

NHS Frimley Integrated Care Board
Agenda – Meeting in Public
Tuesday 21 February 2023 – between 11.30 and 12.30
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
11.30	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 20 December and matters arising	Approve	Paper	Chair
11.35	4	ICB Chief Executive's Update	Note	Verbal	Fiona Edwards
	5	Strategic Updates			
11.40	5.1	Frimley Health and Care Integrated Care System Strategy - Creating Healthier Communities	Discussion	Presentation and Paper	Sam Burrows / Emma Boswell
11.55	5.2	Urgent and Emergency Care Update	Note	Paper	Sam Burrows
		<ul style="list-style-type: none"> - Winter Planning/Urgent and Emergency Care Update - Urgent and Emergency Care Strategy 	Approval	Paper	Sam Burrows
	6	Business as Usual			
12.15	6.1	Frimley ICB Performance Oversight Report <ul style="list-style-type: none"> • Finance 	Note	Presentation on the day	Richard Chapman / Sarah Bellars /

Timing	No.	Item	Action	Delivery	Lead
		<ul style="list-style-type: none"> • Performance (including Segmentation Oversight) • Quality (including Serious Violence Duty) • Workforce 			Caroline Corrigan
	7	Close of business			
12.25	7.1	Questions received in advance from members of the Public	Note	Verbal	Chair
12.30	7.2	Any Other Business and Close	-	Verbal	Chair
Date of next meeting in public: To Be Confirmed					

Directorate	Job Title	First Name	Last Name	Interest	Description of Interest	Type of Interest	Date Incurred	Actions agreed with Line Manager to mitigate risk		
495 Executive Board Directorate (ICB)	Chief Nursing Officer	Sarah	Bellars	FHFT	Son and Daughter in Law work for FHFT	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	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	01/04/2022	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	29/06/2022	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	01/04/2022	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	01/04/2022	No conflicts anticipated.
495 Executive Board Directorate (ICB)	Director for Partnerships and Engagement	Emma	Boswell	Registered with a GP practice within the Frimley CCG boundary	Registered with a GP practice within the Frimley CCG boundary	Declarations of Interest – Other	Indirect	Indirect	24/01/2022	Declared as potential Conflict and will note in relevant conversations
495 Executive Board Directorate (ICB)	Chief Transformation & Digital Officer	Samuel	Burrows			Nil Declaration			16/06/2021	
495 Executive Board Directorate (ICB)	Chief Finance Officer	Richard	Chapman			Nil Declaration			12/07/2022	
495 Executive Board Directorate (ICB)	Chief People Officer	Caroline	Corrigan			Nil Declaration			05/07/2021	
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	01/07/2022	Full declaration
495 Executive Board Directorate (ICB)	Chief Executive	Fiona	Edwards	Care Quality Commission	Executive Reviewer	Declarations of Interest – Other	Non-Financial Professional	Indirect	19/04/2021	Only review services in distant geographical areas
Non-Contracted Staff	Local Authority Partner Member from Rushmoor Borough Council	Karen	Edwards	Land and property from which Rushmoor Borough Council as my employer would receive an income or profit may be under discussion	As an Executive Director of Rushmoor Borough Council with the responsibility for land and property there will be occasions when land and property from which the Council would receive an income or profit may be under discussion.	Declarations of Interest – Other	Non-Financial Professional	Direct	07/01/2022	In the event that a land or property transaction comes forward to the benefit of the Council and it is a decision of the Board then I would ensure that proposals were submitted by another officer of the Council and I would not take part in any decision making unless clarifications were helpful and requested.
495 Executive Board Directorate (ICB)	Non-Executive Member	Paul	Farmer	Frimley ICS	My son works for the Public Affairs agency PLMR. On occasion, he works with their healthcare clients.	Declarations of Interest – Other	Indirect	Indirect	22/10/2022	
495 Executive Board Directorate (ICB)	Non-Executive Member	Paul	Farmer	Frimley ICS	I am employed by Age UK as Chief Executive. Age UK is a charity which works with older people. It is federated with independent local charities, which may work with Frimley ICS in the provision of services.	Declarations of Interest – Other	Financial	Indirect	22/10/2022	If contracts related to Age UK are discussed, I will recuse myself from discussions.
Non-Contracted Staff	NHS Provider Partner Member from Berkshire Healthcare FT	Alex	Gild	Berkshire Healthcare NHS Foundation Trust	I am Deputy Chief Executive and voting Board member of Berkshire Healthcare NHS Foundation Trust, and provider partner member of the Frimley ICB.	Declarations of Interest – Other	Non-Financial Professional	Direct	01/07/2022	Will declare interests on specific ICB business if and when needed.

495 Executive Board Directorate (ICB)	Equality Diversity and Inclusion System Lead	Safina	Nadeem	Frimley ICS	Director of a limited company which provides training to health and social care sectors	Declarations of Interest – Other	Financial	Indirect	01/07/2022	Do no provide any training via company to Frimley ICS
495 Executive Board Directorate (ICB)	Primary Care Partner Member	Prash	Patel	Magnolia House	I am a profit sharing GP Partner	Declarations of Interest – Other	Financial	Direct	01/04/2021	
495 Executive Board Directorate (ICB)	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	01/04/2021	
495 Executive Board Directorate (ICB)	Primary Care Partner Member	Prash	Patel	Berkshire Primary Care Ltd	I am the CEO and Medical Director	Declarations of Interest – Other	Financial	Direct	01/04/2021	
495 Executive Board Directorate (ICB)	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	01/04/2021	
495 Executive Board Directorate (ICB)	Frimley ICB Chair	Priya	Singh	Guy's and St Thomas's NHS Foundation Trust	Appointed November 2015 - NED / Deputy Chair	Outside Employment			01/04/2021	
495 Executive Board Directorate (ICB)	Frimley ICB Chair	Priya	Singh	National Council for Voluntary Organisations	Appointed Novembe+F29+F27	Outside Employment			01/04/2021	
495 Executive Board Directorate (ICB)	Frimley ICB Chair	Priya	Singh	Society for Assistance of Medical Families	Appointed January 2018 - Executive Director	Outside Employment			01/04/2021	
495 Executive Board Directorate (ICB)	Primary Care Partner Member	Huw	Thomas	Claremont and Holyport practice	Partner in the practice	Declarations of Interest – Other	Financial	Direct	01/04/2021	Will be managed in accordance with policy
495 Executive Board Directorate (ICB)	Primary Care Partner Member	Huw	Thomas	Maidenhead Primary Care Network	Practice is a member of Maidenhead PCN	Declarations of Interest – Other	Financial	Direct	01/04/2021	Will be managed in accordance with policy
495 Executive Board Directorate (ICB)	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	01/04/2021	Will be managed in accordance with policy
495 Executive Board Directorate (ICB)	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	01/04/2021	Will be managed in accordance with policy
495 Executive Board Directorate (ICB)	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	02/04/2021	Will be managed in accordance with policy
495 Executive Board Directorate (ICB)	Primary Care Partner Member	Huw	Thomas	Holy Trinity Primary School, Cookham	Governor at school	Declarations of Interest – Other	Indirect	Indirect	01/04/2021	Will be managed in accordance with policy
495 Executive Board Directorate (ICB)	Primary Care Partner Member	Huw	Thomas	Royal Borough of Windsor and Maidenhead	Practice provide opiaite substitute prescribing services for the Royal Borough of Windsor and Maidenhead	Declarations of Interest – Other	Financial	Direct	01/04/2021	Manage in accordance with policy
Non-Contracted Staff	Local Authority Partner Member from Surrey County Council	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	01/07/2022	Will be managed in accordance with the Conflicts of Interest policy.
Non-Contracted Staff	Local Authority Partner Member from Surrey County Council	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	01/07/2022	Will be managed in accordance with the Conflicts of Interest policy.
Non-Contracted Staff	Local Authority Partner Member from Surrey County Council	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	01/07/2022	Will be managed in accordance with the Conflicts of Interest policy.
Non-Contracted Staff	NHS Provider Partner Member	Graham	Wareham	Friends of Chambo Seminary	Trustee	Declarations of Interest – Other	Non-Financial Personal	Indirect	01/04/2021	No conflict anticipated
Non-Contracted Staff	NHS Provider Partner Member	Graham	Wareham	Surrey and Borders Partnership NHS FT	Employed as CEO	Declarations of Interest – Other	Non-Financial Professional	Direct	01/07/2022	Will excuse if conflict of interest occurs

**Draft Minutes of NHS Frimley Integrated Care Board
Held in Public on Tuesday 20 December 2022 from 14.30-16.00 via Microsoft Teams**

Chair – Priya Singh

Present:	
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
Caroline Corrigan	Chief People Officer
Paul Farmer	Non-Executive Member
Dr Prash Patel	Primary Care Partner Member
Dr Huw Thomas	Primary Care Partner Member
Karen Edwards	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
In Attendance:	
Olly Hemans	Communications and Engagement Manager
Mary-Jane Steijger	Head of Governance
Tom Allinson	Corporate Governance Officer (minutes)
Apologies for Absence:	
Ilona Blue	Non-Executive Member
Emma Boswell	Director for Partnerships and Engagement
Safina Nadeem	Equality, Diversity and Inclusion System Lead
David Radbourne	Regional Director of Strategy and Transformation at NHS South East

1.	Welcome and Apologies for Absence
	<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 recorded above.</p> <p>Members agreed for the meeting to be recorded. The recording would then be uploaded to the public website along with the meeting papers.</p> <p>Nine members of the public had signed up to attend the meeting. No questions had been received in advance.</p>
2.	Declaration of Conflicts of Interest

	Members noted the Conflicts of Interest register, and there were no specific declarations made for the contents of the day's agenda.
3.	Minutes of the last meeting in Public held on 18 October, Action Tracker, and matters arising
	The minutes of the last meeting in public were taken as accurate and approved without further comment. There were no matters arising.
4.	ICB Chief Executive's Update
	Fiona Edwards gave the verbal update, reflecting on the current context and surge in illness manifesting in high attendance in primary care, pharmacies, and hospitals. Health and care staff and voluntary partners were commended for relentless effort in delivering safe care in the face of unprecedented demand and unforeseen additional pressure across the system. <i>The Board noted the update.</i>
5.	NHS Frimley Health and Care Strategy Refresh
	Sam Burrows led the presentation on the NHS Frimley Health and Care Strategy Refresh, outlining the existing strategy and its six strategic ambitions, and the requirement from NHSE to review these following the implementation of the Health and Care Act and establishment of the ICB in July 2022, to ensure these principles remained reflective of current issues and challenges. Statutory authority for the strategy was held by the Frimley Integrated Care Partnership (ICP). The ICP Assembly met in September and November to reflect on what had been delivered to date, what had changed since the strategy's initial development in 2019, and what would be the strategic focus going forward. The workshop had been received well, with thoughtful contribution from members and comments being summarised in the slides. Sam Burrows confirmed that the team was currently in the process of pulling these comments together into the refreshed strategy, the timescales for which were further outlined for members to note. Partner engagement on the strategy would continue across Q1, with a view to final sign-off with NHSE in March 2023. <i>The Board noted the update.</i>
6.	Maternity Overview
	Dr Lalitha Iyer presented the focus on maternity governance both within the ICS and regionally, looking at population, geography, midwifery hubs, and the structure and role of the Local Maternity and Neonatal Systems (LMNS) Board. Compliance against the Ockenden report assessment criteria was then reviewed, along with timelines for completion and next steps for the Board to note, including the following areas for improvement across the NHS identified in the report: <ol style="list-style-type: none"> 1. Identifying poorly performing units 2. Giving care with compassion and kindness 3. Teamworking with a common purpose 4. Responding to challenge with honesty Examples of service transformation work undertaken so far was then highlighted, including the success of the Maternity Voices Partnership made up of 18 active volunteers, and a therapy-led service focussing on early pregnancy loss.

	<p>Members queried homebirth provision. Low rates were confirmed system-wide, with approx. 2% at Frimley Park Hospital (FPH) and 1% at Wexham Park Hospital (WPH).</p> <p>The Chair thanked all involved in the informative presentation, its preparation and the maternity service.</p> <p><i>The Board noted the presentation.</i></p>
7.	Winter Planning / Urgent and Emergency Care (UEC) update
	<p>Fiona Edwards, Sam Burrows, and Neil Dardis lead the presentation on Winter Planning and UEC, citing a background context of unprecedented surge and demand. It was important to recognise that demand which manifested in UEC attendances resulted from challenges being experienced across all sectors in the system and that UEC should not be viewed as a silo issue. Challenges across the system were seen as reflective of existing capacity issues chiefly caused by increased demand and workforce gaps.</p> <p>The Winter Plan had been co-designed across partner organisations in the ICS and had been submitted in September 2022. The plan was described as credible, achievable and was being overseen by the ICB Board and system working groups which spanned organisational and sector boundaries. Eight priority workstreams had been established that together would ensure patients continued to receive first class UEC services over the Winter.</p> <p>The need for improvement beyond the immediate winter challenges was also highlighted as key, with work underway on long-term transformation that would optimise delivery of UEC in Frimley in the years ahead. One such example of this was a clinically led strategy group overseeing the implementation of longer-term system strategy objectives, the first of which was to agree a model for the delivery of same-day services for minor injury and minor illness.</p> <p>Finally, challenges in emergency departments around patient flow and discharge were highlighted, and the Board was informed that the previous week had seen clinicians and professionals come together to support a Multi-Agency Discharge Event (MADE) at Frimley Health Foundation Trust (FHFT) to deliver improved flow and reduce length of stay during the critical period running up to Christmas, outlining the following key ambitions:</p> <ul style="list-style-type: none"> • 75% of To Take Out Medication (TTOs) in pharmacy by 11:00am • 50% of eligible discharges Via Discharge Lounge • 50% of discharges before noon • Free up an Additional 50 beds each site by the end of the week <p><i>The Board noted the update.</i></p>
8.	Frimley ICB Performance Oversight Report
	<p>The Board received the following key highlights from the Performance Oversight Report to note:</p> <p>Quality:</p> <ul style="list-style-type: none"> • Following the BBC Panorama programme which showed patients being abused while in the care of an NHS Trusts, the ICB were working with Providers to ask the question “this could

	<p>happen here?”. The ICB Quality Board was reviewing information shared by providers on MH services to understand the work they have completed to address the question</p> <ul style="list-style-type: none"> • Frimley Health NHS Foundation Trust had received the outcome of their Ockenden Visit. This would be reviewed at next LMNS and ICB Quality group. The Trust had made excellent progress on compliance, with only 10 questions that have an amber rating remaining <p>Operational Performance:</p> <ul style="list-style-type: none"> • Demand pressures across all areas of the system remained extremely high, with specific pressures in the most recent weeks driven by increased Paediatric demand • Patient flow remained a key challenge with bed occupancy rates above sustainable levels, despite escalation capacity above levels experienced last year being utilised • These challenges were leading to deterioration in performance within A&E, with increased numbers of Ambulance handover delays, and with patients staying within the emergency department for more than 12 hours • Urgent & Emergency Care plans for Winter had been produced and work continued across the system to implement these and to begin the implementation of the system wide Urgent & Emergency Care Strategy <p>Financial Performance:</p> <ul style="list-style-type: none"> • For the statutory responsibilities of NHS Frimley (Frimley ICB & Frimley Health NHS Foundation Trust), there was a current reported deficit of £24.8m against a planned YTD deficit of £2.1m. Additional financial controls and reviews of all uncommitted expenditure had been implemented to reduce the system deficit <p>Workforce:</p> <ul style="list-style-type: none"> • The context of a highly competitive national labour market and local vacancies continued to challenge recruitment and retention of staff. Industrial action mitigations were in place, as were strengthened governance and assurance arrangements that monitored delivery plans and provided data insights <p><i>The Board noted the update.</i></p>
<p>9.</p>	<p>Outcome of the annual EPRR assurance process</p>
	<p>Sarah Bellars presented the outcome of the annual Emergency Preparedness, Resilience and Response (EPRR) assurance process for the Board to note. This followed a rigorous and thorough EPRR assurance which had been undertaken over 2022, with minimal actions for the Board to follow-up on:</p> <ul style="list-style-type: none"> • The ICB had two outstanding core standards in relation to emerging infectious disease and would be fully compliant with the National Core Standards for 2022 by March 2023. • FHFT had one outstanding core standard in relation to its Data Security Toolkit and would be fully compliant with the National Core Standards for 2022 by March 2023. • Health Care Resourcing Group (HCRG) had 3 outstanding core standards all related to business continuity and would be fully compliant with the National Core Standards for 2022 by March 2023.

	<p>The shared organisations' assurance status was being managed by the relevant lead commissioning ICBs, and both providers had received a letter summarising the annual EPRR process and how compliance would be monitored going forwards and had also been offered support where required.</p> <p>The quarterly meetings put in place by the ICB EPRR team would oversee and manage this process to its full completion, reporting to the Frimley Executives and UEC/Planned Care Board as required.</p> <p><i>The Board noted the paper.</i></p>
10.	Questions received in advance from members of the Public
	None.
11.	Any Other Business
	None.
12.	Close
	<p>The Chair closed the meeting at 16.00.</p> <p>The date of the next meeting in public was confirmed to be 21st February 2022.</p>

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Frimley Health and Care Integrated Care System Strategy - Creating Healthier Communities		
Agenda Item	5.1	Date of meeting	21 February 2023
Exec Lead	Sam Burrows Chief Transformation Officer Emma Boswell Director of Partnerships and Engagement and Place Convenor North East Hampshire and Farnham Place		

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

Executive Summary
<p>The Health and Care Act (2022) established a number of new operating models in law, including the establishment of Integrated Care Partnerships (ICPs). The Frimley ICP, one component of the broader Frimley Integrated Care System (ICS), held its first Assembly meetings in September and November 2022, both of which were well attended by a wide and diverse range of partners from across our health and care system.</p> <p>The statutory remit of ICPs is relatively brief, with significant local discretion to use these Joint Committees in a way which helps ICSs best meet their locally defined strategic objectives. One of the requirements however is that ICPs act as the final approver of the ICS Strategy, which should set out a system’s strategic objectives and priorities over a future multi-year period.</p> <p>National guidance published in the Summer of 2022 mandated all of the new ICPs to produce an “interim” strategy by 31 December of the same year, noting that some systems were starting from different points. The Frimley ICS as a relatively mature system partnership already had a strategy, <i>Creating Healthier Communities</i>, which was produced in the Autumn of 2019. There was broad acceptance by the ICP Assembly that the world had changed significantly since 2019 and that refreshing the strategy in line with national guidance and the health and care landscape would be a productive exercise in testing new priorities within the existing strategy delivery framework.</p> <p>The purpose of the strategy is to set the overarching vision and intent for the health and care system over the next five years, focusing in on our shared strategic objectives as a partnership. This strategy will not contain all of the answers about how organisations and partners will make this happen, but does set out a number of key priorities within each of the six strategic ambitions which are:</p> <ul style="list-style-type: none"> • Starting Well • Living Well • People, Places and Communities • Leadership and Cultures

- Outstanding use of Resources

Inevitably, there will need to be a number of sub-strategies which do set out the detail of how aspirations will be delivered, including:

- Joint Forward Plan between NHS partners
- Operational Plans 23/24
- UEC Strategy & Transformation Plan
- Etc.

Following the ICP Assembly held in November 2022, a team from across the ICS has been working on the production of this strategy refresh which is presented to Board of the ICB for discussion and feedback. It is intended that the Strategy will go back to the ICP Assembly for final endorsement in March 2023, following a round of engagement with Boards and Committees from across the Health and Care partnership. The Board is asked to provide feedback on the draft in its current form. The Board is not being asked to approve the strategy, given this authority is reserved in law for the ICP, although its support and endorsement is sought as a part of its ongoing development and approach.

Recommendation	The Board is asked to discuss and share feedback on the draft multi-year ICS Strategy and to support the strategy ahead of the March 2023 ICP being asked endorse the strategy.
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Please provide details on the impact of following aspects	
Risk and Assurance	The ICB will need to pay due regard to the ICS Strategy and ensure its plans and delivery mechanisms contribute to delivery of the ambitions as set out in the strategy.
Equality and Quality Impact Assessment	Engagement with Partners and communities in progress and impacts being considered alongside strategy refresh.
Patient and Stakeholder Engagement	Wide engagement with partners and community representatives being undertaken as part of strategy refresh. Further engagement to be undertaken regarding delivery.
Financial Impact and Legal implications	ICB to pay due regard and consider financial implications and impact of the strategy through its planning processes.

Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
Significant engagement with Health and Care Partner Boards and committees – Health and Wellbeing Boards, Provider Boards and engagement with partners through on line portal or discussion at engagement events	November 2022 – March 2023	Feedback and reflections received and draft strategy reviewed ahead of endorsement at March 2023 ICP.



DRAFT (V2) Creating Healthier Communities Strategy Refresh 2022

**Frimley Health and Care
Integrated Care System**



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Creating healthier communities with everyone

Using this document

This document is interactive. Throughout the strategy there are a number of links to external websites, resources, videos and further information which you can access if reading on a digital device.

Wherever you see this symbol, you will find an interactive link that will provide further context and information.



You can also use the contents page to navigate around the strategy. If you are reading a printed copy and wish to access any of the digital content, please **contact** the Frimley ICS team to find out how.

Foreword

After a century of rising living standards, life expectancy and real incomes, our population is now facing a set of challenges which have not been experienced for many decades. For many of our residents, however, the COVID-19 pandemic which hit at the start of this decade, painfully exposed some of the inequalities which have been present for generations. The last three years have highlighted some of the main inequities which are major contributors to deprivation, variation in health outcomes and lived experience as residents of our geography.

In the months leading up to the unforeseeable onset of the pandemic, public sector leads in the Frimley Health and Care ICS geography had started the process of identifying these disparities and putting plans in place to address them. The Frimley ICS Strategy, *Creating Healthier Communities*, which was published in the Autumn of 2019, recognised these challenges and partners agreed on two core objectives; firstly to **reduce health inequalities** and secondly to **increase healthy life expectancy**.

The onset of the global pandemic significantly underlined the importance of these areas of focus. Never before in the modern day, had the lives and liberties of our residents been so restricted, and subsequently disadvantaged, in such a short period of time. Almost three years later, even with COVID-19 causing less of a daily impact, this offers little in the way of comfort to our residents; the economic shock resulting from this period and the subsequent cost of living crisis indicates an extremely difficult period ahead for all of us.

This context demonstrates the importance of this refreshed strategy, which sets out our collective ambitions as a partnership over the years ahead. Readers will note that the mission remains largely unchanged from three years ago, but much of the approach will be new, reflecting a fresh urgency and focus on the significant number of people in our population who experience an unacceptable degree of variation in their quality of life and health outcomes.

Undoubtedly, the world will continue to change rapidly over the years ahead and our strategic purpose and intent will need to adapt accordingly. This strategy therefore is a response to the 'here and now' of the challenges in front of us and is likely to evolve. Our aim is to ensure that the new Integrated Care Partnership can capitalise on the dynamic brief with which it has been established and create the collective sense of purpose which will be needed to deliver both the priorities set out in this document and the as yet unknown difficulties which will continue to emerge.

Despite the unprecedented challenges which lie ahead of us, we remain optimistic for the strength of our partnership and the huge impact which can be made for our population by working together. On this basis, as leaders of public sector bodies from the breadth of the Frimley geography, we commend and support this refreshed strategy.



[Click here to learn more about the membership of the Integrated Care Board](#)



Executive Summary

Our Objectives

We remain committed to delivering the two overarching objectives which were defined by the 2019 Frimley ICS strategy; *Creating Healthier Communities*. Our partnership focus will continue to be defined by delivering improvements against the following two headline measures:

(1) **Reducing Health Inequalities** for all of our residents who experience unwarranted variation in their **outcomes** or **experience**

(2) Increasing **Healthy Life Expectancy** for our whole population, ensuring an improvement not just in length of life but in the quality of those years as well.

