

Minutes of Frimley Commissioning Collaborative Board ¹held on Tuesday 7 July 2020 between 09.00am and 11.00am via Microsoft Teams

Present:	<p><u>Frimley Commissioning Collaborative comprised of East Berkshire, Surrey Heath and North East Hampshire and Farnham – interim roles in response to Covid-19 detailed in <i>italics</i> below:</u></p> <p>Dr Andy Brooks – Clinical Chief Officer Nicola Airey, Executive Place Managing Director, Surrey Heath Sarah Bellars, Executive Director of Quality and Nursing Emma Boswell, Executive Director of Development and Improvement Rob Morgan, Executive Director of Finance Fiona Slevin-Brown, Executive Place Managing Director, Bracknell Forest Daryl Gasson – Executive Place Managing Director North East Hampshire and Farnham Tracey Faraday-Drake – Executive Place Managing Director Slough Caroline Warner – Lay Person for Patient and Public Engagement Surrey Heath and East Berkshire - Interim Lay Convenor for the Frimley Collaborative Dr Martin Kittel – Senior Clinical Lead East Berkshire Dr Ed Palfrey – Secondary Care Lay Member North East Hampshire and Farnham – Arthur Ferry - Lay Member for Audit and Governance East Berkshire Dr Huw Thomas - Locality Lead for the Royal Borough Tony Fitzgerald - Interim Lay Chair Surrey Heath Dr Steven Clarke – Governing Body GP North East Hampshire and Farnham Dr Jim O'Donnell – Locality Lead for Clinical Leader for Slough Dr John Fraser – Clinical Lead Surrey Heath</p>
In attendance:	<p>Sharon Ward, Deputy Director of Communication and Engagement. Ann Cooper, Deputy Director of Governance – North East Hampshire and Farnham M-J Steijger – Head of Governance (Acting) – North East Hampshire and Farnham (secretariat)</p>
Apologies for Absence:	<p>Dr Lalitha Iyer, Executive Medical Director Kathy Atkinson, Lay Member for Patient and Public Engagement North East Hampshire and Farnham Caroline Farrar, Executive Managing Director Royal Borough Dr Peter Bibawy – Clinical Chair North East Hampshire and Farnham Fiona Edwards – Chief Executive Surrey and Borders Partnership NHS Foundation Trust and Frimley Health and Care ICS Lead. Dr Amanda Wellesley – Secondary Care Consultant East Berkshire and Surrey Heath-</p>

	Frimley Collaborative Board Seminar Session
1	Welcome and Apologies
	<p>Caroline Warner in her capacity as Interim Lay Convenor welcomed the interim members to the meeting of the Frimley Collaborative Board which was taking place remotely in compliance with national social distancing guidance. The meeting was comprised of two parts – an opening Seminar Session followed by a short business meeting.</p>

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

Apologies were noted as outlined above.

Introduction from the Chief Officer setting out the context and outlining key aims for the session:

Andy Brooks made some opening remarks to (i) provide some national context on new and emerging issues and (ii) set the context for the Seminar Session.

In terms of national issues – members noted that local lock-down measures had been brought into force in Leicester in response to Local Authority and Public Health concerns on a rise in Covid-19 cases – the learning from this local lock-down would help to inform work going forward. Other key issues included managing patient expectation(s) around the capacity of both acute and primary care whilst the national pandemic alert had been reduced to Level 3 (1-5 scale)(to allow for the reopening of services) the NHS continued to operate within an ongoing Level 4 EPRR (1 to 4 scale); articulating what the new “business as usual” might look like for patients and locking in the benefits of digital working and virtual triage; addressing the adverse impact of lock-down on mental health; winter planning; workforce.

Following discussion of papers 2.1; 2.2 and 2.3 the members of the Frimley Collaborative Board would work in four separate facilitated break-out sessions on four questions – the small group discussions would help to develop early thinking on the pros and cons of a potential merger.

Members noted the verbal update.

2.1 Priorities – July 2020 to March 2021

Nicola Airey introduced the draft Priorities for the Frimley Collaborative which members were being asked to approve. Members noted that the draft Priorities were framed within the wider ICS Strategic Ambitions and reflected the strategic response to the impact of the Covid-19 emergency.

