

ICS System Board Agenda

Wednesday, 21 April 2021, 09:00 - 11:00.

This will be a meeting held on Microsoft Teams and broadcast to the public.

| Item | Purpose | Lead | Paper | Mins |
|---|---|---|--|-----------------------|
| 1. Welcome, minutes, updates and context | | | | 10 |
| a. Apologies and conflict of interests. b. March System Board minutes. c. National/regional context. | For approval For noting | Tim Oliver, Chair Tim Oliver, Chair Dr Claire Fuller | 1b Verbal | |
| 2. Escalations from the System | | | | |
| a. SOAG. b. Finance. c. Quality and Performance. d. Other key updates. | Key areas of discussion for noting and for escalation | Dr Claire Fuller | Verbal | 5 |
| | | Karen McDowell | 2b | 5 |
| | | Karen McDowell | 2c | 5 |
| | | | | 5 |
| 3. Updates | | | | |
| a. Turning the Tide: Addressing racial inequalities across our workforce and communities. b. Digital inclusion. c. NHS priorities and operational planning guidance 2021/22. (**) | To update For noting To update | Dr Russell Hills/ Gillian Francis-Musanu Katherine Church Karen McDowell | Presentation Presentation Presentation | 5 10 45 |
| 4. Integrated Care Partnerships (Place) updates | | | | |
| a. Guildford & Waverley deep dive. b. Updates from Places. | Presentation For noting | Louise Stead/ Vicky Stobbart Place Based Leads | Presentation Verbal | 15 10 |
| 5. Hot Topics and AOB | | | | 5 |
| Close | | | | |
| 6. Papers attached for noting: a. 2021 plan. | | | 6a | |
| 7. Future Dates of System Board Meetings 19 May 2021 09:00-11:00 (private) | | | | |

(**) see over.



(**) includes:

- A. Supporting the health and wellbeing of staff and taking action on recruitment and retention.
- B. Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19.
- C. Building on what we have learned during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services.
- D. Expanding primary care capacity to improve access, local health outcomes and address health inequalities.
- E. Transforming community and urgent and emergency care to prevent inappropriate attendance at emergency departments (ED), improve timely admission to hospital for ED patients and reduce length of stay.
- F. Working collaboratively across systems to deliver on these priorities.

DRAFT

Surrey Heartlands Health & Care
Partnership Integrated Care System Board

17 March 2021 Minutes

| | | | | | | | | |
|--|---|---|---|---|---|--|----|---|
| Members | | | | | | | | |
| Tim Oliver, ICS 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 Partnership NHS Foundation Trust | JW | P | Sarah Billiard, Chief Exec, First Community Health and Care | SB | P |
| Joanna Killian, Chief Executive, Surrey County Council | JK | P | Karen McDowell, coo, Surrey Heartlands CCG and ICS | KM | P | Dr Pramit Patel Lead PCN Clinical Director for Surrey Heartlands | PP | P |
| Daniel Elkeles, Place Based Lead, Surrey Downs ICP | DE | P | Louise Stead, Place Based Lead, Guildford & Waverley ICP | LS | P | Simon White Interim Director of Adult Social Care, SCC | SW | P |
| Dr David Fluck, Medical Director, Ashford & St Peter's Hospitals | DF | A | Dr Marianne Illisley, Medical Director, Royal Surrey County Hospital | MI | P | Steve Flanagan, CEO CSH Surrey | SF | P |
| Dr Ed Cetti, Medical Director, SASH | EC | A | Michael Wilson, CEO, Surrey & Sussex Healthcare NHS Foundation Trust | MW | P | Suzanne Rankin, CEO Ashford & St Peter's Hospitals FT | SR | P |
| Fiona Edwards CEO, Surrey and Borders NHS Partnership FT | FE | P | Philip Astle, CEO, South East Coast Ambulance Service | PA | A | Jon Ota, Chief Nurse & Director of Quality and People, FCH | JO | A |
| Sumona Chatterjee, Crawley, East Surrey and Horsham System Director | SC | P | Jack Wagstaff, Place Based Lead, North West Surrey ICP | JW | P | David Radbourne, NHSE/I | DR | A |
| Julius Parker, Local Medical Committee, Representative | JP | P | | | | | | |
| In attendance: | | | | | | | | |
| Andy Field, Chair, Ashford & St Peters Hospitals FT | Dr Ian McPherson, Chair, Surrey and Borders NHS Partnership FT (SABP) | | | Sue Sjuve, Chair, RSCH | | | | |
| Peter Collis, Independent Chair of Surrey Heartlands ICS Finance Board | Sinead Mooney, SCC Cabinet Member for Health and Wellbeing | | | Jonathan Perkins, Deputy Chair, Surrey Heartlands CCG | | | | |
| Tom Edgell, NHSE Senior Improvement and Delivery Manager | Florence Barras, Chair, First Community Health and Care | | | Hayley Connor, SCC Director of Commissioning for Children, Families and Lifelong Learning | | | | |
| Jane Chalmers, ICS COVID Director (for item 4) | Ralph McCormack ICS and CCG Development Consultant, SH | | | Richard Shaw, Chair, Surrey and Sussex NHS Healthcare Trust | | | | |
| Helen Coe, Surrey Heartlands Director of Recovery (for item 6) | David Astley, SECAmb Chair | | | Helen Johnson, Policy and Programme Manager, SCC | | | | |
| David Hammond, SECAmb Executive Director of Finance and Corporate Affairs | Steve Hams, Surrey Heartlands CCG Independent Nurse | | | Dr Olatokunbo Ogunbanjo, ASPH Deputy Medical Director (for Dr David Fluck) | | | | |
| Ruth McCarthy, CSH Surrey Community Hub Manager | Nicola Airey, Surrey Heath CCG Director of Planning and Delivery (for item 3) | | | David Brown, Frimley Health and Care GP Lead for Integration, Farnham (for item 3) | | | | |
| Clare Stone, Surrey Heartlands ICS Director for Multi-Professional Leadership | Dr Sian Jones, Guildford and Waverley ICP GP Member (for item****) | | | Giselle Rothwell, Associate Director of Communications and Engagement, SHHCP | | | | |
| Jade Winnett, Surrey Heartlands ICS Transformation Manager and Academy System Leadership Programme Manager | Paul Mitchell, Surrey Heartlands, Joint Head of System Governance | | | Rian Hoskins, Governance Manager, Surrey Heartlands CCG | | | | |

1 WELCOME AND APOLOGIES

Apologies were noted (above).

TO welcomed everyone to the meeting which was being held in private. He reminded all present of the etiquette involved in holding the meeting on Microsoft Teams.

TO explained that the background to the meeting was one of an improving Covid position with reduced infection rates and hospital admissions combined with an ongoing successful vaccination programme. This in turn would lead to local health providers making plans to tackle the mounting backlog of services.

- **Conflict of interests**

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

- **Minutes from February 2021 meeting**

The minutes of the meeting held on 17 February 2021 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**

CF reported that the major focus from region remained on the vaccination programme. Over 400k of the Surrey population had now received their first vaccine.

Planning guidance has been released. Priorities for restoration and recovery would be maternity services (following the Ockenden report), mental health, cardio vascular and diabetes.

- **ICS development – roadmap.**

TO reported that with legislation expected as early as May a small number of working groups had been established to start discussing future governance arrangements. While guidance was expected it would still be helpful to think through what would work best for the local system. It was anticipated there will be some core “must dos” but hopefully some scope for local flexibility. For Surrey Heartlands being in the first wave of ICS development, the system should be comparatively more mature than others.

Issues to be worked through included the composition of two boards (H&CP and NHS) and how they interact; representation/efficiency; Sussex, SW London and Frimley interfaces.

TO outlined the likely timelines with the workstreams concluding their tasks this month; shadow boards in operation by September; with Chair and CEO in place by end of Q2; April 2022 go live.

RM reported that work was still progressing on ICS/ICP formulation and clarity of responsibilities. A paper on clinical and multi professional leadership was being produced by CC. CF reinforced the message that the legislation would be the minimum requirement for the system not the scale of the ambition.

2 KEY UPDATES/ESCALATIONS FROM ICS SYSTEM

- a) **SOAG** – presented by CF.

Items discussed included Covid and the mass vaccination programme; Seacole beds utilisation; Ockenden report; critical care capacity; oxygen infrastructure; mental health; restoration of services and recovery for an exhausted workforce; timeline for legislation.

- b) **Finance** – presented by KMc.

Items reported were the Strategic Finance & Assurance Board meeting for February 2021;

Transformation Funds for 2020/21 (now on the SFAB forward planner); Month 10 Reporting – CCG & System and the Run Rate modelling and Financial Planning 2021/22.

c) Quality and Performance – presented by CS.

Main issues discussed included COVID recovery and restoration; mass vaccination programme; assurance on how long waiters (52 and 78 weeks); fall in referrals for lung cancer; diagnostics challenges, particularly endoscopy; CAMHS concerns particularly around eating disorders; maternity continuity of care pathways were on track in terms of national targets; hidden harm and excess deaths (particularly for LD) would be a focus going forward, as would workforce. It was noted that SASH had had to transfer 70 patients out of area for critical care during COVID – lack of critical care capacity would be considered at future QPB meetings.

There had been a good discussion on risk and putting robust systems in place. Risks escalated included concern regarding for patients with learning disabilities and autism, such as vaccination issues including rollout and hospitalization post vaccination, and increased mortality. Also the extent to which hidden harm may be discovered in elective and cancer pathways as a result of the NHS response to COVID; limited critical care capacity, due to the number of Surrey residents requiring out of county critical care services. There was an emerging concern in relation to the increase in young people requiring specialist intervention for eating disorders and the availability of local specialist services. The impact of staff wellbeing on performance both short and longer term and associated staff capacity issues.

LS commented on restoration targets and that the loss of capacity amongst private providers will impact on the overall target for reduction of lists. TE also raised the backlog in primary care and community health services. SR replied that the recovery position will be regularly reported back to the board. TE commented that a national framework may be required.

d) Other key updates – CF reported

CF updated on the Executive Team appointments. Michael Pantlin, Workforce & Digital Director, would be joining the CCG after Easter; Matthew Knight, CFO, would be arriving in mid-April. Dr Pramit Patel had been appointed Lead PCN Clinical Director for Surrey Heartlands for a period of three years. CF also reported that Ralph McCormack would be leaving the CCG at the end of March. She thanked him on behalf of the Board for his contributions across many areas of work.

3 FRIMLEY SYSTEM UPDATE

FE gave a brief introduction and context to the presentation. Nicola Airey and Dr David Brown gave examples where cross system working had led to greater integration of services across Farnham and Surrey Heath.

SW commented that in the context of the recent White Paper it would be important to ensure alignment with the Surrey strategy. Many of the examples described in the presentation chimed with the ambitions of the Surrey H&WB.

The System Board **noted** the presentation.

4 COVID-19 AND MASS VACCINATION – CF updated

CF updated on COVID pressures across the system which were decreasing with lower levels of infection and hospital admissions. The mass vaccination programme was continuing apace with 400k vaccines now delivered across Surrey. Cohorts have now included people with Learning Disabilities, autism and members of the Gypsy, Romany and Traveller community.

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

5 HEALTH AND WELLBEING BOARD UPDATE

RH introduced the Health and Wellbeing Strategy Highlight Report for the three priority areas relating to the HWB Strategy Metrics Annual Review; the Community Safety Agreement and the Better Care Fund submission.

The HWBS Metrics dashboard had been included with the board papers.

The draft community safety agreement would be subject to consultation followed by design off in June.

The System Board **noted** the Health and Wellbeing Board update.