Our Strategic Ambitions

The Strategic Ambitions which were established in 2019 are retained with new areas of focus and energy against a refreshed set of priorities which better reflect the challenges of 2023 and beyond.

- **Starting Well**
- **Living Well**
- **People, Places & Communities**
- **Our People**
- **Leadership and Cultures**
- **Outstanding Use of Resources**

Each of our Strategic Ambitions will focus on a discrete number of headline priorities in the 3-5 years ahead, which are likely to be some of the most challenging that the health and care system has ever faced. You can read more about these, and the other areas of work for each ambition, in the dedicated sections of this strategy document between pages 13 and 35.

Our Headline Commitments in this Strategy

Starting Well

- Addressing health inequalities through a focused approach to meeting the needs of vulnerable children who experience deprivation and poverty
- Initiatives to improve the lives of babies and Children in the first 1001 days through to primary school.
- Supporting and strengthening partnerships around health visiting and school nursing, working in partnership between the NHS and Public Health to make improvements in these vital roles.

Living Well

- A renewed focus on cardiovascular disease and its causes which contribute to hundreds of avoidable deaths annually
- Working with partners across Places and Public Health to help our population maintain Healthy Weights
- Helping people in our population to quit smoking by supporting them with advice and alternatives

People, Places & Communities

- A clear approach to engaging with our population at place and system levels
- Ensuring all of our diverse populations are represented with the creation of an ICS inclusivity framework
- Exploring citizen leadership and creating opportunities to develop decision making in our communities

Our People

- Creating a joint workforce model for health and care to give our people fulfilling and varied career opportunities
- Widening access to employment and keeping the people we have by ensuring we provide great places to work
- Strengthening partnership working and new models of care for our staff, residents and their communities

Leadership and Cultures

- Deliver our system equality, diversity and inclusion ambitions
- Use our leadership networks to accelerate the spread and adoption of system change
- Nurturing a shared learning culture to create the space to stimulate radical thinking, meaningful collaboration and bold action to tackle inequalities

Outstanding Use of Resources

- Reduce the need for acute and specialist services through investment in preventative and wellbeing interventions
- Utilise digital innovation to deliver greater value for our population
- Make best use of our estates, community assets and anchor institutions by sharing capacity across our partnership

About the Frimley Geography and System Partnership

The organisations involved in planning and providing public services locally, are working together with the community to shape future improvements.

Frimley Health and Care brings together Local Authorities, NHS organisations and the Voluntary Sector together with a clear shared ambition to work in partnership with local people, communities and staff to improve the health and wellbeing of individuals, and to use our collective resources more effectively.

The system has a diverse population of over 800,000 people in a broad geography which spans East Berkshire from Bracknell to Slough, North East Hampshire, Farnham and Surrey Heath.

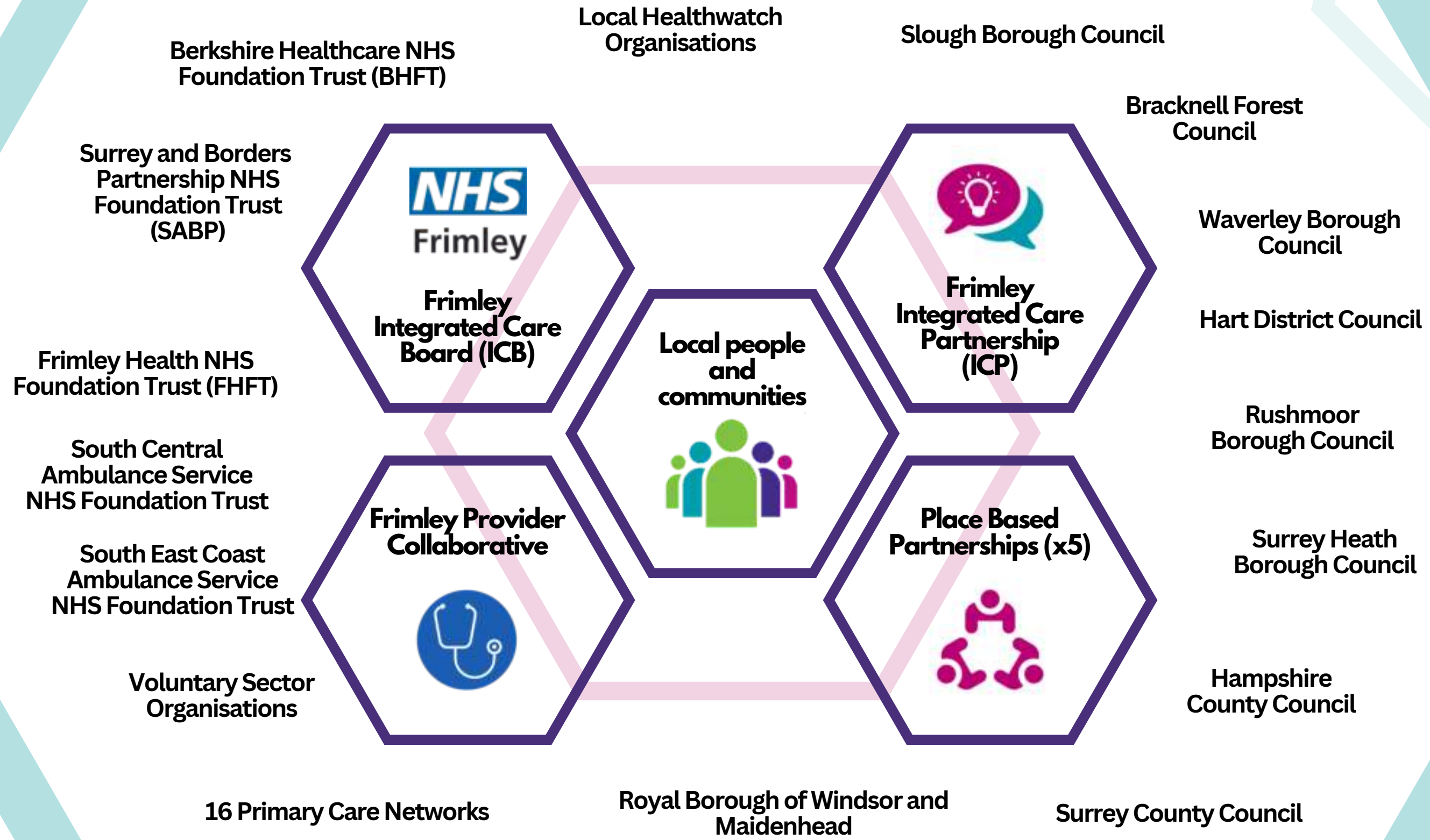
Our partnership, comprised of dozens of Public Sector and VCSE organisations, is led by committed clinical and professional leaders. We have been working together since 2016 when our very first partnership plan was published which set out our aspiration to unlock the benefits of greater partnership working and use our collective resources more effectively to improve the health of our population.

As a result, considerable progress has been made promoting health and wellbeing, improving care and services, and making services more efficient. We have brought people together to integrate services and work across organisational boundaries, regardless of the system and organisational architecture which regularly changes around us.

Given the challenges of the period since the last strategy was produced in 2019, the partnership has come together to create this newly revised and refreshed strategy. This new strategy builds on that work and describes the shared ambitions and priorities which will be delivered, and which will make the most difference to individual people's health and wellbeing.



Frimley Health and Care Integrated Care System (ICS)



[Click here to learn more about our Partners](#)

Creating Healthier Communities – The Frimley ICS Strategy

"Creating Healthier Communities" was published in 2019 as the first Frimley Health and Care 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 which have comprised the programme architecture for strategy delivery between 2019 and 2022.



Our Integrated Care Partnership (ICP)

The Frimley Integrated Care Partnership, established in July 2022 is a joint committee between upper tier Local Authorities in the Frimley ICS geography and the NHS Frimley Integrated Care Board. At its core is an ICP Assembly, bringing together clinical and professional leaders of public sector, voluntary sector and charitable organisations which have an interest in improving the health and wellbeing of over 800,000 people who reside in the Frimley ICS geography. The ICP provides a platform for a broad range of stakeholders who are committed to making this ambition a reality.

Building on our engagement with our partners, we have established the Frimley ICP to have a strategic role, considering what arrangements work best in our local area by creating a dedicated forum to enhance relationships between leaders across the health and care system.

The agreed remit for the ICP is to:

- Consider and set the strategic intent of the partnership; act as final approver of the ICS Strategy, including the proposed programmes of work, outcomes and intended benefits
- Act as an objective 'guardian' of the ICS vision and values, putting the populations needs and the successful operation of the ICS ahead of any sector or organisation specific areas of focus.
- Provide a forum for consideration of wider determinants of health and health inequalities, taking fullest advantage of the opportunities arising to hear the views and perspectives of the broadest range of local stakeholders and democratic representatives.

The assembly will ensure a voice for those who speak on behalf of their communities and bring a very new approach to the design of our strategy. The Assembly met for the first time in September 2022 and again in November 2022, primarily to progress the consideration and production of this refreshed strategy document.

Click here to read more about the 'Creating Healthier Communities' strategy published in 2019



Partnership engagement

On Tuesday 22nd November, the second Frimley ICP Assembly took place at South Hill Park Arts Centre in Bracknell. The event brought together over 50 members of the ICP, representing local Health, Care, Local Authority, Healthwatch and Voluntary Sector organisations from across the Frimley Geography. Through a face to face facilitated workshop, Assembly Members from across the ICS met together to:

- Understand the journey so far on the development of the ICS strategy
- Explore what has changed since the co-production of the strategy in 2019
- Enable ICP Assembly members to co-design the key areas of focus for our ICS strategy refresh

The feedback gathered during this session and from other stakeholders who weren't able to join on the day, has been used to support and shape the development of this strategy refresh.



Collective feedback

- The language, messages and engagement of the strategy need to be translated into something our population wants to embrace. We must **hear the voice of our population** to support co design of solutions
- The strategy must be **inclusive of all partners** to provide transparency and collective opportunity across the system
- Improved understanding of the current landscape and assets is important so we can make connections and **understand multiple partner perspectives**
- Stronger working with the **voluntary sector** is imperative
- The future is uncertain - we must be **open and honest about the reality we face** - both in terms of challenging economic situation and increased demand on services



Raise the aspirations of our children and young people
Hear the children and young person's voice
Support the next generation - quality of life post 16
Greater working synergy with education

What does living well mean to our adults and older population?
This cohort often has the greatest health needs - how do we better engage?
Feels very disease focussed - should this be more about wider determinants?
Dual aim for this ambition - Living healthily and living well

We need a VCSE Alliance to support these conversations
Understand the unique aspects of community assets, needs and priorities
Stronger links with Secondary Care to support community needs when discharged
Stronger links with Local Authority and Primary Care Networks (PCNs)

What can we do to support a wider staff network including voluntary sector?
How can we tackle the temporary staffing problem as a system & across system?
How can we consider incentives to live and work in Frimley?
We need a shared narrative across partners

Values must reflect our 'collective' organisation
Exposure to more people. We need the reach out to learn how we can change culture
How is value demonstrated and who is best placed to express this?
Improved visibility of what's happening across the system?

How far can and should we share money and resources?
Co-design of joint investment models
Promotion of economic growth, shared goals and objectives
How do we have an honest conversation with the public?

Starting Well

Living Well

People, Places and Communities

Our People

Leadership and culture

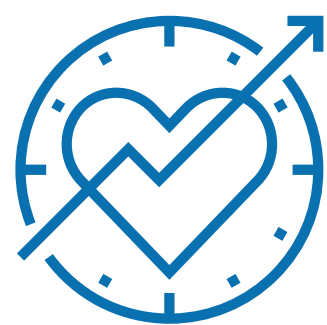
Outstanding use of resources

Frimley population insights



Population
800,000

Increasing by **6.4%** by 2036 - about **47,000** people - with the largest increases in the over 60's and 13-18 age group



Life expectancy
 Male: **81**
 Female: **84**
Healthy life expectancy
 Male: **66.8**
 Female: **67.4**

People that live in recognised areas of deprivation will often have poorer outcomes and on average will have a lower healthy life expectancy. Most of our population don't live in areas of deprivation. All areas contain pockets of deprivation, but they can be less visible due to nearby affluence. In Slough there are many more people living in deprivation.

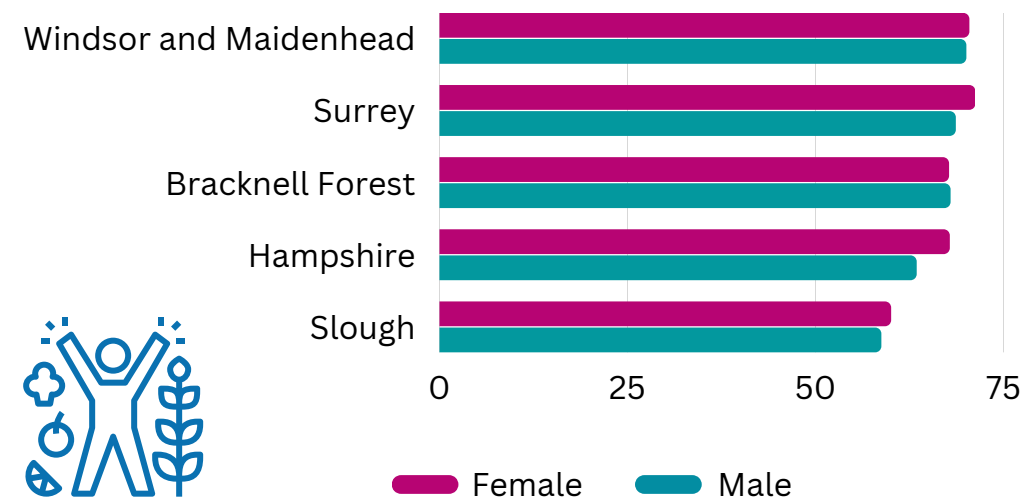


Over 30% of the population are in the 10% least deprived in society

Around 3% of the population live in the most deprived areas of England



Healthy life expectancy at birth



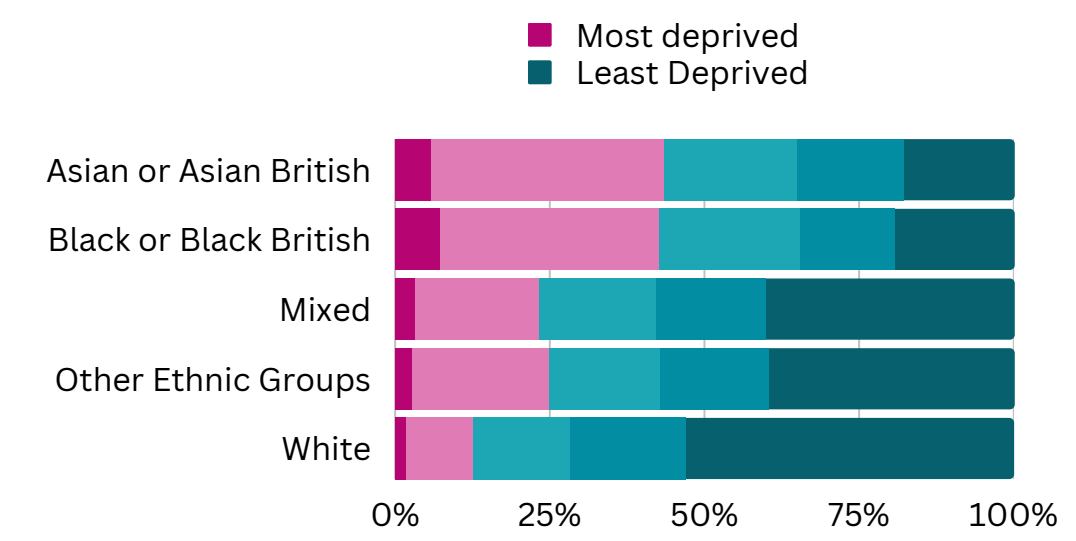
About the population across our 5 places

	% from BAME ethnicity groups	% living in deprivation (IMD deciles 1-4)	% over 65	% in households of 5+ people
Bracknell Forest	11%	4%	14%	26%
North East Hampshire and Farnham	11%	13%	17%	28%
Royal Borough of Windsor and Maidenhead	16%	5%	17%	32%
Slough	61%	61%	9%	52%
Surrey Heath	12%	7%	18%	28%
Whole population	23%	19%	15%	34%

Frimley population insights: wider determinants of health

BAME cohorts are 2.6x more likely to live in deprived areas

33.1% of BAME residents live in deprivation deciles 1-4 compared to 12.6% for White residents. Some key communities with known health inequalities are much more likely to live in deprived areas. For example, the Gypsy Roma Traveller community is almost seven times more likely to live in the most deprived areas. Another example of this disparity can be seen in the Nepalese community where it is three times more likely.



56k residents are at risk of **fuel poverty**

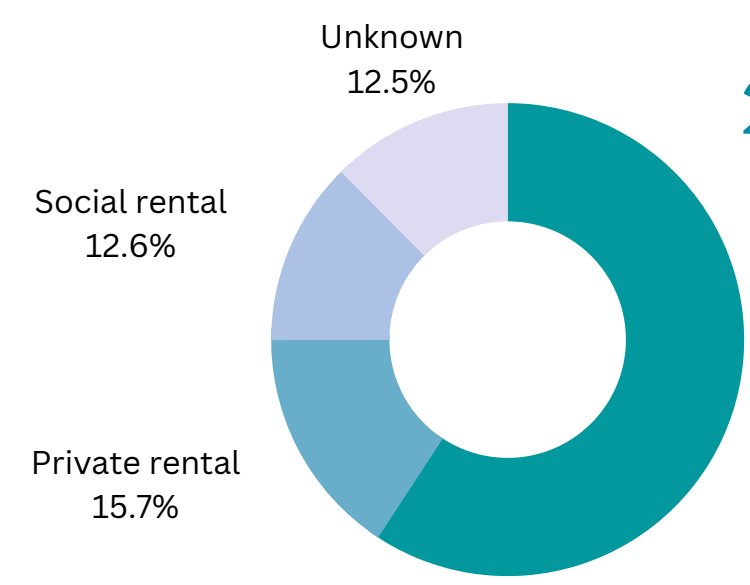
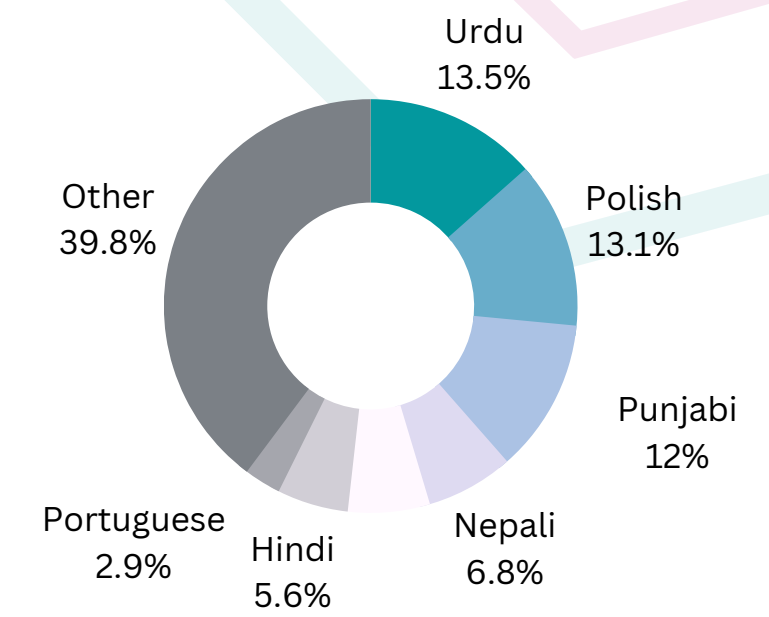
These patients are living in deprived areas and poorly insulated homes

1.4% (700) have significant health issues
 17.1% (9,500) have moderate health issues
 76.5% (43,000) are generally healthy

There are 122 different spoken languages in our population

98,000 residents in our ICS do not have English as their main spoken language, the most common are Urdu, Polish and Punjabi.

Language barriers can impact a persons' ability to access and navigate health and care services



28% of the population are in some form of rented accomodation

10.6% of the population are smokers



7.5% medium to high alcohol consumption



In areas of deprivation we see a higher prevalence of smoking and obesity (but lower alcohol consumption). Non-white ethnicities tend to have lower alcohol consumption and are less likely to smoke (or have COPD). Smoking and alcohol rates are based on what is reported in GP records.

5.8% of the population have a BMI over 35



Frimley population insights: deprivation, ethnicity and disease prevalence



There is a strong association for **Diabetes, COPD, Heart failure** and many other conditions with deprivation. We also see lower prevalence rates for Cancer and Atrial Fibrillation which could reflect under-diagnosis.

