

Business Plan for the year

1 April 2022 – 31 March 2023

Strategic Context

We approach the beginning of 2022/23 as we start to recover from a further significant wave of Covid-19 which has, once again, challenged service delivery and the resilience of our staff.

The new financial year will bring a similar degree of challenge and uncertainty that we have faced over the past two years of the pandemic. Despite the challenges, we have been able to progress our place-based development work, delivered two hour Urgent Community Response and continued to recover our services and deliver out-standing care to our patients and communities.

As we move into the new financial year, we can build on the achievements of this year, consolidate, and build on our place in the system as a key partner, and maximise opportunities through provider collaboratives.

The new Health and Care Bill is currently working its way through parliament and will not be passed in time for Integrated Care Boards (ICB) to be formally established from 1 July 2022. Whilst this does not have a significant impact on First Community, it does mean a delay to a revised competition regime which impacts both on our Children and Family Health Surrey contract (end date 31 March 2023) and our adult community services contract (end date 31 March 2024). This also means that we will have to live with a certain amount of ambiguity whilst the ICB is organising itself and we understand what that means for our East Surrey Place.

First Community remains in a strong position to facilitate collaborative place-based relationships to develop a strong partnership model, and we must not be constrained by the partnership form, but focus on the functions and working across organisational boundaries to deliver first rate seamless care to our local communities.

Whilst we will continue to work with colleagues across the Surrey Heartlands Integrated Care System (ICS), our more east Surrey place-based working, encompassing working at Primary Care Network level, will be the priority. Our work with the GP federations, Alliance for Better Care (ABC) and Dorking Health Care (DHC) are the building blocks of our provider collaborative work and we will continue to work with them and other system partners to deliver the key East Surrey Place priorities.

From the five priorities developed, we will have a key role in three: Urgent and Emergency Care; Ageing Well and Long-Term Conditions. We will also continue to build on our relationships with partners in West Sussex to ensure we are maximising outcomes for our patients there.

The NHS Operational Planning Guidance for 2022/23 sets out a number of clear expectations for community services. These include a target for delivery of two hour urgent community response (UCR), reducing community services waiting lists and improving the completeness and quality of data submitted through the Community Services Data Set (CSDS).

In addition, we are required to continue to deliver Covid-19 vaccine, improve hospital flow, remove and maximise discharge capacity and improve capacity in post urgent response services.

The focus on community services in the planning guidance is an opportunity to really start to get traction on demonstrating the impact and value of community services, and to work with commissioners and the wider system to identify funding flows to support increased capacity.

One of the key challenges for us this year remains the uncertainty around funding. During the pandemic response, different arrangements were made for funding health care services and additional monies have been available to support the delivery of key priorities like hospital

discharge and increased community support. However, the new financial regime for 2022/23 is still unknown.

We do know that additional Covid-19 funding will decrease by up to 50% and the hospital discharge funding will cease on 31 March 2022. We also know that looking ahead the financial settlement for the Surrey Heartlands system looks particularly challenging.

The 'Levelling Up' agenda requires additional savings due to redistributing money towards those areas most in need, together with expected efficiency savings. We therefore need to prepare for likely required savings and ensure we can manage increasing volume and complexity of demand alongside an increasingly challenging financial position.

The Covid-19 pandemic shone a light on health inequalities through the disproportionate impact the virus had on our Black and Minority Ethnic (BAME) communities. We know that several communities in our local population are disadvantaged when it comes to accessing healthcare, for example those from the Gypsy, Roma, and Traveller communities and those that

live in areas of social and economic deprivation.

We have also seen a significant increase in the numbers of refugees and asylum seekers that have been temporally accommodated in Surrey. Many of these are families with young children and have significant health needs without access to mainstream services.

Reducing health inequalities must be a corner stone of everything we do at First Community alongside the use of data and intelligence to inform our service transformation and business planning priorities.

Population Health Management (PHM) will support us to understand the needs of local people and communities at an individual, Primary Care Network (PCN), district and borough or place level. This will enable First Community and partners to develop and deliver services that improve health outcomes, reduce health inequalities, and offer an excellent patient experience.

We will use our strategic approach of "People: System: Organisation" to sharpen our focus on reducing health inequalities and PHM to underpin our planning and decision making.

