

## Governing Body

### Agenda for the meeting in public Tuesday 11 May 2021 – 1030 to 1200 Via Zoom

#### Independent Chair: Ed Palfrey

Timing		Item	Delivery
1030	1	<b>Welcome, apologies for absence and Chair's introduction</b>	Verbal
	2	<b>Conflicts of Interest Register and declarations of any interests relating to this agenda- <i>to note</i></b>  <i>Chair</i>	Paper
1040	3	<b>Accountable Officer's introduction – <i>to note</i></b>  <i>Fiona Edwards</i>	Verbal
1050	4	<b>Patient Story – <i>to note</i></b>  <i>Sarah Bellars</i>	Verbal
1055	5	<b>Matters arising not otherwise covered on the agenda:</b>  5.1 Confirmation of Chair's action – <i>to note</i>  <i>Rob Morgan</i>  a) Annual Report and Accounts 2020/21 – delegation to Audit and Risk Committee  b) 2019/20 Mental Health Investment Standard Review  5.2 Membership of committees – <i>to approve</i>  <i>Sarah Bellars</i>	Papers
<b>Priority 1- Meet the population and patient needs</b>			
1105	6	<b>Covid Vaccination Programme - <i>to note</i></b>  <i>Sarah Bellars</i>	Verbal
1115	7	<b>Primary Care – <i>to note</i></b>  <i>Caroline Farrar</i>	Verbal
<b>Priority 3 – Reset to a better model of care</b>			
1125	8	<b>System Operating Plan Update 2021/2022</b>  <i>Fiona Slevin-Brown</i>	Paper
<b>Priority 4 – Create a new Health and Care Landscape</b>			
1140	9	<b>Places update:</b>  1. Bracknell Forest 2. Royal Borough 3. North East Hampshire and Farnham 4. Surrey Heath	Presentations

Timing		Item	Delivery
		<b>5. Slough</b>	
<b>1145</b>	<b>10</b>	<b>Workforce Matters</b> <ul style="list-style-type: none"> <li>• Clinical Chair elections – <i>to note</i></li> <li>• Policies approval</li> </ul> <i>Emma Boswell</i>	Verbal
<b>1150</b>	<b>11</b>	<b>Questions from the public</b>	Verbal
<b>1200</b>	<b>12</b>	<b>Date of next meeting in public</b> <b>Tuesday 13 July 2021 – 1030 to 1200</b>	-

## Frimley Clinical Commissioning Group - Register of Interests

Name	Declared Interest - Name and Nature of Business
<b>Nicola Airey</b>	Son student paramedic Brighton University. Placements with SECAMB who provide 999 services to residents within the Frimley Collaborative.
<b>Kathy Atkinson</b>	Chief Executive at Safer Tourism Foundation
	Trustee of Voluntary Action South West Surrey
<b>Sarah Bellars</b>	No interests to declare
<b>Emma Boswell</b>	Patient at Jenner House Surgery, Farnborough
<b>Andy Brooks</b>	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
<b>Steven Clarke</b>	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
<b>Fiona Edwards</b>	Patient with Hollytree Practice in Farnham
	CQC Executive reviewer and NHS provider Chief Executive
<b>Tracey Faraday-Drake</b>	Patient with Woodlands Park Surgery near Maidenhead
	None
<b>Caroline Farrar</b>	Trustee of Bliss, the national charity for babies born premature or sick
<b>Arthur Ferry</b>	Patient with Burnham Health Centre, SL1 7DE
<b>Tony Fitzgerald</b>	Patient with Lightwater Surgery, All Saints Road, Lightwater.
	Partner at Upper Gordon Road Surgery
	Partner Provider Pain and MSK Services

<b>John Fraser</b>	Member GP Federation Surrey Heath
	Partner Day Lewis Pharmacy Camberley
	Patient with Magnolia House, Sunningdale, Berkshire
<b>Daryl Gasson</b>	None
<b>Lalitha Iyer</b>	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
<b>Martin Kittel</b>	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)
<b>Robert Morgan</b>	Husband of Lorraine Morgan who works part time at East Berkshire Primary Care out of hours service (clerical role).
<b>Jim O'Donnell</b>	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
<b>Ed Palfrey</b>	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

<b>Fiona Slevin-Brown</b>	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
<b>Mary-Jane Steijger</b>	Member of Frimley Health NHS Foundation Trust
	Patient with The Ferns Medical Practice, Farnham Hospital
<b>Huw Thomas</b>	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
<b>Amanda Wellesley</b>	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

## FRIMLEY CCG GOVERNING BODY

<b>Title of Paper</b>	<b>Confirmation of Chair's action</b>		
<b>Agenda Item</b>	5	<b>Date of meeting</b>	
<b>Exec Lead</b>	Director of Quality and Nursing – Sarah Bellars		

