

MINUTES

Meeting	ICS/STP Partnership Board
Date and time	10:00 to 12:00, Tuesday 7th July 2020
Location	MS Teams
Chair	John Goulston, Interim Chair of Kent and Medway STP

Discussion points and key decisions

1. Welcome, Introductions and Declarations of Interests

John Goulston welcomed members to the meeting.

He asked if there was anyone who had not attended previously if they could introduce themselves. Rachel Jones introduced herself & role within the CCG stating that what she is currently working on will become more apparent in later item within this meeting.

Apologies were noted as per page 11 of this document.

2. Minutes and Actions from Tuesday 5th May 2020

Dr Robert Bowes asked that it was corrected as he is aware of statutory requirements for Health & Wellbeing Strategy.

All other members agreed the minutes from the meeting on the 5th May were an accurate record.

ACTION: Kathryn Gunyon to liaise with Dr Robert Bowes to correct 5.10 in Tuesday 5th May minutes.

Actions from 5th May Meeting

Wilf Williams to email current membership of board

Owner

Wilf
Williams

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.

Wilf
Williams

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.

Becca
Bradd

To take subject of clinical risk CQC to Clinical & Professional Board

Beckie
Burn

Beckie Burn will follow up with Becca Bradd. Re. Workforce

Beckie

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(Workforce Board) needing to look through next steps.	Burn
To revise proposition for Vision, Mission and Purpose, and will form a task and finish group to enable this	Lisa Keslake
Email Lisa Keslake if they wish to be on the task and finish group or nominate someone.	ALL

All were in agreement that the outstanding actions have been completed.

3. End of year STP report for 19/20 – Beckie Burn

Beckie Burn - Advised she will take paper as read but highlighted some parts of the paper. She noted that the STP delivered above & beyond, plan including a return on investment of £2million

Alan Jarrett – Agreed that the ROI was very good and asked what is recurrent

Beckie Burn - advised that her understanding is that it is all recurrent.

All wished to congratulate the Productivity team.

John Goulston asked that report is note and asked where lessons learnt will be explored.

Beckie Burn stated that there was a need to do a fuller review of successes & room for improvement. This is in progress as it is important to shut down programme & take learning from this.

ACTION: Beckie Burn to look in to closure of programme of work & lessons learnt review.

4. STP Priorities 20/21 – Wilf Williams

Wilf Williams - Advised he would take the paper as read and in addition made the following points:

- We will need to re-visit priorities & vision, and suggest we bring back a refined set of priorities in September.
- We need to work on the Restart/Transform & ensure safe delivery. Strategic change is required looking at sustainability & what needs to be done as a priority.
- Need better position for performance management, and work on key system enablers & QI

Paul Bentley – Stated many organisations looking at QSIR

Wilf Williams asked the board that these policies are adopted subject to work done over next few months as we move to an ICS. Wilf Williams invited questions and

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comments

David Highton – suggested that as September will be significantly through financial year that perhaps best to look at the next 18 months rather than 6 months.

There was general agreement from the board therefore it was agreed to set priorities for next 18 months rather than 6 months.

Dr Robert Bowes – Raised that he would like to see prevention as a priority in order to ensure a joint & collective responsibility for this.

David Brake – Stated that the Health & Wellbeing Board would also support the above point

Wilf Williams – Understood reasoning and agreed that this needs to be more explicit.

Helen Greateorex – Agreed with 18 months & setting of priorities needs to not lose sight of outcomes. In order to make a difference we need SMART goals and an infrastructure that enables us to hold ourselves to account as a system.

Alan Jarrett – Agreed with Dr Robert Bowes that prevention needs to be a key focus.

James Williams – Has to be longer term vision, with focus on outcomes

Clair Bell - In terms of prevention and addressing health inequalities stated she would support a special focus on healthy weight/tackling obesity.

Wilf Williams – We are moving to an outcomes based measurement approach. As part of vision & purpose of ICS we will get more refinement and also incorporate comments when return in September.

ACTION: Wilf Williams to refine priorities to consider the next 18 months before presenting to board again in September taking in to account points made in meeting.

5. STP Budget 20/21 – Beckie Burn

Beckie Burn advised she again would take paper as read but highlighted the following:

- Rolled over Q1, and purpose to repurpose some of STP budget towards ICPs. Steer was to come back to this board
- Pathology & Productivity have signed off & agreed plan. Exam question is there still a commitment to system budget?

