ADULTS AND HEALTH SELECT COMMITTEE

20 OCTOBER 2021

SURREY HEARTLANDS HEALTH AND CARE PARTNERSHIP COVID-19 RECOVERY PROGRAMME AND PREPARATION FOR WINTER PRESSURES

Purpose of report: To update the Select Committee on Surrey Heartlands' Recovery Programme and preparation for Winter Pressures (Surge Planning).

Introduction

1. The Covid-19 pandemic has been an enormous challenge and a period of significant change for health and care services. In Surrey Heartlands, our Recovery Programme aimed to meet the patient and citizen need arising from the pandemic. As the pandemic continued, the system adjusted to meet the needs of patients and citizens in a long-term sustainable way. We therefore reviewed the Recovery infrastructure and transitioned it into a long-term structure recognising the need for it to become 'business as usual'. This paper outlines the current position and transition.

2. We describe how the system has reviewed and learnt from the three waves of Covid-19 and how it intends to restore services plus maintain provision throughout the winter months. There is a clear focus on equity and a focused approach to **reducing health inequalities** and how we ensure we reach residents who most need our care.

3. The new infrastructure has embedded our learning and placed an infra-structure to Early Warn the system of any Covid-related impacts. This is also built within our Surge Planning, previously described as 'Winter Planning'. The paper describes the work that runs in parallel with other Covid-related work, such as the Mass Vaccination Programme, Testing and our Local People Plan; however, the Mass Vaccination Programme and Testing is not covered in this update.

Update following the writing of this paper

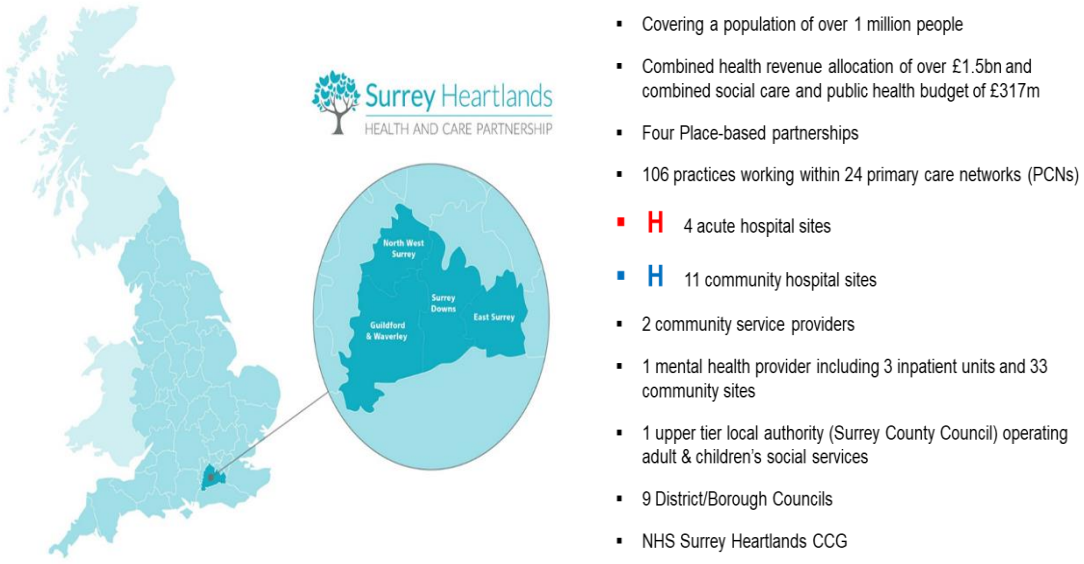
4. This paper was written at the beginning of October 2021 and represents the situation at that point in time. Due to the nature of the Covid-19 pandemic and

the progression of usual 'pressures' on health and care, the pressures on services can change rapidly. Rather than re-writing the paper to account for changes since the initial draft, a verbal update will be provided on the changes relevant to the Select Committee's discussion, bridging the gap between the time of writing and the meeting itself.

Introduction to Surrey Heartlands Integrated Care System

5. Surrey Heartlands Integrated Care System is a maturing partnership with the ambition to make a positive difference to local people and help join up health and social care. With 4 Integrated Care Partnerships (ICP), 4 acute Trusts, 2 community providers, 25 Primary Care Networks (PCN) working alongside the CCG, Surrey County Council (SCC), Surrey and Borders Partnership NHS Foundation Trust, and South East Coast Ambulance Service, we are an aspiring Anchor Network that has pledged to work together to make a lasting change, manage resources together, provide seamless care and enable employment opportunities that impact positively on the people we serve.

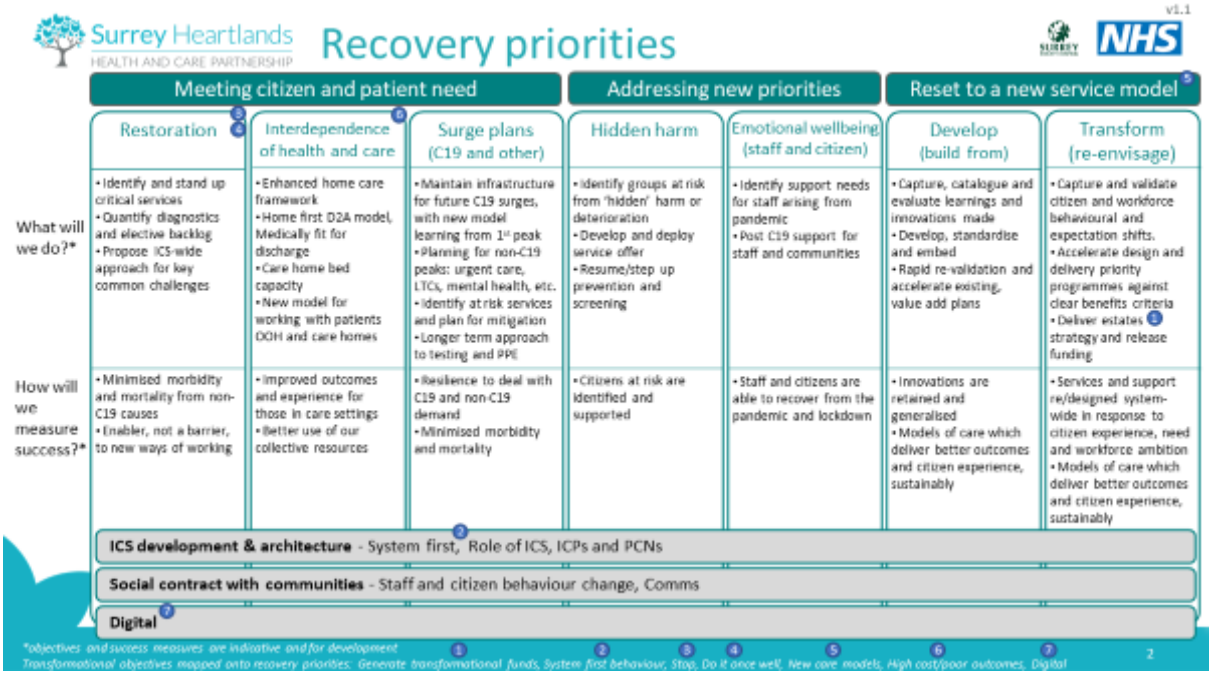
Fig 1 Surrey Heartlands Integrated Care System



Overview of the Recovery Programme and transition into Business As Usual

6. The Surrey Heartlands Recovery programme developed seven key Recovery Priorities based on a review of our strategic direction – including the Surrey Health and Wellbeing Strategy and our local response to the NHS Long Term Plan – in the light of Covid-19. They aimed to balance the immediate needs of restoring and maintaining services with the longer term need to learn the lessons of COVID and embed the positive work, which has happened through our response to the challenges it has presented.

