NW Surrey Alliance

Working together for better Health, Care and Wellbeing

Working together for better Health, Care and Wellbeing **one year on**...

2022-2023

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Shahla and John's story...

Shahla and John's story...

When Runnymede resident, John tripped on the pavement it was initially considered an accident until Shahla noticed his foot was becoming weaker. A lengthy and challenging period of landing a definitive diagnosis followed until eventually the devastating blow that it was motor neurone disease (MND). Sadly, John died three years after his diagnosis. Shahla remembers his dignity, patience and sense of humour as he battled with his advancing condition during lockdown.

A former physiotherapist and later becoming John's carer, Shahla experienced a huge learning curve as they navigated the impact of MND and the support services that became such a huge part of their daily lives. During this journey they had contact with many of our services – primary care, community services, mental health, continuing healthcare, disability support and ultimately palliative care.

Interactions with individual clinicians and professionals were nearly always extremely positive, with many going above and beyond to give the best possible care. Where things became difficult was the co-ordination between these services. This resulted in Shahla having a notebook full of different phone numbers for different teams, unexpected referrals and mixed messages from different professionals, all creating confusion and anxiety for the couple. Individually each team did their best, but no-one had oversight of John's care and there was a lack of effective liaison between services.

So, what would have made a difference to Shahla and John?

A single point of contact, improved care coordination and more specialist input into multidisciplinary teams. This is the essence of our work in North West Surrey. We want to improve the coordination between different health and social care services to make them easier for people to use and ensure that they only need to tell their story once. As well as being able to improve the results of the care we offer, working in this way enables us to use our resources more efficiently and provide our teams with a great opportunity to develop their skills, knowledge and expertise.

Shahla has kindly agreed to work with us to rethink the way we support local people. This is just one of the ways we want local communities to get involved in our work. Find out more on page 25.

Shahla:

"Occasionally it just needs a flicker to get everyone's attention and unify aims."

Giving people the greatest opportunities to prosper

North West Surrey covers some of the most affluent wards in the country, where the average house price is £800k and healthcare staff cannot afford to live and work, and also some of the most deprived and highest need neighbourhoods in the country like Sheerwater, Walton and where we border the London Borough of Hounslow. Areas around Heathrow airport were some of the worst economically impacted by the pandemic which has left lasting impact on the health and wellbeing of our communities. This mix of challenges results in towns 15 minutes away from each other having a 14 year variance in life expectancy.

Historically, our public services have delivered high quality care but often in a reactive way, that overemphasises medical intervention and hospital-based support. This is compounded by persistent workforce shortages, reducing resources, and a traditional structure of organisational silo working and duplication of effort.

Recognising this, our dynamic partnership came together to reset the landscape and establish **North West Surrey Alliance**. **Our central ambition is to not simply treat and respond to ill health but to work across Elmbridge, Runnymede, Spelthorne and Woking to reduce health inequalities and to give people the greatest opportunities to prosper**; whether this is through care, education, employment, economic development or the environment.

Our principle is to use our collective resources, skills, infrastructure, capacity and assets to drive real improvement in health outcomes for the 410,000 people living here. We are modernising and transforming how we operate our services to meet the challenges posed to a 21st-century health, care and support system.

Change at this scale doesn't come without hurdles, but we are starting to see the benefits of more cohesive support within our communities. If we continue to listen to local people like Shahla and John and the dedicated professionals working in our system, we believe we can create connectedness that will keep us happier and healthier for longer and make the challenging times more manageable.

Jack Wagstaff
Place Leader /
Alliance Chief Officer

Our impact – at a glance...

Agreed 5 year **partnerships with the care sector** for step down capacity...