Members noted that the Priorities had been shaped by (i) the output from discussions that had taken place at the Frimley Collaborative Board meeting in June; conversations within Place based meetings; the Executive Leadership Team; staff surveys as well as patient and public insights.

The draft Priorities for the Frimley Collaborative would be used to (i) shape staff objectives for 2020/21 (ii) inform the conversations and development of local plans taking place with partners and communities. Members noted that further work would be undertaken to mitigate and manage the risks which had been identified.

Members noted the four overarching strategic themes with 12 priority areas shown below; the paper provided a detailed breakdown of these 12 priority areas and how they would be tested to deliver successful and measurable outcomes.

Meet population and patient needs	Address new Priorities	Reset to a better model of care and	Create a new Health & Care Landscape
1.Covid Infrastructure 2. Urgent Care 3. Planned Care	4. Public Health challenge including mental wellbeing 5. Workforce support and resilience	6.Innovation 7.Equity 8.Working with communities	9.PCNs 10.Place 11.CCG /Collaborative 12.Collaborative /ICS

Members were invited to provide any other reflections on the draft Priorities.

Ed Palfrey noted that since the last Frimley Collaborative Board meeting the Public Health priority had been added to new Priorities list – he reiterated his previously expressed concern about Public Health capacity and whether there was sufficient additional resource(s) available to support Public Health colleagues who were facing the challenges of managing the track and trace function; overseeing any potential local lockdowns and now also the BAME population health work in Slough in response to Covid-19.

Martin Kittel asked Fiona Slevin-Brown if she was confident that there was sufficient Public Health workforce capacity to plan and manage a local lockdown if it was required.

Fiona Slevin-Brown confirmed that she was due to meet with Tessa Lindfield the Public Health Director for East Berkshire in the week ahead and she would raise the concerns expressed by members.

Andy Brooks accepted the challenges from both Ed Palfrey and Martin Kittel and advised that the risks and mitigations for Public Health were in the process of being further articulated in the Priorities document – he confirmed that the Frimley Collaborative would work to support Local Authority colleagues to help realise wider public health opportunities as part of the “Community Deal” conversations.

Jim O’Donnell said from his own experience of working in the Slough area the draft Priority paper would benefit from more emphasis on how the Collaborative would (i) co-design with its local population to deliver key health prevention messages about how to keep safe during the Covid-19 health emergency, particular for patients whose first language was not English and (ii) develop targeted communication(s) based on risk stratification.

Emma Boswell confirmed to Jim O’Donnell that co-production with local communities was being embedded at the core of the engagement work stream to address health inequalities. It was agreed that the points Jim O’Donnell had raised would be further developed within the strategic priority - “Reset to a better model of care” and its three priority areas (innovation; equity and working with communities).

Andy Brooks advised that the health inequalities work was undertaken as part of the Community Deal work stream – he reflected that health inequalities served to result in poorer outcomes for Covid-19 and this was a priority for the Frimley Collaborative and partners in the ICS.

Members agreed that the impact of Covid-19 had widened existing health inequalities particularly for the most vulnerable members of the local population and that the Frimley Collaborative should continue to strive to ensure there was equity of opportunity for all members of its population – not just in accessing health care but also in adopting healthier lifestyles.

It was agreed that the draft Priorities paper would be further updated in the following priority areas (i) public health (ii) communication and (iii) health inequalities.

Members considered the following risk themes: engaging our population; understanding the impact of Covid; balancing demands and capacity; risk aversion; clarity of purpose and form and financial flexibility and control.

Steven Clarke asked Rob Morgan asked whether the financial flexibility and control risk would include (i) understanding the overall financial framework for the three CCGs ahead of any decision to merge and (ii) the financial risk(s) associated with a potential merger.

Rob Morgan stated that the Financial Update paper in section 10 would provide further details on the Financial Framework question.

Following discussion, it was agreed that very positive progress had been made since the last meeting to develop this next iteration of the draft Priorities – and that notwithstanding the inclusion of more detail on three priority areas outlined above: (i) public health (ii) communication and (iii) health inequalities members provided their approval for the draft Priorities paper for 2020/21.

The Frimley Collaborative Board approved the paper.

