NHS
Vale of York
Clinical Commissioning Group

Minutes of the 'Virtual' Primary Care Commissioning Committee held on 7 April 2022

Present

Julie Hastings (JH)(Chair)	Lay Member and Chair of the Quality and Patient Experience Committee in addition to the Primary Care Commissioning Committee
David Booker (DB)	Lay Member and Chair of the Finance and Performance Committee
David Iley (DI)	Primary Care Assistant Contracts Manager, NHS England and NHS Improvement (North East and Yorkshire)
Phil Mettam (PM)	Accountable Officer
Stephanie Porter (SP)	Interim Executive Director of Director of Primary Care and Population Health

In attendance (Non Voting)

Fiona Bell-Morritt (FB-M)	Lead Officer Primary Care, Vale
Shaun Macey (SM)	Acting Assistant Director of Primary Care
Dr Andrew Moriarty (AM)	YOR Local Medical Committee Locality Officer for Vale of York
Fiona Phillips (FP)	Assistant Director of Public Health, City of York Council
Michèle Saidman (MS)	Executive Assistant
Gary Young (GY) - part	Lead Officer Primary Care, City

Apologies

Simon Bell (SB)	Chief Finance Officer
Phil Goatley (PG)	Lay Member and Chair of the Audit Committee and the Remuneration Committee
Dr Paula Evans (PE)	GP at Millfield Surgery, Easingwold, representing South Hambleton and (Northern) Ryedale Primary Care Network
Sharon Stoltz (SS)	Director of Public Health, City of York Council

Unless stated otherwise the above are from NHS Vale of York CCG.

Four members of the public joined the live stream.

Agenda

1. Apologies

As noted above.

2. Declarations of Interest in Relation to the Business of the Meeting

There were no declarations of interest in the business of the meeting. All declarations were as per the Register of Interests.

3. Minutes of the meeting held on 27 January 2022

The minutes of the previous meeting were agreed.

The Committee:

Approved the minutes of the meeting held on 27 January 2022.

4. Matters Arising

PCCC58 Primary Care Dashboard: SM explained that work was continuing in terms of developing a dashboard through analysis of data and mapping from Practice appointment to clinician. He would bring a report to the next meeting.

The Committee:

Noted the update.

5. Primary Care Commissioning Financial Report Month 11

JH explained that SB was unable to attend the Part 1 meeting but would present the Primary Care Commissioning Financial Report in the following Part II meeting; the discussion would be recorded in both sets of minutes. In the meantime DB commended the CCG's overall breakeven forecast. He explained that the Finance and Performance Committee, where the CCG's financial position was fully discussed each month, had identified no specific concerns and highlighted the regular recognition of the work of the Finance Team and staff across the CCG for maintaining business as usual and robust controls assurance, also noting this was confirmed by Internal Audit assurance reports.

Discussion from the Part II meeting

SB reported that the year to date position of the primary care delegated budget was an underspend of £354k after adjustments for reimbursement. In terms of the core primary care position, including prescribing, there was a £1.3m surplus after adjustment; this was within the CCG's forecast breakeven position.

SB explained that work was taking place to reach a negotiated settlement to resolve a number of historic service charge disputes between Practices and NHS Property Services and sought support for the proposal for delegated authority to SP in this regard. SP provided aspects of clarification.

SB referred to the Committee's approved in principle at the November meeting for a Local Enhanced Service for safeguarding reports prepared by primary care from 1 January 2022. He noted that this approach had reduced bureaucracy for both Practices and the CCG and that reporting was also more robust. Approval was now sought for payment of £61.89 per report, as agreed, which was also consistent with North Yorkshire.

The Committee:

1. Received the month 11 Primary Care Commissioning Financial Report.
2. Delegated authority to SP to pay outstanding NHS Property Services disputes.
3. Approved payment to GPs for safeguarding reports via a Local Enhanced Service.

6. Primary Care Networks Update

GY gave a detailed presentation, attached at Appendix A, which comprised a reflection by Clinical Directors, GPs, Practice Managers and Managing Partners on the Winter Access Fund for 1 December 2021 to 31 March 2022.

