

MINUTES

Meeting	Programme Board
Date and time	3:00pm to 5:00pm, Tuesday 8 January 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.

There were no declarations of interests.

2. Productivity Update

Sheila Stenson (SRO, Productivity) and Jonny Cotton (Workstream Lead) presented an update of the Productivity Programme, giving an overview of 2018/19 performance and the proposed direction of the programme including future plans and proposed budget.

A Productivity Programme Board was established four months ago to enable specific focus on this work stream and to be able to escalate any issues directly to the CEOs for resolution. The Board is chaired by Miles Scott (Chief Executive, Maidstone and Tunbridge Wells NHS Trust) and meets on a bi-monthly basis. It has now met on three occasions and has oversight of the focus areas for the work stream in 18/19 and for 19/20 planning.

Over the past two months the workstream has focussed on:

- The introduction of a shared nursing contract for agency workers
- Improving our performance in medicines, particularly the rate at which we switch to bio-similar drugs
- Submitting a strategic outline case for Pathology
- Preparing plans for 19/20
- Improving our approach to time-limited scoping projects

As at the end of October, STP schemes had achieved savings of £1.083m against a target of £2.43m (44%). The main reason for being behind plan is not meeting the full opportunity set out at the start of the year to reduce rates for medical agency staff (non-compliance with medical locum break glass rates), however savings on nursing rates have been achieved.

Risk adjusted savings for 19/20 of £7.51m have been identified, predominantly made up of schemes in the medicines optimisation and pathology programme. Although the focus to date has been on provider organisations, the work on medicines optimisation will also require the involvement of CCGs.

The Productivity Board has also approved the team required to deliver the programme in 19/20 and the associated total cost of £533,000. An additional £225,000 has also been requested for a small team to take forward the work on pathology. The total cost of the team (£758k) will be funded from 19/20 risk adjusted saving, representing a strong return on investment.

There were a few questions from Programme Board members:

Q: Is there a risk that any of the savings identified had been double counted?

A: The workstream works closely with each provider organisation and was careful to ensure that this was not the case.

Q: What was the key learning from the delay in maximising medicines management savings?

A: Ensuring that managers are fully engaged and that key messages on the delivery of savings filter down through each organisation. Also, only take forward pieces of work where the productivity workstream can add value

It was pointed out that progress to date on productivity needs to be compared with the original challenge; we need to review where we are now against where we thought we would be (the recent publication of the Long Term Plan may present an ideal opportunity to do this).

The Chair thanked Sheila and Jonny for their presentation and work.

3. PWC Report: KMSTP Funding Gap Assessment

Andrew Scott Clark (SRO, Prevention) introduced a report by Price Waterhouse Coopers (PWC) analysing NHS funding for Kent and Medway. The analysis shows that by 2020/2021, the area will be £87m underfunded based on the actual population projections within the Kent and Medway Growth and Infrastructure Framework.

The paper has been discussed at Finance Group. Finance directors noted that the allocations formula is changing and asked if PWC could update the report with the new allocations and technical changes to the NHS funding formula being introduced for 2019/120.

Members **AGREED** that the update needed to be carried out first before considering how to use the resulting data (if it still shows a disparity in funding). Also, we will need to look at comparators as part of any argument for resources and be able to articulate to what degree Kent and Medway are more underfunded than other areas.

The Programme Board agreed that this needed to be part of a more strategic piece of work aligned to the NHS Long Term Plan (i.e. should be presented / incorporated into the Kent and Medway response to the Ten Year Plan), which includes:

- An update of the analysis using the new allocation formula
- A 'mirror' analysis looking at funding for social care; and
- A profile of the population and workforce (as context)

4. Planning 19/20

Michael Ridgwell (Programme Director, STP) gave an update on workstream plans and budget development for 19/20, in advance of Programme Board sign off in February, and a brief overview of the NHS Planning Guidance published on 21 December 2018. The second part of the planning guidance (technical guidance) is due by 11 January 2018.

There were a number of key themes that emerged from the workstream reviews carried out in late 2018. Two key themes highlighted at the meeting were:

- **Benefits realisation:** workstreams have struggled to map links between their programmes and tangible benefits, and would prefer a system-wide set of measures that they can pick from and supplement rather than a solely bottom-up approach. There are notable exceptions where workstreams are developing dashboards e.g. local care, workforce and productivity. The programme needs to start mapping benefits over several years as benefits are often not realised within year.
- **Governance:** a number of programmes now have their own boards in place, meaning that the role of the STP programme board needs to change to be one of oversight, coordination and holding to account. Workstreams all reflect that the RAG rating system is not effective, and would like a new method of reporting

Regarding the planning guidance, six requirements for STPs have been identified:

- i. Develop System Operating Plan (narrative plus aggregation)
- ii. Confirm any net-neutral financial control total changes
- iii. Review CCGs' Mental Health Investment Standard investment plans (with a MH lead provider)
- iv. Ensure system approach to RightCare 19/20 priorities (Cardiovascular, Respiratory +1)
- v. STPs/ICs must have a Primary Care Strategy in place by 1 April 2019
- vi. Ensure PCNs are provided with primary care data analytics for population segmentation and risk stratification

Members noted that the STP Primary Care workstream had already undertaken a significant amount of work on developing plans for improving primary care. This work can potentially be pulled together quite quickly into a Primary Care Strategy (point v. above).

