

**Governing Body
Agenda for the meeting in public
Tuesday 9 November 2021 – 10.30am to 12.15pm**

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
10.30	1	Welcome, apologies for absence and Chair's introduction	Verbal
	2	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
	3	To approve Minutes of the last meeting held on 14 September 2021 and matters arising <i>Chair</i>	Paper
10.40	4	Patient Story Thames Hospice <i>Jo Greengrass, Director of Quality and Nursing / Sarah Bissell, Director of Communications / James Hill, Community Nurse Specialist</i>	Presentation on the day
10.55	5	Accountable Officer's update – to note <i>To include announcement of the newly appointed ICB Chair designate Dr Priya Singh.</i> <i>Fiona Edwards</i>	Verbal
11.05	6	Operational update – including high level winter access plan, primary care and supporting communication plans - to note	Presentation

Timing		Item	Delivery
		<i>Lalitha Iyer / Sarah Bellars/ Fiona Slevin-Brown / Caroline Farrar</i>	
11.25	7	2021/22 H2 Planning Guidance and Financial Allocations – to note <i>Nicola Airey/ Rob Morgan</i>	Paper
11.35	8	Financial update including any issues to be escalated in respect of quality, performance or finance – <i>to note</i> <i>Rob Morgan</i>	Paper
11.45	9	Engaging with our communities – an overview of key programmes - to note <i>Emma Boswell</i>	Presentation
12.00		Items to note but not for discussion	
	10	EPRR Assurance – to note <i>Fiona Slevin-Brown</i>	Paper
	11	Place updates: 1. North East Hampshire and Farnham – Daryl Gasson 2. Surrey Heath – Nicola Airey 3. RBWM – Caroline Farrar 4. Bracknell Forest – Fiona Slevin-Brown 5. Slough – Tracey Faraday-Drake	Paper
	12	Board Assurance Framework – to note <i>Chair</i>	Paper
12.05	13	Questions from the public	Verbal
12.15	14	Meeting close	
	15	Date of next meeting in public – 11 January 2022 – 1030 to 1215	

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	Remain but cannot speak or vote	Remain but cannot	Discuss and vote

	Speak or vote		Speak or 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

Governing Body Register of Interests v 04.11.21

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	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	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	Executive Director of Development & Improvement	Emma	Boswell			Nil Declaration			26/04/2021	

Non-Contracted Staff	Other	Sam	Burrows			Nil Declaration			16/06/2021	
Non-Contracted Staff	Bracknell Forest Clinical Lead	Annabel	Buxton			Nil Declaration			30/08/2021	
Non-Contracted Staff	Other	Caroline	Corrigan			Nil Declaration			05/07/2021	
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 Chief Clinical Office	Executive Place Managing Director	Tracey	Faraday-Drake			Nil Declaration			21/06/2021	

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.
495 Frimley CCG Chief Clinical Office	Lay Member for Audit	Arthur	Ferry			Nil Declaration			04/05/2021	
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	Shareholdings and other ownership interests			01/04/2021	
495 Frimley CCG Chief Clinical Office	Executive Place Managing Director	Daryl	Gasson			Nil Declaration			26/04/2021	
Non-Contracted Staff	Other	Jane	Hogg			Nil Declaration			14/06/2021	
Governing Body	Chair for Primary Care Commissioning Committee and Lay member for Surrey Heath	Andrew	Lloyd							

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	HealthHeroSolutio ns	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 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	Daughter	Palliative Care Trainee KSS	Loyalty Interests			01/04/2021	
NEHF Place Committee	PCN CD	Gareth	Robinson	Oakley Health Group	Managaing Partner of Oakley Health Group - GP Partnership	Declarations of Interest – Other	Financial	Direct	01/04/2021	

NEHF Place Committee	PCN CD	Gareth	Robinson	Yateley Primary Care Network	Clinical Director	Declarations of Interest – Other	Financial	Direct	01/04/2021	
NEHF Place Committee	PCN CD	Gareth	Robinson	Salus Medical Services	Director	Declarations of Interest – Other	Financial	Direct	01/04/2021	
NEHF Place Committee	PCN CD	Gareth	Robinson	Yateley Integrated Care Team	Locality Lead	Declarations of Interest – Other	Financial	Direct	01/04/2021	
NEHF Place Committee	PCN CD	Gareth	Robinson	NEHF Place PCN Clinical Director	Representative	Declarations of Interest – Other	Financial	Direct	01/04/2021	
NEHF Place Committee	PCN CD	Gareth	Robinson	Oakley Health Group	GP Partner	Declarations of Interest – Other	Financial	Direct	01/04/2021	To declare
NEHF Place Committee	PCN CD	Gareth	Robinson	North East Hampshire and Farnham Place	Place Clinical Lead	Declarations of Interest – Other	Non-Financial Professional	Direct	01/10/2021	Declare
NEHF Place Committee	PCN CD	Gareth	Robinson	North Hampshire Urgent Care	Clinical Guardian Auditor	Declarations of Interest – Other	Financial	Direct	01/04/2021	declare
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 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 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 Chief Clinical Office	Clinical Chair	Huw	Thomas	Royal Borough of Windsor and Maidenhead	Practice provide opioid 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 Development & Improvement Directorate	Director of Communications & Engagement	Sharon	Ward			Nil Declaration			18/05/2021	
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 Medical Directorate	Clinical Lead	Emma	Whitehouse	Upper Gordon Road Surgery	Salaried GP at practice and then Partner in practice	Outside Employment			01/04/2021	Declared and acknowledged in meetings as required

**Draft Minutes of Frimley Clinical Commissioning Group – Governing Body held in public on
Tuesday 14 September 2021 between 1030 and 1201 via Zoom**

Present:	<p>Fiona Edwards – Accountable Officer Dr Huw Thomas – Clinical Chair and Clinical Leader for Royal Borough of Windsor and Maidenhead</p> <p>Sarah Bellars - Executive Director of Quality and Nursing Dr Lalitha Iyer - Executive Medical Director Rob Morgan - Executive Director of Finance Emma Boswell - Executive Director of Development and Improvement Nicola Airey - Executive Place Managing Director, Surrey Heath Tracey Faraday-Drake – Executive Place Managing Director, Slough Caroline Farrar - Executive Place Managing Director, Royal Borough of Windsor and Maidenhead Fiona Slevin-Brown - Executive Place Managing Director, Bracknell Forest</p> <p>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 Dr Ed Palfrey – Independent Member Dr Amanda Wellesley – Secondary Care Consultant 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 Jim O'Donnell – Clinical Leader for Slough Dr Emma Whitehouse – Clinical Leader for Surrey Heath</p>
In attendance:	<p>Sharon Ward – Director of Communications Ann Cooper - Deputy Director of Governance Mary-Jane Steijger - Head of Governance Joanne Green – Governance Manager (secretariat) Olly Hemans – Communications Manager</p>
Apologies for Absence:	<p>Daryl Gasson – Executive Place Managing Director, North East Hampshire and Farnham 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 Emma Whitehouse who would be covering John Fraser's SH Clinical Lead role while he was on sabbatical. He also advised that Annabel Buxton had recently been appointed as Clinical Leader for Bracknell Forest replacing Martin Kittel.</p> <p>The Chair also took the opportunity to advise members that Tony Fitzgerald would be standing down as a Lay Member, with effect from 1 October 2021 and paid tribute to Tony's contribution to both this Governing Body (GB) and the predecessor Surrey Heath GB.</p> <p>Finally, the Chair advised members that Joanne Green, Governance Manager would shortly be retiring from her role and on behalf of himself and other meeting chairs, thanked her for the support and advice she had provided over the past three years.</p> <p>Members of the public present were reminded that this was a meeting of the Governing Body in public and not a public meeting. The Chair reminded all present that the CCG's Annual General Meeting</p>

	<p>would be taking place on 21 September, between 1 and 4pm and provided a great opportunity for members of the public to ask questions about the CCG's work over the past year. Time had been allocated at the end of today's meeting to respond to questions received in advance from members of the public. In the absence of any such questions, the Chair would, at his discretion, take questions from the public present today. Any questions asked via the chat function would be monitored and responded to, either today or afterwards.</p> <p>Apologies for absence, as set out above, were noted.</p>
2	Conflicts of Interest Register and declarations of any interests relating to this agenda
	The above-mentioned Register was received and noted, with no further declarations being made at the meeting.
3	Minutes of the last meeting held on 13 July 2021 and matters arising
	The Minutes of the above-mentioned meeting were approved, there were no matters arising.
4	Patient Story
	<p>The Chair advised that this month's story concerned a patient with learning disabilities retold by the Senior Responsible Officer (SRO) for Learning Disabilities (LD) and Autism, Tracey Faraday Drake.</p> <p>The story concerned Mr K, a man with a learning disability diagnosis and no mental health diagnosis. He had been admitted to secure care aged 18 and finally discharged aged 58. He had therefore spent 40 years in hospital. During this time Mr K had moved between four hospitals, admitted from medium secure, through low secure and then a locked rehabilitation unit. His continued admission was attributed to ongoing periods of violence and aggression and risk behaviours linked with offence. He had limited understanding of his own risk and need for treatment. There was minimisation of offending behaviour.</p> <p>Members were advised what had been a barrier to Mr K living a fulfilling life, which included the following:</p> <ul style="list-style-type: none"> • Getting the right support - Cognitive ability a barrier to formal psychological intervention and access to adapted sex offender programs. • Whose responsibility? Disagreement within local authority as to which team to take responsibility LD vs Mental health. • Accessing the right community team - Lack of forensic LD community team to take on forensic monitoring in proposed discharge area. • Mitigating risks - Continually assessed as moderate risk of re-offending. <p>The above-mentioned barriers had been overcome as follows:</p> <ul style="list-style-type: none"> • Detailed co-produced service specification developed by the hospital. • CCG case manager located experienced provider with own Multi-disciplinary team including a Consultant Psychiatrist with forensic experience • Commitment from local agencies to support out of hospital (several teams involved). • Care and treatment review questioned ongoing admission, given Mr K had a period of three years with settled behaviour - low risk of violence and a Tribunal held in 2018 had supported discharge from secure services. • Capacity assessment determined he would need community Deprivation of Liberties support due to a lack of capacity. • Agreement there was a reduced risk, not an absence of risk which would be acceptable. Mr K needed external controls to manage his risks. <p>Governing Body was advised that the SRO had recently met with Mr K to hear about his journey to date and had been pleased to hear about his passion for his garden, enthusiasm for cycling and how he loved his home and his first time visiting the cinema and the first time he taken a train ride.</p> <p>Members welcomed this heart-warming story and in response to a question about the trigger for the change, the SRO advised the Tribunal in 2018 had been the starting point, together with the right lead</p>

	being in place who was able to coordinate his case. She also reminded members of the national interest in cases such as Mr K's and the need to ensure that people were not inappropriately detained.
5	Accountable Officer's update
	<p>The Accountable Officer reflected on her 20 years working in learning disabilities and found it concerning that people continued to be dealt with in this way in 2021. She stressed the importance of ensuring people were moved from institutional care to live safely in the community. She considered this was at the heart of the CCG's work. The need to address people's health inequalities was becoming increasingly important and would be a key role for integrated care systems. She welcomed the story which had been both sad and beautiful and reminded everyone of the need to challenge such instances.</p> <p>As mentioned, health inequalities would continue to be key to development of the ICS and ensuring integrated care across the system. There were undoubtedly pressures in both health and social care, as demonstrated in attendances at emergency departments, primary care, mental health services and community services. The importance of staff pulling together to support each other was stressed, especially those working in front line services. Ongoing discussions with local communities would be necessary to promote better understanding of the pressures. The example of ambulance staff was cited, with 53% of respondents to the current staff survey, stating they had experienced violence or aggression from service users.</p> <p>Finally, members were advised that the Secretary of State for Health and Social Care had approved Frimley as an ICS and transition work was well underway to achieve the commencement date of 1 April 2022. The recruitment of the Integrated Care Board Chair was in progress and would be followed by recruitment of the Chief Executive during October 2021.</p>
6	Operational update
	<p>Fiona Slevin-Brown updated the meeting on the latest position with regard to pressures experienced across the local health system. She advised there were currently 60 patients in Frimley Health FT hospitals with Covid. Pressures continued to be exerted on the hospital, with emergency attendances now higher than 2019 levels. Domiciliary care was also proving challenging, which supported hospital discharge. Workforce continued to be a priority area, with a range of initiatives being put in place to recruit and retain staff.</p> <p>Dr Iyer reminded the meeting that all services offered in primary care were open to patients, albeit operating slightly differently with virtual triaging continuing. Flu vaccinations were being rolled out and other services e.g., cervical smears and children's immunisations continued to be provided by primary care. This was all against the background of Covid 19 and the need to ensure safe infection prevention and control practices being in place. She was particularly proud of the successful operation of Pulse Oximetry @Home. She acknowledged the current challenges concerning provision of sample bottles and the long waits for planned care being experienced by patients on waiting lists.</p> <p>The Director of Quality and Nursing advised the Covid vaccination programme for 16/17-year-olds had now been rolled out against a background of a tired workforce and the summer holiday period. Primary care had, as always, responded fantastically to the challenges posed and she was pleased to advise the CCG had now vaccinated 68.9% of this patient cohort, which was top place in Southeast region, which in turn, was rated top nationally. The recent decision to offer vaccinations to 12/15-year-olds, by October half term, would be challenging, but she felt sure that primary care would again rise to the challenge.</p> <p>In response to a question about availability of buildings for vaccination centres, the Director advised that, in the main, the same buildings would continue to be used. With regard to the need to vaccinate care home staff, she advised she was working with local authorities in the area to address this issue, in addition to providing information to other vaccine hesitant groups e.g., young mothers and mothers to be.</p> <p>In response to a question about people who access to digital technology did not have e.g., for bookings, online consultations etc Dr Iyer advised this was recognised and that those people who were</p>

