

Frimley Collaborative Board - Public

The New Hall, Braywick Sports Ground, Maidenhead, Berkshire, SL6 1BN

10 March 2020 09:30 - 10 March 2020 11:30

Frimley Collaborative Board

NHS East Berkshire CCG, NHS North East Hampshire and Farnham CCG and NHS Surrey Heath CCG.

AGENDA for a meeting in public of the Frimley Collaborative Board

09.30am-11.00am Tuesday 10 March 2020

Venue: The New Hall, Braywick Sports Ground, Maidenhead, Berkshire, SL6 1BN

Lay chair – Tony Fitzgerald

Timing		Item	
09.30am	1	Welcome and introductions to the first meeting in public <i>Dr Andy Brooks/ Tony Fitzgerald</i>	Verbal
		Clinical Chief Officer's Report <i>Dr Andy Brooks</i>	Presentation
	2	To note the Conflicts of Interest Register and declarations of any interests relating to this agenda.	Paper
	3	Governing Body Minutes of meetings in Public – for approval North East Hampshire & Farnham CCG 11 Sept 2019 East Berkshire CCG 12 Nov 2019 Surrey Heath CCG 5 Nov 2019	Papers
		Place Based Reports	
09.45am	4	Royal Borough of Windsor, Ascot and Maidenhead Patient Story to showcase system and place working	Presentation
	5	Summary Reports from Bracknell Forest, North East Hampshire, Slough and Surrey Heath - to note	Paper
		Collaborative Reports	
10.15am	6.1	Quality Report – to note <i>Sarah Bellars</i>	Paper
	6.2	Finance and Performance Report - to note <i>Rob Morgan</i>	Paper
10.35am	7	Single Executive Lead for Emergency Preparedness and Resilience – to approve <i>Fiona Slevin Brown</i>	Paper
		System Reports	
10.40am	8	Integrated Care System Update from ICS lead - to note <i>Fiona Edwards</i>	Verbal
10.50am	9	Questions in advance from members of the public and any questions relating to items on the agenda. <i>Convenor</i>	Verbal
11.00am	10	Close	
		Governance	
	11	<u>Committee Minutes to note – not for discussion.</u>	Papers

11.1	Surrey Heath CCG Part 1 Audit Committee 21 May 2019	
11.2	East Berkshire CCG Part 1 Audit Committee 8 November 2019	
11.3	Surrey Heath CCG Primary Care Commissioning Committees Part 1 3 December 2019	
11.4	East Berkshire CCG Primary Care Commissioning Committees Part 1 12 November 2019	
11.5	North East Hampshire and Farnham CCG Primary Care Commissioning Committees Part 1 20 November 2019 and 15 January 2020	
12	Date, venue for next meeting - Tuesday 12 May 2020 between 09.30am to 11.00am meeting in public Slough The Club Room, Arbour Park Football Club, Stoke Road, Slough, SL2 5AY	Verbal

Frimley Collaborative

Clinical Chief Officer's Report

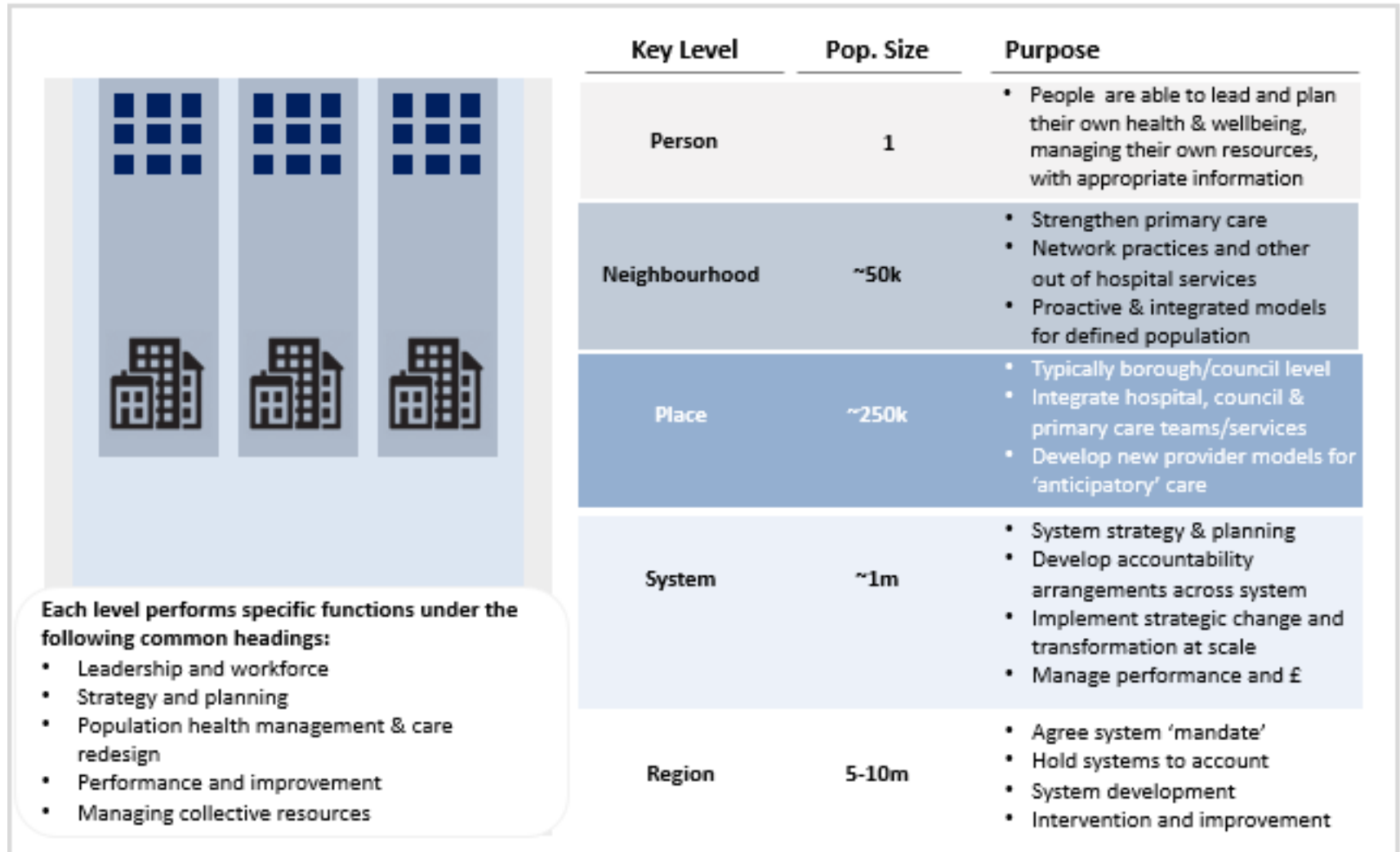
10th March 2020

Our First Meeting in Public

- Welcome!
- Why are we here?
- What is our System?
- What do we offer?
- How are we organised?
- Who are we?
- What will we deliver?

Why are we here?

An NHS with people and the population at its heart



What is our System?

Frimley Health & Care System



What do we offer?

A Collaborative designed to support the system

From:

- Market and competition
- Buying and selling care
- Winners and losers
- Organisational centric
- Sovereign organisations
- Independent assurance of providers & commissioners



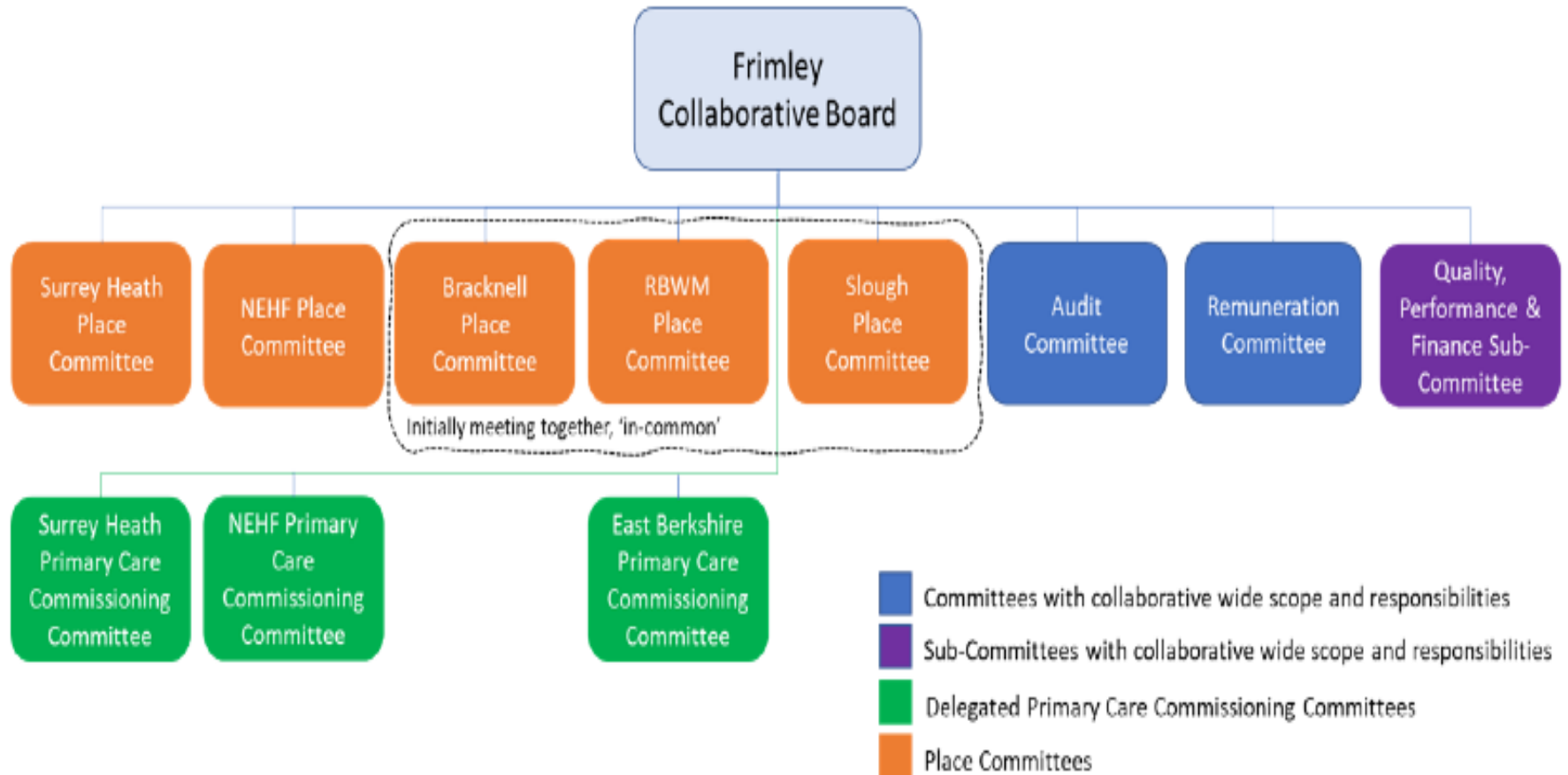
To also:

- Building successful well led integrated systems
- Collective leadership
- Shared responsibility
- Integrated planning & delivery
- Experimentation, innovation
- Self-assuring

- Population planning, priority setting, system integration and transformation
- Stewardship of NHS funds
- Primary care leadership and development
- Critical friend and Assurance
- Securing Supply of services

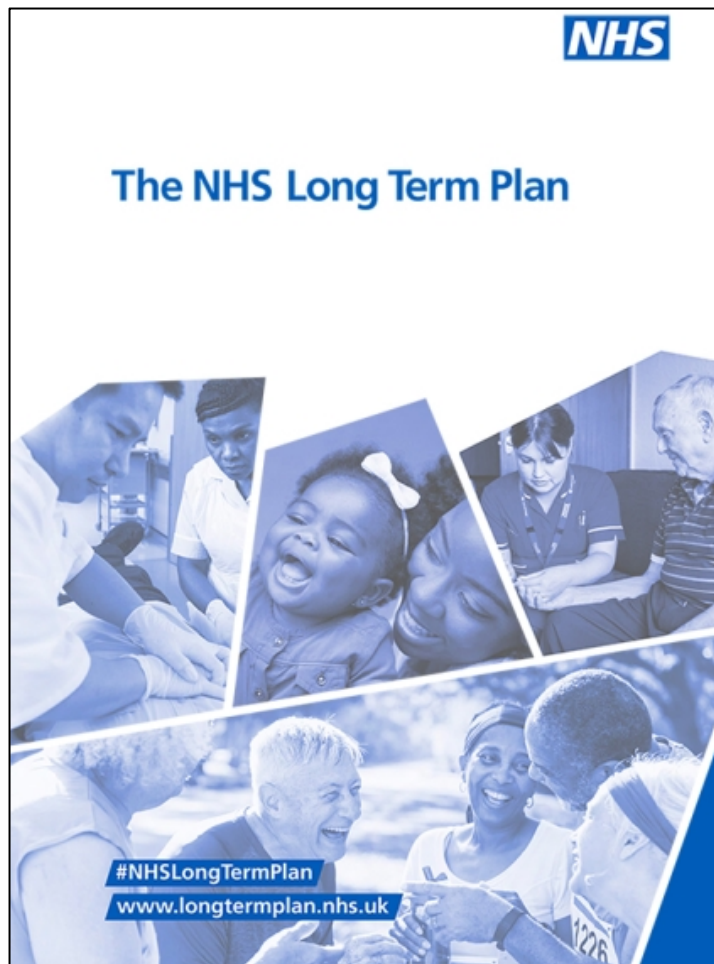
How are we organised?

An effective and efficient structure with decision making closer to our local populations



What will we deliver?

Working with partners to deliver the NHS Long Term Plan



- **Primary Care & Community Services**
- **Mental Health**
- **Learning Disabilities & Autism**
- **Cancer**
- **Urgent and Emergency Care**
- **Maternity & Neonatal**
- **Planned Care**

Our First Meeting in Public

- Welcome!
- Why are we here?
- What is our System?
- What do we offer?
- How are we organised?
- Who are we?
- What will we deliver?

– Let's get on with it!

Frimley Commissioning Collaborative Board Register of Interests - Interim Membership v 5 February 2020				
First Name	Surname	Role	Declared Interest - Name and Nature of Business	Interest Status
Nicola	Airey	Executive Place Managing Director Surrey Heath	Son student paramedic Brighton University. Placements with SECAMB who provide 999 services to residents within the Frimley Collaborative.	Open
Kathy	Atkinson	Lay Member Patient and Public Involvement for North East Hampshire and Farnham	Chief Executive at Safer Tourism Foundation	Open
Sarah	Bellars	Executive Director of Quality and Nursing	No interests to declare	Open
Peter	Bibawy	Clinical Chair for North East Hampshire and Farnham	Cambridge Practice (D2A) Discharge to Assess Bed assessor in Ticehurst Nursing Home, Aldershot and Hampshire. Contracted from Salus Medical.	Open
			GP at the Cambridge Practice, Aldershot - Self employed	Open
			Private practice with an interest in Shock Wave Therapy	Open
			Wife is a psychiatrist working for Southern Health	Open
			Shareholder in Salus GP Federation	Open
Emma	Boswell	Executive Director of Development and Improvement	Patient at Jenner House Surgery	Open
Clive	Bowman	Lay Member for Slough. Chair of the Primary Care Co-Commissioning Committee	Royal Society Industrial Fellow at Mathematical Institute University of Oxford; Fellow Royal Society of Medicine; Member of UK Pharmacogenetics & Stratified Medicines Network; Fellow of Royal Statistical Society	Open
			Registered with GP Practice at Symons Medical Centre, Maidenhead	Open
			Expert Evaluator, EU Commission Brussels. Independent Scientific Assessment. Expert Advisor C4X Discovery Ltd (Mathematics of drug discovery). Executive Director, EU Head Biostats Data Management Daiichi-Sankyo (now ceased)	Open
			Director Pluribus Ltd, giving scientific advice to EU Commission in Brussels and C4X Discovery Ltd, shareholdings of GSK plc	Open

Andy	Brooks	Chief Clinical Officer	Partner at Park Road Group Practice.	Open
			Practice provides accommodation (with service charge for rent and utilities) for Pharmacy Services (Boots).	Open
			Practice is Member of GP Federation Surrey Heath Community Providers Ltd	Open
			Collingwood Grange Nursing Home: Practice provides Nursing Home Medical services over and above primary medical care services	Open
			Pembroke House Nursing Home	Open
			Practice provides Nursing Home Medical services over and above primary medical care services	Open
			Patient with Downing Street Surgery in Farnham	Open
Steven	Clarke	Governing Body Clinical Director for North East Hampshire and Farnham	Wife is a salaried GP, River Wey Medical Practice, Farnham Health Centre.	Open
			Wife is shareholder in InsideVue – company providing ultrasound services in Farnham	Open
			Lead GP for Fleetwood Lodge Care Home, Fleet	Open
			Shareholder in Salus, GP Federation	Open
			Partner at GP Practice, Branksomewood Healthcare Centre	Open
			Financial interest in Lloyds Pharmacy, on-site pharmacy at Branksomewood Healthcare Centre	Open
Fiona	Edwards	Chief Executive Surrey and Borders Partnership NHS FT and Frimley Health and Care ICS Lead	Patient with Hollytree Practice in Farnham	Open
			CQC Executive reviewer and NHS provider Chief Executive	Open
Arthur	Ferry	Lay Member for Royal Borough Windsor and Maidenhead - Chair of the Audit Committee and Conflicts of Interest Guardian	Patient with Woodlands Park Surgery near Maidenhead	Open
			Patient with Burnham Health Centre, SL1 7DE	Open
Tony	Fitzgerald	Interim Lay Chair for Surrey Heath	Patient with Lightwater Surgery, All Saints Road, Lightwater.	Open
John	Fraser	GP Member for Surrey Heath	Partner at Upper Gordon Road Surgery	Open
			Partner Provider Pain and MSK Services	Open
			Member GP Federation Surrey Heath	Open
			Partner Day Lewis Pharmacy Camberley	Open
			Patient with Magnolia House, Sunningdale, Berkshire	Open
			Director of private scanning company - Women's Scan Clinic	Open

Lalitha	Iyer	Executive Medical Director	Partner at Farnham Road - renting space in practice for Pyramid Pharmacy	Open
			Provider of care home services over and above core GP work	Open
			Patient with Dr Sharma's Surgery 240 Wexham Road, Slough	Open
Jackie	McGlynn	Locality Lead for Bracknell	Friend of Romana Hashim Owner of Eye Academy Optician	Open
			GP Principal Kings Corner	Open
			Berkshire Primary Care Limited - member	
			Patient at the Waterfield Surgery, Ralph's Ride, Bracknell	Open
Robert	Morgan	Executive Director of Finance	Husband of Lorraine Morgan who works part time at East Berkshire Primary Care out of hours service (clerical role).	Open

