

MINUTES

Meeting	Programme Board
Date and time	10:00 to 12:00, Tuesday 5 March 2019
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

- 1.1. Glenn Douglas welcomed attendees and asked new attendees to introduce themselves.
- 1.2. There were no declarations of interests.

2. System Transformation Update

- 2.1. Bob Bowes gave members an update on the system transformation programme and its next steps. The System Commissioner Steering Group (SCSG) oversees the work of this programme, with a membership that includes CCG clinical leads and managing directors, social care, PPAG and Governance Steering Group representatives.
- 2.2. At the last SCSG, CCG chairs formally agreed the direction should be for the system to have one single CCG and will be engaging with their constituent memberships on this basis. The system now needs to submit an application to NHS England to be an integrated care system (ICS) from April 2020 (in shadow form from September 2019). Immediate priorities and opportunities to develop and adopt single Kent and Medway commissioning and strategies are being identified. For example, cancer, children's services and mental health have emerged as possible priority areas. A joint committee will be set up in the interim to start working on this.
- 2.3. Workshops have been held looking at what single commissioning structure will look like. The steering group will need to do some work with providers on how they will fit into and develop the four proposed integrated care partnerships (ICPs). The maturity of the relationships within a partnership, working together to provide services, and the buy in of primary care networks (PCNs), will be critical.
- 2.4. The development of primary care networks (PCNs) underneath each ICP will be a key challenge. Using the Long Term Plan figure of one network per 30-50,000 population would result in around 40 PCNs, therefore the system needs to look at how to group them together. The NHS Long Term Plan also states that PCNs will have clinical accountability and leadership through a named director; however the remit of this role is not yet clear.

- 2.5. System transformation should also include how health and social care are further integrated across Kent and Medway. This should include formalising the role and relationship of Joint Health and Wellbeing Board in relation to the system commissioner. Health Overview and Scrutiny Committees (HOSCs) will continue to have an important role, so it is important these bodies are not pushed aside.
- 2.6. Members asked how the STP workstreams will align to the areas of system commissioner development and how this work will be resourced. Commissioning organisations were clear that it is their responsibility to own and fund the system commissioner development, however, there will need to be a conversation with all partners, including providers, about how the four ICPs will be resourced. The programme of work should also use existing STP workstreams.
- 2.7. It was stressed that the scale of this work should not be underestimated. There will be some cross cutting themes, e.g. HR, workforce, finance, estates, which are already beginning to overlap with STP workstreams. The main task ahead is to put the programme of work on a sound project management footing. This was reiterated by Miles Scott, who said a greater level of detail was needed, to explain the system changes.
- 2.8. Ian Ayres mentioned the current consultation on legislative changes, and the proposal to bring in an ICP contract and the ability to create joint committees between providers and commissioners. He felt that together with the new GP contract and Long Term Plan, the system now had the elements required to build a robust new commissioning structure. It is important that the new commissioning arrangements are coherent and that nothing is missed (e.g. new specialist commissioning functions delegated by NHS England, possibly some public health commissioning functions). Also, how the changes will impact / affect frontline staff must also be considered.

ACTION: Circulate the Long Term Plan online survey link and consultation proposals
(<https://www.engage.england.nhs.uk/survey/nhs-long-term-plan-legislation/>)

ACTION: Circulate the NHS England / Improvement paper on primary legislative changes
(<https://www.england.nhs.uk/wp-content/uploads/2019/02/02-MiCIE-28-02-2019-building-the-case-for-primary-legislative-change.pdf>)

- 2.9. After the simulation event on 13 February, stakeholders are now looking towards the next steps.

ACTION: Bring a draft outline project initiation document (PID) to the next Programme Board meeting, setting out a framework that reflects all tiers of the system including outline expectations for ICPs, a line of sight on what PCNs might look like and governance arrangements; with the full PID to the May meeting following input from the emerging ICPs.

3. Changes to the GP Contract

- 3.1. Gaurav Gupta familiarised members with the content of the new GP contract framework that was published on 31 January 2019, and work underway to implement this in Kent and Medway.

3.2. A letter was circulated to Programme Board members on 18 February 2019 describing the main changes to the contract, which included:

- An increase overall funding in excess of £2.8bn over a five-year period, through practices and networks
- The introduction of a new contract for primary care networks (PCNs) from 1 July 2019 as a Direct Enhanced Service (DES) accompanied by a nationally funded and locally delivered development programme (30% of funding will still come via the GMS contract)
- The provision of a state-backed indemnity scheme
- Further resources for workforce, IT and digital; with linked funding through PCNs
- Amending the Quality and Outcomes Framework (QOF) to bring in more clinically appropriate indicators and introduce a much greater focus on quality improvement
- A new shared savings scheme for PCNs so that GPs benefit from their work to reduce avoidable activity elsewhere in the system.

