

Surrey Heartlands Health and Care Partnership
System Operating Plan Narrative

Executive Summary

Surrey Heartlands Partnership began when colleagues with leadership responsibilities in organisations serving the health and care needs of residents in Heartlands agreed that we couldn't continue as we were and the only way the improvements needed would happen is if we collaborated as genuine system leaders.

Our system at that point had lots of talented and dedicated people working at full stretch and feeling overwhelmed by the pressures they faced. We had a history of organisations doing what made immediate sense for them and gaining some temporary relief for themselves but at the cost of moving pressures elsewhere and storing up longer term problems for all of us. Although we had some great examples of partnership working at local levels we hadn't been effective at sustained system wide partnership working.

It wasn't easy to get this agreement and it isn't easy developing it into an effective sustained action that will make the long term difference we all want. Yet we can see the progress that has been made and we are clear about the next steps.

We understand the organised complexity we work within. We recognise the cost and process improvements that are important and necessary for our system. We know that by themselves they are nowhere near enough to secure a sustainable future. We see how real improvements in how services are organised and delivered are continually overtaken by the increases in people requiring help. We worry that the very real pressures of immediate events and problems will shape our system through a series of reactions rather than a conscious direction towards long term transformation.

We have applied system analysis and know it is possible to move towards an optimal distribution of pressure and risks within our health care system in particular through improving flows in pathways, reducing delays at pinch points and making better use of the wider capacity of primary care. Our work also shows the potential risks of simply displacing pressures around the system until it is all overloaded without addressing the roots of where the pressures come from.

Whilst the numbers seeking help in the system are close to our capacity **and** the flow in is greater than the flow out it's inevitable we will reach a crisis point if we don't do something very different.

Our strategy to make that difference has three main elements.

Firstly, a **Clinical Academy** to establish a practical, local professional consensus about the best ways of responding to the range of specific needs we are dealing with. This includes steering the opportunities available through our innovative work on technology and machine learning.

The second element is our approach to **Citizen Engagement** so that we have a genuine data driven understanding of the expectations and behaviours in Surrey Heartlands.

These two components are integrated through our approach to developing the culture that will make Heartlands sustainable. This includes: behaviour change by those working in health and care as well as those seeking help from it; co-design and co-delivery of networked pathways; and, working as One Team for Heartlands.

We know the key to longer term success is to improve the health and wellbeing of the population we serve so that over time they need to call upon services proportionately less than they do now. We have emphasised the wider determinants of health as a key strand of our collaboration and we've recognised that these are overwhelmingly outside of the health and care system. That has led to the third component of our strategy.

A **Devolved Care System** that when fully implemented would both allow us to move at speed to make the changes emerging from our Academy and Citizen Engagement work and more importantly generate the enthusiasm to mobilise communities to improve their health and wellbeing through the place leadership role of the local authorities in Heartlands.

The possibilities of this approach are immense and we have set the objective of making a generational shift in health and wellbeing in Heartlands by focussing intensively on the first 1,000 days for children. Partners across the devolved system will focus on the individual and shared contributions they can make to addressing those issues which if left unchallenged can lead to lifelong negative consequences.

1. Surrey Heartlands Health and Care Partnership

a. Our partners

Surrey Heartlands is a partnership of local health and care organisations focused on transforming health and care and achieving financial sustainability. The following partners are represented on the Surrey Heartlands Transformation Board (see section 1d below): Ashford and St Peter's Hospitals NHS Foundation Trust; CSH Surrey; Epsom and St Helier University Hospitals NHS Trust; General practice (represented as a provider); Guildford and Waverley CCG; Local Medical Committee; NHS England; NHS Improvement; North West Surrey CCG; Royal Surrey County Hospital NHS Foundation Trust; Surrey and Borders Partnership NHS Foundation Trust; Surrey County Council; Surrey Downs CCG; and, South East Coast Ambulance Service NHS Foundation Trust. In addition, the partners are committed to working closely with other key stakeholders including GP Federations, Healthwatch, the Surrey Carers Team, District and Borough Councils, the voluntary sector and our citizens (see section 1e below).

b. Our population

Surrey Heartlands serves 850,000 people with a combined health revenue allocation of £1bn and combined social care and public health budget of £328m. Compared to national distribution, Surrey Heartlands has a much larger population aged 40 –65 and 75+. Over the next 10 years the number of people aged 85+ will go up by 36% and by 2025 more than 20% of the population will be aged 65+. 30% of adults in the area live with at least one long term condition, this is similar to the national figure. Surrey Heartlands has a high population of people with learning disabilities as well as one of the highest Gypsy Roma Traveller populations nationally. Almost 10% of the Surrey population are carers.

c. Our vision and objectives

Our vision is to work together with the people of Surrey Heartlands to improve health and care by 2022.

