

## MINUTES

<b>Meeting</b>	<b>Programme Board</b>
<b>Date and time</b>	10:00 to 12:00, Tuesday 2 April 2019
<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

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

#### 2. System Transformation Programme Initiation Document (PID)

- 2.1. Bob Bowes presented the proposed structure of the programme initiation document (PID) for the system transformation programme, with the purpose of seeking comments and feedback from Programme Board members.
- 2.2. Initial feedback included the following:
  - 2.2.1. The role of the Kent and Medway Joint Committee of Clinical Commissioning Groups (JCCCG) needs to be specified
  - 2.2.2. It is important that the PID is rooted in the STP Clinical Strategy and Kent and Medway Case for Change/Joint Strategic Needs Assessment (JSNA)
  - 2.2.3. How mental health, community and local authority care services will work within the new system will need to be considered
  - 2.2.4. Once further clarity on what the integrated care system (ICS) contract to integrated care partnerships (ICPs) will look like, this needs to be included within the PID.
  - 2.2.5. The focus of the new system will need to be on population health outcomes and not just the development of care pathways. This will broaden the perspective that will need to be taken to include a preventive approach as well as health service delivery. Outcome measures should be consistent across all integrated care partnerships (ICP) however delivery may vary according to the health inequalities and needs within each area. That said, a set of **principles** for service delivery should be developed across Kent and Medway to ensure a similar level of service within each ICP.

- 2.2.6. In addition to existing patient and public involvement (through the System Commissioner Steering Group), patient representatives could also be involved in co-designing the principles for service delivery.
- 2.2.7. Thought needs to be given to how the rest of the health and care market (non-statutory providers across Kent and Medway) are engaged.
- 2.2.8. The changing relationship with regional NHS England / Improvement in transitioning from STP to ICS/ICP needs to be outlined.
- 2.3. Michael asked each emerging ICP locality to give an update on their leadership arrangements [**Note:** this information has been updated following the communication from Glenn Douglas dated 10 April 2019]:
- 2.3.1. Dartford, Gravesham and Swanley (Senior Responsible Officer (SRO): Louise Ashley, DVH)
- Senior Director Support: Sue Braysher, DVH
  - Values and behaviours agreed
  - Health needs assessment in development for area
- 2.3.2. Medway and Swale (SRO: James Devine, MFT)
- Senior Director Support: James Lowell, MFT
  - Draft operating model and membership agreed (including Kent County Council and Medway Unitary Authority representatives)
- 2.3.3. West Kent (SRO: Miles Scott, MTW)
- Chair/NED: John Goulston (KCHFT)
  - Clinical Lead: Dr Sanjay Singh (West Kent Health)
  - Senior Director Support: Amanjit Singh
  - Finalising programme management support
- 2.3.4. East Kent (SRO: Paul Bentley, KCHFT)
- Chair/NED and Clinical Lead: Prof. Stephen Smith (EKHUFT)
  - Clinical lead: Dr Sadia Rashid (EK Federation Alliance)
  - Senior Director Support: tbc
  - SRO to meet with Stephen and Sadia to agree roles and how they will work together
  - Membership, terms of reference and principles have been agreed
- 2.4. It was asked whether the proposed ICP areas were now set. Bob Bowes responded that they were for the foreseeable future; the patient flows across these areas made these groupings a logical choice. Colleagues from Kent County Council and Medway Unitary Authority recognised they would need to work in close partnership across the Medway and Swale ICP area as it straddles both local authorities.
- 2.5. Programme Board members **NOTED** the PID document and **AGREED** to send detailed feedback on the document to Michael, to inform the development of the final PID.

**ACTION:** ICP SROs to meet with STP Chief Executive and System Transformation leads to agree shared vision, principles and high-level sequencing of key milestones / deliverables.

### 3. System Operating Plan

- 3.1. Michael Ridgwell provided an update on STP budget development for 19/20; the STP coordinating approach to NHS Operational Planning and the system response to the Long Term Plan.
- 3.2. A specific requirement of the 19/20 plan is for CCGs to show an increase in investment in mental health services, in line with the Mental Health Investment Standard (MHIS). A working group including finance leads from each CCG is currently reviewing both 18/19 spend and 19/20 proposed spend to ensure the standard is met. It was suggested that mental health spend within primary care, social care public health (prevention and well-being) and the Kent Police Service should also be considered.
- 3.3. The final system operating plan submission is still due on 11 April, however the primary care strategy submission has been pushed back to autumn 2019. Michael highlighted that obtaining analytics support for planning is an ongoing challenge.

**ACTION:** Lessons learned from the system operation plan development and submission process to be identified and recorded.

