

**Minutes of Frimley Commissioning Collaborative Board <sup>1</sup>held on Tuesday 8 September 2020  
 between 08.30am and 11.00am via Microsoft Teams**

<b>Present:</b>	<p><b><u>Frimley Commissioning Collaborative comprised of East Berkshire, North East Hampshire and Farnham and Surrey Heath – interim roles in response to Covid-19:</u></b></p> <p>Dr Andy Brooks – Clinical Chief Officer          Dr Lalitha Iyer, Executive Medical Director          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</p> <p>Caroline Warner – Interim Collaborative Lay Convenor          Dr Amanda Wellesley – Interim Collaborative Secondary Care Clinician.          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 &amp; audit and Lay Member for Royal Borough of Windsor and Maidenhead &amp; 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>Fiona Edwards – Chief Executive Surrey and Borders Partnership NHS Foundation Trust and Frimley Health and Care ICS Lead.</p>
<b>In attendance:</b>	<p>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>
<b>Apologies for Absence:</b>	<p>Caroline Farrar, Executive Managing Director Royal Borough of Windsor and Maidenhead          Dr Huw Thomas – Interim Clinical Leader Royal Borough of Windsor and Maidenhead          Dr Jim O'Donnell – Interim Clinical Leader Slough          Dr John Fraser – Interim Clinical Leader Surrey Heath</p>

1	<b>Welcome and Apologies</b>
	Caroline Warner in her capacity as Interim Lay Convenor welcomed the members to the meeting of the Frimley Collaborative Board which was taking place remotely in compliance with national social distancing guidance.
2	<b>Conflicts of Interest Register and declarations of any interests relating to this agenda</b>

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

	<p>There were no amendments to the Conflicts of Interest Register which had been included within the pack of papers.</p> <p>Caroline Warner noted that before the start of the meeting Fiona Edwards had a declared a conflict of interest in relation to item 9.2 Surrey CAMHS. Caroline Warner informed members that Fiona Edwards would leave Frimley Collaborative Board meeting to join a national call and the Surrey CAMHS discussion would be brought forward on the agenda to coincide with this timing. Fiona Edwards would re-join the Collaborative Board after the discussion had taken place.</p> <p><b>Members noted the Conflicts of Interest Register.</b></p>
3	<p><b>Minutes and Action Tracker of the meetings in private of the Frimley Collaborative Board held on 7 July 2020 – for approval.</b></p>
	<p>The minutes of the previous meetings on 7 July 2020 were approved without amendment as a correct record.</p> <p><b>The minutes of the previous meetings were approved.</b></p> <p>The action tracker from the previous meetings was reviewed – it was noted that the actions had been marked as closed and completed or were marked for discussion at the meeting in September 2020.</p> <p>Members noted a correction to action <b>023</b> – “It was agreed that the Lay Members would have a further opportunity to input to the development of the <i>Draft Communications &amp; Engagement Framework</i> - a separate workshop would be organised to support this work”. The action had been marked as closed and completed – however, the workshop with Lay Members had not taken place on 3 September as described and instead this had been a planning meeting for the workshop. For this reason, the action remained in progress and open. The action tracker would be corrected.</p> <p><b>The action tracked was reviewed and noted.</b></p>
4	<p><b>Matters Arising not otherwise covered on the agenda</b></p>
	<p>There were no other matters not otherwise covered on the agenda.</p>
5	<p><b>Chief Clinical Officers update</b></p>
	<p>Andy Brooks informed members that in August Peter Bibawy had stood down as the Frimley Collaborative Interim Clinical Chair to take up a new role as the Lead for the Frimley Academy and Clinical Chief for Inequalities for North East Hampshire and Farnham – on behalf of the Frimley Collaborative Board he extended his thanks to Peter Bibawy for his significant contribution as both the Interim Clinical Chair for the Collaborative and as the Chair of North East Hampshire and Farnham.</p> <p>Andy Brooks updated members on neighbourhood; place; system and national issues which had arisen since the last meeting on 7 July 2020; he reflected that July and August had continued to be busy. Key issues remained Phase 3 restoration of services; EU Exit and preparations for the return of schools and universities and the recent surge in cases of Covid -19.</p> <p>Andy Brooks advised members that he had recently had the opportunity to hear a presentation from the Primary Care Network (PCN) Clinical Director from Maidenhead and had been very encouraged to see how partnership working at both a neighbourhood and place level between the PCN; local authority and public health colleagues and mental health providers had meant that high risk groups of patients, for example the diabetics and those with serious mental illness were being targeted as part of the population health and prevention agenda.</p> <p>At System level discussions around (i) further system integration (ii) partnership working with Local Authority colleagues and Local Resilience Forums (iii) potential merger by the Frimley Collaborative were ongoing; Andy Brooks advised members that work was being undertaken in the Frimley ICS to support work on wider system integration.</p> <p>Members of the Collaborative Board were invited to ask any questions.</p> <p>Tony Fitzgerald noted that as a result of Peter Bibawy stepping down the Interim Clinical Chair position was now vacant – in his view this gap on the Collaborative Board had arisen at a critical moment when</p>

