

**Governing Body
Agenda for the meeting in public
Tuesday 13 July 2021 – 1030 to 1215**

Microsoft Teams Meeting

Chair :Huw Thomas

(Quoracy requirements: no less than 50% Members present, and:

- *at least three (3) Place Based Clinical Leaders, and*
- *at least one (1) of the Executive Members present, and*
- *at least one (1) Non- executive member present and*
- *either the Chair or Deputy Chair present)*

Timing		Item	Delivery
1030	1	Welcome the newly elected Chair	Verbal
	2	Welcome, apologies for absence and Chair's introduction	Verbal
	3	Conflicts of Interest Register and declarations of any interests relating to this agenda- to note <i>(see matrix below for suggested management of any COIs declared)</i> <i>Chair</i>	Paper
	4	(a) To approve Minutes of the last meeting held on 11 May 2021 and matters arising <i>Chair</i>	Papers
1035	5	Presentations : <ul style="list-style-type: none"> • Volunteers' story • Innovation funding <i>Emma Boswell</i>	Presentations
1105	6	Accountable Officer's update – to note <i>Fiona Edwards</i>	Verbal
1115	7	Operational update – to note <i>Lalitha Iyer / Sarah Bellars/ Fiona Slevin-Brown</i>	Verbal
1125	8	Financial update including any issues to be escalated in respect of quality, performance or finance <i>Rob Morgan</i>	Paper

Timing		Item	Delivery
1135	9	Place updates: a) Slough b) Surrey Heath c) Bracknell Forest d) North East Hampshire and Farnham e) Royal Borough	Paper
1200	10	Emergency preparedness, resilience and response <i>Fiona Slevin-Brown</i>	Paper
1205	11	Questions from the public <i>Chair</i>	Verbal
1215		Date of next meeting in public – Tuesday 14 September 2021 – time TBC and AGM 21 September 2021, 1300 to 1600 – timing TBC	

MANAGEMENT OF CONFLICTS OF INTEREST				
Example item	Interest declared			
	Financial	Non-financial professional	Non-financial personal	Indirect
Needs assessment	Fully participate	Fully participate	Fully participate	Fully participate
Review health outcomes	Fully participate	Fully participate	Fully participate	Fully participate
Design services	Discuss and vote	Discuss and vote	Discuss and vote	Discuss and vote
Decide priorities	Discuss but cannot vote	Discuss and vote	Discuss and vote	Discuss and vote
Review commissioning proposals	Remain but cannot speak or vote	Remain but cannot speak or vote	Remain but cannot speak or vote	Discuss and vote
Performance management	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Review prioritised business cases	Leave the room	Remain but cannot speak or vote	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote
Procurement/contracting	Leave the room	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Remain but cannot speak or vote (unless interest is deemed not prejudicial)	Discuss and vote

Directorate	Job title	Firstname	Lastname	Description of interest	Interest Description (Abbreviated)	Type of interest			Date Incurred	Actions agreed by Line Manager to mitigate risk
495 Frimley CCG Chief Clinical Office	Executive Place Managing Director	Fiona	Slevin-Brown	Loyalty	Son works for FHFT in an administrative role	Declarations of Interest – Other	Non-Financial Personal	Indirect	22/04/2021	Declaration of Col at all relevant meetings and appropriate steps taken to mitigate any risk
495 Frimley CCG Chief Clinical Office	Executive Place Managing Director	Fiona	Slevin-Brown	Loyalty	Son works for the East Berkshire Out of Hours Primary Care Provider - EBPC	Declarations of Interest – Other	Non-Financial Personal	Indirect	22/04/2021	Declaration of Interest to be declared at relevant meetings and risk mitigated through management of CCG decision making relating to this provider
495 Frimley CCG Chief Clinical Office	Secondary Care Specialist (Governing Body)	Amanda	Wellesley	Queen Alexandra hospital	A&E consultant	Outside Employment			01/04/2021	Alert people to the possible conflict
495 Frimley CCG Chief Clinical Office	Secondary Care Specialist (Governing Body)	Amanda	Wellesley	Western Sussex hospitals NHS	I was an A&E Consultant and chief of service for medicine from 2001 to dec 2020	Outside Employment			02/04/2021	Again only potential conflicts
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	Claremont and Holyport practice	Partner in the practice	Declarations of Interest – Other	Financial	Direct	01/04/2021	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	Maidenhead Primary Care Network	Practice is a member of Maidenhead PCN	Declarations of Interest – Other	Financial	Direct	01/04/2021	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	Frimley Health NHS Foundation Trust	Spouse employed by Trust as Clinical Nurse Specialist	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	East Berkshire Primary Care	Work on sessional basis for East Berkshire Primary Care	Declarations of Interest – Other	Financial	Direct	01/04/2021	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	Rosemead Surgery	Patient registered with practice	Declarations of Interest – Other	Non-Financial Personal	Direct	02/04/2021	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Clinical Chair	Huw	Thomas	Holy Trinity Primary School, Cookham	Governor at school	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Will be managed in accordance with policy
495 Frimley CCG Surrey Heath Place	Clinical Place Based Lead	John	Fraser	GP	Work as GP in Camberley Surrey	Outside Employment			01/04/2021	Open transparency, removal from decisions when appropriate
495 Frimley CCG Surrey Heath Place	Clinical Place Based Lead	John	Fraser	Gordon Road pharmacy Pharmacy	part owner in pharmacy	Shareholdings and other ownership interests			01/04/2021	Open transparency, removal from decisions when appropriate
495 Frimley CCG Surrey Heath Place	Clinical Place Based Lead	John	Fraser	part owner of Gordon Road surgery provider orgaisation	Provides pain and MSk services	Patents			01/04/2021	
495 Frimley CCG Chief Clinical Office	Lay Member for Primary Care (Governing Body)	Anthony	Fitzgerald	Lightwater Surgery	Patient at Lightwater Surgery, one of the member practices	Declarations of Interest – Other	Non-Financial Personal	Indirect	01/04/2021	As Chair of PCCC, recuse from any commissioning decisions specific to Lightwater surgery. Remain for any commissioning decisions for generic Primary Care
495 Frimley CCG Chief Clinical Office	Executive Place Managing Director	Daryl	Gasson			Nil Declaration			26/04/2021	
495 Frimley CCG Chief Clinical Office	Executive Director of Development & Improvement	Emma	Boswell			Nil Declaration			26/04/2021	
495 Frimley CCG Nursing & Quality Directorate	Head of Governance	Mary-Jane	Steijger	Registered as a patient with Farnham Park Health Group	Personal	Declarations of Interest – Other	Non-Financial Personal	Indirect	01/04/2021	
495 Frimley CCG Nursing & Quality Directorate	Director of Governance	Ann	Cooper	Patient at Lightwater Surgery	Patient at Lightwater Surgery which is one of the Frimley CCG member practices.	Declarations of Interest – Other	Non-Financial Personal	Indirect	01/04/2021	Will be managed in accordance with policy.
495 Frimley CCG Nursing & Quality Directorate	Governance Manager	Joanne	Green	Cambridge Practice, Aldershot	Registered patient	Declarations of Interest – Other	Non-Financial Personal	Direct	01/04/2021	Will be managed in accordance with policy
495 Frimley CCG Chief Clinical Office	Lay Member for Audit	Arthur	Ferry			Nil Declaration			04/05/2021	
495 Frimley CCG Chief Clinical Office	Executive Place Managing Director	Caroline	Farrar	Bliss, the national charity for premature and sick babies	Trustee	Declarations of Interest – Other	Non-Financial Personal	Direct	01/04/2021	Withdraw from any relevant commissioning discussions or decisions where a conflict may be perceived.
Governing Body	Accountable Officer	Fiona	Edwards	Care Quality Commission	Executive Reviewer	Declarations of Interest – Other	Non-Financial Professional	Indirect	19/04/2021	Only review services in distant geographical areas
Governing Body	Accountable Officer	Fiona	Edwards	Surrey and Borders Partnership NHS Foundation Trust	Employed by this organisation so that my salary and terms and conditions are processed via this Trust	Declarations of Interest – Other	Financial	Direct	19/04/2021	Formal full time secondment so that I do not take part in any of the Trust's business and there is full separation from the role I am seconded from. Declaration of interest to ensure i am not directly involved in any transactions between the CCG/ICS and Surrey and Borders NHS Foundation Trust.