2.2 **NHS Reset and NHS Confederation – Time to be radical. The view from system leaders on the future of “system by default”**

Andy Brooks advised members that the recently published paper had been included within the pack as background reading and to set the context for the break-out sessions. Members noted that prior

	<p>to Covid-19, the national move had been to introduce a 'system by default' - these discussions had been paused in the initial phase of the Covid-19 health emergency, however, this national debate had now resumed alongside the restarting of the process for CCGs to apply for mergers.</p> <p>Andy Brooks briefed members on the letter sent by David Radbourne – Regional Director of Strategy and Transformation NHSE/I for the South East Region dated 1 July 2020 to all the Chief Executives in the Frimley ICS setting out the next steps that the South East Region would be taking to support ICS development in the next phase of the Covid response. The South East Region had engaged Nigel Edwards and Helen Buckingham at The Nuffield Trust to work with system leaders to support their thinking on the following key design principles – including “what are the future arrangements for the management of population health within each ICS”; “how do the organisations in the ICS work with each other – principles, assurance and ways of operating”; how does the ICS and its constituent bodies work with external organisations; how is the ICS held to account and how in turn does it relate to its constituent place based system – in particular how can systems move away from previous methods based on very detailed oversight, contractual interaction but still appropriate assurance” and “what are the overall implications of how commissioning and funding flows operation that flow”.</p> <p>The Frimley Collaborative Board was asked to provide its positive endorsement for the work that system leaders in the Frimley ICS were doing with The Nuffield Trust to design further opportunities for system integration.</p> <p>The Frimley Collaborative Board provided its endorsement for the ongoing system integration work.</p>
2.3	<p>CCG Configuration – option to allow time for exploration of possible merger</p> <p>Members noted that at its meeting in October 2019 (as part of the ongoing work to form the Frimley Collaborative) it had received a paper (Appendix A which had been recirculated in the pack of papers for this meeting) that set out the about the risks and benefits associated with a merger of the three CCGs in the Frimley Collaborative; outlined the national timetable for CCG mergers noting that the next window of opportunity for the Frimley Collaborative to consider merger would be during 2020/21 – expressing intent to merge by July 2020 and developing a business case for merger in September 2020. At its meeting in October 2019 “<i>Members had noted that work was ongoing to fully understand and quantify the benefits and risks of a formal merger and this would be discussed in more detail in Spring 2020</i>”.</p> <p>The Frimley Collaborative Board was now asked to reflect on the following points ahead of the four separate break-out group discussions:</p> <ul style="list-style-type: none"> ▪ Reflect on the previous paper (Appendix A) to reassess the benefits and risks of merger – had any of these changed? What impact had Covid-19 on these benefits and risks. ▪ Note the key pieces of work that had been completed in 2019/20 to support the establishment of the Frimley Collaborative - including the formation of single executive team; a strong clinical response to Covid-19 and effective partnership work across the ICS; ▪ Consider the NHS Long Term Plan need for each Integrated Care System to have streamlined commissioning arrangements to enable a single set of commissioning decisions at ICS level. The Long Term Plan envisaged that this would typically involve a single CCG for each ICS. ▪ Understand the timescales to meet the national timetable deadlines if a merger was agreed by the Collaborative Board – namely, to express an intent to merge to NHSE by July 2020, develop a business case by September 2020 to submit to NHSE, merger preparation during winter 2020/21 and merger from April 2021. <p>In line with this paper and the national timetable, the Collaborative Board agreed to consider whether a merger was the right next step – and to do this before the end of July 2020. The aim was to ensure that this flexible approach created more time for open conversations about the risks and benefits of a merger without the requirement to make any formal decision until September 2020.</p> <p>The Frimley Collaborative Board approved the recommendation to undertake discussions to consider whether a merger was an option that it wished to pursue.</p>
2.4	<p>Break Out Discussions:</p>