Implicit within the above is a role for the STP to mediate disputes between commissioners and providers. PH outlined that discussions are scheduled between the STP and the local team of NHS E to agree how this should be taken forward. The need to avoid arbitration, which would be viewed as a failing on the part of the commissioner, provider and system, was discussed.

The planning timetable was shared with members. An initial System Operating Plan would need to be agreed at the February Programme Board meeting, and the final plan agreed on 2 April 2019, ready for submission on 11 April 2019.

A member asked what role local authorities (social care) had in this process. NHS England colleagues were clear that the planning guidance was for NHS organisation; local authorities would have oversight of the plan but not sign off.

It was **AGREED** that the Operating Plan and the Long Term Plan should be on the February Programme Board agenda for discussion.

5. System Commissioner and ICS Update

Dr Bob Bowes (SRO, System Commissioner) updated members on progress towards developing the System Commissioner and Integrated Care System (ICS) for Kent and Medway.

On the 12 December 2018, a system wide workshop was held on the development of the ICS in Kent and Medway. The workshop was well attended, with more than 40 leaders and / or their representatives from across the system (commissioning, provision, health, social care, local authorities) informing through discussion and exercise the future form and function of an integrated system. The output was supported with a high degree of consensus and appetite to progress the transition to these arrangements at pace.

The aim is to have the system commissioner in place in shadow form from September 2019 and fully in place by April 2020, with work to embed integrated care systems and partnerships ongoing to April 2022. This is a big development challenge that will demand switching focus from processes to commissioning for outcomes.

Members felt there was broad consensus that there will be one ICS for Kent and Medway, however there needs to be engagement with a wider audience on deciding how many and what the Integrated Care Partnerships (ICPs) will look like. It will also be important to ensure that the plan for developing ICPs is wider than just NHS organisations, and include local authorities and other system partners.

The next system commissioner workshop will be on 13 February 2019 and members were asked to ensure good representation from their organisations.

Programme Board members noted that:

- Establishment of the System Commissioner was one of the Key priorities for the Kent and Medway system
- That there needs to be alignment between STP activities and priorities, and the development of the Strategic Commissioner
- That the Long Term Plan placed a deadline of 2021 for the establishment of the ICS but the local workplan saw this coming into place at the end of 2020/21, which was supported by the group
- The K&M ICS arrangement would subsume current STP arrangements

6. Local Care Update

Cathy Bellman (Workstream Lead, Local Care) updated members on progress made developing Local Care, with a focus on changes in Local Care governance, alignment with Primary Care and feedback from the Local Care Deep Dives.

A new Local Care Board has been established at a Kent and Medway level comprising senior leadership across the health and social care system, representing key organisations involved in the commissioning and delivery of local care services. A smaller board will allow for the effective monitoring of Local Care implementation and the development and delivery of strategic solutions to support Local Care delivery at pace and scale. The current Local Care Implementation Board will be converted to a Local Care Knowledge Share Forum, with a focus

on sharing practical information to help support the delivery of Local Care.

The Local Care workstream is focussing initially on the Dorothy model for the frail elderly and embedding multidisciplinary teams. To support this, primary care needs to come together in primary care networks, covering populations of approximately 30-50,000 as per national guidance. There are a number of actions needed within primary care specifically to enable both this and the related delivery of local care. The primary care and local care teams are therefore working jointly on delivering local care through primary care networks, to provide support for implementation; help with consistency of practice and sharing learning and building on best practice.

A series of Local Care Deep Dives, chaired by Paul Carter in his capacity as chair of the existing LCIB, were arranged to enable a more in depth understanding of:

- the status of implementation (services in place, patient volumes, trajectories etc.);
- planned investment in Local Care; and
- the development of a framework to monitor Local Care delivery going forward.

The themes and content from the Local Care Deep Dives will inform the agenda for the first meeting of the new Local Care Board.

7. STP Financial Position

Michael Ridgwell gave members a brief summary of the Kent and Medway Month seven financial position for 2018/19.

The year-to-date (YTD) planned deficit for Kent and Medway STP as at month 7 is £62m. The YTD actual position is a £99m deficit. The STP is behind plan YTD by a deficit of £37m. The month 7 YTD figures include actual PSF/CSF earned of £15m.

The year-end planned deficit for Kent and Medway STP is £77m. The year-end forecast position is a £111m deficit but significant risks were noted around this position. The STP is forecasting a year end deficit versus plan of £34m, as at month 7.

Members asked that a column showing the elements of risk / sensitivity analysis is added to the report. **ACTION:** Phil Cave.

8. Chief Executive's Report

EU Exit Update

Planning meetings have been set up with representatives from each of the commissioner and provider organisations across Kent and Medway. The first of these meetings was held prior to the Programme Board meeting. A further two meetings have been scheduled for 5 February and 5 March – directly after the February and March Programme Board meetings.