6 KEY UPDATES AND ESCALATIONS FROM RECOVERY BOARD – SF and HC updated.

SF introduced the recovery board slides which covered shared learning and achievements; approach to Recovery and Transformation and building on our success - planning Phase 4 Recovery.

HC provided a summary of progress prior to the second wave and the approach to recovery now including recognising exhausted staff, how to address health inequalities, and take the opportunity to transform services. Most importantly to be ready to recover and to be clear about the criteria to be used.

The System Board **noted** the recovery board update and agreed that there should be a monthly update.

7 CRESH SYSTEM UPDATE – SC updated

SC introduced the update and reported that the White Paper had made it clear ICSs should align with local authority boundaries. Alongside recent recommendations from the CRESH independent Chair, SC was exploring how to realign geographies with their respective ICSs whilst continuing to work together across that wider footprint.

The System Board **noted** the CRESH system update.

8 INTEGRATED CARE PARTNERSHIPS –UPDATE FROM SURREY HEARTLANDS ICPs

North West Surrey ICP- JW

- Nothing to report by exception, all issues covered at some stage during the meeting.

Guildford & Waverley – LS

- Support to staff involved with Covid patients.
- Vaccination programme update.

Surrey Downs – DE

- Vaccination programme update.
- Demobilisation of Secole.
- Ongoing use of independent sector next year.

9 HOT TOPICS/AOB/FORWARD PLAN

AOB – none.

Forward plan - anything for inclusion to be sent to PM.

The meeting closed at 11:00 am.

The next meeting will be on 21 April 2021 at 9:00 am. The meeting will be held in PUBLIC.



ICS System Board

21 April 2021

Finance Update

| | |
|-----------------------------------|---|
| Author: | Vicki Taylor, Deputy Chief Finance Officer – System Finance |
| Executive Lead/Sponsor(s): | <i>Karen McDowell, ICS Director of Finance</i> |
| Action required: | To Note |
| Attached: | N/A |

EXECUTIVE SUMMARY

This summary provides an update on a number of key finance issues including:

- **Strategic Finance & Assurance Board (March 2021)**
- **Transformation Funds for 2020/21**
- **Month 11 Reporting – CCG & System**
- **Run Rate modelling and Financial Planning 2021/22**

Key headlines from the meeting held on 26th March 2021 were as follows:

- Financial Planning – Guidance for 2021/22 received – planning requirements are at a system level for the first half of the year only. First submission is due on 6th May 2021. Envelopes due to be issued 26th March.
- Capital envelopes and templates have been issued to the system – funding has been reduced compared to 20/21 – A prioritisation process will be set up. Provider returns due 12th April.
- ICP Development – Work stream 8 discussion regarding movement to provider collaboratives.
- Month 11 CCG Finance report and Month 11 System wide Finance report presented. Noted the significant joint work to achieve a balanced forecast position, ensuring protection of lost income.
- Agreement to transfer resource to various partners in the system to ensure consistency and support future plans.



- CCG risk in relation to Continuing Healthcare noted.
- COVID-19 report for Month 11 was presented – Position on capital and revenue for COVID-19 across all partners noted.
- Deloitte's transactional review audit work completed – report awaited.
- Risk update provided to the Committee.
- KMc will oversee the completion of the 20/21 year end accounts process.

- **Transformation Funds for 2020/21**

Position is noted for information and remains as previously reported to the Board.

- In summary, 2020/21 is the final year of the Transformation funding for the system and has been confirmed and agreed for 2020/21.
- ICP directors have been notified of local allocations and process for approval of expenditure and the Surrey wide services governance process has been confirmed and allocation of funding sent to Surrey wide services leads.
- Detailed reporting of the position and information on each scheme is reported monthly.
- A couple of the National schemes are still subject to conditional funding where specific criteria are set.
- Work continues on the review of spend for the year-end forecast in light of some delays to spending plans due to the pandemic.

- **Month 11 Reporting**

- The System financial position for Months 1-11 is reported under the revised financial regime up to the end of the financial year.
- The CCG submitted its plan for M7 to M12 to NHS E/I on 22nd October with a re submission on 18th November.
- The system position as per the November submission included 2 "allowable" adjustments in relation to annual leave accruals and loss of income.
- There have been a number of further discussions regarding the treatment of lost income and annual leave costs and a proportion of the funding for annual leave and lost income has been received by the system. The expectation for the ICS is delivery of breakeven excluding any further impact of the 2 allowable items.

- **Planning for the remainder of 2020/21**

- As previously reported on Planning for the remainder of the year, a plan has been agreed with NHSE / I following resubmission of the system position on 18th November.



- System partners have reviewed the level of risk within the forecast for the year and additional risk and mitigations have now all been included within the reported forecast.
- **Planning for 2021/22**
- Financial Planning discussions have taken place with the Regional team on 2021/22
- Run rate modelling on expenditure across the system has taken place and a first draft of the run rate modelling has been made to NHS E/I on 5th February with a further submission planned for 12th March.
- Weekly finance calls across the system now in place
- Financial Planning Guidance 2021/22 has now been issued alongside financial envelopes. The funding is based on Q3 20/21 with a number of adjustments detailed in the guidance. Top up funding and an allowance for covid-19 costs is included at a system level within the envelopes, for agreement with partners.

The Board is asked to note the contents of the finance summary.

| | |
|---|--|
| Date of paper | 8 th April 2021 |
| For further information contact: | <i>Karen McDowell – ICS Director of Finance Vicki Taylor – Deputy CFO – System Finance</i> |



| |
|-------------------------|
| ICS System Board |
|-------------------------|

| |
|-------------------|
| April 2021 |
|-------------------|

| |
|--|
| Quality and Performance Board April 2021: Summary |
|--|

| | |
|-----------------------------------|--|
| Author: | Jackie Moody, Head of Quality, NHS Surrey Heartlands |
| Executive Lead/Sponsor(s): | Clare Stone, ICS Director of Multi-Professional Leadership Karen McDowell, Deputy Accountable Officer, SH CCG and ICS Chief Operation Officer |
| Action required: | To Note |
| Attached: | N/A |

| |
|--------------------------|
| EXECUTIVE SUMMARY |
|--------------------------|

This paper provides a summary of the proceedings and discussions at the ICS Quality and Performance Board held on Monday 29th March 2021 (April 5th meeting, scheduled early due to the Bank Holiday).

The Chair, Steve Hams, Independent Registered Nurse on the CCG Governing Body, noted that the Mental Health Report had been deferred to the next meeting on 26th April 2021.

The Chair noted that the meeting was not quorate and that any decisions would be made by Chair's action and ratified at the next QPB meeting.

Restoration and Recovery Update

The Board received a Restoration and Recovery Report which adopted a regional approach to align more closely with Regional plan and that work streams had been matched and prioritized in line with the NHS Long Term Plan, with assigned Executive leadership. Surrey Heartlands ICS was expected to recover faster than predicted and future reports would include health inequalities data in future as a key priority to support this.



QPB Risk Report

The Board heard that developing the approach to ICS system risk management was underway. A QPB task and finish working group had been set up to focus specifically on quality and performance risks management and assurance. The terms of reference would be brought back to the QPB for approval. The importance of capturing risks from a patient perspective, including difficult to reach cohorts, was noted for incorporation into the discussions.

Quality and Performance Assurance

The surveillance report was discussed. Recovery of diagnostic services was going well and was expected to be back on track by the end of quarter one. Further assurance was sought on the reduction in referrals to Perinatal Mental Health Services; self-harm in young people (which the Mental Health emergency group is actively working on); and GP annual health checks for people with learning disabilities.

COVID -19 Mass Vaccination Update

The programme was progressing well, with ongoing efforts focus on vulnerable groups, and second doses of vaccines were being rolled out. It was noted that the infrastructure was in place to support the programme delivery across Surrey Heartlands with close support from NHSE.

System Overview

The NHS planning guidance and financial envelope had been received. A new approach to NHS system oversight (System Oversight Framework - SOF) had been issued for consultation. A SOF working group had been set up to review it and draft a response. The Executive team, QPB and Strategic Finance and Assurance Board will be regularly updated on progress.

ICP Hot Topics

Updates were received from the East Surrey and Guildford and Waverly Directors.

Constitutional Standards - Performance Update

The report format now aligns with the Surveillance Report. Discussion took place about acute capacity in the system and how particular pressure points were being managed. Assurance on hidden harm will be as a regular element going forward.



Quality Accounts – 2019/20 Annual Report

The report briefed the QPB on the quality of services provided in 2019/20 by the providers in the Surrey Heartlands area, and plans for 2020/21 as set out in the Quality Accounts and/or Reports of NHS Trusts, NHS Foundation Trusts and other independent and charitable providers, in Surrey Heartlands. Priorities identified by the providers were noted to be in line with the national Patient Safety Strategy.

Maternity Services

An update on Surrey Heartlands' progress against the Ockenden Report recommendations was received and discussed. In addition it was confirmed that an enhanced midwifery model had been commissioned by Ashford and St Peter's NHS Foundation Trust which would improve the safety of maternity services provided to Bronzefield Prison. Recruitment is underway. Surrey Heartlands were engaging with NHSE/I, Sodexo, and HM Prisons and Probation Service to clarify commissioning lines and, in conjunction with a national steering group, NHSE/I are leading on service improvement for the whole maternity pathway in prisons.

The QPB were assured that key issues within the system had picked up and that there was work taking place to address them at CCG and NHSEI level. The QPB would continue to receive regular reports.

Safeguarding and Looked After Children

A detailed report was discussed at the last meeting and there were no further updates. Previously raised queries concerning children and self-harm will be brought to the next QPB meeting.

Infection Prevention and Control (IPC) Strategy Update

The update outlined work being done to develop an ICS strategy, with Surrey Heartlands CCG in a unique position to provide leadership and overview of health and social care partners to promote integrated whole system working in the delivery of IPC. All acute Trusts were noted to be addressing nosocomial transmissions of COVID-19.

National & Local Quality Publications and Updates

The summary of key national and local quality related documents recently published was noted.

For assurance, Executive leads would feed back to the QPB on areas for which further information or assurance had been sought by members.