	happy to interact with services in this way would be encouraged to do so, thus freeing up phones and practices to concentrate on patients unable to interact in this way.
7	Financial update including any issues to be escalated in respect of quality, performance or finance
	<p>The Director of Finance advised the latest position which showed the CCG reporting a £1.1m deficit at month 4, due to delayed payments for some services.</p> <p>In response to a question about the Hospital Discharge Programme, which was currently funded to provide four weeks of care, the Director advised the ICS Partnership Board would consider an extension to six weeks shortly and take into account the positive impact this would have on patients.</p>
8	Place update – Slough
	<p>The Chair advised that today and in future public meetings, each Place would have the opportunity to give an update on their activities. The first spotlight would be on Slough.</p> <p>The Managing Director for Slough gave a detailed presentation on current work to address health inequalities, through supporting refugees and asylum seekers in Slough.</p> <p>Members were reminded about “Slough 2040” which envisaged “Slough would be a vibrant, thriving and innovative town, where people were supported to live happy and fulfilled lives. People would feel safe and valued in their local communities and proud to call Slough home”. Slough’s population (total 149,577) was the youngest in the UK with the highest percentage of under 18-year-olds and a diverse population, with relative deprivation.</p> <p>In 2020, through the government’s programme to support many more people making their way across the channel, the town had welcomed 150 asylum seekers to a hotel in Slough, latterly there had been a further 150 people placed in dispersed accommodation across the borough. There had been very little notice on their arrival and a cross sector team had been brought together to co-ordinate the response. Members noted this would not have been possible without the support of some key organisations e.g., Slough Refugee Action, Chapel Surgery, local health bodies and the voluntary sector.</p> <p>The work to support people’s health and wellbeing needs was advised, together with additional support e.g., provision of clothing, translation services covering 20 different languages, children’s toys, meals choices and educational provision, albeit challenging at primary school level. There had also been close liaison with colleagues at Thames Valley Police to ensure the safety of residents, as some hotels had experienced aggressive protests from far-right extremists. In addition, there was a need to ensure people were protected from possible exploitation from modern slavery.</p> <p>Members were reminded that the majority of asylum-seekers did not have the right to work in the United Kingdom and so had to rely on state support. Housing was provided, but asylum-seekers could not choose its location and it was often ‘hard to let’ properties, which council tenants did not want to live in. Cash support was available, currently set at £39.63 per person, per week, equating to £5.64 a day for food, sanitation and clothing.</p> <p>The recently established cross-government ‘Operation Warm Welcome’ focussed on supporting new arrivals from Afghanistan , under two schemes, to find work, pursue education and integrate into local communities. Future funding had been announced by the government which would be utilised wherever possible, subject to the current financial situation at Slough Borough Council.</p> <p>The Chair thanked the Director for her most informative presentation which had provided real insight into the work being undertaken in Slough. It showed how well all organisations involved had worked together to support people in need. The Clinical Leader for Slough also praised the efforts of local people and the challenges which had been faced and the need for resources to be available. He referred, in particular, to the need for primary care services to be properly supported and questioned the stance taken to asylum seekers not being able to work. In response the Director advised that hotel accommodation had been fully funded and stressed the importance of using the voluntary sector in times of crisis , as the sector was very innovative and agile in its approach to addressing problems</p>

	arising in times of crisis. Members also discussed the importance of ensuring the learning from this great work was taken and spread to other places, tailored as appropriate.
9	Disciplinary Policy
	<p>The Director of Improvement and Development advised that, following the establishment of Frimley CCG there was a programme of work to review the HR policies of the three legacy organisations (65) to ensure consistency of approach. A process for this had been agreed, which involved expert advice and review from the CSU HR team, review by Staff Partnership Forum and discussion at Policy Review Group, which included two Executive Directors and the Remuneration Committee Chair. The above-mentioned policy had also been reviewed by Remuneration Committee.</p> <p>Having been advised that all comments and concerns had been addressed as part of the above-mentioned process Governing Body ratified the policy which, in accordance with NHS England requirements, would be made publicly available on the CCG's website.</p>
10	Questions from the public
	None.
11	Date of next meeting in public – AGM 21 September 2021 – 1300 to 1600 and Tuesday 9 November 2021 – time TBC

DRAFT



Frimley

Clinical Commissioning Group

Frimley CCG Governing Body Meeting

9th November 2021

System Pressures

Bracknell Forest

North East Hampshire and Farnham

Royal Borough of Windsor and Maidenhead

Slough

Surrey Heath

Introduction

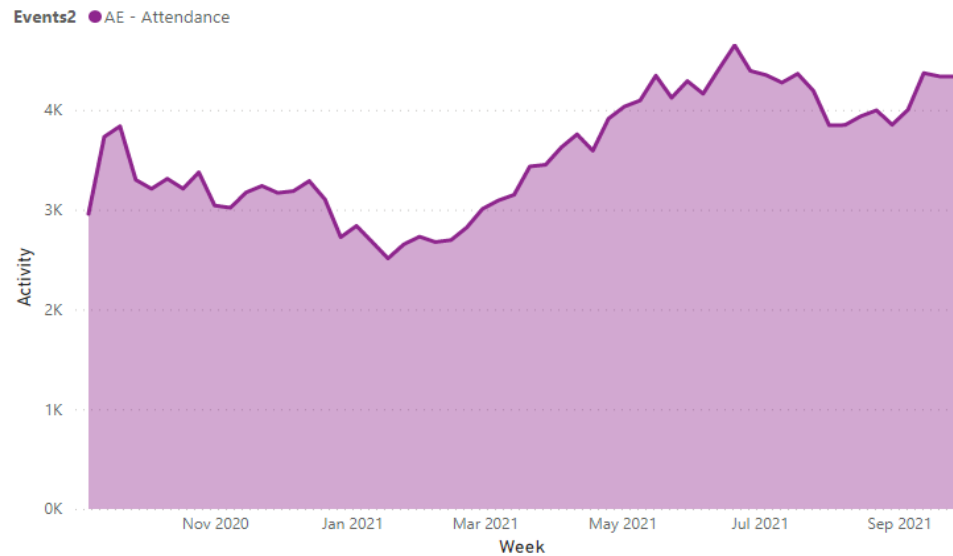
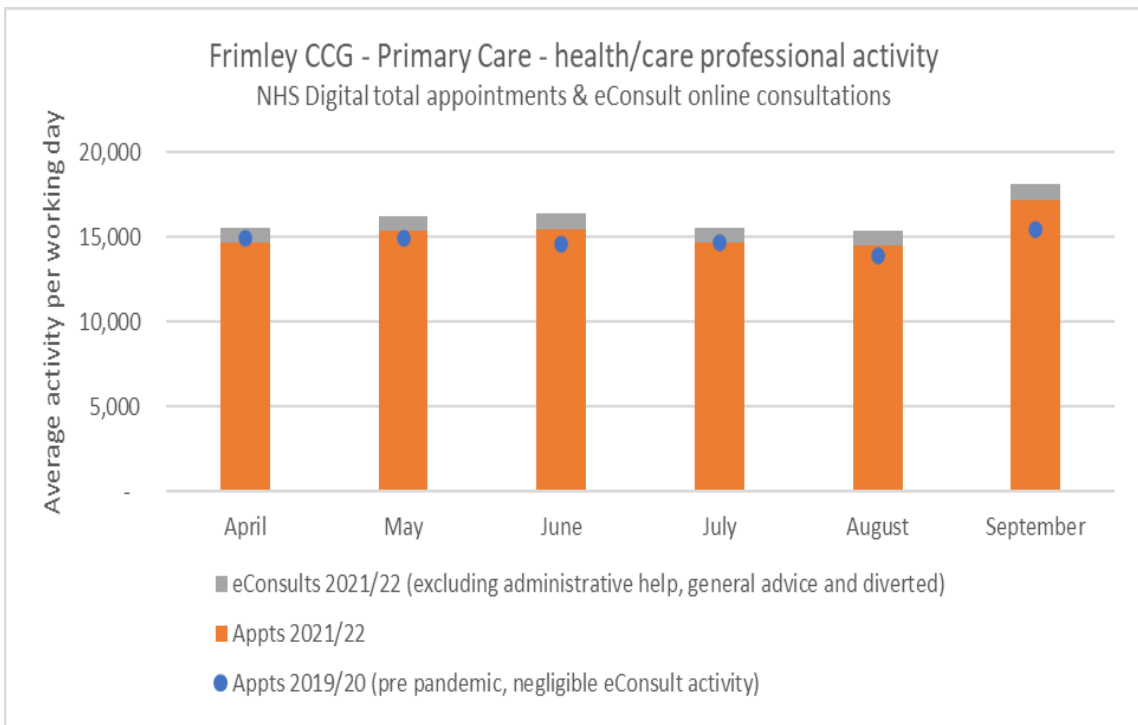
The aim of this presentation is twofold:

1. To raise awareness of the operational pressures the Frimley System is experiencing, and the risks this presents
2. To share examples of the actions we are taking to support our communities and staff

Local health and care services are experiencing significant pressures drive by a series of factors including;

- Circulating Covid and other viral infection rates in the local population
- The direct and indirect impact of the pandemic on our residents i.e. waits for care, increased health need and the differential impact on particular communities
- Workforce availability and resilience across all sectors of the NHS and Care providers
- Individual organisational resilience – increasing rates of absence, vacancies and turnover and demand outstripping capacity

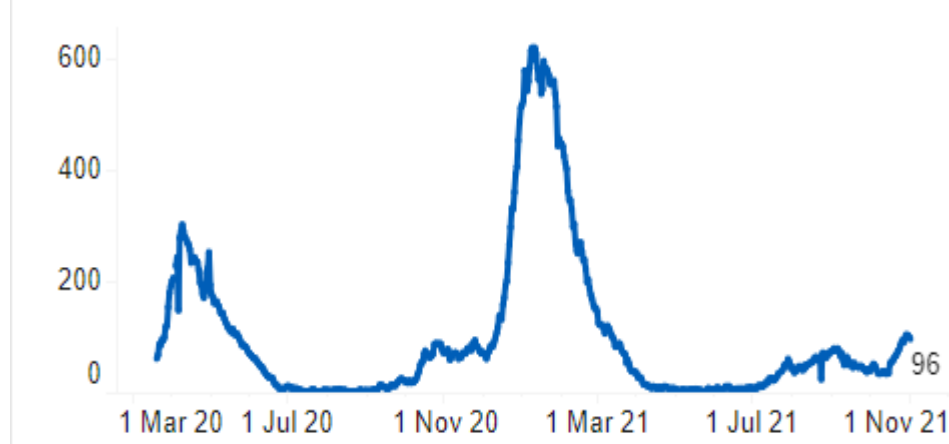
System Overview



These graphs give an indication of the growth in demand in the System including Primary Care and our Emergency departments. Combined activity to date for Primary Care health and care professionals is approximately 10% up on 2019/20 (pre pandemic). Combined activity for Sep-21 is 17% up on Sep-19.

The table to the left shows the latest position on Covid admissions, to note is the increases in the last few weeks which impacts on both Hospitals

Number of confirmed COVID-19 patients occupying beds as of 8am



The points below illustrate how the sustained pressures are impacting the System.

We are seeing;

- Sustained high numbers of attendances at both Emergency departments
- Increased staff sickness and absence
- An increase in numbers of ambulance handover delays when patients arrive at our Emergency Departments
- Growth in numbers of patients waiting to be discharged from hospital
- Individual organisations are needing to enact their business continuity plans
- Increasing presentations of Children and Young people presenting at our Emergency departments in psychological distress
- Regular cancellation or postponement of in-patient surgical activity due to lack of available beds

System Actions

There are a range of actions underway to reduce the pressures our staff and services are facing, and the subsequent impact these may have on our communities.

