

# System Board Update

## ***System Board, Wednesday 21<sup>st</sup> October 2020***

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



Welcome to my regular update following this month's System Board meeting on 21<sup>st</sup> October. This was our first meeting in public and I was pleased to see a good number of people from across the system listening in. 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. Further information on future meetings is published [here](#).

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### *General update*

Dr Claire Fuller, Surrey Heartlands Integrated Care System Senior Responsible Officer, reiterated our three overarching priorities: operational pressures including Covid-19 and EU exit preparations; maintenance of our elective (planned) services and continued recovery as a system; and delivering our local People Plan. Following recent lockdown announcements, NHS England/Improvement has now [from 4<sup>th</sup> November] moved the NHS incident response level back to Level 4, which means the incident is being managed at national level. A reminder that the latest Covid data for Surrey is published every Monday [here](#).

### *System finance update*

Highlights from the recent Strategic Finance Board (29<sup>th</sup> September) were reported where partners discussed regular financial reporting, the draft submission of our system financial plan which starts from month 7 (following the different financial regime which ran from months 1-6 due to Covid), and a summary of our estates work plan. The system has now received transformation funding for the remainder of this financial year (the final year); this includes an allocation to cover national programmes and an allocation for local investment which will be picked up in more detail at the next Finance Board.

### *Surrey Heartlands Turning the Tide Transformation and Oversight Board*

This is a new board to address Black, Asian and Minority Ethnic (BAME) employment and health inequalities for our staff and local population, reporting directly into System Board. Part of a national NHS England/Improvement initiative, the Board is co-chaired by Gillian Francis-Musanu, Director of Corporate Affairs at Surrey and Sussex Hospitals and Chair of the Surrey Heartlands BAME Alliance and Dr Russell Hills, GP and Clinical Chair at Surrey Downs Integrated Care Partnership. The work of the Board is underpinned by the national Turning the Tide strategy, the NHS People Plan, Phase 3 planning and the Public Health England report [Beyond the data](#). More information on the wider programme can be found [here](#). Over time the Board will widen out to consider inequalities experienced by others such as those with disabilities, the

Lesbian, Gay, Bisexual and Transgender community, and will be a key part of our work to tackle health inequalities.

Currently the Board has set a number of key objectives including development of a balance scorecard on addressing racial inequality; a targeted talent management offer and reverse mentoring programme; encouraging partners to publish action plans on increased BAME representation at Board and senior staffing levels; undertaking a population needs assessment of our BAME population with plans to minimise key health risks; and developing positive communication to share research and good practice. The Board discussed the importance of engagement to shape this ongoing work, the importance of linking into different communities – for example through the Surrey Minority Ethnic Forum (SMEF) – and working with local BAME staff network chairs.

### *Emotional Wellbeing and Mental Health - Recovery workstream update*



Professor Helen Rostill, ICS director for mental health [and consultant clinical psychologist by background] gave an update on the work of the Emotional Wellbeing recovery workstream. It is well evidenced that Covid-19 has had a significant impact on the emotional wellbeing and mental health of the general population and that is mirrored in Surrey Heartlands, with recent escalations in activity and demand (for example inpatient requests have increased from 6/day pre-Covid to 10+/day currently, a

28% increase in community mental health services activity alongside greater complexity and severity in presentations) which are in line with what had been predicted due to the impact of Covid.

The workstream is progressing well, despite a challenging environment, with key highlights as follows:

- Restoration - almost all services are now back at pre-Covid levels, offering a variety of contact mediums from digital, telephone to in-person contact (except group-work), with some pressure remaining around bed capacity. Some in-person services have been challenging to restore, such as older people's services where anxiety about infection is higher. Our psychological therapies (IAPT), whilst delivering good outcomes and meeting waiting times have seen a drop in attendances although we are performing well compared to other areas.
- The voluntary sector continues to play a vital role for mental health, with increased demand for services throughout the first phase of Covid. The development of the Surrey Virtual Wellbeing Hub has provided an innovative gateway for people to refer to a range of 3<sup>rd</sup> sector services including virtual coffee mornings, recovery groups and one-to-one sessions. However, the sector is under pressure in terms of both short-term investment and longer-term financial sustainability.
- Enhanced provision and access to 24/7 crisis services - good work is underway to improve capacity and ensure resilience of our community crisis offer. By making crisis support as accessible as possible we can divert people away from high-intensity inpatient services where appropriate; we also want to focus on helping people who are medically fit to transfer from hospital back to their homes and communities with the right care and support.
- By reaching out to at risk and vulnerable groups – for example, with groups working with the homeless, those who are isolated and so on – we aim to intervene early to prevent people escalating into crisis. This includes *Tech to Connect* projects to help those who are digitally isolated and understanding key touchpoints to provide emotional wellbeing and mental health prevention messaging (e.g. working with our boroughs and districts, foodbanks and supermarkets)
- Integrated mental health support in primary care (known as GPIMHs) – we've completed our planned roll-out to 11 primary care networks, and have plans to scale the project up further. Well received by GPs, the service has seen 3000 patients during this implementation phase.

*Suicide Prevention in Surrey – presentation by Helen Raison and Nanu Chumber-Stanley*



There are approximately 85 suicides in Surrey every year which is clearly a number that is too high. During the last recession numbers across the country rose and there is ongoing concern that Covid and associated financial pressures will see figures rise again.

