

System Board Update

System Board, Wednesday 21st July 2021

Sent on behalf of: Tim Oliver, Surrey Heartlands Chair



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

General update

Nationally the Health and Care Bill is currently working its way through the parliamentary timetable, with the expectation that it becomes law next year, thereby creating statutory ICSs (integrated care systems). More information on the Bill and what it will mean for Surrey Heartlands can be found [here](#). As the Bill progresses through Parliament, we are not expecting any major changes to the proposed legislation, which is about improving delivery of services to residents, reducing health inequalities and supporting further integration of health and care. We also expect a national announcement in the autumn relating to social care funding.

In terms of system priorities, our key focus continues to be the ongoing management of Covid-19 and the vaccination programme (reaching the 18–25-year-old age group in particular - see our list of pop-up clinics [here](#)); the continued recovery of services; supporting our people; and the work we are doing to develop our system and prepare for next April. As a system we are looking at how to manage and prioritise key system risks; this includes having the right capacity going into winter including mental health capacity for those most seriously unwell (particularly children's and adolescent mental health and eating disorder services); how we manage the growing risks around RSV (*Respiratory Syncytial Virus*) a common respiratory virus in children that can cause bronchiolitis and where much fewer cases last year due to the pandemic risks a significant rise this year; financial planning; and safely managing the roll-out of new patient administration systems (Cerner) across two of our acute Trusts.

Daniel Elkeles, Chief Executive of Epsom and St Helier University Hospitals, and the Surrey Downs Place-based Leader will be moving to take up a new position as Chief Executive of the London Ambulance Service in August. The Board expressed their thanks to Daniel for all his work over the last few years, and welcomed Thirza Sawtell as the new Surrey Downs Place-based Leader.

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

A final financial plan for the first half of this year was submitted in the middle of June and shows a balanced position. We now expect to make a planning submission for the second half of the financial year in September; we expect that certain additional categories of funding will continue but there could be some adjustments (for example, a review of Covid-related funding).

Urgent and Emergency Care Strategy – Karen McDowell, System Chief Operating Officer

Karen McDowell updated the Board on the development of a new Surrey Heartlands Urgent and Emergency Care Strategy, currently in draft and being considered by a number of committees across the system. The strategy includes feedback from patients and citizens undertaken via a short survey earlier this year which was based on much wider feedback collected through earlier urgent care engagement programmes. The strategy will be presented to the Board in full once all feedback has been incorporated.

Patient case study – Dr Malin Farnsworth, Clinical Director of Frailty, Surrey Downs Health and Care

Dr Malin Farnsworth was invited to share a patient case study with the Board, on how the Surrey Downs Health and Care integrated frailty model of care is having a real impact on patient outcomes. Dr Farnsworth described a complex patient who had become extremely poorly where the outcome could have been very different but, thanks to the focus and integrated work of the team, she recovered and was able to return home. The story made a real impact on members of the Board and we will continue to showcase patient stories – positive or otherwise – to generate further discussion and learning.

Greener Futures – Katie Stewart, Director Environment Transport and Infrastructure, Surrey County Council

Katie Stewart updated the Board on work being done across the County relating to greener futures and how organisations need to collaborate across the system. This is about both our environment and the resilience of communities, and the impact climate change has on health. Overall, the county of Surrey is aiming to be net carbon zero by 2050, with Surrey County Council by 2030. Health's ambitions, i.e. NHS influenced emissions (including the supply chain) are to be net zero by 2045. In terms of Surrey's emissions, 46% is due to transport; 28% housing; 15% commercial and public buildings; and 11% industry.

Now that we have a strategy the challenge lies in the implementation plan and critically how we're going to achieve the transformational change with residents, businesses and partners. If we are going to do this well, we need to do this in collaboration. Surrey's Transport Plan is currently out to consultation – you can have your say [here](#) – which includes priorities on walking, active travel, using public transport over the private car and so on. In terms of taking this forward, seven key principles have been agreed:

- Putting residents, communities and behaviour change at the heart of the Delivery Plan
- Working with partners who are critical to delivering the county's targets
- Continuing to lobby for change in Government policy and investment
- Being bold in putting carbon reduction at the heart of each and every decision the Council makes
- Using and developing new and innovative finance mechanisms where appropriate
- Having some degree of offsetting, but offsetting that's meaningful
- Making every effort to ensure no-one is left behind – recognising that some actions could have unintended consequences.

