

**NHS Frimley Integrated Care Board**
**Agenda – Meeting in Public**
**Tuesday 20 September 2022 – between 14.30 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
14.30	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
	3	Minutes of the last meeting in Public held on 19 July and matters arising	Approve	Paper	Chair
14.35	4	ICB Chief Executive's Report	Note	Verbal	Fiona Edwards
		Living Well Ambition Update			
14.40	5	Living Well Briefing	Note	Presentation	Lalitha Iyer
		Equality, Diversity and Inclusion			
14.55	6	Mirror Board Proposal	Approve	Paper	Safina Nadeem
		Strategic Updates			
15.05	7	Urgent and Emergency Care Strategy Briefing	Note	Verbal	Sam Burrows and Daryl Gasson
15.15	8	Frimley Health and Care System Update – developing our Integrated Care Partnership	Note	Paper	Sam Burrows
		Other Business Items			

<b>Timing</b>	<b>No.</b>	<b>Item</b>	<b>Action</b>	<b>Delivery</b>	<b>Lead</b>
<b>15.25</b>	<b>9</b>	<b>System Performance Update:</b>	<b>Note</b>	<b>Paper</b>	<b>Richard Chapman and Sarah Bellars</b>
	<b>9.1</b>	<b>Finance</b>			
	<b>9.2</b>	<b>Performance</b>			
	<b>9.3</b>	<b>Quality</b>			
<b>15.35</b>	<b>10</b>	<b>Modern Slavery Statement 2022/23</b>	<b>Approve</b>	<b>Paper</b>	<b>Sarah Bellars</b>
<b>15.40</b>	<b>11</b>	<b>Presentation of the Frimley CCG Annual Report and Accounts 2021/22</b>	<b>Note</b>	<b>Paper</b>	<b>Richard Chapman</b>
		<b>Close of business</b>			
<b>15.45</b>	<b>12</b>	<b>Any other Business</b>	<b>Note</b>	<b>Verbal</b>	<b>Chair</b>
<b>15.50</b>	<b>13</b>	<b>Questions received in advance from members of the Public</b>	<b>Note</b>	<b>Verbal</b>	<b>Chair</b>
<b>16.00</b>	<b>14</b>	<b>Close</b>	<b>-</b>	<b>Verbal</b>	<b>Chair</b>

Directorate	Job Title	First Name	Last Name	Interest	Description of Interest	Type of Interest			Actions agreed with line manager to mitigate risk
495 Frimley CCG Chief Clinical Office	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
495 Executive Board Directorate (ICB)	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.
495 Executive Board Directorate (ICB)	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.
495 Executive Board Directorate (ICB)	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.
495 Executive Board Directorate (ICB)	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.
495 Executive Board Directorate (ICB)	Chief Transformation & Digital Officer	Samuel	Burrows			Nil Declaration			
495 Executive Board Directorate (ICB)	Chief Transformation & Digital Officer	Samuel	Burrows			Nil Declaration			
495 Executive Board Directorate (ICB)	Chief Transformation & Digital Officer	Samuel	Burrows			Nil Declaration			
495 Executive Board Directorate (ICB)	Chief Finance Officer	Richard	Chapman			Nil Declaration			
495 Executive Board Directorate (ICB)	Chief People Officer	Caroline	Corrigan			Nil Declaration			
495 Executive Board Directorate (ICB)	Chief People Officer	Caroline	Corrigan			Nil Declaration			
Non-Contracted Staff	NHS Provider Partner Member from Frimley Health FT	Neil	Dardis	Frimley Health NHS Foundation Trust	I am the CEO and full time employee of Frimley Health NHS Foundation Trust	Declarations of Interest – Other	Non-Financial Professional	Direct	Full declaration
NEHF Place Committee	Local Authority Partner Member from Rushmoor Borough Council	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.
495 Frimley CCG Bracknell Forest Place	Chief Executive	Fiona	Edwards	Care Quality Commission	Executive Reviewer	Declarations of Interest – Other	Non-Financial Professional	Indirect	Only review services in distant geographical areas
495 Frimley CCG Bracknell Forest Place	Chief Executive	Fiona	Edwards			Nil Declaration			
495 Frimley CCG Bracknell Forest Place	Chief Executive	Fiona	Edwards			Nil Declaration			
495 Executive Board Directorate (ICB)	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.
495 Frimley CCG CEO / Board Office	EDI Director/System Lead	Safina	Nadeem			Nil Declaration			
Non-Contracted Staff	Primary Care Partner Member	Prash	Patel	Magnolia House	I am a profit sharing GP Partner	Declarations of Interest – Other	Financial	Direct	
Non-Contracted Staff	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	
Non-Contracted Staff	Primary Care Partner Member	Prash	Patel	Berkshire Primary Care Ltd	I am the CEO and Medical Director	Declarations of Interest – Other	Financial	Direct	
Non-Contracted Staff	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	
Non-Contracted Staff	Local Authority Partner Member from Royal Borough of Windsor & Maidenhead	Duncan	Sharkey	Chief Executive of RBWM	Paid employee of the Royal Borough of Windsor and Maidenhead who working close partnership with the ICB and other NHS structures including with pooled budgets, commissioning and procurement.	Declarations of Interest – Other	Financial	Direct	For any decision solely involving RBWM then I would not take part in the decision or debate. For items affecting all Councils equally I will take part but remind people of my interest.
495 Frimley CCG Chair & Non Execs	Chair	Priya	Singh	Guy's and St Thomas's NHS Foundation Trust	Appointed November 2015 - NED / Deputy Chair	Outside Employment			

495 Frimley CCG Chair & Non Execs	Chair	Priya	Singh	National Council for Voluntary Organisations	Appointed November 2020 - Chair of Board of Trustees	Outside Employment			
495 Frimley CCG Chair & Non Execs	Chair	Priya	Singh	Society for Assistance of Medical Families	Appointed January 2018 - Executive Director	Outside Employment			
495 Frimley CCG Chief Clinical Office	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
495 Frimley CCG Chief Clinical Office	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
495 Frimley CCG Chief Clinical Office	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
495 Frimley CCG Chief Clinical Office	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
495 Frimley CCG Chief Clinical Office	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
495 Frimley CCG Chief Clinical Office	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
495 Frimley CCG Chief Clinical Office	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
Non-Contracted Staff	Local Authority Partner Member	Rachael	Wardell	Surrey County Council	Executive Director of Children, Families and Lifelong Learning since 07-12-2020	Declarations of Interest – Other	Non-Financial Professional	Direct	Will be managed in accordance with the Conflicts of Interest policy.
Non-Contracted Staff	Local Authority Partner Member	Rachael	Wardell	Become - The Charity for Children in Care and Care Leavers	Trustee and Board Member since September 2019	Declarations of Interest – Other	Non-Financial Professional	Direct	Will be managed in accordance with the Conflicts of Interest policy.
Non-Contracted Staff	Local Authority Partner Member	Rachael	Wardell	Association of Directors of Children's Services	Member of Professional Association since October 2009 and Chair of Workforce Development Policy Committee since April 2016	Declarations of Interest – Other	Non-Financial Professional	Direct	Will be managed in accordance with the Conflicts of Interest policy.
Non-Contracted Staff	NHS Provider Partner Member from Surrey and Borders Partnership NHS Foundation Trust	Graham	Wareham	Friends of Chambo Seminary	Trustee	Declarations of Interest – Other	Non-Financial Personal	Direct	No conflict anticipated

**Draft Minutes of NHS Frimley Integrated Care Board  
held on Friday 19<sup>th</sup> July 2022 from 14.00-16.00 via Zoom**

**Chair – Priya Singh**

<b>Present:</b>	
Dr Priya Singh	Chair
Fiona Edwards	Chief Executive
Sarah Bellars	Chief Nursing Officer
Sam Burrows	Chief Transformation & Digital Officer
Richard Chapman	Chief Finance Officer
Dr Lalitha Iyer	Chief Medical Officer
Ilona Blue	Non-Executive Member
Paul Farmer	Non-Executive Member
Prash Patel	Primary Care Partner Member
Huw Thomas	Primary Care Partner Member
Karen Edwards	Local Authority Partner Member
Duncan Sharkey	Local Authority Partner Member
Rachael Wardell	Local Authority Partner Member
Neil Dardis	NHS Provider Partner Member
Alex Gild	NHS Provider Partner Member
Graham Wareham	NHS Provider Partner Member
<b>In Attendance:</b>	
Safina Nadeem	Equality, Diversity and Inclusion System Lead
Mary-Jane Steijger	Head of Governance
Tom Allinson	Corporate Governance Officer (minutes)
<b>Apologies for Absence:</b>	
Caroline Corrigan	Chief People Officer

<b>1.</b>	<b>Welcome and Apologies for Absence</b>
	<p>The Chair opened the meeting and welcomed members of the NHS Frimley Integrated Care Board.</p> <p>The meeting was noted to be quorate. Apologies were received as noted above.</p> <p>Special introductions were made to David Radbourne, Regional Director Strategy and Transformation at NHS South East, who would be a regular attendee and observer of the ICB Board going forwards.</p> <p>Members agreed for the meeting to be recorded, subject to the recording being deleted following approval of the minutes at the next meeting.</p> <p>Fourteen members of the public were in attendance.</p>

	It was noted that the meeting papers had been published in advance on the website – presentations would be uploaded after the meeting itself.
<b>2.</b>	<b>Declaration of Conflicts of Interest</b>
	<p>Members were reminded that the Civica Declare Conflicts of Interest Register remained a work in progress with several members of the Board currently in the process of updating their declarations which had not yet been reflected in this version. A further updated version would come to the next ICB meeting in September.</p> <p><i>No specific declarations of Conflicts of Interest were noted for the contents of the agenda.</i></p>
<b>3.</b>	<b>ICB Chief Executive’s Report</b>
	<p>Fiona Edwards presented the Chief Executive’s Report for members to note. The Chief Executive was delighted to be at the first public board meeting of the Frimley Integrated Care Board and to share and discuss critical issues for the residents of the Frimley system.</p> <p>It was reiterated to be a challenging time for public service, not least due to the recent heatwave, post-pandemic pressures, and on-going demand. There had been around a 15% increase in activity in Primary Care, compared to 2019, with more people being seen across the system than ever before despite the demand and strain.</p> <p>The need to take a forward view beyond the current difficulties was stressed however, with longer-term work being done for Children and Young People’s (CYP) Mental Health, Urgent and Emergency Care, as well as Planned Care Access and waiting time recovery. The ICB was currently in the discovery phase of this longer-term work and was investing huge effort and resource into finding a path forwards in what were viewed to be critical priorities for the system at large.</p> <p>Members were further assured that, despite the ongoing pressures, the ICB was performing well in delivering against national targets for recovery, and this was being helped by the timely opening of the new Heatherwood Hospital. It was hoped that comparative system data would be available at the next ICB meeting in public.</p> <p>Finally, the Chief Executive finished by explaining that the day’s agenda was deliberate framed around population health management, and that the need to focus to address these strategic goals around health inequalities was paramount.</p> <p><b><i>The Board noted the update.</i></b></p>
<b>4.</b>	<b>Presentation - About Our Population and their health outcomes</b>
	<p>Lalitha Iyer gave the presentation showcasing a new data dashboard which gave insight into the ICB’s population of approximately 850,000 people to benefit and improve its health outcomes. The data had been gathered using the ICB’s Connected Care Platform.</p> <p>The slides described in detail the ICB’s population demographics, their needs, and how the data could help them access the right care. Factors such as age, adverse determinants of health, prevalence of conditions and co-morbidity trends within certain demographics were considered, as was the possibility of pulling in social care data such as barriers to housing, education, and income deprivation.</p> <p>Members requested clarity over how the data could be used operationally to shape the ICB’s ongoing work in population health management. An example was given of data connecting hypertension and diabetics, and how this could in turn help provide joined-up, proactive responses.</p> <p>Members also gave active support to the democratic nature of the data dashboard which would be available to everyone, from Primary Care and Secondary Care to Local Authority and the public. It was</p>

	<p>felt that this marked a new way of working where the partnership could keep abreast of the curve and work proactively on data inferences.</p> <p>Finally, the Board was asked to consider the relational environment for multi-agency and multi-disciplinary teams working with the data; there was a need to create a fundamentally new way of working digitally, with digital architecture and strategy driving the integration which would be critical for transformation.</p> <p><i>The Board noted the update.</i></p>
<b>5.</b>	<p><b>Presentation - About Our Workforce and commitment to Equality, Diversity and Inclusion</b></p> <p>Safina Nadeem provided the board with an overview of equality data for Frimley, this included WRES, WDES and staff survey data. The presentation focussed on the ICB's people ambition and how this supported workforce recruitment, retention, progression and resilience and the opportunity to leverage the system's joint resources and reach to create a supportive, innovative, and ambitious environment for everyone in the system.</p> <p>Key highlights were detailed as follows:</p> <ul style="list-style-type: none"> <li>• Frimley had a higher proportion of female staff compared to South East (74.5%)</li> <li>• There was a higher proportion of staff from European Economic Area compared to the region (7.2%)</li> <li>• Frimley had a lower risk of retirement than the South East region (19.3%)</li> <li>• Key priority areas were Indicator 5 (staff experiencing harassment, bullying or abuse from patients/public) and Indicator 1 for progression from Lower to Upper Band levels</li> <li>• Main area of priority for Frimley was Metric 1 Disability declaration rate of clinical and non-clinical staff</li> <li>• Frimley was strong in terms of disability representation at Board level</li> </ul> <p>Information about individual organisational priorities were then presented as well as the ICB EDI strategy.</p> <p>Frimley System next steps include some of the following actions:</p> <ol style="list-style-type: none"> <li>1. Continue to develop a robust data strategy across the Frimley system</li> <li>2. Agree system priorities (workforce and population)</li> <li>3. ICB – EDI Board Champion</li> <li>4. System anti-racist strategy</li> <li>5. Develop ICB shadow/mirror board</li> <li>6. Extend the Snowy White Peaks programme supported by Health Education England</li> <li>7. Develop allies against racism programme with Frimley Academy</li> <li>8. Reciprocal mentoring programme</li> <li>9. Cultural Intelligence</li> </ol> <p>Members thanked Safina Nadeem and queried the pace at which change was taking place, confirming the need to keep reviewing actions and progress at ICB level. There was particular</p>

