

**Frimley Clinical Commissioning Group – Governing Body
Agenda for the meeting in public
Thursday 1 April 2021 - 1030 to 1230**

**Zoom meeting
Independent Chair: Ed Palfrey**

Timing		Item	Delivery
1030	1	Welcome and Chair's introduction	Verbal
	2	Conflicts of Interest Register and declarations of any interests relating to this agenda- <i>to note</i>	Paper
	3	Establishment of Frimley CCG: a) Grant of merger and dissolution agreement b) Appointment of Accountable Officer – <i>to note</i> c) Appointment of Governing Body Deputy Chair – <i>to approve</i>	Chair
	4	Questions from members of the public	Verbal
1050	5	Update from Chair	Verbal
1100	6	Accountable Officer's update	Verbal
1110	7	Place updates: a) Bracknell Forest b) Royal Borough c) North East Hampshire and Farnham d) Surrey Heath e) Slough	Presentation s
1200	8	Governance items : a) CCG Constitution and Governance Handbook <i>to approve (NB supporting documents in Reading Room)</i> b) Frimley CCG policies – <i>to approve (NB supporting documents in Reading Room)</i> c) letter from NHS England confirming delegation of primary medical services - <i>to receive</i> d) Response to national health pandemic – delegation of emergency powers <i>NB once approved these items will be posted on the web site</i>	Sarah Bellars
1230		Close	

FRIMLEY CCG GOVERNING BODY

Title of Paper	Conflicts of Interest (COI) Register		
Agenda Item	2	Date of meeting	
Exec Lead	Director of Quality and Nursing – Sarah Bellars		

Purpose	To Approve	<input type="checkbox"/>	Link to Strategic Objective	
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input checked="" type="checkbox"/>		

Executive Summary

The COI Register is attached and has been compiled based on declarations made to Frimley Collaborative Board.

The CCG is implementing a new online system for the declaration of conflicts of interest and gifts and hospitality called Civica Declare. Members are being contacted to set up access to the system and a Register of COI will be submitted to the next meeting scheduled for 13 April 2021.

Recommendation	Members are asked to declare any interests relating to this agenda and to note the attached Register.
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Please provide details on the impact of following aspects	
Risk and Assurance	Statutory requirement
Equality and Quality Impact Assessment	n/a
Patient and Stakeholder Engagement	n/a
Financial Impact and Legal implications	Statutory requirement

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
n/a		

Frimley Clinical Commissioning Group - Register of Interests

Name	Declared Interest - Name and Nature of Business
Nicola Airey	Son student paramedic Brighton University. Placements with SECAMB who provide 999 services to residents within the Frimley Collaborative.
Kathy Atkinson	Chief Executive at Safer Tourism Foundation
	Trustee of Voluntary Action South West Surrey
Sarah Bellars	No interests to declare
Emma Boswell	Patient at Jenner House Surgery, Farnborough
Andy Brooks	Partner at Park Road Group Practice, Camberley
	Practice provides accommodation (with service charge for rent and utilities) for Pharmacy Services (Boots).
	Practice is Member of GP Federation Surrey Heath Community Providers Ltd
	Collingwood Grange Nursing Home: Practice provides Nursing Home Medical services over and above primary medical care services
	Pembroke House Nursing Home Practice provides Nursing Home Medical services over and above primary medical care services
	Patient with Downing Street Surgery in Farnham
Steven Clarke	Wife is a salaried GP, River Wey Medical Practice, Farnham Health Centre.
	Wife is shareholder in InsideVue – company providing ultrasound services in Farnham
	Shareholder in Salus, GP Federation
	Partner at GP Practice, Branksomewood Healthcare Centre
	Financial interest in Lloyds Pharmacy, on-site pharmacy at Branksomewood Healthcare Centre
	Patient with Hollytree Practice in Farnham
Fiona Edwards	CQC Executive reviewer and NHS provider Chief Executive
	Patient with Woodlands Park Surgery near Maidenhead
Tracey Faraday-Drake	None
Caroline Farrar	Trustee of Bliss, the national charity for babies born premature or sick
Arthur Ferry	Patient with Burnham Health Centre, SL1 7DE
Tony Fitzgerald	Patient with Lightwater Surgery, All Saints Road, Lightwater.
	Partner at Upper Gordon Road Surgery
	Partner Provider Pain and MSK Services

John Fraser	Member GP Federation Surrey Heath
	Partner Day Lewis Pharmacy Camberley
	Patient with Magnolia House, Sunningdale, Berkshire
Daryl Gasson	None
Lalitha Iyer	Director of Polar Diagnostics LLP trading as Women's Scanning Clinic
	Partner at Farnham Road - renting space in practice for Pyramid Pharmacy
	Provider of care home services over and above core GP work
	Patient with Dr Sharma's Surgery 240 Wexham Road, Slough
	Practice rents space out to a community pharmacy, no profit share
	Globe Management Consultants - secretary
	Magna Konserv - director
	Solutions for Health - Medical Advisor
Martin Kittel	GP Federation. Ltd Company, provider practice is shareholder (normally senior partner)
	GP Principal, Primary Care Provider
	Director East Berks Vasectomy provider
	Director Always Health Ltd (dormant company)
	Director - Thames Valley Surgical Services Limited (dormant company)
Robert Morgan	Husband of Lorraine Morgan who works part time at East Berkshire Primary Care out of hours service (clerical role).
Jim O'Donnell	Works privately in clinical triage for medical solutions UK
	Patron of the Charity, Slough Senior Citizens
	Partner at Farnham Road Practice, one of 13 providers DAAT services to Berkshire
	Donates portion of monthly GP salary to Thomas Hospice
	Patient with Newton Court Medical Centre, Old Windsor
Ed Palfrey	Provides advice on Secondary Care issues
	Daughter is a Palliative Care Trainee
	Secondary Care Non-executive Advisor for the Hampshire and Isle of Wight Partnership of CCGs

Fiona Slevin-Brown	Holds an honorary contract with Berkshire Healthcare Foundation Trust as a podiatrist
	Registered patient with Forest Health Group
	Son works for FHFT at Heatherwood - TOC Action Manager
Mary-Jane Steijger	Member of Frimley Health NHS Foundation Trust
	Patient with The Ferns Medical Practice, Farnham Hospital
Huw Thomas	GP partner Claremont & Holyport Practice
	Member of Maidenhead PCN
	Work sessions for East Berkshire Primary Care Out Of Hours
	Spouse is a Clinical Nurse Specialist for Frimley Health NHS FT
	Governor at Holy Trinity Primary School, Cookham
	Patient with Rosemead Surgery in Maidenhead
Amanda Wellesley	A&E Consultant in Queen Alexandra Hospital, Portsmouth
	Ward Doctor at Petersfield Community Hospital
	Previous A&E Consultant and Chief of Medicine in Western Sussex Hospitals NHSFT

NHS ENGLAND GRANT OF MERGER

1. INTERPRETATION

1.1 In this document, the following definitions shall apply:

"effective date" means 1 April 2021.

"old CCGs" means NHS East Berkshire CCG, NHS North East Hampshire and Farnham, and NHS Surrey Heath CCG;

"new CCG" means NHS Frimley CCG; and

"NHS England" means the NHS Commissioning Board established by section 1H of the National Health Service Act 2006.

1.2 Words and expressions used in this document shall be construed as if they were in an Act of Parliament and the Interpretation Act 1978 applied to them.

2. GRANT OF MERGER

2.1 NHS England grants the application for the dissolution of the old CCGs and the establishment of the new CCG in exercise of the power conferred on it by section 14G of the National Health Service Act 2006, and all other relevant powers exercisable by NHS England.

2.2 This grant of merger shall come into force on the effective date and shall be conclusive evidence of the merging and dissolution of the old CCGs to create the new CCG.

3. EFFECT OF GRANT OF MERGER

3.1 On the effective date:

- the old CCGs shall cease to exist;
- the new CCG shall be established; and
- the Staff Transfer Scheme and Property Transfer Scheme for the old CCGs made by NHS England shall take effect.

4. GENERAL

4.1 By virtue of section 67A of the Finance Act 2003 (as amended by section 216 of the Finance Act 2012), both the old CCGs and the new CCG are exempt from any charge of stamp duty land tax in respect of any transfer of property or liabilities effected by this grant of merger.

4.2 Any dispute arising out of the merging of the old CCGs to establish the new CCG shall be referred for arbitration to a person appointed by NHS England.

25 March 2021

A handwritten signature in blue ink that reads "Anne Eden". The signature is written in a cursive style with a horizontal line underneath the name.

Dated

Signature

Anne Eden
Regional Director

FRIMLEY CCG GOVERNING BODY

Title of Paper	Governance items		
Agenda Item	8	Date of meeting	
Exec Lead	Director of Quality and Nursing – Sarah Bellars		

Purpose	To Approve	<input checked="" type="checkbox"/>	Link to Strategic Objective	All
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input type="checkbox"/>		

Executive Summary
(a) CCG Constitution and Governance Handbook

The CCG Constitution has been prepared using the national CCG template and its contents have been subject to engagement with the membership and subsequently approved. The intention is that this version of the Constitution will go onto the public website on 1 April 2021 following the Governing Body meeting.

