

## MINUTES

<b>Meeting</b>	<b>Programme Board</b>
<b>Date and time</b>	9:30am to 11:30am, Thursday 8 November 2018
<b>Location</b>	Motivation Room, Village Hotel, Castle View, Forstal Road, Maidstone, ME14 3AQ
<b>Chair</b>	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.

There were no declarations of interests.

#### 2. Kent and Medway Medical School

The development of the Kent and Medway Medical School (KMMS) is a joint initiative led by Canterbury Christchurch University and the University of Kent. Professor Chris Holland, Foundation Dean for the medical school, outlined progress toward its development of the school, which will be open to students from 2020.

The two universities are working to obtain the necessary accreditations that the School requires, including GMC Stage 3 accreditation processes (documents to be submitted in November 2018). Also key is the development of the Programme Specification; KMMS is buying the Brighton and Sussex programme, but making some changes, based in part on the innovative service changes in train across Kent and Medway. Prof. Holland highlighted that there was no underpinning capital investment or set up funding and support from STP partners in this regard would be welcome.

As Kent has one of the worse ratios of health professionals to population, the KMMS has the potential to significantly boost the number of clinicians entering the local workforce. However, local health and care organisations need to show postgraduates that they can have the kinds of varied careers that they are now looking for. The current shortage also presents challenges relating to capacity for supervision and teaching in the short term.

Widening participation is also an important issue for the KMMS. At the moment, the school that a child attends can dictate whether they have the opportunity to take the 'A' level subjects necessary for medical school entry. In particular, a lack of students taking chemistry at A-level is limiting the number of Kent and Medway students who are able to apply for medicine.

Programme Board members asked the following questions:

*Q: Will the medical school produce more psychiatrists?*

**A:** KMMS will be accepting Psychology 'A' level as one of the entry qualifications. The school will also reinforce the link between physical and mental health from teaching through to

placements.

*Q: Is there potential for flexible part-time training?*

A: KMMS will be starting with the five year (full-time) programme. The programme is very integrated in nature, so it would be difficult to develop it as a part time offering at this point. The school would also like to broaden the 'intercalation' and have paid placement years.

Board members were broadly supportive of the integrated agenda and accepted that a key challenge may be training teachers in this new way or working.

*Q: Is KMMS clear on what the NHS needs to do / contribute to the development of the school? Where are the touch points?*

A: Feedback will be received from GMC Stage 3 early in the new year. This will be the trigger for complex conversations and agreements with many partners to agree specification, quality assurance processes, capacity and resourcing for student placements, as well as student option learning activities. This will be an intense and key point in the development of KMMS and the ongoing good will and support of the STP as well as other partners will be essential to this work. In terms of touch points, clinical, academic and student advisory groups have been set up (the Clinical Advisory Group (CAG) met two weeks ago).

*Q: How can social care influence and support, and be part of these conversations?*

A: The CAG needs to ensure it has the right social care representation on that group.

Penny Southern indicated she was happy to provide the social care connection with the CAG.

**ACTION:** STP PMO to circulate Chris' details to Penny and the wider Programme Board membership.

*Q: Is there anywhere in the country that has achieved positive and sustained change on widening participation and access?*

A: There has been little real change to the diversity within medical schools. There needs to be a change in schools' policy to feed this. Also access to internships needs to be looked at, as well as increasing the number of clinicians going into school to talk about careers in healthcare.

Some members felt that local secondary school education systems can sometimes be a blocker to local people accessing medical schools (e.g. not supporting pupils to take the right A-levels) , but the information evidencing this was required if the issue is to be tackled effectively. It was pointed out that sixth forms have also experienced significant reductions in funding in recent years.

Brighton and Sussex worked with a local further education college to produce a one year access to medicine programme. KMMS would want to support more than one further education college to provide this.

**ACTION:** Chris Holland to send evidence base on school education systems and access to medical schools to STP PMO, for circulation to members.

Diana Hamilton-Fairley explained that Medway NHS Foundation Trust has entered into a Memorandum of Understanding with the KMMS and felt that this was an important mark of its commitment to supporting the development of the medical school.

**ACTION:** Diana to send a copy of the KMMS MoU to the STP PMO, for circulation to members.

*Q: How will we retain students?*

A: We need to think about flexibility, e.g. career breaks, portfolios etc.

**ACTION:** Bring back a further update on the KMMS to the Programme Board in January, including a clearer ask of how the STP can practically support the development of the school

The Chair thanked Professor Holland for his presentation.

It was suggested that STP partner organisations should try to coordinate their contributions to the medical school, factoring in the total cost of the medical school to the system. Potential sources of income include:

- Placements – all placements come with some resource (but only when they start)
- Research (linked to University of Kent)
- Apprenticeships – need to take advantage of accompanying resources

In addition, the STP Workforce workstream would need to have conversations with KMMS about what was possible – Workforce should be the STP's key link with the KMMS.