495 Frimley CCG Development & Improvement Directorate	Director of Communications & Engagement	Sharon	Ward			Nil Declaration			18/05/2021	
495 Frimley CCG North East Hampshire & Farnham Place	Place Based Clinical Lead, North East Hampshire & Farnham	Steven	Clarke	Branksomewood Healthcare Centre	GP Practice	Outside Employment			01/04/2021	Usual COI measures
495 Frimley CCG Chief Clinical Office	Executive Place Managing Director	Nicola	Airey	Ambulance provider (SECAMB)	Son student paramedic at Bright University (second year) with placements provided by SECAMB who are one of the ambulance providers for the Frimley system.	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Low risk of a conflict not directly involved in any contractual negotiations
495 Frimley CCG Chief Clinical Office	Independent Member	Edward	Palfrey	Hampshire, Southampton & IOW CCG	Non Executive Director - Secondary Care Clinician	Declarations of Interest – Other	Financial	Direct	01/04/2021	Declared
495 Frimley CCG Chief Clinical Office	Independent Member	Edward	Palfrey	Frimley ICS	Chair of ICS Quality Collaborative	Declarations of Interest – Other	Non-Financial Professional	Direct	01/04/2021	Declared
495 Frimley CCG Chief Clinical Office	Independent Member	Edward	Palfrey	Jennifer Percival Daughter	Palliative Care Trainee KSS	Loyalty Interests			01/04/2021	
495 Frimley CCG Chief Clinical Office	Lay Member for Patient & Public Involvement	Katherine	Atkinson	Voluntary Action South West Surrey	Volunteer role as Trustee of VASWS, which has in the past received funding from the CCG.	Loyalty Interests			01/04/2021	
495 Frimley CCG Chief Clinical Office	Lay Member for Patient & Public Involvement	Katherine	Atkinson	Safer Tourism Foundation	Chief Executive of the Safer Tourism Foundation	Outside Employment			01/04/2021	No conflicts anticipated.
495 Frimley CCG Chief Clinical Office	Executive Director of Nursing & Quality	Sarah	Bellars	FHFT	Son and Daughter in Law work for FHFT	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Seek the advice of other senior members of the executive and Non-executive team if there is a potential conflict
495 Frimley CCG Chief Clinical Office	Clinical Lead, Royal Borough of Windsor & Maidenhead	Huw	Thomas	Royal Borough of Windsor and Maidenhead	Practice provide opiate substitute prescribing services for the Royal Borough of Windsor and Maidenhead	Declarations of Interest – Other	Financial	Direct	01/04/2021	Manage in accordance with policy
495 Frimley CCG Bracknell Forest Place	Placed Based Clinical Lead, Bracknell Forest	Martin	Kittel	Thames Valley Vasectomy Services Ltd	Director, Shareholder and Surgeon for company	Declarations of Interest – Other	Financial	Direct	01/04/2021	
495 Frimley CCG Bracknell Forest Place	Placed Based Clinical Lead, Bracknell Forest	Martin	Kittel	Forest Health Group	Member practice of Frimley CCG	Declarations of Interest – Other	Financial	Direct	01/04/2021	
495 Frimley CCG Bracknell Forest Place	Placed Based Clinical Lead, Bracknell Forest	Martin	Kittel	Braccan PCN	Member of PCN	Declarations of Interest – Other	Financial	Direct	01/04/2021	
495 Frimley CCG Bracknell Forest Place	Placed Based Clinical Lead, Bracknell Forest	Martin	Kittel	Berkshire Primary Care LTD	Practice is shareholder	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	
495 Frimley CCG Chief Clinical Office	Executive Place Managing Director	Tracey	Faraday-Drake			Nil Declaration			21/06/2021	
495 Frimley CCG Finance Directorate	Chief Finance Officer	Robert	Morgan	East Berkshire Primary Care Out Of Hours	Wife works 10 hours per week as call handler	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Declared at all meetings where decisions are taken with the organisation
495 Frimley CCG Slough Place	Place Based Clinical Lead, Slough	James	O'Donnell	Farnham Road Practice	Partner & Principal	Outside Employment			01/04/2021	Declaration. All GPs have this issue. It is clear this form is inappropriate to cover such circumstance. It has been designed and authorised by a non-clinician.
495 Frimley CCG Slough Place	Place Based Clinical Lead, Slough	James	O'Donnell	HealthHeroSolutions	Deliver GP clinical advice electronically to cohorts of the UK population remotely. have been doing this since 1999!	Outside Employment			01/04/2021	Open declaration of these interests, only relevant should we ever decide to procure remote clinical triage services from this organisation.
495 Frimley CCG Slough Place	Place Based Clinical Lead, Slough	James	O'Donnell	Thames Hospice	I donate my salary as a GP to the Thames Hospice on a monthly basis, as I believe very strongly in the clinical value of their non-taxpayer charitable service status to our registered patients who are on the EoLC pathway. This is relevant as we procure a number of services from them.	Donations		Yes	01/04/2021	
495 Frimley CCG Slough Place	Place Based Clinical Lead, Slough	James	O'Donnell	Slough Senior Citizens	Am a patron of this charity since 2016	Loyalty Interests			01/04/2021	
495 Frimley CCG Nursing & Quality Directorate	Director of Governance	Ann	Cooper	NX10 Limited	One	Shareholdings and other ownership interests			01/04/2021	

**Draft Minutes of Frimley Clinical Commissioning Group – Governing Body held in public on
Tuesday 11 May 2021 between 1030 and 1150 via Zoom**

Present:	<p>Dr Ed Palfrey – Independent Chair Fiona Edwards – Accountable Officer</p> <p>Sarah Bellars - Executive Director of Quality and Nursing Dr Lalitha Iyer - Executive Medical Director Rob Morgan - Executive Director of Finance Nicola Airey - Executive Place Managing Director, Surrey Heath Caroline Farrar - Executive Place Managing Director, Royal Borough of Windsor and Maidenhead Tracey Faraday-Drake – Executive Place Managing Director, Slough Daryl Gasson – Executive Place Managing Director, North East Hampshire and Farnham Fiona Slevin-Brown - Executive Place Managing Director, Bracknell Forest</p> <p>Dr Amanda Wellesley – Secondary Care Consultant Kathy Atkinson – Lay member for PPE and Lay Member for NEHF Arthur Ferry – Lay member for Governance and Audit and Lay Member for Royal Borough of Windsor and Maidenhead and Slough Tony Fitzgerald – Lay Member for Primary Care and Lay Member for Surrey Heath</p> <p>Dr Steven Clarke – Clinical Leader for North East Hampshire and Farnham Dr Martin Kittel – Clinical Leader for Bracknell Forest Dr Jim O'Donnell – Clinical Leader for Slough Dr Huw Thomas – Clinical Leader for Royal Borough Windsor and Maidenhead</p>
In attendance:	<p>Ann Cooper - Deputy Director of Governance Mary-Jane Steijger _ Head of Governance Joanne Green – Governance Manager (secretariat)</p>
Apologies for Absence:	<p>Emma Boswell - Executive Director of Development and Improvement Dr John Fraser – Clinical Leader for Surrey Heath</p>

1	Welcome, apologies for absence and Chair's introduction
	<p>The Chair welcomed everyone to the meeting, in particular the 20 members of the public in attendance. He advised that no formal questions had been received by the deadline set. However, if there was time at the end of the meeting, he could take questions or undertake to respond to same outside the meeting. The Chair welcomed feedback from members of the public and encouraged those present to make use of the chat facility.</p>
2	Conflicts of Interest Register and declarations of any interests relating to this agenda
	<p>The above-mentioned Register was received and noted, with no further declarations being made at the meeting.</p>
3	Accountable Officer's introduction
	<p>This was the first public meeting of Governing Body to be attended by the newly appointed Accountable Officer, Fiona Edwards and she was delighted to be present and to see so many members of the public had chosen to join the meeting.</p> <p>Fiona Edwards paid tribute to her predecessor, Dr Andy Brooks, who had taken up a secondment with to NHS England. Three weeks into the role, Fiona Edwards paid tribute to the executive team and members for their warm welcome and support to date. It was an extremely busy period with the recent</p>

	<p>successful merger of the three previous CCGs and the ongoing Covid 19 pandemic. She reminded members that this week was “Mental Health Awareness” week , which she very much supported and wished members Ramadan Mubarak aware that members of local communities within the CCG’s geography would be observing the Holy Month of Ramadan.</p> <p>Work continued on developing future structures of the health service with an announcement expected as part of today’s Queen’s Speech to both Houses of Parliament about the next steps on the development of an integrated care system (ICS). Referring to recent local elections, it was likely this would have an impact on the CCG, with changes in responsibilities for cabinet members of the authorities. A key area would be the developing relationship with Public Health services, to ensure all bodies were working to support people needing such services most.</p> <p>She was aware of the challenge of the level of the rates of infection in Slough and the ongoing excellent work to address this.</p> <p>Touching on the question of ICS boundaries and the recent announcement in the White Paper, concerning the need for them to be coterminous with local authority boundaries, Fiona Edwards advised that the CCG was required to respond formally to the Secretary of State for Health and Social Care, setting out the implications for a future Frimley ICS of any changes to its current planned boundaries.</p> <p>The Chair thanked Fiona Edwards for her introduction and also paid tribute to the work of Dr Andy Brooks in ensuring the merger of the three predecessor CCGs was achieved.</p>
4	<p>Patient Story</p>
	<p>The Director Quality and Nursing introduced the above advising that, to inspire young people and their parents and carers to speak more openly about their mental health and to ask for help when they needed it, the CCG had been working in partnership with local young people through a charity called Aik Saath – Together As One and the film company Resource Productions to use poetry and filmmaking to convey their views on mental health to parents and carers in the local community. Following a series of creative workshops and poetry competition, the winning poem “It’s all just a façade” written by Upton Court Grammar School student, Abirami Sritharan, challenged parents and carers to check on their children’s mental wellbeing. The piece had now been transformed into a short film, by Katie Bonham and a team of local cast and crew. Katie’s proposal had been selected from open submissions by Abirami Sritharan and a panel of Youth Health Champions. The film, played to the meeting, had been shot in Slough on Saturday 24 April and had been released for Mental Health Awareness Week - 10-16 May 2021.</p> <p>Members reflected the poem was very pertinent during the current Covid pandemic.</p>
5	<p>Matters arising not otherwise covered on the agenda:</p>
	<p>(a) Confirmation of Chair’s action - Annual Report and Accounts 2020/21 – delegation to Audit and Risk Committee and 2019/20 Mental Health Investment Standard Review</p> <p>(b) Membership of committees</p> <p>The Governing Body ratified the Chair’s approval given under (a) above and noted the membership of committees for 2021/22 set out in (b) above and shown in the Appendix to these minutes.</p>
6	<p>Covid Vaccination Programme</p>
	<p>On behalf of the Governing Body, the Chair congratulated the Director of Quality and Nursing on the significant achievements made with the above-mentioned programme to date.</p> <p>The Director took the opportunity to express thanks, on behalf of members, to the staff of the CCG, primary care, Frimley Health FT, vaccination hub and in particular the volunteers, for their hard work in achieving the fantastic results locally. She advised the results were on a par with other areas with a significant black and minority ethnic population. She referred to the issues experienced in the Slough</p>

	<p>area with regard to vaccine hesitancy and suggested the efforts made to address such were demonstrated by the overall results. There remained work to be done, however, a good start was considered to have been made.</p> <p>The Chair responded that the Covid outbreak had enabled a number of lessons to be learnt, especially with regard to the population of Slough. He also paid tribute to the fantastic volunteers who had contributed their time and energy so freely and who he considered would be needed on an ongoing basis.</p> <p>In response to a question from Martin Kittel concerning testing results, the Director of Quality and Nursing advised that this sat within the remit of the Health Protection Board and she was therefore unable to comment.</p>
7	Primary Care
	<p>Caroline Farrar briefed members about the ongoing pressures being experienced by primary care with increasing demand for services due to the success of, for example, online consultations. It was anticipated that demand would continue at this level throughout the summer. The increasing requirements in respect of infection prevention and control were placing significant burden on daily primary care operations. An increase in referrals for mental health issues was also being seen and the general health of people had undoubtedly been impacted by the suspension of services due to the ongoing pandemic. Support was being provided, both nationally and by the CCG, to address these issues, with practices being encouraged to appoint to the new roles provided under the direct enhanced services contract. There was also an increased use of community pharmacies to support patients with certain ailments.</p> <p>In thanking Caroline Farrar for the update, the Chair reflected on the huge public support for NHS staff during the current pandemic and the importance of ensuring staff were fully supported during this period. He also recognised that, while the increasing use of IT solutions could be beneficial there was also the need to be aware of and support people who did not have easy access to such solutions.</p>
8	System Operating Plan Update 2021/2022
	<p>Fiona Slevin-Brown updated Governing Body on the above-mentioned plan the draft of which had been submitted by the deadline of 6 May, with the final plan being submitted by 3 June 2021.</p> <p>There were six key areas of focus with 13 priorities covering the following:</p> <ol style="list-style-type: none"> 1) Supporting the health and well being of staff and acting on recruitment and retention 2) Delivering the NHS Covid vaccination programme and continuing to meet the needs of patients with Covid 19 3) Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand in mental health services 4) Expanding primary care capacity to improve access, local health outcomes and address health inequalities 5) Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments, improve timely admission to hospital for such patients and reduce length of stay 6) Working across systems to deliver on these priorities <p>The Director of Finance briefed the Governing Body on the funding envelopes for 2021/22 (total £621.4m) and the previous long term approach to funding, which had now been replaced by a short term approach. It was noted the overall financial settlement for the NHS included an additional £6.6bn and £1.5bn additional Covid costs above the original mandate, plus a further £1.5bn to support elective recovery and mental health services. System funding had been confirmed as a continuation of the funding arrangements for September 2020 to March 2021. A number of funding arrangements had yet to be confirmed / clarified notably:</p> <ul style="list-style-type: none"> • Hospital discharge funding arrangements from 1st April • Technical details to support the operation of the Elective Recovery Fund

