

**Minutes of Frimley Commissioning Collaborative Board ¹held on Tuesday 29th September 2020
 between 08.00am and 09.30am 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 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 Caroline Farrar - Executive Place Managing Director Royal Borough of Windsor and Maidenhead (RBWM) Tracey Faraday-Drake – Executive Place Managing Director Slough</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 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> <p>Fiona Edwards – Chief Executive Surrey and Borders Partnership NHS Foundation Trust and Frimley Health and Care ICS Lead.</p>
In attendance:	<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>
Apologies for Absence:	<p>Dr Jim O'Donnell – Interim Clinical Leader for Slough</p>

1	<p>Welcome and Apologies</p> <p>Caroline Warner in her capacity as Interim Lay Convenor welcomed members to the extra-ordinary meeting of the Frimley Collaborative Board which was taking place remotely in compliance with national social distancing guidance.</p> <p>Caroline Warner provided a brief introduction to the meeting to set context.</p>
---	--

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

	<p>At its meeting on 8 September 2020 members had agreed that at its extra-ordinary meeting on 29 September they would formally consider the decision to apply for a merger of the three CCGs – however, following discussions in the intervening period with both NHSE/I and the Frimley ICS it had been agreed that the Frimley Collaborative Board would not make a decision on the merger proposal at its extra-ordinary meeting. The Collaborative Board noted that on 25 September 2020 Andy Brooks had notified members that “that there had been some significant but positive discussions” with NHSE/I and the Frimley ICS since its last meeting on 8 September 2020 which meant that the timeline for the merger application process would be extended to allow for input from the findings / recommendations of the system integration work which was currently being undertaken in the Frimley ICS.</p> <p>Caroline Warner noted Andy Brooks’ view that the agreed extension to the application timetable provided members with a valuable opportunity to consider the merger in a system context - these issues would be discussed further in the presentation in section 4.</p> <p>Members noted the verbal update.</p>
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>Chief Clinical Officers update</p>
3.1	<p>Position statement on Covid-19:</p> <p>Andy Brooks advised members that the government had increased the national alert level to 4 in response to a surge in Covid-19 cases – however, the NHS continued to operate within its existing Emergency Preparedness Resilience and Response (EPRR) level 3 which meant that it was continuing to deliver the recovery principles set out in the Phase 3 Letter published on 31 July 2020 maintaining an ongoing focus on accelerating the return of near normal levels of non-Covid health services. Andy Brooks cautioned that given the accelerating surge in Covid-19 cases across the UK there was a possibility that the NHS may increase its EPRR level from 3 to 4. Andy Brooks assured members that he would continue to keep them fully updated on any changes to the current EPRR level and to the work of the Frimley Incident Control Centre.</p> <p>Members noted the verbal update.</p>
3.2	<p>Nomination for a Frimley Collaborative Board lead for Health Inequalities – to approve the nomination</p> <p>Andy Brooks advised members that the Frimley Collaborative Board was required to formally agree a named clinical and managerial lead with board level responsibilities for health inequalities. Andy Brooks proposed that the clinical lead for health inequalities should be Dr Lalitha Iyer - Medical Director and the managerial lead should be Tracey Faraday-Drake, Executive Place Managing Director for Slough.</p> <p>Members approved the recommendation that Dr Lalitha Iyer and Tracey Faraday-Drake were nominated as the clinical and managerial leads for health inequalities on the Collaborative Board.</p> <p>Andy Brooks advised members that he hoped to be able to brief them on the results of the NHSE Annual CCG ratings at its next meeting on 13 October 2020 – however, at the present time the publication date remained unconfirmed.</p> <p>Members noted the verbal update.</p>
4	<p>Merger Proposal - Clinical Chief Officer presentation</p> <p>Andy Brooks introduced the presentation which summarised (i) progress in the roadmap for making a decision about whether to recommend a merger of the East Berkshire, North East Hampshire and</p>

Farnham and Surrey Heath CCGs (ii) the results of the member practice voting and (iii) set out the context for the discussion.