✱Fig 2: Recovery priorities

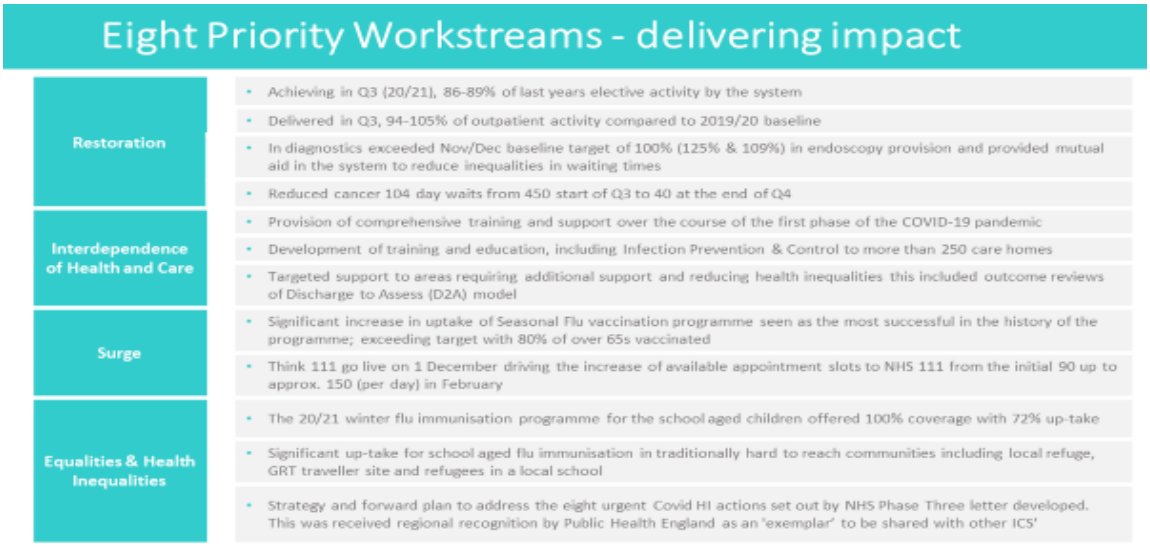


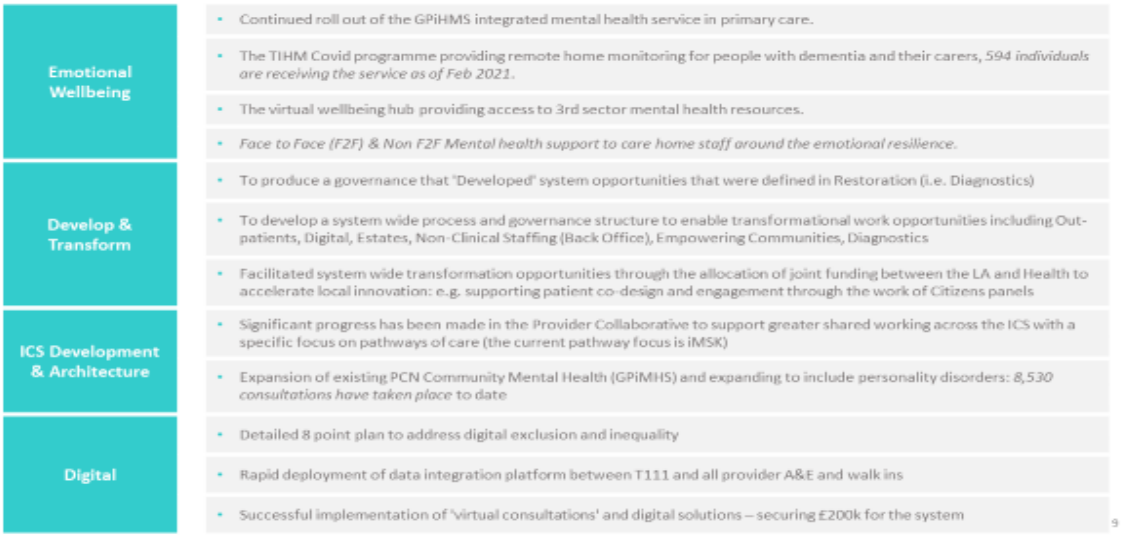
✱ NB: all graphs, tables and pictures are **repeated in Annex 1** to ensure that they are readable by those not reviewing papers electronically

7. The Recovery priorities were largely delivered through dedicated workstreams. However, where possible we overlayed the workstreams into existing structures in health and social care to create a strong link with 'Business as usual'.

8. Since the previous update the Priority workstreams have delivered significant benefit to the system and ensured the appropriate delivery of services within the constraints of the pandemic. The system when transferring to the now established long-term structure completed a stock-take; please see Fig 3 for areas of notable impact and performance.

Fig 3 Eight Priority Workstreams – delivery impact





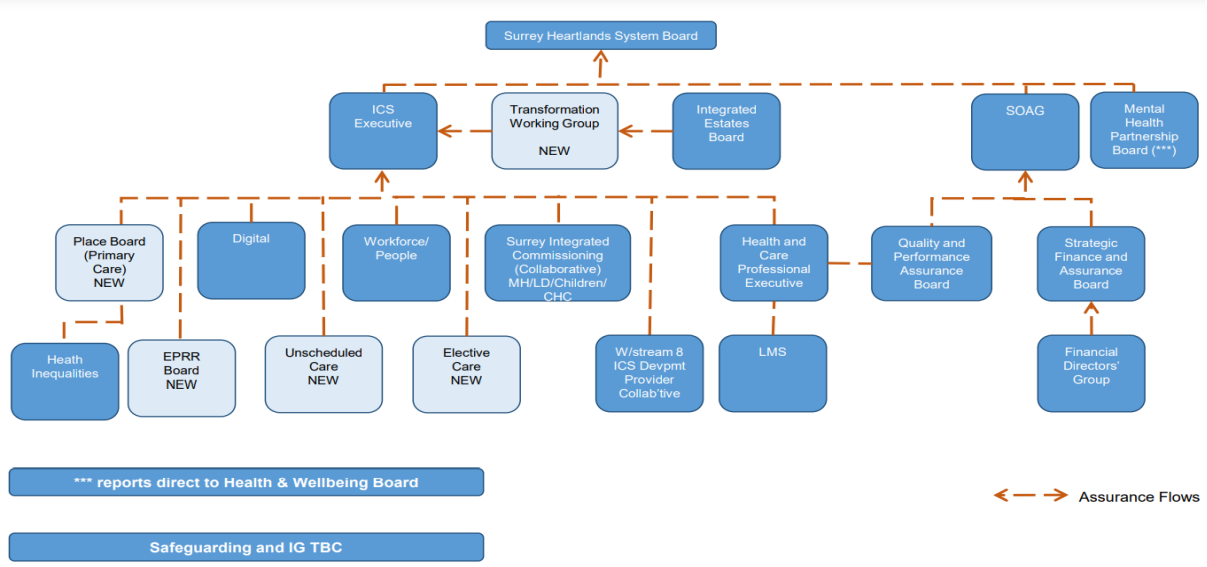
9. Additional to the stocktake to ensure that we have capture learning from both the first and second waves of Covid-19, we have also undergone a formal de-brief. The formal debrief of the ICS Incident Management Group (IMG) was held on 23 March 21 and a report was compiled and submitted to NHSE/I regional team. We also performed additional debriefing activities, such as an electronic questionnaire for CCG staff. The debrief identified positive responses to the way the system (ICS) communicated and engaged with its constituent partners and worked well across regional and geographical boundaries, for example mutual aid.

10. The learning from the Recovery Programme and the Covid-19 response has seen the development within the system from individual and organisational focus to instead partnerships with shared commitments and visions to improve the lives of our local population. The Operational Plan 2021-22 outlines in detail how we have learnt from the Recovery Programme and how we intend 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. Please follow the link for a copy of the plan: file (surreyheartlandsccg.nhs.uk)

11. The system as described in the Operational Plan 2021-22 has adjusted from a Recovery Programme to a long-term sustainable cross organisational structure, to meet the needs of patients and citizens in a sustainable way. The Recovery workstream infrastructure has transitioned into this structure, for instance the Restoration Priority workstream has transitioned into an Elective Care Board which now recognises the whole of the 'Elective Care Pathway'. A second example would be the Equality and Health Inequality Workstream which has combined with the 'Turning the Tide' Board and become a Board that considers both the issue of Equality and Health Inequalities for our citizens and patients

but also the workforce that supports this care. Please see Fig 4 for an outline of the new operational model and structure.

