

Integrated Care Board

18<sup>th</sup> September 2024

## Chief Executive's Report

Item 8 / Paper 4

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<b>Action required and previous approvals:</b>	To note
<b>Attached / references:</b>	n/a

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### EXECUTIVE SUMMARY & PROPOSED NEXT STEPS

This report provides the Integrated Care Board with an overview of key recent updates, and which do not form part of the wider ICB agenda. Specifically, this report includes updates on:

- **Delivering our statutory responsibilities**
  - System performance
  - Q1 assurance meeting with NHS England
  - ICB operating model update
- **Continuing to deliver our ICS strategy**
  - Surrey Academic Health & Care Partnership
  - Emerge Advocacy – young people in A&E
  - Updates from our four Place Partnerships
- **Looking after our people**
  - Reflection on recent events and supporting workforce
  - National NHS Staff Survey

**Date of paper  
and sign off**

9 September 2024, Karen McDowell, Chief Executive

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**COMPLIANCE NOTES** – Please note status below and how any issues will be managed / mitigated.

<b>Equality, Diversity and Inclusion</b>	This paper is an overview; any EQIA requirements relating to items reported are managed separately.
<b>Quality</b>	This paper is an overview; any quality issues relating to any of the items are managed separately.
<b>Risk</b>	This paper is an overview; any risks relating to any of the items are managed separately (for example risks relating to system pressures, industrial action).
<b>Patient and public engagement</b>	This paper is an overview of work happening across the ICS, with relevant patient and public engagement taking place to support individual programmes.
<b>Conflict of interest</b>	No conflicts of interest
<b>Information Governance</b>	No IG issues in producing this paper, which is for publication
<b>Finance</b>	n/a

# Chief Executive's Report

## 1. Meeting our statutory requirements

### 1.1. System performance

As a system, we continue to see high levels of demand for services, including high numbers of mental health presentations in our emergency departments which we are continuing to address through our system-wide 'Mind and Body' programme. Across our acute hospitals, our performance around the four hour waiting target (78% of patients seen, treated, discharged/admitted within four hours) is improving overall although some pockets of lower performance remain. Bed occupancy across our hospitals remains high, with escalation beds continuing to be needed in places, with challenges also being experienced across our discharge pathways with much work taking place across our four Place Partnerships to mitigate this as much as possible.

#### *Winter preparation*

As we begin our winter preparations across the system, we await final confirmation of the winter planning letter from NHS England. We expect this, and are already making preparations, to focus on key areas including:

- Continuation of 10 high impact interventions
- Ambulance performance metrics particularly around ambulance turnaround times
- Reducing waiting times in our emergency departments
- Clinically led decision making

#### *Industrial/collective action*

During July and early August, short periods of industrial action by healthcare assistants took place at Surrey and Sussex Hospitals NHS Trust; no impact was reported across the system, albeit the Trust did experience a limited impact on patient flow.

On 1<sup>st</sup> August, following an announcement by the British Medical Association following a ballot of GPs, a period of collection action by general practice began. This is different to industrial action because practices will still work to their contracts but may choose to make changes to some aspects of how they work, for example by directing patients to other local services to ensure the safe provision of care and is open-ended with no defined end date. Recognising the hard work that practices continue to deliver on behalf of patients, we remain committed to supporting GP colleagues at this difficult time as well as working closely with all concerned to reassure members of the public that GP services remain open and that they should continue to attend and make appointments in the usual way unless advised otherwise by their practice. Our primary care team continues to work closely with practices and the local LMC; to date we have not experienced any disruption to services or wider impact on the system although any impact could take time to work itself through and we will continue to keep a close watch on how this develops.

### 1.2. ICB Quarter 1 assessment

Last month we attended the ICB's Quarter 1 Assessment meeting with NHS England. These are formal meetings, held every quarter and are an opportunity for us to present and discuss current plans and performance with regional NHSE colleagues.

