Surrey and Borders Partnership
NHS Foundation Trust

OPERATIONAL PLAN

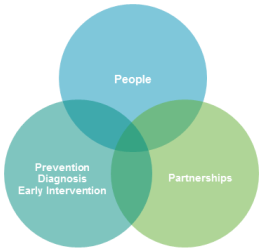
2018/19 - 2020/21

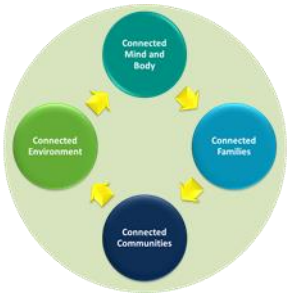
For a better life

OUR PLAN 2018/19 - 2019/20

1.0 Introduction

We are entering our 11th year as a NHS Foundation Trust. Our Strategy was reviewed and confirmed in November 2017 by the Board. We are increasingly focusing on prevention, diagnosis and early intervention. We aim to achieve for people **one plan** of care and support through our partnership working with others.





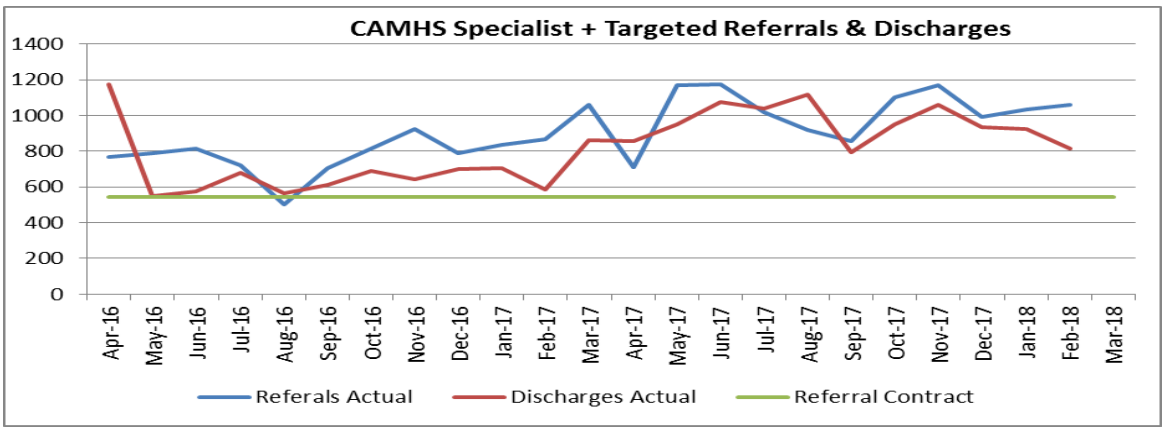
Each year our annual Operational Plan sets out how we will implement our Strategy over the next 1 – 5 years. This Plan is a refresh of that we submitted in 2017/18 for 2018/19. It focuses therefore on the significant changes from last year's Plan.

2.0 Our Approach to Activity Planning

2.1 Our Activity Plan (demand and capacity)

We continue to deliver our strategy to see more people year on year and to make best use of resources by focusing on earlier intervention, prevention and diagnosis and new models of care through system partnerships to do this. We have increased the number of people that we have seen overall since 2012/13.

In the last 12 months we have seen an unprecedented increase in the number of referrals of Children and Young People into our Mindsight Surrey CAMHs service which was launched in April 2016 (see graph below). This service is delivered through a partnership led by SABP (as lead provider) and involves partners including Beacon, Kooth.Com, Barnardo's and Relate. The service is jointly commissioned by CCGs and Surrey County Council. It offers a new model of service for children and young people with mental health and behavioural conditions with a "no wrong door" One Stop referral system. Pathways offered range from signposting to self-help guides, on line counselling, Primary Care MH in schools through to the specialist CAMHS community team services including the BEN pathway (ASD/ADHD assessment, diagnosis and treatment).