...which includes **60** Care Sector Bed, **40** consolidated rehab beds, **12** Step Down Housing Units and bespoke domicilary care partnerships

Consolidated our health-run community bed base into a smaller footprint, **centralising rehab expertise** to add clinical value

Increased Urgent Community Response services by over **200%**

Consolidated safer staffing, reducing medical agency spending by over **40%** and nursing agency spend by over **25%**

Mobilised our **Integrated Discharge Team,** including social care and Borough Council officers capable of managing complex social needs

Reduced overall bed base by **112 beds** while delivering **10%** additional net activity

Reduced admissions without an acute need through **Criteria to Admit**

Reduced patients in hospital over **7 days by 31%**; 14 days by 13% and 21 days by 24%

Our priorities

Together we have set out shared priorities for the Alliance partner organisations, as we work collectively for better health, care and wellbeing of our population. These priorities will help to guide the work that we do and will help us to tackle some of the significant challenges faced by the local population.

Creating healthy places

"We will work as equal partners in our communities to build healthy places that allow people to stay well and independent"

Empowering access and navigation

"We will revolutionise access and navigation to empower local people to access our services when they need them"

Supporting our teams

"We will build the workforce we need for the future and support the health, wellbeing and happiness of our team"

System delivery planned care and infrastructure

"Build a resilient partnership that is able to anticipate, absorb and respond to current demands"

System delivery urgent care

"We will provide excellent services to support people's health and wellbeing when they need them"

£400m
of resources

5,000
staff across partners

410,000
residents

- Spelthorne Borough Council
- Woking Borough Council
- GP Practices/ Primary Care Networks (PCNs)
- Surrey County Council
- Ashford and St Peter's Hospitals NHS FT
- CSH Surrey
- North West Surrey Integrated Care Services (NICS)
- Surrey and Borders Partnership NHS FT
- Surrey Heartlands Integrated Care Board
- Woking and Sam Beare Hospice
- Elmbridge Borough Council
- Runnymede Borough Council

A *different* partnership of equals

One of the most mature place-based partnerships in the country, the Alliance formally unites 12 healthcare, local government and voluntary sector organisations impacting the health, wellbeing and happiness of our communities in Woking, Runnymede, Elmbridge and Spelthorne.

Our partnership of organisations is united by a vision: to break down organisational boundaries to deliver the best and most sustainable outcomes for the local community.

We are a partnership of equals, with the same voice in decision making across our collective resources extended to our local hospice and Councils alongside NHS partners. As a core constituent of the **Surrey Heartlands Integrated Care System** (ICS), our work aligns with recommendations set out in their strategy, the **NHS Long Term Plan** and **Fuller Stocktake** to bring more personalised care closer to our residents. Find out more about these at **www.surreyheartlands.org**

Our joint decision-making structure determines use of over **£400m of resources**. Through our team of over **5,000 staff** across partners, we shift resources across settings, driving different investment choices, holistic support to **410,000** residents and ultimately, revolutionary results.

Daniel Mouawad, Chief Executive, Spelthorne Borough Council:

> *"The Alliance has strengthened ties between this Council, NHS and neighbouring authorities. We have learned from each other, providing residents with improved healthcare."*

A *different* ethos on how we support people

Community and Lifestyle

Environment

Education

Healthcare and Wellbeing

Housing

Economic

- Statutory services represent only a small part of a person's support network.
- We will broaden our relationships with housing, education, business and other sectors to take a holistic view on improving health and wellbeing.
- Vital to our success is harnessing the skills, expertise, assets and goodwill of local communities to develop a culture of healthy living and supportive neighbourhoods.

Our aim

To achieve the total wellbeing of our community, shifting our focus on health provision responding to sickness to prevention in the fullest sense.

1. Delivering our ambitions

Reduce health inequality and support the most vulnerable people – we work to understand different community needs and adapt our offer to drive the improvement where it is needed most.

Some examples of how we are achieving this:

- We repositioned £3m investment with boroughs to support prevention - funding a Women's Support Centre for domestic violence victims and survivors that was threatened with closure. We have also developed 20 safe housing units, accommodating 100+ people with complex needs.
- Our locally grown Angelic Network of more than 200 women provides education and healthy living support, helping to reduce isolation and loneliness.
- We have increased unpaid carers support services and carers registered with GPs by 2,000 people.
- Our Sheerwater team alone has mobilised 17 projects involving 1,400 residents, including cost of living support, digital inclusion, new youth clubs, exercise/leisure access.
- We collaborated with the Royal Horticultural Society to develop garden space within the residential centre next to a GP practice, co-designed with residents.