Ivor Duffy – As & when we find out what financial situation for the year is we can look to the future further, however STP currently is funded if trusts agree as all trusts are currently funded during this Covid period.

Dr Gaurav Gupta - At the moment getting a lot of queries from PCNs about clinical representation & this is something that needs to be resolved

ACTION: Beckie Burn & Gaurav Gupta to follow-up outside of this meeting on clinical representation.

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Paul Bentley – Raised question about whether we use the money to support the development of ICP's not just the backfill - I would support the money being used in part to develop the ICPs

Susan Acott – Need to be focused on shared purpose. Can see a lot of things we may want to do but need to keep focused.

ACTION : Ivor Duffy to look in to Governance of this spending via the Finance Group

Support for budget, need more regarding ICPs and also monitoring and governance of this through the Finance Group

6. Escalation report on Restart and Restore – Ian Ayres

Ian Ayres drew attention to slide 2, stating that most things restarted and wanted to pass on thanks to all those working on restart however there are some key missing parts as detailed on slide. Waiting lists & backlogs as expected is a key focus.

Receiving many requests form E/I which are consuming a lot of time, including a capital requests return, however as yet no questions regarding revenue.

Increasingly having to plan as a system, but all our processes are at organisation level. Hence for returns a lot of going to individual organisations and agreeing collective response. When quieter should look at how system planning is reflected in organisations for example with BI/Analytics

System wide waiting lists and views have been requested. Diagnostics for example should be a system view and this is something that is being pushed centrally.

Only beginning to look at if there is harm caused by Covid response.

Each workstream also has clinical leads now identified.

Paul Bentley – Is this solely about health care or is there any joining up with community & social care?

Ian Ayres – Requests currently just for capital in regard to capacity of beds and diagnostics, talk about revenue requests in future but nothing yet received there is hope that this will be more community focused.

Ivor Duffy - Capital requests due in to NHS E/I midday today.

John Goulston – asked regarding governance of this and Ian Ayres confirmed discussions with Execs regarding the submission, were requested last week.

David Highton – What is approach to PTL stratification, there is not even an aligned approach between specialties, in organisations?

Ian Ayres –This is a reflection that there is currently a desire to align waiting lists; and we cannot manage as we are.

Gaurav Gupta – Concerns regarding General Practice part of this, only reference is on known latent demand. We cannot say no to patients & so stuck in the middle.

Concern re. Primary Care, Local & Community bundled together and whether this is too big a group. Clear need for a general practice clinical sponsor there & this requires further discussion.

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Roger Gough gave his apologies as he had to leave for another meeting.

ACTION: Ian Ayres to follow-up with Dr Gaurav Gupta regarding GP clinical sponsorship and scope of the Primary Care, Local & Community Workstream.

Susan Acott – Regarding patients on waiting lists. Need to go back to old disciplines. Royal societies are indicating different pathways, some advocating watchful waiting & also there are many patients that do not want to come in. Need to not waste time
David Highton – Agreed that there was past learning regarding Patient List management that could be applied.

John Goulston – Next step submission due today

Wilf Williams – Confirmed being signed off by Execs & sent, Wilf agreed to send this to board

ACTION: Wilf Williams to send Capital Bid E/I Submission to this board.

John Goulston – recorded thanks to James Lowell & Restart Team.

7. ICS Development – Lisa Keslake/Rachel Jones

Lisa Keslake - Inevitably ICS development has been delayed by Covid, Two options being presented to board either enter accreditation process in September or later in November. System maturity will also take in to account Covid. Original maturity matrix still applies. At point accredited there will be on going system development and we would need to show what this work is.

James Devine joined the meeting

Recommendation is September due to winter processes.

There is an additional question as whether Partnership Board is happy to discharge some responsibility for this to the STEB over the next few months.

Rachel Jones continued - STEB meeting in July proposal is to turn this in to a workshop to work on ICS vision, mission, purpose & priorities.

Helen Greateorex – Asked regarding capacity to do this for September.

Lisa Keslake – Need high degree of confidence that if we deliver what is in system maturity matrix table that it should be approved.

