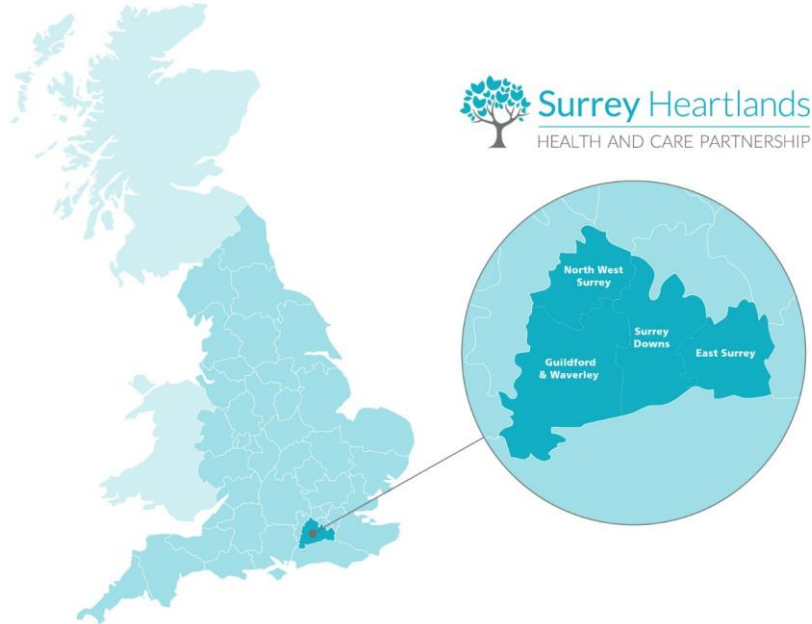


Appendix 1 – Graphs, tables and pictures

This appendix includes:

1. The graphs, tables and pictures included in the main report, to ensure that they are readable by those not reviewing papers electronically

The information provided in this appendix is presented in the order in which it is referenced in the main report.



- Covering a population of over 1 million people
- Combined health revenue allocation of over £1.5bn and combined social care and public health budget of £317m
- Four Place-based partnerships
- 106 practices working within 24 primary care networks (PCNs)
- **H** 4 acute hospital sites
- **H** 11 community hospital sites
- 2 community service providers
- 1 mental health provider including 3 inpatient units and 33 community sites
- 1 upper tier local authority (Surrey County Council) operating adult & children's social services
- 9 District/Borough Councils
- NHS Surrey Heartlands CCG



Fig 2. Recovery priorities

Meeting citizen and patient need			Addressing new priorities		Reset to a new service model ⁵	
Restoration ³ ⁴	Interdependence of health and care ⁶	Surge plans (C19 and other)	Hidden harm	Emotional wellbeing (staff and citizen)	Develop (build from)	Transform (re-envision)
<p>What will we do?*</p> <ul style="list-style-type: none"> Identify and stand up critical services Quantify diagnostics and elective backlog Propose ICS-wide approach for key common challenges 	<ul style="list-style-type: none"> Enhanced home care framework Home first D2A model, Medically fit for discharge Care home bed capacity New model for working with patients OOH and care homes 	<ul style="list-style-type: none"> Maintain infrastructure for future C19 surges, with new model learning from 1st peak Planning for non-C19 peaks: urgent care, LTCs, mental health, etc. Identify at risk services and plan for mitigation Longer term approach to testing and PPE 	<ul style="list-style-type: none"> Identify groups at risk from 'hidden' harm or deterioration Develop and deploy service offer Resume/step up prevention and screening 	<ul style="list-style-type: none"> Identify support needs for staff arising from pandemic Post C19 support for staff and communities 	<ul style="list-style-type: none"> Capture, catalogue and evaluate learnings and innovations made Develop, standardise and embed Rapid re-validation and accelerate existing, value add plans 	<ul style="list-style-type: none"> Capture and validate citizen and workforce behavioural and expectation shifts. Accelerate design and delivery priority programmes against clear benefits criteria Deliver estates¹ strategy and release funding
<p>How will we measure success?*</p> <ul style="list-style-type: none"> Minimised morbidity and mortality from non-C19 causes Enabler, not a barrier, to new ways of working 	<ul style="list-style-type: none"> Improved outcomes and experience for those in care settings Better use of our collective resources 	<ul style="list-style-type: none"> Resilience to deal with C19 and non-C19 demand Minimised morbidity and mortality 	<ul style="list-style-type: none"> Citizens at risk are identified and supported 	<ul style="list-style-type: none"> Staff and citizens are able to recover from the pandemic and lockdown 	<ul style="list-style-type: none"> Innovations are retained and generalised Models of care which deliver better outcomes and citizen experience, sustainably 	<ul style="list-style-type: none"> Services and support re/designed system-wide in response to citizen experience, need and workforce ambition Models of care which deliver better outcomes and citizen experience, sustainably
ICS development & architecture - System first, Role of ICS, ICPs and PCNs ²						
Social contract with communities - Staff and citizen behaviour change, Comms						
Digital ⁷						

*objectives and success measures are indicative and for development

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

Eight recovery workstreams - delivering impact

Restoration

- Achieving in Q3 (20/21), 86-89% of last years elective activity by the system
- Delivered in Q3, 94-105% of outpatient activity compared to 2019/20 baseline
- In diagnostics exceeded Nov/Dec baseline target of 100% (125% & 109%) in endoscopy provision and provided mutual aid in the system to reduce inequalities in waiting times
- Reduced cancer 104 day waits from 450 start of Q3 to 40 at the end of Q4

Interdependence of Health and Care

- Provision of comprehensive training and support over the course of the first phase of the COVID-19 pandemic
- Development of training and education, including Infection Prevention & Control to more than 250 care homes
- Targeted support to areas requiring additional support and reducing health inequalities this included outcome reviews of D2A model

Surge

- Significant increase in uptake of Seasonal Flu vaccination programme seen as the most successful in the history of the programme; exceeding target with 80% of over 65s vaccinated
- Think 111 go live on 1 December driving the increase of available appointment slots to NHS 111 from the initial 90 up to approx. 150 (per day) in February

Equalities & Health Inequalities

- The 20/21 winter flu immunisation programme for the school aged children offered 100% coverage with 72% up-take
- Significant up-take for school aged flu immunisation in traditionally hard to reach communities including local refuge, GRT traveller site and refugees in a local school
- Strategy and forward plan to address the eight urgent Covid HI actions set out by NHS Phase Three letter developed. This was received regional recognition by Public Health England as an 'exemplar' to be shared with other ICS'