Jim	O'Donnell	Locality Lead for Slough	Work privately in clinical triage for medical solutions UK	Open
			Patron of the Charity, Slough Senior Citizens	Open
			Partner at Farnham Road Practice, one of 13 providers DAAT services to Berkshire	Open
			Donates portion of monthly GP salary to Thomas Hospice	Open
			Patient with Newton Court Medical Centre, Old Windsor	Open
Ed	Palfrey	Secondary Care Clinician for North East Hampshire and Farnham	Provides advice to Secondary Care issues	Open
			Daughter is a Palliative Care Trainee	Open
			Secondary Care Consultant for the Hampshire and Isle of Wight Partnership of CCGs	Open
Fiona	Slevin-Brown	Executive Place Managing Director Bracknell Forest	Holds an honorary contract with Berkshire Healthcare Foundation Trust as a podiatrist	Open
			Registered patient with Forest Health Group	Open
Mary-Jane	Steijger	Head of Governance (Acting) North East Hampshire and Farnham	Member of Frimley Health NHS Foundation Trust	Open
			Patient with The Ferns Medical Practice, Farnham Hospital	Open
Huw	Thomas	Locality Lead for Royal Borough of Windsor and Maidenhead	GP partner Clarendon & Holyport Practice	Open
			Director Clarendon Health	Open
			Work sessions for East Berkshire Primary Care Out Of Hours	Open
			Spouse is a Clinical Nurse Specialist for Frimley Health NHS FT	Open
			Governor at Holy Trinity Primary School, Cookham	Open
			Patient with Rosemead Surgery in Maidenhead	Open
William	Tong	Clinical Chair for East Berkshire	Governor at Kings Academy School Binfield	Open
			Patient with Binfield Surgery, Terrace Road N, Binfield, Berkshire, RG24 5JG	Open
Caroline	Warner	Lay Member for Surrey Heath	Spouse is a lawyer for GSK	Open
			Non-executive Director of Surrey and Sussex NHS Trust	Open
			Chair of the Consumer Challenge Group at Affinity Water from April 2020 onwards	Open
			Patient with The Hollytree Surgery on Boundstone Road in Farnham	Open
Amanda	Wellesley	Secondary Care Consultant - East Berks and Surrey Heath	Chief of Medicine and A&E Consultant in Western Sussex NHS FT	Open
Oliver	White	Executive Place Managing Director (interim) NEHF	Patient with Crondall New Surgery, Farnham	Open

**DRAFT Minutes of the NHS North East Hampshire and Farnham Clinical Commissioning Group
Governing Body meeting held in public on Wednesday 11 September 2019 between 9.30 and 10.50am in
the Crookham Suite, Lismoyn Hotel, Fleet.**

Present:	Chair - Dr Peter Bibawy, - Governing Body GP Kathy Atkinson, Lay Member with Patient and Public Involvement Portfolio Dr Martin Ballard - Governing Body GP Dr Karl Bennett – Governing Body GP Emma Boswell - Director of Quality and Nursing Dr Steven Clarke – Governing Body GP Ruth Colburn-Jackson – Managing Director Peter Cruttenden - Lay Member Ros Hartley - Director of Strategy and Partnerships Clare Hook - Area Director for North East Hampshire Adults Services, Hampshire County Council Hanne Hoff – Governing Body GP Dr Ed Palfrey - Secondary Care Consultant Roshan Patel - Chief Finance Officer
In attendance:	Joanne Green - Governance Manager (minutes) Mary-Jane Steijger – Senior Governance Manager
Apologies for Absence:	Maggie Maclsaac - Chief Officer
1	Welcome and Introductions
	Dr Peter Bibawy welcomed members of the public to the meeting and previous Governing Body members, advising that due to developments in the Frimley Integrated Care System, this meeting would be the last meeting held in public. It provided an opportunity to reflect on the work of the CCG over the past six years, recognising the challenges that had been overcome and those which remained. Apologies for absence were noted as above. It was noted that Roshan Patel was deputising for Maggie Maclsaac who had offered her apologies for the meeting because of extenuating personal circumstances.
2	Register and Declarations of Interests and any Conflicts of Interest Declared
	There was no change to the Register of Interest. The Governing Body noted the paper.
3	Unapproved minutes of the Governing Body meeting held in public on Wednesday 9 January 2019
	The Governing Body approved the minutes of the previous meeting without amendment.
4	Reflecting on our past and looking forward to our future

Members of the Governing Body made a presentation which covered:

- **Early challenges and ambitions**
- **Early successes** – Hydrate, Care Homes Forum, Safe Haven, Walk and Live Confidently, Be part of something important
- **The story of Vanguard** – Integrated Care Teams, Recovery College, Making Connections, Community ambassadors, new models of care, Integrated Teams, Stand out projects (Yateley Urgent Care Centre and Farnham Integrated Care Centre), improved offer from primary care (direct access physio services, community pharmacists. eConsult), new model of supporting discharge from hospital into community and impact for local people.
- **Engaging with communities** – commitment to co-design, involvement and engagement, Join the Conversation, Empowering Engagement programme, Innovation Conference, Annual General Meeting
- **Working in partnership** – strengths from effective partnerships, Hampshire and Isle of Wight Partnership of CCGs , sustainability and transformation plans to integrated care systems (ICS). From 2020 to Frimley Leadership and Improvement Academy . The ICS five-year strategy and commissioning in the future and the challenges and opportunities which laid ahead. Looking ahead to collaborative working in the Frimley System with the establishment of the Frimley Commissioning Collaborative Board from 1 October 2019.
- **Preparing for challenges** – effective system working, finances and budget, workforce realities, increasing pressures within primary care, long term v short term targets, increasing involvement from local people
- **Recognising our achievements** – outstanding rating for three years, celebrations for NHS70, nominations for Health Service Journal awards, real benefit for local people and wider community partnerships

The Chair sought questions from the floor and in response, the following were posed:

- **Learning disabilities** – concern this remained an area which did not attract focus. In response Governing Body advised that mental health issues were high on its agenda, however, this should be better publicised.
- **Partnership working** – the questioner advised that he considered this was becoming more evident and he asked if the CCGs involved in the partnership might merge into one large CCG. The Chair responded that whatever structure might be in place for the future, it would be vital to retain local focus, wherever appropriate.

In closing the meeting, on behalf of the Governing Body, the Chair thanked those members of the public for their presence and interest. He also took the opportunity to thank previous members of the Governing Body for their valuable contributions to the work of the CCG. He thanked his fellow current members for their continued contributions and in particular, Maggie MacIsaac, for her exceptional leadership of the CCG.

The Chair assured the meeting that Governing Body would continue to learn and ensure that the needs of the local population were at the forefront of its decision making.

The Chair referred to the display of carers artwork and invited both members and the public to view the work by local carers and which would form part of a celebratory event to recognise the important role played by carers in November 2019.

5 Items to note

Governing Body received and noted the following items:

- Governing Body Assurance Framework

	<ul style="list-style-type: none"> • Quality Report • Integrated Performance Report
6	Close
	<p>The Chair stated that North East Hampshire and Farnham CCG would meet again as part of the Frimley Commissioning Collaborative Board together with Surrey Heath and East Berkshire CCGs - the date of the next meeting in public was yet to be agreed.</p> <p>The meeting closed at 10.50am</p>

Governing Body Meeting (in Public)

**DRAFT Minutes of the meeting held on Tuesday 12th November 2019
from 14:00 – 15:30 at The Copthorne Hotel, Slough**

Present:		
Dr William Tong	WT	Clinical Chair, East Berkshire CCG (Chair)
Dr Andy Brooks	AB	Clinical Chief Officer, East Berkshire CCG
Dr Lalitha Iyer	LI	Medical Director, East Berkshire CCG
Fiona Slevin-Brown	FSB	Director of Strategy and Operations, East Berkshire CCG
Sarah Bellars	SB	Director of Nursing and Quality, East Berkshire CCG
Debbie Fraser	DF	Deputy Director of Finance, East Berkshire CCG
Clive Bowman	CB	Lay Governing Body Member, East Berkshire CCG
Arthur Ferry	AF	Lay Governing Body Member, East Berkshire CCG
Dr Jim O'Donnell	JO'D	Slough Locality Lead, East Berkshire CCG
Dr Huw Thomas	HT	Windsor, Ascot & Maidenhead Locality Lead, East Berkshire CCG
Dr Nuzhet A-Ali	NA	GP Governing Body Member, East Berkshire CCG
Dr Clare Nieland	CN	GP Governing Body Member, East Berkshire CCG
Dr Jackie McGlynn	JMc	Bracknell and Ascot Locality Lead, East Berkshire CCG
Amanda Wellesley	AW	Secondary Care Consultant, East Berkshire CCG
Dr Martin Kittel	MK	GP Governing Body Member, East Berkshire CCG
Apologies:		
Sally Kemp	SK	Lay Member for Governance, East Berkshire CCG
Nigel Foster	NF	Director of Finance, East Berkshire CCG
Mike Hoskin	MH	GP Governing Body Member, East Berkshire CCG
In Attendance:		
Lynn Pringle	LP	Business Manager, East Berkshire CCG (taking the minutes)
Angela Woolman	AW	Senior Administrative Officer, East Berkshire CCG
1. Introduction		
1.1	<u>Chair's introduction and apologies for absence</u> (Dr William Tong)	
	Dr William Tong welcomed those present to the meeting. Apologies for absence were received and noted as above. The meeting was declared as quorate.	
1.2	<u>Conflicts of Interest to declare in relation to the agenda</u> (Dr William Tong)	
	There were no further conflicts of interest declared.	
1.3	<u>Draft Minutes of the last public meeting held on 9th July 2019 and matters arising</u> (Dr William Tong)	
	The draft minutes of the public minutes from 9 th July 2019 were approved. There were three members of the public present at the meeting.	
	There were no matters arising.	
2. Clinical Chief Officer's Update		
2.1	<u>Clinical Chief Officer's Report</u> (Dr Andy Brooks)	
	<u>Patient Story</u>	
	SB outlined three case studies of individuals and their families that had received	

	<p>support following a dementia diagnosis:</p> <ul style="list-style-type: none"> The first a 57 year old lorry driver, who following the support found a job working at his brother in laws yard, this is a familiar environment and his co-workers are aware of his diagnosis and are being very supportive, this has had a positive effect on Mr T wellbeing and has eased the financial pressure. Additionally following a carers assessment award of £150.00 has been made along with a Time out card and an Accessibility card. This can be used for the daughter to make use of the facilities in the local community when she can get a break from her caring role. This will help reduce the amount of stress and reduce the chance of carer breakdown. The second was a 78 years old gentleman with Alzheimer's disease, for some years he has worked as a lecturer and was previously in the Royal Marines. He was involved in 2 incidents requiring police intervention. The first incident involved a heated argument outside the home, where concerns for wife's safety. The second when got in his car aiming to visit friends and ended up 94 miles away when his petrol ran out, he was taken to local A&E in Dorset. Following support and intervention, he joined Windsor day centre, a carer's assessment was completed, with financial support and an accessibility card and support from home treatment team was instigated. The third case was an elderly socially isolated lady with vascular dementia, born in Punjab, Pakistan and lived there until 1970. She was spending weekdays on her own at home as family members go to work. Her social activities were mainly over the weekends with extended family. She used to live in Slough, where she used to regularly visit Slough library to get books in Urdu but, this activity has also stopped since she has moved to Windsor. Her family members were concerned about her social isolation. Following support from services the family members were given information about activities run in Punjabi/Urdu language. She was encouraged to try a daycentre. She was accepted by Slough memory clinic accepted for CST in Punjabi. She is continuing to receives support in accessing services such as attendance allowance, fire safety checks etc. Also being linked local multi faith community groups to engage in group activities. <p>JO'D observed that Dementia rates are improving in Slough but there can be instances when families demure from the referral when they are contacted by the Dementia Team, this needs to be carefully monitored. HT reflected there is still a significant social stigma regarding Dementia.</p> <p><u>Clinical Chief Officer's Report</u></p> <p>AB informed Governing Body members that a significant amount of time has been focused on developing the Frimley Collaborative, working between the three CCGs of East Berkshire, North East Hants and Farnham and Surrey Heath and their relationship with the Integrated Care System.</p> <p>AB thanked LI for the significant work she had undertaken for the Collaborative event that was held recently; it was a fantastic programme and very inspirational.</p>	
2.2	<p><u>Place Update – Windsor, Ascot and Maidenhead</u> (Dr Huw Thomas)</p> <p>HT gave a presentation entitled 'Dementia in RBWM'.</p>	
3.	<p>Quality and Performance</p>	
3.1	<p><u>Quality Presentation</u> (Sarah Bellars)</p>	

	<p>Emergency Department Discharge Summaries – funding has been identified and a risk assessment is going out to practices to review the information, clinical time will be available for any follow up actions necessary. The CCG are aware of one incident that there may be harm related to.</p> <p>Dermatology at FHFT – there is continuing pressure on the service across FHFT Dermatology. Short term plans include suspension of advice and guidance.</p> <p>Summary of AQP Hearing and Balance service concerns – there has been an increase in complaints. The complaints have been reviewed and quality visits have been undertaken to providers to check on parking and toilet facilities. A Q&A sheet will also be available which is being shared with PALS.</p>	
4.	Finance	
4.1	<p><u>Finance Report for Month 6</u></p> <p>At month 6 the CCG reported a year to date position on plan and with a forecast to meet the planned in year surplus of £1k.</p> <p>The Acute services moved favourably largely from the release of surplus accruals from the close down of prior year acute contracts which amount to £270k. Prescribing costs remain favourable for the year to date.</p> <p>There have been some small movements in other budgets, Mental Health £49k, Community £59k which is offsetting an adverse moving in Other of £75k, which is driven by IFR spend, principally IVF.</p> <p>The key risks are identified in the report and the Frimley contracts are awaiting the IR allocation, there are also some planned care pressures. The Governing Body noted the finance report.</p>	
5.	Strategy	
5.1	<p><u>Emergency Preparedness and Resilience Response</u></p> <p>As part of the National EPRR assurance process for 2019/20, East Berkshire CCG have been required to assess themselves against 43 core standards applicable to CCGs and assessed themselves as substantial compliance with full compliance with 40 of the core standards and will become fully compliant with all 43 of these standards by April 2020.</p> <p>The Governing Body ratified and approved this assessment and improvement plan. The Governing Body confirmed that Arthur Ferry (Lay member for East Berkshire CCG) will take over the role from Elaine Budd as Lay Member for EPRR across the 3 Frimley ICS CCGs.</p>	
6.	Questions from members of the public	
6.1	There were no questions raised from members of the public.	
7.	Committee Minutes	
7.1	<p>Approved Minutes from Finance and QIPP Committees held on 25th June, 23rd July, 27th August and 24th September 2019.</p> <p>The Governing Body noted the Finance and QIPP Committee minutes.</p>	
7.2	<p>Approved Minutes from Audit Committee held on 3rd May 2019.</p> <p>The Governing Body noted the Audit Committee minutes.</p>	
7.3	Approved Minutes from Business Planning and Clinical Commissioning Committee held on 16 th April and 18 th June 2019.	

	The Governing Body noted the Business Planning and Clinical Commissioning Committee minutes.	
7.4	Approved Minutes from Primary Care Commissioning Committee held on 14 th May and 9 th July 2019. The Governing Body noted the Primary Care Commissioning Committee minutes.	
8.	Any Other Business	
8.1	The meeting closed at 15:25.	

DRAFT

GOVERNING BODY MEETING

Public Meeting – Part 1

MINUTES

Date:	5th November 2019	Time:	12:30pm – 2:00pm
Venue:	St Paul's Church, Crawley Ridge, Camberley, GU15 2AD		

	Name	Title
Chair	Tony Fitzgerald (TF)	Interim Lay Chair
Members Present	Rob Morgan (RM)	Interim Managing Director & CFO
	Dr John Fraser (JF)	Medical Director, GP (Upper Gordon Road)
	Edmund Cartwright (EC)	Interim Director of Quality & Nursing
	Dr Andy Brooks (AB)	Joint Chief Officer (GP Park Road)
	Nicola Airey (NA)	Director of Planning & Delivery
	Dr Gail Milligan (GM)	GP Lead for Quality, Camberley Health Centre
	Dr Adrian Davis (AD)	Lightwater Surgery
	Dr Amanda Wellesley (AW)	Secondary Care Consultant
	Caroline Warner (CW)	Lay Person for Public and Patient Engagement
Present	Kevin Moloney (KM)	Minutes, TIAA Ltd
	Caroline Lovis (CL)	Interim Associate Director of Finance
	Nisha Pawar (NP)	Comms & Engagement Lead SHCCG
	Tom Lawlor (TL)	Interim Associate Director of Commissioning
	Mary-Jane Steijger	Member of the Public
Apologies	Dr Jonathan Lewney (JL)	Consultant, Public Health
	Dr Jane Snell (JS)	Station Road Surgery

FOI NOTICE: Those present at the Governing Body meeting should be aware that their name will be listed in the minutes of this meeting, which may be released to members of the public on request under Freedom of Information.



