

# System Board Update

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

***Sent on behalf of: Tim Oliver, Surrey Heartlands Chair and Leader of Surrey County Council***

Welcome to my first update as Chair of the Surrey Heartlands ICS System Board. This is part of our plan to provide more public transparency across our health and care system and to make sure, as key stakeholders, you are kept up to date with our discussions at Board level.

System Board is our strategic leadership group across the Surrey Heartlands system, and includes health and care leaders from across our partnership such as our hospital chief executives and council leads for social care. It's where we have the opportunity to discuss key topics and agree strategies and I'm pleased to bring you this summary of our virtual meeting on 15<sup>th</sup> July.

We began with a reflection on some of the transformation work we've started across our system; now that the initial Covid-19 peak has subsided, we have turned our attention towards recovery and restoration of services, starting with those most critical. As part of this, we want to build on plans that were accelerated because of our response to the pandemic – such as increased use of virtual consultations (via telephone or video) and enabling our workforce to work virtually – learn from this, embed the positive and understand what didn't work well to improve health and care outcomes for our citizens.

We are aware that any new ways of working and wider transformational change will also need to help close our financial gap, although we are clear that any change needs to improve patient outcomes. We also need to consider the future delivery of adult social care, and the work we are doing to further integrate services will no doubt play into that. Importantly we want to have a wider conversation with residents about taking a more radical approach to how we provide services; accelerating our use of technology, focussing on prevention and earlier interventions, with hospitals used only when really needed.

In terms of Covid-19, we briefly discussed some of the challenges ahead – when schools go back, how to support our workforce to continue to work remotely wherever possible, how to restore services whilst living with coronavirus in our community and preparing for outbreaks alongside our usual winter planning. We have set up a Surrey Outbreak Board, which meets in public, supported by a Local Outbreak Plan describing how we will work together to keep Surrey safe and open in the event of a local outbreak. We know demand for services is stepping up again and in some areas exceeding that we would have previously planned for, for example our community services such as district nursing and mental health services.

We also reflected on communities that have been disproportionately affected by Covid-19 and what we need to do to address this, particularly the huge impact on our BAME (Black, Asian and Minority Ethnic) communities, and carers. We are doing a lot of work to listen to and support different groups but recognise there is a lot more to understand and work through with stakeholders on this.

We then touched on some of the issues smaller community and voluntary organisations are facing due to diminishing resources; there is a hardship fund provided by Surrey County Council which community/voluntary groups can apply to if they are really struggling. Encouragingly, we have seen an excellent report undertaken by Healthwatch Surrey describing how, on the whole, residents know how to keep safe and access services remotely; however there is some concern about delays in care for certain services. Healthwatch has recommended we get in touch with patients to let them know what's happening, with clear signposting if someone's condition worsens, and we'll be taking that onboard across our system.

#### *Finance update*

This financial year marks our last tranche of transformation funding (£25m) as a first-wave ICS. As in other years this will be split between supporting national transformation requirements with the rest allocated to local initiatives. In terms of monthly financial reporting, we are still in a Covid-specific financial regime which will run until at least the end of August and possibly into September. This allows us to claim reimbursement for Covid-specific activity allowing us to report a breakeven position although not all costs are covered. We are awaiting further guidance on the Phase 3 financial regime. Discussions are still ongoing regarding future allocations to support restoration and recovery to help us continue to deliver a breakeven position.

As a Board we also discussed the importance of joint planning between health and social care and for us to consider what areas of work we can do together. The importance of social care will be critical going forward and as a system we need to be clear about the investment needed to reduce health inequalities.

We then heard more detail about three key areas of focus; our recovery programme, the psychological impact from Covid-19 and a deep-dive on the North West Surrey Integrated Care Partnership as follows:

#### *Our recovery programme*

In July we had the opportunity to bid for capital funding to assist with recovery such as increasing the number of critical care beds, rehabilitation, more provision for theatres and diagnostics and upgrading waiting areas in A&E departments and hospital wards to manage social distancing. Clinical input and engagement to our recovery work is critical, and we are now appointing clinical leads to our key areas of work alongside a clinical reference group.

Another area of this work is looking at how we continue to develop our system, how we work together as partners, and what our leadership looks like. This includes the continued integration of health and care services; how our acute hospitals work together; and how we continue to progress local partnerships including the development of our primary care networks. It will be through these local networks – of GP practices, community services and other local partners – that we deliver the majority of care, closer to home and working with local communities. We'll be refreshing our wider strategy and bringing this back to System Board in September.

#### *Psychological impact of Covid-19*

Professor Helen Rostill then presented a paper on the psychological impact of Covid-19. She spoke about how many of our workforce are currently exhausted, even traumatised and how this is likely to play out in future sickness absence statistics. Patients will also have experienced trauma, alongside bereavement. Those from a more disadvantaged background are already more likely to experience poor mental health; now they are at higher risk of death or severe complications from the virus, particularly our BAME communities. Layer into that the economic crisis and there's a prediction that we could see over half a million people experiencing significant mental health problems as a result.

A crucial starting point is to expand our knowledge and insight. We are seeing significantly increased demand for mental health services – more demand on beds, spikes in wellbeing calls and in domestic abuse

– which is starting to show the real impact on people’s emotional experience. As a system it will be really important to invest in targeted and proactive outreach to our most vulnerable communities, working closely with community leaders and the third sector. Investment in digital transformation is also critical (for example, the Surrey Virtual Wellbeing Hub) helping those who can, to self-refer easily. We want to prevent people from falling into crisis, but also make sure our crisis pathways are working well, with clear alternatives to A&E.

*Developing our local partnerships – a focus on North West Surrey*

Jack Wagstaff, Director of North West Surrey ICP spoke about the achievements of the partnership over the past two years - bringing 12 organisations together under a single banner, working collaboratively to deliver improvements for local people. For example, using data effectively (known as population health management) is giving access to key intelligence that can identify different life expectancies right down to street level, which will be key to helping design more effective service strategies in the future.

There’s a really good history of collaboration in North West Surrey which has helped the local system in its response to Covid-19; for example, since March a new discharge model has supported the successful discharge of over 1000 patients from hospital. There has also been a shift in community support, people looking after each other, caring for shielding patients, helping with food, housing and so on. That sense of community is critical in resetting how we deliver health and care in the future, and will help to reduce some of the rising demand for statutory services.

Part of the cornerstone of the ICP strategy is to decompress hospital sites and expand into the community, leading to better outcomes and helping to minimise footfall and infection risks in high volume hospital areas. For example, moving physiotherapy services out to a local health club, with the added benefit of state of the art gym equipment.

Overall, this is about working with communities to tackle the wider determinants of health, building new relationships with business and other partners and resetting the way we do business. The partnership will eventually need some form of formal framework to make decisions together, crucially across health and local government, so it’s a real positive to have local government colleagues as part of the partnership.

Our next System Board meeting is being held on Wednesday 19<sup>th</sup> August.