Andy Brooks summarised key national and system factors - for example, the current Covid-19 health emergency; Phase 3 response and restated NHS Long Term Plan aspirations which had informed recent conversations with NHSE/I; partners in the Frimley ICS and other stakeholders as part of the engagement work to support the merger application process of the Frimley Collaborative.

Andy Brooks provided a brief overview on the work that had taken place since the decision of the Frimley Collaborative Board at its meeting in July to make a formal submission of intent to merge to NHSE/I and the follow-up programme of engagement that had been undertaken with member practices – the majority of whom had provided their support for progressing the merger application process.

As mentioned at the Collaborative Board meeting on 8 September 2020 – the timeline of the system integration review (due for completion mid-October) did not align with the NHSE/I timeline for the merger application process. During the engagement work significant concerns had been expressed about this lack of alignment around the timelines for these two pieces of work – namely, that the Frimley Collaborative was scheduled to make a merger application to NHSE/I on 30 September before the findings of the work to develop an ICS roadmap were published in the middle of October – with the result that the merger application as currently constructed did not take account or address key areas of focus that were already being drawn from the work. Partners had also expressed concern about the relatively tight timescales for engagement work carried out by the Collaborative between July and September.

Following discussion with NHSE/I and the Frimley ICS in the preceding week a proposed way forward was now presented to members for consideration – Andy Brooks stated that the agreed extension to the merger application process “presented the Collaborative with an opportunity / enabler to further develop the system with our intent to merge”. Andy Brooks provided his thanks to both Caroline Warner and Fiona Edwards for their support during these recent fast paced discussions.

Members noted the slides which set out the strategic context and case for change; journey to date; journey towards merger and merger criteria; documents and evidence and the engagement approach which included member practices; staff; stakeholders; local people; community ambassadors and ICS partners.

Andy Brooks highlighted the positive feedback that had been received as part of the engagement work and informed the Collaborative Board that member practices across the three CCGs had been asked to vote on two questions (i) whether the practice agreed or not to the merger and (ii) whether the practice approved the changes to the draft constitution. Whilst members practices had voted overwhelmingly in support of the merger (East Berkshire 88% in favour; North East Hampshire and Farnham 81% and Surrey Heath 71%) there had been a more mixed picture in relation to the draft Constitution (Surrey Heath 86% in favour; East Berkshire 78% compared to only 25% in North East Hampshire and Farnham). Staff had provided ongoing support for closer working arrangements across the Collaborative footprint. Unitaries and Lower Tier Local Authorities had also evidenced their current commitment to greater collaboration and there was broad support from voluntary sector and Healthwatch organisations. Members noted that no political objections from local MPs had been received during the engagement work.

Steven Clarke briefly summarised the key concerns about the draft constitution that had been expressed by member practices at NEHF in conjunction with the Wessex LMC who had provided independent support for the vote – for example, the need for further detail on financial allocations.

Andy Brooks thanked Steven Clarke for his helpful summary of the key concerns and stated that work was ongoing to answer questions posed by member practices on the merger - the remaining questions on the constitution would also form part of that piece of work.

Andy Brooks summarised the key concerns expressed during the engagement work which included: Upper Tier Local Authorities (Surrey and Hampshire) had expressed a preference to see an NHS landscape which mirrored and was co-terminus with (Upper Tier) Local Authority boundaries. Upper

Tier Local Authorities had also expressed concern about conflicting strategic approaches - namely, the Frimley CCG as a member of the Frimley ICS and the potential lack of alignment with County Strategies. There had been a request for further alignment at district and borough level with the aim of putting patients and public even more at the heart of place based planning. In addition concerns had been raised about the how the third sector would be represented in the ICS.

Andy Brooks invited Fiona Edwards to provide a high level summary on the system integration review that had been undertaken since July 2020.