In concluding his presentation GY highlighted the legacy benefits of the Winter Access Fund investment and the request from the Primary Care Networks (PCNs) to enable earlier planning for winter in future. AM emphasised that the support of GY, FB-M and the CCG team was a major factor in the current success. Committee members added their recognition of this commending the collaborative work between the CCG and primary care.

PM left the meeting for a short time during this item, returning at its end.

Discussion included: commending the "bottom up" approach and the context of this being maintained through the transition to the integrated care system; the establishment and role of the Primary Care Collaborative; the context of improving engagement with local councillors to enable a greater understanding of the system pressures, notably the public perception relating to access and backlogs; and emphasis on the continuing challenges in primary care still emanating from COVID-19.

SP additionally commended the work over a number of years to implement OPEL (Operational Pressures Escalation Levels Framework) reporting. With regard to utilising and sharing more widely the analysis in the presentation of Practices reporting OPEL 3 and 4, SM explained that this would be included in a Humber and North Yorkshire Showcase event.

In response to AM reiterating the benefits of the work of FB-M and GY as Lead Officers for Primary Care and seeking an update in the context of the emerging Humber and North Yorkshire Integrated Care Board structures, SP noted that it was unclear at the present time whether these roles could be replicated beyond the current Vale of York CCG localities. She would keep the Committee updated in this regard.

In concluding this item JH commended FB-M and GY for their work with the Primary Care Networks, also noting the context of learning through collaborative working and the legacy perspective

The Committee:

Noted the update and commended the ongoing work.

7. Coronavirus COVID-19 Update

SP explained that the vaccination programme was continuing both via Practices having signed up as local providers and, albeit at reduced levels, also at the Askham Bar Vaccination Centre. She also referred to the Spring booster programme for adults aged 75 years and over, residents in a care home for older adults, individuals aged 12 years and over who are immunosuppressed, as defined in in the COVID-19 healthcare guidance. SP emphasised that vaccination was the most effective mitigation and the offer continued to be "evergreen".

SM explained that work was now taking place with NHS England and NHS Improvement in the context of the COVID-19 vaccination offer becoming business as usual, including the practicalities such as workforce and estates. He confirmed that the Spring booster campaign was under way noting the main constraint was supply chain but advising that a mutual aid approach was being adopted in this regard to ensure supplies were available where they were most needed. SM expressed appreciation to Primary Care Networks, Community Pharmacists and the Vaccination Centre for their work but noted that c45,000 of the CCG's population had to date not had their first vaccination.

SP emphasised there continued to be significant impact on the workforce across health and social care due to both rates of infection and reinfection. She also explained work was taking place with Practices in terms of reintroduction of some services that required enhanced personal protection to help with infection rates. Although case rates were reducing slightly, Vale of York was 10% above the national average for COVID-19 with significant pockets increasing. SP also noted the context of upcoming Bank Holidays with increased socialising advising that additional investment had been made to support primary care and urgent care. She commended the exhausted workforce for their continued commitment during this sustained pressure across the system.

AM expressed appreciation to patients regarding mask wearing and infection control procedures in surgeries also noting the context of risk as a result of decreased testing requirements.

The Committee:

Noted the update.

8. Primary Care Commissioning Committee Risk Register

SM presented the report which provided the Committee with oversight of risks associated with the delegated primary care commissioning functions, currently: PRC.15 Serious Mental Illness Health Checks, PRC.16 Access to General Practice - Reputational Damage and PRC.17 General Practice Wellbeing. He noted there were no new or additional risks to report.

In respect of Serious Mental Illness Health Checks SM reported that there had been no update since the last Committee meeting when quarter three performance had been 41.5% against the 60% national target but emphasised the ambition to reach the national target through the continuing work of the Primary Care Networks. He highlighted significant improvements in Priory Medical Group PCN through a 'digital first' approach with 50% of people receiving all six recommended health checks in the last 12 months compared to 30.3% in quarter two and an increase of 18.4% across Tadcaster and Rural Selby PCN with 55.6% of people receiving all six health checks.