Strategic Approach

Our strategic approach remains the same:

- **People; System; Organisation.** This means we will put People (residents, patients, and staff) first and then System (which includes place) ahead of Organisational self-interests.
- Play to our strengths as an organisation (see below)
- Do the right thing at the right level: National, ICS, Place and PCN.

Our strengths:

- a) Delivery of outstanding, safe, services that are continuously improving. Adapting our services to support effective system working.
- b) Maintaining robust financial management and offering excellent value for money – investing in the key areas that are critical to our future.
- c) Being the glue in our system: both in service delivery terms (joining up other parts of care) and by displaying collaborative behaviours.

- d) Being strong enough to hold uncertainty but adaptable enough to act when opportunities arise.
- e) Growing through integrated working and service development with partners rather than competition.

In line with our strategic approach, this business plan has been structured around People: System: Organisation in that order.



PEOPLE

1

Priority One:

Workforce – looking after and recruiting/retaining a diverse workforce

Our staff are our biggest asset and managing the Covid-19 pandemic has taken its toll on our health and wellbeing. As providers of vital health care to the populations of east Surrey and parts of West Sussex, we do not have the luxury of 'downing tools' for a period of rest and recuperation and it is vitally important therefore that we look after ourselves and each other. With ever increasing demands, potential for further Covid-19 surges and difficult winter periods ahead, we need to ensure our staff are healthy and well and feel well supported to do their jobs. This includes planning for the future and having a workforce that is sustainable and resilient and can meet the needs of our local communities now and in the future.

At First Community we are committed to a culture of inclusivity where everyone feels valued and engaged. This includes working hard to develop a diverse workforce representative of our local communities, ensuring all staff have equal opportunities for development and career progression, and working in a way that empowers local communities to use their strengths and assets to reduce health inequalities and improve health outcomes. This includes thinking about our approach to flexible working through our involvement in the Flex for the Future programme and how we can embed some of the best practice that is emerging.

Deliverables

- *Delivery of our refreshed (March 2022) People Plan and associated Action Plan and develop our place-based workforce plan by being clear about what our workforce plan is at Surrey Heartlands, East Surrey Place and organisational level. This will include delivering key actions to recruit, retain, develop, and support a diverse workforce and promote an inclusive culture.*
- *Develop our approach to our new 'Flex for the Future' programme by:*
 - *Supporting our people to recover from two years of Covid-19 by having strong teams and strong support in place*
 - *Making decisions around how people will work going forward (hybrid working, shift patterns)*
 - *For all services to have developed a range of shift options/working patterns that support flexible working and home/work balance/ well-being whilst also improving recruitment and retention and delivery of outstanding services*
 - *Ensuring our estates and digital tools are fit for 'flex' purpose and are good environments to work in with access to the right spaces to do our jobs (soundproof pods, team meeting space).*



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Priority Two:

Using data and intelligence well to understand and meet the needs of our population

Population health management (PHM), at PCN, community and place scale will help us to understand our people and local communities better and enable us to deliver services to meet need and not just demand, improve mental and physical health outcomes, promote wellbeing, and reduce health inequalities. We need to ensure we have good quality data, are measuring the right things and can use that data smartly to understand the impact of our services on patients but also how our services need to adapt and develop to meet needs better.

Deliverables

- *To be actively involved in the PHM 'so what' conversation at place level and in the analysis of PHM data to ensure we are part of a collaborative approach to the response to health needs data. To use this data to drive and inform innovation and service development*
- *To continue to develop and improve our own data quality and use this intelligence smartly to drive innovation and service development both internally and at place*
- *To use data and intelligence to understand and address health inequalities and the health needs of our service users and to tailor our services accordingly, and to help shape our priorities.*

SYSTEM

We are part of many systems; however we expect the majority of our system working to be at 'Place' (east Surrey) and the PCNs within it as reflected below. There will also be work at ICS level, primarily with Surrey Heartlands but also with the Sussex ICS where relevant.

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Priority Three:

Urgent and Emergency Care

Managing the totality of urgent and emergency care demand is a key risk both at place-based system and Surrey Heartlands ICS levels. It is also a key priority for East Surrey Place and, whilst much of the focus is on reducing demand at the hospital front door, community and primary care have a significant role in managing this demand and improving both experience and outcomes for patients and local communities.