The Scheme of Reservation and Delegation (SoRD) and Standing Financial Instructions are also presented along with the Governance Handbook. These documents can be found in the reading room and once approved, will also be available to the public on the CCG's website.

(b) Frimley CCG policies – a number of key policies are presented for the first time for approval by the Governing Body. They include the main corporate policies covering risk management, conflicts of interest and counter fraud (these are located in the reading room) and once approved will be published on the CCG's website. The Information Governance and IT policies are presented for approval and adoption in the first instance and once approved will be published on the CCG's website.

The Governing Body is asked to note the following as part of this approval process:

- Conflicts of Interest, Counter Fraud Policies, Information Governance and IT policies were reviewed and approved by the previous CCGs' Audit Committees in Common at their meeting on 17 March 2021;
- Risk Management Framework has been approved by the previous Audit Committees in Common. The risk appetite described is the one agreed by the previous CCGs and will be subject to review by the new CCG's Governing Body, in the near future;
- The Delegation Limits as described in the Standing Financial Instructions have been reviewed and agreed by the previous CCGs Audit Committees in Common and now reflect the aligned role descriptions for directors and Band 8d roles.

HR Policies - the legacy CCGs have 62 HR related policies that require review and alignment. Following appropriate review these should be aligned into a suite of approximately 25 policies for Frimley CCG. South Central and Wessex CSU, who will be providing HR services to all our staff with effect from 1 April 2021, will undertake a review of all existing policies and develop new versions. They will highlight any changes from previous policies, updates in line with best practice/law and whether there are any implications for members of our 'legacy teams'.

Once these reviews have been undertaken, they will be shared for comment at the Staff Partnership Forum before being considered by a Policy Review Team composed of the Executive Director of Improvement and Development, a Managing Director, Remuneration Committee Chair (Lay Member) and HR; who will then recommend to the Governing Body their approval. The aim is

to complete the majority of these reviews by the end of June 2021.

(c) Letter from NHS England confirming delegation of primary medical services – Governing Body is asked to receive the letter attached (Appendix A).

(d) Response to national health pandemic - delegation of emergency powers – on the 25 March 2021 NHS England announced that the national incident level for the NHS COVID-19 response had been reduced from level 4 to level 3. As this comes into effect and with new governance arrangements in place for the Frimley CCG there is an expectation that business will start to be conducted without the need for additional delegation to the Accountable Officer and the Chief Finance Officer. It is therefore recommended that the previous delegation of emergency powers are no longer required and do not need to be extended.

Recommendation	<p>Governing Body is asked to:</p> <p>(a) to APPROVE the Constitution, Scheme of reservation and Delegation, Standing Financial Instructions and the Governance Handbook;</p> <p>(b) to APPROVE the policies presented in the reading room</p> <ul style="list-style-type: none"> a) Conflicts of Interest b) Risk Management Framework c) Information Governance policies d) IT policies e) Counter Fraud f) Policy for development and management of policies and procedural documents <p>and NOTE the continuing work to align policies as described in this report.</p> <p>(c) to AGREE to step down the previous arrangements relating to the delegation of powers to the Accountable Officer and Executive Director of Finance.</p>
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Please provide details on the impact of following aspects

Risk and Assurance	Statutory requirement
Equality and Quality Impact Assessment	n/a
Patient and Stakeholder Engagement	n/a
Financial Impact and Legal implications	Statutory requirement

Bracknell Forest Place

Working together to improve outcomes for
Children and Young People

What we know about our Children and Young People

Including protective and risk factors for mental health disorders



Frimley Collaborative
Partnership of Clinical Commissioning Groups

23% of Bracknell Forest's population are CYP (aged under 18), compared to the national figure of 21%.

In 2017/18 the estimated number of children with mental health disorders aged 5 to 17 was 2,500

The rate of children in need due to socially unacceptable behaviour is the highest in the region -a rate of 27.4 per 10,000 children under 18.

In 2018 1.90% of school pupils in Bracknell Forest were identified as having social, emotional and mental health needs which is significantly better than England (2.39%) however secondary school children proportions were similar to England with 2.48% and 2.31% respectively

In 2017/18, Bracknell Forest had a significantly higher proportion of children (75.2%) who reached a good level of development at the end of Early Years Foundation Stage (EYFS) compared to England (71.5%)

48 schools total pupil count = 21,068. 39 of these are state-funded schools, including academies, free and special schools that are attended by 17,923 pupils

In 2017, the rate of children in need per 10,000 children aged under 18 due to family stress or dysfunction or absent parenting was 132.7; significantly higher than England's 117.8 per 10,000

In 2017/18, 22 admissions for mental health conditions in people aged under 18 and 15 admissions as a result of self-harm in 10-14 year olds and a further 58 admissions for older children aged 15 to 19. The trend for Bracknell has steadily increased since 2012/14

The rate of primary school fixed period exclusions however is significantly higher than England (2.10% and 1.37% respectively) and so is the rate of exclusions due to persistent disruptive behaviour (1.9)% and 1.4% per 100 school aged pupils).

The latest IDACI information (2019) has highlighted some changes in income deprivation 20% of neighbourhoods saw an increase in deprivation since the 2015 publication, while 80% had a decrease in deprivation

Pupil absence is significantly lower in Bracknell Forest (4.08%) than England (4.65%) and continues to decrease according to 2016/17 data

What was the problem we needed to fix?



National

- Half of all mental health problems emerge before the age of 14
- Increase in prevalence rates for mental health conditions

Bracknell Forest

- Increasing demand for specialist Child and Adolescent Mental Health Services (CAMHS)
- Long wait times for specialist CAMHS
- 'CAMHS' offer focused on specialist support for CYP experiencing significant, severe and complex difficulties with their mental health.
- Mental Health a 'health' problem
- Deep dive into referrals not accepted by CAMHS CPE – approx. 40% from East Berkshire – gap in provision

What was the Place Partnership approach?



- Boost in support for the role played by schools and colleges, and better, faster access to NHS services, in order to fill gaps
- Increase capacity for dedicated mental health early intervention support
- Support systemic change making Mental Health 'everyone's business'
- Upskill CYP workforce to ensure that professionals and volunteers working with CYP have the confidence and capability to support all CYP to build emotional resilience and promote positive mental health
- Young people as 'peer educators'
- Partnership working to enable the development of a more integrated approach

How did we do this?



A new ethos of commissioning focusing on:

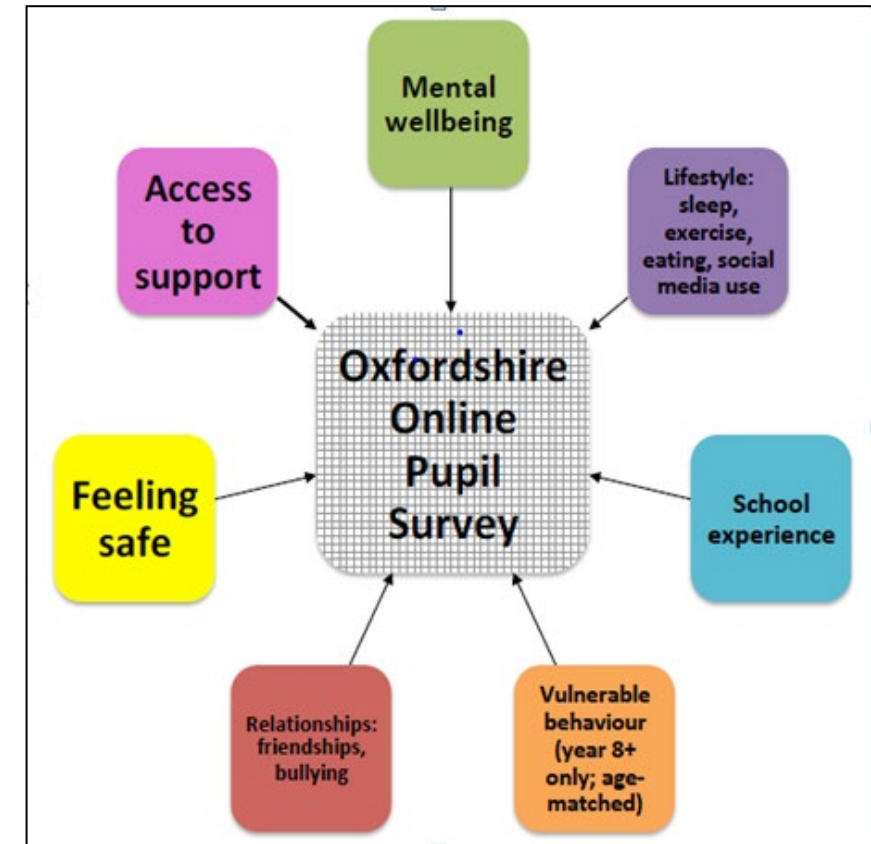
- New ideas around how commissioners can add value to local systems
- Bringing stakeholders together to make decisions
- Fostering close operational partnership between commissioners and providers
- Simplifying financial arrangements
- Offering improvement support to providers and move to a 'CAMHS partnership'

Key themes – partnership, integration and coproduction

- Local Transformation Plan Group for East Berkshire strategic oversight
- Multiagency Local Implementation Group for Bracknell Forest

What our Young People told us

- May-July 2020, with University of Oxford (Dept of Psychiatry) Health and Wellbeing Survey study for pupils aged 9 to 18 years (Years 4 to 13).
- The Survey measured the wellbeing (Health and Happiness) of Children and Young People.
- Pilot **238** secondary age pupils from **Bracknell Forest schools** – and 33 from Bracknell Forest schools.
- The overall trend across East Berkshire demonstrates decreasing levels of wellbeing with increasing age
- Life satisfaction and general happiness generally lower in older age groups – lowest amongst Year 12 pupils.
- The survey indicates that lockdown was more likely to increase loneliness for older pupils rather than younger pupils.