Eight recovery workstreams - delivering impact

Emotional Wellbeing

- Continued roll out of the GPiHMS integrated mental health service in primary care.
- The TIHM Covid programme providing remote home monitoring for people with dementia and their carers, *594 individuals are receiving the service as of Feb 2021.*
- The virtual wellbeing hub providing access to 3rd sector mental health resources.
- *F2F & NF2F Mental health support to care home staff around the emotional resilience.*

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Develop & Transform

- To produce a governance that 'Developed' system opportunities that were defined in Restoration (i.e. Diagnostics)
- To develop a system wide process and governance structure to enable transformational work opportunities including Out-patients, Digital, Estates, Non-Clinical Staffing (Back Office), Empowering Communities, Diagnostics
- Facilitated system wide transformation opportunities through the allocation of joint funding between the LA and Health to accelerate local innovation: e.g. supporting patient co-design and engagement through the work of Citizens panels

ICS Development & Architecture

- Significant progress has been made in the Provider Collaborative to support greater shared working across the ICS with a specific focus on pathways of care (the current pathway focus is iMSK)
- Expansion of existing PCN Community Mental Health (GPiMHS) and expanding to include personality disorders: *8,530 consultations have taken place to date*

Digital

- Detailed 8 point plan to address digital exclusion and inequality
- Rapid deployment of data integration platform between T111 and all provider A&E and walk ins
- Successful implementation of 'virtual consultations' and digital solutions – securing £200k for the system

Fig 4 System (ICS) Governance Organogram

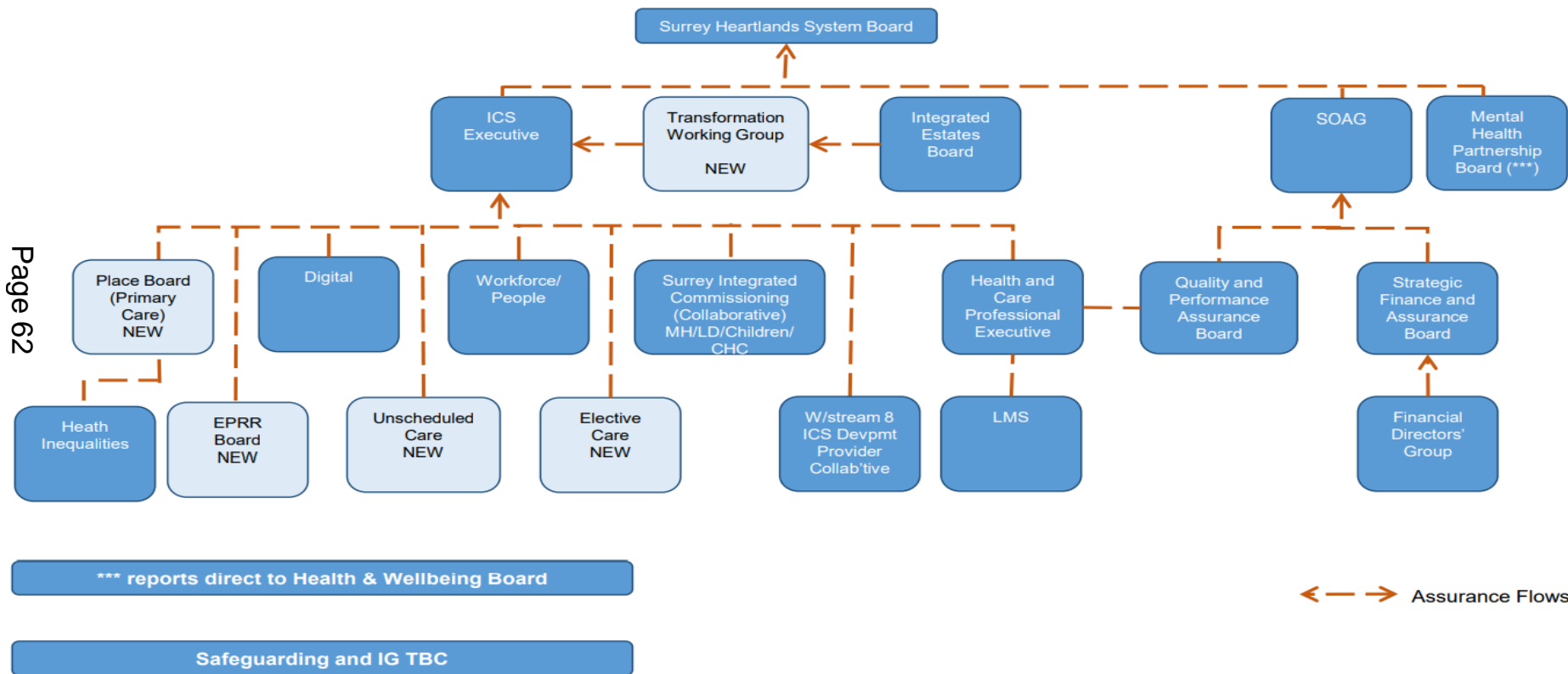
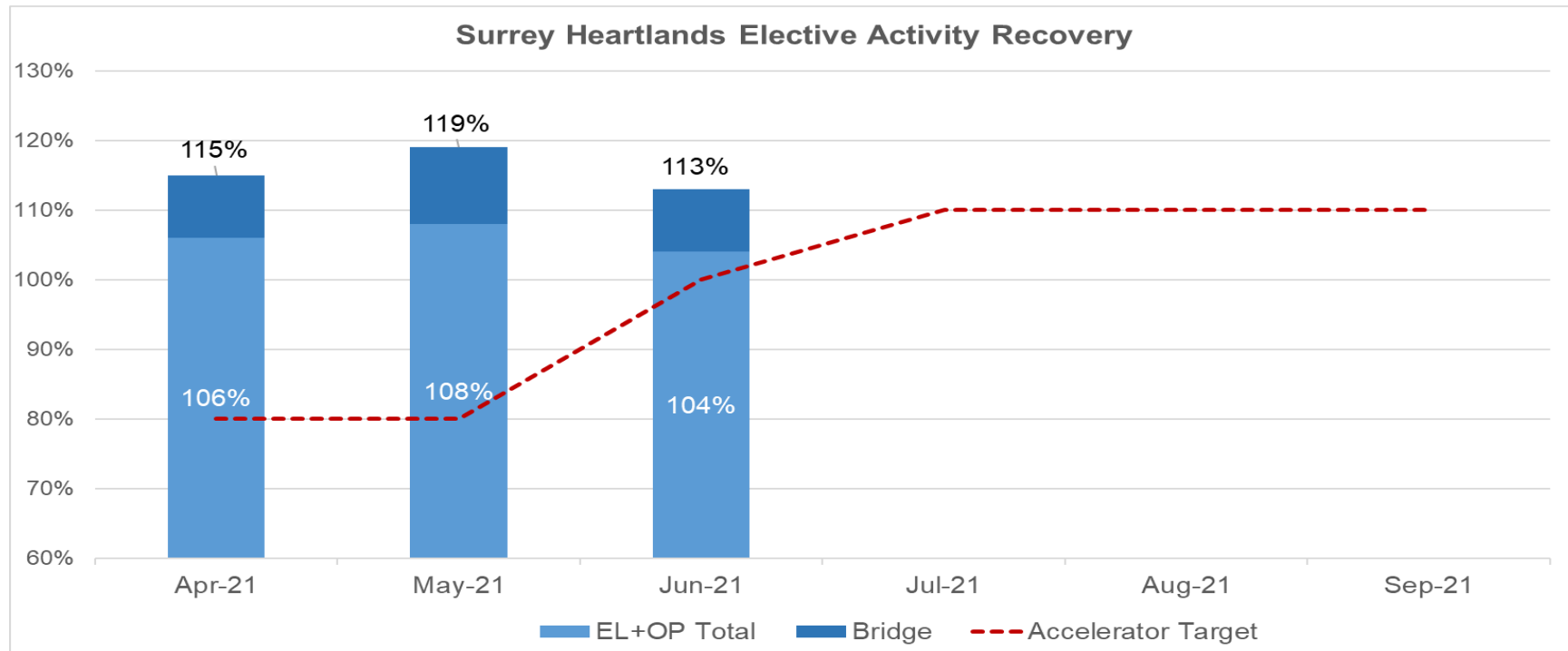


