ICS System Board Agenda

Wednesday, 21 July 2021, 09:00 - 11:00.
This will be a meeting held on Microsoft Teams and broadcast in public.

Item	Purpose	Lead	Paper/ presentation	Mins
1. Welcome, minutes, updates and context				
a. Apologies and conflict of interests. b. June System Board minutes. c. National/regional context.	 For approval For noting	Tim Oliver, Chair Tim Oliver, Chair Dr Claire Fuller	 1b Verbal	5 5 5
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 Matthew Knight Steve Hams	Verbal To follow 2c	5 5 5 5
3. Strategy updates				
a. Urgent and Emergency Care b. Greener futures. c. System Development.	For noting For noting For noting	Jackie Raven Katie Stewart Karen McDowell	Presentation Presentation 3c	15 15 10
4. Updates				
a. Operational plans: • Surrey Heartlands • Frimley b. Accelerator site.	For noting For noting	Karen McDowell Louise Stead	 4a Verbal Presentation	10 10
5. Health and Wellbeing				
a. Strategy focus on health inequalities and implementation principles.	For noting	Ruth Hutchinson	5a	10
6. Integrated Care Partnerships (Place) updates				
a. Updates from Places.	For noting	Place Based Leads	Verbal	15
7. Hot Topics and AOB				
Close				

8. Future Dates of System Board Meetings **August** Board – cancelled. **September** Board – this will be the last meeting of the System Board prior to the introduction of the new ICS arrangements in shadow form.		

Surrey Heartlands Health & Care Partnership Integrated Care System Board

Minutes of meeting held on 16 June 2021

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 Billiald, Chief Exec, First Community Health and Care	SB	P
Joanna Killian, Chief Executive, Surrey County Council	JK	A	Karen McDowell, COO, Surrey Heartlands CCG and ICS	KMc	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	A
Graham Wareham, Interim CEO, Surrey and Borders NHS Partnership FT	GW	P	Philip Astle, CEO, South East Coast Ambulance Service	PA	A	Rachel Crossley, SCC Director of Public Sector Reform	RC	P
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	Matthew Knight, Surrey Heartlands ICS Director of Finance	MK	P	Michael Pantlin, Surrey Heartlands ICS, Executive Director of People and Digital	MP	A

In attendance:		
Peter Collis, Surrey Heartlands Strategic Finance and Assurance Board Independent Co-Chair	Dr Ian McPherson, Chair, Surrey and Borders NHS Partnership FT (SABP)	Sue Sjuve, Chair, RSCH
Andy Field, ASPH Chair	Louise Inman, SCC Health Integration Policy Lead	Tom Edgell, NHSE Senior Improvement and Delivery Manager
Alison Taylor, SCC Director of Community and Engagement	Sinead Mooney, SCC Cabinet Member for Health and Wellbeing	Helen Johnson, Policy and Programme Manager, SCC
Tim Caroe, The Lighthouse Medical Practice	Mairead Rooney, SCC Health Policy Advisor	Alan Downey, Independent Chair of Surrey Mental Health Partnership Board
Steve Hams, Independent Nurse	Dr Sue Tresman, Guildford and Waverley ICP Independent Chair	Kate Scribbins, Health Watch Surrey CEO
Clare Stone, Surrey Heartlands ICS Director of Multi-Professional Leadership	Giselle Rothwell, Associate Director of Communications and Engagement, SHHCP	Trudy Mills, Surrey Heartlands ICS Director of Children's Services
Dr Sian Jones, Guildford and Waverley ICP GP Member	Paul Mitchell, Surrey Heartlands, Joint Head of System Governance	Rian Hoskins, Governance Manager, Surrey Heartlands CCG

1 WELCOME AND APOLOGIES

Apologies were noted as listed.

TO welcomed everyone to the meeting which was being held in private.

TO explained that as well as the key updates from the system there would be important presentations on:

- Learning Disability and Autism services
- Mental Health Partnership Board
- Health & Wellbeing strategy

Learning Disability and Autism Programme Delivery Plan
TM introduced the presentation with a case study of a male patient with a diagnosis of moderate to severe learning disability. Attempts had been made to place him in the community but unfortunately these attempts were unsuccessful mainly due to his fluctuating challenging behaviour and his diagnosis which required robust management in the form of an effective medication regime and a positive behavioural support approach. JW commented that this showed the need for early imaginative interventions.

TM outlined:

- The profile of the Learning Disabilities and Autism population
- The development plan strategic priorities
- Progress and challenges to date

GW asked whether the training package looked at environment sensory issues. TM replied that a sensory bid had been submitted.

SW commented that large strides had been made in the move of services from institutional settings.

The System Board **noted** the LDA programme delivery plan.

- **Conflict of interests**
  No conflict of interests were declared at the meeting relating to items on the agenda. CF raised a declaration related to the LDS presentation as her son is autistic.

- **Minutes from May 2021 meeting**
  The minutes of the meeting held on 19 May 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 updated on the following:

  - The number of LDA health checks had shown a big rise over the past year.

  - The process for the appointment of the new CE of NHSE/I was underway.

- ICS development - the framework document was expected imminently. Work was continuing in planning for the introduction of new organisational arrangements in April 2022. The System Development Plan was being updated and would be submitted later in the month. The Chair and CE appointments timeline would be issued later in the month. CF was heading the planning of the delegation of commissioning arrangements from regions to systems. A decision on the Frimley boundary will be made by 5 July. The Surrey CC One Surrey and ICS Organogram which had been included in the papers were **noted**.

- Operational plan – has been submitted and classified as Green. Eight areas had been considered to have improved from the draft to final submission. The priority now was to move to delivery. Progress would be monitored via the weekly surveillance pack.

- The number of Covid infections were increasing. The areas in Surrey bordering on London had the highest infection rates. However, there were no reported increases yet for hospitalisations. The vaccine rollout was continuing at pace. It appeared that low uptake rates for vaccinations were linked to the areas with the highest rate of infections.

2 KEY UPDATES / ESCALATIONS FROM ICS

a) SOAG – presented by CF.

CF confirmed that most of the items discussed at SOAG had been included in the respective QPB and SFAB reports but highlighted the following:

- Ockendon report – there was concern around the reporting requirements which seemed disproportionate. TE confirmed that this was being taken up via the Chief Nurse. CF expressed willingness to join the conversation. AF commented that the requirements were distracting for management while not providing assurance.

- Critical care capacity – Surrey had the lowest number of beds per population in the region.

- The current level of children's bronchiolitis was becoming a concern.

- High demand in UTCs - MW commented that primary care and 111 services were also experiencing unprecedented demand. DE added that hospitals can work flexibly to accommodate demand, it was harder to manage in primary, social and community care.

There had been general reporting updates on:

- Assurance of Planning Process.

- COVID Incident Response and Surge Planning.

- People Plan and Workforce.

- Recovery.

b) Finance – presented by MK.
MK introduced the Finance report which covered:

- Strategic Finance & Assurance Board - May 2021.
- Financial plan 2021/2 – this was in balance. There was a net risk around the hospital discharge programme.
- The capital allocation of c£100m had been made for the next two years. This had been escalated as agreed at the previous meeting. Work was being undertaken by CEs and CFOs on mitigations to reduce the gap. Some schemes could be rephased without significant operational problems. Land sales of c£20m had been agreed which could be brought forward this year.
- Covid reimbursement audit can be closed.
- Transformation funding had now ended.
- H2 block allocations were likely to continue.
- PC reported that the development of a system wide risk strategy had been discussed at SFAB.

c) Quality and Performance – SH.
SH introduced the QPB report which included updates against key topic areas discussed. He highlighted:

- Ockendon - supported the comments made earlier in the meeting about the onerous reporting requirements.
- System quality risks were being developed.
- Ongoing progress around the covid vaccination programme. Work was being carried out on the delta variance.

d) Other key updates – None raised.

3 NHS PRIORITIES AND OPERATIONAL PLANNING GUIDANCE 2021/22

KM confirmed that since the last meeting the draft operational plan had been submitted to region and had received a Green classification. There were moderate risks around workforce. The focus was now on to delivery.

The System Board **noted** the update.

4 MENTAL HEALTH PARTNERSHIP BOARD IMPLEMENTATION PLAN

AD, independent Chair of the MHPB, gave a verbal update and highlighted:

- The report was hard hitting and identified the challenges facing all stakeholders.
- All parties accept the recommendations and the need to take them forward.
- Demand was increasingly greater than the resources available.
- Priority improvements –
    - Shift to prevention and greater early intervention.
    - Improve relationships.
    - Ensure better data is available for clinicians and managers.
    - Engage with other sectors.
    - No bouncing rule.
    - Special focus on BAME, ED, children moving to adult services.

- Identify Strategic Programme lead.

GW confirmed that the delivery board had been established.

The System Board **noted** the Mental Health Partnership Board implementation plan update and that it will be brought back to future meetings.

5 HEALTH AND WELLBEING

RH introduced the refresh of the H&W strategy, including a new vision for data.

The H&WB had approved recommendations from the H&WB Board meeting on 2 June to:

- Agree the reframed Priorities, Outcomes, System Capabilities and Priority Populations to enable a refresh and alignment of the Strategy's principles and programmes.
- Agree to an informal Board meeting in July to discuss:
  - The Strategy's ongoing principles for the inclusion of programmes within the Strategy/Board agendas.
  - Links to the Empowering Communities roadmap.
  - Alignment as part of the broader Health Inequalities programmes in Surrey.

TO commented that such strategies should be transformational. The revised strategy picked up wider determinants of health and priorities for prevention. Workshops will be established to take this work forward.

PC asked whether when considering environmental issues does the strategy factor in what the local NHS and LAs contribute to pollution. RH commented that it was important that the ICS help lead the way on this.

The System Board **noted** the draft proposed approach to the review and refresh of the Surrey Health and Well-being Strategy. This will come back later in the year.

6 INTEGRATED CARE PARTNERSHIPS –UPDATE FROM SURREY HEARTLANDS PLACES

North West Surrey - JW

- An away day had been held to refresh the ICP strategy including population health management.
- The ICP had recently hosted Baroness Dido Harding to visit local services and meet with senior staff.
- An integrated service model for Addlestone was emerging.
- There was a lower vaccine uptake in some wards.

East Surrey – SC

- The H&SC partnership board had been established.
- The ageing well programme was being developed further.
- An integrated model for the respiratory care programme was being developed.

Guildford & Waverley – LS

- A wider place-based seminar on inequalities had taken place.

- Objectives were being developed for the 10 key priorities.

Surrey Downs - DE

- NHS Providers had produced a report on place-based collaboration which had referenced Surrey Downs.
- A recent BBC breakfast programme based at Leatherhead had focussed on long covid.

7 HOT TOPICS/AOB/FORWARD PLAN

AOB – Rachel Crossley updated on NHS net zero. now being front loaded. Plans will be required to meet the target set last September. The NHS Constitution requires the identification of an ICS lead, RC will be taking on this role.

