

# System Board Update

## ***System Board, Wednesday 18<sup>th</sup> November 2020***

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



Welcome to my regular update following our System Board meeting on 18<sup>th</sup> November. 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 next meeting in public will be held on 27<sup>th</sup> January 2021. 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 transition preparations; maintenance of our elective (planned) services and continued recovery as a system; and delivering our local People Plan. The NHS remains in a Level 4 incident, which means priorities and our response are managed at national level. Surrey County Council is now publishing daily Covid-19 dashboards which you can find [here](#). Dr Fuller also updated the Board on plans around the Covid-19 mass vaccination programme – this is moving at pace now that the Pfizer vaccine has been approved and plans in place to begin vaccinations at 50 hospital hubs (including the Royal Surrey County Hospital) across the country. As we receive more vaccine supply, the programme will be expanded with primary care networks standing up local community vaccination sites later in December, to be followed by larger centres in due course.

### *System finance update*

Highlights from the recent Strategic Finance Board (30<sup>th</sup> October) were reported where partners discussed the submission of our draft phase 3 system financial plan (covering months 7-12). The final submission reports a projected system deficit of £15.5m, which is made up of NHS loss of income and annual leave accrual. As reported previously the system has now received £33m of devolved transformation funding for the remainder of this financial year (the final year); this includes an allocation to cover national programmes and £10.8m for local investment. The latter will include a number of areas which have been pre-committed from last year (for example our rolling programme of digital investment) with the remaining funds split across our four local partnerships and Surrey-wide programmes.

### *Updates from our Integrated Care Partnerships and the CRESH system*

*North West Surrey* – in partnership with *Well North Enterprises* and Surrey County Council we are continuing a programme of community engagement on redevelopment in Weybridge and are looking to develop similar programmes in Addlestone, Woking and Staines. At its heart this is about how we bring

services to people in a different way, and we've been learning about different technical solutions from local companies such as Amazon and McLaren. A number of service developments have been progressing such as expanding diabetic services, how we work with the voluntary sector at the lower end of specialist mental health pathways and a technology programme to try and help those who are digitally excluded. The partnership is also expecting to sign an Alliance agreement in the coming weeks.

*CRESH system* – the CRESH System Board met for the first time on 27<sup>th</sup> October chaired by new Independent Chair Richard Douglas; all Board sub-committees have now been established. Through the clinical board, work is ongoing to ensure the system's original transformation priorities, agreed pre-Covid, are still fit for purpose and are refreshed as appropriate. Because of CRESH's unique position spanning two systems, a Committees-in-Common across the two CCGs (Surrey Heartlands and West Sussex) is also being set up. Nominations for the leadership programme, the CRESH 100, have also been agreed.

*Guildford and Waverley* – a lot of work has taken place recently on confirming the right local system architecture, making sure the right sub-boards are in place to finalise governance arrangements. GP Dr Larissa Han has been appointed as the Deputy Place-based Leader which will help strengthen relationships with primary care.

*Surrey Downs* – a brief update following the longer presentation last month; in short, the partnership has focused on implementing the prospectus and priorities that were presented last time.

#### *Primary Care update*

Dr Charlotte Canniff gave a brief update on the overall picture across primary care, which continues to be under significant operational pressure with a 20% increase in activity from this time last year. Primary care continues to respond to the current Covid-19 pandemic; for example developing a robust '*Covid at home*' model in partnership with acute hospital colleagues, which involves keeping patients at home with ongoing monitoring of their oxygen saturation levels, helping to keep hospital beds free for those who are more acutely ill. Primary care colleagues are also involved in developing a *Long Covid* rehabilitation service, some of which is already in place in some areas and which we need to develop system-wide.

Primary care will play a significant role in the Covid-19 mass vaccination programme as well as continuing with flu vaccination, now looking to include the over-50s from December.

#### *Primary Care Network (PCN) update*

Dr Pramit Patel, Surrey Heartlands Lead PCN Clinical Director, presented the Board with an update on our *Thriving Community Networks* programme which he is leading with Nikki Mallinder, Associate Director for Primary Care. The programme is focused on the development of our primary care networks, working collectively at local level to deliver additional and improved services for patients and supporting local communities to be stronger, more resilient, connected, and more independent - with health and care organisations and services working alongside, rather than doing to.

This involves integrating health and care at the most local level and recognising GPs as a trusted link with local communities; for example the team is doing lots of work with colleagues at Surrey County Council on how we can bring general practice right into the heart of those communities – health in the High Street – looking at local libraries and other settings. This is also about working collectively with all local partners to tackle the wider determinants of health, creating healthier communities.

Currently we have two key priorities; to continue to roll out our GPIMs programme (which is about providing easier access for mental health support within GP practices, working with mental health specialists including the voluntary sector); and driving our population health management programme which uses data to help us understand our population's health and social care needs in a more detailed way, including how we recognise those people at risk of developing long-term conditions so we can put in the right early interventions.

#### *Digital First Primary Care update*

Katherine Church, our Chief Digital Officer, then described some of the work and ambition around our primary care digital strategy and *Digital First* programme. The NHS Long-term Plan has set a clear ambition around improving digital access for patients; earlier this year, we agreed an ambitious digital transformation programme, redesigning access to urgent and planned primary care appointments and long term condition management, which has been accelerated over the past six months as part of our Covid-19 response.

Our *Digital First Primary Care* programme has a number of key themes:

1. Using technology and data to triage patients digitally, so we can direct patients to the most appropriate service in a timely way. This would be via a 'digital hub' with pooled resources (across primary care networks) for managing urgent care and for long-term condition management
2. Over time we will be able to take advantage of increased capacity created by this digital hub, so that GPs can spend more time with complex patients in general practice
3. Providing digital access and support for patients who need it in the community; working with key partners including community health providers and Surrey County Council.
4. Providing new ways – taking advantage of digital technology - to support patients with long-term conditions, built around the needs of patients and empowering people to support changes in their lifestyle. Each of our local partnerships has supported the development of a long-term condition pathway on behalf of the wider system; CRESH – COPD (chronic obstructive pulmonary disease); Guildford and Waverley – diabetes; North West Surrey – hypertension; Surrey Downs – depression.

Our ambition is that by 2024, all patients will be able to access primary care digitally across the board. That said, we recognise that not all citizens are digitally enabled and, building on the presentation given by Katherine at last month's System Board, we need to make sure we support and empower those people who are not able to access services and information digitally as a system priority, embedding citizen design and user needs into every aspect of our design methodology.

#### *Update from Recovery Board*

The Recovery Board oversees 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. Our recovery and restoration programme is looking at how we do this across the system, so all citizens have the same opportunities regardless of where they live in Surrey Heartlands. The programme is also looking at opportunities for wider transformation, albeit within the current constraints of ongoing Covid-19 management which has to be prioritised. Most of our work programmes are currently reporting an 'amber' position.

**Our next System Board meeting is being held on Wednesday 16<sup>th</sup> December. Our next System Board in public will be held on 27<sup>th</sup> January 2021.**