Restoration and Recovery: Health and Wellbeing Board update

Steve Flanagan, CEO CSH and Chair of ICS Recovery Board

Progress since the September update

The September update to the HWB Board set out the scope and governance of the Surrey Heartlands ICS Recovery Programme.

This update focuses on:

- An overview of our response to the NHS ‘Phase 3 letter’
- Updates from two workstreams which have significant overlap with the Health and Wellbeing Strategy:
  - Emotional Wellbeing – led by Fiona Edwards and Helen Rostill (also HWB strategy sponsor for Emotional wellbeing)
  - Equalities and Health Inequalities (formally known as ‘Hidden Harm’) – led by Ruth Hutchinson and Trudy Mills
- Learning from our Recovery work so far

Phase 3 response

Surrey Heartlands received strong Regional feedback on our 'Phase 3' plans

- Our Phase 3 plans, in line with national guidelines, set out how we will deliver care in several key areas:
  - Planned care, including Diagnostics and Cancer
  - Unplanned care
  - Mental health, Learning disabilities and Austism
  - Workforce
- Our plans also went beyond national requirements to address priorities such as Primary care, Health inequalities and the Care sector which are key for our citizens and patients.
- Quality of care is embedded throughout our plans, for example:
  - Clinical prioritisation, e.g. of long waiters
  - Addressing health inequalities and access issues
  - Public engagement and communication strategies
  - 'No one left behind'
- Further detail on our Phase 3 response can be provided to HWB Board members on request.

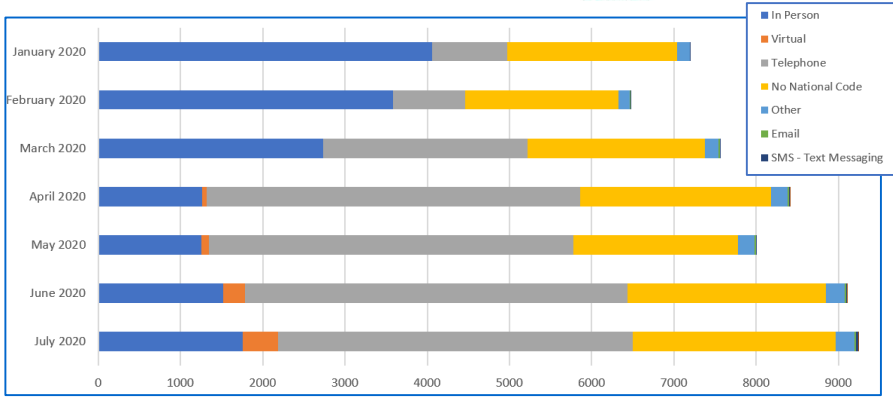
We are delivering on our Phase 3 plans, but there are significant challenges

- We have planned on the basis of 'best possible' efforts, i.e. doing all we can do.
- Increased COVID cases and winter pressures present a significant risk, for example increased COVID admissions put pressure on our ability to delivery other services. At the time of writing, declaration of a 'Level 4' incident is expected imminently.
- Our aim is to continue to provide services throughout the winter. Local and national communications aim to reinforce the message that patients should continue to access the services they need.
- A key focus is restoring and maintaining elective services and bringing down the backlog created by the first lockdown.
- Patients who have been waiting for a long time have all been contacted to discuss their treatment.
- We are largely on track with our plans and are close to delivering pre-COVID levels of activity. Key current challenges are outpatients appointments and non-face to face follow ups. 104day cancer waits have been too high but are coming down.
- Utilisation of the Independent Sector is high in order to continue to deliver elective se