TO confirmed that he will not apply to be Chair of the ICS as the candidate appointed will need to be independent. The advert is due to be placed imminently.

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

The meeting closed at 11:00 am.

The next meeting will be on 21 July 2021 at 9:00 am. The meeting will be broadcast in public.

ICS System Board
21 Jul 2021

Finance Update

Author:	Matthew Knight, ICS Chief Finance Officer
Executive Lead/Sponsor(s):	*Matthew Knight, ICS Chief Finance Officer*
Action required:	To Note
Attached:	*N/A*

EXECUTIVE SUMMARY

This summary provides an update on current finance matters:

- **Financial Planning 2021/22**
- **H1 2021/22 outlook**
- **H2 2021/22**

Financial Planning 2021/22

- A final system financial plan was submitted on for the first half of the financial year (H1) on 15th June 2021.
- The plan is in overall balance.
- Separate capital and transformation funding plans were submitted for the financial year, following system prioritisation processes.
- More detailed Provider financial plans were separately submitted, which were consistent with the system financial plan.
- System income for H1 includes the CCG's recurrent programme, Primary Care and running cost allocations, Covid funding, Hospital Discharge Funding and system top-up funding.
- National Elective Recovery Funding for H1 is accounted for under a separate mechanism.
- Surrey Heartlands also bid successfully for £10m Accelerator revenue and capital funding, which was awarded as part of a national pilot to identify

innovative ways to reduce the elective care backlog which built up during the pandemic.

- System Financial Risks identified at the time of the plan submission included rising demand for Mental Health services, uncertainty as to how Elective Recovery Funding worked (details were not published at the time of plan submissions), certain costs associated with the Hospital Discharge Programme and demand pressures in Urgent and Emergency Care.

H1 2021/22 outlook

- The system is presently expected to remain in overall balance for H1.
- At the start of July, published Elective Recovery Fund rules were changed for months 4 to 6, increasing the threshold level of activity above which the system is separately reimbursed for elective work (from 85% to 95% of 2019/20 levels).
- System Directors of Finance meet regularly to discuss financial performance and the outlook for future periods.
- System partners have reviewed the level of risk within the forecast and mitigations which are available.

H2 2021/22

- A planning submission is expected to be made during September for H2 2021/22.
- No details have yet been published by NHS England & NHS Improvement.
- It is anticipated that the categories of additional funding which commenced in response to the Pandemic will continue.
- Some areas of additional funding may be adjusted in response to changes in Covid or other National guidance.
- In preparation for H2 planning, systems are working with Regional NHS England & NHS Improvement teams to review run rates and other parameters as an input to planning guidance setting.

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

Date of paper	19th July 2021
For further information contact:	*Matthew Knight – ICS Chief Finance Officer* *Vicki Taylor – Deputy CFO – System Finance*

ICS System Board
21st July 2021

Quality and Performance Board (QPB) July 2021: Summary

Author:	Edwin Addis, Governance Manager
Executive Lead/Sponsor(s):	Clare Stone, ICS Director of Multi-Professional Leadership, Karen McDowell, Deputy SRO, Professor Steve Hams, Independent Registered Nurse and QPB Chair.
Action required:	To Note
Attached:	N/A

EXECUTIVE SUMMARY

This paper provides a summary of the ICS Quality and Performance Board meeting held on Monday 5th July 2021.

The Ockenden Update

The LMNS (local maternity and neonatal system) Programme Lead provided an update on Surrey Heartlands LMNS Ockenden assurance position in line with the national Ockenden priorities (e.g. implementation of the Perinatal Quality Surveillance Model and appointment to the Independent Advocate Role). Key themes were highlighted denoting areas of progress and challenges. Core requirements for achieving Ockenden assurance deliverables was demonstrated within the report, along with identified risks. The next steps for the LMNS on further Ockenden assurance for quality improvement and outputs for maternity services was also outlined (e.g., Continuity of Carer deliverables for 2021/22, multi-disciplinary training and gap analysis of current service provision). The QPB Chair and KMc requested that the level of risk (risk score and mitigations) identified in this report be checked and CCG risk register updated if not on there already.

Urgent and Emergency Care (UEC) Strategy

Associate Director for UEC in Surrey Heartlands highlighted the following points from the ICS Urgent and Emergency Care Strategy:

- The strategy sets out the proposed approach to further developing ICS UEC services across Surrey Heartlands, along with delivering on key strategic objectives as mandated by the NHS Long Term Plan, outlining the local priorities which demonstrate that the strategy has been influenced by the feedback received from our Citizen Panel.

- Once the strategy is approved, the ICS / ICP's will develop the required delivery plans and, in so doing, will also describe the metrics to be used to demonstrate progress and any local governance arrangements.
- It is anticipated that overall governance will be via the Surrey Heartlands Urgent and Emergency Care Board, which will replace the Surge and Winter work stream Board, should this be agreed by the ICS Exec; with an ICS UEC clinical reference group also being set up. Any additional ICP governance arrangements will be agreed locally and tailored to local delivery of various elements of this strategy. Equality Analysis will be undertaken as required as part of the planning and delivery phase of the priorities described within the strategy. The UEC teams have recognised a need to focus on ensuring that equality drives our improvements, strengthens the accountability of services to those using them, and brings about workplaces that are free from discrimination (page 19 of the strategy). The Chair requested that a reference to our ambition to engage and consult with a more diverse group and desire for culturally appropriate services be added to the summary at the beginning of the document.
- The UEC Strategy is to be presented at the appropriate ICS/ICP Boards, with the final version being ratified at the ICS Governing Body at the end of September 2021.
- Because of the length of the document (50 pages), there was a discussion about the need for an Easy Read version of the strategy and it was agreed to produce one.
- QPB endorsed the strategy for onward approval by the Governing Body provided that the agreed comments and adjustments are added to the strategy.

Quality Management System Update

Clare Stone highlighted the following points:

- National Quality Board (NQB) requirements published in April 2021 include 'Working Together to Deliver Quality', which reinforces the need for ICS Commissioners and Funders to set clear quality standards and expected outcomes when commissioning (which are considered as part of Provider performance management) and have clear governance and accountability arrangements for quality, including identifying and managing quality issues, and developing a just culture which is open, transparent and continuously improving.
- It has been agreed by the ICS Executive Team that Clare Stone, ICS Director of Multi-Professional Leadership and CCG Chief Nurse, who oversees the CCG/developing ICS quality and safety portfolio, is the ICS Executive Clinical Lead for Quality and Safety,and will Chair the System Quality Oversight Group. Discussions are taking place as to whether a representative from the Care Quality Commission (CQC) will agree to joint chair this Group.
- Based on new and emerging national guidance, the CCG Multi-Professional Leadership Team are drafting a preliminary Framework that integrates quality planning, improvement, surveillance, and assurance, following the international best practice ISO 9001 Quality Management System standards 'plan, do, study, act' cycle approach, for optimal quality governance, oversight, and learning – for wider iteration with ICS partners as more national guidance is published.
- The next ICS Quality Management System Development Workshops will be held later in July 2021.

System Risk Management Update

KMc provided an update on progress with managing system risk:

- As the Surrey Heartlands ICS arrangements develop, including the development of system strategic objectives, the CCG has now started work to drive the development of

a system risk management process and risk register. As part of this process, a subgroup of the QPB has met twice to consider the specific risk assurance needs of the QPB.

- An externally facilitated system workshop is being planned for 28th July 2021 to seek partner input and buy-in for the emerging draft system risk policy and system risk appetite statement. All members of the QPB risk task and finish group will be invited to this workshop.
- Notwithstanding these developments, the Governance team as well as QPB have recently raised concerns that the current risk register may not be as comprehensive as it might. The ICS Executive Team has therefore committed to a full review of the current risk register contents during July 2021.

Quality and Performance Assurance Reporting

Julia Jones presented the new format of the monthly assurance report and highlighted:

- The report provides assurance on the development plan for establishing the Surrey Heartlands ICS Partnership and statutory ICS NHS Body; delivery of operational plans and priorities (achievement of milestones and targets); equity of access in relation to patient experience and health outcomes; and performance of constitutional and quality indicators.
- The South East Regional team provided their feedback on 3rd June 2021 about the final submission of the Surrey Heartlands 2021/22 Operational Plan and rated the system Green overall, stating that Surrey Heartlands provided a comprehensive plan that covered all aspects of the planning guidance, with additional plans included to give a complete, whole system plan for H1 and beyond.
- The Surrey Heartlands System Development Plan (SDP) is the mechanism for establishing an ICS Partnership and statutory ICS NHS Body. Delivery of the plan is overseen by the SDP Operational Delivery Group (SDOG) which meets fortnightly to monitor deliverables and KLOEs - summary progress and key issues or risks will be highlighted as appropriate in this report going forward.
- The Surrey Heartlands System Development Plan (SDP) is the mechanism for establishing an ICS Partnership and statutory ICS NHS Body. Delivery of the plan is overseen by the SDP Operational Delivery Group (SDOG) which meets fortnightly to monitor deliverables and KLOEs - summary progress and key issues or risks will be highlighted as appropriate in this report going forward.
- In section D of this report, delivery of the programmes of work across all priorities will be monitored (milestones and Key Performance Indicators), alongside tracking of related numerical trajectories. Reporting will develop iteratively, with the key assurance themes outlined in the Executive Summary.
- The Constitutional Performance Summary in the report illustrates that SH compares favourably (upper quartile) to other ICSs. Metrics reported: A&E 4 hr, RTT 18+ and 52+ week waits, Diagnostics, Cancer 2WW, 62 days and 104 days.

ICP reports

- Vicky Stobbart from Guildford and Waverley gave an update – a new local quality and performance assurance committee (QPAC) had been established (Healthwatch is one of the members) under the chairmanship of Sue Sjuve, the Royal Surrey FT Chair. The locally developed Alliance Board had identified three priorities: workforce, carer strain, and primary care pressures. QPAC meets monthly and have identified 8 objectives.

There was a deep dive on Advance Care Plans. No additional risks or issues were identified.

- Jack Wagstaff from NW Surrey reported on the development of the quality infrastructure at place level (first meeting to be held later in July), focusing on leadership and the importance of quality and good intelligence systems and data. Waiting lists were on encouraging trajectories, focusing on cases with highest potential harm. Pressure points included access to mental health services (top end of acuity, high demand in all settings) and discontent with perceived lack of face-to-face appointments.
- Jon Ota from East Surrey (ES) ICP reported that the local quality assurance committee was being established in collaboration with Sussex system and SaSH and added that SaSH was reporting 20% increase in Maternity and Primary Care activity. Increase in cases of C Diff infections possibly linked to prescribing of antibiotics.
- Surrey Downs ICP representative could not attend so there was no update from Surrey Downs.