These actions include:

- A System Led Recovery programme which is focused on reducing waiting times for care, and addressing the specific impact the pandemic has had on particular communities
- Investing in additional capacity in primary and community care, elective and urgent care services which will improve our ability to respond in a timely way
- Developing new and innovative solutions to the workforce capacity challenges we face
- Delivering our Covid/Flu campaign – we are all aware of the benefits that vaccination offers to our population
- Supporting our staff to help them to keep well and stay well
- Working closely with our GP practices to help them with the challenges they face
- Providing clear and consistent information on local NHS services to our communities

Workforce – Risks & Mitigations



Health & Wellbeing

- Wellbeing warning data insights
- Health & wellbeing conversations as std practice
- Redesign workspace to support staff wellbeing
- Two Wellbeing Hubs - rapid access to H&W services and enhanced OH support.
- Whole teams and team manager H&W support, development & training (Schwartz rounds & MHFA)



Recruitment and Retention

- One Workforce approaches, recently with Slough Borough's recruitment fairs and the System Workforce Bureau
- Pan system Temporary Workforce Programme
- International recruitment – increasing pace to offset the reduction in H1.
- Health Care Support Workers – vaccinator retention programme and accelerated recruitment



High Risk Staff

- Continued monitoring of high priority staffing roles.
- Continued adjustments to staffing plans to balance annual leave, sickness and demand.
- Use of wellbeing warning system being considered
- Enhanced payment incentives being explored to improve temporary staffing fill within critical areas



Recovery

- Review of intermediate care services in NEHF & Surrey Heath
- Primary care - consideration of winter scheme to support wider at scale recruitment of staff to ARRS
- Potential to draw on the existing pool of vaccination site volunteers and unqualified vaccinators
- Reopening of recruitment pipeline for vaccinators, NHS professionals vaccinators & Medics peripatetic support



Annual Leave

- Trusts have updated policies in relation to buying back / AL carry over
- Annual leave monitoring and use of HR Ops group and People Board as escalation points
- Frimley showing below regional and national averages
- System Workforce Bureau - supporting deployment of additional staff

Current Vaccination ICS Position

1,146,089 'vaccination events' to 1.11.21 across all our sites; **537,817** first dose, **503,827** second, **104,445** boosters of which **5,350** co-administered with flu.

12-15s clinically at risk – being managed by PCNs. Foundry data now available (see slides) showing low completion / uptake (30.9%) – similar for all systems in the region – we have queried validity of national denominator.

Boosters uptake – data from NHSEI shows Frimley ICS uptake at 71.5% - best in region by some margin (next best is 60.1%).

PCNs / VC are able to **vaccinate healthy 12-15 year olds** who missed out when their school was visited

16-17s data from NHSEI shows Frimley ICS uptake at 69.2% (joint best in region)

All Care Homes – (including LD) to be offered visit by 1st Nov. Position improved. Some care homes reportedly slow in engaging – escalated to ICS care homes lead. Foundry data showing 65.2% (up from 45.8% last week) of care homes residents and staff eligible for booster have received it.

Severely Immunosuppressed 3rd Doses – In addition to the existing arrangements discussed previously, NHSEI are now opening the option for people to self-declare eligibility to vaccination sites. They need to provide evidence and, if there is no consultant or GP letter to support, a prescriber either off- or on-site needs to be available to support decision whether or not to vaccinate.

Pregnant and Ante-Natal Women – continuing to focus on increasing uptake. Latest available data showing 56% 1st dose and 40% 2nd dose uptake – second lowest in region. Resources have been made available by NHSEI

Operational: 16-17s uptake

Source: NHSEI central report



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Dose 1 Vaccinations for 16-17 year olds

Latest Actuals - Sun 24 Oct 2021

	Population ONS 2020	75% Penetration Target	1st Dose Vaccinated as of 24 Oct	Current % Penetration as of 24 Oct	Gap to 75% Penetration Target	24 Oct Vaccination Events
Buckinghamshire, Oxfordshire and Berkshire West	40,516	30,387	28,043	69.2%	2,344	74
Frimley Health and Care ICS	18,385	13,789	12,715	69.2%	1,074	14
Surrey Heartlands Health and Care Partnership	24,769	18,577	17,055	68.9%	1,522	25
Hampshire and the Isle of Wight	38,877	29,158	26,109	67.2%	3,049	31
Sussex and East Surrey Health and Care Partnership	35,806	26,855	22,844	63.8%	4,011	51
Kent and Medway	43,035	32,277	25,355	58.9%	6,922	129
South East	201,388	151,041	132,121	65.6%	18,920	324

Operational: Boosters uptake

Source: NHSEI central report



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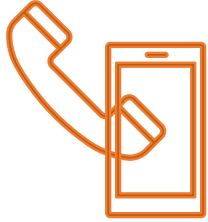
Booster Vaccinations

Latest Actuals - Sun 31 Oct 2021

	Eligible population as of 31 Oct	100% penetration target	Booster doses as of 31 Oct	Current % Penetration as of 31 Oct	Gap to Target	Avg Required per day to reach 100% of eligible population at 31-Jan	31 Oct Vaccination Events
Buckinghamshire, Oxfordshire and Berkshire West	342,940	342,940	200,175	58.4%	142,765	5,998	2,809
Frimley Health and Care ICS	137,719	137,719	98,497	71.5%	39,222	2,219	1,203
Hampshire and the Isle of Wight	415,070	415,070	233,895	56.4%	181,175	6,566	3,692
Kent and Medway	408,180	408,180	225,437	55.2%	182,743	6,463	6,634
Surrey Heartlands Health and Care Partnership	225,617	225,617	135,541	60.1%	90,076	3,443	2,609
Sussex Health and Care Partnership	427,880	427,880	230,510	53.9%	197,370	6,305	4,405
South East	1,957,406	1,957,406	1,124,055	57.4%	833,351	30,994	21,352

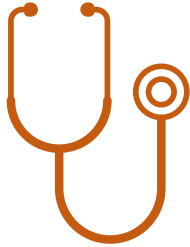
The current situation in General Practice

Across the system we are seeing increasing demand across all channels



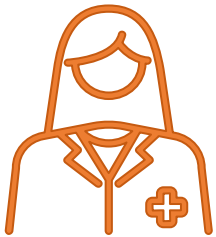
- Significantly increased demand for appointments, with more patients requesting urgent appointments
- Particular increase amongst those of a working age, and those who are generally well
- Increased levels of “health anxiety” and mental health consultations

Clinical capacity stretched across routine, urgent, long term condition management and preventative services



- Backlog of routine chronic disease management including diabetes, respiratory and heart disease
- Continuing to see presentations of undiagnosed illnesses following lockdowns
- Ongoing effort to offer preventative services (immunisations and screening)
- Continuing to manage people on the waiting lists to access community and secondary care services

General practice workforce and premise pressures



- Staff morale is being impacted by increasing levels of frustration and aggression towards practice staff
- Workforce capacity is stretched to maximum
- Sickness absence of staff both Covid and non-Covid related
- Longstanding premises pressures across surgeries overlaid with the impact of infection prevention and control requirements are increasingly limiting the ability to expand services

What we're doing to improve access



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Increasing capacity by investing £2.9m to provide additional appointments through the winter



Self care and alternatives to general practice including using Community Pharmacy services, digital enablers such as Frimley Healthier Together & BP@home



Increasing workforce capacity & skills mix including support from non-clinical roles where appropriate for patients' needs



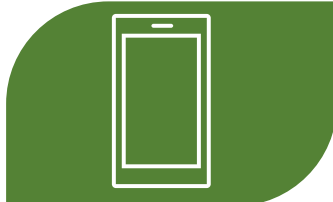
Continuing to engage and communicate with our residents including supporting PCNs and practices to improve their communication with patients



Releasing premises capacity through digitising notes and utilising wider community space



Population health management to drive proactive care, working in partnership with others to improve health and wellbeing and reduce health inequalities

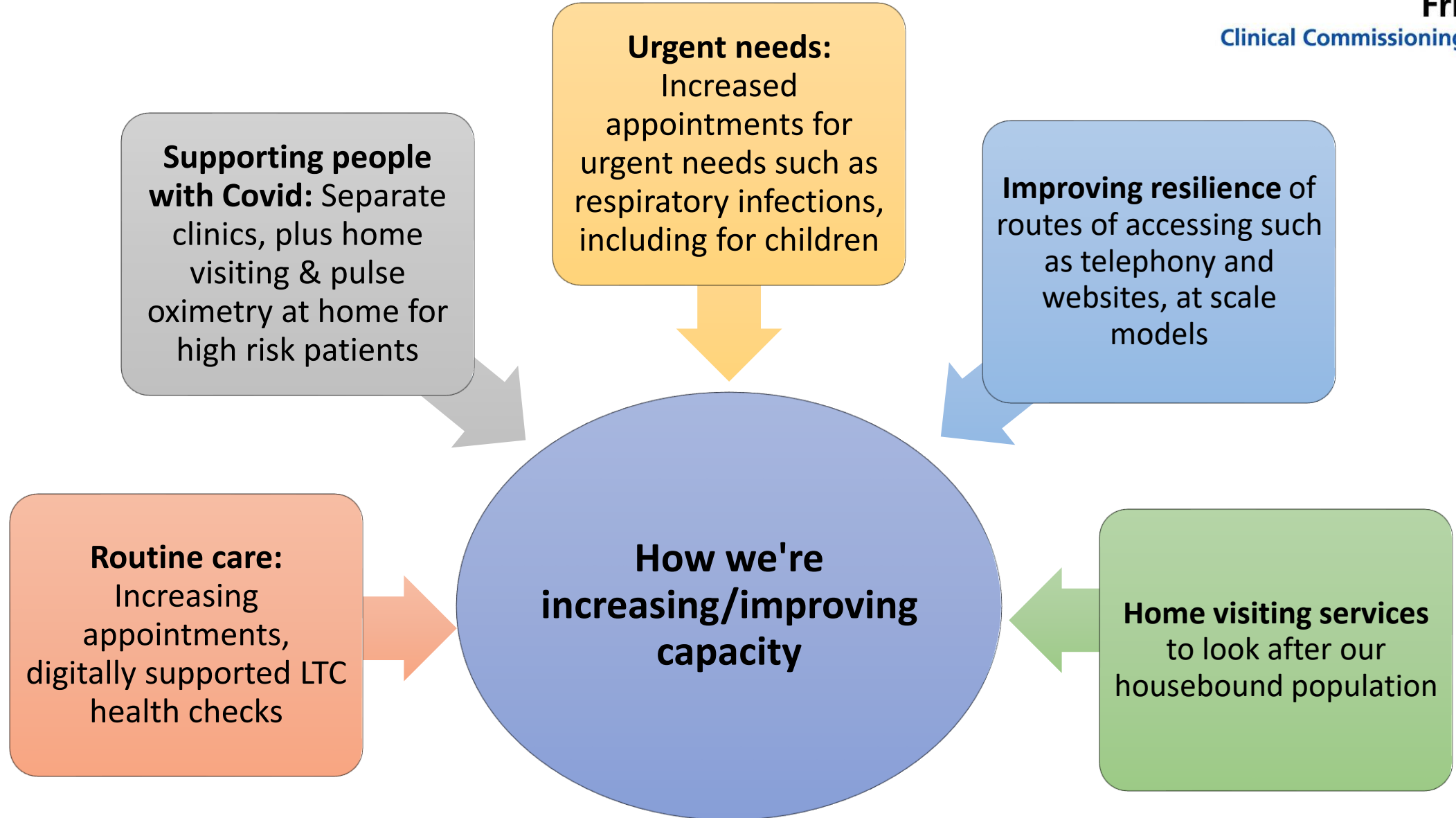


Utilising digital to support people getting the right care for their needs and directing clinical capacity where most needed



Maturing PCN development to develop "at scale" models of care based on local population needs

How we're increasing capacity





Supporting Effective Communication and Engagement

Communications to date

We are not starting from scratch – a variety of communication activity has been done (and continues to be done) to promote access to primary care, 111 First, mental health, children’s health and Know Where to Go.