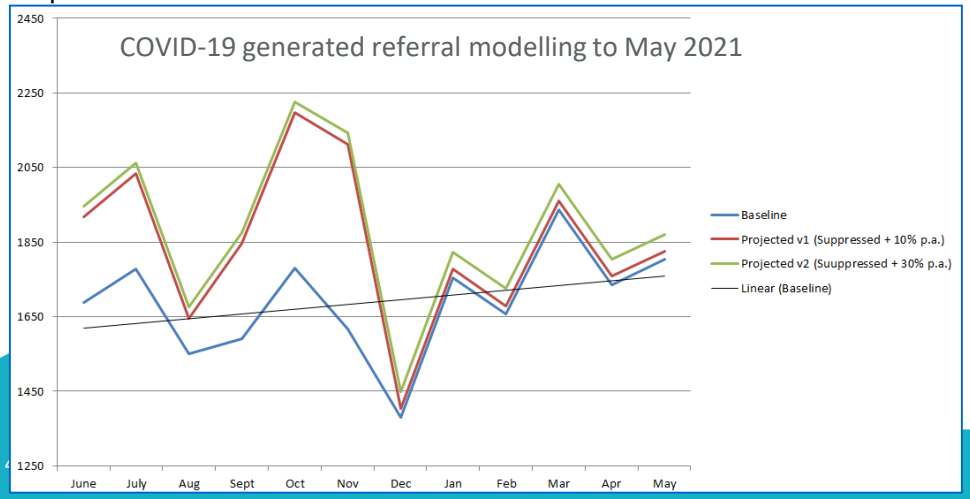
Emotional wellbeing

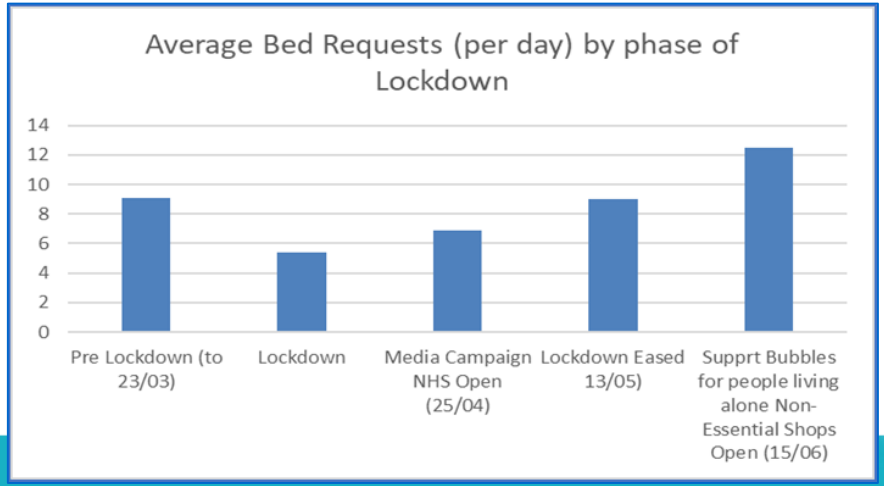
We are now seeing the beginnings of surge for mental health

- By September, activity had reached pre-Covid levels, with a higher degree of acuity. We are seeing increases in:
  - Patients presenting in crisis who are not previously known to services & greater use of Mental Health Act Emergency Powers
  - Patients with autism presenting in inpatient services
  - Welfare calls and more safeguarding referrals due to domestic abuse
- Exacerbating health inequalities due to factors including the move to digital and lack of access to physical health checks
- Modelling suggests up to 30% pa increase in referrals – concentrated Sep-Nov (see below) – which would further inflate case load
- Modelling is supported increasing crisis activity (top right) and bed requests (bottom right) seen in recent months.