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

<b>Executive Summary</b>
<p>In accordance with the CCG's Constitution, the Chair has taken action on the following matters which are reported to Governing Body for ratification:</p> <p><b>(a) Annual Report and Accounts 2020/21</b> – delegation of approval to Audit and Risk Committee (11 May 2021) to approve on its behalf the 2020/21 Annual Accounts and Report for its three predecessor organisations – namely, NHS East Berkshire CCG, NHS North East Hampshire and Farnham CCG and NHS Surrey Heath CCG. Members are asked to note that the final audited versions of the 2020/21 Accounts and Annual Reports will be submitted to NHS England on 15 June 2021.</p> <p><b>(b) 2019/20 Mental Health Investment Standard Review</b> – the planning guidance for 2019/20 stated that: "CCGs must continue to increase investment in mental health services, in line with the Mental Health Investment Standard (MHIS). For 2019/20 the standard requires CCGs to increase spend by at least their overall programme allocation growth plus an additional percentage increment to reflect the additional mental health funding included in CCG allocations for 2019/20..... in every case will be subject to independent auditor review." CCGs must continue to increase investment in mental health services, in line with the Mental Health Investment Standard (MHIS). For 2019/20 the standard required CCGs to spend at least their 'Target Spend' which is defined as their 2018/19 outturn increased in line with overall programme allocation growth plus an additional 0.7% to reflect the additional mental health funding included in CCG allocations for 2019/20, plus any shortfall from 2018/19 (incorporating any adjustments from the independent review of 2018/19 MHIS achievement).</p> <p>Each CCG had engaged their external auditors to carry out an independent review of their 19/20 MHIS, hence there were slightly different processes and letters of representation. As part of the review, they are required to confirm whether, in their view, the statement made by the CCG had been properly prepared based on the specified criteria for the statement set out below. This provided assurance as to whether the statement was a reasonable reflection of the CCG's performance against the standard.</p> <p>As part of the reviews the reviewing accountants required a Letter of Representation from the Governing Body.</p> <p><b>Surrey Heath CCG and East Berkshire CCG Reviews</b>            Under these reviews, the reviewing accountants had highlighted a requirement for a clinical judgements where patients had a dual diagnosis, and this was covered in the Letter of Representations, The CCGs were content, based on clinical judgement, that the impact of any costs relating to secondary diagnoses would be immaterial and would not result in the CCG failing to meet the target set by NHS England. No misstatements have been identified as part of these</p>

reviews, and the CCGs expected an unqualified conclusion. The reviewing accountants have advised they were limiting their scope around dual diagnosis as it isn't within their scope to audit a clinical judgement.

**North East Hants and Farnham CCG Review**

As part of the review, there were two misstatements in expenditure identified however neither were adjusted and neither would have had any impact on meeting the MHIS. The CCG received an unqualified conclusion.

On behalf of Governing Body, the Chair approved the Letter of Representation for each of the CCGs.

**Recommendation**

Governing Body is asked to ratify the action taken by the Chair as set out above.

## GOVERNING BODY

<b>Title of Paper</b>	Membership of Committees		
<b>Agenda Item</b>	5	<b>Date of meeting</b>	
<b>Exec Lead</b>	Director of Quality and Nursing – Sarah Bellars		

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

<b>Executive Summary</b>	
Governing Body is asked to approve the membership of its committees: <ul style="list-style-type: none"> <li>- Remuneration;</li> <li>- Audit and Risk;</li> <li>- Primary Care Commissioning; and</li> <li>- Quality, Performance and Finance.</li> </ul> The table showing membership requirements, quoracy and proposed members of the CCG's committees is set out below.	
<b>Recommendation</b>	Governing Body is asked to approve the membership of its committees as set out in the table below: <ul style="list-style-type: none"> <li>- Remuneration;</li> <li>- Audit and Risk;</li> <li>- Primary Care Commissioning; and</li> <li>- Quality, Performance and Finance.</li> </ul>

<b>Please provide details on the impact of following aspects</b>	
Risk and Assurance	Statutory requirement
Equality and Quality Impact Assessment	n/a
Patient and Stakeholder Engagement	Predecessor committees (shown in reporting table below) all reviewed the respective terms of reference and membership of the Frimley CCG committees.
Financial Impact and Legal implications	Statutory requirement

<b>Reporting – has this paper been discussed at other meetings</b>		
Committee Name	Date discussed	Outcome
Collaborative Audit Committees in Common	17 March 2021	Agreed
Collaborative Primary Care Commissioning Committees in Common	8 March 2021	Agreed
Collaborative Remuneration Committees in Common	3 March 2021	Agreed
Collaborative Quality Performance and Finance Committee	2 March 2021	Agreed

**Table showing membership requirements, quoracy and proposed members of the CCG's committees**

REMUNERATION	AUDIT	PRIMARY CARE COMMISSIONING	QUALITY, PERFORMANCE AND FINANCE
<b>Terms of Reference – membership requirements</b>			
<ul style="list-style-type: none"> <li>At least one Lay Member (not Chair of Audit Committee);</li> <li>Two further Non Executive Members;</li> <li>Secondary Care Specialist.</li> <li>The Chair of the CCG will not be a member.</li> <li>The Chair and Deputy Chair of Audit Committee will not be members</li> </ul>	<ul style="list-style-type: none"> <li>Three Non-Executive members</li> <li>Two Healthcare Professional members. One member shall have recent and relevant financial experience.</li> <li>The Chair of the CCG shall not be a member</li> </ul>	<ul style="list-style-type: none"> <li>Three Non-Executive Directors of which at least two must be Lay Members;</li> <li>Three Executive Directors – (1) primary care and (2) finance (3) Quality portfolio holders; and</li> <li>Place Based Clinical Leads</li> </ul>	<ul style="list-style-type: none"> <li>Place representatives (Clinical Leader/Managing Director/Lay Member)</li> <li>Chair (Lay Member or Secondary Care Consultant)</li> <li>Executive Director of Finance</li> <li>Medical Director</li> <li>Executive Director of Nursing and Quality</li> </ul>
<b>Quoracy</b>			
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)
<b>Lay Members (voting members)</b>			
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)		
<b>Executive Directors (voting members)</b>			
		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)
<b>Place Based Clinical Leads (voting members)</b>			
		Steven Clarke (NEHF)	
		Huw Thomas (RBWM)	
		Jim O'Donnell (Slough)	
		Martin Kittel (BF)	
		John Fraser (SH)	