Deliverables

- *Test a community/primary care hub model at the Minor Injuries Unit that can manage the totality of same day urgent care demand in collaboration with Alliance for Better Care (ABC) and Dorking Healthcare (DHC)*
- *Offer appointments that can be booked via 111 or a GP to support a consistent offer to emergency department (ED) attendance (MIU ambulant, UCR or other)*
- *Based on the test phase develop a long-term model for community/primary care urgent care access across East Surrey Place in collaboration with PCNs, GP federations and wider primary care.*



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Priority Four: Ageing Well

Ageing Well is another priority for East Surrey Place. Managing the most vulnerable and frail people in our communities by delivering both proactive and reactive seamless services will have a significant impact on the health and care system. Building on the successful delivery of the two hour Urgent Community Response pathway, the revised model for the Integrated Discharge Team and the integration of Responsive Services and Surrey County Council Reablement Services, we will continue to develop services which respond to the needs of our most vulnerable and frail residents.

Deliverables

- *Deliver the mandated target of providing an Urgent Care Response to 70% of eligible people within two hours by building on the launch of the UCR service using data, including patient feedback to refine pathways for admission avoidance from PCN and diversion from E.D. (with links back into consultant at acute)*
- *Develop a workforce model, in partnership with Surrey County Council Adult Social Care, which can manage both health and care needs and is focussed on recovery at home as a test of an integrated approach to workforce and social care market challenges*
- *Work with PCNs, GP federations and wider primary care to develop and deliver the next iteration of anticipatory care*
- *In partnership with Surrey and Sussex Healthcare NHS Trust (SaSH) and primary care, review SaSH@Home and scope out options for the future model of delivery aligned to the national programme to deliver virtual wards*
- *Provide system leadership through programme director role and continue working with system partners to support PCNs and their development as units of delivery, and reorientate our supporting infrastructure to support PCNs where relevant (e.g. data).*

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Priority Five: Long Term Conditions

East Surrey Place wants to develop a plan to ensure we can support those people living with one or more long terms conditions to live healthier lives and prevent their conditions deteriorating further or the onset of additional long term conditions (LTCs). The work with PCNs and development of Additional Roles Reimbursement Scheme (ARRS) roles (such as Falls OT; dieticians and FCPs) is well established and is now business as usual for First Community, but we will continue to work closely with PCNs and support with the development of them as units of delivery across long term conditions aligned to population health data.

Deliverables

- *Work within East Surrey Place as a member of the Long Term Conditions Board. This programme involves respiratory, cardiovascular disease (CVD) and diabetes. We will directly be involved with various streams of work including*
 - *Expansion of pulmonary rehab*
 - *Ongoing delivery of long Covid service*
 - *Digital heart failure at home*
 - *Inpatient podiatry focussing on diabetic foot screening*
- *Work within East Surrey Place to deliver LTC elements of the Ageing Well Programme, including securing funding for increased falls prevention service that provides anticipatory care, care home response and an urgent response*
- *Continue to provide place-based system leadership for the respiratory programme as it moves into its delivery phase*
- *Work with provider partners and commissioners across East Surrey Place to review the local Early Supported Discharge (ESD) Pathway. This will include:*
 - *Demand and capacity modelling*
 - *Review of complexity and waiting times*
 - *Review of new national service guidelines*
 - *Informed discussions with commissioners re demand and right sizing resource.*



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Priority Six: Place and ICS development

We will continue to work with partners across east Surrey and the wider Surrey system to ensure we are an active partner in the development of both place and ICS, and that we are delivering services at a scale that makes sense for patients, residents, and communities. East Surrey as a place is now established and a lot of work has been done this year to develop the ambition and priorities which are reflected in the priorities above.

Deliverables

- *Work with partners to finalise and then work within an alliance agreement for East Surrey Place. Work with partners on a programme of 'delegation readiness' for when more contractual arrangements are required at place*
- *Be an active member of the East Surrey Place leadership team and provide system leadership and support on several enabler workstreams including leadership and workforce, and communications and engagement and ensure we have a strong voice in others - data and digital (population health), estates and financial sustainability*
- *Support the shadow Integrated Care Board (ICB) and the transition to becoming a statutory body for Surrey Heartlands*
- *Contribute to managing and tackling the significant financial challenge across Surrey Heartlands*
- *Ensure we are doing all we can to manage our community services waiting list and support Surrey Heartlands and our local acute Trust to manage the recovery of elective care services.*

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Priority Seven: Deliver Children and Family Health services transformation and be procurement ready

The Children and Family Health Surrey (CFHS) contract is due to expire on 31 March 2023. Due to the delay in the passing of the new Health and Care bill and subsequent changes to the competition regime, a final decision on the timetable to market is yet to be made. Despite the uncertainty around the route to market, work to deliver a programme of transformation continues with two aims: to improve the current service offer and to ensure that the partnership is 'procurement ready' should any type of competitive process be the chosen route to market. In addition, the demand for paediatric therapies, particularly occupational therapy and speech and language therapy continues to rise leading to a significant deficit in capacity.