3.3. Given their close relationship to general practice, the letter also outlined what is currently known about the development of primary care networks:

- They must be led and registered by general practice – cannot be registered or hosted by CCGs – with guidance on how to partner non-GP organisations
- They should cover populations of approximately 30-50,000 and funding is provided for a clinical director for each network
- They are expected to be the building block of an integrated care system, and need to develop effective governance to enable this.

3.4. Gaurav reiterated the importance of PCNs, given that in addition to being the foundations of the new integrated care system, they will have a directly affect the delivery of primary care and also deliver local care. As such, PCNs need to be developed 'bottom up'; GPs need to coalesce into meaningful groups as existing groupings of GPs may or may not become PCNs. GP federations are not PCNs, however they may want to provide cross-PCN services. There may also be some mergers of federations as a result of these system changes.

3.5. Applications from practices to form PCNs need to be with each CCG by 15 May 2019. CCGs need to confirm arrangements by 30 May 2019 with a go-live date for PCNs of July 2019.

3.6. Comments from members included the following:

- The 30-50,000 population for each PCN may differ depending on the nature of each area, levels of deprivation, number of GPs and other factors
- It would be useful to have an agenda item on local care at a future meeting
- There is an opportunity around the prevention agenda at PCN level. However, we need to ensure that all GP data is flowing into the Kent Integrated Dataset so that we can assess needs at PCN level. An informatics strategy is required, that pulls all of this together.
- There is nothing in the current guidance around PCNs, which indicates a repurposing of Better Care Fund resources.

3.7. Gaurav mentioned that the Kent LMC were happy to answer any further questions from

partners outside the meeting on the new GP contract.

4. Long Term Plan Update

4.1. Lisa Keslake updated members on the high-level timeframes and assumptions for developing the Kent and Medway five year plan, pending further guidance from the centre. In preparation, a number of planning assumptions have been made:

- Submission to NHSE/I will be in the summer; ready for publication in the autumn (we may need to submit a first draft in early summer)
- Five year financials will need to be developed for the system from 19/20 to 23/24, taking into account indicative CCG five year allocations, CIP/QIPP and the impact of transformation initiatives and productivity (his work will require some significant additional support)
- System level performance trajectories against critical standards (such as the new cancer standards) may be required
- A clear development plan for achievement of ICS status by 20/21 covering system commissioning, Kent and Medway level functions, governance arrangements, ICPs and PCNs will need to be produced (priorities and outcomes for each ICP area may need to be highlighted within the overarching Kent and Medway plan)
- We will need to set out our five year system priorities in terms of care transformation, system transformation and critical enablers and provide five year objectives/outcomes.

4.2. The initial focus of this work will be on completing the 19/20 operating plan, and then shift to longer term planning once this is finalised.

4.3. Also underway as part of the planning preparations is a diagnostic assessment of the extent to which each STP workstream/programme is aligned with the LTP priorities, along with patient and public engagement in the plans. It was agreed that this piece of work also needs to meaningfully inform the development of the ICS and ICPs, and not simply feed the NHSE/I planning process.

4.4. Programme Board members **AGREED** that the headline findings from these diagnostic assessments should be brought back to the Programme Board in April/May (TBC) to help develop a 'macro set' of priorities for Kent and Medway over the next five years.

ACTION: Add the Long Term Plan to future Programme Board meetings as a standing item.

5. Exiting the EU Update

5.1. Matt Capper provided an update on the preparedness work being undertaken by the NHS and its partners in Kent and Medway in anticipation for the UK exiting the EU on 29 March 2019.

5.2. A number of training events will be held throughout March to ensure key personnel are clear on protocols. There have been multi-agency planning events (police, fire, local government, health). A specific piece of work is being carried out with health and social

care to ensure their arrangements are aligned. A planning exercise has also been carried out to test plans across the south region (Devon to Hampshire) to see how different areas plans might impact on each other.

Regarding communications, there is a Kent Resilience Forum Operation Fennel communication plan, which looks at the impact of traffic management, and an overall EU Exit NHS plan, which are aligned. Leads have started to communicate directly with internal staff as well as prepare messages for patients and public. More communications activity will follow this week, including a 10 minute focus on Brexit planning on BBC 1's 'Inside Out' programme (11 May). A communications and media cell has been set up to complement the command and control structure. Messaging mainly falls into three categories: (a) warning and informing; (b) response and (c) recovery phases.