Frimley Health and Care

Know where to go when feeling unwell

Download the NHS App to: [view your Covid-19 vaccination details](#) [book appointments](#) [view your health record and more](#) [order repeat prescriptions](#) [get health advice](#)

<p>Self Care</p> <p>Be prepared to care for yourself with a well-stocked medicine cabinet and plenty of rest if you have:</p> <ul style="list-style-type: none"> • ongoing tummy pain or headache • sore throat that has been worse for more than 5 days • flu-like symptoms, such as cough and sore throat • any symptoms that are worse than you expect <p>For more information visit www.nhs.uk</p>	<p>Pharmacists</p> <p>are qualified healthcare professionals, who can offer clinical advice and over-the-counter medicines. Ask for help with:</p> <ul style="list-style-type: none"> • minor aches and pains, burns and scalds, head lice, etc. • bites and stings • sports and medication advice, type or suitability of sport equipment • medication related to hospital discharge • repeat prescriptions 	<p>GP surgery</p> <p>Visit your GP surgery online and click on 'Contact Us'.</p> <ul style="list-style-type: none"> • you have a condition affecting your eyes • you have a condition affecting your ears • you have a condition affecting your nose • you have a condition affecting your mouth • you have a condition affecting your skin • you have a condition affecting your joints • you have a condition affecting your back • you have a condition affecting your heart • you have a condition affecting your lungs • you have a condition affecting your stomach • you have a condition affecting your kidneys • you have a condition affecting your bladder • you have a condition affecting your reproductive system • you have a condition affecting your mental health • you have a condition affecting your general health 	<p>111 Visit 111.nhs.uk or call NHS 111</p> <p>when the situation is not life threatening and:</p> <ul style="list-style-type: none"> • you think you need to go to hospital • you have a condition affecting your eyes • you have a condition affecting your ears • you have a condition affecting your nose • you have a condition affecting your mouth • you have a condition affecting your skin • you have a condition affecting your joints • you have a condition affecting your back • you have a condition affecting your heart • you have a condition affecting your lungs • you have a condition affecting your stomach • you have a condition affecting your kidneys • you have a condition affecting your bladder • you have a condition affecting your reproductive system • you have a condition affecting your mental health • you have a condition affecting your general health 	<p>Minor injuries</p> <p>A minor injury is only for conditions such as:</p> <ul style="list-style-type: none"> • sprains and strains • suspected broken limbs • minor head injuries • cuts and grazes • minor scalds and burns • skin infections <p>Minor injuries should be treated at home. If you are unsure, you can contact 111 for advice. If you are unsure, you can contact 111 for advice. If you are unsure, you can contact 111 for advice.</p>	<p>999 Emergency department or call 999</p> <p>Only for very serious or life-threatening situations. This can include:</p> <ul style="list-style-type: none"> • loss of consciousness • an acute medical state • fits that are not stopping • chest pain • breathing difficulties • severe bleeding that cannot be stopped • severe allergic reactions • severe burns or scalds • Call 999 immediately if you or someone else is having a heart attack or stroke • Call 999 if you think someone has had a major trauma, such as after a serious road traffic accident, a fall from a height, or a serious head injury • If you are unsure, call NHS 111 or go online at 111.nhs.uk
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For urgent help for your mental health, use the NHS 111 online service, or call 111 if you are unable to get help online. If you're injured yourself, taken an overdose or are in an emergency and believe that your life is at risk, please dial 999. www.nhs.uk/mentalhealth

You can also text SHOUT 8328. SHOUT is a free, confidential, 24/7 text messaging support service for anyone who is struggling to cope. For mental health services local to you, please visit www.nhs.uk

Not sure what to do when your child is unwell? If you are worried about a child, visit the Frimley Healthier Together website: www.frimleyhealthier.com

For more information visit www.frimleyhealthandcare.org.uk



“The NHS Frimley Healthier Together website is like having a mini doctor for you at home. It gives so much information on what I should do when they are ill, in what cases I need to get more support or got to hospital, or how I can treat my baby at home.”



“As a Muslim and local community GP, whose job it is to advise, treat and save lives, I am encouraging all residents, especially those from our diverse communities, to take up the offer for vaccination when contacted.

“The vaccines are safe; are helping to drive down infection rates; and are evidentially our only way out of this pandemic which has touched all our lives in one way or another over the past 12 months.

“Sadly, I have seen the devastating impact of the virus on many local families who have either lost a loved one or their loved one has ended up in hospital very unwell after catching the virus.”

Dr Asif Ali
Local GP and Clinical Director in Slough

Supporting Primary Care

Communication and engagement programme

A range of communications materials, both internal and external, have been/are being produced around access, demand and new roles. This has been designed to ensure a strong, consistent message around why receptionists ask personal questions as we know that reception staff are getting a lot of pushback. The materials will be shared with partner organisations and used across social media.

- Demand – copy for GP practices to use on websites or send as a letter which recognises the difficulties faced by both PC and patients during pandemic but demonstrates the increase in PC contacts made during Covid-19. This has also been adapted for use in place magazines. The most recent being 'Heathscene' (Surrey Heath)
- The demand piece is also supported by an infographic titled 'Why are GP Practices working differently'

Frimley Health and Care NHS Frimley Clinical Commissioning Group

Why are GP Practices still working differently?

The pandemic is not over. GP practices are open and have been throughout, however to protect everyone, they must maintain safe infection control and minimise unnecessary physical contact. Since lockdown restrictions eased we have been experiencing unprecedented demand on our services.

How are practices working now?
All appointments are being triaged. This helps keep you safe and makes sure the people with the greatest need are seen first. We will see everyone in person who needs to be seen that way.

What is triage?
You will be assessed to decide who needs:
• to be seen in person
• a phone consultation
• a video consultation
• help from a community pharmacy.

Why do receptionists ask personal questions?
GP reception staff are a vital part of the health care team and ask questions to direct you to the best support. They are skilled in assisting with triage and treat all information confidentially.

I wanted to see my GP, so why am I seeing someone else?
Many GP practices now include a range of professionals (e.g. advanced nurse practitioners, physiotherapists, mental health workers and link workers amongst others) who can diagnose and treat health conditions. This ensures that you see the right person at the right time more quickly.

What about emergencies?
Always dial 999 in a life-threatening emergency. If you need help with minor injuries at any time or urgent care when your GP practice or community pharmacy is closed visit 111.nhs.uk or dial 111 if you do not have internet access.

Where else can I get help?
To find out where to go when you're feeling unwell visit the [Frimley Health and Care](http://FrimleyHealthandCare) website. Visit www.nhs.uk for advice on common symptoms and a list of local services or speak to your community pharmacist first for advice on minor injuries.

Please be patient
Our health services are under enormous pressure and help yourself by making sure you get the most from your needs. Please continue to be kind to our healthcare settings.

Help us help you this Winter NHS Frimley

Healthier Together

Help when your child is ill

Our health services are under enormous pressure and help yourself by making sure you get the most from your needs. Please continue to be kind to our healthcare settings.

Current challenges

The current system pressures present a challenge to help update expectations and change behaviour of local people.

We have formed a working group and will focus resources over the next eight weeks. We have a series of new tools which are being developed to help us tell our story in different ways to target specific audiences in our communities.

We have been working with the Primary Care and Urgent and Emergency Care teams and are joining up even further with our partners and other organisations in the system to ensure we have a consistent narrative and to help people access the right services for their needs.

Primary Care

- Internal and external communications
- Reception staff training
- Support from Healthwatch to improve websites and phone messages
- New communications materials to explain how we are working differently
- Highlighting new and additional roles
- Primary Care Network Clinical Director engagement training



Supporting Primary Care

Communication and engagement programme

- FAQs and answers on how to access GP surgeries safely, including messaging on extended access, why patients may be offered online and telephone appointments instead of face-to-face etc.
- Developing common ailments handbook for non-clinical staff to use as sign-posting and webpage created to house it.
- Zero tolerance messaging on threatening or abusive behaviour towards practice staff.



Urgent and Emergency Care

Why are GP Practices still working differently?

The pandemic is not over. GP practices are open and have been throughout, however to protect everyone, they must maintain safe infection control and minimise unnecessary physical contact. Since lockdown restrictions eased we have been experiencing unprecedented demand on our services.

How are practices working now? All appointments are being triaged. This helps keep you safe and makes sure the people with the greatest need are seen first. We will see everyone in person who needs to be seen that way.	What is triage? You will be assessed to decide who needs: <ul style="list-style-type: none">to be seen in persona phone consultationa video consultationhelp from a community pharmacy
Why do receptionists ask personal questions? GP reception staff are a vital part of the health care team and ask questions to direct you to the best support. They are skilled in assisting with triage and treat all information confidentially.	I wanted to see my GP, so why am I seeing someone else? Many GP practices now include a range of professionals (e.g. advanced nurse practitioners, physiotherapists, mental health workers and link workers amongst others) who can diagnose and

Healthier Together
Help when your child is ill

Please be patient
Our health services are stretched to their limits. Please be patient and help yourself by your needs. Please use healthcare settings.

We want to ensure as a system we provide a clear and consistent narrative to local people about where to seek support and what options there are available that don't require a trip to A&E.

To help facilitate this we will:

- Draw existing resources into a clearly defined 'resource pack' for staff and stakeholders
- Strengthen dissemination of existing communications resources
- Develop a consistent narrative and internal 'myth busting' so health and care professionals share an aligned story and set of communications
- Update our 'models of care' video
- Develop new video content (fronted by clinicians across acute, community and primary care) acknowledging current situations and highlighting work being done to support patients.
- Work with NHSEI Regional colleagues to strengthen consistent messaging across our boundaries
- Develop a media plan that highlights good news stories about local services
- Continue to promote the new Frimley Healthier Together website
- Support communications/engagement alongside new or pilot interventions as they emerge to evaluate impact and potential to influence behaviour change

Know where to go when feeling unwell

Download the NHS App to:

- view your Covid-19 vaccination details
- order repeat prescriptions
- book appointments
- get health advice
- view your health record and more



Self Care

Be prepared to care for yourself with a well-stocked medicine cabinet and plenty of rest if you have:

- an upset tummy
- pain or headache
- sore throat (but if for two weeks or more contact your GP)

For health advice, visit www.nhs.uk

For self care advice, visit www.frimleyhealthandcare.org.uk and search 'stay well'

Not sure what to do when your child is unwell? If you are worried about a child, visit the Frimley Healthier Together website: frimley-healthiertogether.nhs.uk



Pharmacists

are qualified healthcare professionals, who can offer clinical advice and over-the-counter medicines.

Ask for help with:

- minor aches and pains, burns and scalds, head lice, etc
- bites and stings
- queries about medication dosage, type or suitability plus urgent requests
- medication related to hospital discharge
- repeat prescriptions



GP surgery

Visit your GP surgery website and click on eConsult to:

- get help for a condition that has not improved after seeking help from your pharmacy
- to report urgent conditions that are not life threatening
- to report a deteriorating chronic condition

Please continue to use usual routes, including online patient access, to order repeat prescriptions. If you do not have access to the internet, you can continue to phone your surgery



Visit 111.nhs.uk or call NHS 111

when the situation is not life threatening and:

- if you think you need to go to hospital
- if you don't know the most suitable place to go or call
- if you don't have a GP to call or if your GP practice is closed
- if you need advice or reassurance about what to do

Available 24 hours a day, every day. If needed, an NHS advisor will help you to be seen quickly and safely.



Minor injuries

A minor injury service is only for conditions such as the following:

- sprains and strains
- suspected broken limbs
- minor head injuries
- cuts and grazes
- minor scalds and burns
- skin infections

Whether you're booked into the minor injury service via your GP, NHS 111 or you decide to walk-in, the service is available 7 days a week, from 8am-8pm.

The minor injury service is located at Bracknell Urgent Care Centre.



Emergency department or call 999

Only for very serious or life-threatening situations. This can include:

- loss of consciousness
- an acute confused state
- fits that are not stopping
- chest pain
- breathing difficulties
- severe bleeding that cannot be stopped
- severe allergic reactions
- severe burns or scalds

Call 999 immediately if you or someone else is having a heart attack or stroke.

Also call 999 if you think someone has had a major trauma, such as after a serious road traffic accident, a stabbing, a shooting, a fall from height, or a serious head injury.

If you are unsure, call NHS 111 or go on-line at 111.nhs.uk



For urgent help for your mental health, use the [NHS 111 online service](http://111.nhs.uk), or call 111 if you are unable to get help online.

If you've injured yourself, taken an overdose or are in an emergency and believe that your life is at risk, please dial 999. www.nhs.uk/oneyou/every-mind-matters provides NHS-approved expert advice and practical tips to help you look after your mental health and wellbeing.

You can also text **Shout 85258**. Shout is a free, confidential, 24/7 text messaging support service for anyone who is struggling to cope.

For mental health services local to you, please visit [Mental health services \(frimleyccg.nhs.uk\)](http://Mental health services (frimleyccg.nhs.uk))

Not sure what to do when your child is unwell? If you are worried about a child, visit the Frimley Healthier Together website: frimley-healthiertogether.nhs.uk

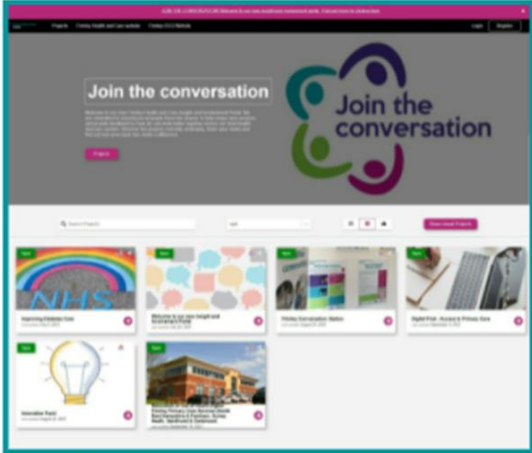
For more information visit www.frimleyhealthandcare.org.uk

How you can help

We are designing resources to help people reach the best care and we would like to see our communities sharing these and feeding back on their experiences.