	<p>concern raised around Indicator 5 (as described above) and the need to drive cultural change through the management structure. Members agreed that in order to create a truly inclusive culture for the ICB – the newly enlarged organisation had proactively to engage and listen to all its staff and then act on that feedback to deliver meaningful change.</p> <p><i>The Board noted the update.</i></p>
<p><b>6.</b></p>	<p><b>Presentation - Children &amp; Young Persons Review</b></p> <p>Tracey Faraday-Drake presented the Children and Young Persons (CYP) Review.</p> <p>The review had focused on providing the foundations for a new, long-term strategy for CYP integral to the new overarching strategy for NHS Frimley. The review had been highly participative and was being steered by the Place and CYP leads from across the system. Semi-structured interviews had been held with 40 key stakeholders, including colleagues from neighbouring ICSs and NHSE to help the ICB understand its challenges and priorities. Workshops had also been held to agree priorities and how the ICS CYP portfolio would lead and support progress. It was also confirmed that Barnardo’s had provided support by developing a vision and approach for the ICB.</p> <p>Members were then given a forward view, covering five ICS transformation programmes and six ICS strategic enablers:</p> <p>Five ICS transformation programmes:</p> <ol style="list-style-type: none"> <li>1. Starting well</li> <li>2. Transforming neurodiversity services</li> <li>3. Transforming CYP mental health</li> <li>4. Access to physical health services</li> <li>5. Improving SEND</li> </ol> <p>Six ICS strategic enablers:</p> <ol style="list-style-type: none"> <li>1. Bringing the authentic CYP voice</li> <li>2. Systematic use of data and insights</li> <li>3. Connecting all sectors in an alliance</li> <li>4. Creating strategic partnerships with education</li> <li>5. Workforce planning and development</li> <li>6. Transitioning to adulthood</li> </ol> <p>Key Milestones were then reviewed, covering the period between approval of the programme in July and sign-off of the long-term strategy in December 2022.</p> <p>Members thanked Tracey Faraday-Drake for the informative presentation, expressing encouragement at the forward view and the work outlined therein; it was felt to be important for the ICB to have CYP on its first business agenda. Members also queried whether partner involvement could be leveraged to benefit the steering group driving the programme.</p>

	<p>It was felt to be important that ambitions were set high around transformation and deliverable outcomes, and that investment was critical as the programme represented prevention as much as it did intervention.</p> <p>It was noted that the Department for Education was currently engaged in significant policy development towards a new Special Educational Needs and Disabilities (SEND) Green Paper which would further change the way systems work with children with special needs.</p> <p><i>The Board noted the update.</i></p>
<b>7.</b>	<b>Use of Resources – Financial Plan 22/23</b>
	<p>Richard Chapman presented the paper which described the NHS Frimley financial plan for 2022/23 as submitted on 20 June 2022. The paper detailed the risk inherent within the plan, both quantified and unquantified, and provided current intelligence on the delivery of the plan.</p> <p>Members were informed that, although the Frimley system had submitted a balanced plan, there remained a material risk to both revenue and capital. Members reviewed the impact described within the papers, identifying a residual risk of 28.3 million for which there was no identified means of delivering in addition to a residual risk of around £17 million excess costs likely to be incurred due to the ongoing Covid-19 pandemic. This total material risk of around £45 million, in addition to around 8.8 million unidentified efficiencies, meant a total risk of about £53 million to the system’s break-even position.</p> <p>It was therefore felt to be necessary to establish at pace a mitigation plan for the outlined 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. It was proposed that the strategic finance group would develop options to mitigate the financial risk inherent in the plan as follows:</p> <ul style="list-style-type: none"> <li>• Establish a clear view of system financial risk</li> <li>• Develop options to mitigate that risk, for agreement at CEO level by system partners</li> <li>• Develop options to structure commonality in system controls for new expenditure commitments</li> <li>• Recommend a clear and robust governance process to enable escalation and oversight of financial risk within the system</li> </ul> <p><i>The Board noted the update and approved the next steps as outlined above.</i></p>
<b>8.</b>	<b>Patient Safety Specialist Programme</b>
	<p>Sarah Bellars gave the update on the National Patient Strategy, which set out what the NHS would do to achieve its vision to continuously improve patient safety. National priorities were listed as well as next steps for implementing the strategy across Frimley, including:</p> <ul style="list-style-type: none"> <li>• Board commitment from all NHS organisations</li> <li>• Identified Non-Executive Member (NEM) for Patient Safety on all ICB Boards</li> <li>• ICB NEM Dr Priya Singh</li> <li>• ICB Patient Safety Specialist Mel Bessant</li> <li>• Patient Safety Specialists in providers</li> <li>• ICS Patient Safety Network</li> <li>• ICB Board members requirement to complete patient safety training.</li> </ul>

	<p>Whilst recognising that the new incident reporting processes were helpful in encouraging an open safety culture and prompt sharing of learning, Provider Members voiced concern that incidents being reported directly to the central system could lead to increased organisational administrative burden, as these incidents also needed to be known and reviewed locally.</p> <p><i>The Board noted the update.</i></p>
<b>9.</b>	<b>Update on our Integrated Care System Development</b>
	<p>Sam Burrows presented the slides covering the ICS Development journey from 2016 through to 2022, covering ambitions, strategic objectives, and new ways of working across the system.</p> <p>Due to time constraints, the document was taken as read and noted without further comment or question.</p> <p><i>The Board noted the update.</i></p>
<b>10.</b>	<b>Any other Business</b>
	None.
<b>11.</b>	<b>Questions received in advance from members of the Public</b>
	<p>The Board received had received one question in advance from a member of the public. The question, relating to Slough Urgent Care, was answered by Sam Burrows. Sam thanked the enquirer for raising what was considered to be an important issue.</p> <div data-bbox="209 981 1369 1697" style="border: 1px solid black; padding: 10px;"> <p><b>Question:</b> “I live in Slough. I see and understand that Wexham Park is under enormous pressure especially as it is an A&amp;E department. You place updates on Facebook suggesting attending an urgent care centre, the closest being Bracknell. I do not personally feel this works.</p> <p>I feel the people of Slough and surrounding areas will see it as a 22-25 minute /10 mile journey each way. Whereas they will see going to Wexham a 12-15 minute/3 mile journey each way as preferable.</p> <p>Slough walk in centre has not reopened. St Marks urgent care in Maidenhead has not reopened.</p> <p>Could an urgent care centre be built/made at Wexham or in the Slough area - giving locals an effective alternative to going to Wexham. And possibly an emergency GP centre too. That would give triage at Wexham the chance to select an on-site GP or urgent care place instead of an A&amp;E place.</p> <p>The people of Slough do not want to clog up A&amp;E but a lack of access to GPs and alternatives such as our previous walk-in centre give some little choice.”</p> </div> <div data-bbox="209 1738 1369 2051" style="border: 1px solid black; padding: 10px;"> <p><b>Answer:</b> “At the height of the pandemic, the Slough Walk-in Centre at Upton Hospital was suspended in order to reduce the risk of infection to patients and staff and also to enable health services to focus resources on where they were needed most. Throughout this period the Chapel Medical Centre, located in the same building has continued to offer comprehensive general practice services to its registered patients, including our most vulnerable groups such as homeless and asylum seeker populations.</p> <p>The suspension of the Walk-in Centre allowed for the provision of a number of additional services by appointment through all Slough GP practices, including a home visiting service and dedicated services for people with Covid-19, which included face to face assessments as well</p> </div>

	<p>as support to access vital diagnostics such as pulse oximetry monitoring for at risk groups. Routine health checks were also offered to help reduce delays to care.</p> <p>Over the course of the pandemic the services available have been adapted to best meet the needs of the community. Services currently being provided with the available resources include additional GP appointments bookable through all Slough GP practices, and an additional GP home visiting service which has supported people in the community with both Covid and non-Covid related illnesses, ensuring our local GP practices and their teams have had more capacity to respond to their patients' needs.</p> <p>GP and nurse appointments are also available during weekday evenings and weekends, at five hub locations across Slough (Chapel Medical Centre at Upton Hospital, Farnham Road Surgery, Herschel Medical Centre, Bharani Medical Centre and Langley Health Centre), bookable through Slough GP practices.</p> <p>In addition, NHS Frimley and local GP practices have been working together to improve overall access to general practice, including providing a significant number of additional appointments. The general practice team is also expanding to include a wide range of other professionals such as paramedics, pharmacists, physiotherapists, and mental health practitioners. GP leadership of a multidisciplinary team provides an improved service by increasing the range of conditions able to be treated without onward referral to other services.</p> <p>New digital telephony systems are supporting people to get through on the phone, and improved practice websites are more user-friendly with clearer practice information and signposting to self-management options. Investment has also been made in additional call handling capacity to enable call waiting times to be reduced and increase the number of calls being answered at peak times to help manage demand. The NHS app gives access to online prescription requests, and rapidly expanded online consulting tools give alternative routes for administrative requests and access to routine appointments, freeing up telephone systems for those who need to use them.</p> <p>There are a wide range of options outside of the GP practice available to local people when seeking support. This includes the NHS website (for information on symptoms and care), the Frimley Healthier Together website, (for families and young people), the NHS app, 111 online or over the phone and through the support of local pharmacies.</p> <p>As a system partnership, we recognise that our population need is constantly evolving and that whilst the most acute phases of the pandemic appear to be behind us, things are not the same today as they were before the arrival of COVID-19. To help us best plan for the changing needs of our patients, we have commenced a strategic review of all 'on the day' services that we offer to our communities. The outputs of this work will be brought to a future meeting of this Board and will also be comprehensively tested with local people for their views."</p>	
<b>12.</b>	<b>Close</b>	
	The Chair closed the meeting at 13.00.	

# Frimley Health and Care



## The Living Well Ambition September 2022

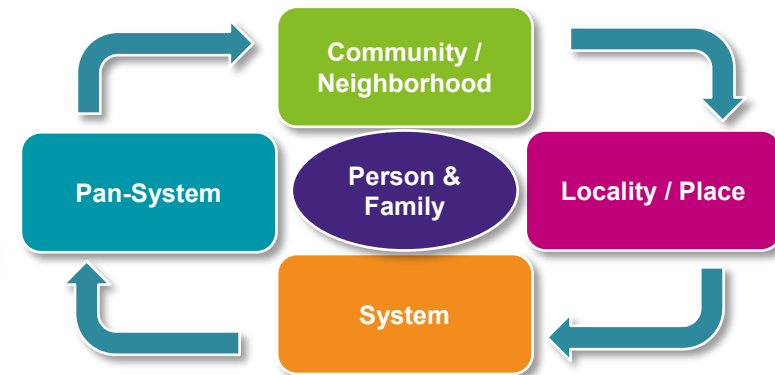


**Ambition Sponsor: Tim Ho**  
**Ambition Convenor: Stuart Lines**  
**ICS Programme Lead: Mahmuda Ullah**





# Frimley Health & Care ICS: 5 Year Strategy - the story so far



## Creating healthier communities with everyone

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



## The Living Well Ambition

- The Living Well Ambition is based on the premise that the long-term sustainability of our health and social care system depends on **people living longer in good health. Our people want to live and age well, able to live their lives to the full**
- Our aim is to **identify and target the cohorts of people** where physical and mental health outcomes can be improved, with a focus on deprivation, inequalities and those with most complex needs.
- The Living Well Ambition is **sponsored and delivered by teams working across organisations**, focusing on achieving improved outcomes for local people through better integration, transformation and innovation.
- We are **working collaboratively** across local authority, health, and voluntary sector **to understand and build our communities**, maximising the collective impact we can have on the health of our population.
- **Sustained focus on the stark intra-and inter place health inequalities** associated with poor, and worsening, health and wellbeing outcomes in our more deprived communities and other groups.
- Creating prevention programmes with our residents and local partners to create a **culture of prevention and self-care** collectively.