Fig 4 System (ICS) Governance Organogram



Restoration of services during the third wave:

12. In addition to the COVID patients who needed treatment, the pandemic has created other significant pressures on health services, in particular:

- Reduction in capacity due to a number of factors, including infection prevention and control requirements (e.g. fewer beds to maintain distance, enhanced cleaning between procedures) and workforce absence due to illness and self-isolation
- Increased backlog of patients waiting for diagnosis and treatment, due to the need to temporarily cease or reduce services
- Changes to patient behaviour. During lockdown many people reduced their contact with healthcare organisations. Changes to visitor policies also affected behaviour as patients were expected to attend appointments alone
- Effect on mental health and emotional wellbeing (see section below)

Elective Activity

13. Restoring planned services and access to unplanned services equitably has been a core principle of the NHS's recovery from the pandemic. Surrey Heartlands has worked closely with Regional NHS England and Improvement colleagues to agree appropriate yet achievable levels of activity that would start to impact on the long waits that had developed during the pandemic. All NHS organisations were asked to carry out more patient activity than took place in

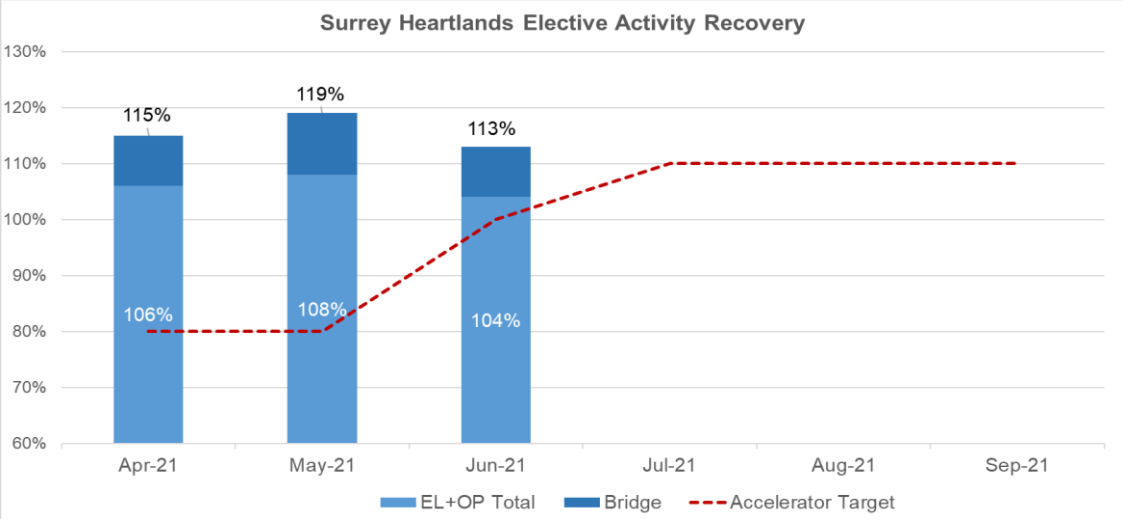
the period before the pandemic (19/20) to have the required impact. Focus has been on the following:

- Cohorts of our population that may not have accessed services as routinely during the pandemic. For example, we have a number of 'case findings' programmes related to specifical cancer pathways that have seen a reduced demand – lung and prostate in particular. In these programmes we invite an agreed cohort of our population to attend for a type of medical review and screening.

- Patients who have waited a long time for a diagnostic or surgical procedure. Specific focus has been on areas with especially long waits (due to high demand pre-pandemic), such as orthopaedics, eye services (ophthalmology) and ear, nose and throat. These specialties tend to have a higher levels of low priority surgery than other surgical specialties and therefore bore the brunt of the surgical cancellations from an early stage in the pandemic.

14. Activity data for Surrey Heartlands shows that in July 2021 the system delivered a higher level of activity than in the same month pre-pandemic (July 2019). This equated to 104% of the pre-pandemic level. Achieving a 4% increase in activity levels at a time when social distancing and infection control requirements had effectively reduced capacity is a significant achievement. It should also be noted that the NHS workforce have shown real dedication in delivering these high levels of activity at a time when many staff were also taking their much-deserved annual leave. In addition to this core activity, Surrey Heartlands has embedded a significant amount of the service transformation implemented during the pandemic. Many of these initiatives have seen activity delivered in different ways and patients cared for in their home environments wherever possible. If this activity is taken into consideration, Surrey Heartlands delivered closer to 13% above the July 2019 patient activity levels. This can be seen in the table below (additional transformational activity is referred to as 'Bridge').

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



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

15. By outperforming the pre-pandemic activity levels since April 2021, the system has made significant progress in reducing the volume of patients waiting long periods for diagnosis and treatment.

Long Waits – RTT, Cancer and Diagnostics

16. Seeing patients with long waits for diagnosis and treatment is a major priority for restoring services. We prioritised where longer waits are associated with higher clinical risk or poorer outcomes. All planned patients have been reviewed and allocated a clinical priority based on their part medical history and planned procedure. This review of all patients waiting has provided us with another filter with which to view and plan our patient care. Pre-pandemic patients were broadly seen in time order, whereas now we are able to combine time waited with clinical priority to ensure that we actively manage patient risk and treat the most vulnerable patients.

17. To help overcome patient reluctance, we proactively engaged with patients to encourage take up of assessment and treatment and contacted all planned care patients who have had their care disrupted. Consideration was given to patients who wished to wait for changes to lockdown rules and/or to receive one or both of their vaccinations. These patients have been enabled to wait safely by being given appropriate support whilst they wait.

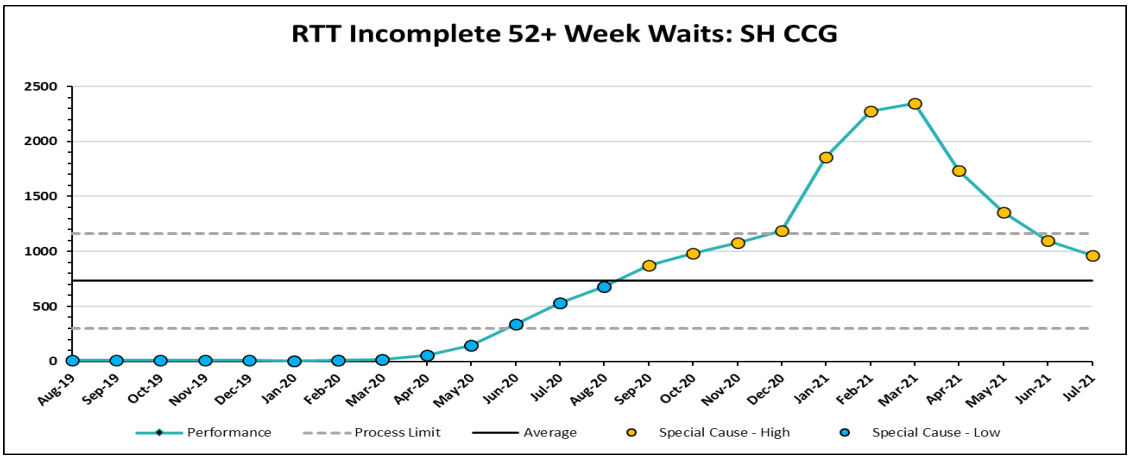
18. Surrey residents continue to have shorter waiting times than the majority of the country. The following figures are for Ashford & St Peters, Royal Surrey and Surrey & Sussex Hospitals combined to form the ICS position:

    - Patients seen who had waited more than 18 weeks for treatment have reduced from a peak of 28,000 in July 2020 to 17,000 in July 2021. Work

continues to reduce these further with the aim of returning to pre-Covid levels of approximately 8,500 patients waiting over 18 weeks.

- Surrey Heartlands CCG ranks first out of 106 CCGs in England as having the lowest number of patients waiting over 52 weeks.
- The volume of patients who have been waiting more than 52 weeks for treatment has reduced from a peak of 2,300 in March 2021 to 960 in July 2021. Pre-pandemic Surrey Heartlands had very few patients waiting over 52 weeks (average less than 10). It is our aim to recover to this position.
- Many systems have patients waiting over 104 weeks for planned care, but Surrey Heartlands is proud to have no patients waiting this length of time. The national expectation is that there should be no patients waiting over 104 by April 2022.

