

**Minutes of Frimley Commissioning Collaborative Board ¹held on Tuesday 10 November 2020
between 08.30 and 10.55am via Microsoft Teams**

Present:	<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 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 Fiona Slevin-Brown, Executive Place Managing Director, Bracknell Forest</p> <p>Caroline Warner – Interim Collaborative Lay Convenor Dr Amanda Wellesley – Interim Collaborative Secondary Care Consultant Dr Martin Kittel – Interim Clinical Leader Bracknell Forest Dr Huw Thomas – Interim Clinical Leader for Royal Borough Windsor and Maidenhead Dr John Fraser – Interim Clinical Leader for Surrey Heath Dr Jim O'Donnell – Interim Clinical Leader for Slough Dr Steven Clarke – Interim Clinical Leader for North East Hampshire and Farnham 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>
In attendance:	<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 Joanne Green – Governance Manager – North East Hampshire and Farnham (secretariat)</p>
Apologies for Absence:	None

1	Welcome and Apologies
	<p>The Interim Lay Convenor, Caroline Warner, welcomed everyone to the meeting, on the day there had been an announcement that the NHS was ready to roll-out a vaccine for Covid 19. The meeting would also be discussing integrated care hubs, which she considered a key feature of working with people to deliver care in the right place and avoiding unnecessary hospital admissions. She also welcomed the newly introduced Chairs' reports submitted for each Place, which would be developed and refined and should help ensure that Places were at the centre of the Board's deliberations.</p>

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

2	<p>Conflicts of Interest Register and declarations of any interests relating to this agenda</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>
3	<p>Minutes of the meetings in private of the Frimley Collaborative Board held on 13 and 27 October 2020 and Action Tracker</p> <p>(a) the minutes of the above-mentioned meetings were approved as a correct record, subject to an amendment to the title of Andy Brooks to read “Clinical Chief Officer” and to Fiona Edwards being correctly shown as “ in attendance” at the meeting.</p> <p>(b) Action Tracker - the Tracker from the meeting on 13 October 2020 was reviewed and it was agreed that all items marked “green” could be closed and removed. In relation to action number 023 - proposed lay members’ seminar on public engagement - it was noted that a date had yet to be identified but would be circulated as soon as possible. Action by: Emma Boswell</p>
4	<p>Matters Arising not otherwise covered on the agenda</p> <p>Martin Kittel requested that more time be devoted to the item concerning rollout of the Covid vaccination (minute 7 below) and the Convenor agreed to this request.</p> <p>The Convenor advised she wished to discuss with the executive team, the provision of papers for Board meetings, suggesting they would benefit from being more concise and/or detailed information provided in the Board’s Reading Room on the portal. Action by: Convenor and executive team</p>
5	<p>Clinical Chief Officer’s update</p> <p>The Clinical Chief Officer joined with the Convenor in welcoming the news about the Covid vaccination roll-out. He also referred to the increasing pressures being seen, across all health care sectors, due to the second wave of the pandemic, which would coincide with usual winter pressures.</p> <p>Members were also advised about the significant work currently in progress across the Collaborative, including the roll out of pilot work from Slough, the reform work required to develop the ICS roadmap, and the proposed merger of the three CCGs, together with business as usual issues e.g. primary care estates challenges etc. He recognised the strain being experienced by staff, due to the number of current challenges.</p> <p>Links to videos shown at recent annual general meetings had been circulated to members, which the Board agreed demonstrated the great work being undertaken across the Collaborative in each Place, which was having a real impact on people’s lives and provided a fantastic example of genuine partnership working.</p>
6	<p>(a) ICS Incident Coordination - Wave 2 Covid-19, Winter and EU-Exit and (b) Self-Assessment of Emergency Preparedness, Resilience and Response (EPRR) 2020 - 21 for NHS England Assurance and update of progress against 2019/20 EPRR Improvement Plan</p> <p>(a) ICS incident coordination - the Executive Place Managing Director, Bracknell Forest and EPRR Lead, advised the Board that due to England now being in lockdown, the NHS had declared a level 4 incident and the national security level had been escalated to “severe”.</p> <p>Members were advised that EU Exit remained an area of focus, with plans being revised for the possibility of the “worst case scenario”. The winter plan had been submitted to NHS England for assurance and she was pleased to advise the Board that “substantial compliance” level had been achieved.</p> <p>Plans continued to be reviewed and developed via weekly monitoring calls with the national team. One area of concern identified had been access to mental health services and increasing demand, especially in services dealing with for example, eating disorders, anxiety and depression. A task force had been established to identify possible solutions to address the demand. The Board had previously discussed pressures on primary care services and it was noted demand and capacity issues were being identified using an escalation framework, based on the Royal College of General Practitioners’ documentation. The aim of the framework was to identify practices needing support and assistance. It was noted this framework was being developed in consultation with clinical leads and primary care networks (PCN) across the Collaborative.</p> <p>Arising from the above, some GP representatives expressed concern about the administrative burden this would place on primary care and the Board agreed the desire to keep this to a minimum. The</p>