## Principles Influencing The Living Well Approach

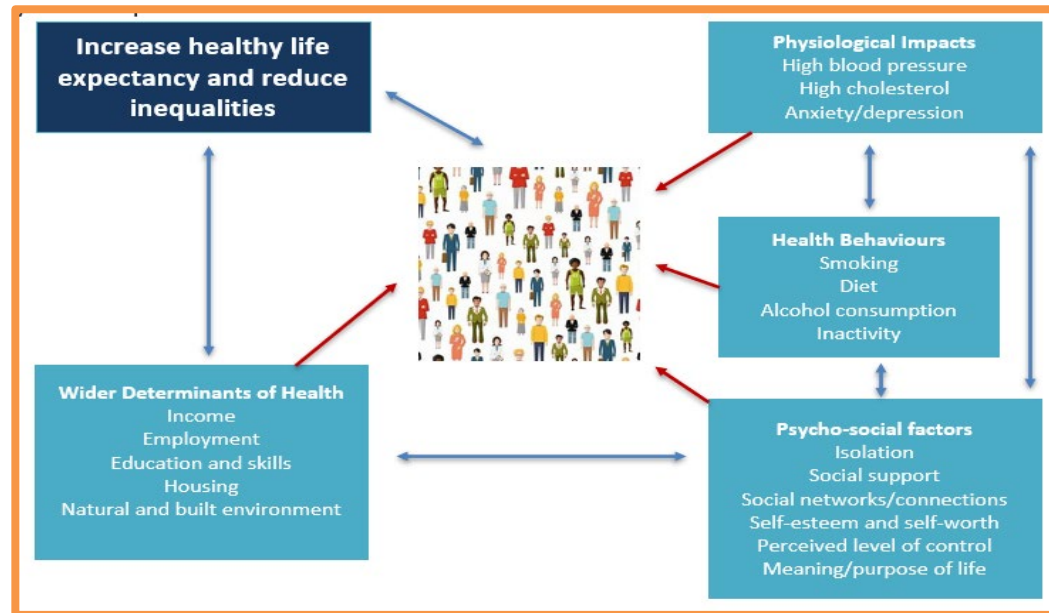
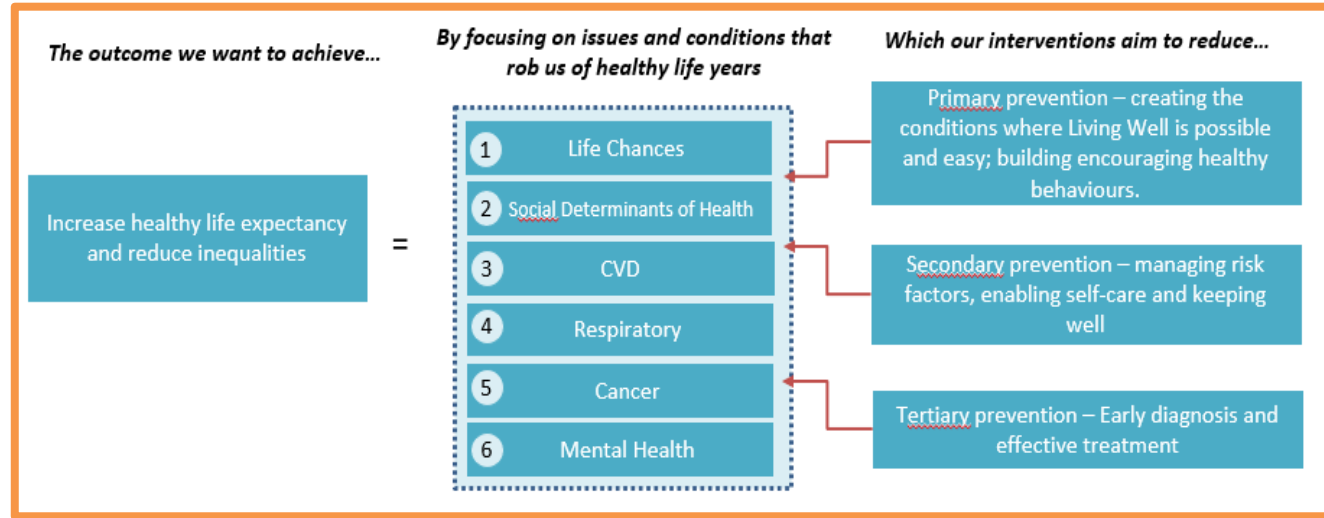
- The logic model
- Evidence based decision making using a PHM approach - clinical and demographic data
- Priorities based on community insights and co design with residents
- How we deliver is influenced by the ways of working across Frimley – partnership approach, health inequality focussed
- Networked across the system rather than silos
- Partners hold each other to account, rather performance managed



# The Logic of Living Well

Our ICS goal is to increase healthy life expectancy at birth, by 2 years, and reduce the gap in healthy life expectancy between our least and most deprived communities, by 3 years.

**We will do this through coordinated actions at system and place.**





# Collectively agreed 3 Living Well System Wide Priorities

## CVD Prevention

- ICS CVD Prevention Group established.** Diverse range of colleagues coming together to develop a menu of opportunities.
- Oversee CVD prevention activities at Place,** unblocking and driving forward the delivery of the priorities in each of our Places. And **coordination, information sharing, support and collaboration across.**
- Hypertension has been identified as the primary focus for the next 12 months** (which threads into health checks and other modifiable risk factors), as there has been a sharp fall in treatment targets. Identifying and treating people with hypertension is a big priority for our system and where the greatest reductions in premature mortality can be made.
- A number of community approaches being explored** to build on the work that is currently underway.

## Healthy Weight

### ICS Healthy Weights Group established.

The aim is to enable Frimley ICS residents to maintain a healthy weight and to maximise their years of healthy life whoever they are and wherever they live in the ICS, while informing and empowering people to make healthy choices and delivering evidenced based programmes across the life course

### Our aim is to:

- To increase the proportion of adults and children in the Frimley ICS who are of a healthy weight
- To reduce the proportion of adults and children in the ICS who are obese

## Smoking

- Frimley Health Smokefree Steering Group established** to reduce the smoking prevalence across the ICS and implement the NHS LTP objectives relating to tobacco.
- driving the smokefree agenda across the ICS,
- provide and maintain oversight of the implementation of the Inpatient Tobacco Dependency programme that supports more people accessing secondary care to quit smoking.
- By 2024, 100% of inpatients and maternity patients across the ICS will be offered opt-out tobacco treatment services.
- Working collaboratively with LA/PH partners to improve linkages and coherence of the tobacco control and stop smoking offer across the ICS patch.



# Other living well priorities

## Areas Prioritised in the LW framework

1	Smoking
2	Education, Employment and income deprivation
3	Reducing Health Inequalities
4	Obesity (incl. healthy diet) and Physical Inactivity
5	Family/social support
6	Targeted lifestyle support for those with the greatest need
7	Built environment
8	Healthy Hospital Strategy
9	Air Pollution



# Cardiovascular Disease Prevention

## Frimley Health and Care



## Living Well - Hypertension awareness and reduction

### Overview of initiatives

- Campaign work, running specific campaigns and targeting engagement with groups at higher risk.
- ICS webpage for CVD prevention.
- NHS health checks.
- Digital Weight Management Programme.
- CORE20PLUS5 - hypertension case finding.
- Community hypertension bus pilot.
- Community pharmacy blood pressure (hypertension) service.



- AccruRx Florey.
- BP@Home.
- Health Checks at vaccination sites.
- Community hypertension pilot - devices in community
- Omron hypertension plus.
- Lakeside hypertension focussed days.
- 24-hour Ambulatory Blood Pressure monitoring and holter service.

**Know your numbers**

	Top number Systolic	Bottom number Diastolic
Low BP	Less than 90	Less than 60
Normal BP	90 - 120	60 - 90
High Normal BP	120 - 140	80 - 90
High BP	140 and above	90 and above

Learn more, visit [www.frimleyhealthandcare.org.uk/bloodpressure](http://www.frimleyhealthandcare.org.uk/bloodpressure)

**Did you know...**

- 1 in 4 people in the UK have high blood pressure.
- High blood pressure is a leading cause of heart disease and stroke.
- Most people with high blood pressure don't know they have it.
- Regular blood pressure checks can help you manage your blood pressure.
- There are many ways to help you manage your blood pressure.

Find out more online at: [frimleyhealthandcare.org.uk/bloodpressure](http://frimleyhealthandcare.org.uk/bloodpressure)

**Blood pressure: Know your numbers**



# Cardiovascular Disease Prevention

## Frimley Health and Care



## Example approaches



### A coordinated campaign with supporting resources

Bespoke resources created to provide information in printed, online and video format, with simple, straightforward messaging and advice. Tested with local people whilst in draft form. Designed to link with national and global hypertension awareness campaigns and provided in a comprehensive resource pack to staff and partners for use in their own communities.



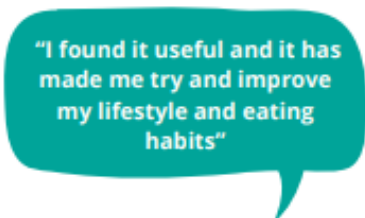
### GP and clinician based interventions

GPs and local community pharmacies are identifying patients at risk of hypertension (but as yet undiagnosed) and offering a BP check or BP monitor for home readings. Health checks offered at the beginning of the year to those attending vaccination centres.



### Community based monitors

Placing monitors in community venues where local people can more easily access them with the support of their community leaders and peers and in a safe, familiar and trusted environment.



### Staff support and awareness

Staff encouraged to attend drop in sessions throughout May measurement month and get to know their numbers. Campaigns and resources highlighted throughout staff communications and in staff meetings.





# Healthy Weights

## Key achievements to date

- **NHS Digital Weight Management Programme**
- Frimley was an early adopter site for is now well embedded, **working in collaboration with LA**
- Our ICS is now the **highest performing system in the country** in terms of take up.
- The weight management services one pager and the ICS webpage being shared as an exemplar of good practice across the country.
- Updated overview to include **information on provision for people with learning disabilities** on the public website
- Digital offer that can be integrated or aligned with other local services.
- Referral form for DXS.
- This programme will also support our 'waiting well' programme.approx. 4000 people

## Weight Management Services

- All 5 of our places now have a thriving Tier 2 Weight Management Service

## Whole Systems Approach (WSA) to Obesity

- **ICS Whole Systems Approach (WSA) to Obesity workshop** delivered in conjunction with NHSEI and OHID colleagues, system partners incl voluntary and community sector. .
- **Surrey Heath's** successfully delivered 2 Obesity workshops, which was well attended.
- **Rushmoor's** WSA to Obesity Key Stakeholders engaged through a series of workshops.
- Community engagement has been highlighted as a priority and stakeholders are undertaking informal engagement activities within their settings.
- Rolling out Physical activity training in secondary care
- Active Medicine Programme – We are working with Get Berkshire Active (GBA) to explore the Active Practice idea.
- ICS Healthy Weights group established
- Healthy Behaviours HNA is underway delivered collaboratively by the three Local Authorities in East Berkshire. The aim of the HNA is to understand fully the health needs and not just what the data tells us but also to understand the community insights and what is important to the community



# Smoking

Tobacco Dependence Treatment Services in the Acute

Tobacco Smoke Free Policy

Smoke Free Pledge

5 Community top Smoking Services

Health Improvement Campaigns

ICS Webpage

Aligning work to the CORE20PLUS5 approach





### Investments we have made

- Community hypertension pilots
- Clinical Pharmacists
- Omron Hypertension Plus pilot
- Additional BP machines
- CVD Resources for our residents and staff
- Community Pharmacy Contract
- Healthy Weights Project resource
- Inpatient Tobacco Dependency Service

### Measuring the Impact of the ambition

- Avoided admissions - cost avoidance and productivity gains
- Allowing services to deliver care for increased numbers of patients, whilst increasing quality, self-care and compliance.
- Indicators and outcome measures (PHOF, Shared Care Record, QOF).
- Working with PHE
- Evaluate the engagement work

### Benefits already being seen

- **Closer collaboration and partnership working with Health, local government and the Voluntary, Community and Faith Sector at place**
- **People are engaged and have the skills**, confidence and support to take responsibility for their own health and wellbeing
- **Improvement in health literacy and outcomes** resulting in better prevention and self-management e.g. via Social Prescribing
- Our **most vulnerable cohorts and populations have improved physical and mental health outcomes**
- Strengthening communities through **recognising, identifying and harnessing existing 'assets'**

### Collaboration learning across the system

- Aligned delivery with the other Ambitions
- Improve communication and working relationships
- Provide a better experience for our residents
- Strengthening relationships with places and wider stakeholders
- Support places to develop comparable outcome measures
- Share evidence of best practice
- Peer support, networking and influencing
- Evidence base and prioritised set of priorities



## The key priorities for 2022-23

1. Continue with our 3 main priority areas (CVD Prevention, Healthy Weights, Smoking)
2. Focus on Health Inequalities - to improve and reduce variation in health outcomes across disease areas in our system
3. The Living Well ambition to be delivered at 'place' but within a system framework - 9 Priority areas
4. Support Health Improvement behaviour change programmes across the ICS
5. **CVD Prevention** - Focus on prevention and management of **Hypertension** – brief interventions for smoking and alcohol, links with community deal, better management of hypertension
6. Support **community engagement** with groups with poorer health & wellbeing outcomes to understand barriers and develop solutions
7. Roll out **Tobacco Dependency programme**, to ensure the provision of a resilient, sustainable programme that supports more people accessing secondary care to quit smoking.
8. Renewed commitment to **smoke free sites** (sign smoke free pledge) across our services and develop a tobacco control and e-cigarette strategy
9. Scope and start to develop Frimley ICS **Healthy Weights Strategy** and action plan (consider system-wide approach learnings from Amsterdam and the outcomes of the Health Needs Assessment).
10. Contributing and aligning to the **CORE20PLUS5** approach
11. Build on the Health promotion campaign work
12. Explore **staff offers of support** around: Smoking, Healthy Weight and hypertension, including rolling out staff NHS Health Checks in the Trust – Workplace Health
13. Enhance Physical Activity awareness in secondary care – moving towards activity prescription in clinical practice and training for staff
14. Social Prescribing response – continue to use the Social Prescribing function to support vulnerable people, linking with community hubs, long waiting lists
15. Healthy Conversations e.g. MECC – opportunistically encouraging individuals to consider their lifestyle and health with a view to identifying small but important changes.

***Thank you***

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**IN THE END, IT'S  
NOT THE YEARS IN  
YOUR LIFE THAT  
COUNT. IT'S THE  
LIFE IN YOUR YEARS**



## FRIMLEY INTEGRATED CARE BOARD

<b>Title of Paper</b>	Development of an NHS Frimley Mirror Board		
<b>Agenda Item</b>	6	<b>Date of meeting</b>	20 September 2022
<b>Exec Lead</b>	Safina Nadeem, EDI Director/System Lead		

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

<b>Link to Strategic Objective</b>	Tackling Inequalities <i>System Ambition - Our People ICS EDI ambitions</i> -Senior Leadership Development, Diverse Teams, Building inclusive cultures, Anti-racist system
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### Executive Summary

This paper sets out a proposal to develop a Mirror Board to the NHS Frimley Board as part of the overall development programme. This innovative programme will provide an opportunity for staff from across the System to gain experience of Board level discussions supported by a development programme. The ambition is to develop a diverse succession pipeline for Boards and provide the Board with access to diversity of thought to its agenda. This will directly contribute to the Frimley ICS EDI ambitions, particularly 1) senior leadership development 2) diverse teams 3) building inclusive cultures to develop and 4) and anti-racist System.

In developing the proposals in this paper, experience and learning has been taken from other organisations and valuable contributions have been made from the System Equality, Diversity and Inclusion Professionals Network.

£55,000 has been sought from Health Education England Workforce Development Funds to progress this proposal and to fund an external evaluation.