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

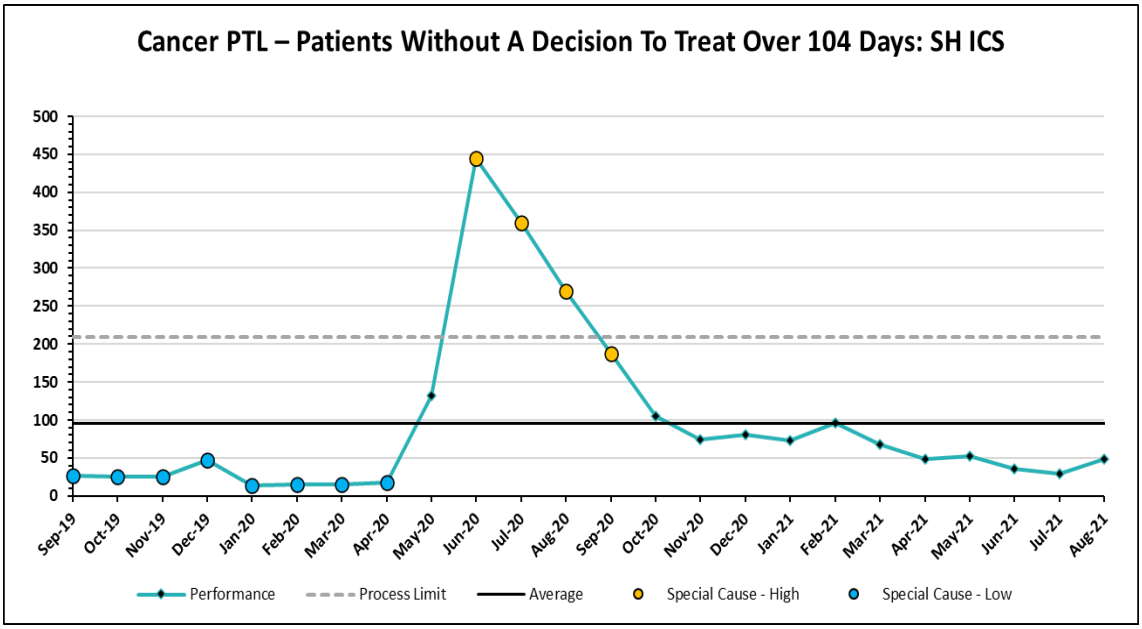


19. Patients on a cancer pathway are some of the highest clinical priorities. Cessation of diagnostics and treatments during the first wave led to a large increase in the number of patients waiting longer for treatment, with upper and lower gastro-intestinal and urology being challenges. Addressing this backlog of patients has been a top priority for Surrey Heartlands. Working with Surrey and Sussex Cancer Alliance, all our providers have placed significant effort into ensuring that patients are treated as soon as possible, with the result that the number of patients has fallen steadily since July. The following figures are for Ashford & St Peters, Royal Surrey and Surrey & Sussex Hospitals combined to form the ICS position:

- People on the cancer waiting list who have been waiting over 104 days for treatment has reduced from a peak of 445 in June 2020 to 48 in August 2021. Work continues to reduce these further with the aim of returning to pre-Covid levels of approximately 30.
- The majority of those waiting long periods largely have benign diagnoses, with some patients choosing to delay treatment or are on complex pathways.

- Surrey Heartlands ranks 4th out of 42 STPs (ICSs) for having among the lowest numbers of 104+ day cancer waits in England.

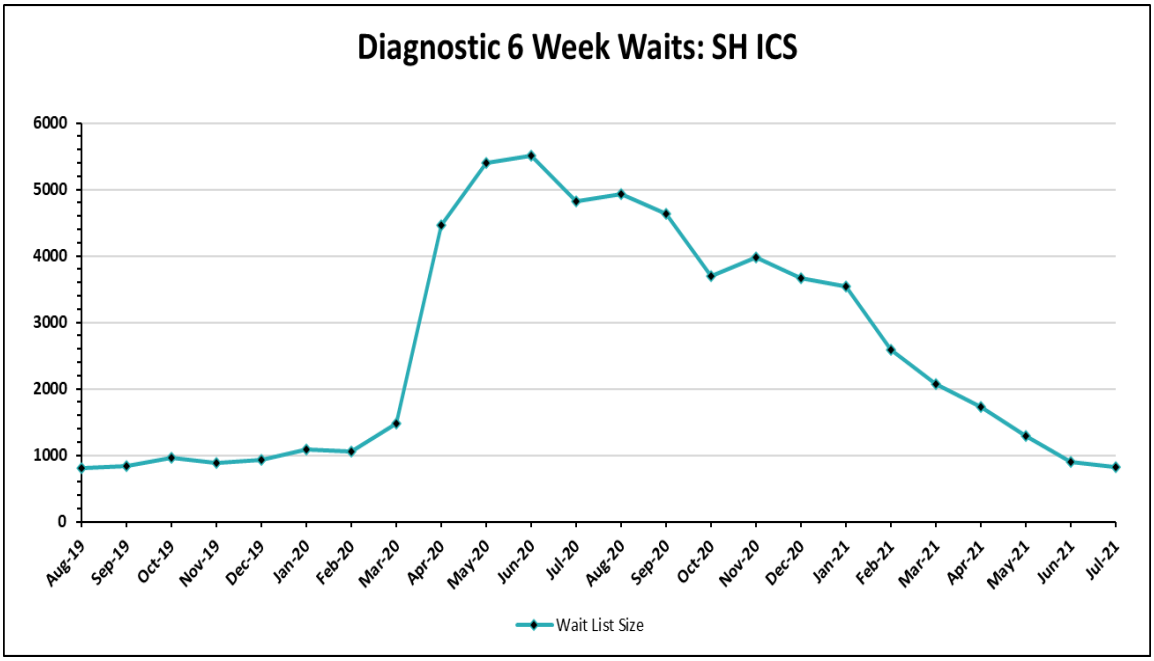
Fig 7: Cancer Patients waiting >104 days for treatment



20. Endoscopies were a key driver of long waits at the beginning of the pandemic, potentially for patients with suspected cancer. Endoscopies were also particularly affected by Covid-related infection prevention and control protocols, making the return to pre-Covid levels particularly challenging. However, the ICS has focused on solutions such as Faecal Immunochemical Test (FIT), plus creating capacity across the system. This has created significant improvement and reduced waits for these critical procedures. The following figures are for Ashford & St Peters, Royal Surrey and Surrey & Sussex Hospitals combined to form the ICS position:

- People on the diagnostics waiting list who have been waiting more than six weeks have reduced from a peak of approximately 5,500 in June 2020 to 820 in July 2021. This is now comparable to pre-Covid levels of around 880.
- People on the diagnostics waiting list who have been waiting more than 13 weeks have reduced from a peak of approximately 3,400 in June 2020 to 180 in July 2021. This is now comparable to pre-Covid levels of around 265.
- Surrey Heartlands CCG ranks 4th out of 106 CCGs as having among the lowest numbers of people waiting more than six weeks for diagnostics in England.

Fig 8 People waiting more than 6 weeks for diagnostics



21. The system has commenced development of activity and performance plans for the second half of 2021/22 (H2), which will include trajectories to further recover elective services and plan for winter pressures.

GP Appointments and Referrals

22. Digital solutions have been a key part of restoring primary care, although face-to-face appointments continue to be an important part of general practice, especially for patients or conditions which cannot easily be assessed remotely.

23. Data shows that although GP appointments dropped immediately after lockdown, they rapidly increased since May 2020 with an increasing proportion of appointments being conducted by video or telephone. We can now see how this additional activity has translated into increased GP referrals.

Fig 9 Primary Care Activity (Appointments and Online Consultations)