April 2021 full roll out to all Bracknell Forest education settings and outputs will be available July 2021 and are available at school level and Bracknell Forest level

Coproduction with young people

Children and Young People (CYP) Feedback on MH priorities

- East Berkshire Clinical Commissioning Group facilitated the day in partnership with Local Authorities and the Voluntary Sector to hear from Young people from Bracknell Forest.

Young Health Champions co-production network

- The programme is a partnership approach between health, education, local authorities and health.
- Bracknell Forest Public Health are the lead delivery of the programme where young people are trained as peer educator and form a co-production network to support peer engagement, communication and service design and commissioning.
- Programme has been shortlisted for a national award CYP Now

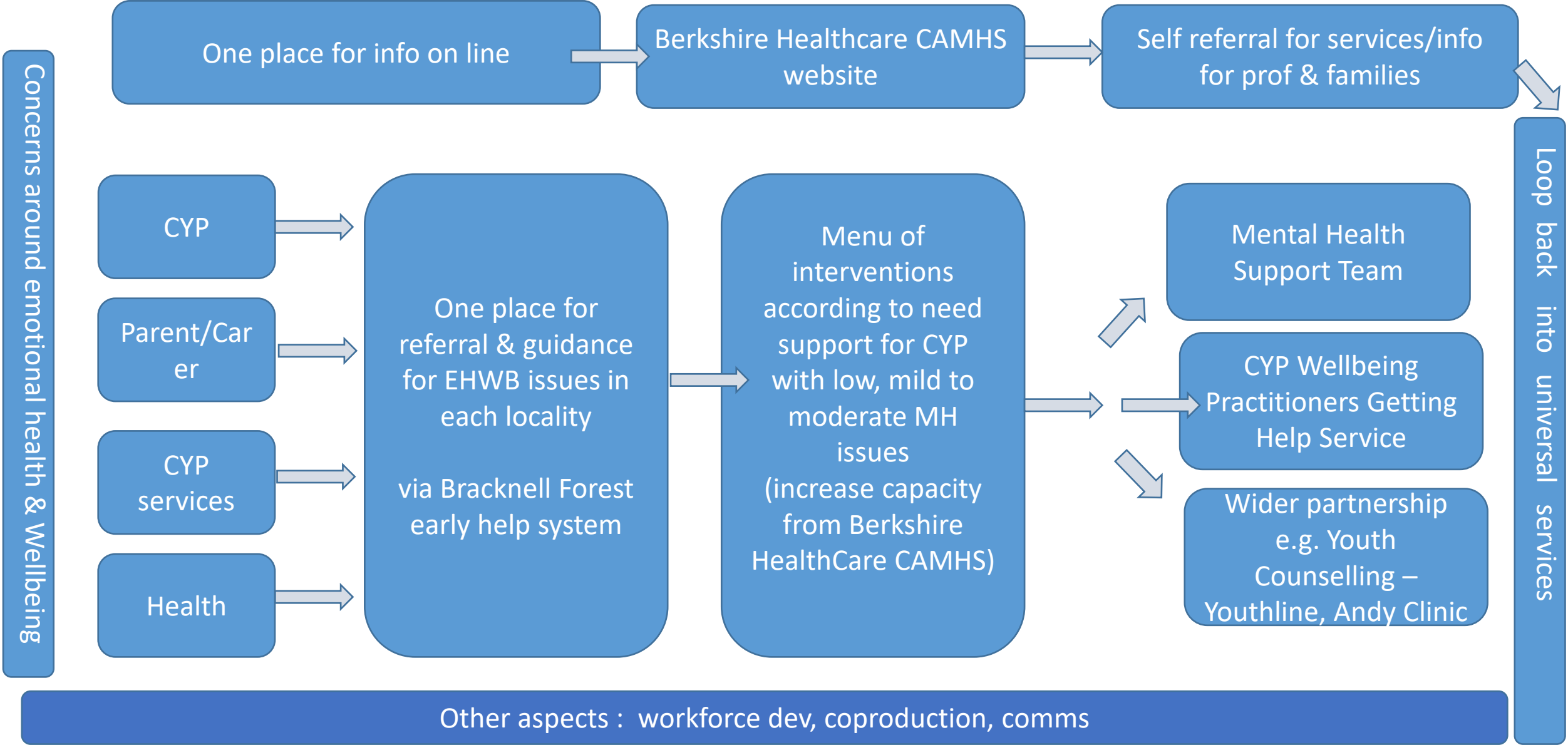


What Young People Are Telling Us About Mental Health, October 2019. Longridge Activity Centre, East Berkshire. Graphics by www.penmendocna.com







YOUNG HEALTH CHAMPIONS



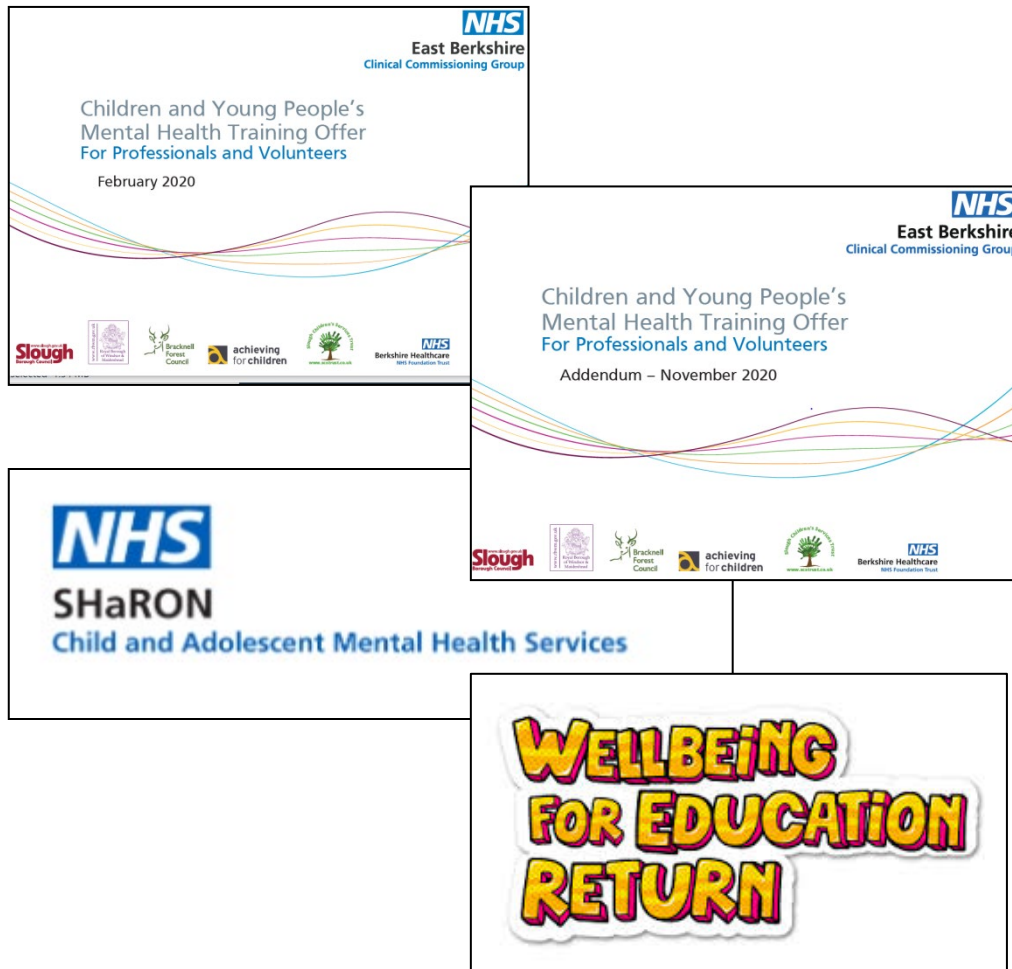
Bracknell Forest Emotional Health & Wellbeing Pathway



