Programme

Intro and Overview
Dr Sian Jones
Clinical Chair, NHS Guildford and Waverley CCG

A Year in View
Rachel Mackay
Associate Director of Medicines Management
NHS Guildford and Waverley CCG
Genevieve Ryan
Senior Commissioning Manager
NHS Guildford and Waverley CCG

Anticoagulants for patients with Atrial Fibrillation
Diabetes
Inflammatory Bowel Disease

Finance
Karen McDowell
Chief Finance Officer, Surrey Heartlands CCGs

Looking Ahead
Vicky Stobbart
Managing Director, NHS Guildford and Waverley CCG

Surrey Heartlands Health and Care Partnership
Sarah Parker
Director of Transformation
Surrey Heartlands Health and Care Partnership
Last Year’s AGM

- Pregnancy Advice line launched in April 2018
- Advice during pregnancy, labour and after birth
- Direct access to midwives via single point of access

Better Births

- New model of integrated services began in April 2018
- Patient centred care
- Focus on treatment in the community; not in hospital

Adult Community Health Services
Successes

- Extended access GP appointments
- Integrated Adult Community Health Services
- Primary Care Delegated commissioning
- Frailty Forum to support ageing population
- Joint Executive Team for Surrey Heartlands CCGs

Joint Commissioning Intentions

- Winter pressures – improvement in 4hr A&E target and Ambulance handover
- Children’s Community Health Services
- Enhanced In-Reach GP service at RSCH

Requests sent via Advice and Guidance service with only 13% requiring outpatient appointment

Requests sent via Advice and Guidance service with only 13% requiring outpatient appointment

Performance Overview
Direct Oral Anticoagulant (DOAC) prescribing in Guildford & Waverley for patients with Atrial Fibrillation (AF)

- **38%** Increase in DOAC expenditure
- **£4.5m – £6m** Expected cost of DOAC during 5 years to 2021/22
- **20%** DOAC expenditure predicted to account for 20% of total prescribing budget within 5 years

Adopt Surrey and North West Sussex Prescribing Clinical Network (PCN) recommendation

- **Effective evidence based prescribing**
- **Increase use of Edoxaban as the first-line DOAC where possible**
- **Awareness campaign targeted at clinicians to encourage uptake of PCN recommendation**
£1.6m extra funding in Surrey Heartlands for two years

**Education**

- Structured education via DESMOND (Type 2) and CEDRIC (Type 1) courses
- x3 Tripled number of course places
- Weekend & evening courses
- Signposted via IAPT services
- Community Champions

**Prevention**

- May 2017
- National Diabetes Prevention Programme launched

**Referrals**

- 1,400
- Weight loss
- Knowledge
- Blood sugar levels
- Wellbeing
A Year in View – Inflammatory Bowel Disease

IBD nurse pilot scheme

- Telephone and email support
- Patients seen from July to November 2017: 140
- Provides specialised support without taking up time of consultants

“…achieved the results that were required, supported the patient…brilliant service”

“Without this service, I would have suffered in silence, until a GP appointment was available”
Finance

Annual Accounts

- Prepared in accordance with accounting standards and NHS England guidance
- Set out statements of expenditure and income for the year; balance sheet (assets and liabilities) and cash flow with supporting notes
- Subject to external audit review – no significant matters arising
- Unqualified audit opinion on financial statements
- Qualified value for money assessment as a result of the reported deficit

Performance vs Target

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<tr>
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<th>Target</th>
<th>Performance</th>
<th>Variance</th>
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<tbody>
<tr>
<td>Expenditure</td>
<td>273,909</td>
<td>275,731</td>
<td>-1,822</td>
</tr>
<tr>
<td>Resource</td>
<td>265,544</td>
<td>265,544</td>
<td>0</td>
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<tr>
<td>Surplus / Deficit</td>
<td>-8,365</td>
<td>-10,187</td>
<td>-1,822</td>
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Finance 2017/18