### **3. Winter Planning**

Jim Lusby presented this item on behalf of Ivor Duffy, updating the Board on progress to date and the approach proposed for this winter.

After the prolonged cold weather during 2017/18, a number of recommendations were agreed across the system to streamline processes and strip out duplications. Significant progress has been made on each of these recommendations.

During the past month the Winter Team has:

- Reviewed and tested winter and escalation plans
- Developed a communication strategy, with the Director of Communications for the STP, with health and social care partners including national partners for flu etc.
- Implemented a virtual winter team
- Updated and standardised metrics in SHREWD and tested
- STP winter leads are working with KCC to agree how the national aspiration that <15% of CHC assessments occur in the acute trust will be delivered, rather than on a system by system basis
- finalised proactive dashboard and agreed system and pan system response to early warning indicators
- Tested plans and approach with the South East NHSE/I lead on urgent care for assurance and streamlining of reporting expectations.

Longer term, Jim suggested that the urgent and emergency care strategy and 111 procurement would need to be pulled together in a more coherent way to better tackle winter pressures.

There was a short discussion on seasonal influenza and how each organisation is encouraging uptake of the flu jab, particularly among frontline staff. In Swale and Medway there are clear targets and good practice is shared across the patch. Staff who have opted not to have the vaccine are asked why they have chosen not to do so. There was some agreement that

performance data on flu vaccinations should be shared, real time if possible.

Feedback from the public suggests that individuals look less at posters but would take notice of a direct communication from their GP. There was a Kent-wide letter to all GP registered patients in the past, but this was stopped five years ago. It was also noted that primary care staff should be included in any staff initiatives and primary care should be a key part of winter planning. In addition, the SHREWD system does not currently pick up on winter pressures within primary care. Jim highlighted that Optum may be taking forward some work on obtaining live feeds from GP surgery systems.

Programme Board **ENDORSED** the STP-wide approach for winter 2018/19, noting the points above on primary care. Jim agreed to take these points on board in the development of their approach to winter planning.

#### **4. Kent and Medway Care Record – Outline Business Case**

Evelyn White (Project Manager), updated the meeting on progress made to deliver the Kent and Medway Care Record (KMCR).

Evelyn stressed that partners needed to agree to moving to the procurement phase by 15 November, to award the contract by May 2019. In the interim, organisations will be developing tactical solutions to enable sharing of data, however organisations will need to ensure they are not double running these solutions once the KMCR is in place. Partners also need to:

- improve their technical competence, confidence and infrastructure; and,
- prepare their suppliers for the need to be interoperable with the KMCR, and have the right interface with it.

Engagement with seldom heard groups will be starting soon. The most significant challenge, however, will be the culture of clinicians and their engagement with the KMCR.

Andrew Scott-Clark highlighted that it was vital drug and alcohol services was in the first wave of services to be included within the initial KMCR rollout ('base connectivity'), given their role in prescribing opiates.

Programme Board members agreed to:

- Officially **ENDORSE** moving to the procurement phase for the KMCR
- Strongly advocate for the KMCR within their constituent organisations
- **ENDORSE** the Memorandum of Understanding circulated with the papers, agreeing to sign and return the final draft early next week.

**ACTION:** Circulate the draft MoU to Programme Board members for comments before close on Monday 12 November, in order for members to sign and return the final MoU before 15 November.

#### **5. STP Financial Position**

Phil Cave gave members a brief summary of the Kent and Medway Month five financial position for 2018/19.

The year-to-date (YTD) planned deficit for Kent and Medway STP as at month 5, is a deficit of

£53m. The YTD actual position is a £55m deficit. The STP is behind plan YTD by a deficit of £2.0m. The month 5 YTD figures include actual PSF/CSF earned of £10.9m.

The year-end planned deficit for Kent and Medway STP is £77m. The year-end forecast position is a £79m deficit. The STP is forecasting a year end deficit versus plan of £1.6m, as at month 5. The month 5 year end forecast figures include PSF/CSF earned of £36.9m.

Phil explained that the next couple of months will be critical, indicating the likely year end position.

The chair asked that for the next financial position report, a column showing the elements of risk / sensitivity analysis is added to the report. **ACTION:** Phil Cave.

## **6. Chief Executive's Report**

### STP Budget and Planning 2019/20

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.

The STP 19/20 budget objectives will be to:

- support the delivery of the agreed STP priorities; and,
- support the transition to the new system structures that enable the delivery of integrated care.

Budgets will be developed by workstreams, with PMO support, and brought to the January Programme Board for discussion.

