

**Minutes of Frimley Commissioning Collaborative Board ¹held on Tuesday 12 May 2020 between
 08.30am and 10.00am 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 Dr Lalitha Iyer, Executive Medical Director Nicola Airey, Executive Place Managing Director, Surrey Heath - <i>Interim Chief Operating Officer</i> 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 <i>Interim Full Time System Gold Lead</i> Caroline Farrar, Executive Managing Director Royal Borough Ollie White – Interim Executive Place Managing Director, North East Hampshire and Farnham Daryl Gasson – Executive Place Managing Director North East Hampshire and Farnham Tracey Faraday-Drake – Executive Place Managing Director Slough</p> <p>Dr Peter Bibawy – Clinical Chair North East Hampshire and Farnham - <i>Interim Clinical Chair for the Frimley Collaborative</i> Caroline Warner – Lay Person for Patient and Public Engagement Surrey Heath and East Berkshire - <i>Interim Lay Convenor for the Frimley Collaborative</i> Dr Amanda Wellesley – Secondary Care Consultant East Berkshire and Surrey Heath- <i>Interim Secondary Care Consultant for the Frimley Collaborative</i></p> <p>Dr Martin Kittel – Senior Clinical Lead East Berkshire – <i>Interim Clinical Leader Bracknell Forest</i></p> <p>Arthur Ferry - Lay Member for Audit and Governance East Berkshire – <i>Interim Frimley Collaborative Lay Member for Audit and Governance and Lay Member for The Royal Borough and Slough</i></p> <p>Dr Huw Thomas - Locality Lead for the Royal Borough – <i>Interim Clinical Leader Royal Borough</i></p> <p>Dr John Fraser – Clinical Lead Surrey Heath – <i>Interim Clinical Leader Surrey Heath</i> Tony Fitzgerald - Interim Lay Chair Surrey Heath – <i>Interim Frimley Collaborative Lay Member for Primary Care and Place Lay Member for Surrey Heath</i></p>
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¹ The Frimley Commissioning Collaborative Board comprises: NHS North East Hampshire & Farnham CCG; NHS Surrey Heath CCG; NHS East Berkshire CCG

	<p>Dr Steven Clarke – Governing Body GP North East Hampshire and Farnham – <i>Interim Clinical Leader North East Hampshire and Farnham</i></p> <p>Kathy Atkinson, Lay Member for Patient and Public Engagement North East Hampshire and Farnham – <i>Interim Lay Member for Patient and Public Engagement for the Frimley Collaborative and Lay Member for North East Hampshire and Farnham</i></p> <p>Fiona Edwards – Chief Executive Surrey and Borders Partnership NHS Foundation Trust and Frimley Health and Care ICS Lead.</p>
In attendance:	<p>Sharon Ward, Deputy Director of Communication and Engagement.</p> <p>Tessa Lindfield – Strategic Director of Public Health for Berkshire</p> <p>M-J Steijger – Head of Governance (Acting) – North East Hampshire and Farnham CCG (secretariat)</p>
Apologies for Absence:	<p>Dr Jim O’Donnell – Locality Lead for Clinical Leader for Slough – <i>Interim Clinical Leader Slough</i></p> <p>Dr Ed Palfrey – Secondary Care Lay Member North East Hampshire and Farnham – <i>Interim role Lay Member for Bracknell Forest</i></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. Caroline Warner welcomed Daryl Gasson and Tracey Faraday-Drake to their first meeting and also Tessa Lindfield who was in attendance for discussion of item 2.1. The meeting was comprised of two parts – an opening Seminar Session followed by a short business meeting.</p> <p>Peter Bibawy in his capacity as Interim Clinical Chair announced that today 12 May was International Nursing Day - members joined with Peter Bibawy in extending their gratitude for the work of nursing colleagues who he described as the “backbone of medical practice”.</p> <p>Apologies were noted as outlined above.</p> <p>Introduction from the Chief Officer setting out the context and outlining key aims for the session</p> <p>Andy Brooks made some opening remarks:</p> <p>It was with great sadness that members of the Frimley Collaborative Board were informed that Dr Mohinder Dhatt a well-respected GP who had worked in the Langley, Slough area for many decades and who having recently come out of retirement to support the NHS response to Covid-19 had tragically passed away from a Covid-19 related illness in April – on behalf of the Frimley Collaborative Board Andy Brooks offered his condolences to family, friends and colleagues of Dr Dhatt.</p>