	<p>With regard to Service Development Funds (SDF) there were a number of points to note:</p> <ul style="list-style-type: none"> • Primary Care allocations had not yet been confirmed and had been expected to be communicated in early April. • Personalised Care allocations had been confirmed for Q1 only. Q2-4 allocations would be confirmed by the programme ahead of the relevant quarter. Further details would be provided. • Greener NHS allocations for regions were on a first quarter basis only and future allocations would be confirmed by the programme in due course. • Ockenden and Diagnostic Programme allocations were expected to be confirmed early in Q1. • Other regional allocations were on a full year basis although included in Q1. These had been for the most part included in budget setting templates. • Elective Care Transformation Plan and Urgent Emergency Care Regional Allocations reflected information from respective teams for initial allocations but might be increased in discussion with the programme based on engagement with regional teams. <p>The Chair thanked the presenters and commented that it was likely there would be a squeeze on funding allocations at some point in the future and the aim of the CCG would be to achieve a break even position in the current financial year.</p>
9	<p>Places' update:</p> <ol style="list-style-type: none"> 1. Bracknell Forest 2. Royal Borough of Windsor and Maidenhead 3. North East Hampshire and Farnham 4. Surrey Heath 5. Slough <p>The Governing Body received detailed presentations from each Managing Director for their respective place.</p>
10	<p>Workforce Matters</p> <p>(a) Clinical Chair elections – the Director of Governance updated members on the timetable for the elections and the reasons for the need to elect a Clinical Chair. It was noted the timetable envisaged a new Chair would be elected by mid-June 2021.</p> <p>(b) Policies approval – Governing Body approved the following policies:</p> <ul style="list-style-type: none"> • Appeals • Lone Working • Domestic Abuse Support for Staff Workforce • Professional Registration • Retirement • Probation
11	<p>Questions from the public</p> <p>A number of comments had been made in the chat facility and the Chair promised these would be responded to. The slides used during the meeting would also be made available on the CCG's website.</p>
12	<p>Date of next meeting in public Tuesday 13 July 2021 – 1030 to 1200</p>

REMUNERATION	AUDIT	PRIMARY CARE COMMISSIONING	QUALITY, PERFORMANCE AND FINANCE
Terms of Reference – membership requirements			
<ul style="list-style-type: none"> At least one Lay Member (not Chair of Audit Committee); Two further Non Executive Members; Secondary Care Specialist. The Chair of the CCG will not be a member. The Chair and Deputy Chair of Audit Committee will not be members 	<ul style="list-style-type: none"> Three Non-Executive members Two Healthcare Professional members. One member shall have recent and relevant financial experience. The Chair of the CCG shall not be a member 	<ul style="list-style-type: none"> Three Non-Executive Directors of which at least two must be Lay Members; Three Executive Directors – (1) primary care and (2) finance (3) Quality portfolio holders; and Place Based Clinical Leads 	<ul style="list-style-type: none"> Place representatives (Clinical Leader/Managing Director/Lay Member) Chair (Lay Member or Secondary Care Consultant) Executive Director of Finance Medical Director Executive Director of Nursing and Quality
Quoracy			
Three members	Three members	Five members	Six members - each of the Places must have one representative(from the above list) present; plus, one Executive Director (from the above list)
Lay Members (voting members)			
Kathy Atkinson (lay) (Chair)	Arthur Ferry (lay) (Chair)	Tony Fitzgerald (lay) (Chair)	Amanda Wellesley (Chair) (Secondary Care Consultant)
Tony Fitzgerald (Lay)	Tony Fitzgerald (lay)	Arthur Ferry (lay)	
Non-Exec Vacancy	Non-Exec Vacancy	Non-Exec Vacancy	
Amanda Wellesley (Secondary Care Consultant)	Amanda Wellesley (Secondary Care Consultant)		
	Vacancy (Health care professional)		

Executive Directors (voting members)

		Caroline Farrar (primary care)	Rob Morgan (Executive Director of Finance)
		Sarah Bellars (Quality)	Lalitha Iyer (Medical Director)
		Rob Morgan (Executive Director of Finance)	Sarah Bellars (Executive Director of Nursing and Quality)

Place Based Clinical Leads (voting members)

		Steven Clarke (NEHF)	
		Huw Thomas (RBWM)	
		Jim O'Donnell (Slough)	
		Martin Kittel (BF)	

GOVERNING BODY

Title of Paper	Financial update including any issues to be escalated in respect of quality, performance or finance – Month 2 2021/22		
Agenda Item	8	Date of meeting	
Exec Lead	Rob Morgan	Clinical Sponsor	

Purpose	To Approve	<input type="checkbox"/>	Link to Strategic Objective	CCG Priority Theme 4 - Creating the new Health and Care Landscape CCG Priority Area 11 - Collaborative and ICS development
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input checked="" type="checkbox"/>		

Executive Summary
<p>CCGs are not required to report financial performance in Month 1. Month 2 is the first month of reporting for the fiscal year 21/22.</p> <p>Month 2 is the month ending 31 May 2021 and more significantly for Frimley CCG is the first month reporting as the new organisation.</p> <p>An enormous amount of work has been performed in the past six months to close down three legacy CCGs (North East Hampshire and Farnham CCG, East Berkshire CCG and Surrey Heath CCG) which has resulted in a high workload for staff in many functions. The finance teams have performed very well in working on the three legacy ledgers, preparing three sets of annual accounts, being subject to external audit and at the same time merge the three ledgers and start reporting through the new single ledger for Frimley CCG. As the Director of Finance for the Frimley CCG I am incredibly proud of how they have come together as three teams into one and the high level of professionalism they displayed through this difficult and intense period.</p> <p>The summary report is in Table 1 below:</p>

CCG Summary	Month 2 May 2021			6 month Forecast			Run Rate	
	Plan YTD	Actual YTD	Variance	2021-22 Plan	2021-22 Forecast Outturn	2021-22 Forecast Variance	YTD extrapolated up to 6m	Run rate vs Forecast Outturn
	£'000	£'000	£'000	£'000	£'000	£'000		
Allocation (in-year)	202,345	202,345	0	620,616	620,616	0	607,035	13,581
Commissioning								
Acute Services	101,840	102,552	(712)	305,363	307,737	(2,374)	307,657	81
Mental Health Services	20,288	20,288	0	60,510	60,510	0	60,863	(353)
Community Health Services	16,915	16,915	0	52,493	52,493	0	50,744	1,749
Continuing Care Services	13,219	13,219	0	39,657	39,657	0	39,657	0
Primary Care Co-Commissioning	18,102	18,102	(0)	54,306	54,306	0	54,306	0
Primary Care Services	21,833	21,833	0	67,350	67,350	0	65,498	1,851
Other Programme Services	7,778	8,366	(588)	23,334	24,593	(1,259)	25,098	(505)
Reserves	0	(0)	0	10,491	10,491	0	(0)	10,491
Commissioning sub-total	199,974	201,275	(1,300)	613,504	617,137	(3,633)	603,824	13,314
Running Costs	2,371	2,371	0	7,112	7,112	0	7,112	0
Expenditure sub-total	202,345	203,645	(1,300)	620,616	624,249	(3,633)	610,936	13,314
Surplus/(Deficit)	0	(1,300)	1,300	0	(3,633)	3,633	(3,901)	267

The financial position is as expected at Month 2. There are two areas to highlight:

A – The CCG is reporting a £1.3m deficit at Month 2. This is a known deficit and reflects the costs incurred for the Hospital Discharge Programme which will be reclaimed via NHSE/I in the same way that it was during financial year 20/21. Once reclaimed the deficit will be covered by the income the CCG will receive. There is monthly reporting and collection of these costs and the collection of information and reimbursement is part of a national process

B – The CCG also has to compare run rate to forecast outturn. £3.9m deficit represents the first 6 months of HDP money not being reimbursed (as this is factually correct using the month 2 information). When compared to the forecast outturn, the CCG will show a small surplus of £265K as it takes account of the HDP income we have not yet received.

The Frimley CCG has built on the principles adopted by the Collaborative three CCGs. As part of the Frimley Health and Care Integrated Care System (Frimley ICS) the three CCGs signed a Memorandum of Understanding (MoU) in April 2018 along with partners in the ICS which committed organisations to work together to achieve the NHS “System Control Total”. A control total is the expected aggregated financial position of System Control total Partners and has been set at Break Even in 20/21 and 21/22.

The inception of the new Frimley CCG allowed the CCG to strengthen the commitment to working in partnership to achieve the financial control total by including in the Standing Financial Instructions (SFI) the obligation to work in the context of a system control total. This strengthens formally spirit of the arrangements in the MoU signed over 3 years ago.

The CCG position is outlined above. It is important to inform Governing Body that the system control total position at M2 is similar to above and the system is confident that the M6 break even control total will be achieved.

The financial position of the CCG has been presented at the executive meeting prior to the Governing Body and has also been subject to review by NHSE/I Region Team

Recommendation	Governing Body is asked to NOTE the M2 financial position of the Frimley CCG and also the Forecast System Control Total position of break even
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Please provide details on the impact of following aspects	
Risk and Assurance	Sound financial stewardship of public funds is expected and is required to be demonstrated. Financially distressed systems can adversely impact the level of services provided to residents
Equality and Quality Impact Assessment	The financial position of the CCG is subject to both internal and external audits including being assessed for "Value for money". These checks help to ensure that the right quality services are being funded and that equality and Quality impact assessments are performed as part of decision making process
Patient and Stakeholder Engagement	Engagement is done through the design of services which includes the financial impact
Financial Impact and Legal implications	The Financial Reporting mechanisms highlight the Financial Impact and legal implications are considered.

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Not discussed due to timings of meetings		

SLOUGH HEALTH AND CARE PLAN

Reducing health inequalities by promoting and developing independence through integration



Draft for consideration at Health and Wellbeing Board July 2021

The Slough Health and Care Plan

is a key part of our Vision for Slough. It's aim is to bring together our work at Place which focusses on the Integration of Health and Social care, for the benefit of our neighbourhoods and citizens.

**One Plan
Many partners
One Goal**

To improve the Health and Wellbeing of the People of Slough through Working together.



SLOUGH2040

The Slough 2040 Vision outlines our ambitions for the future of Slough.