Fig 5 2021 Elective Activity as a percentage of 2019 Elective Activity levels



Note: EL = elective spells and daycases, OP = outpatient attendances and procedures *

Fig 6: Number of patients waiting longer than 52 weeks for treatment

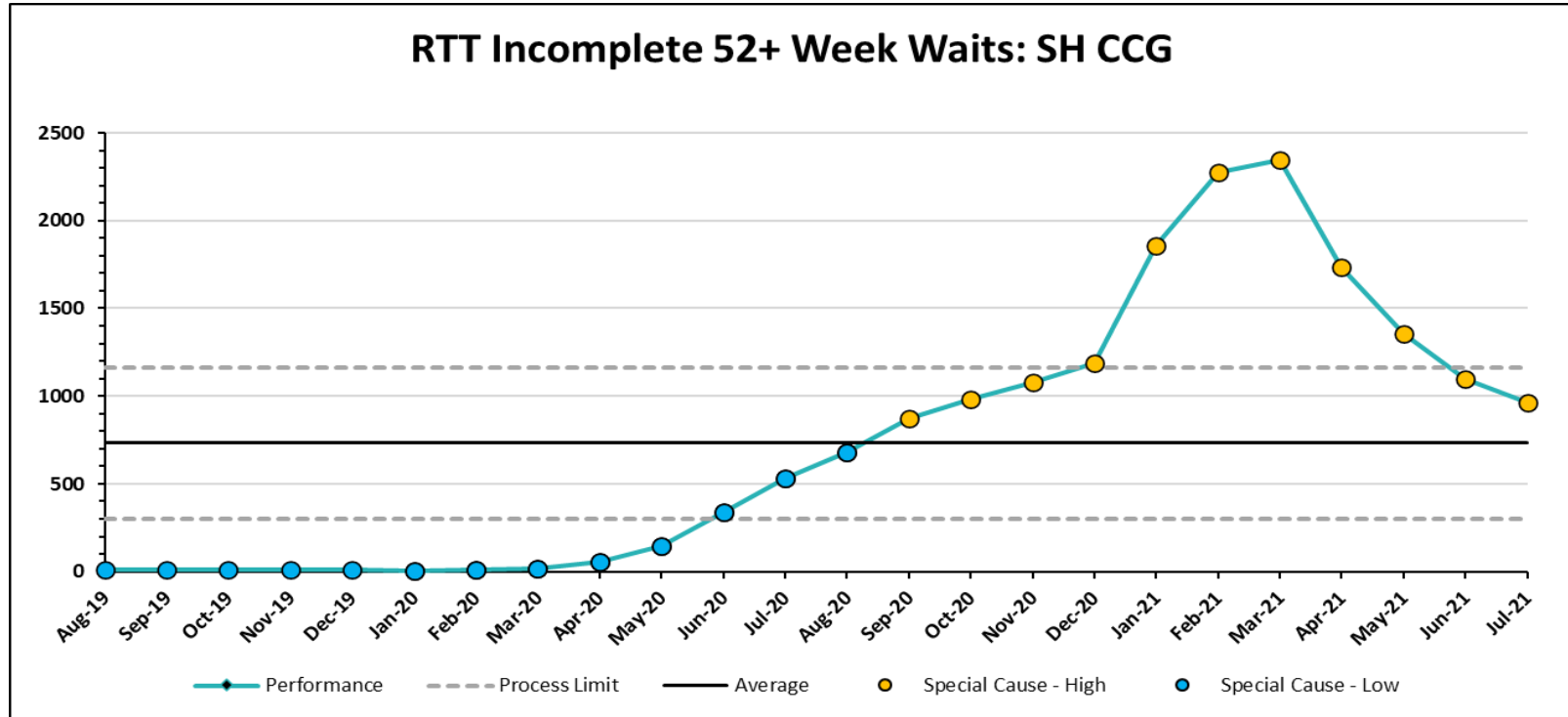


Fig 7: Cancer Patients waiting >104 days for treatment

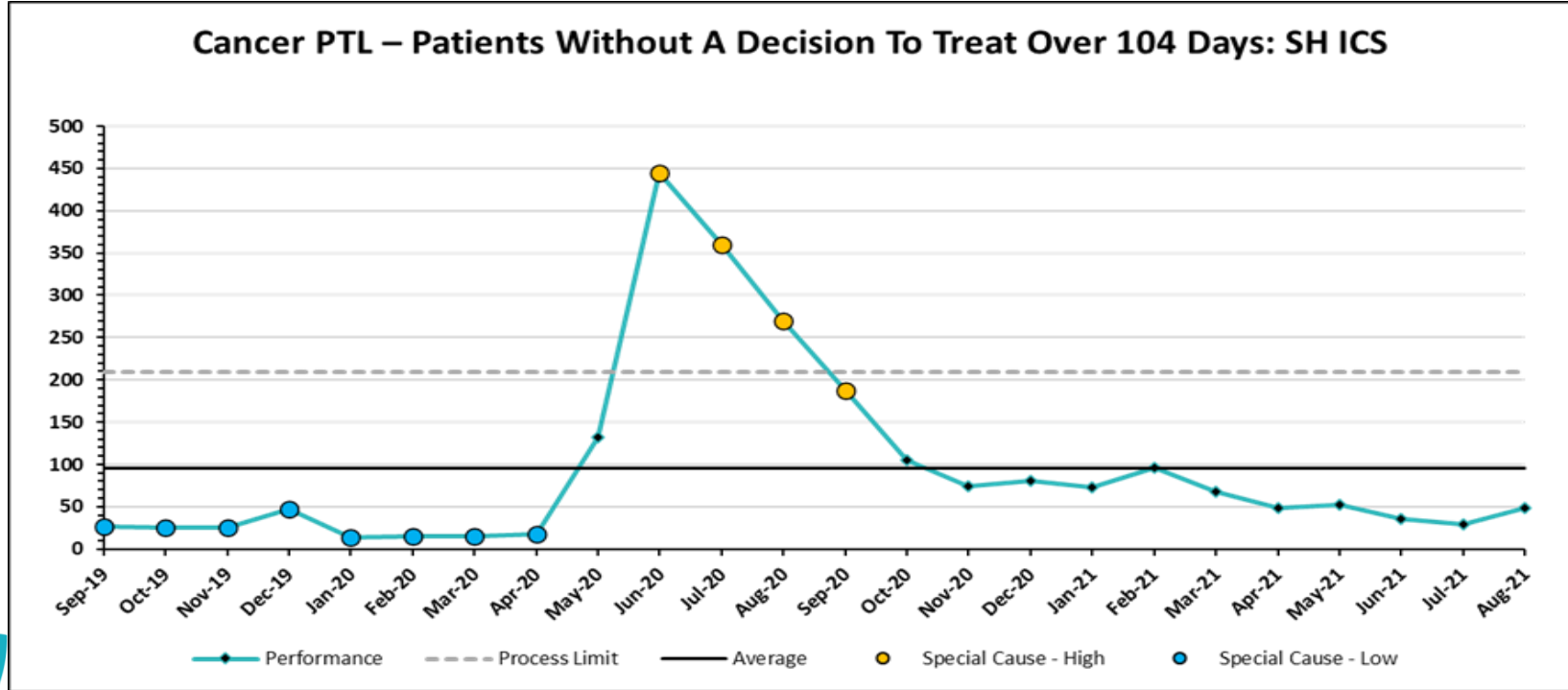