Paul Bentley – Can we engage meaningfully enough for a September deadline?

Lisa Keslake – Confirmed requirement of plan for engagement not for all public engagement to be completed for accreditation.

John Goulston – Asked if could test Vision, mission, purpose with stakeholders perhaps in August. NEDs, lay member, Healthwatch, LMC etc.

Rachel Jones – Agreed this could be done

Louise Ashley – Asked regarding a back-up option if unable to achieve September due to a second surge.

Lisa Keslake – Stated that there is flexibility to move to late date if second surge.

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John Goulston – Asked if everyone in agreement on September on understanding could move to later if required.

Consensus from board on September date.

ACTION: Rachel Jones & Lisa Keslake to follow-up on July workshop and testing of Vision, Mission, Purpose & Priorities in August.

8. Governance Review – Mike Gilbert

Mike Gilbert introduced himself to the board. Advised he would take paper as read highlighted the following.

Need to be able to focus on immediate priorities & be able to focus on system development. Restart Programme Board will have SROs of workstreams. STEB to be changed to System Development Board would be responsible for ICS maturity, PCNs & ICP. Need to refine Partnership Board Terms of Reference with clear purpose set out and we need to consider NEDs Group.

This is interim Governance whilst we work through longer term requirements.

Dr Gaurav Gupta – Need to work out how we can ensure Primary Care is represented throughout.

Dr Robert Bowes – Would like this governance framework to link in to development of ICPs. System Development Board would be responsible for developing ICPs, however will it also be responsible for deciding what is consistent between the ICPs?

Mike Gilbert advised that the role of the System Board would be to set consistency.

Louise Ashley – raised concerns that potentially being on three boards at ICS level would not be manageable. Suggestion that only one to be a board and Restart and System development boards should be operational groups without Chief Execs.

David Highton - suggested that Restart Programme Board had been suggested elsewhere to be just COOs. Does not think ICS NED Oversight Group is required and that they could be represented on this Partnership Board.

Mike Gilbert – Expectation that we can work through & come back with a longer term governance framework. There is a concern that if a Restart Board & System Development board were joint, that the latter will be overcome.

Wilf Williams - Agreed Restart & System Development should be more operational if people are happy to delegate responsibilities to others.

Paul Bentley – Agreed that ICS Oversight group could be folded in to this board.

Need to ensure voice of Health & Social Care Partners/Governing Bodies & K&M Joint H&WBB. Worried about duplication of membership where CEO's are on three tiers of the boards which is time consuming but also runs the risk of 'marking our own homework'.

Dr Robert Bowes – Going back to Susan Acott's point regarding shared purpose, do we need to have a better sense of this before we can consider the structures.

John Goulston – Agreed, but that this is just for the transition.

David Highton – Suggested Primary and Local Care Boards may be duplication of

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what is on ICP footprint.

Dr Gaurav Gupta – Advised that Primary and Local Care Board is serving a purpose & doing good work currently.

John Goulston – Suggested after ICS Partnership Board we will have Restart Programme Group & System Development Group. Under Any Other Business in Partnership Board have Restart & System Development SROs and LMC could then nominate who attends the groups on their behalf. ICS Partnership Board would be monthly

Louise Ashley - suggested Partnership Board is bi-monthly.

Mike Gilbert - Suggested with work currently needed that it needed to be monthly.

David Highton – Once we have effective ICPs can system level be thinner, which partly is what meant by duplication of Primary & Local Care Boards then can go to bi-monthly partnership board,

Lisa Keslake – Said would need boards now to be monthly, as any less would limit socialisation of vision, mission purpose for ICS level

Mike Parks – Need to decide what is at ICS & ICP level, ICS needs to describe outcomes wanted.

Dr Robert Bowes – Agreed ICS describe outcomes required, but how done should be set by ICPs.

Paul Bentley – Asked if comments should be taken away and if Mike Gilbert could add to paper and then bring back to board.

John Goulston – Suggested taking redraft to NEDs and also could then be shared with this board

ACTION –Mike Gilbert to incorporate comments in to Governance paper to be presented at NEDs then re-circulated to this board

9. Chief Executive's Update – Wilf Williams

Consultation launched on CCG structure this is due to end beginning of August.