<b>Recommendations</b>	<ul style="list-style-type: none"> <li>The Board is asked to <b>discuss</b> and agree on the primary aim for recruitment to the first Mirror Board (section 4.3).</li> <li>The Board is asked to <b>approve</b> the proposal for the Mirror Board.</li> </ul>
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### Please provide details on the impact of following aspects

Risk and Assurance	Without adequate resourcing (finance for the development programme and managerial and administration support), evidence suggests that objectives will not be met.
Equality and Quality Impact Assessment	The proposal will have a positive impact.
Patient and Stakeholder Engagement	Stakeholder Engagement through the System EDI Professionals Network Governance Team to engage in practicalities

Financial Impact and Legal implications	<p>£55k to secure a development programme and evaluation for the Mirror Board and NHS Frimley Board. This has been sought from the Health Education England Workforce Fund. Status of bid unknown at current time.</p> <p>Supports the Public Sector Equality Duty</p>
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<b>Reporting – has this paper been discussed at other meetings</b>		
Committee Name	Date discussed	Outcome
EDI Professionals Network	23 August 2022	Enthusiastic support for the proposal, with additional comments incorporated into this paper.

# Development of a Mirror Board for NHS Frimley

## 1. Introduction

NHS Frimley was established in July 2022, governed by a different type of Board with statutory membership drawn from those with experience of working in local government, NHS provider and primary care sectors. This paper sets out a proposal for the development of a Mirror Board as part of the overall Board Development Programme.

The case for supporting initiatives to increase the diversity of pipelines to the Board is clear. Data taken from the South East Workforce Race Equality Standard Report, demonstrates how under-representation from people from BME groups, manifests itself across the ICS workforce.

Indicator number and description			ICS	South East	National	Percentile rank*
<b>Indicator 1: BME representation in the workforce by pay band</b>						
BME representation in the workforce overall			28.8%	22.1%	22.4%	
Pay band at which BME under-representation first occurs	Non-clinical	Band 4 and under	Band 3	Band 3	Band 3	
		Band 5 and over	Band 8B	Band 8B	Band 8B	
	Clinical	Band 4 and under	Band 3	Band 3	Band 3	
		Band 5 and over	Band 6	Band 6	Band 6	
	Medical		Consultant	Consultant	Consultant	
	Race disparity ratios	Non-clinical	Lower to middle	1.10	1.07	0.91
Middle to upper			1.48	1.28	1.39	51%
Lower to upper			1.62	1.38	1.27	54%
Clinical		Lower to middle	1.72	1.98	1.59	15%
		Middle to upper	1.36	1.64	1.36	54%
		Lower to upper	2.33	3.26	2.16	34%

And the difference between people from BME communities who are represented at Board against the percentage of people from BME communities in the wider workforce.

Here

<b>Indicator 9: BME representation on the board minus BME representation in the workforce</b>				
Overall	-13.0%	-8.8%	-9.8%	73%
Voting members	-12.4%	-9.2%	-10.0%	71%
Executive members	-11.2%	-12.8%	-13.5%	56%

Ref: Frimley Health and Care, South East Region, Workforce Race Equality Standard 2016 - 2021

data is only available for NHS provider organisations

## 2. The concept of a Shadow Board

Many organisations, particularly in the private sector, have developed shadow boards. Companies such as Gucci have recruited younger employees onto shadow boards to provide insight on potential new market segments, recognising that Boards tend to have an older workforce profile. Some public sector organisations have developed shadow boards to provide

a talent pipeline to the Board or develop a diverse pipeline for the future. In developing these ideas learning has been taken from elsewhere, particularly West Yorkshire ICB who were running a Shadow Board in a predecessor organisation.

NHS Frimley proposes to build on and develop this concept further as part of the Board development programme and its commitment to equality, diversity and inclusion.

Whilst the word ‘shadow’ is widely used by other organisations, we do not believe that this promotes the ethos of what we are trying to achieve. We are instead proposing to use Mirror Board. The proposal has been discussed at the System EDI Professionals Network. Members were very supportive of the concept, approach and proposed name and contributed to a further iteration of this proposal.

### 3. Benefits of a Mirror Board

To NHS Frimley and wider System	To individuals
Increase the diversity of thought at the most senior level	Exposure to collaborative working at the highest level
Opportunity for succession planning and growth of individuals into Board roles	Opportunity for reciprocal mentoring and a development programme
Longer term, supports the Board in becoming more representative of the communities it serves	Values and supports potential
Provides a further staff/ community lens to Board discussions	Opportunity to bring a different lens to and influence Board discussions
Opportunities for reciprocal mentoring for both parties	Networking across the System/ ICB
Retention within the System for those considering Board roles	Insight into different organisations
Insight, feedback and ideas to senior decision-makers	Understanding of what is different about a Board role
Embedding culture	Safe space to test out a Board role
Development of Board identity within ICB and wider system	

### 4. Proposed model

#### 4.1 Mirror Board Members

It is proposed that there are places on the Mirror Board to exactly mirror the composition of the Board (19 members). The Mirror Board Chief Officers, Chief Executive and Chair members would be open to people from across the System organisations, with eligibility according to the role – e.g. CFO role would need a Finance background and intended future career in this area.

Primary care, local authority and trust Mirror Board members would only be open to those from those organisational forms.

Mirror Board Non- Executive members would be recruited from community organisations/ wider community.

The Equality, Diversity and Inclusion/ System Lead would Chair the Mirror Board alongside the ICB Board champion.

#### **4.2 Mirror Board in practice**

The Mirror Board would take place the day before the Board meeting. Members would have access to Board papers in advance of the meeting (this would include any papers being presented in a private meeting at the discretion of the Board Chair). Mirror Board attendance to observe private (subject to disclosure protections) and public meetings would be encouraged to develop their understanding. A Member of the Mirror Board would present each of the papers with Mirror Board members presenting each item. They may wish to discuss this in advance with the author or sponsor of the paper. The Chair would reflect the discussion at the Mirror Board (MB) at the start of each agenda item of the Board the following day, providing additional perspectives to the Board discussion. Feedback would be available to MB members from an observer.

Mirror Board members and Board members would be encouraged to enter a reciprocal mentoring arrangement which would be supported through the development programme.

#### **4.3 Recruitment**

The approach to recruitment will be determined by the primary aim agreed by the Board.

<b>Primary aim</b>	<b>Recruitment method</b>
A) Bringing diversity of thought to Board discussions	Open to applications from across the ICB and partner organisations irrespective of grade/ seniority or protected characteristic group
B) Board succession planning	Nominations from Board members identified as aspiring to a Board role within the next two years
C) Development of pipeline of people from under represented groups and those with lived experience of health and care services	Open to applications from across ICB and partner organisations from those groups under represented on the current Board/ Board level positions in partner organisations working to a Deputy Director or Director

Whilst a combination of the above approaches could be taken, having a primary aim in mind will be important in setting the membership of the Mirror Board up to succeed. Evaluation criteria will be driven by the primary aim.

#### **4.4 Development Programme**

The Mirror Board would be supported by a development programme, commissioned from an external organisation. NHS Berkshire, Buckinghamshire and Oxfordshire are developing a similar approach and there have been discussions about potentially collaborating on this. The development programme would include:

- a facilitated session with the Board to establish connection and an environment of psychological safety
- Joint session with the Board on cultural intelligence and reciprocal mentoring
- a learning programme for the Mirror Board in areas such as corporate governance, risk etc
- skills development such as influencing, emotional intelligence
- observation and feedback on their performance at the Mirror Board meeting
- access to coaching

#### **4.5 Tenure**

The proposed tenure for a Mirror Board member would be 18 months.

### **5. Resources required**

- £45,000 for the development programme over an 18 month period.
- £10,000 for external evaluation
- A bid for these resources has been submitted to Health Education England. If unsuccessful this will need to be identified locally.
- Consideration of backfill for members of the Mirror Board who maybe practicing clinicians.
- Support from the Governance Team to ensure papers are managed in good time and decisions taken about papers to meetings in private. Formal minutes of the meeting will not be required.
- Support from the OD/ LD Team to meetings as an observer.

**Viki Wadd**

**7 September 2022**

## FRIMLEY INTEGRATED CARE BOARD

<b>Title of Paper</b>	ICS Strategy Refresh – National Guidance and ICP Establishment – Next Steps		
<b>Agenda Item</b>	8	<b>Date of meeting</b>	20 September 2022
<b>Exec Lead</b>	Sam Burrows, Chief Transformation Officer		

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

<b>Executive Summary</b>	
The following slides outline the National Guidance surrounding the ICS Strategy Refresh in addition to the roadmap and next steps for ICP Establishment.	
<b>Recommendation</b>	The Board is asked to <u>note</u> the ICS Strategy Refresh National Guidance and the next steps for ICP Establishment as outlined in the following slides.

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

<b>Reporting – has this paper been discussed at other meetings</b>		
<b>Committee Name</b>	<b>Date discussed</b>	<b>Outcome</b>



## ICS Strategy Refresh – National Guidance ICP Establishment – Next Steps

August 2022





# Current ICS Strategy and Development History



**”Creating Healthier Communities”** was published in 2019 as the first Frimley ICS Strategy. The strategy was designed following significant co-production between partner organisations, the third sector, our workforce, patients and the public.

The strategy was heavily informed by the data and insight available from the Connected Care platform and led to the formation of six Strategic Ambitions (left) which have comprised the programme architecture for strategy delivery between 2020 and 2022.

The two Objectives of the Strategy are:

- Improving Healthy Life Expectancy
- Reducing Health Inequalities

**All of our strategic intent should be aligned to these outcomes.**



# National Guidance published 29<sup>th</sup> July 2022

On 29<sup>th</sup> July the Department of Health and Social Care published new guidance on ICS Strategy development.

### Main headlines from the National guidance:

- Integrated care partnerships will be expected to publish an initial interim strategy by December 2022 which will align and influence joint ICB-NHS Trust five-year joint forward plans in April 2023.
- For systems which already have an ICS Strategy, an initial “refresh” will be acceptable
- Strategies should be informed by JSNAs and Health and Wellbeing Board strategies
- Should focus on “whole ICS” initiatives that span multiple Health and Wellbeing Board geographies
- Broad engagement is a requirement, which the ICP as a forum can assist with if suitably broadly populated
- ICS Strategies should include:
  - Shared objectives and outcomes across the ICS
  - Quality improvement focus
  - Identified joint working opportunities using s75 as an enabler

### Systems are being encouraged to focus on:

- Personalised care
- Addressing disparities in health and social care outcomes
- Population health and prevention
- Health protection
- Babies, children and young people (and their families)
- Healthy ageing
- Workforce, research and innovation
- Data and information sharing

### Planning Horizon of ICS Strategies

- Strategies are expected to be ‘multi-year’ in focus
- Should be refreshed when new JSNAs are published



# Proposal on Future Strategy Shape

### We will want to test with partner organisations through the ICP:

- Whether our two overarching objectives still reflect the strategic direction of our partnership
- How the six strategic ambitions can be further strengthened to enable us to deliver improvement
- Do we wish to retain the Sponsor / Convenor model? If so – identifying new individuals for the ambitions will be essential

### Starting focus questions on the existing ambitions:





# Identifying New Priorities & Focus Areas

Our Strategy Refresh approach should learn from what worked well during the 2019 Strategy Creation work:



## Evidenced based, drawing on actionable insight from our Connected Care platform and Public Health JSNAs

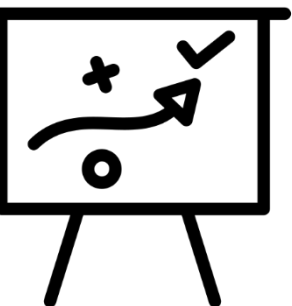
- We have all of the underlying digital and data architecture required to generate actionable insight for driving improvement
- Five Joint Strategic Needs Assessments are available to our partnership and if used appropriately can be core and complementary to improvement identification
- Benchmarking from Regional and National ALBs (CQC, NHS England, Govt. Departments) can play an important role in triangulating our identified strategic priorities



COMMUNITY  
ENGAGEMENT

## Our communities and third sector partners have demonstrated a strong desire to be involved in this work

- Building on the work of the Community Deal ambition and the strong history of the three CCGs in this space we should be seeking to create a maximal voice for residents and communities in this refresh
- We must ensure that the approach is inclusive and effective in hearing from all parts of our population, recognising that this may require specialist expertise in achieving successfully
- Building on the work with NHS Charities since 2020 provides an additional new foundation for introducing the third sector to strategic development part of our work together



## Making best use of strategies and approaches which are already deployed in the ICS

- The 2019 strategy is still recent and relevant with many of the opportunities identified not yet realised due to the disruption of the last two years. It is essential that this work is not discarded and that retention is prioritised.
- We have been working on other complementary strategies since 2019 which will need to be reflected in this work – new strategies should not be creating or reinforcing silos
- Health and Wellbeing Board strategies have an important role to play in the informing of this refresh, recognising that the ICS strategy should show a scaleable element of value addition which goes beyond individual Health and Wellbeing Board geographies



# Reminder of Role and Remit of ICP

## Remit of the ICP:

- Consider and set the strategic intent of the partnership; holding the role of final approver of the ICS Strategy, including the proposed programmes of work and intended outcomes and benefits which are intended from the approach.
- Act as an objective “guardian” of the ICS vision and values, putting the needs of the population and the successful operation of the ICP 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 array of local stakeholders and democratic representatives

## Membership of the ICP from the following eligible organisations:

- All Local Authority organisations within the ICB area (Unitary, County Council and District / Borough Councils) including:
  - Chief Executive or Director of Adults and / or Director of Children Services
  - Health and Wellbeing Board elected Representatives – ideally elected Chairs but HWBBs may want to put forward a different elected member
- Public Health from across the Frimley geography
- All NHS organisations within the ICB area (ICB, Berkshire Healthcare, Frimley Health, Surrey & Borders)
- Primary Care within the ICB area, represented by Primary Care Networks and place based clinical leads
- All Healthwatch Organisations within the ICB area (either individually, collectively or through a rotation model)
- Voluntary, Charity and Social Enterprise organisation representation
- Expertise from the wider determinants of health agenda, e.g. education, housing, skills and employment, climate sustainability

## Link to other Statutory Committees:

- Bi-directional relationship with the Health and Wellbeing Boards of the five Local Authorities which cover the population of the ICB area and / or LA led place committees.
- Partner organisations, including the ICB, demonstrate through their own Boards and Committees the alignment of individual and collective work which will contribute to the progression of the ICS Strategy as set by the ICP

## Operation of the ICP:

- Comprises an “assembly” format – *to bring members together to discuss an issue or issues in order to reach a conclusion about what they think should happen*. Based on the classical construct of an Assembly – **Learn, Deliberate, Decide**.
- Led by an elected Convenor on a time limited basis as opposed to a permanent Chair
- Meets less frequently through the year but with enough time set aside to effectively consider and deliberate important issues, i.e. for a half day session on a quarterly basis
- Supported by a smaller group which meets more frequently to help organise and support the successful operation of the Assembly

**We intend to establish the ICP Assembly in September 2022 with a Support Group session in October 2022 and another full Assembly meeting in November 2022 to ensure sufficient time for both ‘establishment’ activity and an opportunity to endorse a refreshed Strategy**



# Refreshed role for Health & Wellbeing Boards

## **New Guidance was published in July 2022 for the role of Health and Wellbeing Boards**

- The guidance on HWBs had not been updated since 2013 and the documentation published at the end of July 2022 aims to bring the guidance up to date in line with the establishment of ICSs.
- The publication focuses on the role of HWBs in enabling effective system and place-based working and provides clarification about their role within systems.