This vision has been created by engaging with the local people of Slough - our residents, elected councillors, and the organisations that serve the people of the town. By listening to their voices, we have created a bold and ambitious shared vision of Slough's future. Over the next 20 years, we will work in partnership with the residents, public bodies, charities and businesses of Slough to transform this vision into reality.


The Slough 2040 vision outlines the shared ambitions of organisations working in partnership in this town, including:



SLOUGH2040


The 2040 vision for Slough identifies 8 priorities, of which **health** is one.

The Slough Health and Care plan supports this vision for Slough to be **a healthy town where people are supported to live empowered lives.**

 Slough will have a vibrant town centre, brimming with diverse and exciting culture


By 2040, Slough's town centre will be a destination of choice - a place where people come from afar to enjoy the vibrancy and diversity of the local culture. The town centre will be an attractive and modern space, which is fully accessible to all. It will blend together retail, leisure, business and housing to create a space that is exciting, busy and thriving throughout the day. Culture will be at the heart of the town, with world-class performance spaces, street art and a museum woven into the built environment.

Town square lined with cafes and restaurants. Co-working spaces. Rooftop gardens. Amphitheatre. Museum celebrating local culture. Busking and street entertainment. An accessible built environment.

 Slough will have attractive, green neighbourhoods, which bring people together


In the future, Slough will have high-quality housing and accommodation which meets the needs of our local population. Different types of housing will exist together, with affordable housing, family housing and social care accommodation built alongside one another to create diverse neighbourhoods. All our residents will have access to attractive green spaces, including parks, allotments and children's play facilities. The neighbourhoods of Slough will feel clean, well-maintained and welcoming.

Street trees. Colourful buildings. Homes with space to work from home. Community gardens and allotments. Green gyms and skate parks. Community litter picking events.

 Slough will be a globally connected town, with a transport system which prioritises public and active transport


The Slough of the future will be an internationally connected town, with strong transport links to Heathrow, London and other major cities. Locally, Slough will have a world-class public transport system which meets the needs of our residents by being well-connected, reliable and affordable. Cycling and walking infrastructure will be improved, with safe cycling and walking routes embedded throughout the town. There will be fewer cars in Slough, and the cars that remain will largely be low-emission vehicles.

Car-free town centre. World-class public transport system. Rail link to Heathrow. Park and Ride system. A Slough payment card for all public transport. Car-free cycle paths. A town centre bike hub. Rickshaw hire for journeys within the borough.

 Slough will be a carbon-neutral and sustainable town


By 2040, the town of Slough will be entirely carbon-neutral. Pioneering renewable power and energy efficiency technology will be incorporated throughout the built environment. Trees will grow across the town - both in green spaces and woven into our streetscapes. Biodiversity will be encouraged through the use of sensitive planting schemes and the creation of wildlife havens. Sustainable lifestyles will be promoted, and recycling facilities will be world-class.

Solar panels on rooftops. Buildings designed to be water efficient. Green walls and rooftops. Bee-friendly planting scheme. Wildlife corridors and road crossings. Grass verges allowed to re-wild. Increased kerbside recycling.

 Slough will have a strong, globally renowned economy, which supports its people to prosper and live well


In the future, Slough will have a global reputation as a place to do business. Slough's economy will be thriving and diverse, home to a mix of businesses and different employment types. Businesses will feel connected to the wider town, and employers in Slough will be integral to high-quality education and training schemes. Local people will be employed in good jobs - jobs that offer them fulfilment, fair wages and support their wellbeing. Poverty will be alleviated, and everyone in Slough will have the opportunity to flourish and live well.

Slough is known for its reputation for business. Small businesses and start-ups supported. Employers encouraged to support flexible working for carers. Training courses aligned with the needs of employers.

 Slough will be a place of lifelong learning and aspiration for all


Slough schools and colleges will provide a high-quality and inclusive education, which encourages aspiration in our young people, and prepares them for their adult lives. Students will be able to choose between vocational and academic pathways, with technical training centres sitting alongside a world-class university presence in the town centre. Education will continue into adulthood, with training facilities offering people of all ages the chance to up-skill, retrain or receive careers advice.

Life skill lessons in schools, that cover topics such as career advice, financial skills and relationship education. Volunteer tutors to level-up disadvantaged young people. Adult training centre with childcare and a café on site.

 Slough will be a healthy town, where people are supported to live empowered lives

The people of Slough will be encouraged to live healthy and active lives. Slough will have a wide range of excellent leisure facilities, including gyms, pools, and an ice rink. There will be high-quality and timely healthcare for those who need it, provided through GP surgeries, mental health services and other settings embedded in the local community. Health and social care will be integrated, and social care services in Slough will be innovative and inspiring as they support people to live empowered and independent lives.

Holistic wellbeing hub. Wellbeing. Healthier eating options in the town centre. Outdoor swimming pool. Inclusive sport leagues. More sheltered accommodation and extra-care housing. Positive billboards.

 Slough will have a strong, diverse community where differences are celebrated, and everyone feels safe

In 2040, Slough will be known for its cohesive and inclusive community. Different cultures and identities will live together with tolerance and respect. Crime rates will be low, and people will feel safe and welcome in their local neighbourhoods. Communities will be involved in local decision-making, and will be empowered to manage their own needs and take ownership of their local area. There will be facilities for local community groups, and the town will have a prominent central youth centre which provides an exciting space for the young people of Slough.

Funding and affordable facilities for community groups. Service to match people to voluntary opportunities. Carnival celebrating diversity. Equality events such as Black History month recognised and marked.

These inspired ideas are all suggestions that come from our residents. These are not definite policy commitments, but instead are intended to give a taste of what the people of Slough would like to see in their town in the future.

Slough Health and Care Plan

Reducing health inequalities by promoting and developing independence through integration



The Kings Fund has recently published a significant piece of research on Place Based Working and their key findings are set out in the 8 priorities below

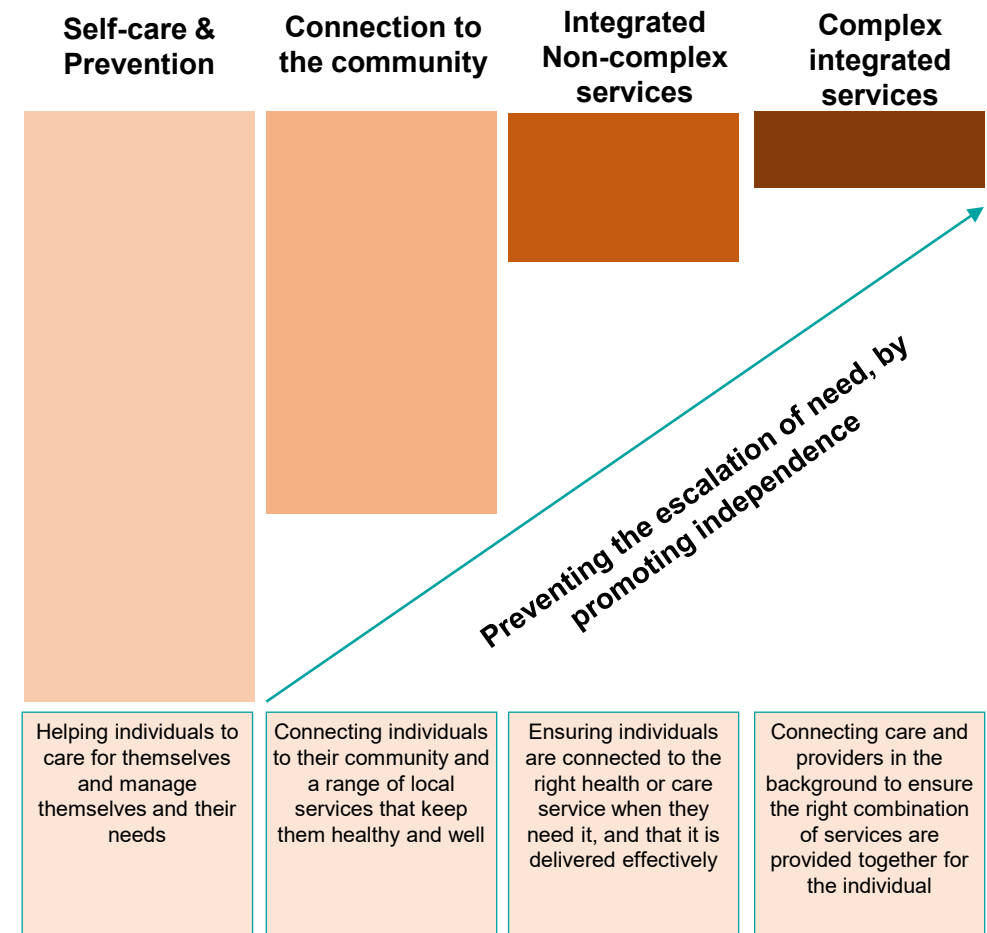
- Start from purpose with a shared local vision
- Build a new relationship with communities
- Invest in building multi agency partnership
- Build up from what already exists locally
- Focus on relationships between system places and neighbourhoods
- Nurture joined up resource management strengthen the role of providers at place
- Embed effective place-based leadership

The Slough Health and Care Plan supports our journey to Work in an integrated way, as individual organisations working Together for the benefit of our communities.

Slough Health and Care Plan

Reducing health inequalities by promoting and developing independence through integration

