

MINUTES

Meeting	ICS/STP Partnership Board
Date and time	12:00 to 14:00, Tuesday 11 August 2020
Location	MS Teams (Virtual)
Chair	John Goulston, Interim Chair

Discussion points and key decisions

1. Welcome, Introductions and Declarations of Interests

1.1 John Goulston welcomed members and deputies to the meeting and thanked them for their attendance.

1.2 Apologies were noted as per page 12 of this document.

1.3 There were no declarations of interest.

2. Minutes and Actions from 7th July 2020

2.1 Members agreed the accuracy of the minutes for the meeting on 7 July 2020.

2.2 All actions were embedded into the agenda for this meeting.

3. Matters Arising

Confirming transitional governance arrangements

3.1 Mike Gilbert reminded members that the transitional framework was discussed at last partnership board and it refines the current governance for the next six months before the system moves into an ICS.

3.2 The document was widely agreed and the system NEDs were asked for their view on the document and on disbanding the NEDs Oversight Group. The NEDs agreed the recommendations set out in the paper, including disbanding the group and the paper was re-circulated for approval on

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behalf of organisations.

3.3 Kent and Medway NHS and Social Care Partnership Trust, Kent and Medway Clinical Commissioning Group and Kent Community Health NHS Foundation Trust have approved the governance arrangement; ensuring that the System Development Group and Restart Group run adjacent to each other and then report into the ICS/STP Partnership Board. It was agreed that the system restart and system development groups should be executive and should not therefore include a provider chair but should provide monthly escalation to the Partnership Board.

3.4 Members **AGREED** the contents of the paper. The September Partnership Board will review the updated Terms of Reference for the Partnership Board and share the Terms of Reference for the sub groups as appendices.

STP budget/ICP facing resources

3.5 Beckie Burn updated members on the 2020/21 STP budget and that the principles have been agreed to focus on ICP development and moving away from programme led interventions.

3.6 Beckie Burn advised that there was still work on going to confirm the milestones required and that the budget would need to come back to the Partnership Board in October. A proposal sent virtually to the Partnership Board for interim clinical and professional backfill has not received full support, and is therefore not yet approved.

ACTION: Beckie Burn and Gaurav Gupta to discuss the Primary Care Network (PCN) Clinical Directors (CD) backfill payments timeline.

3.7 Members discussed a need to make sure there was clarity surrounding the Integrated Care Partnership (ICP) offer, both workforce and funding, and that some of this should become clearer following the end of the Clinical Commissioning Group (CCG) restructure consultation.

3.8 Bob Bowes noted that there is currently a lot of uncertainty in the system and that any decisions need to be flexible.

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3.9 Beckie Burn noted that there is a desire to accelerate this work as far as is possible, and take into consideration previous work undertaken by ICPs on budget proposals at the start of the year.

ACTION: Beckie Burn to work with partners to produce a fuller set of proposals and to provide a one page update to the next Partnership Board with the detailed proposal to the October Partnership Board meeting Beckie Burn to discuss interim funding requests with the ICP working group.

ACTION: Beckie Burn to produce a timeline for submitting the paper to the necessary boards in such a way to avoid unnecessary delays.

4. ICS Vision, Principles and Purpose

4.1 Beckie Burn updated members on the agreement to refresh the ICS vision, principles and purpose and that the timescales set up become important for the ICS accreditation submission in September.

4.2 A workshop was held in place of the System Transformation Executive Board (STEB) meeting that was facilitated externally to discuss previous vision work undertaken and to refine this into vision statements and principles. The first draft that came from this was circulated for comment.

4.3 The next steps are to determine the ICS purpose with the newly formed System Development Group, and to socialise the vision with a group of stakeholders including NEDs, lay members, councillors and the voluntary and community sector.

ACTION: Members to identify and propose individuals to be involved in the NEDs, lay members and councillors ICS vision workshop and to email Beckie Burn.

4.4 Members felt that the vision statements needed to be a smaller, snappier set and may need rewording to be meaningful to the entire population of Kent and Medway and wanted to explicitly state the intention to reduce health and well-being inequalities. James Williams was keen to see “well-being” included alongside health, for a broader context.

4.5 Tom Stevenson added that it is important to understand who the main

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audience for the statements is and that it was important to get system and partners buy in, therefore it feels more appropriate to aim the statements at the partners rather than at patients and the public.

