

# System Board Update

## **System Board, Wednesday 15<sup>th</sup> September 2021**

**Sent on behalf of: Tim Oliver, Surrey Heartlands Chair**



Welcome to my regular update following our System Board meeting on 15<sup>th</sup> September. Along with these regular updates, this is part of our plan to provide more public transparency and make sure you are kept up to date with our discussions. Our System Board meetings are held in public once a quarter; the next public meeting will be on 21<sup>st</sup> October. Further information on future meetings and how to join is published [here](#).

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### *General update*

As we continue our journey towards becoming a statutory Integrated Care System by April 2022, there is a wealth of [national guidance](#) being published by NHS England/Improvement to support systems; this is relatively permissive which gives us the opportunity to develop in the most appropriate way for our system and local population. Interviews for the independent chair role are nearly concluded and will be announced nationally shortly, with the recruitment process for ICS Chief Executives now underway. To support our journey, we have created a detailed System Development Plan which has been submitted to NHS England/Improvement and was well received (see more below). This is a first submission with the second due at the end of the October to reflect more detailed planning.

As a system we continue to experience continued pressure across all our services exacerbated by several factors including workforce issues, increased activity levels and impact from additional care and support needs for those in quarantine, immigration, and asylum accommodation locally. Work continues to plan for winter, and we are meeting monthly with regional colleagues to discuss surge planning alongside planning for our annual flu vaccination programme and continuation of the Covid-19 vaccination programme. Given winter is fast approaching and we are already seeing activity levels we would expect to see much later in the year, including increased levels of RSV (*Respiratory Syncytial Virus* - a common respiratory virus in children that can cause bronchiolitis in young children), we expect this winter to be particularly challenging. As an ICS we continue to perform well against Long-term Plan objectives and are in the top 10 systems in the country for meeting constitutional standards (except for two-week referrals although we are still meeting the target) and are *the* top system for 52+ week waits (i.e. our numbers are extremely low).

### *Covid-19 data*

The coronavirus dashboard is being published three times per week [here](#). A full summary is also available weekly, which includes data on positive cases in Surrey and information on the R number [here](#).

### *System finance update*

Guidance on our planning submission for the second half of the year (H2) is expected shortly (assumption that we will simply build on our earlier operating plan) with workforce and financial templates expected a little later. Covid monies are likely to stop during the next financial year and we will need to build that into our planning as we move out of winter, with further year on year efficiencies expected over the next few years. We expect to see some planning guidance for next year around Christmas.

### *All-age Autism Strategy – Hayley Connor, Director of Commissioning (Children’s, Families and Learning), Steve Hook, Assistant Director of Disabilities*

Development of a new Surrey all-age Autism Strategy began in June 2020 and included substantial engagement with a variety of stakeholders including 1200 people with experience of autism. Autism represents the largest group of children and young people who are provided with structured plans, with numbers likely to be underestimated due to lack of diagnosis. Each section of the strategy has its own implementation plan and is very much a system plan. Year one priorities include:

- Develop options and approaches for an autism training offer across services and the community
- Develop and deliver autism training for autistic people and family carers
- Work to promote ‘autism-friendly communities’
- Review and revise current information and advice content held across agencies

Additional work is taking place with our digital team to include an early warning marker on the Surrey Care Record to ensure individual’s health records reflect the person they are.

### *Carers’ experience of hospital discharge – Kate Scribbins, Healthwatch; Jamie Gault, Action for Carers.*

Kate and Jamie presented the findings of a research project which was undertaken during the pandemic to understand more about carers’ experiences of the hospital discharge process. As the research was conducted during the pandemic, the project has kept in mind the extreme pressure the system was under at the time.

Despite that, the project still found examples of excellent care and carer involvement. On the converse side, many issues that were evident also pre-dated the pandemic and were not solely due to the specific conditions of the time. To demonstrate some of the findings, the Board heard two separate videos, one very positive experience and one less so. One of the key issues that emerged was around communication and the serious consequences that can result from poor communication, additional stress for the family, clinical consequences (e.g. risk of missed medications) and issues relating to discharge decision-making. Everyone recognises the vitally important role that carers play, but poor communication means they can’t necessarily play the right role.

The report has made four key recommendations which if implemented will have a palpable and positive impact:

- Proactively identifying patients who rely on unpaid carers
- Review practices and processes that govern hospital-carer communications
- Improve carers’ understanding
- Provide a professional, efficient handover of the patient to the carer

The Board welcomed the report and its recommendations.

*System Development Plan update – Karen McDowell, ICS Chief Operating Officer*

Karen McDowell gave the Board a very brief update on the work being undertaken on our System Development Plan which sets out our journey and work that we need to do between now and next April when we become a statutory ICS, reflecting the latest guidance. This includes a due diligence process and a readiness to operate framework which relates to the legal transfer of people and priorities (mainly from the CCG to the ICS NHS body). Positive progress is being made with our next submission of the plan to NHS England/Improvement by the end of October.

*Place highlights:*

- **East Surrey** (deep-dive) – the East Surrey Place-based Partnership has been on an accelerated development journey over the last few months, with three key areas of focus: developing a narrative about the partnership’s shared identity and sense of purpose; the building blocks which make up their story – themes that have come from discussions with stakeholders across the area, including a focus on health inequalities and improving outcomes; and the partnership comes together working collectively rather than as individual organisations. The partnership has also recognised high levels of clinical innovation, with most partners rated as either ‘good’ or ‘outstanding’ by the Care Quality Commission.

Over the past couple of months, we have held the *East Surrey Big Conversation*, via a series of communications and engagement sessions either as face-to-face meetings, 1:1 interviews, webinars and so on. This has resulted in rich conversation and ideas about creating the right identity and vision – importantly from a patient’s perspective. Other key pieces of work include:

- Population insight (primarily led by Dr Richard Brown at Surrey & Sussex Healthcare), based on five key lines of enquiry relating to our population and their needs
- Public and community involvement – bringing patient and public involvement into the creation of a new model of care
- Governance – including setting up the health and care partnership board, and the establishment of a quality committee
- Surrey 500 leadership programme – bringing together both NHS and non-NHS partners into the programme to work together, aligning leadership with the new emerging narrative

Other examples of positive work at place include:

- The *Growing Health Together* programme, led by GP Dr Gillian Orrow working closely with council colleagues; the programme has five local primary care network champions and is gathering a lot of interest both nationally and internationally.
  - Ageing well programme – part of a national programme including the development of a good frailty pathway.
  - Digital transformation.
- **North West Surrey** – key highlights include: completion of the partnership’s strategy refresh and key priorities; getting the core team in place with a number of joint appointments across the Alliance; aim to ramp up the communications and experience function including customer service and experience; the Staines/Cavell centre is now at the Outline Business Case stage which will include business and a new health development in Staines; continued pressure across the system, with a positive operational response; improvements in the Discharge to Assess pathway; the opening of a new assessment unit at St Peter’s Hospital; and continued progress of delivering the Covid-19 vaccination programme locally.
  - **Guildford & Waverley** – working hard to ensure the right posts are in place to deliver improvements for the local community; lots of work continuing around the frailty strategy, and

how we can improve experience of older people living with frailty via two workshops; development of a primary care strategy; community network engagement in the North Guildford primary care network area (area of high deprivation) showing that bereavement, carer burden and debt have the biggest impact on people's wellbeing; and focus on implementation of the new End of Life Care strategy.

- **Surrey Downs** – nothing to escalate this month.

**Our next meeting is being held on Wednesday 21<sup>st</sup> October which will be held in public; instructions on how to join are given [here](#).**