Issues and/or risks for escalation

- Pregnancy pathway in prisons.



| | |
|---|--|
| Date of paper | 13 th April 2021 |
| For further information contact: | Clare Stone, ICS Director of Multi-Professional Leadership |

DRAFT

Turning the Tide Oversight Board Update

Dr Russell Hills and Gillian Francis-Musanu
Joint Chairs of the Turning the Tide Oversight Board

Update from January Turning the Tide Oversight Board

January's Board focussed on 3 key topics:

1. System support for BAME staff following initial completion of risk assessments
2. Actions taken as a system to assess the level of BAME representation in senior decision-making forums
3. Steps taken at system level to ensure equality of access to vaccines for our workforce and population

The system update included:

- The revisiting of risk assessments to inform vaccine priorities
- ICS Resilience Hub – Ensuring BAME support was tailored to meet the needs of BAME workforce
- Rapid Needs Assessment completed for population
- EDI Lead appointed and working across the system
- Equality Impact Assessment utilised to engage with community groups and stakeholder to ensure equality of access to vaccines
- Covid Vaccination Equality Monitoring Groups have been established: Equality, Engagement and Inclusion Group and the Data and Modelling Vaccine Cell (DMVC) to monitor vaccine uptake for both workforce and population

Update from February Turning the Tide Oversight Board

February's Board focussed on access to vaccines for our workforce and our wider populations:

Key points:

- Gaps identified in first dose vaccine take up by demographics
- A summary of immediate plans to address identified gaps
- Support needed to accelerate vaccine take up progress
- Examples of good practice shared to increase uptake

The system update included:

- Steps taken to address the vaccine take up gaps based on data, which included the findings from the EQIA, local community engagement in partnership with community leaders, local clinicians, PCNs, GP Federations and the Public Health Team
- Measuring progress by analysis of the data by age, ethnicity, vulnerable groups and deprivation on a weekly basis
- Working with Surrey Minority Ethnic Forum to engage with population to understand reasons for vaccine hesitancy and concerns

Update from March Turning the Tide Oversight Board

Discussions at our March Board focussed on:

- South East BAME Population Mortality Improvement Board's six priorities for 2021
 1. Everyone is vaccinated (priority group 1-9)
 2. Everyone on a hypertension register has their BP recorded and managed
 3. Diabetes is managed well
 4. Support the achievement of healthy weight
 5. Pulse Oximeter is sent out to patients who contract covid-19
 6. Ensure all B.A.M.E people have good access to vaccine if there is a vaccination booster in the Autumn/Winter

Update from March Turning the Tide Oversight Board

- Inequalities Indicator Development Workshop feedback
- The eight urgent actions – National ask
 1. Protect the most vulnerable from Covid-19
 2. Restore NHS Services inclusively
 3. Digital enabled care pathways
 4. Accelerate preventable programmes for 'at risk' groups
 5. Support those who suffer mental ill-health
 6. Strengthen leadership and accountability
 7. Ensure datasets are complete and timely
 8. Collaborate locally in planning and delivering actions
- Restoration and Recovery



- Low take up of vaccine among Black African/Caribbean and Chinese Communities in the South East. In areas of deprivation i.e white middle aged men least likely to have the vaccine or access health services
- £100k funding allocation to ICS/STPs to support and improve take up of vaccine
- The development of the Oversight Board workforce sub-group – specifically looking at WRES, Race disparity by group bandings and improvements to the recruitment process, linked to local priorities and our People Plan

Next steps

In terms of next steps, we will be continuing actions in the areas mentioned already and we will also be:

- Developing a communications plans and outputs to raise the profile of the Board and the work we are doing and how this links to other pieces of work within the CCG and system wide, for instance the ongoing work from the Culture Review, system WRES, BAME Forum and staff survey.
- Continue to engage and develop campaigns to inform the workforce and population on vaccine confidence.
- Highlight and share areas of good practice
- Building on data intelligence to inform on areas and workforce and population demographics of least likely for vaccine take up

Digital Inclusion

Update to ICS System Board April 2021

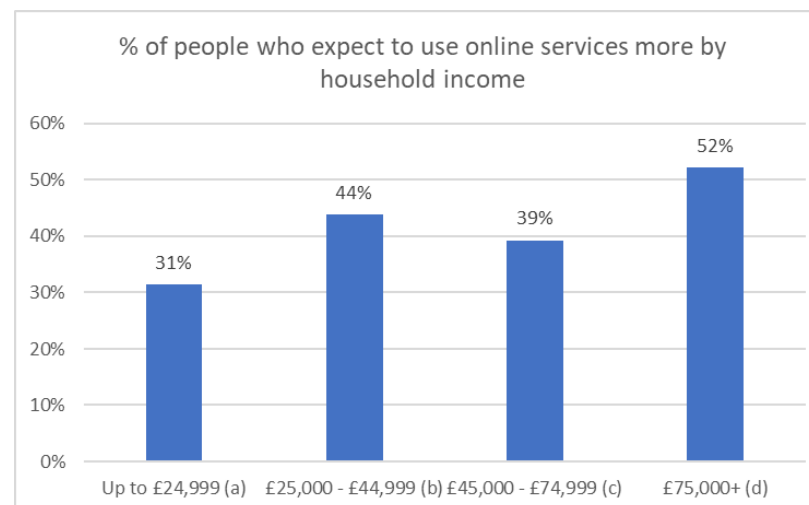
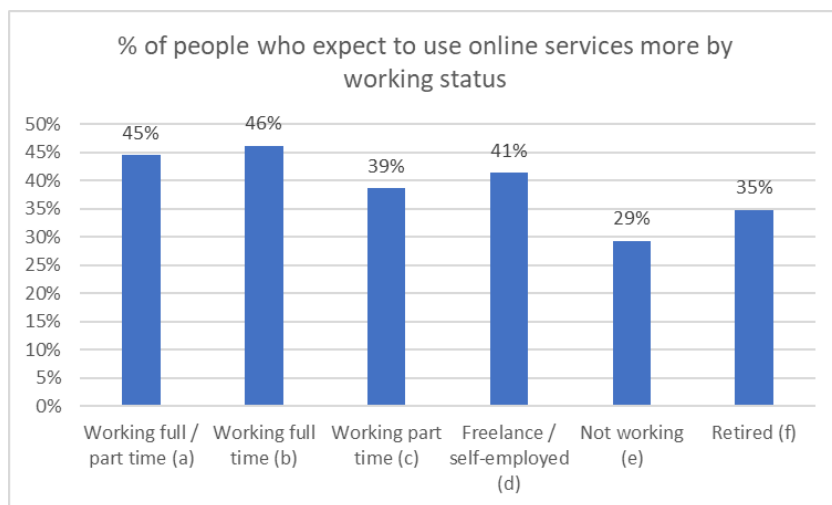
Digital Exclusion – A Recap. What does this mean for our citizens?

- **In July 2020, 11% of the Surrey population had not accessed the internet in the last 3 months** (this includes citizens who have never accessed the internet)
- **Around 200,000 residents in Surrey lack at least one of the digital skills needed** to fully participate with fully digital services (thought we suspect this number will increase as our research progresses)
- **With an ageing population, many of our residents live in care homes or sheltered accommodation, or live alone with limited, or no, access to digital services.** **There are 10,075 beds across Surrey care homes.**
- **In Surrey there is also an overwhelming correlation between social exclusion and digital exclusion,** linked to areas of greater deprivation and the communities that live in these areas. **We estimate around 80,000 residents sit within this bracket.**



Citizens expect to be using online services more in the future

41% of people expect to use online services more as a result of the pandemic. This is reasonably consistent across all groups, with the lowest being those with household incomes of up to £25,000 (31%) or those who are not working (29%).



Digital Inclusion – Status Update

GREEN

| | Action | Status |
|---|---|--|
| 1 | Continue our engagement work to gain greater insight and understanding of digital exclusion | <ul style="list-style-type: none"> First wave data gathered, and initial analysis completed. In depth research to be completed by end May |
| 2 | Develop system-wide outcomes for inclusion | <ul style="list-style-type: none"> Target of zero tolerance agreed at last Health Inequalities Board |
| 3 | Digital inclusion to be owned by the ICS Executive (linked to health inequalities) | <ul style="list-style-type: none"> Quarterly update on progress against zero tolerance target to System Board |
| 4 | Identify concrete and time-based action plans to address the root causes of digital inclusion, and achieve our Digital Inclusion target | <ul style="list-style-type: none"> Contained in this presentation |
| 5 | Review our digital, engagement and broader strategies to ensure digital inclusion is considered | <ul style="list-style-type: none"> Mapping of external groups who are already offering digital training across the County to different cohorts of digitally excluded, in order to identify gaps/opportunities to combine/expand existing services |
| 6 | Build digital inclusion into the design of all our projects and into procurement criteria | <ul style="list-style-type: none"> All EIAs now contain digital inclusion criteria Steering Committee of EIA Leads to monitor compliance |
| 7 | Build digital inclusion criteria into our governance for all projects that have a digital element | <ul style="list-style-type: none"> To be discussed at Health Inequalities Board, and tabled at System Board |
| 8 | Create a cross Surrey Heartlands digital champions programme | <ul style="list-style-type: none"> Link to Action 4 |

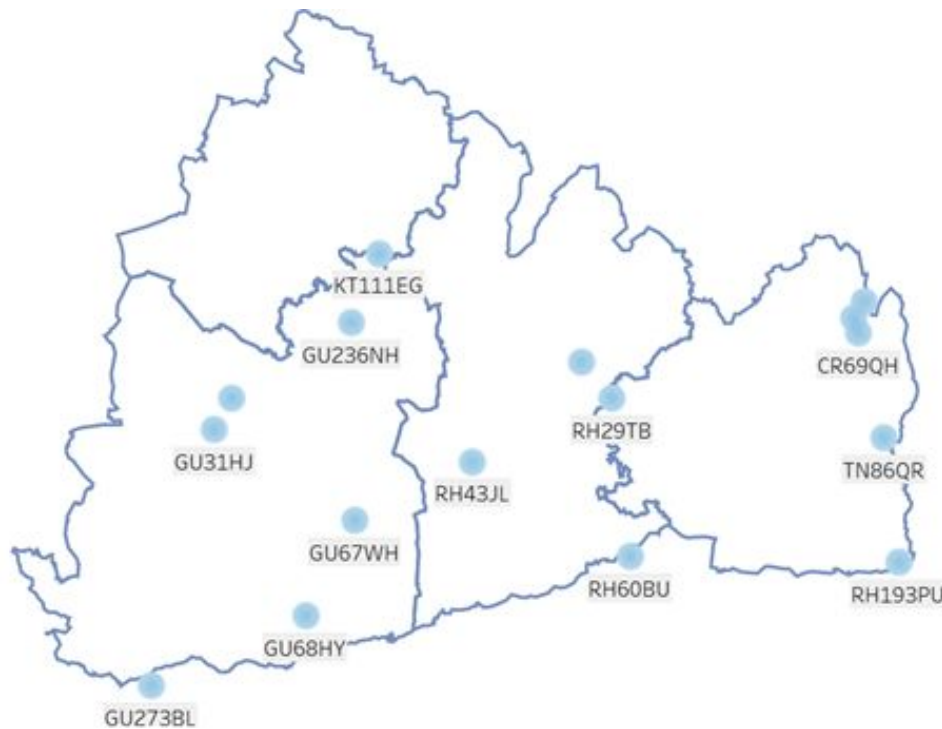


Identifying the most vulnerable people in Surrey

We now have the data and insight to enable defined strategies to be deployed at scale and at place to address the exclusion issues we identified in October 2021



Connectivity Issues



Ofcom data from May 2020 shows there are **18 postcode areas in Surrey where at least 75% of households are unable to receive speeds of 2Mbit/s**. These tend to be in very rural areas. This means it would take approx. 10 seconds for them to load a standard webpage.

The Universal Service Obligation (USO) for broadband is a UK-wide measure intended as a “safety net” to deliver broadband to those premises that do not have access to a decent and affordable connection. The Government have defined a decent connection as one that can deliver **10 megabits per second (Mbps) download speed and 1 Mbps upload speed** (along with other defined quality parameters).

Alignment with SCC Digital Infrastructure Project

Source: Ofcom Connected Nations Update Summer 2020

Connectivity Issues in Care Homes

A digital audit of 261 care homes was undertaken in November 2020. This represents 73% of all care homes in Surrey Heartlands.

