

MINUTES

Meeting	STP/ICS Partnership Board (formerly Programme Board)
Date and time	10:00 to 12:00, Tuesday 9 th July 2019
Location	Motivation Room, Village Hotel, Castle View, Forstal Road, Maidstone, ME14 3AQ
Chair	Glenn Douglas, Chief Executive, Kent and Medway STP and Accountable Officer for K&M CCGs

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.
- 1.3. Apologies were given as per Page 10 of these minutes.

2. Children and Young People Update

- 2.1. Rachel Jones presented an update on the developments following the receipt of the inspection report by the CQC/Ofsted of Kent special educational needs and disabilities (SEND) services for 0-25 year old. The inspection was carried out across health, education and social care). The report highlighted a number of areas of significant weakness. For health in particular, several of the weaknesses related to inconsistency or inequity of provision. This has been identified as a major focus of the Improvement Plan.
- 2.2. A Kent SEND Improvement Board has been established including all statutory health, care and education partners across Kent. A joint written statement of action (WSoA) has also been developed, responding to each area of significant weakness. Five task and finish work streams have been created, each led by a senior manager or director, to ensure action plans are delivered and each area is addressed. The work streams are:
 - Parental confidence, engagement and co-production
 - Inclusive practice and the outcomes, progress and attainment of children and young people
 - Quality of education, health and care plans
 - Joint commissioning and governance
 - Service provision
- 2.3. The underpinning principles of all the work streams are:
 - Co-production with children, young people, parent/carers and other stakeholders
 - Focusing on the impact of any actions on the lives of children and young

- people with SEND rather than the inputs/units of activity
- Proactive, solution-focused approach

2.4. The Joint Committee of CCGs has been established and takes place bi-monthly, with one month being devoted to cancer, the following month to children and young people. The two month gap between meetings allows greater time for work to take place.

2.5. A key focus of the group was to pull together a children and young people's (CYP) plan across K&M as there is currently nothing in place.

2.6. At its meeting on 13 June, the Joint Committee of CCGs agreed to include the commissioning of children and young people (0-25) health services within its remit subject to agreement from CCG governing bodies. Alongside clinical and professional representation on the committee, it will also seek the advice of and consider any recommendations from the Kent and Medway Clinical and Professional Board.

2.7. The priorities agreed by the Board include:

- To support and oversee the delivery of the Kent SEND Action Plan
- To support the delivery of the Medway SEND plan and imminent re-inspection.
- To support the development of a Kent and Medway multi-agency plan for children and young people (0-25)

2.8. Helen Greatorex welcomed the CYP plan and in particular multi-agency, outcomes based contracts. She highlighted the importance of co-production and the involvement of those directly impacted by services.

2.9. Paul Carter highlighted the increase in CYP in special schools (+40% in the last three years) He suggested the need for KPIs for the short, mid and long term in the response to the report.

2.10. Steve Inett highlighted the need for parents/carers and children to be empowered and that they are currently not getting the information they need.

2.11. Rachel Jones highlighted the 'Faith in the Future' 0-25 summit held in April 2019. It was organised in partnership with NHS England / Improvement to discuss the provision of children and young people's healthcare services across Kent and Medway. The session was attended by senior managers, commissioners, third sector organisations and children and their families. The voices of children and their families were highlighted throughout the day through videos, presentations from practitioners working on the ground, and children and young people themselves. Professionals from across all sectors were asked to make action pledges on how they will actively improve services. Sixty-five pledges were collated and will be used to inform strategy development and service improvement

2.12. Glenn Douglas asked who was providing the leadership to this work. Rachel Jones outlined the governance structure, highlighted that Matt Dunkley (Corporate Director Children, Young People and Education) chairs both the SEND Improvement Board

and the 0-25 Joint Health and Wellbeing Board.

2.13.Lorraine Goodsell highlighted the Kent Children's Trust approach from several years ago and how it involved partners broader than just health, education and social care. This included the fire brigade, police and other involved directly working with CYP.

2.14.Ian Ayres agreed the strategic plan is the biggest missing piece. He also pointed out the need to ensure we have the workforce to meet needs. Rachel Jones agreed and confirmed we need to know what the offer is in order to confirm we have the workforce/resources required. The strategy/plan will help inform this.

ACTION: Rachel Jones will circulate the final version of the written statement of action, which includes KPIs around the percentage improvement planned in the short term and by December 2020.