Fig 8 People waiting more than 6 weeks for diagnostics

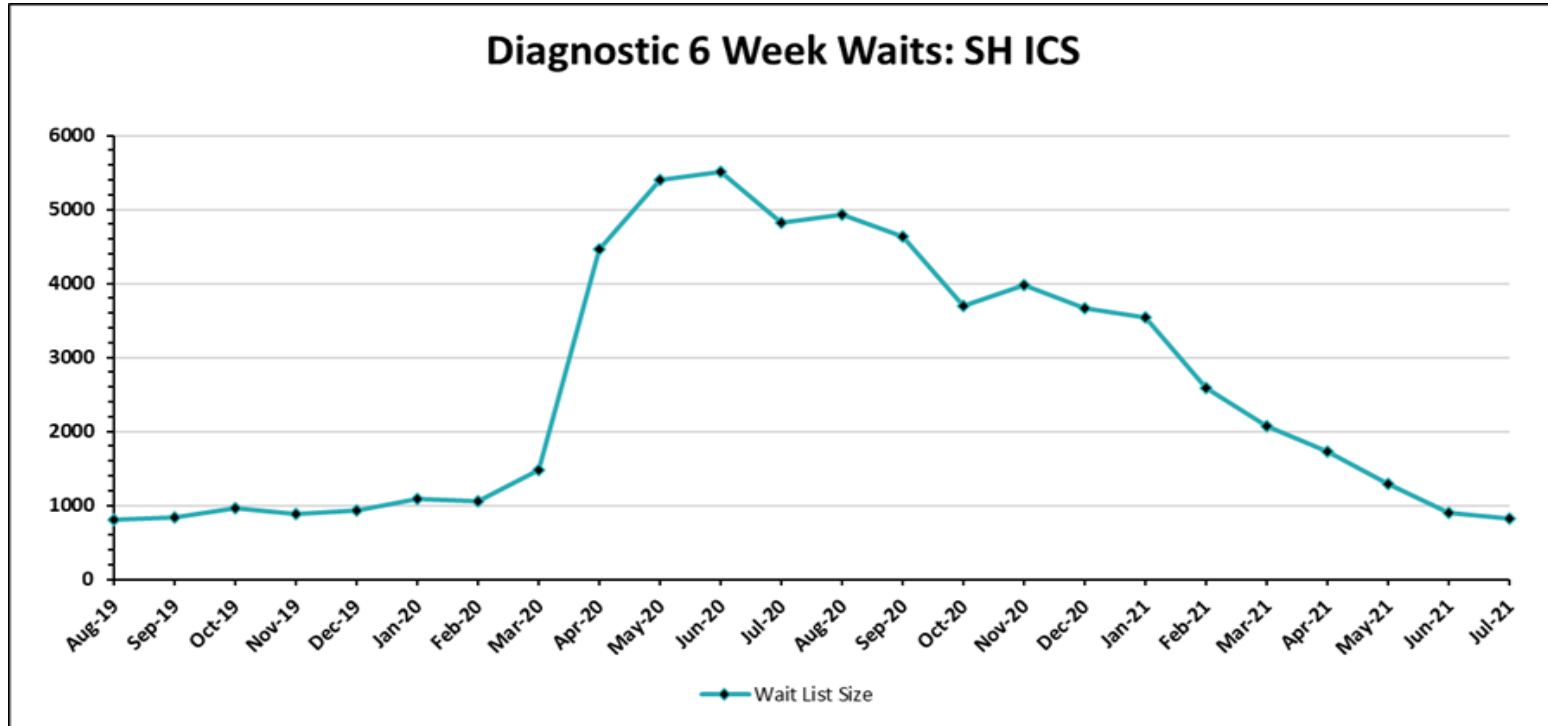
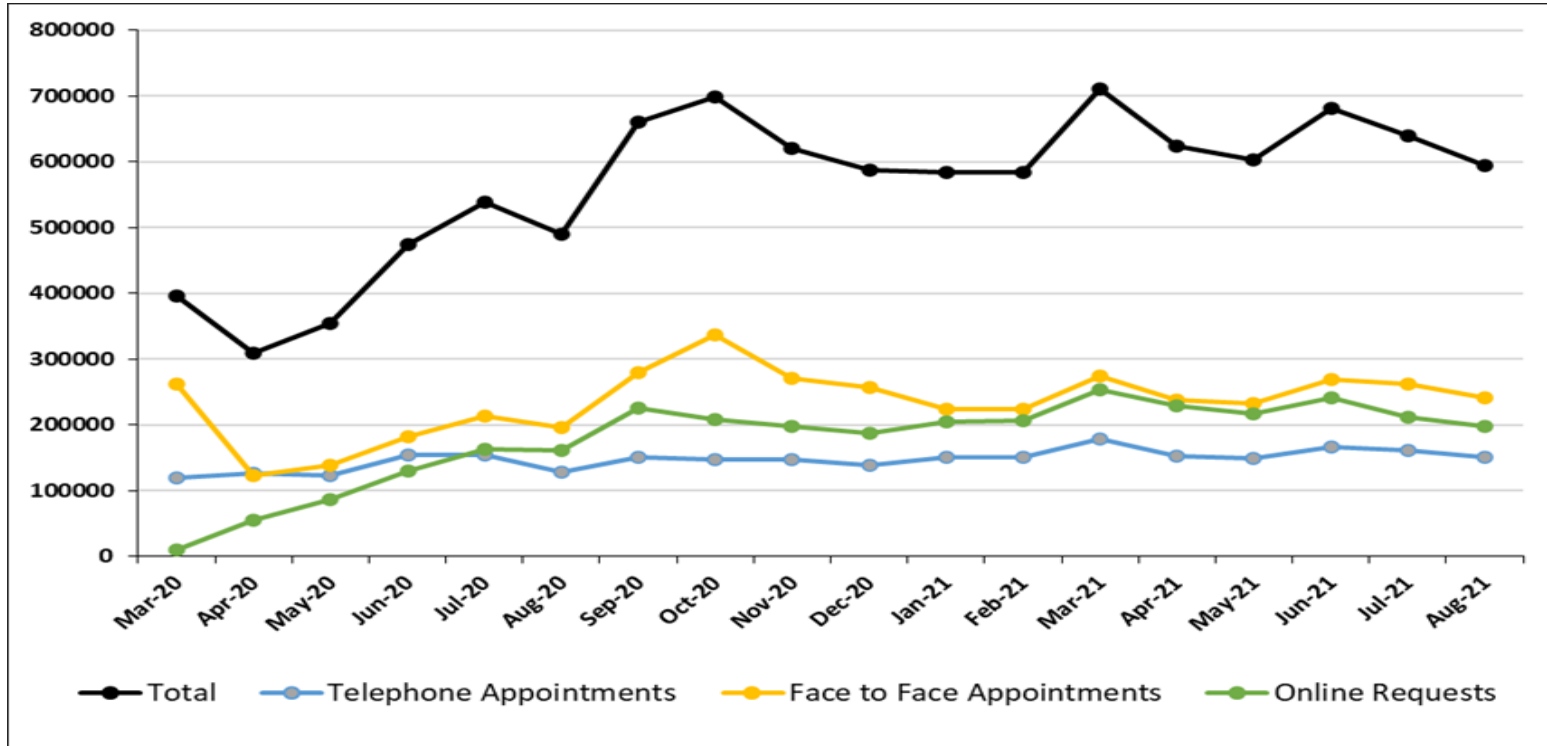
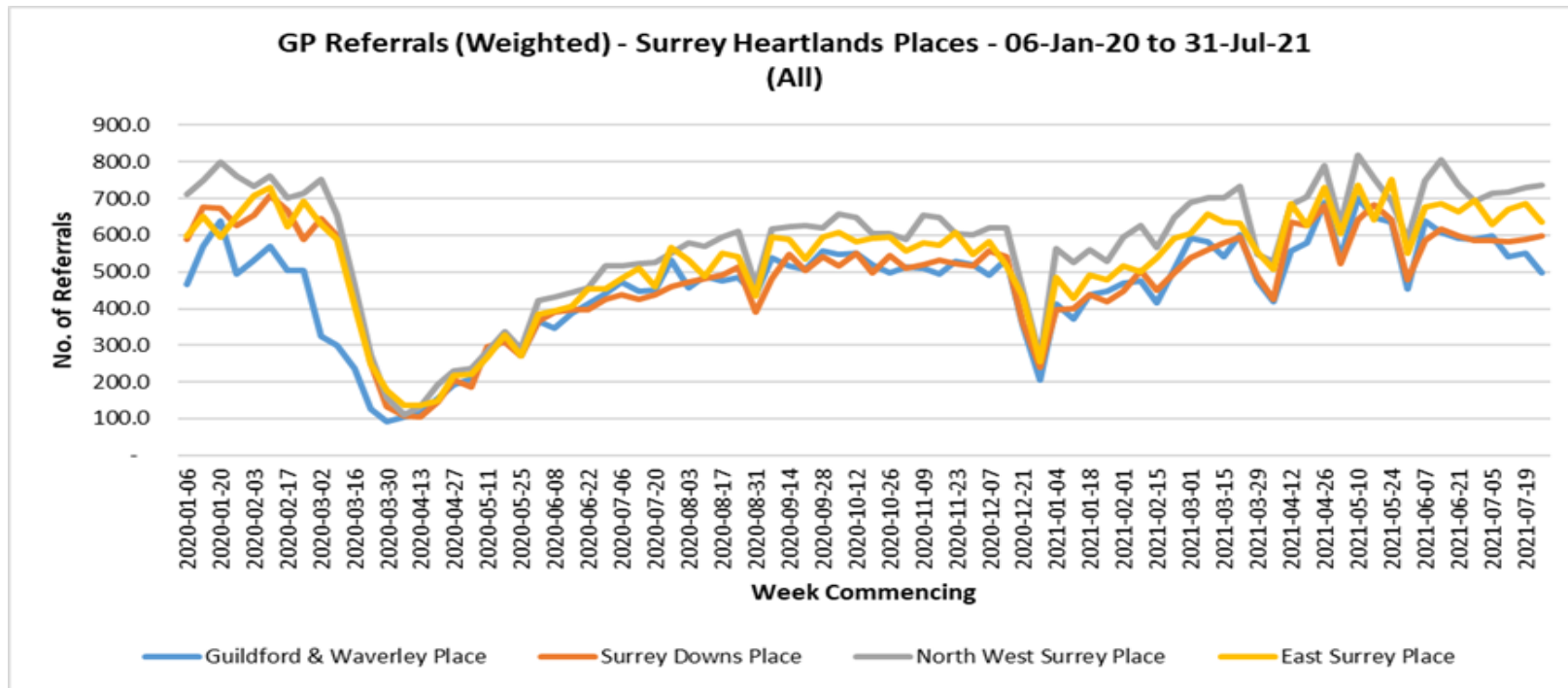


