

## MINUTES

<b>Meeting</b>	<b>ICS/STP Partnership Board</b>
<b>Date and time</b>	10:00 to 12:00, Tuesday 5th May 2020
<b>Location</b>	MS Teams
<b>Chair</b>	John Goulston, Interim Chair of Kent and Medway STP

### Discussion points and key decisions

#### 1. Welcome, Introductions and Declarations of Interests

- 1.1. John Goulston welcomed members to the meeting
- 1.2. John Goulston declared he also works for Kent Community Health NHS Foundation Trust
- 1.3. There were no further declarations of interest.
- 1.4. John Goulston proposed and all were in agreement that the minutes should record thanks for the work done by Glenn Douglas and David Highton
- 1.5. Apologies were noted as per page 12 of this document.
- 1.6. It was noted that the membership of the board had changed as a result of the CCG merger.

**ACTION: Wilf Williams to email current membership of board.**

#### 2. Chief Executive's Update

- 2.1. Appointments have been made for CFO, CNO, Director of People and also most recently Caroline Selkirk has been appointed Director of Health Improvement.
- 2.2. Interviews for Director of Strategy and Director of Corporate Services to take place. Trust CEOs and John Goulston will be on panels.
- 2.3. This will take us to a position to be able to move to be more ICP facing.

## Discussion points and key decisions

### 3. Minutes and Actions from Tuesday 7 January 2020

- 3.1. Members agreed the minutes from the meeting on the 7<sup>th</sup> January were an accurate record.
- 3.2. Ivor Duffy advised all organisations delivered to control total, positive news for system, confirmed this is the first time in many years this has happened. STP budget reported a breakeven position.

#### **Actions from 7<sup>th</sup> January meeting**

	<b>Owner</b>	<b>Deadline</b>
Activity mapping document to be shared with members.	Lisa Keslake	February 2020
Finance and Activity Modelling group to take work forward on a consistent demand and capacity approach.	Ivor Duffy	February 2020
An extra meeting of the Partnership Board to be held in February 2020 to discuss operational and programme planning and contracting only.	Lexy Young & Michael Ridgwell	February 2020
A paper to be produced for the extraneous meeting highlighting the contracting gaps across the system.	Ivor Duffy	February 2020
Comms team to include good news stories with the publication of the Long Term Plan response.	Tom Stevenson	February 2020
Local and Primary care governance changes to be taken to ICP working group to discuss how the changes fit together with the changes in ICPs.	Beckie Burn	February 2020
Local and Primary care governance slides to be amended following comments and recirculated to members for virtual sign off.	Beckie Burn	February 2020

- 3.3. The outstanding actions have been completed, closed or superseded.

### 4. System reset programme - Stabilise and restart of services

#### **Wilf Williams**

- 4.1. This is not about going back to what was before, so at the moment using term reset. Reset enables us to move forward
- 4.2. Current focuses are parts one and two. *Stabilise and restart of services* and *Developing a new system plan*, taking in to account framing of vision for the ICS

**Ian Ayres/Lisa Keslake**

## Discussion points and key decisions

- 4.3. Firstly *Restore* is not correct word for this work as things will not be the same as before, secondly we do not know what the new normal is, thirdly it must be acknowledged this work is still currently centrally lead.
- 4.4. This will be a restart of services so that they can run with Covid waves ongoing. Central guidance on priorities issued via letters from Simon Stevens and Amanda Pritchard.
- 4.5. Proposition is this needs to be driven by providers within ICPs, with system level managing reporting, assurance and helping identify what cannot be managed at a local level.
- 4.6. Information request sent on Urgent Care, continuing to gather Primary Care by end of next week want to pull this all in to a plan and put in to a dashboard system so we can monitor performance use this scorecard with NHS E/I to engage with assurance
- 4.7. James Williams – A lot of preventative programmes such as PHE screening programmes need to be factored in, had conversation with Bob Bowes, this will need to interface with LAs. Ian Ayres agreed, cleared decks so quickly and may not know everything we had to stop, Lisa’s team are mapping this.
- 4.8. Bob Bowes - regarding dashboard, can we expand the dashboard to reflect population health and preventative measures whilst we have the opportunity? Lisa commented that there is a lot of people that need to be identified that are liable to non-COVID harm.
- 4.9. Helen Greatorex –Need to consider what each piece of data will contribute if nothing don’t add it. Regarding Mental Health, wanted to raise that there will be increased demand for services post-COVID and this needs to be planned for now.
- 4.10. Ivor Duffy – Finance has been supporting to ensure available funding is spent correctly. We should continue to think of finance within a system rather than as individual organisations, building on the good work that has already been done.
- 4.11. Martin Riley – Community “must dos” document due out later this week,

## Discussion points and key decisions

this will need to fit in to this plan. Is independent Sector looking at whole pathway eg. is this looking at rehab for elective surgery.