Fiona Edwards stated that five key deliverables were being proposed:

1. An agreed case for evolving the arrangements, incorporating local data and information, reflecting the national direction and local circumstances;
2. A set of development objectives;
3. An articulation of the different potential development approaches, which reflect the views of partners and respond to the objectives;
4. Alignment on an agreed development approach and;
5. An agreed roadmap for delivery.

The outline the draft NHSE/I vision and key responsibilities for the development of the ICS's three core components (i) emphasis on place (appointment of an NHS "Place Leader" who worked closely with the local authority Chief Executives (ii) creation of provider collaboratives (to plan and develop services at scale; offer mutual support and ensure equitable access) (iii) core ICS functions (financial allocations; improvement and transformation of services; workforce commissioning and development; emergency planning and strategic projects to run at place /across the system.

Members noted the slides which summarised the write up from the first workshop entitled "The Case for Change" and the six key area of focus which had been identified: (1) strategic commissioning (2) creation of provider collaboratives (3) role of local authorities (4) governance and decision making (5) place based working and (6) financial arrangements for the ICS.

Fiona Edwards advised members that recent conversations with David Radbourne at NHSE/I; Local Authority colleagues and other stakeholders had resulted in a recognition that this was a pivotal moment for the Frimley ICS – she reflected on the national drive for greater co-design with local authorities, establishment of provider collaboratives; strategic commissioning; introduction of more formal governance and decision making and collective financial frameworks which would be underpinned with legal frameworks. Fiona Edwards stated that the Frimley ICS was at the vanguard of this next stage of system transformation – she reflected on the scale of the ambition for the Frimley ICS at national level which she described as "exciting". Following up on the earlier remarks made by Andy Brooks she agreed that the extension to the merger application process would enable this wider co-design approach – she stated that the work was intended to help the Frimley ICS to understand what further opportunities there were system integration and to co-design care around "citizens" as opposed to simply "patients".

Caroline Warner thanked both Andy Brooks and Fiona Edwards for their respective briefings and she invited comments / reflections from members on what they had heard to help determine the next steps.

Kathy Atkinson was of the view that the Collaborative had always been aware that a merged CCG was not necessarily an end state but part of a longer-term system integration journey - she asked Fiona Edwards for a view on whether NHSE/I had postponed the process because the merger application itself required material change(s) – that is, did the CCGs need to take account of wider strategic determinants (such as a re-alignment across a different local authority footprint) or as described earlier to introduce more time to work through the recommendations of the Report to develop an ICS roadmap around which all partners could coalesce.

Fiona Edwards was of the view that at this stage the postpone resulted from the decision to allow more time for all system partners to take account of the output from the work – this was an approach supported by the regional team at NHSE/I. Andy Brooks agreed and said that the postpone of the merger application would allow the Frimley ICS time to develop a strategic response to the concerns

that had been expressed by the Unitary Councils. Andy Brooks recognised that whilst the Frimley ICS had made good progress in developing its health economy – a corresponding level of progress had not necessarily been made from the perspective of Tier 1 Unitaries - Hampshire and Surrey County Councils due to the complex geographical boundaries and alignment with the Frimley ICS.

Kathy Atkinson also reflected on the concerns expressed by both Hampshire and Surrey County Councils as a result of the recent engagement work and workshop discussions – she urged the Frimley Collaborative to provide evidence on the strength of existing Place Based working arrangements and engagement between the five Places and local authority colleagues at both district and borough council levels.

Andy Brooks accepted that this was a good challenge and that the Collaborative should work to ensure that local Place Based working arrangements with Local Authorities were properly reflected in the system work being undertaken

Action: Andy Brooks.

Tony Fitzgerald expressed his dismay that two years' work to develop the Frimley Collaborative and its most recent decision to consider a formal merger application had been stopped in its tracks by the work that was being undertaken by the Frimley ICS. Tony Fitzgerald stated that in his view the Frimley Collaborative Board had not been well sighted on the timeline for the publication of the Report and the scope of its work had not been widely shared nor had any interviews been undertaken with Lay Members - he asked Fiona Edwards for clarification on who had commissioned the work.