10. Any Other Business

John Goulston – Suggested monthly meetings between now & March, and suggested meeting in August, and could cancel if required. Suggested first Tuesday morning of each month.

Paul Bentley and David Highton – Requested no to Tuesday morning as execs meeting at their respective trusts.

John Goulston – Advised that feasibility of Tuesday afternoons will be looked in to and communicated to board.

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ACTION: Kathryn Gunyon/Lexy Young to arrange monthly meetings until March.

Meeting closed at 11:58

ACTIONS – to be reviewed at the next meeting

Action	Owner	Deadline
Kathryn Gunyon to liaise with Dr Robert Bowes to correct 5.10 in Tuesday 5th May minutes.	Kathryn Gunyon	
Beckie Burn to look in to closure of programme of work & lessons learnt review.	Beckie Burn	
Wilf Williams to refine priorities to consider the next 18 months before presenting to board again in September taking in to account point made in meeting.	Wilf Williams	
Beckie Burn & Gaurav Gupta to follow-up outside of this meeting on clinical representation.	Beckie Burn	
Ivor Duffy to look in to Governance of STP spending via Finance Group	Ivor Duffy	
Ian Ayres to follow-up with Dr Gaurav Gupta regarding GP clinical sponsorship and scope of the Primary Care, Local & Community Workstream.	Ian Ayres	
Wilf Williams to send Capital Bid E/ Submission to this board.	Wilf Williams	
Rachel Jones & Lisa Keslake to follow-up on July workshop and testing of Vision, Mission, Purpose & Priorities in August.	Rachel Jones/Lisa Keslake	
Mike Gilbert to incorporate comments in to Governance paper to be presented at NEDs then re-circulated to this board	Mike Gilbert	
Kathryn Gunyon/Lexy Young to arrange monthly meetings until March.	Kathryn Gunyon/Lexy Young	

ATTENDEES

Name	Role	Organisation
John Goulston	Interim Chair	K&M STP/ICS
Beckie Burn	Assistant Director of Operations	K&M STP/ICS
Bob Bowes	CCG GP	Kent & Medway Clinical Commissioning Group
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 CCG	Kent & Medway Clinical Commissioning Group
Ian Ayres	Managing Director	Kent & Medway Clinical Commissioning Group
Ivor Duffy	Chief Finance Officer	Kent & Medway Clinical Commissioning Group
Rachel Jones	Director of Strategy and Population Health	Kent & Medway Clinical Commissioning Group
James Williams	Director of Public Health, Prevention SRO	Medway Council
Kathryn Gunyon	Business & Project Support Officer	K&M STP/ICS
Gaurav Gupta	Chair	Kent Local Medical Committee
Lisa Keslake	Director of System Development and Assurance	Kent & Medway Clinical Commissioning Group
Mike Parks	Senior Primary Care Advisor	K&M STP/ICS
Robbie Goatham	Manager	Healthwatch Kent

Name	Role	Organisation
Tom Stevenson	Acting Director of Comms and Engagement	Kent & Medway Clinical Commissioning Group
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 (joined partway through meeting)	Chief Executive	Medway NHS Foundation Trust
Martin Riley	Managing Director	Medway Community Healthcare
Mike Gilbert	Director Of Corporate Affairs	Kent & Medway Clinical Commissioning Group
Alan Jarrett	Leader of the Council	Medway Unitary Authority
Paul Bentley	Chief Executive	Kent Community Health NHS Foundation Trust
Roger Gough (left partway through meeting)	Leader of the Council	Kent County Council
Clair Bell	Cabinet Member for Adult Social Care and Public Health	Kent County Council

APOLOGIES

Name	Role	Organisation
Rebecca Bradd	Director of People and Organisational Development	Kent & Medway Clinical Commissioning Group
Andrew Scott-Clark	Director of Public Health, Prevention SRO	Kent County Council
Navin Kumta	Clinical Chair	Kent & Medway Clinical Commissioning Group
Caroline Selkirk	Director of Health Improvement	Kent & Medway Clinical Commissioning Group
Richard Smith	Director Adult Social Care	Kent County Council
Miles Scott (David Highton Deputising)	Chief Executive	Maidstone & Tunbridge Wells NHS Trust
Neil Davies (James Williams deputising)	Chief Executive	Medway Council
Maggie Cane	Manager	Healthwatch Medway