- 4.12. Ian Ayres – agreed that once guidance released will need to make plans with MCH, Virgin and KCHFT. Independent Sector was not bought for community only acute; need to show this is used to continue to receive central government funding, whilst factoring in needs within the community. Also need same planning for Primary Care.
- 4.13. Gaurav Gupta – Initially Primary Care was quieter, a lot of resources redeployed to shielded patients and care homes and there is an increase in work as people are now presenting, anticipate could have 1yrs work in 6 months.
- 4.14. Navin Kumta – Need to be careful to map what work is of ICS, and that we do not micro manage.
- 4.15. Wilf Williams – We have activity of assurance and reporting at system level to free up providers. Have immediate returns over the next few weeks. There is also a need to get “softer” intelligence rather than just numbers. This will then be pulled together as a system overview to get sign-off as to what should be achieved.
- 4.16. John Goulston - Plan is to have something together by 15<sup>th</sup> May. Assurance on reset plan could be done by the NEDs group, perhaps a draft of how assurance will work.
- 4.17. Miles Scott asked regarding implications of COVID on Public Health and if there is something in the works looking at gathering data on this. Wilf Williams/James Williams advised something is being looked at by Public Health England, and that we should use this as assurance for this work.

**ACTION: Wilf Williams will follow up with PHE to ensure implications of COVID on public health is being followed up and that this is done to a granular enough level.**

4.22 Louise Ashley – Raised that should have a system approach to staff support.

## Discussion points and key decisions

**ACTION: Becca Bradd will look in to a system approach for staff support for those working on Covid including those in all staff in the system.**

### 4b. System reset programme – Developing a new system plan

- 4.18. This programme is looking at our wider ICS development plan and vision, and how we rebuild this to include learning from our COVID response.
- 4.19. Principles for how we develop system plan, and agreement on next steps. From every provider people felt empowered to act against a set of principles rather than having to seek permission and go through too much governance.
- 4.20. Beckie Burn went through slides provided caveating that the scope is currently based on engagement with a small number of colleagues, and needs broadening to include staff and patient and public engagement..
- 4.21. Miles Scott - Would be good to have principle of working from clear evidence base
- 4.22. Gerrard Sammon - I would suggest adding something in the principles about ensuring we work to get to hard to reach groups
- 4.23. Louise Ashley - I would suggest in principles to add in something about ensuring that we are engaging, listening, educating and supporting the workforce
- 4.24. Tom Stevenson - In developing plans for patient engagement to test their experience of new ways of working we are also thinking about what level of engagement with frontline clinical teams that have been doing the work. Interested to hear what providers and LMC think about how much has already been captured from wider clinicians beyond those closely linked to the incident response teams?
- 4.25. Miles Scott – System wide programmes need to be addressed closer,

## Discussion points and key decisions

one is MFFDs, 2<sup>nd</sup> is contact tracing.

- 4.26. Susan Acott- Need something on how to manage clinical risk as patients have less diagnostics and. How to manage patient contact, balancing risk.

### **ACTION: Beckie Burn to take subject of clinical risk CQC to Clinical & Professional Board**

- 4.27. Gaurav Gupta advised CQC have written saying that they will be following up
- 4.28. Karen Cook asked how we would link in to others recovery works such as what is Health and Social Care Cell. Wilf assured that this is being looked in to.

## **5. Action summary, next steps**

- 5.1. Looking at Actions and timetable (p.22 in [Agenda](#)) is there anything that should be added.
- 5.2. Louise Ashley suggested that workforce need to look through next steps as roles are changing

### **ACTION: Beckie Burn will follow up with Becca Bradd. Re. Workforce (Workforce Board) needing to look through next steps.**

- 5.3. Regarding timescale, there is no national position on any revisions to the ICS assurance process yet, but we do not believe a delay on September timeline would be an issue, rather we should focus on getting it right.
- 5.4. Lisa Keslake explained how, pre-COVID, we were seeking to engage on our vision, mission and purpose. The paper presented sets out an approach to doing this with social distancing way of working with virtual discussions and invited feedback.
- 5.5. Bob Bowes – The outcomes need to be evidence based.
- 5.6. Louise Ashley – A lot of work has been done by ICPs and we need to

## Discussion points and key decisions

understand relationship between ICPs and ICSs. Miles Scott added to this that is best not to start with blank sheet of paper acknowledging work that has been done.

- 5.7. Lisa Keslake – asked that people email her if they would like to be involved in a task and finish group for this work.
- 5.8. Karen Cook – regarding Health and Wellbeing Board needing to link in this as they are re-writing the Health and Wellbeing Strategy
- 5.9. Navin Kumta – should also reduce duplication of strategies
- 5.10 Bob Bowes – Stated Case for Change should be the same as Health & Wellbeing Strategy caveating that statutory requirements for Health and Wellbeing Strategy are the responsibility of the Local Authorities.

