

MINUTES (DRAFT)

Meeting	Programme Board
Date and time	10:00 to 12:00, Tuesday 7 May 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 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 and Michael Ridgwell presented the draft programme initiation document (PID) for the system transformation programme.

- 2.2. Members' attention was drawn to the following points:

- 2.2.1. Integrated care partnerships (ICPs) are in the process of developing their transitional leadership arrangements

- 2.2.2. The challenging timetable for delivery based on recent guidance from NHS England and a range of early priorities have emerged that will impact on the critical path if not delivered, including:

- Development of ICP project plans
- Development of principles and the framework, including the assurance framework, that will cover the development of ICPs
- Development of the outline ICP contract framework (recognising that initially the relationship between partners in the ICPs is likely to be based on a range of contractual agreements)
- Development of an informatics strategy, which includes population health management and segmentation and will be delivered at all levels of the ICS
- Identification of current commissioning functions and an outline assessment of where these will be delivered within the future system architecture
- A robust communications and engagement plan (covering all key stakeholders but particularly NHS boards, CCG governing bodies, GP member practices and local authorities)

- 2.2.3. Deliverables not yet on this list are: (a) the draft constitution; (b) analytics strategy; and (c) a plan for allocating resources based on population needs,

which need to be added to the list of early priorities.

2.3. Key points raised by members included the following:

- A consistent approach to developing ICPs is required across Kent and Medway
- Initially ICPs will be bound through contractual arrangements and these need to be developed, alongside the contract between the system commissioner and the ICP
- Clarity is required on where the development of primary care networks (PCNs) will sit
- There is a lack of knowledge among many GPs about the system commissioner, ICPs, PCNs and what this all means for them. Greater communication and engagement is required with practices.
- Patient and public advisory group (PPAG) members have been engaged; Bob Bowes will also be attending a future PPAG meeting to talk to members about the programme of work and their involvement
- A clear and engaging narrative for ICPs and PCNs is required

2.4. It was argued that if resources may need to be reallocated dependent on need, those conversations should be brokered soon; the longer this is delayed, the worse any inequities may become. Bob Bowes explained that the CCG funding formula is quite robust and should be the starting point for ICP allocations. The system needs to understand what is driving these disparities and ascertain whether additional money will solve the problem, or whether an increased focus on prevention and outcomes would be more effective.

2.5. Members questioned whether sufficient resources had been committed to delivering system transformation. It was felt that the mapping of STP resources and system transformation functions being carried out by Mike Gilbert and Simon Perks would help to align current roles.

2.6. It was argued that there needs to be Local Medical Committee (LMC) representation on ICP boards, as they already represent GPs.

2.7. In conclusion, the Chair stressed that not all issues will be resolved by April 2020, but there will be some critical milestones that will need to be achieved, such as the creation of a single CCG. He asked members to feed back their detailed comments on the draft document, prior to its sign off at the next Programme Board meeting

ACTION: Programme Board members to send detailed feedback on the draft System Transformation PID document to Michael Ridgwell, to inform the development of the final PID.

3. Reflections on 19/20 planning process and implications for future planning

3.1. Lisa Keslake set out reflections from the 19/20 planning process and the implications for future planning, including the Long Term Plan (LTP). Ravi Baghirathan highlighted the immediate operational matters arising from the 19/20 System Operating Plan (SOP).

3.2. There was a significant overhaul between the first and second draft of the operational

plan following specific feedback from NHS England / Improvement requesting:

- More aggregation of plans across the system to sit alongside the description of the STP programme.
- Greater detail needed on operational performance for core targets, showing planned performance for K&M as a whole and demonstrating confidence in delivery
- More focus requested on quality including what is being done to develop a K&M approach
- High level review of provider workforce plans
- Clear breakdown of CCG investment in MH
- More granular detail required for STP deliverables – with a focus on impact in 19/20

3.3. The final system operating plan was submitted on 11 April. The NHSE/I feedback meeting following submission highlighted the following:

- Although there is variation across the system, Kent and Medway is only projecting a small improvement in A&E performance and will continue to fail the standard in 19/20
- With the exception of DGT where there is a sustainable RTT position, all other providers across K&M are projecting similar levels of gradual improvement. However, Kent and Medway will not achieve the standard in 19/20 and there is no system programme to support a more ambitious improvement
- All parts of Kent and Medway are projecting to deliver the Cancer 62 day waiting standard, but that will require a significant improvement from current performance levels
- Kent and Medway is significantly underperforming against the dementia diagnosis rate standard and is a national outlier. The plans across the system currently lack detail on how the standard will be delivered in 19/20
- The Kent and Medway workforce plan is strong, but this has not fully filtered down into local plans. Recruitment plans for several providers need a greater emphasis on 19/20 and looking after and retaining current staff.