Our new revised early intervention offer

	<p>Kooth – digital offer. Out of hours support, choice for CYP. Now jointly commissioned with BF Public Health. April 2020 – Dec 2020 – 521 new registrations - 5012 log ins for Bracknell Forest</p>
 <p>Young Peoples Counselling Service</p>	<p>Youth line now jointly commissioned – LA lead commissioner but joint monitoring with CCG. April 2020 – Dec 2020 – 271 individuals supported through 1979 counselling sessions delivered for Bracknell Forest</p>
	<p>Anxiety and Depression Clinic provided by Reading University Increased capacity for early support for anxiety and depression, April 2020 – Dec 2020 54 referrals, 104 individuals started treatment (East Berkshire)</p>
	<p>Getting Help Team employed by Berkshire Healthcare but working in LAs early Help</p>
	<p>Mental Health Support Teams Implementation in place will be fully operational by Jan 2021.</p>
	<p>Early Help Service Bracknell Forest Council - family support services, parenting programmes and children’s centres or family hubs. These are provided by Bracknell Forest universal or targeted services</p>

Making mental health everyone's business



- Sharon – a virtual networking platform to connect professionals to support with remote collaboration, knowledge sharing, connecting with others and innovation in relation to CYP MH Support (launched March 2021 - 160 professionals have joined to date)
- DfE Wellbeing to Education Return – health worked with Bracknell Forest EP service to support implementation and delivery
- Offer for education and CYP workforce – two webinar series. Webinar series 1 footfall (May 2020 – July 2020) = 543, actual attendance = 271 for East Berkshire (67 professionals from BF)
- Two workforce training offers published includes FREE Mental Health First Aid, Psychological perspectives in education and primary care (PPEP Care) and LGBTQ+ Awareness and Mental Health Training – 3 sessions

In the coming year.....



Integration ↔ **Coproduction** ↔ **Partnerships**

- Health and Wellbeing Survey - April 2021 full roll out to all Bracknell Forest education settings and outputs will be available July 2021
- Integration with primary care – links between new clinical lead for MHST/GH and PCN networks
- Demonstrating impact - data from providers in CAMHS partnership (reach, impact and waiting times) & Health and Wellbeing Survey
- Promoting an asset-based community development approach to supporting CYP mental health and wellbeing - Innovation fund (launch Sept 2021)
- Eating Disorders –early identification and prevention (linked with Beat)
- Mental health awareness campaign- aimed at parents (links with Young Minds)
- Early years project (links with Anna Freud Centre)
- Website development (Berkshire CAMHS)
- Crisis development – home treatment services, design and implementation of Bracknell Forest safe haven, self harm pathway
- Local Transformation Plan for CYP MH (refresh) to be published by Oct 2021



North East Hampshire and Farnham
Clinical Commissioning Group

MARCH 2021

Creating healthier communities

Addressing inequalities in
North East Hampshire and
Farnham

Manor Park, Aldershot



Vision

Our vision is to empower our local people; both workforce and within our communities, to create an unstoppable force that will truly address and respond to the scale of change needed to close the health gap which exists.



Mission

We feel passionately that local people whose health and wellbeing is not as good as it should be, are the experts about their own lives. We want to hear their stories and explore together what works for them, to test ideas and learn from these. From this activity we will help to strengthen local people's sense of control over their own health and wellbeing, and reduce some of the differences in experience people have about their own health and wellbeing.

We seek to make the most of the energy which exists within local people, communities and organisations and observe how through making the right connections, change can happen.

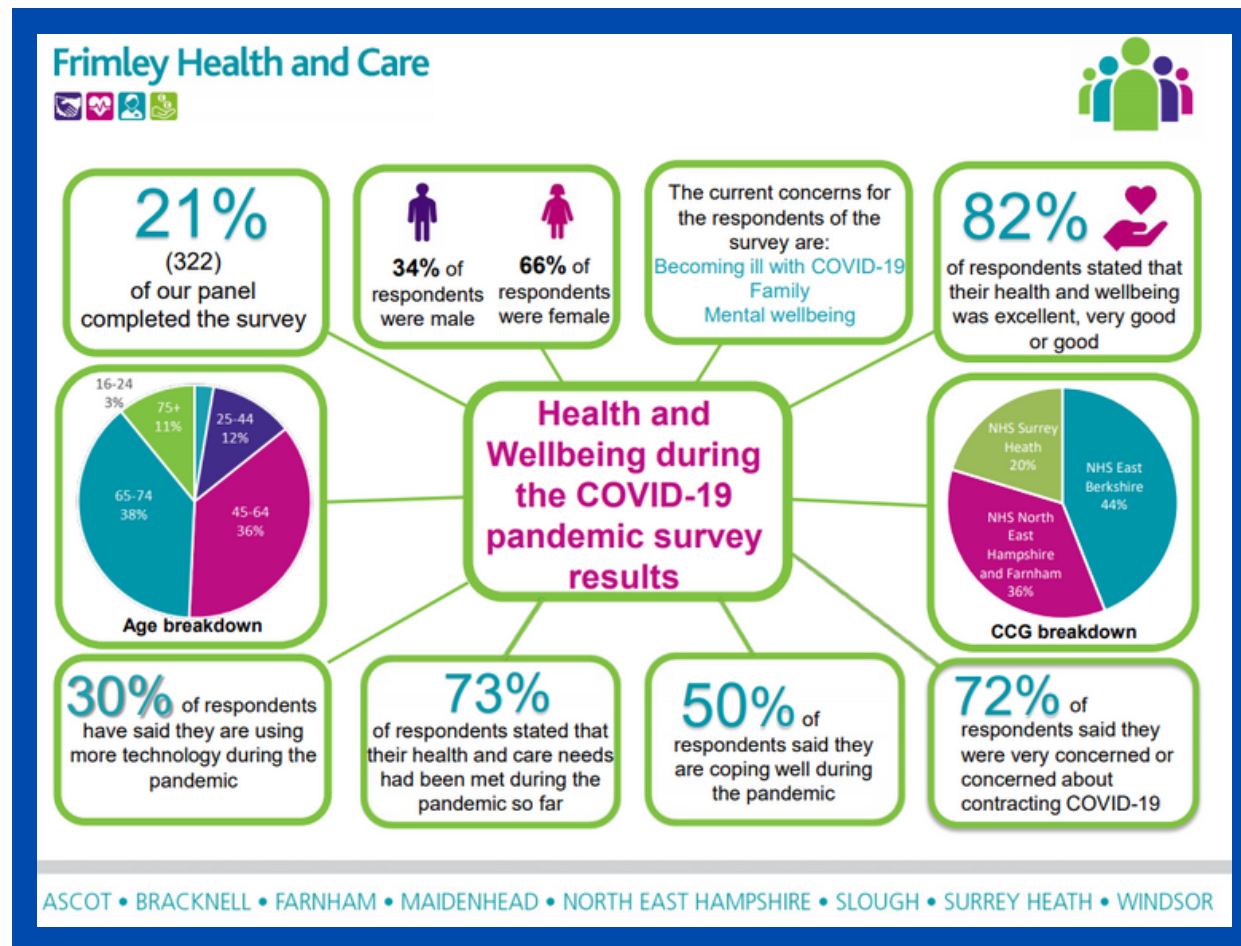
Our Journey so far...



A wide range of stakeholders, including CCG, Clinical, local authority and voluntary sector partners have worked together to build a shared approach to addressing inequalities in North East Hampshire and Farnham.



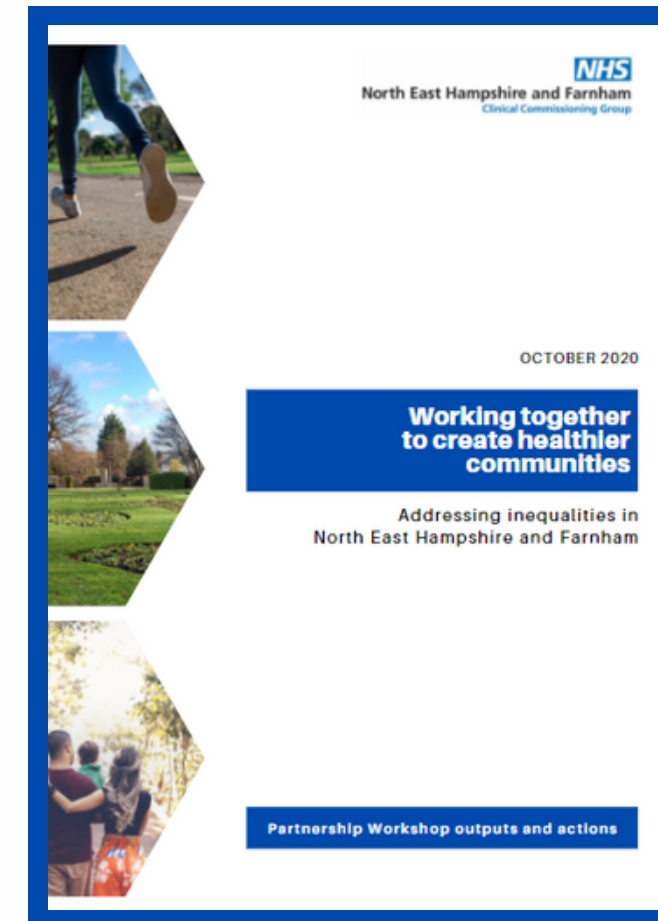
Phase One



Engagement to build understanding our local communities



Triangulation with partners - Data, insights from partners, community feedback



Inequalities workshop to explore barriers to partnership working and develop principles



Development of partnership group to take work forward

Principles for partnership working

A wide ranging conversation established the following four principles for partnership working. It is suggested that organisational sign up to these principles will be obtained to demonstrate a commitment to a new way of working.