## **The responsibilities of HWBs outlined in the Health and Social Care Act 2012 still stand:**

- Assessing the health and wellbeing needs of their local population
- Publishing a JSNA and joint local health and wellbeing strategy
- Promoting greater integration and partnership working.

HWBs and ICPs are expected to work collaboratively in the preparation of the integrated care strategy to tackle challenges that are best dealt with at a system level. HWBs must consider whether to revise the Joint Local Health & Wellbeing Strategy (JLHWS) when they receive the integrated care strategy, and ICPs should use the insight and data held by HWBs when developing their strategy.

## **New requirements are now in place for ICBs when providing updates to Health and Wellbeing Boards**

The guidance outlines a new duty for ICBs not previously required of clinical commissioning groups, which are no longer in place as a result of the Health and Care Act 2022. ICBs and their partner NHS trusts and NHS foundation trusts must share their Joint Capital Resource Plan and any revisions with each relevant HWB.

There is a section of the HWB guidance which states that integrated care strategies should not duplicate or supersede the JLHWS. The ambition is that ICPs should ensure their strategies only address the priorities that are best managed at system (or cross-system) level, and not replace or duplicate the priorities that are best done locally. However, it remains to be seen how this will work in practice in the case of a partnership having just one HWB in their area.

The government suggests that the HWB and ICP will determine how their strategies will complement each other and ensure the assessed needs are addressed between them, but duplication between the two strategies in those circumstances may be inevitable.

# Indicative Roadmap Timeline / Sequence

## Current State

ICP Establishment preparation, including briefings between ICB Chair, elected representatives and Local Authority Officers.



## By 30<sup>th</sup> September 2022

ICP Assembly meets for the first time to formally establish and commence work together

## October 2022

ICP Support Group is established and meets to progress Strategy Refresh and preparation for November Assembly

## December 2022

Refreshed ICS Strategy submitted to statutory partners, NHS England and Department of Health and Social Care

## November 2022

ICP Assembly meets again to endorse refreshed ICS Strategy and request final changes to be made prior to December submission

## 2023 Onwards

ICP commences “BAU” operation meeting 3-4 times per year to fulfil core remit and function beyond ICS Strategy requirements

### Frimley ICB Board

<b>Title of Paper</b>	2022/23 Frimley Integrated Care System M4 NHS Finance Report		
<b>Agenda Item</b>	9.1	<b>Date of meeting</b>	20 <sup>th</sup> September 2022
<b>Exec Lead</b>	Richard Chapman, Chief Finance Officer, Frimley ICB		
<b>Author(s)</b>	Ollie White, Director of System Finance & Performance, Frimley ICB		

<b>Purpose</b>	To Approve	
	To Ratify	
	To Discuss	
	To Note	X

<b>Executive Summary</b>
<p>The following report sets out the first consolidated Frimley Integrated Care System (ICS) financial position at month 4. This report will continue to be refined and develop over the coming months. The ICB is statutorily responsible for the combined positions of NHS Frimley ICB (the ICB) and Frimley Health NHS Foundation Trust (FHFT).</p> <p>This paper outlines the Frimley ICB's latest financial position, and also includes the financial positions of Berkshire Healthcare NHS Foundation Trust (BHFT) and Surrey &amp; Borders NHS Foundation Trust (SABP) which are key partners on our Board but whose statutory financial responsibilities remain in Berkshire Oxfordshire and Buckinghamshire Integrated Care System, and Surrey Heartlands Integrated Care system, respectively.</p> <p>In line with historical reporting to the Integrated Care System Partnership Board we will look in future reports to include relevant financial information from our Local Authority Partners.</p> <p>In June 2022 the Frimley ICS submitted a balanced plan for the financial year. This plan included a stretching efficiency plan of more than 3%, with a shared stretch target taking the total efficiency requirement to 5%. Furthermore, financial plans were set to align with nationally operational delivery assumptions that aligned with the NHS budget settlement. Specifically, the assumption for Covid levels to be equivalent to those experienced at the beginning of the 2021/22 financial year and inflation assumptions which were extant at the time the NHS settlement was made.</p> <p>When the ICS position is adjusted for the respective final positions of BHFT (£0.9m deficit) and SABP (£11.3m deficit), we are planning to deliver a combined full year deficit of £12.2m.</p> <p>Reflecting the operational pressures the system is facing, the financial position at M04 is £5.4m off plan. This, coupled with energy inflation pressures, means that the stretch efficiency target for the system could move out by £18m to £63m based on current expenditure run rates.</p> <p>Throughout September further validations of the position and alignment with operational plans for the winter period will be undertaken. Within this we will be working to ensure that, for those things within our local control, we are taking all appropriate actions to minimise costs. There is material unallocated transformation funding within the system, and we will be working with transformation leads to understand the extent to which this can be utilised in year, and any opportunities that may exist to support the overall financial position.</p>



# Frimley

The deficit at M4 of £15.9m, £5.4m behind plan, is the net position of £1.5m income in excess of plan offset by £6.9m expenditure in excess of plan.

The SABP position has benefitted from a non-recurrent income source of £3.5m however their underlying deficit at M4 is £4.1m overspend.

We are advised that not all national funding streams are currently finalised, and therefore the ICS is reporting a forecast breakeven for the year in line with regulatory advice.

<b>Recommendations</b>	The Board are asked to note the increasingly challenging financial position and the increased stretch efficiency target that this system will need to deliver over the remainder of the financial year.
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### Please provide details on the impact of following aspects

Risk and Assurance	The report sets out the level of financial risk inherent within our collective system finances for the year as well as the further interventions identified nationally.
Equality and Quality Impact Assessment	N/A
Patient and Stakeholder Engagement	N/A
Financial Impact and Legal implications	N/A

### Reporting – has this paper been discussed at other meetings

Committee Name	Date discussed	Outcome
System Finance Leads	12/09/2022	Noted and discussed next steps for system wide reporting and in year actions to manage system wide expenditure

## Frimley Integrated Care System

### Finance Report Month 4 2022/23, for September Board Meeting

#### 1.0 EXECUTIVE SUMMARY

£'m	Plan YTD	Actual YTD	Variance YTD	RAG	Plan FOT	Actual FOT	Variance FOT	RAG
ICS Income	722.7	724.2	1.5	G	2,182.0	2,223.0	40.9	G *
ICS Expenditure	(733.1)	(740.0)	(6.9)	R	(2,194.3)	(2,235.2)	(40.9)	R *
ICS Surplus/(Deficit)	(10.5)	(15.9)	(5.4)	R	(12.2)	(12.2)	(0.0)	G *
ICS Staff Costs	(326.8)	(329.6)	(2.8)	R	977.0	994.0	(17.1)	R
ICS Drugs Costs	(66.8)	(68.4)	(1.5)	R	199.0	207.4	(8.4)	R
Non-pay Providers	(187.5)	(191.6)	(4.1)	R	546.4	572.8	(26.4)	R
Invoices paid within Better Payment Practice Code – value ICB	95%	NHS 97.5% NON-NHS 96%		G G	n/a			
Invoices paid within Better Payment Code – volume ICB	95%	NHS 92.0% NON-NHS 97.2%		A G	n/a			
Capital position – Other ICB	1.3	0.5	0.8	A	1.3	1.3	-	G
Capital position – FHFT	49.7	42.4	7.3	A	137.9	137.9	-	G

\*ICS includes ICB, FHFT, SABP, BHFT. ICB = NHS Frimley Integrated Care Board

\*Includes I and E for FHFT, BHFT and SABP at 100%. ICS figures are a consolidated position and exclude any intra-system flows of funds.

The following report sets out the first consolidated Frimley Integrated Care System (ICS) financial position at month 4. This report will continue to be refined and develop over the coming months. The ICB is statutorily responsible for the combined positions of NHS Frimley ICB (the ICB) and Frimley Health NHS Foundation Trust (FHFT).

This paper outlines the Frimley ICB's latest financial position, and also includes the financial positions of Berkshire Healthcare NHS Foundation Trust (BHFT) and Surrey & Borders NHS Foundation Trust (SABP) which are key partners on our Board but whose statutory financial responsibilities remain in Berkshire Oxfordshire and Buckinghamshire Integrated Care System, and Surrey Heartlands Integrated Care system, respectively.

In line with historical reporting to the Integrated Care System Partnership Board we will look in future reports to include relevant financial information from our Local Authority Partners.

In June 2022 the Frimley ICS submitted a balanced plan for the financial year. This plan included a stretching efficiency plan of more than 3%, with a shared stretch target taking the total efficiency requirement to 5%. Furthermore, financial plans were set to align with nationally operational delivery assumptions that aligned with the NHS budget settlement. Specifically, the assumption for Covid levels to be equivalent to those experienced at the beginning of the 2021/22 financial year and inflation assumptions which were extant at the time the NHS settlement was made.

When the ICS position is adjusted for the respective final positions of BHFT (£0.9m deficit) and SABP (£11.3m deficit), we are planning to deliver a combined full year deficit of £12.2m.

All partners within the ICSs are reporting significant delivery risks as ongoing operational pressures continue at levels beyond those predicated within the 2022/23 Operational Planning Scenarios. These ongoing pressures are not only restricting the systems ability to deliver its stretching efficiency targets, but are also requiring increased agency expenditure to manage escalation capacity. The system is

further impacted by energy inflation pressures. This, coupled with energy inflation pressures, means that the stretch efficiency target for the system could move out by £18m to £63m based on current expenditure run rates.

Throughout September further validations of the position and alignment with operational plans for the winter period will be undertaken. Within this we will be working to ensure that, for those things within our local control, we are taking all appropriate actions to minimise costs. There is material unallocated transformation funding within the system, and we will be working with transformation leads to understand the extent to which this can be utilised in year, and any opportunities that may exist to support the overall financial position.

£'m	Plan YTD	Actual YTD	Variance YTD	RAG	Plan FOT	Actual FOT	Variance FOT	RAG
FHFT position Surplus/(Deficit)	(10.3)	(14.6)	(4.3)	R	0.0	0.0	0.0	G
BHFT position Surplus/(Deficit)	(0.6)	(0.2)	0.4	R	(0.9)	(0.9)	(0.0)	G
SABP position Surplus/(Deficit)	(4.4)	(5.0)	(0.6)	R	(11.3)	(11.3)	0.0	G
ICB position Surplus/(Deficit)	4.8	3.9	(0.9)	R	0.0	0.0	(0.0)	G
ICS position Surplus/(Deficit)	(10.5)	(15.9)	(5.4)	R	(12.2)	(12.2)	(0.0)	G

\*Includes I and E for FHFT, BHFT and SABP at 100%

The deficit at M4 of £15.9m, £5.4m behind plan, is the net position of £1.5m income in excess of plan offset by £6.9m expenditure in excess of plan. The SABP position has benefitted from a non-recurrent income source of £3.5m however their underlying deficit at M4 is £4.1m overspend. We are advised that not all national funding streams are currently finalised, and therefore the ICS is reporting a forecast breakeven for the year in line with regulatory advice.

The following report will largely discuss exceptions, and will provide details behind areas which are off plan or are worthy of note.

The table below shows YTD and FOT finance positions for providers and the ICB.

		YTD			FOT		
		Plan	Actual	Variance	Plan	Actual	Variance
FHFT	Income	296.4	297.7	1.2	898.6	939.1	(40.4)
	Pay	(187.8)	(190.2)	(2.4)	(552.7)	(566.8)	14.1
	Non-Pay	(118.9)	(122.0)	(3.1)	(345.9)	(372.3)	26.4
	Other						
FHFT Position		(10.3)	(14.6)	(4.3)	0.0	0.0	0.0
BHFT	Income	105.3	104.4	(0.9)	320.8	320.2	0.6
	Pay	(78.7)	(77.5)	1.2	(241.9)	(241.9)	(0.0)
	Non-Pay	(27.1)	(27.1)	0.0	(79.8)	(79.2)	(0.6)
	Other						
BHFT Position		(0.6)	(0.2)	0.4	(0.9)	(0.9)	0.0
SABP	Income	105.0	106.2	1.1	315.0	316.0	(1.1)
	Pay	(60.3)	(61.8)	(1.6)	(182.4)	(185.4)	3.0
	Non-Pay	(49.2)	(49.4)	(0.2)	(143.9)	(142.0)	(2.0)
	Other						
SABP Position		(4.4)	(5.0)	(0.6)	(11.3)	(11.3)	0.0
ICB	Income	451.5	451.5	0.0	1,373.1	1,373.1	0.0
	Other Acute, Community, MH Contracts	(295.9)	(295.9)	(0.0)	(905.3)	(907.2)	1.8
	Other Exp	(145.8)	(147.2)	(1.4)	(453.1)	(451.4)	(1.8)
	Running Costs	(5.0)	(4.5)	0.5	(14.6)	(14.5)	(0.1)
ICB Position		4.8	3.9	(0.9)	0.0	0.0	0.0
Inter-co transactions	Income	(235.6)	(235.6)	0.0	(725.4)	(725.4)	0.0
	Pay						
	Non-Pay	235.6	235.6	0.0	725.4	725.4	0.0
	Other						
Total Inter-co transactions		0.0	0.0	0.0	0.0	0.0	0.0
ICS	Income	722.7	724.2	1.5	2,182.0	2,223.0	(40.9)
	Pay	(326.8)	(329.6)	(2.8)	(977.0)	(994.0)	17.1
	Non-Pay	40.4	37.2	(3.2)	155.7	131.9	23.8
	Other Acute, Community MH Contracts	(295.9)	(295.9)	(0.0)	(905.3)	(907.2)	1.8
	ICB Running Costs	(5.0)	(4.5)	0.5	(14.6)	(14.5)	(0.1)
	Other	(145.8)	(147.2)	(1.4)	(453.1)	(451.4)	(1.8)
ICS Position Surplus/(Deficit)		(10.5)	(15.9)	(5.4)	(12.2)	(12.2)	0.0

Providers shown at 100%



## 2.0 INCOME AND ALLOCATION

### 2.1 INCOME

	YTD			FOT		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000			£'000		
FHFT	105,617	106,832	(1,215)	318,582	359,031	(40,449)
BHFT	73,191	72,340	851	216,163	215,575	588
SABP	92,314	93,439	(1,125)	274,236	275,286	(1,050)
ICB	451,544	451,544	0	1,373,062	1,373,062	0
<b>Total Under/(Over) Plan</b>	<b>722,665</b>	<b>724,154</b>	<b>(1,489)</b>	<b>2,182,043</b>	<b>2,222,954</b>	<b>(40,911)</b>

Providers shown at 100%

Income flowing from the ICB to FHFT, SABP and BHFT is shown on the ICB row. All other income to providers is shown on the provider- specific row. The tables shows that FHFT are anticipating additional income above plan of £40.5m. The source of this income is not yet identified and is not shown within the ICB forecast. This assumption is recognised within our risk adjusted position.