Matt Capper (Director of Corporate Services and Governance, East Kent) will be coordinating this work, working closely with business continuity and emergency planning leads across Kent and Medway.

Comments on papers circulated on 3 December 2018

Although the 3 December 2018 Programme Board meeting was cancelled, three papers were circulated to members for their comments:

- STP Workstream Mid-Year Reviews and Planning for 19/20 (on this agenda)
- STP Financial Position for Month 5 2018/19 (Month 7 report on this agenda)
- Kent and Medway Shared Health and Care Analytics Board – Terms of Reference

There were no comments from members on these items, however it was suggested that there needs to be a broader discussion on informatics across Kent and Medway and the use of the Kent Integrated Dataset.

Papers for information

Papers for information included:

- NHSE Estates Strategy Feedback
- NHSE/I Planning Guidance 19/20

These were noted.

Forward Plan

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

- The NHS Operational Plan and 10 Year Plan (February 2019)
- Further update on the System Commissioner (March 2019)
- Ebsfleet Development (moved to April 2019)

[Note: The Kent and Medway Medical School update will be moved to April 2019 due to the availability of the Dean].

9. Minutes and Actions from the last meeting, AOB

Actions from November meeting

Action	Owner	Deadline
Circulate prof. Chris Holland's details to Penny and the wider Programme Board membership Uploaded to action log on FutureNHS / Kahootz and circulated to members	STP PMO	3 December 2018
Send evidence base on school education systems and access to medical schools to STP PMO, for circulation to members This is not a KMMS remit, however Prof. Holland	Prof. Chris Holland	3 December 2018

<i>is meeting with the Leader of KCC this month to discuss this further.</i>		
Send a copy of the KMMS MoU to the STP PMO, for circulation to members Circulated 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 Update to Programme Board scheduled for April 2019	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. Completed	STP PMO	15 November 2018
Add a column to the next financial position report, showing the elements of risk / sensitivity analysis PMO to request from Finance Lead	Phil Cave	3 December 2018

Any Other Business

None.

The meeting ended at 17:15

ACTIONS – to be reviewed at the next meeting

Action	Owner	Deadline
PWC to be asked to update the STP Funding Gap Assessment to take account of new allocations, ahead of its incorporation into the Kent and Medway response to the Long Term Plan	Andrew Scott-Clark	31 March 2019
Add the Operating Plan and the Long Term Plan to the February Programme Board agenda for discussion	STP PMO	5 February 2019
<i>Carried forward from November 2018:</i> Add a column to the next financial position report, showing the elements of risk / sensitivity analysis	Phil Cave	5 February 2019

ATTENDEES

Organisation	Name	Role
Dartford and Gravesham NHS Trust	Louise Ashley	Chief Executive
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 and Medway NHS and Social Care Partnership Trust	Helen Greatorex	Chief Executive and SRO, Mental Health
Kent Community Health NHS Foundation Trust	Paul Bentley	Chief Executive
Kent County Council	Andrew Scott-Clark	Director of Public Health, STP Prevention SRO
Kent County Council	Graham Gibbens (Cllr.)	Cabinet Member for Adult Social Care and Public Health
Kent County Council	Jo Frazer	Adult Social Care and Health STP Lead
Kent County Council	Paul Carter	Leader of the Council
Kent County Council	Penny Southern	Acting Corporate Director for Adult Social Care and Health
Kent Local Medical Committee (LMC)	Gaurav Gupta	Chair
Kent Local Medical Committee (LMC)	Mike Parks	GP Representative
Maidstone and Tunbridge Wells NHS Trust	Miles Scott	Chief Executive

Organisation	Name	Role
Medway NHS Foundation Trust	Diana Hamilton-Fairley	Director of Strategy, STP Clinical and Professional Board Co-Chair
Medway NHS Foundation Trust	James Lowell	Director of Planning and Partnerships
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	Neil Davies	Chief Executive
Medway Unitary Authority / Medway Health & Wellbeing Board	David Brake (Cllr.)	Portfolio Holder for Adult Services / Chairman
NHS East Kent CCGs	Caroline Selkirk	Managing Director, STP Local Care and East Kent SRO
NHS England	Paul Hyde	Director of Finance (South East)
NHS Improvement	Suzanne Cliffe	Head of Delivery and Improvement, South (East)
NHS Medway and North West Kent CCGs	Ian Ayres	Managing Director
NHS South East Coast Ambulance Service	Bethan Haskins	Executive Director of Nursing and Quality
NHS West Kent CCG	Bob Bowes	CCG Clinical Chair, STP Strategic Commissioner Steering Group

Presenters:

Kent and Medway STP	Jonny Cotton	Workstream Lead, Productivity
Kent and Medway NHS and Social Care Partnership Trust	Sheila Stenson	Director of Finance, and SRO, Productivity

APOLOGIES

Organisation	Name	Role
NHS Swale CCG	Fiona Armstrong	Clinical Chair, STP Clinical and Professional Board Co-Chair