On average, we see many conditions are between 1.5-2.5 times more common in deprived areas versus affluent areas after adjusting for age and sex of the populations

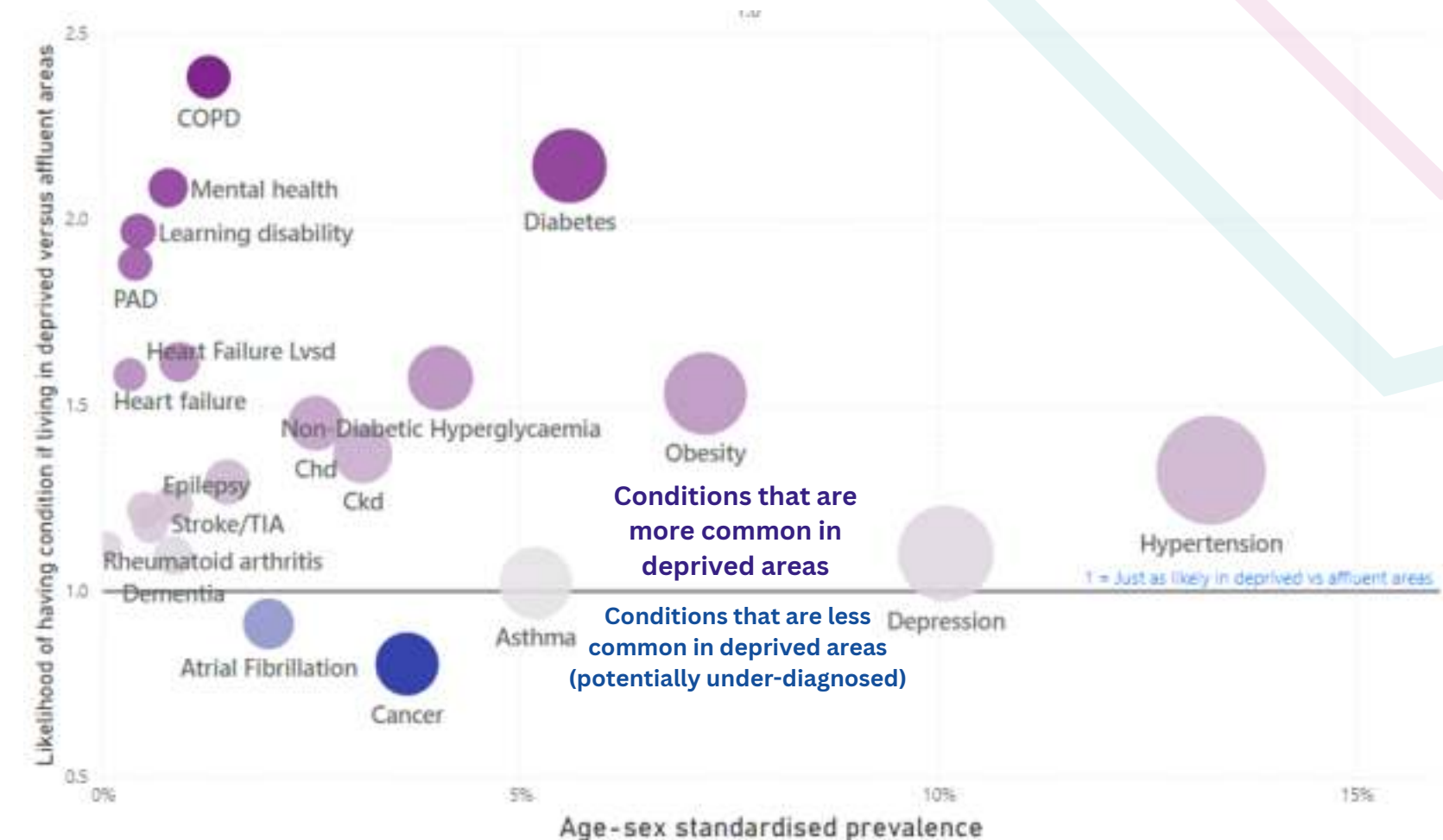
When looking at **ethnicity data** we notice the following:

- Asian / Asian British notably higher for Diabetes, Non Diabetic Hyperglycemia and Coronary Heart Disease (CHD), lower for depression, COPD and Atrial Fibrillation
- Black / Black British notably higher for Diabetes, Hypertension, Chronic Kidney Disease(CKD) and Obesity, lower for COPD, Depression and Atrial Fibrillation

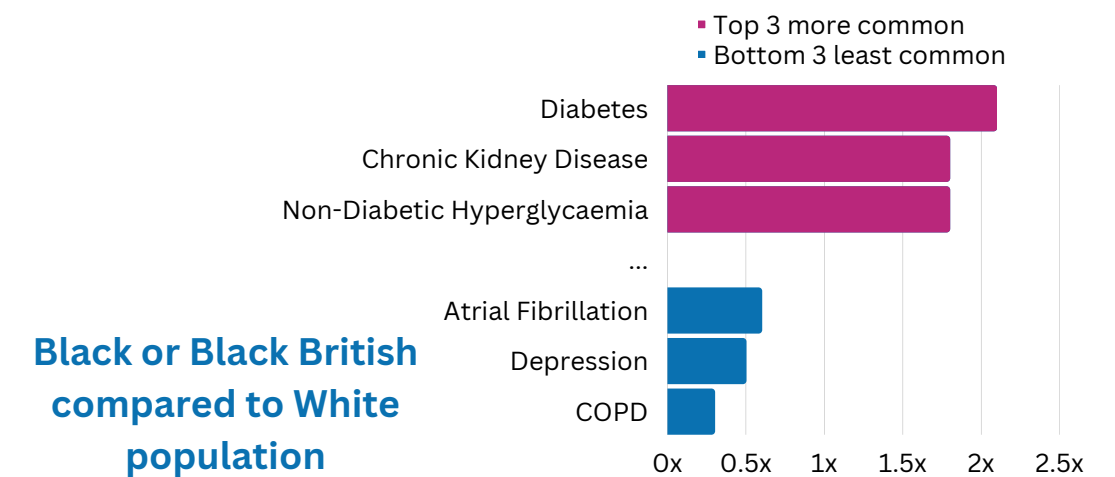
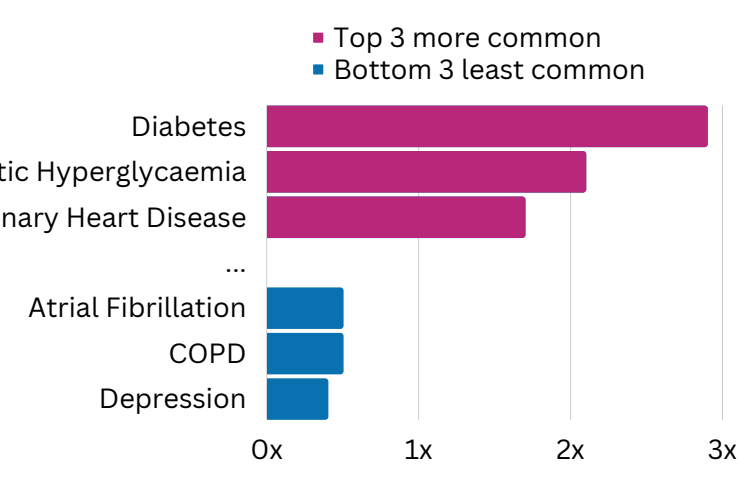
Slough compared to other parts of the system is **younger, higher % BAME, more densely populated** and **multigenerational households** and **more deprived**.

Adjusting for age and sex, **Slough has significantly higher prevalence of a wide range of conditions and risk factors**. There are strong associations between deprivation, ethnicity and prevalence of conditions such as diabetes and hypertension.

Increased prevalence of chronic diseases lead to **health inequalities** as well as disproportionate risk of impact from community transmitted conditions such as Covid-19.



Asian or Asian British compared to White population



Frimley population insights: cancer, diabetes, hypertension

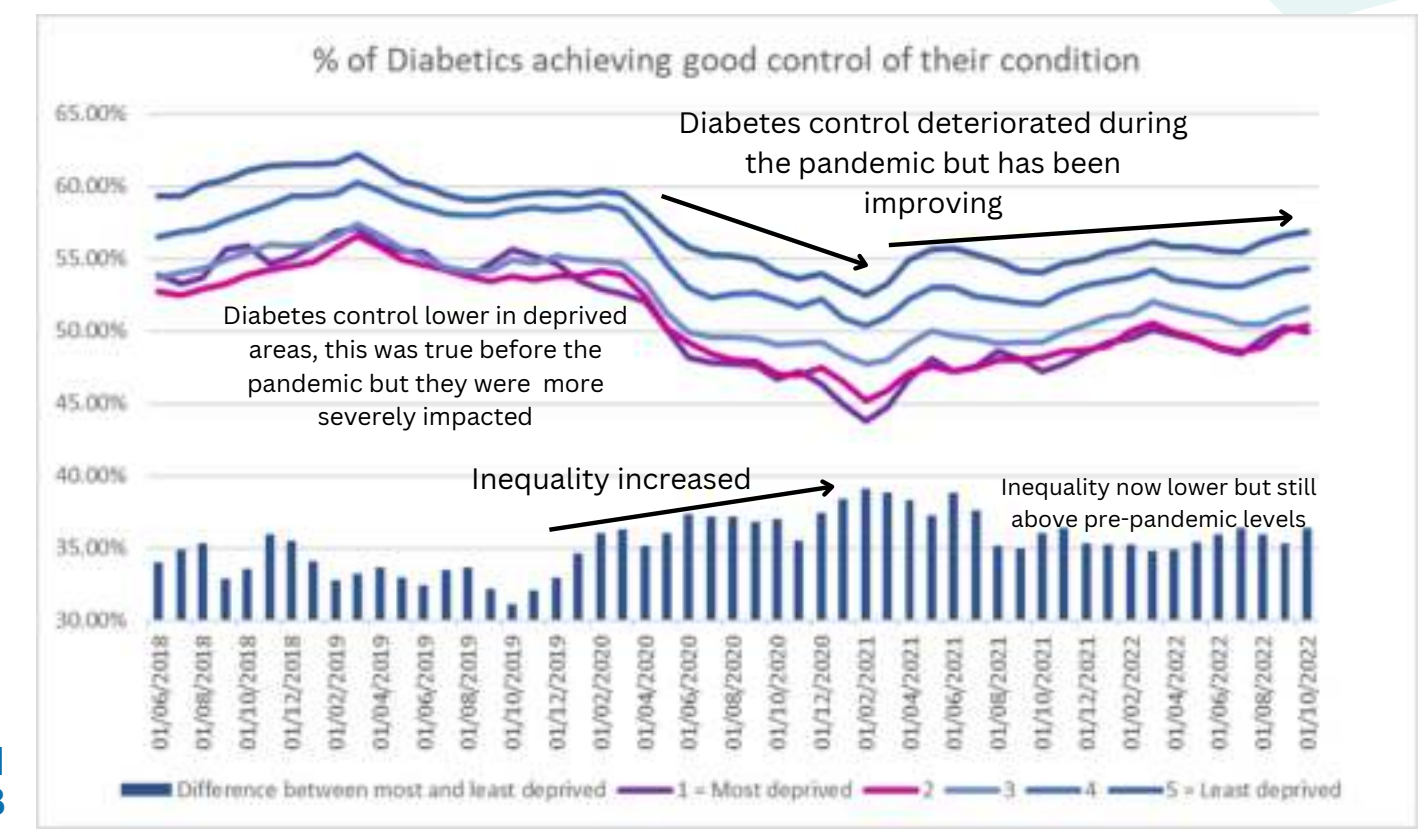
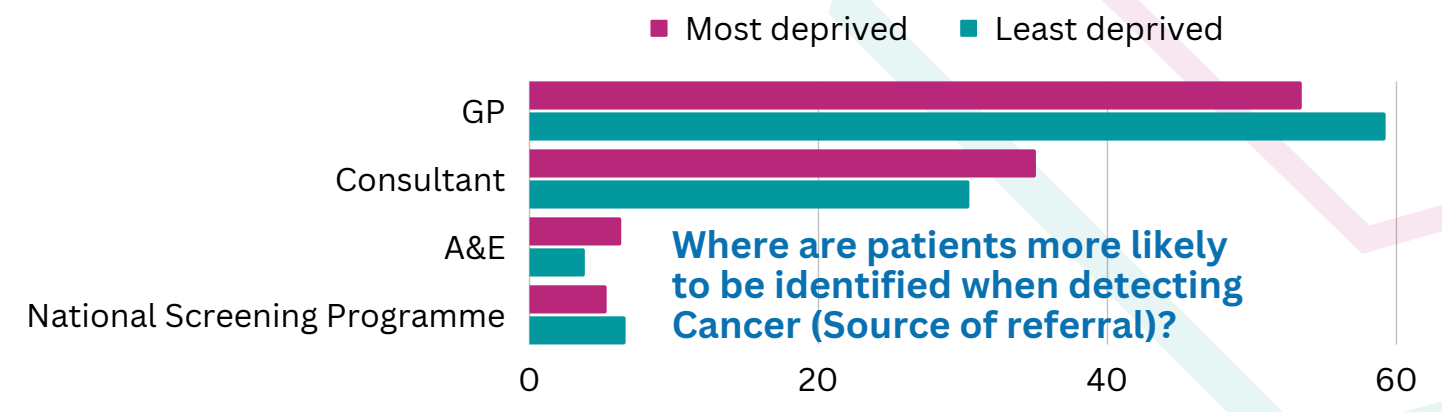
Those in the most deprived population have a lower percentage of **cancer referrals** made from all sources including National Screening programs and GPs, compared to the least deprived population (quintile 5). A greater percentage of diagnosed cancers are referred from Consultants or AE departments for deprived cohorts. This can mean cancers being detected at a later stage.

For certain care processes such as **cervical screening**, achievement is lower within the 20% most deprived population, which could suggest more effort is needed to reach these communities. For care processes such as **BMI and blood pressure reviews**, there is greater achievement in the more deprived population.

Control of **Diabetes**, however, in the Core 20 population deteriorated the most during the first year of the pandemic. The proportion of patients with **HBA1C <=58** fell from 61.2% in Nov 2019 to 57.4% in Nov 2020. It is now improving but still below pre-pandemic levels.

This deterioration was not seen as strongly in the least deprived population, and we now have a larger variation in control of diabetes compared to pre-pandemic.

In Frimley, we have been very focused on **improving detection, monitoring and treatment** of hypertension and diabetes. By utilising a wide range of local innovations we have seen a very encouraging return to growth in achievement of these indicators in Summer 2022.



Trend in proportion of patients with a recorded HBA1C with a value <=58



Throughout the Summer of 2022 a **Blood Pressure Bus** visited various sites across the system. Trained professionals were able to offer testing in local community settings. They also offered advice, began treatment as required and entered test results directly into digital patient records – checks included: Pulse, BMI and Smoking applying 'Make Every Contact Count' principles.

The bus visited 16 locations across Frimley and reached over 1200 people

Strategic ambition one: Starting Well

The purpose of **Starting Well** is to work towards **improving outcomes** for children and families. The plan is to work closely with communities across our population by engaging effectively with community groups, voluntary sector organisations and families. Our aim is to better understand the driving factors behind differing health outcomes and particularly barriers to opportunity and healthier choices, and improve **equity** across Frimley, taking a **co-produced, asset-based** approach to make a positive impact.

Our stakeholder events highlighted a number of areas of focus, particularly the pre-conception and early years and our agreed priorities are **vulnerable children and families** and **childhood obesity**.

By promoting the **habits of a healthy family** we aim to maximise the many opportunities that health, education and care professionals have to interact with families and **influence behaviour** including diet, oral health, supporting breast feeding and reducing smoking, particularly smoking in pregnancy.

We want to **build on the existing resources** that families and children have available, reducing confusion by having a 'single front door' and developing an accessible suite of tools, translated and available for all of our families.

We want to **work with places** which understand their population and can build on existing local initiatives.



Starting Well

Achievements

The **Equity Plan** is a key foundation for Starting Well. The detailed analysis of population and workforce highlighted differences relating to ethnicity and deprivation, for example that women in Slough are half as likely to be taking folic acid during pregnancy as women in Bracknell. Our workforce who are from Black, Asian and minority ethnic backgrounds are less likely to be represented in higher paying roles and over-represented at more junior positions. We worked collaboratively with our Maternity Voices Partnership holding focus groups with local women in Slough and Rushmoor to co-produce the Equity Plan and we are now starting to implement this by:

- promoting cultural awareness, ally-ship and being an active bystander
- planning a series of communication & engagement events for women and families in Slough
- Reviewing and improving resources and use of translators to ensure all women and families can access care

Building on the successful **Innovation Fund** programme we developed a Children, Young People and Families innovation fund with community groups and voluntary sector organisations who work with children and young people. This provided an opportunity to share insight, support and learning with this cohort of community groups and a networking forum.

The 17 projects which were funded included:

- Chalvey Action, Food and Fun family events
- Thames Hospice family days for bereaved children and families
- Projects creating green spaces, wildflower and vegetable gardens

The development of the **Frimley Healthier Together** website has created a single front door for digital resources for both families and professionals, coupled with the Maternity Website we have a comprehensive library of information verbally translatable through 'Recite Me'. In addition successful campaigns and resources have included:

- Ready for Pregnancy and Parenthood -started in Frimley and expanded across the South East. Physical translated resources developed and shared through community venues
- Solihull parenting modules, translated in a variety of languages - with over 2000 registered learners
- Maternity personalised care app launched in October 22 has over 1200 downloads. Enabling personal decision making and signposting to wider resources

The focus on **Healthy Behaviours** has included:

- Development of a Frimley wide '**Healthy Weight**' group bringing together place leads to share their initiatives and map existing assets. Healthy weight was a core priority for Starting Well. National Child Measurement Programme data has demonstrated high levels of over-weight and obesity particularly for children living in Slough and Rushmoor.
- We are delivering '**This Mum Moves**' training across our 5 Health Visiting and our maternity teams and bringing together a focus on Gestational Diabetes within Maternity.
- Our continued **Smoke-free pregnancy collaborative** initiatives have resulted in the lowest smoking in pregnancy rates in the South-East. We work closely with the specialist stop smoking services and are implementing a new offer for women in line with the Long Term Plan

During COVID we know that women often felt isolated after pregnancy, and we continue to work across Public Health, Health Visiting and Midwifery teams and closely with our Maternity Voices Partnership and are developing antenatal and peer support for families on the areas which worry them, such as breast feeding support.



The **Frimley Maternity Plan app** was co-produced with local midwives, women, and the Maternity Voices Partnership, and is being used by women who are pregnant and receiving their maternity care from Frimley Health.

1148 downloads in the first 4 weeks after launch



The app is a space to help record what matters to the user, plan their pregnancy, explore pregnancy choices, access useful links and resources and plan ahead for discussion with their care team.

Starting Well

Priorities

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

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

- A quarter of our population are CYP
- We know that there is variation in the care of CYP and their outcomes that we must tackle
- The pandemic has widened existing health inequalities and worsened the health of our CYP, particularly their mental health
- The cost-of-living crisis is affecting low-income households and puts the health of children at greater risk
- The health and care services that we provide to CYP are struggling to meet demand

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

This is an ambitious programme, shaped and agreed by the Place and CYP leads from across the system, with the support of colleagues in neighbouring ICSs. Their commitment is to work together to deliver this programme, alongside their day-to-day responsibilities for managing and leading Children's services across the ICS. As part of the Children and Young People portfolio review and subsequent strategy, a clear direction of travel and programme has been developed with 5 areas of focus, which includes Starting Well.

1. Starting well
2. Transforming neurodiversity services
3. Transforming CYP mental health
4. Supporting children with life long conditions
5. Improving SEND

Starting Well Priorities include:

- Addressing health inequalities through a focused approach to meeting the needs of vulnerable children who experience deprivation and poverty across our communities, including the newly published Core20PLUS5 framework for children.
- Babies and Children in the first 1001 days through to primary school, ensuring that every child is "school ready" for when they are ready to enter the education system
- Supporting and strengthening partnerships around health visiting and school nursing.

Children and young people in Frimley

Across Frimley ICS there are around 8,000 births a year

Slough has the highest fertility rate in England

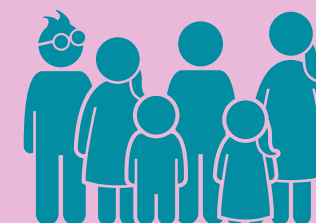
1500 of those aged 0-19 are known to smoke

More than 8,000 children aged under 10 are currently living in deprivation and in poorly insulated homes

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

Approximately 15% of pupils have a special educational need

26% are from a BAME background. Ethnic diversity varies greatly. (13% in Bracknell Forest, 60% in Slough)



Starting Well

Benefits and sustainability

Children get the very best support for their health and care needs through the first 1001 days of life, beyond and through to primary school, enabling them to make the most of opportunities to thrive and flourish. We are committed to ensuring that childhood inequalities will be identified and addressed including those highlighted in Core 20 plus 5 framework for children (see adjacent panel).

There will be a joined up leadership approach across local authorities voluntary sector and health, connected with places to share initiatives and good practice. Our collaborative endeavour will enable consideration of options to optimise and support public health nursing workforce.

Starting Well will work alongside interdependent programs to deliver the following benefits:

- Local Maternity and neonatal System which will be delivering our perinatal Equity Plan focusing on resources, service delivery and workforce.
- Physical Health CYP-addressing conditions highlighted in the Core20plus5 framework for children
- Mental health CYP-addressing inequalities in access to CYP services

The benefits will include:

- Collaboration where partners can share good practice and collectively influence change
- A thriving and connected community and voluntary sector offer for families
- Improvement in health outcomes including healthy weight rates
- Supported families
- Accessible digital and physical translated resources including the Healthier Together platform
- Better understanding of public health nursing workforce challenges and consideration of opportunities to transform

174k

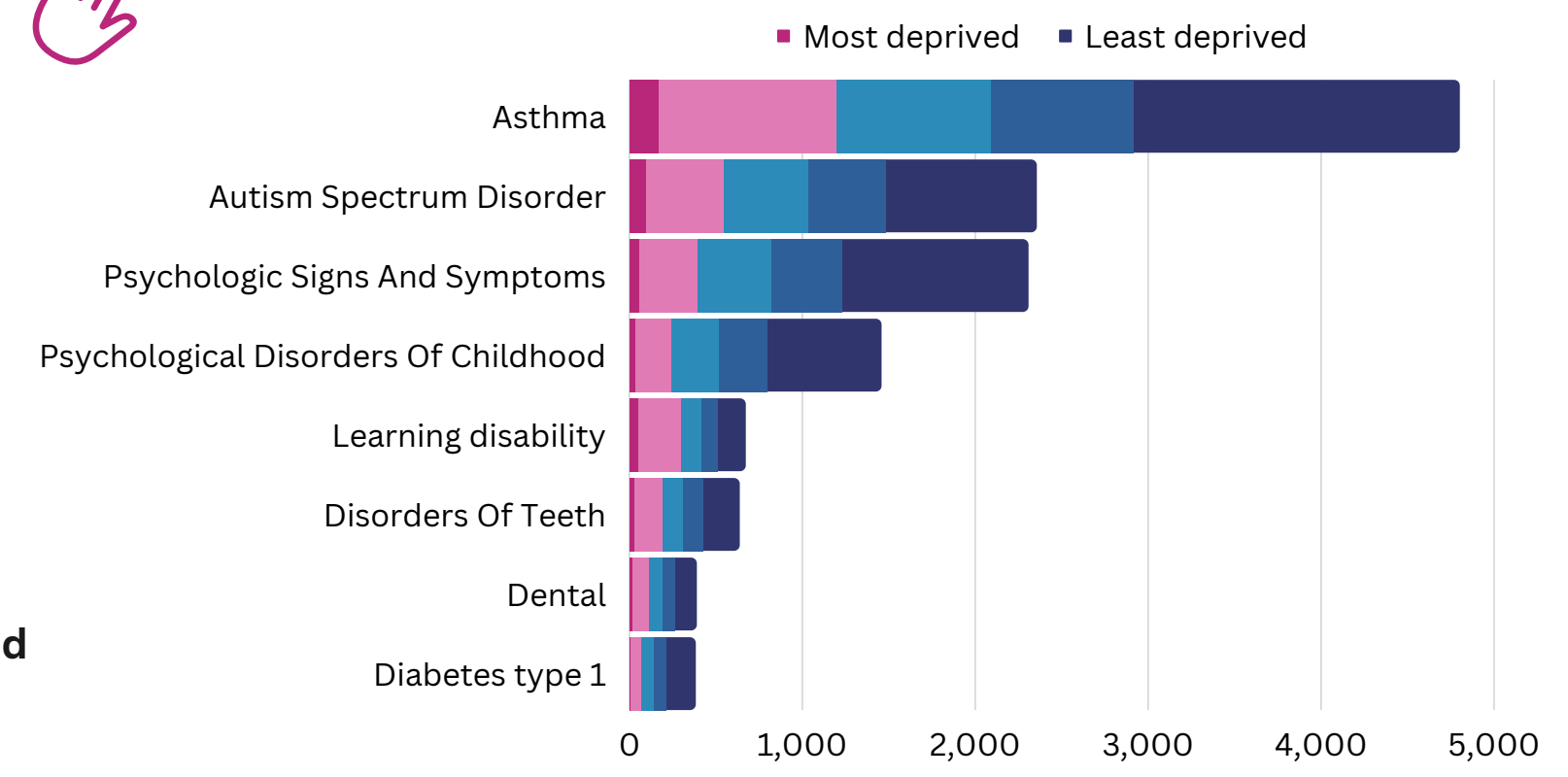
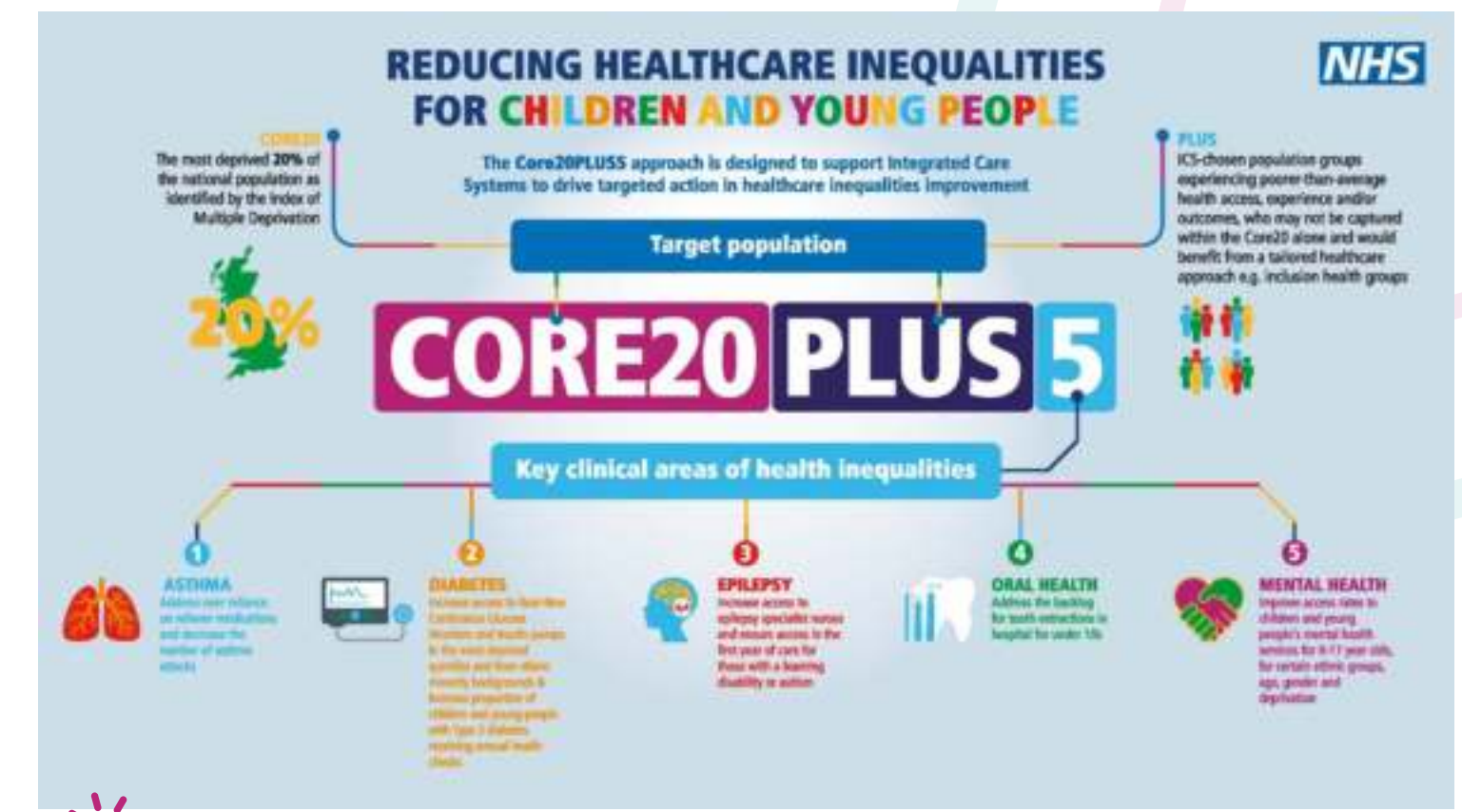
Children in our ICS

33k

Children living in our most deprived areas (IMD deciles 1-4)

11.7k

Children with conditions mentioned in the Core20Plus5 strategy, of whom 2.6k are also deprived



Strategic ambition two: Living Well

The long-term sustainability of our health and social care system depends on people living longer in good health. Our aim is to identify and target the cohorts of people where physical and mental health problems can be prevented or outcomes improved with a focus on deprivation, inequalities and those with most complex needs. Data shows we have stark intra-area health inequalities, with poor, and worsening, health and wellbeing outcomes in our more deprived communities and other groups.