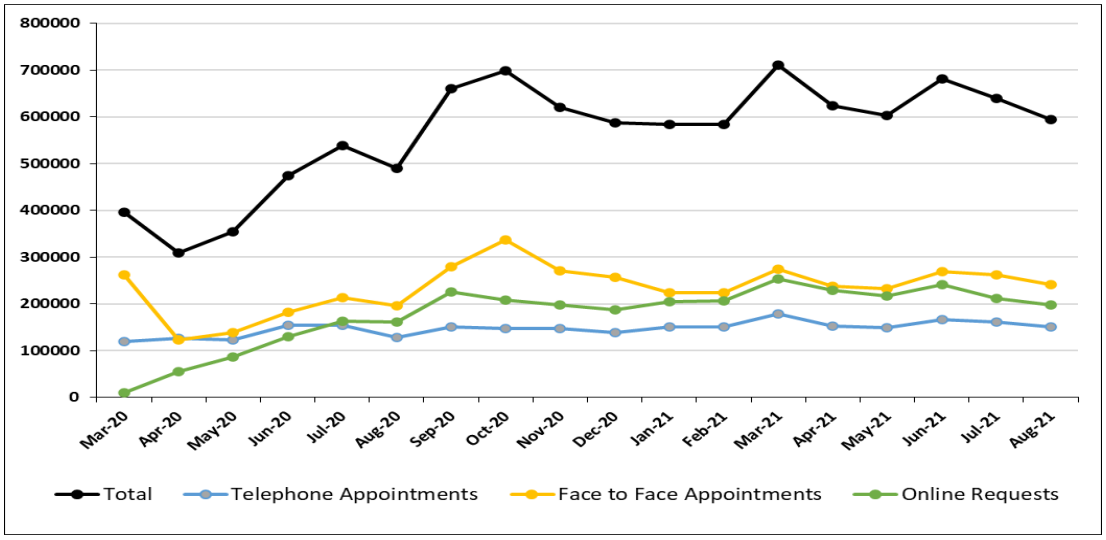
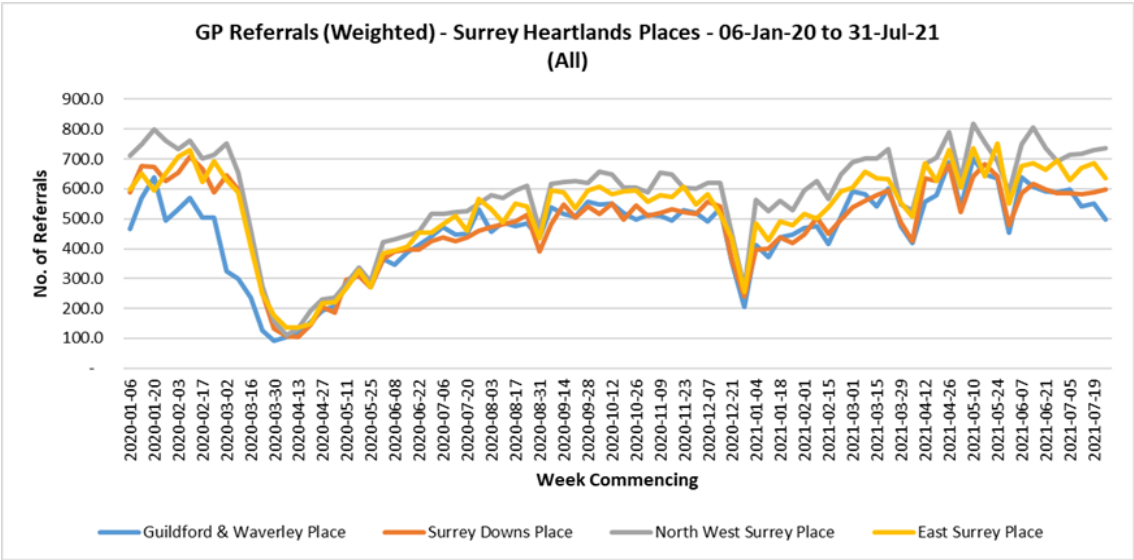


Fig 10 GP Referrals as ICS Total and by ICP



24. To ensure equitable care across the system, there has been detailed analytical work related to both Waiting Times and Referrals. Initial analysis of assessing the waiting lists did not highlight any observed differences in waiting times of patients by ethnicity, deprivation and/or gender. Initial analysis of assessing the referral data did not highlight any observed differences in referrals of patients pre-Covid to Covid, comparing BAME to Non-BAME. The data also confirmed previous finding on Virtual Consultations that points to ethnicity not being a confounding factor when accessing virtual care. We have also seen the maintenance of appropriate levels of referrals for people with Learning Disability plus Severe Mental Illness.

Preparation for Winter and Surge Planning

25. Using the learning over the past year, the System has prepared for Winter creating an agreed Surge Plan. Surge Plans consider not only the impact of Winter Pressures but also when there are potentially 'one-off events' such as Covid-19 resurgence, heatwaves, snow and sustained cold weather, and seasonal and pandemic influenza. It focuses on how the system should respond in a coordinated, planned and partnership way to manage and mitigate the risks these pose, often across organisational boundaries.

26. In summary, the plan utilises national, regional and local modelling from learnings in previous years demand, previous RSV (Respiratory Syncytial Virus) outbreaks and the Covid-19 pandemic to create a system approach to our planning, our capacity and our response at times of escalation. This is a shared approach with all key organisations agreeing the content and methodology. The organisations include:

    - Guildford & Waverley Integrated Care Partnership (ICP)
    - North West Surrey ICP
    - Surrey Downs ICP
    - East Surrey ICP
    - South East Coast Ambulance Service NHS Foundation Trust
    - Surrey and Borders Partnership NHS Foundation Trust
    - Practice Plus Group
    - NHS England South (South East)
    - Surrey County Council Adult Social Care

27. The Surge Plan includes clear escalation process for adult, paediatric and mental health services and considers in-depth:

    - Sustainable Corporate Governance
    - Integrated Care System Executive Governance
    - Sets out the risks and triggers for escalation and mutual aid
    - Sets out minimum expectations at each level of escalation
    - Clarifies roles and responsibilities
    - Sets consistent terminology/definitions
    - Defines communication processes, e.g. through agreed ICP and ICS System Call

28. The Plan also includes how the System prepares for such events, including Winter Pressures. This includes, but not exclusively, elements such as:

    - Sets out the demand and capacity modelling across:
        - Acute beds
        - Critical care beds (Oxygen, Continuous Positive Airway Pressure- CPAP and Ventilated)

    - Provision of Oxygen (O^2) across Trusts
    - Independent Hospital capacity availability and utilisation
    - PPE demand
    - Testing of acute patients
    - Apparent disproportionate effect on Black, Asian and Minority Ethnic (BAME) patients
    - ICP Community/out of hospital capacity – Hospice, community hospital, care homes
    - Workforce (Acute) – including disproportionate effect on BAME staff community
    - Excess Deaths – Mortuary capacity
- Tracking and surveillance of demand and capacity
- Identification of caps in capacity and supporting decision making
- Provision of a guide to Ethical Clinical Decision making

29. To ensure our focus in our preparation for Winter and Surge, Surrey Heartlands has developed a 10 Point Action Plan that reviews the key elements of our Urgent and Emergency Care response. This includes element such as our Community Engagement, Improvements in 111 and the steps taken to improve our transfer times and patient flow. The 10 Point Action Plan has analysed how the Region (South East England) plans to respond, how Surrey Heartland plans to respond and how each provider is planning in responding to this challenge. Please see Annex 3 for details.

30. Related to our preparedness for Winter and Surge is our ability to respond to a major incident. In co-ordinating any response to a major incident in the county, the NHS organisations, where needed in the response, including ambulance, acute, community and mental health Trusts, would work with other responders such as Police and Fire using the protocols set out in the Surrey Local Resilience Forum Emergency Response Plan. The plan has been well rehearsed and brings together partner organisations through tactical and strategic co-ordinating groups, as has been used for Covid-19 and most recently the fuel situation. Each organisation will have an incident management plan like Surrey Heartlands CCG and be supported by Incident Co-ordination Centres to manage the range of incidents and situations running at any one time. Where incidents create challenges for the response, partner organisations can request mutual aid from within the partnership or request assistance through national arrangements such as Military Aid to the Civil Authorities (MACA). Co-ordinating groups often have representation from the Department for Levelling Up, Housing and Communities Resilience Emergencies Division to share and receive messages from and to Government and, if necessary, to the Cabinet Office Briefing Room (COBR).

31. The Local Resilience Forum also includes representatives from the voluntary sector who also have a number of capabilities to offer, including support to the

ambulance service, 4x4 response and rest centre support, as well as search and rescue.

32. An Urgent and Emergency Care Early Warning System (EWS) has been developed which, in conjunction with the Covid Early Warning System, containing triggers and actions supported by the modelling. Triggers encompass all elements of the local health and social care system, Primary Care, Secondary Care, Community and Local Authority providers associated actions in times of surge detail those services that are required to alter or change configuration and planned levels of activity. The EWS will remain under constant review and subject to change as the peak seasonal demand unfolds. The Covid Early Warning System includes element such as Covid rates, Covid Vaccination rates, Covid Bed occupancy and Critical Care occupancy; this has allowed the system to consider the relationship between infection and vaccination rates but also its impact on bed capacity. Please see Annex 2 for an example Covid Early Warning System weekly report.

33. Through the third wave, numbers of Covid-19 patients in Intensive Therapy Units (ITUs) have remained at a manageable level. This is due to several factors, including lessons learned from the first and second wave, impact of vaccinations, the availability of treatments and non-invasive ventilation now that the disease is better understood. However, given the increased infection prevalence and the usual winter pressures expected, January is expected to be a particularly challenging period.

Impact of COVID and lockdown on mental health and emotional wellbeing

34. We are continuing to experience a surge in mental health and emotional wellbeing related demand due to the impact of pandemic, especially the periods of national lockdown, resulting social isolation and disruption in daily routine, e.g. school and employment.