Andy Brooks shared a recent example of staff providing exemplary care over the recent bank holiday (during their annual leave) to a patient with a long term neurological condition in receipt of continuing health care – a joined up health and social care offering at place combined with collaborative experience (organising PPE training for care staff) had ensured that the patient was not admitted to hospital over the Bank Holiday weekend and had been able to remain safely at home.

Andy Brooks reflected that care home staff were not necessarily receiving the same levels of recognition for their hard work in the face of the pandemic compared to hospital staff and he wished to express his grateful appreciation for their professionalism and dedication.

Andy Brooks stated that the context for the seminar session was to consider how the Frimley Collaborative would move from its first emergency response phase to a second phase response –. The second phase would be much harder to navigate than the initial first phase emergency response and Andy Brooks reflected that the Frimley Collaborative would need to develop its Phase 2 response in the light of both national and system context.

The Covid-19 outbreak had changed health and social care and had ushered in a period of rapid transformation of care and innovation at a time of immense pressure and professional challenge – the recent letter from Sir Simon Stevens and Amanda Pritchard (item 2.2 on the agenda) set out the view from the centre that the NHS must continue to build on the progress and rapid innovation that had characterised the period since March 2020 (for example with digital technology) ensuring that beneficial changes were built into future ways of working. The Frimley Collaborative would continue to build on its exiting principles – namely, a person centred approach, working with partners at place supported by collaborative expertise.

Members noted the verbal update.

2.1 Public Health Overview from the Strategic Director of Public Health for East Berkshire

Tessa Lindfield joined the call and introduced a presentation entitled “Covid-19 – what we know so far” which had been circulated in advance to members with the pack of papers. The presentation sought to provide (i) an overview on the data (what we know and don’t know) (ii) epidemiology (iii) what next and (iv) recovery.

Tessa Lindfield advised that Covid-19 was not a “normal” epidemic because a range of social isolation measures that had been introduced which necessitated epidemiologists to make a range of assumptions in their modelling. Tessa Lindfield summarised the key points from the following modelling slides in the presentation on critical care bed occupancy; confirmed cases of Covid-19 per 100,000 of the population; care home outbreaks; death from Covid-19; risk of death; death by setting in England; ONS data on socioeconomic status; ethnicity; Public Health spatial variation per 100,00 of the population; modelling on R0 number and effects of social distancing measures.

Members noted the presumptive Covid-19 timeline and the indicative future modelling assumptions in which a second surge was expected in the autumn/winter. Tessa Lindfield stressed that track and trace capability needed to be in place for the lock-down to be fully lifted and summarised the measures (including early identification; testing everyone including those thought to be asymptomatic) that needed to be put in place for the vulnerable population in care homes and the community.

Caroline Warner thanked Tessa Lindfield for an informative presentation and invited questions from members.

Andy Brooks referred to the (i) risk of death and (ii) death by setting slides in the presentation noting the overall increase in death rates across the country – he asked Tessa Lindfield for a view on whether it was yet possible to form a more in-depth understanding of non-Covid19 related deaths for people who appeared asymptomatic but may have died as a result of Covid-19 or the death was not recording as being from Covid.

Tony Fitzgerald asked if the non-Covid data on excess deaths was geographical and if so, was it possible to gain comparative benchmark data across systems.

