

MINUTES

Meeting	Programme Board
Date and time	3:00pm to 5:00pm, Monday 1 October 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 welcomed attendees and asked attendees to introduce themselves.

The meeting was informed that Allan Jarrett (Medway Unitary Authority), Lesley Dwyer and James Devine (Medway Foundation Trust) would be arriving later due to previous urgent engagements.

Glenn gave his condolences at the sad passing of Bill Jones, former Chief Finance Officer for Dartford, Gravesham and Swanley, Medway and Swale CCGs.

2. Stroke Review

Patricia Davies presented an overview of progress towards production of the decision-making business case on which the future of urgent stroke care in Kent and Medway will be based.

On 13th September 2018, the Joint Committee of CCGs recommended a preferred option, which was the proposal to establish three hyper acute stroke units (HASUs) alongside acute stroke units at Darent Valley Hospital in Dartford, Maidstone Hospital, and the William Harvey Hospital in Ashford.

More work will now be undertaken to look at the potential implementation of this option in the future. This work will be set out in a Decision Making Business Case (DMBC) for the Joint Committee of CCGs to consider before they make a final decision by January 2019. The immediate next steps will be to develop DMBC, which will set out an implementation plan that will cover areas such as workforce, estates and the capital requirement. The decision-making business case will be reviewed by the South East Clinical Senate (18 October) and assured by NHS England and NHS Improvement. The Joint Health Overview and Scrutiny Committee will also continue to be engaged.

Elected members from Medway Unitary Authority expressed disappointment that Medway Hospital was not included in these recommendations and will be debating the issue a full council, with a view to scrutinising and challenging the decision-making process. Medway councillors will also be meeting with the three Medway MPs on Friday about the issue.

It was noted that social care needs to be part of the discussion on rehabilitation. Patricia assured members that there is a commitment to delivering a better model for stroke

rehabilitation closer to home and mapping is underway within each locality to test how this new model might work. Rehabilitation will also be covered within the DMBC.

The chair thanked Patricia for her work on bringing the stroke review to this point and wished her well in her new role as Accountable Officer for Bedfordshire, Luton and Milton Keynes CCGs.

3. Digital Update

Following the Digital Deep Dive at the last meeting, Susan Acott presented two papers which sought members' ratification of the prioritised Health System Led Investment Funding bids to be submitted to NHS England by 5th October and support for the proposed governance arrangements and approval process required for phase 2 of the Kent and Medway Care Record project (outline business case, full business case and contract award).

Health System Led Investment Funding

Two portfolio options were presented:

- Option 1 was the list developed by the Digital workstream and amended following a discussion at STP Finance Group. The top scoring bids (14 points) are 100% funded, and bids scoring 13 or 12 receiving 51% funding, the remainder to be found by the relevant Trust(s) or the partnership as a whole (the scoring and value of the Medway Electronic Health Record scheme was not agreed by Medway Foundation Trust)
- Option 2 included a list of all bids scored 14 or 13, funded at full 100% value. The total value of the bids exceeded the funding available.

Option 1 was **AGREED**.

Lesley Dwyer mentioned that Medway Foundation Trust (MFT) had asked for a re-scoring of bids but this was not agreed, so there needs to be a discussion about how these bids will be match funded. Susan **AGREED** to share the evaluation with MFT outside the meeting.

Kent and Medway Care Record (KMCR)

Ian Ayres confirmed that CCG funding for the project / procurement costs for KMCR had already been agreed. The outline business case now needs to go to CCG boards in October and November, seeking agreement that they will (a) commit to one interoperative solution and (b) the capital funding to implement and run the solution.

Susan reiterated that there will be many opportunities for clinical chairs and clinicians more broadly to be involved in its development between now and go live, although it was noted that timescales for delivery were tight. She also **AGREED** to clarify the timing of the involvement of local authorities in KMCR sign off (was noted that there is already LA involvement in KMCR development). It was pointed out that £32million is agreed for the delivery of local care and KMCR supports the successful delivery of local care.

It is understood that the KMCR will be in ongoing development; new functionality will be added as health and care practitioners become more aware of how it can support and transform their practice. That said, Susan **AGREED** to add the date for 'base connectivity' to the project plan.

4. Strategic Commissioner Update

Simon Perks gave members an update on progress towards the creation of a strategic commissioner for Kent and Medway, which is the first priority for Kent and Medway Integrated Health System (ICS). The purpose of an ICS is to integrate primary care, mental health, social care and hospital services, redesigning care around people at risk of becoming acutely unwell.