Key findings:

- 98% of care homes have WiFi access
- 82% of care homes have full WiFi coverage while 16% have coverage in communal areas only
- **5 care home (2%) do not have WiFi access.** All of these provide services to clients with learning disabilities and/or autism
- There are an additional **9 care homes that do not have any laptops, tablets or mobile phones**, 5 of which provide services for clients with learning disabilities and/or autism

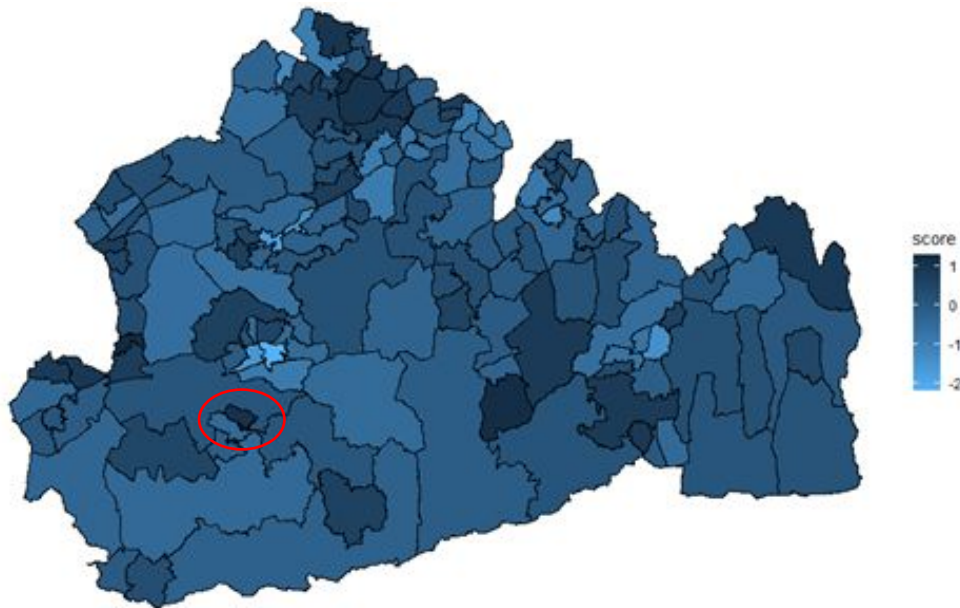
A question for care home commissioners?



Map showing the name and location of the 14 care homes that don't have WiFi OR don't have any laptops, tablets or mobile phones.

Overall levels of digital usage vary across the county

One way of estimating overall levels of digital usage is by taking a combined view across a range of indicators such as overall internet use, use of online banking and use of online grocery shopping.



The 5 areas with the lowest levels of digital usage are:

- Ash Wharf
- Holmwoods
- Staines South West
- Farncombe
- Littleton & Shepperton Green

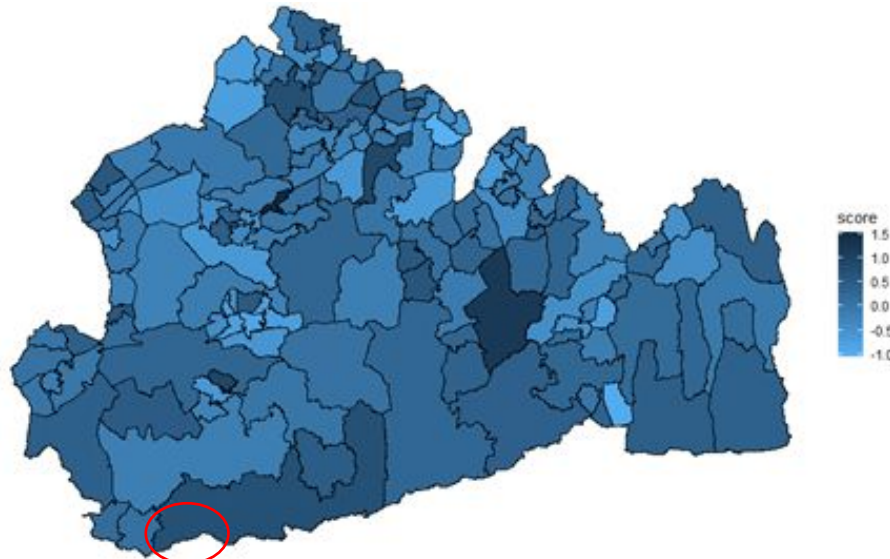
There are no indications that the BAME community are using digital services any less than other population groups across the County.

Map showing MSOAs in Surrey by level of digital usage score*. A darker colour / higher score indicates lower digital usage.

*Indicators that have been used to calculate the digital usage score: broadband / internet usage, use of online banking, use of online grocery shopping.

Levels of social and economic exclusion also vary across the county and there are pockets of deprivation

We can estimate digital exclusion levels by combining data about groups with particular characteristics, for example older people, people living in poverty and people who are unemployed.



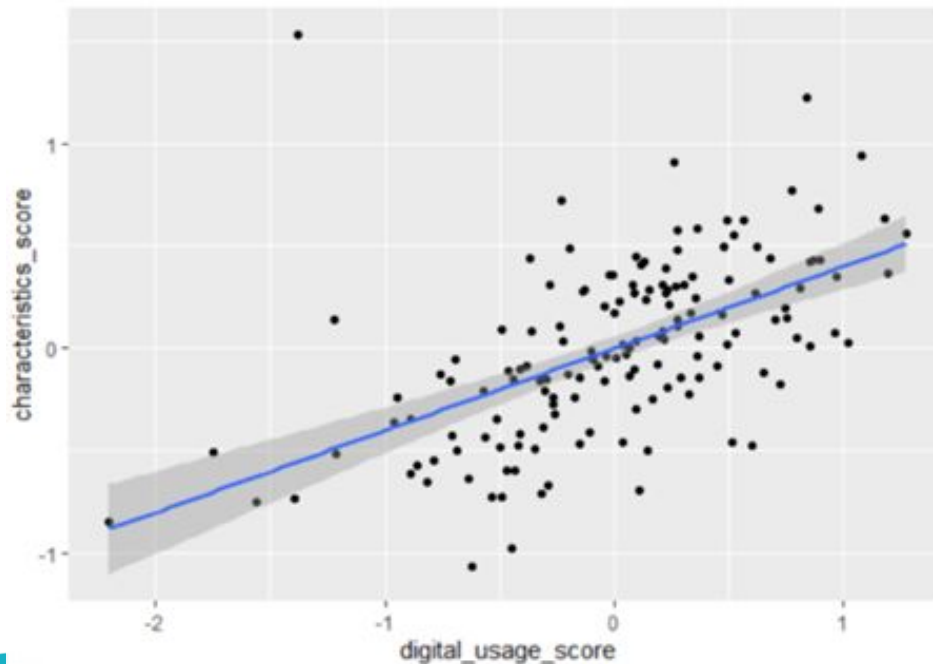
Map showing MSOAs in Surrey by level of digital exclusion characteristics score*. A darker colour / higher score indicates a higher proportion of people with the characteristics.

The 5 areas with the highest proportions of people with the relevant characteristics are:

- Sheerwater
- Box Hill & Brockham
- Farncombe
- Hersham
- Thorpe

*Indicators that have been used to calculate the digital exclusion characteristics score: population aged 65+, unemployment benefits, universal credit claimants, households in poverty, pensioners in poverty, pensioners living alone, social rented housing

There appears to be a correlation between areas that are socially and economically excluded and areas with lower levels of digital usage



Relationship between these two scores which suggests that **areas with higher levels of social and economic exclusion often tend to have lower levels of digital usage.**

Areas in Surrey include:

Box Hill & Brockham, Farncombe, Thorpe, Halliford & Sunbury West, Staines South West, Bookham South, Bellfields, Slyfield & Weyfield and Cranleigh.

These are places we should be targeting our support towards.

Connectivity – National Schemes



Openreach

Openreach are in the process of assessing rural areas across the UK with the intention to install Fast Fibre broadband to areas who are struggling with speeds and broadband quality. Not much has been done in the Surrey area as yet, but they intend to complete this project over the next 5 years.



UK Government

The Universal Service Obligation (USO) for broadband is a UK-wide measure intended as a “safety net” to deliver broadband to those premises that do not have access to a decent and affordable connection.

The Government have defined a decent connection as one that can deliver **10 megabits per second (Mbps) download speed and 1 Mbps upload speed** (along with other defined quality parameters).

Alignment with SCC Digital Infrastructure Project

Access to Tech – Who is Doing What?



Surrey Coalition for Disabled People

Surrey Coalition's 'Tech 2 Connect' programme provides devices to a waiting list of eligible residents who have specific requirements from devices in order for them to be accessible. They have worked with c 2,500 people in Surrey.



Good Things Foundation

UK's leading Digital Inclusion charity run a donation drive called 'Devices Dot Now' to help provide laptops and suitable devices to citizens nationwide as well as digital lite



NHS Primary Care – Digital Navigator Strategy

The Digital Navigator scheme is designed to work with patients through primary care supporting the roll out of remote monitoring and digital healthcare. We currently have one digital navigator working through primary care with plans to expand

Digital Skills – Who is Doing What?



Barclay's Digital Eagles

Direct training with healthcare professionals, volunteers and Community Digital Champions



Surrey Coalition for Disabled People

Working directly with disabled residents across Surrey through the Tech 2 Connect programme, providing digital skills training through their Tech Angels volunteers. Fragmented and needs extending



SCC Libraries

Volunteers offering digital support to library customers through the Digital Buddies programme, working across libraries in Surrey



Good Things Foundation

UK's leading Digital Inclusion charity, operating digital skills training and support nationwide. (Opportunities here for advice and partnership in challenging areas such as engagement and sourcing tech)



Local volunteers and community groups

Small groups of volunteers, such as The Tapestry Project in G&W, teaching local residents how to use digital services

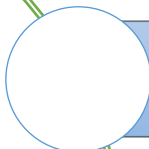


NHS Primary Care – Digital Navigators

Design of a team of digital navigators to work through primary care to train people to use remote monitoring technologies and participate in our digital health and social care model.

Digital Skills – What are we doing?

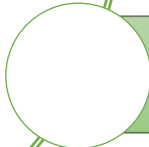
We have developed a strong partnership with the Barclay's '**Digital Eagles**' programmes, allowing us to offer Digital Skills support in the following areas across Surrey and train an expected 800-1,000 Community Digital Champions:



Digital: Bespoke teaching and training packages available to all existing organisations, community groups and third party charities to assist in upskilling their local community. Of particular use to ICPs in designing place based interventions



Physical and face to face: Partnership with SCC Libraries to create a 'Tech Point' in Staines Library – a fully equipped digital skills hub, providing a training base for the SCC 'Digital Buddies' volunteer scheme operating across all Surrey libraries, as well as a Surrey residents drop-in space.



Taking digital to residents: Networks of trained volunteers and digital navigators working with people to enhance their digital literacy skills. We have capabilities which need to be amplified and extended.