3. Digital Update including Kent and Medway Care Record (KMCR)

3.1. Evelyn White provided an update for members around the KMCR, highlighting that the development, procurement and mobilisation of the KMCR is a key deliverable of the Kent and Medway STP.

3.2. There are three phases to the project:

- Phase One: Solution design and market readiness
- Phase Two: Procurement
- Phase Three: Mobilisation

3.3. The project is currently in Phase 2, at evaluation of the tender responses. Four bidders have been shortlisted. These were originally evaluated on quality and are now being evaluated on cost.

3.4. On 23 and 24 July there is a road-testing of the proposed solutions and, following this, evaluators may choose to re-evaluate their scores. The focus of the road-testing will be of clinicians using the proposed solution. After the review of scores there will be a final moderation plus due diligence with suppliers to test their ability to meet the requirements.

3.5. The project team plan to present the contract award to CCG Governing Bodies, Kent County Council and Medway Unitary Authority by the end of August for approval. The contract will then be issued in early December with full mobilisation from early April 2020.

3.6. Kent Community Health NHS Foundation Trust (KCHFT) will be letting and managing the contract. The contract manager needs to be a provider in order to access any potential future funding from NHS England. KCHFT will also performance manage the contract within the agreed governance framework. Evelyn confirmed that all the shortlisted suppliers are within the budget range agreed.

ACTION: All organisations are asked to provide Evelyn White with contact details for individuals within their organisations who have the authority to make decisions.

3.7. Evelyn highlighted the importance of SECAMB's involvement in the project. Their

view is key due to the large geography and numbers of organisations they are required to interface with. It is also vital Medway Community Health and Virgin are involved.

3.8. Michael Ridgwell highlighted the importance of organisations having a clear line of sight of the funding model.

3.9. Ian Ayres agreed the collaboration agreement is valuable and expressed that a similar statement of intent from providers may be required. He suggested strengthening the Memorandum of Understanding as part of the full business case highlighting that all organisations intend to actively use the KMCR.

3.10. Paul Hyde highlighted it is essential that comms and providers are involved to reinforce the ICS/ICP structure.

3.11. David Brake expressed concern about termination clauses, and who would be responsible should there be any failings. Susan Acott confirmed KCHFT is acting on behalf of the eight CCGs, Kent County Council and Medway Unitary Authority.

3.12. Bob Bowes asked for a timeline of what is expected from CCGs

ACTION: Evelyn White to provider the timeline.

3.13. Bob Bowes pointed out the need for a cultural change in practitioner behaviour is a key issue and will be a driver for success. Susan Acott explained it was not so much a revolution but an evolution. She also highlighted the importance of engaging with SECAMB and the System Commissioner Oversight Group.

3.14. Andrew Scott Clark highlighted that some key partners such as drug and alcohol services are not currently involved. Evelyn explained the first priority is to bring providers on board and that other organisations are likely to be brought in further down the line, potentially towards the end of year two. Other areas who have a care record up and running have said it can easily take 18 months to two years to get to that point. James Williams agreed that due to the high numbers of drug related deaths in Kent, it is vital to bring drug and alcohol services on board.

ACTION: Michael asked if Board members could have information on what has happened in other areas – Evelyn to advise the board.

3.15. Members agreed to ENDORSE and ISSUE the letter of intent.

4. Workstream End of Year Reviews

4.1. This paper was circulated to members for pre-read. . Members were asked to send any questions or comment to Beckie Burn Head of Programmes for the STP on Beckie.burn@nhs.net

5. Winter Planning and System Resilience (Matt Capper)

5.1. Matt Capper informed the members about a recent system-wide resilience debrief workshop, drawing together collated debriefs from across the system. The workshop

was divided into two sections:

- System Reflection (four plans – DGS, Medway and Swale, East Kent and West Kent) of 'winter' performance, key challenges, risks and successes. Each locality outlined and discussed possible local projects and those projects that could work better at a system level.
- The second part of the workshop explored possible areas for investment and how to better use and 'winter monies' in future should any become available.

5.2. A key outcome of the meeting was the discussion of emerging next steps and priorities. Many of the areas described go beyond the production of a seasonal plan and this demonstrates the overlap with the developing Long Term Plan.

5.3. The work programme will have a short term and medium term set of objectives.

- Short term: production of 19/20 seasonal escalation plans and a system-wide plan.
- Medium term: develop identified areas to ensure improved system resilience and enable the delivery of the emergency and urgent care aspects to the long term plan.