With regard to Access to General Practice - Reputational Damage SM advised that the CCG continued to be aware of public complaints/concerns about both availability of appointments, and the shift from 'traditional' face-to-face appointments to more telephone triage and telephone consultations. He highlighted however that the additional appointment capacity provided through the Winter Access Fund had not only improved access for patients but had been significant in supporting Practice resilience. SM noted that the latest CCG appointment data, from January 2022, was in accordance with the national trend of appointments offered being higher than in January 2021 although, as discussed previously, this information was currently only available from Practice appointment books and work was continuing in respect of obtaining more robust data.

In terms of General Practice wellbeing SM reported that the significant workforce pressures continued, including the perspective of sickness and isolation, for both clinical and non clinical staff. He referred to the support detailed in the report also noting that work was continuing in the context of decompression sessions for GPs, as discussed previously.

The Committee:

Received the Primary Care Commissioning Committee Risk Register.

9. Reflection on Winter Pressures

In addition to the earlier discussion, SP highlighted that the winter pressures £1m support for Vale of York Practices from December 2021 to April 2022 was in comparison with c£40k winter pressures allocation pre-pandemic. She explained that CCGs were not notified of such allocations in a way that enabled them to inform Primary Care Networks in advance, suggested development of a "menu of options" to aid a future agile response, and emphasised the context of accountability for public money.

Whilst recognising the perspective of ward councillors raising concerns on behalf of residents, SP emphasised the need for improved communication with the public in terms of promoting an understanding of the pressures across the system and a realistic timescale to address backlogs from two years of the pandemic.

SP reiterated the perspective of workforce fatigue and sickness additionally noting significant vacancies in some areas as valuable staff were leaving the NHS. This in turn impacted on backlogs and recovery. Despite this, as previously reported and recognising that the balance in terms of face to face and non face to face interaction had changed, activity in primary care was considerably above pre-pandemic levels. SP therefore wished to acknowledge the workloads being managed by Practices.

The Committee:

Noted the update.

GY left the meeting

10. Primary Care Estates Update

SP presented the report which provided an update on Sherburn Group Practice Estates Development, General Practice 3-Facet Surveys and Burnholme, York.

SP referred to the Committee's support of Sherburn Group Practice's Project Initiation Document to secure a £1 million capital grant from NHS England and NHS Improvement and highlighted the associated costs and funding streams. She explained that the Project Initiation Document had been approved which enabled the Practice to progress to the development of a Business Justification Case, required for further approval due to the size of the scheme and scale of investment. The Practice was currently out to tender for the works with an expectation of submissions back by 19 April 2022. Following the requisite stages thereafter, the aim was that the build would start by July 2022 with an estimated 12 month construction period. SP noted this scheme had taken a number of years to reach fruition; she commended DI's commitment and also support provided by SM and Michael Ash-McMahon, Deputy Chief Finance Officer.

SP additionally referred to the expansion scheme at Millfield Surgery, also previously supported by the Committee, advising that a five room extension on their existing property was nearing completion.

SP explained that the current estates strategy for primary care had been concluded in the context of the new regime. However, in line with good practice the CCG had commissioned a number of 3-facet surveys across its General Practice estate in order to inform future planning/prioritisation of estates work. Additionally, SP and DI were undertaking a piece of work to fund support for Primary Care Networks to complete their own estates and service strategies; current versions of these strategies would be a prerequisite for future Treasury funding.

SP referred to the concept of establishment of a health and care village at Burnholme. She explained the delays and ongoing work, emphasising the perspective of recognising impact on primary care from residential growth and particularly the approval of additional care homes. Engagement as early as possible was key to ensure investment in the infrastructure and promotion of York in the context of living and working.