1

We will all commit to reaching out to our local communities, particularly those that we are not currently reaching. We will empower local people to be involved in creating healthier communities.

2

We will ensure we are clear about our organisational roles in addressing inequalities and will commit to working in partnership to achieve this.

3

Wherever possible we will share resources, insights and data. We will commit to removing obstacles and be open to working in new ways that ensure the right people are involved at the right time and in the right place.

4

We will set clear expectations of each other, hold each other accountable for our actions and commit to robust evaluation of our shared work. We will constantly evolve and develop our partnerships.



Phase Two - Hart




Hart Supporting Communities Plan

A dynamic plan to:

- support communities to recover from the impacts of the pandemic;
- tackle inequalities;
- nurture strong, healthy and inclusive communities.

The plan will:

- help partners and communities understand our priorities and approach to the above, and how we would like to work with them;
- capture the partnerships and projects already underway e.g. Here for Hart (Covid-19 community recovery working group), PCN-level partnerships, Community Pantry, Employment & Skills Hub, community garden.



Working with Fleet and Yateley PCNs to support the Prevention Concordat for Better Mental Health with a focus on prevention, wider determinants and health inequalities

Informal secondment of NEHF colleague to Hart District Council to support and coordinate delivery across the Hampshire County Council area

Three initial priorities:

- Family, friends and community – e.g. supporting communities to be more resilient, building social networks and reducing loneliness and isolation
- Housing – e.g. reducing homelessness, helping people access affordable housing, helping vulnerable people to maintain tenancies, lifetime homes
- Built and natural environment – e.g. ensuring new developments are designed with health and wellbeing in mind; ensuring access to green spaces, facilitating active travel and physical activity

Phase Two - Rushmoor

Delivery through Partnership

Emergence of shared understanding and common goals

Data and local knowledge

Tackling the pandemic seen as a catalyst

Robust solutions generated from joint approach

Recognising link between health and prosperity

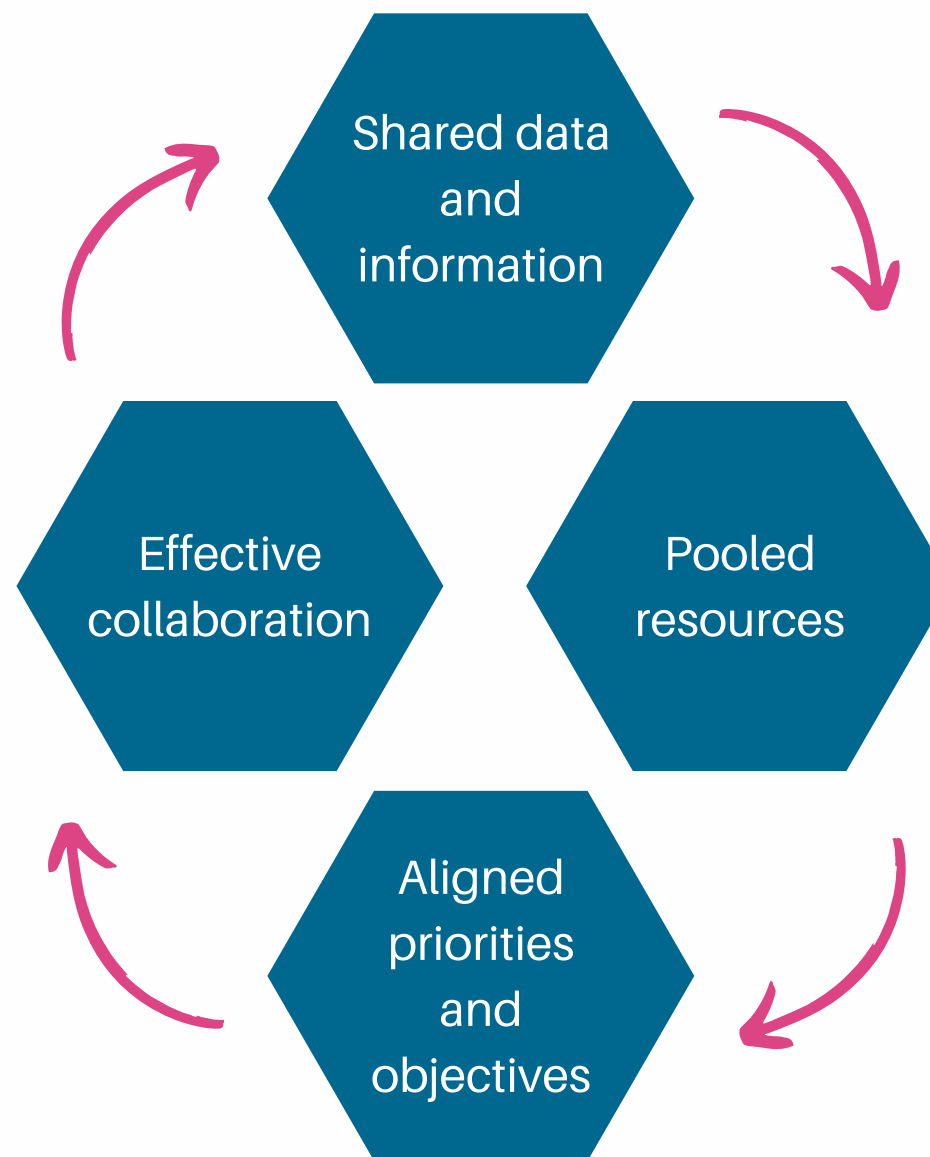
Covid response has opened up wider health and wellbeing challenges

Building Synergy

Nepali engagement and integration

Communications eg vaccine take-up

Connecting health and socio-economic needs



Building Collaborative Solutions

Using Covid recovery to develop partnership projects focused on outcomes – linking health professionals and delivery groups

Community based projects and instructor/role model led activities

Promoting health and wellbeing
Getting active... Park run, cycle club, etc
Keep well and stay connected

Food partnership
Access to and awareness of healthy food
Developing healthy lifestyles
Men's Shed

Case Studies

Nepali community

- Improve awareness of key public health messages and access to vaccination sites
- Develop and share materials into centres of communities, shops; places visited and frequented by the community and directly to their homes
- Consider use of volunteers to monitor and guide correct behaviours within the community
- Utilise local community leaders and volunteers to spread awareness of the need for vaccination
- Work with local practices and the PCNs across Aldershot and Farnborough to support the reach into communities, share learning from Nepali Liaison officers employed in practice with insight to anxieties in going out of home and accessing vaccination sites
- Review the health needs and validate inequalities for the community – practices to compare health outcomes from reed code data and triangulate
- Validate those who test positive and their address, continue to work with Rushmoor in connecting with those who live in HMOs and the barriers they have to adhering to public health recommended behaviours.



Obesity

A whole systems working group was established with Hampshire Public Health, Rushmoor Borough Council, North East Hampshire and Farnham CCG and Energise Me.

The steering group re met January 2021 with the aim of further developing the whole systems approach. Likely areas of focus will be...

Digital marketing and promotion of the key healthy weight offers, including WW and Better Health

Working with primary care/CCG to raise referrals to WW

Promoting Health in Educational Settings resources (including healthy weight resources) to schools and early years settings in Rushmoor

Increasing access to play/physical activity

Promoting Innovation Fund to community organisations (3k dedicated for healthy weight projects in Rushmoor).

RUSHMOOR
BOROUGH COUNCIL

Energise
Me

 Hampshire
County Council


North East Hampshire and Farnham
Clinical Commissioning Group

Phase Two - Waverley



Short-term priority - Tackling Loneliness and Social Isolation:

- Establishment of a steering group involving various partners such as NEHF CCG, Surrey County Council, Borough Council, Town Council and Farnham Maltings to deliver the Farnham Loneliness project and extend this to further partnership work to all age groups.
- Establishment of a 'volunteering befriending project' delivered through Farnham Maltings (primarily focusing on the older resident at the moment).
- Supporting Waverley's / Farnham based voluntary organisations to reconvene services and activities to help address loneliness and social isolation by encouraging residents to reconnect with their community.
- Continue and provide funding to HOPPA (Waverley Community Transport Scheme) so that residents without transport can access services and activities.