Surrey's Suicide Prevention Group reports directly to the Health and Wellbeing Board; Surrey has a Suicide Prevention Strategy and Plan, based on the national strategy and which also reflects local needs. Key elements within the plan include:

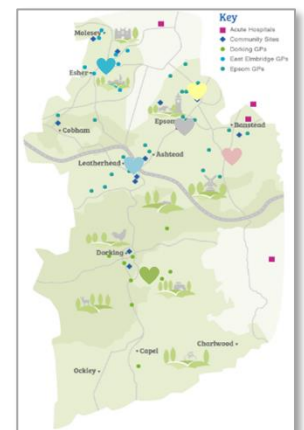
1. Understanding data and trends to inform early warning and learning;
2. Understanding the emotional wellbeing of certain groups and the shift of higher risk groups due to the impact of Covid;
3. Reducing the means and methods of suicide, e.g. for example removing ligature risks in inpatient settings and working with our boroughs to reduce risks posed by high rise car parks
4. Reducing attempted suicides and self-harm amongst children; widening the focus of the Board from just adults to also tackle children and young people's issues;
5. Better information and support for those who have been bereaved by suicide;
6. Preventing suicide in high risk groups particularly those with mental health issues;
7. Understanding the full impact of Covid; this isn't yet clear although numbers in some cohorts (such as 18-29 age group) are rising slightly with increasing demand for training during the pandemic.

System Board was asked to endorse these plans and ensure the forthcoming Wave 4 funding (£650,000 over 3 years) is spent well across our partner organisations.

*Update on the Surrey Downs Integrated Care Partnership (ICP) from Daniel Elkeles, Chief Executive at Epsom and St Helier Hospitals*

Surrey Downs ICP has high ambitions, based on the Surrey Health and Wellbeing priorities and localising them; for example, bringing more hospital based services into the community, delivering more mental health services locally and a big focus on reducing health inequalities. Over the past few years, the system has focused on improving care in the community and what can be done in people's own homes; since 2016 c. 5000 people have had a reduced hospital stay or avoided hospital admission due to investment in local services. Other key achievements have included:

- Significant improvements in local stroke services
- Establishment of the NHS Seacole Centre at Headley Court near Leatherhead (which has treated over 110 people since its inception)
- Bringing community and GP services onto the same IT system



The ICP has a clear vision and values – focusing on trust, dignity, celebrating mutual relationships – and is continually evolving. It has developed a clear model of care centred on people, their families and carers and local service delivery via the six primary care networks. Above all the partnership wants to create a clear plan to tackle health inequalities, putting more services into local communities, demonstrating what you can achieve when you empower frontline people to look after residents and patients.

### *Growth Board update – Michael Coughlin, Deputy Chief Executive, Surrey County Council*



As a Surrey community, a lot of work was undertaken to develop a 2030 vision, with two key principles; to tackle health inequalities and ensure no-one is left behind. During Covid those issues have become even more apparent and the growth of a sustainable economy will be critical to our overall recovery.

The One Surrey Growth Board was set up this summer to act as one voice for the Surrey economy, providing a single perspective across the interests that underpin growth, with representation from key stakeholders including local business and health. With a focus on economic development, the Board is bringing together partners in a new way, looking at digital infrastructure and capabilities, training, physical infrastructure and ‘Brand Surrey’ – how we can promote Surrey as a great place to live and work. The Board has begun to develop its plan with four initial priorities:

- Surrey’s intra-county economic disparities – redressing the imbalance between east and west;
- Building a better business ecosystem including developing Surrey’s 5G/AI/technology presence
- A healthy and inclusive Surrey (including retention of young talent) – including a focus on the national environment and quality of life
- Improved coordination of local governance

### *Update from Recovery Board*

The Recovery Board is overseeing the restoration of services following the initial wave of the pandemic, alongside the transformation and development of new and efficient services, with a key focus on reducing health inequalities. The programme includes eight workstreams (including *Emotional Wellbeing and Mental Health* referenced above), with support from across the system. The programme is currently taking stock of progress so far and ensuring we have the right priorities going forward, striking the right balance between managing growing pressures and ensuring the NHS remains open for business.

### *Digital Exclusion*



Katherine Church, Joint Strategic Digital Officer for Surrey and Non Hill, Digital Citizen Ambassador at Healthwatch Surrey, gave a presentation on digital exclusion - what it means, why it matters and what we are doing to ensure *digital inclusion* and respect people’s choices. Up to 200,000 people across Surrey could be classed as digitally excluded - no internet connection or access to technology; lack of digital skills; or a wish not to use technology – making them less able to engage with new digital care models and access to services. There is also a direct correlation between social and digital exclusion, closely linked to the wider determinants of health such as poverty and employment.

As we have accelerated our move to digital services (our shared care record, widespread use of virtual consultations and digital access) we need to understand what that means for our citizens. As a system we have undertaken a variety of research to gain insight into how people are feeling and how they want to access health and care services. Although the use of digital services has been received positively by the majority of residents, it is clear that this isn’t so for everyone.

We have been working with the voluntary and community sector – for example, the *Tech to Connect* project – to help deliver kit and provide training for people who want to be more digitally connected. We will continue to engage to gain greater insight, particularly with those who are digitally excluded, looking at what we can do to support inclusion, at the same time recognising some will never want to engage digitally.

**Our next System Board meeting is being held on Wednesday 18<sup>th</sup> November.**