5.4. Bob Bowes commented that it is encouraging to see system working. He highlighted the shared understanding of admission avoidance but asked could this be broadened to attendance avoidance instead. Matt agreed and explained he is working to join up all the work we are doing.

5.5. Susan Acott highlighted the review raised inconsistencies in offer, e.g. X-ray facilities and that we need to make sure there is a consistent offer in order to limit attendance. She questioned whether the system could be smarter with its data analytics, giving community acquired pneumonia as an example. Admission rates for this have risen year-on-year but, following an intervention where GPs ensured rescue medications are available in the homes of patients identified by the MDTs as being at risk, death rates have been halved this year.

6. Primary Care Networks (Ian Ayres)

6.1. Ian Ayres updated members that we have confirmed 35 primary care network (PCN) registrations in 3 ICPs in Kent and Medway, and will confirm registrations in Dartford, Gravesham and Swanley shortly. Primary care networks are groups of practices working together and with community, mental health, social care, pharmacy, hospital and voluntary services in their local area to deliver proactive, personalised, coordinated and more integrated health and social care. Primary care networks typically cover populations of 30-50,000 to best meet the needs of local neighbourhoods – where they are smaller or larger than this; it is because that makes the most sense for local people. The network DES contract for extended access went live on 1 July and is now being delivered through these networks – local commissioning arrangements ensure patients have access to appropriate services where networks are not yet confirmed. There is agreement across Kent and Medway to develop and deliver a single support offer for primary care networks, facilitated through both an LMC/STP Clinical Directors' network, and local offers at ICP level.

6.2. Ian Ayres asked if any organisation is offering support to PCNs, that they let Beckie Burn know as she is co-ordinating the support offers.

6.3. Ian Ayres highlighted there is some national guidance around PCN development but this year will be about building relationships and aligning services. Penny Southern expressed the need for a conversation around social care and its alignment: how can we move forward with this, particularly regarding the procurement of voluntary sector organisations. She asked if there needed to be some movement/reshaping of contracting arrangements and, if so, whether this should be done at a PCN or ICP level. Ian Ayres said he will pick up the issue with Penny outside the meeting.

6.4. David Brake asked if it would be possible to detail the whole time equivalent (WTE) number of GPs against each PCN. Ian Ayres replied that this could indeed be added and when the PCN's are finalised, we will include the WTE of GPs.

7. Finance Update (Paul Hyde)

7.1. The item was presented as a pre-read, however Paul Hyde informed members financial reporting will use the report from Hannah Hamilton's team to drive it to ensure consistency of figures.

7.2. Ian Ayres asked to have the finances presented at an ICP footprint in future.

8. Chief Executive's Update: Glenn Douglas

Kent and Medway Medical School (KMMS)

8.1. Michael Ridgwell informed members that he and Miles Scott have recently met Chris Holland, Founding Dean from KMMS. Unlike other new medical schools that have been established over recent years, there is no pump-priming to support KMMS. This is presenting significant challenges and introduces a number of risks.

8.2. There is a Stage 5 GMC visit on the 25th July 2019 during which the issues of revenue and capital funding will be discussed.

8.3. Michael asked the group if KMMS is an agreed priority. The group agreed it was and that it needed to be apparent that the project is supported by all.

8.4. Helen Greatorox asked whether any agreements had already been made regarding funding. Michael said no – it was hoped funding would be forthcoming and that there was never a firm solution in the FBC to securing start-up costs. The STP have asked for more detail on the funding requirement but asked if there was a commitment in principle for NHS partners to support funding the start-up costs. It was agreed in principle that the NHS should support KMMS through making available start-up funding but this was subject to:

- Better understanding of the required investment
- How the NHS is represented within the governance arrangements that oversee the

development of the KMMS

- Ensuring we are clear on the costs the NHS will incur and how these will be met.

8.5. Michael expressed the importance of having an in principal agreement prior to the GMC visit. He agreed we need an accurate understanding of the required funding. It was AGREED that a timely agreement in principal was required, due to the timescales involved.

8.6. Chris Holland has been invited to attend the September STP/ICS Partnership Board.

Long Term Plan

8.7. Michael highlighted the release of the Implementation Framework around the Long Term Plan and encouraged members to read it.

Estates

8.8. Michael highlighted the amended Estates Strategy in the appendix and for members to note some numbers have changed.

8.9. On a separate issue and requiring immediate noting were challenges around CDEL limits and each area has been asked to reduce capital expenditure plans this financial year. Michael expressed that some of this could be accounted for already through slippage. Work is progressing through the Finance Group.