Phase Two - NEHF wide



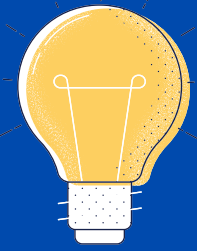
Short-term priorities - Mental Health impact for young adults and Digital access

Mental Health in young Adults

- Full engagement process to be undertaken, segment by age; 18-15, 26-30, 31-35. Explore challenges, barriers to access and brainstorm potential solutions.
- Develop stronger links with local colleges and the education sector through county council partnerships
- Create an environment for sharing and collaborating with key stakeholders to consider response
- Triangulate data; build insight to support proactive management and early warning signs in access to services from this group

Digital Access

- Work through the Frimley ICS digital transformation team to support a specific conversation with PCNs focused on reviewing impact of the quick changes in use of technology within primary care.
- Agree the concept and intention of access through technology; use of technology provides ease and speed of access for some and should enable practices to provide greater capacity to those who have more need and require different type of access or for a longer amount of time.
- Agree approach to greater use of technology; include wording that recognises use of technology to enable people to be connected to their local community, services and support networks to support their wellbeing.
- Identify groups being left behind and reasons for this; lack of equipment, connectivity, non-English speaking, etc
- Use the Frimley system to leverage and support approaches to network companies re connectivity and donation of equipment
- Engage and understand the needs.



Innovation Fund

- The Innovation Conference was established in 2017, the funding (and supporting conference) aims to give the local community the opportunity to suggest small innovative projects that could have a big impact on local health and wellbeing, capturing community energy and enthusiasm for real health benefits.
- Working in partnership with Surrey Heath CCG, Hampshire County Council and Surrey Heath Borough Council we have collectively funded 17 projects this year.
- Projects are focused on a number of priority areas including:

Physical health, self-care and prevention

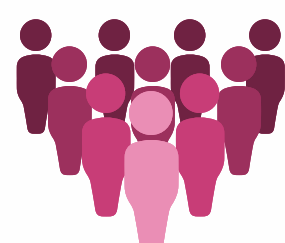
Digital exclusion and accessibility

Anxiety and lack of aspiration (18-30)

Loneliness and social isolation

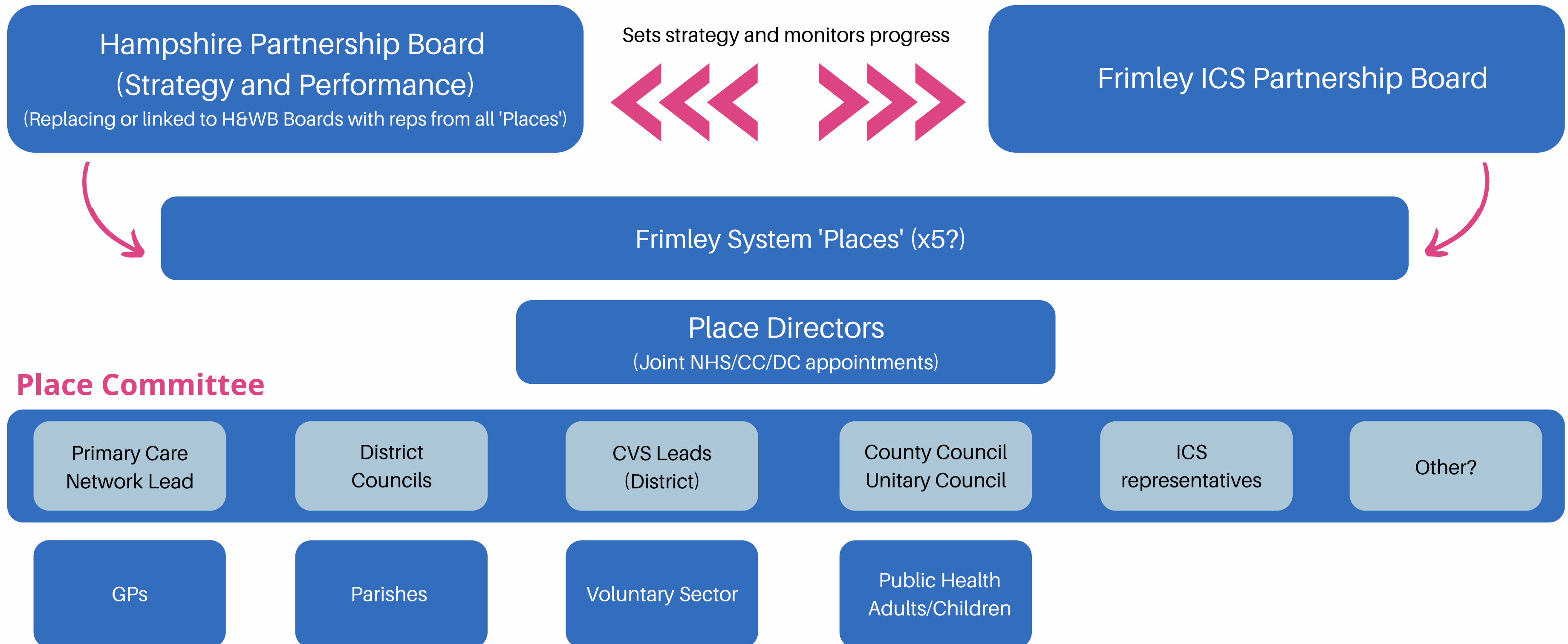
Mental Wellbeing

- Projects will be supported to succeed through a series of development workshops throughout the year. These will include representation from key partners, stakeholders, community organisations and members of the public.
- East Berkshire CCG are actively planning for a fund for their area to commence Summer 2021

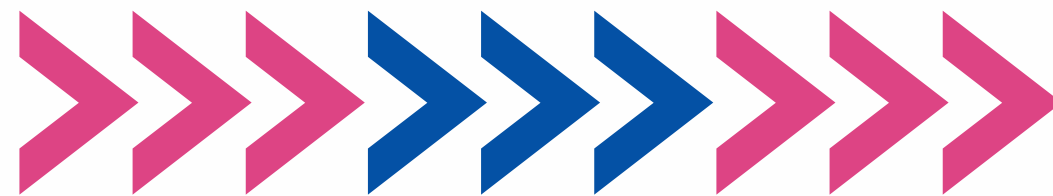


- Community driven
- Supported by community involvement
- Training and development opportunities
- Networking and mentoring
- From £500 to £5000 funding

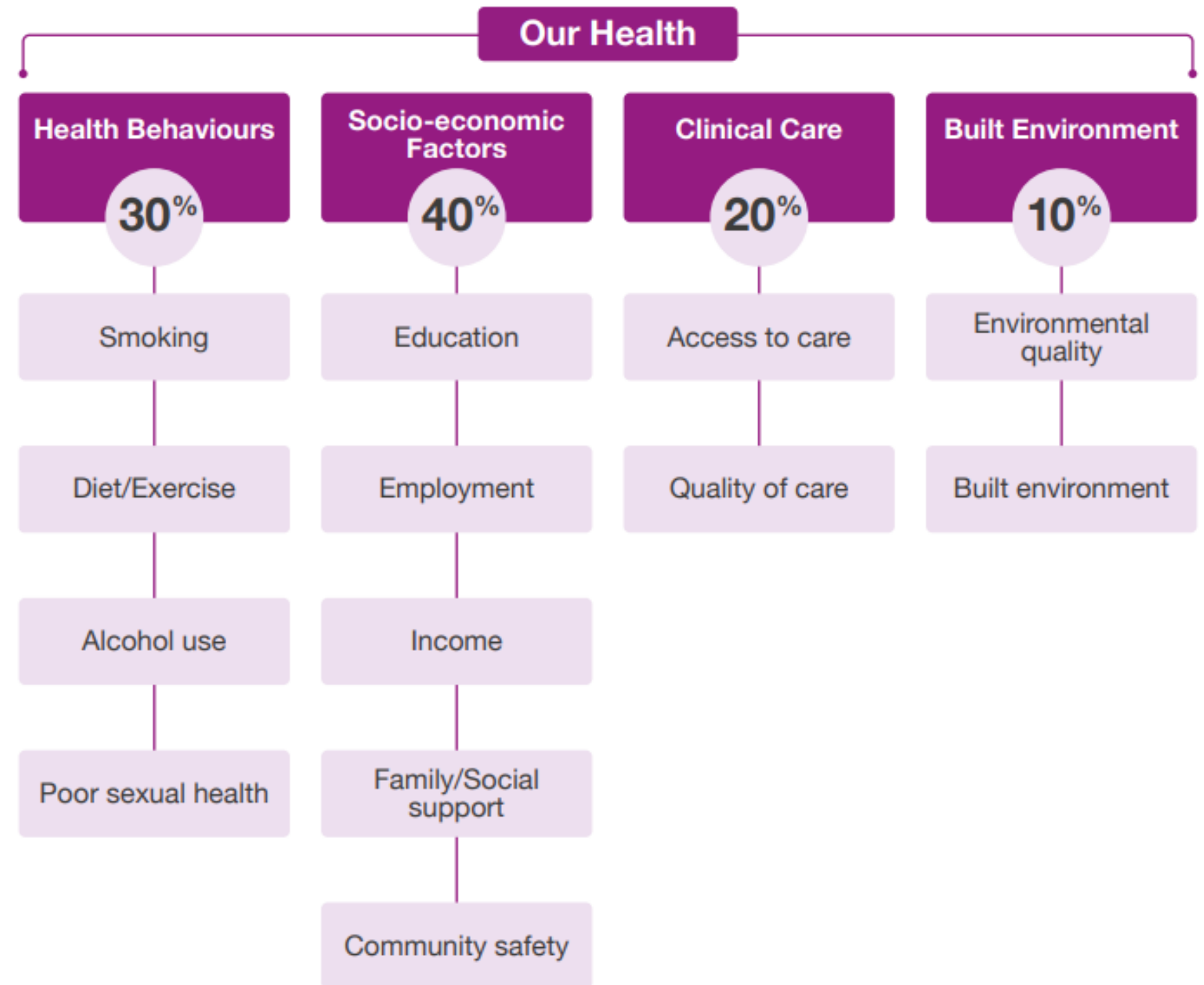
Potential ways of working



Phase Three - Next steps



- Continued partnership working, developing priorities and taking immediate action where agreed
- Support innovation projects, evaluate, understand impact and consider support to grow where required
- Consider shift to statutory ICS and potential operational impact
- Recognise wider determinants and have meaningful conversations with people and communities about what this means to them
- Continue to work to shared principles, learn from each other and innovate