New ways of working implemented in 2018/19 to reduce demand across the system and make best use of our collective resources across health and social care e.g. A & E as part of our Crisis Concordat, Transforming Care and Vanguard work, include our:

- Sustained delivery of our safe haven model across our catchment (joint with CCG)
- Intensive Support Team for Older People and Integrated Care Teams for Older People
- Intensive Support Team and new assessment and treatment services for people with learning disabilities
- Launch of our Children and Family Health Surrey partnership, bringing mind and body health care together for children and families, with CSH (Central Surrey Health) and First Community Health and Care.

Our plans for 2018/19 continue our drive to transform our services in line with our Integrated Care Systems' (ICS - Frimley Health & Care and Surrey Heartlands) and STP's priorities.

However, we are seeing an increase in pressure in our teams and services as a result of the increased demand, and acuity of people we are caring for, particularly in our inpatient units. This is reducing our flexibility and capacity to manage well fluctuations in demand, as reflected by the following:

- Increasing waiting times for assessment, particularly for children and young people, as a result of previously unmet need *(please see Section 3.2.2 for a description of the work we have underway to improve the experiences of children and young people waiting*)
- Increasing waiting times between assessment and treatment where capacity is limited e.g. ASD, ADHD
- Increase in people requiring 1:1 nursing
- Pressures on bed occupancy up to 94% (monthly rate in February - national benchmark 94-95%) - in the context of our having one of the lowest numbers of beds
- Increasing caseloads in community mental health teams

2.2 Planning assumptions and increased demand rates

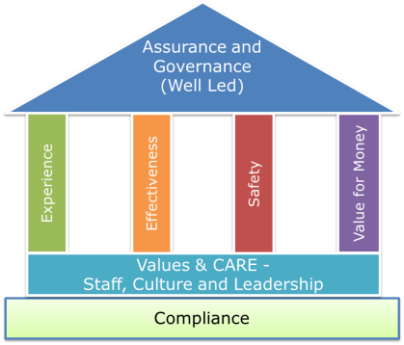
Our activity assumptions for 2018/19 have been updated from those developed with our multi-disciplinary teams and informed by our productivity work, which triangulates with our finance and workforce assumptions. They are a central part of our contract negotiations with our health commissioners. They focus on:

- Increased demand in line with increased referrals, e.g. CAMHS
- Five Year Forward View milestones and ICS / STP investment and trajectories

3.0 Quality Planning

3.1 Our Approach to Quality Improvement

Our Quality House illustrates how we define quality:



During 2017/18 we have embarked on making a fundamental shift in our approach to creating a more comprehensive quality system as the driver in the next phase of our organisational development. This is based on the IHI principles, approach and learning from East London Foundation Trust, one of the few "outstanding" Mental Health trusts. We are currently developing our approach with our Board and wider clincial and managerial leaders and stakeholders, setting out our strategy for the next three years to deliver on an ambition to be the safest and best trust.

We are currently reviewing and realigning our quality planning, control, assurance and improvement approaches to reflect our new approach to QI, building on what has worked well previously and changing where required to develop further our safety culture.

Key quality assurance systems underpinning our quality governance infrastructure include:-

- Our Mortality Surveillance and learning from deaths
- Our Risk Register and DATIX reporting system and Clinical Risk Alerts
- Our daily surge and escalation system
- Our early warning indicator system and Circles of Support
- Our clinical audit plan and research and development programmes
- Our CQC Inspection action plans and project management arrangements

- Our programme of Board walkarounds

Our progress on delivering our quality improvements plan, and impact of our investment will be monitored through our quality, risk and safety report metrics, which will increasingly use SPC (Statistical Process Control) charts to help us spot trends and intervene early, and contains our clinical quality indicators. Our clinical quality indicators for 2018/19 are shown in the table below:

Measure	Ref No.	Domain
Percentage of people completing a course of IAPT treatment moving to recovery	1	Effectiveness
Inappropriate out-of-area placements for adult mental health services.	2	Effectiveness
Collection of acute mental healthcare waiting times data	3	Effectiveness
Collection of dementia care waiting times data	4	Effectiveness
Written complaints – rate	5	Experience
Percentage of people who would recommend the organisation's services to their friends and family (Friends and Family Test Mental Health)	6	Experience
Staff sickness	7	Experience
Percentage of staff who would recommend the organisation as a place to work or receive treatment (annual Staff Survey)	8	Experience
Delayed bed days	9	Experience
The proportion of total detentions under the mental health act 1983, with a black or minority ethnic (BME) ethnicity	10	Safety
Staff turnover	11	Safety
Proportion of temporary staff	12	Safety

3.2 Quality Improvement Plan 2018/19

Our key **underpinning programmes** for driving delivery of our quality improvement, including CQUIN, are:

- Our three key work-streams; Suicide prevention, Physical Health (inc. tissue viability) and Safe-wards/services (inc. safe staffing, infection prevention and control, falls).
- Developing a culture where least restriction is practiced tackling three priorities: reduced restraint (no prone), reduction of unneeded PRN medication, reduction of choice (blanket restrictions).
- Using the Triangle of Care to get our involvement of carers right
- **Mortality Surveillance and Assurance Group** Helping us to save more lives through learning
- **Our clinical audit and R&D** programmes including the following national audits - Suicide and Homicide, the Prescribing Observatory for Mental Health (POMH-UK) and Young People's Mental Health

We will continue to meet the demands for and improve the quality of our services by implementing our Clinical Strategy, and play our part in the delivery of our two Integrated Care Systems (ICSs) and one Sustainability and Transformation Partnership (STP), using innovative co-production, research and development with partners (our

key service plans for doing this are set out in Section 6.0) to improve system-wide working on public sector transformation and new models of care including:-

- Seven-day hospital services - including the introduction of our new Single Point of Access, building on our existing Psychiatric Liaison services to achieve CORE24 standards (subject to commissioning agreements)
- Mental Health targets - building on our achievements to date to achieve FYFV ambitions by developing Perinatal Services (Wave 2 bid; outcome awaited) and implementing our Tier 4 CAMHs specialised commissioning partnership (Wave 2; in shadow and currently go-live planned for October 2018) and working toward trajectories for improving access locally for CAMHs, IAPT for long term conditions (subject to commissioning) and sustaining TIHM (Technology Integrated Healthcare Management) for Dementia post its initial research trial phase
- Transforming Community Care - implementing our Social Care Charter and developing our strategic direction for our residential social care services

3.2.1 Care Quality Commission Action Plan

Our overall CQC Trust rating is GOOD following CQC's Well Led inspection in July 2017. Each of our residential social homes for people with learning disabilities are now rated GOOD overall. We have delivered the dedicated **action plans** focused on delivering improvements in response to feedback from CQC through their inspections of our health and social care services in 2016. Eight of the improvement notices issued following this inspection have now been lifted. The remainder requiring CQC's return to re-inspect these areas to evidence the improvement made before they too can be lifted.

Those improvement themes, for our health services, awaiting re-inspection before they can be lifted are:-

Recording of Risk	**Medicines Management, storage and recording**	**Crisis Line response times**
Nurse Call Alarms	**Environment - confidentiality**	**Privacy & Dignity - dormitories**

Our Developmental Paediatric services which we provide as part of the Children and Family Health Surrey partnership have not yet been inspected as we assumed responsibility for these services in July 2017.

3.2.2 Children and Young People's services

Improving the experiences of children and young people and their families in Surrey is a top priority for our Trust and our system partners. Our children and young people's services are managed as part of our Children and Young People's Division within the Operations Directorate.