28% increase in Adult CMHRS contacts Jan-July 2020



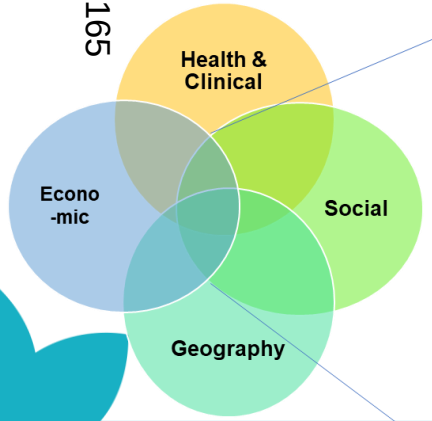


Equalities and Health Inequalities

The EHI workstream co-ordinates related work across Surrey Heartlands

- This workstream is still developing but is key to delivering on the wider aspects of our Recovery. It's objectives are to:
  - Gather the appropriate intelligence to identify groups at risk in a fast-evolving landscape
  - Mobilise resources to address gaps identified by the intelligence
  - Embed the response into business as usual across the system by identifying cross cutting targets with a robust evaluation and monitoring process to track progress.
- The EHI group brings together a number of important constituents elements which form the basis of effective place based working between the NHS, Local Authority and the Community sector. It aims to align the system vision and achieve measurable population level change to tackle health inequalities as a result of Covid – 19 between and within local geographies through a life course approach.
- EHI workstream is working closely with other areas the HWB Board will be familiar with, such as the Community Impact Assessment

Scope

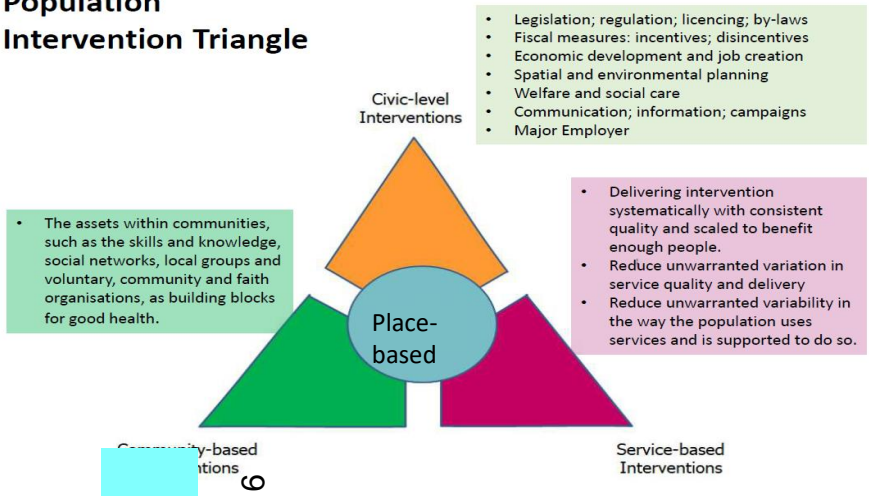


Target Interventions to tackle Covid-19 HI

- **Proactive prevention** (e.g. Health check for people with autism/LD/BAME, flu vaccination, maternity care, mental health)
- **Proactive community engagement and culturally appropriate communication with the most vulnerable groups** (e.g. BAME population)
- **Improving access to services and testing by vulnerable groups and those living in deprived areas**-inclusive health (protected characteristics).
- **Develop digitally enabled pathways**
- **Gather place-based intelligence**
- **Enable data collection, performance monitoring, evaluation and reporting**

Approach

Population Intervention Triangle



Learning so far

Restoration has moved on

- Original task was to identify which critical services needed to be stood up and to switch them back on
- Focus has now shifted to Phase 3 – delivering those services in the best way we can over the next 6 months

Key similarities and differences between Recovery priorities affect how we deliver them

- Good progress where challenges have been urgent, shared problems
- Some workstreams leverage existing BAU structures, others are starting from scratch
- Messy governance and/or lack of alignment of statutory powers can be a blocker
- Scale and nature of work varies by workstream
- Access to resource is a challenge

Not all areas of Recovery felt the same permission to act

- Scope definition
- Pre-COVID buy-in, or lack of, in the system
- Involvement of the CEO group

Accountability and ownership

- System opportunities can lack resource/ownership/clarity of decision-making
- Clarifying which opportunities are owned at which level (ICS/ICP/org) is slow
- Opportunities which require system coordination but maintain on organisational ownership are easier
- National/regional requirements can muddy existing accountabilities, e.g. planned care in ICPs

Challenges are not uniform across Recovery…

- Clarity of scope
- Alignment with statutory powers
- Urgent challenges generate the will to fix them
- Identifying and keeping resource has been a challenge in some areas