A Strategic Commissioner Steering Group has been established, chaired by Bob Bowes, Clinical Chair of West Kent CCG, which will lead and shape the development of future commissioning arrangements. Mike Gilbert (STP Director of Corporate Services) supports the Strategic Commissioner Governance Oversight Group which is currently developing terms of reference for governance arrangements that facilitate joint decision-making. A clearer definition of arrangements should be developed by late December.

The workstream is currently identifying areas where there is strong agreement about what should be commissioned on a Kent and Medway level, e.g. cancer. It was suggested that other clinical network areas may be ripe for a county-wide approach, such as maternity services.

There was a question on what patient and public engagement had been factored into the development of the strategic commissioner arrangements. Patient and Public Advisory Group (PPAG) members were on the steering group and as membership organisations, however it was also pointed out that CCGs also has a responsibility to ensure that the voices of their membership were heard.

5. East Kent Update

Michael Ridgwell gave members an update on progress towards producing a pre-consultation business case for the reconfiguration of urgent, emergency and acute medical services.

Hurdle criteria were developed with clinicians, staff, patients, public and stakeholders in 2017 and assessed each longlist option to ask:

1. Is it clinically sustainable?
2. Is it implementable?
3. Is it accessible?
4. Is there a strategic fit?
5. Is it financially sustainable

While they were fit for purpose when they were developed, since the original evaluation of the long-list, a number of factors, have changed, including amended national planning guidance, a longer timeline to pursue a more ambitious transformation programme (following patient and public feedback) and increased costs of building work, which has led to an update and reprioritisation of the criteria. Proceeding with the original criteria could have resulted in no viable option being shortlisted and further delays to improving NHS services for residents of east Kent.

The East Kent Transformation Programme is now in the process of developing a pre-consultation business case (PCBC), including developing and agreeing clinical and service models. The PCBC is due to be finalised by December, with sign off and submission in January to NHS England. Pre-consultation engagement meetings will be held across East Kent during October and November.

6. STP Financial Position and Budget

Phil Cave gave members a brief summary of the Kent and Medway Month 4 financial position and Month 5 review of the STP budget for 2018/19.

At month four, the STP has a system-wide year-to-date deficit of £1m (excluding KCC, Medway UA and SECAMB), which is ahead of plan by £0.7million. The year-end forecast outturn deficit is £116million. Agency spend remains a significant pressure and is currently running at £13.4million above plan.

The STP budget has now been agreed by all partner organisations.

7. Chief Executive's Report

Workstream Highlight Reports

Mid-year reviews will be held with each workstream during October and November, where the PMO will have discussions with workstream leads on the achievement of their agreed deliverables for 2018/19.

Many of the issues for escalation focussed on resourcing and lack of capacity to deliver. A Local Care update is scheduled to come back to Programme Board this calendar year. For Digital, it was felt that a strategic function with the right competence and capability was required, with a workplan driven by business needs.

Members also pointed out that workstreams currently off track may impact significantly on the positions of individual partner organisations.

STP Risk Register

System-wide ('STP-wide') risks were initially gleaned from partner organisation risk registers and STP programme oversight group discussions. These initial risks have recently undergone a rapid review by the STP PMO to ensure that they remain relevant, and to remove duplications. Work still needs to be done on how system-wide risks are reviewed following the recent STP governance changes.

Work streams are still in the process of updating their risks – progress on this activity will be picked up within the mid-year reviews.

Forward Plan

The Forward Plan was noted. Items requested for information included:

Digital – Final submission of bids to NHS England and KMCR outline business case
East Kent – Public information pack

8. Minutes and Actions from the last meeting, AOB

Actions from September meeting

Action	Owner	Deadline
Include Kent and Medway Care Record (KMCR) in the final list of digital projects put forward for health system-led investment funding Covered in the Digital item on the agenda	Andrew Brownless	1 October 2018
Reserve 20% of the health system-led investment digital funding bids for innovation projects Covered in the Digital item on the agenda	Andrew Brownless	1 October 2018
Confirm with MDs for East Kent and Medway and NW Kent that they have agreed to fund project management and procurement on KMCR, up to the point of selection of a preferred provider Completed - confirmed in discussion on KMCR	Caroline Selkirk / Ian Ayres	1 October 2018
Check whether the decision to fund KMCR project management and procurement needs to be agreed by each individual CCG boards Completed - covered in the Digital item on the agenda	Caroline Selkirk / Ian Ayres	1 October 2018
Carry out an audit of existing partner IT and web-based systems to ensure that interoperability	Andrew Brownless	1 October 2018
Provide partner organisations with advice and a form of words for new provider contracts to ensure their IT systems are interoperable with the KMCR This will be provided closer to the development of the care record itself	KMCR Project Team	This will be provided closer to the development of the care record itself
Bring a paper back to October Programme Board on the proposed governance for the KMCR, including recommendations on how ongoing costs will be charged Completed	Susan Acott / Andrew Brownless	1 October 2018
Present a more detailed paper on the Shared Health Analytics function and governance proposals, with clear recommendations, to Programme Board in December Not yet due	Andrew Brownless	3 December 2018
Present an update on progress towards establishing a strategic commissioner to the October Programme Board meeting	Simon Perks	1 October 2018