ACTION: Cascade the EU Exit FAQs to GP surgeries

- 5.3. A key risk is traffic management and how staff get into work and around the county, and the knock on impacts vulnerable groups. Road network plans have been developed and will be live a week before EU exit.
- 5.4. In summary, Kent and Medway is in a good place in its preparation to ensure that health and care services continue to run smoothly after our exit from the EU. There are still a number of unknowns and planning continues. Delaying EU Exit is being evaluated in terms of the requirement to stand up and stand down plans.
- 5.5. On behalf of the Programme Board, the Chair thanked Matt for the work he had done so far on overseeing Brexit preparations.

6. STP Financial Position

- 6.1. Phil Cave updated the Programme Board on the current status of the STP Financial Position.
- 6.2. There is a year-to-date deficit of £117m, which is £46m behind plan. Month-on-month this represents a £5m adverse movement versus plan. Of the 14 partner organisations, eight are currently in deficit against plan. The yearend forecast outturn deficit is £133m. This is £56m worse than plan and represents a £18m deterioration from the previous month. This is attributable to material movements in the EKHUFT and MFT forecast out-turn positions.
- 6.3. Finance leads are working on 2019/20 plans with new control totals, which can be brought to next meeting. It was **AGREED** that from April, the finances should also be presented by ICP footprint, to reflect the forthcoming system changes.
- 6.4. Regarding the action to seek the agreement of chief executives to share their most up to date financial position with STP partners, Paul Hyde felt that with the coming together of NHS England and NHSE Improvement, members are likely to see more transparent and up to date financials emerging from the centre than previously received. Further discussion are taking place on how best to support financial reporting, aligned to the move towards single control totals.

7. Chief Executive's Report

STP Reporting

- 7.1. Beckie Burn reported on discussions at the February STP Non-Executive Directors (NED) Group meeting on what effective oversight of STP implementation looks like, and how this links with system transformation and the Long Term Plan.
- 7.2. A number of recommendations were made, including replacing highlight reports with quarterly exception reports requiring workstream leads and SROs to identify the slippage and risks that they need to escalate to STP governance groups. The NED Group felt that some form of programme dashboard was still required, to give them an at-a-glance overview of progress.
- 7.3. The STP PMO is also collaborating with relevant workstream leads to develop a single benefits and outcomes framework that will demonstrate delivery of our clinical vision and case for change, drawing together the work of the STP programme, system transformation and the Long Term Plan.

STP System Operating Plan 19/20 Submission

- 7.4. The link to the system operating plan was circulated to Programme Board members for their information.

STP 19/20 Plan and Budget Approval

- 7.5. The updated version of the plan and budget were circulated to members prior to this meeting. Members are in the process of seeking ratification of the STP plan and budget from their individual Boards.

Forward Plan

- 7.6. The Forward Plan will be reviewed by the Chair and the STP PMO in the light of the decisions made at this meeting and circulated to members electronically prior to the April meeting.
- 7.7. It was suggested that an update from the STP Children and Young People workstream should be added to the Forward Plan

ACTION: Circulate the revised Forward Plan to members prior to the next meeting.

8. Minutes and Actions from the last meeting, AOB

Actions from February meeting

Action	Owner	Deadline
Bring a fuller workforce implementation plan with clear	Anne Tidmarsh /	7 May 2019

goals and actions, and also a dashboard to show progress when the plan returns to a future Programme Board meeting Not yet due	Rebecca Bradd	
Reflect the funding for the primary care workstream (GP Forward Plan funds) in the STP budget Completed – included in the updated version of the budget circulated to members	Ravi Baghirathan	5 March 2019
Make contact with Optum (which oversees the Kent Integrated Dataset) to see how the Joint Strategic Needs Assessment (JSNA) can include data at primary care network level as well as a Kent and Medway-wide level Being progressed by Andrew Scott Clarke	Andrew Scott-Clark / James Williams	5 March 2019
Draft paper on resources for the System Transformation programme (covering Integrated Care System and Integrated Care Partnerships development) for the next Programme Board meeting Draft PID to be brought to the April meeting	Simon Perks	5 March 2019
Draft a paper for Programme Board outlining the steps toward moving to a single children and young people's commissioner (including specialist commissioning). Not yet due	Rachel Jones	2 April 2019
Compile a list of key individuals which the Estates workstream can engage with to develop a map of strategic estates priorities. Completed - contacts forwarded to Rebecca Spore	Ian Ayres / Caroline Selkirk	5 March 2019
Seek the agreement of chief executives to share their most up to date financial position with STP partner organisations On agenda for discussion – item 6	STP PMO	5 March 2019

ACTION: Bring an item on the Estates Map back to the Programme Board for discussion; Michael Ridgwell agreed to speak to Rebecca Spore (Estates SRO) about when best to timetable this report (by June 2019)

Any Other Business

- 8.1. Susan Acott (SRO, Digital Workstream) informed members that the **Kent and Medway Care Record** project was moving into its next phase and continued engagement from clinicals staff is vital. Initially the project team will be contacting those clinicians who have been previously involved however, she also encouraged medical directors and clinical chairs to become directly involved themselves or to nominate a senior clinician(s) from their organisations.