35. Demand has remained high for some specialist mental health services. Refreshed data taken from the most recent NHS Benchmarking Report (July 2021) and local access information shows the current context in Surrey. Please note that the benchmarking data only covers NHS activity. Compared to the 2019/20 average, we have seen:

    - Changes in demand and access to services, with 57% more people referred to adult community services. Referrals to children's emotional wellbeing and mental health services remain above the national average and increased again in July. Caseloads are also above the national average and show a 28% increase in July 2021 compared to 2019/20. In response to the pressures across the Acute Paediatric wards and

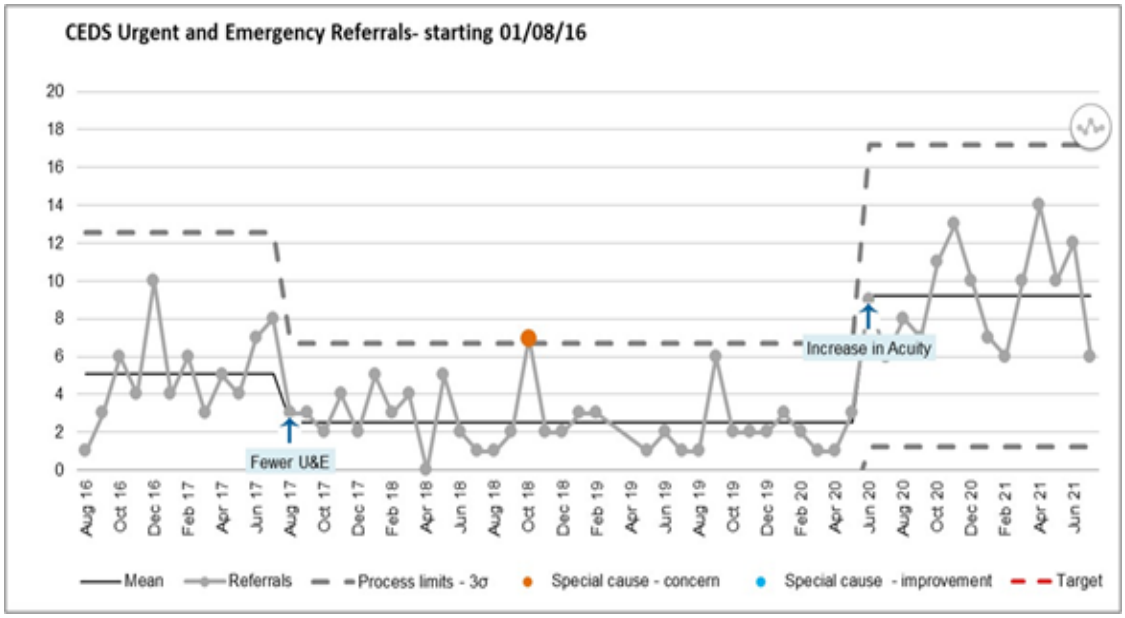
anticipated pressures due to RSV and winter, system leaders at ICS authorised the 'stepping up' of the CAMHS Crisis Pathway and support to Paediatric Wards.

- Changes in the level of complexity and acuity, with 30% more people referred to our Crisis Resolution Home Treatment Teams, an increase of 10% in Psychiatric Liaison teams' activity and acute bed occupancy rates of 93%, with a 28% increase in people detained under the Mental Health Act. Section 136 detentions (all age) have also increased by 15-20%. We have also seen unprecedented levels of people in crisis who were not previously known to services. Third sector and IAPT providers also report an increase in people with more complex needs accessing their services. We remain concerned about getting the best support possible for adults and children with autism and mental health needs presenting to services, and for adults and children with eating disorders.

- Changes in delivery, with in-person appointments doubling since January 2021 but a remaining focus on remote care delivery via telephone and video mediums. Sixty-three percent of adult community contacts and 79% of children's contracts were delivered virtually in June 2021.

- We have seen a significant increase on the demands for Children's Eating Disorder Services. The diagram below shows the peak volumes of urgent and emergency referrals for a sustained period.

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



36. Integrated working is key to our current and ongoing response to mitigating demand and supporting earlier intervention. Service offers brought online or expanded include General Practice Integrated Mental Health Service

(GPIMHS), bereavement support, virtual safe havens, crisis pathway, fast track workforce wellbeing support, virtual wellbeing hub offering access to third sector interventions. The new Children's Emotional Wellbeing and Mental Health Service launched in April 2021 and is delivered through an alliance of NHS and third sector providers.

37. The Workforce Resilience Hub launched in January 2021 and the website has had 10,283 unique visitors. The landing page offers access to a range of self-help information and provides an access portal to additional support. 1,500 staff from across sectors have taken up either wellbeing workshops, direct 1:1 support, or team interventions. A number of staff have also been signposted to other services, e.g. their GP, IAPT or occupational health.

38. The pandemic has produced immense public support for the NHS and other essential workers, but it should be also be noted at times patients and the public have been understandably frustrated, but also less understandably abusive to staff. Each provider has established mechanisms to support staff and as a system we have created the Workforce Resilience Hub. Secondly each provider has developed 'conflict resolution' and 'customer care' training for its staff to aid in the de-escalation of potential abusive or tense situations.

Summary of Workforce Preparations

39. Surrey Heartlands Integrated Care System, with 4 Integrated Care Partnerships (ICP), 4 acute Trusts, 2 community providers, 25 Primary Care Networks (PCN) working alongside the CCG, Surrey County Council (SCC), Surrey and Borders Partnership NHS Foundation Trust and South East Coast Ambulance Service, makes it one of the largest employers in Surrey. We take pride in providing first-class careers and strive to ensure we have the right staff, with the right skills, who can provide high quality care to our population. Through our partnership and One Team approach, we will support our people to have successful and fulfilling careers in Surrey.

40. The past 20 months have been an extraordinary time for staff and the coming winter will be critical, as we seek to help staff recover, restore services and attract new talents to the services. Digital transformation has rapidly changed how staff work and patients access services. These changes will be built on for sustainable transformation over the longer term.

41. Workforce factors continue to pose limitations on the ability of services to meet current and future surge demands. Issues centre on the backlog of annual leave, simultaneous rollout of Covid-19 and flu vaccination programmes, general staff health and wellbeing, and the age profile of community care and primary care staff. These issues result in reduced capacity to respond to latent demand, which are further compounded by circulating Covid-19 infections,

unknown demand from Long Covid and increase patient acuity. To mitigate these risks, the system and individual providers have been proactive in their planning. For a detailed description please see pages 12-26 of the Operational Plan, link provided in Paragraph 10. For a summary of the key actions, please see below:

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.	• 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.	• 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).	• 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.	• 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.	• 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.	• 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.

Building on changes made during our COVID response

Care sector

42. Covid-19 brought to the fore several existing issues with the way the health and care sectors have historically interacted. Much of the initial focus of the system was to embed a set of clear practical changes, including:

- Improved data collection in relation to Covid business continuity and capacity tracking via a new Capacity Tracker used by over 350 of our 370 care homes
- NHSmail update in care homes greatly increased, providing a secure means of transmitting personal records between partners and care home access to Microsoft Teams for virtual MTDs
- Enhanced healthcare support in care homes – 'Directed Enhanced Service' (DES) – providing a named clinical lead, weekly check-in calls to care homes and development of MDT care home rounds

43. General practice continues to deliver best practice support to care homes, including video consults, GP and paramedic visiting services, and weekly check-ins with community providers.

44. The focus in the system on a 'discharge to assess' model employed during the first phase of the pandemic has continued. This is under continued review and adjustment especially in the run into winter and potential Surge activity.

45. Learning the lessons from these temporary protocols, a revised discharge to assess model, Home First, has been implemented. This improves both citizen/patient experience and improves outcomes by ensuring that care is provided in the best setting, as well as releasing capacity in acute hospitals. Details of how this learning has been put into practice is described on slides 22-27 of Annex 3 that outlines our actions to improve patient flow.

Move to digital first in primary and secondary care

46. Before the pandemic, Surrey Heartlands had ambitious plans to reduce face-to-face out-patient appointments by 70% over five years. The move to virtual appointments during our Covid-19 response, whether online or telephone, has greatly accelerated the roll out of these plans as well as increasing acceptance among staff and patients of new ways of working.