Item No.	Discussions and Actions	By Whom	Deadline
Patient Story	<p>The story presented was presented by Dr John Fraser.</p> <p>This story was about a 28 year old neurological patient who was house bound and had challenging behaviours. A very complex case. It highlighted the difficulties getting support for people requiring help in their own home from IAPTS (Improving Access to Psychological Therapies)</p> <p>In this case the CCG (TL) liaised with the IAPT service to arrange a home visit to undertake the necessary assessments. It was agreed that the difficulties in sourcing the right support should be reflected in conversations on future IAPTS services</p> <p>New Action: Ensure this case informs discussions on the services specification for future IAPTS services (TL).</p> <p>This was NOTED by the Governing Body.</p>	TL	Through IAPTS review process.
GB 1	<p>Welcome and Introductions</p> <p>TF welcomed all attendees and explained that the meeting was being held in public. TF also welcomed Mary-Jane Steiyger, from NEHF Governance Team who was attending as part of raising her understanding on different Collaborative CCG GB meetings.</p> <p>This was NOTED by the Governing Body.</p>		
GB 2	<p>Apologies for absence</p> <p>Apologies were received from:</p> <ul style="list-style-type: none"> • <i>Dr Jonathon Lewney (JL), Consultant, Public Health</i> • <i>Dr Jane Snell (JS), Station Road Surgery</i> <p>This is NOTED by the Governing Body.</p>		
GB 3	<p>Arrangements for future meetings</p> <p>The next meeting will be on 3rd December 2019 from 12:30pm to 4pm and will be a Governing Body Business Meeting.</p> <p>This was NOTED by the Governing Body.</p>		
GB 4	<p>Declarations of Interest</p> <p>The Register of Members Interests is available at each Surrey Heath CCG Governing Body meeting. TF reminded the Governing Body of the need to report any alterations or new Conflicts of Interest. There was nothing further to report at the start of the meeting based on matters listed in the agenda for the meeting.</p> <p>TF stated that he would need to leave at point GB17 of the meeting due to a potential conflict.</p> <p>This was NOTED by the Governing Body.</p>		
GB 5	<p>Minutes of Meeting to be agreed</p> <p><u>Governing Body Minutes:</u> Minutes from the 3rd September 2019 were agreed as accurate.</p>		



	<p><u>Action Tracker:</u></p> <p>From the February 2019 meeting:</p> <ul style="list-style-type: none"> • Mental Health Assurance Ratings for 17/18 and update on IAPT performance – agreed to close. <p>From the July 2019 meeting:</p> <ul style="list-style-type: none"> • Presenting QIPP Progress – a revised report was being presented later in the agenda. <p>From the September 2019 meeting:</p> <ul style="list-style-type: none"> • CAHMS – very specific action. Need to liaise with the lead commissioner – no date set for this yet. In progress, not yet complete. <p><u>Matters Arising:</u> There were no further matters arising.</p> <p>This was APPROVED by the Governing Body.</p>		
GB 6	<p>Interim Lay Chair - Verbal Report</p> <p>This was TFs first meeting as Interim Lay Chair following Andrew Lloyd's departure following the September meeting to become the ICS Chair. TF updated Governing Body on some of the Collaborative transitional arrangements.</p> <ul style="list-style-type: none"> • The Rem Comm in Common working well for all within the collaboration; • Lay members of the Collaborative are busy and are covering some vacancies whilst permanent arrangements are being put in place • GB in Common on 6th November, TF unable to attend but other GB representative will be present; • Governance / Assurance Group for the ICS (including Acutes), good team / group but with some opportunities to improve engagement across the ICS <p>This was NOTED by the Governing Body.</p>		
GB 7	<p>Chief Officer - Verbal Report</p> <p>Key points raised by AB:</p> <ul style="list-style-type: none"> • Thanks to TF and CW for the extra time they have put in with all of the changes taking place. • He provided an update on the ICS ambitions and the planning process. • An update was given on the progress with recruiting to a single executive team <p>This was NOTED by the Governing Body.</p>		
GB 8	<p>Interim Managing Director & CFO – Verbal Report</p> <p>Key points raised by RM:</p> <ul style="list-style-type: none"> • The AGM went well with a number of residents attending.. • Recent staff engagement event to keep them informed on the Collaborative transition changes • Held a successful CCG team away day in October with focused sessions on team building and personal resilience. • RM involved in EU Exit planning <p>This was NOTED by the Governing Body.</p>		



<p>GB 9</p>	<p>Quality Report</p> <p>The Interim Director of Quality & Nursing (EC) informed the Governing Body on quality exceptions and progress made since the last meeting.</p> <p>Key points:</p> <ul style="list-style-type: none"> • In September 2019 NHS England/NHS Improvement issued revised guidance 'Delivering Same Sex Accommodation' which provides additional clarity around the implementation of the guidance. • Infection Prevention and Control continues to see mixed performance with zero incidences of MRSA but a more challenging position in relation to E.coli and C.Diff. This reflects the national experience and the CCG continues to work with Surrey-wide and Frimley ICS colleagues to embed learning and seek to reduce incidence rates. • The Surrey Heath Integrated Care Team have appointed a Community Frailty Practitioner to provide a proactive case finding pilot to identify and support people living with moderate frailty at an earlier stage to maximise their health, wellbeing and independence. • In response to previously reported work with Cardiology at the Royal Surrey County Hospital (RSCH), improvements continue to be seen and a Quality Visit is planned for October. A formal insight report will be written and shared following the visit and the quality impact will continue to be monitored by the CCG Quality Team. • RSCH clinical staff worked with Oscar Winning top model makers at Elstree Film Studio to create two world-first life-like baby mannequins, to be used as training tools so that staff can develop and practice extensive clinical skills. • LeDeR (Learning Disability Death Review Programme) Mortality Review Co-ordinator now appointed who presented at the Surrey Heath Protected Learning Time Event in September to raise the profile and awareness of LeDeR. In addition four 'Bank' LeDeR Reviewers have been appointed to provide some review capacity across wider Surrey. <p>This was NOTED by the Governing Body.</p>		
<p>GB 10</p>	<p>Finance and Contracts Report</p> <p>The update was provided by the Interim Associate Director of Finance (CL) on the CCG's position to the end of September 2019.</p> <p>Key points raised:</p> <ul style="list-style-type: none"> • At the end of September, the CCG achieved a £1k underspend and is forecasting breakeven for the full year in line with the plan. It should be noted that the balanced plan assumes receipt 		



	<p>of £1.2m of support from the ICS and does not include repayment of £1m of support received from East Berkshire CCG in 2017-18 which has yet to be repaid.</p> <ul style="list-style-type: none"> • The Frimley Health contract is a block agreement for 2019-20 of £59.1m and the CCG is currently reporting expenditure and forecast outturn in line with plan. The ICS Finance Reference Group continues to review activity and the impact on costs within the Trust, as part of ICS collaborative approach to managing risks within the system and balancing the overall ICS system control total. Non elective admissions for Surrey Heath are down 4.5% on last year and A&E attendances are up 1% on last year, which indicates that both Primary Care extended access and the work of the Integrated Care Teams are overall helping to avoid urgent and emergency care activity . Elective activity continues to be below last year which is impacting achievement of the Referral to Treatment target and the overall waiting list position. The CCG is continuing to work with the GP Federation on referral levels which are currently higher than last year and are impacting outpatient attendances which are significantly up on last year. The Federation are in the process of carrying out quality reviews with all practices, with referrals being an area of discussion and focus. • Performance with other secondary and tertiary care providers is showing an over spend of £99k year to date with the forecast outturn in line with plan, with over and under spends in different providers. This is being offset by a £90k under spend with South East Coast Ambulance Trust, as a result of reduced activity compared to the plan, although conveyances are higher than last year. Commissioners are working with the Trust to potentially agree a block payment in year taking into account current underperformance to offset other cost pressures. • The financial position for Continuing Health Care has not yet been fully resolved and the CCG are working with Surrey Downs CCG who act as lead commissioner for these services to finalise the position as soon as possible. • Prescribing expenditure was £94k above plan at the end of the September with a forecast overspend of £360k at the end of the year if trends continue. It should be noted that the prescribing budget includes a QIPP reduction of £947k, which included a stretch target element of around £300k. • The CCG's QIPP delivery is reported to NHS England as on plan for month 6, given the CCG's overall position is on plan and the block contract arrangement that is in place for the Frimley Health contract. However, increases in non-elective activity in the earlier months of the year and continued increased GP referrals may impact the delivery of demand management reductions by the CCG which impacts provider Cost Improvement Programmes which support delivery of the ICS control total. A revised summary of QIPP delivery was included in the report following discussions at the Governing Body in September. 		
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	<ul style="list-style-type: none"> No new risks have been identified in month 6. There are currently two risks identified relating to prescribing Category M pricing changes expected in August (£192k) and notified Better Care Fund contributions which are £184k higher than currently budgeted. There is potential for £147k of this to be offset by an additional allocation subject to certain conditions being met around new schemes, leaving a net risk of £37k, but this has yet to be confirmed. The CCG has continued exceeded the Better Payments Policy target of 95% for both NHS and non NHS providers. <p>This was NOTED by the Governing Body.</p>		
GB 11	<p>Integrated Performance and Delivery Report</p> <p>The report was presented by the Interim Associate Director of Finance (CL) to inform the Governing Body of CCG performance.</p> <p>Key points raised:</p> <ul style="list-style-type: none"> Overall the CCG has failed to achieve the Diagnostic wait times and Referral to Treatment (RTT) targets. Frimley Health achieved 88.7% in August against the RTT target of 92%. This significantly influences the CCG overall achievement, which continues to be just under 89% for the fourth month in a row. The Royal Surrey County Hospital achieved 86.1% which is a further deterioration of their performance. The Elective Oversight Group is overseeing the Outpatients transformation work which should reduce the amount of outpatient activity, freeing up capacity and positively impacting both RTT and the overall waiting list. Frimley Health are no longer reporting 4 hour A&E breaches as they are part of the pilot to test new urgent and emergency care performance measures. Commissioners continue to work with the Trust around improving flow and although A&E activity for Surrey Heath CCG is only slightly up on last year (1%) year to date, the Trust continues to experience significant urgent and emergency care pressures due to overall activity and acuity of patients. Diagnostic performance for the CCG was just below the 99% threshold in August and September. Frimley Health missed the target in August due to some issues with Cardiac CT capacity which resulted in the CCG missing the target overall but in September it was as a result of failure to meet the target by a number of smaller providers. Cancer performance is remains strong across the nine indicators and breach numbers are small. This reflects excellent performance at Frimley Health although the Royal Surrey's performance continues to be below target over a number of areas. South East Coast Ambulance has missed the Ambulance Response Performance targets for the first 5 months of the year, having been expected to meet standards from 		



	<p>quarter 1.</p> <ul style="list-style-type: none"> IAPT access performance continues to be below the monthly target, (1.56% in August) which has increased this year to 1.83%. Frimley Health failed to meet the RTT target again in August and with a key target being for Trusts to maintain waiting list levels below March 2019, this remains an area of focus. Mixed sex accommodation breaches at Frimley Health have remained high in August but those for Surrey Heath patients have slightly reduced. Surrey Heath Ward – looking good, TF requested a report on this for the December meeting. <p>New Action: NA to bring a report on the Surrey Heath Ward to the December meeting.</p> <p>This was NOTED by the Governing Body.</p>	NA	Next meeting
GB 12	<p>Adult Community Services</p> <p>The Director of Planning & Delivery (NA) provided an update.</p> <p>Key points raised:</p> <ul style="list-style-type: none"> The recommendations for the award of the three contracts for the provision of Adult Community Services from April 2020 which were subject to a joint procurement process with North East Hants and Farnham CCG were approved by the Governing Body in Part 2 of the meeting in September. <p>The contracts were been awarded as follows:</p> <p>Lot 1 – shared services (including inpatient services and specialist nursing). This contract has been awarded to Frimley Health NHS Foundation Trust supported through a subcontract with Virgin Care Services Ltd. This is a joint contract between Surrey Heath CCG and North East Hants and Farnham CCG. The Surrey Heath CCG share of the contract is valued at £16,354,475 over the 5 year contract term.</p> <p>Lot 2: This is a NEHF Contract</p> <p>Lot 3 – Surrey Heath Community Nursing and Intermediate Care This contract has been awarded to Virgin Care Services Ltd, with the value over the 5 year contract term being £14,740,326.</p> <ul style="list-style-type: none"> The contract for Lot 2 is for North East Hants and Farnham community nursing and intermediate care. This was awarded Frimley Health NHS Foundation Trust supported by a subcontract with Virgin Care Services Ltd. The preferred bidders have both accepted the contract award offer in writing and the formal procurement process is now complete. The CCGs and preferred bidders are now in the process of mobilisation to ensure services are ready to commence from April 2020. 		



	This was NOTED by the Governing Body.		
GB 13	<p>Planning</p> <p>The Interim Managing Director & CFO (RM) presented this update to the Governing Body.</p> <p>Planning Update:</p> <ul style="list-style-type: none"> • Wheelchairs Procurements - the evaluation of bids has been completed for the Surrey-wide procurement for Wheelchair services and a preferred bidder identified. We are in the process of seeking Governing Body approval from all the commissioners involved and will formally communicate the result later in the year. • Primary Care Network - the Surrey Heath Primary Care Network has been successful in being offered the opportunity to participate in the pilot of a new model of adult mental health care in general practice. This is an exciting opportunity to shape how mental health will be supported in the community in the future. <p>Delivery Update:</p> <ul style="list-style-type: none"> • Surrey Heath Ward - from 7th October 2019, a geographically based ward is being piloted on ward F10 at Frimley Park Hospital. Colleagues from community-based services will be brought onto the ward and become a part of the acute hospital team, with the aim to test whether this “one team” approach brings improved outcomes for patients. This will begin as a 6-month pilot. • Frailty - the pilot for moderate frailty work has begun and the frailty practitioner has been recruited. This aims to support the cohort of people not currently engaged with statutory services but likely to in the future. It looks to put in place appropriate interventions to keep those people independent for as long as possible and either delay or reduce future demand on services. • Personal Health Budgets - SH and NEHF CCGs have worked collaboratively to drive the adoption of personalised care and support plans for carers who use the GP Carer Breaks available in Surrey. Since 1st October these carer breaks now qualify as PHBs and will help achieve the planned trajectory to increase the use of PHBs in our area. NHS England & Improvement are also interested in using this as a case study for national publication. • Integrated Care - the ICT has held a number of Away Days this year focused on team building activities, service updates and time to focus on individual and team resilience. There were 142 people that attended and the feedback was extremely positive: <p>This was NOTED by the Governing Body.</p>		
GB 14	<p>Frimley Commissioning Collaborative</p> <p>The Chief Officer (AB) presented this update to the Governing Body.</p>		



	<ul style="list-style-type: none"> • Since signing the MoU in April 2018, progress has been made to having a shared commissioning voice and this paper documents key decisions which have been made. • At the Governing Bodies in Common meeting in July 2019, it was agreed to create the “Frimley Commissioning Collaborative”. This would effectively be a meeting of the 3 individual Governing Bodies but with delegated authority given to an agreed membership rather than the full Governing Bodies meeting together. All 3 CCGs AGREED to the proposal and to the proposed membership of the Frimley Commissioning Collaborative. • At the Part 2 Surrey Heath CCG Governing Body on 3rd September the Governing Body agreed the members who would represent SHCCG at the Frimley Commissioning Collaborative: • AB will attend as Accountable Officer, TF will attend as Interim Chair, Caroline Warner will attend as Lay Representative and Nicola Airey, Edmund Cartwright and Rob Morgan will attend as Executive members. John Fraser would attend as Clinical Representative. • The first meeting of the Frimley Commissioning Collaborative met on 2nd October 2019 for a business meeting. The main focus of the meeting was a workshop on Urgent Care as it would highlight the areas which need local focus compared to areas which need to be focused across the ICS or a wider footprint. <p>This was NOTED by the Governing Body.</p>		
<p>GB 15</p>	<p>Emergency Planning Preparedness & Responsiveness</p> <p>The Interim Managing Director & CFO (RM) presented this update to the Governing Body.</p> <ul style="list-style-type: none"> • This year’s process continues to be rigorous in the assurance required and the focus has changed to require a greater emphasis on the health economy wide planning and response rather than just organisational responses and also each Organisations Governance Arrangements. The CCG was required to produce a 19/20 EPRR Improvement Plan and Annual Work Plan 19/20. • North East Hants & Farnham and Surrey Heath CCGs have again provided a joint EPRR submission to NHSE. All organisations participating in the 2019/20 assurance process are required to ensure that their Governing Bodies receives confirmation on the following Assurance outcomes for 19/20 and ratify the outcome of the assessment. <p>Results of the assessment:</p> <ul style="list-style-type: none"> • In September 2019, North East Hampshire & Farnham and Surrey Heath Clinical Commissioning Groups jointly self-assessed themselves as overall SUBSTANTIALLY compliant against the Core Standards – 42 out of 43 compliant and SUBSTANTIALLY Compliant on the Deep Dive standards (not included in the overall Compliance Score.) • A joint Improvement Plan has been developed for 2019- 		



	<p>20 to take forward actions to meet fully the Core Standards. This Action Plan includes those actions carried forward from 18/19 Action Plan that are still being worked upon / developed.</p> <ul style="list-style-type: none"> • For this year, in addition to those “Compliance Actions” required, we have also identified “Improvement Actions” which are against those Core Standards which are compliant but to further enhance compliance, we have identified additional actions for improvement. • In addition, it was noted that the CCG was non-compliant Climate Change which will need to be built in. <p>This was RATIFIED by the Governing Body.</p>		
GB 16	<p>Governing Body Assurance Framework</p> <p>The Governing Body were informed that the October Integrated Performance Meeting had reviewed the Risk Register and a summary was presented.</p> <p>The main points noted were:</p> <ul style="list-style-type: none"> • Whilst the risk relating to South East Coast Ambulance Trust performance has remained as amber in October, there are concerns relating to the continued failure of the Trust to deliver the Ambulance Response Performance standards so far this year. • The risk relating to costs for children’s continuing care has been decreased to yellow as the position has been stable for the last few months but this will continue to be monitored. • The risk around prescribing in relation to current over performance was reported as yellow in August but was recorded as amber in the risk register. • A new risk has been added to the primary care co-commissioning category recognising the potential impact should any practice decide to no longer be a member of the Primary Care Network (PCN) or any Directors of the PCN leaving their posts. <p>The Governing Body discussed and agreed to add a risk to the GBAF on the Executive Restructuring.</p> <p>New Action: A risk to be added to the GBAF on the Executive Restructuring.</p> <p>This was NOTED by the Governing Body.</p>	RM	Next meeting
GB 17	<p>Remuneration and Nominations Committee</p> <p>At this point the Interim Lay Chair left the meeting due to a potential conflict. The Chief Officer assumed Chairmanship.</p> <p>The Lay Person for Patient & Public Engagement (CW) presented this update to the Governing Body.</p> <p>The key points to note:</p> <ul style="list-style-type: none"> • It was agreed at the Governing Body Meeting held in Public on 23rd July 2019 that TF would act as Interim Lay Chair for the CCG from the date at which Andrew Lloyd took up his new duties in the Integrated Care System. At 		



	<p>this meeting it was agreed that TF's existing role and commitments would need to be reviewed when he commenced the role.</p> <ul style="list-style-type: none"> • TF took on the extra duties of being Lay Chair (on top of his existing duties as Lay Member for Governance, Audit Committee Chair and Remuneration and Nominations Committee Chair) from 1st October. • Given the extra time commitment required to perform the duties as Interim Chair of the CCG it is proposed that the time commitment be increased from the current 3 days a month to 4 days a month which would mirror the arrangements of the outgoing Chair. • Given the conflicts of interest with this recommendation, Rob Morgan (Interim Managing Director and CFO) has discussed this with the remaining Remuneration Committee members (Caroline Warner and Amanda Wellesley) and they have confirmed their support for this proposal. <p>This was AGREED by the Governing Body.</p> <ul style="list-style-type: none"> • The Governing Body were asked to RATIFY the decisions made in Part 2 of the Governing Body Meeting in Public held on 23rd July and 3rd September in relation to a fixed sum bonus and that the CCG proceeds with the 1.8% annual uplift backdated to April 2019. <p>This was RATIFIED by the Governing Body.</p>		
GB 18	<p>External and Other Committee Assurance</p> <p>Minutes of Meetings of presented were: <u>Clinical Planning & Delivery Committee (CPD) held on 16th August 2019.</u> <u>Quality & Clinical Governance Committee held on 3rd July 2019.</u> <u>Public Engagement Group held in May 2019.</u> <u>Primary Care Commissioning Committee held on 23rd July 2019.</u></p> <p>All final and approved minutes were NOTED by the Governing Body.</p>		
	<p>Other Matters No other matters.</p>		
	<p>Caldicott issues (standing item) No matters raised.</p>		
	<p>AOB None.</p>		
	<p>Closed</p>		

Minutes Agreed and Signed:



Interim Chair: _____

Date: _____

Print Name: Tony Fitzgerald _____



Original Meeting Date	Agenda Number	Action	Responsible Officer	Deadline	Status	Comment/Update
February 2019						
05/02/2019	GB 11	Mental Health Assurance ratings for 17/18 and update on IAPT performance. CW to take a look at the IAPT self-referral information available to the public and provide comments in necessary.	CW		Closed	Action Completed
July 2019						
23/07/2019	GB11.1	Presenting QIPP Progress RM to consider how best to update the Governing Body on QIPP progress and how it should be reported.	RM	Next Meeting	Closed	New report presented to the meeting.
September 2019						
03/09/2019	Patient Story	CAMHS RM will request senior member of the lead commissioner of CAMHS to visit Surrey Heath CCG to reflect on the ground issues.	RM	Next meeting	Closed	Action closed – The Local Area Committee meeting received a joint presentation given by RM and Local Primary School Head Teacher regarding the CAMHS Service - supported by multiple partners.
November 2019						
05/11/2019	Patient Story	Use learning from patient story to inform IAPTS review.	LT	N/A	Closed	No requirement to bring back to next meeting. Feed into IAPTS review process
05/11/2019	IPD Report	Surrey Heath Ward Report NA to bring a report on the Surrey Heath Ward to the December meeting.	NA	Next meeting	Closed	This action will go to Surrey Heath Place Based Committee and learning will be shared as appropriate with colleagues across the Frimley Collaborative
05/11/2019	GBAF	Additional Risk A risk to be added to the GBAF on the Executive Restructuring.	RM	Next meeting	Closed	Executive Appointment process in Surrey Heath has been completed.

