

NHS Frimley Integrated Care Board
Agenda – Meeting in Public
Tuesday 19 July 2022 – between 14.00 and 16.00
Via Zoom
Chair: Priya Singh
The quorum for a meeting will be seven members, including:

- a) Either the Chair or Vice Chair*
- b) Either the Chief Executive or the Chief Finance Officer*
- c) Either the Chief Medical Officer or the Chief Nursing Officer*
- d) At least one non-executive member*
- e) At least one Provider Member*
- f) At least one Practice Member*
- g) At least one Local Authority Member*

Timing	No.	Item	Action	Delivery	Lead
14.00	1	Welcome, apologies for absence and Chair's introduction	-	Verbal	Chair
	2	Conflicts of Interest Register and declarations of any interests relating to this agenda	Note	Paper	Chair
14.05	3	ICB Chief Executive's Report	Note	Paper	Fiona Edwards
Key Items of Business					
14.15	4	About Our Population and their health outcomes	Note	Paper	Dr Lalitha Iyer
14.35	5	About Our Workforce and commitment to Equality, Diversity and Inclusion	Note	Presentation to follow	Safina Nadeem
14.45	6	Children & Young Persons Review	Note	Paper	Tracey Faraday-Drake
Other Business Items					
15.05	7	Use of Resources – Financial Plan 22/23	Note	Paper	Richard Chapman
15.20	8	Patient Safety Specialist Programme	Note	Paper	Sarah Bellars
15.30	9	Update on our Integrated Care System Development	Note	Paper	Sam Burrows

Timing	No.	Item	Action	Delivery	Lead
		Close of business			
15.45	10	Any other Business	Note	Verbal	Chair
15.50	11	Questions received in advance from members of the Public	Note	Verbal	Chair
16.00	12	Close	-	Verbal	Chair

Job Title	First Name	Last Name	Interest	Interest Description	Type of Interest			Actions agreed with Line Manager to mitigate risk
Chief Transformation Officer	Sam	Burrows			Nil Declaration			
Chief Transformation Officer	Sam	Burrows			Nil Declaration			
Chief Nursing Officer	Sarah	Bellars	FHFT	Son and Daughter in Law work for FHFT	Declarations of Interest – Other	Indirect	Indirect	Seek the advice of other senior members of the executive and Non-executive team if there is a potential conflict
Primary Care Partner Member	Huw	Thomas	Claremont and Holyport practice	Partner in the practice	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Primary Care Partner Member	Huw	Thomas	Maidenhead Primary Care Network	Practice is a member of Maidenhead PCN	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Primary Care Partner Member	Huw	Thomas	Frimley Health NHS Foundation Trust	Spouse employed by Trust as Clinical Nurse Specialist	Declarations of Interest – Other	Indirect	Indirect	Will be managed in accordance with policy
Primary Care Partner Member	Huw	Thomas	East Berkshire Primary Care	Work on sessional basis for East Berkshire Primary Care	Declarations of Interest – Other	Financial	Direct	Will be managed in accordance with policy
Primary Care Partner Member	Huw	Thomas	Registered with a practice within the CCG boundary	Patient registered with practice	Declarations of Interest – Other	Non-Financial Personal	Direct	Will be managed in accordance with policy
Primary Care Partner Member	Huw	Thomas	Holy Trinity Primary School, Cookham	Governor at school	Declarations of Interest – Other	Indirect	Indirect	Will be managed in accordance with policy
Primary Care Partner Member	Huw	Thomas	Royal Borough of Windsor and Maidenhead	Practice provide opiate substitute prescribing services for the Royal Borough of Windsor and Maidenhead	Declarations of Interest – Other	Financial	Direct	Manage in accordance with policy
Chief Executive	Fiona	Edwards	Care Quality Commission	Executive Reviewer	Declarations of Interest – Other	Non-Financial Professional	Indirect	Only review services in distant geographical areas
Chief Executive	Fiona	Edwards	Surrey and Borders Partnership NHS Foundation Trust	Employed by this organisation so that my salary and terms and conditions are processed via this Trust	Declarations of Interest – Other	Financial	Direct	Formal full time secondment so that I do not take part in any of the Trust's business and there is full separation from the role I am seconded from. Declaration of interest to ensure i am not directly involved in any transactions between the CCG/ICS and Surrey and Borders NHS Foundation Trust.
ICB Chair	Priya	Singh	Guy's and St Thomas's NHS Foundation Trust	Appointed November 2015 - NED / Deputy Chair	Outside Employment			
ICB Chair	Priya	Singh	National Council for Voluntary Organisations	Appointed November 2020 - Chair of Board of Trustees	Outside Employment			
ICB Chair	Priya	Singh	Society for Assistance of Medical Families	Appointed January 2018 - Executive Director	Outside Employment			

Non-Executive Member	Ilona	Blue	General Dental Council	Lay Council Member	Declarations of Interest – Other	Non-Financial Professional	Direct	I do not anticipate any direct conflicts of interest as I do not expect the ICB or its audit committee to engage in direct discussions/decisions related to individual dental professionals; or dental education establishments. My role in GDC does not involve any direct decisions about individual professionals as these are handled through independent hearing panels.
Non-Executive Member	Ilona	Blue	Accent Housing Group Limited	Non-executive director	Declarations of Interest – Other	Non-Financial Professional	Direct	I don't anticipate any direct conflicts, but should any discussions arise relating to housing in Frimley I would flag my interest and if necessary recuse myself from any discussions/decisions.
Non-Executive Member	Ilona	Blue	NB Solutions	I am a director (I own 25% and my husband Robert Nichols owns 75%) of NB Solutions. My husband is the sole employee.	Declarations of Interest – Other	Financial	Indirect	I do not anticipate any conflicts of interest. NB Solutions' clients could sell into the NHS but my husband would not be directly involved in such commercial arrangements and I do not expect the ICB to be directly engaged with third party suppliers to provider organisations in the patch. My lack of direct involvement in any such commercial arrangements mitigates the risk of conflict.
Non-Executive Member	Ilona	Blue	Defence Equipment and Support, an arms' length body of the MoD	Non-executive member of the Audit and Risk Assurance Committee	Declarations of Interest – Other	Non-Financial Professional	Direct	No conflicts anticipated.
Non-Executive Member	Paul	Farmer	Mind	I am Chief Executive of Mind nationally. Some local Minds (which are independent charities within a federated network) may be active in the ICS.	Declarations of Interest – Other	Non-Financial Professional	Indirect	I will recuse myself from any discussions which relate to contracts for local Minds.
Local Authority Partner Member	Karen	Edwards	Land and Property owned or leased by Rushmoor Borough Council	As an Executive Director of Rushmoor Borough Council there will be occasions when land and property form which the Council would receive and income or profit may be under discussion	Declarations of Interest – Other	Indirect	Indirect	Will not participate in any decision which would result in a financial gain or loss where the NHS would become a tenant of the local authority.
Primary Care Partner Member	Prash	Patel	Magnolia House	I am a profit sharing GP Partner	Declarations of Interest – Other	Financial	Direct	
Primary Care Partner Member	Prash	Patel	Frimley Health Foundation Trust	I am an employee of the FHFT	Declarations of Interest – Other	Non-Financial Professional	Direct	
Primary Care Partner Member	Prash	Patel	Berkshire Primary Care Ltd	I am the CEO and Medical Director	Declarations of Interest – Other	Financial	Direct	

Primary Care Partner Member	Prash Patel	Ascot Primary Care Network	I am the Clinical Director of the Primary Care Network under the PCN Direct Enhanced Service Specification	Declarations of Interest – Other	Financial	Direct
Chief People Officer EDI System lead	Caroline Safina	Corrigan Nadeem		Nil Declaration Nil Declaration		

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	ICB Chief Executive's Report		
Agenda Item	3	Date of meeting	19 July 2022
Exec Lead	Fiona Edwards		

Purpose	To Approve	<input type="checkbox"/>	Link to Strategic Objective	
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input checked="" type="checkbox"/>		

Executive Summary	
The Board is asked to <u>note</u> the report.	
Recommendation	The Board is asked to <u>note</u> the report.

Please provide details on the impact of following aspects	
Risk and Assurance	
Equality and Quality Impact Assessment	
Patient and Stakeholder Engagement	
Financial Impact and Legal implications	

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
N/A		

Report of the ICB Chief Executive – July 2022

1. Introduction to NHS Frimley Integrated Care Board

I am delighted that NHS Frimley Integrated Care Board (ICB) has now been formally established following the approval of the Health and Care Act 2022. Public sector organisations in this geography have a long and successful history of working together, evidenced through the establishment of the Frimley Health and Care Integrated Care system in 2016.

We will be seeking to build on all of the progress we have made together as a partnership during this time to give the ICB the best possible chance of success as an organisation which will seek to keep bringing our committed staff together to deliver our shared objectives of increasing healthy life expectancy and reducing health inequalities.

This meeting of the Board of the ICB is a demonstrable example of our new ways of working with many new faces around the table who will be leading and overseeing our shared endeavours. The presence of senior clinical and professional leaders from Local Authorities, Primary Care and other NHS partner organisations as full members of the ICB Board is a new and exciting approach to how we manage our shared priorities and challenges together.

I am tremendously grateful to those who served on the Governing Body of Frimley CCG, with particular thanks to Dr Huw Thomas as Chair and those clinical members, lay members and executive colleagues who have moved on to new opportunities.

2. Urgent & Emergency Care Review

Our providers who deliver care to thousands of patients every day, all year round, continue to operate under significant pressure. For partners in acute hospital services, the number of days each month operating under “peak pressure” has more than trebled since prior to the pandemic. In General Practice, the Frimley system is delivering more than 15% additional appointments to the public compared to 2019 yet we are all familiar with the challenges to both public access and workforce sustainability. Social Care partners are experiencing similar pressures in their continued support to ensuring that our residents receive the packages of care they need whether in their own homes or in more specialist settings.

To better understand the drivers of this pressure and what improvement opportunities may exist for how we deliver our public services collectively in this area, we have been working over the summer to produce a total strategic review of our services in this area. The final report is due in August and will be presented at a future meeting of the ICB Board.

3. Support to Children & Young People

The last two years have been a particularly challenging period for our Children and Young People (CYP). Evidence suggests that some children and young people's mental health and wellbeing has been substantially impacted during this period.

The impact of school closures and changing living conditions during this time have led to symptoms of depression and other associated mental health conditions rising significantly. Reviews undertaken at a national level by the Office for Health Improvement & Disparities (OHID) have shown that some parents and carers reported an overall increase in mental health problems in their children. These problems come at a time when we already have existing inequalities and variation in outcomes for children right across our geography.

Improving outcomes and access to services for our CYP population is a high priority focus area for our partnership in the months and years ahead. At today's meeting we will share with you the outputs of a significant review which has been undertaken to improve how we are organised to achieve this and I am grateful for the broad support this work has received from across our partnership.

4. Planned Care Access and Waiting Times

Access to planned care services and the time it is taking to wait for a procedure is a national challenge following the effects of the COVID-19 pandemic. As a partnership, our ICS has a new elective recovery plan in place which seeks to reduce waiting times and better support patients who are waiting longer for their procedure.

Patients in our geography have traditionally had very good access to planned care services with relatively low waiting times compared to other parts of the country. In common with all healthcare providers, this was severely impacted by the pandemic during which only the most urgent of procedures could be undertaken. Although COVID-19 hospital admissions are not comparable to their earlier peaks, the effects of staff absences and the need to undertake urgent work means that recovering to pre-pandemic access levels will take considerable time.

We know that in comparison to other NHS systems we are restoring access at a good pace but we are also aware that need to improve further to meet the needs and expectations of our patients.

Our recovery plan is focused right across the patient journey, from pre-referral advice all the way through to post-procedure rehabilitation. We have also been able to increase capacity thanks to the expansion at Heatherwood Hospital, the extended day at Wexham Park Hospital and a number of other initiatives such as community diagnostic centres.

Our elective care transformation programme will ensure that we are supporting those who are waiting to keep well and that we continue to explore innovative solutions to improve the care we offer to our patients.

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	About Our Population and their health outcomes		
Agenda Item	4	Date of meeting	19 July 2022
Exec Lead	Dr Lalitha Iyer		

Purpose	To Approve	<input type="checkbox"/>	Link to Strategic Objective	
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input checked="" type="checkbox"/>		

Executive Summary	
The Board is asked to <u>note</u> the presentation.	
Recommendation	The Board is asked to <u>note</u> the presentation.

Please provide details on the impact of following aspects	
Risk and Assurance	
Equality and Quality Impact Assessment	
Patient and Stakeholder Engagement	
Financial Impact and Legal implications	

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome



About the Frimley Population and Health Inequalities

About the Frimley Geography and its Five Places

Our Geography

- The Frimley ICS is a health and care partnership which covers a significant part of the geography of the South East Region.
- Around 850,000 people are registered with a GP in the Frimley system ('our population')
- The Frimley ICS is comprised of five Places, each with its own unique characteristics and management arrangements:
 - Bracknell Forest
 - Windsor & Maidenhead (inc. Ascot)
 - Slough
 - Surrey Heath
 - North East Hampshire & Farnham
- Frimley ICS shares a border with four other systems; BOB, London, Surrey Heartlands and Hampshire & Isle of Wight ICS;



ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR

Understanding Demographics across the system



Key insights

- In NEHF, Aldershot has a younger average age of 38.8 compared to the rest of the Place and Yateley has a higher average age of 43.1.
- Majority of the Slough population is BAME. Aldershot has the highest BAME proportion in NEHF with 21.4% and Maidenhead has the highest in RBWM with 20%.
- Slough has the highest % of multigenerational households with 11% of its population in a multi gen household compared to the other places which have less than half of that at ~5%.
- About a quarter of all households in Bracknell Forest, NEHF, RBWM & Surrey Heath have 5 or more people compared to almost half of the Slough population.
- Aldershot has the lowest IMD in NEHF of 5.3 and Slough has an average IMD of 4.

Place name	# Population	# Average Age	% BAME Ethnic Groups	% Multigenerational households	% household >=5	Index of Multiple Deprivation (IMD)
Bracknell Forest	123,126	39.3	10.8 %	5.0 %	27.1 %	7.2
Braccan PCN	31,682	39.2	9.1 %	4.4 %	25.3 %	7.0
Bracknell and District PCN	45,382	39.8	11.6 %	5.4 %	28.1 %	7.5
Health Triangle PCN	34,046	38.8	12.6 %	5.1 %	29.1 %	6.7
Pseudo PCN for Binfield Surgery	12,016	39.2	7.2 %	4.8 %	22.5 %	8.5
NEHF	254,769	40.9	10.9 %	5.7 %	26.8 %	7.5
Aldershot PCN	52,752	38.8	21.4 %	7.1 %	31.1 %	5.3
Farnborough PCN	66,950	40.4	15.0 %	7.1 %	31.4 %	6.5
Farnham PCN	53,292	41.7	4.7 %	4.5 %	23.4 %	8.4
Fleet PCN	51,939	41.7	5.2 %	4.7 %	23.7 %	9.3
Yateley PCN	29,836	43.1	4.3 %	3.9 %	20.2 %	8.8
RBWM	192,307	40.6	15.9 %	5.4 %	27.6 %	8.0
Ascot PCN	33,264	43.2	10.1 %	5.4 %	27.4 %	9.1
Maidenhead PCN	74,723	40.7	20.0 %	5.9 %	27.7 %	7.9
Pseudo PCN for The Symons Medical Centre	11,736	41.6	12.1 %	4.9 %	24.2 %	8.3
Windsor Riverside PCN	72,584	39.3	14.5 %	5.1 %	28.1 %	7.7
Slough	176,586	34.9	61.6 %	11.0 %	49.2 %	4.0
LOCC PCN	49,610	33.9	58.7 %	9.1 %	46.1 %	4.4
SHAPE PCN	28,799	35.1	63.5 %	10.8 %	48.5 %	4.3
Slough Central PCN	54,234	35.2	70.7 %	13.7 %	53.9 %	3.7
SPINE PCN	43,943	35.5	52.3 %	10.3 %	47.4 %	3.7
Surrey Heath	100,989	41.8	11.6 %	5.4 %	25.7 %	7.9
Surrey Heath PCN	100,989	41.8	11.6 %	5.4 %	25.7 %	7.9
Total	847,777	39.5	23.1 %	6.6 %	31.6 %	6.9

Understanding wider determinants of health using IMD

Deprivation Domain



Key insights

- This table shows that Slough residents experience more adverse determinants of health compared to the rest of the system.
- Slough has more adverse determinants for domains such as IDAOPI and Barriers to housing and services.
- Bracknell Forest has a better living environment compared to the rest of the system. RBWM has less barriers to housing compared to the rest of the system