Fig 9 Primary Care Activity (Appointments and Online Consultations)





Data Source: e-Referrals as at Jun-21

Fig 11 Urgent and Emergency Referrals for Children's Eating Disorders from 01.08.2016

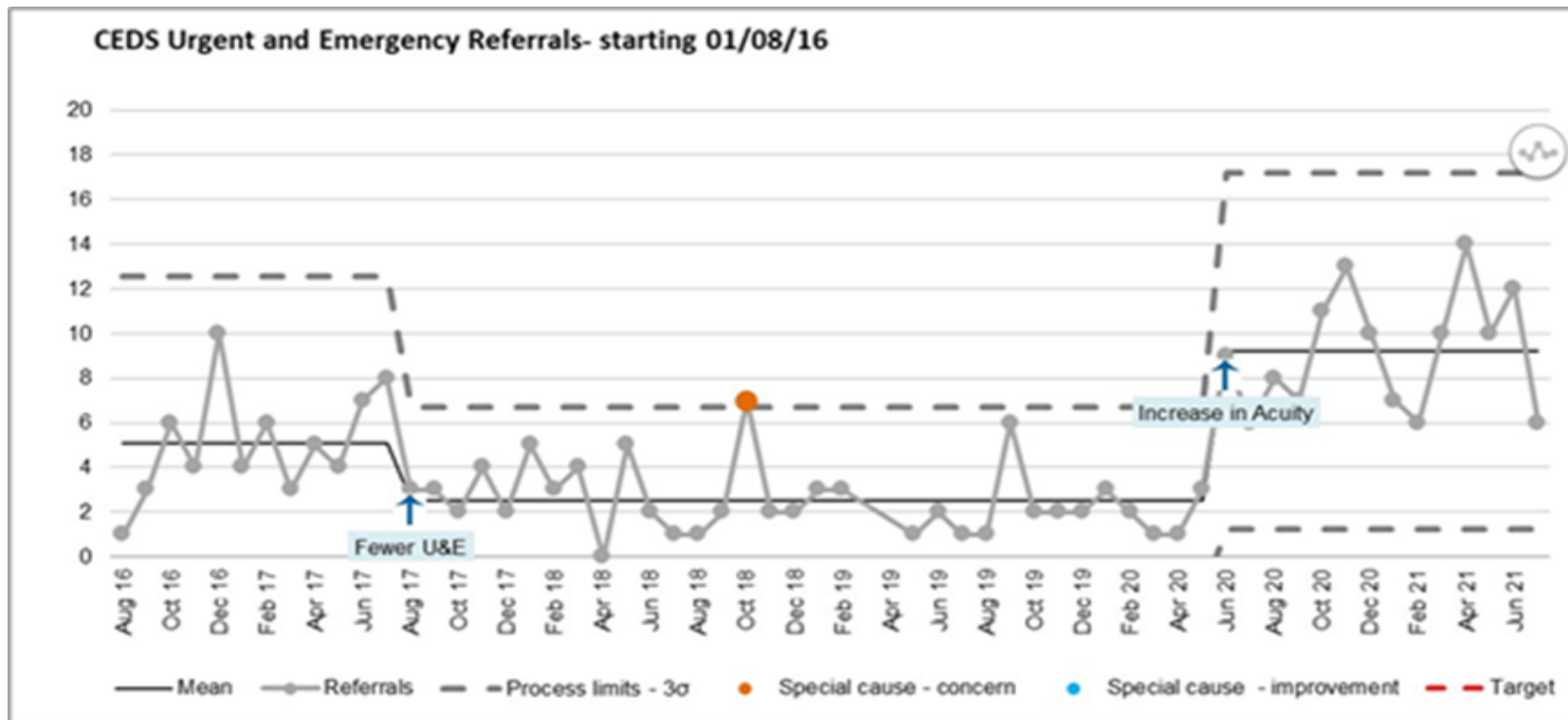


Fig 12 Key Workforce Risks and Mitigations

RISKS/ ISSUES	MITIGATIONS
Annual Leave – There is a risk that operational capacity may be impacted if a backlog of annual leave, and the potential sharp uptake of annual leave post lockdown, coupled with staff absence due to ongoing health and wellbeing concerns.	<ul style="list-style-type: none"> • Trusts have updated policies in relation to buying back / AL carry over • Annual leave monitoring and use of HRD Network and Surrey Heartlands People Board as escalation points • MOU in place to facilitate staff sharing across organisations.
Health & Wellbeing - Negative impact of Covid-19 pressures on staff wellbeing with potential for increasing levels of sickness absence if demand levels are sustained into the Autumn.	<ul style="list-style-type: none"> • All NHS providers have a Wellbeing Guardian function in place, along with the establishment of health and wellbeing groups. Health and wellbeing conversations are taking place both informally on a regular basis and formally on an annual basis, depending upon provider. • Moving forward with enhanced HWB and inclusive HWB programmes (includes HWB conversations and staff safety). • The Surrey Heartlands Resilience Hub provides access to health and wellbeing services. • Health and Wellbeing initiatives across the system include MHFA training, TRiM training, STRaW training, FTSU guardians, Staff Igloos at RSFT, Pods at SASH, and a new Wellbeing Centre at ASPH.
Recruitment and retention - Reduction in international recruitment rates due to several challenges (quarantine rules, agency delays, border controls, available mentors).	