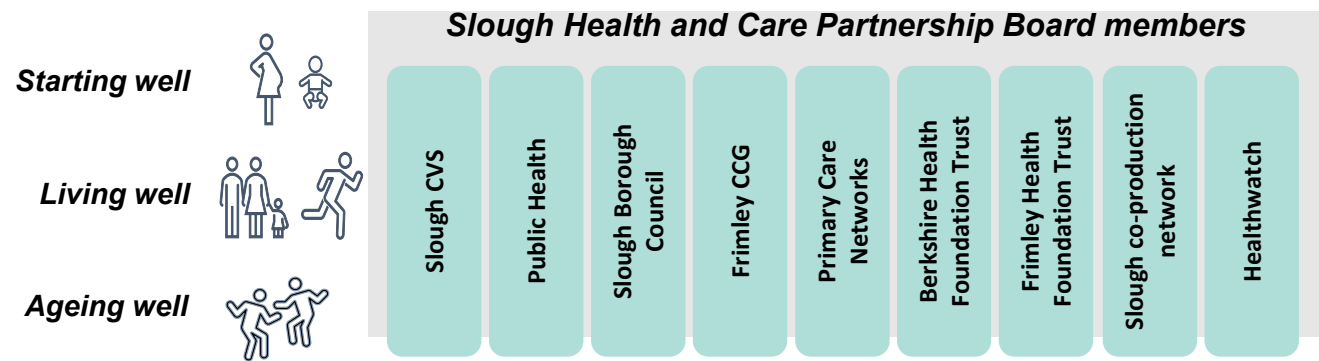
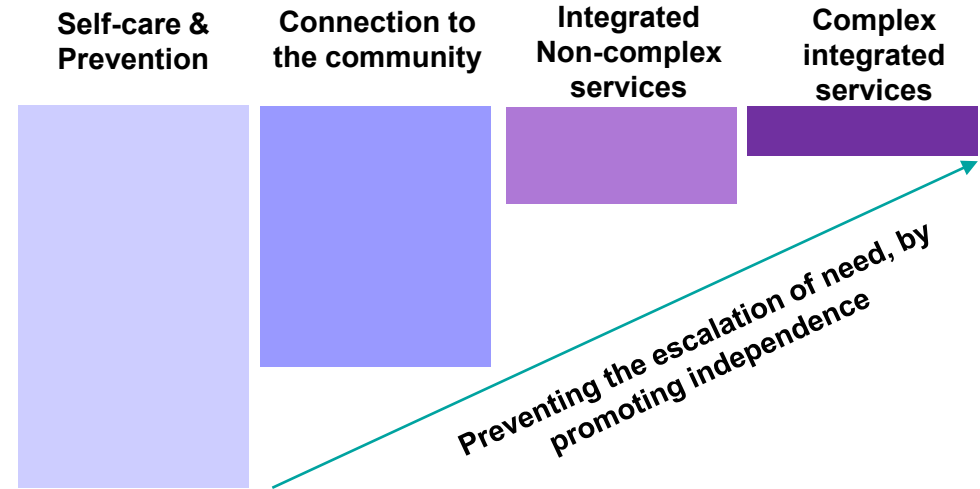
- ❑ Slough's health and care partners are collectively aiming to promote good health and care outcomes and reduce inequality in these outcomes for the residents of Slough.
- ❑ The collective plan is to **develop, promote and maintain independence**, because this is good for health, good for people, and good for the taxpayer and sustainability of services.
- ❑ This approach is achieved through:
 - **Prevention and promoting self-care** through information and advice
 - **Connecting individuals to their communities** to reduce the need to present in institutional settings
 - When support is needed, **delivering care in a seamless and integrated way**
- ❑ This is part of our collective ambitions described in the 2040 vision to make Slough a healthy town, through **integrated health and social care embedded in communities and neighbourhoods** through a range of settings.



Slough Health and Care Plan

Reducing health inequalities by promoting and developing independence through integration

- ❑ The approach applies across all stages of the lifecycle, and aligns to the ICS' three core pillars of **starting well, living well** and **ageing well**.
- ❑ For each segment, the aim is to build individuals' capacity to care for themselves without escalating into institutional settings.
- ❑ This can only be achieved by the Slough Partnership Board member organisations **working together in an integrated way**. This applies both to meeting complex needs with multiple services but also in the messages and interactions individual organisations have, that need to develop, promote and maintain independence.
- ❑ This plan identifies the cross-cutting, priorities that within partners' individual delivery plans, and reflect where partners are working together to support the delivery

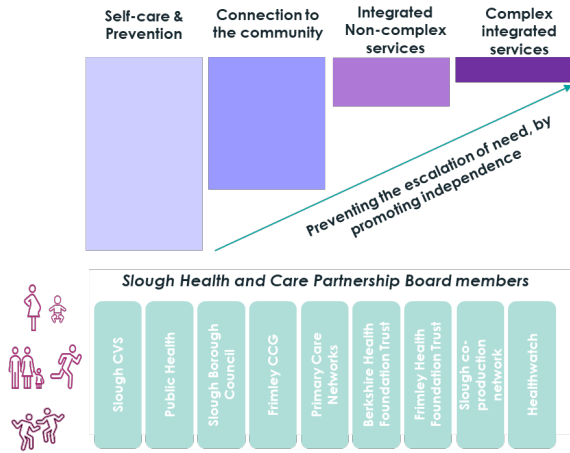


Slough Health and Care Plan

Reducing health inequalities by promoting and developing independence through integration

The Slough integrated health and care plan...

...delivers the needs of service users, as per the ADASS Think Local Act Personal model



Living the life I want, keeping safe and well: wellbeing and independence

I stay in control: when things need to change

Keeping my family, friends and connections: active and supportive communities

Having the information I need, when I need it - information and advice

My support, my own way: flexible and integrated care and support

I feel support by the people and workforce who support me

...and supports the Frimley Health and Care ambitions...

...which support the NHS Long Term Plan



Our Ambitions	How our Ambitions support delivery of the NHS Long Term Plan themes
1. Starting Well	Our Starting Well ambition will enable us to deliver the LTP ambition for a strong start in life for children and young people
2. Focus on Wellbeing	The Focus on Wellbeing ambition demonstrates our collective commitment to taking more action on prevention and health inequalities
3. Community deals	Our Community Deal ambition is at the heart of our new strategy and provides a clear focus on population health. It will enable us to work with our communities to design and deliver not just our health and care services, but also education, employment, housing and transport. This will be our way of delivering personalised care, building new relationships and shifting the power in decision making. Our work to co-produce and strengthen communities will also deliver the further integration of local health and care services
4. Our People	Our People ambition is how we will ensure that staff get the backing they need and deliver the Interim people plan. We are all committed to improving our staff experience at work, increasing their career opportunities and retention and recruiting more people from our local population
5. Leadership and cultures	The Leadership, Culture and Improvement ambition will increase the scale of change and improvement that we deliver
6. Outstanding use of resources	Through our Outstanding Use of Resources we will continue our collective focus on the 'Frimley pound' to make sure that taxpayers' investment is used to maximum effect. Our long term commitment to reducing need and inequalities will support the long term sustainability of health and care services. We have made digitally-enabled care an early priority for this ambition

Slough Health and Care Plan

Reducing health inequalities by promoting and developing independence through integration

WHAT HAS BEEN ACHIEVED TO DATE

- ❑ Lots of work has been done to date to build integrated approaches to delivering care, this includes:
 - Establishing community maternity hubs
 - Establishing Mental Health Integrated Community Service (MHICS)
 - Establishing the recovery college
 - Providing some GP direct referrals for Long Term Conditions
 - Establishing Locality Access Points for integrated multi-disciplinary decision-making, and supporting these through Connected Care
 - Implementing Home First to improve recovery out of a hospital setting

- ❑ This work has focused more on the lower volume, high needs groups.

- ❑ Covid-19 has further developed partnership working around shared priorities.

- ❑ The strategy for Slough is to build on these to ensure a larger number of people can benefit across Slough, and to ensure the focus is on the right care needs coming out of Covid-19

Slough Health and Care Plan

Reducing health inequalities by promoting and developing independence through integration

THE CHANGES WE ARE SEEKING TO MAKE

Integrated plan changes



Outcomes this supports



Benefit for Slough

Improved Health and Wellbeing outcomes for the people of Slough

Slough Health and Care Plan

Reducing health inequalities by promoting and developing independence through integration

THE CHANGES WE ARE SEEKING TO MAKE



Better access to care

- ✓ Improve **ethnic minority maternity access**
- ✓ Expand and deliver at scale **same day access in primary care**
- ✓ Expand **primary care access** including digital access
- ✓ Expand and integrate **social prescribing and care coordinators**
- ✓ Increased **cancer screening**
- ✓ Expand **GP Direct referrals** for LTCs with **In-Reach team**
- ✓ **Telehealth** for Diabetes, LTCs, disability and dementia
- ✓ Introduce **same day emergency care** (SDEC) across a range of urgent care
- ✓ Ensuring we have a **viable, sustainable and affordable care market**
- ✓ Increasing our use of **digital and technology** to support people live independently



Improved outcomes for Mental Health

- ✓ Expand **MHICS** across all 4 PCNs
- ✓ **Increasing physical health checks** / improving physical health outcomes for people with serious mental illness (SMI) and LD
- ✓ **111 first** for Mental Health
- ✓ Reintroduce **Healthmakers** as part of IAPT
- ✓ **Integrated community MH** for older patients



Responding to changing demand and needs post Covid-19

- ✓ Production of a Slough COVID Community Impact Assessment)
- ✓ Respond to post-pandemic workforce pressures and implement 7 day working



More integrated and pre-emptive service offers

- ✓ Improve **transition management**, including **preparing for adulthood** informed by our young health champions
- ✓ Improving **strength-based** and personalised ways of working in social care
- ✓ Engagement with communities to better understand challenges to **healthy childhood weight**
- ✓ Primary, secondary and tertiary **prevention of obesity**
- ✓ Promote **workplace health** (partnerships with employers, workplace health awards, information, advice, resources, and cultural change)
- ✓ **Expand CVS role in care** (eg bariatric care and maternal / perinatal care, suicide prevention)
- ✓ Use **innovation fund** to expand CVS support to CYP
- ✓ Expand and integrate **social prescribing and care coordinators**
- ✓ Roll out **Healthier Together Platform** with Paediatric focus
- ✓ Implement **healthy homes** as part of DFG task and finish group
- ✓ Review **reablement services** including intermediate care, rehab and therapeutic short term services
- ✓ **Consolidate Home First** and D2A scheme
- ✓ Increase **immunisation** uptake rates



Improved outcomes for frailty

- ✓ Develop **LAP and expand MDT clusters** to proactively review frailty cohorts
- ✓ Develop and implement integrated **2 hour response strategy** to support ageing well
- ✓ Expand **GP Direct referrals for Frailty**
- ✓ Improve **end of life care** to support dying with dignity in a setting of choice



Use of locality-based models

- ✓ Implement **locality hubs** with CVS as a key partner in service delivery
- ✓ Jointly review and improve our **health and care estate**
- ✓ Expand **community maternity hubs**