# Frimley Health and Care



## System Operating Plan Update 2021/2022

6<sup>th</sup> May 2021



ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR



# Frimley ICS – System Planning approach

- **Leadership and Governance:** Our System Recovery Network is leading the delivery of our Operating Plan submission, strengthening cross System, Place and Partner alignment, underpinned by our agreed Recovery activities and principles
- **The System Recovery Network** is supported by an Operational Planning Oversight Group enabling clear **connectivity between the quality, delivery and financial aspects** of the System Plan
- We have a **centralised and aligned ICS activity & resource model** which supports rapid appraisal of interdependencies and the assessment of the impact of improvement projects, covering activity, workforce and facilities, which are converted into a common currency – cross ICS
- Our **Operating Plan submissions** are underpinned by detailed supporting documentation e.g. Our People Plan which will continue to be developed between the May and June submissions
- Our Planning submissions will build on our response to and progress since the Phase 3 submission in September 2020



# Planning Requirements: Six month recovery planning

5 key areas of focus: 13 priorities

## Planning 21/22 planning areas and priorities A to C

Aims	A	B	C
Priorities	<p>A1. Looking after our people and helping them to recover</p> <p>A2. Belonging in the NHS and addressing inequalities</p> <p>A3. Embed new ways of working and delivering care</p> <p>A4. Grow for the future</p>	<p>Being prepared for re-vaccination programme from Autumn with uptake ambitions for seasonal flu alongside the possibility of Covid 19 vaccination of children, should vaccines be authorised for use under 18 and recommended by JCVI</p>	<p>C1. Maximise elective activity, taking full advantage of the opportunities to transform the delivery of services</p> <p>C2. Restore full operation of all cancer services</p> <p>C3. Expand and improve mental health services and services for people with a learning disability and/or autism</p> <p>C4. Deliver improvements in maternity care, including responding to the recommendations of the Ockenden review</p>

## Areas of focus and Priorities (2)

Planning 21/22 planning areas and priorities D to F

Aims	D	E	F
Priorities	<p>D1. Restoring and increasing access to primary care services</p> <p>D2. Implementing population health management and personalised care approaches to improve health outcomes and address health inequalities</p>	<p>E1. Transforming community services and improve discharge</p> <p>E2. Ensuring the use of NHS111 as the primary route to access urgent care and the timely admission of patients to hospital who require it from emergency departments</p>	<p>F1. Effective collaboration and partnership working across systems</p>



## Planning 21/22 - Key Areas as set out within NHSE Implementation Guidance

### Elective Recovery Framework:

- Systems to coordinate production of plans for elective activity including cancer delivered through core funding and extended Elective Care Recovery Fund (ERF) making full use of IS, using 19/20 activity levels
  - Systems to decide on allocation of additional funding to providers and commissioners, and how this will operate against variable payment for elective activity payment model 21/22
  - Elective recovery plans to be consistent with wider objectives; **national thresholds set as a percentage of 19/20; 70% (April), 75% (May), 80% (June), 85% (June-September 21)**
  - **Gateway criteria and monitoring to qualify for ERF funding includes (see appendix A) –**
    - **Addressing health inequalities**
    - **Transforming outpatient services**
    - **System led recovery**
    - **Clinical validation, waiting list data quality and reducing long waits**
    - **People recovery**
- High Impact service models –** Diagnostic activity critical to elective recovery, community diagnostic hubs, pathology and imaging networks to be maximised

### System Development and ICS establishment:

- **Principles** - One statutory ICS NHSE body and one statutory ICS health and care partnership from April 2022
- CCG functions subsumed by ICS NHS body, direct commissioning functions transferred/delegated to ICS
- Directly affected staff below board level will have an employment commitment, NHS administration costs will not be cut
- ICS boundaries will align with upper tier local authority boundaries by April 2022, unless by exception. Joint working with LA supported by Health and Care partnership at ICS level
- Development of primary and community services and population health management to be led at place level
- Acute (non specialist) and mental health NHS and FT will be part of at least one provider collaborative
- Clinical and professional leadership will be enhanced by connection of primary care, community, acute, mental health providers, public health and social care
- **Implementation and development** – ICS to formally plan implementation of System Oversight Framework Delivery, including quarterly review and MOU with regional team
- Expected that systems prepare to establish statutory arrangements in Q1 – includes process to appoint ICS Chair, AO and CFO, develop constitution, establish shadow and governance arrangements for systems ICS NHS body and Health and Care partnership, agree MOU for 22/23

**Health Inequalities:** Covid 19 has highlighted the urgent need to prevent and manage ill health in groups experiencing health inequalities as outlined in Long Term Plan: **5 priority areas for H1 of 21/22** (distilled from the 8 actions for tackling health inequalities):