<ul style="list-style-type: none"> • Partners continue to manage recruitment of international staff internally, with escalation to the Resourcing Network and then Surrey Heartlands People Board where appropriate. • International Retention programme to commence in order to address issues related to turnover of internationally recruited staff • Vaccine Workforce Programme to commence in order to fill vacancies with individuals that have signed up to work for the vaccine programme. • Surrey Heartlands Recruitment campaign
Vaccination - Both the C19 and flu vaccination programmes are primarily delivered by out community and primary care providers, creating staffing and service delivery pressures during the recovery phase. There are also WF pressures at some of the Vaccination Sites as people return to their lives.	<ul style="list-style-type: none"> • Ongoing work with SJAB to support vaccination sites • Recruitment via Landmark into roles that can support CSH Surrey services • Ongoing communication between ICS and vaccination providers to ensure stability of services, with escalation where required
Community health – The increase in acuity and dependency of complex patients, both on inpatient wards and domiciliary caseloads, demand for long COVID services, and the age profile of our People in this area, create increasing pressures on our services.	<ul style="list-style-type: none"> • Workforce Development Funds to be used to develop the Out of Hospital workforce • Enhanced Health and Wellbeing programme to develop support for long COVID • Provision of support as per the Health & Wellbeing mitigations • Surrey Heartlands Recruitment campaign
Primary Care – Increased demand & workforce capacity gaps in particular in practice nursing, and difficulties in filling some professional ARRS roles to support.	<ul style="list-style-type: none"> • Surrey Heartlands Recruitment campaign • Commencing Primary Care digital staff bank. • Launching Return to practice Programmes for Occupational Therapists. • ARRS recruitment model will link with GPIMHS model. • Surrey Training Hub delivering action learning sets, coaching and mentoring to support development.

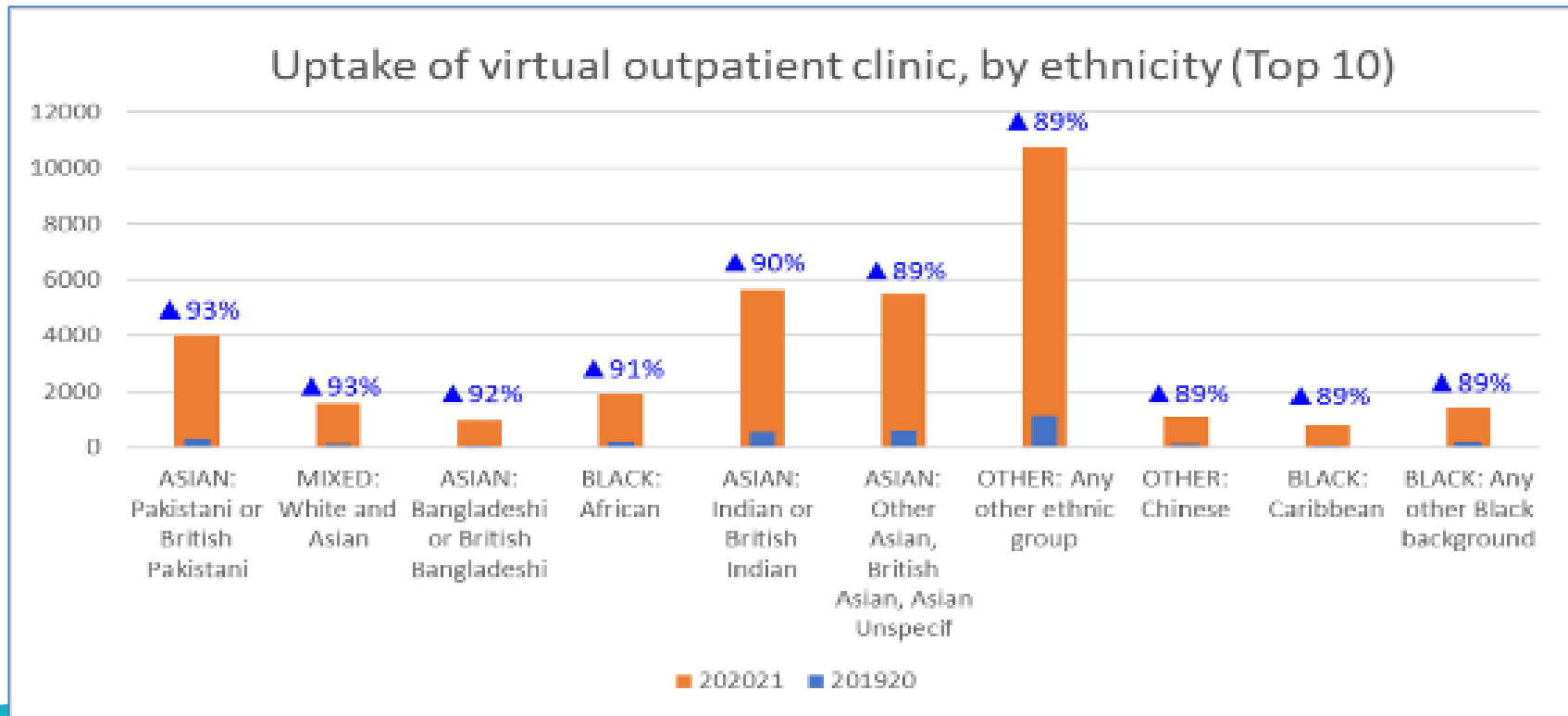
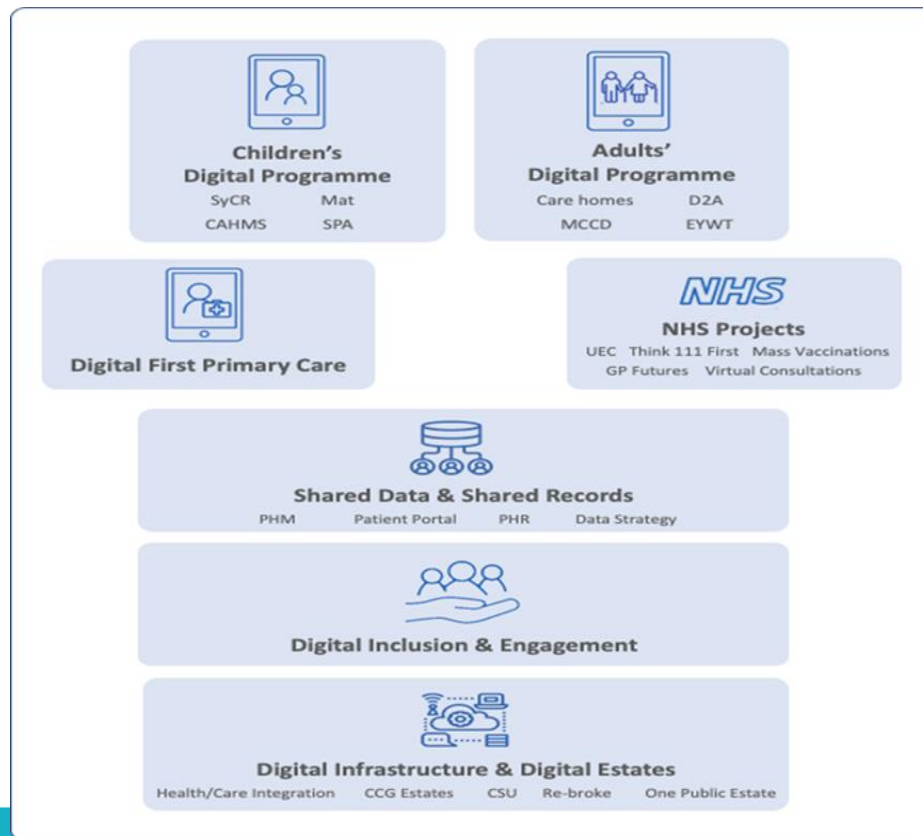