THE CURRENT ACTIVITIES TO SUPPORT THESE CHANGES

	Slough CVS	Public Health	SBC	Frimley CCG	PCNs	BHFT	FHFT
BETTER ACCESS TO CARE							
✓ Improve ethnic minority maternity access	✓	✓		✓		✓	✓
✓ Expand and deliver at scale same day access in primary care				✓	✓		
✓ Expand primary care access including digital access				✓	✓		
✓ Expand and integrate social prescribing and care coordinators	✓	✓		✓	✓		
✓ Increased cancer screening		✓		✓			
✓ Expand GP Direct referrals for LTCs with In-Reach team				✓	✓	✓	✓
✓ Telehealth for Diabetes, LTCs, disability and dementia			✓	✓		✓	
✓ Introduce same day emergency care (SDEC) across a range of urgent care				✓			✓
✓ Ensuring we have a viable, sustainable and affordable care market			✓	✓			
✓ Increasing our use of digital and technology to support people live independently			✓	✓	✓	✓	
MORE INTEGRATED AND PRE-EMPTIVE SERVICE OFFERS							
✓ Improve transition management including preparing for adulthood informed by our young health champions			✓				
✓ Improving strength-based and personalised ways of working in social care	✓		✓				
✓ Engagement with communities to better understand challenges to healthy childhood weight	✓	✓	✓	✓	✓		
✓ Primary, secondary and tertiary prevention of obesity	✓	✓	✓	✓	✓	✓	✓
✓ Promote workplace health (partnerships with employers, workplace health awards, information, advice, resources, and cultural change)	✓	✓		✓			
✓ Expand CVS role in care (eg bariatric care and maternal / perinatal care, suicide prevention)	✓	✓		✓	✓	✓	
✓ Use innovation fund to expand CVS support to CYP	✓		✓				
✓ Expand and integrate social prescribing and care coordinators	✓	✓		✓	✓		
✓ Roll out Healthier Together Platform with Paediatric focus				✓	✓	✓	✓
✓ Implement healthy homes as part of DFG task and finish group		✓	✓	✓			
✓ Review reablement services including intermedate care, rehab and therapeutic short term services		✓	✓	✓		✓	
✓ Consolidate Home First and D2A scheme				✓		✓	✓
✓ Increase immunisation uptake rates		✓		✓	✓		
IMPROVED OUTCOMES FOR MENTAL HEALTH							
✓ Expand MHICS across all 4 PCNs			✓	✓	✓	✓	
✓ Increasing physical health checks / improving physical health outcomes for people with SMI and LD			✓	✓	✓	✓	✓
✓ 111 first for Mental Health				✓	✓	✓	
✓ Reintroduce Healthmakers as part of IAPT	✓					✓	✓
✓ Integrated community MH for older patients			✓	✓		✓	
IMPROVED OUTCOMES FOR FRAILTY							
✓ Develop LAP and expand MDT clusters to proactively review frailty cohorts			✓	✓		✓	✓
✓ Develop and implement integrated 2 hour response strategy to support ageing well	✓		✓	✓	✓	✓	✓
✓ Expand GP Direct referrals for Frailty			✓	✓	✓	✓	✓
✓ Improve end of life care to support dying with dignity in a setting of choice	✓		✓	✓	✓	✓	✓
USE OF LOCALITY-BASED MODELS							
✓ Implement locality hubs with CVS as a key partner in service delivery	✓	✓	✓	✓	✓	✓	
✓ Jointly review and improve our health and care estate	✓	✓	✓	✓	✓	✓	
✓ Expand community maternity hubs	✓	✓		✓		✓	
RESPONDING CHANGING DEMANDS AND NEEDS POST-COVID							
✓ Production of a Slough COVID Community Impact Assessment)		✓	✓	✓	✓		
✓ Respond to post-pandemic workforce pressures and implement 7 day working			✓	✓	✓	✓	✓

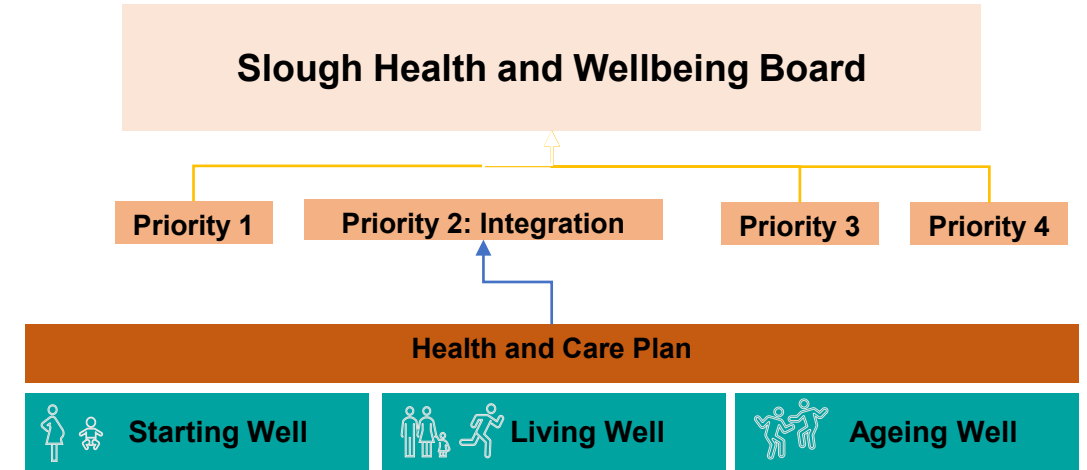
Slough Health and Care Plan

Reducing health inequalities by promoting and developing independence through integration

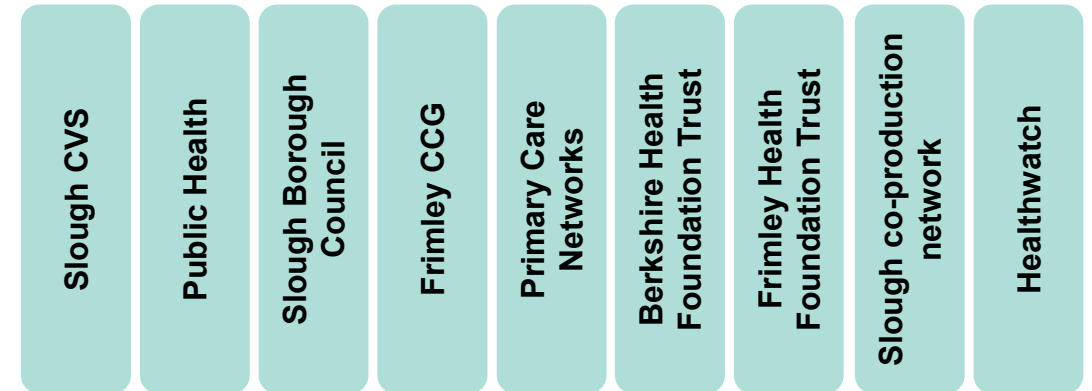


How these priorities will be governed

- All Partner organisations have been working together through the Slough Partnership Board, reporting to the Health and Wellbeing Board to develop an integrated set of priorities for health and care in Slough as part of the “integration” priority
- This is built around the core pillars of **starting well**, **living well** and **ageing well** as well as some core work that enables integration structurally
- The health and care plan will reflect those activities that are planned across the partner organisations to drive the biggest impact on integrated health and care for Slough’s population:
 - It will coordinate exist work across organisations to better manage inter-dependencies
 - It will not create a whole new set of priorities, but build on the work being planned and undertaken
 - It will help all partners to work together on having the biggest impact in reducing health inequalities



Slough Health and Care Partnership Board members



Slough Health and Care Plan

Reducing health inequalities by promoting and developing independence through integration

Our shared principles to inform collective working and integration in 2021/2 and beyond

❑ FUNDING

- Seek opportunities to expand pooled funding beyond the current BCF commitments. For example:
- Use BCF pool to expand integrated mental health services / budget
- Expand D2A funding through BCF contributions

❑ CO-PRODUCTION

- Co-production and co-design with people who use services and their family carers as core principle of how we will do all commissioning work

❑ BUILD ON EXISTING MODELS

- Where possible build on and utilise existing infrastructure, plans and proven approaches that are working

❑ POPULATION HEALTH

- We will take a population health approach to Slough's health and care needs, using data effectively to shape our responses

❑ JOINT GOVERNANCE

- We will work jointly to oversee and deliver this plan through the Health and Social Care Partnership Board and the Health and Wellbeing Board.

❑ WORKFORCE DEVELOPMENT

- We will work together to develop and equip our Health and Care workforce to deliver in a more integrated way, with new post-pandemic ways of working



Berkshire Healthcare
NHS Foundation Trust

Frimley Health and Care



Frimley
Clinical Commissioning Group



Public Health
England



Frimley Health
NHS Foundation Trust

Key Actions taken or Decisions made:

- 1 Joint Health and Care Plan for Slough has been approved and will be presented at the Slough Health and Wellbeing Board on the 14 July (copy attached)
- 2 Agreement has been made to join together the Place Based Committee and the Health and Wellbeing Partnership Board. Terms of Reference have been agreed and will be ratified at the Slough Health and Wellbeing Board on the 14 July
- 3 The Slough Health Inequalities Group has its inaugural meeting in July. Terms of Reference have been agreed. A joint meeting co chaired by our Director of Operations Sangeeta Saran and Slough Public Health lead Sue Foley. We are in the process of recruiting a clinical lead for Health Inequalities.

Current Context for information:

- 1 The significant financial challenges that Slough Brough Council are experiencing is a substantial area of concern and we are working together to ensure that we are able to support through our partnership working and to mitigate any potential impact on health provision.
- 2 We held a PCN development session facilitated by the Kings Fund recently which was a good start to our emerging leadership approach across Slough Place.
- 3 Our Estates programme in relation to the reprovision of services from Upton Hospital has gained some positive traction and time spent sharing principles and how we work together as a collaborative has created a positive foundation for a very busy and complex programme of work.

Future areas for attention:

- 1 Work continues to develop through our Frailty group and this has a strong connection to the Estates Programme
- 2 Developing our team through the appraisal round and designing our Team Away Day for September/October

Issues for Escalation/Discussion/Resolution

- 1 To note the Slough Borough Council Section 114 notice that has been issued.



Frimley

Clinical Commissioning Group

Surrey Heath Place

STARTING WELL AMBITION

WORKING IN PARTNERSHIP WITH LOCAL SCHOOLS

Bracknell Forest

North East Hampshire and Farnham

Royal Borough of Windsor and Maidenhead

Slough

Surrey Heath

Turning Ambition into local action



Frimley

Clinical Commissioning Group

- Priorities for the first 6 months of this year were developed to provide a clear direction for CCG staff and partners
- These reflected system ambitions (Starting Well) and local need/known inequalities. They have a strong focus on prevention and early intervention
- Mental health and wellbeing priority includes:
- **Increasing our partnership working around mental wellbeing and children/young people :**
 - **Through the Link Programme improve local relationships with and between health, schools and Local Authority. Working with partners on action planning to implement agreed changes.**
 - **Map and engage with primary and secondary schools within Camberley/Frimley for the next phase of Mental Health Support Team implementation programme**
- This slide deck highlights the tremendous progress that has been made and the variety of approaches that are being used – both National Programmes (planned) and opportunistic conversations between partners
- All approaches demonstrate a strong commitment to further collaborative working, learning network established to continue following end of Link Programme workshops

Knowing Our Place

- 13,000 school child primary schools
- 5 secondary schools
- 1 special education needs school