Tessa Lindfield advised that whilst the all-cause mortality data had just been published by the Office of National Statistics (ONS) the data had not as yet been peer reviewed – the position would remain unclear until widespread testing was implemented across all settings. It would also remain unclear whether excess deaths were as a direct result of Covid-19; as indirect result of patients presently differently to the NHS (taking account of the stay at home message) or as result of the changes made by the NHS to its patient pathways and additionally as a possible result of social isolation. Members noted that new data was continuing to emerge which would further inform her opinion, however, at present she was only able to provide a high level view in what was a fast moving and evolving situation.

Tessa Lindfield reflected that the biggest risk factors remained age, and socio-economic factors.

Kathy Atkinson asked about the readiness of the Frimley System for track and trace plans.

Tessa Lindfield confirmed that track and trace was being rolled out on the Isle of Wight as part of a national trial – she confirmed that she was working with other Public Health England colleagues to determine how the learning from this national model could supplement the development of a local track and trace model. The key to success for track and trace would be (i) getting prompt testing and reporting in place and (ii) scaling up local laboratory capacity for community testing.

Members asked to remain updated on the further development of track and trace capability.

Fiona Slevin-Brown confirmed that in her role as System Gold Lead she would continue to ensure that members remained fully briefed on local track and trace capability.

Tessa Lindfield left the call.

Members noted the presentation.

2.2 **Second Phase of NHS Response to Covid-19**

Fiona Slevin-Brown introduced the presentation which had been circulated in advance and sought to address the Frimley System response to the key points set out in the accompanying letter from Sir Simon Stevens and Amanda Pritchard which had been published on 29 April 2020.

Members noted that the NHS was still required to maintain its EPRR arrangements whilst now working with region to fully step up targeted non-Covid-19 urgent outpatient and diagnostic services; urgent and time critical surgery and non-surgical procedures and deliver specific requirements relating to cancer, cardiovascular disease, heart attacks, stroke, maternity and screening services as soon as possible over the next six weeks.

Fiona Slevin-Brown highlighted the following points to members - the Frimley System would work to improve public confidence around they would be able to access primary care and community services and would also provide guidance on how to make virtual or if appropriate face to face appointment. Members noted the work that was taking place to proactively contact high risk or shielded patients with ongoing care needs and the way in which these support plans would be delivered through Multi-Disciplinary Teams (MDT). The Frimley System would ensure that all patients as part of a safe and managed discharge process to care homes were first tested for Covid-19. CCG Infection Control nurses would help to cascade training to care homes in line with Public Health England recommended approach to infection, prevention and control.

In terms of mental health and learning difficulties – members were advised that an all age open crisis service and helpline had been made available to the whole population. The Frimley System was working to ensure equal access to for children and young people to mental health services, ensuring that referral routes were clear especially for those children and young people who were not at school.

Members noted that risk assessments were taking place across the System for those groups considered to be at increased risk including BAME; older colleagues; pregnant women; returnees and those with underlying health conditions. Access to testing for colleagues including those considered to be asymptomatic was being increased in line with Public Health England guidance.