	<p>importance of recording decisions taken during the current pandemic and the reasons therefor, was also recognised, together with the need to offer support to any practices during this unprecedented period.</p> <p>In view of the concerns raised, the Board agreed that this issue should be discussed further and the outcome be considered at the next meeting in December 2020. Action by: Executive Team</p> <p>(b) Self-Assessment of Emergency Preparedness, Resilience and Response 2020 - 21 for NHS England Assurance and update of progress against 2019/20 EPRR Improvement Plan – the Board was advised that this had been assessed by the Lead and Lay Member for EPRR as compliant for submission to NHS England/Improvement. Progress against the 2019/20 improvement plan was also noted. Having received and noted the supporting papers the Board ratified this assessment.</p>
7	<p>Covid Vaccination Report – update on progress</p>
	<p>The Director of Quality and Nursing updated the Board fully on progress with the above and today's news that a vaccine, which had just been submitted for emergency approval, would be rolled out across the country. It was noted planning for the roll out had been happening for some time and she stressed the importance of keeping information provided confidential.</p> <p>The complex logistics of rolling out the vaccine were advised to members, together with the prioritised approach to be taken to vaccination of the population. It was hoped that vaccinations would start before Christmas 2020. It was noted primary care was represented on the system wide programme board, which was leading the work, by PCN directors (4). The board's remit included delivery, communications, data analytics and work force. It was anticipated that a directed enhanced service specification would be issued shortly for practices and PCNs to start administering the vaccine from December 2020, in accordance with any agreed priority.</p> <p>GP representatives present recognised the considerable amount of planning completed and expressed support for the approach taken to date. It was also considered that GP practices would wish to be involved in the programme and would appreciate, if possible, the provision of more information. The Director of Quality and Nursing advised that communications were being handled nationally and were routinely included regular local communications to GPs, e.g. weekly GP newsletter.</p> <p>The Board welcomed the update and recognised the fast moving nature of this issue and the considerable amount of planning completed to date locally. It was agreed that a further update be made to the next meeting. Action by: Director of Quality and Nursing</p>
8	<p>Wave 2 Capital Programme Business Case (PBC) Approval - Integrated Care System (ICS) Hubs</p>
	<p>The Board considered the above PBC and noted that, in January 2018, Frimley Health and Care ICS (ICS) had been awarded £28.4m from the above-mentioned capital fund. The funding supported implementation of a pan ICS estate investment programme, to develop place-based integrated care hubs. The programme would also provide much needed additional capacity within primary care, to facilitate implementation of the new PCN workforce and support rationalisation of the ICS wider estate.</p> <p>Members noted the award encompassed eight projects, each of which was required to follow the full Treasury prescribed business case process, with submission through NHS England/Improvement (NHSE/I) regional office, central office and Department of Health and Social Care prior to Treasury approval. It was further noted the authorisation process could take up to six months. Whilst the programme represented an investment of £28.4m, individual projects were for substantially smaller values. In February 2020, to facilitate a more timely process, NHSE/I had requested a PBC be submitted to Department of Health and Social Care (DHSC) for recommendation to Treasury. This would result in authorisation of the programme, in principle, at DHSC/Treasury and assign approval of subsequent individual project business cases to the NHSE/I regional team.</p> <p>The Executive Place Managing Director Royal Borough of Windsor and Maidenhead and Lead for Primary Care advised the PBC set out the case for the progression of capital projects which supported delivery of the Frimley Health and Care ICS strategy for resilient, integrated out of hospital primary and community care. The strategic intention in the original bid remained broadly unchanged. However, the</p>