Homelessness services in RBWM

Dr Huw Thomas and Caroline Farrar



Causes of homelessness

- Relationship breakdown
- Friends/relatives no longer able to provide support
- Individual circumstances: physical health, mental health problems, drug and alcohol issues, bereavement, experiences of the criminal justice system
- Structural factors can include poverty, inequality, housing supply and affordability, unemployment, welfare and income policies



Impact of homelessness



On the tax-payer

- the average cost of an A&E visit is £147; 4 out of 10 experiencing homelessness have used A&E in last six months
- £1,668 is the average cost per arrest; 7 out of 10 homeless ex-offenders are reconvicted within one year
- £26,000 is the estimated average cost of a homeless person each year to public purse
- £1 billion is the estimated annual cost of homelessness



Tackling homelessness – an integrated approach



Frimley Collaborative
Partnership of Clinical Commissioning Groups



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Our goal: end rough sleeping in RBWM



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Prevention and support

- Invest in small quantity of high quality temporary accommodation and support – John West House
- “Make Every Adult matter” specialist coordinator and community wardens – supporting individuals to follow through personalised plans
- Partnership working – community safety/police, private sector, VCSE and health
- Holistic approach to resolve individual needs

Primary care

- Weekly GP telephone/Video appointments available and face to face if required
- Flu and Covid 19 vaccines delivered through winter
- Health checks – BP, BMI, BBV screening

Mental health

- Cross agency multi-partner project
- Weekly one to one counselling appointments (during Covid, offered by telephone)
- Supporting long term, sustainable change, enabling the individuals to make better use of other services available

Ambition to provide temporary accommodation to **100%** of the known homeless and rough sleepers during Covid



Achievements



Frimley Collaborative
Partnership of Clinical Commissioning Groups

Currently **53 rough sleepers** being supported across all three stages of RBWM's rough sleeper pathway.

- **33 remain in temporary accommodation**, supported under stage 1 assessment and stage 2 intensive support of the rough sleeper pathway.
- **95% are men, 5% women**, all have complex support needs including substance misuse, mental health and repeat offending
- **Four rough sleepers remain out**, protect plus funding received from MHCLG to create bespoke offer to encourage this entrenched cohort to come in

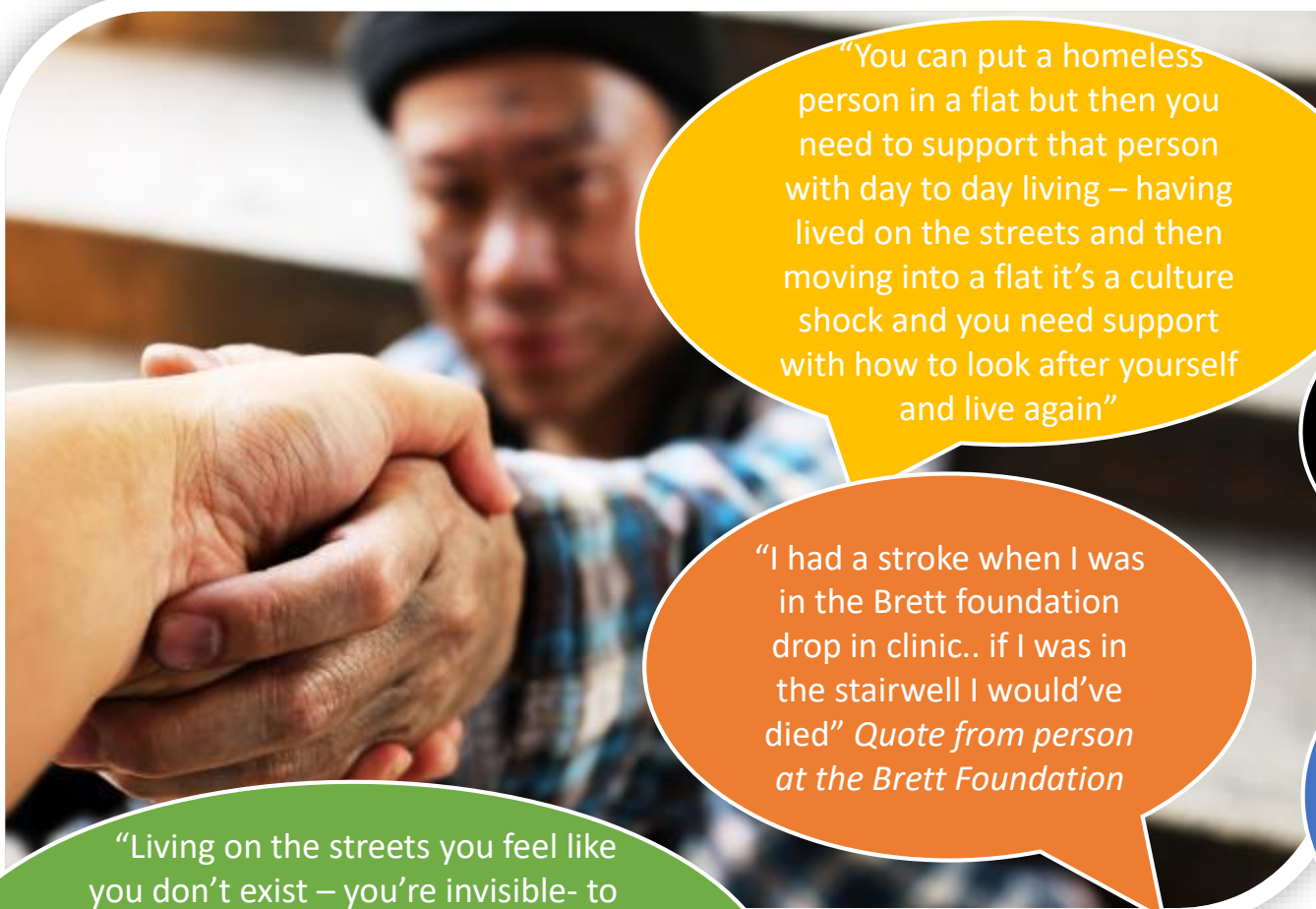
Official annual street count reduced from 40 (Dec 2019) to 8 (Dec 2020)

- Of these 40, a total of **37 have been supported into permanent accommodation**

A further 47 individuals at risk of rough sleeping were brought in under the “everyone in” call from MHCLG from March-Sept 2020 – only 18 remain to be made offers of permanent accommodation

The partnership approach to ending rough sleeping in RBWM has only strengthened throughout the pandemic. Month to month there has been an **increase in those accepting support** to address their overall physical and mental health needs as well as their problematic substance misuse. A **substantial decrease in antisocial behaviour** associated with this cohort has been noted in our regular multi agency meetings





"You can put a homeless person in a flat but then you need to support that person with day to day living – having lived on the streets and then moving into a flat it's a culture shock and you need support with how to look after yourself and live again"

"The GP service is more accessible as it gives time to listen to patients as appointments are longer"

"I had a stroke when I was in the Brett foundation drop in clinic.. if I was in the stairwell I would've died" *Quote from person at the Brett Foundation*

"The GP is helpful and welcoming and will be the same one you see on each occasion."

"Living on the streets you feel like you don't exist – you're invisible- to be welcomed into the Windsor Homeless Service drop in on Fridays you realise you are someone and you have a name you're not invisible"
Quote from person at Windsor Homeless Project

"You won't be judged. If you are nervous, there are people to help you who understand homelessness and other concerns you might have"

"If I didn't have the service to turn to I would've struggled. I wouldn't know where to begin and how to piece all of the services together"



- Increase referrals and continue to focus on follow up rates
- Engage people in mental health related discussions – challenge of dual diagnosis
- Further promotion via VCS partners – new services e.g. women's refuge
- Cross promotion and better use of all available services
- Sustainable mental health services for rough sleepers and homeless



Learning for the future development of place



Frimley Collaborative
Partnership of Clinical Commissioning Groups

- Clear case for change
- Reaching agreement on the vision and ambition
- Partnerships and relationships – this takes time
- Funding to pump prime
- Staffing support
- Organisation and governance – Homeless **stakeholder group meetings** – sharing best practice, strategy review, cross organisational support



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Surrey Heath

Optimising the benefits of the Covid vaccination programme

Working with the
Gypsy, Roma and Traveller Community (GRT)

What we know about our GRT Community

Due to a number of factors, such as small numbers, lack of engagement with services and itinerancy, there is often limited data on vulnerable populations, particularly at place/borough level. This is true of the GRT community.

