

## MINUTES

<b>Meeting</b>	<b>Programme Board</b>
<b>Date and time</b>	10:00 to 12:00, Tuesday 4 June 2019
<b>Location</b>	Motivation Room, Village Hotel, Castle View, Forstal Road, Maidstone, ME14 3AQ
<b>Chair</b>	Michael Ridgwell, Deputy Chief Executive, Kent and Medway STP

### Discussion points and key decisions

#### 1. Welcome, Introductions and Declarations

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

#### 2. Estates Strategy

- 2.1. James Lee presented highlights of the updated Estates Strategy following NHS Improvement feedback received in December 2018, and introduced the new 'Checkpoint' document.
- 2.2. All STPs must work towards achieving 'Good' as a minimum for their strategy, as the final release of STP capital will be dependent on estates strategies being assessed as sufficiently robust.
- 2.3. Kent and Medway has an agreed target for disbursements of £85 million. The latest figures suggest that £72 million has been found to date. James explained that this deficit is due in part to a significant amount of work carried out prior to the [Naylor Fair Share Target](#) to identify suitable assets. However, the strategy will outline plans to meet this shortfall.
- 2.4. There are other sections of the strategy which still need to be strengthened, in particular:
  - Acute Service Strategy and impact to community setting
  - Update to reflect primary care networks' (PCN) Estates Capital Ask
  - Continued details of Ambition of Care Models
  - Delivery of Projects: (a) Estates Capacity and Capability within integrated care system (ICS) / integrated care partnerships (ICP) to be confirmed; (b) Lessons Learned and examples of best practice.
- 2.5. James stressed it was unlikely that information on any central funding would be shared until after Autumn at the earliest, however it was important that Kent and Medway had plans in place ready to implement should money be made available. The new map of capital investment requirements incorporated into the strategy document (to include the

PCN areas) will be updated regularly, to ensure the system is ready to utilise any short term funding.

2.6. Kent and Medway has been asked to submit an Estate Strategy Check-point Template by 15 July, which will provide an updated local position in relation to priority metrics, including commentary on progress towards the implementation of recommendations outlined in the NHS Improvement (NHSI) feedback. The document is metric based and will require input from both Estates and Finance within each organisation to be completed by mid June. It is proposed that the STP Finance Group is given the delegated authority to sign off the Checkpoint document.

2.7. Comments from Programme Board members included the following:

- The ambition of the strategy may need to be raised given the projected population growth across Kent and Medway
- The strategy needs more examples of specific service improvements – the whole story needs to be told, not just the estates piece
- The document needs to dovetail with the NHS Long Term Plan
- We need more clarity on the PCN clinical model to inform estates
- The risks of no investment need to be made clear
- Regarding Estates capacity Ian Ayres offered to have a conversation outside the meeting. Paul Carter also suggested there may be additional capacity after work on the PFI Healthy Living Centres. Going forward, there needs to be a concrete recommendation from the Estates workstream on the capacity that is required.

2.8. Subject to the comments above, the Estates Strategy document was **APPROVED**.

2.9. Programme Board members **AGREED** to delegate the approval of the Estates Checkpoint document to Finance Group, provided CCG signoff was incorporated into the approval process.

**ACTION:** Ian Ayres and Caroline Selkirk to discuss the process of CCG signoff with Finance Group (Phil Cave) and Estates (James Lee).

### 3. Primary Care Strategy

3.1. Beckie Burn and Mike Parks presented the first draft of the Kent and Medway primary care strategy for comment. This will be further developed in line with the Kent and Medway response to the Long Term Plan, including the addition of five year deliverables.

3.2. The strategy aims to provide a consistent framework for PCN development, and has been developed in partnership with CCGs, the Local Medical Council and GP Federations to enable this. Consideration now needs to be given to how this interacts with ICPs, in particular how PCNs will be represented.

3.3. The draft strategy was welcomed by members. Initial feedback included the following

- Financial balance will not be achieved unless we invest in local care and primary care.

- There are issues around the resilience of the current GMS contract; this is a key risk to delivery that should be included in the strategy
- The proposals on leadership development need to be widened beyond GPs. There also needs to be one platform for leadership development
- PCNs should attract additional GPs as they offer better opportunities e.g. portfolio working. That said, investment in PCNs must be based on need.
- Attention also needs to be given to attracting and retaining practice nurses

3.4. The next steps in developing the strategy is to undertake further engagement across the system, before the final plan comes back to Programme Board in autumn with the Long Term Plan. In the meantime, members asked for a PCN update to be brought to the next meeting.

**ACTION:** Add 'PCN Update' to the July Programme Board agenda.

3.5. The SRO role for the Primary Care workstream has now been picked up by Ian Ayres (previously Helen Greatorex). This change in workstream leadership was **RATIFIED** by members present.

#### 4. Local Care Update

4.1. Cathy Bellman presented an update on local care, including the delivery plans and outcomes framework, alignment with the Primary Care Strategy and an approach to a framework for consistency, quality and reporting.