In response to DB seeking clarification in the context of continuity and progressing of the 3-facet survey recommendations, SP advised that, in addition to a Humber and North Yorkshire Capital Group which traditionally focused on major schemes working with secondary care, each of the six 'places' was retaining their primary care leads as a "cohort of expertise". It was also anticipated that the Primary Care Estates Sub Group and the Primary Care Collaborative would become increasingly strategically focused particularly in terms of estates investment in response to the changing staffing profiles of Practices. SP also noted opportunistic measures over recent years in the CCG mainly in relation to small scale developments and predominantly with the Vale Practices. In terms of residential population growth SP advised that City of York was in fact the area of highest growth across Humber and North Yorkshire. SP advised that the Primary Care Collaborative was expected to have a key role in primary care estates strategy and that work was also taking place with the national team who were developing the Primary Care Network Toolkit. She also noted creation of a data base of estates strategies and premises conditions surveys across Humber and North Yorkshire.

FP referred to the context of including health needs in the planning of developments rather than retrospectively. She agreed to work with SP in improving links and working more broadly on supporting articulation of health impact now that the pandemic work was reducing.

SP updated the Committee on the impact of the recent flooding at Tadcaster Medical Practice which was co-located with Tadcaster Health Centre. She noted that the Practice owned their property and the Health Centre was owned by York and Scarborough Teaching Hospitals NHS Foundation Trust. SP commended the work of the Practice staff that had enabled return to the premises within 48 hours and also expressed appreciation to South Milford Surgery who had provided support. SP explained, in the context of the Practice having been flooded three times in ten years, that work was taking place with regard to investment requirements and resilience to assess the feasibility of maintaining services there or seeking an alternative property. She also emphasised the commitment to provide services as locally as possible.

The Committee:

Received the update on recent developments relating to General Practice estates work.

11. Key Messages to the Governing Body

- Concerns were raised around detrimental reports regarding the number of GP appointments being delivered despite our GP colleagues reporting increasing numbers of patients receiving medical advice and support utilising a mixture of appointment mediums (including face to face, telephone and online contacts). Currently NHS Digital is using the numbers logged in appointment books at the surgeries to monitor figures and produce their dashboard, however this is not capturing the full extent of patients receiving help as not all patient contacts are recorded in these appointment books. Colleagues at NECS (North of England Commissioning Support) are currently developing a dashboard using more sophisticated analysis to provide detailed information to help us map the type of appointment through to the clinician type, and a range of common presenting conditions, which will have the potential to enable us to have more insight into the work that is managed by our Practices, and current capacity and demand across the system.

- Vale of York CCG colleagues shared their complete presentation reflecting on how the Winter Access Fund monies were received by localities, echoing their own words described the process which enabled its success. Heartfelt thanks were expressed to NHS England and NHS Improvement for their substantial funding which PCNs and GPs reported had aided their survival through the winter months. An excellent piece of joint working, proof of the high trust and strong relationships across the system a successful initiative that will be shared across Humber, Coast and Vale. Historically the amount of money allocated towards alleviating winter pressures is never known in advance; it was suggested that it would be helpful to think about a "menu of options" for future Winter Access Funds going forward.

- The Committee discussed the OPEL reporting process which had initially taken a while to be seen as a positive. The Local Medical Committee were instrumental in working with us to make this work. Consequently, this reporting system has developed across the CCG over the past four years and despite initial concerns is recognised as a positive, maturing into a tool that has true value to the Practices that use it. Evidence has proved that it enables Practices and PCNs to share staff, address patient safety issues and enables an agile response previously not available within practices.

- Askham Bar continue to operate but at a reduced rate, vaccinations boosters are currently available for adults aged 75 years and over, residents in a care home for older adults, individuals aged 12 years and over who are immunosuppressed. There have been some issues within the vaccine supply chain which continues to cause a slight concern. Locally re-infection rates are 10% above the national rates. Workforce is still significantly affected impacting on services; to reassure additional resources are being put into place for the Easter Holidays and forthcoming Bank Holidays. We would ask all patients to please be reassured and aware of the continued use of infection control PPE in place in surgeries. Local figures indicate that around 45,000 people have still not taken up the offer of their first vaccination, but we continue to reassure that this offer is "evergreen".

The Committee:

Agreed the above would be highlighted by the Committee Chairman to the Governing Body.

12. Next Meeting

Post meeting note: The date of the next meeting would be 16 June 2022 at 10am; format to be confirmed.