As part of our commitment to engaging with our communities we have developed a new engagement platform. For local people and communities this offers the chance to discover current opportunities to get involved and share ideas, ask questions, interact with quick polls and surveys and join our online Community Panel



<https://insight.frimleyhealthandcare.org.uk>

COVID-19 Oximetry @home



New guidance – key changes

[NHS England » COVID Oximetry @home](#)

The COVID Oximetry @home pathway should be available to people who are:

Diagnosed with COVID-19: either clinically or positive test result AND Symptomatic AND EITHER;

1. Aged 65 years or older OR
2. Under 65 years and at higher risk from COVID-19, or where clinical judgement applies considering individual risk factors such as pregnancy, learning disability, caring responsibilities and/or deprivation. Further information about clinical judgement can be found on our website.



Deprivation has been added as one of the criteria for higher risk:

1. Pregnant women being referred to a COVID Oximetry @home service should also be asked to contact their maternity team for specific advice around pregnancy and COVID-19.
2. A fully self managed - lighter touch pathway should be made available to any adult aged 18 – 64, that has tested positive and has not been double vaccinated.

Actions being taken to deliver a proactive approach

Text message to all 3 cohorts covering the following messages

- High risk - how to look after yourself if you have Covid infection
- Pulse oximetry – how to access
- Your covid recovery site has infographic on normal sats



This Photo by Unknown Author is licensed under [CC BY](#)

Resources for patients, carers and families

- This [NHS animation](#) shows how to use the pulse oximeter and diary and/or app provided.
- [Patients pulse oximeter usage videos in multiple languages Slough CO@h Pilot](#)
- An NHS [video](#) featuring Dr Matt Inada Kim showing how to use a pulse oximeter at home. This [video](#) is also available in a number of alternative languages on the Health and Care video library.
- A [patient diary](#) including step by step instructions on using an oximeter and what to do in case of concerns.
- [Translated](#) and [easy read](#) versions of the patient diary are also available.
- [Leaflet: Suspected coronavirus \(COVID-19\): important information to keep you safe while isolating at home](#)
- [General information about looking after yourself at home when you have coronavirus is available on NHS UK](#), including information on pulse oximeters

FRIMLEY CCG GOVERNING BODY

Title of Paper	2021/22 H2 Planning Guidance and Financial Allocations		
Agenda Item	7	Date of meeting	9 November 2021
Exec Lead	Nicola Airey - Executive Place Managing Director, Surrey Heath		

Purpose	To Approve	<input type="checkbox"/>
	To Ratify	<input type="checkbox"/>
	To Discuss	<input checked="" type="checkbox"/>
	To Note	<input checked="" type="checkbox"/>

Link to Strategic Objective	Priority 1: Effectively manage our resources
	Priority 2: improve health outcomes, address inequalities
	Priority 4: Support the recovery of health and care services

Executive Summary	
<p>In March the NHS 2021/22 operational planning guidance was published setting out the priorities for the year. Since then the NHS has risen to the challenge of restoring and transforming services while continuing to meet the needs of patients with COVID-19 and dealing with increases in urgent and emergency care (UEC), primary and community care and mental health demand.</p> <p>The planning for the second half of the year (H2) builds on these same priorities with a continued focus on tackling health inequalities and delivering the areas detailed in the NHS long term plan. It is being undertaken during a period of intense pressure and unprecedented demand on both health and social care services across our system.</p> <p>We are currently part way through the planning process for H2 with a number of further submissions due on the 16th November. Regional feedback on our interim submissions has been positive but the planning and delivery challenge in the second half of the year for our system and the NHS is acknowledged.</p>	
Recommendation	The Board is asked to note the update on October to November H2 planning guidance, progress and financial allocations

Please provide details on the impact of following aspects	
Risk and Assurance	At the request of the ICS Partnership Board a planning register has been developed to identify and mitigate planning risks
Equality and Quality Impact Assessment	The planning guidance includes a focus on reducing inequalities and a requirement to continue to ensure

	health inequalities are considered within elective recovery plans
Patient and Stakeholder Engagement	
Financial Impact and Legal implications	The Government has agreed an overall financial settlement for the NHS for the second half of the year which provides an additional £5.4bn above the original mandate.

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



Frimley

Clinical Commissioning Group

21/22 October to March Planning (H2) Guidance and financial allocations

November Governing Body

Planning priorities remain the same as in the first half of the year with short timescales for H2 planning submissions

Priorities

- Supporting staff health and wellbeing and taking action on recruitment and retention
- Delivery of the NHS Covid-19 vaccination programme and continuing to meet the needs of patients with Covid-19
- Transforming how we deliver services, accelerating the restoration of planned care, including cancer, and managing the increasing demand on mental health services
- Expanding primary care capacity to improve access, local health outcomes and addressing health inequalities
- Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments
- Working collaboratively across health and care systems to deliver these priorities

Submission timeline

Planning Element	Submission deadline
Activity & Performance (first submission) - Elective recovery & winter capacity	14 th October
Targeted investment fund (TIF)	14 th October
Narrative template (first submission) - elective recovery	21 st October
Activity & Performance (final submission)	16 th Nov
Workforce: acute, community, MH, ambulance	16 th Nov
Narrative template (workforce, cancer, primary care, transforming community services and improving discharge)	16 th Nov
Narrative template (final submission) - elective recovery	16 th Nov
Finance: system submission	16 th Nov
Finance: provider submission	25 th Nov

Partners across Frimley ICS have been working together to develop system level workforce, activity and financial plans

- Meeting both planned and unplanned patient demand, including that from COVID 19 and seasonal viral illnesses require a robust whole system plan.
- The updated planning guidance for the second half of the year reflects a positive financial settlement for the NHS and much of the guidance is about continuing to prioritise the activities of the first 6 months and deliver existing plans
- The H2 guidance acknowledges the new challenges expected in the second half of the year: seasonal pressure, ongoing impact of the COVID-19 pandemic, and sustained pressure on urgent and emergency care services that commenced over the summer
- The guidance also focuses on looking after staff over this period as the NHS strives to keep up the momentum on recovering services and addressing care backlogs.
- There is a focus on elective recovery and winter capacity planning including reducing long waits and stabilising waiting lists.
- Organisations across the ICS are working together to identify and mitigate the risks to delivering the ambitions within the H2 planning guidance
- People across the system are working together to prepare for the planning submissions that are due on the 16th November and to focus on the delivery of our winter plan

High level over view of H2 System wide financial envelope

H2 funding was released to the system at the end of September – Frimley system envelope totals £626.5m (covering both Frimley Health NHS Foundation Trust and the CCG).

- H1 envelopes have been rolled over and adjusted for the following key areas:
 - Additional funding for the Agenda for Change pay award (back dated to the 1st April). Total increase £15.7m
 - Capacity funding of £2.9m to be distributed
 - Non-NHS Income support for FHFT has reduced by £740k in light of national expectations of recovery
 - Funding for Covid pressures reduced by 5% to £20.9m
 - As a move towards historical funding levels, the systems top-up has also reduced by £3m as an additional efficiency ask - the equivalent of a 2.45% reduction in system expenditure.
- Hospital Discharge funding continuing for H2 - £4.9m to support first four weeks.
- Elective recovery - £700m national Targeted Investment fund (TIF) split across regions, but requiring national approval
 - £250m Capital to be provided for new capacity and productivity improvements to NHS Estate;
 - £250m Capital for the 'Elective Recovery Technology Fund' for technological innovations that will enhance productivity;
 - £200m flexible RDEL/CDEL to support efficiency and reconfiguration.
- Performance related funding linked to completed RTT pathways vs 2019 levels. Technical guidance not yet released so a system view of the potential funding is not yet available.

FRIMLEY CCG GOVERNING BODY

Title of Paper	Financial update including any issues to be escalated in respect of quality, performance or finance – Month 6 2021/22 (September 21)		
Agenda Item	8	Date of meeting	9 November 2021
Exec Lead	Rob Morgan		

Purpose	To Approve	<input type="checkbox"/>
	To Ratify	<input type="checkbox"/>
	To Discuss	<input type="checkbox"/>
	To Note	<input checked="" type="checkbox"/>

Link to Strategic Objective	<p>CCG Priority Theme 4 - Creating the new Health and Care Landscape</p> <p>CCG Priority Area 11 - Collaborative and ICS development</p>
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Executive Summary
<p>The month 6 (September) finance update is presented to the Frimley CCG Governing Body in Public.</p> <p>As previously updated in July, the three legacy CCG finance teams are continuing to develop the finance function to support both the Frimley CCG but also to support the Frimley Health and Care Integrated Care System. Legislation currently being laid before Parliament would mean that from 1st April 2022 the Frimley ICS as an organisational body will come into force replacing Frimley CCG with new (and existing) statutory responsibilities.</p> <p>Financial Reporting for the new organisation in April 22 will focus on how the NHS partners within the ICS (those partners within the ICS “System Control Total”) are performing in aggregate. As such the financial information reported will be wider than that presented in Table 1 which is solely the financial position of the CCG (not it’s partners).</p> <p>The Frimley Health and Care ICS has been working under a system control total since 2018 and has consistently met its financial obligations. As a response to COVID, the NHS has for both 20/21 and 21/22 been planning financially in 6 monthly intervals. The 3 legacy CCGs met their financial targets and obligations in 20/21 and for the first half (ending 30 September 2021) of this year, both the ICS and Frimley CCG plan to meet their financial targets and duties for the full year to 31 March 2022.</p> <p>The CCG is reporting a (£4,725k) deficit year-to-date at the end of September reflecting funding allocations for HDP (£2,490k) and ERF (£2,235k) not yet received. Once these retrospective budget allocations are received it will bring the CCG back into financial balance. There is no forecast required at month 6.</p>

As with last year Hospital Discharge Programme costs and some Covid-19 related costs are funded outside of the budget envelope received to date. The process continues to be that the CCG claims funding retrospectively, and consequently, these costs are reported as a variance to plan at month 6. In addition, the CCG is also reporting costs against the Elective Recovery Fund (ERF) this month that will be funded in arrears.

CCG Summary	Month 6 September 2021		
	Plan YTD £'000	Actual YTD £'000	Variance £'000
Allocation (in-year)	(628,479)	(628,479)	0
Commissioning			
Acute Services	316,316	317,583	(1,267)
Mental Health Services	59,128	60,004	(876)
Community Health Services	39,365	41,388	(2,023)
Continuing Care Services	40,305	38,098	2,207
Primary Care Co-Commissioning	54,405	54,378	27
Primary Care Services	68,479	68,571	(92)
Other Programme Services	43,369	46,069	(2,700)
Commissioning sub-total	621,367	626,091	(4,724)
Running Costs	7,112	7,112	(0)
Expenditure sub-total	628,479	633,204	(4,724)
Surplus/(Deficit)	(0)	(4,725)	4,724

- NHS England have set an envelope for HDP funding that the CCG can draw against. This is set at £5.6m for the H1 period. The CCG is reporting £4.9m at month 6, which is within this allowance and includes costs from all 5 local authorities and services commissioned directly by the CCG. The variance to plan of (£2.5m) is reflected within Other Programme Services.
- The H2 HDP funding envelope is reduced to £5.0m. As with H1, any new packages of care from July 2021 onwards will receive funding from NHS England up to the first 4 weeks from the date of discharge.
- In addition, the CCG is also due funding for the Elective Recovery Fund (ERF). To date the CCG has received £10.5m to date but has estimated that £12.7m is due up to the end of the 2nd quarter. As per NHS England guidance, we are recording the cost in anticipation of receiving the allocation in arrears. This results in a net variance for ERF of (£2.2m) within Acute Services. This is mitigated by an underspend on Frimley Health activity outsourced to independent sector providers.
- All other variances net to zero where other pressures are being covered by existing budgets.
- Mental Health costs are above plan due to Section 117 placement costs, largely in Hampshire, driven by both increasing client numbers and increasing complexity.
- Community Health Services includes the HDP overrun costs (over 4 weeks) which is a YTD cost pressure to the CCG of (£1.9m), which reflects the funding arrangements in place with local authority and county council partners.
- Continuing Healthcare costs are underspent against budget by £2.2m, which is mitigating the HDP overrun costs.

H2 planning	
<ul style="list-style-type: none"> • Allocations and guidance have been received for the second half of the year financial planning. Work is underway preparing the H2 plans and budgets. • Plans are due to be submitted by 16th November. 	
Recommendation	The Governing Body is asked to note this report.