During the meeting, we reflected on a number of areas of positive work including how we are performing on cancer targets, progress with population health management and prevention, the joint transformation work we are doing with Surrey County Council, primary care transformation and a number of digital developments. The regional team recognised these developments and the hard work we continue to do across our system on behalf of local people. Our system financial position was highlighted as a continued challenge and the importance of meeting our year-end agreed control total was made clear.

### **1.3. System sustainability plan**

As a system, we continue to work hard to improve our financial position and, reflecting the challenge, system partners have jointly agreed the need for some focused recovery support. As a result, Surrey Heartlands has recruited a system Recovery Director who will work closely with providers as well as the ICB to maintain a focus on our system position.

We continue to progress a system-wide sustainability plan, covering both this current financial year and future years, which includes a number of specific efficiency programmes such as medicines optimisation and a review of our smaller contracts (a spend worth over £12m) looking specifically at outcomes, how they align to our strategic ambitions, quality, value for money and other criteria that has involved a great deal of collaboration across our four places and our mental health team. Much of this is still under review as we work with partners and those involved to agree the best way forward.

### **1.4. ICB running costs and operating model programme**

As part of our wider work to develop a new operating model for the Integrated Care System, we have continued our programme of work to reframe and resize the ICB, including considering how we should best organise ourselves to deliver our plans and statutory responsibilities, taking into account the NHS England requirement for all ICBs to reduce their running costs by 30% by 2025/26.

We are now moving into the final phases of this initial programme moving affected staff through the process and providing certainty as fast as we have been able, with anyone at risk of redundancy given the opportunity to be considered for any remaining vacant roles either within the ICB or as part of a redeployment programme working with some of our providers. For all those staff who have now left the organisation, either through voluntary redundancy, retirement or moving to new roles, we would like to take this opportunity to thank them for their contribution to the local NHS and to wish them well in their future ventures.

Recognising that this continues to be a difficult time for staff, we remain committed to ensuring all colleagues are fully supported through this period including working closely with our Staff Partnership Forum and trade union colleagues.

As we implement our new structures, it is critical that leaders, teams and staff are supported to embed these successfully, and that staff are supported to work in new ways to deliver the ICB's priorities and overall vision. We have therefore developed an organisational development programme beginning this month, providing teams across the organisation with a consistent support offer whilst recognising the need for some tailored support, for example for teams/individuals where there is a particularly high level of change. These sessions will also help to embed our new draft values and support the fostering of an inclusive and transparent culture where all staff feel valued and heard.

In the meantime, as a board we continue to work with partners to consider the further development of our system operating model; we expect this to bring a period of further change for some teams later this year, particularly as we focus on the wider integration agenda.

## 2. Delivering our Strategy

### 2.1. Surrey Academic Health and Care Partnership

In July, along with partners the University of Surrey, Surrey County Council and Health Innovation KSS (Kent, Surrey Sussex), we launched the Surrey Academic Health and Care Partnership. This is a new innovative partnership that will strengthen our links with academic research and innovation, with a strong focus around primary, community and social care including mental health. There are a number of academic health partnerships up and down the country, but these tend to focus on links between the larger acute hospitals, often teaching trusts, and local universities; the new Surrey partnership is unique in that it is focusing on wider population health and our key priorities of moving health and care closer to the community, whilst at the same time, maintaining close collaboration with our acute partners.

Specifically, the partnership will help support a research-driven health and care ecosystem focused on achieving the best possible health outcomes for local people. This approach very much reflects our wider ICS strategy, with its strong focus on prevention, and our emerging clinical strategy which recognises the importance of keeping people healthy at home and supporting that shift towards early intervention and care in the community, to prevent unnecessary hospital admissions. Defining new ways of treating patients through research and innovation will be critical to delivering our strategy and making sure we can cope with the increasing demand we continue to see across our system.