Surrey Mindsight CAMHS (Child and Adolescent Mental Health Services)

Surrey Mindsight was designed to offer a new service for children and young people and their families based on an estimated demand for services, some of which e.g. behavioural disorders, were areas of known unmet and growing need. It has become clear after 12 - 18 months of operation that the actual demand significantly outstrips the anticipated demand and, therefore, the service as currently designed.

All referrals to One Stop are triaged at the point of referral to a protocol designed around clinical markers and services offered across the partnership according to need.

Children and Young people who present with crisis and urgent need are triaged and responded to in line with the performance and quality standards detailed in the contract, i.e. Crisis – Triage within 4 hours, Face to Face within 24 hours and Urgent – Triage within 5 days, Face to Face within 10 days.

Immediate actions have been taken to ensure the safety of children currently waiting within the service for routine appointments. This includes

- letters being sent to ensure all are aware of the support available to them currently, how to access additional help if needed, and to invite them for a 10 minute phone call appointment to check on their current level of need; urgent appointments being arranged for those whose level of need has increased
- caseload reviews by each clinician and urgent appointments being prioritised for those who need them
- creating additional capacity by offering the next appointment to a family at any location; rescheduling routine capacity to create more space to focus on urgent appointments
- making sure we have good data to help track and monitor progress

Consideration is also being given with system partners, including primary care to an interim plan. These proposals are intended to relieve the pressure of referrals coming into the service thereby creating additional capacity for clinicians to assess and commence urgent treatment for existing children on their caseloads. The revised proposal sets out the potential for this to be in place for 12, 16 and 28 weeks during which revised eligibility criteria would ensure that referral through to One Stop would effectively slow down. This would apply only to those pathways where the waiting problems exist e.g. would not include Looked After Children or Sexual Trauma service and would not affect urgent and crisis referrals.

The measures described can only provide a solution to managing the current, immediate difficulties. However, a longer-term solution is required to ensure the service is sustainable. This will need to consider the following features of the current situation: -

- No wrong door approach means no “inappropriate” referrals - a lot is good in the current model and is the right thing to do for children and young people. The question is therefore which part of the system is best able to look after them safely according to their needs.
- There are variable shared care practices across primary care currently e.g. in some areas there is very limited shared care on prescribing.

- There is static system investment (at best) in wider support for children and young people's mental health and well-being at a time of growing need/presentation e.g. in schools.

A system summit was held on 12th April and agreed the next steps for the interim plan proposal and Review and a partnership Steering Committee is being set up to oversee this work.

Children and Family Health Surrey (CFHS Surrey)

Our partnership with CSH (Central Surrey Health) and First Community Health to bring together physical and mental health services for children and families in Surrey, known as Children and Family Health Surrey, commenced in July 2017. Since July our teams have worked hard to build the partnership and develop transformation and improvement plans to implement the new model and this work continues as a priority and focus for 2018/19.

We provide the Developmental Paediatric service within the partnership. Within this service our focus has been on improving the access times; particularly for IHA (Individual Health Assessments) for looked after children in the expanded catchment area within the specification.

We have also jointly commissioned a review of the service with our commissioners to agree a sustainable model for these services in the future.

4.0 Our Approach to Workforce Planning

4.1 Our Workforce Strategy

Our Workforce Strategy is focused on continuing to enhance our culture, leadership, membership and equality, ensuring the consistent availability of excellent staff to meet current and future needs including driving increased productivity and effectiveness. It is shaped to deliver our ambition to be the best place to work.

4.2 Impact on Workforce profile

The implementation of our transformation and improvement plans, in line with the FYFV and new models of care, our recruitment and retention challenges, and meeting the increased demand arising from the acuity of people in our inpatient services requiring 1:1 nursing, and previously unmet need, will reshape our workforce. This will impact differentially on our staff groups as we try to ensure we have the optimal skill mix within our largely multi-disciplinary teams to offer quality services. The overall impact is shown in the table below (this includes the loss of staff as a result of our withdrawal from the provision of drug and alcohol services in Hounslow):

