

**Draft Minutes of Frimley Commissioning Collaborative Board ¹held on Tuesday 12 January 2021
between 0900 and 1025 via Microsoft Teams**

<p>Present:</p>	<p><u>Frimley Commissioning Collaborative comprised of East Berkshire, North East Hampshire and Farnham and Surrey Heath</u></p> <p>Dr Andy Brooks – Clinical Chief Officer Sarah Bellars, Executive Director of Quality and Nursing Emma Boswell, Executive Director of Development and Improvement Dr Lalitha Iyer, Executive Medical Director Rob Morgan, Executive Director of Finance</p> <p>Nicola Airey, Executive Place Managing Director, Surrey Heath Fiona Slevin-Brown, Executive Place Managing Director, Bracknell Forest Caroline Farrar - Executive Place Managing Director Royal Borough of Windsor and Maidenhead (RBWM) Tracey Faraday-Drake – Executive Place Managing Director Slough Daryl Gasson – Executive Place Managing Director North East Hampshire and Farnham</p> <p>Caroline Warner – Interim Collaborative Lay Convenor Dr Amanda Wellesley – Interim Collaborative Secondary Care Consultant Dr Huw Thomas – Interim Clinical Leader for Royal Borough Windsor and Maidenhead Dr Jim O’Donnell – Interim Clinical Leader for Slough Dr Steven Clarke – Interim Clinical Leader for North East Hampshire and Farnham Dr Martin Kittel – Interim Clinical Leader Bracknell Forest Dr Ed Palfrey – Interim Lay Member for Bracknell Forest and EPRR Arthur Ferry – Interim Collaborative Lay member for governance & audit and Lay Member for Royal Borough of Windsor and Maidenhead & Slough Tony Fitzgerald – Interim Collaborative Lay member for primary care and Lay Member for Surrey Heath Kathy Atkinson – Interim Collaborative lay member for PPE and Lay Member for NEHF</p>
<p>In attendance:</p>	<p>Fiona Edwards – Chief Executive Surrey and Borders Partnership NHS Foundation Trust and Frimley Health and Care ICS Lead</p> <p>Ann Cooper - Deputy Director of Governance – North East Hampshire and Farnham Mary-Jane Steijger – Head of Governance (Acting) – North East Hampshire and Farnham Joanne Green – Governance Manager – North East Hampshire and Farnham (secretariat)</p>
<p>Apologies for Absence:</p>	<p>Dr John Fraser – Interim Clinical Leader for Surrey Heath</p>

<p>1</p>	<p>Welcome and Lay Convenor’s introduction</p>
	<p>The Lay Convenor welcomed everyone to the meeting and commented on the current situation, which involved the roll out of the Covid vaccination programme the largest programme in NHS history. Due to work pressures, she encouraged members to finish the meeting by 1030.</p>

¹ The Frimley Commissioning Collaborative Board comprises: NHS North East Hampshire & Farnham CCG; NHS Surrey Heath CCG; NHS East Berkshire CCG

2	Conflicts of Interest Register and declarations of any interests relating to this agenda
	There were no amendments to the Conflicts of Interest Register, which had been included within the pack of papers. Members noted the Conflicts of Interest Register.
3	Minutes of the meeting in private of the Frimley Collaborative Board held on 8 December 2020 and Action Tracker
	<p>(a) The minutes of the above-mentioned meeting were approved as a correct record. (b) Action Tracker – the tracker from the meeting on 8 December 2020 was reviewed and it was agreed that all items marked “green” could be closed and removed:</p> <ul style="list-style-type: none"> • 045 - Wave 2 Capital Programme Business Case (PBC) Approval - submit PBC to NHSE/I for approval and onward transmission to DHSC.
4	Matters Arising not otherwise covered on the agenda
	There were no matters arising.
5	Clinical Chief Officer’s update – including priorities for next 3 months
	<p>The Clinical Chief Officer gave a detailed presentation to the Board as follows:</p> <p>(a) National guidance</p> <ul style="list-style-type: none"> • Planning letter • Integrated Care Document <p>(b) Collaborative priorities</p> <ul style="list-style-type: none"> • August 2020 – March 2021 • January to March 2021 <p>Historically, January to March each year was busy from both an operational and planning perspective. Added to this was an ongoing pandemic, with a current wave causing more pressures than the first, and a vaccine roll out while maintaining expectations from the public concerning usual service delivery. Locally, the pressure was greater due to the merger of three CCGs and undergoing system transformation. The NHS had issued guidance about the priorities for three months to 31 March 2021 and it was critical to agree priorities in light of this context, align resources appropriately, look after staff and understand the risks. This needed to be done in the context of system development, collaborative priorities and ongoing operational pressures.</p> <p>The Clinical Chief Officer set out the planning context and priorities that had been developed by the executive team including the high-level operational pressures, which the Board was asked to note. The NHS planning letter set out five priorities for the remainder of 2020/21 and the high-level priorities for 2021/22, including the headlines for finance in 2021/22. This would see revenue funding being distributed at system level, continuing the approach introduced during 2020/21. This would include system revenue envelopes being consistent with the Long Term Plan financial settlement.</p> <p>In November 2020 the NHS had published its proposals for the next steps in Integrated Care System (ICS) development including:</p> <ul style="list-style-type: none"> • Stronger partnerships in local places between the NHS, local government and others with a more central role for primary care in providing joined-up care; • Provider organisations being asked to step forward in formal collaborative arrangements that allowed them to operate at scale; and • Developing strategic commissioning through systems with a focus on population health outcomes; • The use of digital and data to drive system working, connect health and care providers, improve outcomes and put the citizen at the heart of their own care. <p>This led to four fundamental purposes for reform:</p> <ul style="list-style-type: none"> • Improving population health and healthcare; • Tackling unequal outcomes and access;