Forward Plan

8.10. The forward plan was agreed.

The meeting closed at 12:39pm.

ACTIONS – to be reviewed at the next meeting

Action	Owner	Deadline
Rachel Jones will circulate the final version of the response to the report which includes KPIs around the percentage improvement planned in the short term and by December 2020	Rachel Jones	6 th August 2019
All organisations are asked to provide Evelyn White with contact details for individuals within their organisations who have the authority to make decisions (around KMCR)	Evelyn White	6 th August 2019
Evelyn White to provide the timeline and expectations from CCGs around KMCR	Evelyn White	6 th August 2019
Evelyn White to speak to other areas who have already implemented a care record to find out their approach to involving other services such as drug and alcohol services	Evelyn White	6 th August 2019
Michael Ridgwell to meet with KMMS management to discuss an agreement in principal prior to GMC Stage 5 visit	Michael Ridgwell	24 th July 2019 (poss 16 th July due to A/L)

ATTENDEES

Organisation	Name	Role
Kent County Council	Andrew Scott-Clark	Director of Public Health, STP Prevention SRO
NHS West Kent CCG	Bob Bowes	CCG Clinical Chair, Chair, STP Strategic Commissioner Steering Group
Kent County Council	Claire Bell (Cllr.)	Cabinet Member for Adult Social Care and Public Health
Medway Unitary Authority / Medway Health & Wellbeing Board	David Brake (Cllr.)	Portfolio Holder for Adult Services / Chairman
Medway NHS Foundation Trust	Diana Hamilton-Fairley	Director of Strategy, STP Clinical and Professional Board Co-Chair
Kent County Council	Diane Marsh (Cllr.) (for Graham Gibbens)	Deputy Cabinet Member for Adult Social Care and Public Health
Kent & Medway Sustainability & Transformation Partnership	Evelyn White	East Kent Transformation Programme and KMCR Project Lead
Kent & Medway Sustainability & Transformation Partnership	Faye Rye	Programme Manager
Kent & Medway Sustainability & Transformation Partnership	Glenn Douglas	Chief Executive and Strategic Commissioner, STP SRO System Transformation
Kent and Medway Partnership Trust	Helen Greateorex	Chief Executive
NHS Medway and North West Kent CCGs	Ian Ayres	Managing Director
Medway Unitary Authority	James Williams	Director of Public Health, STP Prevention SRO
Kent & Medway Sustainability & Transformation Partnership	Julia Rogers	Director of Comms and Engagement
Kent County Council	Karen Cook	Policy and Relationships Advisor (Health)
NHS East Kent CCGs	Lorraine Goodsell (deputising for Caroline Selkirk)	Deputy Managing Director, East Kent CCGs
Kent & Medway Sustainability &	Matt Capper	Head of System Planning and Resilience

Organisation	Name	Role
Transformation Partnership		
Kent & Medway Sustainability & Transformation Partnership	Michael Ridgwell	Deputy Chief Executive
Maidstone and Tunbridge Wells NHS Trust	Miles Scott	Chief Executive
Kent County Council	Paul Carter	Leader of the Council
NHS England	Paul Hyde	Director of Finance (South East)
Kent County Council	Penny Southern	Corporate Director, Adult Social Care and Health
Kent & Medway Sustainability & Transformation Partnership	Rachel Jones	Director of Acute Strategy and Partnerships
Healthwatch Kent	Steve Inett	Chief Executive
East Kent Hospitals University NHS Foundation Trust	Susan Acott	Chief Executive, SRO Digital Workstream
Dartford and Gravesham NHS Trust	Tracey Jenkins (deputising for Louise Ashley)	Associate Director of Improvement

APOLOGIES

Organisation	Name	Role
Medway Unitary Authority	Alan Jarrett	Leader of the Council
NHS East Kent CCGs	Caroline Selkirk (Lorraine Goodsell deputising)	Managing Director, STP Local Care and East Kent SRO
NHS Swale CCG	Fiona Armstrong	Clinical Chair, STP Clinical and Professional Board Co-Chair
Medway NHS Foundation Trust	James Devine	Chief Executive
Dartford and Gravesham NHS Trust	Louise Ashley (Tracey Jenkins deputising)	Chief Executive
Medway Unitary Authority	Neil Davies	Chief Executive
East Kent Hospitals University NHS Foundation Trust	Phil Cave	Executive Director of Finance, Chair of STP Finance Group