		WTE
2016/17	Total Funded WTEs	2,617
2017/18	Total Funded WTEs	2,613
	Decrease in WTEs	-4
2018/19	Total Funded WTEs	2,497
	Decrease in WTEs	-116

4.3 Our Workforce Plan

Our strategy underpins our Plan each year which includes the following refreshed workforce priorities for the coming year:

- **Recruitment and retention** - including collaborating further with system partners e.g. on temporary staffing / bank arrangements, our rolling recruitment programme, strengthening our university connections, nurse rotations, review of our current retention incentives including additional payments for hard to recruit to posts, new roles and participation in the Wave 3 of the NHSI retention programme
- **Mental health workforce plan** – We have worked closely with our two ICSs and one STP to develop our response to "Stepping Forward to 2020/21" (Five Year Forward View) identifying areas of potential growth and new roles to build capacity and capability in the mental health workforce, including the creation of new roles - associated physician, therapy and nurse roles at Bands 6 and 4 and our nurse rotation scheme. There will remain an ongoing challenge in sourcing these new roles and we will be working with Higher Education institutions and professional bodies to identify appropriate career pathways. Our Plan assumes that we will recruit additional substantive staff through this work and see a corresponding decrease in our temporary staffing as a result.
- **Apprenticeships** and career pathways
- **Equalities**
- **Leadership and management** development
- **New approaches to** (to give staff back time and support "joy in work" approach) - Induction, Appraisal and Statutory and Mandatory training

5.0 Our Approach to Financial Planning

5.1 Financial Forecasts and Modelling

5.1.1 Key assumptions

The key assumptions underpinning our Plan currently are:

- In line with NHS planning guidance
- Efficiency (CIP) deflators reflecting our continuous stretching cost reduction targets
- Increased productivity across our services through implementing new models of care in partnership e.g. Tier 4 CAMHS specialised commissioning (New Models of Care) and Forensic Commissioning (Sussex Partnership lead)
- Investment to meet in full Mental Health Investment Standard
- Additional investment in Children's and Young People's services to recognise previously unmet need and increased demand in our Children and Young People's services - Surrey Mindsight CAMHS and Children and Family Health Surrey services

- Additional resources in line with Five Year Forward View, Transforming Care (TCA) and local ICS / STP priorities e.g. liaison (Core 24 roll out in only 2 of 5 acutes funded to date), Single Point of Access, and IAPT for Long Term Conditions
- A pay plan that consists of a full substantive workforce and budgeted agency premium
- Achievement of our revised Control Total for 2018/19 of £4.171k surplus

We have agreed our contract offers with commissioners which include funding for the single point of access, expanding our AAA service, and increased investment in psychiatric liaison. We have not been able to sign contracts as yet with our commissioners due to their financial status, however, we do not believe this will result in any change to our contract offers. This excludes any agreement on the funding of our Surrey Mindsight CAMHS and Community Paediatrics services which are still under discussion.

We will need to transform our services to create new models best able to meet the growing demands for our services within the resources we have available. This will be challenging in 2018/19 and our capacity (time and money) will need to be prioritised to those areas where we can make the most difference to core services. Our priority service plans are outlined in Section 6.0.

To optimise the potential of the next two years to make the stepped change necessary, the key priorities shaping our Financial Plan are:-

- Planned operational deficit of £2m
- Maintenance of a contingency of £1m
- Investment in transformation programmes to support productivity and strategic change
- The management of our capital plan to: deliver our disposals programme in partnership with system partners; prioritise essential expenditure; deliver the investment needed in our inpatient facilities to achieve required quality
- Success in commissioning negotiations
- Maintenance of performance in Segment 2

The headlines of the proposed Financial Plan are provided in the tables which follow.

5.1.2 Children and Family Health Surrey (CFHS) partnership

Children and Family Health Surrey ("CFHS") is the trading name for Surrey Healthy Children's Partnerhsip LLP and is a joint venture LLP between SABP and CSH (Central Surrey Health) . The LLP does not provide any health and care services itself as all activity is outsourced to the three sub-contractors SABP, CSH and First Community Health and Care (FCHC), who collaborate to provide the services in partnership.