Ways in which we can collaborate as partners include aligning our procurement approaches, joint communications and delivery of programmes such as green social prescribing, where we are one of seven test pilot schemes.

Update on our System Development Plan

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. Our plan, based on the published [ICS design framework](#), was submitted to the NHS England regional team and we await their feedback. In the meantime, we continue to work on our planning as we wait for further details to come from the Bill. As a system we plan to have shadow boards and governance in place later this year.

Elective Accelerator Programme update – Louise Stead, Chief Executive, Royal Surrey NHS Foundation Trust

As a system Surrey Heartlands put in a successful bid to be part of a national NHS England/Improvement elective care accelerator programme that will help pioneer new ways of working to develop a blueprint for restoring routine NHS care across the country. There are two sites across the South-East, with shared funding across Surrey Heartlands and Hampshire and the Isle of Wight system. Key highlights include the expansion of *advice and guidance* (giving GPs immediate access to specialist clinicians on behalf of their patients) to all areas where we have high numbers of patients waiting for treatment; capital investment in areas where we need to reduce backlogs, for example in imaging and theatre capacity; and additional one-stop shop clinics where patients can receive a series of different diagnostic tests in one place. There are still issues with patients being reluctant to come into hospital, but there are also opportunities. As a system we are doing well and aiming to get to as close to 110% of pre-Covid activity levels this summer as we can.

Refresh of the Health and Wellbeing Strategy

Director of Public Health, Ruth Hutchinson, updated the Board on updates to the Health and Wellbeing Strategy. The strategy's original intent 'that no-one is left behind' is particularly pertinent following the pandemic which we know has exacerbated health inequalities and its overarching aim has been revised to '*reducing health inequalities so no-one is left behind*'. Reducing health inequalities is a golden thread throughout the revised strategy and links closely with local place-based models and the work they are doing around community empowerment. A workshop held on 8th July with key partners considered how we can build on the Community Impact Assessment and shift this to be more community led.

Place highlights:

- **East Surrey** – work is progressing with PPL colleagues on developing the East Surrey place vision and objectives. A workshop has been held with partners on the story so far and the journey going forward, with good participation by all colleagues. Next steps are to develop a model of care joining up all the programmes of work. The good work being undertaken via the Growing Health programme continues and will be combined with our Population Health Management programme. Work is also underway to develop a Place Quality Committee.
- **North West Surrey** – the partnership has undertaken a strategy refresh alongside resetting key priorities; key operational responses across the system are performing well in terms of recovery trajectories; delighted to welcome Surrey and Borders Partnership NHS Foundation Trust as a formal partner in the Alliance going forward. Some inspiring case studies were cited in response to the repositioning of investment in different accommodation and housing solutions, looking at the wider determinants of health; by repositioning resources across the system in this way, individuals have avoided eviction as they were coming through some very difficult and complex circumstances, demonstrating the value of working in a different way with partners. The NHS England regional team also visited recently to consider two shortlisted sites for the Staines centre development (Cavell Centre) which is focused on our wider socio-economic work and the regeneration of town centres.

- **Guildford & Waverley** – the place partnership has secured resource and third sector funding for a digital inclusion programme, working with the Surrey Coalition of Disabled People and Action for Carers to address digital exclusion. Last month, the Alliance undertook a lot of community engagement around the North Guildford project, including work with Citizen’s Advice and faith leaders to understanding the causes of poor health. The Chair attended the Garden of Hope remembrance event in Guildford (post Covid). Other community work includes a tapestry lunch club for people with dementia.
- **Surrey Downs** – now agreed their green prioritisation programmes and the Place Board sub-committee structure that mirrors that of the ICS to allow alignment with the system and drive forward changes with a clear direction of travel. As a patient and community facing partnership, Surrey Downs has now completed their *Pulling Together* programme facilitated by an external engagement specialist, bringing together community partners to coproduce priorities etc which has been evaluated by the SE leadership academy.

There will be no System Board in August. Our next meeting is being held on Wednesday 15th September. Our next public meeting is being held on Wednesday 21st October, instructions on how to join are given [here](#).