	<p>Covid-19 pandemic had provided the opportunity to take into account changes introduced in response and which were now being absorbed as part of the Digital First development. Development of individual projects would allow for adoption of the positive changes that influenced use of the healthcare estate. The initial work to trial the service delivery model, through local pilots, had concluded and the teams continued to develop and increase in number to improve reach and impact within the community. It was recognised that these teams were most effective when co-located in facilities where health, social care, and third sector organisations worked together seamlessly for the benefit of the local population. The scope of the programme would develop the estate solution that delivered integrated hubs to support the models of integrated care. It was noted the development of eight of these facilities had been included within the scope of the programme. Since the award of funding in 2018 the Board noted there had been some progress made with the advancement of the schemes and projected phasing. Development of the remaining schemes was progressing with health planning input now secured and outline business case development commencing in 2020/21.</p> <p>Members were advised the majority of the programme, as a minimum, required confirmation of the original projects identified in the bid and options, which had not been available at the time of the original bid, needed to be considered. Consequently, programme figures had been based on a series of assumptions, which would only become a commitment once individual outline business cases (OBC) were completed. It was anticipated that each OBC would be substantive, leaving elements such as planning consent and tendering to be completed for the final business case. It was noted a bid for “One Public Estate” funding had also been submitted to support the programme team. At this stage, the financial case was based on an assumption of pre-project costs against each project, which would need to be ratified at OBC stage. The PBC was at a high level, would change as projects were developed and would, therefore, be updated on a regular basis.</p> <p>GP representatives referred to the need to refresh engagement with local GP practices on this programme, as there had been a number of changes since 2018, in addition to the need to address the reduction of non-elective admissions. This would of course, be heavily dependent on the impact of Covid in the intervening months, but the aim should be that, by March 2021, options for all Places had been identified and in some cases, might have already proceeded to preferred option status. This should also provide the benefit of involvement by local authority and other partners, due to their representation on place committees.</p> <p>As mentioned above (minute 1 refers) the Convenor welcomed the update on progress with this key programme of work and suggested the holding of a Board seminar and or presentation to individual place committees would be helpful in refreshing the engagement also mentioned above.</p> <p>In support, Fiona Edwards advised that IC hubs were supported by the ICS , recognising there remained considerable design work to achieve the ambition. She supported the holding of a joint seminar to explore this in more detail.</p> <p>Having considered the PBC the Board agreed:</p> <p>(a) the PBC be submitted to NHSE/I for approval and onward transmission to DHSC (b) consideration be given to the holding of a joint seminar on this topic</p>
9	<p>Finance update</p>
	<p>The Executive Director of Finance advised the Board of the latest position with regard to the financial planning.</p> <p>Members noted there remained an uncommitted underspend in the system Covid allocation of £5m and the year to date position for the system , reflected the national financial framework in place for the first half of the year which had seen all organisations breaking even.</p> <p>In response to a question from the Managing Director of Surrey Heath, concerning the inclusion of spending on mental health services, the Executive Director of Finance advised that he was hopeful this would be included in future system financial allocations.</p>
10	<p>Risk Management Strategy - update</p>