	<p>Fiona Slevin-Brown stated that the NHS had been asked by Sir Simon Stevens to “lock-in” beneficial changes (including flexible remote working where appropriate and the rapid scaling of new technology enabled service delivery options such as digital consultations).</p> <p>Fiona Slevin-Brown advised members that the Frimley Incident Control Centre was continuing to lead the response to Phase 2 and the Frimley System was working to finalise its formal response to the letter which would be submitted during the course of the week commencing Monday 11 May.</p> <p>Members were invited to ask questions.</p> <p>Tony Fitzgerald asked how the Frimley System intended to approach the task of bringing back primary care and community services at this uncertain time.</p> <p>Fiona Slevin-Brown stressed that the Frimley System would adopt strict risk based approach for each clinical speciality to ensure that services were resumed in a managed way – the emphasis would continue to remain on ensuring that urgent care was delivered.</p> <p>Lalitha Iyer confirmed that patients would receive care based on clinical need.</p> <p>Tony Fitzgerald asked Fiona Slevin-Brown if she could clarify a point raised in Sir Simon Stevens letter which set out a need to plan for whether or not to extend contracts with independent sector beyond June – the paper did not make a specific reference and he asked if the Frimley System had made a decision.</p> <p>Fiona Slevin-Brown advised that the Frimley System was actively working through current plans to determine its requirements for the use of the independent sector and if access was required then a request for an extension would be made via the formal NHSE route.</p> <p>Members noted the presentation.</p>
2.3	<p>Frimley ICS Recovery Principles</p>
	<p>Andy Brooks introduced the paper and stated that Frimley ICS Board members had worked together to consider and develop a high level set of draft Recovery Principles to help guide and inform the next stage of the Frimley Integrated Care System COVID 19 response over the next weeks and months.</p> <p>The eleven high level draft Recovery Principles set out in the paper reflected an approach which was driven by the Frimley ICS strategy and collaborative approach rather than by setting up a brand new</p>

	<p>work stream and governance architecture. The draft Recovery Principles would help to inform and shape a system response to the recent letter from Sir Simon Stevens and Amanda Pritchard.</p> <p>Members of the Frimley Collaborative Board were invited to provide their views and comments to help further inform this work.</p> <p>Members noted the paper.</p>
2.4	<p>Frimley Collaborative Executive Team – High Level View on Next Phase.</p>
	<p>Caroline Farrar introduced a presentation entitled “Beyond the Peak – System Planning for recovery” which set out the thinking of the Frimley Collaborative Executive Team to the next phase.</p> <p>Caroline Farrar stated that now that the initial peak had passed the focus for the Frimley ICS had moved to setting out plans for Phase 2 recovery and renewal recognising that there were significant levels of uncertainty in both the medium and longer terms particularly around the potential for a second peak. The eleven draft Recovery Principles which had been developed would inform the approach to this recovery and renewal work and engagement with partners in Local Resilience Forum (LRF) level – it was noted that Frimley ICS geography encompassed three Local Resilience Forums for Hampshire and Isle of Wight; Surrey and Thames Valley and whilst the Frimley ICS engaged with all three LRF’s its main link for recovery work would be with the Thames Valley LRF.</p> <p>Members noted the slides which set out the impact assessments which had been undertaken on Covid-19 in respect of (i) community impact (ii) transformation impact and (iii) operational impact and how these were being segmented at System and Place. The Frimley ICS had formed a short term Recovery Leads Network (comprised of all system partners) who would work together to develop an aligned approach to recovery taking account of rapid transformational change – for example, determining which new practices would be carried forward and those that would not be taken forward into a new “normal”.</p> <p>The Executive Team had agreed that the draft Frimley Collaborative Plan on a Page which had been shared with members at the meeting in private on 10 March 2020 continued to provide a good direction of travel. From 18 May 2020 the Executive Structure would be complete and the Managing Directors would move back to Place based working – there would now be a strong Executive focus on building the five Places, strengthening relationships with local authorities and community and developing Primary Care Networks - as well as working to influence the system wide approach to recovery.</p> <p>Caroline Warner thanked Caroline Farrar for an informative presentation and invited questions from members.</p>

Tracey Faraday-Drake asked how confident the Frimley Collaborative was about the financial sustainability of the care home sector amidst rising staff (agency) costs, reduced income through the lack of referrals – she asked if there was a risk of the sector contracting because of Covid-19 and if so, how might the Frimley Collaborative best mitigate this risk and should this form part of the recovery phase.

Caroline Farrar acknowledged that although local authorities may receive some additional financial support for publicly funded residents this may be counteracted by a reduction in the overall number of self-funding residents leading to a potential financial gap and a resultant risk that there was a contraction of the care home sector.