- Enhancing productivity and value for money; and
- Helping the NHS to support broader social and economic development.

The above was based on three observations:

- Decisions being taken closer to the communities they affected was considered likely to lead to better outcomes;
- Collaboration between partners in a place across health, care services, public health and the voluntary sector could overcome competing objectives and separate funding flows to help address health inequalities, improve outcomes, and deliver joined-up, efficient services for people; and
- Collaboration between providers (ambulance, hospital and mental health) across larger geographic footprints was likely to be more effective than competition in sustaining high quality care, tackling unequal access to services, and enhancing productivity.

The Board noted the summary provided by the ICS roadmap work development and was reminded of the agreed priorities for August 2020 to March 2021. In view of the ongoing pandemic the executive had proposed the following priorities for the next six weeks:

System Resilience Support and Assurance	Internal Operational Priorities
<ul style="list-style-type: none"> • Maintain a robust ICC on behalf of the system. • Co-ordinate the system Covid-vaccination programme. • Support planning and delivery of general practice Covid-vaccination contribution. • Support general practice delivery for prioritised non-Covid activities. • Working with providers and local authorities to optimise admission avoidance and early discharge from hospital – to support system flow. Strong place focus and system co-ordination role. • Provision of performance and timely data to support decision making on above. • Optimising contribution of workforce bureau support to above – including contribution of CCG staff. • Rapid resolution of any funding issues. 	<ul style="list-style-type: none"> • Merger. • Critical estates projects – Heathlands, Blue Mountain, Lynwood, Britwell, Ascot. • 2020/21 year end accounts. • 2021/22 planning. • Aligning Our Resources programme. • Staff health and wellbeing – new lockdown. • Keeping population safe (safeguarding, infection control functions and activities) • Identify three and six month priority areas as we move through current pandemic wave and vaccination programme.

The Board considered and agreed to step down the following activities, which would be reviewed in six weeks:

(a) Meetings:

- Suspending: Quality Performance and Finance Committee and Primary Care Commissioning Committees in Common (PCCCiC)
- Slimmed down: Board, Remuneration and Audit Committees.
- Places to review meeting structure, including option to suspend Place Committee meetings.

(b) Work programmes:

- Elective care – some meetings and pathways suspended.
- Digital First in primary care – potential redeployment of staff.
- Some estates programmes suspended.