There are four GRT sites in Surrey Heath, with a total of 38 pitches. Ash Bridge site, in Ash (Guildford) has 13 pitches.

GRT communities represent a significant ethnic minority group in Surrey with the fourth largest GRT population of any local authority (10-12,000 GRT residents)

Nationally life expectancy for the GRT community is 10 years lower than the national average. Infant mortality is x20 higher

GRT communities in the UK were described by the Joint Parliamentary Human Rights Committee as the hardest to reach of all ethnic minorities (2005)

51% GRT community smoke compared to 19% in the rest of the population

41.9% of the GRT community have a long term illness compared to 18.2% in the wider population

Lack of access to services at the onset of illness is a factor in the severity of outcomes from chronic and severe illness.

- The GRT community is characterised by a sense of fatalism and low expectations in relation to health.
- Fear and a lack of knowledge about statutory services mean that services are often only accessed at a point of crisis

Mental health issues are more prevalent with the rate of depression double those of the non-GRT community. Suicide levels are high. Parental mental ill-health has been demonstrated to increase the risk of a child developing a MH.

Vaccination and immunisation rates are low and associated with a lack of understanding of the benefits

Surrey needs analysis found that across a range of health, education and social indicators Surrey's GRT children and young people have some of the poorest life chances when compared with Surrey children and young people generally.

Barriers exist for GRT communities in accessing universal health provision including a lack of sensitivity by statutory agencies and for some sectors of the GRT population, difficulties in maintaining contact with health services are compounded by transient lifestyles.

Changing the way we work

Characteristics

- **Issue raised by GRT community leader** – we responded. Described significant hesitancy and lack of confidence regarding COVID vaccination
- **More active listening** than assuming we know best - FAQs gathered from community & GRT Engagement workers to understand reasons for hesitancy and to educate around myths
- **Partnership approach** with other statutory agencies – utilising existing relationship networks. (Surrey County and Borough Councils, local practices and community provider)
- **Health leadership from general practice/PCN** supported by commissioning team (place)
- **Being flexible** plan to meet on an evening in March at location identifies with community to listen and share information but also will aim to utilise opportunity to vaccinate anyone willing (within relevant cohorts)
- **Optimising opportunities/making connections** – engagement route via covid vaccinations having wider benefits
- **“Both and”** – population and targeted approach to vaccination challenge



Destination Slough. Britwell Health Centre 3 minute update ...



Five things to share

1. Aligning with Frimley ICS Ambitions
2. Population Health in Action
3. Integration, Integration, Integration
4. An Asset Based Approach
5. Measuring Outcomes and Impact

Tracey Faraday-Drake
March 2021







Britwell – Using Population health Data to improve key health outcomes

Demographic Profile and Population Need

- **Population Size : 10,616**
- **Life Expectancy** for males in Avenue Medical Centre is **76.8**, which is **6 years less** than highest practice in Slough
- **80 %** of the Britwell population live in deprivation deciles 2 and 3



Prevalence of **depression** is **double** compared to the Slough Population



Prevalence of **respiratory conditions** is **50%** higher compared to the Slough population

Healthcare demands and resource consumption



A&E and emergency admission rates are **15% higher** in Britwell



Primary Care activity rates are **8% higher** in Britwell



If Emergency admissions reduced in line with comparative wards, it would enable a system saving of £296,000*

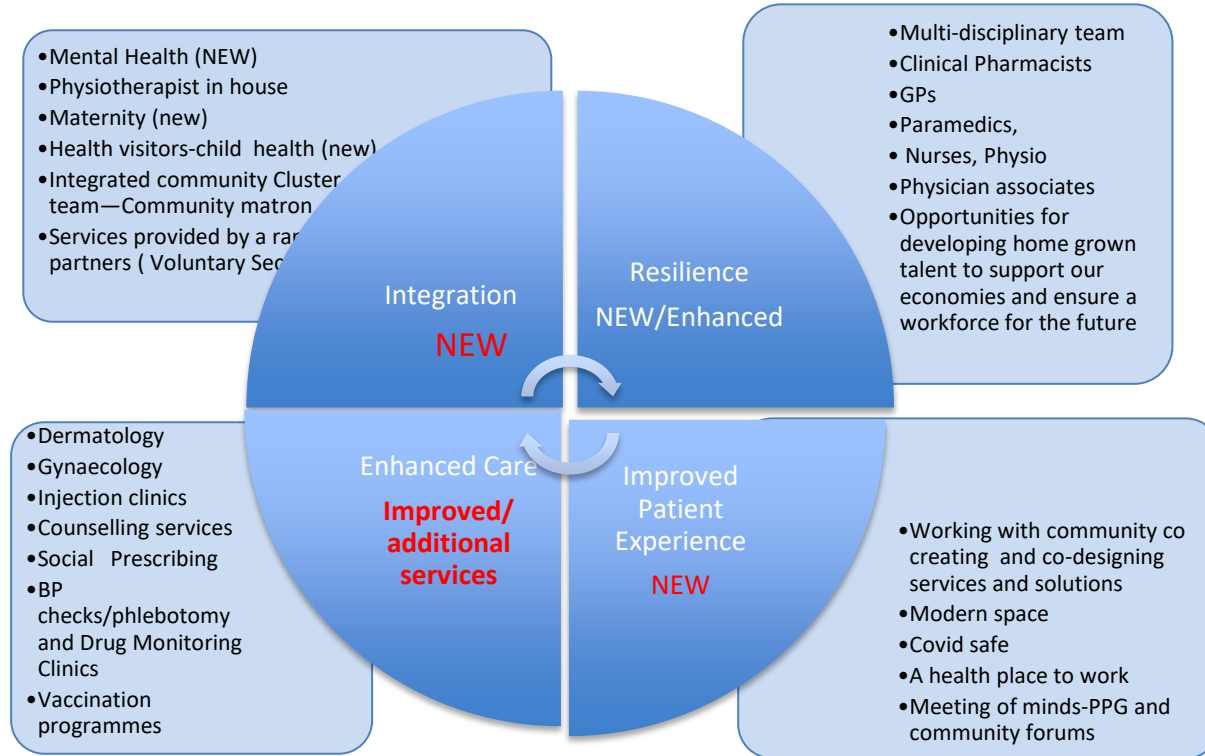


Prescriptions of antibacterial drugs at **25% higher** in Britwell compared to rest of Slough population

* (146 less admissions - £2000 average cost per admission)



Integrated health and care at Britwell Health Centre

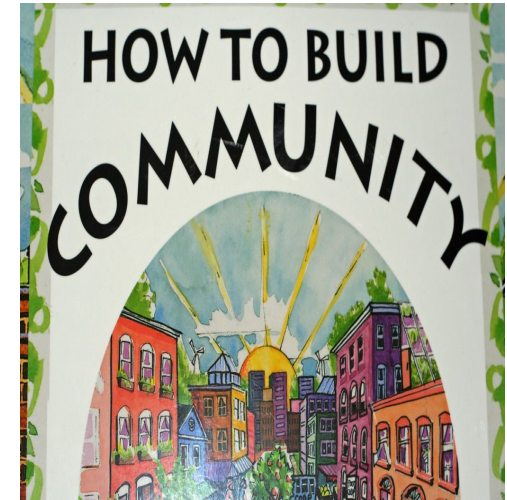




An Asset Based Approach to Improving Health Outcomes

This new facility offers the opportunity to take a wide range of community assets into consideration. The centre will strengthen the following

- **Social Assets** – supporting people to connect with neighbours, family and friend and developing connections to reduce loneliness and isolation
- **Community Assets** - because there will be a natural flow of people accessing health care, we can make the most of our community assets such as voluntary organisations providing health and wellbeing services and less formal groups such as book clubs or chess clubs – being able to direct communities to community support builds community resilience and provides better health outcomes.
- **Physical Assets** – we have an opportunity to realise the great asset we have through this new site to contribute directly to healthier neighbourhoods
- **Personal Assets** – We have so much knowledge, skill and talent in our community, this new site offers a great opportunity for people to use their talents to support their neighbours and better manage their own health, their families health and improve personal resilience and enhance wellbeing





■ Measuring Impact and Outcomes

Keep it simple. Build on existing frameworks, findings and experiences of others. Identify what works, build on that, and share learning.

Consider both quantitative and qualitative data.

Select a mix of outcomes, outputs and process measures.

Set realistic targets. These should be based on a considered assessment of the starting point and the likely timescale for progress and benefit realisation.

Acknowledge individual/local/national priorities.

Seek input and buy-in from a wide range of stakeholders

Be practical and prioritise the most important measures.

*Featuring shortly in
The Slough Health
and Care Plan!*