A key first step has been to launch a £300,000 funding pot, which will be used to fund a range of evidence-based projects focused on improving health outcomes for Surrey residents. Bids are welcomed from all health and care partners, as well as wider system partners and businesses, looking at using the latest medical technology, adopting more innovative use of digital tools and redesigning services. Selected projects will be informed/awarded funding by late September/early October.

As an ICS we have a responsibility around research and innovation with a real ambition to be a leading system in this space and this new partnership will support us on that journey.

### 2.2. Boost for emotional support for young people attending A&E

Following a recent funding boost from the Surrey All Age Mental Health Investment Fund (MHIF), the charity Emerge Advocacy has released impressive data and inspiring case studies on the invaluable care it provides to young people attending A&E due to self-harm, a suicide attempt or emotional crisis. Emerge Advocacy is based in Royal Surrey, East Surrey and Epsom Hospitals, supporting people aged 10-25 years old who are in severe emotional distress. Trained staff and volunteers offer positive distraction and emotional care between 7pm-11pm when many other services are closed, and hospital staff are very busy.

The support is purposely non-clinical with youth workers spending time with young people doing anything from colouring, to playing games or talking about what the young person wants to share, all to help them through their admission. Three months of follow up support also provides the young person and their loved ones with help after their discharge while a care plan for other longer-term support takes effect.

The most recent impact report from the service covering April to December 2023, shows that 271 young people were supported in Surrey hospitals, with a further 114 receiving follow up help.

Emotional temperature checks, which monitor distress levels in young people during their time in hospital, showed a marked reduction after spending time with Emerge professionals. On average young people went from nine out of ten to five out of ten, where ten is extremely high levels of distress.

## 2.3. Updates from our Place Partnerships

### 2.3.1 East Surrey Alliance

*Neighbourhood development meeting: July 2024*

A specification has been developed for *Ageing and Dying Well Integrated Neighbourhood Teams*. This sets out the expectations, structure, and framework for operational delivery. Job descriptions for lead roles have been completed and First Community Health and Care are developing the clinical operations roles which will be part of a triumvirate leadership structure. A launch event is planned on September 11<sup>th</sup> which will bring together the triumvirate leadership teams and neighbourhood team members to network and set the collective direction for operational delivery.

*Ageing and Dying Well*

The Alliance's Ageing Well Steering Group has agreed programme outcomes and aims for the coming year for primary, secondary, and tertiary prevention, presented at the East Surrey Alliance Board in June. In primary prevention, Ageing Well and Growing Health Together continue to strengthen links, with workshops around *'Living longer, better'* aimed at older people and focused around healthy living. In secondary prevention, the Anticipatory Care Hubs Business Case demonstrated reduction in non-elective and emergency department attendances. As a result, additional clinical sessions have now been confirmed for the frailty GPs to focus on 'urgent' cases which could flow into the virtual ward. In tertiary prevention, an integrated ageing well and palliative end of life care model is being tested.

*East Surrey Co-ordinated Discharge Programme*

This programme is now in its second year, focused on improving the experience and outcomes of hospital discharge. The programme has already demonstrated reductions in length of stay and more complex discharges. The focus this year has been the implementation of a *'Care Transfer Hub'* in line with national requirements to establish a hub as a way of streamlining and integrating discharge functions. To deliver this, work is underway to phase in a joint assessment process between health and social care teams that collectively identifies patient need post-discharge much earlier. The intention is for this to go live this September.

*Community Diagnostic Centre (CDC)*

Our objective of establishing a diagnostic centre in the heart of Redhill, looking at the Belfry Shopping Centre, continues to progress. This will bring a significant uplift in diagnostic capacity including X-Ray and CT capability, as well as a host of other diagnostic facilities to support "one stop shop" clinical pathways for our population. The presence of the CDC on the high street will support our aim to improve access for harder to reach communities and demonstrates part of our commitment to addressing health inequalities for local people.

