Simon Perks	Deputy Managing Director, MNWK CCGs	SP
NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG	Patricia Davies	Director of Acute Clinical Strategy, Kent and Medway CCGs	PD
NHS Medway CCG	Caroline Selkirk	Managing Director, East Kent CCGs and Local Care SRO	CS
NHS West Kent CCG	Ian Ayres	Managing Director, MNWK CCGs	IA
South East Coast Ambulance Service NHS Foundation Trust	Jayne Phoenix	Associate Director of Strategy and Business Development	JP

## APOLOGIES

Organisation	Name	Role	Initials
East Kent Hospitals University NHS Foundation Trust	Phil Cave	Executive Director of Finance, Chair of Finance Group	PCv
Maidstone and Tunbridge Wells NHS Trust	Miles Scott (Steve Orpin deputising)	CEO	MS
NHS England	Felicity Cox	Director of Commissioning Operations	FC
NHS Improvement and NHS England	Anne Eden	Regional Director – South East	AE
Kent & Medway Sustainability & Transformation Partnership	Glenn Douglas (Michael Ridgwell deputising)	STP Chief Executive (Chair)	GD
Kent Community Health NHS Foundation Trust	Paul Bentley	Chief Executive, PMO SRO	PB
Kent County Council	Andrew Scott-Clark (Allison Duggal deputising)	Director of Public Health, Prevention SRO	ASC
NHS Swale CCG	Fiona Armstrong (Anne Tidmarsh deputising)	CCG Clinical Chair, Clinical and Professional Board Co-Chair	FA
Kent County Council	Penny Southern (Anne Tidmarsh deputising)	Interim Executive Director for Adult Social Care & Health	PS