### 4. Shared Health Care Analytics Board and the Analytics Strategy

- 4.1. Marc Farr presented the updated Terms of Reference (ToR) of the Shared Health and Care Analytics Board (SHcAB) for approval. The SHcAB meets bi-monthly and currently runs six delivery workstreams:
  - Research
  - Data
  - Workforce Development
  - Analytics and Benchmarking
  - Strategic Intelligence Unit
  - Funding and Commercial Opportunities (early stages of development)
- 4.2. There is a wide membership drawn for all STP partner organisations and includes relevant external providers, such as Optum and Transforming Systems.
- 4.3. Programme Board members suggested that the SHcAB needed to strengthen the ToR with the user voice, to ensure that users can ask for and receive what they need, at a strategic (Clinical and Professional Board) level, at service manager level and at practitioner level. Marc explained that the SHcAB is working with NHS England to carry out an audit of data skills across the workforce, to support practitioners to become intelligent customers when requesting and using data.
- 4.4. Members **APPROVED** the Terms of Reference, noting that they may need to be reviewed in the light of the Health and Care Analytics Strategy and System Transformation work.
- 4.5. Annie Jeffrey gave an outline of the developing analytics strategy. The strategy has two strands, focussed on Intelligence and Enablers. She clarified that this strategy would

not cover digital infrastructure, web connectivity and digital skills.

- 4.6. The Intelligence strand covers (i) providing population health intelligence at ICS, ICP and primary care network (PCN) level, covering need, variation, opportunities, impact of action and monitoring; (ii) effective system control, including patient flows and 'real time' information, (iii) intelligence to support staff on the ground, (iv) citizen-facing intelligence and (v) research intelligence
- 4.7. The Enablers strand covers (i) governance, including the SHcAB, how it delivers and its reporting lines to the Clinical and Professional Board and Programme Board; (ii) data, and maintaining one version of the truth; (iii) workforce and skills – working beyond silos and supporting users; (iii) process improvement, e.g. automation in producing data; (iv) an agreed approach to partnerships and market management; (v) communications and engagement; and (vi) resource planning and funding.
- 4.8. There would be a basic strategy framework in place by the end of next week, with feedback questions. Programme Board members supported the direction of strategy development and **AGREED** to receive the final version of the strategy at their meeting on 7 May for approval. Members pointed out that the strategy also needed to help deliver existing NHS England requirements (e.g. Long Term Plan).
- 4.9. Caroline Selkirk highlighted a specific data issue within East Kent that she felt could benefit from the SHcAB's specialist knowledge and expertise.

**ACTION:** Caroline Selkirk to pull together a request for analytics support and forward it to Mark Farr and Annie Jeffrey for action.

## 5. System Leadership Support Offer for Kent and Medway STP

- 5.1. Bernie Brooks and Tim Whitworth of the Leadership Centre outlined proposals for the provision of Systems Leadership support for the STP in moving towards an Integrated Care System, focused on strengthening relationships and work on underlying issues and challenges.
- 5.2. Support has already been provided to NHS organisations across Kent and Medway through the Leadership Centre as part of a national Urgent and Emergency Care initiative. Thinking has been focussed on adopting a twin track approach including this strand of senior leadership development for Provider Trusts alongside support for the emerging ICS and ICPs. It is envisaged that is likely to contribute to joint system leadership work.
- 5.3. This work will comprise two parallel and integrated strands of activity:
  - 5.3.1. Strand 1: Refreshing the partnership:
    - Conversations with stakeholders to assess views on the state of integrated systems to inform the design of:
    - two 1/2 day development workshops (Late Spring and early autumn 2019) including building shared values, the existing and desired whole system culture, sharing generic feedback from strand 2
    - A cultural transformation programme drawing from a number of models for whole

system culture change and personal values and awareness using simple online survey to produce self-assessment reports that can form the basis for work together

- Identifying and involving other system leaders working at different seniority / functional levels

5.3.2. Strand 2: Senior leadership development for Provider Trusts Chairs and Chief Executives, building on:

- 12 individual conversations and leading to
- two 1/2 day development workshops including honest conversations about working together effectively; behaviours, collaborations, sharing generic feedback from strand 1 and leading to practical ways of working together

5.4. Tim Whitworth, Bernie Brooks and Debbie Sorkin - the leadership Centre's National Directors of System Leadership – will undertake this work based on their experience in working with senior leadership teams from NHS Trusts, CCG's STP's, Local Authorities and the wider public sector.

5.5. Programme Board **SUPPORTED** the offer from the Leadership Centre, noting the following:

5.5.1. The work will initially focus on with senior colleagues, but should then later incorporate other management levels, as resources allow;

5.5.2. This offer should be co-ordinated with other existing offers of leadership support and development

5.5.3. PCN clinical directors and primary care leaders should also be included in this exercise

## 6. STP Financial Position

6.1. Phil Cave gave members a summary of the Kent and Medway STP Month 10 financial position for 2018/19. This month's report included a breakdown of the financial position by emerging ICP area, as requested at the March meeting.

6.2. There is a year-to-date planned deficit of £75m. The year-to-date actual position is £134m which is £59m behind plan. The month 10 figures include actual PCF / CSF earned of £20m. The year-end planned deficit for the STP is £77m. The year-end forecast position is a £158m deficit. The STP is forecasting a year end deficit versus plan of £80m, as at M10.

6.3. A member asked how the Kent and Medway position compared to other STPs across the country. Paul Hyde (NHS England) felt that the Kent and Medway position was consistent with the national picture, however the position needs to be stabilized as there are some areas across Kent and Medway that are in financial decline. Within the South East region, Surrey is in the strongest position.