Alliance in action

Supporting our most vulnerable people

Woking Borough Council appointed Lee Jolliffe as its Hoarding Officer. This newly created pilot role funded by the Alliance is the first of its kind in Surrey and provides dedicated support for Woking residents.

Lee works with people who may have hoarding difficulties to help create a safer living space and listen to other challenges they may be facing.

Hoarding is a significant problem if the amount of clutter interferes with everyday living such as being able to use their kitchen or bathroom, or if the clutter is causing significant distress and affecting quality of life.

Lee was working with one resident who had no heating, hot water and was living in extremely difficult conditions during the winter months Through the support team at the council, Lee was able to find the resident alternative accommodation over the Christmas period, whilst he worked on getting the heating back on in the home and created a much safer space.

Lee finds his work incredibly rewarding, he said:

> *I really enjoy seeing the progress with people, and to see someone having a smile on their face because of something I've been able to help them with. It's a great feeling to know that you have helped improve someone's living conditions and that they have a safer home.*

2. Delivering our ambitions

Fundamentally transform services – we develop sustainable services by reconnecting relationships, creating networks of expertise that are empowered to meet community needs without the bureaucracy of referrals and organisational silos.

Some examples of how we are achieving this:

We have achieved a 31% reduction in hospital length of stay – reducing the typical numbers of people in hospital for 7 days or more from over 230 people on a given day to below 150. For those with a 21+ day length of stay, this has reduced to 80 people a day to under 35 people. We have reduced the hospital bed base by 112 beds, while servicing 10% more emergency activity through:

- **Care provider partnership** - dedicated capacity in 60 care home beds and ring-fenced domiciliary care.
- Our **integrated discharge team** is co-located in St Peter's hospital and brings together colleagues across adult social care, health, borough councils community services, to get people back home with the right support. This includes everything from arranging housing repairs to connecting them to community support.
- 15 dedicated **step-down housing** units supporting hospital discharge
- Our **Main Effort** programme **seeks to alleviate pressure across services at Ashford and St Peter's Hospitals and improve capacity so there is space to treat those requiring hospital care when they need it.**
  Integrated community teams focusing on complex care - reduced admissions for dementia, falls, UTI (urinary tract infection), catheter issues by 12%. For those who go to hospital, 50% more are seen directly by frailty specialists on arrival.

Alliance in action

Urgent Community Response service

This service brings together a team of health and social care professionals to respond to people at risk of hospital admission within two hours of referral. They help to prevent avoidable hospital visits and if someone does need to be admitted, they enable them to return home by putting in place any extra support they may need.

The team keep people safe at home, with the support of GPs, geriatricians, social care, and other specialists. The team is made up of advanced nurses and therapists who can quickly carry out assessments, order tests, diagnose, prescribe, and order equipment.

Our urgent community response service tripled its capacity over a six-month period and work closely with our borough councils, connecting people to support such as the falls responder service.

Bradley, Physiotherapist:

"Our aim is to avoid hospital admission through promoting safety and independence. From my experience patients have found the service really helpful in giving them the equipment, care and confidence to remain safe and independent at home."

Local resident, Avis, talks about the support she received from our Urgent Community Response team:

"They've given me a lot more confidence and I want to do more exercises and be as independent as possible."

Alliance in action

Step Down Scheme - increasing independence through supported accommodation

Through the Alliance, Spelthorne Borough Council led the creation of the 'Step Down Scheme' available to all North West Surrey residents. It is for people who are medically fit but need additional support on discharge from hospital. The aim is to provide up to six weeks of short-term accommodation, prior to the person moving back home or into other long-term accommodation. Different Alliance partners work together to provide the support and care people need during their time in the accommodation.

Wendy describes the help her brother received:

> *It was a lifeline for him to go somewhere and be able to be by himself. It's a nice place to be to set you off getting back to your own home again.*

Hospital at Home – hospital standards of care in the comfort of your own home

Our Hospital at Home service - also called virtual wards - allows people to get high quality care at home, safely, rather than going into hospital.