Fig 14 Core ICs digital team programme focus areas



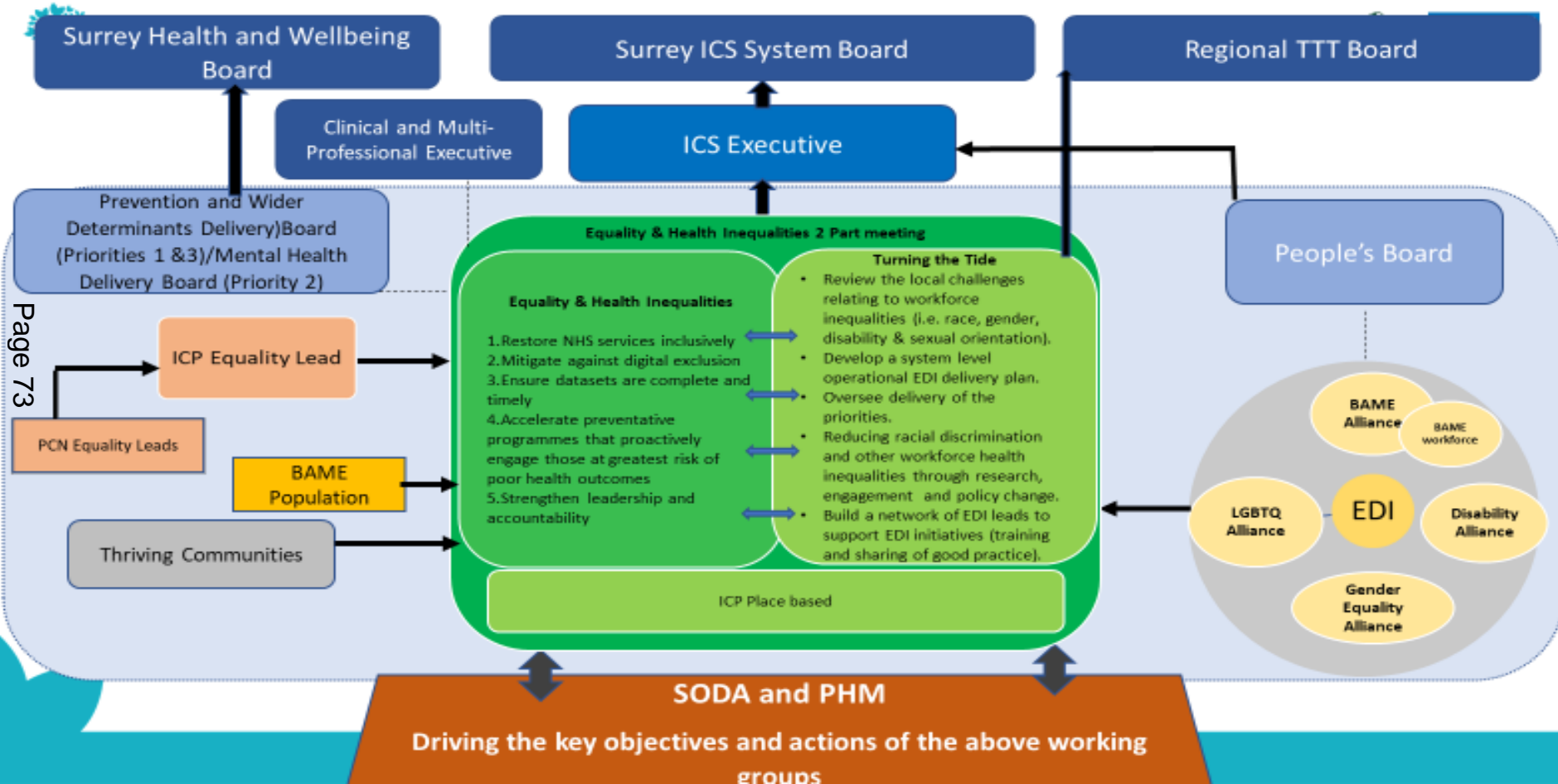




Fig 15 The National Level Picture. Source: National Webinar: Long-Covid: Health Inequalities 29th July

	ONS CIS	OpenSAFELY
Sex		
<i>Female</i>	58.0%	65.0%
<i>Male</i>	42.2%	35.0%
<i>Other/unknown</i>	0.0%	0.0%
Ethnicity		
<i>White</i>	93.4%	46.20%
<i>Asian</i>	3.0%	8.30%
<i>Black</i>	1%	2.80%
<i>Mixed</i>	1.9%	1.20%
<i>Other</i>	0.9%	1.10%
<i>Unknown</i>	0%	40.37%
Deprivation		
<i>Deprived (IMD 1 and 2)</i>	42.5%	44.2%
<i>Non-deprived (IMD 3-5)</i>	57.5%	55.1%
<i>Unknown</i>	0%	0.7%