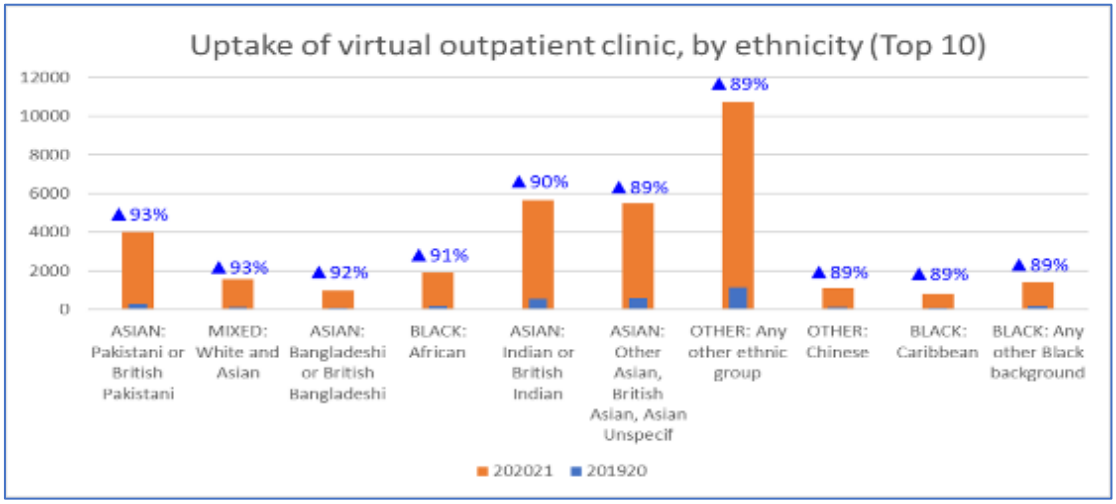
47. Before the pandemic, telephone and video consultations made up only a very small proportion of total consultations. During the pandemic we were able to quickly roll out and scale up services to ensure that patients had access to care wherever possible.

48. Although face-to-face appointments have resumed where needed, for example where particular patients or conditions cannot be assessed remotely, video and telephone consultations have now become a normal part of patient care, with acute trusts currently providing between 40% and 50% of consultations remotely. A full review into virtual consultations is required in order to facilitate effective patient care across multiple pathways and organisations.

49. Further digital tools such as Consultant Connect – providing GPs with access to specialist consultants – are enabling us to closed down more cases in general practice without referral to secondary care, resulting in quicker and more convenient care for patients and more efficient use of health resources.

50. To ensure equity of access we have clarified that patients' access to Virtual Consultations is comparable in all key BAME Communities (see below).

Fig 13 Uptake of virtual outpatient clinics, by ethnicity (Top 10)



51. To avoid misrepresentation of patients' experience, the data has also been triangulated with other quantitative and qualitative feedback, including a recent Covid Rapid Need Assessment by the Public Health team and a community-based survey to understand the mental health impact of Covid-19 on "People from BAME Groups and Barriers to Accessing Services and Support". This survey by was conducted jointly by the Surrey Minority Ethnic Forum (SMEF) and the Independent Mental Health Network (IMHN).

52. The move towards digital has also been an accompanying increase in our digital inclusion work. There is the potential for digital exclusion to exacerbate existing health inequalities, and in Surrey there is an overwhelming correlation between social exclusion and digital exclusion, linked to areas of greater deprivation and the communities that live in these areas. Steering groups in all four ICPs are now established and operational, meeting monthly to ensure Digital Inclusion is at the forefront of service provider consideration, and to share best practice moving forward.

53. Tech to Connect is a project to provide technology, support in using technology and virtual groups to reduce feelings of loneliness and isolation in people with care and support needs. Tech to Connect specifically addresses both those who do not have, or are unable to afford, a device and those who are unable to get out and about because of health needs, caring responsibilities, disabilities, or other significant barriers. A digital skills training platform, developed with the

Barclay's Digital Eagles, will be launch later this year offering focused modules covering the five key digital skills that define Digital Inclusion.

54. We also recognise that not everyone can or wants to engage digitally and we plan to carry out further research and engagement to understand barriers to digital. As part of this work, Digital Inclusion is now built into CCG Equality Impact Assessments to ensure Digital Inclusion is a consideration for service providers from the beginning.

55. As part of our move towards remote consultation, it has become clear than many patients prefer telephone to video, and we have adjusted our response accordingly. Our 'Think 111 First' programme, part of a national programme to ensure patients are seen in the most clinically appropriate setting, similarly uses telephone as a core entry point to NHS services.

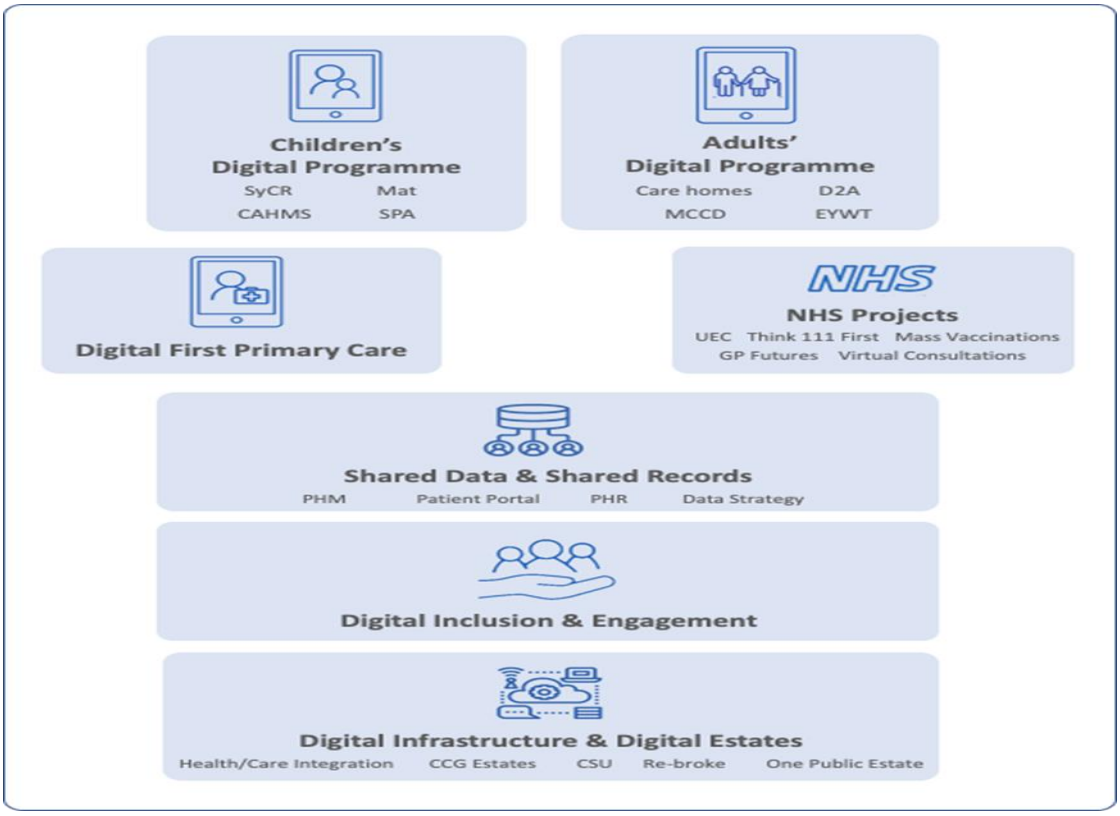
56. The Digital Champions programme (working closely with the Surrey Coalition's Tech Angels initiative), inviting volunteers to train and assist their local community with learning digital skills, will be launched in November 2021 along with a comprehensive online hub of support materials and a platform for volunteer registration as well as service provider nominations for residents requiring support with digital skills. We aim to recruit 400 Digital Champions by August 2022.

57. The 'success' of digital ways of working in this period has created a focus for the system to consider a long-term 'System Data Strategy' with the vision being to have a central data and analytics ecosystem comprising of shared data across a range of ICS partner organisations across Surrey (health, local authority, police, third sector) to achieve and enable the aims of an ICS these include:

    - Improve population health and health care
    - Tackle unequal outcomes
    - Enhance productivity and value for money
    - Support broader social and economic development

58. The digital programme is extensive and mature in Surrey and covers a wide range of activities as a key enabler for the system. The programme includes the creation of the Surrey Care Record allowing appropriately trained staff to review the appropriate patient level data to ensure quick and responsive care and minimise the need for patients to repeat their 'stories'.