Tony Fitzgerald sought clarification from Andy Brooks that the Frimley Collaborative Board was being asked to postpone the merger application rather than to change the actual decision to merge given that member practices had voted strongly in support of pursuing a merger application.

Andy Brooks accepted the challenge from Tony Fitzgerald and acknowledged that with hindsight the scope of the work should have been shared at an earlier stage with the Collaborative Board and members briefed on the output from the recent workshops so that they were more up to speed during this time when there were complex and rapidly evolving discussions taking place. Andy Brooks advised members that there had been absolutely no intention on his part to withhold any information about the work – and instead not sharing the scope of the work at an earlier stage had been entirely unintentional on his part.

Andy Brooks agreed to share the scope of the brief with members after the meeting.

Action: Andy Brooks

Tony Fitzgerald added that the six areas of further focus identified resonated with him and he was generally positive about the overall direction of travel for the Frimley ICS – however, he had not welcomed the last minute diversion / change to the timetable for the submission of the merger application.

In answer to Tony Fitzgerald's earlier point about the member practice support for a merger application and their decision making capability – Andy Brooks cautioned that the ultimate decision on the merger application process rested with NSHE/I rather than with the member practices that made up the three CCGs. Andy Brooks confirmed that the Collaborative Board was being asked to note the agreed extension to the merger application timetable but that its positive intent to apply for a merger remained unchanged.

Martin Kittel echoed the views put forward by Kathy Atkinson and Tony Fitzgerald and added that there were many excellent examples of innovative joint working at Place with Local Authority colleagues during the Covid-19 health emergency and strong working relationships had been developed which needed to be further reflected in the ICS Roadmap.

Tracey Faraday-Drake commented that the Frimley Collaborative had some great examples of joint working with Local Authority colleagues to begin to address health inequalities – for example, work in Slough with Asylum Seekers, the BAME pilot, the recent publication of the Slough Inequalities report. Tracey Faraday-Drake stated she really believed in the ambition of the Frimley ICS to put the

community and residents front and centre of its work with a focus on self-management, prevention and early intervention.

Fiona Edwards was of the view that the ICS integration roadmap would help to further enhance an already pluralistic and stable system - in particular it would support the Frimley ICS to articulate what was working well and why / and define what made its culture successful. Fiona Edwards agreed with Martin Kittel's earlier point that partners outside the Frimley ICS did not necessarily understand the strength of its culture or see the evidence of the Place Based integration and mutual aid that existed.

Fiona Edwards responded to Tony Fitzgerald's question about who had commissioned the review and she confirmed that this work had been jointly commissioned between the Frimley ICS and the NHSE/Region to define (i) what a successful future focussed ICS should look like (ii) to take account of the extra-terrestrial tensions from neighbouring Unitaries (iii) – to consider what constituted a viable size for the System. Fiona Edwards advised that the Frimley ICS Board had accepted the proposal of Region to undertake this review of the Frimley System because it aligned with work that they were also doing in neighbouring systems to understand the emerging impact from the potential re-organisation of local government (the ongoing tensions between County Councils and Borough Councils), further development of strategic integrated commissioning and the creation of a legislative architecture in the ICS that would underpin these changes. Fiona Edwards stated that the Frimley ICS Board was conscious of the risks posed as a result of the challenges expressed by Tier 1 Unitary Authorities – namely, the risk of fragmentation of the CCGs in the Frimley ICS into neighbouring systems (East Berkshire to Buckinghamshire, Oxfordshire and Berkshire ICS and Surrey Heath to Surrey Heartlands). Fiona Edwards confirmed that the view of the Frimley ICS Board was that this sort of fragmentation would have a detrimental impact on patient care and increase inequalities for the Frimley population and that it resisted any such division – however, she accepted that it was essential to fully engage with Local Authority colleagues to further explore their concerns.