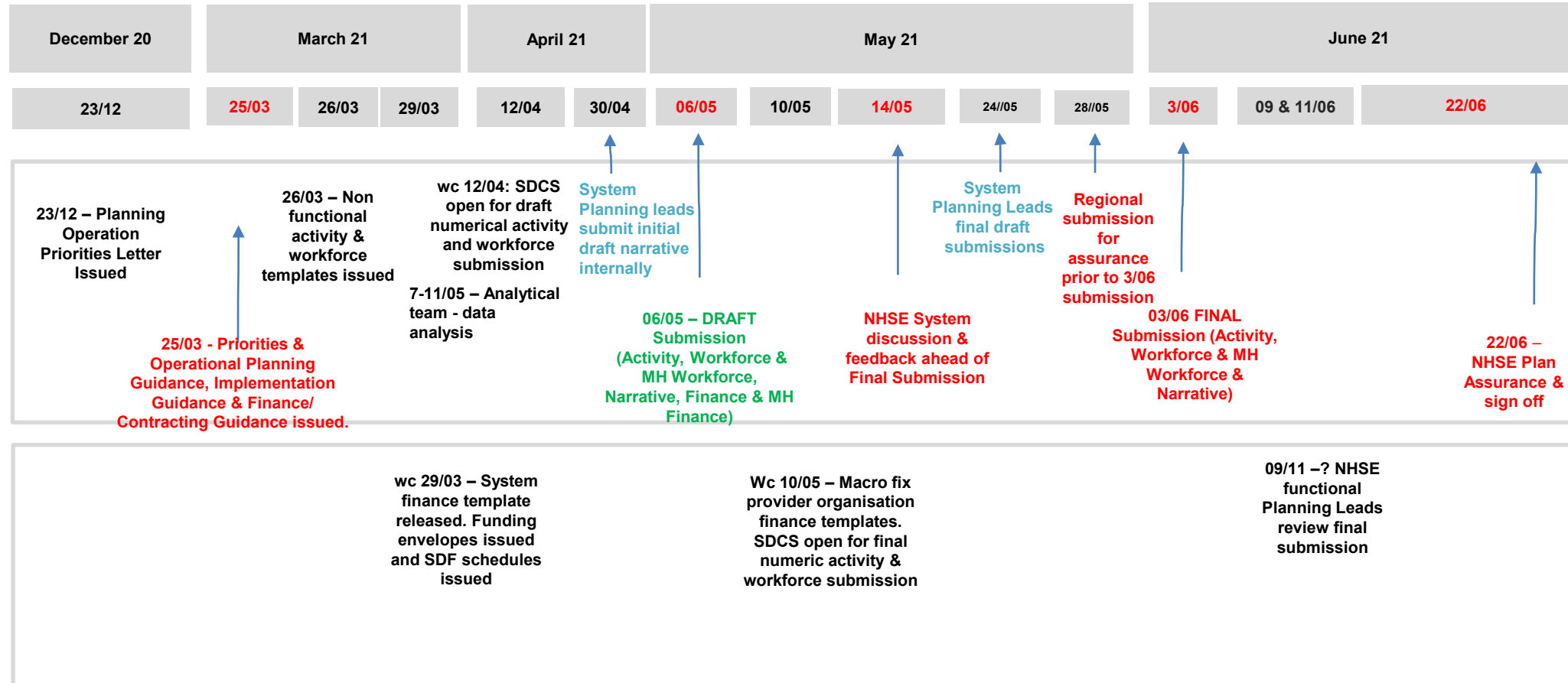
- Restore NHS services inclusively
- Mitigate against digital exclusion
- Ensure datasets are complete and timely
- Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes
- Strengthen leadership and accountability

### Maternity and Neonatal Transformation Priorities:

- Additional support for systems and providers in 21/22 for improvements to maternity services
- Pandemic recovery
- Transformation - priorities for 21/22 (personalised care and support plan, saving babies lives, nhs smoke free pregnancy pathways, maternal medicine networks, continuous glucose monitoring, neonatal improvement plans, multi-disciplinary training in line with Ockenden report, continuity of care, perinatal equity strategy)
- Support & funding – Ockenden immediate and essential actions & transformation funding
- Ockenden report and the role and governance of local maternity systems



# Timelines



**Key Points:** Planning submission Key Milestones, Internal System deadlines Areas in Black – Key Planning Tasks (Diagnostics plans due 31<sup>st</sup> May)

**Meeting Frequency:** System Recovery Planning Group - weekly (Thursday), Planning Operational oversight Group (POG) - weekly (Wednesday)

# Template submissions



Template	Deadlines	Secondary Care	Community	Mental Health	Primary Care
Activity & Performance	6th May & 3rd June	✓	✓	✗	✓
Workforce	6th May & 3rd June	✓	✓	✓	✓
Finance	12th April & 6th May	✓	✓	✓	✓

Separate return to the ICS workforce return

Not to be reported separately if delivered by a Secondary Care or Mental Health provider

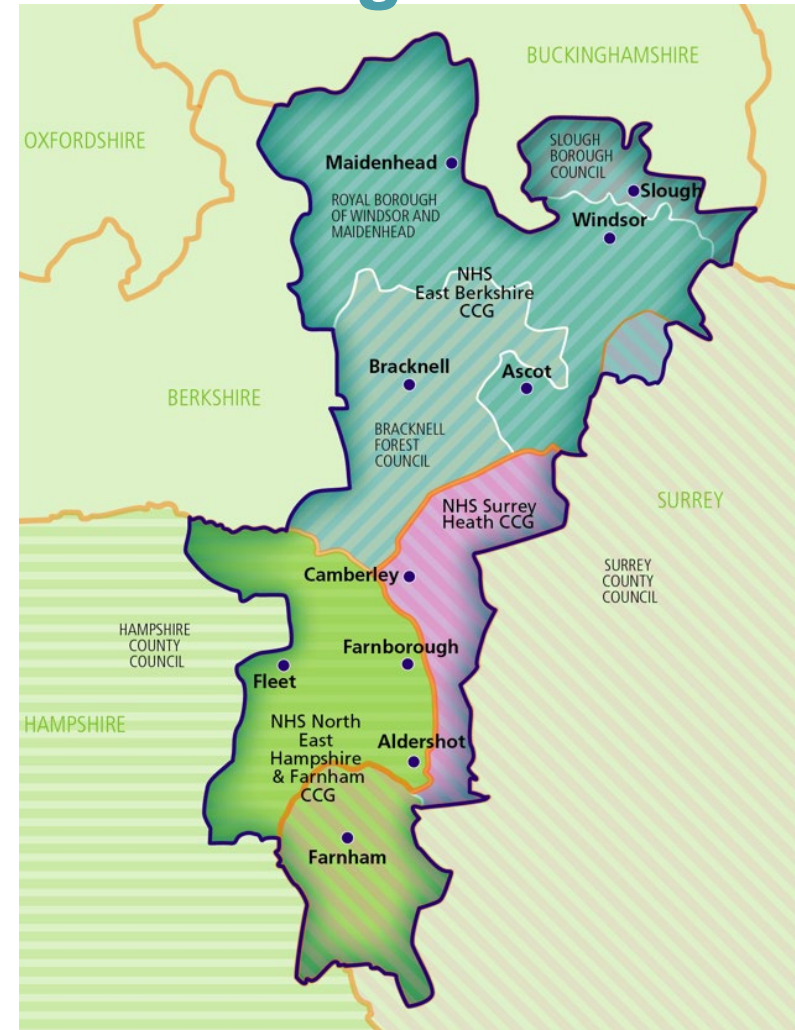
- The Alliances are creating Cancer plans for each ICS
- **There is a narrative template to bind together the plan – This document will evolve and strengthen in content from the May to June submissions. We will submit a covering Executive Summary plus other supporting documentation including a refreshed ICS People Plan**
- No Finance return required on the 3<sup>rd</sup> June, therefore we will need to reconcile finances to fit within financial envelope for the first 6 months
- There is a separate MH and System workforce return
- Mental Health planning is for 12 months, all other areas for 6 months
- There are other returns with different timelines, requiring some template and/or narrative e.g. LD&A