Digital Eagles - Our Training Package

- An **online booking system** for virtual training sessions run by Digital Eagles
- A **bespoke training session** covering the 5 key skills identified as being barriers to digital inclusion

Accessing NHS
digital services and
GP consultations

Completing an
online food shop

Accessing online
banking services

Setting up and using
an email account

Accessing
entertainment sites
such as Zoom or
YouTube

- A **dedicated training programme** on how to teach digital skills, particularly focusing on working with students who may have issues with memory loss, a learning disability or other challenges which may impede their access to learning
- Access to their **wider catalogue** of online training courses, including education regarding online security and scamming alerts
- All of this will be run through a bespoke **Surrey Heartlands landing page**, allowing us to keep track of which organisations and residents are completing this training – this will be monitored by Digital Eagles and reported into ICPs for numbers relating to their region



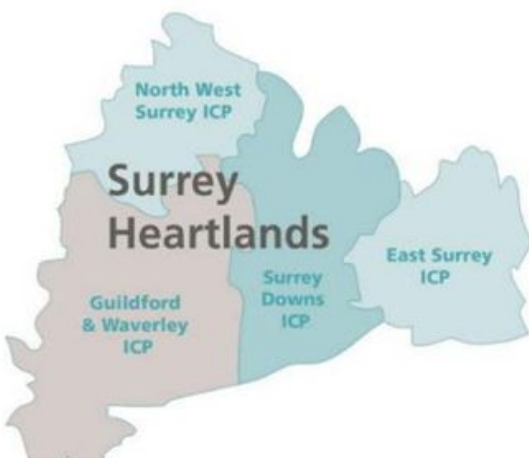
What Happens Next

| | Action | Status and investment required |
|---|--|---|
| 1 | Research & Insight near completion. To be handed over to ICPs, SCC and Primary Care to action in detail | Detailed mapping of available education resources near completion and will be shared with ICPs for local deployment. |
| 2 | Connectivity issues Surrey County Council is responsible for county wide connectivity and infrastructure. This insight to be incorporated into SCC's digital strategy, including ongoing work with Openreach to address poorly served postcodes | In progress re SCC infrastructure programme. System board to consider commissioning implications re care homes connectivity |
| 3 | Create a working group with representatives from all 4 ICPs, SCC, and Primary Care for ongoing development and central monitoring of support rollout. Together, create and monitor deliverables against the zero tolerance target. | In progress – only G&W have a dedicated team member working on Digital Inclusion, so we need to find the right people from the other 3 ICPs to be a part of this and lead for their area. |
| 4 | Deploy the Digital Eagles and Good Foundation training and upskilling programme through the ICPs, along with supporting materials and marketing content | Final content being put together by the end of April to deploy the FREE content locally through the ICPs and voluntary sector. |
| 5 | Secure funding for Tech Point hire of Library spaces for Digital Eagles training centres. Physical spaces where people can come and be trained in digital literacy by digital buddy volunteers through the library network. | Funding source TBC Staines Library is a pilot library to test Tech Point. Tech hubs can be installed in Staines for 3 months to test the project for c£10k (library hire) |
| 4 | Recurrent funding for the Surrey Coalition for Disabled People. Their work is extremely valuable but cannot currently scale to meet the demand, currently having reached approx. 2,500 Surrey residents but with networks allowing reach of up to c. 50,000 | The Surrey Coalition has multiple small, non recurring funding sources and would benefit from substantive funding support and a Surrey wide strategy to deliver against. |
| 6 | Support the Primary care digital navigator programme . Network of digital trainers working with PCNs to implement and support digital healthcare. | NHSX funding applied for 15 roles to support primary care and care homes to deliver digital training and in particular the adoption of digital health monitoring technology. Up to 35,000 people in 3 years |

The Surrey Care Record is a tool to support integrated patient care



Surrey Heartlands ICS
1.2m residents



4 acute hospital trusts

1 mental health trust

2 community providers

1 ambulance service

200 Comm pharmacies

104 GP practices

1 County Council

5 hospices

1 OOH provider

380 Care homes



The **Surrey Care Record** is a local, digital shared care record for health and care professionals across Surrey Heartlands.

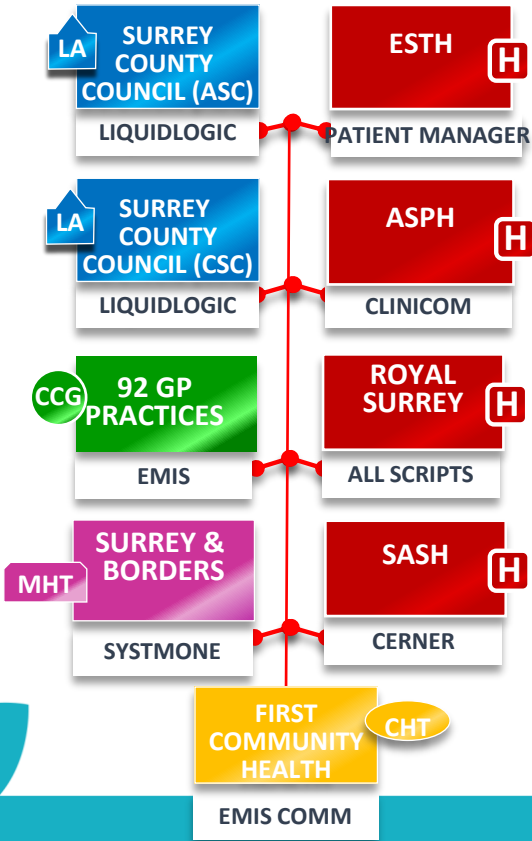
It enables the secure sharing of an individual’s health and care data between authorised health and care professionals **to help us deliver safer, quicker, more personalised and more coordinated care.**



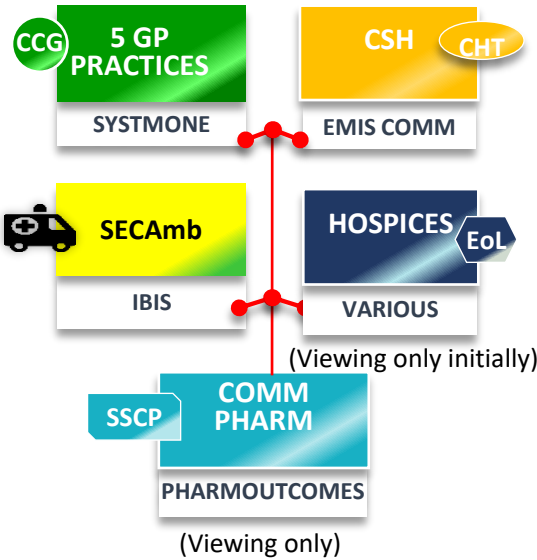
We have continued to on-board more organisations onto the Surrey Care Record over past months

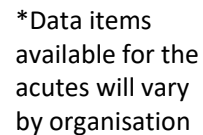


The following organisations have viewing and contributing capability:



Viewing and contributing capability coming in H1:





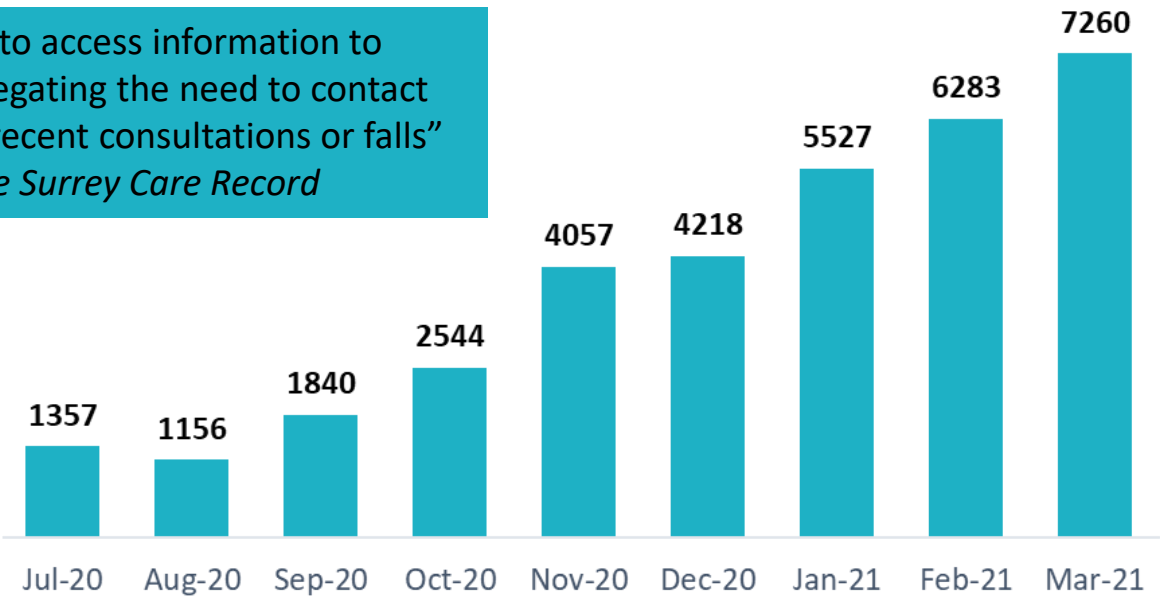
Utilisation of the Surrey Care Record is increasing month on month



34,777 total number of times patient records have been accessed by users of the Surrey Care Record.

“The care record is mainly used by me to access information to support with Safeguarding enquiries negating the need to contact the GP for prescribed medication and recent consultations or falls”

User of the Surrey Care Record





Surrey Heartlands
HEALTH AND CARE PARTNERSHIP

Case study A – How the Surrey Care Record led to improved patient care for a patient in ED



- Elderly man found confused and wandering the streets. We were able to identify name and DOB but no clear medical history.
- Searched for patient on SyCR and found NHS number and history of Atrial fibrillation (AF) and anticoagulant medication (Apixaban).
- As a result, a CT head scan was requested. The scan showed acute on chronic subdural hematoma (blood clot on the brain).
- Neurosurgical advice sought and a care plan was put into place.
- Without the SyCR, the patient would have been referred to the medical team and there would have been a delay in the CT scan, or possibly anticoagulating the patient again for AF. This would have made the bleed far worse.





Surrey Heartlands
HEALTH AND CARE PARTNERSHIP

Case study B – How the Surrey Care Record led to earlier discharge from ED for a patient



- Frail elderly gentleman seen in ED overnight after fall.
- The patient has a live-in carer and was determined fit for discharge however, ED was unable to contact the carer and they were referred to social services.
- SyCR was checked and the care agency information was found.
- We contacted the agency and they were able to get in contact with the carer and the patient's care package could be restarted. The patient was then discharged.
- Without the SyCR, there would have been further delay in discharging the patient and they may have needed to stay an extra night in hospital.



Users have said they experience a number of benefits as a result of using the Surrey Care Record



During our lunch and learn webinar we asked what the benefits are that users of the Surrey Care Record experience and how it impacts on patient care.

Other benefits experienced from those who took part in the survey monkey:



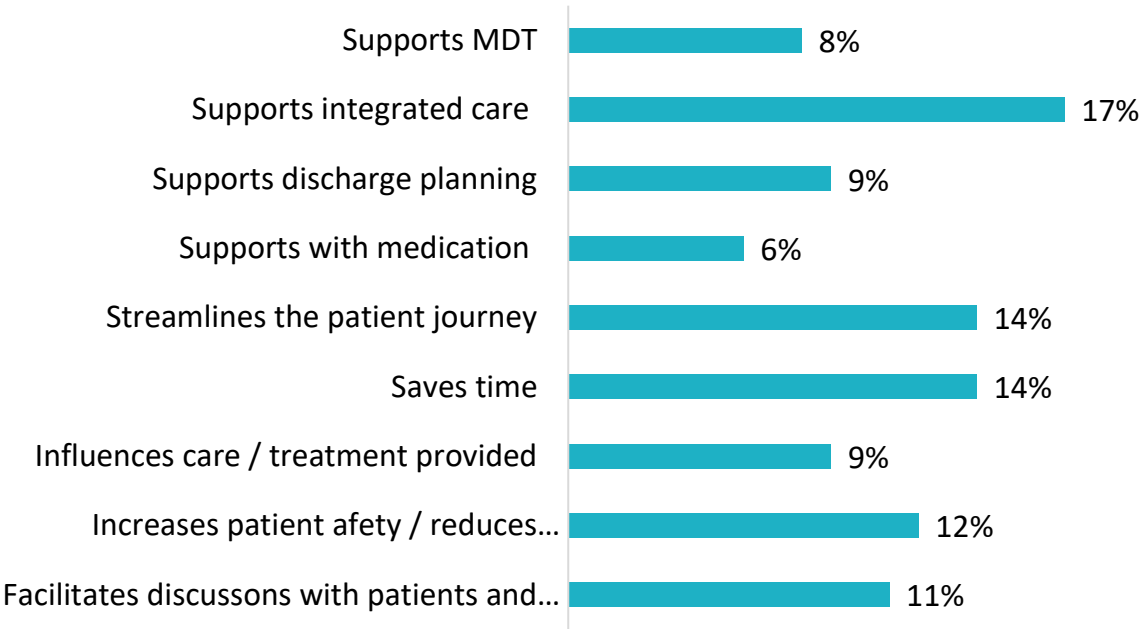
Informs a more joined up care pathway



Reduces paper usage



Reduces Imaging



Guildford & Waverley Health and Care Alliance: ICS Deep Dive

System Board April 2021

Contents

1. Our Partnership Progress
2. Responding to the COVID-19 Pandemic as a Partnership
3. Our Vaccination Programme
4. Continuing to Deliver our Key Priorities
5. Future Plans