Care is provided by a team of clinicians and healthcare professionals face-to-face at home and remotely through technology like monitoring devices and smartphones.

Hospital is not always the best place to be, particularly if someone is confused or has a condition that makes them more susceptible to infection. Being cared for at home means they can remain mobile with all their usual home comforts, keeping them independent and less likely to need to be re-admitted to hospital.

A carer from Woking said:

> *We were trying to deal with a very difficult and frightening situation, but the virtual ward gave us peace of mind. It's been so reassuring to know that I can just pick up the telephone at any time and speak to somebody who knows us and has been involved in our care. It really feels like you're getting a tailored service from people you can trust. You don't have to constantly keep explaining your history over and over again to different people.*

3. Delivering our ambitions

More preventative support – we shift capacity and investment upstream and closer to the people who need it, giving them care and connection in their community to prevent illness and maintain independence.

Some examples of how we are achieving this:

- We have deployed Tribe across highest deprivation communities
- Our 'Prepare to Recover' programme provides exercise and lifestyle support ahead of surgery. As well as improving surgical outcomes, a proportion of people improve enough to avoid surgical intervention.
- We are using the latest technology and artificial intelligence to speed up diagnosis and treatment of skin cancer through our dermatology photohub.

Alliance in action

Our **dermatology photo hub**, based in a GP practice in Staines, provides early diagnosis and easy to access care for people with suspected skin cancer. High-resolution photos are taken of the skin lesion of concern using a dermatoscope, which has the ability to look under the skin. An AI platform called Skin Analytics is used to assess the level of risk. If the lesion is considered non-cancerous (benign), the results are confirmed by a dermatologist and the patient is given reassurance within a week, alleviating unnecessary stress. Otherwise a face-to-face appointment is arranged with the most appropriate service.

Impact

- Early diagnosis and reassurance for people through the use of dermatoscopes and AI technology.
- Significant reduction in hospital waiting times for skin cancer care and patients are seen in the most appropriate clinic first time, reducing unnecessary appointments.
- Patient feedback on the service has been very positive.
- Improved access with photo hubs based in the community, closer to home.

Alliance in action

Tribe is an Alliance funded app where residents can find out what is going on in their local area through a smartphone or on the website. With full details of everything including community events and youth services to fitness activities and parents and toddler groups - it is a one stop facility to connect people offering support with those that need it.

There are around 200 searches every week by our citizens on the platform, connecting them to over 360 groups and activities to improve health and wellbeing. Tribe allows volunteers to become micro-enterprise carers and has created over 60 new care businesses.

tribe

I think it will be extremely useful to see the range of things out there, and for ways to connect people.

I love it. It should be everywhere!

Yes it is useful; Lots of groups on it, that I did not know about.

4. Delivering our ambitions

Build and support our teams – developing and retaining our workforce is one of our biggest challenges and is best tackled together. We grow integrated teams that build morale and improve productivity. We create new career paths across organisations, new approaches to local recruitment and joint training to transfer skills and mindsets across settings.

Some examples of how we are achieving this:

Our integrated frailty team

In North West Surrey, there are currently circa 40,000 people estimated to be living with frailty and this is increasing. To support the complex healthcare needs of this population effectively, we set out to work together seamlessly and avoid entangling patients, carers and staff as the support network around them grew.

Dr Emma Wilkinson,
Clinical Director of Frailty:
The mix of skills in our integrated team has improved knowledge, communication and means patients get fast treatment, reduced waiting times and admissions. We have built professional relationships based on respect and trust and colleagues feel empowered to find solutions due to the climate we have created.

Alliance in action

Preventing the 'revolving door' between services – Sheerwater multidisciplinary team (MDT)

People in Sheerwater, Woking town, Maybury and Horsell are benefitting from having a multi-skilled team that offer care based on a review of all of their physical, mental health, and wider wellbeing needs. People only have to tell their story once and the support they need is wrapped around them by connecting different professionals from a variety of organisations.

Resident story

One former resident of Sheerwater regeneration area accepted help from the team as her home was being demolished as part of the regeneration scheme. She is divorced and has two sons, one of whom she has lost contact with.