Prior to closing the meeting JH reported that Dr Tim Maycock, who had attended the Committee on a regular basis as representative for the Central York Primary Care Networks, was no longer able to do so due to a change in his commitments. She expressed appreciation for his invaluable contribution to the discussion.

EXCLUSION OF PRESS AND PUBLIC

In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it is considered that it would not be in the public interest to permit press and public to attend this part of the meeting due to the nature of the business to be transacted. This item will not be heard in public as the content of the discussion will contain commercially sensitive information which if disclosed may prejudice the commercial sustainability of a body.

Item 6

NHS Vale of York CCG Primary Care Network Update

Primary Care Commissioning Committee: 7 April 2022

Introduction

In January, VOYCCG offered Primary Care Commissioning Committee a view of how the CCG had worked with localities to co-produce a plan for the NHSE ***Improving Access for Patients and Supporting General Practice*** or Winter Access Fund (WAF) to be mobilised from 1st December 2021 to 31st March 2022.

Towards the end of March, we asked Clinical Directors, GPs, Practice Managers, and Managing Partners for their reflective view of the Winter Access Fund. This is their feedback in their own words:

- What went well
- What could have been better
- Challenges ahead

What went well

- **Funding**: “winter is always difficult, so any extra support is helpful” and “ultimately funds have, in some cases, averted crises in practices which were faced with unprecedented workforce challenges”.

  “Allowing Practices and PCNs to decide how to spend the WAF money engaged CD's and Managing Partners to think through individual and system challenges, looking at solutions and working out what can be done at scale to deal with current and emerging pressure generated from the backlog”.

- **Process**: “Commissioned in a supportive, co-produced way”, “the CCG took a brave position which was supportive and equitable, and which recognised pressures across the whole of general practice”.

  “CCG clearly worked hard to get funds out as flexibly as possible”, and “we would encourage CCG and ICS to continue to engage with primary care in this way rather than a top-down approach. It has encouraged collaboration unlike any time before, winter will return, and I hope that we can build on this experience and better plan for next and subsequent winters”.

- **Think Differently**: WAF “promoted thoughts about different pathways for several conditions that had been severely impacted by covid”, “allowed support to UTC to assist with increase in same day demand”, and “allowed certain ARRS to be brought forward e.g. Mental Health Practitioners”.

  “WAF helped delivery of primary care in rural areas, where there is more reliance on local practices and less attendance at A&E”.

What went well

- **PushDr**: “given the lack of resource in the system, adding PushDr to the programme provided a lifeline as it has been impossible to get Locum cover for short term sickness”. “PushDr allowed practices to rapidly onboard and trial the service with patients, all now have on boarded status and experience and can continue to fund on an as needed basis”.

- **Opel 3/4 Support**: When Covid rates increased in late Dec2021/Jan 2022, the number of practices needing support increased. Despite rates falling in Feb 2022, rates rose dramatically again through March 2022 and the number of practices experiencing significant impact on staffing levels increased accordingly.

  WAF has enabled rapid response support to practices across VOYCCG “enabling our practice to reach out for support when we see a problem emerging, rather than waiting until it is too late for anyone to act”.

  “Opel reporting has a lot of value in identifying potential issues and adding support where possible” and has “mitigated the risk of practices consistently being at Opel 3 or even Opel 4”

  “There is no doubt in my mind we would have fallen over as a practice this winter if it was not for WAF”. “Not only was the funding important to ensure the correct support could be sourced, the flexibility of the funding meant we could target areas that were specific to our needs”.

What could have been better

- **Funding**: “level of funding [is good]”, but “funds were released at short notice with completely insufficient time to plan to use them optimally” and “do not allow for any long-term planning or investment in staff”.

  “WAF funding arrived “too late to make more than a temporary impact on winter pressures”.

- **Process**: “Still quite a lot of bureaucracy and costs to deliver, lots of invoices and putting onto the portal etc.”, “Practices could come up with more imaginative ways to spend the money if there were fewer restrictions on its use”.