	<p>The Board was reminded that, during Covid-19, the Collaborative had provided assurance on strategic risks to the Board through a situation report assurance framework. This appeared to work well; informing the Board about key strategic risks affecting the Collaborative during the pandemic. Risk Management at Place had continued but it was recognised required development.</p> <p>Members were aware that East Berkshire had a tried and tested risk management system, called 4Risk, developed by the Commissioning Support Unit and it was planned to expand this to cover all five places. Ahead of such expansion, it was planned to develop a more formal risk management strategy and framework to enable the new Frimley CCG to work effectively and for the five places to manage successfully their local risks. It was noted there would be a series of workshops with Lay Members, Managing Directors and Clinical Leaders to agree how to use 4Risk to scope, manage and report risk – from place, portfolio and as a single CCG. This feedback would then be used to develop a risk management strategy for the new CCG.</p>
11	Organisational design road map, update and next steps
	<p>The Executive Managing Director for Surrey Heath advised that, following a meeting with NHS England/Improvement on 29 October 2020, conditional authorisation had been received for the merger application, subject to certain conditions being met, outlined in the letter received from NHSE/ and had been circulated to the Board. The merger had been assessed as medium-low risk, which meant the decision would be made at a regional level and reported to the national team and national System Oversight Committee. The Board was further advised that work had commenced to put in place governance arrangements to oversee the merger process and to manage the interface with the ICS Development Roadmap</p> <p>Members noted the Executive Managing Director for Surrey Heath would be the Senior Responsible Officer for the merger and she would be working with Arthur Ferry and Kathy Atkinson, who had kindly agreed to provide lay input to the process.</p> <p>The Board was aware of continuing consultation and discussions with member practices to address concerns expressed by some members with the Constitution and financial framework for the merged CCG. It was expected that constitutional changes would be made in readiness for the series of engagement meetings due to be held with member practices during December 2020.</p>
12	Frimley Health and Care ICS Update
	<p>The ICS Lead, Fiona Edwards took the opportunity to update the Board and was pleased to advise the Frimley Health and Care ICS was considered to be ahead of the game in its development. She had been present at a meeting held recently with the Secretary of State for Health and Social Care, who had indicated the intention to introduce legislation to remove barriers to system working. She also considered the ICS was working well due to the quality of the people working within it and while there were and would continue to be tensions; these would be addressed by all organisations involved in a considered manner.</p> <p>She further advised that an outline programme of work was being put in place, covering collaborative commissioning, financial framework and development of Place. This all helped to demonstrate the ownership of system working. It had also been suggested that the ICS was well placed to pilot the benefits of system working which she considered commendable.</p> <p>Referring to the need to develop suitable governance arrangements to support this development, Fiona Edwards recognised the useful contribution of the ICS Non-Executive Director Assurance Group, which she was keen to integrate with the work required for CCG merger.</p> <p>The Convenor thanked Fiona for the useful update and agreed with the need to work closely together in developing the overall framework for system wide working.</p>
13	Chairs' reports
	<p>The Board received and noted reports for each of the five places within the Collaborative.</p>

	<p>Tony Fitzgerald expressed concern about a common theme within the reports, concerning excessive waiting times for Children’s and Adolescent Mental Health Services (CAMHS), in particular for Attention Deficit Hyperactivity Disorder and Autistic Spectrum Disorder.</p> <p>In response, the Lead for Mental Health and Learning Disabilities, Tracey Faraday-Drake, advised of the work happening to address these waiting times. A comprehensive report by Attain had made a number of recommendations, which were being implemented in each Place. She also advised that Surrey providers had made some improvements in this area; however, service provision within Hampshire continued to be challenging. She suggested the learning from Surrey could be usefully spread to other areas. Additional investment for such services was being considered, possibly funded by savings made in other areas e.g. the reduction in elective services due to Covid 19. It was further noted that the ICS Quality Board received regular reports on CAMHS provision and was very much aware of and supported the Attain recommendations.</p> <p>As Chief Executive of Surrey and Borders Partnership FT, Fiona Edwards declared a conflict of interest and took the opportunity to explain the approach being taken by the Trust to improve services and waiting times. She also suggested the possibility of links being developed between the providers and the Frimley system, to address how best to improve services for both children and their families.</p> <p>Arising from the above, the Board discussed the possible increase in mental health issues because of the current pandemic and agreed that it would be useful to hold a seminar session to explore this issue in more detail, with particular reference to the need not to over medicalise any approach taken. Action by: Director of Quality and Nursing and Tracey Faraday-Drake</p>
14	Committee minutes
	<p>The Board received and noted the following papers:</p> <ol style="list-style-type: none"> 1. Bracknell Forest Place Based Committee- 9 September 2020 2. RBWM Place Based Committee 16 September 2020 3. Slough Place Based Committee – 17 September 2020 4. NEHF Place Based Committee 23 September 2020 5. SH Place Based Committee 6 October 2020 6. Frimley Health and Care Partnership Board – 20 October 2020
16	The meeting closed at 10.55
	Date of next meeting - Tuesday 8 December 2020 between 08.30am and 11.30am