The joint venture partnership is formed on a 50:50 basis. As 50:50 members of the LLP CSH and SABP provide corporate service support to the partnership. SABP provides financial and contracting services. The LLP accounts are consolidated into our overall trading position shown in our Plan.

Our focus as a partnership in the coming year is to:-

- Continue our transformation of the service model for community services to implement and consolidate our new model of care
- Agree with commissioners the outcome of the review we jointly commissioned into the Developmental Paediatrics service
- Jointly review with commissioners our model for continuing healthcare

5.1.3 Income and Expenditure

Income & Expenditure	**Outturn**	**Projected**
(£000's)	**2017/18**	**2018/19**
Income	193,474	191,858
Pay	(116,720)	(111,097)
Non Pay	(71,532)	(78,488)
Operating Surplus	**5,222**	**2,273**
Capital Charges	(3,371)	(3,036)
Other Financing Costs	13	24
Profit on Disposal	2,718	4,910
Surplus / (Deficit) before Exceptional Items	**4,582**	**4,171**
Impairment	(24,176)	0
Surplus / (Deficit) after Exceptional Items	**(19,594)**	**4,171**

Surplus / (Deficit) before Exceptional Items	**4,582**	**4,171**
Remove STF	(2,209)	(1,287)
Less Prior year STF	(697)	0
Surplus / (Deficit) before Exceptional Items and STF (vs plan of £1,606k)	**1,676**	**2,884**
Remove Profit on Disposal	(2,718)	(4,910)
Operational Surplus / (Deficit)	**(1,042)**	**(2,026)**

5.2 Efficiency Savings 2018/19

Our Plan requires us to reduce expenditure by £7.4m. We are working to ensure our 2018/19 Cost Improvement Plans have full schemes, are clear and embedded within the budget to mitigate the risk against non-delivery.

CIP Target	18/19
	£'000
Workforce (Nursing)	1,966
Workforce (Medical)	68
Workforce (AHP)	0
Workforce (Other)	3,164
Procurement	236
Hospital Medicine and Pharmacy	0
Pathology	0
Estates and Facilities	0
Corporate and Admin	771
Imaging	0
Other Savings plans	669
Urgent and Emergency Care (UEC)	0
New Care Models (NCM)	378
RightCare	76
Specialised Commissioning	0
Fleet	24
Total CIP Target	**7,352**

The key features of our plans to deliver efficiency and cost improvement over the next year will be

- Implementation of our strategy to move to earlier intervention in partnership
- Trustwide focus on workforce redesign to deliver new ways of working
- Trustwide focus on temporary staffing expenditure reductions and rigorous establishment management
- Investment in transformation programmes to support productivity and strategic change - including explicit efficiency expectations on all priority transformation projects – notably 24/7 programme, working age adult and older people's service transformation, and community hubs (Spelthorne)

5.3 Capital Planning

Capital Plan	2017/18 Plan £m	2018/19 Plan £m	2019/20 Plan £m	2020/2021 Plan £m	2021/22 Plan £m	Total Plan £m
New Build	1.6	1.0	18.0	23.0	0	43.6
Environment	4.6	6.5	3.5	3.5	2.5	20.6
IT/IM	3.5	3.6	3.5	4.0	5.5	20.1
NBV of Disposals	2.5	14.4	0	10	0	26.9

Our capital plan over the next 1-5 years will need to invest in the following key priorities:-

- Progression of the business case for meeting essential quality improvements in our inpatient hospital settings serving North West and East and Mid Surrey to achieve single sex accommodation for all; including joint disposal and planning in partnership with Ashford & St Peter's Hospitals NHS FT to maximise the value of our shared assets. The further capital funding required, to bring all our hospital facilities up to the standard we expect, will be needed from the system
- Continued consolidation and quality improvement through our community hubs
- Further Investment in technology – e.g. to support data enabled practice improvement, mobile working, and telehealth
- Continued investment in maintaining the quality of our environments and updating our ICT infrastructure
- Collaboration with our ICS / STP partners and Surrey County Council

5.4 Sensitivity Analysis

An upside and downside analysis is included within Appendix B.