Ed Palfrey and Amanda Wellesley both expressed their concern that any move to fragment the Frimley ICS for political reasons would adversely impact health and care for the Frimley population.

Nicola Airey assured members that because of her close working relationships with colleagues in neighbouring Tier 1 Unitaries responsible for planning and commissioning patient care she was personally confident that the Frimley ICS could evidence that it was continuing to deliver excellent patient care across existing boundaries. Nicola Airey whilst acknowledging the significant challenges ahead remained of the view that following further discussion and negotiation it would be possible to find a way forward.

Members asked how member practices and staff groups were going to be updated on the reasons for the agreed extension in the merger application process

Emma Boswell confirmed that a pro-active and positive communication to member practices and staff would be developed which set the context for the agreed extension in the merger application process and the opportunity to undertake further co-design work with other stakeholders. There would also be further communication with member practices on how work to address remaining concerns with the draft constitution.

Action: Emma Boswell

Andy Brooks advised members that further workshops were scheduled to take place on 2 and 9 October – these were aimed at further developing the road map for the Frimley ICS and devising a plan that was flexible and responded to any final policy changes. Andy Brooks anticipated that the report would be finalised in the middle of October and that it was unlikely that its publication would coincide with the next Frimley Collaborative Board meeting on 13 October. For this reason it was agreed that an extra-ordinary Frimley Collaborative Board meeting would be scheduled for the end of the October to ensure that the Carnal Farrar work was available for members to discuss in detail. The date of the meeting would be agreed after the meeting.

Action: Governance Team

Caroline Warner sought a view from Andy Brooks on the likely timing for a revised merger application – Andy Brooks stated that that following discussion with David Radbourne and System Partners in the

	<p>week commencing 21 September the revised timetable for the submission of a merger application would be determined in conjunction with Region and partners in the Frimley ICS at a date to be agreed.</p> <p>Caroline Warner summarised the key actions and agreed next steps:</p> <ul style="list-style-type: none"> • Postpone the merger application to NHSE/I on 30 September to allow more time to co-design and engage with Partners and to take account of the recommendations to develop a Frimley ICS roadmap. • Work to ensure that local Place Based working arrangements with Local Authorities were more fully reflected in the system work being undertaken • Scope of the brief to be shared with members after the meeting. • Bespoke communications to member practices and to workforce to be sent out after the meeting. • Extra-ordinary Frimley Collaborative Board meeting to be scheduled at the end of October to discuss the output from the system review. <p>As recommended the Frimley Collaborative:</p> <p>NOTED the feedback received as part of the Creating the New Health and Care Landscape; NOTED the outcomes of the member practice vote; NOTED the scope, expected deliverables and timeline of the Frimley Health and Care System Review; NOTED and DISCUSSED the interim feedback from the first review workshop and additional insight shared by NHSE/I and the ICS Leader and Chair; and AGREED a recommendation on the next steps in relation to the merger application.</p>
5	<p>Any other business:</p>
	<p>Arthur Ferry in his capacity as Chair of the Audit Committee informed the Frimley Collaborative Board that at its meeting on 16 September 2020 the Audit Committee in Common had received the 2019/20 Annual Audit Letters for East Berkshire, North East Hampshire and Farnham and Surrey Heath CCGs – it was noted that the external auditors had provided unqualified opinions and there were no issues of materiality.</p> <p><i>Fiona Edwards left the meeting at 09.47am</i></p> <p>Nicola Airey advised members that they had been sent a paper on 24 September setting out the recommendations for the Emotional Wellbeing and Mental Health Service procurement – no objections to the recommendations had been received ahead of the Surrey Wide Committee in Common which was due to take place on 30 September 2020. Nicola Airey advised that the paper had been inadvertently circulated to Fiona Edwards and an IG incident was being investigated. The Collaborative Board would be informed of the successful bidder at its meeting on 13 October 2020.</p>
	<p>The meeting closed at 09.50am</p>
	<p>Date for next meeting - Tuesday 13 October 2020 between 08.30am and 11.00am</p>