Carers Annual Report 2020-21

NHS Partnership Manager for Carers highlighted the following points:

- The report provided an update on the Unpaid Carers Programme, including the development and ratification of the Surrey Carers Strategy 2021-2024, with particular focus on the NHS Carers Key Performance Indicator (KPI) activity during 2020-21.
- All 22 providers continue to advance their carers work. The impact of COVID-19 is evident, with some providers recording notably lower Carer Prescription referral activity as a result of the necessary changes brought by the pandemic. However, the efforts of providers should be noted, along with notable achievements realised during a challenging year.
- The report proposed a refreshed approach to integrated reporting for quality and performance assurance across the Unpaid Carers Programme, seeking to align reporting with key deliverables and strategic/policy drivers.
- QPB noted the new Surrey Carers Strategy 2021-24 (Appendix two; ratified at Health and Wellbeing Board held on 2nd June 2021).

Serious Incidents (SI) 2020/21 Annual Report

Clare Stone highlighted the following points:

- The patient safety processes were in place and oversight was maintained during 2020-21 particularly due to the impact of Covid on serious incident processes.
- A summary of Serious Incidents activity during 2020-21 was included, as well as themes and examples of shared learning.
- An update was given on the relaunch of the implementation of place based serious incident review panels.
- An overview of the proposed approach to implementing the Patient Safety Strategy within Surrey Heartlands was included (plans for implementing the requirements as a system.
- SECAMB has recently raised concerns regarding the impact of hospital handover delays, particularly in the Kent area, on its ability to maintain safe service delivery. A national report on handover delays is currently being produced and will be published. An in-depth harms review has also been conducted based on the increase in the level of harms reported through SIs . The Chair requested that an update be provided about this at the next meeting.

Items 12, 13, 14, 17, 18 deferred to August meeting 12 - Infection Prevention and Control Report 13 - Complaints Report 14 - Communications/Patient and Public Engagement Report 17 - Cumberledge, Dixon, Gosport Updates 18 - Individual Funding Requests (IFR) Annual Report and updated SOP (standard operating procedures).	
Date of paper	13th July 2021
For further information contact:	Clare Stone, ICS Director of Multi-Professional Leadership Karen McDowell, Deputy SRO

ICS System Development Update

Karen McDowell, ICS Chief Operating Officer and Deputy Accountable Officer, Surrey Heartlands CCG

System Board, 21 July 2021

Surrey Heartlands
HEALTH AND CARE PARTNERSHIP

SURREY COUNTY COUNCIL

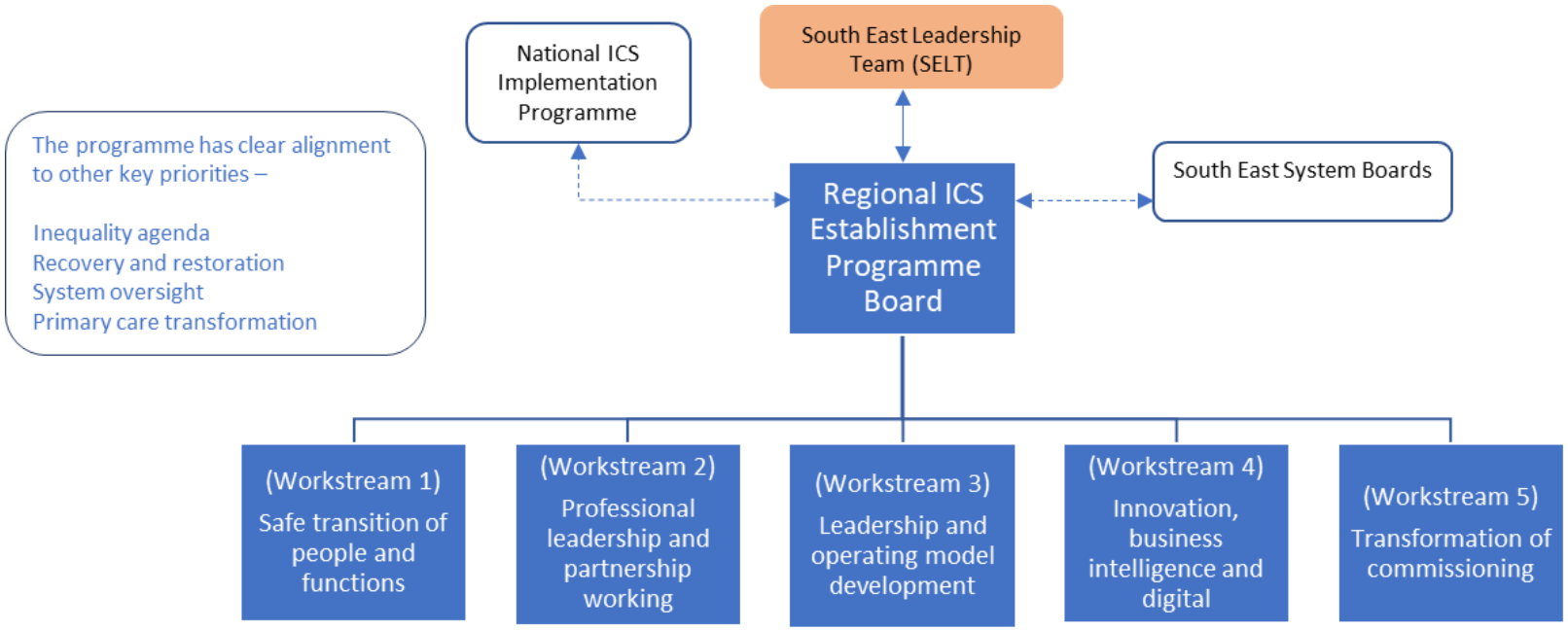
NHS

Background on System Development

- For the past few years, health and care organisations have been working as local systems to bring health and social care services together, with all systems now operating as Integrated Care Systems (ICSs) from April 2021
- At its simplest level this helps reduce fragmentation of services; as 'Surrey Heartlands', we have developed this by working together in new ways, with shared accountability for our citizens and a focus on wellbeing and prevention
- In Surrey this is about working together to deliver the priorities set out in our Health & Wellbeing strategy
- Until now ICSs have been informal partnerships with no legal remit, making decision-making difficult, with our System Board (this group) being the key vehicle for priority-setting and discussion
- Following the government's White Paper earlier this year, proposed legislation will put ICSs on a formal statutory footing by April 2022:
  - **Formal NHS ICS Boards (including the Local Authority)**
  - **Supported by a wider Partnership Board**
- We are currently waiting for the Bill to pass through Parliament
- The move to statutory ICSs will involve dissolution of Clinical Commissioning Groups (CCGs), with their statutory responsibilities moving across to the new ICS bodies – with the exact detail expected in the forthcoming legislation.

Surrey Heartlands
HEALTH AND CARE PARTNERSHIP

Regional NHS England and NHS Improvement (NHSEI) ICS establishment programme



Surrey Heartlands
HEALTH AND CARE PARTNERSHIP

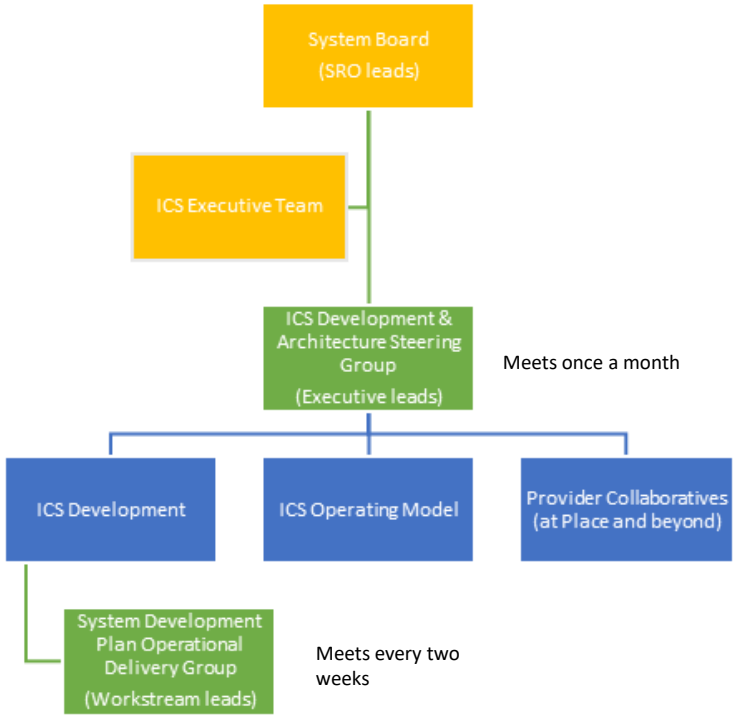
What we're doing

To respond to the white paper we have established an **ICS Development Programme** to oversee and support the development during 2021/22 and beyond.

In June 2021 NHSEI published the **ICS Design Framework,** which set out the design principles we should follow, suggesting that ICSs will play a critical role in aligning action between partners to achieve their shared purpose to:

'improve outcomes and tackle inequalities, to enhance productivity and make best use of resources and to strengthen local communities'.

This means **removing barriers** to integrated care and **create the conditions for local partnerships to thrive** as well as achieve the requirements of **transitioning safely into a new organisation**.