Place name	Barriers to Housing and Services	Crime	Education, Skills and Training	Employment	Health Deprivation and Disability	Income	Income Deprivation Affecting Children Index (IDACI)	Less deprived		More deprived		Total
								Income Deprivation Affecting Older People (IDAOPI)	Living Environment	Income Deprivation Affecting Older People (IDAOPI)	Living Environment	
Bracknell Forest	3.5	7.7	5.1	7.1	7.8	6.7	6.5	6.2	8.9	6.6		
Braccan PCN	3.0	7.6	5.0	7.0	7.7	6.6	6.4	6.2	9.0	6.5		
Bracknell and District PCN	3.8	7.8	5.3	7.4	7.9	6.9	6.7	6.3	8.9	6.8		
Health Triangle PCN	3.6	7.4	4.3	6.3	7.3	6.0	5.9	5.8	8.8	6.1		
Pseudo PCN for Binfield Surgery	3.3	8.3	7.4	8.6	9.2	8.3	8.1	7.6	9.0	7.8		
NEHF	5.2	6.3	6.6	7.4	7.3	6.9	7.0	6.4	7.3	6.7		
Aldershot PCN	4.1	5.2	4.5	6.0	4.8	4.8	5.7	3.2	6.3	5.0		
Farnborough PCN	4.7	5.0	5.4	6.8	6.0	6.2	6.1	5.3	6.9	5.8		
Farnham PCN	6.0	7.6	8.2	7.7	8.1	7.6	7.5	7.8	7.5	7.5		
Fleet PCN	5.3	8.0	8.6	8.8	9.6	8.8	8.5	8.6	8.4	8.3		
Yateley PCN	6.8	6.4	6.5	8.5	9.0	8.2	7.6	8.2	8.1	7.7		
RBWM	5.4	6.9	7.3	8.1	8.3	7.7	7.7	7.1	6.7	7.3		
Ascot PCN	4.6	8.6	8.4	9.2	9.4	8.7	8.7	8.0	8.4	8.2		
Maidenhead PCN	5.7	7.3	7.2	7.7	8.0	7.4	7.5	7.1	6.4	7.2		
Pseudo PCN for The Symons Medical Centre	6.8	7.6	7.7	8.0	8.3	7.7	7.9	7.2	6.4	7.5		
Windsor Riverside PCN	5.3	5.5	6.9	8.0	8.2	7.6	7.5	6.8	6.1	6.9		
Slough	1.3	3.2	4.5	5.3	4.3	4.2	4.5	3.0	4.2	3.8		
LOCC PCN	1.2	3.5	5.3	5.9	4.7	4.6	4.7	3.5	4.1	4.2		
SHAPE PCN	1.6	3.4	4.7	5.6	4.5	4.4	4.7	3.2	4.2	4.0		
Slough Central PCN	1.3	2.9	4.3	5.0	4.2	3.9	4.4	2.4	3.9	3.6		
SPINE PCN	1.4	3.2	3.8	4.7	4.0	3.8	4.3	2.9	4.8	3.6		
Surrey Heath	4.7	7.1	6.8	7.8	7.9	7.5	7.2	7.5	7.3	7.1		
Surrey Heath PCN	4.7	7.1	6.8	7.8	7.9	7.5	7.2	7.5	7.3	7.1		
Total	4.2	6.1	6.1	7.1	7.0	6.6	6.6	6.0	6.8	6.3		

Comorbidity trends



Variation in Age-Sex standardised prevalence rates

Colour coding represents statistical significance compared to whole Connected Care population: **Significantly lower** | **Similar** | **Significantly higher**

Variation by DEPRIVATION QUINTILE (1= 20% most deprived areas)

RegisterDescription	1	2	3	4	5
Asthma	4.9%	5.1%	5.2%	4.8%	4.8%
Atrial fibrillation	2.0%	1.9%	2.0%	2.2%	2.1%
Cancer	2.6%	2.9%	3.2%	3.4%	3.7%
Chd	3.8%	3.8%	3.3%	2.9%	2.4%
CKD	4.2%	3.7%	3.5%	3.1%	2.6%
Copd	2.4%	2.1%	1.8%	1.4%	0.9%
Dementia	1.0%	0.9%	0.8%	0.7%	0.8%
Depression	10.2%	9.4%	10.8%	9.8%	9.0%
Diabetes	10.8%	10.0%	7.4%	6.0%	4.2%
Epilepsy	0.6%	0.5%	0.6%	0.5%	0.4%
Heart failure	1.5%	1.2%	1.2%	1.0%	0.8%
Heart Failure Lvsd	0.6%	0.5%	0.4%	0.4%	0.3%
Hypertension	16.8%	16.9%	15.4%	14.1%	12.4%
Learning disability	0.7%	0.6%	0.5%	0.4%	0.3%
Mental health	1.4%	1.2%	1.0%	0.7%	0.5%
Mental health Lithium	0.0%	0.1%	0.0%	0.1%	0.0%
Non-Diabetic Hyperglycaemia	7.2%	6.5%	5.2%	4.8%	3.9%
Obesity	10.2%	9.8%	9.2%	8.1%	6.1%
PAD	0.6%	0.7%	0.6%	0.5%	0.3%
Palliative Care	0.6%	0.6%	0.5%	0.5%	0.5%
Rheumatoid arthritis	0.6%	0.6%	0.6%	0.5%	0.5%
Stroke/TIA	1.8%	1.8%	1.7%	1.6%	1.4%

Variation by ETHNICITY

Asian or Asian British	Black or Black British	Mixed	Other Ethnic Groups	White
5.2%	4.1%	5.3%	2.7%	5.5%
1.2%	1.3%	1.6%	1.3%	2.4%
2.1%	3.4%	2.7%	2.6%	3.9%
4.7%	2.4%	3.0%	2.2%	2.8%
3.2%	5.6%	3.5%	1.9%	3.1%
0.7%	0.6%	0.7%	0.5%	1.5%
0.6%	1.1%	0.8%	0.8%	0.8%
5.2%	6.3%	8.5%	5.4%	11.9%
14.3%	11.2%	10.1%	5.6%	5.0%
0.3%	0.4%	0.4%	0.3%	0.6%
1.2%	1.0%	0.9%	0.6%	1.0%
0.3%	0.3%	0.3%	0.2%	0.4%
18.8%	21.1%	16.9%	11.6%	13.8%
0.4%	0.5%	0.4%	0.3%	0.4%
0.8%	1.5%	1.0%	0.8%	0.8%
0.0%	0.0%	0.0%	0.1%	0.1%
8.7%	7.8%	6.3%	4.9%	4.2%
8.3%	10.9%	8.6%	3.9%	7.9%
0.4%	0.4%	0.5%	0.3%	0.5%
0.5%	0.7%	0.5%	0.3%	0.6%
0.7%	0.4%	0.6%	0.2%	0.6%
1.7%	2.1%	1.3%	1.3%	1.6%

Variation by PLACE

Bracknell Forest	NEHF	RBWM	Slough	Surrey Heath	Total
5.4%	4.7%	4.6%	5.1%	4.9%	4.9%
2.1%	2.1%	2.3%	1.8%	2.1%	2.1%
3.7%	3.5%	3.8%	2.8%	3.3%	3.5%
2.7%	2.5%	2.7%	4.3%	2.6%	2.8%
3.6%	2.6%	3.3%	3.9%	2.0%	3.0%
1.4%	1.4%	1.1%	1.6%	1.1%	1.3%
0.7%	0.8%	0.8%	0.8%	0.9%	0.8%
11.5%	10.4%	8.7%	7.8%	9.5%	9.5%
5.4%	5.1%	4.6%	10.9%	5.0%	5.9%
0.6%	0.5%	0.4%	0.5%	0.5%	0.5%
0.9%	0.9%	0.9%	1.3%	0.7%	0.9%
0.4%	0.3%	0.4%	0.5%	0.1%	0.3%
14.4%	12.8%	12.9%	18.0%	12.9%	13.8%
0.3%	0.4%	0.3%	0.6%	0.4%	0.4%
0.7%	0.7%	0.7%	1.2%	0.6%	0.8%
0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
4.2%	5.1%	3.7%	6.9%	3.3%	4.7%
8.8%	7.5%	6.3%	9.2%	6.6%	7.6%
0.4%	0.4%	0.3%	0.6%	0.4%	0.4%
0.5%	0.4%	0.8%	0.7%	0.3%	0.5%
0.6%	0.5%	0.5%	0.7%	0.6%	0.5%
1.5%	1.4%	1.6%	1.8%	1.5%	1.5%

Key insights

- Those in the 20% most deprived areas have significantly higher prevalence of COPD, Diabetes, Heart Failure, LD, MH and Non-Diabetic Hyperglycemia compared to the CC population.
- Asians have a significantly higher prevalence of CHD, Diabetes and Non-Diabetic Hyperglycemia and Black/Black British have a higher prevalence of CKD, Diabetes, Mental Health, Non-Diabetic Hyperglycemia and Obesity.
- Generally, Slough has a significantly higher prevalence of most QOF conditions.

Core 20 population breakdown across places



Percentage population by Place by deprivation quintile

Place name	1	2	3	4	5
Bracknell Forest	0.03%	4.23%	24.95%	27.11%	43.69%
NEHF	2.87%	9.69%	12.45%	17.73%	57.27%
RBWM	0.10%	5.11%	13.77%	19.24%	61.78%
Slough	8.19%	53.04%	23.45%	14.20%	1.12%
Surrey Heath	0.05%	7.30%	13.05%	14.64%	64.97%
Total	2.60%	16.73%	17.01%	18.34%	45.32%

Population count by Place by Deprivation quintile

Place name	1	2	3	4	5	Total
Bracknell Forest	38	5,108	30,156	32,766	52,810	120,878
NEHF	6,785	22,922	29,466	41,958	135,530	236,661
RBWM	183	9,487	25,559	35,716	114,698	185,643
Slough	14,140	91,543	40,472	24,511	1,936	172,602
Surrey Heath	47	7,215	12,900	14,481	64,239	98,882
Total	21,193	136,275	138,553	149,432	369,213	814,666

Age standardised prevalence of selected registers for most deprived 20% of the population

Place name	Cancer	COPD	Hypertension	Mental health
Bracknell Forest	3.46%	2.05%	14.20%	0.37%
NEHF	3.11%	2.82%	16.87%	1.09%
RBWM	3.16%	2.17%	15.32%	1.52%
Slough	2.82%	1.92%	18.82%	1.37%
Surrey Heath	2.63%	2.17%	14.99%	0.69%

Total population on selected registers for most deprived 20% of the population

Place name	Cancer	COPD	Hypertension	Mental health	Total
Bracknell Forest	136	69	524	46	675
NEHF	795	722	4,352	335	5,385
RBWM	236	158	1,119	133	1,436
Slough	1,767	1,118	12,318	1,228	14,601
Surrey Heath	155	120	813	72	1,021

Key insights

- Majority of the 20% most deprived population within Frimley ICS resides in Slough and NEHF
- When looking at the age standardised prevalence of COPD, Hypertension and Mental Health within this population, it is significantly greater in prevalence compared to the connected Care baseline population. Prevalence of Cancer is significantly lower in this cohort which could be due to reduced screening.

Core 20: Ethnicity and lifestyle factors



Key insights

1. There is a greater over-representation of BAME ethnic groups (50.3%) within the population in deprivation quintile 1 (most deprived) in the ICS and an under-representation in the least deprived population (9.9%).
2. Some key communities with known health inequalities are much more likely to live in deprived areas. For example, Gypsy Roma Traveller community is almost 7x more likely to live in the most deprived areas than less deprived areas and for Nepalese residents it is 3x.
3. Lifestyle risk factors – obesity and smoking are more prevalent in deprived populations, however high alcohol consumption is lower.

*Prevalence DSR- Age sex standardized prevalence rates were utilized as it controls for the differences in age and sex distribution by place.

1.	1	2	3	4	5	Total
# Average Age	35.2	35.6	37.4	39.8	42.1	39.6
% BAME Ethnic Groups	50.3 %	49.6 %	29.0 %	21.6 %	9.9 %	23.1 %
% Multigenerational households	9.3 %	9.2 %	7.0 %	6.2 %	4.6 %	6.2 %
% household >=5	44.8 %	44.5 %	35.8 %	30.7 %	24.0 %	31.2 %

2.

Age Standardised Prevalence in 20% most deprived population (Quintile 1-2) vs rest of population

RegisterDescription	Prevalence DSR Quintile 1-2	Prevalence DSR Quintile 3-5	Prevalence DSR Quintile 1-2 vs 3-5
GRT Residents	0.4 %	0.1 %	6.65
Nepalese Residents	3.7 %	1.2 %	3.05

3.

Age Standardised Prevalence in 20% most deprived population (Quintile 1-2) vs rest of population

RegisterDescription	Prevalence DSR Quintile 1-2	Prevalence DSR Quintile 3-5	Prevalence DSR Quintile 1-2 vs 3-5
Current Smokers	14.2 %	9.7 %	1.47
BMI >= 35	7.4 %	5.4 %	1.37
Medium/High Alcohol consumption	4.3 %	8.6 %	0.50

Deprivation (Core 20) and QoF conditions



Key insights

- Prevalence of almost all QOF conditions is higher in deprived areas, including CVD risks that are a large contributor to overall health inequalities. For example, diabetes is almost 2x more prevalent than in the rest of the population.
- Lower prevalence of cancer could also indicate a need for greater screening in deprived communities.

*Prevalence DSR- Age sex standardized prevalence rates were utilized as it controls for the differences in age and sex distribution by place.

RegisterDescription	Prevalence DSR Quintile 1-2	Prevalence DSR Quintile 3-5	Prevalence DSR Quintile 1-2 vs 3-5
Diabetes	10.5 %	5.3 %	1.98
Mental health	1.3 %	0.7 %	1.84
COPD	2.2 %	1.2 %	1.83
PAD	0.7 %	0.4 %	1.75
Learning disability	0.6 %	0.4 %	1.72
Heart Failure Lvsd	0.5 %	0.3 %	1.61
Non-Diabetic Hyperglycaemia	7.0 %	4.5 %	1.55
Heart failure	1.4 %	0.9 %	1.47
CHD	3.9 %	2.7 %	1.44
Obesity	10.5 %	7.6 %	1.40
CKD	3.9 %	3.0 %	1.32
Hypertension	17.7 %	13.7 %	1.29
Stroke/TIA	1.9 %	1.5 %	1.26
Palliative Care	0.6 %	0.5 %	1.21
Rheumatoid arthritis	0.7 %	0.5 %	1.21
Dementia	0.9 %	0.8 %	1.17
Mental health Lithium	0.1 %	0.0 %	1.17
Epilepsy	0.6 %	0.5 %	1.13
Asthma	5.3 %	5.1 %	1.05
Osteoporosis 75	0.3 %	0.3 %	1.01
Depression	10.0 %	10.0 %	1.00
Atrial fibrillation	2.0 %	2.2 %	0.90
Cancer	3.0 %	3.7 %	0.80

Core 20 population Cancer and Screening programs



Percentage of diagnosed cancers by source of referral, split out by Deprivation Quintiles

Source of Referral	1	2	3	4	5
General Practitioner	53.4%	54.3%	55.2%	57.0%	59.2%
Consultant	35.0%	35.8%	33.9%	32.9%	30.4%
AE department or following AE admission	6.3%	4.8%	5.0%	3.9%	3.8%
National Screening Programme	5.3%	5.1%	5.9%	6.2%	6.6%

Key insights

- Those in the most deprived population have a lower percentage of cancers referrals made from all sources including National Screening programs and GPs, compared to the least deprived population (quintile 5). A greater percentage of diagnosed cancers are referred from Consultants or AE departments for deprived cohorts
- For certain care processes such as Cervical Screening, achievement is lower within the 20% most deprived population, which could suggest more effort is needed to reach these communities.
- For care processes such as BMI and Blood pressure reviews, there is greater achievement in the more deprived population.

Achievement of key care processes and treatment target (20% most deprived vs rest of population)

IndicatorType	Indicator % Quintile 1-2	Indicator % Quintile 3-5	% Indicator Diff Quintile 1-2 vs Quintile 2-5
Process	61.5 %	61.8 %	-0.3 %
Urine ACR	33.0 %	43.5 %	-10.6 %
Retinal screening	51.1 %	59.1 %	-7.9 %
LD annual health check	59.0 %	66.8 %	-7.9 %
Cervical screening	63.7 %	70.7 %	-7.0 %
LD annual health check & action plan	55.8 %	62.3 %	-6.5 %
Rheumatoid Arthritis review	40.1 %	43.9 %	-3.8 %
Fracture risk assessment	7.1 %	8.9 %	-1.8 %
CHADVAsc score	29.3 %	30.7 %	-1.4 %
Creatinine	84.5 %	84.7 %	-0.2 %
HbA1c	84.3 %	84.3 %	0.1 %
CHAD score	1.3 %	1.1 %	0.2 %
BMI	75.7 %	74.8 %	0.9 %
Blood pressure	74.1 %	73.0 %	1.1 %
Foot examination	72.8 %	71.5 %	1.3 %
Cholesterol	75.8 %	74.4 %	1.5 %
Smoking review	76.2 %	74.3 %	1.9 %

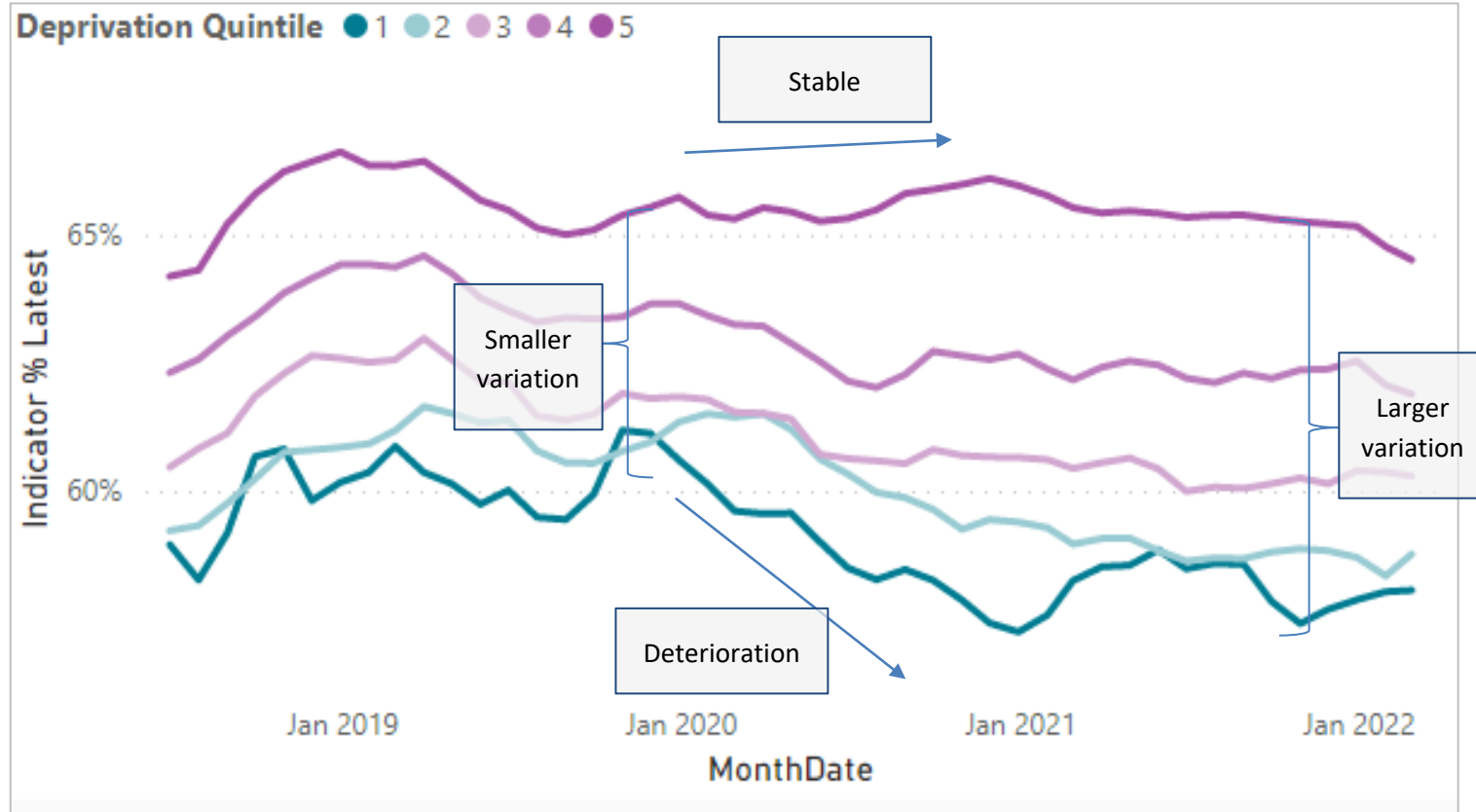
Deprivation (Core 20) and HbA1c control



Key insights

- Control of Diabetes in the Core 20 population deteriorated the most during the first year of the pandemic.
- The proportion of patients with HbA1C ≤ 58 falling from 61.2% in Nov 2019 to 57.4% in Nov 2020 where it has now stabilised but not yet recovered.
- This deterioration was not seen in the least deprived population, and we now have a larger variation in controlled of diabetes compared to pre-pandemic