Deliverables

- *Return to face-to-face visits where possible, including re-establishment of community clinics where possible*
- *Build the community resilience offer to strengthen and support the local communities*
- *Strengthen and develop relationships with primary care and PCNs to ensure children's services are considered in place-based services*
- *Explore and strengthen the wider early help offer with partners to optimise health outcomes for children*
- *Review the school nursing service offer and work with partners to develop a plan that includes prioritisation frameworks and a workforce plan addressing the public health agenda*
- *Ensure there is a robust health and care pathway for refugees and asylum-seeking families that are accommodated in Surrey*
- *Work with partnership colleagues to complete a demand and capacity review for paediatric therapies to understand the capacity gap and secure preferred option to manage.*



ORGANISATION

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Priority Eight:

Delivering outstanding services at great value

As a CQC rated outstanding provider, we want to continue to deliver outstanding services through a well-led organisation with an engaged workforce and inclusive culture. This year we will focus on being CQC ready and making sure we can demonstrate that we are delivering services that are value for money as well as of value to our local communities.

Deliverables

- *Implement learning from our CQC inspection which includes:*
 - *Board well led workshop – by autumn 2022 to learn from CQC well led*
 - *Quality walks – 12 over the financial year which evolve from learning from our CQC inspection*
- *Sign off our first Green Plan (April 2022) and deliver the year one priorities*
- *Support staff to continue to drive innovation and improvement at team/ service level as part of service delivery and quality improvement activity (draft deliverable – wording may be amended)*
- *Deliver our services within budget, managing the financial uncertainty that exists as we come out of 'pandemic' funding regimes and working with commissioners to address key demand and capacity issues that exist*
- *Delivery of our productivity programme and embedding this methodology throughout the organisation. This includes maximising our investment in Meridian Productivity*
- *Depending upon place and system developments, consider the need to develop an organisational clinical strategy to inform the 2023/24 Business Plan.*



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Priority Nine: Having the right tools in place to deliver our priorities

To deliver the priorities set out in this plan, we must have the right tools in place to do this.

Deliverables

- *Delivery of the Digital Transformation Programme, including making sure we have the right workforce in place to deliver this*
- *To widen our current Data Quality Improvement Plan (DQIP) to reflect the changing demand for the use of data, the need to submit more data (i.e. Community Services Data Set (CSDS)) and use of our data (both in real time and for assurance purposes) at system, place and organisation and to support other business priorities with a heavy data dependency e.g. People Plan, Productivity Programme, Green Plan amongst others*
- *Ensure we have data systems that can support our aspirations for the above (and associated data actions in priority 2)*
- *Review of our estate and development of plan to deliver estates that are fit for purpose and sustainable including:*
 - *Scope out options to address the current key estates risks facing services*
 - *Supporting the new ways of working, the Green Plan, transformation and the development of a clinical strategy to scope out options for adapting our current estate to meet the changing ways of working and maximising space utilisation*
- *Refresh our approach to transformation to ensure it links with operational requirements and there is join up between organisation and system transformation programmes*
- *Revise our business case, project management, and policy approval processes to better reflect the potential impact on inclusion, inequalities, carbon footprint and the interdependencies with corporate services.*

Holding ourselves to account

Everyone will receive an easy-to-read short version of this plan, with managers receiving a full copy of the longer document.

Associate Directors (adults, therapies, and children) will use these priorities to formulate service level objectives for adults and children which can then inform team and individual objectives. Corporate functions will do similar.

There is an expectation that managers will use the business plan (and service area plans) to support the setting of individual objectives. This will require translation to ensure they are relevant to individuals – the achievement review documentation allows for this.

The plan will be reviewed quarterly by the Executive Management Team and then the Board using the refreshed Board Assurance Framework (BAF) for 2022/23.

As an employee-owned organisation, our Council of Governors will also scrutinise the BAF to provide front line input into the extent to which the plan is being successfully delivered.

