

Surrey Heartlands Health & Care Partnership
 Integrated Care System Board
 16 September 2020 Minutes - Virtual Teams meeting

Members (Present: P Apologies: A)									
Tim Oliver, Leader of the Council (CHAIR)	TO	P	Julius Parker, Local Medical Committee, Rep	JP	A	Ruth Hutchinson, Interim Director of Public Health	RH	P	
Charlotte Canniff, Clinical Chair, Surrey Heartlands CCG	CC	P	Justin Wilson, Medical Director, Surrey & Borders	JW	P	Sarah Billiard, Chief Exec, First Community Health and Care	SB	P	
Claire Fuller, Senior Responsible Officer, (SHH&CP)	CF	P	Karen McDowell, Director of finance Surrey Heartlands CCGs and ICS Johnathan Perkins standing in	KM	P	Sarah Parker, Director of Transformation and SH Academy	SP	P	
Daniel Elkeles, CEO, Epsom & St Helier	DE	P	Louise Stead, Chief Executive, covered by	LS	A	Simon MacKenzie, Medical Director System Improvement SE Region NHSE&I	SM	A	
David Fluck, Medical Director, Ashford & St Peter's Hospitals	DF	P	Marianne Illisley, Medical Director, Royal Surrey County Hospital	MI	P	Simon White Interim Director of Adult Social Care	SW	P	
David Radbourne, NHS England and NHS Improvement	DR	P	Mark Hamilton Clinical Director Surrey Heartlands Academy	MH	A	Steve Flanagan, CEO CSH Surrey	SF	P	
Ed Cetti, Consultant Respiratory Physician, Medical Director, SASH	EC	A	Michael Wilson, CEO Surrey & Sussex Healthcare NHS Trust - covered by	MW	P	Suzanne Rankin, CEO Ashford & St Peter's Hospitals	SR	A	
Fiona Edwards CEO, Surrey and Borders NHS Partnership Trust	FE	P	Philip Astle, Chief Executive Officer, South East Coast Ambulance Service	PA	P	Tom Edgell, NHSE	TE	A	
Joanna Killian, Chief Executive SCC	JK	A	Prमित Patel Lead PCN Clinical Director for Surrey Heartlands	PP	P	Zak Faris, Interim Medical Director Ashford & St Peters	ZF	A	
Jon Ota, Chief Nurse & Director of Quality and People FCH	JO	A							
In attendance:									
Susan Sjuve Chair RSCH	SS		Sue Tresman, Chair Guildford & Waverly ICP	ST		Sian Jones, Clinical Chair	SJ		
Fiona Poulter, Executive Business Support (taking notes)	fp		Sinead Mooney Cabinet Member for Adult Social Care SCC	SM		Gill Edelman, Independent Co-Chair of Quality and Performance Board, SH	GE		
Giselle Rothwell, ICS AD:Comms and engagement	GR		Ralph McCormack ICS and CCG Development Consultant, SH	RM		Helen Coe, ICS Recovery Director	HC		
Florence Barras			Karen Thorburn			Alison Griffiths			
Andy Field			Nick Sands			Ross Dunworth			
Indiana Pearce									

1 WELCOME AND APOLOGIES Apologies were noted (above).

Vicky Stobbart sent apologies, Sue Tresman has stepped in to present the Guildford and Waverly update in her stead.

TO opened the meeting. explained that this meeting was intended to be publicly broadcast but due to a technology clash will be private. The next meeting on 21 Oct will be webcast.

As Victoria Berry is on leave, Rosie Roberts will assist with any slide presentations.

To note that Surrey CC have appointed Rachael Wardell as the new Executive Director Of Children, Families And Lifelong Learning. Following on from Dave Hill's work, Rachael will be an excellent appointment and formally starts in post in December.

System Board updates are now being circulated with the second being sent out last week, making sure they

are relevant and informative for the wider system. Any comments to be feedback to GR

a. Conflict of interests

No conflict of interests declared at the meeting.

b. Notes from August meeting

TO said that R Mc has been inaccurately referenced as a system board member. He is in attendance in his capacity as ICS Development Consultant at the invitation of Dr Claire fuller, ICS SRO
CC noted that her title was incorrect on the minutes and they should be amended to 'Clinical Chair'

Minutes agreed with the amendments above

Note the action log is up to date with nothing outstanding

c. Update from NHSE/I Region – update from CF

There is increasing pressure on the national team, particularly around the 52 week waits in cancer targets. Phase 3 session was yesterday and we were described as having an exemplar pack. We received the financial envelope last night with a lot of guidance which we will need to work through to understand what it means. We remain at level 3 incident under constant scrutiny, submitting weekly assurance packs to region on response to recovery and restoration. Because we started planning recovery and restoration 6 months ago, we are in stronger position than other areas.