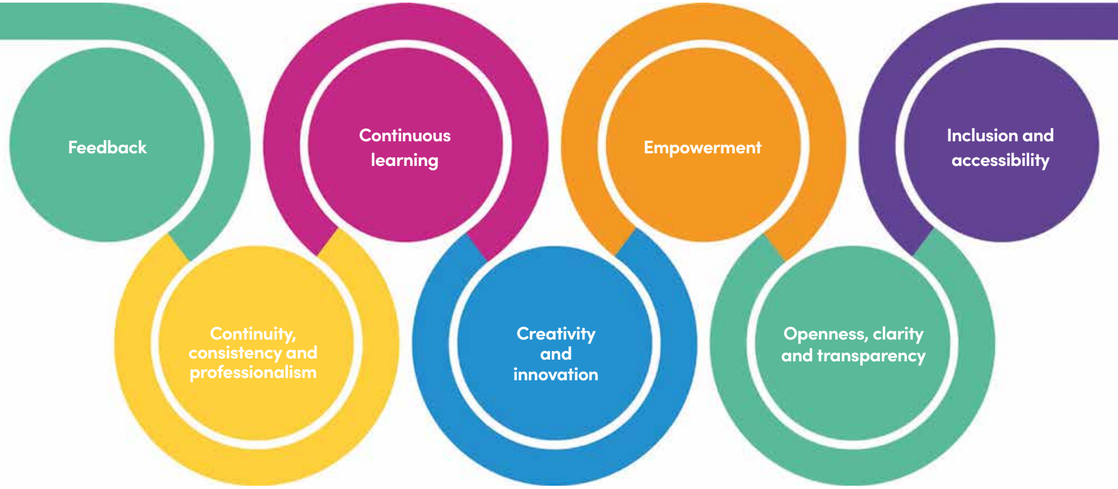
She had not been registered with a GP since 2016, hadn't claimed benefits for over three years and had accumulated various debts as she was not in work. Previously she refused to engage with professionals and was known to be unpredictable, having thrown water at one housing officer and hit another. She was isolated, anxious, would rarely leave her flat and neglected most aspects of basic self-care.

Over regular visits, the team built a trusting relationship with the resident and pulled together a variety of professionals to help her. She was supported to find a new home she was happy with and bought furniture and essentials through her relocation package and a local charity. She accepted help to register with a GP, had her Covid vaccinations and was supported by adult social care services. The team also helped her to claim Universal Credit enabling her to budget and keep her flat clean and tidy. She receives community meals and feels confident enough to walk to the supermarket to buy essentials. She also found a new love for knitting and was helped to reconnect with her son, all of which is having a profound impact on her mental wellbeing.

Working alongside our communities

Local communities are our most important partner. We listen to their experiences and aim to understand their ideas to make their lives happier and healthier.

Going forwards we want to be forward thinking and learn from best practice and the most up-to-date research to give us a clear picture of our complex population. We are committed to involving local people using these principles.



Sally Porter, local resident:
I think it's a wonderful to see all the different campaigns that are going on and that are open to the public that actually I wasn't aware of before so it's been fantastic.

Defining a *different* future for health and wellbeing support

The next step in our journey aims to improve coordination between different health, care and wellbeing services to make them easier for people to use and ensure they only need to tell their story once.

Over 200 professionals from across the Alliance and local people have helped to create our collective service offer and ambitions for the future. Using insight from resident surveys, population health data, and hearing first-hand from local people about their experience of using health and care services, we have devised a different approach to preventative support and care for our communities.