4.6 Beckie Burn noted suggestions received outside of the meeting for the vision to focus on health as well as ill-health, to include a commitment to maximising collective resources over and above finances, and to describe our ambitions for being compassionate and inclusive.

4.7 Bob Bowes wanted to see the vision taken to the Clinical and Professional Board, and it is on the agenda for the meeting on 20th August.

4.8 The final version of the ICS vision is to be included in the September submission for ICS accreditation.

5. Escalation report from System Restart Group

5.1 James Lowell gave an update on the restart programme response to the Phase 3 letter; the national priorities of bowel and breast screening did have a capacity issue in the Medway and Dartford areas but these has been addressed.

5.2 The critical services addressed in the national priorities have been restored quickly but challenges of demand and capacity remain in trying to reach pre-COVID 19 levels. There are still constraints regarding the estates in both acute and community providers.

5.3 Paul Stevens added that there are six “Adopt and Adapt” programmes running and sharing best practice. There are workshops planned to share recommendations and discuss opportunities to increase capacity.

5.4 Use of the independent sector (IS) has been good across Kent and Medway with 10 hospitals working with the NHS to create pathways for non-COVID sites. There was a loss of 124 beds and mitigation is being discussed.

5.5 James Lowell advised members that there is a Seacole paper written for out of hospital care plans, based on the Frimley model which has been used for a bid of £13million. The plans have gone to the national team to

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confirm their recommendation for adoption. There is a similar paper being drafted for mental health services that will be going to the System Restart Group in September.

- 5.6** Activity modelling for the “new normal” is underway using draft models from systems dynamic modelling to understand the return to pre-COVID activity levels including an understanding that some patients will now be higher acuity having delayed treatment.
- 5.7** Gaurav Gupta raised concerns around primary and community care being used to ease pressures in other areas of the system. Activity in general practice has increased and there are issues with capacity which could be compounded by a bigger than usual vaccination programme during the flu season. Beckie Burn confirmed that this was due to be discussed at the Primary and Local Care Board (PLCB) on 13th August 2020.
- 5.8** Members discussed smarter ways of identifying at risk patients in the event of a second peak of COVID-19 infection. Work is underway with borough councils to use their shielding lists to identify those more at risk and to have a joined up response to this.
- 5.9** Julie Frake-Harris asked whether the pooled waiting list approach used across Kent and Medway was robust and James Lowell advised that there is an SBAR paper based upon North West London which will be proposed to the System Restart Group at the start of September.
- 5.10** Paul Stevens was keen to use the clinical and professional board to discuss protecting patients and provision of services and use existing techniques to predict infection trends and reduce risk.
- 5.11** John Goulston added that part C of the letter (notably the areas on workforce and inequalities) needs to weave into current programmes and lead to the identification of any new work streams required.
- 5.12** The first draft of the submission is due by 1st September 2020 with the final submission due on 21st September 2020. The draft submission will be taken to chief executives at the end of August and the System Restart Group before formal submission. The LMC will not be asked to formally sign off the submission but may link in via the ICPs.

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ACTION – the September Partnership Board meeting should include the sign off of the final phase 3 plan submission

6. Draft ToR System Development Group

6.1 Mike Gilbert advised members that this is the first draft of the Terms of Reference for the System Development Group and it will be bought back in September. The Terms of Reference for the Partnership Board will be discussed at the next Partnership Board meeting and will include the subgroups; System Development Group and System Restart Group.

6.2 Paul Bentley wanted to ensure that Primary Care Networks (PCNs) are not lost in the new governance arrangements and that they were able to input. Mike Parks suggested that the 4 PCN clinical directors that sit on the PLCB could link in with the partnership board and feed back to the fortnightly meeting with all 42 clinical directors.

ACTION: Members to send feedback and comments on the Terms of Reference for the System Development group to Mike Gilbert.

6.3 Bob Bowes added that it is important to understand the expectations for the PCNs and that the PCN clinical directors will need personal development support and it is important to identify future leaders.

ACTION: Mike Gilbert to bring updated version of Terms of Reference to the next Partnership Board on 18th September.

7. Progress report on re-submission of East Kent PCBC

7.1 Lorraine Goodsell presented an update on the East Kent transformation work, work undertaken to date and the contents of the Pre-Consultation Business Case (PCBC).