Spending by type

£275.7m
total expenditure target

£146.8m
spent on acute services
Finance 2017/18

What we spend our money on

- Services from NHS bodies: 62%
- Purchase of healthcare from non-NHS bodies: 22%
- Prescribing costs: 10%
- Pay: 3%
- Supplies and services (clinical and general): 1%
- Establishment and premises: 1%
- Primary Care: 1%
- Other: 0%
Finance 2017/18

Where we spend our money

- Royal Surrey County Hospital: 49%
- Non NHS Providers: 13%
- Surrey and Borders: 10%
- Virgin Care Ltd: 7%
- Other NHS Providers: 6%
- Surrey County Council: 6%
- Frimley Health: 3%
- Ashford and St. Peter's Hospitals: 3%
- South East Coast Ambulance Service: 3%
Finance 2018/19

£ CCG has a challenging financial plan for 2018/19 – £6.9m deficit

2% growth in CCG allocation offset by growth in expenditure budgets & increase in acute tariff costs resulting in a “planning gap”

£10.5m QIPP target (3.7% of the CCG resource limit) which underpins the delivery of the deficit plan

Followed national planning guidance to prepare financial plan including setting budget for 0.5% contingency and tariff and growth assumptions

CCG reports risk outside of the plan position of £8.5m mitigated by the release of contingency to a net risk position of £7.3m
## Challenges

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Action</th>
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<tbody>
<tr>
<td>Increasing demand for healthcare</td>
<td>Understand and responding to the local needs of population</td>
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<td>Focus on treatment out of hospital, closer to home</td>
<td>Integration and collaborative working</td>
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<td>Further efficiency savings</td>
<td>Partnership working across the system</td>
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<td>Primary Care transformation</td>
<td>Locality Hubs and extended hours GP access</td>
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<td>Retain and develop the primary care workforce</td>
<td>GP Portfolio and Leadership Programme</td>
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Surrey Heartlands

- 3 CCGs
- 95 GP Practices
- 684 GPs
- 8 GP-led localities
- 1 County Council
- 4 Acute Hospitals
- 7 District / Borough Councils
- 1 Community Service Provider
- 1 Mental Health Provider
- 11 Community Hospitals

Surrey Heartlands Health and Care Partnership
Surrey Heartlands

Our Vision

- Working together with the people of Surrey Heartlands to improve health and care by 2022
- To support and enable people in Surrey Heartlands to be healthier
- For those who need it, the care we provide will be high quality and accessible
- To create partnerships that work better for the people we serve and those who provide care
Surrey Heartlands

Generational Change
- 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
- Prevention and the wider determinants of health
- Self-care; shared decision making
- Citizen ambassadors and deliberative research & co-design
- Role of carers

Working as one team
- Workforce (via SHWAB)
- Clinical (via the Academy) - GIRFT & RightCare opportunities, quality improvement & innovation & research
- Corporate and back office services; clinical support services

Devolution & New Models of Care
- Integrated strategic commissioning & enabling workstreams e.g. digital, estates
- Becoming an integrated care system & creating integrated care partnerships
- Development of the new care model (including frailty / last 1000 days)

National Priorities
- Mental health; Cancer; Urgent care; Primary care; Diabetes; Continuing Healthcare
Surrey Heartlands

Clinical workstreams

- Mental Health
  - Urgent, Emergency, Out of Hospital & Primary Care
- Cancer
- Women and Children
- Planned Care
- Digital
- Public Estate
- Clinical Academy
- Prevention
- Workforce

Benefits

- Generational change
- Prevention and self-care
- Work as one team
- Quality health & social care outcomes
- Accessible care
- Reduce health inequalities
- Sustainable financial balance
- Shared decision making
Devolution

Health and Social Care Devolution for Surrey Heartlands

- Local control over commissioning decisions
- Focus on place and people, not organisations
- Flexibility to integrate and transform
- Alignment between health and local government
- Raised national profile of Surrey Heartlands
Surrey Heartlands

Leading the way in innovation, citizen engagement and integration of care
Get involved

You can get involved to help make a difference

- Patient and Public Engagement (PPE)
- Patient Quality reps
- Sub Committee membership
- Consultations
- Patient Participation Groups (PPG)