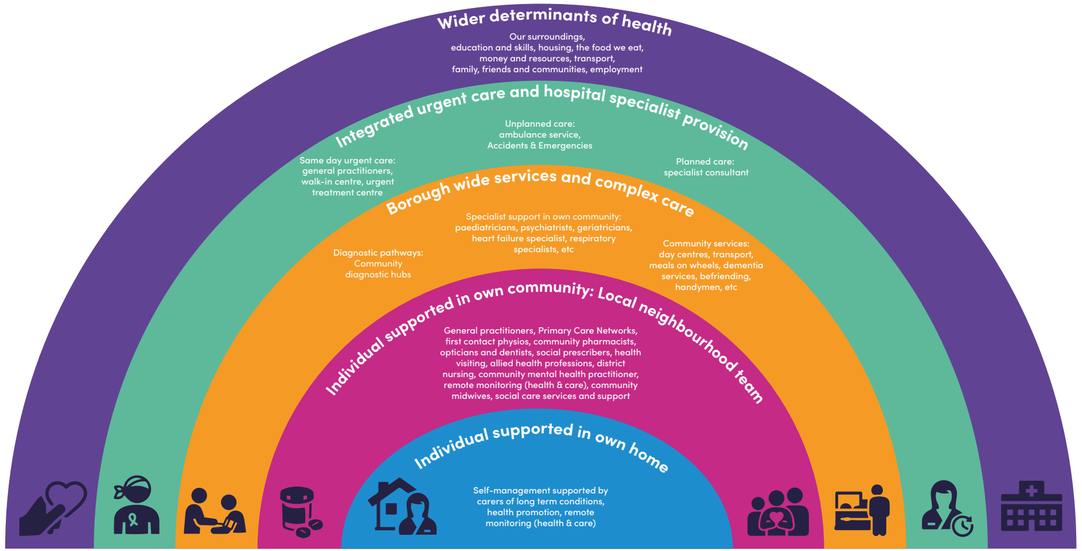
Our suggested blueprint for how the Alliance will arrange our teams and services to give local people high quality and accessible support signals important changes to the way people will get the care they need. We will do this in five areas where a range of services will be delivered collectively, regardless of the organisation that traditionally runs that service or employs the staff who deliver it.

1. **Neighbourhood teams** – multiskilled professionals giving tailored support.
2. **Borough wide services** – for people needing specialised support.
3. **Same-day urgent care** – one single route to getting urgent care.
4. **Rehabilitation and system flow** – support for people after a stay in hospital.
5. **End of life care** – joining up services so people are seen by the right. person at the right time

Our offer

Our offer focuses on how we care for the whole person – including their physical, mental, social and spiritual needs.

This layered model reflects the personalised support people need to live healthily in their own homes, the importance of community connections, broader services people need on their doorsteps in their local neighbourhood, and services that can be provided once in a standardised way on a wider footprint.



Neighbourhood teams

Working with partners we have defined 12 neighbourhoods where we will introduce multi-disciplinary teams with a single operational lead. This is about bringing together a broad range of professionals with different skills to work as a team on a day-to-day basis to serve the needs of a defined 'neighbourhood' that makes sense to residents. With no referrals between team members, we want to eliminate the administration that can slow down the route to the right care and result in a disjointed experience. The teams will also be better connected to the local voluntary and community sector, offering a more robust range of support.

NWS Neighbourhoods

- Addlestone
- Ashford & Stanwell
- Central Woking & Sheerwater
- Chertsey & Ottershaw
- East Woking (Byfleets, Pyrford)
- Egham & Virginia Water
- North & West Woking
- South Woking
- Staines
- Sunbury & Shepperton
- Walton
- Weybridge & Hersham

What difference will this make?

For local people:

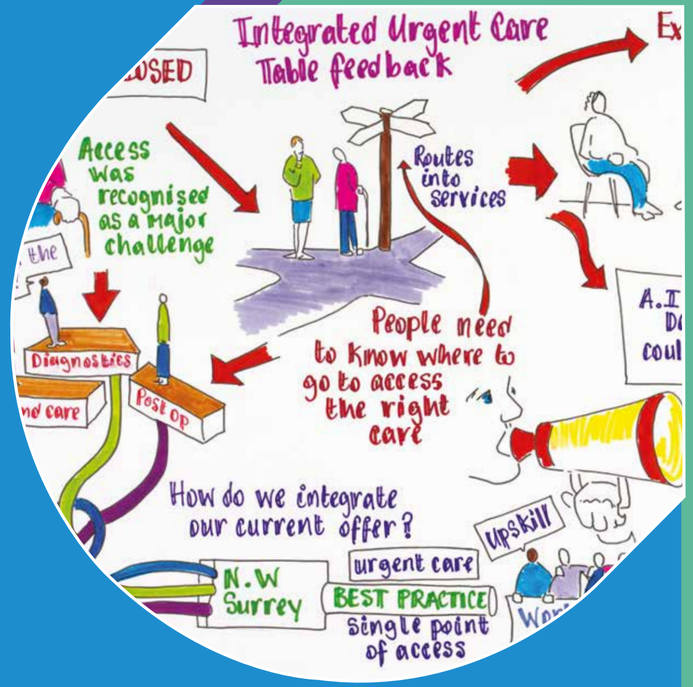
- You will see the right professional at the right time, closer to home.
- You won't have to tell your story repeatedly to different professionals.
- Your health AND wellbeing will be looked after and we will link you to support that can help with everything from diet and mental health to housing and community support.