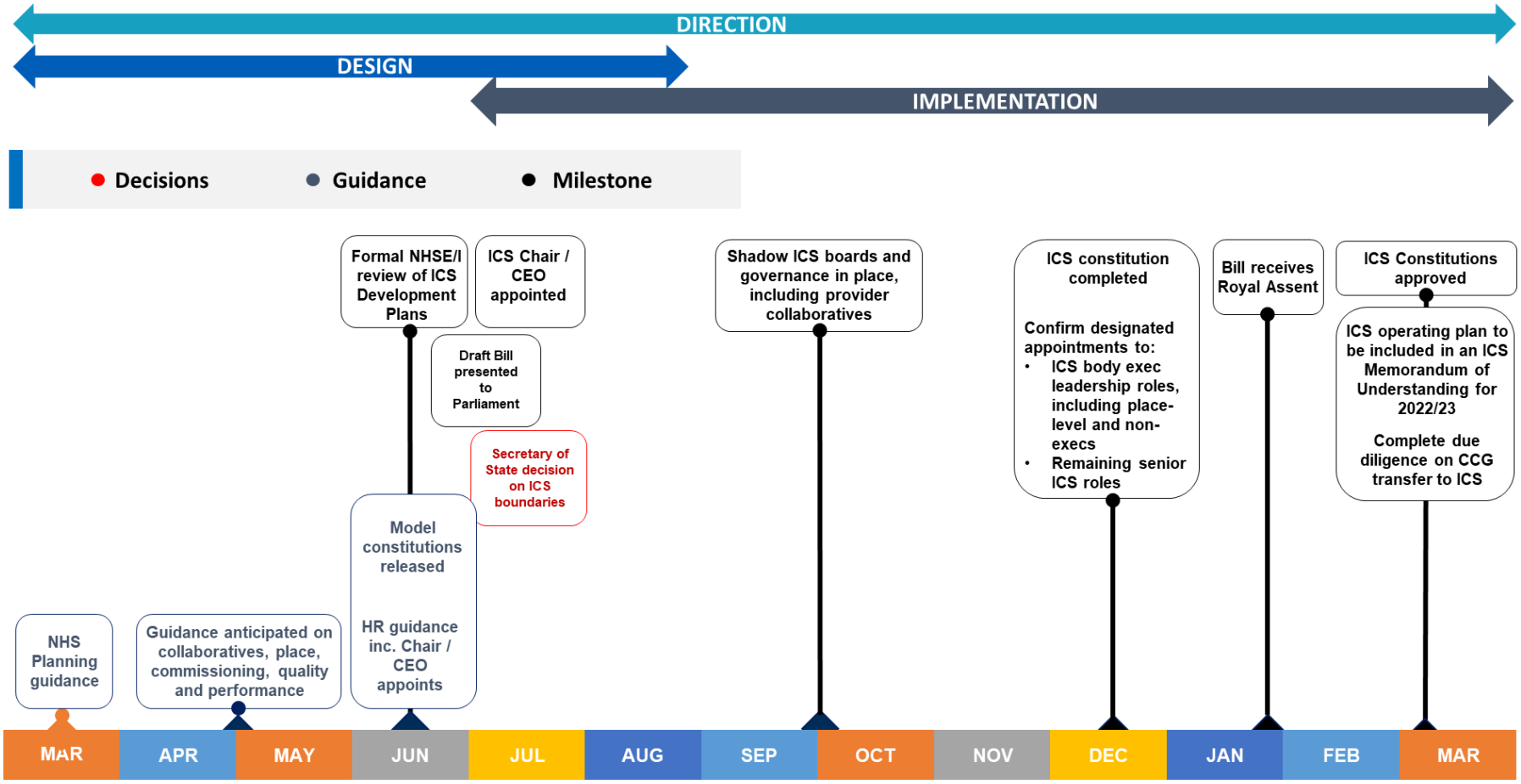
ICS System Development Assurance and Delivery

Surrey Heartlands
HEALTH AND CARE PARTNERSHIP

ICS Expected Outcomes
(subject to legislation)

SURREY COUNTY COUNCIL

NHS



System Development Programme - Key Milestones:

Quarter 1: April – June 2021	• Develop System Development Plan (SDP) – **completed and first draft submitted to NHSEI** • Develop plans in preparation for managing organisational and people transition – **completed**
Quarter 2: July – September 2021	• Commence recruitment and selection, where appropriate, for ICS Chair and CEO – **scoping initiated** • Draft proposed new ICS NHS body Memorandum of Understanding (MoU) arrangements for 2022/23 – **MoU first draft submitted to NHSEI** • Begin due diligence planning - **initiated**
Quarter 3: October – December 2021	• Appoint key Board posts • Carry out the recruitment and selection processes for all other designate ICS NHS Board roles • ICS NHS bodies and ICS Partnerships to be ready to operate in shadow form. • Engagement on local ICS Constitution and governance arrangements for ICS NHS body and ICS partnership
Quarter 4: January – March 2022	• Complete due diligence and preparations for staff and property transfers from CCGs and other NHS staff transfers to new ICS NHS body in line with guidance. • Complete preparations to shift NHSEI direct commissioning functions to ICS NHS body. • Ensure that revised digital, data and financial systems are in place ready for 'go live'. • Submit the ICS NHS Body Constitution for approval and agree the 2022/23 ICS MoU with NHS • Complete recruitment to key roles

Progress to date:

- Programme structure in place, supported by the ICS Development & Architecture Steering Group and System Operational Delivery Group.
- Review of ICS Development & Architecture Steering Group, with inclusion of Audit committee members to support robust due diligence of programme delivery
- Draft System Development Plan (SDP) approved by Surrey Heartlands Executive and submitted to NHSEI
- Reporting structures identified and agreed with leads.
- In line with SDP - Workstream and executive leads identified, high level plans development, project plans in development. Interdependencies under review
- Resource requirements identified and approved, recruitment underway for additional roles
- System development KLOEs (key lines of enquiry) under review and being evidenced further
- System Progression Tool published and under review
- Programme Gantt chart (showing activity required against milestones) drafted
- Risk and issues log commenced
- Support through regional programme and with peers

Next steps:

- Map out interdependencies to workstreams / priority areas
- Initiate workstream reporting through governance roots
- Complete and obtain executive sponsor approval for project plans.
- Identify transitional and transformational delivers in year
- Develop KLOEs with system evidence and agree gaps / areas of further development
- Receive System development plan regional feedback and take forward
- Confirm and obtain approval for final SDP
- Awaiting outcome of second Bill reading and subsequent formal guidance
- Commence appointment processes
- Facilitate executive workshop to enable clear direction of travel for board and partnership accountability
- Complete a review of the System Progression Tool and identify process to evidence Surrey Heartlands as a thriving ICS supported by social research where appropriate
- Develop a readiness to operate statement (with regional team) and due diligence work plan
- Define expectations for Q3 and Q4
- Continue to work with regional colleagues and programme
- Continue to develop local and national networks

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ICS System Board
21 July 2021

21/22 System Operational Plan - Final

Author:	Kathryn Croudace, Head of Strategic Planning, Surrey Heartlands CCG Sue Robertson, Associate Director of Strategic Planning and Integrated Assurance, Surrey Heartlands Giselle Rothwell, Associate Director of Communications and Engagement, Surrey Heartlands
Executive Lead/Sponsor(s):	*Karen McDowell, ICS Chief Operating Officer/Deputy Accountable Officer Surrey Heartlands CCG*
Action required:	***To note***
Attached:	210706_Surrey_Heartlands_Plan_2021-22_Summary_v2_1c.pdf

EXECUTIVE SUMMARY

The attached summary describes Surrey Heartlands System response to the NHS 21/22 NHS Priorities and Operational Planning Guidance for April to September 2021 (Half 1). The full ICS narrative and numerical plans were successfully submitted to NHSEI on 3 June 2021 with delegated approval, following assurance by the System Oversight and Assurance Group on 2 June 2021. NHS England and Improvement South East Region commended Surrey Heartlands on the quality of the plan and rated it Green overall.

The full plan and this summary have been published on the Surrey Heartlands website:
210706-Surrey_Heartlands_Plan_2021-22_Summary_v2_1c.pdf (surreyheartlands.uk)
202122-Surrey-Heartlands-Narrative-V1-Approved-for-Submission-03.06.21-FOR-WEBSITE.pdf (surreyheartlands.uk)

The full plan and appendices are also available on request from k.croudace@nhs.net or sue.robertson@nhs.net.

Next Steps

- **July 2021** - Continued surveillance reporting of our recovery and monthly assurance reporting against the 21/22 operational plan metrics.

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- **July/August 2021** – review impact of delivery of 21/22 H1 and earlier Phase 3 planning outcomes on Long Term Plan ambitions, in preparation for 21/22 October to March (Half 2/H2) planning requirements – guidance currently expected September 2021.
- **August/September 2021** – Preparation for H2 system planning requirements with Surrey Heartlands' NHS Planning Priority Lead SROs and Director Leads.

The System Board is asked to <u>note</u> Surrey Heartlands ICS final Operational Plan and the resulting **Green** rating.

Date of paper	6 July 2021
For further information contact:	Karen McDowell – ICS Chief Operating Officer/Deputy AO Surrey Heartlands CCG Sue Robertson – Associate Director of Strategic Planning and Integrated Assurance, Surrey Heartlands Kathryn Croudace - Head of Strategic Planning, Surrey Heartlands

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Surrey Heartlands
HEALTH AND CARE PARTNERSHIP

SURREY COUNTY COUNCIL

NHS

Surrey Heartlands Health and Care Partnership

Our plan for 2021/22

This plan summarises how we are improving care for people living in Surrey Heartlands and how we will meet national NHS priorities.

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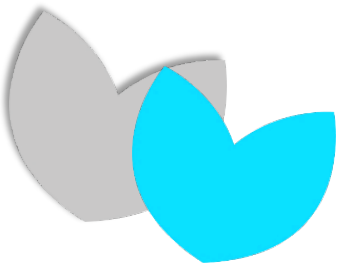

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Introduction from Dr Claire Fuller

Our plans for the next six months are set against a backdrop of the challenge to restore services, meet new care demands and reduce the care backlogs that are a direct consequence of the Covid-19 pandemic, whilst supporting staff recovery and taking further steps to address inequalities in access, experience and outcomes.

As a health and care system we have three continuing priorities; the wellbeing of our staff, particularly in light of the events of the past year; the recovery and restoration of services; and the continuation of our successful vaccination programme and ongoing care to those still suffering from Covid-19.

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We know that the pandemic has exacerbated health inequalities across many communities; in particular we know that our Black, Asian and Ethnic Minority (BAME) populations have been hard-hit. We want to build on the learning of the past year to strengthen our relationships with these communities and address health inequalities in a new and real way. Another direct result of the pandemic has been the exponential increase in demand for mental health services and we have to find ways to address this and help those who are struggling. And we also want to ensure a clear focus on those with learning disabilities and autism, particularly delivery of the Learning Disabilities Mortality Reviews (known as LeDeR) to improve life expectancy.

Transforming how we provide health and care, working closely with citizens, our communities, staff and wider partners, will be critical to helping us achieve these plans over the next six months and beyond.

Claire

Senior Responsible Officer for
Surrey Heartlands Integrated Care System

NHS national priorities for 2021/22

- **Supporting staff health and wellbeing** and taking action on recruitment and retention
- **Delivery the NHS Covid-19 vaccination programme** and continuing to meet the needs of patients with Covid-19
- **Transforming how we deliver services**, accelerating the restoration of planned care, including cancer, and managing the increasing demand on mental health services
- **Expanding primary care capacity** to improve access, local health outcomes and addressing health inequalities
- **Transforming community and urgent and emergency care** to prevent inappropriate attendance at emergency departments
- **Working collaboratively across health and care systems** to deliver these priorities

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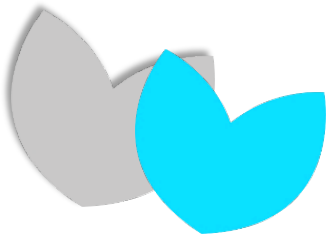
Collectively, Surrey Heartlands partners make up the largest employer in Surrey and we take pride in providing first-class careers. Making sure we have the right staff, with the right skills, is key to providing the best possible care to our population including our volunteer workforce and the third sector. As an aspiring **Anchor Network** we have committed to work together to make lasting change and provide great employment opportunities that impact positively on our population.