CF had circulated to members a letter from CF and Julia Ross as co-chairs of Confed ICS network. Confed are asking for views on future direction of ICSs particularly around legislative changes. Sarah Parker is co-ordinating responses as a system.

Action: SP will circulate the consultation document and questions following this meeting

DR spoke about the need to make sure that collectively we give the population of 9 million in the South East better prospects moving forward. We encourage you to keep your ambition around challenging ways of working, the benefit of local approach in Surrey has been to have a broader based strategy around population health inequalities in at risk groups.

Members gave their comments and concerns

TO summed up - there is a need to look again at strategy, we are leading from the front and should be clear about what we as an ICS are seeking to achieve and maybe share at regional level if appropriate

Action: To be put on agenda for next meeting.

2 UPDATE/ESCALATION FROM CONTINUING BOARDS / SOAG

a) Overview from SOAG – presented by CF

The September SOAG meeting had been cancelled due to annual leave. Issues remain the concern about testing and about critical care capacity, to be discussed later on agenda.

b) Finance – presented by KMc

The summary circulated provided an update on a number of key finance issues including:

- Strategic Finance & Assurance Board (August 2020)
- Transformation Funds for 2020/21
- Month 4 Reporting
- Phase 3 Planning including the Financial Regime for the remainder of 2020/21

Some key headlines discussed this month were assurance on Covid reimbursement on the audit, discharge costs and healthcare being a risk within the system, the governance recovery paper was presented for comments, and discussions on the regional ICS efficiency pack..

KMc made members aware that on Phase 3, there was a planning submission which was shared with the regional team. Resubmission date has been moved to 5 October.

The envelope came out last night but need more detail and to understand the guidance. Unable to give any idea of gap at the moment until worked through. and should be able to update next week on what is included in the cash envelope.

RD – In Surrey Heartlands we need to see a bit more realism of what we actually need in terms of capacity and safety.

KMc - will pick up discussions offline.

c) **Quality and Performance** - GE gave a verbal update

GE gave a summary of items featured at the last meeting. There were discussions around access to primary care, surge planning and winter flu vaccination programme. More work is being done on hidden harm and on rapid needs assessment and we would like to bring the final report back to the October Board. There was a focus on learning disability with a spike in deaths in wider vulnerable population, identified issue of communications particularly with care homes not being able to liaise with trusts. Ongoing theme of annual health checks not being completed. On emerging issues, increasing concern about isolation of all vulnerable people and the impact on their physical and mental health. There is emerging evidence of a lack of digital access for some patients. The report shows that on the childhood immunisations programme, we are maintaining good coverage during Covid and starting to work with schools. We have asked for the outcomes to be discussed at the next Q&P meeting. Concerned as we go into winter that we are light on Q&P, attendance is problematic at the moment and if we are any lighter we cannot provide the assurance needed.

TO asked what would help to reassure?

GE - When we revise our terms of reference, there is a sense that we should be moving towards a quality lead in the ICP. The demands on ICP directors is enormous, so we are in the position of only having 1 or 2 directors presenting at meetings which means we are not getting the full overview.

d) **Other Key Updates Including Response to COVID19** – presented by RH

RH gave high level Covid overview. Covid rates are currently lower than national figures at 16.1 per 100,000 against 26.7 for rest of England but the rates are increasing. Spelthorn has gone amber at 40.1 per 100,000. There are incident management meetings around what more action can be taken. All data is available online on the Surrey CC website.

Testing is an issue. Jane Chalmers who is heading up the testing cell, is working hard to find possible local solutions. At Regional meeting yesterday, there was discussion around the impact on public services, health education in particular where people are isolating and not receiving the test, there was a high degree of frustrations across the country so we are working on local solutions to that issue.

3 **KEY UPDATES FROM HEALTH AND WELLBEING BOARD – 10 SEPTEMBER**

RH gave an overview of the impact assessment work and a summary of H&W Board outputs . There is a strategic needs assessment with big plans to update before Covid hit. The CIA takes a rapid overview of the impact of Covid on the health and wellbeing of the population. The aim is to have all the work completed and in the public domain by mid-October. This work will form the new system-wide JSNA. RH talked through a slide presentation highlighting key points.

The next steps will be published in Surrey I (?) and communicating the interim findings on an ongoing basis and taking to the various reference groups. If any Board members would like more a presentation on one (or more) of the Rapid Needs Assessments, please get in touch with RH or her colleague Naheed (naheed.rana@nhs.net).

TO said the hope is that all organizations will get involved, important that everyone up to speed in terms of what the data is showing and to incorporate those findings into organisation strategies.

CF told members that thematic review of adolescent suicides would be brought back to the next meeting with update on mental health and wellbeing workstream.

Action: slides will be circulated, feedback any comments to RH.