SABP have received unplanned non-recurrent income of £3.5m due to sale on rights on land. The plan also included £5m anticipated income from Frimley as Frimley's 22% share of the deficit, which has not been reflected in the actuals shown above.

### 2.2 ALLOCATION

	First Allocation	Adjustments	M4 Allocations	Budget Adjustments	Total
	£000's				
ICB recurrent allocation	537,188	-297	45,906	-956	581,841
ICB non-recurrent allocation	62,362		3,482		65,844
Indicative allocation	6,126	-6,126			-
FHFT allocation	579,142			888	580,030
BHFT allocation	104,265	297		63	104,625
SABP Allocation	40,717			5	40,722
M3 adjustment	-2,478		2,478		-
<b>TOTAL Allocation</b>	<b>1,327,322</b>	<b>-6,126</b>	<b>51,866</b>	<b>0</b>	<b>1,373,062</b>

As at 18/08/22

In M4 the ICS received an additional £51.9m allocation. The largest element (£46m) was Ophthalmology, Pharmacy and Dental and this allocation will be distributed to providers and primary care. Other material allocations received are for the following: £1.2m long Covid; £0.4m for cancer; £0.2m for respiratory; £0.2m for diabetes; £0.1m for cardiology; £0.2m for audit and salary costs, plus a number of smaller schemes.

### 3.0 EXPENDITURE

#### 3.1 STAFFING COSTS

	YTD			FOT		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000			£'000		
Substantive	290,528	274,623	15,905	878,967	840,166	38,801
Bank	26,211	32,900	(6,689)	72,202	99,329	(27,127)
Agency	13,467	25,668	(12,201)	35,914	65,806	(29,892)
Other	(3,382)	(3,607)	225	(10,129)	(11,265)	1,136
Running costs ICB	4,972	4,500	472	14,580	14,518	62
<b>Total Under/(Over) Plan</b>	<b>331,796</b>	<b>334,084</b>	<b>(2,288)</b>	<b>991,534</b>	<b>1,008,554</b>	<b>(17,020)</b>

Providers shown at 100%

M4 shows staffing costs are forecast to overspent by £2.3m across all partners. The underspend in substantive staffing costs is more than offset by the overspend on bank and agency staffing. Agency staffing at FHFT remains materially higher than last year due to an increased demand for staff following investments, escalation, covid, specialing and EPIC training and implementation.

At year end, bank (£27.1m) and agency (£29.9m) overspends are forecast which outweigh the underspend on substantive staff and generates a likely overspend position of £17m.

A summary of the agency spend by provider is shown below.

The SABP agency budget relates to overspends on contracted values within Children's services due to demand and acuity which is being managed by agency staff above establishment. There is generally no plan for agency staff within SABP, however actual spend is only slightly above the 21/22 levels.

##### 3.1.1 AGENCY COSTS

	YTD		
	Plan	Actual	Variance
	£'000		
FHFT	8,220	14,260	(6,040)
BHFT	1,758	2,403	(645)
SABP	3,489	9,005	(5,516)
<b>Total Under/(Over) Plan</b>	<b>13,467</b>	<b>25,668</b>	<b>(12,201)</b>

Providers shown at 100%

#### System Agency Expenditure Limits

In July NHSE wrote to trusts and systems regarding '2022/23 controls on agency expenditure'. The letter referred to the reintroduction of agency staffing oversight through performance and monitoring mechanisms plus establishing agency expenditure limits, at a system level, ranging from 10% to 30% reductions compared to 2021/22. The Frimley system has been set a limit of £18,965k, a 10% reduction on 2021/22 levels

Based on current levels of demand for agency workers within the system there is a high risk that these limits will be exceeded, unless operational demand is significantly reduced, or the substantive workforce significantly increased. Coupled with winter 2022/23 demands, the variances may exceed the plans and limits further.

Since April 2022 the Frimley ICS have been working with the Frimley-BOB-Surrey Heartlands (FBOBSH) Temporary Staffing Programme to reduce non-framework usage (reduced by over 70% compared to the weekly peak) and to replace these, plus high-cost agencies, with lower-cost agencies.

The level of nursing demand means it is difficult to negotiate down on hourly rates with agency suppliers as operational need is outstripping supply on an individual provider basis. Some trusts (e.g. Royal Berkshire) have made good progress and this best practice is being spread to other trusts. The FBOBSH Programme is now close to setting common rates (averages and maximums) for suppliers, specialisms and shift-types to ensure unit cost reductions (i.e. hourly rates) and to contain costs. A Cost Avoidance Model is being developed to calculate the opportunity cost of containing or reducing costs. Additional solutions (e.g. managed agency services, preferred supplier lists, etc) continue to be explored alongside strategies to harmonise processes and increase bank-fill.

### **3.2 NON-PAY COSTS**

Non-pay as a whole is expected to overspend by £26.4m at year end. Around £10m of this is due to energy prices being significantly above funded levels. Covid overspends were initially contributing to excessive non-pay costs, and although these are now reducing, there is a challenge around the costs of extremely high levels of emergency activity seen with the acute providers.

Clinical supplies are under plan due to elective activity not reaching funded levels, although this is within the context of suppliers increasing costs above funded levels across the whole of the supply chain.

The Pathology service is an additional area of financial pressure for FHFT (£6m pressure at year end) due to volume and price increases.

	YTD			FOT		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000			£'000		
FHFT	113,913	117,462	(3,549)	330,795	358,504	(27,709)
BHFT	25,356	25,520	(164)	74,515	74,516	(1)
SABP	48,262	48,635	(373)	141,111	139,801	1,310
<b>Total Under/(Over) Plan</b>	<b>187,531</b>	<b>191,617</b>	<b>(4,086)</b>	<b>546,421</b>	<b>572,821</b>	<b>(26,400)</b>

Providers shown at 100%

### 3.2.1 ENERGY COSTS

ELECTRICITY	YTD			FOT		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000			£'000		
FHFT	438	1,636	(1,198)	1,667	4,908	(3,241)
BHFT	313	310	3	944	944	(0)
SABP	376	609	(233)	1,124	1,828	(704)
<b>Total Under/(Over) Plan</b>	<b>1,127</b>	<b>2,555</b>	<b>(1,428)</b>	<b>3,735</b>	<b>7,680</b>	<b>(3,945)</b>

GAS	YTD			FOT		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000			£'000		
FHFT	821	3,076	(2,255)	2,834	9,228	(6,394)
BHFT	105	108	(3)	365	365	(0)
SABP	336	352	(16)	1,003	1,057	(54)
<b>Total Under/(Over) Plan</b>	<b>1,262</b>	<b>3,536</b>	<b>(2,274)</b>	<b>4,202</b>	<b>10,650</b>	<b>(6,448)</b>

Providers shown at 100%

Currently BHFT are showing YTD and FOT for energy as being on plan, however at M6 the Trust will revise this forecast to reflect expected costs pressures arising in the second half of the year.

### 3.2.2 DRUGS AND PRESCRIBING

	YTD			FOT		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000			£'000		
FHFT Drugs	29,605	30,425	(820)	85,267	91,275	(6,008)
BHFT Drugs	1,745	1,818	(73)	5,258	5,258	(0)
SaBP Drugs	1,452	1,382	70	4,359	4,147	212
Prescribing	34,011	34,737	(726)	104,090	106,709	(2,619)
<b>Total Under/(Over) Plan</b>	<b>66,813</b>	<b>68,362</b>	<b>(1,549)</b>	<b>198,973</b>	<b>207,389</b>	<b>(8,415)</b>

Providers shown at 100%

Primary care prescribing is expected to overspend at year end due to increased costs and inflation. FHFT are also forecasting a significant overspend on drugs, largely in the areas of cystic fibrosis and ophthalmology.

### 3.2.3 PRIMARY CARE SERVICES

	YTD Budget	YTD Actual	YTD Variance	Budget Q2 - Q4
	£'000	£'000	£'000	£'000
<b>Delegated Primary Care</b>				
GP Contracts	6,133	6,139	(6)	55,200
QOF Payments	903	896	7	8,124
PCO Other	178	131	47	1,599
GP Drug Payments	68	48	20	609
GP Premises	868	853	15	7,810
GP Enhanced Services	1,672	1,844	(172)	15,052
CCG prescribing	(5)	(6)	1	(48)
Collaborative Fees	54	37	17	486
GP Premises Other	8	18	(10)	75
GP General Reserve	19	0	19	174
<b>Sub-Total</b>	<b>9,898</b>	<b>9,960</b>	<b>(62)</b>	<b>89,081</b>
<b>Other Primary Care Budgets</b>				
Locally Commissioned Schemes	489	488	1	4,398
GPIT	309	624	(316)	2,778
Out of Hours	427	428	(1)	3,840
GP Access Fund	388	383	5	3,489
Commissioning Schemes	425	863	(438)	3,821
GP Prescribing	8,986	9,595	(609)	25,445
PC Investment/Development	9	8	1	82
Primary Care Transformation	65	125	(60)	583
<b>Sub-Total</b>	<b>11,097</b>	<b>12,513</b>	<b>(1,416)</b>	<b>44,436</b>
<b>Total Primary care</b>	<b>20,995</b>	<b>22,473</b>	<b>(1,478)</b>	<b>133,517</b>

There was not a requirement to report the forecast outturn at M4, the primary care finance team will produce the forecasts for M5 reporting.

The year to date overspend on GP Enhanced services is because of the way the ICB receives the funding from NHSE for the ARRS roles. 62% of the allocation has been received and phased across the year, the plan is to utilise the full 100% of the allocation therefore this is showing a cost pressure but the remaining 38% will be received as allocation during the year.

The GPIT budget is under considerable pressure this year because of increases in prices of licences, additional demand for IT services and the out of warranty replacement programme. Work is ongoing with the digital team to identify areas where savings could be made and if there are any additional resource available that the ICB could bid for.

The year to date overspend in commissioning schemes has occurred due to a cost pressure identified in the NHSP budget; work is ongoing to identify potential mitigations within this budget to absorb the cost pressure.

### 3.2.4 DELEGATED PODIATRY, OPTOMETRY, AND DENTAL SERVICES

	YTD Budget	YTD Actual	YTD Variance	Budget Q2 - Q4	Forecast	Forecast Variance
	£'000	£'000	£'000	£'000	£'000	£'000
<b>Primary care POD</b>						
Community Dental	187	191	(4)	1,681	1,681	0
Primary Dental	2,228	2,228	0	25,346	25,346	0
Secondary Dental	581	580	1	5,228	5,228	0
Ophthalmic	493	461	32	4,439	4,439	0
Pharmacy	1,022	1,029	(7)	9,195	9,195	0
Primary care IT	2	2	0	17	17	0
<b>Total Frimley ICB</b>	<b>4,513</b>	<b>4,491</b>	<b>22</b>	<b>45,906</b>	<b>45,906</b>	<b>0</b>

The delegated POD budget is currently showing a slight underspend to M4 and a forecast outturn on plan. The budget includes a reserve, so the ICB are not expecting to have any cost pressures arising this year from POD services.

### 3.2.5 CONTINUING CARE SERVICES

	YTD			FOT		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000			£'000		
CHC Fully Funded Adult	4,230	4,312	(82)	38,067	37,783	284
CHC Fast Track	-	461	(461)	-	3,591	(3,591)
Adult Joint Funded	180	85	95	1,620	542	1,079
Children's CHC	702	576	126	6,318	5,155	1,163
Funded Nursing Care	1,413	1,308	105	12,713	12,055	658
CHC Administration	364	392	(27)	3,276	3,524	(248)
<b>Total Under/(Over) Plan</b>	<b>6,888</b>	<b>7,134</b>	<b>(245)</b>	<b>61,994</b>	<b>62,650</b>	<b>(656)</b>

Providers shown at 100%

The ICB faces some pressure within continuing healthcare. In July there was a significant increase in fast-track packages, and the referral process for fast-track care is now subject to review and monitoring.

Funded Nursing Care budgets were nationally increased by 11.5% due to increased costs and to date, the ICB is spending within this new budget level.