The past year and a half has been an extraordinary time for our workforce, with many staff exhausted and even traumatised by the impact of the pandemic. The coming year is critical as we look to restore services at the same time as supporting staff to recover and attracting the talent we need. Digital transformation has rapidly changed how staff work and how patients access services. This year will also see further change as we transition to a becoming a statutory Integrated Care System (ICS) in line with the Government White Paper, which will have an impact on many teams across our system.

Some of the key actions for the next six months include:



Prioritising health and wellbeing

We support the health and wellbeing of our staff through our well-established Staff Resilience Hub – an online resource for staff and volunteers providing a variety of psychological support – new training packages (Trauma Risk Management; Sustaining Resilience at Work), and further development of our Mental First Aid training. All organisations have health and wellbeing support packages in place for staff – including initiatives such as wellbeing cabins, support to encourage staff to take breaks and Wellbeing Guardians – and will continue to monitor both uptake and impact.

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Belonging in the NHS and addressing inequalities

We know that Covid-19 has had a disproportionate impact on our BAME communities and our workforce in particular and have set up a robust process to address risks and protect staff, particularly those in front-line roles. We are prioritising our equality, diversity and inclusion work focusing on listening and engaging with staff across all groups; taking action on employment practices and recruitment; and strengthening the quality of data so we can take more effective action.

We have a strong **BAME Alliance** challenging ourselves to take proactive action against racial bias, inequalities and discrimination, and a **Turning the Tide Oversight Board** which considers racial and other inequalities, making sure we reach out to all our communities - a key strand within our Covid-19 vaccination programme. Over the next six months we will be developing a system **Equality, Diversity and Inclusion** Strategy and setting up a **Disability and LGBTQ+ Alliance** and looking more closely at ethnic and gender pay gaps.

Embedding new ways of working

As a system we want to develop our workforce and transform how we work to continue to offer innovative and first-class care to our population. We are supporting staff to work more flexibly, across different wards and specialties, and from home where appropriate. We have signed a 'sharing of staff' **Memorandum of Understanding** so staff can be easily deployed where they are needed, for example to support our vaccination programme, and are hoping to set up digital staff passports so staff can move across organisations more easily.

As we change the way we work, training is critical; for example, supporting staff with using new digital tools, upskilling to close vacancy gaps and creating new roles to support new ways of working across health and social care. We are creating more multi-professional teams in key areas such as end of life care, hospital discharge and primary care network development and are continuing to recruit new roles – clinical pharmacists, social prescribing and others – to support new ways of working across our primary care networks.

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Growing for the future

As an aspiring Anchor Network, we recognise we can act as an anchor institution to support our local communities and positively impact social, economic and environmental areas. Looking ahead, we want to build on the significant public support experienced during the pandemic and associated interest in health and social care careers. We also want to tap into new and under-utilised markets, such as young carers and less engaged groups as well as continuing well-established international recruitment plans.

Recognising the challenge of our proximity to London with higher salaries and increased competition for jobs, we have developed a Surrey Heartlands awareness and recruitment campaign and are embedding new roles and development opportunities to aid retention. We are also looking to develop a clear Surrey Heartlands employer brand. Other recruitment initiatives include an apprenticeship forum – including a Registered Nurse Degree Apprenticeship – and continued influencing for new undergraduate courses to help create the future workforce we need. We will continue to grow our talent, developing career pathways that cross organisational boundaries, support our primary care colleagues to achieve portfolio careers, particularly amongst younger GPs, to keep them working in our system for many years to come.

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2. Continuing our response to Covid-19

Item 4a

As we emerge from the second wave of the pandemic, we continue to look after patients suffering from Covid-19, including those with long-Covid, to protect our population through our vaccination and testing programmes and make sure we are prepared for any future waves.

Delivering the Covid-19 vaccination programme

We are making good progress with vaccinating our population through 16 local GP-led vaccination sites, our larger site at Sandown Park racecourse (formerly at Epsom Downs), 11 community pharmacy sites, three hospital hubs and proactive outreach and roving services. We will continue to drive the programme to offer first and second doses to all adults in line with JCVI recommendations, with a particular focus on those communities where there is more vaccine hesitancy, using behavioural insights, targeted communications and outreach, and working with trusted community leaders.

We are now planning 'Phase 3' of the programme, which takes into account the introduction of new vaccines (such as Moderna), the sustainability of our workforce alongside potential autumn boosters and the possibility of vaccinating the under 18s.

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Covid-19 testing programmes

The Surrey Testing Cell is a joint team working across Surrey Heartlands health colleagues and Surrey County Council providing a range of testing programmes including antibody testing, asymptomatic community testing, PCR testing for outbreaks in places such as care homes, mobile testing units (which have supported local outbreaks) and surge testing which was used earlier this year to identify potential cases of the South African variant (now known as Beta variant). As we move forward our testing cell will continue to operate and flex these local testing services according to local need/outbreaks and to reflect latest Government guidance.

PPE

We will continue to support local providers to ensure they have access to all the PPE (personal protective equipment) they need, either through the national online portal or where needed via our Local Resilience Forum. We undertake daily reviews of stock levels across local providers and have a mutual aid process in place across the South East.

Item 4a

Continuing to look after patients with Covid-19

We now have significant additional capacity to look after those suffering from Covid-19 including a range of services that patients can access in their own homes via digital technology. This includes home oximetry which allows patients' oxygen levels to be monitored remotely, the introduction of virtual wards and remote monitoring in care homes. We have also made it easier for patients to self-refer and access other support such as social prescribers and care coordinators online. Moving forward we plan to build on this digital infrastructure to expand services and make it easier for people to get the support they need, when they need it.

We have also put in place a clear long-Covid pathway within each of our 'Place' systems, to support the ongoing needs of patients, including psychological and medical needs.

Preparing for future waves/outbreaks

We continue to work with colleagues in public health and NHS England/Improvement to proactively model and prepare for any further outbreaks of Covid-19 and any impact on services and our workforce, taking into account mitigating factors such as the impact of the vaccination programme.

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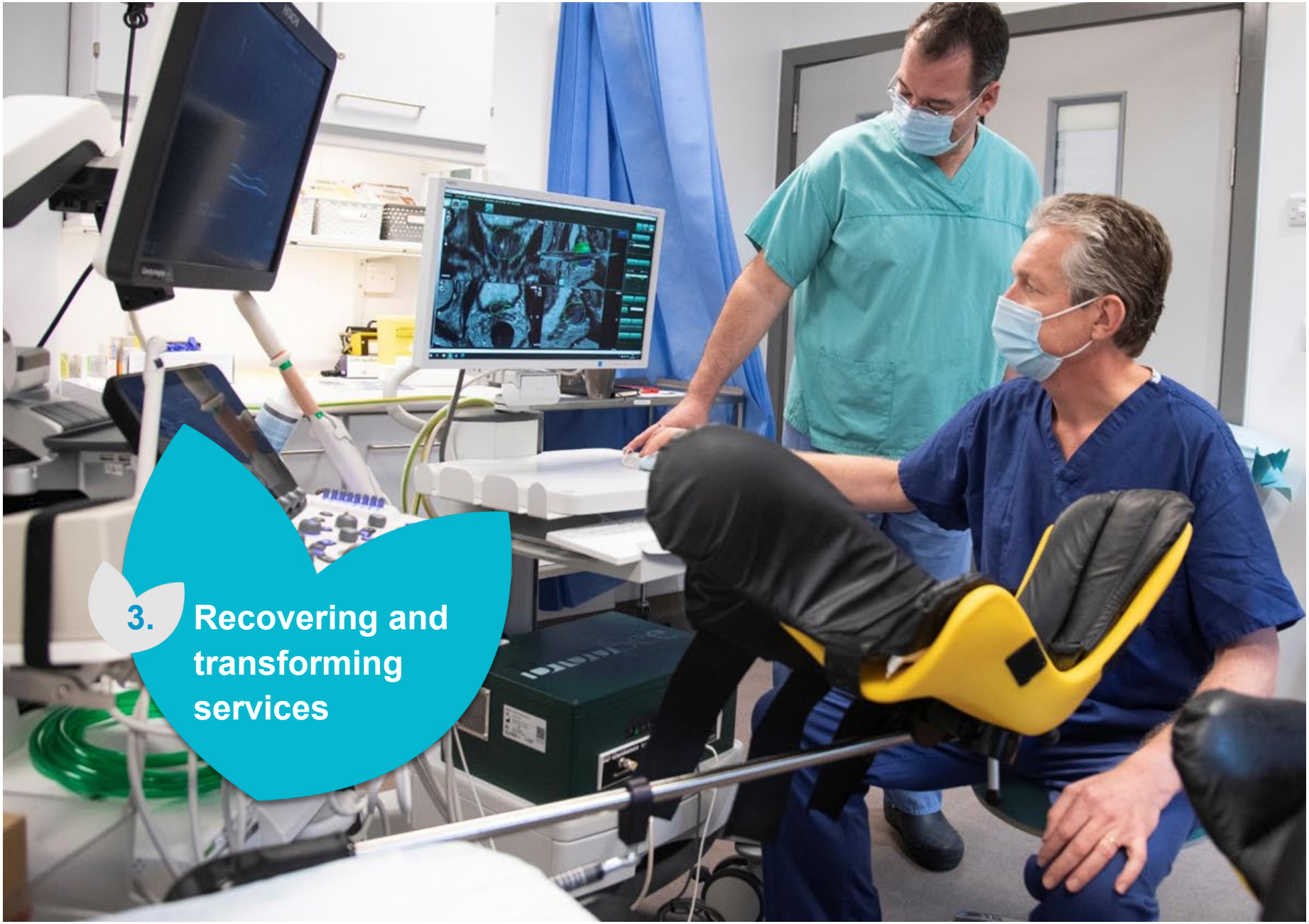

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As we focus on recovering services, we are in a strong position compared to many other systems, having maintained at least 50% of most services at pre-Covid levels throughout the recent second wave between December 2020 and March 2021. Our aim now is to recover our planned activity levels quickly and then maintain or increase these over the next six months. Planned activity refers to scheduled operations/procedures, outpatient appointments and diagnostic testing. At the same time, we need to reduce the increase in waiting lists, maintaining these at consistent levels whilst significantly reducing the number of people experiencing very long waits.

As a system, Surrey Heartlands has successfully bid to be part of the national elective accelerator programme with additional funding and help to support this work.

In planning our recovery, we will be taking advantage of opportunities to transform services improving the patient experience and making them more efficient, including digital innovation and learning from best practice - recognising that some patients may be nervous to attend appointments (trying to mitigate against that anxiety) and that some routine surgery is being postponed to make space for urgent or cancer work.

Our key areas of focus include:

Increasing capacity

Creating elective hubs and additional theatre capacity including more use of the independent sector; extending daytime and weekend operating/diagnostic times; improving hospital discharge processes; more use of **patient-initiated follow-up** (where appointments are generated in response to patient need rather than generated automatically); expanding the use of **Advice and Guidance and Consultant Connect** (giving GPs swift access to specialist advice to prevent unnecessary referrals).