  “The focus on a whole locality solution made it doubly difficult to plan coherent interventions. With such short notice, practice level solutions would have been easier to mobilise (which is *de facto* what happened in most instances)”.

- **Workforce**: “There seemed to be no recognition at system level that there is **no new workforce** on which we could have spent WAF”.
- “Due to the workforce shortages, there are limits to what the funding can achieve”. “Workforce has been very difficult to secure - therefore end up spending significant resource on locums/ push doctor etc who don't do the full job that an employed GP does and adds extra workload to practice GPs”. “It would be used more effectively in future years if there was more time to consider how best to spend it”.

What could have been better

- **CPCS**: “GP CPCS usage not possible ... as timeline too tight to make it practical ... give us 6 months to prepare for winter and we could do an even better job”.

- **Winter 2022/23**: “Winter Access Funding came with too many strings attached and stipulations and seemed to be made deliberately difficult to access (from NHSE rather than CCG). We would much prefer the funding coming directly into practices to provide additional sessions over the winter months”.

Challenges ahead

- **Covid**: “We are still seeing high numbers of staff absences through COVID related sickness / isolation”.

  Community infection rates rose rapidly in March; the Vale of York increased from 320/100,000 on 1st March to 1,024/100,000 at 30th March. Patient demand has increased and GP practices have suffered, and continue to suffer, significant staff shortages across all staff groups. Opel 3/4 reporting has increased in line with infection rates and all providers are struggling to balance urgent patient demand against the routine care backlog.

- In March 2022, Opel 3/4 was reported by VOYCCG GP practices on 56 occasions
- In context, Opel 3/4 was reported 51 times in the 3 months of December, January, and February

  Winter Access Fund has supported all Practices across Vale of York, even averting crisis in some, but Practices are concerned about the year ahead. Infection rates are increasing, and there’s a risk that withdrawing free testing may mask true rates in the future. The workforce is exhausted and patients are increasingly frustrated with access to care - public satisfaction with the NHS is the lowest for 25 years*.

* https://www.nuffieldtrust.org.uk/research/public-satisfaction-with-the-nhs-and-social-care-in-2021-results-from-the-british-social-attitudes-survey