Chart: Trend in proportion of patients with a recorded HbA1C with a value ≤ 58



Our Strategy is designed to address these needs



FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Children and Young People Portfolio Review		
Agenda Item	6	Date of meeting	19 July 2022
Exec Lead	Tracey Faraday-Drake		

Purpose	To Approve	<input checked="" type="checkbox"/>
	To Ratify	<input type="checkbox"/>
	To Discuss	<input checked="" type="checkbox"/>
	To Note	<input type="checkbox"/>

Link to Strategic Objective	Reducing Health Inequalities Starting Well
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Executive Summary

In December 2021, the Frimley Integrated Care System (ICS) Board supported the plan to review the Frimley ICS Children and Young Persons (CYP) portfolio. The aim was to bring the existing CYP programmes of work together under a single portfolio. The review took place over a 4 month period, beginning in Feb 2022 and ending in June. There slide pack attached captures the key outcomes of the review and are set out in five key areas

- Portfolio Purpose
- The Five Priority Transformation Programmes
- The Six Key Strategic Enablers
- People and Finances
- Organising ourselves to deliver.
-

We have identified 5 key programmes of work to focus over the next period and these are

- CYP Mental Health
- Improving Special Educational Needs and Disabilities
- Improved access to paediatric services
- Transforming Neurodiversity Services
- Starting Well

Also included in this pack are next steps which sets out an 8 week plan to further develop this review to create a CYP 5 year strategy which will align with the strategy work that the Integrated Care Partnership will be leading on behalf of the Frimley system.

We have developed a strong strategic partnership with Barnardo's who are supporting us to develop our approach to the coproduction and codesign of our work with children and young people. Board members will note that Appendix 2 to the slides provide some additional detail from Barnardo's which outlines our shared approach to really amplifying the voice of children and young people across the ICS. We have taken the key recommendation to develop a 'CYP Jury' to work alongside our CYP transformation board which we believe will have a positive impact in bringing the voice of CYP to the portfolio.

Recommendation	The board are asked to approve the portfolio programme and approach, specifically the 5 transformation programmes and the governance arrangements set out in the pack.
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Please provide details on the impact of following aspects

Risk and Assurance	The Portfolio Review includes the top 5 key risks and mitigations to delivery, along with new governance arrangements which align to the new Integrate Care Board (ICB) structures.
Equality and Quality Impact Assessment	This has not been undertaken as part of this portfolio review but will form part of our next steps that takes us to a five-year strategy for CYP
Patient and Stakeholder Engagement	This portfolio has been developed with high levels of engagement which is described in the pack.
Financial Impact and Legal implications	This portfolio review describes the current financial investment in NHS contracts for CYP services. There is no request at this stage for additional resource.

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Various Place Based and system wide meetings over the past 4 months. Please see Appendix 1 in the pack.		



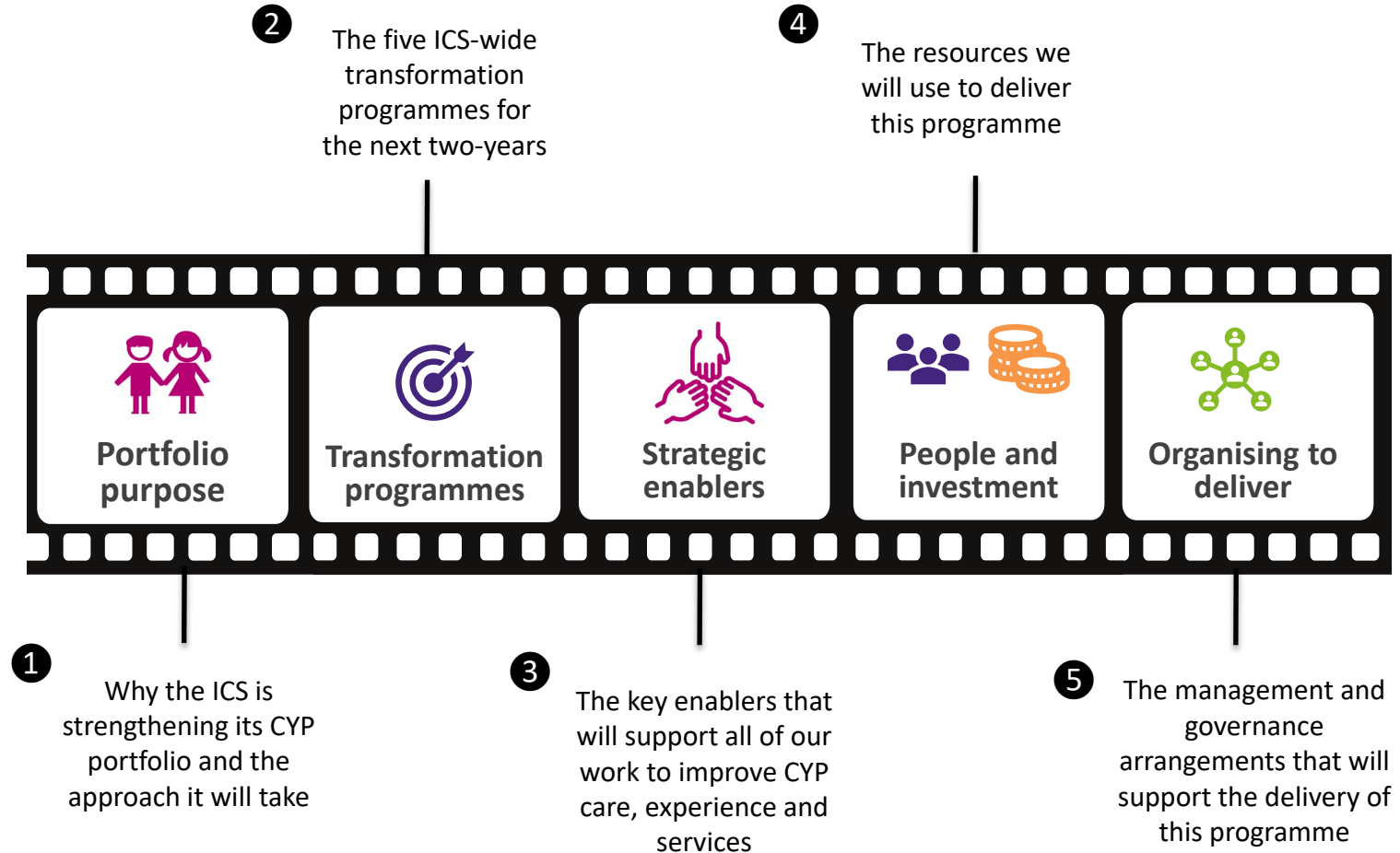
Children and young people portfolio

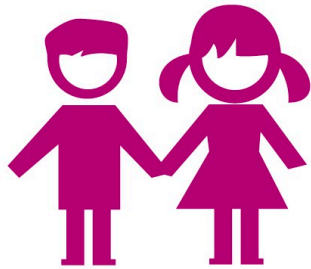
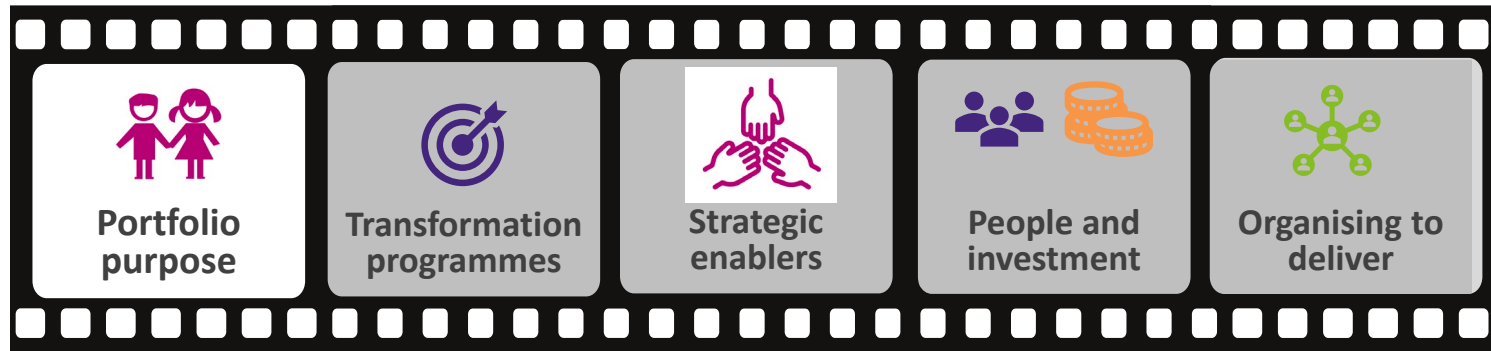
Our programme for 2022 to 2024

July 2022



Contents





Section 1: The purpose of the CYP portfolio

This section describes why the ICS is strengthening its CYP portfolio in response to the greater challenges facing children and young people are facing.

A four month participative review has shaped how the portfolio can best add value.

For the next two years (2022-24) five transformation programmes and six strategic enablers have been agreed.

How we developed this programme

This paper describes the results from a detailed review of CYP care and services over four months between February and June 2022. The review followed 4 steps:

1. Where are we now?
2. What are the greatest challenges?
3. What are our priorities for 2022-24?
4. Organising to deliver

The review has been highly participative and has been steered by the **Place and CYP leads** from across the system. Insight has helped us understand where we are now. Semi-structured interviews were held with c40 key stakeholders, including colleagues from neighbouring ICSs and NHSE understand our greatest challenges and priorities. Workshops were held to agree priorities and how the ICS CYP portfolio should lead and support progress.

Barnardo's have supported by developing a vision and approach for how we hear **the voice of CYP** and ensure this influence our ICS. This has included:

- 21 interviews with stakeholders working directly with CYP to understand the landscape.
- Reviewing 50 existing Frimley reports, that have been informed by 128 CYP and 264 parents/carers.
- Analysing 6 existing youth governance models and mapping these to Frimley.

Appendix 1 at the end of this pack gives more information on the range of engagement that supported this review.

A call to action

The development of this new ICS Children and Young People (CYP) portfolio transformation plan marks a **call to action**. As the ICS looks forward, we are raising the importance of our work to improve the health and wellbeing of children and young people.

There is a clear case for greater and faster transformation of CYP care and services:

- A **quarter** of our population are CYP
- We know that there is variation in the care of CYP and their outcomes that we must tackle
- The pandemic has widened existing health inequalities and worsened the health of our CYP, particularly their mental health
- The cost-of-living crisis will affect low-income households more, predicted to bring half a million for children into absolute poverty this year, and this is set to get worse in coming years
- The health and care services that we provide to CYP are struggling to meet demand

The next page expands on our insight into our CYP and their needs.

Our call to action comes with **optimism** about what we can collectively achieve. It has been shaped and developed by the key players and stakeholders who will be instrumental in delivering it. They are committed to ensuring this plan succeeds and transforms the lives of CYP across Frimley. The ICS has invested in a small team of experts to help lead its delivery, in partnership with our 5 places and providers.

What we know about the needs of our CYP population



202,000 people aged 0-19, 24% of the total population.



Over 8,000 live births a year. Slough has the highest fertility rate in England.



26% are black minority ethnic background (BME). Ethnic diversity varies greatly (13% in Bracknell Forest; 60% in Slough)
Slough also has a high rate of children who do not have English as a first language (55% in 1^o school, 46% in 2^o).



Approximately 15% of pupils have a special educational need.



Approximately 750 looked after children. Slough and Bracknell Forest have high rates of child protection plans



Significant variation in the proportion of 2 to 2.5 years receiving a development check – and in the proportion who meet the expected level in the 5 skill areas.



We have an association between excess weight and deprivation, which is more evident in the older age group (year 6).



1,500 of those aged 0-19 are known to smoke.

Sexual health

Proportion of 15-24 year olds screened for chlamydia and the case detection rate is worse than the England average.



Modelling suggests there could be 26,000 CYP living in households with domestic violence and abuse, parental substance misuse or parental mental health.



The prevalence of mental health has increased during the pandemic with 16% aged 5 to 16 now estimated to have a disorder, compared with 11% in 2017.



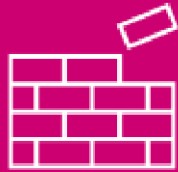
There are concerns that the cost-of-living crisis will mean that half a million more children will be living in absolute poverty in 2022 in the UK, and this trend will continue through to 2027.

Why we are prioritising involving CYP

Children and young people (CYP) make up 24% of our population. There are huge benefits to **truly investing in and engaging with CYP voice** at every level of decision making.



Gain a deep understanding of **the present** need for CYP



Develop quality services that people **need** and **will use**



Build **social networks** and **communities**



Close the gap on **health inequalities**



Increase **agency, confidence** and **skillsets** for CYP



Upskill a diverse future workforce



Balance power between professionals and CYP / community



Develop **innovative, creative, dynamic** future fit health solutions

The role and the value of the CYP portfolio



The review engaged and consulted a wide range of people supporting CYP across the ICS, our neighbours and the region – exploring how they wanted the **strengthened CYP portfolio to lead** and take us forward. They were clear that they wanted:

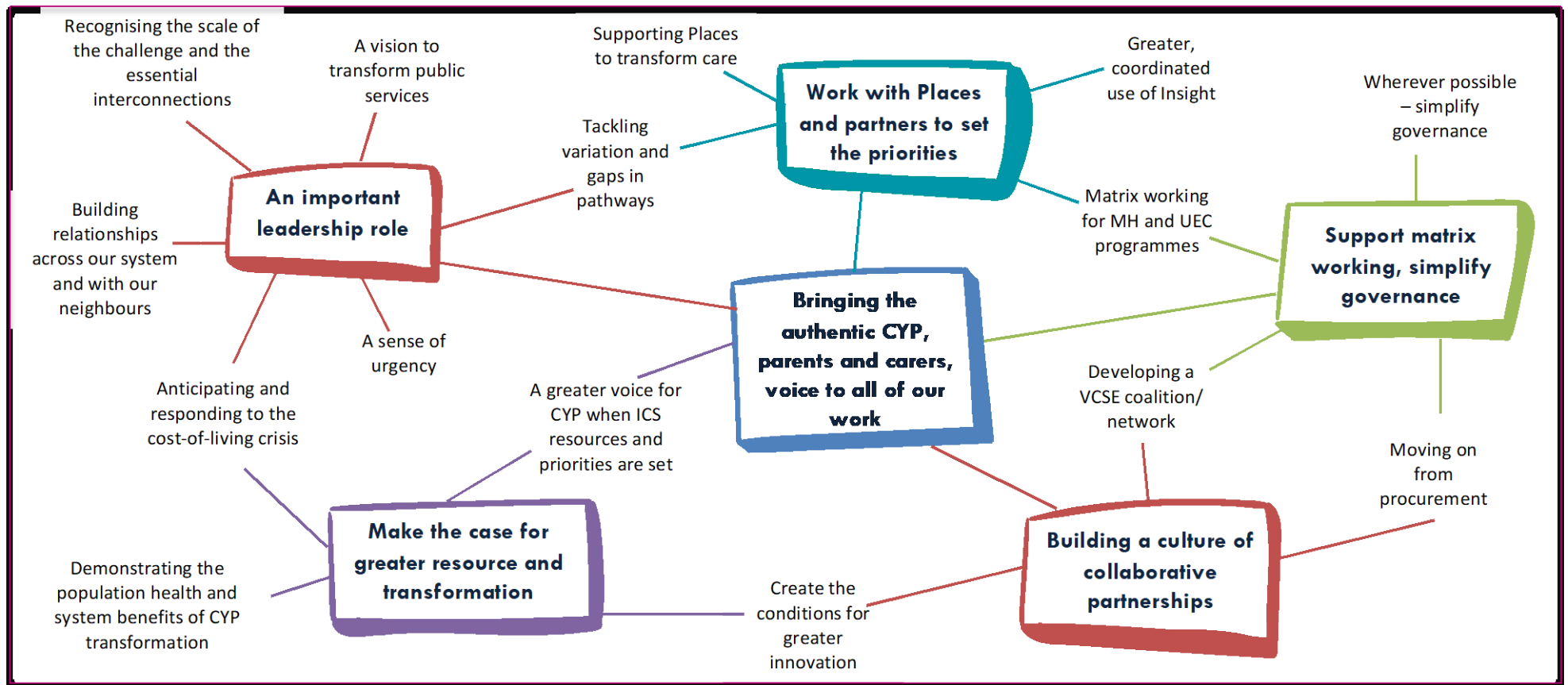
Leadership

The children's voice

A change agent

A champion

Collaboration



The CYP portfolio orientation

The review has explored the most effective orientation of the CYP portfolio – in particular, how it relates to local work undertaken at Place level and regional work with neighbouring ICSs. We have agreed the following guide for where our work to transform CYP care takes place:

We work at ICS level when:	We work at Place when:	We work with other ICSs when:
<ul style="list-style-type: none">→ We have a common priority or issue that affects CYP across our system→ We can make more progress by focusing our collective resource and expertise	<ul style="list-style-type: none">→ We are taking a Place approach to implementing ICS and national priorities to meet our local context→ The priority or issue is specific to our local population and partners	<ul style="list-style-type: none">→ We ensure that pathways are consistent and joined up for CYP and families across boundaries→ We can learn from each other and accelerate transformation and improvement

The CYP portfolio priorities

For 2022-24 our review has recommended that as an ICS we should focus on:

Five ICS transformation programmes

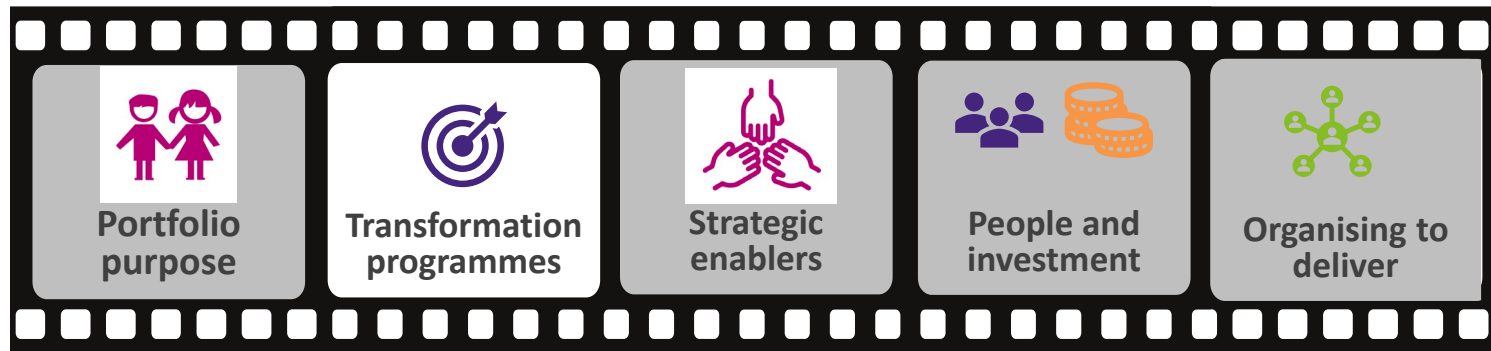
1. Starting well
2. Transforming neurodiversity services
3. Transforming CYP mental health
4. Access to physical health services
5. Improving SEND

Six ICS strategic enablers

1. Bringing the authentic CYP voice
2. Systematic use of data and insights
3. Connecting all sectors in an alliance
4. Creating strategic partnerships with education
5. Workforce planning and development
6. Transitioning to adulthood

This is an ambitious programme, shaped and agreed by the Place and CYP leads from across the system with the support of colleagues in neighbouring ICSs.

Their commitment is to work together to deliver this programme, alongside their day-to-day responsibilities for managing and leading CYP services across the ICS.



Section 2: Transformation programmes for 2022-24

This section outlines the five ICS CYP transformation programmes that have been prioritised for the next two years:

1. **Starting well**
2. **Transforming services for neurodiverse CYP**
3. **CYP mental health**
4. **Improving paediatric services**
5. **Improving SEND**



1. Starting well

<p>Why this is a priority</p>	<p>We know that some infants and children are getting a better start in life than others, with outcome data such as vaccinations, mortality and childhood obesity indicating that some do much better than others. Much of the variation in how well children’s lives start is caused by deprivation. Our perinatal equity work has drilled down to really understand some of the differences in early outcomes and experience for families. The pandemic is likely to have made this worse. The cost-of-living crisis is set to further challenge many families and will impact on their children.</p>
<p>What we need to achieve</p>	<p>Starting well is an ICS strategic ambition, created in 2019 to give children the best possible start in life;</p> <ul style="list-style-type: none"> • Following the successful Innovation Fund aimed at families we have established connections with a range of community organisations essential to engaging and supporting families. Focus groups planned in Slough and Rushmoor this summer will help us develop and deliver our equity plan. • Building on our asset mapping and the development of Healthier Together we will review resources so that we can consistently signpost and support families with accessible resources. • Developing our collective insight into who and where we need to target. • Focusing on supporting integration and navigation through Family Hub development • With the Healthy Weights group and leads across the system to map and improve the support for children and families to achieve and maintain a Healthy Weight. • Working closely with public health to align this work with the 0-19 review. • And to explore how we might improve dental health for children in areas of deprivation, given our new commissioning responsibilities
<p>How we will do this</p>	<p>We will develop a new set of priorities and actions for our Starting well ambition for the next two years and refresh the membership of the Group and its governance to support their delivery.</p> <p>Programme Lead Jane Lynch (who also leads maternity and neonatal services programme)</p>



2. Transforming Services for Neurodiverse CYP

<p>Why this is a priority</p>	<p>Waiting times and demand for assessment for ADHD and Autism services have increased nationally and locally, with the COVID pandemic affecting support services and increasing impact of those in need. For example, in East Berkshire, over the past four years demand has increase by:</p> <ul style="list-style-type: none"> • 116% for ADHD assessment – with an average wait of 68 weeks • 69% for Autism assessment – with average waits of 21 weeks for under 5’s and 56 weeks for 5-18’s <p>Children and Young People are not getting the support they need and this can has huge issues on their lives. Families report frustration accessing services with patchy support for them whilst awaiting diagnosis.</p>
<p>What we need to achieve</p>	<p>Improved inclusive and anticipatory practice in all settings (schools, health care, community) so that the needs of neurodiverse children, young people and adults are met without the need for diagnosis. Settings need to be neurodiverse and sensory aware as part of our Ordinarily Available provision.</p> <p>We also need to tackle head on the excessive waiting times for assessment and treatment.</p> <p>We will join up care and services, so that families can find and access help and advice services from a range of partners swiftly and easily. We have a lot of offers at the pre-assessment and post-diagnostic stage, but they aren’t integrated, and families struggle to find out about and access them..</p>
<p>How will we do this</p>	<p>We will lead the formation of this programme and the development of the detailed action plan, which will be initiated at a Round Table event on 2nd August. This will set out a plan for a “pathway” model across the ICS with consistent referral/ advice criteria building on existing work in schools, community pediatrics and MH services, taking best practice and learning from other successful models across the country for example, in Croydon and Portsmouth.</p> <p>Programme Lead Ali Woodiwiss</p>



3. CYP Mental Health

<p>Why this is a priority</p>	<p>Demand has increased over the last 2 years – and the professional workforce has declined. Across the South-East there has been an almost 300% increase in referrals to CYP inpatient services since the start of the pandemic. CYP attending the Emergency Departments in crisis struggle to be placed safely in appropriate settings or provided with comprehensive packages of support in the community. Community CAMHS services are extremely stretched and the availability of services is inconsistent with a number of different providers across the south of Frimley making it hard for parents, children and professionals to navigate through services to get the right support. .</p>
<p>What we need to achieve</p>	<p>A collective whole transformation of the whole-pathway, including:</p> <ul style="list-style-type: none"> • Resolution of immediate cross-boundary crisis to ensure acute emergency beds are provided only whilst treatment is required. • Rollout of effective initiatives, such as staff and training to all schools, working across sectors to support most MH issues in everyday settings. • Investment in early years / early intervention / family support to prevent risk of MH in childhood • Supporting the expansion of the CAMHS workforce and increased capacity
<p>How will we do this</p>	<p>Establish a steering group of accountable officers from system leadership, mental health, acute paediatrics and social care/ children’s services to oversee the development and monitoring our whole-pathway transformation plan. We will ensure that that Frimley Local Transformation Plan will capture the required programmes of work which we will deliver over the period.</p> <p>Programme lead Ali Woodiwiss</p>



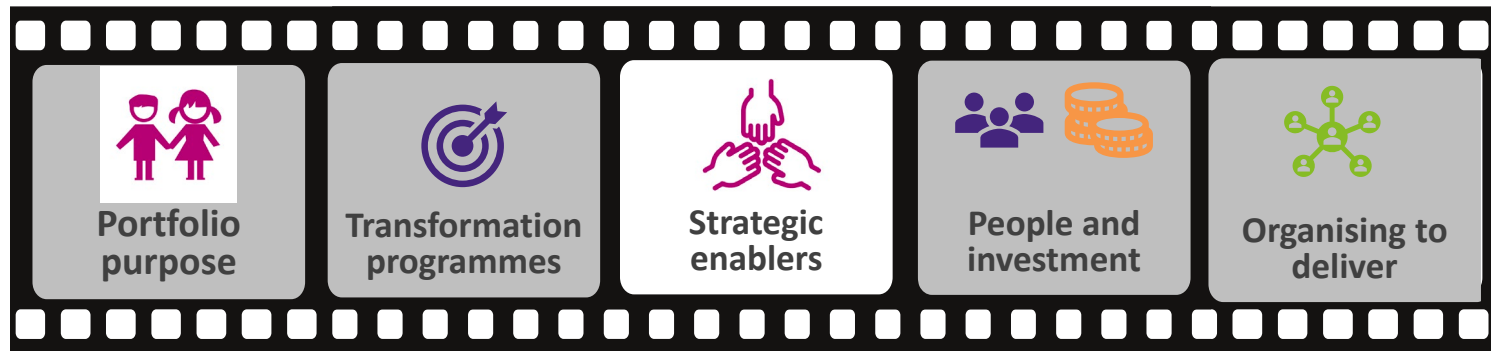
4. Improving Paediatric Services (community, secondary and end of life care)

<p>Why this is a priority</p>	<p>There is variation in access to key physical health services for children with long term or life limiting conditions, across our system. This is not helped by a patchwork of Children’s Community Nursing services, with gaps and overlaps between services.</p> <p>More CYP are being diagnosed with life-long conditions such as diabetes and epilepsy, which is placing pressure on children’s services now and will drive the need for good transition to adult services.</p> <p>Ensuring that information is readily available through our Frimley Healthier Together platform for parents, children, young people and professionals is an essential element of this work.</p>
<p>What we need to achieve</p>	<p>Our aim is that any child with a physical and/ or mental health illness, is able to access the help they need without having to navigate a complex landscape of services. And for young people to become experts in their own condition, equipped with the tools they need to manage their health needs with confidence.</p> <p>Specifically, we want to develop a network of asthma friendly schools and improve preventative asthma care. To establish a programme of social prescribing for young people with chronic health conditions. And improve transition to adult services, empowering young people and reducing harm.</p> <p>We also want a consistent end-of-life care offer for CYP across our system and to have community nursing services that enable equity of access wherever your home is across our geography</p>
<p>How will we do this</p>	<p>We will undertake a review of current services against gaps and clinical need.</p> <p>We will take advantage of the opportunities to develop our diabetes and asthma offer to cyp as part of the regional programme of work.</p> <p>We will work with providers, community and charities to provide agile end of life care that meet the needs.</p> <p>We will take opportunities to simplify the CCN provider landscape through networks and commissioning.</p> <p>Programme lead Ellen Duke.</p>



5. Improving special education needs and disability services (SEND)

<p>Why this is a priority</p>	<p>Children and Young People with Special Educational Needs and / or Disabilities (SEND) are a vulnerable population, often experiencing poorer outcomes in health, educational attainment and transition to adulthood and at heightened risk of exploitation and abuse compared to peers. The need to improve these services across Slough, RBWM and Bracknell Forest is clear from the the results of joint Ofsted/CQC inspections which since 2018 have identified significant areas of weakness and have required Written Statement of Actions to be in place</p>
<p>What we need to achieve</p>	<p>Co-production of services in partnership with CYP, parents and carers with special educational needs and/or disabilities.</p> <p>Early recognition and early intervention to ensure children and young people have access to the right support at the right time in the right way.</p> <p>Inclusive practice ensuring that children with special educations needs and/or disabilities have access to supportive provision in mainstream schools while ensuring equity across areas.</p> <p>Local Provision which is responsive in meeting the needs of our community.</p> <p>Integrated working across agencies supporting a ‘tell it once’ approach.</p> <p>Improved post 16 opportunities and outcomes that prepare for adulthood, key transitions ,increase long-term and support them to achieve their aspirations.</p>
<p>How will we do this</p>	<p>Creating a shared ambition across the ICS that supports improvement work at place, while sharing learning and opportunities across ICS. Joint commissioning of integrated therapies – exploration and development (ATTAIN). Improving the relationships between Health, Local Authority and Social Care. Increasing engagement with Children and Young People (CYP) with Special Educational Needs and / or Disabilities (SEND) and parents and carers.</p> <p>Programme Lead Katie Worley and Ali Woodiwiss</p>



Section 3: Strategic enablers

This section describes enablers that will support all of our work to improve CYP care, experience and services:

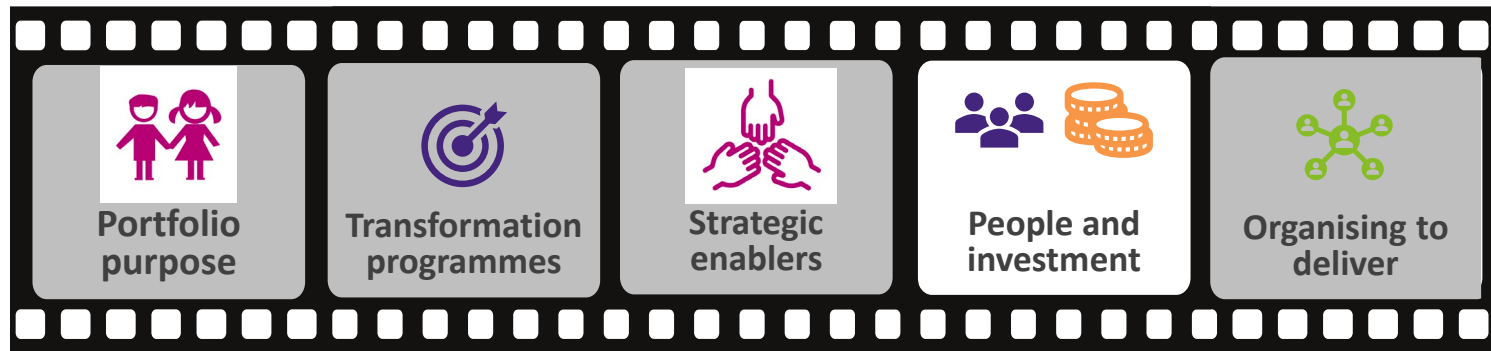
1. **Bringing the authentic CYP voice**
2. **Connecting all of the sectors in an alliance**
3. **Creating strategic partnerships with education**
4. **Workforce planning and development**
5. **Systematic use of data and insights**
6. **Transitioning to adulthood**



Strategic enabler	Our ambition
Bringing the authentic CYP voice	<p>CYP voices will be heard at the highest level across our ICS and will be central to everything we do. We are ‘going for gold’ on how we ensure CYP co-produce, co-create, champion and drive our transformation programmes. Our assurance on the progress we are making will come from CYP which includes the development of a CYP Jury, a formal part of our governance structure where our work will be scrutinized, challenged and championed by children and young people from a cross our communities. Barnardo’s are bringing their expertise to make sure we get this right.</p>
Voluntary and community sector and housing partners at the heart of our portfolio	<p>We will build a robust coalition of CYP voluntary and community sector, community and housing, providers. This will bring together the skills, expertise and strengths of the organisations working with, or for, CYP and unite them under shared and common goals. This will create a golden opportunity for a Provider Collaborative that is rooted in social capital. Barnardo’s are also supporting us with this work, bringing their learning from our neighboring ICSs and across the country.</p>
Creating strategic partnerships with education	<p>Schools are the organisations that understand children best, and we aim to develop more systematic ways of working and collaborating with them, including exploring our shared challenges in workforce shortages and identifying opportunities for innovation in this space. Our vision is to empower and embolden our colleagues in education to bring their experience and skills and knowledge and join together to reduce the Health Inequalities which exist across our communities. Schools are important anchor institutions, and we want to work with them to develop innovative ways to deliver primary and community care for our CYP.</p>



Strategic enabler	Our ambition
Supporting new workforce models	<p>Workforce challenges across our current CYP services is one of the greatest challenges described by the stakeholders who have shaped this new portfolio. We will work in partnership with our ICB People and Workforce colleagues to support recruitment and retention of CYP staff, we will also work to develop and test new workforce models. This will have an emphasis on supporting people with lived experience to build careers in CYP services. Good examples being already being developed are a new model of youth workers on our paediatric wards and the peer worker model.</p>
Systematic use of data and insights	<p>Insight will be embedded in all of the portfolio's work and approach. Understanding the need of CYP and where there are inequalities will continue to drive our priorities for transformation. It will help us understand the impact that our transformation programmes are having and provide evidence for where investment and further transformation should be made. The portfolio team includes a lead CYP lead from the insight team.</p>
Transitioning to adulthood	<p><i>'From the pond you are picked up and put in the sea'</i> A quote from a parent cited in a CQC document from 2014. We strongly believe that enabling children to transition to adult services should be a positive journey that supports them to be part of their community, to be healthy, have friendships, a nice home and have plans for future education and work. This is a key enabler to the 5 priorities we have set out.</p>



