

Surrey Heartlands Health & Care  
Partnership Integrated Care System Board

**16 December 2020 Minutes**

Members (Present: P Apologies: A)								
Tim Oliver, Leader of the Council (CHAIR)	TO	P	Dr Claire Fuller, ICS Lead and Interim Accountable Officer Surrey Heartlands CCG	CF	P	Ruth Hutchinson, Director of Public Health	RH	P
Dr Charlotte Canniff, Clinical Chair, Surrey Heartlands CCG	CC	P	Dr Justin Wilson, Medical Director, Surrey & Borders NHS FT	JW	P	Sarah Billiard, Chief Exec, First Community Health and Care	SB	P
Joanna Killian, Chief Executive SCC	JK	P	Karen McDowell, Director of finance Surrey Heartlands CCGs and ICS	KM	P	Dr Pramit Patel Lead PCN Clinical Director for Surrey Heartlands	PP	P
Daniel Elkeles, CEO, Epsom & St Helier	DE	P	Louise Stead, Chief Executive, Royal Surrey County Hospital	LS	P	Dr Simon MacKenzie, Medical Director, System Improvement SE Region NHSE&I	SM	
Dr David Fluck, Medical Director, Ashford & St Peter's Hospitals	DF	A	Dr Marianne Illisley, Medical Director, Royal Surrey County Hospital	MI		Simon White Interim Director of Adult Social Care	SW	P
David Radbourne, NHS England and NHS Improvement	DR		Dr Mark Hamilton Clinical Director Surrey Heartlands Academy	MH	P	Steve Flanagan, CEO CSH Surrey	SF	P
Dr Ed Cetti, Medical Director, SASH	EC	A	Michael Wilson, CEO Surrey & Sussex Healthcare NHS	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	Dr Julius Parker, Local Medical Committee, Representative	JP	
Jon Ota, Chief Nurse & Director of Quality and People FCH	JO		Jack Wagstaff, North West Surrey ICP Director	JW	P	Sumona Chatterjee, CRESH System Director	SC	A
In attendance:								
Andy Field, Chair, Ashford & St Peters Hospitals	Dr Ian Mcpherson, Chair, Surrey and Borders NHS Partnership Trust SABP			Sue Sjuve, Chair RSCH SS				
Peter Collis, Independent Chair of Surrey Heartlands ICS Finance Board	Helen Coe, ICS Director of Recovery			Dr Sue Tresman, Independent Chair, Guildford and Waverley ICP				
Gill Edelman, Independent Co-Chair of Quality and Performance Board, SH	Florence Barras, First Community Health and Care Chair			Tom Edgell, NHSE&I				
Giselle Rothwell, Associate Director of Communications and Engagement, SHHCP	Ralph McCormack ICS and CCG Development Consultant, SH			Graham Wareham, SABP Director of Finance				
James Aston-Bell, Senior Strategy Policy Lead	Dr Sian Jones, Guildford and Waverley ICP GP Member			Richard Shaw, Surrey and Sussex NHS Healthcare Trust Chair				
Sinead Mooney, SCC Cabinet Member for Health and Wellbeing	Jade Winnett, Surrey Heartlands Transformation Manager and Academy System Leadership Programme Manager			Michael Coughlin, SCC Deputy Chief Executive				
Paul Mitchell, Surrey Heartlands, Joint Head of System Governance (minutes)	Jane Chalmers, ICS COVID Director			Rian Hoskins, Governance Manager (Committee support)				

## 1 WELCOME AND APOLOGIES

Apologies were noted (above).

TO welcomed everyone to the meeting. He confirmed that this was a private meeting and reminded all present of the etiquette involved in holding the meeting on Microsoft Teams.

TO confirmed that this would be the last meeting attended by Gill Edelman. He thanked her for her work as co-chair in developing the Surrey Heartlands Quality and Performance Board.

TO highlighted the key items for discussion at the meeting including the outcome of the Mental Health summit, Covid related updates and future governance of the ICS.

- **Conflict of interests**

No conflict of interests were declared at the meeting relating to items on the agenda.

- **Minutes from November meeting**

The minutes of the meeting held on 18 November were **agreed** as an accurate record.

The action log was **noted** as up to date with no issues outstanding.

- **National and Regional Updates from NHSE/I**

TO reported that rates of Covid-19 infections were rising increasingly in Kent and London. An announcement regarding the Surrey tier was expected later in the day.

## 2 KEY UPDATES/ESCALATIONS FROM ICS SYSTEM OVERVIEW AND ASSURANCE GROUP (SOAG)

### a) **Population First** – presented by SS

SS explained that Population First had been renamed from System First as it was felt that there should be a clearer focus on population requirements before organisational concerns and interests.

SS reminded the meeting that at the system leads meeting on 30 October it had been agreed to look at how the ICS recovery programme could be more effective moving forward. An unexpected outcome from that initial discussion was the suggestion that our “shared ambition as an ICS” might be less clear than originally thought.