	<p>Members left the main meeting and joined two separate facilitated breakout sessions:</p> <ol style="list-style-type: none"> 1. Breakout Session: Exploring opportunities for further system integration 2. Breakout Session: CCG Mergers <p>The feedback from the four groups would be collated and shared with members after the meeting to support thinking ahead of the next meeting in September 2020. Action: Andy Brooks</p> <p>To further support virtual ways of working - members would be sent a short survey during the 2nd breakout discussion to complete during the meeting break. Andy Brooks would provide a short overview on the feedback from the survey which sought views on three questions: what worked well; what would have been better and any other suggestions.</p> <p>The Seminar Session closed.</p>
4	<p>Summary of the feedback from the survey</p> <p>After the break Andy Brooks provided the following feedback – the majority of members felt that the small break out discussions had allowed for richer discussions and that there had been a good use of technology. In terms of what could have been better, members agreed that there should have been more time allocated to the breakout discussions and more discipline around time keeping. Finally, in terms of any other suggestions – <i>“continue to rotate members in these sorts of small group discussions so that there was an opportunity for new members to get to know each other better”</i> and <i>“to think about how this efficient technology could be used to consult our community of GPs and engage with members of the public”</i>.</p> <p>Members noted the feedback.</p>
5	<p>Welcome from the Lay Convenor to the Business Meeting</p> <p>Caroline Warner thanked members for their contribution to the Seminar Session – the Frimley Collaborative Board now commenced its formal business meeting.</p>
6	<p>Conflicts of Interest Register</p> <p>There were no amendments to the Conflicts of Interest Register which had been included within the pack of papers.</p> <p>Members noted the Conflicts of Interest Register.</p>
7	<p>Minutes of the Frimley Collaborative Board meeting on 9 June 2020 and Action Tracker</p> <p>The minutes of the previous meetings on 9 June 2020 were approved without amendment as a correct record.</p> <p>The minutes of the previous meetings were approved.</p> <p>The action tracker from the previous meetings was reviewed – all the actions had been marked as closed and completed; were on the agenda for discussion at the meeting on 7 July or were marked for discussion at the meeting in September 2020.</p> <p>The action tracked was reviewed and noted.</p>
8	<p>Matters Arising not otherwise covered on the agenda</p> <p>There were no matters arising.</p>
9	<p>Recovery and Restoration – next steps</p> <p>Sarah Bellars provided a verbal update on the action arising from the Frimley Collaborative Board meeting on 9 June 2020 - members had requested assurance on the quality and financial decisions that had been made in respect of services since the enactment of EPRR arrangements on behalf of the Frimley Collaborative Board by the following:</p> <ol style="list-style-type: none"> 1. Clinical Chief Officer and Director of Finance 2. The Frimley Incident Control Centre

	<p>3. The Frimley ICS Exec Quality and Clinical Reference Group</p> <p>Three decisions logs had been circulated to members in advance of the meeting – (i) Frimley Collaborative Board Decision Log which showed decisions made by the Clinical Chief Officer and Director of Finance; (ii) Start and (iii) Stop Decision Logs for the Frimley ICS Executive Quality and Clinical Reference Group which provided oversight on the decisions of the Frimley Incident Control Centre.</p> <p>Caroline Warner invited questions from members.</p> <p>No questions were received and Sarah Bellars invited members to email her with any questions outside the meeting.</p> <p>The verbal update was noted.</p>
10	<p>Finance Update</p>
	<p>Rob Morgan introduced the finance update paper for June 2020.</p> <p>Members were advised that the previous three months had been a very busy time for Finance Teams – a considerable amount of new guidance had been issued in relation to the Covid-19 health emergency, in addition to the work that had been undertaken to close out the year, complete external audits and prepare the Annual Reports and Accounts for 2019/20.</p> <p>Rob Morgan reminded members that the Frimley ICS had achieved its control total for 2019/20 and Finance Teams in the Frimley ICS were working collaboratively to focus on the system use of resources rather than organisational resources for the remainder of 2020/21. Members were advised that no new investment decisions could be made unless agreement had taken place pre-Covid-19.</p> <p>Members noted an update on Month 2 for the Frimley ICS.</p> <p>Rob Morgan advised that work to progress and agree a Financial Framework for the Frimley ICS was ongoing and in Month 5 (August) he anticipated further clarity around the following three elements:</p> <ol style="list-style-type: none"> 1. Block / Top Up arrangements – this would look at the aggregated system deficit and top up to break even. Some budgets were being taken away and administered centrally. Early indications showed large differences in calculations which would show Frimley ICS paying money back, not receiving top up. 2. COVID costs – likely to be a block allocation to system and not a claim by individual organisations. 3. Recovery and Restoration funding – there was no indication as to amount or availability yet. <p>Rob Morgan was of the view that the strategic direction of travel would be for more centralised control, no new investments (unless agreed as part of regime outlined above) and an overall reduction in control of local budgets.</p> <p>Caroline Warner invited questions from members.</p> <p>Members discussed how the System was working to address backlog in elective work and tackle waiting lists.</p> <p>Martin Kittel emphasised the need for the Frimley ICS to use an evidence based intervention approach to restarting elective work. Members supported evidence based medicine as a principle, however, there was a recognition that there was a considerable amount of variation on how the clinical evidence was interpreted and for this reason there needed to be a collaborative approach to agreeing changes to patient pathways.</p>