#### 4.1 OTHER ICB CAPITAL

Scheme Name	Scheme Description	Category	Scheme Value (£)	Submitted PID Value (£)	Capital Funds Still Available (£)
King Edward VII / St Marks	Network infrastructure into KEVII and St Marks	IT	100,000	-	100,000
Lloyd George digitalisation	Conversion of space released through Lloyd George digitalisation into clinical space	MIG	96,000	56,225	39,775
Theta conversion	Conversion and kit out of newly aquired space for Integrated Care teams	MIG	150,000	101,784	48,216
Frimley ICB Primary Care MIG Schemes	Increasing clinical and admin capacity, improving access and infection control	MIG	267,000	180,904	86,096
GPIT replacement, refresh, break / fix equipment	Replacement, refresh, fix BAU programme for GPIT	GPIT	125,000	125,000	-
Common Infrastructure	To bring the NEHF and SH practices onto GPNET the system used by the EB practices	GPIT	500,000	-	500,000
<b>Reserve Scheme: Frimley ICB Primary Care MIG Schemes</b>	Increasing clinical and admin capacity, improving access and infection control				
			<b>1,291,000</b>	<b>463,914</b>	<b>827,086</b>

NHS Frimley submitted a plan for Capital funding for 22/23 for £1.3m. The 6 schemes and one reserve scheme were approved in principle by NHS England.

Project Initiation Document (PID) have been submitted for:

- Primary Care MIG
- Theta Conversion
- GPIT replace, refresh & break fix.

A further bid was submitted for

- Lloyd George Digitalisation Scheme

The £500k PID for the Common Infrastructure scheme will shortly be submitted to NHS England. Further work is being done to ensure that the remaining £327k is fully utilised. Given the pressure in the GPIT budget for additional equipment and the number of MIG schemes submitted it is expected that PIDs will be developed for the remaining fund enabling the capital to be received and spent before the 31<sup>st</sup> of March 2023.

## 4.2 PROVIDER CAPITAL

	YTD			FOT		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000			£'000		
FHFT Estate	13.5	6.3	7.2	42.5	42.5	0.0
FHFT Medical Equipment	1.1	1.2	(0.1)	5.5	5.5	0.0
FHFT Digital Services	4.9	9.7	(4.8)	12.9	12.9	0.0
<b>FHFT Total Core Allocation</b>	<b>19.5</b>	<b>17.2</b>	<b>2.3</b>	<b>60.9</b>	<b>60.9</b>	<b>0.0</b>
FHFT National Programmes	0.4	0.0	0.4	12.3	12.3	0.0
<b>FHFT TOTAL</b>	<b>19.9</b>	<b>17.2</b>	<b>2.7</b>	<b>73.2</b>	<b>73.2</b>	<b>0.0</b>
BHFT TOTAL	1.8	0.4	1.4	11.0	11.0	0.0
SABP TOTAL	28.0	24.8	3.2	53.7	53.7	0.0
<b>PROVIDER TOTAL</b>	<b>49.7</b>	<b>42.4</b>	<b>7.3</b>	<b>137.9</b>	<b>137.9</b>	<b>0.0</b>

FHFT capital at M4 is £2.7m under plan. Underspends are in estates programmes, notably on the Wexham site, as slippage in start dates for Ward 1, Radiology and ICU projects. It is anticipated that there will be some recovery in year as contracts are awarded but it is likely that the full year plan will not be achieved. However, this will be offset by an overspend in the EPR programme.

The FOT for FHFT is to utilise all capital. There is an additional £21m across 22/23 and 23/24 ERF funding for M Block development at Frimley expected subject to business case approval from NHSEI.

## **5.0 EFFICIENCY**

### **5.1 ICB EFFICIENCY**

	YTD			FOT		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000			£'000		
Demand Management (referrals)	3,288	0	(3,288)	9,860	0	(9,860)
Pathway transformation	5,064	5,049	(15)	15,192	15,152	(40)
Primary Care Prescribing	232	233	1	696	700	4
Transforming community-based primary care	8	0	(8)	24	0	(24)
Running cost review	132	133	1	396	398	2
Other	336	9	(327)	1,008	27	(981)
	<b>9,060</b>	<b>5,424</b>	<b>(3,636)</b>	<b>27,176</b>	<b>16,277</b>	<b>(10,899)</b>

Currently the ICB are forecasting that the efficiency programme will only deliver £16.3m of the planned £27.2m plan, thereby adding £10.9m of risk to the ICS financial target of break-even at year end.

### **5.2 FHFT EFFICIENCIES**

FHFT are expecting to achieve the planned £28m efficiency savings by year end, although at M4 there is reported risk to achieving this position. At M4 this shortfall is £1.8m of a plan of £5.9m, having delivered £4.1m of savings. There are still some unidentified schemes, and pathology and procurement are not fully delivering. Medical records and outpatients are overachieving. EPIC is slower than expected to achieve savings whilst medicines management schemes are on target.

### **5.3 SABP EFFICIENCIES**

SABP is forecasting CIP delivery of £10.5 million against an annual CIP target of £13.8 million, a shortfall of £3.3 million, predominately made up of Children's agency.

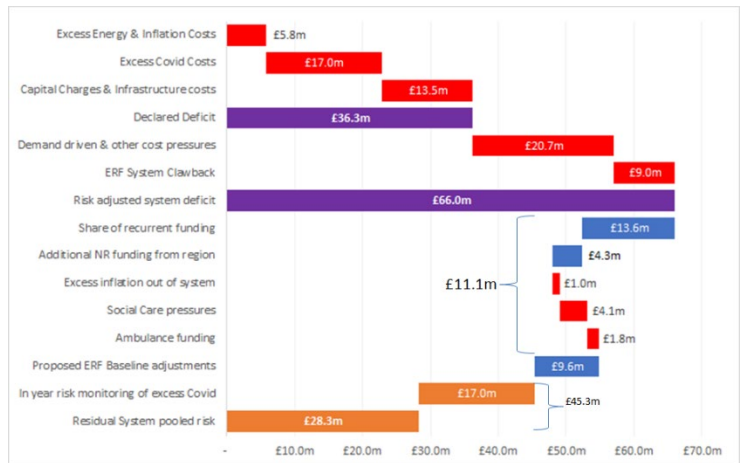
### **5.4 BHFT EFFICIENCIES**

BHFT has a CIP programme of £10.1m of which £2m of CIPs are still to be identified as at M4. There is slippage on some of the CIP schemes, offset by underspending on substantive workforce.

**6.0 RISKS AND MITIGATIONS**

Our plans for 2022/23 agreed in June identified risks totalling £45.3m due to the potential for excess Covid costs and operational pressures that required the delivery of additional efficiency programmes, or for fortuitous slippage in transformation funding.

This included an assumption that baselines would be adjusted for Elective Recovery Funding to account for unavoidable capacity challenges including those arising from the RAAC plank issues at Frimley Health.



Based on the latest reported positions FHFT are flagging a run rate pressure of a further £18m above the £17m excess covid cost anticipated in our June plan submission, taking their financial risk into the second half of the year to £35m. On the ICB side, pressures across high-cost placements are likely to result in a further deterioration in the position.

The June plan was agreed based on potential slippage in transformation schemes. The following section identifies in excess of £14m of transformation funds that have not been allocated.

## 7.0 SYSTEM TRANSFORMATION FUNDS

Investment Area	Total Funding	of which Transformation Funding	Allocated	Unallocated
TOTAL ADULT MENTAL HEALTH	12,310	4,158	11,497	813
TOTAL AGEING WELL AND COMMUNITY TRANSFORMATION	6,079	875	6,079	-
TOTAL CYP	4,205	3,291	3,460	745
TOTAL DIAGNOSTIC PROGRAMME	5,315	5,315	5,315	-
TOTAL DIGITAL -Virtual Ward - Connected Care Admissions	3,822	-	-	3,822
TOTAL ELECTIVE CARE	11,608	-	11,470	138
TOTAL HEALTH INEQUALITIES	1,996	1,996	-	1,996
TOTAL LEARNING DISABILITIES AND AUTISM	844	844	-	844
TOTAL MATERNITY	497	497	-	497
TOTAL OTHER	6,868	207	6,331	537
TOTAL PREVENTION AND PERSONALISATION	485	485	-	485
TOTAL PRIMARY CARE	5,606	3,964	4,084	1,522
TOTAL URGENT AND EMERGENCY CARE	14,162	-	13,455	707
TOTAL VIRTUAL WARDS	2,365	2,365	-	2,365
<b>Total Portfolio transformation funding identified</b>	<b>76,162</b>	<b>23,997</b>	<b>61,691</b>	<b>14,471</b>

As M4, £61.7m of the £76.2m investment fund has been committed and is either within contracts or will be transferred as projects commence. This leaves £14.5m currently unallocated which could potentially be released should schemes not be ready to commence as intended.

The above table of committed and releasable funds will be continually reviewed. A full review of this programmes will be undertaken in September to crystallise any slippage where transformation cannot be delivered, and it is recommended that a decision is made at that time as to which funding can be released.

### Frimley ICB Board

<b>Title of Paper</b>	September 2022 Performance Update		
<b>Agenda Item</b>	9.2	<b>Date of meeting</b>	20 <sup>th</sup> September 2022
<b>Exec Lead</b>	Richard Chapman, Chief Finance Officer, Frimley ICB		
<b>Author(s)</b>	Ollie White, Director of System Finance & Performance, Frimley ICB		

<b>Purpose</b>	To Approve	
	To Ratify	
	To Discuss	
	To Note	X

<b>Executive Summary</b>	
<p>The following slide summarises key performance areas across our System up to the end of August 2022.</p> <p>Building on our need to remain responsive to emerging operational pressures, in a number of areas we continue to oversee performance via weekly and daily unvalidated performance information, rather than the historical assurance data used prior to the pandemic. For members of the Board a wider performance data report is included within the meeting 'reading room' to support discussions within the meeting. However, as significant parts of this report contain unvalidated data it is not suitable for publication.</p> <p>As our formal assurance processes develop, detailed oversight reports will be made available to the Board making use of validated performance data to provide wider insight against the delivery of our strategic ambitions. Work continues to design and quality assure these reports, whilst working alongside our delivery workstreams to ensure alignment with their operating structures.</p> <p>When completed, our formal assurance metrics will cover those set out in the nationally defined System Oversight Framework (SOF) and the NHS Constitution, alongside locally defined metrics that support system assurance of the services we provide for our population. Over the next few months these will have a heavy focus on Urgent and Emergency Care as focus moves to managing through the winter period with NHSEI outlining a targeted UEC Board Assurance Performance Framework for which demand &amp; capacity plans are being developed.</p>	
<b>Recommendations</b>	The Board are asked to note the performance challenges faced by all areas across our system.

<b>Please provide details on the impact of following aspects</b>	
Risk and Assurance	N/A
Equality and Quality Impact Assessment	N/A
Patient and Stakeholder Engagement	N/A
Financial Impact and Legal implications	N/A



**Frimley**

<b>Reporting – has this paper been discussed at other meetings</b>		
<b>Committee Name</b>	<b>Date discussed</b>	<b>Outcome</b>

# Executive Summary – System Performance

## UEC

### Weekly ED Attendance

- Both Frimley Health sites continue to experience high levels of demand.

### NEW: Ambulance Handovers

- Arriving by Ambulance - Overall year on year (Apr-Aug) is down by 10% for the Frimley ICB patch.
- Ambulance Handover Delays - year on year (Apr- Jun) have seen an increase of 68%.
- Ambulance Handover Delays >60 minutes - year on year (Apr- Aug) have seen an increase of 96% .

### General & Acute Bed Occupancy

- 96.7% (no change compared to last week) across the Trust 95.4% which is a 0.5% decrease, vs same day 6 weeks ago, according to National A&E Dashboard).
- The daily reporting via National A&E Dashboard G&A bed occupancy has increased compared to last week down from 96.7% to 97.3% at Frimley. For Wexham Park this has also increased by 1.9% on the previous week from 94.3% to 96.2% the occupancy remains consistent between 91-98%.

## Covid Vaccinations

- Autumn Planning: w/c 5th Sept – go-live for Care Homes and Housebound (some PCNs starting, others going later in order to co-administer with flu. W/c 12th Sept – full go-live.
- Vaccine supplies – fixed for first 4 weeks from 5th Sept – the Frimley SOC has communicated details to all sites.
- NBS Bookings – Site managers can post the new Moderna Spikevax® Bivalent booster appointments in QFlow using the existing NBS Moderna Spikevax Original service line and booster type. Appointments should be scheduled from 12 September 2022. Recognised that PCNs mainly use local booking systems but please open as much NBS capacity as possible if you have NBS calendars.

## Community

- Urgent Community Response: 376 referrals in July, 75% of which were appropriate for a 2-hour response. 95% of those referrals were seen within the 2-hour target (local data flow).
- Frailty Virtual Wards (FVW): 92 referrals received; 69 of those appropriate for referral and treated on FVW (75%). Most referrals coming from GPs; starting to see low numbers of referrals coming through from 111, Care Homes and 999 (local data flow).
- Virtual Wards (VW): FHFT are working on delivering a VW sitrep via the NHSE reporting mechanism on Foundry. BHFT are reporting 6 VW referrals (bed capacity=12) according to data from NHSE 26/08/22.

## Adult Mental Health & LDA

- Development of Adult Mental Health Alliance in Surrey and a Frimley Mental Health Collaborative.
- Demand remains high and above commissioned levels.
- Increased focus on devising ways of presenting Medically Fit For Discharge and the impact this has on Out of Area Placements.
- OoAPs inappropriate bed days for Frimley ICB considerably below Q1 threshold.
- IAPT Access for Frimley ICB remains below expected access targets
- Aldershot Safe Haven relocation now complete.
- Perinatal utilisation remains low,
- LD annual health checks met the 20% trajectory for July. Requirement by NHSE to have offered an LD AHC for those not completed in 21/22 by Sept 22- requires continued focus to target gaps this month.

## CYP

- Both routine and urgent waiting time targets for treatment of CYP eating disorders remain challenging. Latest data at Jun-22 shows 66.0% within 4 weeks for routine and 66.0% within 1 week for urgent, both against a target of 95%.
- Achieved 2022/23 Q1 plan for CYP access to mental health services.
- NHSE have invested additional non-recurrent funding to pilot opportunities to improve the quality of care young people receive whilst receiving inpatient care in an acute Trust. In addition the ICB have agreed funding to embed a paediatrician in the eating disorder services to support a model aiming to reduce the number of young people who need an admission to hospital, and where they do to reduce the length of stay and enhance the impact of the admission.