Section 4: People and investment

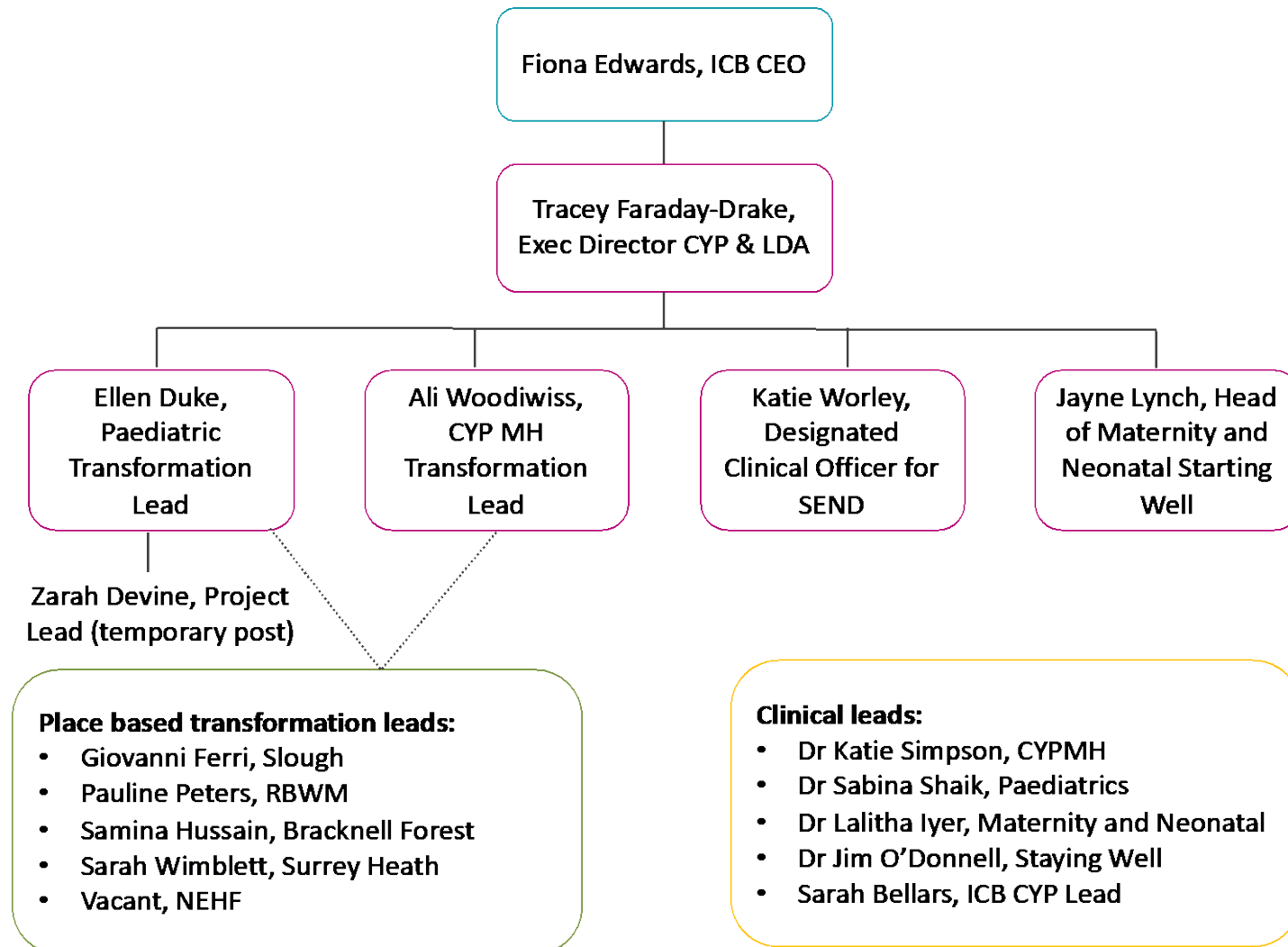
This section describes the CYP portfolio team that will work together to lead and deliver this portfolio transformation programme.

It also describes where the £41 million worth of health and care contracts will be invested in 2022/23.

The CYP portfolio team



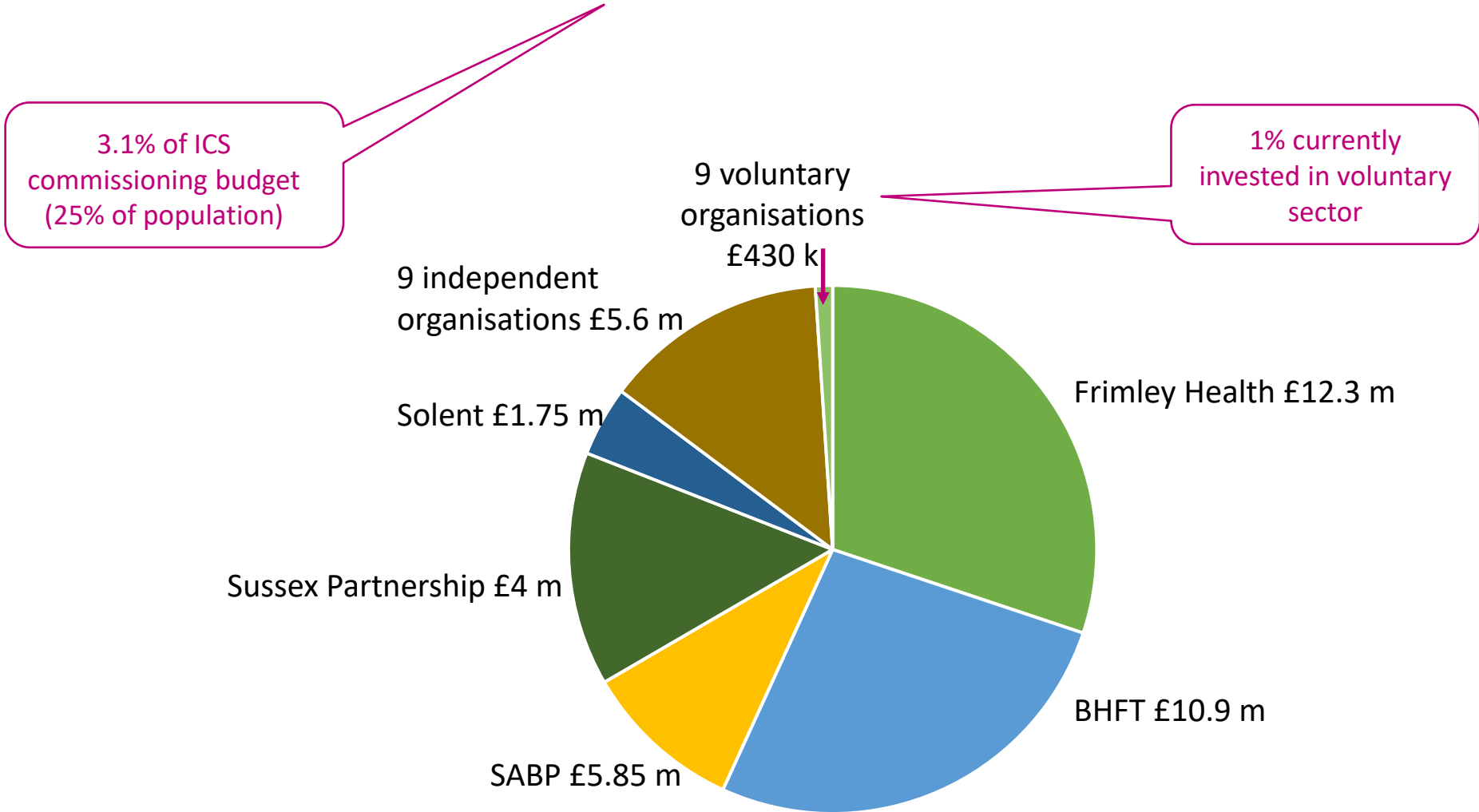
The ICS team that will work together to lead and deliver this transformation programme.

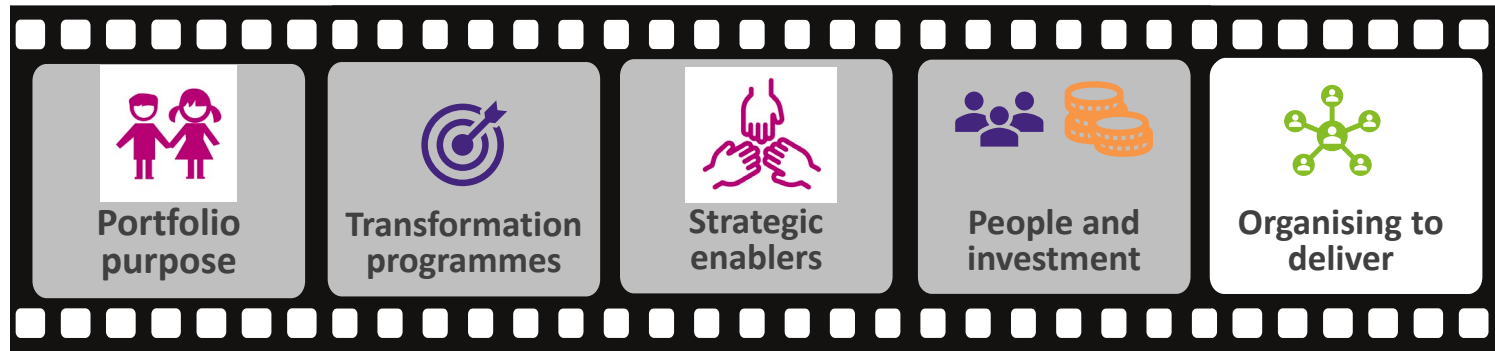


CYP service contracts



In 2022/23, the ICS will commission **£41 million** worth of health care services for CYP.





Section 5: Organising to deliver

This section describes the governance that will support and give assurance on the delivery of the CYP portfolio programme.

It introduces the approach and methodology that we intend to take to deliver transformation and evidence impact.

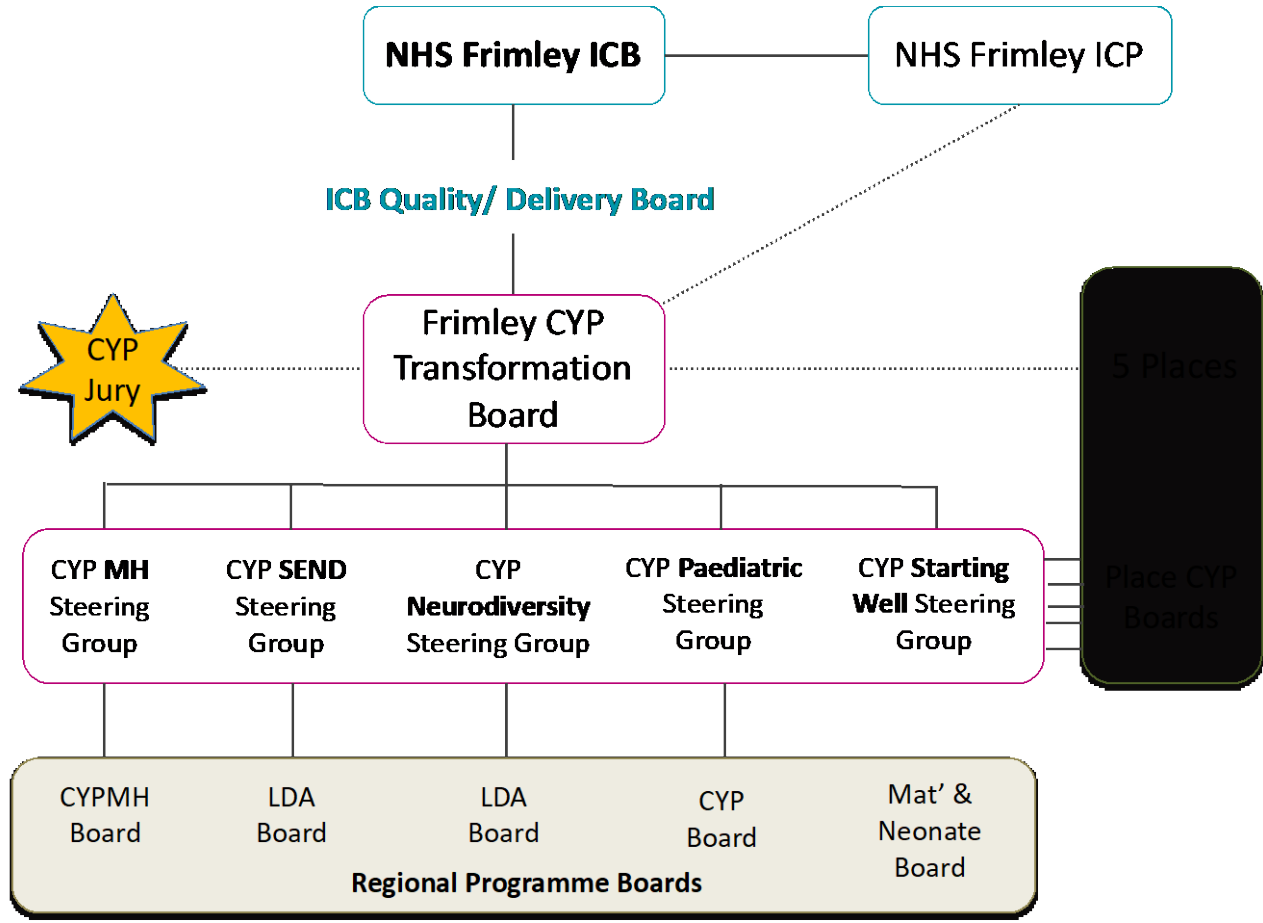
Five key risks to the delivery of this portfolio are described, together with our plans to mitigate these.

CYP Portfolio governance



The governance that will support and give assurance on the delivery of the CYP portfolio.

CYP Jury
A youth friendly space offering proactive input and reactive feedback to the CYP Board.
2 CYP per place, representation across characteristics.



The CNO is the ICB board member lead for CYP.

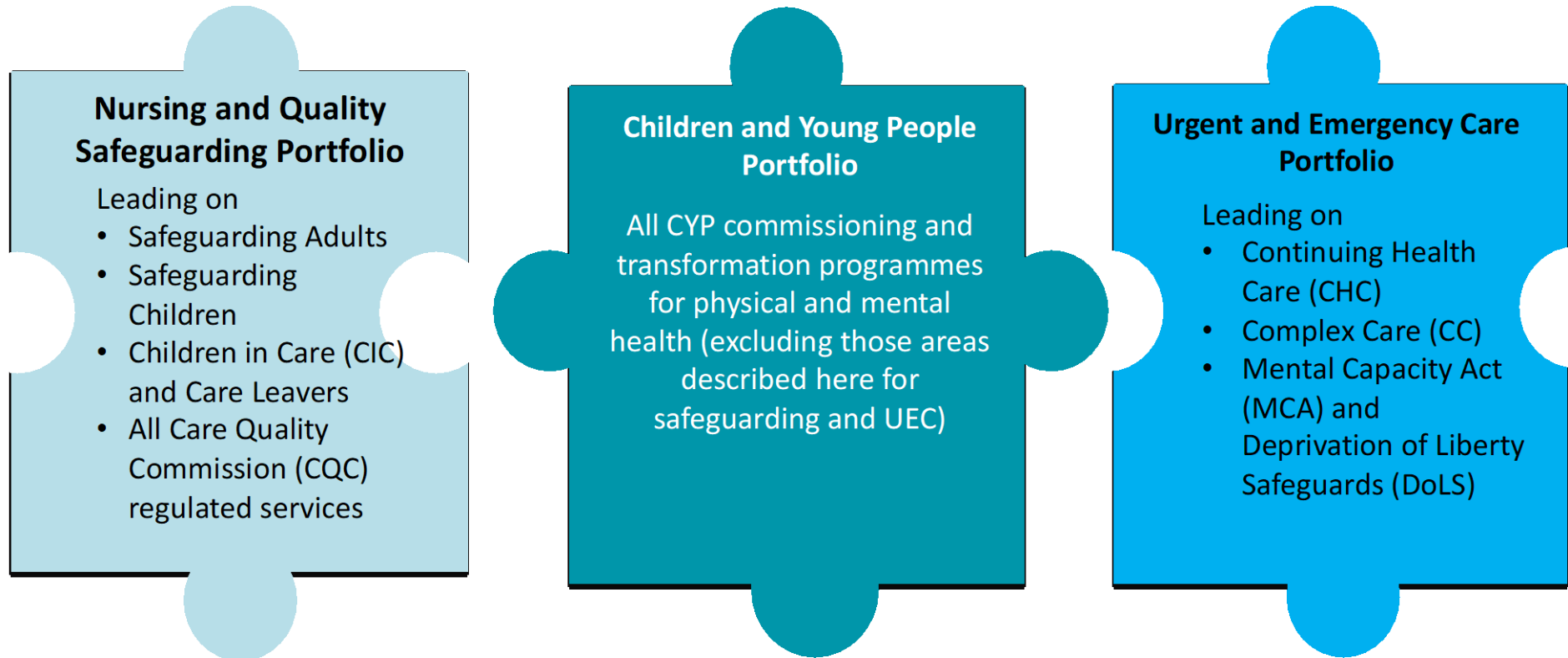
CYP Transformation Board membership drawn from partners across ICS. Will oversee delivery of portfolio and act as a creative space where collaboration flourishes.

The maternity and neonatal programme reports directly to the LMNS Board, which reports to ICB.

CYP Portfolio governance



The CYP portfolio is interlinked with the portfolios for safeguarding and urgent and emergency care.



Our approach and methodology for transformation



We will take a **robust programme approach** to our work which will enable us to demonstrate our progress against the five portfolio priorities and evidence the impact of our work.

We believe that Innovation and Transformation progresses at the speed of trust, so the **strong partnership approach** that this portfolio champions is critical to our success.

We will take a **population health approach** to our work, ensuring that we use data and insights effectively to proactively inform and shape our transformation programmes.

Working with our colleagues at the Academic Health Sciences Network (AHSN) we will ensure that we are able to **demonstrate the impact** of our work, using health economics to build a compelling case for future investment.

CYP portfolio risks and mitigations



Risk	Mitigation
<p>The impact of the cost-of-living crisis outstrips our work to tackle health inequalities.</p>	<p>We will continue to work closely with our place based teams to ensure we are as proactive as we can be in responding to wider health determinants, using data and forecasts to inform any steps we take. We will be ambitious in our aims and will work closely with voluntary and community sector and other partners to deliver this work.</p>
<p>Workforce challenges risk the sustainability of current services and limits our ability to transform care.</p>	<p>We have built a team from multiple sectors, bringing their experience and understanding of current workforce challenges. We are working with the ICB workforce teams to explore our data and to build upon the wider educational reforms that enable alternative pathways to many careers. We are working with our partners to identify and enable alternative strategies to recruiting and retaining team members.</p>
<p>The complexity of different providers on ICS borders creates disjointed pathways</p>	<p>We have developed a shared understanding in the key pressing areas, such as children’s mental health crisis provision and we are working together to meet our ambitions for seamless pathways. We are open about the challenges as they arise and we work closely to resolve them.</p>
<p>We don’t make the progress we want with transforming care because of the pressures within the system on the day-to-day management of CYP services.</p>	<p>We are building the capability within our team to ensure that we can support services to deliver the day to day whilst keeping a sharp focus on the strategic plans. We are establishing what our matrix working looks like to make best use of our skills and interests. We will continue to build on our relationships with all partners to deliver upon our shared ambitions.</p>
<p>The complexity of children’s operational delivery networks, regional teams, local and tertiary providers increase the risk of duplication and emerging gaps.</p>	<p>We have ensured that we are represented in the developing boards and work groups to influence the formation of this work. We will continue to be considered in our approach and capitalize on national momentum for transformation we are undertaking.</p>

Looking further forward – a long term strategy for CYP



This review was completed as NHS Frimley became a statutory organisation and formally established the Integrated Care Board (ICB) and Integrated Care Partnership (ICP). It has focused on the two years from 2022 to 2024, knowing that this will provide the foundations for a new long-term strategy for CYP, integral to a new strategy for NHS Frimley.