	<p>the clinical model was under discussion and he asked how clinical leadership arrangements were being managed during this period.</p> <p>Andy Brooks agreed that he would provide members with an update and further assurances on the clinical leadership arrangements for the Collaborative as a result of the vacancy that arisen - he would pick this action up with Emma Boswell outside the meeting to agree next steps. <b>Action: Andy Brooks</b></p> <p>Caroline Warner asked Andy Brooks if he was in a position to provide any further update on the restructuring of Public Health that had been recently announced by the Government.</p> <p>Andy Brooks advised that at present there was no detail on the proposed national restructuring of Public Health England – he agreed to keep members full updated on any developments. Andy Brooks assured members that the Frimley Collaborative continued to work very closely with its local Public Health partners in the Frimley ICS. This included further joint work in East Berkshire.</p> <p><b>Members noted the verbal update.</b></p>
6.1	<p><b>Position Statement on COVID-19</b></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 7 July 2020.</p> <p>Members noted that the National Alert Level remained at 3 and that the Frimley ICS was working proactively to deliver the key priorities of the Phase 3 Letter which had been published on 31 July 2020 (this item would be covered in detail in section 6.2)</p> <p>Key areas of focus 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” to support the development of an early warning dashboard for the local population in the Frimley ICS (iv) addressing the surge of Covid-19 cases amongst the younger population and (v) ensuring a pro-active targeted response for vulnerable members of the population.</p> <p><b>Members noted the current position statement.</b></p>
6.2	<p><b>Phase 3 Letter and slide deck to show response</b></p> <p>Fiona Slevin-Brown introduced a presentation – Phase 2 Response 2020/21 which had been circulated in advance with the papers for the meeting. Members noted the slides that summarised the key areas of focus for the Phase 3 Letter which had been published on 31 July 2020</p> <p>Fiona Slevin-Brown highlighted the following points – key areas of context (i) Covid-19 pandemic impact (ii) population health (iii) winter preparedness and EU Exit (iv) conflicting and competing demand (v) system restoration and recovery principles and progress and (vi) financial landscape.</p> <p>Members noted the Recovery Principles and the key points of the Phase 3 Letter – in particular, the focus on accelerating the return of near normal levels of non-Covid health services (restoration of all cancer services; restoration of elective services including diagnostics; restoration of primary and community care and expansion and improvement of mental health and learning disability and autism services). Preparation for winter demand pressures – this would include surge modelling; EU Exit and flu vaccination programmes. Development of the <i>NHS 111 First</i> message; focus on health inequalities and prevention; workforce; financial arrangements and system working.</p> <p>Fiona Slevin-Brown informed members that a draft Phase 3 ICS response had been submitted to NHSEI on 1 September with a final plan due for submission on 21 September 2020 (this would cover the period from September 2020 to April / May 2021). The System Winter Plan was due for submission to NHSE by 1 October 2020 - this included a statement on Flu Vaccination requirements for 2020/21.</p> <p>The Frimley Collaborative Board undertook a detailed discussion of the presentation and the following points were raised:</p>