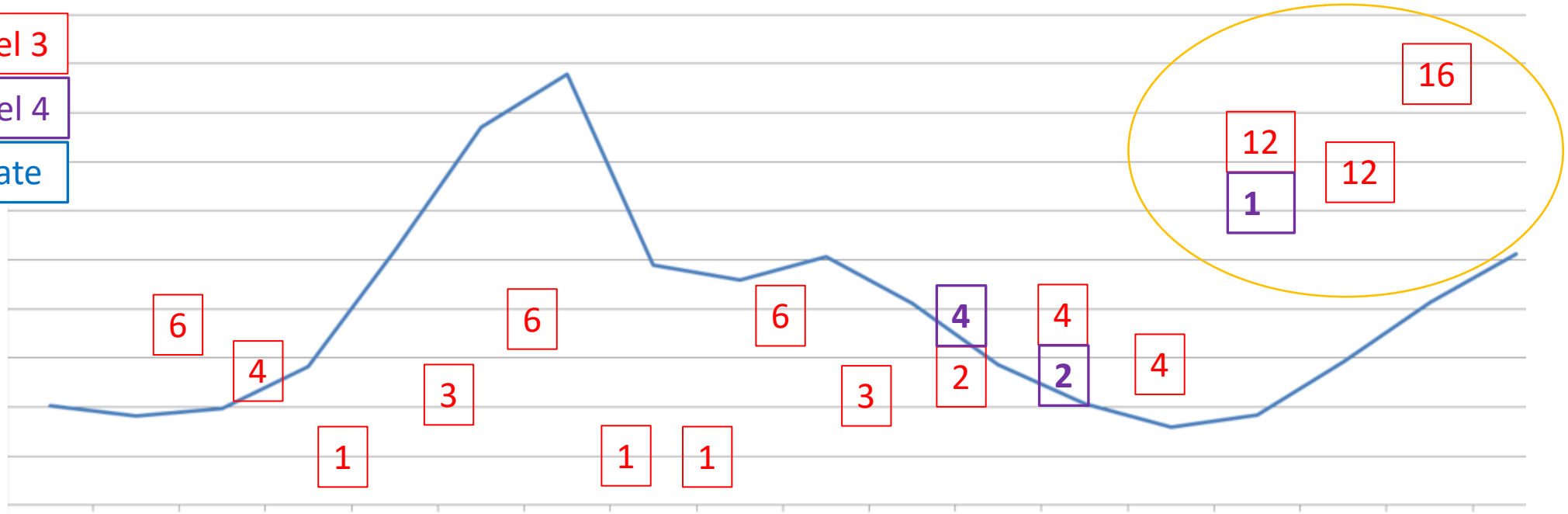
Challenges ahead

VoY Covid Rate Tracker																		
VOYCCG	01/12/21	08/12/21	15/12/21	22/12/21	30/12/21	05/01/22	12/01/22	19/01/22	26/01/22	02/02/22	09/02/22	16/02/22	23/02/22	02/03/22	09/03/22	16/03/22	23/03/22	30/03/22
York City Centre	201	172	265	480	1170	1406	1428	674	502	818	890	473	394	272	330	524	588	660
York Local Authority	344	376	438	607	1250	1652	1673	913	868	1139	1006	648	441	364	363	586	842	970
Selby District	436	441	438	643	1208	1915	1856	1006	1021	1117	841	528	371	271	323	516	747	957
Hambleton	463	387	335	483	955	1362	1609	993	1105	1162	934	568	431	327	282	450	689	882
Ryedale	497	374	327	522	909	1684	1267	651	618	749	627	541	399	235	318	541	722	981
Stamford Bridge MSOA	213	341	437	833	897	1495	2670	1078	1014	929	737	502	277	373	405	491	1089	1365
Pocklington MSOA	358	374	501	581	780	1450	1928	1234	1434	1195	804	645	390	270	509	725	780	1195
Elvington MSOA	728	449	418	387	1162	1364	1643	1271	775	1007	744	666	620	449	418	837	1162	1178
	405	364	395	567	1041	1541	1759	978	917	1015	823	571	415	320	369	584	827	1024

Practice days at Opel 3

Practice days at Opel 4

— Average Covid rate



Challenges ahead

- **Funding**: “NHSE/ICS could support winter planning by guaranteeing a minimum level of [winter] funding year on year - anything in excess of this would be a bonus”

- **Process**: “Winter pressures are not covered when the funding is made available on 1st December”.

  “Planning for winter surge pressures should start 6-9 months in advance of winter, and ideally should be incorporated into long term plans for all organisations”. “PCN funding as opposed to practice or locality funding [would] allow for greater control, monitoring & planning”

- **Think Differently**: “Fewer restrictions on ARRS roles would allow PCN's to plan a more flexible workforce which could help to deliver winter surge capacity in primary care”.

- **Social Care**: ““Addressing the failure of the social care market could help to facilitate hospital discharge, which in turn could help with throughput from ED to hospital wards, which would relieve pressure on UEC services”.

Summary

VOYCCG co-produced plans with PCNs to support all practices on a locality basis. Putting decision-making in the hands of PCNs with a light touch but robust assurance process has been widely appreciated. The net result is 100% forecast use of the £1.1m available to localities, with more than 94% spent on local workforce and GP locums, and only 6% spent on online solutions such as PushDr.

Despite the challenges ahead, there are significant legacy benefits from NHSE's investment in the Winter Access Fund; YAS paramedics can access **GP Triage** in all practices, all practices have been invited to review and increase **oxygen supplies and lifeline kits** to mitigate ambulance delays, **Opel 2.5** (early warning and peer support system for practices in crisis i.e. Opel 3 or 4) is operating across all Central practices with opportunity to support all practices across the Vale of York, and a **Spirometry/FeNO** clinic has been established at Askham Bar.

As the NHS reorganises, PCNs encourage commissioners to plan earlier for Winter 2022/23 and continue engaging with primary care to build on the collaboration and lessons learnt this winter.