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
Partnership Board		
Quality, Performance and Finance Committee		



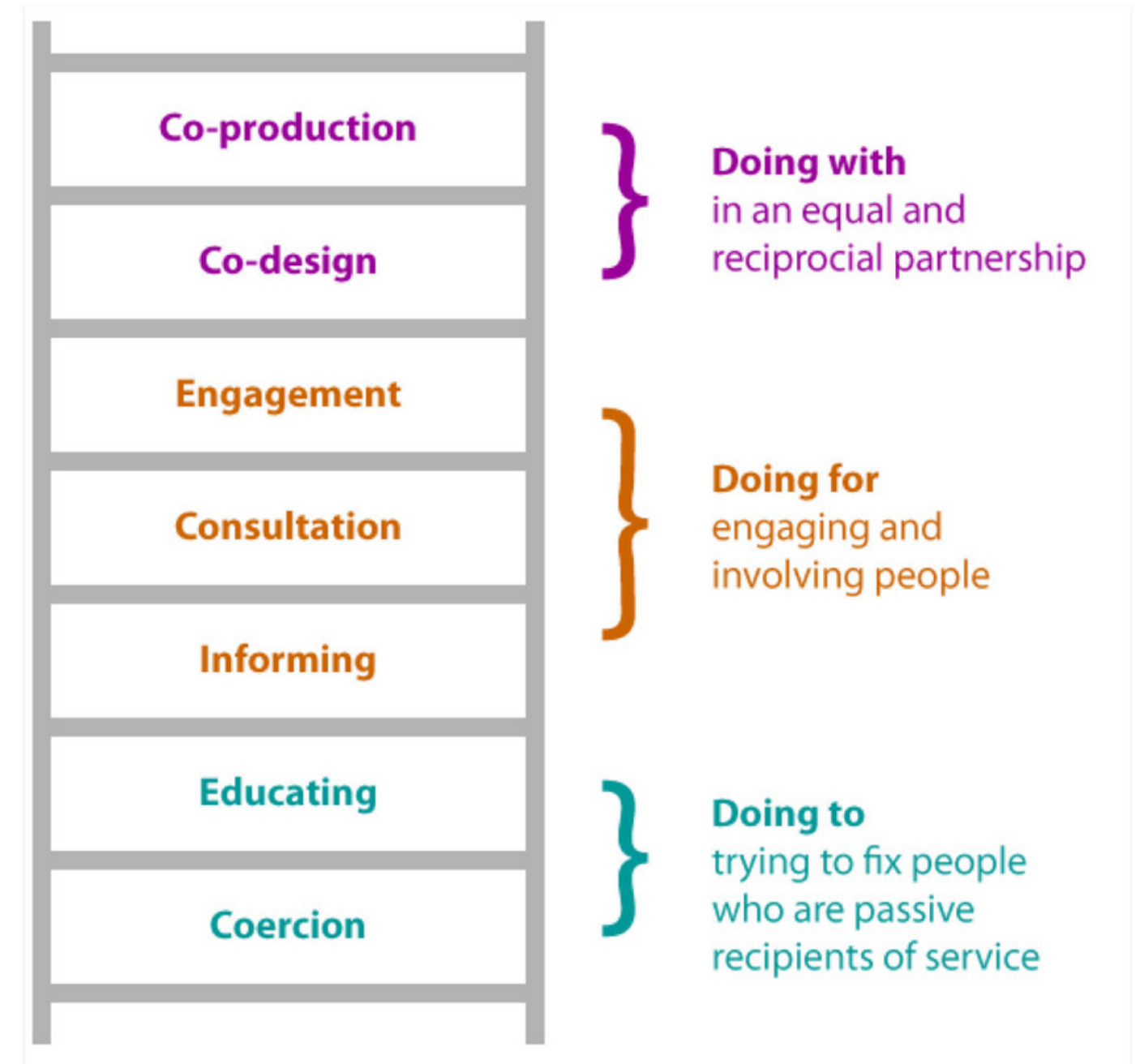
Engaging with our communities

Our current approach and next steps



Importance of engagement

- People have a right to be involved in the planning and decision making regarding their health and care and the right to information and support which will enable them to make informed decisions.
- Working in partnership with patients, carers, families and local people within their own communities brings a different perspective to our understanding and can challenge our view of how we think services are received and should be delivered in the future.
- By supporting projects and approaches that are community focussed we can continue to build an approach that tackles broader inequalities that affect our health.
- Our ambition is to work together as communities, voluntary sector, health, care and local government to deliver change as part of our local communities.
- Going forward we will be developing a new ICS strategy in partnership with communities, local people and partners.



Join the Conversation - our current approach

- We are committed to being an organisation that delivers the best possible health and wellbeing outcomes for people who live within our local communities. This means adapting to new ways of working, ensuring a local focus but with the additional benefits of support, sharing good practice and learning across our system.
- The impact of the pandemic has been felt by everyone and it's important that we understand the difficulties people are facing whether they be related to health, housing, finances or family.
- One of our current approaches asks local people and communities to 'Join the conversation' and we have a number of tools, resources and opportunities consistently available.
- Alongside this we also support a number of one-off, targeted or project based initiatives. Some of these take place at scale, others in local places, some linked to specific long term conditions and some to specific communities.





NHS

Frimley

Clinical Commissioning Group

Join the Conversation - current examples

Current examples of active engagement work include:

- We have launched a new 'Insight and Involvement Portal' which offers the chance to discover current opportunities to get involved and share ideas, ask questions, interact with quick polls and surveys
- An active survey is asking people to share their views on digital access to health services
- 17 new innovation fund projects have now been funded to support children, young people and families across Bracknell Forest, Royal Borough of Windsor and Maidenhead and Slough.
- A task and finish group has been established to support communication and engagement across Urgent and Emergency Care in response to unprecedented demand
- A bespoke training programme for Primary Care Networks (PCNs) will provide an introduction to engagement, offering support and development for active projects
- We have submitted a proposal to NHS England to further develop our online Community panel

Insight & Involvement Portal

<https://insight.frimleyhealthandcare.org.uk/>



Digital Access survey

<https://mysay.is/Digitalfirst21>



Innovation Fund

[www.frimleyhealthandcare.org.uk/
get-involved/innovation-fund/](http://www.frimleyhealthandcare.org.uk/get-involved/innovation-fund/)



“

ICSs must listen consistently to, and collectively act on, the experience and aspirations of local people and communities. This includes supporting people to sustain and improve their health and wellbeing, as well as involving people and communities in developing plans and priorities, and continually improving services.

”

ICS Design Framework, NHS England, June 2021



The new Integrated Care System (ICS) implementation guidance sets out ten principles for working with people and communities:

1. Put the voices of people and communities at the centre of decision-making
2. Start engagement early and feed back how engagement has influenced activities and decisions.
3. Understand your community's needs, experience and aspirations for health and care
4. Build relationships with excluded groups, especially those affected by inequalities.
5. Work with Healthwatch and the VCSE sector as key partners.
6. Provide clear and accessible public information about vision, plans and progress
7. Use community development approaches that empower people and communities
8. Use co-production, insight and engagement to achieve accountable health and care services.
9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
10. Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places

Building an inclusive strategy

To build a new strategy we need to develop our thinking and agree on core components of the approach...



Support to develop relationships and reach out to local people and communities

Assistance with 'telling the stories' captured in our work

Linking our local voluntary sector, community and Healthwatch partners

Leading our system wide Innovation Fund opportunities



Support for large scale, complex and sensitive engagement or involvement of people and communities

Planning tools, resources and support to develop ideas and deliver meaningful and inclusive engagement work



Insight and Involvement inductions for new staff

Ongoing support and drop-ins

Thought provoking opportunities to meet the communities we serve

Training sessions and masterclasses to build knowledge, skills and leadership



Development of a clear, ambitious and innovative Insight and Involvement Strategy for our system

Governance and assurance oversight of our work - supporting us to demonstrate impact with clear principles and frameworks to utilise

Some considerations...

- Developing a strategic view - ensuring consistent principles and equity of engagement opportunity that is targeted and tailored to the needs of our partnerships and communities.
- Building on what we are doing - learn from our experiences throughout the pandemic and further develop trusting relationships with our communities and partners
- Connecting the dots of engagement - how do we demonstrate the difference engagement work is making in reducing health inequalities and creating healthier communities?
- How do we engage on the future of engagement, recognising the need for an iterative approach?





Questions

FRIMLEY CCG GOVERNING BODY

Title of Paper	EPRR Assurance 2021-2022		
Agenda Item	10	Date of meeting	9 November 2021
Exec Lead	Fiona Slevin-Brown	Clinical Sponsor	

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

Executive Summary
<p>EPRR Assurance</p> <p>The annual EPRR assurance process for 2021-2022 was launched by NHS England and NHS Improvement South East Regional Head of EPRR on July 23rd. This consisted of a National letter outlining the process and timelines for this year and the updated National Core Standards.</p> <ul style="list-style-type: none"> • The total number of core standards for the CCG is: 29 • The total number of core standards for the Acute Trust is: 36 • The total number of core standards for the Community/MH Providers is: 31 <p>Assurance Deep Dive Focus 2021/22</p> <p>During the response to the COVID-19 pandemic a number of factors were identified that inhibited the ability to increase inpatient capacity. One of these factors is internal piped oxygen system capacity, which have a number of interdependent components to increasing volume and flow rates. In order that the resilience of our internal piped oxygen systems is better understood, the 2021-2022 EPRR annual deep dive will focus on this area. The deep dive will be applicable to all providers of NHS funded care that utilise internal piped oxygen systems, including acute, community and mental health trusts.</p> <p>Frimley Providers</p> <p>Frimley Providers that participate in the CCG EPRR assurance process are:</p> <ul style="list-style-type: none"> • Frimley Health Foundation Trust • Virgin Care <p>Outcomes from the EPRR assurance process for our shared providers will be made available via the lead CCG and are therefore not included in our assurance process. These include:</p> <ul style="list-style-type: none"> • South Central Ambulance Service • South East Coast Ambulance Service • Berkshire Healthcare Foundation Trust • Surrey and Borders Partnership FT

Process

All NHS organisations are required to undertake a self-assessment against the 2021 amended core standards relevant to their organisation. This assessment is then required to be should then be taken to a Public Board or Governing Body meeting for formal agreement.

Local Health Resilience partnerships will also work with their constituent NHS organisations to agree a process whereby they are sighted on organisational ratings and offer an opportunity across agencies to promote the sharing of good practice. This process is coordinated with the NHS England and NHS Improvement Regional Head of EPRR, and local ICS EPRR leads.

For Frimley CCG the LHRP engagement will be via the Thames Valley (BOB), Hampshire/Isle of Wight (HIOW) and Surrey LHRPs during October and November.

NHS England and NHS Improvement Regional Heads of EPRR are required to submit the organisational assurance ratings and description of their regional process to the National EPRR Team before **Friday 31 December 2021**.

Compliance Levels

Organisations undertaking self-assessment against individual core standards relevant to their organisation type will also designated a rating for their assessed compliance for each standard.

Compliance Levels for each standard is defined as:

Compliance Level	Definition
Fully compliant	Fully compliant with core standard
Partially compliant	Not compliant with core standard. The organisation's EPRR work programme demonstrates evidence of progress and an action plan to achieve full compliance within the next 12 months
Non-compliant	Not compliant with the standard. In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months

Organisational assurance rating:

The number of core standards applicable to each organisation type is different. The overall EPRR assurance rating is based on the percentage of core standards the organisations assess itself as being 'fully compliant' with. This is explained in more detail below:

Organisational rating	Criteria
Fully compliant	The organisation if fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantially compliant	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards

Partially compliant	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non-compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

Supporting templates to be completed by all organisations are:

- The Core Standards excel spread sheet including the deep dive standards;
- A Statement of Compliance;
- An Improvement Plan.

Plans to be reviewed:

This year Frimley CCG has reviewed the following plans from FHFT:

- Strategic-Tactical Business Continuity – Critical Incident Plan;
- Command, Control, Coordination and Communications Plan;
- Exercise “Talk Talk” Report;
- Public Board Minutes.

This year Frimley CCG has reviewed the following plans from Virgin Care:

- Virgin Care Surrey Operations Incident Plan which includes Business Continuity
- Exercise “Talk Talk” Report (to follow)
- Public Board Minutes (to follow)

Feedback sheets have been completed for the providers to enable them to improve and update their plans if required.