4.2. The priorities for local care during 2019/20 are:

- Fully functioning Multi-disciplinary Teams (MDTs) supporting Primary Care Networks
- By 2020 - developed models of care to deliver all 8 elements of the model (including rapid response, falls prevention, reactive discharge planning and reablement)
- To have increased the number of individuals with an integrated case management 'care plan'
- To have embedded the dementia pathway within the 'Dorothy Model'
- Begin working on an MDT model for children with complex needs, adults with Learning Disabilities and Autism
- To ensure community navigation and social prescribing are embedded as part of the model and are being delivered at scale
- Build on the 2018/19 support offer for paid and unpaid carers
- Build on local care workforce actions already underway as part of the 19/20 deliverables identified in the STP Workforce Transformation Plan

4.3. The workstream have recently re-run the maturity assessment previously undertaken in 2017 to ascertain to what extent local care is being implemented in each locality. The results showed that there is less variation between CCGs than previously, with East Kent showing pockets of greater maturity (which have been hidden by combining the CCGs into one return). On the 4-point scale Kent and Medway remains at **Emerging**. The least mature domains are:

- Discharge and reablement

- Access to expert opinion
- Healthy living environment
- Single point of access

4.4. Cathy also highlighted the difference between the planned and potential numbers of people going through multidisciplinary team (MDT) discharge and reablement. Feedback from Finance Group was that there needed to be greater ambition around the numbers going through MDTs.

4.5. Stakeholders across Kent and Medway have been involved in developing a Local Care MDT Framework for Primary Care Networks. Twenty-one indicators of effectiveness have been identified and refined by colleagues during the development process. The social care element has yet to be added.

4.6. There was a brief discussion about numbers of people being seen by MDTs and what the system can do to increase numbers being seen by each team, including providing additional resources / support, socialising MDTs, developing their autonomy using the [Buurtzorg](#) approach and using the data to follow this up with MDT teams. It was also pointed out that monitoring the number of MDT meetings may not always be an accurate indicator of MDT team working. Others pointed out that MDT meetings were a key part of the local care model that localities should be expected to follow.

4.7. It was suggested that a scorecard is required to measure impact, including the impact on the patient. It was felt that this should be an action for the Local Care Board to take forward.

4.8. In closing, the Chair thanked Cathy Bellman for her presentation and suggested to members that the Kent and Medway system should also begin to consider what the role of the emerging ICPs should be in supporting local care.

## 5. System Transformation PID

5.1. Michael Ridgwell and Bob Bowes presented the final draft of the main programme initiation document (PID). The plans for each of the ICP areas will be brought back to Programme Board as they become more mature and are finalised. It is important, however, that there is some consistency across the four plans. At this stage, STP partners are asked to agree to work to the content of the PID. Programme Board members **ENDORSED** the PID.

5.2. The revised governance structure was also shared with members. A System Transformation Executive Board is being established, comprising representatives from the existing System Transformation Steering Group, the four ICPs steering groups and the Primary Care Board (for PCN development). The STP Programme Board will be renamed the STP / ICS Partnership Board and proposed to meet every other month and a Non-executive Oversight Group has now been established. From July onwards, Programme Board will meet every other month, with System Transformation Steering Group meeting the months between.

5.3. It was also pointed out that there is a leadership role for Programme Board members to manage and reassure their staff through this period of change, particularly while the

structure of the new system is still being finalised.

## 6. STP Financial Position

- 6.1. Phil Cave gave members a summary of the Kent and Medway STP Month 12 (year end) financial position for 18/19.
- 6.2. The year end planned deficit for Kent and Medway STP was £77m. The actual position is a £123m deficit, therefore the STP is behind plan by a deficit of £46m. The figures include actual PSF/CSF earned of £54m.
- 6.3. When split by ICP area, West Kent and Medway & Swale delivered a year end surplus. East Kent and Dartford, Gravesham & Swanley reported deficit positions. All ICPs reported deficit positions, before receipt of PSF/CSF funding.
- 6.4. As requested by members at the last meeting, Phil Cave also presented the current STP financial performance against the original financial modelling (October 2016) and the Carnall Farrar refresh (October 2017). The learning from the two projections will inform the development of the Long Term Plan. Paul Hyde from NHS England (South) will be also supporting Kent and Medway on the financial elements of the plan.

## 7. Chief Executive's Report

### Long Term Plan Update

- 7.1. The Kent and Medway plan will cover four areas:
  - Becoming an integrated care system
  - Activity, workforce and finance projections
  - Priorities for care quality and outcomes improvement
  - Creating the architecture to deliver – workforce, digital and estates
- 7.2. The high-level timescale for delivery of the plan (subject to national planning guidance yet to be received) is as follows:

Refreshed K&M Case for Change (incorporating the Joint Strategic Needs Assessment)	early to mid July
Draft set of refreshed K&M priorities and outcomes	end of July
Discuss K&M priorities and outcomes	August
First draft of five year plan document	September

- 7.3. It was noted that CCG Chairs needed to be included in discussions on how to engage primary care in the development of PCNs. Also, under the section on priorities for care quality and outcomes, members asked for clarity around the percentages placed against the system-wide, ICP and PCN-level priorities. These points were noted.