**ACTION:** Present a comparison of the Month 12 position across a number of years (2016/17 onwards) in order to show the trend between years and across STP systems at the next meeting.

## 7. Chief Executive's Report

- 7.1. Glenn Douglas reminded members that there was a commitment made during the stroke review to develop a major programme on stroke prevention. This issue needs to go to the Joint Committee of CCGs for discussion but should also be considered by the STP Programme Board.

### Forward Plan

- 7.2. The revised Forward Plan was presented to members. Glenn proposed that the August meeting should not go ahead, as there was a likelihood of a large number of apologies. The Forward plan can be accessed via FutureNHS online platform:  
<https://future.nhs.uk/connect.ti/kandmhc/view?objectId=336787>
- 7.3. It was pointed out that an update from the Prevention workstream still needed to be added to the forward plan for July 2019.
- 7.4. Programme Board members requested that within the Estates Strategy, opportunities and developments should be grouped by ICP geography where possible.

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

### Actions from March meeting

Action	Owner	Deadline
Circulate the Long Term Plan online survey link and consultation proposals <b>Completed</b>	STP PMO	ASAP
Circulate the NHS England / Improvement paper on primary legislative changes <b>Completed</b>	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. <b>Completed – full PID on May agenda</b>	Bob Bowes / Michael Ridgwell / 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 <b>Added to forward plan; diagnostic not yet due</b>	Lisa Keslake	2 April 2019 (diagnostic on 7 May 2019)

Cascade the EU Exit FAQs to GP surgeries <b>Completed</b>	Julia Rogers	ASAP
Present the STP financial position by ICP footprint, to reflect the forthcoming system changes <b>Completed</b>	Phil Cave	2 April 2019
Circulate the revised Forward Plan to members prior to the next meeting <b>Completed</b>	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) <b>Not yet due</b>	Rebecca Spore	4 June 2019
<u><i>Any Other Business</i></u>		
None.		
<i>The meeting ended at 12:05</i>		

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

Action	Owner	Deadline
Send detailed feedback on the draft System Transformation PID document to Michael Ridgwell, to inform the development of the final PID	Programme Board members	30 April 2019
ICP SROs to meet with STP Chief Executive and System Transformation leads to agree shared vision, principles and high level sequencing of key milestones / deliverables.	STP Chief Executive's Office	7 May 2019
Lessons learned from the system operation plan development and submission process to be identified and recorded.	Michael Ridgwell / Lisa Keslake	4 June 2019
Receive the final version of the strategy at the Programme Board meeting on 7 May for approval.	STP PMO	7 May 2019
Pull together a request for analytics support and forward it to Mark Farr and Annie Jeffrey for action	Caroline Selkirk	7 May 2019
Present a comparison of the Month 12 position across a number of years (2016/17 onwards) in order to show the trend between years and across STP systems at the next meeting.	Phil Cave	4 June 2019

## ATTENDEES

Organisation	Name	Role
Dartford and Gravesham NHS Trust	Susan Braysher (for Louise Ashley)	Director of System Transformation
East Kent Hospitals University NHS Foundation Trust	Phil Cave	Executive Director of Finance, Chair of STP Finance Group
Healthwatch Kent	Steve Inett	Chief Executive
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	Helen Greatorex	Chief Executive
Kent Community Health NHS Foundation Trust	Natalie Davies	Director of Corporate Services
Kent County Council	Allison Duggal (for Andrew Scott-Clark)	Assistant Director of Public Health, STP Prevention Workstream Lead
Kent County Council	Claire Bell (for Graham Gibbens)	Deputy Cabinet Member for Adult Social Care and Public Health
Kent County Council	Diane Marsh (for Graham Gibbens)	Deputy Cabinet Member for Adult Social Care and Public Health
Kent County Council	Penny Southern	Corporate Director, Adult Social Care and Health
Kent Local Medical Committee (LMC)	Gaurav Gupta	Chair
Maidstone and Tunbridge Wells NHS Trust	Miles Scott	Chief Executive
Medway NHS Foundation Trust	James Devine	Chief Executive
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 / 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 West Kent CCG	Bob Bowes	CCG Clinical Chair, Chair, STP Strategic Commissioner Steering Group

**Present:**

East Kent Hospitals University NHS Foundation Trust	Marc Farr	Director of Information
Kent & Medway Sustainability & Transformation Partnership	Simon Perks	SRO, System Transformation Workstream
Kent County Council	Karen Cook	Policy and Relationships Adviser (Health)
Leadership Centre	Bernie Brooks	National Director, System leadership
Leadership Centre	Tim Whitworth	National Director, System leadership
NHS England	Annie Jeffrey	Senior Manager - Population Health Intelligence (South and London)

## 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	Paul Carter	Leader of the Council
Medway and North West Kent CCGs	Ian Ayres	Managing Director
Medway NHS Foundation Trust	Diana Hamilton-Fairley	Director of Strategy, STP Clinical and Professional Board Co-Chair
Medway Unitary Authority	Neil Davies	Chief Executive
NHS Swale CCG	Fiona Armstrong	Clinical Chair, STP Clinical and Professional Board Co-Chair