Governing Body Public Meeting – 5th November 2019
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Status Key:	
	Completed
	In Progress
	Open



Frimley Collaborative Board

NHS East Berkshire CCG, NHS North East Hampshire and Farnham CCG and NHS Surrey Heath CCG

Title of Paper	Summary place based reports		
Agenda Item	5	Date of meeting	10 March 2020
Exec Lead	Ollie White – Executive Place Managing Director (Interim)		

Purpose	To Approve	
	To Ratify	
	To Discuss	
	To Note	X

Executive Summary

Context

As required by law, the annual assessment of CCGs by NHS England will continue in 2019/20. It is a judgement, reached by considering a CCG's performance in each of the indicator areas over the full year and balanced against the financial management and qualitative assessment of the leadership of the CCG. Formally NHS England will continue to assess how CCGs work with others (including their local Health and Wellbeing Boards) to improve quality and outcomes for patients.

In support of the oversight framework, the following information formed a supplementary submission to NHS England to highlight a number of transformational activities undertaken across the collaborative over the past year within each of our five places. Whilst only a small snapshot of the work we have undertaken, it reflects the broad array of service changes we have collectively supported and the impact they are having for our population.

Recommendations	The Frimley Collaborative is asked to Note the summary of transformational activities from each Place
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Please provide details on the impact of following aspects

Risk and Assurance	As outlined in the paper
Equality and Quality Impact Assessment	As outlined in the paper
Patient and Stakeholder Engagement	As outlined in the paper
Financial Impact and Legal implications	As outlined in the paper

Reporting – has this paper been discussed at other meetings

Committee Name	Date discussed	Outcome

Transforming Care in our Places – Bracknell

- Demand for **ophthalmology services** is rising year on year; furthermore at the end of 17/18 Ophthalmology was one of the third top referring specialities in East Berkshire. The CCG commissioned a Clinical Triage service to reduce referrals in to secondary care and utilised community providers. This triage service provides us with a number of positive outcomes namely more effective use of clinical resources, improved service quality, reduced DNA rates and data to support informed commissioning decisions.
- **HCQ (Hydroxychloroquine) Screening Service** is a drug prescribed to patients in conditions such as rheumatoid arthritis or dermatology, and has a serious side effect which can deteriorate eye function and in some cases leading to blindness. This can only be picked up by implementing effective screening. The CCG was therefore tasked with setting up an appropriate service to screen patients on these drugs, running since Nov 2019. The service is being delivered through a network of trained and fully equipped community optometrist practices and an innovative mobile screening unit. Monitoring takes place in physical locations closer to patients homes e.g. in optometrists with virtual advice and review undertaken by Ophthalmologists.
- We now have planning permission for the new Heathlands integrated **health and care home**, funded in partnership with the CCG and the council. This will provide a new 66 bed care home on the former Heathlands Care Home site. The new development will provide a welcoming home for people with dementia, as well as provide shorter term intermediate care for people who require additional support when they become unwell or following a stay in hospital.

Transforming Care in our Places – North East Hampshire and Farnham

- A new Community Services contract has been awarded providing people in **North East Hampshire and Farnham and Surrey Heath** with support in their homes and local communities, has been awarded to Frimley Health NHS Foundation Trust and Virgin Care Services Limited with the new service launching in April 2020.
- **‘Rushmoor Community Conversation’**, in January 2020 brought people from public services across health and care joined the voluntary sector and community representatives together to talk about where we can collectively make a difference for our local community. Led by the CCG’s Clinical Chair and the Rushmoor Borough Council Leader, the event brought people together to discuss many of the issues affecting local people, in that in many cases no single organisation could tackle the problem alone. Attendees were given information on the health of the people of Rushmoor and asked to discuss what they felt the priorities should be in tackling the major issues. The issues include the prevalence of certain diseases and health conditions, such as cardiovascular disease, compared with neighbouring areas, as well as obesity rates, fitness levels and mortality.
- **Local carers** were treated to a special afternoon tea to celebrate their caring efforts and to raise awareness about their contribution to society. The carers were selected for special recognition for their entries in Celebrating Carers through Art, a competition run by the NHS and voluntary sector and supported through sponsorship and donations from local businesses.
- The North East Hampshire and Farnham AGM for 2019 had a focus on voluntary sector. Representatives of local voluntary services explained what they do and how their work linked in to and supported the CCG, and what their challenges were. Some short films were then shown of projects that received small amounts of funding through the CCG’s **Innovation Conference**, demonstrating how much impact relatively little amounts of investment can have. You can see these films here.
<https://www.northeasthampshireandfarnhamccg.nhs.uk/get-involved/innovation-conference-update-and-community-forum/707-short-films-on-some-of-the-innovation-conference-funded-projects>

Transforming Care in our Places – Slough

- East Berkshire wide community services commissioned through locally enhanced services utilising Gynaecology GP specialists in practice bringing care closer to home. The service criteria is devised and supported through clinical steering groups which include cross-site local consultants and local stakeholders to ensure integration of services.
- Free Blood Pressure and Pulse Testing in Slough Community Pharmacies. In partnership with teams across the ICS free blood pressure checks are being offered at 17 local pharmacies across Slough for people over 40 with no known diagnosis of high blood pressure so those at risk can get the support and advice they need.
- Children's Asthma Bus Service to Secondary Schools in Slough to improve outcomes for young people with asthma. For the fourth consecutive year Paediatric Asthma nurses visited all the secondary schools in Slough from 16th September to 27th September 2019. The main aim of the Asthma bus tour is to improve awareness of Asthma among students so that they have a better understanding of their Asthma and so take control of their own management.
- Each year, commissioners join forces with partner agencies to try and protect people from flu, especially those more at risk of developing serious complications such as people aged 65 and over; pregnant women; and young children. These groups are all eligible for a free flu vaccination on the NHS. Whilst the uptake of the vaccine is generally good in many of the groups and in line with national averages, Slough, has always seen a lower uptake of the children's flu immunisation than other local areas. Despite local efforts to address this, there have been no significant changes over the years. As a result a short survey to explore the potential reasons for the lower uptake of the flu vaccine in children in Slough, specifically aimed at parents of children aged between 2 and 11 years old has been undertaken to help co-design services that support this group to access flu vaccinations

Transforming Care in our Places – Surrey Heath

- Surrey Heath Clinical Commissioning Group's **Integrated Care Team** is recognised as being at the forefront of a national drive towards integrated care, bringing together all of the care that a person needs in one place. The model has been used to lead the work on integrated care across the Frimley ICS. The team runs weekly MDT meetings for those at crisis or at high risk of hospital admission and identifies and supports people living with frailty earlier. The MDTs involve professionals from primary care, social care, mental health, community nursing, rapid response and community rehabilitation, occupational therapists, consultant geriatricians and others. This innovative approach maximises and maintains independence for people living with frailty and prevents unnecessary hospital admissions
- In addition, people identified as living with severe or moderate **frailty** receive a virtual comprehensive geriatric assessment (CGA) to recommend interventions based on individual need, with real-time input from a consultant geriatrician or senior member of the hospital frailty team. This proactive approach has sparked national interest and received numerous awards over the past year. These include the Acute Frailty Network's 'Working Together' award, the British Geriatric Society's 'John Brocklehurst Prize for Clinical Quality' and finalist in the British Medical Journal's (BMJ) 'Care of the Older Person' award (pictured).
- **Surrey Heath, wider Surrey and North East Hampshire** will benefit from a **streamlined wheelchair service** from 1 July 2020. Following feedback from people who use the services, we have developed a single point of access for wheelchair services and mobility equipment., with a fully integrated care model and personalised service ensuring that clinical assessments, repairs and maintenance, delivery and collection, specialist seating and ongoing support are all provided through one organisation with a single point of access for clients.

Transforming Care in our Places – Windsor, Ascot and Maidenhead

- A combined clinic (with secondary care doctors integrating with primary care clinicians) was formed in 2018 between of the community providers (SOPS) and **Frimley North** Consultants where the consultants are able to provide run community clinics once a week. This setup has also enabled consultants direct list patients for procedures and surgeries after being seen in the clinic. Previously these patients would have had to first been given a first appointment before being listed for surgeries. This has reduced the pressures on secondary care and increased the utilisation of the community clinic by about 3%.
- **Frimley North** run an advice and guidance triage service where GPs are able to send all ENT referrals to, this service will then look at referrals and signpost practices to the appropriate secondary care or community care ENT /Audiology clinic for the patient. Again this work has resulted in trust meeting waiting times for this specialty especially for 2 week wait appts.
- An event was hosted by East Berkshire working in partnership with Bracknell Forest Council, Achieving for Children (Royal Borough of Windsor and Maidenhead), Slough Borough Council and Berkshire Healthcare NHS Foundation Trust saw local young people with **Special Educational Needs and Disabilities (SEND)** came together, supported through their schools to attend a local event planned by Young Event Makers, who are local young people that are really passionate about helping other young people from schools really grasp the idea of participation and voicing change. The event was facilitated by the children's charity Kids and the aim of the event was to gather feedback from SEND young people on how they'd like to shape services and policy decisions.

Frimley Collaborative Board

NHS East Berkshire CCG, NHS North East Hampshire and Farnham CCG and NHS Surrey Heath CCG

Title of Paper	Quality Briefing		
Agenda Item	6.1	Date of meeting	10 March 2020
Exec Lead	Sarah Bellars, Executive Director of Quality and Nursing		

Purpose	To Approve	
	To Ratify	
	To Discuss	
	To Note	x

Executive Summary

The purpose of this report is to provide the Frimley Collaborative Board with high level surveillance of developing quality issues and soft intelligence. The report provides a precis of current issues and concerns.

Recommendations	Members of the Frimley Collaborative Board are asked to note the report
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Please provide details on the impact of following aspects

Risk and Assurance	As outlined in the paper
Equality and Quality Impact Assessment	N/A
Patient and Stakeholder Engagement	N/A
Financial Impact and Legal implications	

Reporting – has this paper been discussed at other meetings

Committee Name	Date discussed	Outcome

Quality Briefing by Sarah Bellars

Executive Director of Quality and Nursing
Director of Infection, Prevention and Control (DIPC)

The purpose of this report is to provide the Governing Body with high level surveillance of developing quality issues and soft intelligence. The report provides a precis of current issues and concerns.

A collaboration of East Berkshire, North East Hampshire and Farnham and Surrey Heath CCGs

Acute Trust Update

Frimley Health NHS Foundation Trust (FHFT)			
Issue	Details	Actions Taken	Expected Outcome
Maternity	Disparity of Serious Incident numbers between sites: 9 at FPH, none at WPH in the year to date.	External review commissioned by the Trust to explore factors and identify any underlying issues of concern.	External report to be received and discussed at Trust and CCG SI forums.
Maternity	Challenges in achieving full compliance with Better Births choice standards. Midwifery vacancies.	CCG leads discussed this further with the Trust to understand more clearly the resource challenges and expectations.	A clear picture of resourcing requirements and an agreed trajectory for meeting the standards.
Stroke FPH	FPH HASU: Retained its Grade A SSNAP rating but continued challenge to meet 4hr admission target at FPH HASU. Worsening picture. Ring-fencing beds has been difficult due to hospital capacity.	Further review of beds at FPH.	Sustained positive movement towards compliance with the 4 hour indicator.
Stroke WPH	WPH Rehab: Meetings initiated between CCGs' Planned Care / Quality Leads and WPH Rehab / Wycombe HASU providers to work on improved Rehab / HASU interface, revise TIA clinics and follow-ups, stroke follow-ups, and diagnostic pathway.	Continued interface meetings between commissioners, FHFT and Bucks to clarify and revise pathways in the North.	Clear and sustainable pathways in the North.

Acute Trust Update

Frimley Health NHS Foundation Trust (FHFT)			
Issue	Details	Actions Taken	Expected Outcome
Dermatology	Background: Capacity issues in Q2 exacerbated by RBFT service suspension and departure of Chief of Service. Advice and Guidance ceased. Current Status: Fewer concerns about waiting times / service quality raised formally in Q3. Relaunch of RBFT service has reduced pressure on the FPH site. ICS strategic group launched and new planned care pathway in development East Berkshire.	Strategic Plans: <ul style="list-style-type: none"> • ICS strategy group formed with provider and commissioner representation. Work initiated to look at capacity and demand management • Look at technology – tele-dermatology, virtual clinics • Pathways revisions • Reviewing use of community dermatology. 	Stabilisation and sustainability of the service (with new pathways).
Emergency Department Discharge Summaries Wexham Park	Following the raising of clinical concerns the Trust has investigated and identified a system interface issue which, from February 2019, caused some missing fields in the discharge summaries issued from Wexham Park ED to GPs.	A fix was applied in October 2019. A shortlist of 9 potentially affected patients was reviewed by the ED Chief of Service, the RBWM place lead GP, and the EBCCG Quality Improvement Manager. It was found that there was no apparent harm caused by the systems error but some further information is being sought from the relevant GPs. One further case has been sent to FHFT for review. Two practices have yet to respond with their clinical risk assessments and are being re-contacted.	All clinical risks relating to missing ED discharge information to be reviewed in practices and addressed or mitigated.
Patient Transport	Ongoing issues with late and aborted journeys.	Being raised at Transport Committees North and South – FHFT view is that contract KPIs need to be revised to make fit for purpose as performance data does not reflect operational challenges – for example, KPIs do not reflect how many journeys are aborted.	Contract revisions with improved KPIs.

Mental Health Update

Surrey and Borders Partnership NHS Trust			
Issue	Details	Actions Taken	Expected Outcome
CQC Inspection on 7-9 January 2020	There was a core services inspection by 28 inspectors who reviewed the adult care pathway. They inspected four areas; Adult inpatients, Crisis teams and health based places of safety, Community Mental Health Recovery Services (Guildford, Epsom, North East Hampshire, Elmbridge, Surrey Heath) and Margaret Laurie House (offers short-term inpatient rehabilitation).	.Initial feedback was generally positive with a number of areas highlighted for improvement including medicines management. The Trust are already undertaking work to improve their clinical governance around medication safety	Awaiting report publication from CQC.

Community Health Update

Virgin Healthcare			
Issue	Details	Actions Taken	Expected Outcome
Paediatric Continence	<p>Commissioners have been mapping the current continence provision for children/young people in North East Hampshire and Farnham and across Hampshire. This detailed piece of work has identified a commissioning gap for our North East Hampshire population of children/young people, particularly around assessments for products/product provision. There is a cohort of legacy children/young people still being seen by Virgin Healthcare; with the start of the new community contract on 1 April 2020, Virgin are keen for this cohort to be moved to a more suitable service.</p> <p>The Quality Team are now receiving complaints/queries around this issue from school nurses and parents. The response to these has been to confirm that there is currently no service in place to provide this, but that a solution is being sought. The Quality Team have agreed to contact all who have complained/queried once a new service is in place.</p>	<p>Commissioners have identified a robust Tier 2 service in one area of Hampshire, and are keen to implement this model in North East Hampshire and Farnham. To move this forward, Commissioners are liaising with Clinical Leads, colleagues in finance, quality and procurement. A proposed solution for future commissioning, as well as the legacy children/young people currently registered with Virgin Healthcare, will be presented to the appropriate Board as soon as possible.</p> <p>The commissioning gap has caused a lot of pressure on GPs, school nurses and other referrers, as well as children/young people and their families/carers. Commissioners are also working to identify if the lack of a Tier 2 service has also impacted the Tier 3 service provided by Frimley and other acute trusts across Hampshire.</p>	<p>New Commissioned service to be in place to provide care and treatment for these children.</p>

Workforce Issues

- There continues to be challenges in all organisations concerning workforce. Key areas are
- Frimley Health NHS Foundation Trust, and maternity to be able to deliver the Better birth choice standards. Also vacancies in their community nursing team
- Berkshire HealthCare Foundation Trust and Frimley Health Community Services (North East Hampshire & Farnham) have vacancies in their Tissue Viability Services
- Geriatricians within the Hospital have opened up their outpatient clinics to those Parkinson's patients who are in need of a review and who would previously have seen the Parkinson's Nurse. Virgin Care are currently interviewing three potential candidates for the position and are hopeful to appoint one of these in the next week or two.

Infection Prevention and Control

- Novel Coronavirus (COVID-19) update

<https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public>

C.diff Count

Organisation Name	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Total	2018/19 YTD
NHS NORTH EAST HAMPSHIRE AND FARNHAM CCG Obj = 34	5	4	3	3	0	2	26	30
NHS SURREY HEATH CCG Obj = 11	3	0	0	1	0	2	15	10
NHS EAST BERKSHIRE CCG Obj = 60	6	7	11	3	4	3	55	50

E.coli Count

Organisation Name	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Total	2018/19 YTD
NHS EAST BERKSHIRE CCG	32	37	22	21	27	25	276	276
NHS NORTH EAST HAMPSHIRE AND FARNHAM CCG	16	14	11	5	15	25	151	164
NHS SURREY HEATH CCG	9	13	10	3	8	5	89	74

MRSA Count

Organisation Name	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Total	2018/19 YTD
NHS EAST BERKSHIRE CCG	0	2	0	0	0	0	2	4	5
NHS NORTH EAST HAMPSHIRE AND FARNHAM CCG	0	1	0	0	3	0	0	4	2
NHS SURREY HEATH CCG	0	0	0	0	0	0	0	0	8

Safeguarding

- Violence Reduction is a focused theme for Slough largely from the increase in knife crime with 2 mortalities. The CCG are active members of this group and will be feeding in lessons to the community safety partnerships within RBWM and BF.
- There is increased capacity within the East Berkshire Safeguarding team with a new Designated Clinical Officer and safeguarding lead is taking up post in March.
- We have mapped CDOP compliancy from September – December and we are compliant.
- SEND inspections
- Care Home: The Provider Support Enquiry (PSE) resulting from Safeguarding allegations of filming a resident whilst spraying an aerosol in her face resulting in her upset and distress will not be proceeding through the CPS. The two care workers have been dismissed and notification of involvement of the incident is recorded on the DBS database. They both admitted to the behaviours and demonstrated remorsefulness. They were previously of good character and will receive a conditional caution on their record and be required to attend a self-funded Victim Awareness course.