… Nor are the opportunities

- Financial opportunities focused in Develop and Transform
- System opportunities require system working and that is still slow and hard
- Less urgent opportunities don't generate the will to fix them

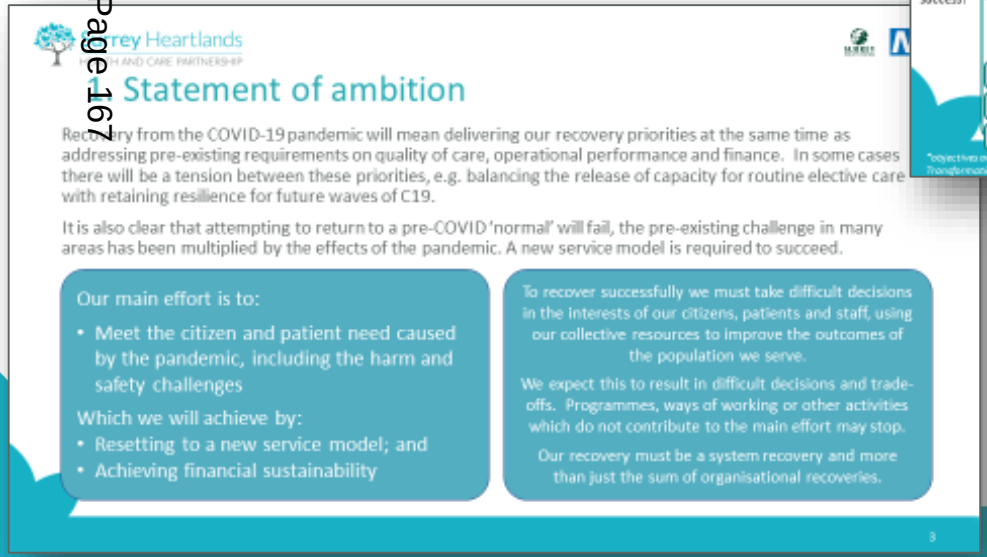
Reflecting on our Statement of Ambition (see appendix): "meeting citizen and patient need" has been easier to progress than "resetting to a new service model" or "achieving financial sustainability" which will be needed to deliver in a sustainable way

Appendix: Statement of Ambition and Recovery Priorities

Our Statement of ambition provides the overall framing of all our Recovery work.

In such a broad programme, the Statement of ambition maintains focus on the 'main effort' and acknowledges upfront the need for difficult decisions.

Other aspects of our overall approach, from design principles to programme architecture, also flow in part from the agreed ambition.



Surrey Heartlands HEALTH AND CARE PARTNERSHIP

1 Statement of ambition

Recovery from the COVID-19 pandemic will mean delivering our recovery priorities at the same time as addressing pre-existing requirements on quality of care, operational performance and finance. In some cases there will be a tension between these priorities, e.g. balancing the release of capacity for routine elective care with retaining resilience for future waves of C19.

It is also clear that attempting to return to a pre-COVID 'normal' will fail, the pre-existing challenge in many areas has been multiplied by the effects of the pandemic. A new service model is required to succeed.

Our main effort is to:

- Meet the citizen and patient need caused by the pandemic, including the harm and safety challenges

Which we will achieve by:

- Resetting to a new service model; and
- Achieving financial sustainability

To recover successfully we must take difficult decisions in the interests of our citizens, patients and staff, using our collective resources to improve the outcomes of the population we serve.

We expect this to result in difficult decisions and trade-offs. Programmes, ways of working or other activities which do not contribute to the main effort may stop.

Our recovery must be a system recovery and more than just the sum of organisational recoveries.