Fig 14 Core ICs digital team programme focus areas



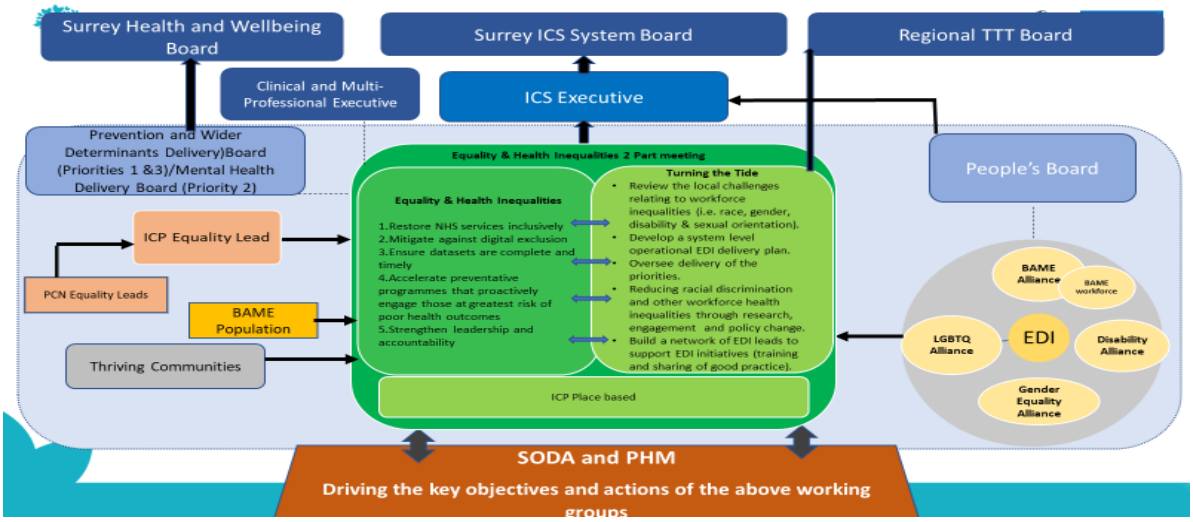
Our focus on Equality and Health Inequalities

59. In Surrey, as nationally, Covid-19 has further exposed some of the health and wider inequalities that persist in our population. The ICS has focused and continues to be planned in a way that inclusively supports those in greatest need through working with communities and across the NHS, Local Authorities and other partners. Therefore, when placing the Recovery Programme into a BAU structure, a specific emphasis was placed on the Equality and Health Inequalities which incorporated the work of the previous board but also the Turning the Tide Board. The role of the new Equality and Health Inequalities Board is to respond to the immediate disproportionate effects of Covid-19 on our populations but also to focus on our response to the NHS Operational Planning Guidance to the five priority areas for tackling health inequalities:

- Restore NHS services inclusively
- Mitigate against digital exclusion
- Ensure datasets are complete and timely
- Accelerate preventative programmes that proactively engage those at greatest risk of poor health outcomes
- Strengthen leadership and accountability

60. The strengthen leadership and accountability priority area replicated many of the key areas of the Surrey Heartlands Turning the Tide Transformation and Oversight Board (TTT&OB) that had been established to turn the tide against racism and related inequalities that affect our BAME workforce and population. To reduce replication but also to ensure the focus, the two boards merged and have a joint workplan with shared targets and governance.

Fig 15 Equalities and Health Inequalities Governance



61. To ensure that the focus of the Equalities and Health Inequalities Board is based on the findings of the previous Community Impact Assessment and subsequent research and data, the ICS assembled an Insight and Analytic 'task and finish group' from Business Intelligence experts within the ICS, Public Health and NHSEI. The ICS also chose to commission additional capacity within the Business Intelligence department of the CCG.

62. From this, the group have developed the HI Dashboard, looking at 51 indicators which are soon to be expanded upon to consider elements related to waiting times, diagnostics and referral rates for BAME, Sex, Deprivation, LD and SMI.

63. The 'task and finish group' has focused on ensuring that there is Equity of Access within the system across Elective and Non-Elective Care. It has reviewed the data that has been gathered and then focused the work that indicates potential areas of concern. Areas of potential concern will potentially indicate where action needs to be taken and/or additional information is needed to validate/triangulate the data. This has also involved a qualitative as well as quantitative data gathering.

64. The Community Impact Assessment (CIA) had highlighted the key population groups who are most likely to be disproportionately impacted as result of the pandemic. These included people with long-term physical condition/physical or mental disability, BAME, young people out of work, those with existing mental

health conditions, people experiencing domestic abuse, GRT communities, children with special educational needs/disabilities (SEND), people with drug and alcohol problems, and those experiencing homelessness. The CIA also highlighted a number of cross cutting themes such as mental health (particularly on young adults) and digital exclusion.

65. Some of the key successes have been the implementation of the action plans (achieved through collaborative working between LA Public Health, Primary Care and the Third Sector) on the following priority areas: preventing cardiovascular disease amongst high-risk population (BP@home); targeted NHS Health Checks and community conversation delivered by SMEF); reducing digital exclusion; improving Covid-19 vaccination rate amongst communities with low uptake; and improving the annual health checks completion rate for people with serious mental illness (SMIs) and those with LD. We are also conducting three Participatory Community Research projects (supported by Health Education England with SMEF) focusing on cardiovascular disease, making the services more inclusive and improving maternity care of women from South Asian backgrounds.

66. Details of the work undertaken to meet the five key actions taken by Surrey Heartlands can be seen from page 229 onwards within the System Operational Plan 2021-22 that can be accessed through the link in Paragraph 10.

67. However, the key to this work has been our engagement with communities and the third sector. We have focused on:

- Work with VCSF organisations to engage with BAME communities through community events
- Develop culturally appropriate resources and services through participatory community approaches to enhance engagement and gain insight
- Rollout of targeted campaigns with hard-to-reach communities (flu immunisation, CVD and MH)
- Shared expertise, insight and resources across all partners in Integrated Care
- Work with national bodies to secure appropriate translated materials
- Ensure communications reach the digitally excluded
- Work with communities to improve health literacy

68. Some of this partnership working can be demonstrated in our targeted response to mass vaccination, with some examples listed below:

- Working on the production of a local video to support the Gypsy, Roma, Traveller community (filming took place 29/03): Gypsies, Roma, Travellers and Showmen unite to Give Covid the Jab | Travellers Times

- Implementing ‘I did it for …’ campaign – aimed at younger age groups/potential to use with staff – individuals photographed with a board on which they write ‘I did it for … *e.g. family member etc.’* for use on social media – recognising influence younger people also have on intergenerational families
- Planning a campaign to reach African/Caribbean communities (including staff) where we know uptake is particularly low, identifying local, trusted community leaders (recognising local trusted leaders often have more impact than working with national celebrities)
- Equalities checklist for each LVS and improved equality info (e.g. parking) on our website
- Developing resources to support Covid champions in the wider community/attending Covid champion meetings
- A series of Covid-19 vaccine conversations with different ethnic minority population groups in Surrey (organised by Surrey Ethnic Minority Forum) in different languages, delivered by medical doctors from the same communities to increase vaccine confidence

69. Long Covid and the system response to the potential health inequalities is similar to the national picture, i.e. it is still at the initial stages of understanding. To ensure services are closer to the patient, the system has created Long Covid clinics in each Place-based setting. Nationally, data is being reviewed, comparing patients in relation to referral source, ethnicity, sex, age and deprivation. However, it should be noted that the data is limited by the maturity of the ‘coding’ of Long Covid and the definition of the diagnosis itself. The ICS is in the process of replicating this analysis locally to potentially counterbalance any health inequalities raised.

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

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

Conclusions

70. The Covid-19 pandemic has been an enormous challenge and a period of significant change for health and care services. As the pandemic continued, the system adjusted to meet the needs of patients and citizens in a long-term sustainable way, transitioning from a structured 'Recovery' programme response to an embedded organisational system response placed into Business as Usual.

71. The system has engaged in 'stock-takes' and 'reviews' to learn from the three waves of Covid-19. This has informed our planning on how we restore services plus maintain provision throughout the winter months. There is a clear focus on equity and a focused approach to **reducing health inequalities** and how we ensure we reach residents who most need our care.

72. The new infrastructure has embedded our learning and placed an infra-structure to early warn the system of any Covid-related impacts. This is also built within our Surge Planning, previously described as 'Winter Planning'.

Recommendations

The Committee is asked to note the contents of this report and provide any comments on the transition of Recovery Programme into a Business as Usual infrastructure, plus its preparations for Winter and Surge Planning.

Next steps

Surrey Heartlands Health and Care Partnership will continue to deliver the equitable restoration of services in a long-term organisational structure, amending our approach for factors such as the potential continuation of the third wave into winter and any subsequent waves, vaccination roll out and any changes to the needs and priorities of our citizens and patients.

Report contact

Helen Coe, Surrey Heartlands Recovery Director (helen.coe@nhs.net)

Annexes

Annex 1 – The graphs, tables and pictures included in the main report, in a clearer format for those printing the report, plus some additional information as referred to above in the main report

Annex 2 – Example Covid Early Warning System weekly report

Annex 3 – Surrey Heartlands Urgent and Emergency Care 10-point action plan