## Primary Care

- Appointments for Frimley ICB at June-22 are stable in comparison with previous months (as is England). Year to date (Apr-Jun) Frimley appointment activity per working day is up 15% compared to the same months in 2021/22.
- The mix of activity has changed with face-to-face appointments having increased from 43% for the same month in 2020 (the beginning of the pandemic) to 55% for the most recent month.

## Planned Care

- Referrals: Following on from May-22, most of the 'Places' have shown a 2-month downward trend. The only exception was NEHF which shows an increase of around +5% between May and Jun-22.
- Diagnostics: *FHFT 7 Diagnostics* – showing a reduction in activity of –14% from Jun-21 (-10% decrease on the May-22 position). *6 Week Waits* – Jun-22 has seen a drop in 6 week waits, falling short of the target (A difference of –25% between Jun-21 and Jun-22).
- Patient Initiated Follow Up (PIFU): Has been amended to report on the uptake rate against the plan. This month (Jun-22) the rate exceeded the target significantly, coming in at 6.3%. This position remains subject to validation.

## FRIMLEY INTEGRATED CARE BOARD

<b>Title of Paper</b>	Frimley ICB Board Quality Report		
<b>Agenda Item</b>	9.3	<b>Date of meeting</b>	20 September 2022
<b>Exec Lead</b>	Sarah Bellars		

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

<b>Executive Summary</b>	
<p>The purpose of this report is to provide the Frimley Integrated Care Board (ICB) Board with high level surveillance of developing quality issues and soft intelligence. The report provides a precis of current issues and concerns that may not be covered in other briefings due to the nature of the concern or level of quantifiable assurance at the time of writing.</p> <p>Items to note:</p> <ul style="list-style-type: none"> <li>• Rapid Quality Improvement Meeting</li> <li>• Frimley Health Foundation Trust Ockenden Visit</li> <li>• GP practice in Bracknell</li> <li>• Care Homes</li> <li>• Ambulance Services</li> <li>• Safeguarding Update</li> </ul>	
<b>Recommendation</b>	For the Board to note the quality issues as presented in this report.

<b>Please provide details on the impact of following aspects</b>	
Risk and Assurance	Risks are captured on the Frimley ICB Risk System, and all quality assurance/risks are presented and discussed at the System Quality Group
Equality and Quality Impact Assessment	N/A
Patient and Stakeholder Engagement	N/A
Financial Impact and Legal implications	N/A

<b>Reporting – has this paper been discussed at other meetings</b>		
Committee Name	Date discussed	Outcome
System Quality Group	Monthly	Oversight and assurance

Sarah Bellars  
Chief Nursing Officer

## QUALITY REPORT

The purpose of this report is to provide the Frimley Integrated Care Board (ICB) with high level surveillance of developing quality issues and soft intelligence. The report provides a precis of current issues and concerns that may not be covered in other briefings due to the nature of the concern or level of quantifiable assurance at the time of writing

# Top Quality Issues:

- **Rapid Quality Improvement Meeting**

On the 1<sup>st</sup> September, Frimley ICB held a rapid improvement meeting in response to system pressures, with the aim of bringing together health and social care together to address the challenges the system is facing. The heart of the meeting was to put patient safety first, by hearing patient stories of what our local population is experiencing. Positive workstreams were shared on how we could work effectively together e.g. the virtual ward, however, the question was posed 'how can we work better together'. Break out groups were formed to develop concepts, which generated the next steps. These will be reviewed along with the UEC Strategy review work which identified 8 recommendations and 32 specific opportunities/initiatives which could be undertaken.

- **Ockenden Visit**

Following the published Ockenden report into the failings within maternity at Telford and Shrewsbury Foundation Trust, NHS England (NHSE) for the South East Region asked all Trusts to completed a self-assessment of compliance against the seven Immediate and Essential Actions (IEAs) from the interim report, by June 2021, with a further assessment at the end of 2021. As of 15th April 2022, the date set by NHSE for trusts to state their levels of compliance with the seven IEAs Frimley Health Foundation Trust declare they had made excellent progress on compliance.

Between May and September 2022 NHS England will be conducting assurance visits to all South East maternity trusts. There was planned visits for Wexham Park Hospital on the 25<sup>th</sup> August and Frimley Park Hospital on the 30<sup>th</sup> August. Although the Trust is waiting for the formal written feedback, the informal feedback on the days was positive. The presentations to the visiting panel was one of the most comprehensive that the panel had seen and there was an appreciation of the reassessment of Ockenden compliance and the plans in place to deliver including where originally declared as green, which included obstetric as well as maternity. The panel did identify 6 areas for further progressions, which is being lead by FHFT Director of Midwifery.

- **GP practice in Bracknell**

A GP practice in Bracknell has quality issues identified and has now been put on the Quality risk response and escalation framework and progress is discussed twice a month. They have been inspected by CQC and the draft report is with the practice at present. The inspection report has identified areas for improvement. The practice is working to deliver on the identified improvement areas alongside both the Quality and Primary Care teams and Health Integration Partners who have been commissioned to support the practice to deliver on the areas identified. There are weekly meetings with the ICB and Health Integration Partners where the action plan is discussed and reviewed.

- **Care Homes**

There are a number of care homes that have been inspected by CQC and have been rated as Inadequate. The homes are under the care Governance procedures of the local Authorities/councils working closely with the provider, CQC and health to work with the home on improvement.

- **Ambulance Services**

South East Coast Ambulance Service (SECAMB)

In February 2022, the Care Quality Commission (CQC) undertook an inspection with a particular focus on management and leadership as well as Emergency Operations Centres and NHS 111 Service. The report has been published, with the Trust receiving an overall rating on well led as 'inadequate' with recommendations made that SECAMB is placed in the Recovery Support Programme. During the inspection, CQC identified a requirement for further checks, with the Trust's overall rating to be suspended until these had been completed. The report outlines a series of 'must' and 'should' actions which are being compiled into an action plan. In addition, an important campaign – 'Until it Stops' – is being rolled out to address inappropriate behaviours in order to implement long lasting changes across the organisation.

SECAMB has planned a Quality Summit on the 8<sup>th</sup> September with ICB leads invited. The aim is to develop a collective understanding of SECAMB's systems and processes to keep patients safe, particularly during times of high demand.

Surrey Heartlands Integrated Care Board (ICB) are taking the lead to oversee the improvements.

South Coast Ambulance Service (SCAS)

In April and May 2022, the Care Quality Commission (CQC) undertook an inspection with a particular focus on management and leadership as well as Emergency Operations Centres. The report has now been published after final checks and further iterations, with the Trust receiving an overall rating of 'inadequate'. For the individual components of the inspection scoring: effective and caring was rated as 'good'; responsive as 'requires improvement' and safe and well-led were rated as 'inadequate'. The report outlines a series of 'must' and 'should' actions with a recommendation made that SCAS is placed in the Recovery Support Programme. The recommendations are being compiled into an action plan and workstreams with a new governance structure to oversee the requirements.

Hampshire and Isle of Wight Integrated Care Board (ICB) are taking the lead to oversee the improvements

- **Safeguarding**

Child Safeguarding Practice Review Panel is currently undertaking a national review into safeguarding children with disabilities and complex health needs in residential settings, considering allegations of widespread abuse and the experiences of children placed in three specialist independent residential settings located in the Doncaster area.

Through the emerging findings the Review Panel have identified three urgent actions:

- 1) To ensure that Quality and Safety Reviews are completed for all children with complex needs and disabilities currently living within placements with the same registrations
- 2) The host authority LADO for each individual establishment reviews all information on any LADO referrals, complaints and concerns over the last 3 years relating to the workforce in such establishments to ensure these have been appropriately actioned.
- 3) To conduct an immediate analysis of their evidence around workforce sufficiency focusing on its suitability, training, and support. It is important to note this action is for Ofsted to enact.

**Frimley ICB response to this National Review:**

- Identify a lead for this work – completed and lead identified
- BHFT Team to be notified of the Review and Actions requested – action has been completed
- To identify any children that who had placements in the Doncaster settings – there are no children from East Berkshire. Confirmation being sort from Surrey and Hampshire relating to children in Northeast Hants, Surrey Heath and Farnham.
- To identify that there are no outstanding Health Assessment for Children or Young People who are currently supported in this types of setting - there are no children from East Berkshire and so can concluded that CYP all have had health assessments within the statutory timeframes. Confirmation being sort from Surrey and Hampshire relating to children in Northeast Hants, Surrey Heath and Farnham.
- The Frimley ICB Lead has linked with the DCS/ Head of Service in Slough, Bracknell and RBWM to support the identification of all the children and young people that need to be consider as part of this review and how this will be achieve in partnership with each LA.
- Bracknell have allocated a lead within CSC and the Frimley ICB Lead will plan to met by the end of the week to start the process.

## FRIMLEY INTEGRATED CARE BOARD

<b>Title of Paper</b>	Frimley ICB Modern Slavery Statement 2022/23		
<b>Agenda Item</b>	10	<b>Date of meeting</b>	20 September 2022
<b>Exec Lead</b>	Sarah Bellars		

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

Executive Summary	
<p>The Modern Slavery Act 2015 introduced changes in UK law focussed on increasing transparency in supply chains, namely, to ensure that our supply chains are free from modern slavery (that is, slavery, servitude, forced and compulsory labour and human trafficking).</p> <p>In accordance with the Modern Slavery Act 2015 NHS Frimley ICB fully supports the Government's objectives to eradicate modern slavery and human trafficking and recognises the significant role that the NHS has to play in both combatting it and supporting victims.</p> <p>In accordance with the above, an updated Modern Slavery Statement for 2022/23 has been drafted and is now being brought before the Board for approval. Once approved, the Modern Slavery Statement 2022/23 will be uploaded to the ICB website, replacing the old Frimley CCG Modern Slavery Statement for 2021/22.</p>	
<b>Recommendation</b>	The Board is asked to <u>approve</u> the Frimley ICB Modern Slavery Statement for 2022/23 and agree to it being published on the ICB website.

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

## **MODERN SLAVERY AND HUMAN TRAFFICKING STATEMENT:**

### **Introduction from the NHS Frimley Integrated Care Board (ICB):**

Modern slavery is the recruitment, movement, harbouring or receiving of children and adults, through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting.

The Modern Slavery Act 2015 introduced changes in UK law focused on increasing transparency in supply chains, to ensure our supply chains are free from modern slavery (that is, slavery, servitude, forced and compulsory labour and human trafficking). NHS Frimley is committed to work with local partners to improve practice in combatting slavery and human trafficking and to raise awareness, disrupt and respond to Modern Slavery.

### **Organisational Structure:**

As an authorised statutory body, NHS Frimley is responsible for commissioning health services for its local population of approximately 800,000 people across its five Places: Bracknell Forest, North East Hampshire and Farnham, Royal Borough of Windsor and Maidenhead, Slough and Surrey Heath. For further information please see the ICB website: <https://www.frimley.icb.nhs.uk/about-us/modern-slavery-2015-2>

The Chief Executive for NHS Frimley has ultimate accountability for ensuring that the health contribution to safeguarding and promoting the welfare of children and adults is discharged effectively across the whole health economy through commissioning arrangements. The Chief Nursing Officer is the executive lead for safeguarding and has responsibility for providing leadership and gaining assurance in relation to safeguarding issues within the ICB and locality. The ICB employs the expertise of designated safeguarding professionals for both children and adults who support the delivery of the adult safeguarding and safeguarding children's agendas.

### **Our Approach:**

Our overall approach will be governed by compliance with legislative and regulatory requirements and the maintenance and development of good practice in the fields of contracting and employment.

NHS Frimley expects commissioned organisations and other companies it engages with to ensure their goods, materials and labour-related supply chains fully comply with the Modern Slavery Act 2015 and are transparent, accountable, and auditable

### **Policies and Procedures:**

Our ICB has robust recruitment and selection processes that support managers to adhere to safe and fair recruitment principles. The ICB complies fully with the NHS Employment Check Standards and the Disclosure & Barring Service (DBS) Code of practice – this includes strict requirements in respect of identity checks, work permits

and criminal records.

Our policies such as the Bullying and Harassment Policy, Grievance Policy and Procedure, Equality and Diversity Policy and Freedom to Speak Up (Whistleblowing) Policy provide an additional platform for employees to raise concerns about poor and inappropriate working practices.

Staff are required to undertake statutory and mandatory training on Modern Slavery to support their understanding and awareness.

Our Safeguarding Adults and Children policies also provide guidance in relation to managing potential cases of slavery and human trafficking for employees.

Our procurement approach follows the Crown Commercial Service standard. When procuring goods and services, ICBs apply NHS Terms and Conditions (for non-clinical procurement) and the NHS Standard Contract (for clinical procurement). Both require suppliers to comply with relevant legislation.

During 2022/23 we will continue to raise awareness of the Modern Slavery Act 2015 internally and as part of all procurement processes.

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes our slavery and human trafficking statement for the current financial year ending 31 March 2023.

Fiona Edwards  
**Chief Executive**

**NHS Frimley**

## FRIMLEY INTEGRATED CARE BOARD

<b>Title of Paper</b>	Presentation of the Frimley CCG Annual Report and Accounts 21/22		
<b>Agenda Item</b>	11	<b>Date of meeting</b>	20 September 2022
<b>Exec Lead</b>	Richard Chapman		

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

Executive Summary	
<p>NHS Frimley CCG published its Annual Report and Accounts for 2021/22 on 22 June 2022. The document is available to view on the updated ICB website via the following link: <a href="https://www.frimley.icb.nhs.uk/policies-and-documents/annual-reports/annual-report-2021-22/1011-nhs-frimley-ccg-annual-report-2021-22/file">https://www.frimley.icb.nhs.uk/policies-and-documents/annual-reports/annual-report-2021-22/1011-nhs-frimley-ccg-annual-report-2021-22/file</a></p> <p>In lieu of an Annual General Meeting in 2022, the Board is asked to note the Annual Report and Account for 2021/22 at its meeting in public held on 20 September 2022.</p>	
<b>Recommendation</b>	Members of the Board are asked to <u>note</u> that the final audited Frimley CCG Annual Report and Accounts 2021/22 has been published on the public website.

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