LeDER

- The Surrey Steering Group meetings are moving from monthly to quarterly and there are new Operational Meetings happening every month at combined CCG level (NEHF & Surrey Heath).
- The purpose of this new meeting is to discuss completed reviews and also to consider the learning from these. There will be representation from a wide range of providers and services at these new operational meetings including the hospice, psychiatric liaison from both Royal Surrey and Frimley, Child Death Overview Panel, community services, SABP, Social Care.
- Outcomes from this local operational group will then be shared in the wider steering group meeting for learning into action to disseminate to local providers and also for reporting up to NHSE to contribute to national learning.

CQC reports published for Primary Care

Binfield Surgery Bracknell are now rated as Good with the report published in February.

This is excellent news as at their inspection, in May 2019, they were as requires improvement overall. They were specifically rated as inadequate for providing well led services and requires improvement for providing safe and effective services.

Orchard Surgery Slough are rated as Good overall and Requires Improvement in responsive.

Need to improve on Assess, monitoring and improving the quality and safety of the services provided for example their cancer rates are low and there was some difficulty in patient accessing appointments

River Wey Medical Practice Farnham are rated Good in all domains

CQC reports published for Primary Care

Richmond Surgery Fleet are rated as Good overall with Requires Improvement for Well-led

Need to establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Continue to improve childhood immunisations and cervical screening uptake rates to be in-line with national targets. Also implement a system to consider and understand the duty of candour when reviewing issues, events and occurrences.

Holly Tree Surgery Farnham are rated Good overall with 'Requires Improvement' for Well-led

Need to establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Develop a system for monitoring consent seeking process. Continue to collect staff immunisation status information, to keep staff and patients safe. Identify correct storage processes for maintaining the cold chain when transporting refrigerated medicines outside the practice. Implement a system to support how verbal complaints and feedback from patients can be documented and reviewed to identify any themes and trends. Improve complaint responses to include details of the health ombudsman. Develop a system for undertaking health checks for patients on the learning disability register.

Frimley Collaborative Board

NHS East Berkshire CCG, NHS North East Hampshire and Farnham CCG and NHS Surrey Heath CCG

Title of Paper	Financial Performance report for December 2019 (M9)		
Agenda Item	6.2	Date of meeting	10 March 2020
Exec Lead	Rob Morgan – Executive Finance Director		

Purpose	To Approve	
	To Ratify	
	To Discuss	
	To Note	X

Executive Summary

Context

The 5 places for the Frimley Collaborative have to report through existing CCG structures their statutory responsibilities. Each CCG in the Collaborative submitted a break even Plan at the start of the year as part of the Frimley Health and Care Integrated Care System (the “ICS”) agreed Plan. The ICS shared control total consists of 100% of Frimley Health Foundation Trust (“FHFT”), 40% of Berkshire Healthcare Foundation Trust (“BHFT”), 22% of Surrey and Borders Partnership NHS Foundation Trust (“SaBP”) and 100% of the 3 Frimley Collaborative CCGs control totals.

It should be noted that the ICS had a surplus control total of [£6m] and throughout the year consolidated reporting of the partners listed above is included in an ICS Finance report which is discussed at the ICS Finance Reference Group and updates are given at the ICS Board.

As at Month 9, the ICS partners have reported that the control total will be achieved. This can only be done as risks which are identified are mitigated and partners are confident that all risks will have been mitigated by year end. A year end settlement is in discussion with FHFT and other system partners.

The Places within the Frimley Collaborative have started their local Place committees. For the 3 Places within the East Berkshire CCG Area, these Places are meeting together (i.e. in common) initially. The most recent finance and performance reports have been discussed at these committees and below is a summary of the reports. At the end of the report there is included a consolidated ICS wide performance summary which highlights key areas which are discussed within the ICS. Each place also discusses performance related to their areas.

Bracknell Forest, Royal Borough and Ascot, Slough (meeting in common)

At month 9 the aggregated year to date is position on plan and forecasting to meet the planned control total. £416K of additional cost pressures were included in the forecast this month which have been covered by releasing uncommitted reserves..

Mental Health has moved adverse by (£341k) of which MH placement amounted to (£356k) reflecting new patients becoming eligible for Section 117 aftercare packages. In addition LD placements moved adverse by (£165k), also driven by new patients. Mental Health non contract charges have partially mitigated this movement by £179k due to a budget re-alignment with Children’s services.

Frimley Collaborative Board

NHS East Berkshire CCG, NHS North East Hampshire and Farnham CCG and NHS Surrey Heath CCG

The MH and LD placements forecast does assumes QIPP savings will be delivered in the balance of year, which we are working with Berkshire Healthcare to validate.
A year-end position with Royal Berkshire FT of £27.9m has been agreed.

The key risks identified to this forecast position currently are:

- Mental Health placement/NCA in-patient spend £1.0m. This includes both potential new patients and slippage on QIPP savings that are reflected in the forecast but have not yet crystallised.
- Further pressures within CHC have emerged relating to personal health budgets. This is being worked through before inclusion in the forecast.
- Other potential acute pressures or income pressures from urgent care centres.

These risks can be fully offset with identified mitigations.

Surrey Heath

The Integrated Performance Report was discussed at the Surrey Heath Operational Leadership Team (OLT) meeting on Friday 21st February and the following items were highlighted to the Place committee

- In recent weeks, further work has been undertaken by the Frimley ICS Finance Reference Group to close the contract value for the year for Surrey Heath's contract with Frimley Health NHS Foundation Trust. The forecast outturn is now £59.4m (plan £59.1m), with £0.3m of non-recurrent funding having been agreed to ensure that the control total for the ICS overall is met. This will be reflected in the February accounts.
- Activity at Frimley Health shows that community, social care and primary care services are continuing to provide robust support flow in the hospital by reducing emergency activity and facilitating timely discharges. Only 10 additional beds haven been opened so far over the winter period, with the Frimley ICS taking a collaborative approach across all partners to avoid increasing acute bed capacity as far as possible by utilising community based capacity instead. It should be noted that the NHS England/Improvement (NHSE/I) is expecting acute bed occupancy to be reduced to 92% in 2020/21 and therefore anticipates that the peak open bed capacity for the winter 2019/20 will be at least maintained in 2020/21.
- Three new risks have been added to the risk register in February, one of which is brought to the attention of the Collaborative.. This relates to the CCG achieving the Mental Health Investment Standard in 2019/20. This has been escalated to the ICS Board and further work is being undertaken.
- The CCG has received the results of the annual staff survey. More staff completed the survey this year (89% compared to 84% last year) and overall the results continued to be very good, with Surrey Heath being ranked 5th of all the CCGs that took part in the survey and therefore remaining one of the best performing CCGs. . The scores indicated that staff continue to have strong satisfaction with their jobs, although some scores were weaker than last year. There is also strong, above national average satisfaction with their line manager. Notable highlights include the following:
 - 85% of staff would recommend Surrey Heath as a place to work
 - 91% of staff agreed that care of patients/service users is the organisation's top priority.
 - The results were shared at the most recent staff meeting, with discussion around areas where the scores were weaker, around staff health and well-being, appraisals and training and ensuring that staff feel included in decision making.

Frimley Collaborative Board

NHS East Berkshire CCG, NHS North East Hampshire and Farnham CCG and NHS Surrey Heath CCG

North East Hampshire and Farnham

The Integrated Performance Report provided the Place Committee with an update on performance for the Place for the following time periods:

- Operational performance: April 2019 to December 2019
- Financial performance: April 2019 to January 2020

The report covers performance against the NHS Constitution targets, the financial performance of the Place, delivery against the 2019/20 operating plan, and includes escalations and key assurance updates from Quality Operational Group.

Key Achievements

Learning Disabilities Mortality Review (LeDeR) Programme – Local Operational Meetings set up to share and embed learning.

Key Challenges

Planned Care – Target for Referral to Treatment and Diagnostics continue to not be met for the Place Patients

Frimley Health NHS Foundation Trust, Community Services – Surgical Never Event in November 2019.

Sussex Partnership NHS Foundation Trust – Only 7 North East Hampshire and Farnham patients starting treatment in December, all of whom waited over 18 weeks from Referral to Treatment.

TalkPlus – IAPT performance for access and recovery rate below target in December.

In addition to the items listed above, NEHF face a similar challenge regarding the Mental Health investment Standard as Surrey Heath.

Finance update for NEHF

The Place is currently reporting a break even position and is forecasting to meet its break even financial plan. This break even position includes risks of £2.7m which have been fully mitigated.

£2.1m of this risk is operational, relating to the forecast overspend on Continuing Care (£1.0m), continued negotiations with NHS Property Services around rent and service charge costs for Farnham Hospital (£0.5m), and Prescribing Cat M drugs (£0.3m). A further £0.6m of risk relates to the transfer of activity from Specialised Commissioning to the CCG. This risk has now been fully mitigated within the CCG's plan.

Frimley Collaborative Board

NHS East Berkshire CCG, NHS North East Hampshire and Farnham CCG and NHS Surrey Heath CCG

ICS Performance Summary

Frimley Health and Care



Arrow colour	Meaning	Arrow direction	Meaning
Green (↑↓→)	Achieving the target	↑	Improved versus previous period
Red (↑↓→)	Not achieving the target	↓	Worsened versus previous period
Black (↑↓→)	Not applicable / no target yet	→	No change versus previous period

Executive Summary – by

exception only (updated for M08 / Nov 2019)

Indicator	ICS / Provider	Period	Threshold	Performance	Change	Narrative (focused on changes since the last quarterly update)	
URGENT CARE Ambulance waiting times	SCAS	NA	C1 00:07:00 C2 00:18:00 C3 02:00:00 C4 03:00:00	C1 00:07:25 C2 00:18:59 C3 02:19:27 C4 03:09:31	↑	New ambulance response times metrics have been added for SCAS – for the October / November all 4 response times have been slower than target due to increased demand, unexpected high rates of sickness and vacancy issues particularly impacting East Berkshire. SCAS have developed a long term recovery plan to address the staffing shortages and presented to A&E Delivery Board.	
PLANNED CARE	Referral to Treatment (RTT) 18 Weeks	ICS	NA	92%	88.89%	↓	RTT / 18 weeks waits continue to be challenged below 90% with pressure in a number of specialties but particularly in Dermatology. RBFT are now taking referrals which should in time ease the situation at Frimley Park, however demand remains high.
	Cancer 31 days treatment – Radiotherapy	ICS	NA	94%	97.3%	↑	Cancer 31 days treatment – Radiotherapy – this fell to 90% in Sept / October but in November increased to 97%, due to recovery of performance in East Berkshire at RBFT.
	6 Week Diagnostics Waits	ICS	NA	1.0%	1.26%	↑	Diagnostics 6 weeks waits improved slightly on M07 position, but performance is still challenged in NEHF and SH CCGs due to cardiac CT pressures at Frimley Park. Additional training of radiology staff in response to NICE guidance changes is ongoing.
MENTAL HEALTH	IAPT Access rates	ICS	NA	5.5%	4.94%	↑	IAPT Access rate reports improvement in M07 and on track for 5.5% at end Q4 2019/20.

As noted in the context section, each place will review detailed performance measures applicable to their place. For example, SECAMB is an ambulance provider covering Surrey Heath and North East Hampshire and Farnham and metrics for that organisation will be discussed at those meetings. The table above is a high level summary across the entire ICS and does not go into the same level of detail.

Recommendations	The Frimley Collaborative is asked to Note the above report
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Please provide details on the impact of following aspects

Risk and Assurance	As outlined in the paper
Equality and Quality Impact Assessment	N/A
Patient and Stakeholder Engagement	N/A
Financial Impact and Legal implications	As outlined in the paper

Reporting – has this paper been discussed at other meetings

Committee Name	Date discussed	Outcome
Places in Common Committee (East Berkshire)	11 February 2020	Noted
Surrey Heath Place Committee	3 March 2020	Noted
North East Hampshire and Farnham Place Committee	26 February 2020	Noted

Frimley Collaborative Board

NHS East Berkshire CCG, NHS North East Hampshire and Farnham CCG and NHS Surrey Heath CCG

Title of Paper	EPRR Accountable Emergency Officer Role for the Collaborative		
Agenda Item	7	Date of meeting	05/03/2020
Exec Lead	Fiona Slevin-Brown – Managing Director, Bracknell Forest		

Purpose	To Approve	x
	To Ratify	
	To Discuss	
	To Note	

Executive Summary

NHS England - Emergency Preparedness, Resilience and Response Framework 2015

The EPRR role and responsibilities of CCGs are to:

- Ensure contracts with all commissioned provider organisations (including independent and third sector) contain relevant EPRR elements, including business continuity
- Monitor compliance by each commissioned provider organisation with their contractual obligations in respect of EPRR and with applicable Core Standards
- Ensure robust escalation procedures are in place so that if a commissioned provider has an incident the provider can inform the CCG 24/7
- Ensure effective processes are in place for the CCG to properly prepare for and rehearse incident response arrangements with local partners and providers
- Be represented at the LHRP, either on their own behalf or through a nominated lead CCG representative
- Provide a route of escalation for the LHRP in respect of commissioned provider EPRR preparedness
- Support NHS England in discharging its EPRR functions and duties locally, including supporting health economy tactical coordination during incidents (Alert Level 2-4)
- Fulfil the duties of a Category 2 responder under the CCA 2004 and the requirements in respect of emergencies within the NHS Act 2006 (as amended)

Accountable Emergency Officers (AEOs) for EPRR

The NHS Act 2006 (as amended) places a duty on relevant service providers to appoint an individual to be responsible for discharging their duties under section 252A. This individual is known as the AEO.

NHS England expects all NHS funded organisations to have an AEO with regard to EPRR. Chief executives of organisations commissioning or providing care on behalf of the NHS will designate the responsibility for EPRR as a core part of the organisations governance and its operational delivery programmes. Chief executives will be able to delegate this responsibility to a named director, the AEO.

The AEO will be a Board level director responsible for EPRR. They will have executive authority and responsibility for ensuring that the organisation complies with legal and policy requirements. They will provide assurance to the Board that strategies, systems, training, policies and procedures are in place to ensure an appropriate response for their organisation in the event of an incident. AEOs will be aware of their legal duties to ensure preparedness to respond to an incident within

Frimley Collaborative Board

NHS East Berkshire CCG, NHS North East Hampshire and Farnham CCG and NHS Surrey Heath CCG

their health community to maintain the public's protection and maximise the NHS response. The AEO will be supported by a non-executive director or other appropriate Board member to endorse assurance to the Board that the organisation is meeting its obligations with respect to EPRR and relevant statutory duties under the CCA 2004 and the NHS Act 2006 (as amended). This will include assurance that the organisation has allocated sufficient experienced and qualified resource to meet these requirements.

Specifically the AEO will be responsible for:

- Ensuring that the organisation, and any sub-contractors, is compliant with the EPRR requirements as set out in the CCA 2004, the NHS Act 2006 (as amended) and the NHS Standard Contract, including the NHS England Emergency Preparedness, Resilience and Response Framework and the NHS England Core Standards for EPRR
- Ensuring that the organisation is properly prepared and resourced for dealing with an incident
- Ensuring that their organisation, any providers they commission and any sub-contractors have robust business continuity planning arrangements in place which are aligned to ISO 22301 or subsequent guidance which may supersede this
- Ensuring that the organisation has a robust surge capacity plan that provides an integrated organisational response and that it has been tested with other providers and partner organisations in the local area served
- Ensuring that the organisation complies with any requirements of NHS England, or agents of NHS England, in respect of monitoring compliance
- Providing NHS England with such information as it may require for the purpose of discharging its functions
- Ensuring that the organisation is appropriately represented by director level engagement with, and effectively contributes to any governance meetings, sub-groups or working groups of the LHRP and/or LRF, as appropriate

Current arrangements

Each CCG has a named Director with delegated responsibility to act as the AEO. In NEHF is the Managing Director role, and in Surrey Heath this was the Interim MD post (the CFO role is holding this role at present for continuity purposes). In East Berkshire the AEO role as held by the Director of Strategy and Operations with formal delegated support from the Associate Director of Urgent and Emergency Care. Each CCG discharges its functions in line with the guidance through these arrangements.

The Collaborative has already moved to a single non-Executive EPRR Lead role.

Recommendations	<p>Proposed changes from 1st April 2020</p> <p>The proposal is to have a single Executive Director level AEO for the Collaborative. This postholder will be supported by nominated Deputy AEO/s, and will be accountable for ensuring the CCGs meet their statutory responsibilities as outlined above.</p> <p>It is proposed that this is the Managing Director for Bracknell Forest. This role also holds the Collaborative Portfolio lead role on Urgent and Emergency Care, and co-chairs the Frimley ICS UEC Board with the Chief Operating Officer for Frimley ICS.</p> <p>The NHSE Regional Lead for EPRR, and the Co-Chairs for the TV, HIOW, and Surrey LHRFs have been consulted on these changes, and are supportive. They have indicated these are in line with similar changes being made elsewhere where systems are moving to a single</p>
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Frimley Collaborative Board

NHS East Berkshire CCG, NHS North East Hampshire and Farnham CCG and NHS Surrey Heath CCG

	<p>Commissioning AEO. The Collaborative is asked to approve this change to commence from 1st April 2020.</p>
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Please provide details on the impact of following aspects	
Risk and Assurance	This proposal serves to consolidate and strengthen the accountability within the Collaborative in discharging its EPRR responsibilities under single leadership, and enables consistent and coordinated interface with NHSE/I and key partners for assurance and response to specific emergency planning or resilience issues.
Equality and Quality Impact Assessment	
Patient and Stakeholder Engagement	
Financial Impact and Legal implications	See details above which outline the CCGs statutory responsibilities

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Executive team	13/02/2020	Supported by current AEOs for NEHF and SH
NHSE/I and Co-chairs		Confirmation by email and verbally to changes

AUDIT COMMITTEE

MINUTES

Date:	21st May 2019	Time:	9:30am – 11:30am
Venue:	St John Room, St Paul's Church, Crawley Ridge, Camberley, GU15 3HD		

	Name	Title
Chair	Tony Fitzgerald (TF)	Lay Member, Governance
Member	Amanda Wellesley (AW)	Secondary Care Consultant, SHCCG
	Caroline Warner (CW) – attended by phone	Lay Member, Patient and Public Engagement, SHCCG
In Attendance	Caroline Lovis	Interim Associate Director of Finance, SHCCG
	Carol Bewley (CB)	Head of Finance, SHCCG
	Kevin Moloney	Audit Manager, TIAA Ltd
	Jo Lees	Director, KPMG
	Matthew Wall	Information Governance Manager, SCW CSU
	Jessica Brown	TIAA, Minutes
Apologies	Rob Morgan (RM)	Interim Managing Director & CFO, SHCCG
	Satinder Jas	Audit Manager, KPMG
	Chris Lovegrove (CL)	Counter Fraud Manager, TIAA Ltd

FOI NOTICE

Freedom of Information: Those present at the meeting should be aware that their name will be listed in the minutes of this meeting, which may be released to members of the public on request under Freedom of Information.