We want to help tackle the root causes of lifestyle behaviors, working together, to provide personalised support to address them. Co-productions with our communities is an aspiration that shifts to a culture of prevention and self-care. We need to move away from a system that simply treats illness but works towards prevention, helping to create the right conditions to support residents and patients to live longer in good health. Health is about more than healthcare alone we must work in partnership with residents, local government, voluntary sector and wider stakeholders to reduce health inequalities through addressing the wider social determinants of health.

The challenges presented by the pandemic also meant that existing health inequalities have been compounded, those who are at risk of poor outcomes with long term conditions or health behaviors that are amenable to change. The Ambition therefore supports our general aims around helping develop strong, resilient and healthy communities. A system focus on effective primary prevention measures is crucial and a systematic and coherent preventative approach is necessary – not just looking at interventions that focus on individual behaviours but delivering a strategic approach to healthy places, strengthening and connecting into communities in a better way.

We aim to take a Population Health Management (PHM) approach to embed decision making based on evidence, across the development and monitoring of our programmes.

Individuals need strong stimuli to support their own health improvement and an environment that makes it possible. Places need to engage robustly with their communities about why living well is more challenging and what can be done to improve it. We will need to harness behavioral science and social messaging to support such changes.

Our ambition is to Improve the health and wellbeing of the poorest and sickest fastest.



Living Well

Achievements

To make a difference to health inequalities, those communities who are most affected need to be central to everything we do. Different solutions are needed for different communities with support for the most vulnerable and excluded people. We need a two-way approach: engaging with communities to share key public health messages and information, but also listening and learning from the communities themselves to understand their concerns/needs/views on how we can best partner with them and consequently bringing that learning back in a timely way to enable further responsive change.

Cardio Vascular Disease (CVD) Prevention

- Places are developing a tailored partnership plan to tackle hypertension (with links to NHS Health Checks and other modifiable risk factors)
- Building on our campaign work, targeting groups at a higher risk of CVD (Measurement month, Hypertension Day, Know Your Numbers, Smoking)
- Videos, leaflets, posters and Communications toolkit developed for hypertension
- Developing different community hypertension pilots including a Pharmacy BP Service
- Remote monitoring of Blood pressure directly entered into the patient's clinical record
- Aligning to Core20PLUS5, to accelerate and augment implementation of the approach
- Making progress against NHS LTP high impact actions for stroke & cardiac care

Lifestyle

- Healthy Conversations - Making Every Contact Count
- Embedded the NHS Digital Weight Management Programme. Our ICS has the greatest uptake across the country.
- Whole Systems Approach to Obesity (WSATO) workshops delivered to tackle drivers of obesity
- Working closely with Sports Partnerships to address physical inactivity
- Smokefree Group established to reduce smoking prevalence and implement the NHS Long Term Plan objectives relating to tobacco (Inpatient and Maternity Tobacco Dependency Service)
- Community Stop Smoking Services
- Alcohol hospital specialist service and brief interventions
- Community Asset Based Approaches in Local Authority to support communities

Benefits already being seen and the impact on our communities:

- Closer collaboration and partnership working with Health, local government and the Voluntary, Community and Faith Sector will facilitate a more holistic, joined up approach to managing the health and wellbeing of all residents
- An improvement in health literacy and outcomes resulting in better prevention and self-management
- Our most vulnerable cohorts and populations have improved physical and mental health outcomes
- Strengthening communities through recognising, identifying and harnessing existing 'assets' - building trust, networks in the community
- Ensure people have the skills, confidence and support to take responsibility for their own health and wellbeing

Identified Outcomes:

- Health and Care Strategies across places, will align to the Ambition, bringing people together against an evidence base and a prioritised set of ambitions
- Strengthening the ability of the NHS to deliver prevention activities, e.g. workplace health, the influence of Anchor Institutions
- Residents feel more engaged, which supports delivery and helps improve outcomes and quality of life for people and communities
- An improvement in health literacy and outcomes resulting in better prevention and self-management
- Increased evidence-based decision making to improve health and act on inequalities
- Improved health outcomes of the most marginalised e.g. Sustained smoking cessation, healthy weight and physical activity
- Improved detection and management CVD risk factors
- Improvement in physical literacy
- Prevention of other non-communicable diseases
- Increase in the number of patients who achieve a 4-week quit that began in hospital



Living Well

Priorities

Despite the challenges of Covid, the Living Well ambition has made strong progress, building on the momentum of our previous partnership work together to hone in on those populations who can most benefit from this approach.

The work of the partnership to systematically identify specific population health improvements, most particularly with regard to **hypertension, obesity and tobacco** will make a step change in the long-term population health for local people and their families. The learning we have generated during the last three years will continue to be an important foundation for our future aspirations of working together, as we seek to scale and spread our interventions in order to reduce health inequalities and improve healthy life expectancy.

A system focus on **effective primary prevention measures** is crucial and a systematic and coherent preventative approach is necessary – not just looking at interventions that focus on individual behaviours but delivering a strategic approach to healthy places, strengthening and connecting into communities in a better way.

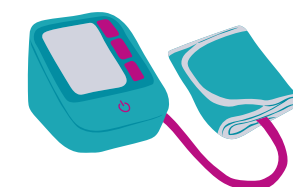
The Living Well ambition is delivered locally at each ‘Place’ but within a collective systematic approach. 9 Priorities included in the ‘Living Well’ Framework:

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

We will be continuing with our 3 main priority areas (**CVD Prevention, Healthy Weights, Smoking**). The priorities give a rounded mix of primary, secondary and tertiary prevention interventions. They contribute to the outcomes expressed in the Living Well framework and help address health inequalities.

Places have indicated other priorities from the framework, and that will continue, and these are priorities we will focus on together, collaboratively; the common thread across the 5 Places, to maximise the opportunities and impact.

- **Focussing on Health Inequalities** - to improve and reduce variation in health outcomes across disease areas in our system aligning to the CORE20PLUS5 approach
- Support Health Improvement **behaviour change programmes** across the ICS
- **Healthy Conversations** – opportunistically encouraging individuals to consider their lifestyle and health with a view to identifying small but important changes.
- Identify communities and priorities in common with other ambitions particularly **Starting Well** and **Community Deal**
- Support **community engagement** with groups with poorer health & wellbeing outcomes to understand barriers and **co-produce solutions**
- Develop our capability to co-produce solutions to the **wider determinants** that cause poor lifestyle behaviours, which will be enabled by the Community Deal
- **Social Prescribing** to support vulnerable people, linking with community hubs.
- Ensure addressing **prevention** and **inequalities** is everybody’s business
- Focus on addressing **equalities and inclusion** issues to ensure uptake (wider preventative interventions) is maximised in all communities
- Roll out **Tobacco Dependency programme**, to ensure the provision of a resilient, sustainable programme that supports more people to quit smoking.
- Renewed commitment to **smoke free sites** across our services and develop a tobacco control and e-cigarette strategy
- Develop a Frimley ICS **Healthy Weights Strategy** and action plan and delivery of the Health promotion campaign work
- Enhance **Physical Activity awareness** in secondary care – moving towards activity prescription in clinical practice and training for staff
- Explore **staff offers** of support around: Smoking, Healthy Weight and hypertension



Living Well

Benefits and sustainability

- Better health outcomes and lower health inequalities and variation across our population
- Preventing people from dying prematurely and a reduction in preventable ill health
- Improved design of our programmes to increase access reduce inequity focusing on health promotion, prevention, and the wider determinants of health
- Health and Social Care services will be co designed to improve access, experiences and outcomes, for these communities
- Intervening early to reduce prevalence and severity of long-term conditions and to manage them more proactively Promoting self-care and taking responsibility for your own health for those that can
- Improved health status of the population by raising awareness of health risks, availability of services, to change behaviour
- Increased evidence-based decision making to improve health and act on inequalities
- A community approach to promoting healthy weight in children, young people and families helping our communities live healthier and more active lives
- Engaging with communities to maximise use of community assets
- Increased physical activity and improved healthier eating as part of treatment regimens working towards personalised centred goals
- Better support for under-served and vulnerable groups to improve their health and improve equity - Building trust, networks in the community
- Health and Care Strategies, will align bringing people together against an evidence base and a prioritised set of ambitions
- Delivery of work based prevention activities to improve staff health and wellbeing and reduce staff absence
- Contribute to the prevention of other non-communicable diseases
- Sustained increase in referrals to existing community stop smoking services and the number of patients who achieve a 4-week quit



Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort and identifies '5' focus clinical areas requiring accelerated improvement.



Strategic ambition three: People, Places and Communities

In 2019 this ambition started as the **Community Deal**, inspired by the work in Wigan and elsewhere in the country to focus on a new relationship with local communities. Over the last three years, this work has evolved and taken on a more local direction. In order to better reflect the work being undertaken we propose to change the ambition name to 'People, Places and Communities'.

Through the work of this ambition, Frimley Health and Care ICS has started to **build different relationships** with its communities and residents, as well as with its own staff, to work towards Creating Healthier Communities through relationships at neighbourhood, place and system level. More than anything this ambition is about **how we work with communities**, as an enabler to deliver on the other five ambitions to achieve the outcomes we have set. Collectively we will bring together local authority, voluntary sector, health, and wider partners such as housing, education, and employers to tackle health inequalities using population health management, data insight and focusing on the wider determinants of health to bring about **practical and tangible improvements** in the health and wellbeing of the people who live and work here.

Building on the expertise of our partners we will create **inclusive relationships** with communities across our diverse system at grassroots level, to harness individuals' and communities' strengths and assets through co-design and co-production finding solutions for our communities to help them live healthier lives, taking more responsibility for their own health and wellbeing. Fostering innovation through a range of **place-based initiatives** which support the population, linked with early intervention, reducing disparity, or focusing on preventative health and social care.

The ambition also supports the commitment to creating a system where **people are treated as individuals** by professionals they trust, and where people with 'lived experience' are often best placed to feedback to services on what will make a positive difference to their lives. It ensures that the voice of people with lived experience is integral to the development and delivery of personalised care, modelling the shift in relationship and supporting the culture change required to be people centered.



People, Places and Communities

The ambition to build new relationships with local people and communities, recognises that real change in the quality of people's lives cannot be achieved by organisations alone – everyone has a role to play. Over the last three years the 'Community Deal' ambition has focused on the principle of “doing with,” not “doing to” people, encouraging people, families, and communities to take more responsibility for themselves and each other so that everyone can live in healthy and thriving communities.

Our original strategy was published just before the Covid-19 pandemic, and it is impossible for us to look back and understand the changes that have happened since then without understanding this context. Early in the pandemic, and particularly during the first lockdown, there was a blossoming of community support and activity aimed at protecting everyone in the community, ensuring people's basic needs for food, medicines and care were met. Supporting people to remain socially connected to avoid isolation and loneliness. As the pandemic progressed this translated into more formal volunteering through Covid vaccination clinics, providing vital support during the dark days of winter to ensure our most vulnerable communities were protected. Across our population vaccination uptake was high and although new strains of Covid emerged that were more transmissible but less severe, life for the majority returned more or less to normal but being mindful that for those who have family and friends or are living with Long Covid, this may not be the case. However, we are still understanding and learning to live with the longer-term impact of the pandemic, on public health, and the wider determinants of health which fundamentally define and shape our quality of life.

The Pandemic has impacted the delivery of this ambition and has led to the emergence of new and changed needs across our populations. With the increasingly constrained public finances, there has never been a greater need to focus on prevention and early intervention and encourage individuals to take more responsibility for looking after themselves and each other, so that we can live in healthy and thriving communities



We aim to deliver this ambition by:

- Promoting the principle that everyone has a part to play in building and creating healthier communities concentrating on improving health and wellbeing.
- Delivering the narrative for the system on what we aim to achieve and how.
- Building on our progress on developing and spreading population health management approaches.
- Drawing in a wider range of partners through our place-based partnerships, to better coordinate and enrich the support we all provide to our communities.
- Working with local communities to identify and build on existing community assets at neighbourhood and place level.
- Developing effective co-production and co-design methodology and capability across all partners of the system
- Empowering staff to have a different conversation with individuals and communities.
- Giving individuals and communities the freedom to innovate, and design offers and services that meet their needs, supporting independence and what people do for themselves.
- Delivering personalised care by building new relationships and shifting the power in decision making.

By developing this approach, it will enable the delivery of the Starting Well and Living Well ambitions.



NHS Charities Community Partnership Grants and Innovation funding supported a range of place-based initiatives that foster the concept of community/ voluntary sector support to build a stronger co-production approach. The funding was linked to supporting early intervention, reducing inequality, or focusing on preventative health and social care, with a particular emphasis on diversity within the population.

£500,000 total funding in 2021-22 supporting 60 projects across Frimley



People, Places and Communities

Achievements

As an enabler, the Community Deal has been deployed in diverse ways across the five places and within their neighbourhoods, working with other programmes like Starting well, living well, NHS Charities Community Partnership Grants and Personalisation, to have a different conversation and engagement with residents and communities.

The last two years have been challenging due to the pandemic and has had devastating impacts on individuals and families. We have seen people spontaneously volunteering to do shopping for their neighbours, collect prescriptions or pick up the phone and have a conversation and because of that, vulnerable people were identified and supported before their needs escalated into crisis. Each place has engaged with communities at various levels and in diverse ways based on the needs emerging from the pandemic community engagement. Examples across the system include:

- Community Based Assets workshop focus on poverty, children and young people and loneliness
- Development of community champions and #One Slough
- Royal Borough Windsor and Maidenhead creating #RBWMTtogether with residents engaged in World Cafes identifying resident solutions through asset-based community development methods
- Bracknell Forest Thriving Communities programme focusses on collaboration: creating better outcomes through better partnerships to deliver improved health and wellbeing outcomes and reductions in health inequalities
- Healthier Communities in North East Hampshire and Farnham in conjunction with the local district and borough councils focusing on hypertension, mental health, and physical activity.
- Building local capability, learning with partners, on the concept of a “community deal.” through collaborative and creative work with communities with the poorest health outcomes in Surrey Heath
- Place are aligned with the Health and Wellbeing Strategy to enable empowered and thriving communities, and to ensure a cross-cutting approach on co-production, Co-design and Community led action.
- A Discovery Learning Programme for primary care, community members and local partners to create the conditions for Health Creation by working as equal partners with local people and focusing on what matters to them and their communities.
- Introduction of the Collaborative Practice Programme using population health management to understand and manage demand of services by our ‘frequent attenders’ and those suffering the greatest health inequalities to offer a service that meets their needs

Key areas of development across the system:

- The narrative setting out what the Community Deal is and what it means in Frimley is on the Frimley ICS website.
- The Community Deal Framework to assist and support places has been written and is regularly updated with national and local good practice.
- Personalisation is being incorporated into the work with Communities and how community groups can support health and well being
- Working with Healthwatch, voluntary sector, local authorities, primary care networks and providers to engage communities to reduce health inequalities
- A video has been created capturing the work as part of the Community Deal and how the NHS Charities projects have enabled the start of these different conversations.



The **#OneSlough** initiative was created at the start of the pandemic in March 2020. Bringing together, the voluntary, and business sectors and faith communities, with Slough Borough Council, resources and skills were combined, to deliver essential services to Slough residents. Together they met on a weekly online call, to work out the logistics of this huge endeavour.

 #OneSlough

An incredible **12,273 food parcels and 708 prescriptions** have been delivered by volunteers to the vulnerable; a massive achievement by everyone involved.

Whilst food parcels and prescriptions are still necessities for some, other needs have surfaced. Domestic violence, unemployment and poverty have increased in the town and as a result several projects, funded from donations received by Slough Giving, have been established.

People, Places and Communities

Achievements

NHS Charities Community Partnership Grants funding supported a range of place-based initiatives that foster the concept of community/voluntary sector support to build a stronger co-production approach. The funding was linked to supporting early intervention, reducing disparity, or focusing on preventative health and social care, with a particular emphasis on diversity within the population.

The outcomes of these projects include:

- Individuals being supported to become more independent and integrated into communities supported by the VCS. including Cares support and signposting.
- The Wellbeing Circle project has been able to create a trusting and collaborative partnership across local authority, health, and the voluntary sector supporting individuals health and wellbeing at home through a personalised care approach.
- Supporting culture events with young activists against racism linking public health messaging to diverse cultural, faith and differences spiritual perspectives
- Promoting key health messages linking with the Diversity Calendar
- New links established with underserved communities e.g., Polish/ Gypsy Roma Traveller
- People are digitally connected with families and others reducing loneliness and Isolation
- Over seven hundred individuals are registered as community champions to support BAME population
- A community Innovation Fund established across places to support local community projects.

By working in close partnership, we will be able to create more opportunities for shared ownership across different work programmes to better reduce health inequalities.

Priorities

The impact of the pandemic has been felt by everyone and it is important that we understand the difficulties people are facing, whether they be related to health, housing, finances, or family. Building on the expertise of partners, voluntary sector, and charities we will work together to make fundamental change to collaborate with communities to make healthier choices. We also recognise that there is additional work which our partnership can do to better support Unpaid Carers which are a critical component of our health and care workforce.

The future priorities for this ambition are:

- Supporting the implementation of the South East Mental Health Compact which seeks to transform mental health services at scale and pace, including redefining the relationship between mental and physical care
- Creating relationships with all the Voluntary Community Social Enterprise (VCSE) organisations to be key strategic partners in shaping, improving, and delivering services, to tackle the wider determinants of health and create community asset partnerships
- A clear approach to engaging with our population at place and system levels, including representation at place-based partnerships and the ICS partnership to inform decision making
- Ensuring all of our diverse populations are represented with the creation of an ICS inclusivity framework
- Exploring citizen leadership and creating opportunities to develop decision making in our communities
- Using data and insight to focus on where the biggest impact can be made – for example children and families or those most affected by the increase in the cost of living and housing with fuel poverty
- Using the expertise in local authorities to develop a cross-cutting approach on co-production, co-design and promoting independence and sustainability to enable empowered and thriving communities.
- Identifying and supporting innovation through small scale grassroots community projects using the learning of the Innovation Funds project
- Continually looking for ways to measure success impact and outcomes in conjunction with the starting well and living well ambitions
- Collaborating with our communities to recruit those with lived experience to support a co-produced offer supporting and developing peer leaders for the system
- Working with partners to make best use of funding and joint working opportunities to deliver our commitments around the Serious Violence Duty
- Work with partners and those with lived experience across the system to develop a framework and policy as how to engage with those with lived experience at all levels with the ICS
- Support from Frimley Academy to provide opportunities for training and development of our workforce to hold community conversations and co-produce plans for improvement
- Sharing and spread of good practice in the diverse ways of working. to support the community deal approach.
- Working with people and communities around developing our shared approach to Palliative and End of Life Care, supporting people of all ages to die well and in a way that supports families and communities better cope with these difficult times.

People, Places and Communities

Benefits and sustainability

The ICS aspiration is for people to live their lives to their fullest potential. To achieve this, it will require us to create new ways of working, to work flexibly, to invest in models of delivery, and to be brave enough to actively target resources to where we can make the biggest difference for local people. Key benefits include:

- The system understands and is working towards the ambition at all levels
- We have an effective co-production methodology and capability at all levels across the system
- Better outcomes for the most vulnerable
- Understand unique aspects of each community population and their priorities
- Understand population assets, needs, and priorities
- Targeted wellbeing offers that meets local needs and priorities
- Communities feel empowered to have a voice and make decisions that are right for them
- Strong relationships with organisations and the VCSE
- Good conversations with all our communities.
- Using the data and insights to target change with the wider determinants of health
- Equity of offer across the system.
- Empowered communities with improved capacity to look after themselves and each other
- Ultimately resulting in mitigation of the demand pressures and financial constraints across the system

People and Communities Strategy

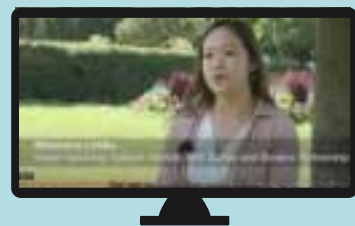
Frimley Health and Care ICS has a strong reputation for working with people and communities, built on trust and long standing partnership work with a wide range of stakeholders. We recognise that insight underpins and supports transformation. Delivery models are changing, and public involvement is essential. We are committed to delivering the best possible health and wellbeing outcomes for people who live within our local communities. This means adapting to new ways of working, ensuring a local focus but with the additional benefits of support, sharing good practice and learning across our system.

"People and communities have the experience, skills and insight to transform how health and care is designed and delivered. Working with them as equal partners helps them take more control over their health. It is an essential part of securing a sustainable recovery for the NHS following the pandemic. The ambition is for health and care systems to build positive and enduring relationships with communities to improve services, support and outcomes for people."

Statutory guidance for working in partnership with people and communities, NHS England, July 2022

Frimley Health and Care is developing a system-wide strategy for engaging with people and communities. This draft strategy for Frimley has been built upon insights and experience across the system and engagement with key groups and communities including ICS/ICB Board, CCG and partner staff, Healthwatch and voluntary sector partners and key patient and community groups.

The draft strategy has been shared with NHS England and will be shared with the ICP with the expectation that further refinement and engagement activity will take place throughout 2023, to ensure we actively listen to communities as we establish new ways of working.



To watch a short film about the work of the Community Deal ambition please click the icon or scan the QR code.