### 2.3.2 Guildford & Waverley

The Guildford and Waverley Place Partnership is now implementing their local delivery plan for 2024/5. This seeks to create a programme that builds on the strength of the partnership to date, embeds the successes of 2023/24, and agrees a new approach focused on the three key areas of:

- Working alongside local people and communities

- Working in partnership to use our collective resource
- Establishing local community partnership teams

The plan is based on both financial, insight and outcomes as well as national and local priorities. Set against a backdrop of local and national challenges on both finance and demand and capacity, this work will require clear leadership, insight, and support. We recognise we are building on the Partnership's strength and core values and seek engagement, support, and collaboration from the Board.

The work focuses on key areas including:

- *Ockford Ridge* - to engage and co-produce with local communities and partners, exploring options to improve the offer for 0-5 year-olds and families within the Ockford Ridge area of Waverley. This is one of Surrey's priority neighbourhoods. Work will focus on gaining an understanding of local needs, co-production across partners and the local community, and exploring the offer to 0-5 year-olds and families in the Godalming and Ockford Ridge area. Aligned to our prevention ambitions this work will support local people to reach their full potential.
- *Voluntary and third sector support* – strengthening our local third sector to ensure a thriving and agile approach to local working. Following our successful Annual Event (held in July), we are seeking a new approach to working with the sector to encourage collaboration and local alignment to key delivery plans. Led by the local Chief Executives of key voluntary/community sector partners, the sector has been positive in feedback on this approach, and we will seek to align how we are working with local communities.
- *Integrated Neighbourhood Teams* - aligned to our local approach to delivering care differently, we are implementing local neighbourhood teams and building on our work to support high-risk patient groups. Seen in the success of the My Care/My Way programme, which delivered an estimated £320,000 savings across the local system across c.400 patient contacts - reducing GP contacts by 430 in six months, acute admissions by 80 and A/E attendances by 50. This work will now move into a system delivery approach using the *Growing System Leaders* programme; this involves c.30 multi professional leaders creating local teams to break down traditional organisational barriers, resulting in more responsive and person-centred care.

### 2.3.3 North West Surrey Alliance

We have continued to successfully bring together key delivery partners across health, district and boroughs and the county council developing strong relationships and partnerships working for the benefit of citizens in the local Place.

#### *Business Units*

Our mission has been further realised through the implementation of the Business Unit concept, an innovative approach which seeks to undo the fundamental fragmentation of the NHS and wider wellbeing services, creating one resident journey. Focusing on the following four areas and each running a range of services collectively on behalf of NWS Alliance, regardless of the individual organisation that formally manages them:

1. Same Day Urgent Care
2. Rehab and System Flow
3. Borough Wide Specialist Provision
4. Integrated Neighbourhood Teams

With single leadership across organisations and one identity for the team responsible for the health of a population, were taking collective accountability for outcomes, access, and people's experience of using services. Each Business Unit now has in place:

- Dedicated leader appointed to work across partners
- Leadership teams implemented with clear alignment of aims and priorities
- Ways of working and governance embedded

Key projects achieved through the Business Units are:

#### *Same Day Urgent Care - unscheduled care hub*

This unscheduled care hub, designed in collaboration with Surrey Heartlands and South East Coast Ambulance (SECamb) will take the form of a Single Point of Access (SPoA), which will be operational from October 2024. The SPoA will enable a SECamb Advanced Paramedic Practitioner to have a direct clinical conversation at the earliest point of the patient's journey with the local system clinical navigator, to ensure they are directed to the most appropriate out of hospital service which will best meet their immediate needs.

Benefits include:

- releasing of capacity in SECamb to respond to those who have immediate Emergency needs in a timeframe which optimises the outcome for those patient's, who have life threatening conditions
- manage the flow through the system by reducing ED attendances for those patients, who do not require emergency interventions
- reducing the number of people who experience delays in returning to their home or place of residence, thereby creating acute capacity to enable recovery
- enabling ICB Partner organisations at Place to optimise community assets and eliminate duplication.