Outcomes of self-assessments for Frimley CCG Providers:

Organisation	Rating	Actions
Frimley CCG	Fully Compliant	3 areas noted for improvement although fully compliant
FHFT	Substantially Compliant	Not fully compliant with one core standard, standard 50: Digital services are working through a Data Protection & Security Toolkit improvement plan which has been agreed by NHS digital. This will be completed by January 2022
Virgin Care	Fully Compliant	

Outcome of Shared Providers self-assessments:

Organisation	Rating	Actions
SCAS	Substantially Compliant	Core Standard 50: Data Protection & Security Toolkit HART 8: 6 Operational HART staff on duty In consultation with staff currently – overseen by Berkshire West CCG
SECAMB	Partially Compliant Core Standards Partial (81%) 26 of 32 fully compliant Interoperability Core Standards: Partial (82%) 134 of 163 fully compliant	Improvement Plan in place and being monitored by Surrey Heartlands CCG
BHFT	Substantially Compliant	Core Standard 21: Lockdown. Their Lockdown Policy is due for review. Discussions are underway for Lockdown Plan requirement. They are working with NHS Property Services due to ongoing transfer. They are also forming a Task & Finish Group specifically for this. Oversight is led by Berkshire West CCG
SABP	Substantially Compliant (89%) 33 of 37	Improvement Plan in place and being monitored by Surrey Heartlands CCG

Quarterly Meetings:

Quarterly meeting with the Frimley CCG providers are booked a year in advance and allow us to discuss the EPRR assurance processes, share good practice from across the SE and to support and help the providers obtain full compliance.

Summary:

A rigorous and thorough EPRR assurance process has been undertaken for 2021 with minimal actions to follow up. Both Frimley CCG and its Providers will be fully compliant with the National Core Standards for 2021 by January 2022.

Recommendations	None
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Please provide details on the impact of following aspects	
Risk and Assurance	<p>The National Annual EPRR Assurance Process uses a risk-based approach according to identified local, regional and national risks.</p> <p>The core standards reflect how the health partners should have: Preparedness, Resilience and Response mechanisms in place in order to effectively and efficiently manage any incident, at any time.</p>
Equality and Quality Impact Assessment	<p>Robust EPRR processes enable us to prevent and respond effectively to incidents which otherwise may have a negative impact on our communities. Our action plans need to be nuanced accordingly to ensure inclusion and diversity are considered</p>
Patient and Stakeholder Engagement	<p>The outcome of this assurance process is shared with health partners across the South East in order to have a collaborative, cohesive approach to EPRR management and to exchange good practice.</p>
Financial Impact and Legal implications	<p>This process is a statutory requirement as defined in the:</p> <ul style="list-style-type: none"> ➤ Civil Contingencies Act 2004; ➤ Health & Social Care Act 2012.

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Internal Resilience Group	15/09/2021 07/12/2021	Initially reviewed Final review due

Key Actions taken or Decisions made:

- | | |
|---|---|
| 1 | The NEHF place committee approved the proposal to direct award a tier 2 paediatric continence service to Solent NHS Trust to address the current gap in service provision. |
| 2 | The committee also approved £600k non-recurrent expenditure over the forthcoming winter to support discharges in Hampshire. The funding will be split between the Enhanced Recovery & Support (ERS) service and the Discharge to Assess (D2A) service |

Current Context for information:

- | | |
|---|--|
| 1 | The committee received an update on the Public Health consultation that had recently concluded in Hampshire. As a result of the consultation the proposed budget cuts have been considerably reduced and in particular the proposals to reduce the public health nursing budget which were included in the public consultation will not be progressed. |
| 2 | Dr Gareth Robinson updated the committee on the recent NHSE letter/guidance regarding GP access and demand. It had generated anger amongst the GP community generally and locally had not been well received. There was a danger that the letter would fuel the false perception that GPs were not busy and would lead to further examples of public abuse of NHS staff. |
| 3 | Annie Righton reported that Tom Horwood had been appointed as CEO of the newly merged (at management/officer level) Guildford & Waverley council. |

Future areas for attention:

- | | |
|---|---|
| 1 | NEHF Estates strategy – needs to be refreshed as part of a new Frimley estates strategy |
|---|---|

Issues for Escalation/Discussion/Resolution

- | | |
|---|------|
| 1 | None |
|---|------|

Committee: Surrey Heath Place November 2021

Key Actions taken or Decisions made:

Meeting divided into 2 parts:

Part A Seminar: Topics included: Review of progress against local Surrey Heath objectives and a review of opportunities for connected care to support improve general practice efficiency and workload

Part B: Business Meeting: Topics included update on schools Link Programme

Key actions

- Director of Operations to share achievements/activities with GP steering group to raise awareness of progress even during the covid epidemic
- Positive response from practices with a number of digital innovations to follow through with. Head of primary care to work with connected care team and PCN/practices to move forward at pace.
- Ensure new support to schools from SABP (outside the Link programme) is shared with practices
- Share ICS roadmap information at GP Steering Group so that general practice can actively engage in co-design progress and articulate benefits from close involvement in commissioning process (currently as member practices) and as providers
- Utilise Surrey Heath Borough Council community engagement around refreshed SHBC Strategy to inform 22/23 Place Priorities

Current Context for information:

Executives from SABP and FHFT have been aligned to Surrey Heath and Heather Caudle (SABP) was welcomed to her first Place Committee. In the process of building local place partnership thinking including building on current strengths/infrastructure. Practice resilience risk in one Surrey Heath practice added to the risk register – oversight through to PCCC (Surrey Heath primary care)

Future areas for attention:

- Prioritisation and implementation of connected care opportunities
- Developing place priorities for 22/23
- Building local place partnership model within ICS roadmap
- PHM and activities to reduce inequalities
- Implement new communications material (ICS/CCG developed) to optimise impact locally
- Primary care estate priorities following six facet survey

Issues for Escalation/Discussion/Resolution - Nil

Committee Report

Committee: RBWM Place Committee

Date: 26/10/21



Key Actions taken or Decisions made: None this month

Current Context for information:

1. The Health and Wellbeing Board agenda for November includes a deep dive on health inequalities, including considering the significant partnership working and success in improving vaccination uptake in under-represented groups. The committee agreed a forward plan of areas of focus from the Place Strategic Framework for the next three board meetings.
2. The public health team presented on the Berkshire Suicide Prevention Strategy, drawing out the five areas of focus in relation to key risk factors around children and young people, women, self-harm, economic pressures and people bereaved or affected by suicide.
3. BHFT, Optalis and CCG colleagues gave an update on learning disability and autism services including health inequalities, forensic provision, and personalisation and reliable community provision. The committee recognised the significant work underway and noted the opportunity to build partnership working on the annual LD health checks in primary care, which are mainly delivered in Q3/4 in RBWM. A post designed to support all agencies around health inequalities and increasing LD prevalence on general practice registers is being recruited to the CCG place team.
4. The committee noted the performance report and the challenges across all providers. FHFT colleagues shared the pressures relating to Covid admissions and elective care and diagnostic waits. In mental health services acuity is high across the board and Covid cases are affecting some services. General practice also continues to experience unprecedented demand for appointments, however additional winter services are due to come online shortly. The committee reflected that the position felt serious and it is important that partners continue to share and work together to mitigate the worst effects.
5. The CCG finance report currently shows a deficit position partly related to timing of receipt of Hospital Discharge Funding, but also due to cost pressures in ophthalmology and mental health placements. The financial plan for the second half of the year will be submitted on 16 November.
6. The quality report included the Thames Hospice CQC rating of outstanding, the CQC notice of decision for St Matthew's in Broomhill, and the increase in E-coli cases in general practice in RBWM – these will be followed up for learning that can be shared.

Future areas for attention:

7. Discussion about sharing best practice and local learning on suicide prevention in RBWM to be considered at a future RBWM Place Committee meeting. More RBWM representatives at the Berkshire Suicide Steering Group would be welcome.
8. Work to be undertaken with NHSEI to improve cervical screening uptake.

Issues for Escalation/Discussion/Resolution: None this month

Bracknell Forest Place Update

Key Actions taken or Decisions made:

- 1 Place Committee ratified Better Care Fund funding for **3 x Band 4 posts to join Enhanced Intermediate Care Service** as part of a 17 month pilot
- 2 Place Committee signed off and gave full support to the proposed clinical model for **Heathlands**
- 3 PCOG approved funding for **Practice Staff Training**. 2 courses: 1st offering an interactive 90-minute training programme on tools and techniques to deal with abusive, aggressive and violent behaviour. 2nd dealing with difficult conversations. 100 Practice staff identified to take part during BASE PLT in November/December
- 4 Bracknell & District **PCN Telephony Hub** 12 month pilot approved at PCOG to support our patients and practice staff working at scale

Current Context for information:

- 1 To consider the potential risks to areas of GP DES that are disproportionately behind previous years an **LCS QIA** has been carried out to better understand the health risks for patients and assist in developing plans for tackling health inequalities created by a backlog of treatment. This is in draft copy and with Place leaders and local GP Clinical Leads for review and comment
- 2 Following recent interviews an offer has been made and accepted for the **CYP Lead** post. Start Date tbc
- 3 As part of **Winter/Surge Planning for Bracknell practices**, there will be additional capacity to include daytime nurse provision for Proactive Case Management targeting the high risk, complex need cohorts and those who have not been seen in practice or a specialist in the last 6 months. Delivery will be over a 26 week period. Further elements in our Winter Plan include a centralised surge/RSV pathway (incl. febrile children and pulse oximetry) and additional appointment capacity in general practice between September and April with a total of 8,854 additional appointments commissioned in Bracknell Forest
- 4 Bracknell Forest's approach to the **Community Deal** presented at GP Council for local engagement, together with discussions with Place leaders to socialise the work and linking with our Health & Wellbeing Strategy

Bracknell Forest Place Update

Current Context for information:

- 5 Local **vaccine programme update**: Booster programme going well, with work underway for our local PCN vaccine sites to vaccinate healthy 12-15 year olds who missed out when their school was visited. Both sites using NBS bookings alongside local booking systems
- 6 Place Committee attendees have been invited to review the CCG **Place Risk Register** to identify further local additional risks which should be captured on the register. Place risk register will be a standing agenda item moving forward

Future areas for attention:

- 1 **Better Care Fund Business Case and Governance**. Still ongoing. ToR have been updated by Governance team and shared with Bracknell Forest Council for comment. Currently awaiting response



Key Actions taken or Decisions made:

	Agreed a the heath and Social Care Partnership Board that we would create a separate meeting monthly to focus on Quality, Performance and Finance. Any issues for escalation would be taken to the board.
	Decision taken at the Slough Health Inequalities Board that we will focus our attention on the recently created NHS following areas: Core 20 – Most deprived 20% of our population PLUS – Other population groups as identified by our local population health data and the targeting of five key clinical areas of health inequalities: 1) Early Cancer diagnosis (screening & early referral), 2) Hypertension case finding, 3) Chronic Respiratory disease (driving Covid & Flu vaccination uptake), 4) Annual health checks for people with Serious Mental Illness, 5) Continuity of maternity carer plans will focus our attention on

Current Context for information:

	Slough continues to face significant challenges within the Local Authority in respect to the Section 114 notice issued. The review and recommendations from MHCLG were published on Tuesday 26 th October. We continue to develop our plans to support the local authority and to mitigate against unintended consequences fo the notice to the health and well being of the communities we serve. There are significant issues across the borough with extremely high demand in primary and secondary care. As we prepare our plans for winter we are bolstering our financial support to community and third sector organisations as they continue to play a vital role in supporting communities. We are also reviewing the support to our refugees and asylum seekers in the dispersal accommodation scheme to ensure they are having their needs met in readiness for winter.
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Future areas for attention:

	We continue develop our one the day Access models that is primarily integrating our physical and mental health offer, expanding o use of community pharmacists to support with minor illnesses, and to increase capacity where we have peak in demand eg twilight hours. We are also developing telephony pilot in some of our practices to provide better access.
	Continue to plan and build resilience for Winter, and we are currently engaging with our Place partners to build our winter resilience and response plans considering the impact of covid and normal winter demand that we expect.
	We are currently working on the next part of our shared health and Care Plan which is to agree how we demonstrate <u>impact</u> and positive <u>outcomes</u> from our shared endeavours to improve the health of the population through an integrated approach
	PCN CDs and the senior leadership team will be undergoing some team development focussing on 360 degree feedback and undertaking individual and team Myers Briggs which will inform our next development day on the 16 February as we continue our ambition to grow and develop as a leadership team. This is

Issues for Escalation/Discussion/Resolution

FRIMLEY CCG GOVERNING BODY

Title of Paper	Governing Body Assurance Framework		
Agenda Item	12	Date of meeting	9 November 2021
Exec Lead	Sarah Bellars, Executive Director of Quality and Nursing		

Purpose	To Approve	<input type="checkbox"/>
	To Ratify	<input type="checkbox"/>
	To Discuss	<input checked="" type="checkbox"/>
	To Note	<input checked="" type="checkbox"/>

Link to Strategic Objective	ALL
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Executive Summary	
<p>In September 2021 the Governing Body approved the objectives and strategic risks to cover the final six months of the CCG being a statutory organisation.</p> <p>Board Assurance statement: No strategic risk has been given a score above 12.</p> <p>1. Risk - If we do not take decisive and continuous action to improve health outcomes and deliver greater inclusion for our local communities then, if unchecked, could potentially lead to a widening of the health gap and worsening health outcomes for people living in the most disadvantaged areas. Current Risk Score 12.</p> <p>2. Risk - If we do not coordinate our approach with system partners and use insights and intelligence in how we recover health and social care then we will not effectively address the health impact of Covid on our communities. Current Risk Score 12.</p> <p>3. Risk - If we do not show through action our commitment to supporting our staff and having a culture of inclusivity then we will not be able to attract and develop a diverse workforce that reflects the communities we service. Current Risk Score 12.</p> <p>4. Risk - With the ongoing impact of Covid on the financial regime and allocation for the system; in addition to being able to finalise a workable financial framework for the ICS, means that the system will not be able to successfully deliver its operating plan and the CCG may not meet its statutory duties. Current Risk Score 9</p> <p>5. Risk - If the CCG is unable to maintain robust CCG governance arrangements while developing new ICS governance then this may lead to poor decisions, increasing the likelihood of challenge and reputational damage. Current Risk Score 10.</p>	
Recommendation	The Governing Body is asked to note the assurance given in the Governing Body Assurance Framework documents.