Our Partnership Progress

Our recent journey and roadmap

- ✓ Alliance Board operated in shadow form Jan-March 2021, ToRs agreed and go live with full Board and new Committee structures from April 2021
- ✓ Alliance agreement approved in March, with core partners
- ✓ MoU for our associate partners in development
- ✓ 10 objectives set for the year ahead, aligning transformation priorities and QI approaches around delivery
- ✓ Twice yearly seminars held with wider ICP partners (in May and November)
- ✓ Our prospectus developed, putting our population and people at the heart of everything we do



Guildford and Waverley Health and Care Alliance Vision:
“The population of Guildford and Waverley start well, stay and live well, age well and die well”

Our 5 Year Strategic Goals

1. Improving health and wellbeing

2. Supporting our communities

3. Delivering integrated health and care services

4. Putting the local health economy on a sustainable financial path

Our Objectives: Year 1 - 2021/22

| | | | | |
|--|---|--|---|---|
| 1. Support adults at risk by ensuring everyone who is eligible for an LD annual health check or SMI annual health check receives one | 3. Ensure adequate, joined-up, post dementia diagnosis support is in place across the ICP | 5. Address health inequalities by improving uptake of immunisations in our most deprived, hard to reach communities and in BAME population | 7. There is reduced demand for urgent care services in our ED Department | 9. Improve the workforce retention rate across our ICP as required in Long Term Plan |
| 2. Increase the number of Advance Care Plans in place in care homes, frailty cohort and all those in their last year of life | 4. Reduce social isolation and loneliness in our local population | 6. Support PCN development through delivery of ARRS and supporting AC LCS | 8. Deliver improvements in early cancer diagnosis and screening to meet national trajectory | 10. Narrow the system financial gap for GW in line with Financial Recovery Plan projections |

Delivered through

In partnership with

Overseen by

Alliance Transformation Programme Portfolio

At Scale Programmes

Alliance Committees

Urgent Care

Elective Care and Outpatients

Independence and prevention

Integrated Community Networks

Medicines Management

Women and Children's

Mental Health

Workforce committee

Innovation and transformation committee

Quality and performance assurance committee

Finance committee

With support from enabling functions: Infrastructure (leadership, workforce and OD, IG, data, digital); intelligence (analytics and BI; comms and engagement), interventions (Alliance Agreement and MoU, incentives, outcomes, Population Health Management)

Partnership matrix for objective delivery

| Alliance Annual Objective – 21/22 | RSFT | Procare | PCNs | SCC | Borough Councils | SaBP | Public Health | SECamb | Care Homes | Hospices | VCFS | How? | Cross-org pathway changes | Part of ITC remit? |
|---|------|---------|------|-----|------------------|------|---------------|--------|------------|----------|------|---------|---------------------------|--------------------|
| 1. Support adults at risk by ensuring everyone who is eligible for an LD annual health check or SMI annual health check receives one | | X | X | | | X | | | | | | AP / QI | No | No |
| 2. Increase the number of Advance Care Plans in place in care homes, frailty cohort and all those in their last year of life | X | X | X | | | | | | X | X | X | QI | No | Yes (partial) |
| 3. Ensure adequate, joined-up, post dementia diagnosis support is in place across the ICP | X | X | X | X | X | X | X | X | X | X | X | TP | Yes | Yes |
| 4.Reduce social isolation and loneliness in our local population | | | X | X | X | | X | | X | | X | QI | ? | Yes (partial) |
| 5.Address health inequalities by improving uptake of immunisations in our most deprived, hard to reach communities and in the BAME population | | X | X | X | X | | X | | X | | X | QI | No | Yes (partial) |
| 6.Support PCN development through delivery of ARRS and supporting AC LCS | X | X | X | | | X | X | X | | | | AP / QI | No | Yes |
| 7. There is reduced demand for urgent care services in our ED Department | X | X | X | X | X | | X | X | X | X | X | QI / TP | Yes | Yes (partial) |
| 8.Deliver improvements in early cancer diagnosis and screening to meet national trajectory | X | X | X | | | | X | | | | | AP / QI | No | No |
| 9. Improve the workforce retention rate across our ICP as required in Long Term Plan | X | X | X | X | X | X | X | X | X | | X | QI | No | No |
| 10. Narrow the system financial gap for GW in line with Financial Recovery Plan projections | X | X | X | X | X | X | X | X | X | | X | AP / TP | Yes | Yes (partial) |
| <div> <div>X</div> Lead Org <div>X</div> Involved AP = Action Plan QI = QI Project TP = Transformation Programme </div> | | | | | | | | | | | | | | |

Responding to the COVID-19 Pandemic as a Partnership

Seeing tangible impacts

Building on our partnership working, relationships and learning through our phase 1 Covid response we have successfully:



Worked in partnership to deliver the PCN level Covid vaccination programme with hubs at G-Live in Guildford, Cranleigh Village Hall and St Christopher's Church in Haslemere. Made possible through engaging our local communities and volunteers.



Launched our pulse oximetry at home service.



Launched our Reconnections Service to address social isolation and loneliness in the over-65s through the challenging times we are currently experiencing.



Improving the uptake of our NHS 111 bookable appointments.



Award for our Covid –19 community palliative care response.



Programme support and operational groups in place to support our care homes across Guildford and Waverley.



Development and continuation of the COVID-19 Ward, Guildford Ward, based at the Royal Surrey Site.



Waverley Borough Council: Pandemic response



- Supported the delivery of over 42,000 meals to those in need via the Community Meals Service;
- Community Helpline number took over 5,900 calls from residents needing advice and support;
- Maintained contact with 4,443 shielded and vulnerable residents carrying out over 400 welfare visits;
- Provided emergency accommodation to 41 homeless people and prevented or relieved homelessness for 199 households;

- Maintained funding of £687,000 to the voluntary sector to deliver key services in partnership with us for 2021/22. We are supporting those organisations including day centres, advice organisations and community transport to reopen within government guidelines.
- Working with the ONS to support residents to complete the Census, particularly vulnerable and older people.

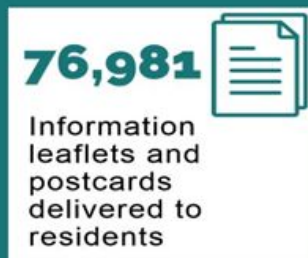
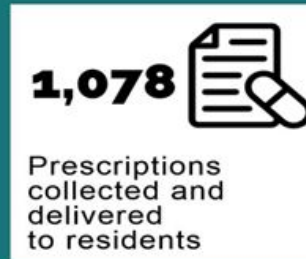
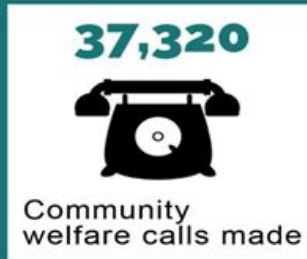
- Provided 1,500 local businesses with £21 million relief from their business rates;
- Allocated £56,000 Emergency Assistance Grant to various organisations to provide food and essential supplies to residents. This included foodbanks, community stores and hygiene banks as well as local Hardship Funds. Foodbanks continue to be busy, with demand tripling in some cases.



Elstead Foodbank
Helping villagers during times of crisis



Coronavirus (Covid 19): Guildford Borough Council's response March 2020-2021



G&W ICP Covid@Home

19 of 20
Practices



Management of
COVID
Symptoms and
Safely Monitor
via Pulse
Oximetry



More than 270
Patients
Supported

- ICP Services have supported patients throughout their Covid care through out reach monitoring, acute support and primary care review.
- Patients can now self-refer into the service and patient experience has been positive and empowering
- Care Homes have optimised training at used virtual assessment for monitoring and support from MDT teams and practices.

Our Vaccination Programme



G-Live PCN Vaccination Hub

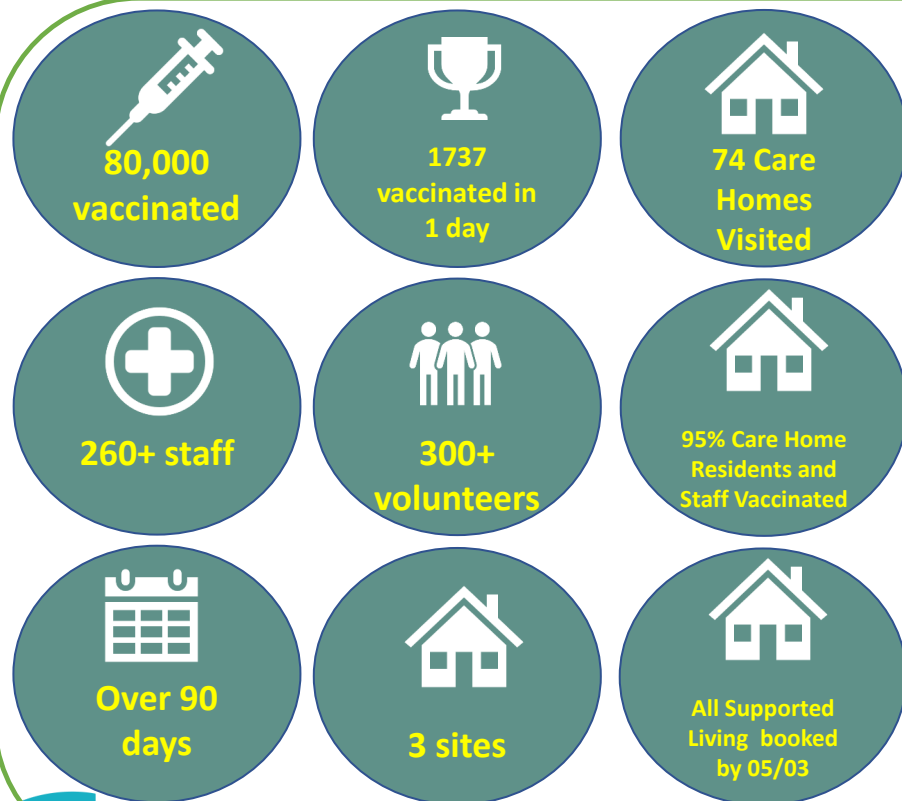


Surrey Heartlands
HEALTH AND CARE PARTNERSHIP

Guildford & Waverley PCN Vaccination Programme March 2021



Procure



Highlights:

- ✓ Adult community nursing and GP's have vaccinated all caseload and non caseload housebound and carers for 65+ using a joined up integrated working approach
- ✓ Learning disability at home and live in carers visits took place during March
- ✓ Working with system partners on reaching homeless and GRT population
- ✓ Video produced with Princess Christian care home to encourage staff take up:

<https://www.youtube.com/watch?v=PPc7H4qB5EE>

- ✓ Worked with the Muslim community to encourage vaccine uptake:

<https://www.youtube.com/watch?v=X5TYuF649gw&feature=youtu.be>





Immunisations



Community Response – Mass COVID Vaccination Programme

38,000

produced and delivered Live Well (Healthy Lifestyles) information sheets

G-Live and Cranleigh

872

Members of the public signed up

Supporting Voluntary Action South West Surrey for volunteer programme support

1920

Falls Prevention Packs Handed out to over 80's

14

Let's Get Steady DVD's Handed out to appropriate individuals

The Film Trailer is now on G-Live display screen in the observation area

Volunteer feedback:

I did my first shift on Saturday afternoon. I just wanted to say how well it was all organised. The people who came were really so grateful and complimentary about everything which was lovely to hear. One couple said they wish they could have stayed another hour people watching, speaking to very helpful people and just being out and having a change of scenery. Thank you for the opportunity.



