

Business Plan

1 September 2020 – 31 March 2021

Purpose of this Business Plan

This seven month business plan covers the second half of the year 20/21 following the initial COVID surge and recovery work. It draws a line under the interim business plan – all deliverables achieved in the first five months of the year, and combines learning from COVID, prior priority deliverables for the year and some emerging ones as a result of positive collaborations over the first half of the year.

Ambition

Our ambition remains unchanged. It is to provide best value joined up community health and care, prevent ill health, reduce pressure on other services and support local people to have more independence and greater control over their health and wellbeing.

Strategic approach

Our strategic approach has been road testing in the first half of 2020 and has both given us clear direction and guided decision making. As a reminder our approach is three fold:



In that order. This will enable us to put **POPULATION HEALTH NEEDS FIRST** as part of a system of providers ahead of individual organisational needs.



Know, and play to our **STRENGTHS** and adapt these as required for the current context.



Do the **RIGHT THINGS** at the **RIGHT LEVEL** (national, ICS, ICP, PCN, org) based on the needs of our community.



Our Strengths as a provider of community health

- Deliver outstanding, safe services that adapt to support effective system working
- Maintain robust financial management and offer excellent value for money
- Be the glue in the system (via join up service delivery and collaborative behaviours)
- Hold uncertainty but adapt to opportunities
- Grow through integrated working and collaborative service development



Our five priorities for the rest of the financial year to 31 March 2021

Priority
1

Respond to the COVID pandemic, recover affected services and be ready for any future demand experienced by our population

Priority
2

Be an effective Surrey Heartlands partner (ICS level work)

Priority
3

Play a core role in the CRESH Integrated Care Partnership (ICP)

Priority
4

Mobilise more services around Primary Care Networks (PCNs)

Priority
5

Continue to deliver outstanding services for children and adults within budget



Respond to the COVID pandemic

1. Continue to rigorously track and implement national guidance on how to respond to Covid19 and prepare for EU exit in community health and associated settings
2. Learn lessons from the first wave and prepare for any future wave in the context of winter pressures and possible no deal EU exit
3. Deliver increased immunisation (flu) and potential vaccination (COVID) programmes in line with national and local expectations
4. Deliver a comprehensive recovery programme to restore services and reduce backlogs to pre COVID levels encompassing relevant digital, estates and people requirements
5. To monitor, and secure resources where needed, additional demand created by the change in population health as a result of COVID and lockdown
6. To embed the COVID rehabilitation pathway into existing services and secure any additional funds as required.

To be an effective Surrey Heartlands partner (ICS level work)

1. To raise the profile of community in the ICS system through community data and our leadership of certain areas of COVID and restoration work (e.g. covid rehab pathway)
2. To increase our profile in Surrey wide children's agenda, in particular to secure the best possible outcome for the next phase of the Children and Family Health Surrey contract
3. Be a proportionate player in implementing key Covid19 ICS level response programme. For example rehab, testing, vaccinations and the next phase of the Seacole Centre
4. To be a key partner in the development of a plan for the next phase of delivery, governance and funding of GRT work across Surrey
5. To be part of the Surrey cardiology pathway mapping
6. To dovetail with key pieces of system infrastructure work at ICS level in particular digital work, thriving community networks and the people's plan.



To play a core role in the CRESH Integrated Care Partnership (ICP)

The ICP for our area is called CRESH which stands for Crawley, Horsham and East Surrey and covers the patients who would use SASH as their acute provider.

1. To embed the new discharge pathway in line with national guidance and ensure resourcing is in place to achieve desired outcomes
2. To be a core partner in the Think 111 programme and Winter surge planning and secure necessary resources to maintain flow and response to increased demand
3. To formalise and embed our ICP work on care homes, working with partners to develop and deliver phase two of the care homes programme and embedding uplifted IPC care home resource for as long as required
4. To be a key player in the refreshed CRESH system governance, supporting the new Chair to deliver an updated programme, refreshing the Carnall Farrar work to articulate a refreshed financial recovery programme building on learning from previous few months
5. To lead or support key pieces of pathway work (respiratory, heart failure, pulmonary rehab) to improve outcomes for patients and support CRESH financial recovery in the context of COVID learning
6. To ensure we are commissioned to deliver a two hour rapid crisis response service in line with national expectations.

Mobilise more services around Primary Care Networks

1. Embed the PCN frailty model (incorporating care homes and falls within this) and secure longer term funding for this approach as part of CRESH financial recovery plan
2. Build upon our FCP approach for physios to develop similar offers in other service areas
3. Develop our thinking around the role of Children and families services at PCN level and test this in one PCN
4. Work with St Catherine's to build upon our existing positive working relationships, clearly articulating our respective roles within PCNs. This will enable the supportive and palliative care needs of both the patient and family to be identified and ensure our services continue to meet the needs of those with advanced, progressive, or incurable illness to live as well as possible throughout the last phase of life and for families into bereavement
5. Support Primary care to deliver the new DES specifications relevant for community services Use the population health pilot to develop our approach in this area and consider what additional capacity/capability may be required to grow this work.



Continue to deliver outstanding services for children and adults within budget

- 1. VFM:** Deliver our contract to the required quality and within the financial parameters as set out in the unusual budget circumstances (COVID budget) ensuring any financial risks are managed or escalated as appropriate
- 2. Performance improvement:** Deliver paediatric therapies recovery plan to bring waiting lists down and ensure a sustainable approach going forward
- 3. Quality:** Develop our quality approach to support our new quality strategy ensuring we are well placed to maintain our outstanding status at our next CQC inspection
- 4. Workforce:** Ensure our new workforce strategy dovetails with the People's plan and we are clear what will be done nationally, at ICS, ICP, PCN and organisationally. Fully participate in Surrey 500 for our area to underpin our collaborative approach to services. Ensure our refreshed approach to inclusion responds to the concerns raised in our staff survey and that EDS2 project embeds inclusion more fully in the patient experience. To ensure our investment in strategic leadership capacity is in place and realising benefits
- 5. Digital and Estates:** Use our outline strategic approach agreed for estates and digital to develop a plan for these areas going forward with the associated capacity (internally and with partners) to deliver these plans in future years. Delivery priorities this year will include IT refresh programme, retender of outsourced IT service, estates for paediatric therapies and upgrade of emis to allow daily data download to support a relaunched DQUIP
- 6. Corporate Governance:** Develop our Council of Governors, under new leadership and with many new members, to ensure our employee owned voice stays strong and can develop further. Continue to grow our Community Forum and our Patient involvement work to underpin system approaches in these areas.