Final Submission deadline; 6<sup>th</sup> May (alongside draft activity & workforce plans)

## NHS H1 2021/22 Financial arrangements

- Alongside the 2021/22 priorities and operational planning guidance released 25<sup>th</sup> March 2021 details of the NHS financial envelopes for April'21-September'21 were confirmed.
- Overall financial settlement for the NHS included additional £6.6bn and £1.5bn additional Covid costs above original mandate, plus a further £1.5bn to support Elective recovery and Mental Health
- System Funding was confirmed as a continuation of the funding arrangements for September'20 to March'21.
- Some funding arrangements are still to be confirmed / clarified notably;
  - Hospital discharge funding arrangements from 1<sup>st</sup> April
  - Technical details to support the operation of the Elective Recovery Fund





## Further details

- Nationally recognised system control total continues to allocate entire organisations to systems, so Berkshire Healthcare's and Surrey & Borders financial positions underwritten by the BOB and Surrey Heartland's respectively.
- H2 2020/21 envelope adjusted for inflation (excluding Pay award), and a 0.28% efficiency expectation
- Total system envelope = £621.4m and vs Q3 expenditure implies a £1.4m deficit. Gap has been closed for submission on 6<sup>th</sup> May. This includes;
  - £21.9m of system covid funding
  - £5.1m to cover additional costs for population growth & CNST
  - £3.4m to support Primary Care funding growth
  - £0.4m (FY) to deliver the Mental Health Investment Standard
  - £8.4m of System Development funding to support LTP transformation and additional funding allocated in the latest Government Spending Review. In total £3.8m supports Mental Health Services
- Further funding available via Elective Recovery Fund subject to gateways and delivery of activity trajectories



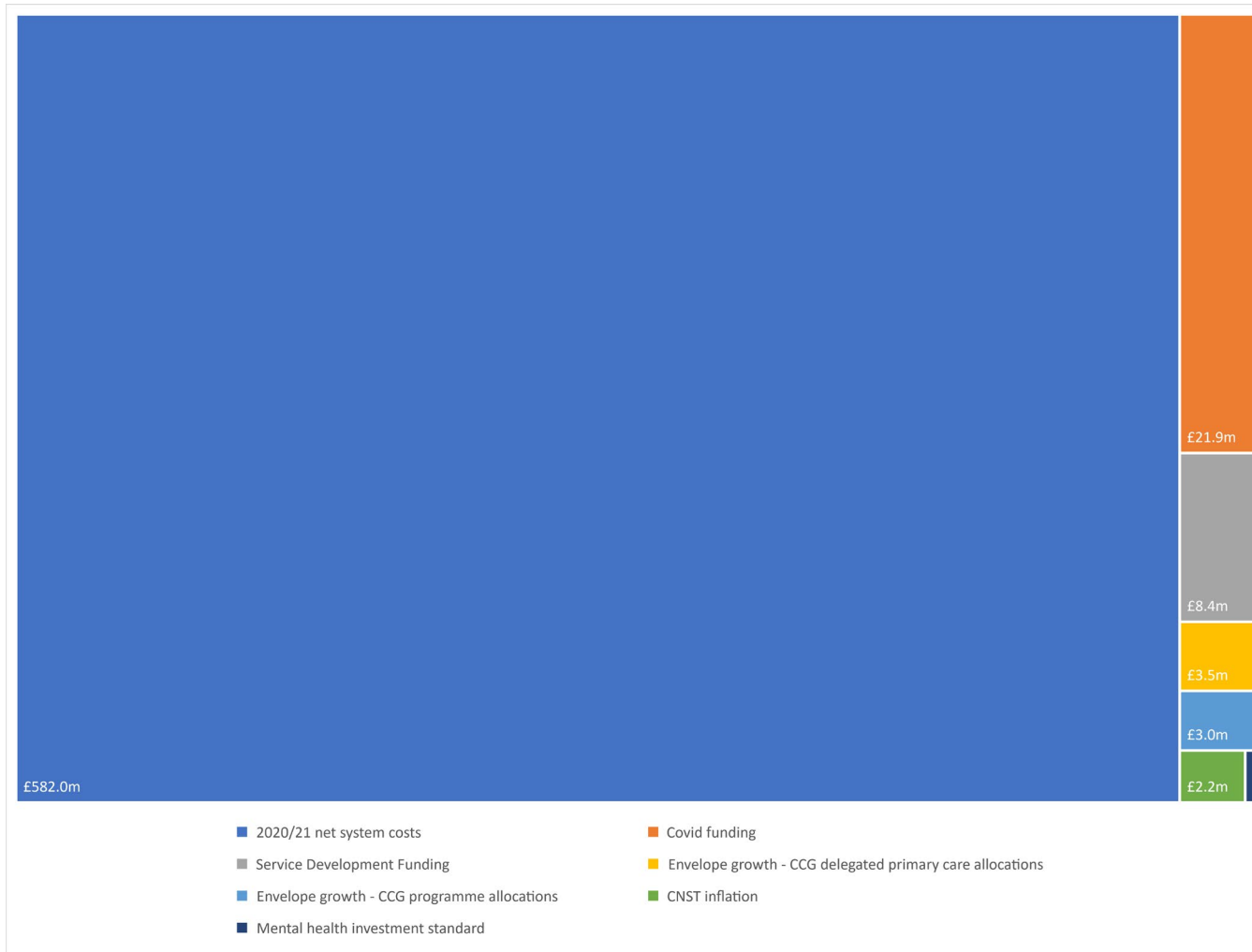
## Further requirements cont.