As this two-year programme is approved in July, we will mobilise to begin its delivery, while agreeing how we build on it and develop the long-term strategy. Our key milestones are:

Month	Activity
July 2022	Present portfolio review to ICB for approval Share outcome with Place and system partners Finalise terms of reference for CYP Transformation Board and CYP Jury.
August	Complete individual transformation programme plans, outcomes and metrics. Present portfolio review to ICP.
September	First CYP Transformation Board. 8-week plan to develop CYP long term strategy.
October	Engage ICP in long-term strategy development. Whole system CYP strategic planning event.
November	CYP Transformation Board further develops long-term strategy. First CYP Jury held.
December	CYP Transformation Board signs off long-term strategy prior to ICB and ICP review.

Children and young people portfolio

Our programme for 2022 to 2024

First published July 2022

Further information please contact Tracey Faraday-Drake, Executive Director, Children and Young People, Learning Disability and Autism - (t.faraday-drake@nhs.net)



Appendix A – Range of engagement in our portfolio review

The portfolio review has been developed with lots of high quality engagement:

- c40 semi-structured interviews with Place, system, neighbouring ICSs and regional leads
- Steering group formed for review, with a membership of Place based CYP transformation leads; provider lead directors; and the Surrey CYP convenor
- Two large whole system workshops to agree the priority transformation programmes and how the ICS CYP portfolio team can best lead and support progress
- Presentation and discussion of the review at Place Committees
- Presentation and discussion of the review at Place CYP Boards
- Presentation and discussion at some Place member meetings
- Meetings with HLOW ICS to align strategic priorities
- Meeting with SCC to ensure alignment
- Specific NEHF workshop to explore service issues and solutions
- Significant work by Barnardo's to develop CYP voice, including 21 interviews

Appendix B – A vision for children and young people’s voice and influence in Frimley ICS governance

A vision for children and young people’s voice and influence in Frimley ICS governance

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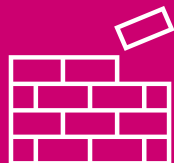


Why involve children and young people?

Children and young people (CYP) make up 25% of the population. Under Article 12 of the UNCRC, they have a right to be heard and for their views to be taken seriously. Alongside this, the Health and Care Act require ICBs to include how they'll address the needs of CYP in their forward plans. There are **huge** benefits to truly investing in and engaging with CYP voice at every level of decision making...



Gain a deep understanding of **the present** need for CYP



Develop quality services that people **need** and **will use**



Build **social networks** and **communities**



Close the gap on **health inequalities**



Increase **agency, confidence** and **skillsets** for CYP



Upskill a diverse future workforce



Balance power between professionals and CYP / community



Develop **innovative, creative, dynamic** future fit health solutions

The impact on children and young people: a closer look



To improve population health in a meaningful way and address the system pressures of the future, we need to start with children. Working with children now will affect their life course, improving improve their health and wellbeing outcomes as adults. The **long-term impact** of embodying the ethos of working **in partnership with** children and young people cannot be underestimated. An **intentional focus to create space** and embed seldom heard voices of children, young people and families are pivotal to driving forward the key purpose of the ICS.

- 1 The **knowledge and experience** of young people, their carers and families of their experiences of health, illness and care will improve services **at their core**, providing insights and enabling the ICB to ensure the right services are commissioned **at the right time, in the right place**.
- 2 This approach will also have a direct impact on the lives of people involved to **build confidence and knowledge to manage health conditions** – instrumental to expanding and strengthening service quality and effectiveness, and ultimately **health outcomes for generations of people**.
- 3 By **giving agency** to children and young people in **decision-making spaces**, it empowers children and young people to share their real experiences, thoughts, views and vision – thus gleaning **a true representation of the reality for CYP, building long term authentic partnerships and community assets**.
- 4 Embedding CYP voice into the core decision-making processes **builds CYP's experiences into the very DNA of Frimley ICS** – the future of health, illness and care will be absolutely moulded, shaped, defined and created as per the needs of the population, **thus creating a future fit solution**.
- 5 Working with CYP will **close the gap on health inequalities** which are currently adversely and disproportionately affecting CYP.

Methodology

Our research - in numbers:



21 stakeholder interviews



50 documents



6 governance models



40 meetings

To identify the most appropriate model for Frimley ICS, our approach has been:

1. Understanding the landscape

Conducting interviews with **21 stakeholders** directly working with CYP to understand the landscape for Frimley ICS, CYP across Frimley and existing voice structures for CYP across Frimley and the UK.

2. Analysing secondary research

Reviewing **50 pre-existing research, reports and documents**, which have been informed by **128 CYP** and **264 parents/carers** across Frimley's geographic footprint alongside various sources detailing survey responses of 31,988 CYP collectively, beside comprehensive demographic data. This helped us to understand the needs of Frimley CYP, existing barriers and opportunities for engagement specific to them.

3. Comparing with existing youth governance models

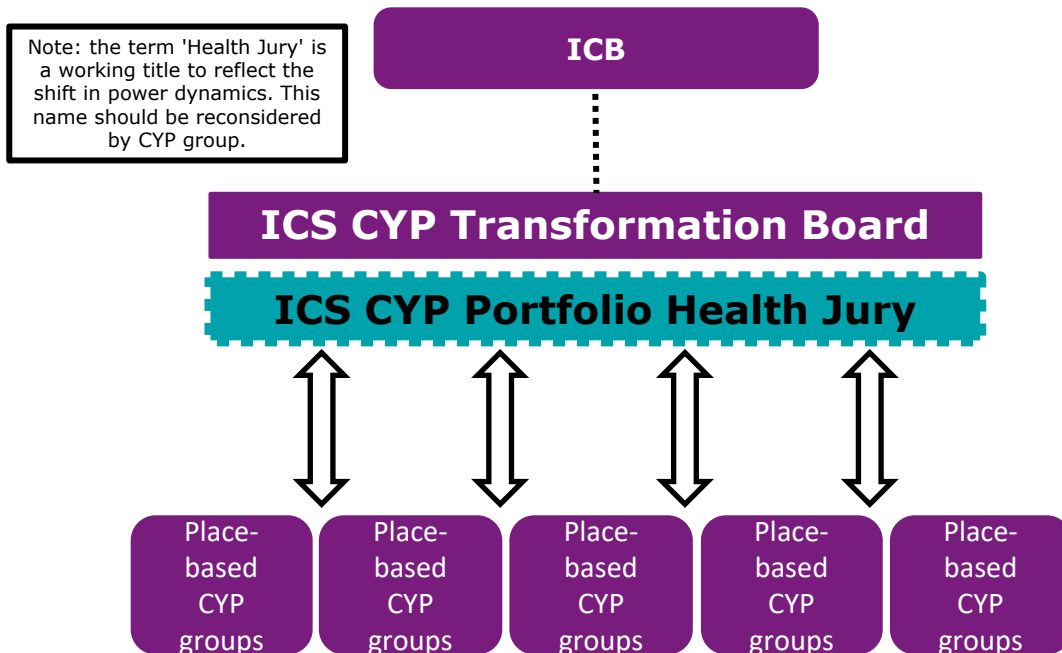
Critically analysing **6 governance model structures** within the health and VCSE sector informed and led by CYP voice to understand best practice, capacity for meaningful engagement and influence, barriers and opportunities and resource needs.

4. Mapping to Frimley's needs

Applying these learnings to the Frimley ICS landscape – considering CYP's needs, existing voice mechanisms, Frimley geography and the new ICS governance structure. The model and opportunities are flexible, to be co-produced, shaped and developed by CYP as it develops. This ensures it is led by the voice and influence of CYP in its essence.

Proposed structure for CYP voice & influence

Based on our research and understanding of the current landscape within Frimley ICS, we recommend adopting a mirror board model:



Function & purpose

The purpose of this group is to offer **strategic oversight** of the governance of the ICS CYP Transformation Board in a **youth-friendly space**. This will be via **proactive** feed in and recommendations to the CYP transformation board, as well as **reactive** feedback to decisions being made as a Health Jury.

Group membership

The opportunity will be a year-long term for CYP in year 1, to then be reviewed. The group will consist of at least 2 CYP per Place, aiming for representation across characteristics including: care-experienced, BAME, young carer, LGBTQ+, SEND, MH, under 11, NEET.

Role and function of the CYP health jury

Principles

- Children and young people have equal voice, influence and decision-making power as adults.
- Any decision-making that affects CYP is shared with CYP health jury – no decision is made without discussion.
- All work is conducted safely, ethically, inclusively and meaningfully.
- Methods of engagement are diverse to ensure all CYP can access opportunities equally, stay engaged and enjoy the opportunity.
- Transparency is essential across decision making and lines of accountability.

Activities with CYP

Proactive engagement

- Consult with peers locally.
- Meet monthly to share findings, feedback and reflections.
- Identify innovative solutions to health issues.
- Have ownership of a limited budget to support consultation / initiating solutions.
- Represent findings and priorities to the board.

Reactive engagement

- Form a Young People's Health Jury once a quarter to assess issues, agenda points and strategic priorities from the board.
- Hear where their contribution was used after assessment, with the opportunity for further critique.

Expectations of Frimley ICS

- Provide clear and consistent feedback mechanisms to show CYP why decisions are made and how their input is used.
- Ensure there's a clear and transparent line of accountability between CYP healthy jury and the adult board.
- Ensure all senior staff engaging with CYP health jury are individually and collectively committed to its success, attend training and are upskilled in youth engagement.
- Establish a clear process of challenge and complaint for CYP to use and clearly communicate this.
- Commit to flexibility with the structure, adapting to the needs of CYP in how the group operates.

Preconditions

To make this model successful, CYP-led, meaningful and long-term, sufficient resource is required **before** recruiting CYP – details are outlined below. The estimated cost of this is £80,000 – see notes for more detail.

Resource	Detail
Commitment	First and foremost, ICB members need to be individually and collectively committed to the success of the ICS CYP Health Jury. Training for ICB members would support and provide assurances to the ICS CYP Health Jury of their commitment.
Staffing	A minimum of x1 full-time youth engagement worker with strategic oversight of the System.
Activity costs	Funding to cover the activity costs for CYP engagement and staff upskilling, including a limited budget for the CYP group to have ownership of expenditure.
Expenses	Funding to cover travel and accommodation, expenses incurred, subsistence, care for dependents, loss of earnings, further reward.
Reward, recognition and remuneration	A reward, recognition and remuneration policy for across Frimley ICS and reward, recognition and remuneration for CYP involved in line with this policy.
Learning & development	An induction package, ongoing learning, 1:1 support, accreditation, opportunities to shadow health professionals and 'buddy' with board members.
Access fund	Funding to enable participation for those who may need further support.
Voice mapping	Comprehensive voice mapping to outline where/how place-based governance groups will work with the CYP health jury.

Risk

Mitigation

Insufficient **commitment to resourcing** resulting in disengagement and lack of engagement from decision makers

Resourcing and staff support are essential preconditions to initiating this work

Insufficient resource to **maintain CYP engagement**, leading to dependency on existing staff who don't have the capacity to deliver

A full-time worker is required to support the group with ongoing engagement and pastoral support

No commitment to real **culture change / power re-balancing** to enable decision-making by CYP

Year 1 is a transformative year to explore barriers for decision making, have staff challenge this and to upskill senior staff in CYP engagement

Significant **disconnection between place-based groups and the 'CYP health jury'**

A comprehensive voice mapping exercise is required to ensure this structure complements and adds value to existing, place-based youth voice mechanisms

The **same voices** contributing to other youth voice mechanisms engage with this, rather than expanding the opportunity

Diversifying recruitment via networks is needed to engage different voices where possible

Thank you

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FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Use of Resources – Financial Plan 22/23		
Agenda Item	7	Date of meeting	19 July 2022
Exec Lead	Richard Chapman		

Purpose	To Approve	<input checked="" type="checkbox"/>	Link to Strategic Objective	
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input checked="" type="checkbox"/>		
	To Note	<input checked="" type="checkbox"/>		

Executive Summary

The paper describes the NHS Frimley financial plan for the 22/23 financial year, as submitted on June 20th 2022. It details the risk inherent in that plan, both quantified and unquantified, and provides current intelligence on the delivery of the efficiency assumed within the plan. The paper then proposes the establishment of an in-year financial risk mitigation plan on a system-wide basis, and recommends next steps to the Board.

Recommendation	Members are asked to:
	NOTE the level of risk inherent in the plan and the range of potential consequences should the system move into a deficit.
	DISCUSS the establishment of a system-owned financial mitigation plan
	AGREE the next steps proposed

Please provide details on the impact of following aspects

Risk and Assurance	
Equality and Quality Impact Assessment	
Patient and Stakeholder Engagement	
Financial Impact and Legal implications	

Reporting – has this paper been discussed at other meetings

Committee Name	Date discussed	Outcome
Strategic Finance Group	18 th July 2022	Owing to time constraints, the paper has not yet been taken to strategic finance group but will have been discussed in that forum prior to the Board discussion.



NHS Finance Plan for 2022/23

NHS Frimley ICB Board
19th July 2022

Purpose: to set out the financial plan for the ICB covering key system partners.

Members are asked to:

- NOTE the range of potential national consequences should the system move into a deficit.
- DISCUSS the establishment of a system-owned financial mitigation plan
- AGREE the next steps proposed

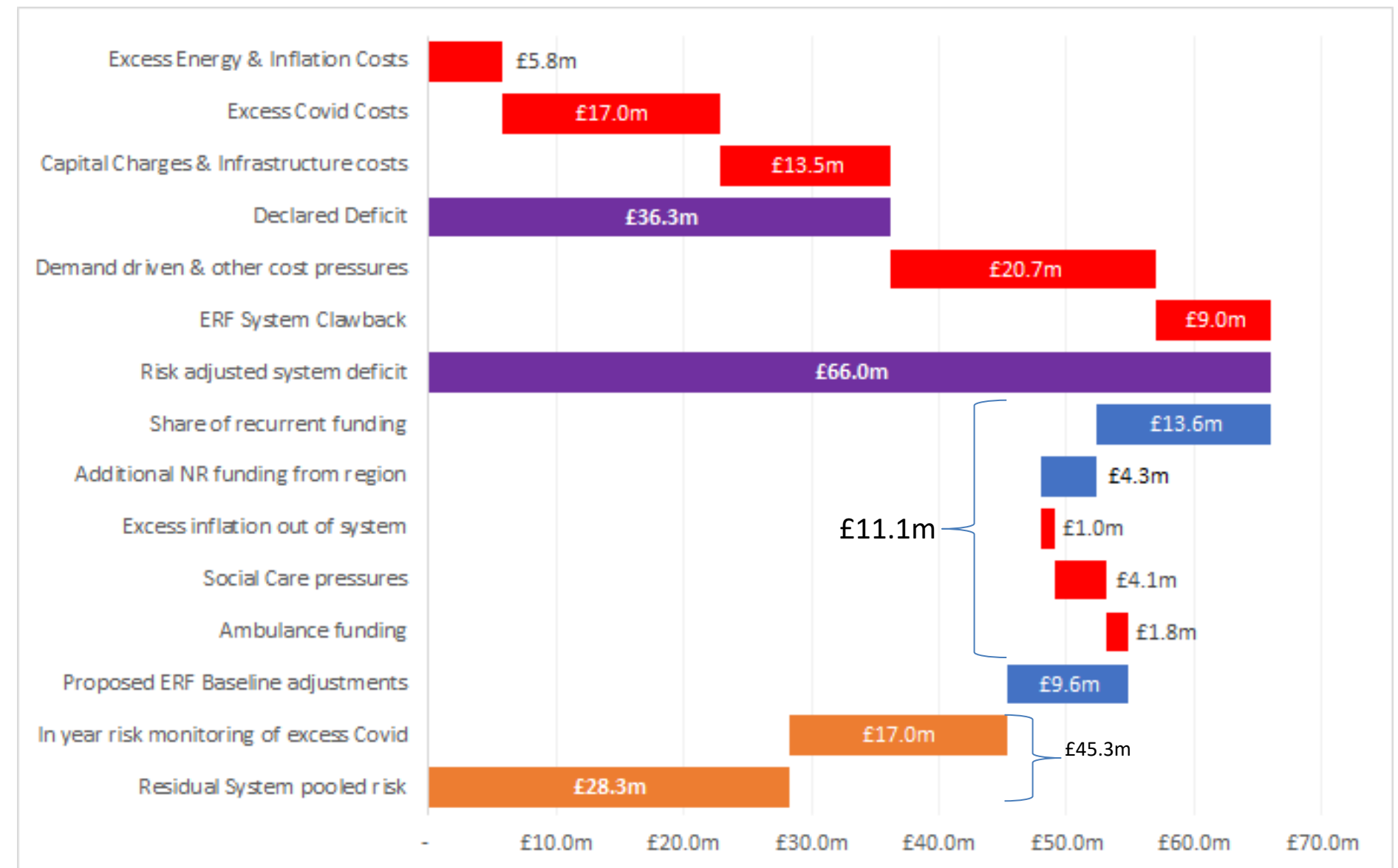
National & Local Context



- Systems across the country were required to resubmit plans on June 20th. The resubmission incorporated the receipt of a share of an additional £1.5bn nationally to cover additional inflationary pressures, social care pressures and target funding for 999 Ambulance services.
- The majority of systems submitted plans to deliver a balanced budget as the NHS recovers services across all care settings and deals with high emergency demand and increasing covid numbers. Systems which were not able to submit plans to break-even are subject to further regulatory escalation.
- The ICB and each partner Trust have a duty to remain within agreed Capital and Revenue limits. Nationally the ICB is recognised as being responsible for Frimley Health NHS Foundation Trust (FHFT), although locally in line with historical working arrangements we will work collaboratively with BOB & Surrey Heartland ICBs to support the delivery of Berkshire Healthcare (BHFT) & Surrey & Borders (SABP) NHS Foundation Trusts. Nominally 40% of BHFT and 22% of SABP are allocated to the ICB.
- At the end of June the system submitted a breakeven plan which outlined investments for key transformational activities, including the opening of the new Heatherwood Hospital, supporting the elective recovery programme, and transformation programmes linked to the long-term plan covering Community, Mental Health, Children & Young people, Primary Care and targeted funding to support reducing health inequalities.
- The plan includes a material efficiency requirement, and is aligned to national assumptions within the spending review around covid cases falling to levels experienced in early April & May 2021 and more limited inflationary pressures than are currently extant.