Item No.	Discussions and Actions	By Whom	Deadline
1	<p>Welcome and Introductions</p> <p>TF welcomed all members and attendees to the meeting and noted that the meeting was quorate. TF introduced Kevin Moloney, Audit Manager from TIAA Ltd to the Committee. TF stressed that the objective was to finalise the Annual Report and Accounts that had been discussed at the previous meeting.</p>		
2	<p>Apologies</p> <p>Apologies were received from Satinder Jas the Audit Manager from KPMG, Chris Lovegrove the Counter Fraud Manager from TIAA Ltd and Rob Morgan the Interim Managing Director & CFO at Surrey Heath CCG.</p>		
3	<p>Declarations of Interest</p> <p>KM informed the Audit Committee that he manages other CCGs within Sussex and would be conflicted on matters involving those clients. Both TIAA Ltd members of staff are conflicted for agenda item 7 but no decisions are being made.</p> <p>All members were reminded that if any additional conflicts are discovered during the meeting they must be declared.</p>		
4	<p>Minutes of the last meeting</p> <p><u>Minutes:</u> The minutes from the last meeting were agreed.</p> <p><u>Action Tracker</u> Actions identified in the May 2018 meeting:</p> <ul style="list-style-type: none"> • Agenda item 5 action – action can be closed as no longer required. • Agenda item 11 action – Assurance from providers is limited and continued vigilance is needed. All of the CCG's hosted services have assurance functions and those that are hosted by other CCGs have the same checks. Action to be closed. <p>Actions from the March 2019 meeting:</p> <ul style="list-style-type: none"> • Policies – Action still in progress. <p>Actions from the April 2019 meeting:</p> <ul style="list-style-type: none"> • Draft Annual Accounts and Report – A new statement for the Remuneration Committee has been included and will be discussed during the meeting. Action to be closed. • Draft Annual Accounts and Report – The staff report was taken to the last Remuneration Committee meeting. 		



5	<p>Next meeting</p> <p>The next meeting date will be confirmed closer to the time.</p>		
6	<p>Draft Annual Accounts and Report – final version</p> <p>The Committee received the final version of the Annual Report and Accounts for 2018/19 including data up until M12 if available. The Committee were updated on the progress made since the last meeting in April and the future dates that the CCG needs to adhere to, including submission on May 29th.</p> <p>The key points raised:</p> <ul style="list-style-type: none"> • The issues with the reporting of CDiff has been resolved and the previous number of patients reported was wrong. • The Internal Audit Opinion provided in the draft report has been brought into the final version as no issues were reported. • The Committee were informed that the recommendations received in relation to the 2018/19 Public and Patient Engagement review have been taken on-board and mitigations have been put in place. • External Audit reported that the work is substantially complete. Planning to issue an unqualified opinion on financial state of the CCG and clean opinion on regularity and value for money conclusions. • The correction that was entered incorrectly as previously discussed at Audit Committee has been confirmed by the other CCG involved so external audit are not concerned. • External Audit also confirmed that there was no indication of changes within the next 12 months, so going concern was appropriate. They also were satisfied that the principle of prudence has been appropriately applied and, therefore, that they are content with the accruals made. <p>The Audit Committee members recommend the final Annual Report and Accounts to the Governing Body for approval.</p>		
7	<p>Review any losses and special payments including single tender waivers</p> <p><i>As previously identified the member of TIAA Ltd are conflicted and asked to make no comment in discussions but were not required to leave the room as the matter is being brought for information.</i></p> <p>A PIN was issued and no challenges were received in</p>		



	regards to the extension. The decision had taken to extend the current contract as the environment is one of change and having the same provider will enable continuity of work.		
8	<p>Internal Audit</p> <p>The Audit Committee were updated on the changes since the March meeting including the finalisation of two 2018/19 reports:</p> <ul style="list-style-type: none"> • NHS England Mandated Review of Delegated Primary Care Commissioning • Review of Assurance Framework and Risk Management <p>One draft report have been issued:</p> <ul style="list-style-type: none"> • GDPR Compliance <p>The Committee were also informed of the current status of the outstanding recommendations and the progress being made to implement those still outstanding. The Audit Committee were previously informed of the limited assurance rating given in the Public and Patient Engagement (PPE) Report, the CCG is working to provide mitigation and is working to implement the recommendations made. The report also notes that 2018/19 Internal Audit Plan has been substantially delivered.</p>		
9	<p>Local Counter Fraud Office</p> <p>Due to CL not being able to attend the meeting no report could be presented. No incidents have been reported since the last meeting and it was confirmed that training has taken place across the CCG.</p>		
10	<p>External Audit</p> <p>The update was provided as part of discussions around agenda item 6.</p> <p><i>'External Audit reported that the work is substantially complete. Planning to issue an unqualified opinion on financial state of the CCG and clean opinion on regularity and value for money conclusions.'</i></p>		
11	<p>CSU Internal Audit</p> <p>A qualified opinion has been provided. The Committee were asked to note the report provided to the meeting.</p>		
12	<p>IG Governance</p> <p>The Audit Committee were informed that there have not been many changes, the DSP Toolkit was successfully submitted attaining a 'standards exceeded' grading. At the time of the meeting the 2019-20 toolkit had not been</p>		



	<p>released, IG will create an action plan at the earliest opportunity and presented back to the committee at the next meeting.</p> <p>IG training has achieved 100% and the aim was to complete 95% for 2018/19. The current plan is to engage with staff by the end of Q1 for 2019/20 as all of the training previously received is out of date as of April 1st.</p> <p>The Committee is asked to approve the plan and the deadlines within Appendix 1 - Surrey Heath CCG IG Training Awareness Action Plan 19-20. The Committee AGREE.</p> <p>The Committee is asked to approve Appendix 2 - SH CCG Data Custodian Work Programme 19-20. The Committee AGREE.</p> <p>The Committee was updated on the security breach that has occurred at one of the CCG's providers, the committee were informed of the details and the number of Surrey Heath CCG patients that were involved. Due to the responsibility being with another commissioner the CCG is not very involved in the investigation but will be kept informed of progress made and any results.</p>		
13	<p>Audit Committee Terms of Reference</p> <p>The Committee were informed that the Terms of Reference for the Audit Committee typically has three to four members, and that previously quoracy was three members including the chair. Due to the changes in the number of members the quoracy would require all members to be present. The Committee AGREED the proposal to reduce the quorum to two members including the Chair.</p> <p>The Committee were informed of the change of the ratio of clinical and independent as well.</p> <p>The Committee were informed that along with the changes a caveat will be included, 'No decision can be ratified without the third member.' This prevents any issues if only two members are present and a decision is required, allows for a fair and equal vote.</p> <p>The Committee AGREED with the changes.</p>		

Minutes Agreed and Signed:

Chair:

Date:

Print Name: Tony Fitzgerald

Audit Committee – 21st May 2019
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Original Meeting Date	Agenda Number	Action	Responsible Officer	Deadline	Status	Comment/Update
March 2019						
05/03/2019	11	Polices: RM to gather clarity around the shared Lay Member role for EPRR to understand what the implications are for SH CCG.	RM	23/04/2019		
May 2019						
21/05/2019	12	IG Governance: IG Toolkit 2019-20 action plan to come back to next Audit Committee	MW	Next Audit Committee		

Status Key:	
	Completed
	In Progress
	Open



East Berkshire Audit Committee

MINUTES

of the meeting held on Friday 8th November 2019 from 09:15-12:50
in Meeting Room 2, King Edward VII Hospital

Present:		
Arthur Ferry	AF	Lay Member for Governance, East Berkshire CCG (Chair)
Clive Bowman	CB	Lay Member for Governance, East Berkshire CCG
Debbie Fraser	DF	Deputy Director of Finance, East Berkshire CCGs
Dean Gibbs	DG	Senior Manager, KPMG
Sally Kemp	SK	Lay Member for Governance, East Berkshire CCG (left the meeting at 11:50)
Emma Butler	EM	Director, PwC
Anshu Varma	AV	Head of Corporate Affairs and Data Protection Officer, East Berkshire CCG
Fiona Slevin-Brown	FSB	Director of Strategy and Operations, East Berkshire CCG
Jo Greengrass	JG	Associate Director of Quality and Nursing, East Berkshire CCG (Item 10)
Janette Fullwood		Head of Children, Young People and Families, East Berkshire CCG (Item 9)
In Attendance:		
Lynn Pringle	LP	Business Manager, Executive Team (taking the minutes)
Apologies:		
James Earle	JE	Manager, PwC
Jo Lees	JL	Director, KPMG
Lorraine Bennett	LB	Security and Counter Fraud
Mike Connolly	MK	Whistleblowing Guardian, East Berkshire CCG (for Item 7.2)
Item		Action
1.	<p>Welcome and apologies for absence</p> <p>AF welcomed committee members to the meeting and apologies were noted as above, the meeting was noted as quorate.</p>	
2.	<p>Conflicts of interest in relation to the agenda (Chair).</p> <p>There were no further conflicts of interest stated in relation to the agenda.</p>	
3.	<p>Minutes of the Audit Committee held on 13th September 2019 - Part I.</p> <p>The minutes were accepted as an accurate record of the meeting with the following revisions to be made.</p> <p>Item 5.1 - Page 2 – <u>Progress against the 2019/20 Internal Audit Plan</u> 3rd paragraph – <i>Support to the Continuing Healthcare Team – a detailed review was undertaken and four key risks were identified which should be escalated to the Governing Body.</i> Add the following sentence – The risks highlighted were discussed by the committee.</p> <p>Item 11.1 – <u>Single Tender Waivers</u> – there can be commercially sensitive information contained within single tender waivers. It was noted that the minutes should effectively report the discussion without disclosing this type of information.</p>	
4.	<p>Matters Arising</p>	

	The action log was reviewed and updated.	
5.	Internal Audit	
5.1	<p><u>Progress Report</u></p> <p><u>Progress against the 2018/19 internal audit plan</u></p> <p>ICS (Governance follow-up) – the report has been finalised and issued to the senior management team and the Audit Committee; three advisory findings are included within the report.</p> <p>The recent ICS Assurance Group meeting was advised that the report reviewing the governance structure within the ICS (prepared by Bennett Lowe) on which two members of the Assurance Group (Arthur Ferry and Chris Fisher) had prepared a critique, was to be shared with members of the Assurance Group.</p> <p><u>Progress against the 2019/20 internal audit plan</u></p> <p><u>Key Financial Systems (Single Tender Waivers and Procurement)</u> – the report has been finalised and issued to management and Audit Committee; two medium risks and one advisory finding is included within the report.</p> <p><u>Commissioning and Procurement of Primary Medical Services</u> – the report has been finalised and issued to management and Audit Committee; one high risk, one medium risk, two low risks and one advisory risk is included within the report. (Medium Risk overall).</p> <p><u>Summary of Findings – Item 5</u> <u>Consider developing an overarching methodology for public and stakeholder engagement (Advisory)</u></p> <p>It was reflected that patient and public engagement needs to be considered carefully during this transitional phase of CCGs’ alignment with the ICS to ensure the CCG meets its legislative requirements.</p>	
5.2	<p><u>Annual Review of Audit Actions</u></p> <p>Internal audit reviews were undertaken in the five areas identified in the report. In 2018/19 there were 23 actions of which 19 were recommended actions and 4 were advisory actions. 14 of the recommended actions have been completed and 5 are still in progress as identified in the report; subsequently 3 further actions have been closed.</p> <p>The 4 actions on the spreadsheet relating to QIPP and PMO related to financial planning assumptions – it is proposed to close these actions as we now have the evidence that the templates were updated and a process is in place. All Audit Committee members agreed for these 4 actions to be closed.</p> <p>Action: CB identified that the colour coding used for Row No 2 should be changed to green.</p> <p>Primary Care Commissioning – it was clarified that action number 2 remains open. Action number 3 also remains open.</p> <p>SK queried if advisory recommendations were being tracked in the same way – AV clarified that advisory actions are still being tracked but need the resource to follow through, however, the update provided for this report is for the recommended actions only.</p>	AV

<p>8. 8.1</p>	<p>Financial Focus <u>Aged Debtors and Creditors over £10k and over 90 days overdue</u></p> <p><u>Debtors</u> The report was presented and noted. Most positions reported were either resolved or were improving.</p> <p><u>Creditors</u> There is an improvement on the continuing healthcare invoices and there are now no outstanding invoices left from pre-merger.</p>	
<p>9. 9.1 9.1.1 9.1.2 9.1.3 9.1.4 9.1.5</p>	<p>Single Tender Waivers (STW) and Use of Seal <u>Single Tender Waiver Log</u></p> <p><u>EB46 – Black Pear</u></p> <p>Action: Add EB46 – Black Pear Software STW to the procurement register.</p> <p>This STW is for an extension of one year. It was reflected by Audit Committee members that a procurement exercise should be undertaken next year.</p> <p><i>EB46, the Single Tender Waiver for Black Pear software, was supported by all members of the Audit Committee.</i></p> <p><u>EB47 – Anxiety Support for CYP with low to mild anxiety (early intervention)</u></p> <p>The CCG is working with the procurement team to consider the options for this post; notice is being served with a six month transition period. The extension will allow continuity of service whilst we work towards a more integrated model of support for early intervention support for mental health.</p> <p>Action: DF recommended that the STW is revised to extend for a further 6 months to 30 September 2020.</p> <p><i>EB47, the Single Tender Waiver for Anxiety Support for CYP with low to mild anxiety, was supported by all members of the Audit Committee with the revision as noted above.</i></p> <p><u>EB48 – Xenzone – Kooth Online Services</u> – this request for an extension will allow time for the digital offer to go out to procurement.</p> <p><i>EB48, the Single Tender Waiver for Xenzone, Kooth Online Services, was supported by all members of the Audit Committee.</i></p> <p><u>EB49 – Autism Providers</u> – (three providers; Autism Berkshire, Parenting Special Children and The Autism Group).</p> <p>The CCG is serving notice on the current contracts which end by March 2020 but with a three month transition period. This is going out to procurement in January 2020.</p> <p><i>EB49, the Single Tender Waiver for Autism Providers outlined above, was supported by all members of the Audit Committee.</i></p> <p><u>EB50 – Speech and Language Support (Symbol)</u></p> <p>This was Health and Justice funding which comes to an end in March 2020; the CCG are working closely with the Youth Offending Team managers. The extension will allow continuity of service during the remaining time of funding from the Health and Justice</p>	<p>IM/AV</p> <p>JF</p>

<p>9.1.6</p>	<p>Commissioner.</p> <p><i>EB50, the Single Tender Waiver for Speech and Language Support, was supported by all members of the Audit Committee.</i></p> <p><u>EB51 – Youth Counselling Providers</u></p> <p>There are two providers – Youth Line for Bracknell Forest and Number 22 for Slough and RBWM.</p> <p><i>EB51, the Single Tender Waiver for Youth Counselling Providers, was supported by all members of the Audit Committee.</i></p> <p>A formal note of thanks was offered to Janette Fullwood for her excellent work with regard to the Single Tender Waivers as noted above.</p>	
<p>9.2</p>	<p>The seal has not been used since the last Audit Committee.</p>	
<p>10. 10.1</p>	<p>Risk and Assurance</p> <p><u>Governing Body Assurance Framework</u></p> <p>JG explained that there have been workshops for Governing Body members to examine the risk appetite for the CCG; this has been a progressive journey to develop the Assurance Framework. There is still one risk which has not been risk rated, all changes are shown in red ink.</p> <p>There have been also been revisions regarding committee responsibilities for the Assurance Framework; Governing Body members will now be taking more responsibility for implementation of the Assurance Framework with Audit Committee providing overall assurance. There still needs to be one more final check by Governing Body before it is finalised.</p> <p><u>Integrate - AF Risk 09</u> AF expressed concern that this risk will become more complex with the development of the single control total.</p> <p><u>Person – AF Risk 01/Place AF Risk 02</u> CB reflected that it is not clear how our desired co-production capacity fits in these two risks. CB added a further risk could be the risk of failing to engage our community with future developments.</p> <p><u>Engage – AF Risk 08</u> AF queried if the CCG is communicating adequately with our public to deal with concerns involving local people on future developments and possible commissioning organisation structures.</p> <p><u>Place – AF Risk 03</u> The risk owner should be Fiona Slevin-Brown.</p> <p><u>Integrate - AF Risk 10</u> It was suggested that the narrative needs to correlate with the current events and plan – timelines for completion of actions is April 2020.</p>	

Primary Care Commissioning Committee

Meeting Minutes

Tuesday 3rd December 2019 4:15 – 5:15 p.m.