In the context of the discussion about the resumption of services; winter preparedness and EU Exit – Martin Kittel sought further assurances from the Director of Nursing & Quality around the national supply of flu vaccines and further detailed guidance on the roll-out of the national flu vaccination programme to vulnerable / high risk groups across the Frimley Collaborative footprint during Covid-19. Sarah Bellars advised members that she had been encouraged by her most recent national calls with NHSE - the national message was that there were no supply chain issues in relation to the flu vaccine. Sarah Bellars confirmed that Frimley Collaborative Flu Group would continue to cascade (i) the most up-to-date NHSE guidance on the flu vaccination programme (ii) flag any issues in relation to the supply chain to the five Place Committees.

Caroline Warner asked Fiona Slevin-Brown if the Frimley system was able to access detailed local data that showed the Covid-19 surge and identified clusters.

Fiona Slevin-Brown assured members that the Frimley Incident Control Centre (ICC) had access to a wide range of data obtained through the track and trace system – enhanced data literacy had enabled the Frimley System to develop targeted responses to groups and locations with high levels of Covid. Local targeted actions included the use of social media (for example Instagram) to focus on specific population groups and in locations /venues with high levels of Covid (for example where people were gathering at a certain venue) the use of traffic wardens to issue parking tickets with the intention of dispersing groups.

Caroline Warner thanked Fiona Slevin-Brown for these examples which had been helpful and had illustrated how a targeted response had been developed to address local Covid clusters in the Frimley System.

**Members noted the presentation.**

### 6.3 **Review of Emergency Preparedness Resilience and Response (EPRR) arrangements**

Sarah Bellars introduced the paper and reminded members that at its meeting on 9 June 2020 the Frimley Collaborative Board had previously provided its approval for a three-month extension of EPRR arrangements until 30 September 2020.

Given that the NHS continued to operate within a command and control Level 3 EPRR context the paper sought a further extension of (i) delegated powers for the Clinical Chief Officer and Director of Finance (CFO) (ii) the continuation of previously agreed interim leadership roles for the Frimley Collaborative Board (listed below) until 31 March 2021:

Caroline Warner – Interim Collaborative Lay Convenor;

Tony Fitzgerald – Interim Collaborative Lay member for primary care and Lay Member for Surrey Heath  
Arthur Ferry – Interim Collaborative Lay member for governance & audit and Lay Member for RBWM and Slough

Kathy Atkinson – Interim Collaborative lay member for PPE and Lay Member for NEHF

Ed Palfrey – Interim Lay Member for Bracknell Forest and EPRR; and

Amanda Wellesley – Interim Collaborative Secondary Care Clinician.

Sarah Bellars set out the rationale for the further extension of EPRR arrangements – notably, that the Collaborative was now at a critical point not only in terms of its continued response to COVID-19 and winter planning, but also with the proposed merger plans and ongoing discussions about wider system integration. To ensure stability it was proposed that the Collaborative maintained its previously agreed EPRR arrangements which aligned with the continuation of the Frimley ICS Incident Control Centre (ICC) for a further period up to 12-18 months in line with the Phase 3 letter and NHSE requirements and with Fiona Slevin-Brown as the Accountable Emergency Officer (AEO) acting as Gold Command.

**Members approved the aforementioned recommendations and extended the EPRR arrangements described above for the Frimley Collaborative until 31 March 2021. Members supported the continuation of the Frimley ICS ICC arrangements. The Frimley Collaborative Board would review these EPRR arrangements at its meeting in February 2021.**

Caroline Warner invited members to ask any other questions.