Summary of 2022/23 Financial Plan submission & risks identified within the plan

- The following details were used to support the agreement across our system to submit a balanced plan following the initial plan submission that identified a £66m risk adjusted deficit.
- The break even plan was submitted within the context of national and regional guidance that the NHS resource envelope was predicated on lower levels of covid prevalence and a materially lower inflation pressures., and that plans should reflect those assumptions.
- Our high level system modelling suggests that the our position will improve by £11.1m with an element of the funding supporting costs already in our plan, but also seeing funds move to partners outside of our NHS control total. **This leaves a residual £54.9m gap**
- We are working to mitigate our Elective Recovery Funding exposure through technical amendments to our target baseline including an allowance for RAAC capacity losses. If approved these will reduce our risk adjusted position by a further **£9.6m to £45.3m**
- That leaves residual risk of **£17m of Covid related costs predicted above nationally assumed planned levels, and a pooled system risk of c.£28.3m that we have collectively agreed to manage in year through further efficiencies and clawback of underspends from uncommitted investments and fortuitous slippage on planned increases in the cost base.**



Efficiency Plans across our system

- All partners across the System have identified challenging levels of efficiency ranging from 3% to 4.1%. When including the system stretch the ICB needs to deliver efficiencies totalling 5%.

Frimley ICB Efficiency Plans (£000's)	FHFT	BHFT	SABP	CCG/ICB	Total System Efficiencies (Incl SABP, BHFT)
Total Value of Efficiencies	28,057	9,900	13,882	17,316	97,455
Recurrent	19,555	6,762	13,378	17,316	57,011
Non-Recurrent	8,502	3,138	504	-	40,444
of which:					
Fully Developed	16,853	5,173	2,825	14,964	39,815
Plans in Progress	5,167	529	1,541	1,348	8,585
Opportunity	180	1,248	9,515	1,004	11,947
Unidentified	5,857	2,950	-	-	8,807
System break-even stretch target	-	-	-	-	28,300
Percentage Unidentified	21%	30%	0%	0%	38%
Impact on Providers within system				(8,616)	(8,616)
Provider Gross Operating Exp/ICB Allocation	911,528	316,419	323,485	220,537	1,771,969
Efficiencies as a percentage of relevant cost	3.0%	3.0%	4.1%	3.9%	5.0%

Note: The £97m of efficiencies across our system include £28.3m of collective system stretch. Total unidentified efficiencies across the system total £37.1m (38%).

Beyond these savings the system also needs to deliver significant reductions in the level of Covid expenditure, with funding reduced by 50% year-on-year.

Further & emerging risks to the system plan

- Beyond the existing, challenging, efficiency targets, risks to the delivery of the financial plan include:
 - Ongoing Covid pressures and unseasonably high non-elective pressures directly impacting the system's ability to stand down additional covid related capacity will result in increased temporary staffing costs and reduced elective capacity.
 - FHFTs Non-NHS Income is assumed to recover to 2019/20 levels with the Heatherwood business case dependent on further increase in PPU income that can contribute a margin.
 - Achievement of capital plans is dependent on quick decision making and operational capacity to withstand disruption caused by works.
 - Inflation pressures initially included in plans have been exceeded as energy prices are not subject to domestic price caps. Current estimates could total a further £10m pressure above the initial £4.6m total.
 - Uncertainty continues around the NHS Pay award. Expenditure plans provide for a 3% uplift as per guidance and the national settlement. Recent NHSE Board papers highlighted that should further funding not be made available then further efficiencies above current plans would be required.
 - The Frimley financial risk management process is complicated by the inclusion of system partners which are also inherent partners in other integrated care systems, which has the potential to create further risk and must be considered.
 - The wider macro-economic environment and local authority funding issues create further environmental risk, which is almost certain to impact the integrated care system in the immediate future.

Consequences of divergence from financial duties

- Given the level of risk within our plans, Board is asked to note the national interventions being placed on the 5 ICBs that were unable to submit a breakeven plan at the end of June which include:
 - Increased reporting and oversight requirements, with more frequent assurance and review meetings.
 - A requirement for NHSE/I to sign off any new investments above an agreed threshold.
 - Potential restrictions on capital funding for TIF, digital, STP “wave” capital and emergency capital.
 - A requirement to produce a detailed workforce analysis bridging from the pre-pandemic workforce showing where additional staff have been deployed, and for what, and a prospective view of where these staff are being used to aligned activity.
 - Possible withholding of the system’s share of the additional national revenue funding, which was predicated on systems closing their remaining gap.
- These controls are applied at a system level and therefore apply to all organisations in the system.
- **It is reasonable to assume that the same controls will be applied to systems in which material adverse movement from plan develops as the year progresses.**

Establishing an in-year system mitigation plan

- Although the Frimley system submitted a balanced plan, that plan contains material risk in both revenue and capital. It is therefore necessary rapidly to establish a mitigation plan for that risk, based on open and transparent financial relationships between system partners, and a clear and informed view of the system cost base and available resource.
- The strategic finance group will develop options to mitigate the financial risk inherent in the plan. Such options are likely to include:
 - The identification of residual balance sheet flexibility which might be utilised to support the position.
 - The pursuit of opportunities to increase system resource availability, primarily through increased elective delivery.
 - The utilisation of fortuitous slippage against planned investments, including transformation funding, as a mitigation.
 - The identification of potential planned slippage opportunities against currently uncommitted resource and any additional resource made available during the course of the year.
 - The development of a robust post-implementation evaluation & review process for new investment, with a clear decision-making process and exit strategy identified should transformation activities not demonstrably deliver the intended outcomes.
 - The establishment of a clear decommissioning process to be applied where such action is warranted.

The system strategic finance group will:

- Establish a clear view of system financial risk
- Develop options to mitigate that risk, for agreement at CEO level by system partners
- Develop options to structure commonality in system controls for new expenditure commitments
- Recommend a clear and robust governance process to enable escalation and oversight of financial risk within the system



Patient Safety strategy

Sarah Bellars
ICB Chief Nurse



National Patient Strategy

- Patient safety is about maximising the things that go right and minimising the things that go wrong. It is integral to the NHS' definition of quality in healthcare, alongside effectiveness and patient experience.
- This strategy sets out what the NHS will do to achieve its vision to continuously improve patient safety.
- [NHS England » The NHS Patient Safety Strategy](#)

Implementing the strategy

- Board commitment from all NHS organisations
- Identified NED for all ICB Boards
- ICB NED Dr Priya Singh
- ICB Patient Safety Specialist Mel Bessant
- Patient Safety Specialists in providers
- ICS Patient Safety Network
- ICB Board members requirement to complete patient safety training.

Current National priorities

- [Just culture](#)
- Supporting their organisation's systems for planning and coordinating the actions required by [National Patient Safety Alerts](#)
- Improving quality of incident reporting
- Supporting their organisation's transition from the National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS) to the new [Learn from patient safety events \(LFPSE\)](#) service for recording patient safety events
- Involvement in local implementation of the [Patient Safety Incident Response Framework](#), once launched in 2022
- Supporting local implementation of the [Framework for Involving Patients in Patient Safety](#)
- [Patient safety education and training](#)
- [National patient safety improvement programmes](#)
- COVID-19 recovery planning
- Extending Medical Examiner process to primary care

To: Clinical commissioning groups:

- Medical directors
- Nursing directors

Trusts

- Medical directors
- Nursing directors

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

26 August 2021

Dear Colleagues,

Patient Safety Specialist programme

I wrote to you last year about the Patient Safety Specialist programme and to request that you identify one or more people in your organisation as your designated patient safety specialist(s). The National Patient Safety team also published a [requirements document](#), setting out the skills and experience these individuals would need, and what the role would entail.

I am pleased to inform you that over the past year more than 700 patient safety specialists have been identified in organisations across the NHS, providing valuable support and influencing local practice in response to a number of national issues and initiatives.

I am now asking for your support to ensure the continued success of the Patient Safety Specialist initiative. To perform their role effectively, patient safety specialists must develop a strong working relationship with their board so that the leadership of their organisation understands the role and the expectations of the board in supporting this important work.

Please can you arrange a dedicated board discussion within the next six months to work with your patient safety specialist(s) to reflect on the board's expectations and responsibilities in patient safety. It is also an opportunity to formally link your patient safety specialist(s) to your non-executive director with responsibility for patient safety.

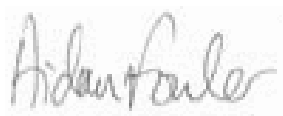
To support you to lead these discussions, we have produced the enclosed executive briefing document.

I appreciate that this is an extremely busy time for the NHS but it has never been more important to strengthen the focus on patient safety. Your organisation's full commitment

to your patient safety specialist(s) will help improve patient safety and support safer recovery planning from COVID-19. We will continue to provide guidance for the patient safety specialists on how they can support the implementation of the Patient Safety Strategy and COVID-19 recovery planning.

Thank you for your support with this role. The Patient Safety Specialist programme provides an opportunity to build local patient safety knowledge and improvement expertise, especially as patient safety networks develop at integrated care system (ICS), regional and national levels.

Yours sincerely,

A handwritten signature in black ink that reads "Aidan Fowler". The signature is written in a cursive style and is positioned above the printed name.

Dr Aidan Fowler

National Director of Patient Safety in England
NHS England and NHS Improvement

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Update on our Integrated Care System Development		
Agenda Item	9	Date of meeting	19 July 2022
Exec Lead	Sam Burrows		

Purpose	To Approve	<input type="checkbox"/>	Link to Strategic Objective	
	To Ratify	<input type="checkbox"/>		
	To Discuss	<input type="checkbox"/>		
	To Note	<input checked="" type="checkbox"/>		

Executive Summary	
The Board is asked to <u>note</u> the presentation.	
Recommendation	The Board is asked to <u>note</u> the presentation.

Please provide details on the impact of following aspects	
Risk and Assurance	
Equality and Quality Impact Assessment	
Patient and Stakeholder Engagement	
Financial Impact and Legal implications	

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome

Frimley Health and Care



ICS Development – July 2022 Update



ASCOT • BRACKNELL • FARNHAM • MAIDENHEAD • NORTH EAST HAMPSHIRE • SLOUGH • SURREY HEATH • WINDSOR



Our Journey So Far

Frimley ICS Development Journey

- Began our collaboration journey as system partners in 2016 through the publication of the STP
- Selected as a Wave One ICS in June 2017 as a part of national innovation programme
- Collaboratively designed an approach to joint working, relationship development and an ethos of shared accountability
- Invested in a programme of OD and culture / leadership support, including the creation of the Frimley Academy
- 2019 – published our co-created, multi-year strategy to reduce health inequalities and increase healthy life expectancy
- 2020 – published our “Frimley Roadmap” setting out what the next phase of development looks like for our system
- Greater collaboration and joint working through the response to and recovery from the COVID-19 pandemic
- Legally established in July 2022 as an Integrated Care System

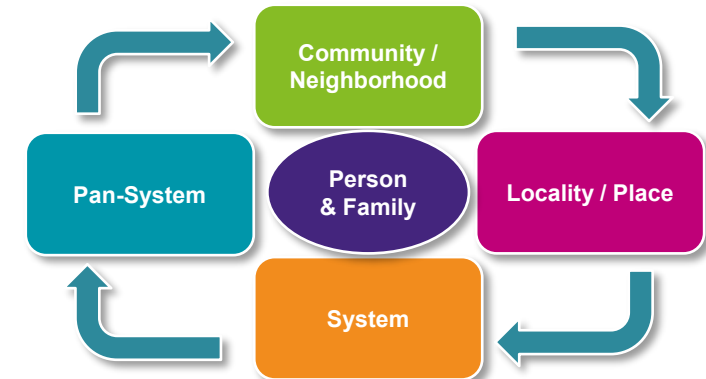




Together we will:

- increase overall **healthy life expectancy** and
- reduce the differences** in healthy lives lived of our residents

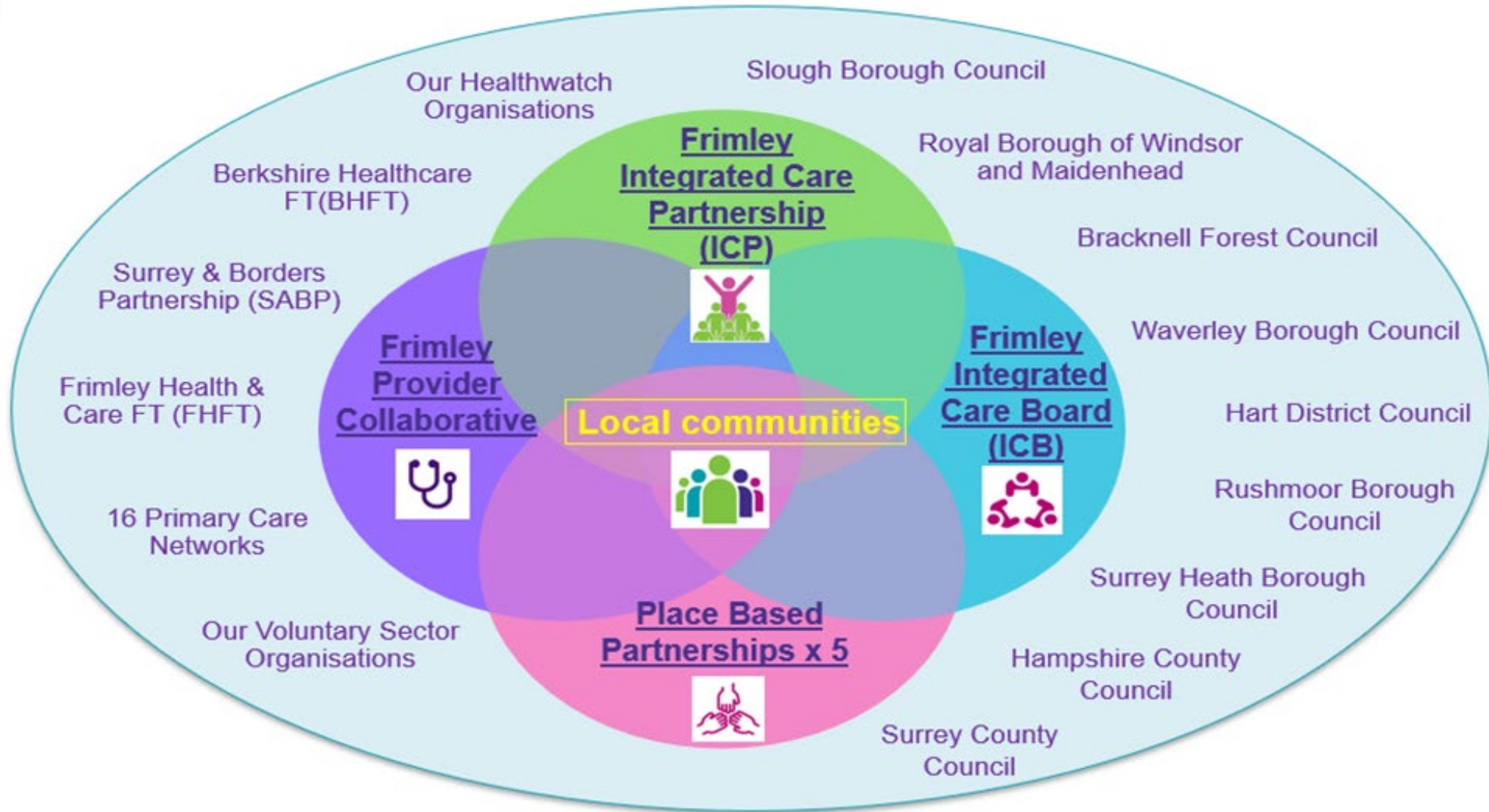
Our relationships are central to what we do and how we work. We will work with our communities, however large or small, to better understand, develop and build on what's already working, investing where we can make a real difference.



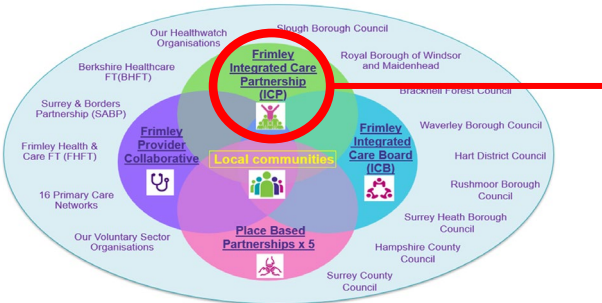
Delivering our strategic ambitions and overall objectives requires working at a variety of scales when planning, delivering and evaluating change.



Moving to new ways of working



All of our partnership organisations will need to change the way the work to maximise the opportunity of operating as an ICS

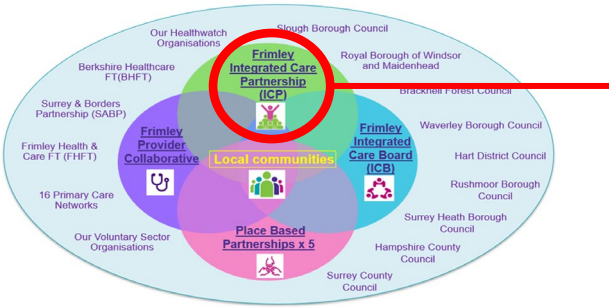


Frimley Public Services Partnership aka 'The Integrated Care Partnership' (ICP)

The ICP will be a statutory joint committee between the Local Authorities and the Frimley Integrated Care Board (ICB).