Please provide details on the impact of following aspects	
Risk and Assurance	As set out in the document
Equality and Quality Impact Assessment	None noted
Patient and Stakeholder Engagement	None noted
Financial Impact and Legal implications	None noted

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Governing Body	12 October 2021	Agreed

ID	Strategic Objective	Lead	Monitoring Committee
1	Positively focus on levelling up models of care so that we can improve health outcomes, address inequalities and deliver greater inclusion across the system	Lalitha Iyer	Governing Body
Risk Description		Initial rating Likelihood/impact	CONTROLS
If we do not take decisive and continuous action to improve health outcomes and deliver greater inclusion for our local communities then, if unchecked, could potentially lead to a widening of the health gap and worsening health outcomes for people living in the most disadvantaged areas.		20	<ol style="list-style-type: none"> 1) Population health approach and health inequality lens in all ICS work streams. 2) Equality Impact Assessment within each business case. 3) Anticipatory Care programme – proactive management. 4) ICS ambitions. 5) EDI Director in ICS and EDI lead in CCG in post.
Specific or Associated ISSUES		Current rating	Source of ASSURANCE
<ul style="list-style-type: none"> Language barriers Reduced access to services (travellers, homeless) Lack of awareness of usual services (refugees, asylum seekers) Digital exclusion Awareness of interpreting and language services in primary care (Primary Care Commissioning Committee meeting 2 November 2021) Significant system pressures impact on delivery and recovery. 		12	<ol style="list-style-type: none"> 1) Reports to ICS Programme Board 2) Quality, Performance and Finance Committee to oversee the alignment and updates of Clinical policies. 3) Equality and Diversity Working Group to support the CCG to meet compliance requirements. 4) Access to NHS England regional expertise, finance and support to facilitate settlement of the refugees and asylum seekers.
MITIGATING ACTION (S) November 2021		Target rating	NEXT REPORTED ACTIONS
<ul style="list-style-type: none"> - Health and social care partnership working in each place; - Slough Place – updated the structure for the place based committee with shared objectives with Slough Borough Council; and establishment of Health Inequalities Board. - Work in progress with Rushmoor Borough Council and North East Hampshire and Farnham. - Extended the contracts for interpreting and language services in primary care with communication plan. - Out reach services including vaccination into vulnerable communities (eg vaccine bus). - Outreach services including vaccination into poorly served communities (e.g vaccine bus) 		8	<ol style="list-style-type: none"> 1) Health inequalities – subject for a GB - focused presentation from each place. 2) Clinical Leads to be appointed to champion health equality in NEHF and Slough. 3) Equality and Diversity Working Group to meet in November 2021. 4) Clinical policy review (population health view on priorities statements) – papers going to Quality Performance and Finance Committee 30 November 2021.

ID	Strategic Objective	Lead	Monitoring Committee
2	Working with partners and local communities to support the recovery of health and care services, with a particular focus on addressing health inequalities and the impact of the pandemic	Fiona Slevin-Brown	Governing Body
Risk Description		Initial rating Likelihood/impact	CONTROLS
<p>If we do not coordinate our approach with system partners and use insights and intelligence in how we recover health and social care then we will not effectively address the health impact of Covid on our communities.</p>		20	<ol style="list-style-type: none"> 1) Weekly Recovery reports with cross system insights produced weekly. 2) ICS Recovery Insights programme continues to provide pathway and portfolio specific insights on the impact of Covid on our population and informs the actions taken across the ICS to address proactively inequalities and optimise recovery. 3) Weekly Operational Delivery and monthly Quality Delivery and Finance Group meetings oversee delivery of recovery priorities and the successful achievement of our ambition, complemented by the System Portfolio Programmes. 4) System Directors of Nursing calls, and Executive Quality and Clinical Leadership calls occur weekly, or more frequently as required, to review the quality and safety impact of partner and whole system responses, including feedback from and into the Incident Coordination mechanism. Any major concerns are escalated to the ICS Leadership including Local Authority, Health partners, chaired by ICS Lead/CCG Accountable Officer. 5) ICS Ethical Framework Group reviewed recovery in relation to health inequalities. 6) At a local level the Place Committees oversee the recovery of health and social care services.
Specific or Associated ISSUES		Current rating	Source of ASSURANCE
<ul style="list-style-type: none"> • Maintaining focus on recovery whilst responding to ongoing pressures across the system • Capacity of the leadership and management teams to deliver our recovery ambitions in the context of multiple and conflicting priorities 		12	<ol style="list-style-type: none"> 1) ICS Partnership Board receives regular update and reports at every meeting and take partnership wide decisions where needed. 2) Throughout the CCGs governance processes and underpinning our work we keep a focus on ensuring equity of access and an awareness of the importance of addressing and not exacerbating health inequalities and differential impacts of unmet need across our population.
MITIGATING ACTION (S)		Target rating	NEXT REPORTED ACTIONS
1) Oversight at Quality, Delivery and Finance Group, and System Quality meetings ensures balance of attention on		6	1) UEC led focused work on insights and opportunities for managing urgent demand to protect recovery work programme

impact of pressures challenges on our recovery plans and our communities.



ID	Strategic Objective		Lead	Monitoring Committee
3	Continue to focus on our staff and build a culture of inclusivity so that everyone feels heard, valued and empowered		Emma Boswell	Governing Body
Risk Description		Initial rating Likelihood/impact	CONTROLS	
<p>If we do not show through action our commitment to supporting our staff and having a culture of inclusivity then we will not be able to attract and develop a diverse workforce that reflects the communities we service.</p>		20	<ol style="list-style-type: none"> 1) Wellbeing Champion Network and plan in place 2) Line Managers Forum established 3) Our Future Working Lives programme in place – resource being recruited too support delivery 4) Staff Partnership Forum established 5) BAME Network and investment in support for the inclusion agenda 6) Internal Staff Briefings, communications and staff engagement infrastructure 7) CCG membership of ICS People Board and work programme 8) Frimley Academy Board Membership and associated work programme and interventions 9) CCG HR policies and recruitment processes have been reviewed and adopted 10) HR Operational Transition Group and ICS Transition Governance Oversight arrangements 11) Organisational Development, facilitation and coaching resources in place and supporting individuals and teams across the CCG 12) Staff Pledges in place 	
Specific or Associated ISSUES		Current rating	Source of ASSURANCE	
<ul style="list-style-type: none"> • The impact on all staff of the transition to Statutory ICS architecture - focus on Board level roles • Managing capacity of the team to deliver programme of staff support and inclusion activities through period of change 		12	<ol style="list-style-type: none"> 1) Regular reports to Remuneration Committee on actions, risks and issues 2) Staff feedback mechanisms e.g. Staff Survey, team briefs 3) CCG appraisal and objective framework in place which includes specific focus on inclusion 4) HR policies complete and accessible to all staff 5) Contracts in place for people support functions for the organisation (e.g. employee assistance programme) 	
MITIGATING ACTION (S) November 2021		Target rating	NEXT REPORTED ACTIONS	
<ul style="list-style-type: none"> • Supporting the wellbeing of our staff, working with our Wellbeing Champions, to ensure a wide range of 		6	<ol style="list-style-type: none"> 1) Programme of activity related Black History Month to focus on culture of inclusion 	

<p>accessible support that meets individuals, teams and organisation needs</p> <ul style="list-style-type: none">• Continued access to training and development that supports our people to at their best at work and respond to the changing health and care landscape around them• Deliver Our Future Working Lives – a significant OD Intervention creating an agile culture of successful delivery• Working together with our staff networks to build our culture of inclusion - agreeing actions to be taken that creates change		<ol style="list-style-type: none">2) Planned Governing Body follow up seminar on inclusion qtr 3/43) Delivery of the next phase of Our Future Working Lives4) Roll out of framework for all staff to have a Wellbeing and career aspiration conversation – including piloting of Scope for Growth Tool5) Delivery of next planned actions to support staff at all levels through CCG to Statutory ICS - including communications plan6) Refresh of the aims, ambitions and interventions of the Frimley Academy to support leadership, culture and improvement across the ICS
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ID	Strategic Objective	Lead	Monitoring Committee
4	Effectively manage our resources together with our system partners to successfully deliver the system operating plan	Rob Morgan	Governing Body
Risk Description		Initial rating Likelihood/impact	CONTROLS
With the ongoing impact of COVID on the financial regime and allocation for the system; in addition to being able to finalise a workable financial framework for the ICS, means that the system will not be able to successfully deliver its operating plan and the CCG may not meet its statutory duties.		4 x 4 = 16	<ol style="list-style-type: none"> 1) Monthly Non ISFE reporting to NHS England 2) Weekly finance meeting with Frimley Health Foundation Trust 3) Bi weekly Strategic Finance meeting with ICS providers to move forward the financial strategy and financial framework 4) Regular ICS finance reviews with SE Region Director of Finance 5) System Quality, Delivery and Finance Meetings
Specific or Associated ISSUES		Current rating	Source of ASSURANCE
<ul style="list-style-type: none"> • There are ongoing discussions regarding the policy for which Provider organisations are included in the system control total. • In 20/21 and 21/22 Frimley Health Foundation Trust were the only Provider in the Frimley Health and Care ICS Control Total. • As the NHS recovers its services it is considered essential for the Frimley ICS that Surrey and Borders Partnership Foundation Trust and Berkshire Healthcare Foundation Trust are allocated through a % into the system financial control total in order that transformation of services is given the best chance to succeed. 		3 x 3 = 9	<ol style="list-style-type: none"> 1) Regular finance reports to ICS Partnership Board 2) Regular finance reports to CCG Governing Body 3) Regular finance reports to Quality, Finance and Performance Committee 4) Internal Audit 5) External Audit
MITIGATING ACTION (S) November 2021		Target rating	NEXT REPORTED ACTIONS
<ol style="list-style-type: none"> 1) 2H Planning under way for 21/22 which will inform the starting point for 22/23 planning. 2) Discussions with region and NHS England Chief Finance Officer regarding the policy for provider organisations and the systems that are responsible for them financially. 		2 x 3 = 6	<ol style="list-style-type: none"> 1) Outcome of Provider footprint discussions 2) Submission of 2H plan for 21/22

ID	Strategic Objective	Lead (s)	Monitoring Committee
5	Lead well and inspire each other as we transition successfully into a new organisation	Sarah Bellars/ Sam Burrows	Governing Body
Risk Description		Initial rating Likelihood/impact	CONTROLS
If the CCG is unable to maintain robust CCG governance arrangements while developing new ICS governance then this may lead to poor decisions, increasing the likelihood of challenge and reputational damage.		15 5 x 3	<ol style="list-style-type: none"> 1) A continual core team focus on meeting the governance requirements of the CCG prior to any planned transition. 2) Specific ICS allocated leadership and delivery resource to focus on developing new ICS governance requirements in partnership with the CCG and other system partners. This approach will enable a core CCG team to continue focus on delivering current legislative and constitutional requirements to a high standard. 3) Change and Transition Programme Board and workstream governance arrangements in place.
Specific or Associated ISSUES		Current rating	Source of ASSURANCE
Capacity of teams to maintain business as usual and begin to plan for new organisation.		10 5 x 2	<ol style="list-style-type: none"> 1) Regular reports to the ICS Partnership Board, CCG Governing Body, Remuneration Committee and Executive throughout this process which enable adequate scrutiny and oversight by lay, clinical and executive colleagues to ensure any risks are sufficiently well mitigated in a proportionate manner.
MITIGATING ACTION (S) November 2021		Target rating	NEXT REPORTED ACTIONS
<ol style="list-style-type: none"> 1) Additional resources agreed for the technical work stream and CCG Governance Team. 2) 15 October 2021 inaugural Change and Transition Programme Board. 3) October 2021 – structured engagement process with ICS stakeholders. 4) 2 November 2021 workshop with ICS partners to discuss the ICB design and joint working arrangements. 		5 5 x1	<ol style="list-style-type: none"> 1) Submission of first draft ICB Constitution to NHSE 3 December 2021. 2) Shadow ICP from January 2022.