Improving productivity and reducing waste

Using **Get it Right First Time (GIRFT)** benchmarking to identify specialties/pathways where further transformation/improvement will improve productivity, for example improvements have already been made to the colorectal pathway, including theatre productivity and reduction in length of stay across the system.

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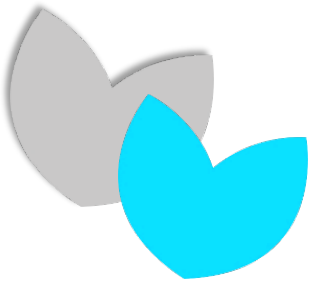
Transforming pathways

Managing demand and waiting lists through our low intervention musculoskeletal pathway and more use of the **First Contact Practitioner** programme; taking advantage of new digital innovations in ophthalmology, cardiovascular disease and dermatology, streamlining care including support for self-management; improving identification and surveillance of cardiovascular disease patients (strongly associated with health inequalities) engaging local communities in targeted educational conversations; building on digital transformation pilots in dermatology aimed at supporting faster diagnosis, treatment and triage to reduce waiting times and high referral rates.

Waiting list management

Introducing a number of specialty-level shared **patient tracking lists** across our providers; using our detailed surveillance report (developed during the pandemic) to oversee the numbers and waiting times for each specialty; and piloting the use of patient texting (via primary care) to help manage waiting lists.



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We have worked closely with both the Surrey and Sussex Cancer Alliance (SSCA) and the regional cancer NHS England/Improvement team to minimise the impact from the pandemic on cancer services. Significantly higher levels of activity have been maintained during this second wave (compared to the first), ensuring that patients on a cancer pathway have had good access to diagnostic tests and treatments. SSCA was pivotal in establishing robust mutual aid (locally and regionally), enabling organisations to work together to deliver the best care to their sickest patients. Furthermore, much of the activity that was paused/reduced during the first wave has been maintained this time, including the restoration of screening services.

Key activity over the coming months will be to:

Manage referrals and capacity

Implement the **Ardens Pro** GP referral support system (funded by the SSCA) to improve the standard of cancer referrals and reduce unwarranted variation; continue pilots such as 'straight to test' CT lung pathway; working with SSCA and community partners to understand barriers to accessing cancer services particularly with seldom heard communities; extending surgery, chemotherapy, radiotherapy to 6-7 days/week where possible; maintaining a virtual hub (by the SSCA) for patients where there is no capacity locally; and build on new practices established during the pandemic, such as the 'chemo bus'.

Quality and safety

Carry out clinical harm reviews for anyone waiting over 104 days for treatment in line with NHS England guidance.

Strengthen communication and identification of patients

Developing targeted campaigns to raise awareness of specific cancers (including ovarian, lung, prostate and pancreatic) alongside a wider cancer awareness strategy; use agreed criteria to search for high-risk patients who haven't come forward, for example smokers with a history of haemoptysis, and those with chronic obstructive pulmonary disease.

Leadership for screening initiatives at Place/ICP level

To make the most of screening initiatives locally.

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5. Mental health services

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As a result of the pandemic, there has been an exponential rise in demand for mental health services both for adults and for children and young people. Factors such as employment and financial insecurities and the isolation and disruptions caused by prolonged lockdowns have impacted the emotional wellbeing of many people, including many not previously known to mental health services. There has also been a significant increase in the number of children with eating disorders.

Across the system, we have now set up an independently chaired Mental Health Partnership Board, recognising the need for a new approach to improving and expanding mental health services with membership from a broad number of partners including schools and businesses, a real step-change in approach.

Our plans to expand and improve mental health services over the next few months include:

Adult mental health services

- Improving and expanding crisis services, including increasing bed capacity and support.
- Expanding our GP Integrated Mental Health Services – which provides specialist mental health access and support in primary care settings.
- Transforming our community mental health teams.
- Better dementia diagnosis and support post a diagnosis.
- Expanding our perinatal mental health service.
- Working to reduce the number of out-of-area placements (patients who have to be looked after outside Surrey) which rose during the pandemic.
- Taking advantage of digital innovation to improve services.
- Recruitment of a BAME outreach officer to improve support to our BAME communities.
- Implementing our Mental Health Partnership Board improvement plans.

Services for children and young people

- Mobilisation of the new **Emotional Wellbeing Mental Health** contract for children and young people (being undertaken by an Alliance of organisations) which includes an additional £6m investment and a focus on early intervention, and to reduce service backlogs.
- Supporting schools in line with the new contract mobilisation timescale.
- Establishing a Tier 4 **Provider Collaborative** to provide a number of high acuity eating disorder beds within Surrey.
- Focused action on suicide prevention and reduction of self-harm.

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6.
Services for people with a learning disability and/or autism

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Our plans include:

- Making progress on the delivery of annual health checks for people with a learning disability and/or autism and improving the accuracy of GP Learning Disability Registers.
- Reducing reliance on inpatient care for both adults and children with a learning disability, focusing on community support and better admission avoidance, and including the completion of purpose-built housing.
- Implement 100% of the actions coming out of LeDeR (Learning Disability Mortality Reviews) within 6 months of notification, including recruitment of new staff to undertake this work, including engagement with local *Valuing People* groups to develop the ongoing involvement of people with lived experience in the programme.

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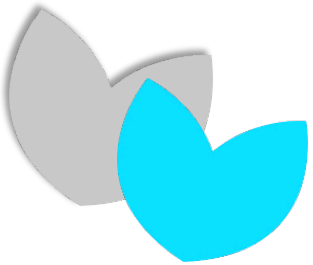
7. Improving maternity care

Item 4a

Across Surrey Heartlands our maternity services – including providers, commissioners and local maternity voices – work as one **Local Maternity and Neonatal System**. Our plans over the next six months are focused on delivering improvements in maternity care as part of our **First 1000 days** programme, as well as responding to the recommendations of the Ockenden Review (an independent maternity review into cases of serious concern at the Shrewsbury and Telford Hospitals NHS Trust published in December 2020).

These include:

- Recovering all aspects of maternity services following the pandemic – making sure we are offering all services within the maternity pathway with choice of birth location; removing any restrictions to support for women throughout the maternity journey; and making sure that the specific needs of Black, Asian and Minority Ethnic and vulnerable women are identified and met.
- Delivering the priorities for 2021/22 set out in our **Maternity Transformation Plan** – this includes the **Saving Babies Lives** care bundle; personalised care planning; reduction in the number of women smoking during pregnancy; continuity of carer delivery and development of community maternity hubs; local neonatal improvement plans; provision of full digital maternity records at all maternity units; further development of the maternity advice line; and workforce training, safety and support, particularly in line with the Ockenden Review.
- Review of local maternity and neonatal governance arrangements.



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8. Improving access to primary care and addressing local health inequalities

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Primary care is currently experiencing a substantial rise in activity, with a large proportion of this increase driven via online access. Over the last 12 months we have provided over 6 million appointments, an increase of 28% on the previous year, with around 2.7 million of these provided face-to-face.

Our key activity over the next few months includes:

Access to primary care services

Over the coming months we will be listening to our patients via real-time data and feedback to improve overall experience and manage demand more appropriately to reduce pressure and ensure patients get the most appropriate care when they need it. We will also be building on our OPEL framework for general practice which helps identify rising pressures (in a similar way to other parts of the system) helping us to direct resource where it is most needed; a unique development for Surrey Heartlands this framework has now been adopted across the South East.

Developing our eHub model

This is a new way of delivering services within general practice using data and digital technology to triage and proactively provide the most appropriate care for patients, such as urgent face-to-face care, remote monitoring or coordination with other services and partners across the local community.

Developing 'Thriving Community Networks'

Using our Primary Care Networks as local geographical footprints, we are supporting the development of '**Thriving Community Networks**'. This is about working in partnership with local providers, citizens and the third sector to influence and design local services, using population health management data* to meet the specific needs of these communities, and making sure our Patient Participation Groups are supported to grow into strong, effective parts of these wider community networks.

Our primary care networks are at the forefront to deliver a range of population-based, personalised and preventative care to improve health outcomes and address health inequalities, marking a step-change in how we deliver care at this very local level.

* population health management allows us to use data at a local (primary care network) level to help us meet the specific needs of local communities, helping us improve health outcomes and reduce health inequalities.

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Further improving uptake in the NHS diabetes prevention programme

Over the past few years, we have developed a leading transformation programme to improve diabetes outcomes including supporting better diabetes reviews, a wide education programme, producing guidance for care homes and a review of multi-disciplinary footcare services for people with diabetes to reduce amputation rates and will continue this work to further improve outcomes including implementation of a new Diabetes Strategy.

Progressing prevention of cardiovascular disease

Cardiovascular disease is one of the conditions most strongly associated with health inequalities, with those living in more deprived areas almost four times more likely to die prematurely due to cardiovascular disease. The Covid-19 pandemic has negatively affected prevention; risk factors are often picked up opportunistically during face-to-face appointments; lockdown has also negatively affected healthy behaviours. We are now working on a whole system strategy to promote uptake of healthy behaviours reduce unwarranted variation and improve detection and management of risk factors such as atrial fibrillation, hypertension, high cholesterol and type 2 diabetes.

Stroke services

The Frimley/Surrey Heartlands integrated stroke network aims to support the development of high quality and equitable stroke services to achieve best outcomes and experiences for our populations, supporting improved service standards and reducing areas of unwarranted variation. This will include development of a prevention strategy, improving access to thrombectomy services, reducing health inequalities and improving community stroke rehabilitation.

Respiratory disease

This affects one in five people in England and is the third biggest cause of death. Our ambitions are to target improved treatment and support for those with respiratory disease to transform outcomes for our population. Encouraging people to stop smoking is a key preventative element and we are starting a three-year programme to deliver '**Tobacco dependence treatment services**' in line with the Long-term Plan commitments. We also want to create community diagnostic hubs to improve access to accurate diagnostic services (e.g., lung CT scanning, lung function testing and spirometry), with our Covid@home and virtual ward models continuing to support early diagnosis and management of acute Covid patients suitable for this type of care in the community. We will also improve services for those with chronic obstructive pulmonary disease and pulmonary rehabilitation, particularly at Place level.

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Using personalised care plans

We are working to support greater use of personalised care plans throughout health and care services, making sure our staff are equipped to support individuals develop their own wellbeing plans, increasing the number of social prescribers and working closely with all partners, particularly district and borough teams. We are also a test site for **Green space prescribing** focusing particularly on mental health, people with long-term conditions and those with learning disabilities.