For staff:

- Work alongside and learn from colleagues from different disciplines.
- Striving for less time to be spent making referrals, making it easier to discuss someone's care with the most appropriate professional.
- Enabling different solutions from a wider network of support for the people you are caring for.
- Easier to access and share the information you need to care for people.

Linda Roberts, GP:

> *"It's a huge opportunity for connecting our community teams and GP surgeries like never before. Collaborating with partners enables our patients to be treated in a more seamless way in their communities, where they are more comfortable."*



Same day urgent care

Vision

People will understand and be able to access one, clear route to high quality clinical assessment, advice, treatment and where required, ongoing referral, 24 hours a day, every day of the week. This will alleviate pressure across services at the acute hospitals and improve capacity so there is space to treat those requiring hospital care when they need it.

What difference will this make?

For staff:

- We will strive to no longer encounter the same patients trying multiple access points to get an appointment – saving time/administration.
- Caring for people with needs that are appropriate for the service you work in.
- Enabling you to focus on providing care rather than managing concerns about capacity.

For local people:

- You won't need to contact multiple services. There will be one, easy to understand way to get the quickest possible advice, appointments and referrals (where clinically necessary) for an urgent problem.
- You will be seen in the right place for your health needs. This is not always A&E or a hospital and is often somewhere closer to home meaning less travel and waiting times.

Rehab and system flow

Vision

Enable people to achieve more of their potential, live well and improve their experience of services by moving assessment, advice and tailored rehabilitation support to settings outside of hospital. Ensuring equitable access to high quality, person-centred services across NW Surrey will reduce the need for more costly health and social care.

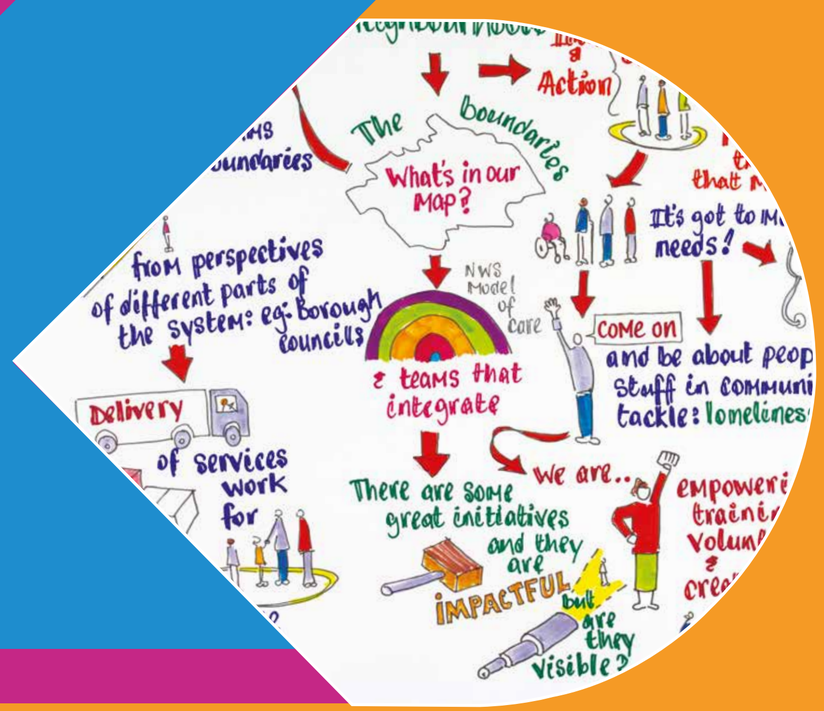
What difference will this make?