This had led TO to ask her to check whether there was a common understanding of key issues and a shared ambition to move forward. She thanked all those who had participated. She was presenting a summary of over 12 hours conversation.

SS presented a definition of Population First and what this meant in terms of services; finance and resources; culture and ethics; governance and other priorities. In summary there appeared to be a shared understanding of what was required although the focus could be clearer.

Some suggestions for future activity included circulating the outcomes to all SH partner organisations for agreement; resolving any contradictions in these statements; identifying and agreeing 2-3 key outcomes to focus on first in each of the areas outlined; identify an owner to be accountable for delivery and set a timetable and success criteria.

It was recommended that any such work would need to dovetail with the GGI work on governance and anticipated legislative changes.

TO thanked SS for this helpful view across the system.

System Board **noted** the Population First presentation.

**b) Overview from SOAG** – presented by CF.

CF reported that the most recent SOAG meeting had focussed almost exclusively on the development and assurance of the mass vaccination programme.

Since the meeting the Ockenden report into maternity care had been received but with a very tight turn around for reply. CF and TE to review with NHSE/I.

**c) Finance** – presented by KMc.

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

- Strategic Finance & Assurance Board (November 2020).
- Transformation funds for 2020/1.
- Month 7 Reporting.
- Financial planning update
- Risk management development across the system.

**d) Quality and Performance** - GE gave a verbal update.

- There was concern about the numbers of frail elderly presenting late in acute providers.
- Access to primary care had received good general feedback from Healthwatch, although some patients were struggling to navigate the relevant pathways.
- Increasing voluntary sector engagement was welcomed but there would be pressure to ensure parity within the partnerships.
- A deep dive into mental health coincided with consideration of the outcomes from the mental health summit.
- Fragmentation of bidding processes was highlighted as a concern and was being escalated.
- Work on the QA processes review was underway.
- Overall the quality of work undertaken was impressive.

**e) Other key updates** – CF updated.

- CC reported that the culture review within Surrey Heartlands CCG was progressing.

### 3 ICS STRATEGY UPDATE

CF presented the ICS strategy update and explained that NHSE /I had published a consultation paper which presented some proposals for legislative change. The evolving plans within the system plans align closely with this proposed direction of travel. The proposals in the paper were designed to serve four key purposes - improving population health and care; tackling unequal outcomes and access; enhancing productivity and value for money and supporting broader social and economic development.

In order to build a strong and effective ICS, the proposals focussed around five key themes - the importance of 'place'; commissioning; provider collaboratives; data / digital and embedded clinical and professional leadership.

TO asked for views on the questions posed in the document. TE commented that the wording in the document seemed to point to a favoured outcome. In terms of the system his view was that clinical leadership was strong and the population and strategic focus was good. LS asked about how the current positive role of NEDs and Governors can be maintained. PC suggested that these roles could be used elsewhere in the structures. FE asked whether the proposals will help address the shift of the system to

tackling population inequality. There may also be further Impact on the role of LAs. CC commented that there seemed to be support for Option 2 from comments made at the meeting and other discussions held. It was cleaner, formalised accountability, and strengthened multi-disciplinary leadership.

RM outlined the process for pulling together a response on behalf of the system. A draft response will be circulated by 4 January 2021 for consideration at SOAG on 8 January. TO confirmed that SOAG will be delegated authority to sign off.

RM confirmed that he had received a draft copy of the GGI report. CF and GGI will be discussing on 22 December with the aim of producing the final draft report before Xmas. It will then be taken to the January system board meeting.

#### 4 MENTAL HEALTH STRATEGY

JK introduced the report produced following the mental health summit in November. The purpose of the report was to provide a high-level overview of various current issues and challenges within the Surrey Mental Health system which needed addressing, in order that improvements are made that benefit all ages of residents, service users, carers and families.

The economic downturn caused by the Covid-19 pandemic had increased the demand for services. There was now an opportunity and requirement for the whole system to re-prioritise mental health. It was acknowledged that current performance was particularly weaker in CAMHS.

A number of recommendations were made following the summit:

1. Agree that mental health be considered a priority for the ICS Board.
2. Approve the establishment of a time-limited Mental Health Partnership Board, led by an independent chair, with its first meeting being held in January 2021.
3. Approve the Terms of reference for the Mental Health Partnership Board.
4. Approve a review of the structure of mental health governance to ensure Partnership Board additionality.
5. Approve the establishment of a time-limited programme management office to support the work of the Partnership Board.
6. Seek nominations from individual organisation for sponsors of improvement and development activity, to serve on the Partnership Board, to include user voices.

Next steps were:

7. Confirmation of preferred independent chair.
8. Establish Secretariat for Board, first meeting date in January 2021 confirmed and agenda papers prepared.

The System Board **noted** the outcome of the mental health summit and **agreed** the recommendations and proposed next steps.