St Paul's Church, Crawley Ridge, Camberley GU15 2AJ

Present	<p>Tony Fitzgerald (TF) Jon Fox (JF) Rob Morgan (RM) Deborah Seago (DS) Darren Tymens (DT) Maggie Parrish (MP) Carol Bewley (CB) Maria Millwood (MM)</p>	<p>Lay Member Chair, Primary Care Commissioning Surrey Heath CCG Head of Primary Care, Surrey Heath CCG Interim Managing Director & CFO, Surrey Heath CCG Head of Quality, Surrey Heath CCG Surrey and Sussex Local Medical Committee Practice Manager - Upper Gordon Road, Member Practice Rep Head of Finance, Surrey Heath CCG Healthwatch Surrey, Volunteer Representative</p>
Apologies	<p>Nick Spence (NS) Helyn Clack (HC) Amanda Wellesley (AM)</p>	<p>Assistant Head of Primary Care -Medical Contract, NHS England Surrey Health and Wellbeing Board Representative Secondary Care Consultant (Non-conflicted clinical person)</p>

Agenda	Item	Action
1.	<p>Welcome and Introductions, Apologies and confirmation of Quoracy TF, as the Chair of the meeting welcomed members of the Committee and received apologies as above.</p> <p>The Committee was deemed to be Quorate.</p>	
2	<p>Declaration of Interests The committee has a complete register of interests. No declarations were made in regards to items on the agenda.</p>	
3.	<p>Minutes of the last meeting – 5th November 2019 The minutes of the meeting held on 5th November 2019 were accepted as an accurate record and were approved with no amendments.</p>	
4a	<p>PCCC Action Log Review</p> <p>26/03/19 Action 2 – Committee to be kept informed of GMS contract Reforms:</p> <p>This is an ongoing item and verbal update was given by JF. Since the Committee last met in November the CCG confirmed that as part of the new contractual requirements by end March 2020 NHS 111 should be able to make direct bookings into GP practices systems with appointment held equivalent to 1 per 3,000 head of practice population. For Surrey Heath all practices went live to enable this service on 25th November 2019. To date utilisation has been low, but with the system being linked through GP Connect it provides the added advantage that clinicians in NHS 111 can see full GP record when giving clinical advise to patients. Data sharing</p>	

<p>4b</p> <p>4c</p>	<p>agreements are in place with South Central Ambulance FT to support this.</p> <p>JF confirmed that the expectation on the availability of the new Service Specifications which form part of the new contract may not now be available until February/March 2020.</p> <p>05/11/19 Action 1 – Risk entry re: PCN correlation to GBAF to be checked Following from last meeting JF checked with Caroline Lovis who oversees the Risk Register and GBAF and confirmed that the entries were correct and not misaligned.</p> <p>No new risks have been identified in the last month and no items required escalation to OLT.</p> <p>05/11/19 Action 2 – Rent Reviews CB gave brief update in respect to ongoing rent reviews. 2 practices remain in formal dispute; the District Valuer (DV) has been instructed and chased for an update on progress. Of the practices affected by the recent Appeal by a practice in a neighbouring CCG setting precedent with respect to occupancy by 3rd parties, the CCG has been able to confirm revised values for one practice, updated values to CMR2 documents are waited from the DV and then practice will be written to confirming new valuations.</p> <p>05/11/19 Action 3 Primary Care Quality Dashboard This will be covered under main agenda item 5</p> <p>Primary Care Risk Register No new risks have been identified in the last month.</p> <p>Operational Leadership Team – Primary Care Update No items required escalation to OLT.</p>	
<p>5</p>	<p>Primary Care Finance and Contracting Report – Inc. Budget Performance</p> <p>CB presented the paper summarising the CCG’s position against the following areas:</p> <p>5.1 Clinical Waste The committee were made aware of the ongoing service delivery issues experienced across parts of Kent, Surrey & Sussex since the acquisition of the Canon Hygiene Ltd by ‘Rentokil – Initial’. Commissioners continue to work collectively across the patch to address the problems with Rentokil. Locally within Surrey Heath a small number of service delivery issues have now been raised reflecting missed collections, lack of notification regarding revised collection and access to boxes.</p> <p>There was some discussions as to whether this presented a clinical risk for practices but it was agreed in the meeting that at this stage this would not be raised as a formal risk but would be kept under review.</p>	

	<p>5.3 Rent Reviews The Committee were informed:</p> <ul style="list-style-type: none"> • Two Surrey Heath practices are in dispute for their rent review outcome, the District Valuer has been instructed to negotiate directly with the practice agents in all cases. • Further communication is required to advise the outcome of rent reviews to practices who are awaiting reports from the District Valuer. CB advised that the recent appeal by a practice in a neighbouring CCG concerning third party occupancy has had implications for some of the abatements included in recent rent review reports. As a result it has been necessary to go to the District Valuer to confirm amended rents after which the CCG can then confirm to practices the updated figures. Action from November meeting remains ongoing. <p>5.4 Financial Summary - Month 07 2019-20</p> <p>Against the year to date budget of £6.4m the position shows break-even year to date. There are a number of small underspends as previously reported.</p> <p>CB stated that the CCG has seen overspends on locum fees where the CCG continues to see a significant number of claims. However the overspend has reduced year to date as the CCG has seen an end to a number of ongoing claims where previously estimated values had been made awaiting claims from practices.</p> <p>CB reported that the CCG has a reserve remaining of £300k to cover any unforeseen issues.</p> <p><i>The committee noted the paper.</i></p>	
6	<p>Primary Care Quality Group Report</p> <p>JF and DS presented to the group :-</p> <ul style="list-style-type: none"> • The updated Performance & Quality Monitoring Framework • The updated Primary care Quality Dashboard <p>following the discussions at the meeting held in November 2019.</p> <p>6a JF outlined the main changes made to the Framework that included:-</p> <ul style="list-style-type: none"> • Updated details to allow teams members and practices to register any potential conflict of interests (COI) in respect to the visiting team. • Clarification that clinical input to the visiting team would be drawn from CCG clinical leads <p>TF and DT confirmed that they felt that this resolved the COI issued raised.</p> <p>6b The PCCC were then taken through the revised PCQG Dashboard and noted:-</p> <ul style="list-style-type: none"> • Changes to remove a number of RAG rating elements where these had been based on subjective judgements on based on arbitrary thresholds • Practice profile now showing change in practice population with no thresholds. • GP Patient Survey – taken away local threshold. Now makes reference to national 	



Minutes of Primary Care Commissioning Committee PART A

Tuesday 12th November 2019
12.30 – 13.30pm
Copthorne Hotel, Slough

Chair – Clive Bowman

Present	Initials	Job Title & Organisation
Clive Bowman	Chair	Lay Member for Governance, Slough Locality, East Berkshire CCG
Sarah Bellars	SB	Director of Nursing and Quality, East Berkshire CCG
Fiona Slevin-Brown	FSB	Director of Strategy and Operations, East Berkshire CCG
Dr William Tong	WT	Clinical Chair, East Berkshire CCG
Dr Jim O'Donnell	JOD	Clinical Lead for Slough Locality, East Berkshire CCG
Alex Tilley	AT	Associate Director for Primary Care, East Berkshire CCG
Arthur Ferry	AF	Governance Member, East Berkshire CCG
Debbie Fraser	DF	Director of Finance, East Berkshire CCG
Melissa Fitzgerald	SM	Minute Taker - Primary Care Team, East Berkshire CCG
Phillip Kelley	PK	Frimley ICS, GP Transformation Programme Manager
Wishav Goel	WG	Clinical Chair, East Berkshire IM&T Steering Group, East Berkshire CCG
Anshu Varma	AV	Head of Corporate Affairs & DPO, East Berkshire CCG
Hayley Edwards	HE	Senior Commissioning Manager, Primary Care, East Berkshire CCG
Huw Thomas	HT	Clinical Lead for WAM Locality, East Berkshire CCG
Apologies:		
Dr Jackie McGlynn	JmG	Clinical Lead for Bracknell and Ascot Locality, East Berkshire CCG
Mike Connolly	MC	Lay Member Slough CCG, East Berkshire CCG
Sally Kemp	SK	Lay Governance Member, East Berkshire CCG
Nick Spence	NS	Contract Manager, NHS England

Item No	Item	Action
1	Welcome and Apologies	
	The meeting commenced at 12.30 p.m. The Chair welcomed four members of the public Apologies were received from NS, MC, SK The Chair declared the meeting quorate.	
2	Declarations of interest	
	WT declared that he was an ex GP-partner. JO'D declared an interest as a Slough GP.	
3	Notice of Any Other Business	
	None	
4a	Minutes of the Last Meeting & Action Log	



	<p>The minutes were agreed as a true reflection of the meeting subject to below changes.</p> <p>Action: Back page of the agenda, many titles not correct and need amendments.</p> <p>Action: Page 1 – incorrect job titles, must be changed.</p> <p>Action Log: 21 – Public Health representative. Due to capacity, this is not currently possible – action to be left open.</p> <p>24 – Wording to be changed to reflect GPFV money distribution.</p> <p>31 – Infrastructure Plan. This will be coming back to the Committee in January.</p> <p>Action: Minutes of PART 2 September 2019 PCCC – to be circulated and agreed on email confidentially</p>	<p>AT/ HE</p> <p>AT/ HE</p> <p>MF</p>
4b	Terms of Reference	
	The committee accepted the Terms of Reference	
5	Primary care Commissioning Operational Report	
	<p>CB formally congratulated the Primary Care Team on the new reporting dashboard, which covers the requirements of the Committee.</p> <p>The PCCC was asked to approve the appropriate governance in relation to the following recommendations has been followed:-</p> <ul style="list-style-type: none"> • Winter Pressures Scheme 2019/2020 • Lower Limb Service • Procurement Prior Information Notice (PIN) for Blue Mountain • Network Changes Within Slough Place <p>FSB asked for assurance on the Network Changes Within Slough Place, that the agreement of the two Slough applications is subjected to the terms being met – and if this does not happen, the next opportunity to apply is April 2020. AT confirmed and advised that the applicants are aware of this.</p> <p>CB asked for assurance that last year’s Winter Pressure allocation was similar to last years. AT confirmed this.</p> <p>The committee approved and ratified the four recommendations.</p>	
6	ICS Primary Care Strategy	
	<p>PK presented the paper on the ICS Primary Care Strategy, highlighted the future vision of the system over 5 years, and the process of engagement with localities, acknowledging the NHS Long Term Plan and the priorities relevant to Primary Care over the next 5 years, and the delivery of these. Resilience and sustainability; integration and partnerships (covering PCN and Contract DES); improving access and specific service specifications.</p> <p>JOD asked about the commitment to realising access is needed in multidiscipline, to cover a range of services outside of GP/Nurses, and how this would be communicated</p>	



	<p>to residents. FSB added the question of consistency in the use of terms 'general practice' and that of 'primary care/primary community'. AT advised that the document was a first draft and will be continually reviewed and updated through the ICS GP Transformation Steering Group.</p> <p>CB highlighted page 48, advising of a shortfall equivalent to approximately £127k, and would this be likely to happen again. PK advised that he would need to check this against frequency of budgets, and will clarify this. FSB added that this may be misleading narrative, and that this figure reflected a shortfall when teamed against a national average and showed benchmarking, rather than an actual shortfall.</p> <p>Action: Final review of presentation of the financial information to be completed prior to submission</p> <p>CB also highlighted page 61, on estates, which seemed to suggest that there would be major expenditure in the small improvements in 2019/20, and the large parts of expenditure would be in 20/21, and questioned if this was sensible given that the baseline and the aspiration of the PCN maturity staging that has been offered. PK advised that the PCN are not necessarily stage dependant. AT advised that this was also highlighted in an early draft considered by the ICS Management Team, and that estate and infrastructure would need to be added to in the new iteration.</p>	<p>PK</p>
<p>7</p>	<p>General Practice IT: Digital First</p>	
	<p>WG presented a presentation on general practice It, highlighting Patient Enablers including Electronic Repeat Prescriptions and patient access to their full record by April 2020. Skype consultations have a target date of 2021, and the benefits of digital transformation to all the practices across East Berkshire.</p> <p>WT queried the low uptake in Slough for the Check-in Screens, and equally the Docman 10. AV advised that with regards to Check-in Screens, the roll out was delayed due to procurement on a specific type of screen, but procurement was ongoing. With Docman 10, delay is due to two practices using Visio.</p> <p>FSB asked if every practice was actively engaged and accepting what was on offer and expected of them from a technological perspective. WG advised there was good contact with all practices, and this is planned for in 2020. AV added that there is a mandatory requirement from NHSE for these projects, and the CCG are confident that these will be delivered.</p> <p>CB questioned the Patient Enabler slide of the presentation, highlighted three projects that had yet to be delivered, by April 2020 – and asked specifically of P003, would this be achieved by April 2020 (Patient Access to their Full Record).WG advised that the CCG are working with EMIS on this, and contact would be made with suppliers. CB asked for this to go to the IM&T Committee, and reflect upon what's needed to be and the migration if this is not hit by April 2020. This should be added to the Risk Register.</p> <p>Action: CB requested a standing invitation for WG to attend PCCC every six months</p>	<p>MF</p>
<p>8</p>	<p>Primary Care Finance Report</p>	



	<p>DF advised that the actions from the last committee on the variances, has been actioned. Advising, that variances are articulated in the paper, and the action on out-of-hours – the report shows at year to date variance of 80 and in the forecast its 61 – the forecast has got an additional amount forecast in it, to cover additional educational half-days this year.</p> <p>There were no questions.</p>	
9	Primary Care Risk Register	
	There were no comments and no changes from previous registers	
10	AOB	
	<p>Question from public : agreed verbally and published on CCG website</p> <p>Meeting closed at 13:30</p>	

Next meeting: Tuesday 14th January, Easthampstead Baptist Church, Bracknell

**Delegated Primary Care Commissioning Committee (DPCCC)
Meeting in Public**

**Held on Wednesday 15th January 2020
10:30 to 11:45**

PCT06 Aldershot Centre for Health, Hospital Hill, Aldershot GU11 1AY

Present:	<p>Margaret Scott (MS), Convenor and Non-Executive Director of the Hampshire and Isle of Wight Partnership of CCGs – <i>Chair</i> Lauren Pennington (LP), Head of Commissioning - Primary Care and Prevention Peter Cruttenden (PC), Non-Executive Director Ruth Colburn-Jackson (RCJ), Managing Director of North East Hampshire and Farnham CCG Ollie White (OW), Deputy Managing Director Dr Steven Clarke (SnC), Chair of the Clinical Transformation Group and Clinical Director for Primary & Planned Care Dr Hanne Hoff (HH), Clinical Director for Planned Care and Reducing Variation, Acute Services Pathways, Medicines Management Prescribing Dr Martin Ballard (MB), Clinical Director (Mental Health, PPE, Patient Engagement and Workforce, Surrey Health and Wellbeing Board, Reducing Variation - Gastroenterology), <i>deputising for Dr Peter Bibawy</i> Dan Williams (DW), Senior Management Accountant Dr Laura Edwards (LE), Wessex LMC Medical Director Sarah Bellars (SB), Director for Quality & Nursing, Frimley Collaborative</p>
Apologies:	<p>Emma Boswell (EB), Executive Director of Quality & Nursing Dr Peter Bibawy (PB), Medical Director & Clinical Director for Urgent & Emergency Care Dr Nigel Watson (NW), Chief Executive Wessex LMC Dr Clare Sieber (CS), Medical Director, Wessex LMC Dr Ed Palfrey (EP), Secondary Care Consultant Lisa Harding (LH), Wessex LMC</p>
In Attendance:	<p>Steve Clarke (SC), Senior Head of Quality Improvement – <i>Item 11</i> Joanne Green (JG), Governance Manager Tom Allinson (TA), Delivery Team Administrator – <i>minutes</i></p>

1	Welcome and Apologies
	<p>MS welcomed members of the committee and apologies were taken as detailed above.</p> <p>Introductions were made to Sarah Bellars, Director for Quality & Nursing, Frimley Collaborative.</p>
2	Quoracy
	<p>The meeting was deemed to be quorate.</p> <p>It was noted that the committee Terms of Reference were in need of review.</p>
3	Declarations / Conflicts of Interest
	<p>No declarations were made.</p>
4	Draft Minutes of the meeting held on 20th November 2019 and Action Tracker
	<p>The minutes of the previous meeting were taken as accurate and approved without amendment.</p> <p>Action Tracker The action tracker was then reviewed as follows:</p>

	<p>September '19 – PMS premium 2020/2021 investment consideration</p> <ul style="list-style-type: none"> LP reported a positive change of direction, with Ian Pinkney working alongside locality IT leads to explore possible solutions. The possibility of looking at outsourcing work to IT companies was being explored. Action <u>ongoing</u>. <p>September '19 – Farnham Referral Management Service</p> <ul style="list-style-type: none"> Action <u>ongoing</u>. Update in February. <p>October '19 – Primary Care Finance Update / Property Services Pressures</p> <ul style="list-style-type: none"> DW informed members that a letter from PropCo regarding the invoicing of additional charges had been received. A risk value of around £1m was noted; however, this was mostly mitigated by the CCG's contingency fund. DW confirmed that Finance were not prepared to pay over and beyond what was felt to be appropriate. It was agreed that the action could now <u>close</u>. <p>October '19 – Primary Care Finance Update / Projects' Dashboard</p> <ul style="list-style-type: none"> Action <u>ongoing</u>. Update in February.
<p>5</p>	<p>Matters Arising</p> <p>None.</p>
<p>6</p>	<p>Risk Register</p> <p>Lauren Pennington led the review of the risk register, highlighting the following:</p> <p>Risk ID 00013</p> <ul style="list-style-type: none"> Risk was due to be fully mitigated and removed by the end of January 2020 following the successful mobilisation of online consultations in both remaining GP practices. Risk to be recommended by closure at next committee <p>Risk ID 00016</p> <ul style="list-style-type: none"> Addition of risk regarding the ongoing Fleet Integrated Care Centre project. Due to delays caused the slow transfer of funds from HM Treasury; the project was now expected to finish in March 2021 (originally expected October 2020). The total value of the project was given to be approximately £2 million including IT costs. It was agreed that an update on progress made would come to the next meeting in February. <p><i>The committee noted the update.</i></p>
<p>7</p>	<p>Primary Care Finance Principles</p> <p>LP presented the paper, asking the committee to consider approving a set of principles for use in deciding when to allow PCNs access to the forthcoming "Innovation Fund" as agreed at the previous DPCCC meeting in December 2019. These principles had been created alongside the Finance Team with the aim of creating a fair process whereby only PCNs able to demonstrate that they had met all currently commissioned projects and priorities would be able to apply for Innovation funding.</p> <p>SnC held that there should be an expectation that all PCNs fully utilise their estates assets before applying for funding, stressing that the Innovation Fund was not just a question of available budget but also of principle.</p> <p>LP further confirmed that PCNs would need to submit a formal application as part of the process.</p> <p>It was felt that the approval process for applications would come to the Primary Care Operational Group first, with anything contentious being escalated the DPCCC.</p> <p><i>The committee <u>approved</u> the principles as set out in the paper.</i></p>

8	<p>Frimley ICS FP Transformation Steering Group update</p> <p>LP introduced the update on the above, highlighting the following achievements made since the last committee:</p> <ul style="list-style-type: none"> • Clinical Pharmacists appointed in 4/5 primary care networks; social prescribing link workers appointed in 5/5 primary care networks; • Discussions about extending first contact practitioner workforce in 2020 had commenced with PCN clinical directors and would now commence with existing providers; • Draft service specifications released for consultation from NHS England; and • Organisational development allocations for 2019/2020 had been confirmed for PCNs <p>This was felt to be an area of risk, with PCNs not yet drawing down on the organisational development funding. The item was confirmed to be a priority focus over the following weeks.</p> <p>The committee discussed the clinical pharmacist roles, noting that some individuals would require further training before they were able to fully undertake these new roles</p> <p>PC voiced concerns over PCNs being required to set up a governance structure, questioning the amount of formal support they have available. It was confirmed that the committee would wait for the DES specs and the exact asks being made of PCNs going forwards to arrive first before taking any further action.</p> <p><i>The committee noted the update.</i></p>
9	<p>LCS update</p> <p>IP gave a verbal update on the Locally Commissioned Services – A 3 year contract comprising 19 optional services not covered by core GP contract with a budget of £2.2 million. IP confirmed that almost all of the CCG's 20 practices had signed up and that newly commissioned services for 19/20 included a new diabetes service and improved practice reporting via a new EMIS module.</p> <p>The committee requested that IP share some slides to help understand the information more fully.</p> <p>IP further reported on current LCS issues, noting that staff coding and template was resulting in a significant expected underspend of around £250k. The Primary Care Team were currently working with the practices to update these templates and to help support the reporting process, in addition to looking back over previous erroneously submitted activity.</p> <p><i>The committee noted the update.</i></p>
10	<p>Online Consultations utilisation update</p> <p>IP gave a verbal update on the above, reporting that E-consult was currently live in 18 out of 20 GP practices, with the remaining two expected to go live by the end of January 2020.</p> <p>Members were informed that River Wey had ceased to use E-consult and were currently trialling "Ask My GP". It was agreed that more work was needed to support practices using their currently commissioned E-consult, as there was a risk of money loss for the CCG if more practices followed suite and switched to alternate options.</p> <p>It was agreed that an update would come to the committee in March once more intel was available.</p> <p><i>The committee noted the update.</i></p>
11	<p>Quality in Primary Care</p>