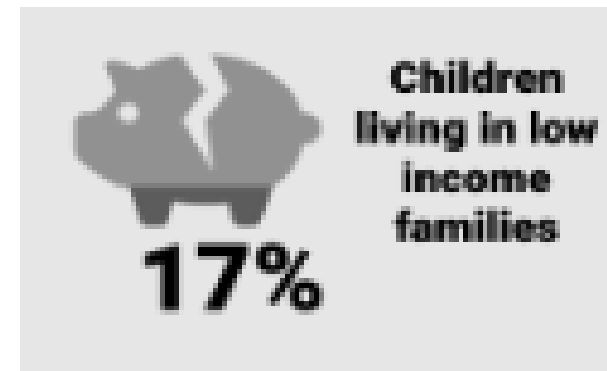
Frimley

Clinical Commissioning Group

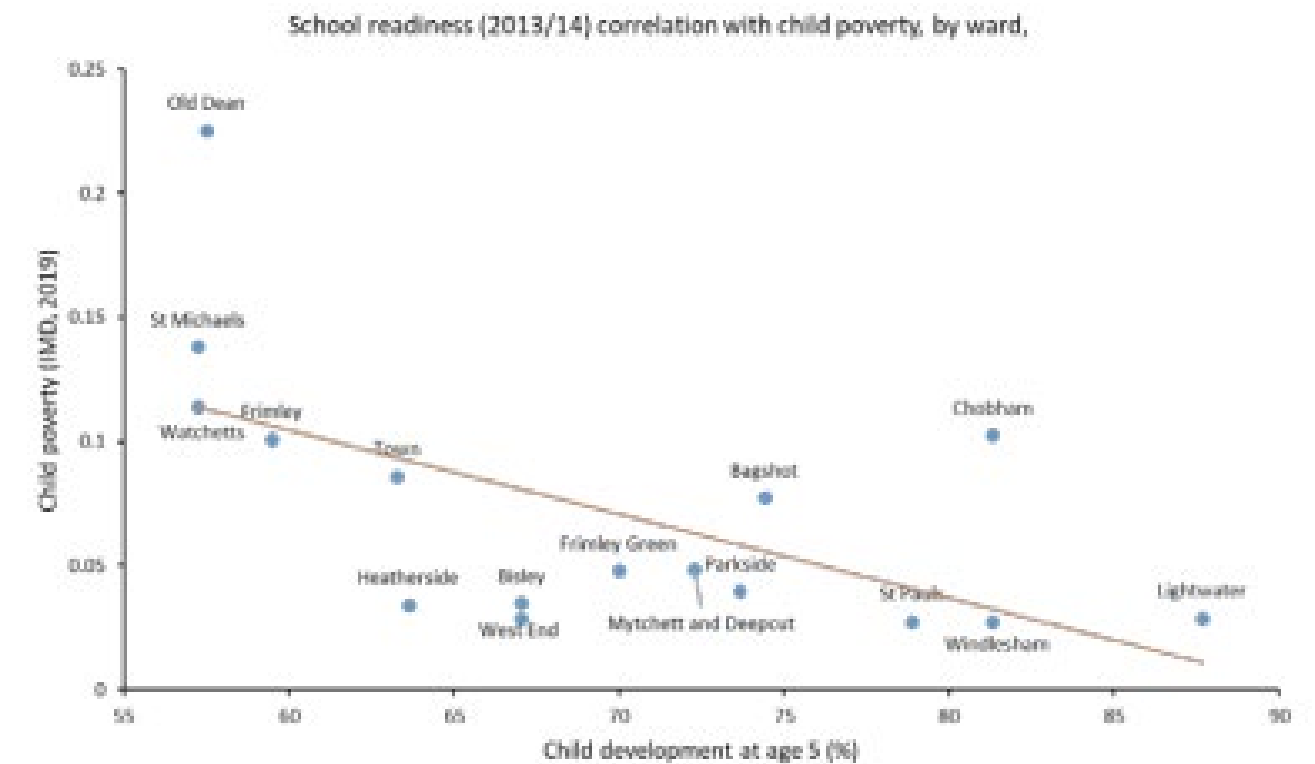
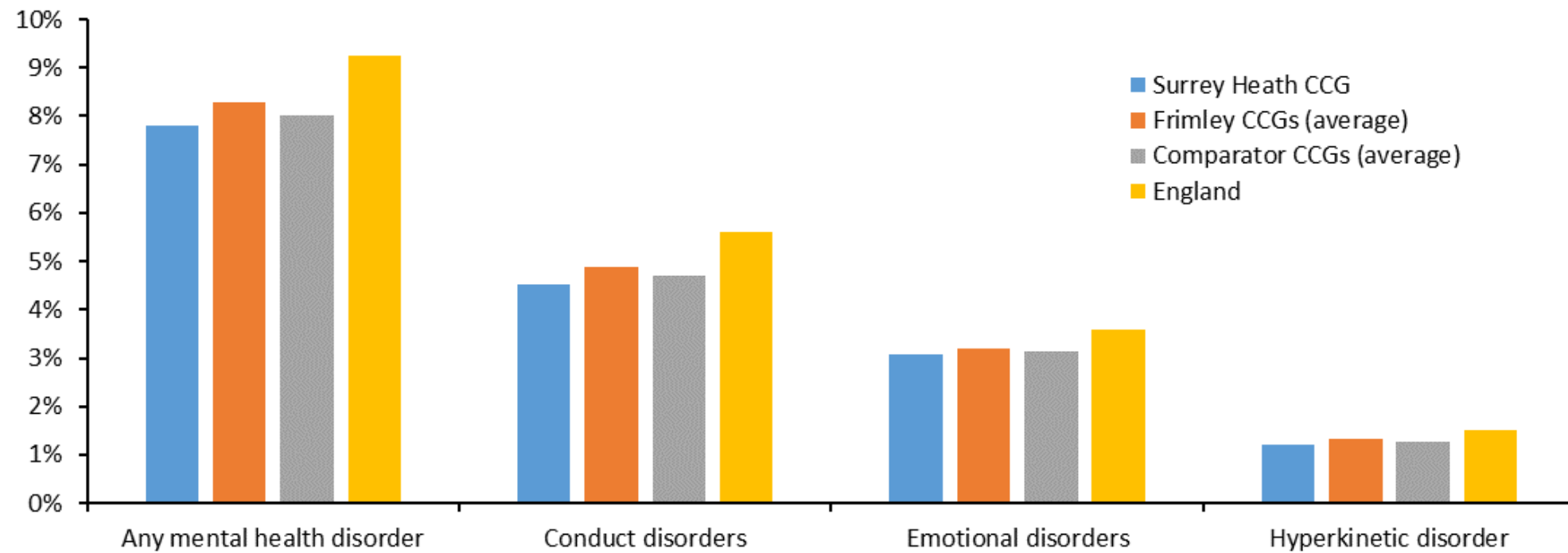
Surrey Heath



National



Estimated prevalence of mental health conditions, GP registered population age 5-16, 2015



Significant variation in school readiness and correlation to poverty (areas of deprivation)

Opportunities created by bringing people together



Frimley

Clinical Commissioning Group

In January 2020, a conversation between key partners at the Surrey Heath Alliance resulted in local providers agreeing to meet to discuss current issues and ideas for improvement in Surrey Heath's highest area of deprivation. Resulted in agreed actions/areas to explore to improve mutual understanding

- Old Dean GP
- Executive Head of three primary schools on the Old Dean Estate (key area of deprivation)
- Team Manager for local CAMHS team

Needs aren't always clear and conversations with parents need to be shared

Designated secure email address for communication between school and GPs when relevant case comes up. Helpful to share information and have an awareness of a need.

School tries to complete screening form with parent when it comes through but time consuming

PCN investigating possibility of social prescriber for CYP services to support those families who need it e.g. filling in forms, directing to appropriate support etc.

Teacher will often take/show up at surgery with family in a crisis without the GP understanding the context

Exec Head to attend senior GP meeting to explain to them about the crisis situations the school is often faced with and why they then bring a family into the surgery.

Partnership working between GPs and primary schools continued...



Frimley

Clinical Commissioning Group

Parents own issues can hamper and affect the process

Send information on MH services available for adults to schools and MHICs may be able to support individuals

Both sending referrals in

CAMHS investigating joint referral forms on their portal

High rate of those going straight to A+E for routine requests e.g. run out of child's inhaler

Trialling a secure prescription box at school reception desk. "Choose well" leaflets to go into book bags

- Forming relationships and open discussion important to working together
- Several actions have been completed, but timing of some derailed by the pandemic.
- Some of these themes have come up as recurring issues through the recent LINK programme, so will roll out the communication ideas across the Surrey Heath patch having built good relationships with a wider network of schools

National Link Programme



Frimley

Clinical Commissioning Group

The programme has a simple overall aim:

To bring together education and mental health professionals in the locality so that more children and young people get the help and support they need, when they need it.



- To develop a shared view of strengths and limitations and capabilities and capacities of education and mental health colleagues.
- To increase knowledge of resources to support mental health of children and young people.
- To make more effective use of existing resources.
- To improve joint working between education and mental health colleagues.
- Utilises the capabilities within the charity sector – supported by the Anna Freud Centre, an evidenced based children and young people’s mental health charity which aims to transform the way with think about and deliver mental health services
- Draws on expertise of local providers (schools, mental health, general practice) – practical in approach
- Supported/convened by CCG place based staff through workshops

Two key local challenges identified and other areas of incremental improvement required

	Description	Workshop 1 rating	Attendee responses
C	Clarity on roles, remit and responsibilities of all partners involved in supporting CYP mental health	Elements of Good Practice	<ul style="list-style-type: none"> • Sharing partner contact details and keeping it updated • Continue to improve links so there is a joined up service and flow between providers • Clear mapping of who to contact when a pupil is in need
A	Agreed points of contact and role in schools/colleges and CYP mental health services	Elements of Good Practice	<ul style="list-style-type: none"> • Health do not have agreed points of contact with schools or CA • In terms of call in other services its hard to know which is your best port of call • Most links come through SENCO and ELSA
S	Structures to support shared planning and collaborative working	Elements of Good Practice	<ul style="list-style-type: none"> • Push for MDT meetings-every half term. Would be a better use of time for everyone involved. • Regular meetings between different services to discuss referrals & which service is most appropriate • I need to be clearer when I send a referral what's already been tried
C	Common approach to outcome measures for young people	Major Challenge	<ul style="list-style-type: none"> • Need to agree some meaningful common measures and share them • Find out what good practice toolkits are available elsewhere and use them • Better communication between all parties on the outcomes and what has been decided
A	Ability to continue to learn and draw on best practice	Elements of Good Practice	<ul style="list-style-type: none"> • Communication/problem solving flow chart • Problem solving and named contacts for each services • Training on referrals how to complete to get best outcome when triaged
D	Development of integrated working to promote rapid and better access to support	Major Challenge	<ul style="list-style-type: none"> • System /flowchart of across agency communication • PADLET could support integration and information sharing • Real want to be integrated but sometimes dependent on individuals i.e. working patterns
E	Evidence- based approach to intervention	Elements of Good Practice	<ul style="list-style-type: none"> • More training around evidence based working needed to link to goal-based outcomes, which would enable schools to be more focused on interventions and an opportunity to review what has/hasn't worked. • Coping strategies and resilience training in addition to diagnosis are vital

Themes Identified through workshops

Theme 1: Communication

Common themes:

- Named contacts & directory
- Information sharing including regular updates
- Regular updates on services
- Information for schools, healthcare, parents and carers

Theme 2: Barriers to access

Common themes:

- Understanding which service to refer to
- Referral pathway to support referrals
- What a good referral looks like
- How to contact post-referral

Theme 3: Intervention tools, techniques and measuring success

Common themes:

- Agreed outcome measures
- Toolkits and interventions shared and understood
- Outcome measures recorded and communicated
- Understanding SEN/SLD

Theme 4: Collaborative working

Common themes:

- Enthusiasm for joined up working
- More networking opportunities
- MDT approach to planning, with schools involved
- Team around the child

Personal ownership of actions following the workshop

I have sent out a questionnaire to all class teachers to find out how many of them are aware of the process in place and if they feel they feel confident addressing Mental health in their classrooms. I have had 5/15 returned so far and the majority feel they lack knowledge but know who in school they would turn to for help.