6.0 Our Integrated Care Systems (ICS) and Sustainability & Transformation Partnerships (STPs) - Service Plans

We have been active partners in three STPs since their formation - Frimley System, Surrey Heartlands and Sussex and East Surrey STP. Two of these are now at the forefront of system innovation and change to transform services. These are:-

- Surrey Heartlands Health & Care Partnership (please see Appendix B for our joint narrative)
- Frimley Health and Care ICS

Our shared priorities for 2018/19 across our system partnerships are:-

- Liaison - sustainable Core 24 service for all acute hospital partners (roll out in Ashford & St Peter's and Royal Surrey County Hospital from 01.03.18)
- Managing crisis well and reducing out of area placements
- Children's services - access to community services, waiting times and Tier 4 beds (North East Hampshire) and tackling the increasing self-harm
- Perinatal Mental Health - equitable access for all communities (Wave 2 bid submitted for Heartlands ICS and Surrey Heath CCG outcome awaited)
- IAPT - for Long Term Conditions and Any Qualified Provider (AQP) model in Surrey Heartlands
- High anti-depressant prescribing
- Systematic approach to addressing the physical health of people with Serious Mental Illness
- Workforce planning and development

Our Director of Innovation and Development leads the Mental Health Mandate for both Heartlands and Frimley Health and Care systems. Our Director of Workforce is the professional lead for the Workforce workstream in Surrey Heartlands. Together they are leading the Mental Health Workforce Plan development for Kent, Surrey and Sussex.

Our **key service plans** to deliver the priority system transformation programmes over the next year are:

- Consolidating our innovative Children's and Young People's services system models to improve access and reduce waiting times
- Co-designing Working Age Adults and Older People's services to deliver ICS FYFV priorities - to include e.g. SPA and Core24 roll out (2 out of 5 acute Trusts only Qtr 1 2018/19)
- Mobilising new Drug and Alcohol new model with voluntary sector partners to maintain access with reduced cost through shift to combined ambulatory and spot purchased detox model
- Delivering our 24/7 programme & immediate ACU improvements to improve people's experiences and move towards eliminating mixed sex environments
- Consolidating local services within our Runnymede community to improve experience and facilitate disposal to generate capital for inpatient improvements
- Developing our Strategic Direction for people with learning disabilities residential social care
- Launching our New Models of Care partnership to assume responsibility for commissioning Tier 4 CAMHS inpatient care (wave2; in shadow form with go live planned for October 2018 currently), Peri-Natal services (wave2: outcome of bid awaited) and new Collaborative Procurement Partnership (from May 2018) with NHS partners to deliver better procurement practices and savings

Surrey Heartlands

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 can care system in particular through improving flows in pathways, reducing delays at pinch points and making better use of the 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:

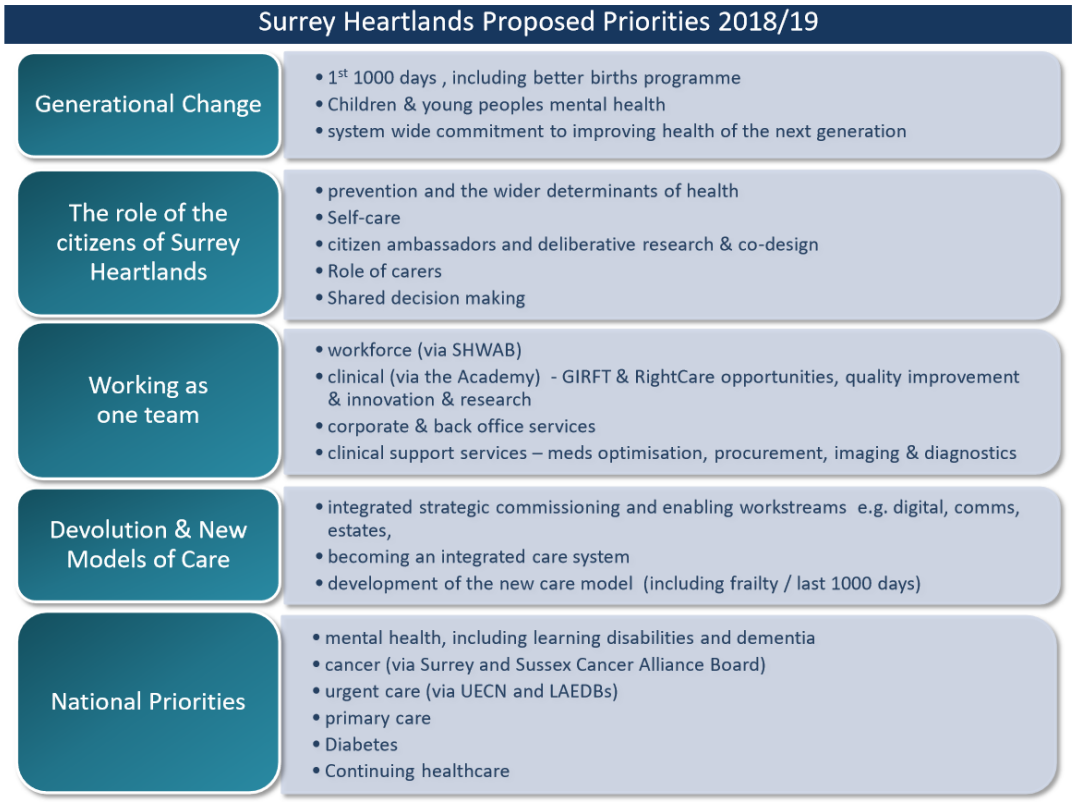
- Guildford & Waverley, North West Surrey and Surrey Downs CCGs (all 100%);
- Royal Surrey County Hospital (100%);
- Ashford & St Peters Hospital (100%); and,
- Surrey and Borders Partnership NHS Trust (64%)

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:



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.

Appendix B

UPSIDE AND DOWNSIDE SENSITIVITY ANALYSIS

B1.0 Sensitivity Analysis - Downsides analysis

In downside scenarios, the following adverse variances from the basecase have been included:-

- non achievement of growth and investment through commissioning to recognise
  - increased demand - particularly in Children's and Young People's Services
  - new models of care in ICSs - e.g. Liaison to Core 24
  - some Five Year Forward View (Mental Health) priorities
- Requirement to deliver our Control Total through operational surplus without system support
- changes in national business rules
- system management

Counter-balancing these potential downside scenarios are a number of upside opportunities. Uncertainty as to whether these will be achieved means they have not currently been reflected in the base-case assumptions. However, successful delivery against these opportunities would significantly improve our position over the next five years. These upside opportunities include:

- Demand management via QIPP, SDIPs and increased CIPs
- over-achievement of income growth target through new business development opportunities
- Recognition/ contribution and support by system to achieve our Control Total
- improved or early delivery of CIPs
- system management

	Full Effect		Probability		Net Value	
	Upside	Downside	Upside	Downside	Upside	Downside
	£m	£m	%	%	£m	£m
New business growth stronger/weaker than expected - net effect	0.5	-0.5	20%	20%	0.1	-0.1
Unutilised contingency	1.0		50%		0.5	0.0
Increased rent costs from NHS Property services		-0.4		50%	0.0	-0.2
Increased usage in temporary staffing		-2.0		50%	0.0	-1.0
TOTAL	**2.0**	**-3.4**			**0.9**	**-1.6**