Fiona Slevin-Brown agreed that this was a good question and the ongoing financial viability of the care home sector would be a key issue for Frimley Collaborative as it developed its next stage recovery response – she assured members that Alain Sinclair from a Frimley System local authority perspective was leading a piece of work on care home financial viability; this piece of work also encompassed domiciliary care and charities.

Kathy Atkinson asked for an update on the work that was taking place across the Frimley System to develop updated population health messages for the local population around (i) how to keep well (ii) access services and (iii) maintain personal resilience in view of the rapid changes that had resulted from Covid-19 in relation to how health and social care was being delivered.

Sharon Ward confirmed that she is currently working with Hilary Hall to support a Communication Strategy for the Frimley ICS Community Deal ambition– and she was also undertaking stakeholder engagement work with the voluntary sector.

Emma Boswell reflected that multiple conversations were taking place across the wider Frimley System around the impact of Covid-19 on population health messaging; working with the voluntary sector and workforce and it would be a key challenge for the Frimley Collaborative to help ensure that these various complex and multi-layered discussions were framed and aligned in the Recovery Phase.

Emma Boswell and Sharon Ward would update the Frimley Collaborative Board on the progress with these pieces of work at its next meeting in June 2020. **Action: Emma Boswell**

Members noted the presentation.

3 Questions

There were no additional questions.

4	Business Meeting
	Members noted that a short business meeting would take place.
5	Conflicts of Interest Register
	<p>There were no amendments to the Conflicts of Interest Register which had been included within the pack of papers and no Conflicts of Interest were advised in relation to any of the items of the agenda.</p> <p>Members noted the Conflicts of Interest Register.</p>
6	Minutes of the Frimley Collaborative Board meeting on 14 April 2020 and Action Tracker
	<p>The minutes of the previous meetings on 14 April 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 – the remaining outstanding actions would be reviewed at the next meeting on 9 June 2020.</p> <p>The action tracked was reviewed and noted.</p>
7	Matters Arising not otherwise covered on the agenda
	There were no matters arising.
8	Integrated Care System Update from the Frimley ICS Lead
	<p>Fiona Edwards advised members that the Frimley Collaborative was a core part of the Frimley ICS Phase 2 recovery plans and agreed with the earlier point made by Emma Boswell about the range of complex multi-agency conversations that were taking place at both system and place. Fiona Edwards confirmed that the Frimley ICS Board was working to develop its formal Phase 2 response by the end of the week - whilst the initial response to Covid-19 had required a Command and Control approach the Phase 2 phase presented very different challenges and expectations.</p> <p>The Frimley ICS Board was working to bring together public health data; opportunities and quality issues from the initial Phase 1 response – assessing these against the Frimley ICS Strategy that had been agreed and the NHS Long Term Plan. Fiona Edwards stressed that providers, CCGs and local authority colleagues across the Frimley ICS were working together within existing work-streams to develop a Phase 2 response – she recognised that this would be a challenging task to integrate the frameworks for health and local authorities with their different accountabilities and statutory duties working across three Local Resilience Forum footprints in the Frimley System. Fiona Edwards</p>