7.2 A significant amount of work has been undertaken including local care modelling, models of care and locations of services from a clinically led view.

7.3 Lorraine Goodsell pointed out that there is an error on slide 20 on the

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options overview slide.

ACTION: Lorraine Goodsell to correct slide 20 and recirculate the pack to the members of the partnership Board.

7.4 The draft PCBC has been submitted to NHS England and Improvement and the clinical senate for feedback which was received in May. These conversations have continued to be regular ahead of the next submission on 14th August.

7.5 Lorraine Goodsell wanted to acknowledge the amount of engagement received with the PCBC, especially clinical colleagues, to refresh the narrative in a short time frame.

7.6 The current draft is the penultimate version before the final submission the 6th October. Ahead of the final submission work will be undertaken to address feedback and recommendations, to include key successes in East Kent in the PCBC narrative and to include a more joined up approach to the full patient pathway. The final submission will also include the improvements of digital connectivity following COVID-19 and an East Kent focussed workforce strategy.

7.7 Roger Gough raised a query on slide 25 regarding the short list evaluation. The slide shows clear differences between the sustainability of each option but no difference overall and Roger Gough wanted clarity on this.

ACTION: Lorraine Goodsell to clarify the sustainability of the options in the short list evaluation and bring clarity back to the Partnership Board.

7.8 The PCBC is to be taken to the East Kent Hospitals University NHS Foundation Trust board and the Kent and Medway Clinical Commissioning Group governing body meetings on 13th August for sign off.

7.9 Members wanted to consider the language used within the PCBC and understand how the consultation will be different due to COVID-19.

7.10 Members **SUPPORTED** the PCBC paper.

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8. Chief Executives Update

8.1 There were no updates.

9. Any Other Business

9.1 The submission for ICS status us due to be submitted in September so Lisa Keslake has requested the next meeting be moved to 18th September to agree sign off.

ACTION: Local authority colleagues to advise Mike Gilbert of who should be included in the Partnership Board membership and diary invites forwarded to provider chairs

Meeting closed at 13.45

ACTIONS – to be reviewed at the next meeting

No.	Action	Owner	Deadline
20200811/1	Beckie Burn and Gaurav Gupta to discuss the Primary Care Network (PCN) Clinical Directors (CD) backfill payments timeline.	Beckie Burn	18 th September
20200811/2	Beckie Burn to work with partners to produce a fuller set of proposals and to provide a one page update to the next Partnership Board with the detailed proposal to the October Partnership Board meeting. Beckie Burn to discuss interim funding requests with the ICP working group.	Beckie Burn	18 th September
20200811/3	Beckie Burn to produce a	Beckie Burn	18 th September

	timeline for submitting the paper to the necessary boards in such a way to avoid unnecessary delays.		
20200811/4	Members to identify and propose individuals to be involved in the NEDs, lay members and councillors ICS vision workshop and to email Beckie Burn.	All	18 th September
20200811/5	Members to send feedback and comments on the Terms of Reference for the System Development group to Mike Gilbert.	All	18 th September
20200811/6	Mike Gilbert to bring updated version of Terms of Reference to the next Partnership Board on 18 th September.	Mike Gilbert	18 th September
20200811/7	Lorraine Goodsell to correct slide 20 and recirculate the pack to the members of the partnership Board.	Lorraine Goodsell	18 th September
2020811/8	Lorraine Goodsell to clarify the sustainability of the options in the short list evaluation and bring clarity back to the Partnership Board.	Lorraine Goodsell	18 th September
20200811/9	Local authority colleagues to advise Mike Gilbert of who should be included in the Partnership Board membership. Diary invites for future Partnership Board	Roger Gough/James Williams/David Brake/ Richard Smith/ Andrew Scott-Clark/ Clair Bell/ Neil Davies/ Alan Jarrett	18 th September

	meetings forwarded to provider chairs	Mike Gilbert	
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ATTENDEES