Systems are expected to

- Continue to take actions to strengthen system financial governance arrangements.
- Build collaborative plans to optimise system resources.
- Developing system productivity measures in alignment with clinical pathway transformation and reduction in unwarranted variation, underpinned by more effective rostering of staff.
- Current block contract payments approach to continue for NHS providers, signed contracts will not be required with NHS providers.
- Mental health funding is for the full year, each CCG within a system will be expected to meet the MHIS.



## What the 2021/22 H1 Funding envelopes mean



- Total funding of £621.4m including SDF
1. Majority is existing system costs
  2. £21.9m to support Covid costs
  3. £8.4m ring-fenced for Long Term Plan service developments & SR
  4. £16.7m of funding to support new investments, growth, and inflation

Additional funding for PPE, Vaccine programme, Hospital Discharge & Elective incentive



## Service Development Funds (SDF)

Programme:		Total For H1 including embedded values	H2 Indicative Allocations	Total H1 & H2 SDF
Ageing Well	Community Alliance (Kathryn McDermot, Nicola Airey)	1,749	1,749	3,498
Cancer	N/A	-	-	-
Diabetes	TBC	162	162	324
Emergency & Elective Care	N/A	-	-	-
LD & Autism	N/A	-	-	-
Maternity	Frimley Health	291	291	581
Mental Health	Mental Health Core Group (Helen Rostil / Tracey Faraday-Drake)	3,817	3,817	7,633
Outpatients	Elective Steering Group (Liz Howells, Daryl Gasson)	120	-	120
Personalised Care	ICS (Karen Hampton)	100	-	100
Prevention	N/A	-	-	-
Primary Care	Primary Care (Caroline Farrar)	2,091	622	2,712
System Transformation	N/A	104	104	207
<b>Total Frimley ICS SDF</b>		<b>8,432</b>	<b>6,743</b>	<b>15,176</b>

- System wide network groups developing investment plans in line with available funding. Key challenge is identifying workforce to deliver expected outcomes, along with ongoing cost commitments.

Includes £3.0m from Spending review



## Service Development Funds (SDF)

Key points to note are that:

- Primary Care allocations not yet confirmed and are expected to be communicated in early April.
- Personalised Care allocations have been confirmed for Q1 only. Q2-4 allocations will be confirmed by the programme ahead of the relevant quarter. Further details will be provided.
- Greener NHS allocations for regions are on a first quarter basis only and future allocations will be confirmed by the programme in due course.
- Ockenden and Diagnostic Programme allocations are expected to be confirmed early in Q1 and we will notify as soon as possible when these are confirmed.
- Other regional allocations are on a full year basis although included in Q1. These have been for the most part included in budget setting templates. For allocations that are not yet included in these templates, we will notify the region as soon as possible.
- Elective Care Transformation Plan and UEC Regional Allocations reflect information from respective teams for initial allocations, but may be increased in discussion with the programme based on engagement with regional teams.

# Committee: Bracknell Forest Place

## April 2021

### Key Actions taken or Decisions made:

1	<p><b>Better Care Fund</b> lead presented the recommendation to the Committee to consider ceasing a locally commissioned toenail cutting service. Voting members concurred that the following actions would need to be completed prior to making a decision on this matter. Item is to return to May Committee.</p> <ol style="list-style-type: none"> <li>1. Equality &amp; Quality Impact Assessment (EQIA)</li> <li>2. Proposed Communications and engagement Plan .</li> </ol>
2	<p><b>Place Health and Wellbeing Strategy:</b> Committee gave approval on the overarching vision and identified priorities presented</p>

### Current Context for information:

1	<p><b>Future Bracknell Estates update:</b> Town Centre development: Conversations with PCN, Primary care service providers and BHFT and. Project board established. Outline business case due by end of 2021. Blue Mountain: RIBA stage 2 signed off. No changes to risk or milestone status. Standing item on Place agenda moving forward. Heathlands Development on track for completion end of calendar year – still awaiting NHSE approval of FBC</p>
2	<p><b>Better Care Fund Quarterly Review:</b> Revised budget for 20/21 is £13.5m. Final outturn for 20/21 available in mid-April. Proposal for Covid Recovery 19 coordinator submitted (£15k). BCF Delivery Group set up – work plan for 21/22 in development.</p>
3	<p><b>NHS Charities Bid:</b> presented to Committee. Reaching out to Communities – BAME focused project, led by LA working with Public Health and Involve. Older People Consortium – local charities coming together led by Involve.</p>
5	<p><b>New Attendees; Bracknell Forest Council:</b> Grainne Siggins, new Director of People. <b>Healthwatch:</b> Rafal Nowotynski East Berkshire Area Manager</p>

### Future areas for attention:

1	<p>Second <b>Community Impact Assessment and Residents Survey</b> undertaken by end of April, results due end of May. Outcomes to Place in June</p>
2	<p><b>Healthwatch</b> – GP survey taking place in May. Full analysis of results to be delivered at June Place Committee, interim findings to May members</p>
3	<p><b>Public Health</b> - Health inequalities: A local plan is in development with partners to address wider inequalities that will align with the ICS strategy moving forward and during and post covid recovery</p>

### Issues for Escalation/Discussion/Resolution

1	
2	

# Committee: RBWM Place Committee

Date: 27.04.21



Frimley

Clinical Commissioning Group

## Key Actions taken or Decisions made:

The organisations at place have been working together to agree an action plan for 2021/22 to deliver the RBWM Health and Wellbeing Strategy. An early set of actions had been identified and mapped against our agreed local priorities, national planning priorities, and our quality and safety challenges at place.