Continuing to Deliver our Key Priorities

Primary Care

Second Wave

- Seamless operation and step up of practice zoning
- Additional Primary Care capacity in conjunction with Procure

PCN Development

- All 4 PCNs have been developing their Weekly Care Home MDT rounds, working with wider partners including the care home support matrons and care home managers.
- Model in principle for Anticipatory Care agreed ready to implement for 2021/22.
- Review of social prescribing link worker service and combining the PCN and ICP services
- Recommendations from Attain report to take forward
- ARRS roles – project management support from GW Transformation team

Flu Programme 2020/21

- Highest uptake in the history of the Flu Programme in GW and one of the highest performing ICPs in Kent, Surrey and Sussex – 81% (aged 65+)

LD Annual Health Checks 2020/21

- As at 31st March 2021 - Current uptake rate against target 67% for G&W is 71.7% (still awaiting one practice's data)



Falls Prevention

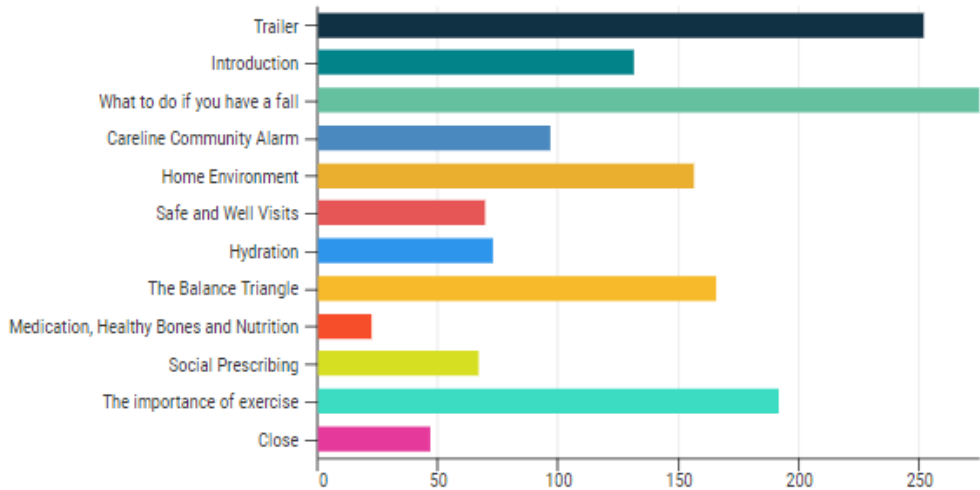


Lets Get Steady



Views by film via the G&W Independence & Wellbeing webpage

November 2020 – 05/03/21

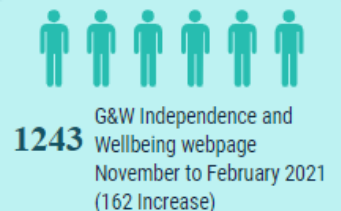
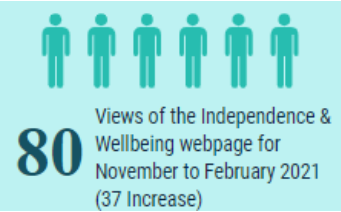


No. of falls packs downloaded by insert, November 2020 - date

G&W Falls Prevention Guide – 491
(76 Increase)

Maintaining Independence & Wellbeing Info Guildford – 253
(55 Increase)

Maintaining Independence & Wellbeing Info Waverley – 279
(84 Increase)



Next steps:

- ✓ Rebrand falls pack to Health & Wellbeing pack
- ✓ Partnership falls mapping event planned that will look at the current falls pathway and put in place a continued pathway for those leaving hospital following a fall

Link: [Let's Get Steady Falls Prevention Advice and Information - Community Alarms - YouTube](#)

G&W ICP Care Home Sector Programme (Sept 20 – Feb 21)

Aim: Provision of system-wide integrated, safe high quality health and social care for older people, Domiciliary care and Care Home residents within G&W.



Embedded COVID-19
Response Initiatives

Systematic review of inpatient admissions from CHs – C19 +ve highlighted on D2A

PHE C19 outbreak reports reconciled with data on capacity tracker – weekly reporting in place

Ongoing ICP ‘Train the Trainer’ by CH Support Matrons + ASC QA team



PCN DES

All 4 PCNs have/are developing regular MDT meetings with designated Care Co-ordinator support

All PCNs have implemented weekly CH rounds / check ins

Support will be needed from the ICP for IG and information sharing

Review of Frailty LLCs commenced



Digitalisation Initiatives

Oct roll out of Blue Boxes

Pan SH Care Home dashboard developed in conjunction with ICP CH leads

NHS mail roll out project – validation and inactive accounts complete – 98% coverage

EMIS Proxy Access – webinar training sessions for GPs and CH staff complete with roll out in progress

Care Homes Aligned to PCNs



Care Homes that have a named PCN Clinical Lead

Palliative and End of Life Care (PEoLC)

Proud of:

- ✓ **Royal Surrey 'outstanding' CQC rating for end of life care – June 2020**
- ✓ **Guildford and Waverley ICP regional winner, Care and Compassion award, NHS Parliamentary Awards for Community Palliative Care Covid-19 response – November 2020**

"The best collaborative work I've been involved in."

GP Governing Body member

2020/21 focus

Palliative care response to Covid-19; communication, capacity planning, workforce education and support, bereavement and support services, advance care planning, palliative care medicines provision

All partner involvement in co-design and development of Surrey Heartlands' PEoLC Strategy and digital roadmap

Future focus

Agree and deliver ICP PEoLC Delivery plan for Surrey Heartlands' PEoLC Strategy

Agree and deliver specific transformation initiatives e.g. improving understanding of advance care planning for teams supporting people with learning disabilities

Deliver on-going quality improvement initiatives e.g. Royal Surrey's participation in 3rd National Audit of Care at the End of Life (NACEL)

Deliver targeted palliative and end of life care training from ReSPECT training funds and other Health Education England monies

Deliver local 'death fairs' to encourage people to have good conversations about dying and death and build the confidence to make the right decisions for them

Explore partner adoption of What Matters Conversations charter

Success Stories

Using systems leadership to sustain virtual consultation models

G&W ICP has been leading work at Heartlands level to embed virtual consultations and meet system priorities to reduce face to face outpatient activity, as set out in the LTP. The work of a Surrey Heartlands Virtual Consultation Collaborative has been shortlisted for an HSJ award in the 'Digitising Patient Services' category.

Our journey has been an education in systems working - we have been one team working together across the ICS and a number of clinical settings, learning from each other and delivering a high standard of care.

Using a distributed leadership framework, all partners have an area to lead on. This shared workload is a great way to work smarter, not harder. By drawing of our net of expertise, we've been able to achieve a lot together and we've often headed off problems early on, or done things once, not 8.

- ✓ Ability to offer **more appointments** and to **see more patients more flexibly**
- ✓ **Less DNAs** – 12% to 2% in MSK in one setting
- ✓ **Reduced carbon emissions** - a sample of 864 patients saved the CO2 emissions of a flight from London to Dubai
- ✓ **Reduced travel time** for patients – across a 6-week period patient time savings equated to 31k of state money saved
- ✓ **More clinical time** – 5,630 clinical hours saved in one organisation
- ✓ **Reduced waiting times** for services (reduced by 4 weeks in therapies)
- ✓ **Efficiency savings** - over £12,615 saved in travel costs in one provider
- ✓ **Maximised workforce** - recruiting without geographical boundaries



Future Plans

Future areas of focus

Next Steps:

- Approved Transformation funding bids total £362,843. Local Community Engagement, Digital Inclusion, Joint First Responder for Frailty, Palliative End of Life Care Education Facilitator.
- Strengthen governance and delivery enhancing public confidence and accountability.
- Supporting integration, promote partnership and develop and deliver key focus areas of health inequalities, social isolation and supporting vulnerable cohorts.
- Value and support our local workforce and work collaboratively to improve retention and development.
- Strengthen partnership to recognise diversity and contribution.



**Surrey Heartlands System Board
Forward Work Plan 2021**

Table of Contents

Standing items2

May 20213

June 2021.....4

July 2021 PUBLIC.....5

August 2021.....6

September 20218

October 2021 PUBLIC9

November 202110

December 202111

Standing items

| Item | Frequency | Date added |
|---|--|---|
| Key updates and Escalations from the System | Monthly | Nov 2019 |
| Health and Wellbeing Strategy implementation quarterly reports | Quarterly following HWB | April 2020 |
| Key updates and escalations from Recovery Board | Monthly | 17 June 2020 |
| ICP updates- <i>opportunity to raise anything- not a requirement</i> | Monthly | 4 November 2020- <i>draft report meeting</i> |
| ICP Deepdive | 2x ICP deepdives at meeting every 6 months, other 2 ICPs the following month Monthly (order: NWS, East Surrey, G&W, Surrey Downs)- <i>expired</i> | 4 November 2020- <i>draft report meeting</i> Agreed 29 August 2020 |
| Turning the Tide: Addressing racial inequalities across our workforce and communities | Quarterly- at every public meeting | Agreed 21 October 2020 |
| 2021 forward plan (under AOB) | Monthly except public meetings | Nov 2020 System Board |