Our shared partnership objectives are to:

- Support and enable people in Surrey Heartlands to be healthier;
- Provide high quality and accessible care for those who need it; and
- Create partnerships that work better for the people we serve and those who provide care.

d. Our governance and approach to system leadership

Surrey Heartlands has developed a governance structure to deliver its ambitions. The structure has been designed based on the principles of collaboration, trust, clarity on accountabilities and responsibilities, and innovation. This structure includes:

- A Joint Commissioning Committee to provide system strategic oversight and integrate governance between the CCGs and Surrey County Council to support our devolution agenda (see section 1e below);
- A Transformation Board that brings together senior representatives from our partners and is focused on providing leadership and system delivery; and
- A Delivery Board which is a sub-group of the Transformation Board and drives delivery of transformational change across Surrey Heartlands.

Surrey Heartlands has also commenced a facilitated programme of system leadership to build the relationships to enable the governance structures to operate effectively. To date this programme has comprised dedicated time with the members of the Transformation Board, the members of the Delivery Board and the Finance Directors and non-executives of the Surrey Heartlands partners. In addition, Transformation Board members have agreed a set of shared values and behaviours which are enshrined in the Memorandum of Understanding between the partners.

e. Our unique features

Surrey Heartlands has three unique features:

○ **Devolution**

In June 2017 a devolution agreement was signed between NHS England, NHS Improvement and Surrey Heartlands – and we became the second area in the country to secure ‘devolution’ status. That Agreement has helped to accelerate work taking place to:

- bring the NHS and local government together locally to take shared control and ownership of the health and wellbeing of our population;
- devolve or delegate regional and national health budgets and responsibilities - working towards a population based budget for all health and care services with local decision making; and
- secure freedoms and flexibilities to get the maximum benefit from our collective resources and efforts for the benefit of our residents.

We have begun a wide range of conversations about increasing the influence and responsibilities held locally including aspects of primary care, immunisations,

specialised services and other enabling or support functions such as those held by Health Education England and the Academic Health Science Network, to enable us to join up the health spend with local authority spend and ensure we can impact the wider determinants of health, rather than the 20% influenced by healthcare alone.

Supporting the devolution and delegation of NHS England functions to the local area is the 'joint appointment' status of the CCGs' Accountable Officer (in addition to being the Accountable Officer for the three CCGs, the postholder also has employment status with NHS England to enable the internal delegation of responsibilities to the local area).

○ **Clinical Academy**

The Academy is led by our Executive Clinical Director and has been set up to focus on:

- Clinical Leadership – creating clinical networks and connected functions, facilitating clinical ownership of the challenge of tackling unwarranted variation, supporting personal and system development, and developing system leadership skills
- Clinical and Citizen Engagement – developing Clinical Engagement Strategy, supporting meaningful citizen engagement in workstreams, enabling digital user-centred design, facilitating collaborative events, empowering citizens by using information to help citizens be better informed to make decisions about their care and take personal responsibility for their health, and creating communities of practice
- Knowledge Management – building the evidence base, conducting research where evidence is lacking, optimising digital technologies in clinical systems, facilitating data collecting and providing population analytics, and sign-posting to resources and expertise
- Quality Improvement – supporting spread and adoption of best practice, developing QI capability and capacity, activating change through enabling digital technologies, supporting health economics evaluation, and producing case studies
- Innovation and Research – establishing a culture and environment that supports idea generation, facilitating research, future-proofing horizon scanning, testing and evaluation of current and new innovations (with a particular focus on digital), and supporting adoption and spread via facilitated peer to peer learning. The Academy organised the first Surrey Heartlands EXPO event in March 2018 bringing together over 300 delegates from health and social care, academia and industry to highlight opportunities to make the most of digital innovation in improving health and social care.

○ **Citizen Engagement Approach**

Surrey Heartland's approach to Citizen Engagement aims to move our partnership away from traditional forms of engagement that can encourage a tokenistic approach. The future of engagement in Surrey Heartlands is more in-depth and meaningful, involving citizens in service transformation early and throughout the process. To achieve this we are:

- Listening to the health and care priorities of our population and not just asking them which of our priorities are important to them. This includes regular

Stakeholder Reference Group meetings, the appointment of independent Citizen Ambassadors to our clinical workstreams to broaden participation and bring new perspectives to our work programme and the creation of an online residents' panel to provide real-time input to our work.

