

System Board Update

System Board, Wednesday 17th March 2021

Sent on behalf of: Tim Oliver, Surrey Heartlands Chair



Welcome to my regular update following our System Board meeting on 17th March. 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 21st April. Further information on future meetings and how to join is published [here](#).

General update

As a system, our top three priorities focus on the wellbeing of our staff, our ongoing incident response and the restoration of services (see more detailed recovery and restoration update below). Planning Guidance for 2021/22 was published as expected on 25th March following the next NHS England/Improvement Board which includes guidance on recovery, as well as a section on ICS development following publication of the recent [White Paper](#).

To prepare for the proposed changes, we have set up a number of working groups to look at what that will mean for Surrey Heartlands; whilst some of the change is likely to be prescriptive, we also need to understand what would work most effectively for our system. Overall these changes are about creating the right infrastructure and partnerships to improve patient outcomes through greater integration and, where possible, create greater efficiencies across the system. It's also clear that ICSs will be expected to be coterminous with local authority boundaries (either across multiple local authority boundaries or a single authority) so we will need to consider how we find a solution that works for our partners across the Frimley system and Sussex. We expect a shadow board to be in place by September, with go-live April 2022.

Covid-19 data

From 29th March the coronavirus dashboard is being published weekly [here](#). A full summary is also available weekly, which includes data on positive cases in Surrey and information on the R number [here](#).



Covid-19 vaccination programme

Vaccination Programme Director, Jane Chalmers, gave a brief update; at the time of writing the programme had successfully passed the 400,000 vaccinations mark [now over 500,000!], with around 47% of the local population having had their first vaccine. A lot of work is taking place, through our vaccination Equalities, Engagement and Inclusion group, to support communities who are less confident about having the vaccine, particularly across some of our BAME (Black, African and Minority Ethnic) communities and those where access/convenience is a key factor. Vaccination data is published [here](#), with more information available on the Surrey Heartlands CCG website [here](#).

System finance update

Highlights from the recent Strategic Finance Board were reported which included a deep dive review with the NHS Regional Team; ICP development; standard reporting; and system financial risk. System capital allocations for next year have just been received, with further guidance to come.

Executive Leadership team update

Matthew Knight has been appointed as our new ICS Chief Finance Officer and will join in April 2021; Michael Pantlin will also join us on 1st April as our new ICS Director for Workforce and Digital; and Dr Prmit Patel has a further three year mandate from our Primary Care Networks to continue to represent them as Lead Clinical PCN Director.



Update from Frimley Integrated Care System (Frimley Health and Care)

Fiona Edwards, Lead for the Frimley Integrated Care System gave the Board an update on the overall strategic priorities for the system. The system has three key areas of focus; workforce – recognising that as public sector partners we employ a significant proportion of our population so supporting them well will have a major impact on the health and wellbeing of our population; a focus on culture and leadership and the principle of co-design – everyone’s voice being equally important; and an absolute focus on being courageous about managing budgets and their approach to a single control total. Operating in at least four different systems, Fiona spoke about the importance of the alignment of the Frimley Strategy with the Surrey Health and Wellbeing Strategy, the importance of collaboration and the need for active dialogue on how the Frimley and Surrey Heartlands ICSs will need to work together moving

forward. More information about the Frimley ICS can be found [here](#).

Nicola Airey, Managing Director for Surrey Heath CCG and Dr David Brown, GP Lead for Integration at North East Hampshire and Farnham CCG then gave more specific updates on current work in both areas. Both CCGs are now part of the new NHS Frimley CCG (formed from the merger of five CCGs on 1st April), more information can be found [here](#).

Surrey Health & Wellbeing Board Strategy

Director of Public Health, Ruth Hutchinson, gave an update on progress against the Surrey Health and Wellbeing Strategy. Over the last year, some areas clearly haven’t progressed as much as planned, whilst others have actually accelerated due to the pandemic; for example a lot of activity has taken place to support alcohol reduction with a significant increase in people accessing the new [Drink Coach](#) tool; the set-up of the new Mental Health Partnership Board to accelerate improvements in mental health support; and work to improve people’s digital connection to reduce digital exclusion, particularly through the [Tech to Community Connect](#) service. Progress against the strategy is monitored through 38 key priority indicators which are published [here](#), with further metrics – including community safety indicators – to be added.

Ruth also highlighted the draft community safety agreement which demonstrates how responsible authorities work together to identify and address priorities to address crime and disorder, including traffic safety, drug related safety and so on. The draft agreement, aimed at empowering our communities to feel safe was presented at the Surrey Health & Wellbeing Board and will be going out to public consultation in due course.

Recovery and Restoration

ICS Recovery Director Helen Coe provided an update to the Board, focusing on three key areas:

1. *Shared learning and achievements* – key areas highlighted include how we manage surge/super-surge (sudden, high demand) across our system; our work with the national *Getting in Right First Time* team to transform a number of patient pathways (with an additional £1 million funding in support); development of an innovative system Surveillance Report; a new Health Inequalities Dashboard (with 50 indicators to date); and our system-wide mutual aid approach ensuring patients receive equitable access to care. We have also delivered over 403,000 virtual consultations (Mar - Dec 2020), reported a 153% increase in activity by the independent sector to support recovery (June – Dec 2020), and our Business Intelligence team were finalists in the HSJ awards for their demand and capacity work (adopted by the region as good practice).

Helen described some of the key achievements made by our eight recovery workstreams including a successful winter flu campaign, the continued roll-out of our integrated mental health service in primary care, our virtual wellbeing hub which provides access to a range of mental health resources and the acceleration of our digital programme including plans to address digital exclusion.

2. *Our approach to recovery and transformation* – we have a clear statement of ambition which describes how we need to meet the needs of our patients and citizens caused by the pandemic, including the harm and safety challenges, take difficult decisions in the interests of our citizens, patients and staff, make sure our plans support system recovery and are more than just the sum of organisational recoveries, reset to a new service model and achieve financial sustainability.
3. *Building on our success - planning for the next phase of recovery (Phase 4)* – as we move beyond the second peak, we are now establishing plans for Phase 4 recovery, recognising that there are a different set of challenges and opportunities compared to the initial recovery phase. This includes demonstrating how we positively address the reduction of health inequalities, recognising and responding to the needs of an exhausted workforce, minimising harm to patients with urgent clinical conditions by careful prioritisation and transforming services. At the same time we need to be both ambitious and realistic; building on the partnerships we've made, finding innovative solutions to deliver outcomes and close the financial gap. Working within the recently published national planning guidance, we need to be clear what is best done at local (place) level and what is best done across the system, with citizens placed firmly at the centre of all our plans.

Update on the CRESH (Crawley, East Surrey & Horsham) system

The CRESH system sits across both the Surrey Heartlands and Sussex ICSs which, despite much positive work, has made slow progress. Richard Douglas, CRESH Independent Chair, was asked by both ICSs to make some recommendations around future working arrangements. This has coincided with the recent publication of the *White Paper* on health and care reform which sets out the expectation that systems should be co-terminus with local authority areas. It has therefore been recommended that each ICS repatriates the various organisations that sit within CRESH into their own systems, with some form of joint committee that sits between Surrey Heartlands and Sussex to deal with common issues such as patient flow. At the same time, building on the positives such as work done around frailty, Long-Covid and more recently our Growing Healthy Together programme across the five CRESH primary care networks. Any new arrangements will need to go through each system's governance before coming back to System Board for a final decision.

Our next System Board is being held on Wednesday 21st April. This is a public meeting, instructions on how to join are given [here](#).