	<p>assured members that the Frimley System would be guided by the eleven Recovery Principles which it had developed and were due for approval at the Frimley ICS Board meeting in June 2020.</p> <p>Members noted the verbal update.</p>
9	<p>Position Statement on Covid 19</p> <p>Fiona Slevin Brown in her capacity as full time System Gold Lead provided members with a position statement on the System response to Covid-19 since its last meeting on 14 April 2020.</p> <p>Fiona Slevin-Brown noted most of the key issues had been covered by Andy Brooks and Fiona Edwards in his earlier updates and would be picked up as part of item 9.1 – following up on the previous conversations that had taken place she made one additional comment:</p> <ul style="list-style-type: none"> • The Frimley System was working to develop a Care Home Action Plan with Local Authorities which would focus on each of the five Places within the Frimley Collaborative. <p>Members noted the assurances provided by Fiona Slevin-Brown</p>
9.1	<p>Frimley Incident Control Centre Co-Ordination Phase 2 Approach</p> <p>Fiona Slevin-Brown introduced the paper and provided members with some back context– stating that NHSE had required all Integrated Care Systems to establish an Incident Coordination Centre as part of its Level 4 Incident response to Covid-19 to ensure a single overarching coordination role across all Health Partners within the System. The Frimley Incident Coordination Centre (ICC) was formally established at the beginning of March 2020 at the start of the Covid-19 outbreak by the Frimley Collaborative on behalf of the System, putting in place an infrastructure which reflected the traditional statutory Emergency Preparedness Resilience Response (EPRR) planning mechanisms that mirrored the NHSE Incident response nationally. Fiona Slevin-Brown confirmed that these arrangements directly interfaced into the ICCs of Frimley Health NHS Foundation Trust; Berkshire Healthcare Trust and Surrey and Border NHS Foundation Trust.</p> <p>Members noted that the Frimley ICC directly connected with both the individual providers and three Local Resilience Forums (LRF) and their sub committees. Members noted the organisational chart that showed these reporting relationships.</p> <p>Members were advised that the Frimley Incident Control Centre would lead on the co-ordination of a System response to the Sir Simon Stevens and Amanda Pritchard letter.</p> <p>Fiona Slevin-Brown summarised the key system reflections – further strengthen clinical leadership relationships; reduce the burden of meetings and reporting; explore new ways of working at System and Place in Phase 2 to develop a new “normal”. As the Covid-19 peak subsided – NHSE had started to scale back on its requirement for 8am to 8pm working whilst recognising that Systems needed to remain fully prepared to scale up at speed in the event that a second surge occurred – a full-time core</p>

	<p>Frimley ICC Team would be comprised of a Silver Incident Control Manager and two Bronze Incident Support Officers – Fiona Slevin-Brown confirmed that she would continue to provide strategic support in her role as Gold Lead. Weekend and out-of-hours cover would be provided by on-call Directors and NHSE calls would be reduced to weekdays only. However, calls for Personal Protective Equipment would continue to be covered on a seven day a week basis.</p> <p>Members noted the assurance report on the work being undertaken by the Frimley Incident Control Centre to discharge the EPRR duties of the Frimley Collaborative Board in response to this Level 4 incident.</p> <p>Members noted the paper.</p>
10	<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.</p> <p>Nicola Airey advised members that the single slide did not sufficiently reflect the level of focus on primary care and the hard work that gone into finalising the Network Directed Enhanced Service Contract (DES) with clinical colleagues over the preceding month. Nicola Airey reflected that whilst senior clinicians in some parts of the Frimley Collaborative had reported that their relationships with their secondary care colleagues had strengthened /matured as a result of working together for a common cause during EPRR - as a result of the changes to pathways other GPs on the ground felt less confident about those working relationships with both secondary care and the Frimley Collaborative.</p> <p>John Fraser was of the view that most GP colleagues were continuing to adapt well to the rapid changes – however, the Frimley Collaborative should work quickly to ensure that additional resources</p>

	<p>and support was made available to GPs to meet emerging needs. Members agreed that strengthening the interface between primary and secondary care would remain a key focus as the Collaborative moved into Phase 2.</p> <p>There were no other questions.</p> <p>Members noted the reports.</p>
11	<p>Members noted the following approved minutes which had been included with the pack of papers:</p> <ul style="list-style-type: none"> • Frimley ICS Board minutes 17 March 2020 • Place Committee North East Hampshire and Farnham 26 February 2020 • Place Committee Surrey Heath 3 March and 7 April 2020 • Place Committee in Common - The Royal Borough; Bracknell Forest & Slough 10 March 2020
12	<p>The meeting closed at 10.00am. The next meeting would take place on Tuesday 9 June 2020.</p>