4 INTEGRATED CARE PARTNERSHIPS –UPDATE FROM GUILDFORD & WAVERLEY ICP ST presented, standing in for VS (slides)

ST updated on progress so far through collaboration, aligned to the ICS and Health & Wellbeing Board priorities. Guildford and Waverly are seeking to make a difference for residents through partnership working and to assure ourselves of the quality, finance and performance of those services within the system. Using slides ST talked through the journey to date and gave examples of transformative work through partnership.

Members were informed about a population health management pilot which will help to further understand how we can work to reduce inequality within local footprint.

NS talked about the approach to transformation across Guildford & Waverly ICP and some lessons learned. We now have one programme of work with a single view of where we want to get to. Starting to support partners through QI training for example to practice managers in GP surgeries. With transformation, one of the challenges is to support recovery while changing the way we do things across the system.

RD - We will need to streamline governance but building on the transformation work in particular and the adapted financial recovery plan will lead Guildford & Waverly ICP successfully into April next year within the overall ICS architecture.

Helpful comments and questions from board members followed

TO - invite back for update towards end of next year.

5 KEY UPDATES AND ESCALATIONS FROM RECOVERY BOARD

a) **Phase 3 draft response** - presented by CF

CF introduced the response which had been circulated to members.

HC – Final submission is on 21 September. Brought to System Board to delegate approval for final Phase 3 submission for HC and CF to sign off. HC drew attention to the impact of a second wave on activity levels. The ask was for approval to sign off on Friday.

MW said that before sign off, there is a need to work through finance

RD expressed similar concern

Board agreed sign off with caveats in consultation with relevant organizations.

b) Local response to the People Plan

IP – NHS published the people plan on 30 July and there was a requirement for ICS to develop whole system ‘Local People Plans’. These plans need to be specific and time sensitive and be able to adapt as we progress into our recovery phase. The plan has been developed in consultation with partners across health and social care..

This plan was very well received by members who fed back with helpful comments.

IP responded that there is further work to be done on the governance, where this will sit and who will have oversight of the plan.

c) Update from Recovery Board

i) Workstream 2 Interdependencies of Health & Care

SF said the Recovery Board agreed to close the Interdependence of Health and Care workstream, as a result of the successful delivery of the immediate Recovery objectives and the transition of on-going commitments to the appropriate core business functions.

SW gave update. We set up workstream to respond to care home resilience plan. The main issue was going from emergency response which was around possible discharge which has now been replaced by NHS funded period of care. Working hard to have ready for the beginning of next financial year.

Workstream 3 – Surge

ii) MW – With the first phase of the pandemic in the spring, there was a national campaign for people to stay safe at home which meant hospitals had a significant amount of capacity available at that time. We now have huge backlogs of patients who have waited longer than a year on top of which, we have winter approaching and also specific issues around pediatrics. With the absence of any additional capacity, this will undoubtedly impact on our ability to treat patients. There is also a big issue around the psychological impact on clinicians. MW felt that we are heading for a car crash, without additional capacity we cannot do it all. Even if we received the number of beds asked for, there is no additional revenue for staff to manage the ventilated beds.

There was further discussion amongst members who supported those concerns

Action: CF / MW to write to Region to express Board’s concerns

MW also raised the significant issue of no facility this year for critical care transfers for children.

iii) Workstream 6/7 Estates

PB gave a brief overview of the paper with some key points highlighted:

- The baseline assessment is showing that as a system we are spending £171m on our estate of which £44m is spent on leasing property. How small can we make this estate so that we can release revenue funding to put back into the system for care? Surrey Heartlands are leading the charge in terms of moving non-clinical space for offices into one hub. We need to see this replicated across the system.
- in relation to primary care there are a number of redevelopment opportunities. But we are also seeing a lack of cohesive information and data, currently working with NHSEI on that data. This workstream will enable a number of efficiencies going forward.
- Need to keep sight of the greener futures agenda.

6 HOT TOPICS AND AOB

a) Epsom St Helier 5 Year Strategy

DE introduced a video showing the next Epsom St Helier strategy for 2020 to 2025.

This was very well received by members as being an excellent presentation with clear messages.

b) Hot Topics & AOB

SF asked about impact of Covid testing and the affect on staffing. Is there anything we can do to get priorities right to get people back to work? - CF responded that we are looking to see what we can do about a local solution.

DF - children being sent home from school with suspected Covid is causing an issue. There is confusion about who needs to be tested and, as a system, everyone should be clear about who needs testing to be the most effective. RH responded that system wide comms are trying to give a clear message that only those with symptoms need testing.

7 PAPERS ATTACHED FOR NOTING

7a System Board Terms of Reference have been updated to reflect change in membership, frequency of meetings and recognising CCG merger. Any comments to be feedback

The next meeting on 21 October that will be a meeting in public which will then be held on a quarterly basis.