	<p>Tony Fitzgerald stated that his question related to the sub-committees of the Frimley Collaborative Board - specifically to arrangements for the resumption of the Remuneration Committee and the continuation of interim arrangements the Primary Care Commissioning Committee in Common.</p> <p>Sarah Bellars confirmed that the Remuneration Committee would resume its work in October and the interim Primary Care Commissioning Committee for the Frimley Collaborative would continue to meet, however, she acknowledged that no formal decision had been reached on forming a single aligned Primary Care Commissioning Committee. The existing three Primary Care Commissioning Committees continued to retain authority to make place based decisions.</p> <p>Following discussion members asked to receive a high level <u>Forward Work Programme</u> for the Frimley Collaborative Sub-Committees (Primary Care Commissioning; RemCom; Audit and Quality Performance and Finance) so that they were further sighted on key pieces of work; had an overview on sub-committee membership and meeting dates up to including 31 March 2021.</p> <p style="text-align: right;"><b>Action: Sarah Bellars</b></p> <p><i>Fiona Edwards left the meeting.</i></p>
9.2	<p><b>Surrey CAHMS update - decision of the Surrey Wide Committees in Common for the recommission and procurement of Children’s Emotional Wellbeing and Mental Health (EWMH) Services in Surrey from April 2021.</b></p>
	<p>In line with the earlier discussion about proactively managing potential conflicts of interest - item 9.2 on the agenda was brought forward.</p> <p>At its meeting on 9 June 2020 members of the Frimley Collaborative Board had ratified the decision of the Surrey Wide Committees in Common for the recommission and procurement of the Children’s Emotional Wellbeing and Mental Health Services in Surrey from April 2021 (Emotional Wellbeing and Mental Health (EWMH) services were jointly commissioned by Surrey County Council and the 6 CCGs across Surrey - including Surrey Heath and North East Hampshire and Farnham). Members had provided Nicola Airey and Daryl Gasson with delegated decision making powers on behalf of Surrey Heath and North East Hampshire and Farnham at the Surrey Wide Committees in Common.</p> <p>Nicola Airey advised members that the Surrey Wide Committees in Common had not yet completed its procurement process (the timetable had been slightly delayed) and was due to meet again on 30 September 2020 to make its final decision on the successful bidder for the EWMH Services Contract – in advance of that meeting the Frimley Collaborative Board would be provided with an opportunity to review the final recommendations for the preferred bidder and to raise any concerns.</p> <p>Following discussion, it was agreed that given the tight timelines and the fact that the Frimley Collaborative Board on 29 September was an extra-ordinary meeting convened for the sole purpose of discussing the merger proposal the EMWH Contract paper would be circulated to members via email and approval sought electronically. <b>Action: Nicola Airey</b></p> <p><b>Members noted the verbal update.</b></p>
7	<p><b>Integrated Performance Report</b></p>
	<p>Sarah Bellars introduced the consolidated Frimley Collaborative Integrated Performance Report (IPR) which had been presented for the first time to the Quality Performance and Finance Committee in July 2020 and had been developed by Quality, Performance, and Finance leads across the Collaborative. Sarah Bellars advised members that the IPR report focused on providing oversight of delivery across the Frimley system and escalated key areas of variations in order to provide assurance against the actions being undertaken to resolve these challenges.</p> <p>Members noted that the IPR covered the following periods (i) Operational performance: April 2020 to May 2020 and (ii) Financial performance: April 2020 to June 2020. Members noted the <i>key achievements</i> (i) System discharge response – home first (ii) CCG Care Home Support service (Covid) (iii) Transfer of Community Services Contract for Surrey Heath &amp; North East Hampshire &amp; Farnham and the <i>key challenges</i> (iv) Referral to treatment (v) diagnostic performance and (vi) 2020/21 financial framework.</p>

Sarah Bellars acknowledged that the IPR would benefit from further scrutiny and challenge by members of the Frimley Collaborative Board.

Members were invited to ask any questions or provide views.

Steven Clarke asked Rob Morgan for his view on how well the Frimley Health NHS FT was managing to reduce its back-log of cases compared with neighbouring systems and how it was set to cope with winter preparedness and a potential further surge in Covid cases.