Dental services

Traditionally NHS England has held responsibility for commissioning dental services. As we move towards becoming a statutory ICS we want to take greater responsibility for the oral health of our population particularly given the impact of the pandemic on dental services, developing the right commissioning plans and looking specifically at dental checks for children and young people with a learning disability and/or autism.

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9. Transforming community, urgent and emergency services

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During the pandemic, we have done a lot of work to reduce the number of people staying in hospital for a long time (also knowing that long stays can reduce independence and be more harmful to patients in the long run) and to ensure those who are medically fit are discharged as soon as possible.

We want to build on this work and our plans include:

Reducing the average length of stay

Looking particularly at stays of more than 14 and 21 days – using our single integrated discharge to assess pathway across health and social care; making best use of expanded capacity outside hospital (for example expanded care home beds and domiciliary care); continuing our focus on preventative services and admission avoidance.

Crisis community health response

Accelerating the rollout of the 2-hour crisis community health response at home to provide consistent cover (8am-8pm, seven days a week) by April 2022 – which helps to prevent admission to hospital.

Urgent and emergency services

In line with national policy, we want to accelerate the use of NHS 111 as the main route for accessing urgent care, including the use of booked appointments in A&E. We will do this by:

- Continuing to promote NHS 111 as the primary route to urgent care services
- Aiming to provide a booked time slot in A&E for 70% of patients referred by NHS 111
- Providing direct referral from NHS 111 to other hospital services (including same day emergency care and specialty hot clinics) and referral pathways from NHS 111 to urgent community and mental health services
- Having a consistent, expanded model of same day emergency care provision across our system, to avoid unnecessary hospital admissions
- Using an **Emergency Care Data Set** within all services to monitor pressures.

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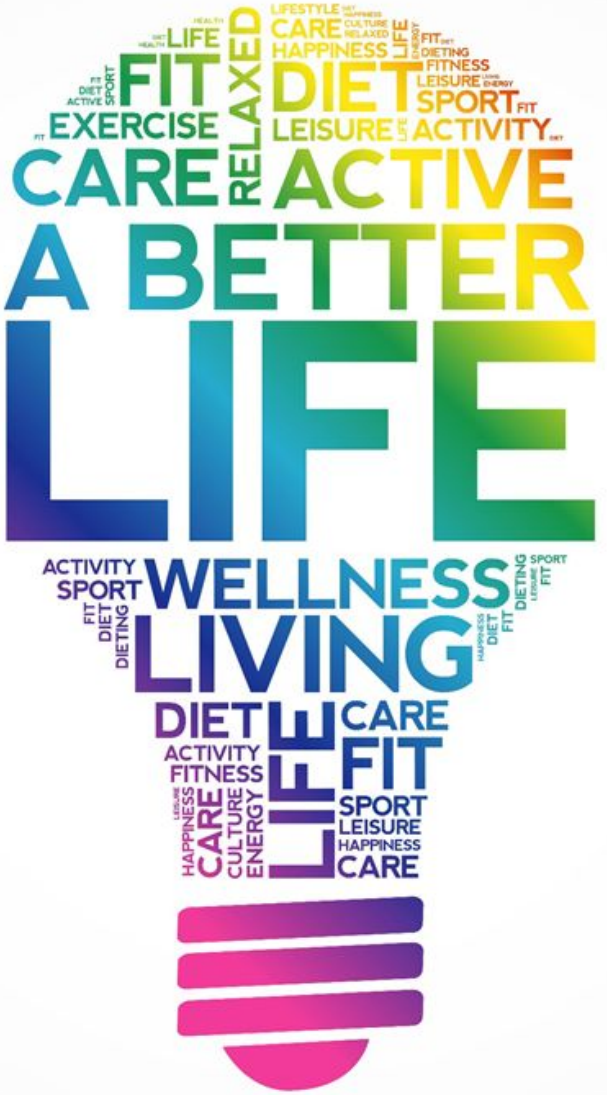
10. Reducing health inequalities



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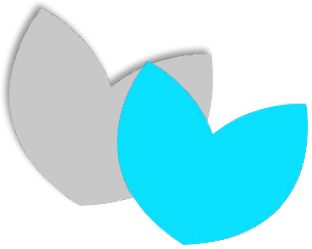
We know that the Covid-19 pandemic has exacerbated health inequalities and we need to reduce these and close the gap wherever we can. Our recovery work continues to be planned in a way that inclusively supports those in greatest need by working with communities and our partners through our **Equality and Health Inequalities Workstream**. To support this, we have gathered a range of insight and intelligence including our **Community Impact Assessment** (which measured the impact of the first Covid-19 wave on communities), development of a health inequalities dashboard to monitor key priorities, and community-based surveys led by the third sector.

Meaningful community engagement is key, and we are building on this as we develop our local relationships. For example, through our targeted response to the vaccination programme which includes development of a short film to overcome vaccine hesitancy with the Gypsy, Roma, Traveller communities; working with local trusted leaders to increase confidence for example with our BAME communities; and developing resources for our local Covid champions to take out into communities.



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Going forward, key priorities include:

Restoring NHS services with a focus on inclusivity

For example, ensuring equity of access for key services such as cancer waiting times; improving early access to diagnosis; monitoring the uptake of virtual consultations; improving access to mental health services; and focusing on community-based interventions.

Reducing digital exclusion

Working with local community and voluntary sector organisations to help people get online (for example the **Tech to Connect** project); development of a large-scale qualitative research project to fully understand different characteristics of digital exclusion so we can mitigate against them, including bespoke teaching and training packages, 'Tech' points in local libraries, and using trained volunteers and digital navigators to enhance people's digital literacy skills.

Improving insight and analytics

To help us target our response. Our health inequalities dashboard includes 51 indicators related to health inequalities; we also aim to improve the quality and reach of our data including protected characteristics.

Developing preventative programmes

To proactively engage those at greatest risk of poor health outcomes, including those most at risk from Covid-19; developing care plans for those who are particularly vulnerable, such as those with learning disabilities and severe mental illness; enhancing cardiovascular prevention; and continuing to roll-out workplace health checks prioritising BAME staff.

Strengthening leadership and accountability

Including the work of our Equalities and Health Inequalities Board.

Item 4a

Item 4a

11. Working collaboratively across our health and care system

Item 4a

As an ICS we have a duty to work collaboratively to deliver our priorities, making sure these reflect local circumstances and health inequalities and that we have the right infrastructure and approach in place to do this.

Since publication of the Government White Paper earlier this year, we are now preparing to become a statutory ICS from April 2022. This work will be supported by a robust development and engagement plan with our workforce, partners and wider stakeholders over the coming months as we prepare for this important transition. The new organisation will take on many of the former responsibilities of CCGs, including citizen and patient involvement and engagement, and will work collaboratively across the health and care system to deliver care and tackle the wider determinants of health in new and more joined up ways to improve patient outcomes.

A commitment to ongoing engagement

As we move forward, both as a system and across our local Place-based partnerships, engaging with and involving citizens and local communities needs to be at the heart of our planning. In delivering the priorities outlined in this plan and as we continue to transform services, we will work closely with patients, citizens, staff and stakeholders to make sure we continue to reflect the needs of local people and our wider workforce.

Item 4a

To find out more information on this plan and on our work towards becoming a statutory ICS, please see our website at: www.surreyheartlands.uk

June 2021

Picture credits

- Page 5: Epsom & St Helier University Hospitals NHS Trust
- Page 12, 13: Royal Surrey NHS Foundation Trust
- Page 29: South East Coast Ambulance Service NHS Foundation Trust
- Page 9: Surrey Heartlands Health and Care Partnership
- Page 8, 11, 16, 17, 19, 21, 22, 23, 25, 28, 31, 34, 35: Licenced from Adobe Stock

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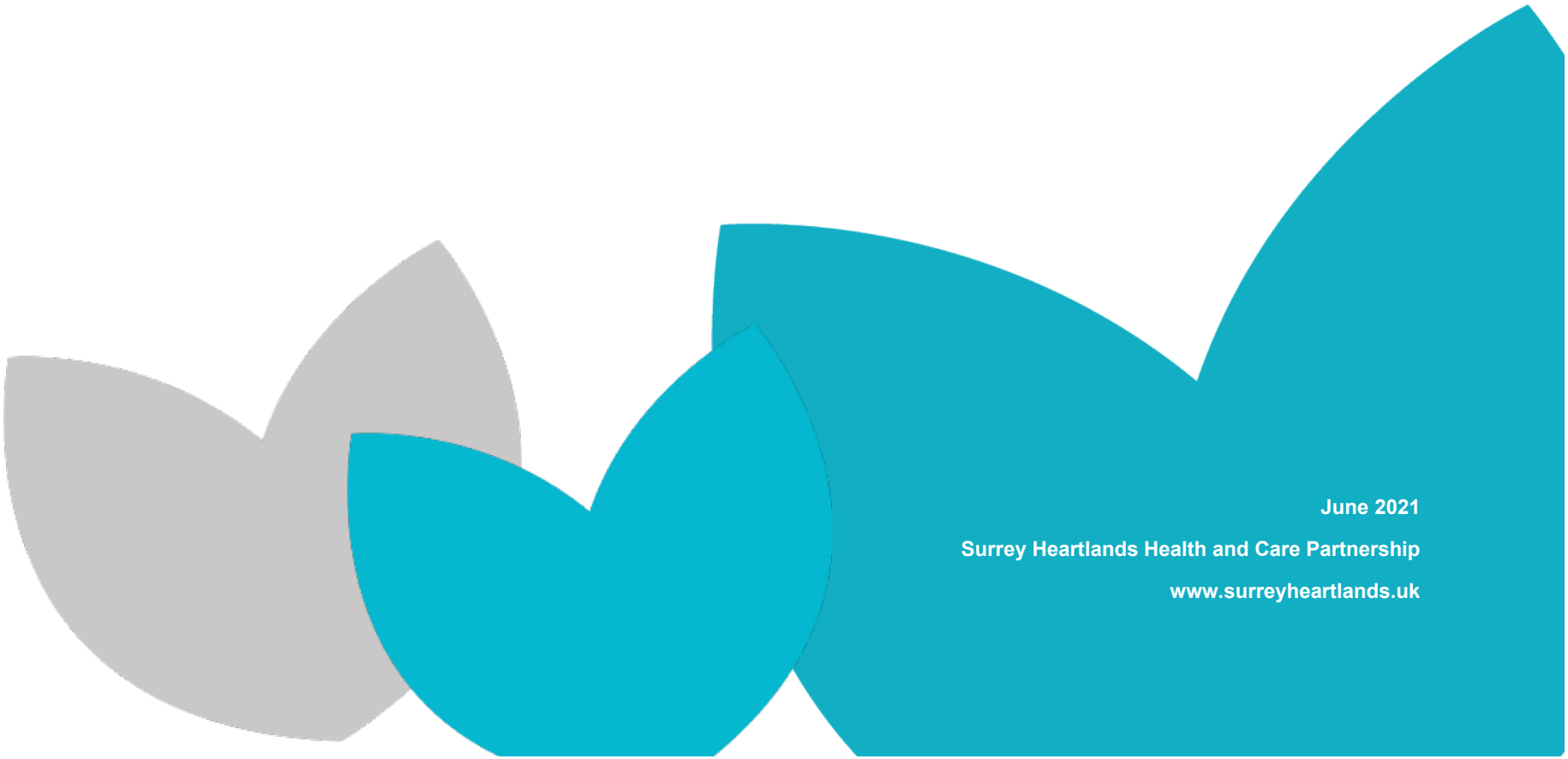

June 2021

Surrey Heartlands Health and Care Partnership

www.surreyheartlands.uk

ICS System Board
Date: 21 July 2021

Health and Well-Being Strategy:

Stage two of review and refresh: whole system focus on health inequalities

Author:	Ruth Hutchinson, Director of Public Health, Surrey County Council
Executive Lead/Sponsor(s):	Tim Oliver, Leader, Surrey County Council and Chair ICS System Board
Action required:	To Note
Attached:	Appendix 1

EXECUTIVE SUMMARY

Following the publication of the Surrey Health and Well-Being (HWB) Strategy in May 2019, there have been many significant developments that meant a review and refresh of the ten year Strategy was felt to be appropriate by the HWB Board at the March 2021 meeting.