### Health and Care Analytics Strategy

- 7.4. Based on feedback, a strategic framework will be developed with the document providing details on the priority areas, and also setting out a programme for future work.

To support the delivery of the strategy, Glenn Douglas will act as the SRO and Michael Ridgwell as the lead Director.

7.5. The priority areas that will be focussed on are:

- Enablers (governance, operating model etc.)
- Population Health Planning and Commissioning
- Effective system control (managing the various IT systems)
- Support to clinicians and care teams

Key Recommendations and Issues for Escalation

7.6. **Finance Group:** Phil Cave highlighted the additional spend on the stroke workstream for phase 1 project costs (as outlined in the business case) and that Finance Group will now meet monthly (instead of fortnightly), with the new ICP Finance Group meeting in between.

7.7. **Clinical and Professional Board:** Diana Hamilton-Fairley escalated the establishment of the Kent and Medway Medical School and the request to release staff to help develop and deliver the curriculum without backfill money. It was felt that a clear statement of need was required, as part of a coherent request and that the post graduate dean needed to be included in this discussion. The education and training of existing health and care staff also needed to be factored into this.

**ACTION:** Invite the Dean of KMMS to a future Programme Board meeting to give an update on progress and to discuss their staffing requirements.

Forward Plan

7.8. It was **AGREED** that the Long Term Plan should be a standing item on each agenda.

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

Actions from March meeting

Action	Owner	Deadline
<p><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. <b>Completed</b></p>	Programme Board members	20 May 2019
<p>Present a comparison of the 18/19 outturn with the 'do nothing' plan for 18/19 at the next meeting. <b>On agenda</b></p>	Phil Cave	4 June 2019
<p>Present a comparison of the current position to the STP Plan financial challenge set in June 2016</p>	Phil Cave	4 June 2019

<b><i>On agenda</i></b>		
<p>Include the revised PWC KMSTP Funding Gap Assessment report with the STP Financial Position at the next meeting.</p> <p><b><i>The production of the report has been delayed while PWC await the updated national data that will allow them to refresh the original report. This data is likely to be available in mid-June.</i></b></p>	Phil Cave	4 June 2019
<p><b>ACTION:</b> Andrew Scott-Clark to speak to Michael Ridgwell and Chris Buttery (STP PMO Finance Lead) regarding access to the data for the PWC report.</p>		
<p><u><i>Any Other Business</i></u></p>		
<p>8.1. <b>Independent Chair for Programme Board:</b> Recent efforts to recruit a Chair were unsuccessful, therefore an interim Chair will be appointed to manage the process of recruiting a permanent Chair by March 2020.</p>		
<p><i>The meeting ended at 12:09pm</i></p>		

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

Action	Owner	Deadline
Discuss the process of CCG signoff of the Estates Checkpoint document with Finance Group (Phil Cave) and Estates (James Lee).	Caroline Selkirk / Ian Ayres	9 July 2019
Add 'PCN Update' to the July Programme Board agenda.	STP PMO	7 June 2019
Invite the Dean of KMMS to a future Programme Board meeting to give an update on progress and to discuss their staffing requirements	STP PMO	9 July 2019
Andrew Scott-Clark to speak to Michael Ridgwell and Chris Buttery (STP PMO Finance Lead) regarding access to the data for the PWC report.	Andrew Scott-Clark	9 July 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, 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	Michael Ridgwell	Deputy Chief Executive
Kent Community Health NHS Foundation Trust	Gerard Sammon (deputising for Paul Bentley)	
Kent County Council	Andrew Scott-Clark	Director of Public Health, STP Prevention SRO
Kent County Council	Penny Southern	Corporate Director, Adult Social Care and Health
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	Amanjit Jhund (deputising for Miles Scott)	Director of Strategy, Planning and Partnerships
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
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 England / Improvement	David Radbourne	Regional Director of Strategy and Transformation
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	Cathy Bellman	Local Care Lead
Kent & Medway Sustainability & Transformation Partnership	Beckie Burn	Head of PMO
Kent County Council	James Lee	STP Estates Workstream Lead
Kent County Council	Karen Cook	Policy and Relationships Adviser (Health)
NHS Property Services	Liz Luxton	Strategic Estates Advisor

## APOLOGIES

Organisation	Name	Role
Kent and Medway NHS and Social Care Partnership Trust	Helen Greatorex	Chief Executive
Kent Community Health NHS Foundation Trust	Paul Bentley (Gerrard Sammon deputising)	Chief Executive
Kent County Council	Claire Bell (Cllr.) (Cllr. Diane Marsh deputising)	Cabinet Member for Adult Social Care and Public Health
Kent & Medway Sustainability & Transformation Partnership	Julia Rogers	Director, Communications & Engagement
Maidstone and Tunbridge Wells NHS Trust	Miles Scott (Amanjit Jhund deputising)	Chief Executive