#### *Borough-wide specialist provision - Community Diagnostic Centre at Woking Community Hospital*

This local centre will prevent the need for 30,000 hospital visits outside Woking annually. Providing residents with a vibrant and modern health facility, currently offering a cardiology suite, bone density scanning, blood tests for all patients aged five and over and 20 additional audiology assessments per week. Further test facilities such as MRI, ultrasound and CT scanning are planned to be available by the end of this year.

#### *Borough-wide specialist provision - transformation of diabetes services*

Partner organisations across North West Surrey are working together to transform diabetes services to provide integrated pathways and holistic care, addressing various aspects of diabetes management including medical, nutritional, psychological and foot care.

For more information about other key achievements through each of our Business Units see our [booklet](#).

#### *Talent Hub*

Another exciting development is the launch of the Talent Hub, a project we are piloting to modernise recruitment across our partners and nurture local talent across North West Surrey. The pioneering digital platform allows people to view and apply for job vacancies from all our organisations, on one platform. It also features a Talent Pool where local people can sign up to create profiles, receive



support, and be matched to suitable opportunities based on their skills and job requirements. Read more [here](#).

Transformational change always takes time to realise but we are now starting to see some traction and a positive change to the ways of working in a more focused delivery agnostic to sovereign organisations. As well as the benefits of more cohesive support for people within our communities.

### **2.3.4 Surrey Downs Health & Care Partnership**

The focus for the last month has been two-fold. The first being to refresh the agreed place transformation plan using population health data, insights from local communities and the emerging health and care priorities nationally to establish in more detail our plans for Surrey Downs for the coming 18 months. The next stage of this work is to develop these plans and co-design solutions with local partners and communities, starting with a community development day in mid-September. The second being to establish our demand and capacity plans for the coming autumn and winter months. These plans have now been signed off through our place governance structures and involve focus and investment across our communities and integrated neighbourhood teams, our place partners and our core urgent care services.

The Surrey Downs Virtual Ward was highlighted as a case study of good practice in a letter sent to all providers from Amanda Pritchard, CEO of NHSE. The case study highlighted the strength of the integrated service in both preventing acute admissions and facilitating earlier hospital discharge. The model mirrors the Surrey Heartlands specification for virtual wards.

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## **3. Looking after our People**

### **3.1. Public commitment to equality, diversity and inclusion**

Following on from the tragic events in Southport last month and the resulting violence and protests that have followed across the country, as a system our first priority will always be supporting and protecting our staff and patients.

To that end, our absolute commitment to equality, diversity and inclusion remains and we stand by our firm zero tolerance approach to abuse, racism or discrimination of any kind against our staff, our wider NHS community, our partners and our patients and residents.

We are incredibly proud of the multi-cultural nature of our workforce and our population and the richness this brings to our health and care system and to Surrey Heartlands.

Whilst fortunately, to date, Surrey has not seen the levels of disorder, protest, or hate crime that have been seen across other parts of the country, if anyone witnesses any form of threatening, violent or aggressive behaviour, we urge staff and patients to report it immediately through the appropriate channels, involving police colleagues where necessary, to ensure these behaviours are called out and acted on.

We recognise that members of our workforce, particularly those on the frontline, and members of our communities, may still feel worried or anxious about the nature of the events and attitudes we have witnessed, and some may have been affected personally.

We know our partner organisations are supporting staff locally and, as a health and care system, we would encourage anyone who has been affected by recent events to come forward and seek support – and for us all to continue to support each other and stand strong together.

### 3.2. Annual staff survey

We are now preparing for the launch of the annual NHS staff survey which is expected to launch in October. Each autumn everyone who works in the NHS in England is invited to take part in the survey which offers a snapshot in time of how people experience their working lives, gathered at the same time each year. Its strength is in capturing a national picture alongside local detail, enabling a range of organisations to understand what it is like for staff across different parts of the NHS and work to make improvements.

We recognise that this has been a difficult time for staff as we have implemented our organisational change programme; understanding how people are feeling will be important as we work to embed our new operating model, supported by the organisational development workshops which will begin for all teams this month.