Insight & Involvement Portal

To access more information about the People and Communities Strategy please scan the QR code or visit:

insight.frimleyhealthandcare.org.uk/peopleandcommunities



Strategic ambition four: **Our People**

Workforce challenges in health and care have been talked about for years, but the scale of challenge in the last two years have been unprecedented. Partners across the health and care system are working hard to ensure we have the workforce we need now and in the future. We need to be clear where we best deliver through a system focus- where we are stronger together to resolve some of our most difficult and longstanding workforce challenges.

- We want to be known as a great place to live, work, develop, make a positive difference.
- We want all of our people to have the opportunity to be physically and mentally healthy, fulfilled, effective and flexible in how they work and what they do.
- We want to attract our local population to careers in our health and care system.



Our People

Achievements

Equality, Diversity and Inclusion

Within the Frimley system we are passionate about equality, diversity and inclusion (EDI). This provides a golden thread for all that we do but we are particularly proud of our **‘Melting the snowy white peaks’** programme. This recognises the under-representation of Black, Asian and Ethnic Minority nurses in senior roles, despite these staff representing over 20% of nurses. In partnership with Surrey University, we have explored, ‘how can we better prepare nurses from Black, Asian and Ethnic minorities for career progression?’ Nurses described a need to be ‘better allies for each other’. We have provided a case study of the programme to demonstrate the positive impact our students tell us they have experienced as a result. Learning is shared with other professional students eg midwives, paramedics and medicine and also with other universities who are exploring offering the programme to their students.

Temporary Staffing

24% of the Adult Social Care workforce are on temporary (zero-hours) contracts. In the NHS, 4/5 registered nursing vacancies and 7/8 doctor vacancies are filled by temporary staff. Temporary staff are a hugely important part of our workforce. Our programme has been created to create a culture where temporary staff are welcomed – seen as essential and valued, where we recognise that people want flexibility and choice. Working as a collaborative, Frimley, BOB and Surrey Heartlands are improving processes, increasing productivity and strengthening how we deploy an adaptable workforce. Other partners will be joining this successful model soon.

People in Partnerships

Integrated care requires teams to work together. The PIP programme aims to support teams to strengthen collaboration across the system. Achievements:

- A leadership programme aimed at integrated team leaders
- A series of webinars led by Prof. Michael West on compassion and collaboration
- Supporting teams to have a ‘Culture conversations’
- An integrated team diagnostic

Allied Health Professionals

AHPs are an essential core part of our workforce. The AHP workforce programme works across the system to strengthen recruitment, retention, transformation within primary care, and maximise clinical productivity. Achievements:

- Design and deliver the system AHP strategy – leading to improved AHP capacity through international cert and return to practice
- Increase placements by 255 in academic year 20-21 (84% uplift in placement capacity)



Just Culture, led by Berkshire Healthcare on behalf of the system, is an award-winning initiative which takes a fresh approach to promoting inclusion and compassion when incidents occur in the workplace. By improving understanding and increasing support to staff, disciplinarys reduced and staff survey scores improved.

This approach has saved over 600 hours of clinical time



Berkshire Healthcare take a ‘Lead Investigator’ approach across the Frimley Health system and provide highly trained, dedicated investigators for fact finding in disciplinary cases. Previously, clinicians were required to undertake investigations so this approach saves clinical time (600+hours) and improves the overall standard of investigation reports. The process encourages earlier resolution in cases resulting in reduced suspensions and disciplinarys.

Our People

Priorities

Workforce challenges in health and care have been talked about for years, but the scale of challenge in the last two years have been unprecedented. Partners across the health and care system are working hard to ensure we have the workforce we need now and in the future. We need to be clear where we best deliver through a system focus- where we are stronger together to resolve some of our most difficult and longstanding workforce challenges.

Our ambitions are aligned to the Frimley system strategy, and the initiatives we develop framed by the NHS People Plan.

We are undertaking a strategy refresh with our partners to agree our 'at scale' workforce transformation priorities – engagement and intelligence so far tells us we should focus on three target areas:

1. **Creating a joint workforce model for health and care – more connection, agility, equity and opportunity for our people, regardless of their employing organisation**
2. **Widening access to employment and keeping the people we have– working with our staff and our communities to remove barriers, truly listen to people to understand what they need to join us and stay with us**
3. **Strengthening partnership working and new models of care - Supporting our teams to drive transformation and to work in partnership to deliver high quality integrated care**

Many of our system programmes are truly making a difference. It is important to recognise what works well and use data to measure progress. It is also important to know when we need to take a different path. We will ensure everything we invest in has a clear purpose, is value adding and is transparently evaluated.



Our People

Benefits and sustainability

We have engaged with stakeholders across the system to find out what is important to them with regard to our People. They tell us we need to:

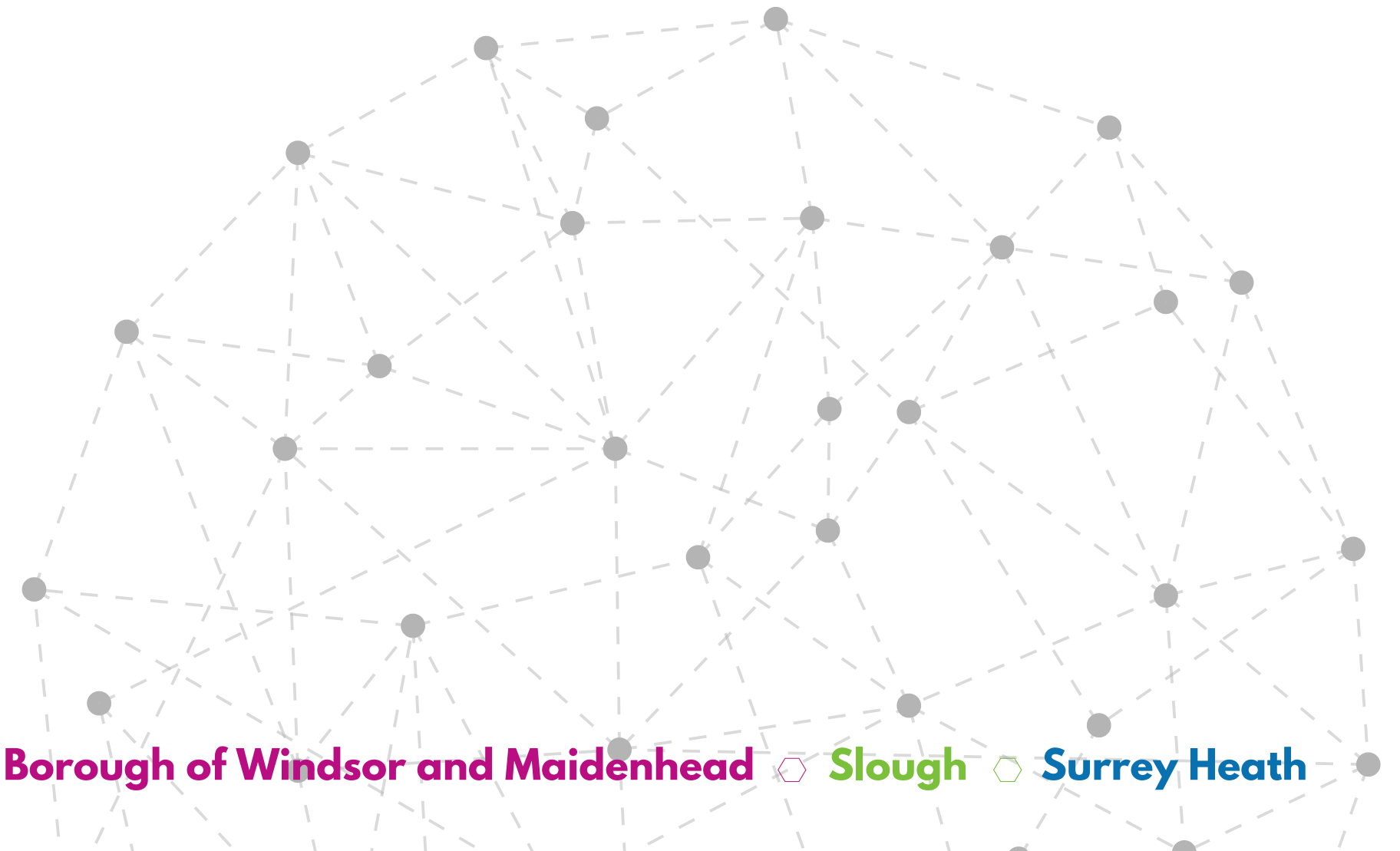
- Remove barriers to people accessing work or progressing
- Work more collaboratively as partners and better understand each other
- Improve parity between those working in health and those in care
- See all working or volunteering in health and care as valued and important
- Increase the diversity of our staff, particularly our leaders
- Better understand our communities and their employment needs
- Support the wellbeing of our staff, particularly as cost-of-living pressures rise
- Demonstrate care to each other and create compassionate leaders
- Create long term plans so that we have the workforce we need for the future

By focusing our system resources on our three target areas we will deliver or support initiatives which will:

- Reduce inequalities between our health and social care workforce – improving parity of terms and conditions, development opportunities and access to support
- Optimise our community assets to enable more people to access ‘good work’ through our Anchor Institutions programmes
- Improve our management of and support to temporary staff, extending our programme across the South East region and to primary and social care partners
- Strengthen our widening access and participation programme so that more people can join and progress within the Frimley Health and care system
- Retain and strengthen our Reservist workforce who volunteered to support the vaccination programme. Extend this across social care
- Reduce discrimination and achieve greater diversity in leadership roles
- Increase workforce capacity through local initiatives and international recruitment, creating robust workforce plans for the future
- Improve retention through; preventing violence at work, supporting health and wellbeing, enabling people to progress across health and care, embedding digital solutions and supporting staff with housing/cost-of-living challenges
- Enabling clinical leaders to redesign services and workforce models through our CLEAR programme

- Embed new roles such as Trusted Assessors to promptly assess hospital patients on behalf of care homes
- Support people across our system to be compassionate leaders who role model partnership working to deliver high quality integrated care
- Improve nursing and AHP attraction, retention and development through increasing placements, attracting and retaining international staff, better supporting students, embed new roles and increase apprenticeships

Over the coming months we will again bring together workforce leaders across the system to prioritise and to agree who is best leading various programmes. We have had much success in the past at identifying strengths within our partner organisations and supporting them with resources to lead initiatives across the system and will continue with this approach.



Strategic ambition five: Leadership and Cultures

Together with our communities and partners we will build kind and inclusive cultures which harness the rich diversity of experience, knowledge, skills, and capabilities from across our system. We will collaborate with others to co-design, integrate and inspire all our people to make a positive contribution in our neighbourhoods, across our places and throughout Frimley.

We will continue to:

- create opportunities for our partners to develop our cultures of compassion and belonging together
- cultivate whole system leadership and partnership working which finds new ways to tackle complex system challenges
- nurture the leadership potential in our people, in every part of our health and care system, equipping them to work across boundaries together with communities to improve outcomes through tackling inequalities
- engage with our communities to deliver improvements in the integration of services for better access, experience and outcomes
- embed the universal Freedom To Speak Up principles, ensuring our people feel empowered, supported and confident to challenge and offer suggestions to improve ways of working.

We will create a thriving environment which values the power and strength of our diversity and ensures our people feel empowered and confident to challenge when things are not right and to offer suggestions to improve ways of working. This will contribute to an inclusive leadership culture which enables equity of access to services, support and opportunities for our communities and staff through life and career.



Leadership and Cultures

Throughout our engagement on this strategy refresh we heard clearly from our partners that the need for developing our collective ability to lead improvement continues to grow. There was a recognition that our priorities and programmes under this ambition need to be adaptive and responsive to the changing context in which we work. As such we will continue to ensure we evaluate, reflect and adapt our programmes on an ongoing basis. We also heard some key themes which we will address through our priority areas, these included:

- Ensure our voluntary, community and social enterprise partners, alongside residents and communities can engage and develop their leadership skills so they can make a difference in the communities where they live and work
- Continue to broaden access to our leadership programmes supporting underrepresented partners to take part in our offers (e.g. housing, fire, police etc)
- Work together with our children and young people and relevant partners to offer opportunities to develop our leaders of the future
- Ensure a mixed offer of programmes and activities that can support more people to benefit (e.g. bite-size programmes, mix of virtual and face to face) and link to the outcomes of our system objectives
- Continue to support those people that have benefited from our leadership offers to make a positive difference in the work that they do on an ongoing basis – growing our ‘community of practice’

In addition, we recognise that our culture is the sum of our behaviours, and our leadership behaviours have by far the greatest direct impact on our culture. We will continue to embed our ‘Frimley Way’ through our partnerships and the way that we work together.

Achievements

Our Frimley Academy was established in 2018 and over the past four years we have been through several distinct phases which have shown how we have adapted to the changing environment around us. Phase one saw us respond to the priorities identified through the engagement we undertook on our 2019 strategy ‘Creating Healthier Communities’. This strategy highlighted the ongoing need to provide unique opportunities for partners and people to come together, across a wide range of sectors, to develop their system leadership skills and to tackle the complex change challenges we face. We adapted our flagship system leadership development programme ‘2020’, which was rapidly followed by ‘Wavelength’ (a leadership programme focused on using digital to drive improvements), alongside several other programmes and offers that equipped our people to lead well in our emerging system context.



Phase two was in response to the Covid-19 pandemic. We rapidly refocused our activities to support our people to deliver and manage well through those extraordinary times. Our refocused offers during the pandemic included 1:1 supportive conversations, bespoke support for teams and sharing of support and wellbeing resources for our people. As we emerged from the pandemic, we undertook a piece of work with a number of leaders from within, and beyond, our system to understand the leadership values that had helped them through one of the most difficult events in the history of the NHS. These values and behaviours are now being embedded across our system and are known as the ‘Frimley way’.

We have now entered phase three and we have relaunched the work of our academy. Frimley Academy continue to provide nationally recognised system leadership and learning development programmes, which bring together leaders and professionals from all parts of health and social care, Ministry of Defence, local government, and the voluntary, community and social enterprise sector. We have expanded our system leadership and culture offers which strengthen our collective capability for system partnership working that makes a difference for our communities. This includes over the past year delivering 10 offers, reaching over 650 people and promoting the opportunities provided by our partners across the system.

Leadership and Cultures

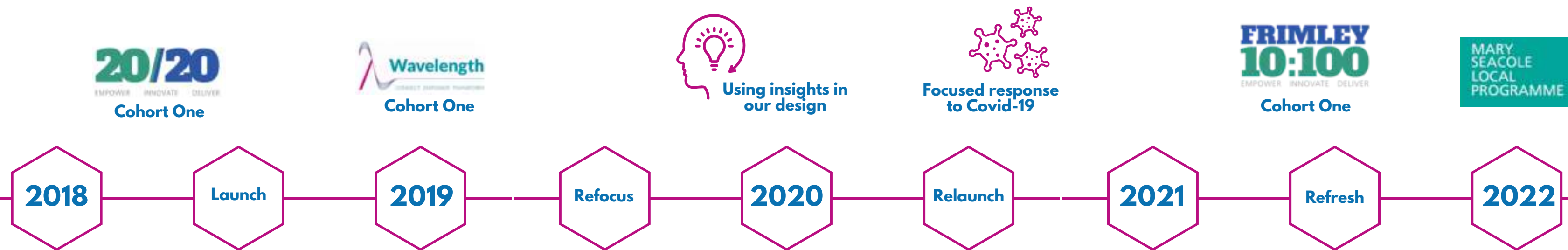
Our collaborative network of partners is key to the work we have achieved so far in delivering our culture and leadership ambition. The strength of our partnerships comes from the support and commitment of partners and means that we have been able to increase the spread of our system offers and support – including access to individual coaching support networks, facilitation and team development coaching. The role our Frimley Academy plays as a system convenor and co-design support has meant we have been able to create the space to accelerate system development, foster relationships and enable genuine collaboration for spread and adoption.

In addition to the work of the Academy there has been significant progress made in our system on building our cultures of belonging and inclusion. Over the past year we have co-designed and agreed our five Frimley ICS Equality, Diversity, and Inclusion (EDI) Ambitions and have also held a series of system-wide events to explore our culture of inclusion and belonging, including the Frimley ICS EDI Conference attended by people from across all parts of the system and shared with many more.

"A fantastic way to broaden my horizons on the integrated care system and impact of digital transformation!"

"20/20 is energising, positive, exciting and progressive. Thank you Frimley Academy ..."

"I came away with a much better understanding and appreciation of the system and the people that make it work as a whole."



Our purpose

Frimley Academy exists to nurture the leadership potential in all of our people in every part of our health and care system, equipping and supporting them to work across boundaries together with our people and communities to improve outcomes by tackling inequalities

We strive to provide inclusive opportunities and the environment which enables all of our people to develop together as system leaders who transcend boundaries

To inspire whole system community leadership networks which harness new ways of working to tackle complex system inequalities



Click here to learn more about the work of the Frimley Academy



Leadership and Cultures

Priorities

We will continue to ensure that we create opportunities for communities, people and partners to develop our cultures of compassion and belonging together. We will work to cultivate our whole system leadership and partnership working which finds new ways to tackle our complex system challenges. We will ensure we expand our system leadership and culture offers strengthening our collective capability for advanced system partnership working that makes a difference with our communities. We will also create the space to stimulate radical thinking, meaningful collaboration and bold action to tackle inequalities. We will base the way we work around the 'Frimley Way' so that we are building our cultures in the way we do our work together across the system.

We will deliver our system **equality, diversity and inclusion ambitions** – building on our equality diversity and inclusion strategy which is focused on being anti-racist, free of all forms of discrimination, bullying and harassment. We will build more diverse leadership, representative of the diversity of our system. These will be enabled through a range of supporting interventions:

- Frimley ICB mirror board
- Cultural Intelligence
- Reciprocal Mentoring

We will develop our system wide **Freedom to Speak Up strategy and vision** – empowering our people to speak up when things are not right and co-design improvements. Embedding freedom to speak up in our inclusive culture and share learning across the system so we make a positive difference

By leveraging our **leadership networks** – we will accelerate the spread and adoption of system change and maximise the impact of those that have benefited from our leadership and culture interventions through a community of practice

Nurturing a **shared learning culture** will create the space to stimulate radical thinking, meaningful collaboration and bold action to tackle inequalities, harnessing collective intelligence and wisdom of all parts of our system to emerge. We will continue to broaden access to our leadership programmes supporting underrepresented partners to take part in our offers.

Enabling greater **community led capability** development will support and empower the communities we serve, in the places that they live. We will listen to what's important to them and develop our community and partner leadership skills together.

Alliance and coalition building will create a more permissive environment of collaborative networks and adaptive partnerships and link with the systems other ambitions and programmes (e.g. children and young people)

We will expand our **culture and leadership offers** – to reflect our system challenges and build our system leaders of the future and ensure a mixed offer of programmes and activities that can support more people to benefit



95% tell us that having the time and space to reflect on their role, their influence and how to improve and lead realistic change in their organisation is making a big difference in their working lives

100% strongly agreed that the programme enhanced their confidence and skills in connecting and collaborating across boundaries



To watch a short film about **Courageous Conversations** please click on the icon or scan the QR code



Leadership and Cultures

Benefits and sustainability

Our leadership and cultures ambition brings together key shared leadership and culture priorities, opportunities and challenges drawn upon the collective wisdom, insights and strategies of our partners. The ambition aims to deliver mutual benefits aligned to existing work of our partners, our future system partnership ambitions, as well respond to the recommendations of the recently published review of leadership in health and social care (June 2022).

Cultural competence and inclusion are integral to the future success of our ICS. As a system we recognise that we are all leaders, what distinguishes the culturally competent leader is the profound commitment to understand deeply the people they work with in their teams, our communities we serve, their unique priorities, challenges, and the strengths of each.

We will continue to develop the ambition as we move forward building our collective system capabilities, the learning from of our strong history of system working and our tried and tested leadership behaviours which describe how we work with our partners and the communities we serve. Our aspiration is that by focusing on 'the way we do things' - we will create a thriving system in which our residents and our people can make a positive difference to the lives of those that live and work in Frimley.

Through our actions we will:

- Continue to equip our people with the skills and capabilities to manage change in complex systems and deliver better outcomes in services and ways of working through our 'change challenges'
- Support our people to embed the 'Frimley Way' and develop connected and compassionate leaders
- We will increase the number of people that benefit from our programmes year on year and will develop new offers in new ways to increase the diversity and numbers of people across our system leading improvements
- We will deliver our system wide equality, diversity and inclusion priorities delivering an inclusive culture in which people feel they belong and use measures such as staff surveys and equality monitoring data to demonstrate improvements
- We will develop our system network to share learning from Freedom to Speak Up, demonstrating how we have made a difference through embedding improvements as a result of people speaking up
- We will create our community of practice which leverages the capacity and skills of our people to create positive change
- We will contribute to the opportunities for development for all people across all parts of our system supporting our communities and staff through life and career as demonstrated through measures such as retention and feedback from our communities and staff

Evaluation data on the personal and professional impact of our targeted system leadership development report **100% success** across all participants in the core areas of greater system awareness, enhanced skills and improved relationships and networks for system working across system.

We have nurtured and supported leaders at all levels to initiate over **200 system change challenges** with approximately 90 currently ongoing and 40 completed. Despite system demands we are seeing a marked increase in willingness for system activism.

Leveraging **greater leadership development diversity and inclusion**: Working with our partners we have successfully delivered a **300% increase in access to leadership development** through a combination of increased cohorts and system representative recruitment approach. The overwhelming feedback at place, partner and system level is that this has generated positive leadership and culture momentum that we must maintain and build on as a system. There are clear opportunities to do so.



Strategic ambition six:

Outstanding use of resources

Outstanding use of resources means that the system will collectively aim to deliver the greatest possible value to support the health and wellbeing of the population, with the resources available. Our long term commitment to reducing need and health inequalities will support the long term sustainability of health and care services. We have made digitally-enabled care a priority for this ambition.

We aim to be known for working together to maximise the impact of the skills and capacities of our staff, making decisions based on good intelligence, our digital capabilities, our 'Frimley pound', our local buildings and facilities. We will shift resources to maximise benefits.

The ICS will ensure joint prioritisation and effective utilisation of all our resources including financial, estates, digital and workforce, recognising these as our key strategic assets.

Although future financial resource flows are unknown, and national strategic workforce planning is a work in progress, it is clear that without transformation the system will be facing a financial gap that will only increase over time. The financial challenge across our partnership is a real "here and now" issue which is already leading to difficult decisions for organisations and elected representatives to have to take around which services can be offered to local people.

The strategy aims to close the resource shortfall by improving people's health and wellbeing outcomes, thereby reducing the demand for resources in the treatment of poor health.



Outstanding use of resources

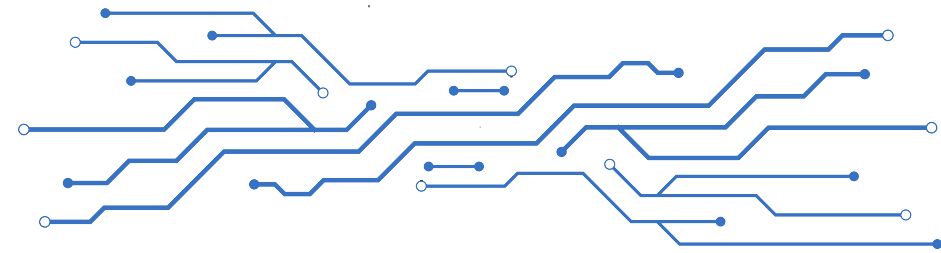
Achievements

The pandemic has influenced the delivery of this, as every other aspect of system strategy since 2019.

However, there is much learning to be taken from the world-changing events since then. The pandemic has been a catalyst for significant innovation and driven more collaborative working in areas that otherwise might have been the case.

New opportunities have arisen in areas such as digital wellbeing and connectivity, population health management, remote monitoring of health and wellbeing and remote working which has the potential dramatically to reduce resource consumption in non-clinical estate.

