

Kent and Medway Sustainability and Transformation Partnership: Programme Board Meeting Update, April 2017

About the Kent and Medway Sustainability and Transformation Partnership and Programme Board

The Kent and Medway [Sustainability and Transformation Partnership](#) has been set up by local health and social care leaders. We are spearheading the drive to determine how best to encourage and support better health and well-being, and provide improved and sustainable health and social care services, for the population of Kent and Medway into the long-term. The Partnership is a collaboration of all NHS organisations across Kent and Medway, Kent County Council and Medway Council; all of whom are involved in the planning and delivery of health and social care services.

You can read the Kent and Medway Sustainability and Transformation Plan, published in November 2016, at www.kentandmedway.nhs.uk/stp. You can read the Kent and Medway Case for Change, published in March 2017, at www.kentandmedway.nhs.uk/stp/caseforchange.

The Kent and Medway STP Programme Board is an advisory board with a non-affiliated Chair. This means the Chair is not linked to any single NHS or local authority organisation and so can ensure the Programme Board works for the good of the whole Kent and Medway population. You can find out who is on the Programme Board [on our website](#). The Board oversees the Sustainability and Transformation Partnership work programme and advises local health and social care commissioners, whose role it is to plan services across Kent and Medway.

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The Kent and Medway STP Programme Board meets monthly. This update provides an overview of what was discussed at the most recent meeting.

Update from the Programme Board meeting held on 24 April 2017

Workstream progress

The Board received an overview of how each of the programme's ten workstreams is progressing, following recent detailed discussions between the workstream leads, and the core programme management team. These discussions focused on the aims and objectives of each workstream, their progress against agreed workplans, resourcing requirements, and current risks and issues. The Programme Board agreed there needed to be further detailed discussion about the priorities and resourcing requirements across the workstreams; acknowledging there would need to be some prioritisation and not everything could be done at once. Join-up between the workstreams was raised; acknowledging that the 'enabling' workstreams (digital, workforce, estates) needed a clearer brief and more detail from the 'transformation' workstreams (prevention, local care, hospital care, mental health) about what support those workstreams need from the enabling functions and by when.

The Kent Integrated Dataset (KID) was referenced as an important resource as the workstreams' plans progress. (The Kent Integrated Dataset links routinely collected administrative patient activity and cost data in an anonymised way from almost all NHS providers across Kent and many non-NHS organisations, as well as from social care). The Programme Board agreed that this should now



be managed as a system-wide tool, including ensuring the right governance was in place for this across both NHS and local authority organisations.

CCG governance for joint decision-making

The Board heard how all eight CCGs across Kent and Medway are making progress on agreeing how they could put in place an effective governance infrastructure for any joint decision-making needed to allow them to publicly consult on any service changes. Creating a governance infrastructure to allow joint decision-making will require changes to be made to some CCG constitutions. This has a lead time that is feeding into the programme's overarching timeline. Any new governance infrastructure will allow the CCGs to take joint decisions on agreed issues (such as service change across a shared geography); it will not be for all aspects of CCG business.

Longer term commissioning transformation

Leaders in both commissioning and provider organisations generally agree there should be a strategic commissioning function for Kent and Medway (with a role focused on strategic planning, resource allocation and commissioning those services which serve a large population and operate on a Kent and Medway-wide basis), working alongside local commissioning for local populations – through local accountable care systems. The commissioning transformation workstream has been set up to look at this in more detail. The Programme Board discussed how there were areas of complexity to work through, for example, exactly how NHS England specialist commissioning, local authority commissioning, and day-to-day NHS commissioning could be better integrated and work in practice; and how best to define and identify appropriate accountable care systems for Kent and Medway.

Hospital care workstream

The Programme Board received an update on the hospital care workstream. The Programme Board has previously recommended that there should be an initial phase of work to address challenges in acute services and elective orthopaedics in east Kent, and stroke and vascular services across the whole of Kent and Medway. Discussion was focussed on quality improvements and clinical outcomes, workforce sustainability, financial affordability and ensuring join-up between the hospital care workstream and the local care workstream. This latter point was seen as critical, so that by the time CCGs consult on any service changes a detailed picture can be described for people about where and how they could receive services in the future, and how that may differ to now. There was a discussion on the availability of capital and whether that had been fully examined in terms of developing the options available for the future provision of services. It was clear that conventional (government) sources of capital were not readily available – particularly in terms of the scope and scale of any new build – current benchmarking indicates costs would be around £750 million to £1 billion. Other sources of capital would take longer than five years to prepare and implement, so whilst nothing is ruled out at this stage, nor for the longer term, action does need to be taken imminently to create sustainable services for the immediate and medium-term future for local people. There was a discussion around the 'evaluation criteria' that the hospital workstream has developed to help it define realistic options for service configuration. These have been tested over recent months in meetings with clinical colleagues and stakeholders, and with members of the public through a series of public listening events.

Recruitment update

Advertisements were placed in March for a full-time Senior Responsible Officer/CEO for the Kent and Medway transformation programme, and for a Director of Commissioning Transformation. Interviews for these posts will be held in May. There has also been a good response to programme



management office roles that have recently been advertised, with approximately 130 applications received.

For more information about the work of the Kent and Medway Sustainability and Transformation Partnership please visit www.kentandmedway.nhs.uk

Ends

