



# Surrey Heartlands share secrets of integrated care success

Ian Smith, Surrey Heartlands integrated care board chair designate and Tim Oliver, outgoing chair of Surrey Heartlands and leader of Surrey County Council

For the second of GGI's New NHS ICS Series, we invited two leaders from one of the country's foremost integrated care systems to share their thoughts about the challenges of integration and collaborative working.

England's 42 integrated care systems (ICSs) are now fully engaged in the detail of turning the vision of integrated care into practical reality – a stage in the transition described by Lena Samuels, chair designate of the Hampshire and Isle of Wight Integrated Care Board and also chair of the latest webinar in our New NHS ICS Series this week, as 'a unique moment in time as we lean into making this work'.

There are many details to work through, and many discrete local challenges across the country. So in this week's event, attended by just short of 200 people, we decided to put the spotlight on Surrey Heartlands – one of the leading ICSs, as measured by outcomes related to health and social care, prevention and treatment, and mental and physical health.

## Surrey Heartlands' critical five

Surrey Heartlands integrated care board (ICB) chair designate Ian Smith highlighted his ICS's 'critical five' focus areas, designed to ensure Surrey Heartlands achieves its goal of building a well-balanced and well-functioning system that is patient centred and helps health and social care workers do their best for patients and citizens.

The critical five are:

- reducing stress on overstretched 999/111 and ambulance services
- fixing the out-of-hospital environment and thus easing the pressure on overwhelmed A&E departments
- addressing population health issues by targeting the most vulnerable to support inundated frailty and acute medical wards
- ensuring that, once the pressure is reduced on hospitals, patients receive the best possible care from clinical specialities by managing flow
- discharging patients safely and on time – fixing social care to reduce the numbers of patients in hospital who are safe to discharge.

Tackling these areas, he said, would help to address the 20% of wellbeing that Sir Michael Marmot suggests can be addressed through the health and care system. The remainder, he said, were all about life chances – factors such as education, employment, housing, education and public health policy.

Tim Oliver, outgoing chair of Surrey Heartlands and leader of Surrey County Council, offered the local government perspective. Flexibility, he said, was an admirable goal but it must be joined up or it might be dysfunctional. He said there are seven pieces of potential legislation either going through parliament or expected to do so soon. As well as the Health & Care Bill, there is a health and care social integration and innovation white paper, a levelling up white paper, an adult social care reform white paper, a health inequalities white paper, the Planning for the Future white paper, and a special educational needs and disability green paper.

## No turf war

All, he said, have an impact on the wider determinants of health, adding: "We must not have a turf war between the NHS, local government, the third sector and others. We must align what we're doing and achieve clarity on exactly who does what." Existing mechanisms such as health and wellbeing boards and the Better Care Fund programme should help with this, he said, but locally it will boil down to personalities.

In Surrey, Tim said, good progress has been made by 'good, strong partnership working' towards a 2030 vision of no one being left behind. One of the mechanisms set up to support this work is a Surrey forum comprising around 20 local system leaders from the NHS and social but also the police, third sector and chambers of commerce, among others. Below this forum sit four partnership boards, focused on regeneration, green futures, health and wellbeing, and communities.

Another key factor in making a success of partnership working, he said, was data. He said: "We're working with SODA (Surrey Office of Data Analytics) which has pulled together data from the police, local government, the NHS etc. This enabled us to identify our top 18 areas of deprivation and we've now developed plans for supporting these areas. Data is absolutely key to getting this right – you've got to understand what's going on to find the right solutions."

## Busy Q&As

A busy questions and answers session included one question from Patricia Hewitt, former Secretary of State for Health and Social Care and now chair designate for the Norfolk and Waveney ICB, who asked about the challenges presented by the lack of coterminosity between NHS and local government organisations.

Tim Oliver acknowledged the issue – which was particularly noticeable around the issue of homelessness, he said, where there is already a disconnect between local government tiers because it is the responsibility of district councils but clearly has a huge impact on health and wellbeing, which falls into the remit of county councils.

Ian Smith added that a focus on the end user was key. He said: "We've found that putting customer, or patient-centricity at the centre of everything helps to resolve any arguments. Over time we'll get more coherence and coterminosity, so we'll be able to organise better – but when that happens, we'll be eager not to trespass on the great work that's already happening at place level."

Kathy McClean, Chair of Nottingham and Nottinghamshire ICS, asked how well Surrey Heartlands was able to measure any improvements achieved through integrated care.

Tim said "SODA has helped us to capture a huge amount of data to benchmark where we are starting from. We know there are 40,000 vulnerable people in Surrey. We know we spend about £1M a day on delivering adult social care, and half a million on children's services. If we can't persuade people that we're spending their money well – and in Surrey, it amounts to about £3bn – to improve lives and livelihoods and outcomes then we're getting it wrong."

Ian added: "Once you've identified the most vulnerable people then you can begin to measure the impact of improvement – preferably against a control population so it's statistically significant. Although there's a lot of data in the NHS and social care, we've never really had that patient focus, so we've not been able to measure impact of actions on people's health."

In the end, said Tim, integrated care will only work if there's good partnership working. He said: "There are sovereignty challenges, but we must rise above it and look at what is in the best interest of our citizens and patients – the framework is about driving that ambition. There's no one in NHS, local government, the third sector or anywhere else who doesn't want to see this done better. We have the tools to do that now."

The next event in our *New NHS ICS Series* will take place on 2 March. We will share further details closer to that date – in the meantime, see our events pages for information about other events.