The ambition aims to seize the opportunities presented and to harness the new learning in pursuit of the system's key strategic ambitions.



We will future proof our system by having a **leading digital and analytics ecosystem** which will deliver practical improvement through **transformation** and cultural change using digital innovation.

We will develop a digital offer for patients, residents, staff and system that supports the delivery of all of our strategic ambitions. It will give us **greater insight** from our data to make informed decisions and target our improvement actions. It will give people the information they need to **prevent ill health** and manage their own health. It will **support automation** and more productive ways of working.



Since 2019, we have delivered some key achievements within Digital and Analytics

- Developed a nationally leading population health intelligence platform
- Established population health analytics support that is now embedded in decision making across the ICS at system, place and PCN level
- Developed digital enablers that improve access for residents to Primary Care
- Embedded evidence led improvement and transformation using population health management approaches
- Nationally leading use of remote monitoring
- First area in the UK to implement John's Hopkins' patient segmentation approaches
- 65k accesses from 5k unique users of the shared care record every month
- Use of population health management to improve diabetes and hypertension management and outcomes that has measurably reduced variation in deprived communities as well as driving support for residents hardest hit by the cost of living crisis
- Use of population analysis to target communication activity and spend to key cohorts
- Establishing close collaboration between clinical leadership, digital, transformation and analytics to drive change
- Increase the flexibility of our estate by maximising digital ways of working

Our estate is a key driver for transformational change. The system will invest in upgrading facilities in an aligned way across health and care, making best use of public money to provide flexible facilities close to where people need them. We want to enable our staff to work in the most efficient way by utilising the estate and digital capability to maximum impact.

We will focus on delivering a number of key estates programmes across our system including cross-sector initiatives and in developing and embedding a system evaluation and planning cycle for capital investments. Over the period of the strategy our achievements to date include:

- Heatherwood Hospital redevelopment and renewal.
- Investment in GP estate.
- Integrated Care Hub in Farnborough in partnership with Rushmoor Borough Council.
- Community hospital reconfiguration.
- Cross-sector partnership developments, including Heathlands in Bracknell.



Digital

Estates

Outstanding use of resources

Priorities

The system will work collaboratively to a **single system resource** envelope across the health and care system in support of clinical and operational strategies to deliver the key strategic ambitions.

We will work to enable more **fully informed decision making** in the use of the resources available to deliver the greatest possible value for the health and wellbeing of the population.

We seek to predict future demand under a “do-nothing” scenario and to develop our ability to:

- **reduce the need for costlier healthcare interventions** through investment in preventative and wellbeing interventions
- **utilise digital innovation** to deliver greater value for our population
- **optimise capacity** to meet demand and better mitigate demand that could be addressed more effectively elsewhere

The targeting of health inequalities is a key action for the delivery of a **sustainable service model** which provides the greatest possible value. It is well-evidenced that deprivation drives health inequalities which in turn drive greater utilisation of resource-intensive treatment. A focus on the improvement of health and wellbeing outcomes in our most deprived neighbourhoods will therefore have the greatest impact on consumption of resource in the treatment of poor health, which will free resource for reapplication in further preventative and wellbeing developments.

The development of planning and delivery **relationships with the voluntary sector, charitable organisations including hospices and commercial sector providers** has the potential to enable the application of a far greater level of resource than statutory organisations are able to bring to bear in the delivery of best value for our population’s health and wellbeing. This must therefore be a priority as we work to deliver this objective.

In light of the finite nature of our resource, the system should have a **conversation with the public** which seeks to articulate the limitations of our financial and workforce capacity in order that a more fully informed public is able to help us to prioritise our resource application.

Finally, our physical estates continue to experience significant challenge with the need for urgent capital investment clearly visible. The most pressing example of this is the use of RAAC plank building materials across the Frimley Park Hospital site, reducing the ability to use the full estate for patient services. A priority for this period will include securing additional investment to address this challenge.

Digital, analytics and transformation priorities

- Further developing the breadth, capability and use of our Shared Care Record
- Continue to expand the nationally leading use of remote monitoring as a prevention opportunity
- Improving the seamless flow of data between organisations across the health and care system
- Improving data quality, timeliness and breadth of data being shared
- Improving digital literacy and the use of insights to drive evidence based decision making
- Embedding a system wide analytics operating model that optimises the use of analytics resources and focuses on driving meaningful outcomes
- Scaling nationally leading, locally developed, population health intelligence tools to support other systems across the UK
- Increasing the use of evaluation to support decision making and rapid improvement cycles
- Moving from descriptive analytics to greater emphasis on predictive and prescriptive techniques and data science
- Greater focus on patient reported outcomes and better understanding the voice of our residents
- Greater insight supporting evidence based decision making at system, place and neighbourhood levels. Incorporating wider determinants and resident provided information to drive population health management and system intelligence.
- Support a move towards self-care and prevention by integrating the good work in health and social care with app and resident-facing technology integration.
- Use digital tools and evaluation of our interventions to underpin work to reduce inequalities for residents across the system.
- Increase the flexibility of our estate by maximising digital ways of working
- Stronger integration with children’s social care and education to support targeted and coordinated wellbeing offer to children to start well.

Benefits and sustainability

The optimal use of resources will support the whole system in achieving its vision of improving the lives of our residents and addressing health inequalities. The use of digital technology will empower our workforce to work differently, creating capacity as well as improving quality outcomes for residents. Improving access and the use of technology will also support patients to better navigate the health and care system and empower patients to take greater ownership of their health and wellbeing.

The ambition directly addresses this issue, to drive a service which maximises health and wellbeing outcomes, minimises health inequalities and demonstrably delivers the greatest possible value for the resource entrusted to us on behalf of our population.

Our next steps together

Our Shared Commitment to Delivering Progress

This refreshed ICS Strategy is the first step in the next phase of our joint work together as partner organisations. We are committed to continuing our efforts to deliver improvements against our two Strategic Priorities, **Reducing Health Inequalities** and **Improving Healthy Life Expectancy**. This document sets out where we think the greatest opportunities lie ahead of us in making this a reality for our residents.

Our intention is to work with residents, staff, elected representatives and organisations in Q4 of 2022/23 to share this draft strategy and **hear further feedback** as to how it can be strengthened. We will seek to update the strategy to reflect as much of this feedback as possible, prior to the Integrated Care Partnership being asked to endorse this strategy at its meeting in March 2023.

As we enter 2022/23, we will seek to **work with partners** in their organisations and **Health & Wellbeing Boards** to ensure that we have credible plans for delivering improvement against these strategic ambitions as set out in this document. We have already signalled an intention to bring greater clarity to the expected benefits of this work for residents and staff, backed up by a clear understanding of the metrics and indicators which will tell us whether our shared work in this area is delivering tangible progress.

Delivering on the improvement opportunities identified in this strategy is a **collective responsibility**. We have highlighted these areas of focus because they are deliverable only with ambitious involvement from the organisations which make up our partnership. By **working together** in line with our **shared values**, we will hold each other to account for the delivery of our strategic purpose in the right way.

Over the past three years we have invested significant time in building new delivery capability, creating new vehicles for transformation which are not rooted in the traditional organisational architecture of the twentieth century. We will make the most of our ICP, ICB, Health & Wellbeing Boards and Provider Collaboratives to **achieve our goals** because we know that these partnership constructs will give us the best chance of success.

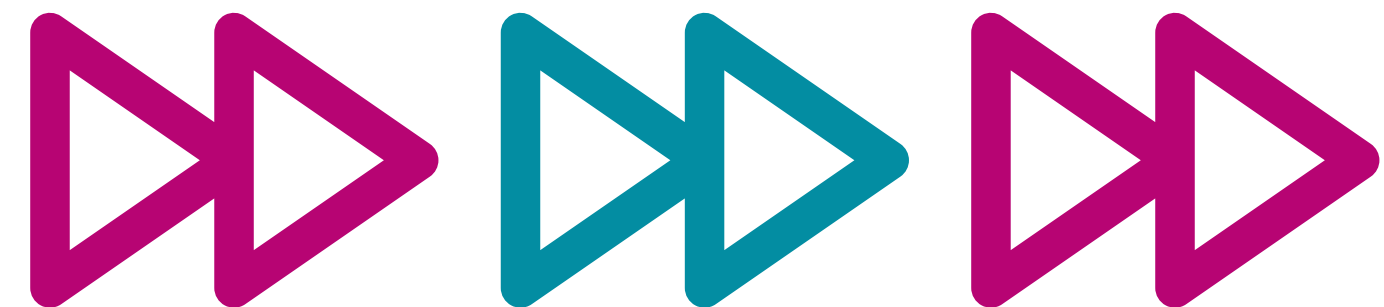
Addressing the wider determinants of health and wellbeing

Our greatest opportunities for achieving success together will come through addressing the broader factors which determine the health and wellbeing of our population.

In the months ahead we will embark on an ambitious agenda-setting approach to making best use of our Integrated Care Partnership to create the time and attention required to delivering shared improvement in these areas. Focus areas which have already been suggested by our partners for subject matter workshops include:

- **Social and Private Housing, Planning and Development**
- **Healthier Spaces, Leisure and Tourism**
- **Economic Development, Skills Development and Training**
- **Understanding the Social Care provider sector and exploring quality improvement opportunities**
- **Making best use of our collective Public Sector physical assets and anchor institutions**
- **Digital provision of health and care support to workforce, patients and residents**
- **Securing long term sustainability, including environmental improvement opportunities and the broader Green agenda**

Delivering improvement from this strategy and therefore improvement for our residents is contingent on identifying the opportunities for change which are present in all of the above. As the ICP continues to evolve and develop, it will provide a critical forum to secure this.



Staying in touch

Insight & Involvement Portal



We have created a page on our Insight and Involvement Portal that will be updated with progress on the development on the refreshed strategy. Please take the time to visit to share your views and to see the partnership work undertaken to develop the Strategy to date.

insight.frimleyhealthandcare.org.uk/strategyrefresh

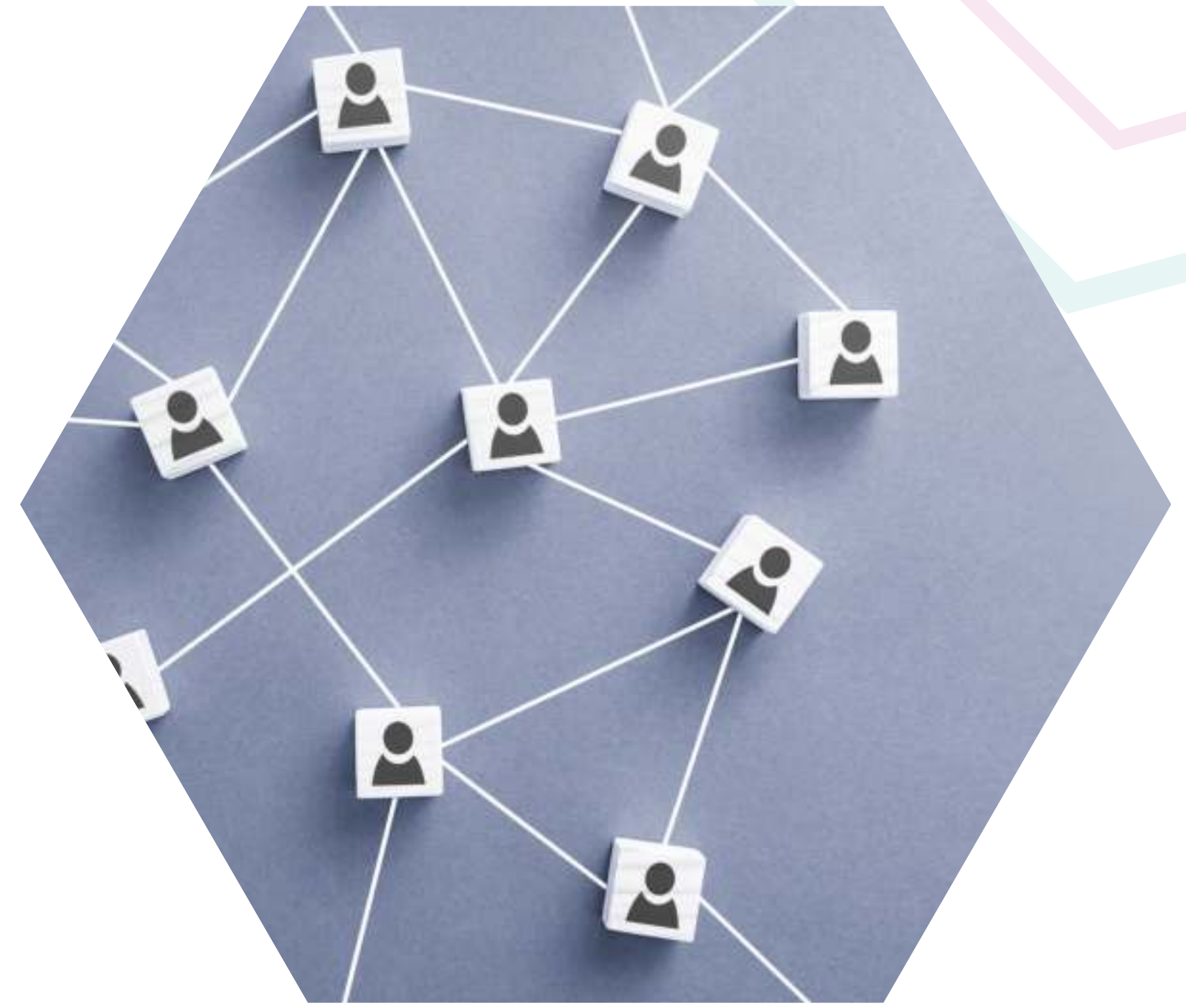
You can also visit our system website for a wide range of information about Frimley Health and Care, how to get involved in our work and up to date health and care information and resources that can be shared with friends, family and colleagues.

www.frimleyhealthandcare.org.uk

Take a moment to check out our social media channels. Please follow and share to stay up to date with a wide range of health and care information.



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FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Urgent & Emergency Care (UEC) Strategy		
Agenda Item	5.2 (Paper 2)	Date of meeting	21 February 2023
Exec Lead	Sam Burrows, Chief of Strategy and Transformation, NHS Frimley Dr Stephen Dunn, Director of System Delivery and Flow, NHS Frimley		

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

Link to Strategic Objective	Improving Healthy Life Expectancy Reducing Health Inequalities
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Executive Summary
<p>1. Background</p> <p>1.1. NHS Frimley, like other parts of the country, continues to experience significant pressure on the delivery of Urgent & Emergency Care services. This encompasses all parts of the Health and Social Care sector and is more than just about pressure on our Emergency Departments or acute hospital services.</p> <p>1.2. In response, the Frimley system undertook a UEC Review over the Summer of 2022 to help develop a new Urgent & Emergency Care Strategy for the Frimley Health and Care System.</p> <p>1.3. A detailed and comprehensive report was produced in August 2022. The report was based on detailed work with our clinical & professional leaders (including over 120 stakeholder interviews), in addition to cross-system and cross-sector working groups, as well as a review of 60 international, national, and local best practise.</p> <p>1.4. The report set out four core objectives, four enabling objectives and a series of guiding principles for the future decisions we will have to take around service design and delivery, and how we work with our population and local professionals to evolve a UEC delivery system which meets their needs. Appendix 1 sets out a schedule of 32 recommendations from the report, aligned to these eight objectives.</p> <p>1.5. The initial system response to the report was to agree our short-term approach to meeting the Winter challenge. Following feedback from the ICB Board; the UEC & Planned Care Board identified eight core priorities and five additional Winter priorities designed to support system</p>

partners this Winter, including lowering bed occupancy levels and addressing the impact of increased demand for same day services.

- 1.6. Workstreams were established to address these Winter priorities, and the progress of each workstream is now being tracked alongside our integrated COVID-19 and flu vaccination programme and Winter Communications plan through the UEC Ops Steering Group and ultimately the UEC & Planned Care Board.

2. Proposed Approach to Strategy Implementation

- 2.1. The UEC Review was circulated informally to members of the ICB Board on 5 October 2022, and to the UEC & Planned Care Board formally on 1 November 2022.
- 2.2. The UEC Strategy Group was subsequently established to provide the framework to oversee the implementation of the recommended objectives and associated strategic interventions over the medium to long term. At the inaugural meeting of the UEC Strategy Group meeting on 29 November 2022, a high-level summary of the recommended interventions, and a proposed way of taking the strategy forward were presented.
- 2.3. It was apparent that many of the 32 interventions could be absorbed neatly into our existing workstreams. A mapping exercise therefore allocated the 32 recommended interventions into the existing Frimley work programmes (see appendix 2).

3. Ask of the UEC Strategy Group

- 3.1. The UEC Strategy Group was asked to review the report; to consider the proposed allocation of interventions to workstreams and to discuss and agree the following:
 - Does the UEC Strategy Group accept and endorse the Review on behalf of the Frimley system?
 - How should the outputs from the Review be shared across the wider system, especially with the large numbers of stakeholders who participated in the workshops during the summer?
 - Does the UEC Strategy Group support the proposed mapping/allocation of the interventions to the existing Winter workstreams?
 - Can the UEC Strategy Group advise on a prioritisation process for the recommended interventions - are there any of the 32 interventions which should be accelerated or slowed?
- 3.2. A core priority recommendation for the UEC Strategy Group was to review the currently suspended Walk in Services and GP streaming pilots and make recommendations on establishing a system owned community based Same Day Urgent Care model for the future (listed in appendix 1 under recommendation 3.1). The Strategy Group agreed to endorse this prioritisation.
- 3.3. The UEC Strategy Group accepted the Review and supported its recommendation to UEC & Planned Care Board.
- 3.4. The UEC & Planned Care Board meeting on 10 January 2023 was shortened because of the System Critical Incident; the endorsement of the UEC Review was therefore deferred to the following meeting on 1 February 2023, where it was accepted and its recommendation to the ICB Board supported.

<p>4. Urgent & Emergency Care Recovery Plan</p> <p>4.1. The national Urgent & Emergency Care Recovery Plan was published on 30 January 2023.</p> <p>4.2. It was noted that the substance and focus of this national publication aligned closely with the objectives identified in our own UEC Review. The UEC Recovery Plan’s focus on Prevention, Access, Flow and Discharge, with the key enabling role of Workforce clearly maps to our four core objectives and to one of the key enabling objectives of our own strategic review.</p> <p>4.3. This alignment will be taken to the next UEC & Planned Care Board meeting on 1 March 2023 for further discussion.</p> <p>4.4. A first draft response to the UEC Recovery Plan will be submitted on 23 February 2023, and this will be shared with the ICB Board in March 2023.</p>
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<p>Recommendation</p>	<ul style="list-style-type: none"> • To note the approval of the Strategic Review and the associated work programme by the UEC Strategy Group • To note the approval of the Strategic Review and the associated work programme by the UEC Planned Care Board • To approve the proposed approach and work programme for the delivery of the UEC strategy • To approve the proposal to issue a formal communication, from system leaders, to keep stakeholders informed of progress and next steps
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Reporting – have the contents of this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
NHS Frimley UEC Strategy Group	29/11/2022	Contents of the report approved.
NHS Frimley UEC & Planned Care Board	11/01/2023	Noting of the report deferred to following meeting, due to shortened meeting because of Critical Incident
NHS Frimley UEC & Planned Care Board	01/02/2023	Contents of the report approved.

Appendix 1: Strategy Report's Proposed Interventions

Core Objective 1. Understand the needs of our population to deliver equitable clinical outcomes system-wide and reduce health inequalities

- 1.1 Use a Population Health Management (PHM) approach to identify and act on opportunities to increase preventative care and reduce risk of health deterioration
- 1.2 Support our at-risk population to better manage their conditions through risk stratification and development of targeted personalised initiatives
- 1.3 Reduce variation of knowledge and use of services across the system through better understanding and alignment, supported by an enhanced Directory of Services (DoS)
- 1.4 Reduce unwarranted variation in UEC service use and clinical outcomes linked to geographical differences

Core Objective 2. Support preventative care and develop proactive management services to reduce avoidable contact with urgent and emergency care

- 2.1 Expand and roll-out remote monitoring initiatives that support the management of people in the community / at home
- 2.2 Expand and roll-out digital tools that support proactive care and self-care
- 2.3 Increase outreach of specialist care to support MDT working within integrated models of community care

Core Objective 3. Adapt the urgent and emergency care offering to improve access and service delivery efficiency

- 3.1 Increase same-day urgent care capacity outside of the acute and routine primary care via a same-day access hub model
- 3.2 Increase and optimise use of community services such as pharmacies, urgent community response teams and point of care testing to support primary care demand
- 3.3 Maximise use of alternate pathways that are available to ambulance services to limit avoidable ED conveyance
- 3.4 Reassess and refresh the implementation of the 111 service locally to maximise its capacity within CAS and support the service to direct patients to the right service at the right time
- 3.5 Improve access to moderate and low-grade acuity CYP mental health services through IAPT, to reduce occurrence of escalation to UEC mental health services
- 3.6 Strengthen and enhance standardised pathways for cohorts with specific needs

Core Objective 4. Ensure timely exit and support the provision for continuity of care through transformation of the discharge process

- 4.1 Support the management of discharge through timely patient care data sharing and full visibility of capacity and demand data between acute and community/social care providers.
- 4.2 Use demand, capacity and activity data in order to undertake strategic commissioning tailored to local communities
- 4.3 Realign the system wide discharge function through improved governance, alignment of risk approach and provision of neutral decision making to coordinate discharge between providers.

4.4 Use UEC resources to increase social care capacity to support efficient and safe discharge of patients

Enabling Objective 5. Adopt alternate workforce solutions that develop and support the UEC workforce to provide the right care for patients

5.1 Diversify the workforce to take advantage of non-traditional roles and ensure skillsets match service delivery

5.2 Increase career progression and development pathways to provide opportunities for our local communities

5.3 Create a UEC system wide workforce model and mature resource sharing models across health and care

Enabling Objective 6. Implement a system wide UEC operating model to share risk, reduce complexity and support a more resilient, sustainable system

6.1 Reconfigure the UEC board to maintain focus on high priority challenges, ensure efficient commissioning, create clear delineation of shared responsibility and strengthen individual accountability

6.2 Define shared KPIs and SLAs and consider collective funding models to drive towards common outcomes

6.3 Develop a UEC demand and capacity model that is visible across the system

6.4 Define and apply clinical risk thresholds across the system in order to share risk appropriately and ensure efficient operational flow occurs

6.5 Pursue a UEC system wide simplification programme

6.6 Undertake an internal culture change initiative to improve interactions with patients around UEC

Enabling Objective 7. Continue to transform how care is delivered by embracing opportunities to innovate and lead on best practice care

7.1 Establish mechanisms, funding and infrastructure to support innovation and implement successful pilots across the system

7.2 Support better management of patients by using advances in predictive analysis, AI and NLP including implementation decision making support tools through the UEC pathway

7.3 Ensure partnerships with the private sector are delivered effectively through rigorous partnering frameworks and evaluation criteria

Enabling Objective 8. Improve patient awareness and understanding of how to access the right care

8.1 Target high intensity UEC users through delivering specific and relevant initiatives and communications

8.2 Address language and cultural barriers for patients to effectively engage with UEC

8.3 Undertake a culture change initiative to change perceptions and expectations of UEC

Appendix 2: Proposed allocation of the 32 recommendations by Frimley work programme and SRO

UEC Winter Priorities		SRO*	Proposed Strategy Interventions							
			Core Objectives				Enabling Objectives			
			Population Health	Prevention	Access	Discharge	Workforce	Governance	Transformation	Comms & Engagement
1	Community Transformation	NA		2.3	3.2					
2	Proactive Mgmt of High Risk Pts	SBu	1.1, 1.2 1.4	2.1, 2.2	3.6				7.2	8.1
3	Primary Care	CF			3.1					
4	ED Access	SD								
5	Length of Stay	CH								
6	Discharge & Flow	SD				4.1, 4.2 4.3, 4.4				
7	Children & Young People	TFD			3.5					
8	Mental Health	HR								
Additional Winter Priorities										
◆	Workforce	CC					5.1, 5.2, 5.3			
◆	Comms & Engagement	EB						6.6		8.2, 8.3
◆	COVID Vaccination Programme	SBe								
◆	DOS/111/CAS	SD	1.3		3.3, 3.4					
◆	Pharmacy First	SBe								
	To Be Allocated	TBA						6.1, 6.2, 6.3 6.4, 6.5	7.1, 7.3	

Frimley Health and Care



Frimley Integrated Care Board

Urgent & Emergency Care Strategy 21st February 2023



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



Our UEC vision

Why?

