

System Board Update

System Board, Wednesday 21st October 2021

Sent on behalf of: Tim Oliver, Surrey Heartlands Chair



Welcome to my regular update following our System Board meeting on 21st October, 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 is provisionally planned for 19th January 2022. Further information can be found [here](#).

General update

As part of our preparations for becoming a statutory Integrated Care System by April 2022, we recently announced (14th October) the [appointment of Ian Smith as our new Chair Designate](#) of the new Integrated Care Board (ICB); this will be the new NHS organisation under the legislation. The ICB will sit alongside the Integrated Care Partnership Board (ICP) which will bring together wider partners. Further appointments including the ICP Chair will be made in due course.

As a system we continue to experience severe pressure across all our services. In particular, demand on our ambulance service, handover delays from hospitals, high A&E attendances, and continued pressure on primary and community care. We are also seeing extremely high demand for maternity services with a rise in expected and planned births alongside pressure due to increased numbers of refugees and asylum seekers, many of whom are arriving in very vulnerable conditions with complex maternity needs. Currently our recovery trajectories are doing well; compared to other areas we have the lowest number of patients waiting up to twelve months for treatment whilst recognising that a year is still a very long time to wait. As we move towards winter and capacity begins to reduce, recovering planned activity will inevitably get harder.

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](#).

Finance and planning update

Financial allocations have now been published for the second half of the financial year and we continue to work through the details. We will continue to receive the majority of non-recurrent Covid-19 funding that we've seen over the last 18 months (up to 95%), with the continuation of top-up funding for our underlying deficit and discharge funding (although the latter under a different form to before). Our financial plans are due to be submitted to NHS England/Improvement in November.

Black History Month – Yasmin Damree-Ralph, System Lead for Equality, Diversity and Inclusion

Introducing Yasmin, Dr Claire Fuller reminded the Board of the research that has been carried out around racism and the impact this has on people's health, and of our commitment to improve racial equality across the system.

Yasmin reminded the Board of this year's theme for Black History Month, *Proud to be*, which encourages people to dig deeper and look closer – relating this to health services this is an opportunity to consider all our communities and if services are truly meeting their needs. Across our system, many different events have been held to help participants learn from people's lived experiences – however difficult – and the impact these have on individual's health and wellbeing. It's well known that the pandemic has shone a light on inequalities, with those from a Black, Minority, Ethnic (BAME) background four times more likely to die from Covid-19. The vaccination programme has also highlighted another disparity, the distrust some communities – particularly those from a Black and Caribbean background – have with authorities and how they are therefore less likely to have the vaccine. Understanding this helped us work on elements of the vaccination programme in a different way, engaging and helping staff to make more informed decisions.

Director of People, Michael Pantlin, went on to talk about the importance of allyship – where an advantaged group takes action to help a disadvantaged group. He also talked about the need to focus on some of the more covert aspects of racism, particularly institutional and systemic racism where organisations simply drive the status quo thereby unintentionally maintaining the injustices that exist. A clear commitment against racism has been given by our System Oversight and Assurance Group, echoed by System Board.

Introducing our System Convenors

A joint appointment across Surrey County Council and health, we have appointed three System Convenors for Surrey; Alison Leather (Joint Strategic Commissioner for Mental Health); Kate Barker (Joint Strategic Commissioner for Children's); Liz Williams (Joint Strategic Commissioner for Learning Disabilities and Autism). Each role is intended to both stimulate radical change and increase the pace of work, responsible for bringing together all system partners in each area – not just health and care but across all areas linked to the wider determinants of health. Each of the System Convenors introduced themselves and their portfolio to the Board.

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. Positive progress is being made with our next submission of the plan to NHS England/Improvement by the end of October.

Health and Wellbeing Strategy update – Ruth Hutchinson, Director for Public Health

Ruth reminded the Board that we are now two years into our Health and Wellbeing Strategy with lots of work taking place since the pandemic, building on the strategy and its associated needs assessment to highlight which population groups had been disproportionately impacted. This update is the third of four stages of review since the pandemic and focused on system capabilities – the collective action required from the whole system to deliver the aims of the strategy which remains focused on reducing health inequalities.

Place highlights:

- **North West Surrey** – the local system is experiencing the same level of operational pressures as elsewhere, with demand increasing exponentially in all areas including a 30% increase in primary care, 30-35% across district nursing (both since the beginning of the pandemic) and record A&E attendances. The Alliance held their winter summit recently, looking at contingency plans for areas where additional activity could be mobilised, trying to think differently about areas such as hospital discharge and arrangements with care partners. CSH, our community services provider, and the hospital Trust (Ashford and St Peter's) have been working collectively on mobilising a new care unit at Walton hospital which involves repositioning resources to expand community provision.
- **East Surrey** – experiencing similar levels of demand, with high numbers of people who are medically fit for discharge still in hospital. Highlights include:
 - Recent roll-out of remote blood pressure monitoring, trialled in one local Primary Care Network.
 - Local Consultant Connect programme (offering consultant advice and guidance to primary care) has avoided 50% of referrals to East Surrey hospital (for those queries going through the service) helping to support GPs to manage more complex disease management within primary care.
 - *Covid at Home* service - patients managed at home, with 200 patients referred to Alliance for Better Care, the local GP Federation, since it began. Now looking at similar approach for respiratory and heart failure pathways.
 - Good uptake on recent East Surrey 500 leadership programme.
- **Surrey Downs** – becoming more focused on local communities, with the Surrey Downs system acting more as the convenor of these local systems (e.g. Dorking, Epsom, Leatherhead). The Partnership now has a well-established governance system, including a Committees-in-Common as the Partnership Board with four sub-boards, each chaired by an independent Non-executive Director and a clinical lead. As a system, the leadership structure has been refreshed, with clinical leadership firmly embedded at all levels. The four sub-boards are:
 - Quality and safety - now starting to look right across a patient's pathway, rather than within an individual organisation, a new and different approach looking from the perspective of the person and their experience rather than the organisation.
 - Finance
 - Performance
 - People - looking at the wellbeing of the people working in Surrey Downs, recent work includes integrating training across primary care and community servicesAll representing quite a different approach for a formal governance structure. Other work includes ensuring transformation programmes align with local priorities and needs and service transformation including a new frailty pathway. A recent virtual conference *Pulling Together* brought together around 100 local stakeholders and staff with a number of national speakers to talk about what 'Place' means to them and how we translate that into local action.
- **Guildford & Waverley** – nothing to escalate this month.

Our next meeting is being held on Wednesday 17th November.