3.4. To tackle the operational issues arising from the 2019/20 SOP, Programme Board were asked to support the following recommendations:

- Establish a Kent and Medway urgent and emergency care programme that will build on the work on Winter planning with the Local Accident and Emergency Delivery Boards (LAEDBs)
- Scope out a Kent and Medway planned care programme
- Request the Mental Health workstream to review current plans to improve dementia diagnosis rates
- Develop a Kent and Medway approach to quality overseen by the Clinical and Professional Board

3.5. Some members felt that these areas of work are being taken forward by existing local groups, e.g. at an ICP level. Rather than developing new programmes of work it was suggested that bringing leads together may be a more appropriate approach. It was suggested that it might be useful to articulate the roles of the integrated care system and ICPs for these areas, as this could help avoid duplication or additionality across

the system. A member also pointed out that the estates strategy needs to be linked to this work.

- 3.6. A member asked how the Kent and Medway plan compared with those from other areas. Lisa Keslake explained that there was a huge variance in style and content, however little steer from the centre on a preferred format.
- 3.7. Regarding the approach to developing the Kent and Medway Long Term Plan, this will be finalised once NHSE/I have published the LTP Implementation Framework and associated guidance in May. In preparation for this, a 6 month secondee will be recruited to work with the Programme Director on the Long Term Plan and a time bound task and finish group will be created to develop an initial Kent and Medway performance dashboard with measurable KPIs (to be discussed with the Shared Healthcare Analytics Board)

4. STP Financial Position

- 4.1. Phil Cave gave members a summary of the Kent and Medway STP Month 11 financial position for 18/19 and an overview of the STP budget for 19/20.
- 4.2. There is a year-to-date deficit of £147, which is £67m behind plan. The (unaudited) Month 12 position was also given – a deficit of £123m (£46m behind plan).
- 4.3. The STP budget for 19/20 is £6.6m (compared to £6.6 in 18/19). There was a small underspend in 18/19 that was carried forward into 19/20. The 19/20 budget has been signed off by all STP partners.

ACTION: Present a comparison of the 18/19 outturn with the ‘do nothing’ plan for 18/19 at the next meeting.

ACTION: Present a comparison of the current position to the STP Plan financial challenge set in June 2016.

ACTION: Include the revised PWC KMSTP Funding Gap Assessment report with the STP Financial Position at the next meeting.

5. Chief Executive’s Report

Workstream Management Charter

- 5.1. Ravi Baghirathan briefly presented the new workstream charter, which sets out clear and consistent expectations to facilitate the smooth running of workstream management in the Kent and Medway STP. This document has been co-designed and agreed with workstream leads.
- 5.2. Mike Parks clarified that the primary care workstream does not have an STP-funded budget and asked for this to be amended within the document.
- 5.3. In response to feedback from PPAG members, Steve Inett suggested that the document needs to stress that it is the role of all workstream members (not just the

workstream lead) to raise issues of concern.

- 5.4. The charter will be signed with workstream leads as soon as final approval has been received on the STP budget, and this charter will serve as formal confirmation that this budget has been released to workstream leads to manage. End of year reviews will be conducted for workstreams as per the check and challenge process set out in the charter.

Key Recommendations and Escalations

- 5.5. The recommendations and escalations from Clinical and Professional Board were noted.
- 5.6. Diana Hamilton-Fairley noted that the estimated 0.5million increase in the Kent and Medway population needed to be factored into the development of clinical pathways (particularly maternity and child health) and the estate required to deliver them.

Forward Plan

- 5.7. The Chair asked for a Children’s workstream update to be added to the June agenda.
- 5.8. There is currently no confirmed slot on the agenda for the Health and Care Analytics Strategy as its development has been delayed. It was suggested that it was more important to give sufficient time for a robust strategy to be developed rather than bring an unfinished draft back to Programme Board
- 5.9. The June agenda is currently very full. Michael Ridgwell agreed to discuss the agenda with the STP PMO to explore how it could be streamlined.