- 8.2. Susan also reminded CCGs that their contracts needed to include the requirement for organisations to participate in the development and use of KMCR. Ian Ayres asked for a form of words to be drafted by the project team to insert into contracts, to ensure consistency across all commissioning organisations across Kent and Medway.
- 8.3. A note has been received from Fiona Armstrong (Co-Chair of the STP Clinical and Professional Board) reminding members that items with clinical implications should be discussed at **Clinical and Professional Board** first before progressing to Programme Board.

The meeting ended at 11:57

ACTIONS – to be reviewed at the next meeting

Action	Owner	Deadline
Circulate the Long Term Plan online survey link and consultation proposals	STP PMO	ASAP
Circulate the NHS England / Improvement paper on primary legislative changes	STP PMO	ASAP
Bring a draft outline project initiation document (PID) to the next Programme Board meeting, setting out a framework that reflects all tiers of the system including outline expectations for ICPs, a line of sight on what PCNs might look like and governance arrangements; with the full PID to the May meeting following input from the emerging ICPs.	Bob Bowes / Simon Perks	2 April 2019
Add the Long Term Plan to future Programme Board meetings as a standing item. Headline findings from the diagnostic assessments should be brought back to the Programme Board meeting in May at the latest	Lisa Keslake	2 April 2019 (diagnostic on 7 May 2019)
Cascade the EU Exit FAQs to GP surgeries	Julia Rogers	ASAP
Present the STP financial position by ICP footprint, to reflect the forthcoming system changes	Phil Cave	2 April 2019
Circulate the revised Forward Plan to members prior to the next meeting	STP PMO	27 March 2019
Bring an item on the Estates Map back to the Programme Board for discussion (Michael Ridgwell agreed to speak to Rebecca Spore about when best to timetable this report)	Rebecca Spore	4 June 2019

ATTENDEES

Organisation	Name	Role
East Kent Hospitals University NHS Foundation Trust	Susan Acott	Chief Executive, STP Digital SRO
East Kent Hospitals University NHS Foundation Trust	Phil Cave	Executive Director of Finance, Chair of STP Finance Group
Healthwatch Kent	John Potts (for Steve Inett)	Patient and Public Advisory Group Representative
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	Deputy Chief Executive
Kent and Medway NHS and Social Care Partnership Trust	Vincent Badu (for Helen Greatorex)	Director of Transformation
Kent Community Health NHS Foundation Trust	Paul Bentley	Chief Executive
Kent County Council	Allison Duggal (for Andrew Scott-Clark)	Assistant Director of Public Health, STP Prevention Workstream Lead
Kent County Council	Anne Tidmarsh (for Penny Southern)	Director Partnerships 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
Medway Unitary Authority	James Williams	Director of Public Health, STP Prevention SRO
Medway Unitary Authority	Neil Davies	Chief Executive
Medway Unitary Authority	Alan Jarrett (Cllr.)	Leader of the Council
Medway Unitary Authority / Medway Health & Wellbeing Board	David Brake (Cllr.)	Portfolio Holder for Adult Services / Chairman

Organisation	Name	Role
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 Medway and North West Kent CCGs	Ian Ayres	Managing Director
NHS West Kent CCG	Bob Bowes	CCG Clinical Chair, Chair, STP Strategic Commissioner Steering Group

Present:

Kent & Medway Sustainability & Transformation Partnership	Lisa Keslake	Lead, Long Term Plan
Kent & Medway Sustainability & Transformation Partnership	Simon Perks	SRO, System Transformation Workstream

APOLOGIES

Organisation	Name	Role
Dartford and Gravesham NHS Trust	Louise Ashley	Chief Executive
Kent County Council	Andrew Scott-Clark (Allison Duggal deputising)	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	Penny Southern (Anne Tidmarsh deputising)	Acting Corporate Director for Adult Social Care and Health
Kent County Council	Paul Carter	Leader of the Council
Medway NHS Foundation Trust	Diana Hamilton-Fairley	Director of Strategy, STP Clinical and Professional Board Co-Chair
Medway NHS Foundation Trust	James Devine	Chief Executive
NHS Improvement	Suzanne Cliffe	Head of Delivery and Improvement, South (East)
NHS Swale CCG	Fiona Armstrong	Clinical Chair, STP Clinical and Professional Board Co-Chair