Name	Role	Organisation
John Goulston	Interim Chair	Kent & Medway Integrated Care Partnership/ Sustainability and Transformation Partnership
Susan Acott	Chief Executive	East Kent Hospitals University NHS Foundation Trust
Clair Bell	Cabinet Member for Adult Social Care & Public Health	Kent County Council
Paul Bentley	Chief Executive	NHS Kent Community Health NHS Foundation Trust
Dr Bob Bowes (Deputising for Navin Kumta)	Clinical Chair	Kent and Medway Clinical Commissioning Group
David Brake (Cllr)	Portfolio Holder for Adult's Services	Medway Unitary Authority
Beckie Burn (Deputising for Rachel Jones)	Assistant Director of Operations	NHS Kent and Medway Clinical Commissioning Group
Neil Davies	Chief Executive	Medway Unitary Authority
Julie Frake-Harris (Deputising for Louise Ashley)	Chief Operating Officer and Deputy CEO	Dartford and Gravesham NHS Trust
Mike Gilbert	Director of Corporate Affairs	NHS Kent and Medway Clinical Commissioning Group
Robbie Goatham	Manager	Healthwatch Kent
Lorraine Goodsell	Interim Lead Director - East	NHS Kent and Medway Clinical Commissioning Group

Name	Role	Organisation
	Kent PCBC	
Roger Gough	Leader of the Council	Kent County Council
Dr Gaurav Gupta	Chair	Kent Local Medical Committee
Amanjit Jhund (Deputising for Miles Scott)	Director of Strategy, Planning and Partnerships	Maidstone and Tunbridge Wells NHS Trust
James Lowell	Programme Director – Restart Programme	Medway NHS Foundation Trust
Harvey McEnroe (Deputising for James Devine)	Chief Operating Officer	Medway NHS Foundation Trust
Shekh Motin (Deputising for Ivor Duffy)	Director of Specialised services Finance	NHS Kent and Medway Clinical Commissioning Group
Joanne Palmer	Chair	Medway NHS Foundation Trust
Dr Mike Parks	Senior Primary Care Advisor	Kent & Medway Integrated Care Partnership/ Sustainability and Transformation Partnership
David Radbourne	Regional Director of Strategy and Transformation	NHS England and NHS Improvement – South East Region
Martin Riley	Managing Director	Medway Community Healthcare
Caroline Selkirk (Deputising for Wilf Williams)	Director for Health Improvement	NHS Kent and Medway Clinical Commissioning Group
Liz Shutler	Director of Strategic Development and Capital Planning	East Kent Hospitals University NHS Foundation Trust
Richard Smith	Interim Corporate Director for Adult	Kent County Council

Name	Role	Organisation
	Social Care and Health	
Dr Paul Stevens	Medical Director	East Kent Hospitals University NHS Foundation Trust
Tom Stevenson	Acting Director of Communications and Engagement	NHS Kent and Medway Clinical Commissioning Group
Judith Ward	Deputy Director of Nursing	South East Coast Ambulance Service
James Williams	Director of Public Health	Medway Unitary Authority
Lexy Young	Programme Administrator	NHS Kent and Medway Clinical Commissioning Group

APOLOGIES

Name	Role	Organisation
Ivor Duffy (Shekh Motin deputising)	Chief Finance Officer	NHS Kent and Medway Clinical Commissioning Group
Wilf Williams (Caroline Selkirk deputising)	Accountable Officer	NHS Kent and Medway Clinical Commissioning Group
Rachel Jones (Beckie Burn deputising)	Director of Commissioning and Performance	NHS Kent and Medway Clinical Commissioning Group
Dr Navin Kumta (Dr Bob Bowes deputising)	Clinical Chair	NHS Kent and Medway Clinical Commissioning Group
Helen Greatorex	Chief Executive	Kent and Medway NHS and Social Care Partnership Trust

Name	Role	Organisation
James Devine (Harvey McEnroe deputising)	Chief Executive	Medway NHS Foundation Trust
Louise Ashley (Julie Frake-Harris deputising)	Chief Executive	Dartford and Gravesham NHS Trust
Ian Ayres	SRO for Restart	NHS Kent and Medway Clinical Commissioning Group
Bethan Eaton-Haskins	Executive Director of Nursing and Quality	South East Coast Ambulance Service
Alan Jarrett (cllr)	Leader of the Council	Medway Unitary Authority
Andrew Scott-Clark	Director of Public Health	Kent County Council
Maggie Cane	Manager	Healthwatch Medway
Miles Scott (Amanjit Jhund deputising)	Chief Executive Officer	Maidstone and Tunbridge Wells NHS Trust