## Current Context for information:

The committee considered a presentation by the CCG Director of Quality on the role of quality at place, including how we identify where to put our collective focus on improving quality and making sense of the large quantity of information. We agreed we would focus where it would add value for partners to support each other in improving quality, rather than duplicating processes that rightly sit within individual organisations. Our shared quality concerns currently include backlogs of care, waiting lists, and increasing numbers of out of area placements.

There was a discussion about the approach and timeline for determining the ICS boundaries, following the government's publication of the white paper in February. This would be fed back to the ICS team. Key points included the potential disruption to existing relationships and ways of working that are very successful, and the need for any changes not to prove a distraction to the significant work we have to do post-pandemic to meet the needs of our communities.

There was an update on the significant amount of estates work currently being undertaken in Royal Borough. The new general practice facility at Brook House, Heatherwood (Ascot) is now due to open on 7 June following some delays with cabling. The revised planning application for the Sunningdale Health Hub development is due to be submitted in June. Partners are in active discussions about the opportunities to bring services together in Maidenhead, and the wider potential for health facilities to support town centre regeneration was discussed.

The Finance month 11 report was received. The Deputy Chief Finance Officer updated that the month 12 accounts had just closed and the CCG was reporting a break-even position. Staff are now working on the financial plan for the next six months.

**Future areas for attention:**

The CCG Senior Management Team will develop further work on quality at place, for presentation to a future meeting.

Further work on our local estates strategy, including the need for a good strategic fit with the Frimley Health Foundation Trust strategy and the ICS priorities. FHFT's estates challenges and strategy would be a topic for the June meeting.

In May the committee will consider all the work that partners have contributed to supporting care homes over the last year, including general practice, adult social care, and CCG medicines optimisation and quality teams. This will include looking at further opportunities to develop and integrate this work across partners to make the most of our local resources.

Further work to agree our place-based plan for the year, supported by two workshops to be facilitated by The King's Fund in May and June.

Based on interest from primary care colleagues, there was an agreement to start discussing, understanding and developing the potential for a provider collaborative at place.

**Issues for Escalation/Discussion/Resolution**

None this month.

# Committee: North East Hampshire and Farnham Place

## April 2021



**Frimley**

Clinical Commissioning Group

### Key Actions taken or Decisions made:

At its meeting on 28 April, the members of the NEHF Place Committee had the opportunity to consider the “*Frimley ICS Road Map Implementation – Approach and Timeline for determining ICS Boundaries*” slides developed by the Frimley ICS Partnership Board. There was an overwhelming consensus in support of the option to remain as Frimley ICS.

The members of the committee outlined the tangible benefits that have resulted from well-developed and mature partnership working arrangements over the years. For example, the PACS Vanguard Project and the Community Services procurement with Surrey Heath CCG, both of which evidenced the key values of joint working and collaboration.

The committee agreed that going forward it was important that they worked together to develop a single powerful narrative for the whole of the North East Hampshire and Farnham geography. There was a strong view that the Frimley ICS is an exemplar system at a national level and as yet, there is no clear rationale for the dissolution of the Frimley ICS or the intended benefits for residents

### Current Context for information:

### Future areas for attention:

NEHF Estates Strategy

### Issues for Escalation/Discussion/Resolution

None

# Committee: Surrey Heath Place

## 13<sup>th</sup> April 2021

### Current Context for information:

#### Partnership Approach

- First meeting with expanded membership including Surrey Heath Borough Council and PCN representation. Public Health and Surrey County Council representation already in place.
- Part of journey towards even greater partnership decision making in Surrey Heath with greater focus on wider determinants of health and collective focus on reducing inequalities
- Building on strong clinical voice with all practices represented on the Place Committee
- Also working on re-energising partnership approach with Healthwatch and local community champions/representatives

#### ICS ambitions and local priorities

- Two part meeting with seminar and business meeting
- Seminar was on place based delivery of ICS ambitions and local priority setting for next 6 months.
- Included focus on Starting Well ambition facilitated by ICS programme manager
- Local priorities discussed and agreed with further refresh anticipated after 21/22 NHS planning submissions completed (June 21). To be used to ensure continued focus on improving health and wellbeing of local population through Surrey Heath place based team clarity on priority activities and aligning with partner aims and programme of work.