The NHS long term (10 year) plan is due to be published in December 2018. This will clearly have an impact on STP workstream plans. An STP planning submission is likely to be required in early 2019/20.

### STP Risk Register

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

### PWC Report on Kent and Medway Funding

This will be on the agenda for discussion at the December meeting.

### Forward Plan

The Forward Plan was noted. Items requested for future meetings include:

- PWC Report on Kent and Medway Funding Allocation – December 2018
- Planning (2019/20 and NHS 10 Year Plan) – January 2019
- Kent and Medway Medical School Update – January 2019
- Ebsfleet Development - tbc

## 7. Minutes and Actions from the last meeting, AOB

### Actions from October meeting

Action	Owner	Deadline
Clarify the timing of the involvement of local authorities in KMCR sign off <b>The local authority approval timeline will be the same as for CCGs</b>	Digital workstream	8 November 2018
Add the date for 'base connectivity' to the KMCR project plan <b>This is currently scheduled for September 2020</b>	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 <b>Completed</b>	STP PMO	8 November 2018

### Any Other Business

A member asked whether there had been any update on the outcome of the Wave 4 Estates bids. No information has been obtained as yet from NHSE.

*The meeting ended at 11:40am*

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

Action	Owner	Deadline
Circulate prof. Chris Holland's details to Penny and the wider Programme Board membership	STP PMO	3 December 2018
Send evidence base on school education systems and access to medical schools to STP PMO, for circulation to members	Prof. Chris Holland	3 December 2018
Send a copy of the KMMS MoU to the STP PMO, for circulation to members	Diana Hamilton-Fairly	3 December 2018
Bring a further update on the KMMS back to the Programme Board in January, including a clearer ask of how the STP can practically support the development of the school	Prof. Chris Holland	8 January 2019
Circulate the draft MoU to Programme Board members for comments before close on Monday 12 November, in order for members to sign and return the final MoU before 15 November 2018.	STP PMO	15 November 2018
Add a column to the next financial position report, showing the elements of risk / sensitivity analysis	Phil Cave	3 December 2018

## ATTENDEES

Organisation	Name	Role
Dartford and Gravesham NHS Trust	Leslieann Osborne	Director of Strategy and Planning
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 Rogers	Director, Communications & Engagement
Kent & Medway Sustainability & Transformation Partnership	Michael Ridgwell	Programme Director, STP Communications & Engagement SRO
Kent & Medway Sustainability & Transformation Partnership	Jim Lusby	Director of xxx
Kent County Council	Andrew Scott-Clark	Director of Public Health, STP Prevention SRO
Kent County Council	Claire Bell	Leader of the Council
Kent County Council	Penny Southern	Acting Corporate Director for Adult Social Care and Health
Kent County Council	Paul Carter	Leader of the Council
Kent County Council	Jo Frazer	Adult Social Care and Health STP Lead
Kent Local Medical Committee (LMC)	Mike Parks	GP Representative
Maidstone and Tunbridge Wells NHS Trust	Miles Scott	Chief Executive
Medway NHS Foundation Trust	James Devine	Interim Chief Executive
Medway NHS Foundation Trust	Diana Hamilton-Fairley	Medical Director, STP Clinical and Professional Board Co-Chair
Medway Unitary Authority	Alan Jarrett (Cllr.)	Leader of the Council

Organisation	Name	Role
Medway Unitary Authority	James Williams	Director of Public Health, STP Prevention SRO
Medway Unitary Authority	Neil Davies	Chief Executive
Medway Unitary Authority / Medway Health & Wellbeing Board	David Brake (Cllr.)	Portfolio Holder for Adult Services / Chairman
NHS Improvement	Suzanne Cliffe	Head of Delivery and Improvement, South (East)
NHS Medway and North West Kent CCGs	Ian Ayres	Managing Director
NHS West Kent CCG	Bob Bowes	CCG Clinical Chair, STP Strategic Commissioner Steering Group

Presenters:

Kent and Medway Medical School	Professor Chris Holland	Dean
Kent and Medway Care Record Project Team	Evelyn White	Project Manager

## APOLOGIES

Organisation	Name	Role
Kent Community Health NHS Foundation Trust	Paul Bentley	Chief Executive
Kent County Council	Graham Gibbens (Cllr.) (Claire Bell deputising)	Cabinet Member for Adult Social Care and Public Health
NHS East Kent CCGs	Caroline Selkirk	Managing Director, STP Local Care and East Kent SRO
NHS England	Felicity Cox	Director of Operations
NHS England	Ivor Duffy (Jim Lusby deputising)	Director of Assurance and Delivery
Dartford and Gravesham NHS Trust	Louise Ashley (Leslieann Osborne deputising)	Chief Executive