## 5 COVID-19 AND MASS VACCINATION

JC presented the Covid-19 and mass vaccination update and highlighted the following:

- 4 sites went live on 15 December - Epsom Racecourse, Chertsey Hall, St Christopher's Church, Haslemere and Westway Community Centre, Caterham.
- Major Issues in prep for Go-Live - Lack of nationally provided IT and unreliable equipment supply chain.
- Wave 2, 3 and 4 sites had been identified.
- Immediate concerns – slow start to the programme and lack of over 80s attending. Mitigation plans were being actioned.
- Updates on the roving model, hospital hubs and vaccination centres.
- Workforce / recruitment.
- Business continuity plans.

DE asked about the system for vaccinating high priority staff.

The System Board **noted** the Covid-19 and mass vaccination update.

## 6 HEALTH AND WELLBEING BOARD UPDATE

### a) Community Impact Assessment, Local Recovery Index and Social Progress Index

RH introduced the update on Community Impact Assessment, Local Recovery Index and Social Progress Index. RH explained that the Covid-19 Community Impact Assessment (CIA) explored how communities across Surrey have been affected by Covid-19, what support communities need as the pandemic continues, and communities' priorities for recovery.

It was recommended that the Board:

1. Consider how the findings from the Covid-19 Community Impact Assessment can best be incorporated into the Council's strategic, financial and service planning and delivery.
2. Acknowledge the issues highlighted in the LRI and ask lead officers to incorporate them into the Health and Wellbeing Boards planning and response to Covid-19.
3. Support the use of the LRI findings to refine the target communities and themes in the Health and Wellbeing Strategy and instigate actions within the delivery plans to tackle the impact of Covid-19 on at risk and vulnerable communities.
4. Provide individual and collective leadership to ensure LRI findings are incorporated into organisational strategies and inform decisions around future service delivery and resource allocation.
5. Acknowledge the proposals for the SPI and provide individual and collective leadership to ensure the SPI benefits from board members unique oversight and expertise to help us tailor the SPI framework for Surrey.
6. Highlight areas or issues of interest and for future focus in terms of further research and analysis.

The System Board **noted** the update and **agreed** the recommendations made.

## b) Health and Wellbeing Strategy Highlight Report

RH introduced the update on the Health and Wellbeing (HWB) strategy which was a critical element of delivering Surrey's overall 2030 vision.

It was recommended that the Board:

1. Note the positive impact a sustainable economy, enabling a greener future and empowering communities to support each other, can have on reducing inequality and endorse a focus on these through the work of the Health and Wellbeing Board.
2. Consider and approve the Community Safety Agreement focus areas.
3. Note the shared progress described across the three strategy priorities in adapting and responding to the impacts of the pandemic.
4. Note the adoption of longer-term oversight of relevant work identified within the VCFS strand of the Recovery Coordinating Group which should inform relevant work and the system capability discussion at the March Board.

The System Board **noted** the update and **agreed** the recommendations made.

## 7 INTEGRATED CARE PARTNERSHIPS –UPDATE FROM SURREY HEARTLANDS ICPs

### North West Surrey ICP- JW:

- The first Covid vaccinations took place the day before, thanks were offered to all the staff involved in setting up the centres.
- Social prescribing was being evaluated.
- Council roles were being developed to help with discharge facilitation.
- New models of care for long Covid patients were being developed.
- High pressures were being observed on operational services despite record discharges the previous weekend.
- ICP will start to refocus on the wider determinants of health and an ICP strategy will be developed in a deep dive in the new year.

### CRESH – PP

- CRESH continues to develop its system architecture with a maturing system of multi-disciplinary leadership.
- Four sub-committees had been established covering finance, workforce, quality and transformation.
- Limited human resource was a risk for delivery.
- CRESH 100 is going live in January 2021.

### Guildford & Waverley – LS

- Dr Larisa Han has been appointed as deputy place based lead.
- Sub-committees will be established by January 2021.
- There is an ongoing focus on frailty.
- A&E at RSCH is stretched. 111 live has been well implemented but has not reduced waits.
- There is an increasing number of Covid patients on the wards.
- Discharge of 21 day plus patients is proving to be a continuing challenge.





## Surrey Downs – DE

- A session on ICP development took place at the recent board.
- Sub-committees will be set up from January 2021.
- Following discussion with the PCCC Chair it has been agreed to take the local PCOG within the ICP to make recommendations to PCCC. Whilst recognising that the accountability and governance remains with PCCC.
- Dorking X-ray decision has been made taking closer consideration of the social implications of closure.
- Local CCGs are meeting to formally support the new hospital business case.
- Merton Council are considering taking out a judicial review on the IRP.

## 8 KEY UPDATES AND ESCALATIONS FROM RECOVERY BOARD – HC updated.

- The monthly report will be circulated next week after the reinstated recovery board meeting.
- Phase 3 trajectories were challenging.
- System pressure was clearly evident, particularly in Kent.

## 9 HOT TOPICS/AOB/FORWARD PLAN

1. Forward Plan: This was NOTED.
2. There was no further business raised.

Meeting closed at 11:00am

**The next meeting will be on 27 January 2021 at 9:00 am. The meeting will be open to the public.**

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