	<p>SC presented the Quality Report, and key updates were highlighted as follows:</p> <p>Jenner House Surgery – Level 3</p> <ul style="list-style-type: none"> Practice escalated to Level 3 on the Practice Assurance Framework CCG primary care leads to meet with the Practice <p>Cambridge Practice – Level 2</p> <ul style="list-style-type: none"> Work continues to fully merge the two former practice, maximise income and use of resources CCG Quality Lead to meet with Practice Manager later in January 2020 <p>Mayfield Medical Centre – Level 2</p> <ul style="list-style-type: none"> Delay in transfer of lease due to contractual/legal issue meaning MMC partnership not giving official notice to CCG prior to 1 January 2020. Interim arrangement in place to facilitate delivery of services pending transfer of lease. <p>Holly Tree Surgery – Level 2</p> <ul style="list-style-type: none"> Await report following Care Quality Commission inspection 6th November 2019 <p>Wellington Practice – Level 2</p> <ul style="list-style-type: none"> Registered as new provider with Care Quality Commission; inspection approach to be confirmed. <p><i>The committee noted the paper.</i></p>
12	Primary Care Finance Report
	<p>DW gave a brief update on the above due to time constraints. Members reviewed the contents of the paper, noting an overall unmoving forecast from the previous meeting.</p> <p>DW further informed the committee that a 3rd appendix had been added which broke down PCN DESs.</p> <p><i>The committee noted the paper.</i></p>
13	Any items for escalation from Primary Care Operational Group
	<ul style="list-style-type: none"> DPCCC decision not to support Fleet Medical Centre’s historic claim regarding care home patients (as detailed in the minutes of the meeting in public taking place 20th November 2019) had been reported back to the practice, who were in turn attempting to gather more evidence to bolster their claim. The committee agreed that the onus was now on the practice, but that the process couldn’t be allowed to go on ad infinitum and so a deadline would need to be set. The committee agreed to monitor the situation for the time being.
14	Forward Work Planner
	<i>The committee noted the paper.</i>
15	Any Other Business
	None.
16	Close
	MS closed the meeting in public at 11:45.
	Date of Next Meeting
	12 th February 2020, PCT07, Aldershot Centre for Health

Delegated Primary Care Commissioning Committee – Attendance Log 2019/20

	17 April 2019	8 May 2019 (Cancelled)	19 June 2019	17 July 2019	August 2019	18 September 2019	16 October 2019	20 November 2019	December 2019	15 January 2020	12 February 2020	11 March 2020
Margaret Scott (Chair)	A		✓	✓		A	✓	A		✓		
Peter Cruttenden	✓		✓	✓		✓	✓	A		✓		
Maggie Maclsaac	A		D	A		A	A	A				
Ruth Colburn-Jackson (or Deputy)	A		A	A		A	D	✓		✓		
Roshan Patel (or Deputy)	A		D	D		D	D	D				
Emma Boswell (or Deputy)	✓		✓	✓		✓	A	✓		✓		
Dr Ed Palfrey	A		A	✓		✓	✓	✓		A		
Dr Peter Bibawy (or Deputy)	D		A	A		A	D	✓		D		
Dr Steven Clarke	✓		✓	✓		✓	D	✓		✓		
Dr Martin Ballard	A		A	A		✓	✓	✓		✓		
Dr Hanne Hoff	✓		A	A		A	✓	✓		✓		
Dr Laura Edwards (Wessex LMC)	A		✓	✓		D	D	D		✓		

A = Apologies for absence
D = Nominated Deputy

**Delegated Primary Care Commissioning Committee (DPCCC)
Meeting in Public
Held on Wednesday 20 November 2019
09:30 to 11:00am
PCT07 Aldershot Centre for Health, Hospital Hill, Aldershot GU11 1AY**

Present:	Dr Ed Palfrey (EP), Secondary Care Consultant – <i>acting convenor</i> Lauren Pennington (LP), Head of Commissioning - Primary Care and Prevention Dan Williams (DW), Senior Management Accountant, <i>deputising for Roshan Patel</i> Dr Martin Ballard (MB), Clinical Director (Mental Health, PPE, Patient Engagement and Workforce, Surrey Health and Wellbeing Board, Reducing Variation - Gastroenterology), <i>deputising for Dr Peter Bibawy</i> Dr Hanne Hoff (HH), Clinical Director for Planned Care and Reducing Variation, Acute Services Pathways, Medicines Management Prescribing, <i>deputising for Dr Steven Clarke</i> Ollie White (OW), Deputy Managing Director Dr Clare Sieber (CS), Medical Director, Wessex LMC Ruth Colburn-Jackson (RCJ), Managing Director of North East Hampshire and Farnham CCG
Apologies:	Margaret Scott (MS), Convenor and Non-Executive Director of the Hampshire and Isle of Wight Partnership of CCGs Maggie Maclsaac (MM), Accountable Officer Emma Boswell (EB), Executive Director of Quality & Nursing Dr Peter Bibawy (PB), Medical Director & Clinical Director for Urgent & Emergency Care Dr Steven Clarke (SnC), Chair of the Clinical Transformation Group and Clinical Director for Primary & Planned Care Roshan Patel (RP), Chief Finance Officer Lisa Harding (LH), Wessex LMC Dr Nigel Watson (NW), Chief Executive Wessex LMC Dr Laura Edwards (LE), Wessex LMC Medical Director Peter Cruttenden (PC), Non-Executive Director
In Attendance:	Steve Clarke (SC), Senior Head of Quality Improvement – <i>Item 9</i> Kath Andrews (KA), Operational Commissioning Project Manager – <i>item 8</i> Louise Rossiter (LR), Primary Care Commissioning Manager Philip Kelley (PK), Head of Primary Care Partnerships – <i>for item 7</i> Joanne Green (JG), Governance Manager Tom Allinson (TA), Delivery Team Administrator – <i>minutes</i>

1	Welcome and Apologies EP, acting convenor for the meeting, welcomed members of the committee and apologies were taken as detailed above. OW was unable to attend the meeting in person, but was present via conference call dial-in.
2	Quoracy The meeting was deemed to be quorate.
3	Declarations / Conflicts of Interest No declarations were made.
4	Draft Minutes of the meeting held on 16 October 2019 and Action Tracker The minutes of the previous meeting were taken as accurate and approved without amendment.

	<p>Action Tracker The action tracker was then reviewed as follows:</p> <p>September '19 – Frimley ICS GP Transformation Steering Group update</p> <ul style="list-style-type: none"> It was agreed that the action could now <u>close</u> as it was due to be discussed on the day's agenda. <p>September '19 – PMS premium 2020/2021 investment consideration</p> <ul style="list-style-type: none"> LP reported that further clarification of funding was underway for the new Digital Transformation roles, but that a mixture of poor advertisement and presentation meant that they were struggling to recruit suitable people. It was reported that a person currently working in the Cambridge Practice might have the relevant skillset to advise on amendments to the job description, and it was agreed that this would be explored for as a possible solution. Action <u>ongoing</u>, update in January. <p>September '19 – Farnham Referral Management Service</p> <ul style="list-style-type: none"> LP reported that formal documentation was being prepared regarding the extension of the Farnham Referral Management Service, and that a meeting with Dr David Brown (director of Farnham Integrated Care Services) would take place sometime in the New Year to understand what actions were being taken to decommission the service from operation. Action <u>ongoing</u>, update in February. <p>October '19 – Declarations / Conflicts of Interest</p> <ul style="list-style-type: none"> 1. CS confirmed that she had received a blank Conflicts of Interest form from the Governance Team. Action <u>closed</u>. 2. Due to discomfort following debate and a vote taking place during the September meeting, it was requested that a lessons learned be done to avoid similar situations in the future. It was agreed that a) if someone feels strongly about an issue, then more should be done to ensure their voice is heard, and b) that the meeting organisers should work harder to pre-empt topics that are likely to split the board. Action <u>closed</u>. <p>October '19 – Draft Minutes</p> <ul style="list-style-type: none"> LP confirmed that Farnham Referral Management Service had been added to the work planner to be discussed in February 2020 (as detailed above under the relevant action). Action <u>closed</u>. <p>October '19 – Primary Care Finance Update / Innovation Funding proposal</p> <ul style="list-style-type: none"> It was agreed that the action could now <u>close</u> as it was due to be discussed on the day's agenda. <p>October '19 – Primary Care Finance Update / Property Services Pressures</p> <ul style="list-style-type: none"> Letter drafted to PropCo property management enterprise; more information to follow. Action <u>ongoing</u> – update in January 2020. <p>October '19 – Primary Care Finance Update / Projects' Dashboard</p> <ul style="list-style-type: none"> Action reported as <u>ongoing</u> – update in January 2020.
5	<p>Matters Arising</p> <p>None.</p>
6	<p>Risk Register</p> <p>Lauren Pennington led the review of the risk register, highlighting the following:</p> <p>00011 – Utilisation of improved access appointments</p> <ul style="list-style-type: none"> No update was available as LP was still awaiting activity data from providers for September 2019.

	<p>00017 – Fleet Integrated Care Centre project costs</p> <ul style="list-style-type: none"> • Successful mitigation of risk was reported, with the budget back down to the originally allocated sum. Risk to remain open, but risk score to be reduced. <p>00012 – Primary Care Vulnerability</p> <ul style="list-style-type: none"> • LP informed the committee that the risk score remained at 16 due to increasing risks at a number of GP practices. This score maintained the risk on the corporate risk register. <p><i>The committee noted the update.</i></p>
<p>7</p>	<p>Frimley ICS GP Transformation Steering Group update</p> <p>Philip Kelley (PK) joined the committee to present the Primary Care Strategy, the purpose of which was to provide an overview of the plan to delivery primary care services over the following five years, integrating the Frimley ICS within the priorities of the NHS Long Term Plan.</p> <p>It was described as a fit for purpose document to be approved as a work in progress to NHSE.</p> <p>The consensus across the board was that the Strategy, whilst providing an excellent overview, did little to directly aid grassroots GPs in interpreting what they should be doing and how. An additional “operational document” was suggested as a possible solution to this.</p> <p>There was further discussion around the subject of PCN accountability and responsibility in delivering the Strategy, and the inherent tension present between what PCNs were being asked to do and what they themselves felt capable of doing. This was recognised as a complex issue, involving a mutual understanding of shared risk and the principles of working at scale. Despite this, it was recognised that the ambitions for 2020/21 remained modest and that there was scope in the future to anticipate areas where PCNs would be asked to work, whether “hearts and minds” or contractual.</p> <p><i>The committee thanked PK and approved the paper. PK left the room at 10:45.</i></p>
<p>8</p>	<p>Voyager Family Health relocation update – transport options</p> <p>KA joined the committee to give an update on the above – it was reported that an interim shuttle bus service, which had been the patients’ main concern, had been commissioned for four months starting December 2019, running between the two Voyager sites at Milestone and Southwood. This service would be replaced by a permanent service starting April 2020, commissioned by Hart District Council and running between Fleet and Farnborough.</p> <p><i>The committee thanked KA and noted the paper.</i></p>
<p>9</p>	<p>Quality in Primary Care</p> <p>SC presented the Quality Report as follows:</p> <p>Mayfield Medical Centre</p> <ul style="list-style-type: none"> • 31 January 2019 – Care Quality Commission Report Published: Good overall • <u>GP Patient Survey 2019</u> – 52% describe their overall experience as good (CCG 85%, National 83%). • The Clinical Commissioning Group continues to support the practice in seeking a sustainable model for delivery of primary care via the Operational Management Board. • November 2019 – Operational Management Board continues to support work leading in to new contract start in January 2020 and future planning. Progressing well. <p>Holly Tree Surgery</p>

	<ul style="list-style-type: none"> • Care Quality Commission Report Published 20th December 2018 – Rated as ‘Requires Improvement’ overall and ‘Requires Improvement’ for <i>Safe, Effective & Well-led</i>. Practice have submitted action plan to Care Quality Commission. • November 2019 - Care Quality Commission inspection 6th November 2019 <p>Wellington Practice</p> <ul style="list-style-type: none"> • Care Quality Commission Report Published 23rd October 18: Practice now rated Good overall with Requires Improvement for Effective (with an improvement notice). To monitor and support on-going work to address requirements in this domain. • November 2019 - Practice now submitted application to Care Quality Commission to change legal entity to partnership <p>Jenner House Surgery</p> <ul style="list-style-type: none"> • Care Quality Commission Report Published – Good overall and Good in all domains • List Size Update - Reduction continues to slow but registered numbers still reducing • <u>GP Patient Survey 2019</u> – 73% describe their overall experience of this GP practice as good (CCG 85%, National 83%) • November 2019 - Clinical Commissioning Group Primary Care Leads have written to the partnership in order to engage formally regarding areas for improvement. <p><i>The committee noted the paper.</i></p> <p>Quasar demonstration</p> <p>SC then gave a demonstration on the new Quasar Surveillance Tool, highlights of which included:</p> <ul style="list-style-type: none"> • Patient survey map • QOF prevalence • PCIT latest indicator score <p>The tool was met with enthusiasm. It was discussed that while the tool was aimed primarily at helping commissioners look at quality in Primary Care, it would be desirable to get practice managers and GPs access down the line. SC confirmed that the tool was mature enough to showcase – it was agreed that a workshop / seminar session would be prepared for SC to run through with the clinical directors for the time being. ACTION: SC</p> <p><i>The committee noted the update.</i></p>
<p>10</p>	<p>Primary Care Finance Report</p> <p>DW introduced the above, giving key highlights as follows:</p> <ul style="list-style-type: none"> • CCG reporting a YTD favourable position of £84k and a forecast overspend for 19/20 of £340k for all Primary Care budgets (including prescribing). The forecast overspend was reported to be driven from potential pressures in prescribing. • Delegated budget was currently showing a YTD underspend of £212k, a significant amount of which was attributable to Network DES due to the social and prescribing posts being currently vacant. • The committee was informed that Lloyds pharmacies had been unable to submit their prescribing data for July due to a system error. This had meant that both July and August prescriptions had been submitted together, resulting in this anomalous cost – CCGs had had to pay August Cat-M elevated prices for July, resulting in large cost pressures. The issue has since been escalated to NHSE and was awaiting inquiry. • It was requested that an appendix on Network funding DES be added to future Finance Reports. ACTION: DW <p>Innovation Fund introduction</p> <p>LP asked the committee to consider approving the reintroduction of an Innovation Fund to support enterprising PCNs who had already achieved all currently commissioned objectives, using non-</p>

	<p>recurrent funding from the 2019/20 additional roles reimbursement scheme. The current estimated full year forecast underspend was given to be £150k, which was proposed for use subject to the following principles:</p> <ol style="list-style-type: none"> 1. The innovation fund would be available on a first come, first serve basis for PCNs that have achieved all currently commissioned objectives and projects. 2. The fund would be used to test new projects and ideas that would assist PCNs in 1) achieving resilience and / or 2) testing new models of care. 3. The fund would not duplicate existing or forthcoming sources of funding. 4. Projects would need to have clear outcomes and an evaluation framework in place before the Network Operational Group was able to approve them. <p>It was confirmed that the underspend would need to be committed in its entirety and could not overrun into 2020/21 (though could be spent in that year if agreed beforehand).</p> <p>OW challenged the proposal on the basis that the funding was not specifically ring-fenced for primary care, and was instead seen as part of the overall CCG budget from a finance perspective. The benefits of approaching funding this way is that assistance and investment is accessible from outside of the planned primary care budgets. The chair also felt that finance should have been better sighted on the proposal if approval was being asked.</p> <p>At length a compromise was reached as follows:</p> <ol style="list-style-type: none"> 1. OW to work with LP around principles of Primary Care investment / funding 2. LP to then test the innovation fund against these principles 3. If agreed, then LP to work to create a smaller pot available to those in immediate need <p><i>The committee agreed to actions outlined above, and it was noted that any decision based on these would have to be made before the end of December.</i></p>
11	Any items for escalation from Primary Care Operational Group
	<p><u>Fleet Medical Centre Global Sum Review</u></p> <p>The committee was asked to consider a historic issue regarding the number of care home patients funded under their GMS global sum payment at Fleet Medical Centre, where it had been highlighted in April 2018 that the calculation used to generate payment had not reflected the number of registered care home patients at the practice for several years. Fleet Medical Centre had therefore appealed that full financial recompense be awarded, amounting to a total of £4,581 and covering the time period from April 2013 to April 2018.</p> <p>It was confirmed that NHSE guidance holds that such disputes should be raised in a timely manner once identified. The issue had been raised by Wessex LMC across the patch in late 2017, and Fleet Medical Centre had not brought it to the CCG's attention before April 2018. On this basis, it was felt that the CCG should be willing to provide Q3 and Q4 back pay for 2017/18 – but no more.</p> <p>It was agreed that LP would work with CS to identify the exact date the issue was first raised in 2017, and to then work with the practice to resolve the matter. ACTION: LP</p> <p><i>The committee agreed to the actions outlined above.</i></p>
12	Forward Work Planner
	<ul style="list-style-type: none"> • Downing Street Estates Update – February / March 2020
13	Any Other Business
	None.
14	Close

	EP closed the public meeting at 11:15
	Date of Next Meeting
	TBC, January 2020

Delegated Primary Care Commissioning Committee – Attendance Log 2019/20

	17 April 2019	8 May 2019 (Cancelled)	19 June 2019	17 July 2019	August 2019	18 September 2019	16 October 2019	20 November 2019	December 2019	? January 2020	? February 2020	? March 2020
Margaret Scott (Chair)	A		✓	✓		A	✓	A				
Peter Cruttenden	✓		✓	✓		✓	✓	A				
Maggie Maclsaac	A		D	A		A	A	A				
Ruth Colburn-Jackson (or Deputy)	A		A	A		A	D	✓				
Roshan Patel (or Deputy)	A		D	D		D	D	D				
Emma Boswell (or Deputy)	✓		✓	✓		✓	A	✓				
Dr Ed Palfrey	A		A	✓		✓	✓	✓				
Dr Peter Bibawy (or Deputy)	D		A	A		A	D	✓				
Dr Steven Clarke	✓		✓	✓		✓	D	✓				
Dr Martin Ballard	A		A	A		✓	✓	✓				
Dr Hanne Hoff	✓		A	A		A	✓	✓				
Dr Laura Edwards (Wessex LMC)	A		✓	✓		D	D	D				

A = Apologies for absence

D = Nominated Deputy