**ACTION: Lisa Keslake to revise proposition for Vision, Mission and Purpose, and will form a task and finish group to enable this**

**ACTION: ALL Email Lisa Keslake if they wish to be on the task and finish group or nominate someone.**

### **6. Any other business**

- 6.1. John Goulston asked that it was formally minuted to thank all organisations, leaders and staff who had all supported our COVID response. All were in agreement of this.

Next meeting confirmed as being: 7<sup>th</sup> July

**Meeting closed at 11:58**

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

<b>Action</b>	<b>Owner</b>	<b>Deadline</b>
<b>Wilf Williams to email current membership of board</b>	Wilf Williams	
<b>Wilf Williams will follow up with PHE to ensure implications of COVID on public health are being followed up and that this is done to a granular enough level.</b>	Wilf Williams	
<b>Becca Bradd will look in to a system approach for staff support for those working on Covid including those in all staff in the system.</b>	Becca Bradd	
<b>To take subject of clinical risk CQC to Clinical &amp; Professional Board</b>	Beckie Burn	
<b>Beckie Burn will follow up with Becca Bradd. Re. Workforce (Workforce Board) needing to look through next steps.</b>	Beckie Burn	
<b>To revise proposition for Vision, Mission and Purpose, and will form a task and finish group to enable this</b>	Lisa Keslake	
<b>Email Lisa Keslake if they wish to be on the task and finish group or nominate someone.</b>	ALL	



## ATTENDEES

Name	Role	Organisation
John Goulston	Interim Chair	Transforming Health and Social Care in Kent and Medway
Beckie Burn	Assistant Director of Operations	Transforming Health and Social Care in Kent and Medway
Bob Bowes	CCG Clinical Chair	CCG
David Brake (Cllr.)	Portfolio Holder for Adult Services, Chairman	Medway Unitary Authority, Medway Health & Wellbeing Board
Wilf Williams	Chief Executive and Accountable Officer for Kent & Medway CCGs	Kent & Medway Sustainability & Transformation Partnership
Ian Ayres	Managing Director	CCG
Ivor Duffy	Chief Finance Officer	CCG
Rebecca Bradd	Director of People and OD	Transforming Health and Social Care in Kent and Medway
James Williams	Director of Public Health, Prevention SRO	Medway Council
Kathryn Gunyon		Transforming Health and Social Care in Kent and Medway
Navin Kumta	Clinical Chair	CCG
Gaurav Gupta	Chair	Kent Local Medical Committee
Liz Mears	Director of Operations	Kent Local Medical Committee
Maggie Cane	Manager	Healthwatch Medway
Lisa Keslake	Director of System Planning	Transforming Health and Social Care in Kent and Medway

Name	Role	Organisation
Michael Ridgwell	Deputy Chief Executive	Transforming Health and Social Care in Kent and Medway
Mike Parks	Senior Primary Care Advisor	Transforming Health and Social Care in Kent and Medway
Miles Scott	Chief Executive	Maidstone & Tunbridge Wells NHS Trust
Karen Cook	Policy and Relationships Advisor	Kent County Council
Robbie Goatham	Manager	Healthwatch Kent
Gerard Sammon	Director of Strategy	Kent Community Health NHS Foundation Trust
Tom Stevenson	Acting Director of Comms and Engagement	Transforming Health and Social Care in Kent and Medway
Helen Greatorex	Chief Executive, Mental Health SRO	Kent and Medway NHS and Social Care Partnership Trust
David Radbourne	Regional Director of Strategy and Transformation	NHS England and NHS Improvement – South East Region
Susan Acott	Chief Executive, Digital SRO	East Kent Hospitals University NHS Foundation Trust
Louise Ashley	Chief Executive	Dartford and Gravesham NHS Trust
James Devine	Chief Executive	Medway NHS Foundation Trust
Martin Riley	Managing Director	Medway Community Healthcare

## APOLOGIES

Name	Role	Organisation
Andrew Scott-Clark (Karen Cook Deputising)	Director of Public Health, Prevention SRO	Kent County Council
Alan Jarrett	Leader of the Council	Medway Unitary Authority
Neil Davies (James Williams)	Chief Executive	Medway Council
Caroline Selkirk	Managing Director – East Kent CCGs, Local Care SRO	NHS East Kent CCGs
Richard Smith		Kent County Council
Paul Bentley	Chief Executive	Kent Community Health NHS Foundation Trust
Roger Gough (Karen Cook Deputising)	Leader of the Council	Kent County Council
Clair Bell (Karen Cook Deputising)	Cabinet Member for Adult Social Care and Public Health	Kent County Council