Meeting forward plan

| May 2021 | | | | |
|--|---|--------------------------------|--|---|
| Item title | Presenter | Paper author(s) | Item type (<i>discussion, approval, update</i>) | Paper/verbal |
| Welcome, minutes, updates and context <ul style="list-style-type: none"> Apologies and conflict of interests Apr ICS System Board notes National and regional updates from NHSE/I | Tim Oliver, Chair of Surrey Heartlands Health and Care Partnership Claire Fuller, SRO | | agree the minutes and check progress against actions. For approval To set the scene for the meeting. | Verbal Oct minutes Verbal |
| Key updates and Escalations from SOAG <ul style="list-style-type: none"> a. Overview from SOAG b. Finance c. Quality and Performance d. Other key updates including for our response to COVID19 | a. Claire Fuller, SRO b. Karen McDowell, ICS Director of Finance c. Chair Quality & Performance Board | b. Karen McDowell/Vicki Taylor | Key areas of discussion for noting and those for escalation | a. Verbal b. Paper c. Verbal d. Verbal |
| Integrated Care Partnership Deepdive | a. Surrey Downs | Daniel Elkeles | For noting | Presentation |
| Surrey Carers Strategy | Debbie Hustings | Debbie Hustings / Adam Watkins | For discussion prior to H&WB. | Report |

| | | | | |
|--|--|--|--|--|
| Key Updates and Escalations from Recovery Board a. Key updates from Recovery Board | Steve Flanagan, Chair of Recovery Board and CEO CSH Surrey | | | |
| Hot topics/ AOB 2021 Forward Plan Social Index/Surrey Index progress | | | | |

| June 2021 | | | | |
|--|---|--------------------------------|--|---|
| Item title | Presenter | Paper author(s) | Item type (<i>discussion, approval, update</i>) | Paper/verbal |
| Welcome, minutes, updates and context <ul style="list-style-type: none"> Apologies and conflict of interests May ICS System Board notes National and regional updates from NHSE/I | Tim Oliver, Chair of Surrey Heartlands Health and Care Partnership Claire Fuller, SRO | | agree the minutes and check progress against actions. For approval To set the scene for the meeting. | Verbal Oct minutes Verbal |
| Key updates and Escalations from SOAG <ul style="list-style-type: none"> a. Overview from SOAG b. Finance c. Quality and Performance d. Other key updates including for our response to COVID19 | a. Claire Fuller, SRO b. Karen McDowell, ICS Director of Finance c. Chair Quality & Performance Board | b. Karen McDowell/Vicki Taylor | Key areas of discussion for noting and those for escalation | a. Verbal b. Paper c. Verbal d. Verbal |

| | | | | |
|---|--|-------------------|---------------------------|-----------------------|
| 10 year Health and Wellbeing Quarterly Report a. Highlights report incl. Child poverty System Capabilities: Digital and Estates b. Joint Strategic Needs Assessment | Tim Oliver/ Ruth Hutchinson | Phill Austen-Reed | For noting and discussion | Link to public papers |
| Integrated Care Partnerships update | ICP Leads | N/A | For noting | Verbal |
| Key Updates and Escalations from Recovery Board b. Key updates from Recovery Board | Steve Flanagan, Chair of Recovery Board and CEO CSH Surrey | | | |
| Hot topics/ AOB 2021 Forward Plan | | | | |

| July 2021 PUBLIC | | | | |
|---|--|-----------------|---|---------------------------|
| Item title | Presenter | Paper author(s) | Item type (<i>discussion, approval, update</i>) | Paper/verbal |
| Welcome, minutes, updates and context <ul style="list-style-type: none"> Apologies and conflict of interests | Tim Oliver, Chair of Surrey Heartlands Health and Care Partnership | | agree the minutes and check progress against actions. | Verbal Oct minutes |

| | | | | |
|--|---|--|---|---|
| <ul style="list-style-type: none"> June ICS System Board notes National and regional updates from NHSE/I | Claire Fuller, SRO | | For approval To set the scene for the meeting. | Verbal |
| Key updates and Escalations from SOAG <ul style="list-style-type: none"> a. Overview from SOAG b. Finance c. Quality and Performance d. Other key updates including for our response to COVID19 | <ul style="list-style-type: none"> a. Claire Fuller, SRO b. Karen McDowell, ICS Director of Finance c. Chair Quality & Performance Board | <ul style="list-style-type: none"> b. Karen McDowell/Vicki Taylor | Key areas of discussion for noting and those for escalation | <ul style="list-style-type: none"> a. Verbal b. Paper c. Verbal d. Verbal |
| Turning the Tide: Addressing racial inequalities across our workforce and communities | Russell Hills- Equality, Diversity and Inclusion Lead/ Gillian Francis- Musanu- Director of Corporate Affairs for SASH and Executive Lead for BAME | | For noting and discussion | Paper |
| Integrated Care Partnerships update | ICP Leads | N/A | For noting | Verbal |
| Key Updates and Escalations from Recovery Board <ul style="list-style-type: none"> a. Key updates from Recovery Board | Steve Flanagan, Chair of Recovery Board and CEO CSH Surrey | | | |
| Hot topics/ AOB System wide Carer's Strategy | | | | |

August 2021

| Item title | Presenter | Paper author(s) | Item type (<i>discussion, approval, update</i>) | Paper/verbal |
|--|---|--------------------------------|--|---|
| Welcome, minutes, updates and context <ul style="list-style-type: none"> Apologies and conflict of interests July ICS System Board notes National and regional updates from NHSE/I | Tim Oliver, Chair of Surrey Heartlands Health and Care Partnership Claire Fuller, SRO | | agree the minutes and check progress against actions. For approval To set the scene for the meeting. | Verbal Oct minutes Verbal |
| Key updates and Escalations from SOAG <ul style="list-style-type: none"> a. Overview from SOAG b. Finance c. Quality and Performance d. Other key updates including for our response to COVID19 | a. Claire Fuller, SRO b. Karen McDowell, ICS Director of Finance c. Chair Quality & Performance Board | b. Karen McDowell/Vicki Taylor | Key areas of discussion for noting and those for escalation | a. Verbal b. Paper c. Verbal d. Verbal |
| Integrated Care Partnership deepdive <ul style="list-style-type: none"> a. North West Surrey ICP b. East Surrey ICP | a. Jack Wagstaff b. Sumona Chatterjee | | For noting and discussion | Paper |
| Key Updates and Escalations from Recovery Board <ul style="list-style-type: none"> a. Key updates from Recovery Board | Steve Flanagan, Chair of Recovery Board and CEO CSH Surrey | | | |
| Hot topics/ AOB 2021 Forward Plan | | | | |

| September 2021 | | | | |
|--|---|--------------------------------|--|---|
| Item title | Presenter | Paper author(s) | Item type (<i>discussion, approval, update</i>) | Paper/verbal |
| Welcome, minutes, updates and context <ul style="list-style-type: none"> Apologies and conflict of interests Aug ICS System Board notes National and regional updates from NHSE/I | Tim Oliver, Chair of Surrey Heartlands Health and Care Partnership Claire Fuller, SRO | | agree the minutes and check progress against actions. For approval To set the scene for the meeting. | Verbal Oct minutes Verbal |
| Key updates and Escalations from SOAG <ul style="list-style-type: none"> a. Overview from SOAG b. Finance c. Quality and Performance d. Other key updates including for our response to COVID19 | a. Claire Fuller, SRO b. Karen McDowell, ICS Director of Finance c. Chair Quality & Performance Board | b. Karen McDowell/Vicki Taylor | Key areas of discussion for noting and those for escalation | a. Verbal b. Paper c. Verbal d. Verbal |
| 10 year Health and Wellbeing Quarterly Report incl SCC Community Engagement Final Approach | Tim Oliver/ Ruth Hutchinson | Phill Austen-Reed | For noting and discussion | Link to public papers |
| Integrated Care Partnership deepdive <ul style="list-style-type: none"> a. Guildford & Waverley ICP b. Surrey Downs ICP | a. Louise Stead b. Daniel Elkeles | | For noting and discussion | Paper |

| | | | | |
|--|--|--|--|--|
| Key Updates and Escalations from Recovery Board c. Key updates from Recovery Board | Steve Flanagan, Chair of Recovery Board and CEO CSH Surrey | | | |
| Hot topics/ AOB 2021 Forward Plan | | | | |

| October 2021 PUBLIC | | | | |
|--|---|--------------------------------|--|---|
| Item title | Presenter | Paper author(s) | Item type (<i>discussion, approval, update</i>) | Paper/verbal |
| Welcome, minutes, updates and context <ul style="list-style-type: none"> Apologies and conflict of interests Sep ICS System Board notes National and regional updates from NHSE/I | Tim Oliver, Chair of Surrey Heartlands Health and Care Partnership Claire Fuller, SRO | | agree the minutes and check progress against actions. For approval To set the scene for the meeting. | Verbal Oct minutes Verbal |
| Key updates and Escalations from SOAG <ul style="list-style-type: none"> a. Overview from SOAG b. Finance c. Quality and Performance d. Other key updates including for our response to COVID19 | a. Claire Fuller, SRO b. Karen McDowell, ICS Director of Finance c. Chair Quality & Performance Board | b. Karen McDowell/Vicki Taylor | Key areas of discussion for noting and those for escalation | a. Verbal b. Paper c. Verbal d. Verbal |
| Turning the Tide: Addressing racial | Russell Hills- Equality, Diversity and Inclusion | | For noting and discussion | Paper |

| | | | | |
|--|--|-----|------------|--------|
| inequalities across our workforce and communities | Lead/ Gillian Francis-Musanu- Director of Corporate Affairs for SASH and Executive Lead for BAME | | | |
| Integrated Care Partnerships update | ICP Leads | N/A | For noting | Verbal |
| Key Updates and Escalations from Recovery Board d. Key updates from Recovery Board | Steve Flanagan, Chair of Recovery Board and CEO CSH Surrey | | | |
| Hot topics/ AOB | | | | |

| November 2021 | | | | |
|---|--|-----------------|--|---|
| Item title | Presenter | Paper author(s) | Item type (<i>discussion, approval, update</i>) | Paper/verbal |
| Welcome, minutes, updates and context <ul style="list-style-type: none"> Apologies and conflict of interests Oct ICS System Board notes | Tim Oliver, Chair of Surrey Heartlands Health and Care Partnership Claire Fuller, SRO | | agree the minutes and check progress against actions. For approval To set the scene for the meeting. | Verbal Oct minutes Verbal |

| | | | | |
|---|---|--------------------------------|---|---|
| <ul style="list-style-type: none"> National and regional updates from NHSE/I | | | | |
| Key updates and Escalations from SOAG a. Overview from SOAG b. Finance c. Quality and Performance d. Other key updates including for our response to COVID19 | a. Claire Fuller, SRO b. Karen McDowell, ICS Director of Finance c. Chair Quality & Performance Board | b. Karen McDowell/Vicki Taylor | Key areas of discussion for noting and those for escalation | a. Verbal b. Paper c. Verbal d. Verbal |
| ICP update | ICP Leads | N/A | For noting and discussion | Verbal |
| Key Updates and Escalations from Recovery Board e. Key updates from Recovery Board | Steve Flanagan, Chair of Recovery Board and CEO CSH Surrey | | | |
| Hot topics/ AOB 2021 Forward Plan | | | | |

| December 2021 | | | | |
|--|-----------|-----------------|---|--------------|
| Item title | Presenter | Paper author(s) | Item type (<i>discussion, approval, update</i>) | Paper/verbal |
| Welcome, minutes, updates and context <ul style="list-style-type: none"> Apologies and conflict of interests | | | agree the minutes and check progress against actions. | Verbal |

| | | | | |
|--|---|--------------------------------|---|---|
| <ul style="list-style-type: none"> Nov ICS System Board notes National and regional updates from NHSE/I | Tim Oliver, Chair of Surrey Heartlands Health and Care Partnership Claire Fuller, SRO | | For approval To set the scene for the meeting. | Oct minutes Verbal |
| Key updates and Escalations from SOAG <ul style="list-style-type: none"> a. Overview from SOAG b. Finance c. Quality and Performance d. Other key updates including for our response to COVID19 | <ul style="list-style-type: none"> a. Claire Fuller, SRO b. Karen McDowell, ICS Director of Finance c. Chair Quality & Performance Board | b. Karen McDowell/Vicki Taylor | Key areas of discussion for noting and those for escalation | <ul style="list-style-type: none"> a. Verbal b. Paper c. Verbal d. Verbal |
| 10 year Health and Wellbeing Quarterly Report incl. HWB Board review Safeguarding Children /Adults updates | Tim Oliver/ Ruth Hutchinson | Phill Austen-Reed | For noting and discussion | Link to public papers |
| Integrated Care Partnerships update | ICP Leads | N/A | For noting | Verbal |
| Key Updates and Escalations from Recovery Board <ul style="list-style-type: none"> f. Key updates from Recovery Board | Steve Flanagan, Chair of Recovery Board and CEO CSH Surrey | | | |
| Hot topics/ AOB 2021 Forward Plan | | | | |