	<p>(c) Staffing</p> <ul style="list-style-type: none"> • Clinical leads focusing on frontline care, released from collaborative duties where not part of priority focus. • Collaborative staff to be refocused to support priority areas. • Executive capacity flexed to meet changing demands. <p>In response to the above, the Chair of PCCCiC suggested it would be helpful to keep the meeting time in the diary to provide opportunity for the committee to be advised about any urgent issues arising. In response to the Convenor, the Clinical Chief Officer advised that he was particularly concerned about staff who had been working extremely hard for the past nine months and were therefore very tired, whilst continuing to tackle the many challenges arising from the pandemic. He commented that staff had a very strong public service ethic and would continue to work hard but he was concerned about the undoubted toll this might take on staff resilience. In response to Ed Palfrey, the Clinical Chief Officer advised that the Ethical Framework was now in operation to support ethical decision-making. The Director of Quality and Nursing commented on safe levels of working which were proving challenging to maintain and referred to a recent meeting with the Nursing and Midwifery Council and regulators, which had discussed this concern.</p> <p>The Convenor asked about the approach being taken to support staff during this time. In response, the Clinical Chief Officer advised that mechanisms had been put in place to support staff, which included access to more senior clinicians to assist in decision-making and management of any risks involved arising from delays to care.</p> <p>In relation to communications to the public it was recognised these were being driven at national level, however, use of local channels via for example, local authorities and other local groups should be considered as it was suggested these did have a local impact.</p>
6	<p>Incident Control Centre and winter pressures – update</p>
	<p>Fiona Slevin-Brown advised the latest position with regard to the above, which included the number of patients being treated for Covid by Frimley Health across both sites, which was double the number treated in the first wave. The number of critical care beds available locally had been increased and where necessary, mutual aid was being requested from other areas. Modelling of future capacity requirements was being undertaken by NHS England. The vaccination programme was being rolled out and a review of services which could be suspended was underway. She considered that, in spite of the considerable pressures, the system was working well and the Collaborative workforce bureau was playing a key role. She praised staff for their great response to the calls for support and commented that regional bodies had recently recognised the huge leadership challenges for Accountable Officers posed by the pandemic. Clinical staff were facing daily challenges and there was concern about the possible long-term impact on their mental health e.g. post-traumatic stress disorder, due to such challenges. She advised that a number of system wide support mechanisms were being put in place to assist staff.</p>
7	<p>Covid Vaccination Programme – update</p>
	<p>The Director of Quality and Nursing updated the Board on the latest position with mobilisation of the programme, which was currently on track. She advised the Salt Hill Activity Centre, Slough, would open as a temporary Covid vaccination centre from 18 January 2021. She praised the contribution of both staff and volunteers to the huge task of establishing the centre. In response to questions from Ed Palfrey, concerning support for clinicians, she advised the national policy approach and Lalitha Iyer advised a number of issues, which had yet to be resolved, but she was assured were being addressed. The previously agreed Escalation Framework had been invoked, supported by the ICS and GPs were considering how best to support the wider system and keep patients out of hospital wherever possible.</p> <p><i>Kathy Atkinson left the meeting at this point.</i></p>
8	<p>Primary Care – update</p>
	<p>Caroline Farrar advised the Board about progress made in primary care, including dealing with backlogs in care created by the first wave of the pandemic, current surge and demand and the need to suspend services dealing with minor ailments and the roll out of the vaccination programme. In</p>

	particular, she praised the primary care networks, which had responded very well to the roll out of the vaccination programme.
9	Financial settlement/planning 2021/22
	<p>The Executive Director of Finance advised that, as reported previously, the NHS had operated a financial regime in the first half of 2020/21, which aimed to bring all organisations to break even. This had been done via two main mechanisms, Covid funding and “Top Up (TU)” funding. The second half-financial envelopes had been released and rather than a retrospective claim for extra costs incurred to bring to break even, a system financial envelope had been calculated with systems expected to live within that envelope. This meant that TU had stopped with a system Covid estimate of expenditure being given and systems now expected to manage costs within the funding envelope.</p> <p>He reminded members they had been advised of the funding gap the second half envelope had created. Discussions with NHS England/Improvement had concluded that the system would receive funding to bridge the shortfall, due to the national calculation methodology not picking up local nuances. The Frimley ICS had ensured the cost forecast was realistic, which included some efficiency challenge. This meant that, with the promise of funding, the system remained in a position where it expected to live within those parameters with funding to be available in January 2021. This should enable cash positions between organisations to be agreed, whilst also starting the year-end close down process. An incentive scheme to encourage restoration of elective services had also commenced in the second half of the year, which provided the opportunity to generate a surplus but equally had penalties, which could drive a deficit. He advised there had been national debate about how this ‘elective incentive scheme’ (EIS) would be, applied given the resurgence of Covid. Prior to Christmas 2020, systems had been notified that the EIS was continuing, but would be modified. The possible impact on Frimley Health Foundation Trust was advised. The Board was informed that early guidance was beginning to emerge about planning for 2021/22. It was expected the full financial settlement for the NHS would be announced close to the beginning of the new financial year. However, there was also an expectation that preparatory work should start now.</p> <p>The Board noted that, whilst current national guidance was assuming these plans would be in place by 1 April 2021, the reality and scale of the pandemic could mean there was a ‘roll-forward’ of current funding arrangements for a number of months until say 1 July 2021. The direction of travel was clear, with a return to more normal levels of funding, albeit with some additional non-recurrent funding to support recovery.</p>
10	Board Assurance Framework (BAF)
	<p>The Board received and noted BAF and Situation Reports circulated. Each report provided a short synopsis of the key risks; risk scores; controls and mitigating actions within each of the following areas:</p> <ul style="list-style-type: none"> a) Quality and Safeguarding – Sarah Bellars b) System and Partnership Working – Fiona Slevin-Brown c) Finance and Resources – Rob Morgan d) Primary Care and Community Services – Nicola Airey e) Our People – Emma Boswell
11	Papers received and noted
	<p>The Board received and noted the following papers:</p> <ul style="list-style-type: none"> a) Frimley Collaborative - response to “Integrating Care: Next steps to building strong and effective integrated care systems across England”. (NHSEI November 2020) b) Bracknell Forest Place Based Committee – 11 November 2020 c) SH Place Based Committee – 3 November 2020 d) Quality Performance and Finance Committee - 22 September 2020
12	The meeting closed at 1025. Date of next meeting - Tuesday 9 February 2021 between 0830 and 1130.