Patients and communities are central, they are the reason we exist. We recognise and address the differences that exist across our system.

How?

We are part of a high performing ICS with mature 'best in practice' services that patients trust.

Our local residents receive safe, connected and reliable care to support them when they need it most

How?

Patients move through our services without realising different providers are involved as they receive full continuity of care. They know that they will receive the care they need, when they need it.

What?

Our patients need rapid care at the most critical times in their lives - speed is of the essence.



Vision

Our **local residents** receive **safe, connected and reliable** care to support them **when they need it most**



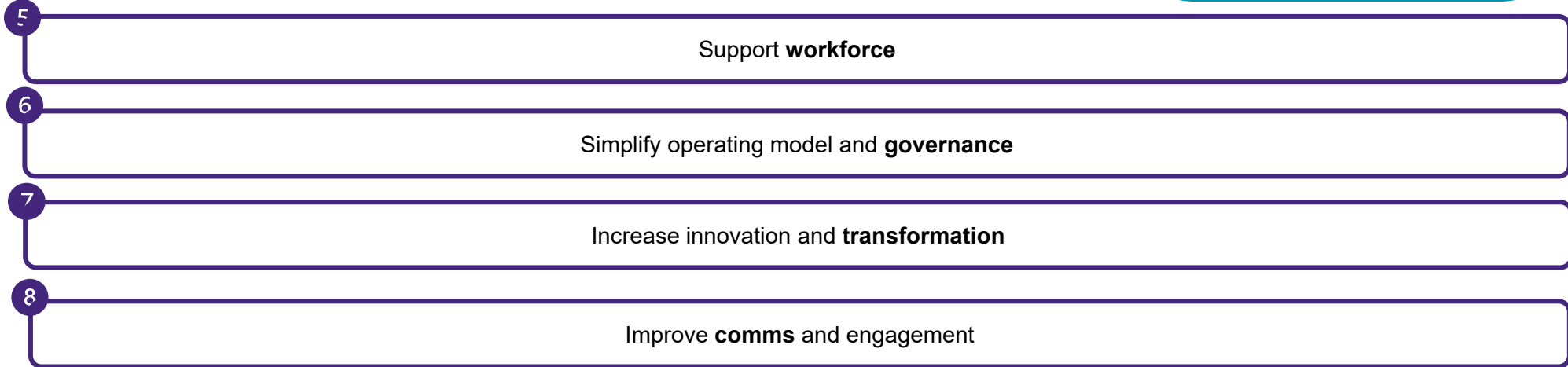
Outcomes



Core objectives



Enabling objectives



Interventions detailed on further slides



Core Objectives

1) Population Health

Use population health management and risk stratification to understand and design initiatives tailored to our populations.

2) Prevention

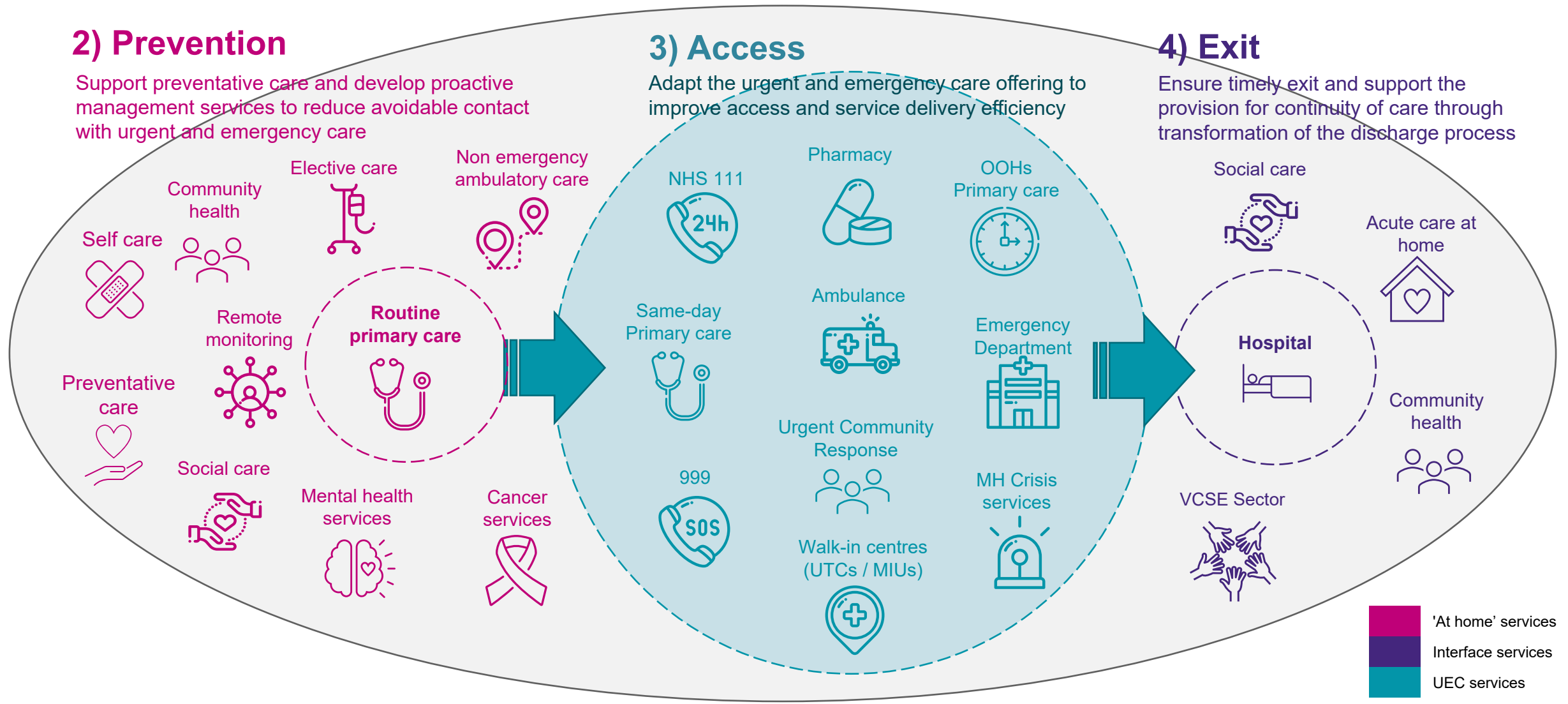
Support preventative care and develop proactive management services to reduce avoidable contact with urgent and emergency care

3) Access

Adapt the urgent and emergency care offering to improve access and service delivery efficiency

4) Exit

Ensure timely exit and support the provision for continuity of care through transformation of the discharge process





Enabling Objectives



1) Population Health

Use population health management and risk stratification to understand and design initiatives tailored to our populations.

2) Prevention

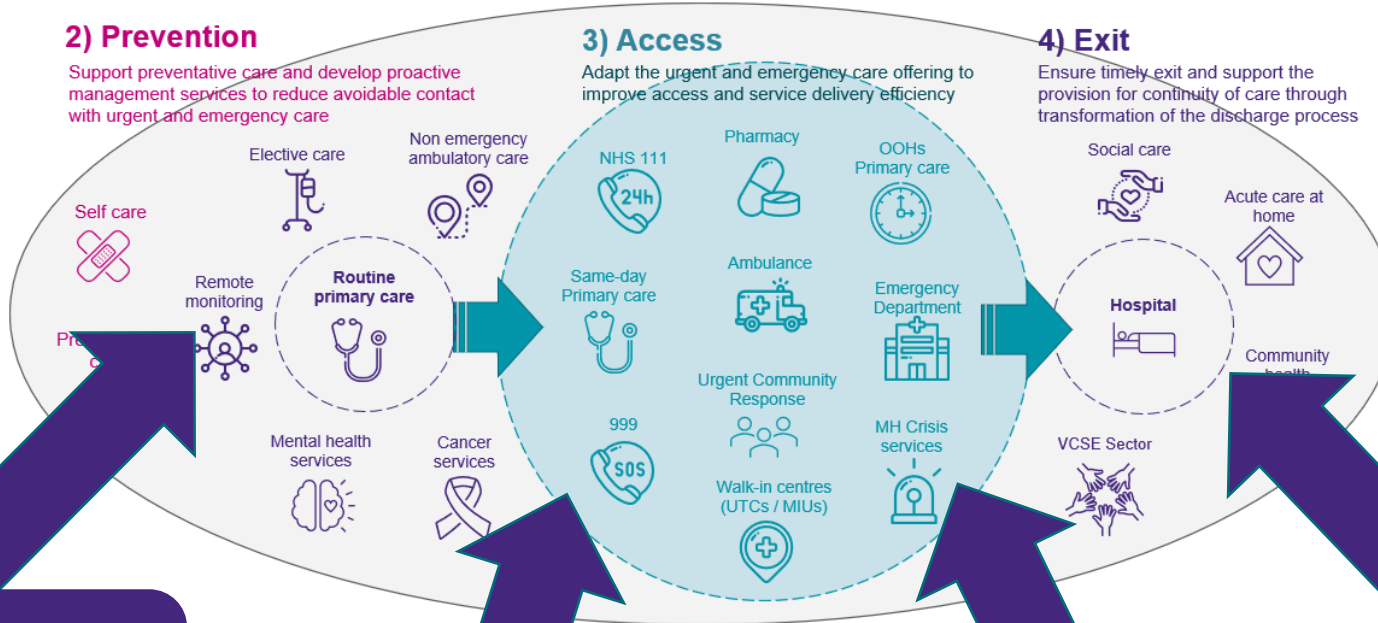
Support preventative care and develop proactive management services to reduce avoidable contact with urgent and emergency care

3) Access

Adapt the urgent and emergency care offering to improve access and service delivery efficiency

4) Exit

Ensure timely exit and support the provision for continuity of care through transformation of the discharge process



5) Workforce



6) Governance



7) Digital / Transformation



8) Comms & Engagement



Prevention

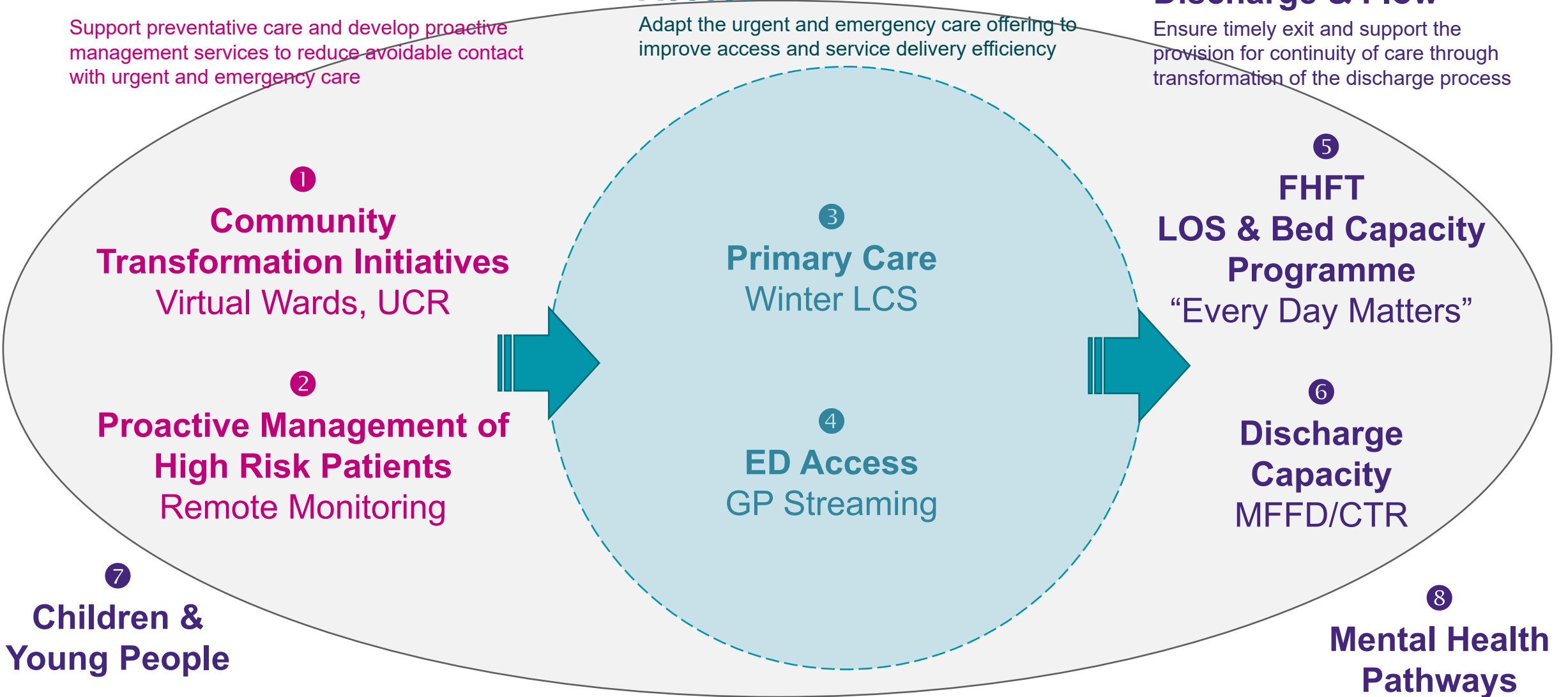
Support preventative care and develop proactive management services to reduce avoidable contact with urgent and emergency care

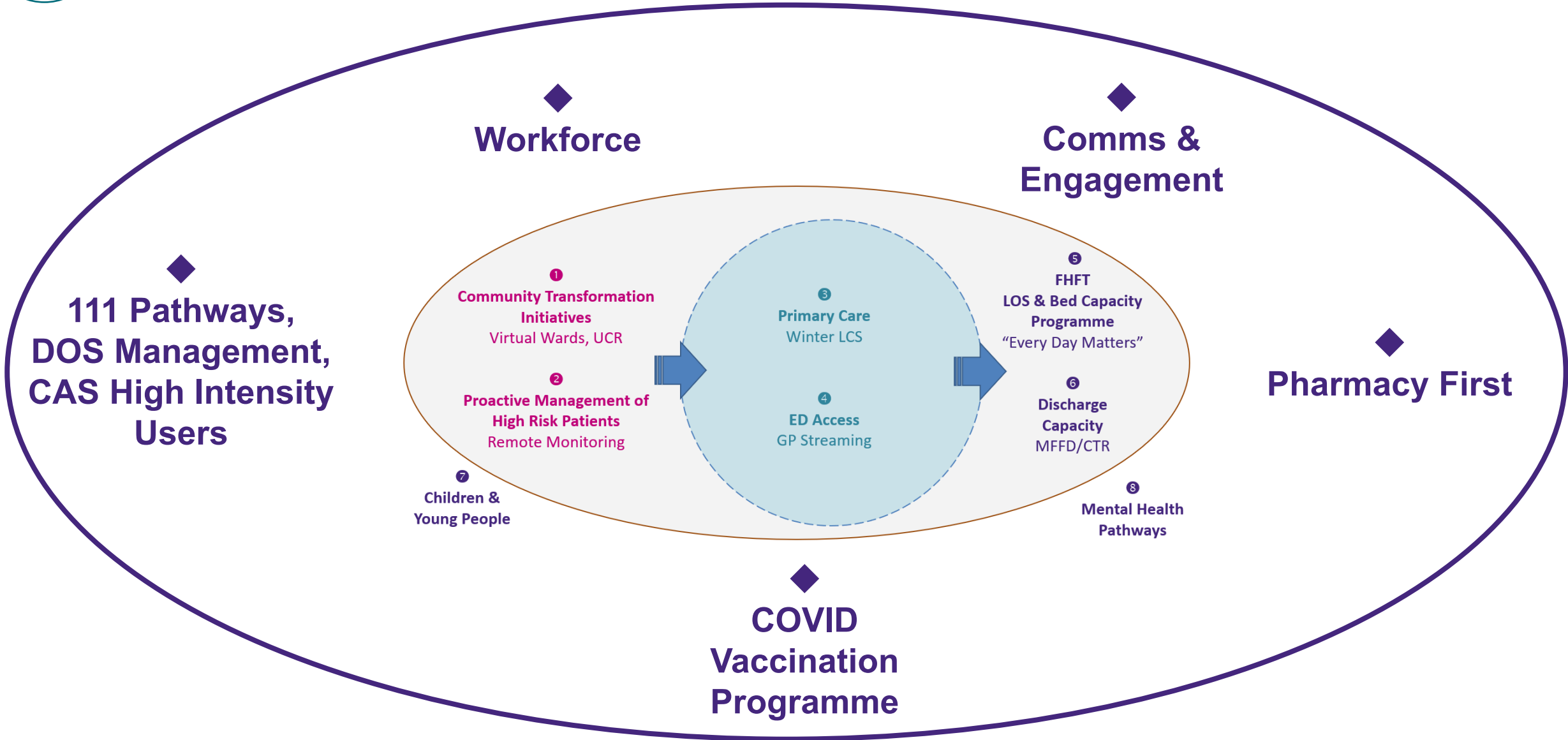
Access

Adapt the urgent and emergency care offering to improve access and service delivery efficiency

Discharge & Flow

Ensure timely exit and support the provision for continuity of care through transformation of the discharge process







Core Interventions

Interventions are tangible initiatives that enable the delivery of each core objective.



Core Objective	Interventions
<p>1. Understand the needs of our population to deliver equitable clinical outcomes system-wide and reduce health inequalities</p>	<p>1.1 Use a population health based management approach to identify and act on opportunities to increase preventative care and reduce risk of health deterioration</p> <p>1.2 Support our at risk population to better manage their conditions through risk stratification and development of targeted personalised initiatives</p> <p>1.3 Reduce variation of knowledge and use of services across the system through better understanding and alignment, supported by an enhanced Directory of Services</p> <p>1.4 Reduce unwarranted variation in UEC service use and clinical outcomes linked to geographical differences</p>
<p>2. Support preventative care and develop proactive management services to reduce avoidable contact with urgent and emergency care</p>	<p>2.1 Expand and roll-out remote monitoring initiatives that support the management of people in the community/ at home</p> <p>2.2 Expand and roll-out digital tools that support proactive care and self care</p> <p>2.3 Increase outreach of specialist care to support MDT working within integrated models of community care</p>
<p>3. Adapt the urgent and emergency care offering to improve access and service delivery efficiency</p>	<p>3.1 Increase same-day urgent care capacity outside of the acute and routine primary care via a same-day access hub model</p> <p>3.2 Increase and optimise use of community services such as pharmacies, urgent community response teams and point of care testing to support primary care demand</p> <p>3.3 Maximise use of alternate pathways that are available to ambulance services to limit avoidable ED conveyance</p> <p>3.4 Reassess and refresh the implementation of the 111 service locally to maximise its capacity within CAS and support the service to direct patients to the right service at the right time</p> <p>3.5 Improve access to moderate and low grade acuity CYP mental health services through IAPT, to reduce occurrence of escalation to UEC mental health services</p> <p>3.6 Strengthen and enhance standardised pathways for cohorts with specific needs</p>
<p>4. Ensure timely exit and support the provision for continuity of care through transformation of the discharge process</p>	<p>4.1 Support the management of discharge through timely patient care data sharing and fully visibility of capacity and demand data between acute and community/social care providers</p> <p>4.2 Use demand, capacity and activity data in order to undertake strategic commissioning tailored to local communities</p> <p>4.3 Realign the system wide discharge function through improved governance, alignment of risk approach and provision of a neutral decision making to coordinate discharge between providers</p> <p>4.4 Use UEC resources to increase social care capacity to support efficient and safe discharge of patients</p>



Enabling Interventions



Interventions are tangible initiatives that enable the delivery of each core objective.

Enabling Objective	Interventions
<p>5. Adopt alternate workforce solutions that develop and support the UEC workforce to provide the right care for patients</p>	<p>5.1 Diversify workforce to take advantage of non-traditional roles and ensure skillsets match service delivery 5.2 Increase career progression and development pathways to provide opportunities for our local communities 5.3 Create a UEC system wide workforce model and mature resource sharing models across health and care</p>
<p>6. Implement a system wide UEC operating model to share risk, reduce complexity and support a more resilient, sustainable system</p>	<p>6.1 Reconfigure the UEC board to maintain focus on high priority challenges, ensure efficient commissioning, create clear delineation of shared responsibility and strengthen individual accountability 6.2 Define shared KPIs and SLAs and consider collective funding models to drive towards common outcomes 6.3 Develop a UEC demand and capacity model that is visible across the system 6.4 Define and apply clinical risk thresholds across the system in order to share risk appropriately and ensure efficient operational flow occurs 6.5 Pursue a UEC system wide simplification programme 6.6 Undertake an internal culture change initiative to improve interactions with patients around UEC</p>
<p>7. Continue to transform how care is delivered by embracing opportunities to innovate and lead on best practice care</p>	<p>7.1 Establish mechanisms, funding and infrastructure to support innovation and implement successful pilots across the system 7.2 Support better management of patients by using advances in predictive analysis, AI and NLP including implementation decision making support tools through the UEC pathway 7.3 Ensure partnerships with the private sector are delivered effectively through rigorous partnering frameworks and evaluation criteria</p>
<p>8. Improve patient awareness and understanding of how to access the right care</p>	<p>8.1 Target high intensity UEC users through delivering specific and relevant initiatives and communications 8.2 Address language and cultural barriers for patients to effectively engage with UEC 8.3 Undertake a culture change initiative to change perceptions and expectations of UEC</p>

UEC Winter Priorities		SRO*	Moorhouse Strategy Interventions							
			Core Objectives				Enabling Objectives			
			Population Health	Prevention	Access	Discharge	Workforce	Governance	Transformation	Comms & Engagement
1	Community Transformation	NA		2.3	3.2					
2	Proactive Mgmt of High Risk Pts	SBU	1.1, 1.2 1.4	2.1, 2.2	3.6				7.2	8.1
3	Primary Care	CF			3.1					
4	ED Access	SD								
5	Length of Stay	CH								
6	Discharge & Flow	SD				4.1, 4.2 4.3, 4.4				
7	Children & Young People	TFD			3.5					
8	Mental Health	HR								
Additional Winter Priorities										
◆	Workforce	CC					5.1, 5.2, 5.3			
◆	Comms & Engagement	EB						6.6		8.2, 8.3
◆	COVID Vaccination Programme	SBe								
◆	DOS/111/CAS	SD	1.3		3.3, 3.4					
◆	Pharmacy First	SBe								
	To Be Allocated	TBA						6.1, 6.2, 6.3 6.4, 6.5	7.1, 7.3	



Core Objectives



These core objectives help to drive one or more outcomes and are underpinned by multiple interventions



1. Population Health

Interventions

UEC Priority Programme

Senior Responsible Officer

1.1 Use a population health based management approach to identify and act on opportunities to increase preventative care and reduce risk of health deterioration

1.2 Support our at risk population to better manage their conditions through risk stratification and development of targeted personalised initiatives

1.4 Reduce unwarranted variation in UEC service use and clinical outcomes linked to geographical differences

Proactive Management of High Risk Patients

SBu

1.3 Reduce variation of knowledge and use of services across the system through better understanding and alignment, supported by an enhanced Directory of Services

DOS / 111 / CAS

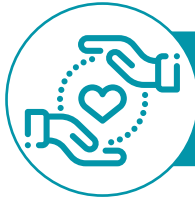
SD



Core Objectives



These core objectives help to drive one or more outcomes and are underpinned by multiple interventions