Rob Morgan responded that in his view the Frimley system was not performing quite as well as some of its neighbouring systems on the basis of overall numbers, however, there was evidence of good progress in a number of key areas including the restoration of cancer services.

Lalitha Iyer agreed that Frimley Health NHS FT (FHFT) was experiencing challenges and acknowledged that was a perception it was struggling to reduce its backlog; however, in her view FHFT was working hard to restart safe services which could be maintained over the long term – it was working to avoid a stop / start approach. Lalitha Iyer stated that FHFT had well developed plans for winter preparedness and for a further surge of Covid cases. Lalitha Iyer assured members that the Frimley Collaborative was working to provide close support to the acute trust through its proactive community based work and referenced the pilot project in Slough to ensure early targeted interventions for cases of suspected Covid.

Members discussed data flows - there was general agreement that the IPR needed to take account of a wide set of detailed data flows to provide members with more assurance. Members noted the ongoing the development of the report and the Quality Finance and Performance Committee would review the next iteration at its next meeting on 22 September 2020. A further updated version of the IPR would come back to the next business meeting on 13 October 2020.

**Members noted the report.**

Sarah Bellars briefed members on the findings of the CQC inspections which had taken place across the Frimley System – members were advised that the results had been embargoed (the CQC had paused its routine inspections during Covid) and had only now been formally published.

In particular members noted the results of the Berkshire Healthcare FT and letter for action in respect of long wait times in Berkshire for specialist mental health services for children and young people which had been issued in March 2020. Members were advised that the Frimley Quality Performance and Finance Committee would be undertaking a deep dive on this matter at its next meeting.

Sarah Bellars summarised the outcome of the unannounced CQC inspection in June 2020 for Surrey and Borders Partnership NHS FT (SABP) following two inpatient deaths – as a result of this inspection the CQC had issued a letter to act under the terms of Section 31 of the Health and Social Care Act 2008 to address the management of specific environmental risks on some hospital units. Members noted that SABP had developed an action plan in response to the Section 31 letter that had been issued by the CQC and it was working closely with the CQC, NHSE and relevant CCGs to address the concerns that had been raised.

Sarah Bellars agreed to circulate the paper to members after the meeting. **Action: Sarah Bellars**

**Members noted the verbal update.**

**8.1 National People Plan Slide Deck**

*Fiona Edwards re-joined the meeting.*

Emma Boswell introduced the slides on the NHS People Plan which had been circulated in advance of the meeting – she briefly set out background and context and highlighted the following key areas (i) looking after our people (ii) belonging to the NHS (iii) new ways of working and (iv) growing for the future.