- Undertaking a programme of co-design, following academic principles of best practice, that involves citizens in a meaningful discussion of services with clinicians, stakeholders and Surrey Heartlands leaders. This programme is itself developed iteratively and in consultation with the public and our workforce.
- Planning how insight derived from engagement can genuinely help support change across the system by thinking about the context in which insight work takes place and how knowledge transfer occurs between those undertaking engagement and insight work and those who can make use of the findings

2. 2018/19 planning process

Surrey Heartlands has worked as a system to develop its plans for 2018/19. This has included:

- System Efficiencies Workshop on 1 February 2018 developed and run in partnership with NHS England and NHS Improvement to review the efficiency opportunities for Surrey Heartlands using the various sources of data available locally and nationally, including NHS RightCare, Co-ordinated Reallocation of Capacity (CRoC), Getting It Right First Time (GIRFT) and The Model Hospital. The outputs from this workshop have informed the priorities for 2018/19 (see section 4);
- Two System Planning workshops with Chief Executives and Finance Directors in February and March 2018 to understand the implications of the Planning Guidance for Surrey Heartlands test alignment between individual organisational plans; and
- System Operating Plan narrative signed off by Transformation Board at its meeting on 4 April 2018.

3. System position for 2018/19

Surrey Heartlands has been assigned a system control total of £4.3m for 2018/19 which includes £20.9m of Provider Sustainability Funding (PSF) (excluding this funding, the control total is a deficit of £16.6m). The following partners are included in the calculation of the system control total:

- Guildford & Waverley, North West Surrey and Surrey Downs CCGs (all 100%);
- Royal Surrey County Hospital (100%);
- Ashford & St Peters Hospital (100%); and,
- Surrey and Borders Partnership NHS Trust (64%)

This narrative refers to the aggregated financial position for these partners only, although from April 2018 the Surrey Heartlands Transformation Board will also monitor financial performance of the wider partnership (including Epsom and St Helier University Hospitals, Surrey County Council, CSH Surrey and South East Coast Ambulance Service).

All partners will submit plans on 30 April that deliver their agreed organisation control totals. It is acknowledged that within these plans there are stretching quality, innovation, productivity and prevention (QIPP) and cost improvement programme (CIP) targets, which will only be delivered if they are supported by robust delivery plans and, where appropriate, effective cross system working. Partner organisations have worked together to align underlying financial and activity plans and minimise any gaps from application of different assumptions. Whilst this planning triangulation process has identified areas where there is further work to do, partner organisations are committed to joint working to ensure the system control total is delivered and that Surrey Heartlands is financially sustainable in the longer term.

4. Priorities for 2018/19

The following priority areas have been identified for 2018/19:

Surrey Heartlands Proposed Priorities 2018/19	
Generational Change	<ul style="list-style-type: none"> • 1st 1000 days , including better births programme • Children & young peoples mental health • system wide commitment to improving health of the next generation
The role of the citizens of Surrey Heartlands	<ul style="list-style-type: none"> • prevention and the wider determinants of health • Self-care • citizen ambassadors and deliberative research & co-design • Role of carers • Shared decision making
Working as one team	<ul style="list-style-type: none"> • workforce (via SHWAB) • clinical (via the Academy) - GIRFT & RightCare opportunities, quality improvement & innovation & research • corporate & back office services • clinical support services – meds optimisation, procurement, imaging & diagnostics
Devolution & New Models of Care	<ul style="list-style-type: none"> • integrated strategic commissioning and enabling workstreams e.g. digital, comms, estates, • becoming an integrated care system • development of the new care model (including frailty / last 1000 days)
National Priorities	<ul style="list-style-type: none"> • mental health, including learning disabilities and dementia • cancer (via Surrey and Sussex Cancer Alliance Board) • urgent care (via UECN and LAEDBs) • primary care • Diabetes • Continuing healthcare

The majority of these areas are existing priorities and various delivery structures are in place. However, we will be reviewing and clarifying the deliverables for each priority (including financial savings) and the relevant milestones / timelines to ensure that there is clarity on the overarching objectives and this will be presented to the May Transformation Board for approval. Workstreams will be held to account for delivery at the Delivery Board each month with an emphasis of resolving barriers to progress.

The Transformation Board has indicated its desire to align investment of transformation funding in 2018/19 with the identified priority areas to support delivery.

5. Integrated Care System development

Surrey Heartlands is one of ten health and social care systems nationally looking to move at pace towards the establishment of integrated care systems. This way of working is aligned with our devolution agenda and will support delivery of our objectives and system priorities.

The ambition for integrated care in Surrey Heartlands is to develop a **strategic commissioning function** that maximises our freedoms under devolution and operates at the Surrey Heartlands system level. This function will play a key role (supported by the Clinical Academy) in setting outcomes and holding Integrated Care Partnerships to account for delivery of these consistently across Surrey Heartlands

Integrated care partnerships (ICPs) will adopt evidence-based, population health management approaches to design and deliver place-based care models centred on individuals, integrating mental health, physical health and social care. Surrey Heartlands is aiming for ICPs to take responsibility for capitated budgets for identified population segments by April 2019.