2. Prevention

Interventions

UEC Priority Programme

Senior Responsible Officer

2.1 Expand and roll-out remote monitoring initiatives that support the management of people in the community/ at home

2.2 Expand and roll-out digital tools that support proactive care and self care

3.6 Strengthen and enhance standardised pathways for cohorts with specific needs

2.3 Increase outreach of specialist care to support MDT working within integrated models of community care

Proactive Management of High Risk Patients

Community Transformation Initiatives

SBu

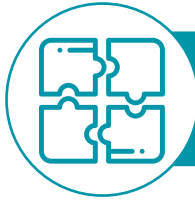
NA



Core Objectives



These core objectives help to drive one or more outcomes and are underpinned by multiple interventions



3. Access (1)

Interventions

UEC Priority Programme

Senior Responsible Officer

3.1 Increase same-day urgent care capacity outside of the acute and routine primary care via a same-day access hub model

Primary Care / ED Access

CF / SD

3.2 Increase and optimise use of community services such as pharmacies, urgent community response teams and point of care testing to support primary care demand

Community Transformation Initiatives

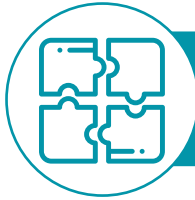
NA



Core Objectives



These core objectives help to drive one or more outcomes and are underpinned by multiple interventions



3. Access (2)

Interventions

UEC Priority Programme

Senior Responsible Officer

3.3 Maximise use of alternate pathways that are available to ambulance services to limit avoidable ED conveyance

3.4 Reassess and refresh the implementation of the 111 service locally to maximise its capacity within CAS and support the service to direct patients to the right service at the right time

3.5 Improve access to moderate and low grade acuity CYP mental health services through IAPT, to reduce occurrence of escalation to UEC mental health services

DOS / 111 / CAS

Children & Young People

SD

TFD



Core Objectives



These core objectives help to drive one or more outcomes and are underpinned by multiple interventions



4. Discharge & Flow

Interventions

UEC Priority Programme

Senior Responsible Officer

- 4.1 Support the management of discharge through timely patient care data sharing and fully visibility of capacity and demand data between acute and community/social care providers
- 4.2 Use demand, capacity and activity data in order to undertake strategic commissioning tailored to local communities
- 4.3 Realign the system wide discharge function through improved governance, alignment of risk approach and provision of a neutral decision making to coordinate discharge between providers
- 4.4 Use UEC resources to increase social care capacity to support efficient and safe discharge of patients

Discharge & Flow

SD



Enabling Objectives



These enabling objectives support the core objectives to deliver on the outcomes



5. Workforce

Interventions

UEC Priority Programme

Senior Responsible Officer

- 5.1 Diversify workforce to take advantage of non-traditional roles and ensure skillsets match service delivery
- 5.2 Increase career progression and development pathways to provide opportunities for our local communities
- 5.3 Create a UEC system wide workforce model and mature resource sharing models across health and care

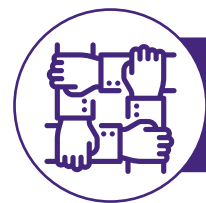
Workforce

CC



Enabling Objectives

These enabling objectives support the core objectives to deliver on the outcomes



6. Governance

Interventions

UEC Priority Programme

Senior Responsible Officer

- 6.1 Reconfigure the UEC board to maintain focus on high priority challenges, ensure efficient commissioning, create clear delineation of shared responsibility and strengthen individual accountability
- 6.2 Define shared KPIs and SLAs and consider collective funding models to drive towards common outcomes
- 6.3 Develop a UEC demand and capacity model that is visible across the system
- 6.4 Define and apply clinical risk thresholds across the system in order to share risk appropriately and ensure efficient operational flow occurs
- 6.5 Pursue a UEC system wide simplification programme

N/A

SD



Enabling Objectives

These enabling objectives support the core objectives to deliver on the outcomes



7. Transformation

Interventions

UEC Priority Programme

Senior Responsible Officer

7.1 Establish mechanisms, funding and infrastructure to support innovation and implement successful pilots across the system

7.3 Ensure partnerships with the private sector are delivered effectively through rigorous partnering frameworks and evaluation criteria

N/A

SD

7.2 Support better management of patients by using advances in predictive analysis, AI and NLP including implementation decision making support tools through the UEC pathway

Proactive Management of High Risk Patients

SBu



Enabling Objectives

These enabling objectives support the core objectives to deliver on the outcomes



8. Comms & Engagement

Interventions

UEC Priority Programme

Senior Responsible Officer

8.1 Target high intensity UEC users through delivering specific and relevant initiatives and communications

Proactive Management of High Risk Patients

SBu

8.2 Address language and cultural barriers for patients to effectively engage with UEC
8.3 Undertake a culture change initiative to change perceptions and expectations of UEC
6.6 Undertake an internal culture change initiative to improve interactions with patients around UEC

Comms & Engagement

EB

UEC Recovery Plan



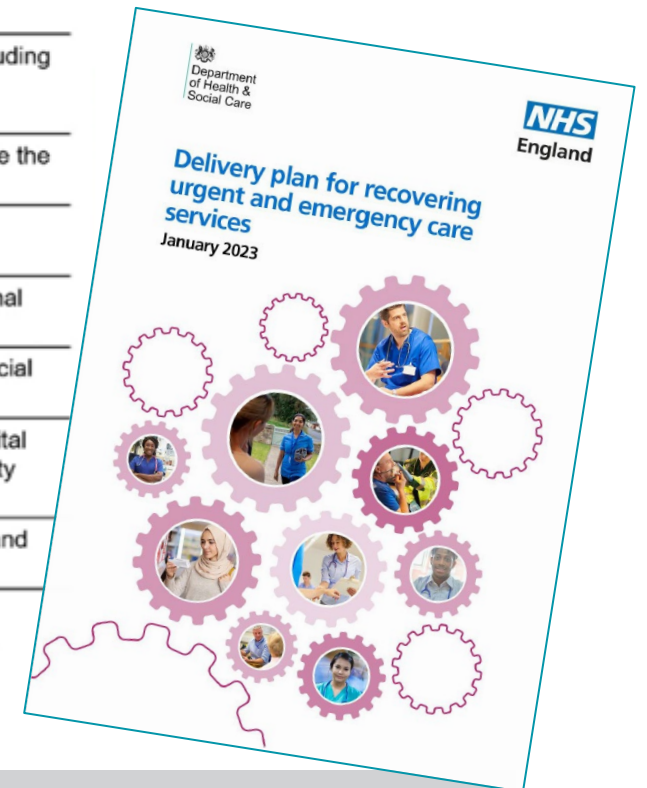
National Delivery plan for recovering urgent and emergency care services published 30 January 2023



The Plan on a page



- | | | |
|---|--|--|
| 1 | Increasing urgent and emergency care capacity | <ul style="list-style-type: none"> • Additional hospital bed capacity – additional acute bed capacity to meet immediate pressures and reduced bed occupancy, but also to help meet demand for health and care • Increasing ambulance capacity – working with ambulance services and systems to provide additional capacity and divert patients to alternative services where appropriate, including for mental health and community care • Improving processes and standardising care – working with partners to standardise care at the ED front door including for mental health patients. Improving patient flow in and out of hospitals, including embedding fully functional bed management and system control centres (SCCs) |
| 2 | Increase workforce size and flexibility
Improving discharge | <ul style="list-style-type: none"> • Immediate action to improve health and well being, support retention and expand UEC workforce, as well as to ensure the workforce is in place to meet acute expansion and community service transformation • Improving joint discharge processes – support roll out of Transfer of Care Hubs with improved assessment and planning processes |
| 3 | | <ul style="list-style-type: none"> • Scaling up intermediate care – evaluation of the Frontrunner Programme and a new planning framework and national standard for rapid discharge into intermediate care. • Scaling up social care services – working with local government and social care providers to optimise access to social care, including through continued use of the Better Care Fund. |
| 4 | Expanding care outside hospital | <ul style="list-style-type: none"> • Expanding and better joining up new types of care outside hospital – standardisation and spread of out-of-hospital services, including urgent community response, falls services, enhanced nursing homes support and the High Intensity Users programme. • Expand virtual wards – Scale up capacity for frailty and acute respiratory infection through greater standardisation and utilisation. Implementation of new pathways and appropriate models of virtual wards |
| 5 | Making it easier to access the right care | <ul style="list-style-type: none"> • Review NHS 111 services, including greater alignment with primary care, 111 online and trialling 111 first. Increasing access to clinical assessment in 111 in particular for paediatrics, and potential expansion of urgent treatment centres, where most effective. |



Recommendations to the Board of the ICB



1. To note the approval of the Strategic Review and the associated work programme by the UEC Strategy Group
2. To note the approval of the Strategic Review and the associated work programme by the UEC Planned Care Board
3. To approve the proposed approach and work programme for the delivery of the UEC strategy
4. To approve the proposal to issue a formal communication, from system leaders, to keep stakeholders informed of progress and next steps



FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Urgent and Emergency Care (UEC) and Planned Care Update		
Agenda Item	5.2 (Paper 1)	Date of meeting	21 February 2023
Exec Lead	Sam Burrows, Chief of Strategy and Transformation, NHS Frimley Dr Stephen Dunn, Director of System Delivery and Flow, NHS Frimley		

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

Link to Strategic Objective	Improving Healthy Life Expectancy Reducing Health Inequalities
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Executive Summary
<p>This report summarises key actions and issues in urgent and emergency care and planned care/cancer.</p> <p>1. Urgent & Emergency Care</p> <p>The following summarises the content of papers presented to February's UEC & Planned Care Board. A forward plan of Deep Dives at the UEC & PC Board addresses each of these priorities over the course of Winter 2022/23.</p> <p><u>Community Transformation</u></p> <ul style="list-style-type: none"> Virtual Wards, Urgent Community Response and Remote Monitoring continue to make good progress. <p><u>Proactive Management of High Risk Patients</u></p> <ul style="list-style-type: none"> An action plan to rapidly improve coverage of remote monitoring into Care Homes has been developed, with support from the GP Digital Clinical Leads. <p><u>Primary Care</u></p> <ul style="list-style-type: none"> Winter LCS provision has commenced delivering additionality of appointments in Primary Care. Monthly reporting expected to be in place for next month. <p><u>ED Access</u></p> <ul style="list-style-type: none"> The Minor Illness & Minor Injuries Task & Finish Group has proposed the extension of the contractual arrangements for both GP Streaming and the Suspended Walk-in Services. <p><u>Every Day Matters – FHFT LOS Programme</u></p>

- A second Multi-Agency Discharge Event (MADE) took place week commencing 23rd January 2023, following the success of the first Winter MADE in December.

Discharge & Flow

- Plans have been developed for the £2.36m Hospital Discharge Fund.

CYP

- A lot of work has been done to improve the content on the Frimley Healthier Together App and to increase the number of users, aiming to ensure children in our core20 population have access to this resource.

Mental Health

- The extension of the Crisis Bed Offer has been agreed through to March 2023
- Crisis alternatives has been extended to a seven-day service in the north.

UEC Strategy

- The UEC Strategy Group has endorsed the recommendations of the strategic review received in the Summer of 2022 – see Paper 2
- A Minor Illness & Minor Injuries Task & Finish Group has proposed the extension of the Suspended Walk-in Services and GP Streaming contracts into 2023/24.

2. Planned Care

Elective recovery & Transformation

- Good progress is being made with teledermatology implementation (including for suspected cancer). In December 55% of dermatology referral went through this route.
- New ENT pathways have been agreed to increase activity deliver in the community
- The new integrated cardiology model had been initiated starting with a cohort of GP specialists working with secondary care clinicians.
- A successful visit from the national GIRFT team took place in January

Outpatient transformation

- New models of activity are being supported through the use of Epic. Once these are live there will be an increased use of patient initiated follow up and better use of video appointments.
- There is good use of advice and guidance and this is being further developed as part of the pathways work

Performance

- Activity levels at FHFT have been improving, as data quality improves this can be further reviewed
- There is low level of commitment to activity form the local IS providers
- Waiting times continue to be a challenge hampered by data which is expected to resolve over the coming months
- FHFT are currently predicting around 160 patients may still be over 78 weeks at the end of March. Further work is in progress to reduce this.
- Efficiency measures currently difficult to oversee but dashboards are being built in Epic

3. Diagnostics

Imaging network

- The ICS team are working with the newly formed SE2 imaging network in particular to deliver technical solutions to image sharing

- There are some difficulties in finalising the case to spend awarded funding for the clinical decision support tool (iRefer) due to sign up from other Trusts in the network

Community diagnostics programme

- There have been difficulties with our ICS plans for CDC capital developments previously agreed by the national team overseeing funding due to changes in requirements resulting in several complete rewrites and a 9-month delay.
- The team are currently expecting a full CDC to be funded for Slough (£25m) with the business case being worked up for review by the national team in March. Approval for other previously agreed schemes submitted in October and December have not yet been forthcoming, however there may be support for the proposed South Imaging Spoke through alternative national capital funds and CDC revenue.
- The diagnostics workforce development group have devised innovative approaches to workforce expansion that is currently being implemented

Performance

- The waiting list for diagnostics remains high with long waits being tackled as activity rises.
- FHFT will develop a plan to deliver productivity improvements as part of the national focus on diagnostics in March.

4. Cancer

FIT testing prior to colorectal referral

- The Frimley system pioneered the model of patients being tested prior to referral with over 80% of referrals now having a FIT test ordered. Clinical leaders are now working on increasing the number of patients where the result is used to decide on whether to refer or to safety net
- The targeted lung health check programme has successfully started in Slough
- A prostate cancer catch-up project is due to roll out in the coming months

Performance

- Waiting times performance remains very challenged although comparatively not an outlier. Pathway improvement work is underway in colorectal and gynaecology. This will be supported by a now full complement of cancer management team at FHFT
- Additional activity funded by the Cancer Alliance is planned for March alongside support for histopathology, a source of some significant delays.

5. Planning 23/24

UEC

- The Urgent and Emergency Care Recovery Plan was published on 30/01/23 – a first draft response will be submitted to Region on 23/02/23.

Elective recovery (including planned care, diagnostics, cancer and workforce)

- The narrative template for planned care, diagnostics and cancer including elective recovery was published on 27/01/23 and a response is currently being drafted to cover how the significant number of asks will be delivered over the coming year.
- There are a number of new services to be commissioned as part of the cancer planning requirements eg liver surveillance.

Recommendation

To note and discuss the contents of this report.

Reporting – have the contents of this paper been discussed at other meetings

Committee Name	Date discussed	Outcome
NHS Frimley ICB SLT	07/02/2023	Contents of the report noted.
NHS Frimley UEC & Planned Care Board	01/02/2023	Contents of the report noted.

FRIMLEY INTEGRATED CARE BOARD

Title of Paper	Serious Violence Duty Guidance for Frimley ICB		
Agenda Item	6.1	Date of meeting	21 February 2023
Exec Lead	Sarah Bellars, Chief Nursing Officer Paper Author Debbie Hartrick Director of Safeguarding		

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

Executive Summary
<p>This briefing contains a summary of the information published thus far on the 'Serious Violence Duty' (SVD) which was made statute 31.1.23. Current understanding of the responsibilities for Frimley ICB (and wider health providers) is explored including how the duty can be discharged and managed. Importantly, these questions are considered in relation to established representation of the ICB safeguarding team as partners in this growing subject and what may be recommended to ensure further cover for this new duty.</p> <p>The SVD: Definition</p> <p>This duty places responsibilities on partners to collaborate locally to prevent serious violence. This a new duty and ICBs are named duty holders on behalf of the NHS. The definition of serious violence includes domestic abuse, sexual crime, threats and violence against people and property. A focus on public space youth violence including homicide, violence against the person including weapons, and criminality involving violence such as county lines. Local areas can make these decisions and may also wish to include alcohol-related violence exploitation and violence against women and girls. The Home Office and Police and Crime Commissioners (PCCs) are aware that areas will be in different stages of readiness and engagement.</p> <p>What is the purpose of the Duty</p> <ul style="list-style-type: none"> • Reduce and prevent serious violence • Identify local serious violence issues and trends. • Identify and address causes of violence as far as is possible. • Establish a local Strategic Needs Assessment which includes population, crime and geographic data. • Prepare, publish and implement a multi-agency strategy not later than 31.1.2024. • Review outcomes and revise the strategy at least annually • Collaborate and communicate regularly across partners and learning from lived experiences of perpetrators and victims of crime. <p>Duty Holders and Roles: include Thames Valley Police (TVP), Probation, Youth Offending Teams (YOTs), FRC, ICBs, and all Local Authorities.</p> <p>Specific duties for health systems mapped against current ICB representation and activity:</p>

- Community Safety Partnerships (CSPs) have an explicit role in evidence based strategic action on serious violence. These amendments require CSPs to formulate and implement strategies to prevent people from becoming involved in, and reduce instances of, serious violence in the area. As CSPs are subject to both the new Crime and Disorder Act requirements and the Duty, this will enable them to escalate local serious violence issues to a higher strategic level where necessary. This will ensure that CSPs have accountability for ensuring that a strategy to prevent and reduce serious violence is in place even if they are not the partnership arrangement chosen to deliver the Duty.

Current situation: Frimley ICS is well positioned. Each place across Frimley ICB have established CSPs and the ICB safeguarding team are members of these groups.

- PCCs are strongly encouraged to take on a role as lead convener for the local partnership arrangements.

Current Situation: Strong links and collaborations are established with the PCCs and Frimley ICB due to ICB safeguarding partnership engagement and also system wide resilience activity. Representatives from PCC have asked to attend key ICB meetings to further discuss and enhance partnership ways of working.

- The Strategic Needs Assessment does not need to be a separate product to what is prepared by a CSP. Likewise, the SVD Strategy should comprise of new and existing actions to prevent and reduce SV issues and drivers. The strategy can be a bespoke one or “can be incorporated into existing products it is it clearly identified.”

Current Situation: Each CSP have a multiagency strategic needs assessment there are plans for these to be reviewed and amended to include statutory requirement from SVD; this has been a regular agenda items for some time at CSP. The ICB will need to ensure that SVD is included within its strategic objectives and operational plans.

- Recommendations for data sets include anonymised hospital and primary care data on serious violence injuries. The new duty strengthens the requirement for cross agency data sharing to enable localised and national timely prevention and response strategy developments to reduce serious violence.

Current Situation: This is currently collected on an individual and case by case basis from health services. It is likely the development of consistent gathering of data will be a large focus of the strategic delivery of SVD across all agencies and practice guidance will be issued as a result of the duty. Links have been made with system and regional analytics teams to come together to understand the reporting needs going forwards.

- Other information collection streams which may impact on health systems include: Domestic Violence Disclosure Scheme data, MARAC data, outcomes of homicide reviews including in areas such as domestic homicide, child and adult safeguarding, mental health and offensive weapons homicide reviews, Input of organisational information and experience and where appropriate knowledge and useful information from specialist voluntary sector organisations and young people (e.g. data on violence against women and girls).

Each CSP will be responsible for approving:

- Co-ordination via a named agency lead and chair. This is likely to be the existing chair of each CSP.
- Governance, meetings, monitoring arrangements and process and dates for review.
- Framework, for gathering and analysing data.
- Review membership and ensure appropriate voluntary and community sectors, young people are represented and consulted.

- Geographical boundaries, especially if the arrangements operate across more than one local authority area.
- How engagement with education and prisons will be managed effectively to ensure their involvement.
- How appropriate links will be made with safeguarding arrangements.
- Roles and responsibilities of the local policing body (primarily the PCCs), including arrangements for allocating funding to authorities.
- Set out what the arrangements are for commissioning additional services under the strategy and how links are made to existing funding partnership for prevention and reduction activities.
- What the arrangements are for independent scrutiny of the strategy, including those under the crime and disorder committee.
- A high level summary of the Strategic Needs Assessment and an executive summary of the serious violence strategy,
- Actions, (including early intervention preventative action to be undertaken by the whole partnership area, by sector/partners and wider actions and analyse how the identified actions enhance or complement existing actions/or arrangements within the local area,
- An annual assessment of the partnership's performance against the previous years' strategy.

Measuring Success

Monitoring can be done by the PCC, an independent body (e.g. academic evaluator) or through self-monitoring. CSPs will need to consider the involvement of an existing oversight committee.

Key measures include:

- Reduction in knife and sharp object hospital admissions
- Reduction in knife and sharp object police recorded violence
- Numbers of homicides.
- Serious youth violence in public spaces
- Domestic abuse and sexual offences
- Robbery and weapon related offences

How will Frimley ICB discharge their SVD responsibilities 2023/204?

Reflecting the iterative nature of the duty, responsibilities have been forecast for the first year and a review will take place March 2024. The briefing demonstrates that the community safety partnerships are already established in each place will hold a leadership role ensuring implementation of the duty. Each CSP includes a member of the safeguarding team for Frimley ICB and implementation of the duty has been and will continue to be a regular agenda item.

Domestic Abuse prevention is an important aspect of the SVD and each of the LAs across Frimley ICS have domestic abuse partnerships which feed into the CSPs. There is expertise within the safeguarding team around domestic abuse with participation in the domestic abuse partnerships. The team also works closely with the LAs to support continuous education and updates in this evolving workstream. This includes Female Genital Mutilation, forced marriage and violence against women and girls. This is an area that requires dedicated resource within the team and within the current restructure a domestic abuse post has been proposed

The Director of Safeguarding provides supervision and support to all members of the safeguarding team and escalates any incidence of SV to the Chief Nursing Officer. She is available to the CSPs as a ICB decision maker and panel member for any Domestic Homicide Reviews. The team are encouraged to take every opportunity to be part of panels for the reviews and are instrumental in supporting providers to also take part and disseminate learning across health systems which include primary care. These report into the CSPs and also into the safeguarding boards. Additionally any

published reviews are received by the ICB Safeguarding Strategy group chaired by the Chief Nursing Officer.

Thames Valley Police have received central funding from the Home Office as part of this duty. Financial support has been allocated to each LA in recognition of the likely increased administration of the duty. The Chief Nursing Officer and Director of Safeguarding for the ICB will attend two meetings during February and March 2023 which will ensure our representations for Frimley ICB including project innovations. Information from these meetings will also ensure increased understanding of what support will be needed for 2023/24 to enable implementation of this duty and this will likely be iterative and may increase over time as already discussed.

Current memberships of CSPs and DA workstreams:

	ICB rep for CSPs (including any Serious violence workstreams)	DA executive boards and subgroups
Bracknell Forest	Lynette Jones Jardine	Sharon Ballantyne
Slough	Tony Heselton	Sharon Ballantyne
RBWM	Sharon Ballantyne	Sharon Ballantyne
NEH	Liz Fisher	Sharon Ballantyne
Surrey Heath	Surrey ICB Safeguarding Team	Surrey ICB Safeguarding Team

Recommendation	<p>As described above, this briefing demonstrates that Frimley ICB are well placed to enable the safeguarding team to carry out the new duty during 2023 – 2024. However, the duty implementation will no doubt mean an increase in specific workstreams. These will include information sharing and data collection and also extensive education programmes for our health and partner agencies. As understanding of the duty becomes clearer further analysis of compliance will be undertaken.</p> <p>Proposed Governance Arrangements</p> <ul style="list-style-type: none"> • The ICB Designated Professional for Safeguarding Adults will hold the lead SVD role reporting to the Director of Safeguarding. • The Chief Nursing Officer will hold executive responsibility. • The SVD will be part of the Quarterly Safeguarding reporting cycle 2023/2024. • Quarterly reports are part of the ICS safeguarding strategy group which report to the ICS Quality and Performance Board, the place committees and also safeguarding boards. • Implementation of the SVD will be reported to NHS England safeguarding team for the SE. • The Director of Safeguarding and Chief Nursing Officer will continue to be a member of high level strategic meetings organised by the PCCs. • Any risks to implementation will be escalated and placed on the corporate risk register if necessary.
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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	
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Reporting – has this paper been discussed at other meetings		
Committee Name	Date discussed	Outcome
N/A		