Papers for information

- 5.10. The papers for information were noted.
- 5.11. Susan Acott (SRO, Digital) asked for confirmation that the Kent and Medway Care Record would be on the Programme Board agenda in the near future. Donna Carr understood it was on the July agenda for discussion but agreed to check and confirm with Susan that this was the case.

6. Minutes and Actions from the last meeting, AOB

Minutes of the last meeting held on 2 April 2019

- 6.1. The minutes were agreed.

Actions from the last meeting

Action	Owner	Deadline
57. Send detailed feedback on the draft System Transformation PID document to Michael Ridgwell, to	Programme Board members	30 April 2019

inform the development of the final PID. Completed		
58. 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. Meeting on 30 April	STP Chief Executive's Office	7 May 2019
59. Lessons learned from the system operation plan development and submission process to be identified and recorded. Completed – on agenda	Michael Ridgwell / Lisa Keslake	4 June 2019
60. Receive the final version of the Health and Care Analytics Strategy at the Programme Board meeting on 7 May for approval. Postponed – see Forward Plan	STP PMO	7 May 2019
61. Pull together a request for analytics support and forward it to Mark Farr and Annie Jeffrey for action. Progress tbc	Caroline Selkirk	7 May 2019
62. 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. Not yet due.	Phil Cave	4 June 2019

Any Other Business

- 6.2. An EU exit update report will be sent to members prior to the next meeting.
- 6.3. Julia Rogers gave a short update on recent communications and engagement activity, including the development of FAQs on system transformation (ICS, ICPs and PCNs), media coverage of the CQC/Ofsted SEND report and a forthcoming BBC report on GPs. Julia agreed to circulate the SEND report press release to Programme Board members.

The meeting ended at 11:35am.

ACTIONS – to be reviewed at the next meeting

Action	Owner	Deadline
<i>Carried forward from last month:</i> 57. Send detailed feedback on the draft System Transformation PID document to Michael Ridgwell, to inform the development of the final PID.	Programme Board members	20 May 2019
Present a comparison of the 18/19 outturn with the 'do nothing' plan for 18/19 at the next meeting.	Phil Cave	4 June 2019
Present a comparison of the current position to the STP Plan financial challenge set in June 2016.	Phil Cave	4 June 2019
Include the revised PWC KMSTP Funding Gap Assessment report with the STP Financial Position at the next meeting.	Phil Cave	4 June 2019

ATTENDEES

Organisation	Name	Role
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, SRO Digital Workstream
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	Rosarii Harte (for Helen Greatorex)	Interim Executive Medical Director
Kent County Council	Andrew Scott-Clark	Director of Public Health, STP Prevention SRO
Kent County Council	Anne Tidmarsh	Director of Partnerships, Adult Social Care and Health, SRO Workforce
Kent County Council	Diane Marsh (Cllr.) (for Graham Gibbens)	Deputy Cabinet Member for Adult Social Care and Public Health
Kent County Council	Paul Carter	Leader of the Council
Kent Local Medical Committee (LMC)	Gaurav Gupta	Chair
Kent Local Medical Committee (LMC)	Mike Parks	Medical Secretary
Maidstone and Tunbridge Wells NHS Trust	Miles Scott	Chief Executive
Medway NHS Foundation Trust	Diana Hamilton-Fairley	Director of Strategy, 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 East Kent CCGs	Caroline Selkirk	Managing Director, STP Local Care and East Kent SRO
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	Programme Director, Long Term Plan
Kent & Medway Sustainability & Transformation Partnership	Ravi Baghirathan	Director of Operations
Kent County Council	Karen Cook	Policy and Relationships Adviser (Health)

APOLOGIES

Organisation	Name	Role
Kent and Medway NHS and Social Care Partnership Trust	Helen Greateorex (Rosarii Harte deputising)	Chief Executive
Kent Community Healthy NHS Foundation Trust	Paul Bentley	Chief Executive
Kent County Council	Graham Gibbens (Cllr.) (Cllr. Diane Marsh deputising)	Cabinet Member for Adult Social Care and Public Health
Kent County Council	Penny Southern (Anne Tidmarsh deputising)	Corporate Director, Adult Social Care and Health
NHS England/Improvement	David Radbourne	Regional Director of Strategy and Transformation
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