Completed		
Present an update on local care at Programme Board after the upcoming discussion on local care at Finance Group Not yet due	Caroline Selkirk	8 November 2018
Review risk register before the next Programme Board meeting Covered in the Chief Executive's report on the agenda	STP PMO	1 October 2018
<u><i>Any Other Business</i></u>		
Glenn Douglas noted that Patricia Davies, Lesley Dwyer and Gerrard Sammon would soon be moving on to new jobs and portfolios and thanked them for their contribution to the STP Programme Board.		
<i>The meeting ended at 17:00</i>		

ACTIONS – to be reviewed at the next meeting

Action	Owner	Deadline
Clarify the timing of the involvement of local authorities in KMCR sign off	Digital workstream	8 November 2018
Add the date for 'base connectivity' to the KMCR project plan	KMCR project team	8 November 2018
Include the final submission of bids to NHS England, KMCR outline business case and East Kent public information pack as papers for information	STP PMO	8 November 2018

ATTENDEES

Organisation	Name	Role
Dartford and Gravesham NHS Trust	Gerard Sammon	Interim CEO
East Kent Hospitals University NHS Foundation Trust	Phil Cave	Executive Director of Finance, Chair of STP Finance Group
East Kent Hospitals University NHS Foundation Trust	Susan Acott	Chief Executive, STP Digital SRO
Healthwatch Kent	Steve Inett	CEO Healthwatch Kent, Chair of Patient and Public Advisory Group
Kent & Medway Sustainability & Transformation Partnership	Donna Carr	Programme Manager
Kent & Medway Sustainability & Transformation Partnership	Glenn Douglas	Chief Executive and Strategic Commissioner, STP SRO System Transformation
Kent & Medway Sustainability & Transformation Partnership	Julia Rodgers	Director, Communications & Engagement
Kent & Medway Sustainability & Transformation Partnership	Michael Ridgwell	Programme Director, STP Communications & Engagement SRO
Kent & Medway Sustainability & Transformation Partnership	Patricia Davies	Director of Acute Strategy, STP Stroke Review and Cancer Strategy SRO
Kent County Council	Andrew Scott-Clark	Director of Public Health, STP Prevention SRO
Kent County Council	Penny Southern	Acting Corporate Director for Adult Social Care and Health
Kent Local Medical Committee (LMC)	Mike Parks	GP Representative
Maidstone and Tunbridge Wells NHS Trust	Amanjit Jhund	Director of Strategy, Planning and Partnerships
Medway NHS Foundation Trust	Lesley Dwyer	Chief Executive
Medway Unitary Authority	Alan Jarrett (Cllr.)	Leader of the Council
Medway Unitary Authority	James Williams	Director of Public Health, STP Prevention SRO
Medway Unitary Authority / Medway Health & Wellbeing Board	David Brake (Cllr.)	Portfolio Holder for Adult Services / Chairman
NHS England	Ivor Duffy	Director of Assurance and Delivery

Organisation	Name	Role
NHS Improvement	Suzanne Cliffe	Head of Delivery and Improvement, South (East)
NHS Medway and North West Kent CCGs	Ian Ayres	Managing Director
NHS Medway and North West Kent CCGs	Simon Perks	Deputy Managing Director

APOLOGIES

Organisation	Name	Role
Kent Community Health NHS Foundation Trust	Paul Bentley	Chief Executive
Kent County Council	Graham Gibbens (Cllr.)	Cabinet Member for Adult Social Care and Public Health
Kent County Council	Paul Carter	Leader of the Council
Medway NHS Foundation Trust	Diana Hamilton-Fairley	Medical Director, STP Clinical and Professional Board Co- Chair
Medway Unitary Authority	Neil Davies	Chief Executive
NHS East Kent CCGs	Caroline Selkirk	Managing Director, STP Local Care and East Kent SRO
NHS Swale CCG	Fiona Armstrong	CCG Clinical Chair, STP Clinical and Professional Board Co-Chair
NHS England	Felicity Cox	Director of Operations