It will have a critical role to play in the ICS, facilitating joint action to improve health and care outcomes and experiences across the population, and influencing the wider determinants of health, including creating healthier environments and inclusive and sustainable economies.





Frimley Public Services Partnership aka 'The Integrated Care Partnership' (ICP)

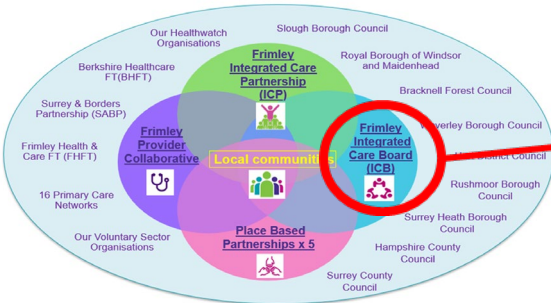
Building on our engagement with our partners, our local task and finish group have designed the Frimley ICP to have a strategic role, considering what arrangements work best in our local area by creating a dedicated forum to enhance relationships between leaders across the health and care system. The proposed remit for the ICP is to:

Consider and set the strategic intent of the partnership; act as final approver of the ICS Strategy, including the proposed programmes of work, outcomes and intended benefits;

Act as an objective “guardian” of the ICS vision and values, putting the population’s needs and the successful operation of the ICS ahead of any sector or organisation specific areas of focus;

Provide a forum for the consideration of Wider Determinants of Health and Health Inequalities, taking fullest advantage of the opportunities arising to hear the views and perspectives of the broadest range of local stakeholders and democratic representatives.

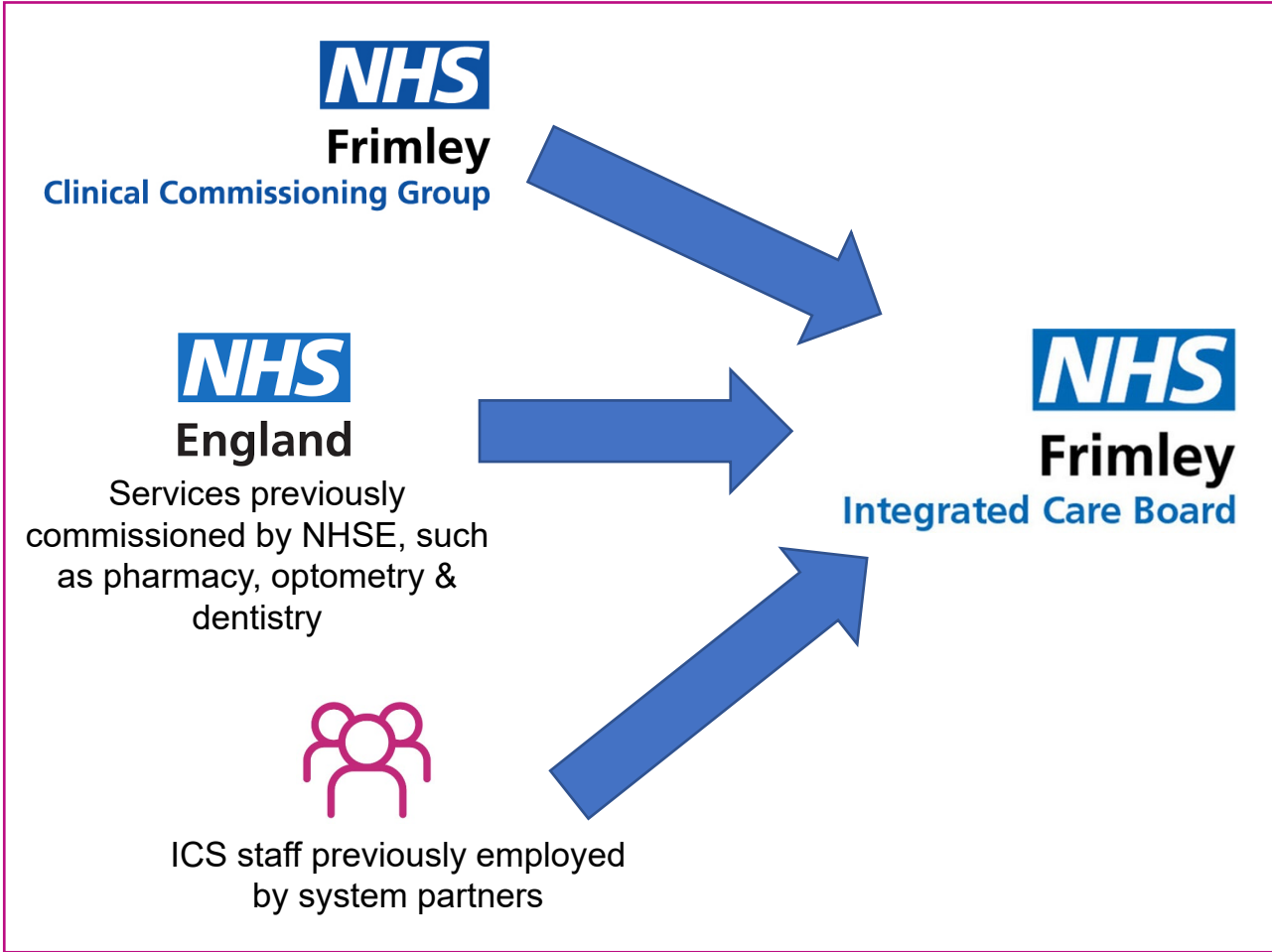
Frimley ICP will create a platform for its entire membership. Local Authorities, NHS, Healthwatch, Voluntary, Charity and Social Enterprise (VCSE) organisations will form an ‘assembly’. The assembly will ensure a voice for those who can speak on behalf of their communities and bring a very new approach to the design of our strategic ambitions. The ICP will work closely with the ICB to ensure all voices are heard in planning and prioritisation decisions.

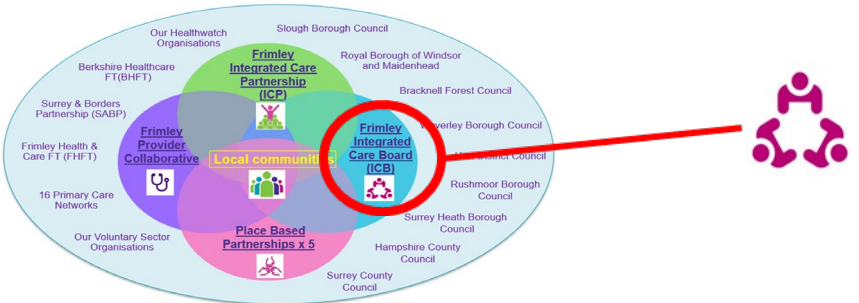


NHS Frimley aka 'The Integrated Care Board'

On 1st July the ICB will inherit all of the statutory duties and functions currently discharged by NHS Frimley CCG, as well as a number of other responsibilities currently held by NHS England. All staff below board level who work for the CCG, as well as those members of our broader ICS team who are hosted by partner organisations, are transferring into the new organisation when it is established.

Our ways of working will inevitably need to change in order to meet the requirements of the future. We are starting from a strong position in this regard, with colleagues now well used to reaching across organisational boundaries in the planning, transformation and delivery of improvements to services in our geography. Nevertheless, the ICB will build its own culture and style with an ongoing developmental approach that seeks to build on the successes that have come before.

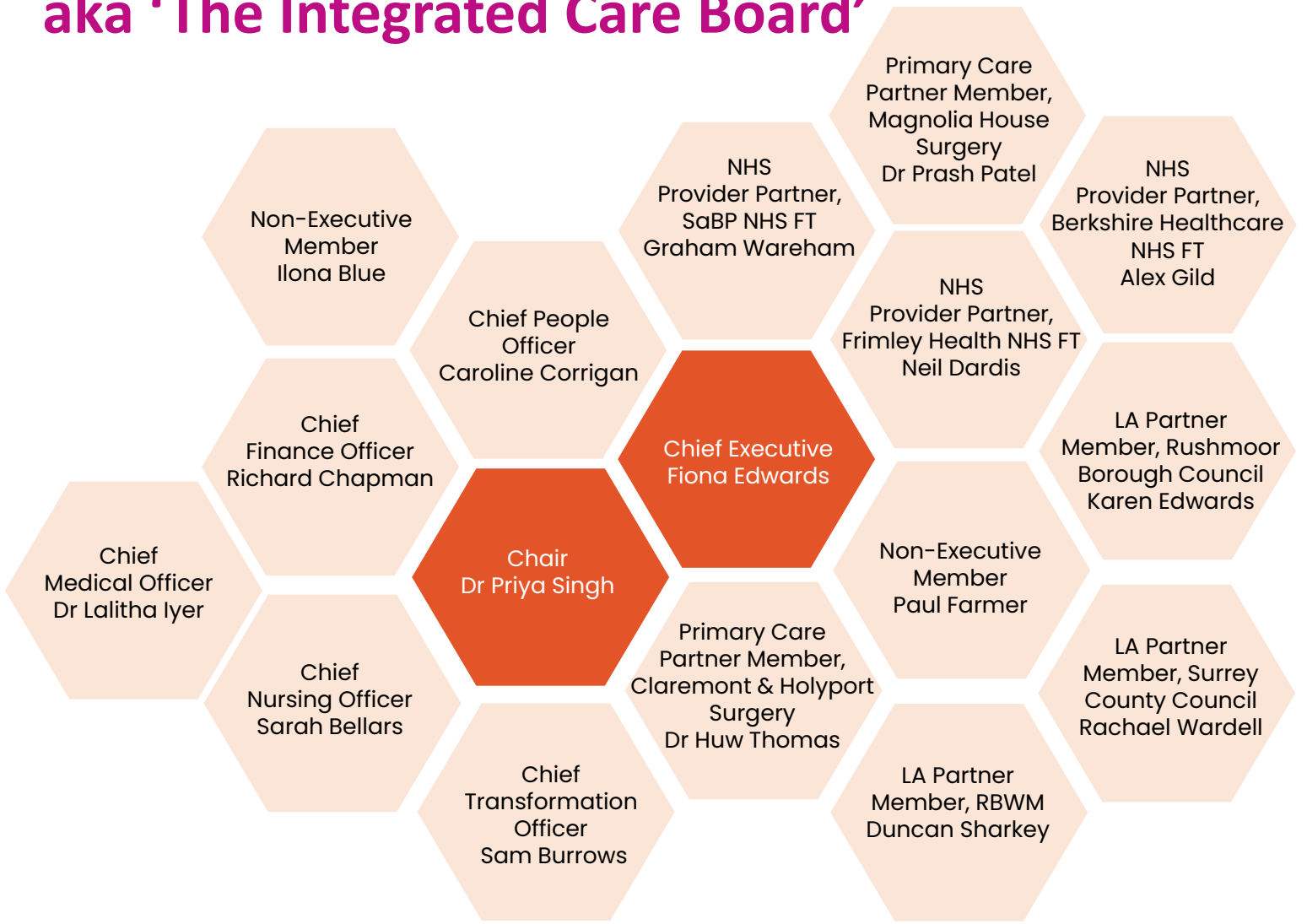


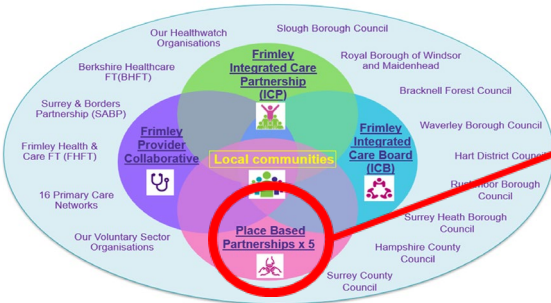


NHS Frimley aka 'The Integrated Care Board'

A new Board will exist for the ICB. The value and benefit of having clinicians as a part of the decision-making process for a statutory body with a budget in excess of £1bn has been proved beyond any doubt and the Board of the ICB will seek to build on the previous success of this approach.

In the spirit of bringing greater expertise from our partnership to the decision making process, the Board of the ICB reflects new legislative requirements for positions filled by individuals with experience of working in the Local Government, NHS Provider and Primary Care sectors. We have completed our appointments to these roles and have shared the appointments with staff and partners.



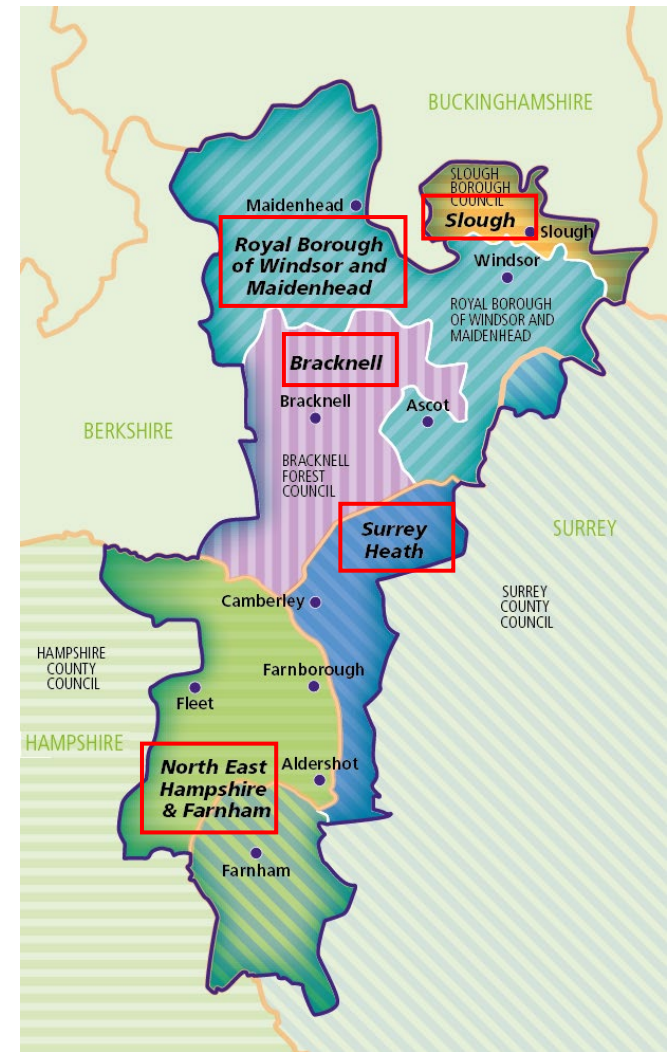


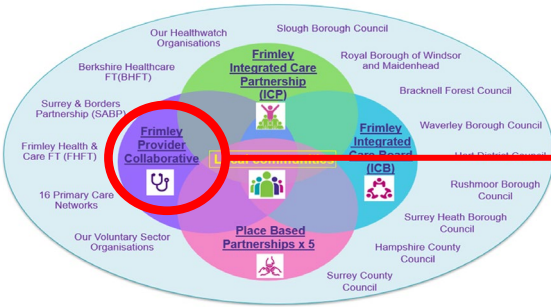
Place-based Partnerships - Place-based working

We're keen to protect one of Frimley's great successes - the continued evolution of our work across the five places which comprise the Frimley system. These five geographies (see map on right) give us a real opportunity to tailor delivery of our system-wide priorities to ensure we best meet the needs of our communities.

We see Place as an opportunity for our residents and their families, their communities and the unique characteristics they have, to be at the heart of our integrated working at place. Our Places will be an important generator of ideas and considerations.

There remains a significant opportunity to develop what place based working means for our future partnership approach as we move through 2022/23 and beyond. We will build on our engagement workshops that have taken place over the past year as together, both within and across our places, we respond to the Integration White Paper that was published in March 2022.





Frimley Provider Collaborative

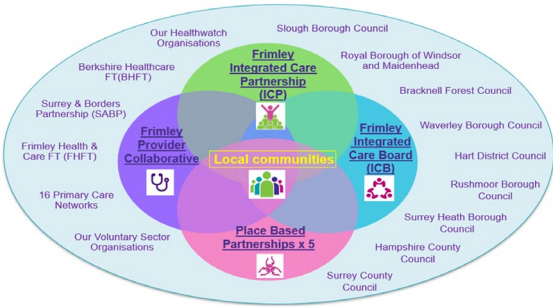
The Frimley Provider Collaborative will provide a platform for providers of health and care to work together on the planning and delivery of services. By working effectively at scale, the Provider Collaborative will allow new approaches to tackle unwarranted variation, design transformative improvements and deliver the best care for patients and communities.

Our vision in this space includes primary, community, mental health and acute providers working together with local residents to agree how to optimise models of care that address the needs of patients and the teams of professionals who support them and each other.

The Provider Collaborative is committed to working across a range of programmes and represent a new way that providers will collaborate to plan, deliver and transform services. Early priorities already identified for which the Provider Collaborative is taking delivery responsibility include:

- Transformation of the Pain pathway for Frimley residents
- Delivery of the national Ageing Well programme
- Redesign of MSK pathways and services
- Other areas of the Planned Care portfolio
- Sharing and spreading the learning of South East wide Mental Health provider collaboration

As the Provider Collaborative continues to develop, new opportunities will be considered for adding to the portfolio, working in partnership with Places and the ICB to ensure we collectively deliver our shared system ambitions.



Building on our successes

We recognise a huge amount of great collaborative work has been underway since long before any of the latest developments, demonstrating the value of what we can achieve by working more closely together in pursuit of a shared objective. Where we have successful examples of collaboration delivering benefits to the population and our shared workforce, it is important that these are given the support to keep doing so. Some examples of how here in Frimley we have worked together with clinical and professional leaders across the system include:

- The clinical interface between Primary and Secondary Care
- The Frimley Leadership Academy and 20/20 programme
- Urgent Care Clinical Leaders collaboration....
-and many others.

Our continued progress relies on a need to keep innovating. Every partner organisation, regardless of sector, will have to change some of the ways in which it works in order for our shared development to be maintained. This is not only an exciting opportunity at the 'cutting edge' of defining the role of the public sector and the citizen in the 21st century but also a real leadership challenge, requiring a level of resilience to be demonstrated by each of us as we learn and support each other.