I decided to map our current provision for pupils, parents and staff in terms of our universal offer, early help and targeted support. I found this a really useful areas and it has already highlighted some areas we could develop further. I have circulated it to our SLT, FSW and Senior Lead for Mental Health to review and we will then circulate it more widely and possibly publish on our school website.

I am now completing 'Place2Be' Foundation in Mental Health; my small steps was to work on a module each Saturday, which I have managed to do.



I have identified a new mental health lead as my wellbeing lead. Staff and pupil surveys have been sent out. School council has been restarted and their aim is to look at wellbeing. Restrictions on bubbles during COVID has a big impact on children and they are not seeing each other in other year groups to support wellbeing.

National Mental Health Support Team Programme



Frimley

Clinical Commissioning Group

- Part of expanding access to mental health care for children and young people to provide:
 - Early intervention on some mental health and emotional wellbeing issues (mild to moderate anxiety)
 - Helping school or college setting to provide a 'whole school approach' to mental health and wellbeing.
 - Teams will act as a link with local children and young people's mental health services and be supervised by NHS staff
- Three core functions of an MHST:
 - To deliver evidence-based interventions for mild to moderate mental health issues (e.g. individual and group work to support with anxiety, low mood, friendship or behavioural issues) alongside existing provision such as CAMHS, counselling, educational psychologists, Specialist Teachers for Inclusive Practice (STIPs) and school nurses.
 - To support a Senior Mental Health Lead in each education setting to work collaboratively with education, voluntary sector, health and social care colleagues to introduce or develop a whole school or college approach.
 - To give timely advice and support to school and college staff and liaising with external specialist services such as Specialist CAMHS to help children and young people get the right support and stay in education.
- Local roll out been influenced by known inequalities - Currently supporting 6 schools (2 Secondary and 4 Primary), predominantly in Old Dean but just expanded to South Camberley.
- Work is also underway to further expand the teams reach and the full cluster of schools who will be supported will be confirmed by July. Eventually for around 7-8000 school kids.
- Positive feedback from schools involved.

Bracknell Forest

North East Hampshire and Farnham

Royal Borough of Windsor and Maidenhead

Slough

Surrey Heath

Annie's story

Personalising Care & Support and 'A Warm Welcome'

Bracknell Forest Place

for
Governing Body
July 2021

Background

- Evidence suggests that social isolation is a killer. It increases mortality risk by around a third and is consistently linked with everything from heart disease to depression and cognitive decline.
- Bracknell Forest has traditionally experienced significantly higher rates of social isolation than the national average – especially among those using health or care services.
- The Bracknell Forest ‘Warm Welcome’ Programme was launched in 2015 and has continually helped to address this problem and is now a key part of our core business, used by residents and more recently, social prescribers. This pioneering approach by Bracknell Forest Council was later adopted by neighbouring Local Authorities.
- COVID-19 further impacted isolation and loneliness and this was reflected in a Bracknell Forest Community Impact Assessment and Residents' Survey. Further evidence suggested that elderly and disabled people were disproportionately affected. As the review progressed, it became clear that isolation and loneliness was having a severe impact on all residents in the borough. Isolation and loneliness was prioritised in the Health and Wellbeing Strategy, 2021 to 2022.

You said, we did

8 week Well-Being Check

Our residents said:

Residents and staff were telling us that despite people recovering from COVID and reaching their personal goals whilst receiving community intermediate care, they were still reporting that they didn't feel fully recovered.

We did:

- Bracknell Forest's social prescribing teams in Public Health and Primary Care Networks got together to explore what support could be offered.
- The 8 week wellbeing check list was developed where Social Prescribing (SP) teams call the person at 8 weeks to see how they are post Intermediate Care Service (ICS) support. The check list covers all aspects of wellbeing; emotional, mental and physical health and exercise. The SP teams use their knowledge and expertise of the local area to support the person to access community and support groups.

Annie's Story



What matters?	Personalising Care & Support
<p>About *Annie</p>	<p>Annie is a 90-year-old Bracknell Forest resident. She had a fall on New Years eve and whilst in hospital caught COVID-19. Following her discharge, she received support from the Community Intermediate Care Service (ICS).</p> <p>After 8 weeks, she received a routine follow-up telephone call from a Social Prescriber to see how she was feeling.</p>
<p>What mattered to Annie?</p>	<p>Annie found that her recovery was a lot slower than she had hoped and her mobility was very poor. She had a very helpful daughter who was able to take her to appointments and encouraged her to do her exercises at home. Annie felt she had everything she needed fitted in her home to make moving around safe. However....</p> <p>Annie felt isolated and wanted to get out of the house and meet people. She expressed an interest in exercise classes to improve her balance but for Annie, these needed to be face to face.</p>

Annie's Story



shifts to



What matters?	Prevention & Self-Care
How did we help?	<p>The Bracknell Forest 'A Warm Welcome' programme was used to help find a local Thai Chi class at South Hill Park as well as the Age UK befriending service.</p> <p>Annie found the Thai Chi a bit too difficult as she had to stand for the whole class. A seated yoga class run by 'Yoga with Rosie' was found which was a much smaller and intimate face to face group which Annie liked the idea of.</p>
Annie's outcome	<p>Annie signed up and has started her seated yoga classes. She has also signed up with the Age UK befriending service.</p> <p>Emma, her social prescriber, has said she will keep her updated with face to face activities as they open in her area.</p>

Key Actions taken or Decisions made:

1	Hampshire Public Health Consultation <ul style="list-style-type: none"> • Jo Jefferies updated the committee on the recently published consultation regarding budget savings for Hampshire Public Health department. • Savings of £6.8m out of a budget of £59m are required • Services potentially affected include substance misuse, smoking cessation, sexual health, health visiting & school nursing • It was agreed to respond on behalf of Frimley CCG by the deadline of 9th August • It was also agreed to investigate a joint response with H&IOW ICS
2	The award of the contract in Hampshire to Psicon for autism assessments was noted. It was agreed to come back to a future meeting with further detail as to how waiting time improvements would be tracked.
3	Ollie White & Charlie Mason presented the latest quality & performance report. In addition Ollie updated the committee on the new ICS arrangements for quality, including the new QDF (Quality, Delivery & Finance) Group chaired by Alex Gild (CFO of Berkshire Healthcare). It was agreed to

Current Context for information:

- Vaccination push to meet 19th July deadline
- System pressures – especially primary care & urgent care
- Uncertainty around the future of the Frimley ICS

Future areas for attention:

None identified other than the actions listed above

Issues for Escalation/Discussion/Resolution

Board to note deadline for response to Hampshire public health consultation.

Committee Report – RBWM – 22 June 2021

Key Actions taken or Decisions made:

1. None this month.

Current Context for information:

2. Discussion on the development of two-hour crisis response services revealed a multiplicity of different service offerings and “front doors”, with a lack of clarity around roles, access points and inter-professional communication. Complexities also include split commissioning of key pathways across FHFT and BHFT, and the interplay between proactive and reactive services. MPCN’s work with BHFT on diabetic, housebound patients had highlighted multiple patients being looked after by multiple service providers such as GPs, DNs and others.

3. Update on #RBWM Together. The first event was held in April and was an opportunity to celebrate what was achieved during Covid with various community groups, parish councils and voluntary sector colleagues, and identifying things people wanted to work on together. The second event focused on identifying principles for future engagement within four geographical areas: Windsor, Ascot, Maidenhead, Windsor, and those groups working across the whole borough. Future ways of working will include joined up engagement across sectors.

4. Update on the current position in relation to RBWM Covid-19 cases and vaccinations. The case rate per 100,000 population in RBWM had increased over the previous week. The highest case rates are in the 17-24 age group.

5. Discussion of the Healthwatch “What Matters Most” report.

6. The primary care BAU report was shared for information.

7. A high level financial plan was shared for information. There was an expectation that place-based budgets should be released by July or August.

Future areas for attention:

7. Leadership arrangements at place for two hour crisis response services to be agreed, and this to be established as a place workstream.

8. Further work on mapping organisational priorities to inform priorities at place.

Issues for Escalation/Discussion/Resolution

9. None this month.

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR)

0. Reference information – item 10

Executive Lead:	Fiona Slevin - Brown		Committee/Group submitted to:	Governing Body	
Author:	Gail King – EPRR lead		Date of meeting:	13 July 2021	
Link to strategic priority (tick) :	Priority 1- Meet the population and patient needs ✓	Priority 2 – Address new priorities	Priority 3 – Reset to a better model of care	Priority 4 – Create a new Health and Care Landscape	

Governance and Reporting- which other meeting (s) have discussed this paper ?		
Committee name	Date discussed	Outcome
EPRR Group		

Equality and Diversity issues: (summary of impact, if any, of CCG’s duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or CCG strategies / policies must have a valid EIA and will not be received by the Committee if this is not appended to the report)	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	✓

1. Purpose of paper

1.1. Why is this paper being submitted and what input is required?

As from 1 April 2021, the newly formed Frimley CCG is required to continue work in line with the:

- Civil Contingencies Act 2004;
- Health & Social Care Act 2012;
- EPRR Framework 2015;
- National EPRR Assurance Process and related EPRR Core standards;

2. Executive Summary

2.1 Context

In discharging its responsibilities, the CCG is required to have a suite of key plans/checklists.

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE (EPRR)

All plans required are linked to one or more of the National EPRR Core Standards as detailed below. The following plans that currently need to be reviewed and agreed for approval are:

- The Frimley CCG Incident Response Plan: This will include major/mass casualty, critical and business continuity incident management, Core Standards: 11, 12, 19, 42, 43 and 44
- The Frimley CCG Severe Weather Plan: this will include Cold & Snow, Heatwave and Flooding, Core Standards 13 & 14;

Key plans will also be supported with a series of checklists to act as aide memoires for the EPRR Team and on call managers.

The following checklists (placed in the Reading Room) have been reviewed by the Internal Resilience Group (IRG) and are recommended for approval:

- Cold and Snow, Heatwave and Flooding (these are appendices of the Frimley CCG Severe Weather Plan);
- The National Threat Level going to Critical;
- Cyber Security;

2.3 Conclusion and recommendation

Governing Body is recommended ,by the IRG, to approve the plans and checklist as set out above.