	<p>Emma Boswell stated that at system level a Frimley ICS People Board had been formed to implement the key deliverables for the NHS People Plan and she was a member of that Board.</p> <p>Members noted a national People Promise that had been developed for everyone who works in the NHS – helping to make the NHS a better place to work by ensuring that staff are: (i) safe and health (ii) physically and mentally well and (iii) able to work flexibly.</p> <p>Emma Boswell informed members that a Frimley Collaborative Wellbeing Group had been formed and a series of Wellbeing Workshops had been recently rolled out to members of staff. In addition, the Collaborative was undertaking bi-weekly staff surveys and using these insights to further inform the wellbeing work stream.</p> <p><b>Members noted the presentation.</b></p>
8.2	<p><b>Update on HR / OD work stream</b></p>
	<p>Emma Boswell provided members with a short verbal update on the HR and OD work stream for the Frimley Collaborative which the Executive Team had agreed should be referred to as “aligning resources for success”. Members were advised that Kathy Atkinson in her capacity as Freedom to Speak Up Guardian was providing support to Andy Brooks, Emma Boswell and Executive colleagues to facilitate and support conversations with staff about the potential merger option for the Frimley Collaborative and was also helping to develop “Staff Pledges” which would be aligned to work being undertaken by Frimley ICS People Board.</p> <p>Kathy Atkinson stated that these “Staff Pledges” would (i) support the recruitment and retention of high calibre staff and (ii) enable a holistic and innovative approach to addressing workforce gaps across the Frimley system.</p> <p>It was agreed that the Frimley Collaborative Board would hold a Seminar Session to enable them to provide input to the implementation of the People Plan and further development of HR and OD work that was taking place across the Collaborative at a future meeting – date to be agreed.</p> <p style="text-align: right;"><b>Action: Emma Boswell</b></p> <p><b>Members noted the verbal update.</b></p>
9.1	<p><b>Update on Pathway Changes</b></p>
	<p>Nicola Airey and Lalitha Iyer introduced the presentation that had been circulated in advance with the papers for the meeting and highlighted the following points to members:</p> <p>Key areas of focus were the continued impact of Covid on ways of working; waiting times; access for patients and the backlog for outpatients and elective operations. Collaborative working between primary and secondary care consultants had resulted in a redesign of pathways and how services were delivered – colleagues across both secondary and primary care continued to build on their learning during this Covid-19 health emergency.</p> <p>Lalitha Iyer summarised the slides that set out the three main areas of focus for elective care; approach and key changes to achieve ambitions for the Frimley system including the increased numbers of pathways and referral forms on DXS; further alignment towards a single referral route with greater pathway consistency across the Frimley ICS; referrals for clinical triage and direct sign posting to tier 2 services from secondary care as part of the pathway; more virtual clinics and telephone appointments in both primary and secondary care. The presentation described the proposed engagement that was being undertaken with clinicians to support this pathway redesign – for example through Primary Care Network meetings, Education Forums; Primary Care Meetings and ICS General Practice Bulletins.</p> <p>Caroline Warner invited questions / comments from members.</p> <p>Fiona Edwards commented that this system wide approach to pathway redesign was very exciting – in particular the use of enhance digital capability and shared platforms such as DXS was making secondary and primary care more homogenous and aligned in their approach to providing excellent patient care and was also accelerating further system integration.</p> <p>Emma Boswell commented that the next steps with this work on pathway redesign was to ensure that all clinicians working across the Frimley system had equal access to great educational opportunities.</p>

	<p>Tony Fitzgerald thanked Lalitha Iyer and Nicola Airey for a very informative presentation and asked who was responsible for optimising / prioritising patient pathways.</p> <p>Lalitha Iyer confirmed that pathway optimisation and prioritisation was undertaken by the Frimley ICS Combined Quality and Clinical Reference Group and the Clinical Interface Committee (previously meeting as north and south and now aligned into a single group comprised of 30 clinicians) who met on a weekly basis.</p> <p><b>Members noted the presentation.</b></p>
10.1	<p><b>National financial Update</b></p> <p>Rob Morgan introduced the Finance Update for September 2020 which was comprised of the report that had been presented to the Frimley ICS Board on 13 August – the report was further updated to reflect any information received in the intervening period. Members noted that nationally driven block contracts remained in place with retrospective top up arrangement in place for the first half of the financial year to get NHS organisations to achieve a break even position. Covid expenditure was still being met at a national level and April to June expenditure for the Frimley system amounted to £23.7m and independent sector contracts continued to be commissioned centrally.</p> <p>Rob Morgan provided the following high level messages</p> <ul style="list-style-type: none"> <li>• The second half of the year financial regime had still not been finalised and national guidance for the period October 2020 to March 2021 was awaited.</li> <li>• Funding envelopes for systems / organisations had not been released yet for second half of year</li> <li>• Planning submissions had been submitted on 1 September (with a brief financial narrative) and a financial submission for the South East Region was due on 7 September ahead of a region review meeting on 14 September</li> <li>• The consistent national message was for fixed financial envelopes with no further expectation of additional money. The system would continue to operate in a constrained and restrained financial environment.</li> </ul> <p><b>Members noted the report.</b></p>
10.2	<p><b>Update from Fiona Edwards – Frimley ICS</b></p> <p>Fiona Edwards provided the Frimley Collaborative Board with a short verbal update. At a national level there was continuing financial uncertainty and high level political discussions were ongoing between NHSE/I and the treasury to finalise budgets for the remainder of 2020/21. Fiona Edwards observed that further system integration was likely to result from adaptations to existing FT and CCG statutory frameworks rather than through the enactment of primary legislation. The above-mentioned work for the Frimley system would be vital in supporting this critical thinking around further integration. Fiona Edwards acknowledged that whilst the timescales for the Frimley Collaborative merger decision on 29 September and the publication of the report in October 2020 were not fully aligned, she did not anticipate that this would adversely impact the ability of the Collaborative to reach a final decision on the merger proposal. Fiona Edwards was of the view that the creation of a single merged CCG in the Frimley system aligned with national thinking that further system integration provided tangible benefits for patients.</p> <p>Caroline Warner thanked Fiona Edwards for her high level brief on national issues.</p> <p><b>Members noted the verbal update.</b></p>
10.3	<p><b>Update Andy Brooks - including of feedback from slides Seminar Mode discussion on 7 July</b></p> <p>Andy Brooks introduced the paper which summarised the feedback from the four facilitated discussion groups that had taken place at the last Frimley Collaborative Board meeting on 7 July 2020. Members noted the high level feedback on (i) the benefits and achievements of collaborative and key learning and (ii) further integration - opportunities and risks of a merger.</p> <p><b>Members noted the paper.</b></p>