# Surrey Heath Place Committee Update

## Meeting held on 13<sup>th</sup> April 2021

Key Actions taken or Decisions made:	
	<ul style="list-style-type: none"> <li>• Agreed to explore interface between Health Visiting and General practice locally as part of Starting Well Agenda</li> <li>• Agreed to add partner data into local insights into Starting Well</li> <li>• Confirmed Obesity project in Surrey Heath included children (all age) &amp; work was progressing around mental wellbeing &amp; schools which would be impacted by deprivation &amp; inequalities (Link Programme)</li> <li>• Agreed local priority areas: Mental health &amp; wellbeing (all ages); Ageing Well; Tackling Inequalities; PCN, General Practices &amp; wider community services; Learning Disabilities &amp; Autism; Our People</li> <li>• Direct Supply Model for wound care products agreed</li> <li>• Agreed principle of 12 month extension to Surrey wide Community Services Contract (physical health)</li> <li>• New services noted: Mobilisation of Children’s Emotional Wellbeing and Mental Health contract, new consultant-led virtual diabetes clinic, Home from Hospital Service (British Red Cross)</li> </ul>
Future areas for attention:	
	<ul style="list-style-type: none"> <li>• Further develop local plans for children in line with Starting Well agenda and adding partner insights &amp; data into current overview</li> </ul>
	<ul style="list-style-type: none"> <li>• Seminar approach to ICS ambitions worked well – bring back other ambition areas to future meetings to ensure alignment with local priorities</li> </ul>
	<ul style="list-style-type: none"> <li>• Following Clinical Lead report on increasing demand in primary care and work taking place in secondary care to reduce waiting list further conversations to be held in Place Committee on local restoration/recovery plans and interface/dependencies with system partners</li> </ul>
	<ul style="list-style-type: none"> <li>• Children’s services co-design work to be shared at Committee in line with procurement timeline</li> </ul>
Issues for Escalation/Discussion/Resolution	
	<ul style="list-style-type: none"> <li>• .Nothing to escalate</li> <li>• To note: Benefits of single CCG structure being realised through introduction of new process for capturing clinical feedback &amp; concerns &amp; shared serious incidents administration (Quality Team)</li> </ul>

# Committee: Slough Place

## April 2021



**Frimley**

Clinical Commissioning Group

### Key Actions taken or Decisions made:

The Place Based Committee agreed to move forward with proposals to bring together the Health and Social Care Partnership Board and the Place Based Committee so that there is one board overseeing Health and Care across Slough. The proposal described an approach which protects the statutory responsibilities of the CCG through setting out a Part A and Part B. The latter being reserved for CCG only business and chaired by CCG lay membership. The proposal also gained support from the Health and Care Partnership Board who welcomed the proposal to strengthen the connections between Primary Care and the Local Authority and creating stronger ties with elected members.

A decision was made at the most recent BAME pilot board meeting to shift the focus of this meeting to a wider Health Inequalities meeting across Slough Place. The proposal has been actively supported by public health colleagues. A further meeting is taking place to agree Terms of Reference. The group will be a central hub for partners to take a shared approach to helping to address and reduce the wide range of health inequalities across the communities, using data and insights to shape priorities and approach.

### Current Context for information:

The Covid Rates across Slough continue to be of concern with the rates still significantly higher than the rest of Frimley, highest in the region and currently 26<sup>th</sup> across the country. In partnership with Public Health we have developed a plan to reenergise and refresh our approach to the vaccination campaign.

Future areas for attention:	
	The joint Health and Care Plan for Slough was presented at Place Based Committee. The work was endorsed by the committee. Work progresses with the final plan being submitted the HWB in July. Partners across Slough have been engaged in the development of the plan which focuses on our Integration of services at Place
	We have been working with colleagues in the home office for the past 9 months supporting a group of 140 Asylum Seekers in a hotel in Slough. We have been instrumental in setting up the partnership working group for this vulnerable cohort of residents. Recently we have been made aware that a further 140 Asylum seekers have been placed in accommodation in Slough across 38 properties. We are currently working with colleagues in the home office and Slough Borough Council to ensure that due process is followed in the placing of Asylum Seekers in Slough to ensure we are best placed to provide the support required.
	We will be facilitating the first meeting to discuss the future options for both services and the site of Upon hospital with colleagues from BHFT, FHFT and SBC
	Supporting the GPs to explore opportunities with regards to demand within Primary Care requires our attention and the PCN CDs and our Clinical lead have been using our weekly PCN meetings to consider this area of concern.
Issues for Escalation/Discussion/Resolution	
	For noting; A quarantine hotel has been placed in Slough for travellers arriving to Heathrow. We are working with national colleagues and public health to ensure that the health needs of the residents are adequately met.

### GOVERNING BODY

<b>Title of Paper</b>	<b>Workforce policies – approval</b>		
<b>Agenda Item</b>	10	<b>Date of meeting</b>	<input type="text"/> 1
<b>Exec Lead</b>	Director of Improvement and Development – Emma Boswell	<b>Clinical Sponsor</b>	n/a

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

#### Executive Summary

Following the establishment of the CCG there is a programme of work to review the HR policies of the three legacy organisations (65) to have consistent policies. A process for this has been agreed, which involves expert advice and review from the CSU HR team, review by Staff Partnership Forum and discussion at a Policy Review Group, which includes two Executive Directors and the Remuneration Committee Chair. The following policies have been through this process and are being recommended to the Governing Body for approval (*NB polices placed in the Reading Room*):

- Appeals policy
- Lone Working Policy
- Domestic Abuse Support for Staff Workforce Policy
- Professional Registration Policy
- Retirement Policy

The following policy went through the same procedure as above and was discussed by Remuneration Committee and the Executive Team, and as this is a change in approach to two of the three previous organisations; it has been agreed that this should be recommended as a CCG policy.

- Probation Policy

**Recommendations** Governing Body is asked to ratify the above-mentioned policies

Please provide details on the impact of following aspects	
Risk and Assurance	CCG would not be complaint if policies are not in place
Equality and Quality Impact Assessment	Attached to policy review paper
Patient and Stakeholder Engagement	N/A
Financial Impact and Legal implications	Not having these policies could leave the Frimley CCG open to financial and legal scrutiny

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
<ul style="list-style-type: none"> <li>• CSU HR Team</li> <li>• Staff Partnership Forum</li> </ul>	20 <sup>th</sup> - 28 <sup>th</sup> April 2021	Recommended to Governing body for ratification

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"><li>• Policy Review Committee</li><li>• *Remuneration Committee</li></ul> |  |  |
|---|--|--|