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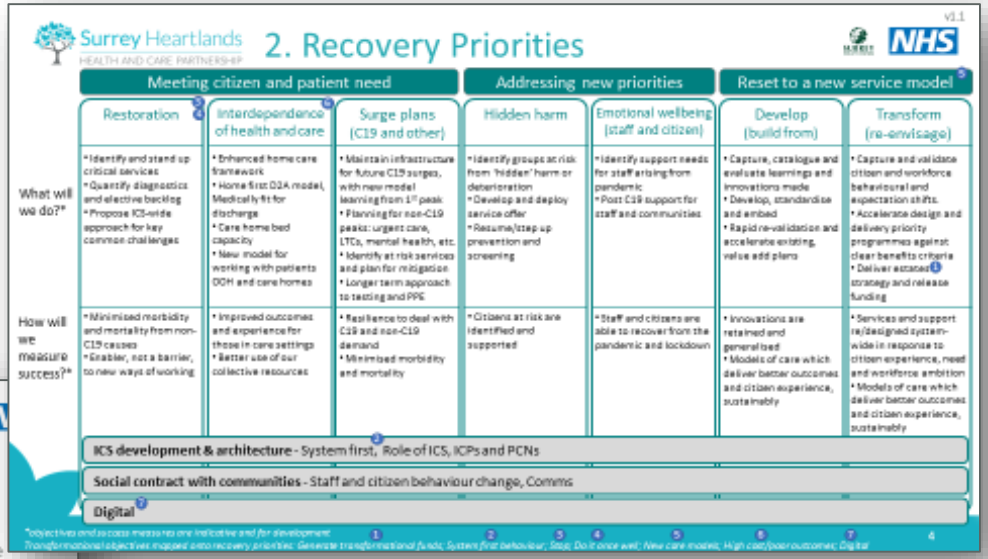

Surrey Heartlands HEALTH AND CARE PARTNERSHIP

2. Recovery Priorities

v1.1

	Meeting citizen and patient need			Addressing new priorities		Reset to a new service model	
	Restoration	Interdependence of health and care	Surge plans (C19 and other)	Hidden harm	Emotional wellbeing (staff and citizen)	Develop (build from)	Transform (re-envisage)
What will we do?*	• Identify and stand up critical services • Quantify diagnostics and elective backlog • Propose ICS-wide approach for key common challenges	• Enhanced home care framework • Home first D2A model, Medically fit for discharge • Care home bed capacity • New model for working with patients OOH and care homes	• Maintain infrastructure for future C19 surges, with new model learning from 1st peak • Planning for non-C19 peaks: urgent care, LTCs, mental health, etc. • Identify at risk services and plan for mitigation • Longer term approach to testing and PPE	• Identify groups at risk from 'hidden' harm or deterioration • Develop and deploy service offer • Resume/step up prevention and screening	• Identify support needs for staff arising from pandemic • Post C19 support for staff and communities	• Capture, catalogue and evaluate learnings and innovations made • Develop, standardise and embed • Rapid re-validation and accelerate existing, value add plans	• Capture and validate citizen and workforce behavioural and expectation shifts • Accelerate design and delivery priority programmes against clear benefits criteria • Deliver agreed strategy and release funding
How will we measure success?*	• Minimised morbidity and mortality from non-C19 causes • Enabler, not a barrier, to new ways of working	• Improved outcomes and experience for those in care settings • Better use of our collective resources	• Resilience to deal with C19 and non-C19 demand • Minimised morbidity and mortality	• Citizens at risk are identified and supported	• Staff and citizens are able to recover from the pandemic and lockdown	• Innovations are retained and generalised • Models of care which deliver better outcomes and citizen experience, sustainably	• Services and support re/designed system-wide in response to citizen experience, need and workforce ambition • Models of care which deliver better outcomes and citizen experience, sustainably

ICS development & architecture - System first, Role of ICS, ICPs and PCNs

Social contract with communities - Staff and citizen behaviour change, Comms

Digital

*objectives and success measures are indicative and for development

Transformational objectives mapped onto recovery priorities: Generate transformational funds; System first behaviour; Stop, Do it once well; New care models; High cost/poor outcomes; Digital

Our Recovery priorities describe the areas we will focus our resources on, what we will do and how we know we have been successful. They are also the organising basis for our Recovery infrastructure, e.g. workstreams and leadership.

In early March, ICS leaders agreed 7 transformational objectives for Surrey Heartlands. Although our circumstances have changed since then, these objectives remain critical to delivery and have been mapped onto our Recovery priorities.

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