11.1	<p><b>Engagement updates from Clinical Leaders and Managing Directors</b></p>
	<p>The Managing Directors and Clinical Leaders from each of the five places presented the Collaborative Board with engagement updates – these reports summarised the key points from discussions that had taken place in the preceding week or so with respective member practices; staff members; key stakeholders including local authority colleagues, Healthwatch and the local MPs on the merger proposal question.</p> <p>Members noted that whilst there had been concerns expressed by some member practices; Primary Care Networks and local authority colleagues the general consensus view had been positive about the benefits of a potential merger between East Berkshire, North East Hampshire and Farnham and Surrey Heath. The place based engagement work had highlighted key areas where further clarification was requested ahead of a formal vote – governance around decision making at Place, Collaborative and ICS Level; financial delegation and allocation of budgets.</p> <p>Andy Brooks thanked the Managing Directors and Clinical Leaders for their work in leading these place based engagement discussions. It was noted that the engagement reports provided background context for the discussion in 11.2.</p> <p><b>Members noted the papers.</b></p>
11.2	<p><b>Exploration of next key actions for the CCGs in anticipation of an application for merger on 30 September 2020. This session to be led by Kathy Atkinson to explore key areas of focus.</b></p>
	<p>Caroline Warner introduced the item and advised members that Andy Brooks and Rob Morgan would highlight the key points from a presentation entitled “<i>Creating a new Health and Care Landscape: CCG Merger</i>” which had been circulated to members the day before the meeting. Caroline Warner reminded members that they were <i>not</i> being asked to approve the merger proposal at this meeting – but rather to provide any additional views / comments on the draft proposal which remained under development.</p> <p>Members noted that a separate pack of strictly confidential papers to support the merger application had also been circulated via email – the documents provided background context and would not form part of the discussion at this meeting. Caroline Warner invited members with detailed comments on the any of the documents listed below to email Ann Cooper, Deputy Director of Governance after the meeting with their comments. <b>Action: All Members</b></p> <ul style="list-style-type: none"> <li>• Merger Cover Sheet</li> <li>• Draft Engagement Stakeholder Plan</li> <li>• Draft HR / OD High Level Merger Plan v2</li> <li>• Draft HR / OD Project Plan v1</li> <li>• Draft Constitution</li> <li>• Draft Frimley CCG Standing Financial Instructions v1</li> <li>• Draft Scheme of Reservation and Delegation v1</li> <li>• Draft Financial Strategy</li> <li>• Frequently Asked Questions v18 August 2020</li> </ul> <p>Caroline Warner stated that there would be an opportunity for an open discussion at the end of the presentation which would be facilitated by Kathy Atkinson.</p> <p>Andy Brooks shared slides entitled “<i>Creating a new Health and Care Landscape: CCG Merger</i>” which described the high level proposal for a potential merger – namely, to align with NHSEI guidance of “typically one CCG per ICS”; the timeline – that is to “apply to NHSEI to merge the three CCGs from 1 April 2021”. Members noted the work of the Transition Steering Group and the engagement work that had taken place across the five places (as described in paper 11.1)</p> <p>Rob Morgan described <i>Allocations, Budgets and Responsibility</i> slide – which set out System, Collaborative, Primary Care Network and Place decision making and advised that CCG allocations would be based on national rules and calculations and that the Collaborative Board would retain responsibility for distributing the allocations to the five Places based on weighted population (NEHF 30%; RBWM 23%; Slough 20%; Bracknell Forest 14% and Surrey Heath 13%). Rob Morgan described</p>