	<p>Members asked if additional funding would be made available in the year ahead to meet the mental health investment standard – Rob Morgan confirmed that he was joining national calls on the mental health investment standard and that he would keep members updated on developments.</p> <p>Members noted the paper.</p>
11	<p>Position Statement on Covid 19</p> <p>Fiona Slevin Brown in her capacity as full time System Gold Lead provided members with a verbal position statement on the System response to Covid-19 since its last meeting on 9 June 2020.</p> <p>Fiona Slevin-Brown reflected on the point that Andy Brooks had made in his opening remarks about managing patient expectation(s) around the capacity of both acute and primary care whilst the national alert had been reduced to Level 3 (which had for example allowed the reopening of pubs, restaurants and hairdressers) the NHS continued to operate within an ongoing Level 4 alert. There was an ongoing need to communicate with patients about reduced capacity to deliver services during the Restoration and Recovery Phase.</p> <p>Fiona Slevin-Brown advised members that key issues for the system were (i) winter planning and (ii) preparing for EU Exit and (iii) working with public health to further develop demand modelling for any potential future outbreaks of Covid-19 with a particular focus on identifying early triggers for the local population in the Frimley ICS.</p> <p>Built on the learning from the preceding three months the Frimley Collaborative would align its System Resilience work through the formation of a single System Resilience Committee in Common in August 2020 - with the intention of further streamlining business continuity planning.</p> <p>Caroline Warner invited questions/ comments from members.</p> <p>No questions were received.</p> <p>Members noted the assurances provided by Fiona Slevin-Brown</p>
12	<p>Board Assurance Framework / SITREP</p> <p>As agreed at the previous meeting the Board Assurance Framework/SITREP document which had been circulated to members before the start of the meeting was intended to provide a clear concise report on the status of current threats against achievement of the strategic priorities. Each of the five Executive Leads had provided a short synopsis of the key risks; risk scores; controls and mitigating actions within their areas which were set out in the paper.</p> <ol style="list-style-type: none"> 1. Quality and Safeguarding – Sarah Bellars 2. System and Partnership Working – Fiona Slevin-Brown 3. Finance and Resources – Rob Morgan 4. Primary Care and Community Services – Nicola Airey 5. Our People – Emma Boswell <p>Caroline Warner invited any additional comments from the Executive Team or from other members.</p> <p>Members noted that an Interim Frimley Collaborative Primary Care Commissioning Committee would meet on 21 July 2020 and that the Frimley Collaborative Quality Performance and Finance Committee would meet for the first time on 28 July 2020.</p> <p>Members noted the reports.</p>
13	<p>The meeting closed at 11.00am. The next meeting would take place on Tuesday 8 September 2020.</p>
14	<p>The Frimley Collaborative Board noted that the <u>final</u> versions of the Annual Reports and Accounts for East Berkshire; Surrey Heath and North East Hampshire and Farnham had been circulated to</p>

members in advance - members had been assured and that a robust delegated approval process had been undertaken on its behalf by the Frimley Collaborative Audit Committee in Common on 17 June 2020. Members noted that the final versions of the Annual Reports and Accounts were due to be published on respective websites on 8 July 2020.

Members noted the following final approved minutes:

- Frimley ICS Board approved minutes 21 April 2020
- Frimley Collaborative Audit Committee in Common 21 May 2020
- Place Committee North East Hampshire and Farnham 27 May and 10 June 2020
- Place Committee East Berkshire 14 May 2020