On 8th July 2021, the HWB Board considered the implications of the links between reducing health inequalities and community development on its scope and a draft set of implementation principles for the Strategy's programmes and projects was considered.

Key links continue to be progressed between the Surrey Heartlands' Equalities and Health Inequalities workstream and the HWB Strategy, including: the alignment of priorities, outcomes, priority populations, system capabilities, implementation principles, programmes, metrics and governance structures.

Date of paper	12.7.2021
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Appendix 1

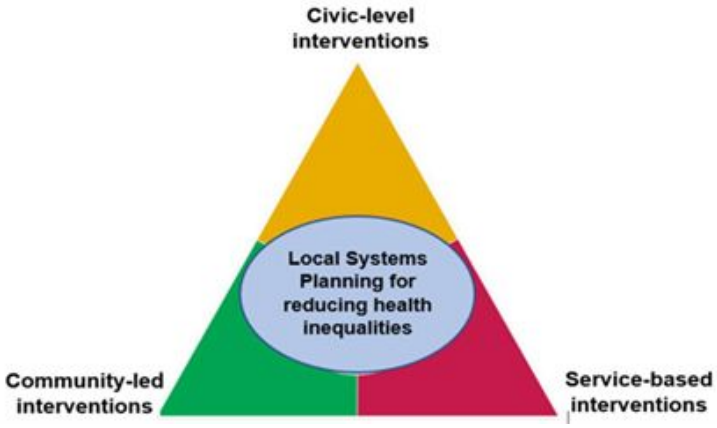
Health and Well-Being Strategy:
Stage two of review and refresh: whole system focus on health inequalities

1. Stage two engagement
The next stage of the HWB Strategy review and refresh took place at an informal meeting of the HWB board on 8th July. The objectives of the session were to:

- Explore the evidence base for reducing health inequalities, particularly through community development and community-led programmes,
- Identify how the HWB board can better support its ambition to reduce health inequalities, develop community-led programmes and
- Agree a set of implementation principles for the inclusion/exclusion of programmes under the refreshed HWB strategy and the auspices of board.

The meeting heard three presentations outlining the importance of putting communities at the centre of local planning for health and well-being so that no-one is left behind. It considered a set of implementation principles to guide the inclusion and /or exclusion of programmes in the Strategy and drive a logic model approach to ensure programmes can be evaluated as fit for purpose in achieving the Strategy's outcomes.

Discussions focused on the changes the system and the Board need to make to enable use of the population health triangle (PHE 2017, adapted) to reduce health inequalities, already adopted by the Surrey Heartlands' Equalities and Health Inequalities workstream:



Reducing health inequalities: system, scale and sustainability (publishing.service.gov.uk)

The presentations and discussion covered issues broadly encompassed by the table below, describing how at a national and local level we need to change our approach in order to reduce health inequalities, using an 'inside out' (community-led) rather than a 'top-down' (system-led) approach (PHE 2017, adapted):

System led: 'Top down'	**Community led:** 'Inside out'
Closed	Open
Separate service / civic silos	Use whole system approach
Vertical top down model	Horizontal across local areas/Inside – out model
Institution led	Community led
Largely reactive	Largely preventative
Focused on treating ill health	Focused on promoting health and well-being
Health in a clinical setting	Wider determinants of health in communities
Services 'done' to citizens	Balance of rights and responsibilities

Reducing health inequalities: system, scale and sustainability (publishing.service.gov.uk)

Discussions after the presentations focused on two key questions:

Key Q1 - What changes to the way we work together must be prioritised to make a tangible impact on reducing health inequalities? And

Key Q2 - How can we better enable the kind of community-led action that makes a tangible impact on reducing health inequalities?

Feedback included:

- Need to build on existing strengths, in our communities and the community sector
- Be clear on how we convert ambition into practice
- Know when to work alongside communities, when to enable and when to move out of the way
- Can't apply one approach across the county – all communities are different
- Be joined up across organisations so it makes sense to communities and they experience a consistent approach with the use of clear language
- Identify trusted individuals in communities (professional or community member) to use as a funnel initially
- Assess our depth of understanding of our communities
- Recognition that a big cultural shift required to progress this ambition
- Need to look at membership of our board: is it appropriate given our ambition?
- Training of our workforce needs to be in line with this shift

The following draft implementation principles for the programmes that sit under the HWB Strategy and the auspices of Board were presented:

1) Tackles a health inequality within a priority population group
2) Addresses an agreed, significant need that can only be filled by partnership working across range of stakeholders represented on HWB Board
3) Are a civic-level, service-based or community-led intervention as per Population Intervention Triangle (PIT) model
4) Are able to describe how they will engage/empower communities
5) Considers the optimised inclusion of those with protected characteristics (as per Equality, Diversity and Inclusion legislation and policies)
6) Supports COVID Recovery and Transformation
7) Are able to measure inputs, outputs, outcomes, impact / have a logic model
8) Is evidence-based
9) Has deadlines for completion, key milestones and an SRO
10) Is appropriately resourced or looking for commitment to appropriate resourcing

Two key questions were asked:

Key Q 3 – What are the implications of these implementation principles for the inclusion/exclusion of existing and new programmes in the refreshed HWB Strategy?

Key Q4 – What changes are needed to these implementation principles to enable your approval?

Feedback included:

- Put into plain language and make them more concise so can share with residents
- Need to be vision led not plan or strategy led
- Need to be more flexible to be more inclusive
- Risk of excluding small projects – how do we support these?
- Recognise sometimes we need to take a 'leap of faith' without being able to measure success quantitatively
- Need to add sustainability and creating the conditions and environments for health: community safety, planning and housing
- Not top down but inside (communities) out
- Principles to enable community assets to thrive
- Local, fresh data to enable prioritisation of the things that are identified as important
- Stretch targets to make changes in short and longer term
- Recognition of diversity as a strength

2. Next steps - engagement

Taking account of these discussions, approval for revised implementation principles and revised, existing programmes under the Strategy and any necessary adjustment of outcomes will be sought at the September HWB Board meeting.

The HWB programme team is working closely with the Equalities and Health Inequalities workstream and the Surrey Index team to review the current metrics and refresh the current indicators to develop a common approach to track progress and evaluate impact as a system.

Further work will be undertaken to consolidate revisions and map the groups that have a relationship with boards across the system. Relevant boards can then be presented with the updated implementation plans and new HWB Strategy metrics, informed by the refreshed Joint Strategic Needs Assessment, in the final stage of the engagement October-December 2021.

Refresh of the HWB Strategy: timeline

	Stage 1	Stage 2	Stage 3	Stage 4
When	June 2021	8 July 2021	September 2021	October - December 2021
Who	HWB Board and Surrey Heartlands System Board	HWB Board and other limited stakeholders including Surrey Heartlands System Board representation	HWB Board and relevant Surrey Heartlands Boards	HWB Board and relevant Surrey Heartlands Boards
Where	HWB Board public meeting/ SH System Board private meeting	Informal, private HWB Board meeting	HWB Board public meeting/ relevant Surrey Heartlands Board meetings including SH Equalities and Health Inequalities Board	HWB Board/ relevant Surrey Heartlands Board meetings
What	Approval of (HWBB)/ Support for (SHSB) reframed Priorities, Outcomes, Priority Populations and System Capabilities	Facilitated informal meeting on evidence base, Principles and removing/ retaining/adding new Programmes	Further discussion and approval of (HWBB)/ Support for (SH boards including SH Equalities and Health Inequalities Board) the Principles and Programmes	Further discussion and approval of governance arrangements, implementation plans and new HWBS metrics (HWB Board and relevant Surrey Heartlands Boards)

3. Alignment of Equalities and Health Inequalities workstream and HWB Strategy

The HWB Strategy, Covid community impact assessment and NHS phase three letter have been key in developing Surrey Heartlands' strategic planning to tackle health inequalities.

The approved, new priorities of the HWB strategy are to

1. Support people to lead healthy lives by preventing physical ill health and promoting physical well-being
2. Support people's mental health and emotional well-being by preventing mental ill-health and promoting emotional well-being
3. Support people to reach their potential by addressing the wider determinants of health

There are clear links to the distilled priorities and actions of the Surrey Heartlands Equalities and Health Inequalities group which are to:

1. Restore NHS services Inclusively
2. Mitigate against digital exclusion
3. Ensure datasets are completed and timely
4. Accelerate preventive programmes which proactively engage those at greatest risk of poor health outcomes
5. Strengthen leadership and accountability

This is particularly evident in the key actions in Priority Action 4 above which will be picked up through the HWB Strategy's three priorities, for example:

- Priority 1 (for example enhanced CVD prevention),
- Priority 2 (for example annual health checks for people with serious mental illness and continuity of maternity carers)
- Priority 3 (for example addressing the wider determinants of health).

Delivery will reflect the identified priority populations, digital system capabilities (eg workforce development and mitigating digital exclusion), and also be evident in the developing metrics and governance (further outlined below).

4. Joined up governance

Priority 1 and 2 of the HWB Strategy have existing delivery boards which feed directly into the HWB board. To date there hasn't been a delivery board for Priority 3; oversight has relied on linking into other related networks and boards. Work is underway to review the existing Priority 1 Prevention and Wider Determinants Delivery Board to include oversight of Priority 3. This will avoid the creation of a new board for Priority 3.

Given the approved HWB Strategy focus on health inequalities, the Surrey Heartlands Equalities and Health Inequalities workstream will align with the HWB Board, the Prevention and Wider Determinants Delivery Board and the Mental Health Delivery Board as shown in the diagram below.