	<p>the key financial slide showing the <i>Influence Matrix</i> – using the example that whilst an operational responsibility may rest at Place the budgetary responsibility may be retained at Collaborative level.</p> <p>Kathy Atkinson invited members to provide views or to express any concerns on the presentation which would help to further shape the merger proposal. Members provided views and flagged areas which in their view required further clarification:</p> <ul style="list-style-type: none"> <li>• Greater clarity on the allocation of delegated budgets to the five Places</li> <li>• Develop a clearer Financial Strategy around how five Places will protect their local decision making and maintain equity whilst operating within a System Control Total - for example, through the development of a Memorandum of Understanding.</li> <li>• Crisper / streamlined communication on the merger proposal to member practices and wider stakeholder groups</li> <li>• Take account of the human factors and maintain ongoing flows of information to staff</li> </ul> <p>Kathy Atkinson reflected that the draft merger proposal remained under development and required further socialisation before submission to NHSE on 30 September – however, the general view expressed amongst members had been one of general support for the proposed merger.</p> <p>Andy Brooks confirmed that the key areas of further clarification outlined above would be picked up as part of the “live” questions and answers and narrative slide pack to support the formal vote by member practices across the five places that was scheduled to take place between 16 and 18 September 2020. <b>Action: Andy Brooks and Rob Morgan</b></p> <p><b>Members noted the presentation.</b></p>
12.	<p><b>Board Assurance Framework</b></p>
	<p>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. The reports provide 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"> <li>1. Quality and Safeguarding – Sarah Bellars</li> <li>2. System and Partnership Working – Fiona Slevin-Brown</li> <li>3. Finance and Resources – Rob Morgan</li> <li>4. Primary Care and Community Services – Nicola Airey</li> <li>5. Our People – Emma Boswell</li> </ol> <p>Due to time constraints there was insufficient time for detailed questions on the Board Assurance Framework paper and it was agreed that any questions should be submitted via email to the relevant Executive lead.</p> <p>Members noted that an Interim Frimley Collaborative Primary Care Commissioning Committee had met on 21 July 2020 and that the Frimley Collaborative Quality Performance and Finance Committee had met for the first time on 28 July 2020 – there were no issues from these meetings that needed to be escalated to the Frimley Collaborative Board.</p> <p><b>Members noted the reports.</b></p>
13	<p><b>Any other business</b></p>
	<p>There was one item of additional business. Arthur Ferry in his capacity as Chair of the Audit Committee reminded Collaborative Board members about their e-learning Statutory and Mandatory Training Requirements – namely, <u>Data Security Awareness</u> which needed to be completed by 30 October 2020. The Governance Team would ensure that further reminders were sent to members and the <u>Training Needs Analysis</u> document was circulated. <b>Action: Governance Team</b></p>

14	<b>Papers to note not for discussion:</b>
	The Collaborative Board noted the approved minutes contained within the pack of papers.
15	<b>The meeting closed at 11.00am</b>
	<b>Date for next meeting - extra-ordinary meeting Tuesday 29 September 2020 08.00am to 09.30am</b>