For staff:

- We will strive to help people to build sustainable habits and lifestyles that keep them happier and healthier, outside of hospital.
- Aiming to create more opportunities to work in an environment that empowers people to self-manage their conditions and live independently.
- Less resource could be spent on transfer processes and dealing with readmissions.

For local people:

- You will get more of the support you need in your community meaning fewer unnecessary trips to hospital.
- There will be more chances to meet people in your local area which can improve your wellbeing and motivate you to manage any health conditions.
- You will get support to build the skills and strategies you need to better manage your own health and wellbeing.



Borough wide provision

Vision

To provide specialist services and support across a wider geography, taking a more flexible approach to improve the lives of people living with complex health and care needs through community hubs in our four boroughs – Elmbridge, Runnymede, Spelthorne and Woking.

What difference will this make?

For staff:

- We will strive to work across wider localities of North West Surrey to deliver specialised and more complex care services where and when they are needed.
- Working flexibly with our neighbourhood teams.
- A central point of contact for citizens in our community, and would help to build trusted relationships across organisations to improve patient experience.

For local people:

- You will receive care tailored to suit your individual needs, that will be given in the most appropriate and convenient setting for you.
- You will have access to a diverse group of professionals who will be able to help provide the care you need – community health, social care, mental health and other local voluntary services.

End of life care

Vision

To work with local people to co-design a unified, holistic, and supportive approach to end of life and palliative care services across North West Surrey, transforming and improving the experience of people within the last 1,000 days of their life.

What difference will this make?

For staff:

- We will strive for collaboration with Alliance partners within a single operational team, to be able to offer individuals the support they need and provide high quality and personalised care.
- Supporting and caring for families and carers with any emotional, financial and spiritual concerns.

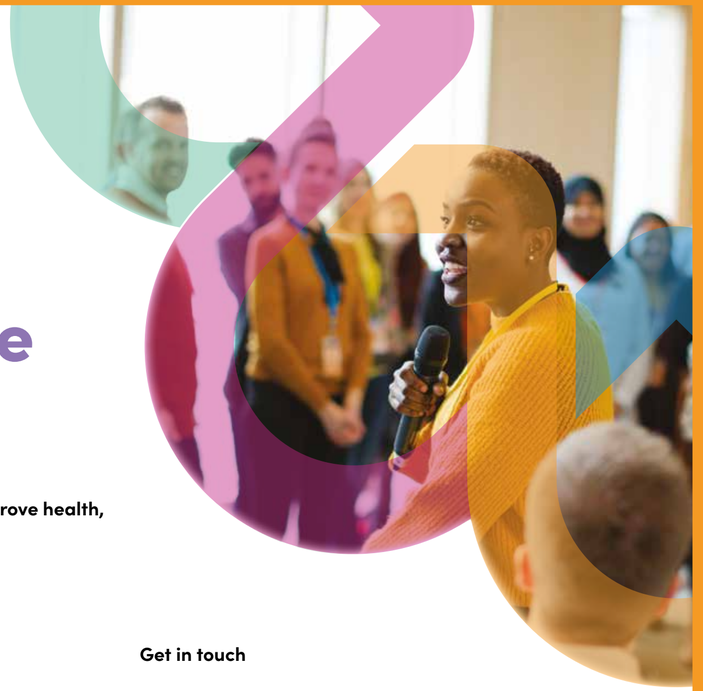
For local people:

- You will have your health, care and wellbeing needs managed by an integrated team so that it is more streamlined and tailored to your individual requirements.
- You will be supported by our team of highly skilled and compassionate professionals who will help you to speak openly about any concerns you have at this time.
- You will have improved access to virtual wards in care homes.

NW Surrey Alliance

Working together for better Health, Care and Wellbeing

BE PART OF making change happen



Are you full of ideas, energy and have a passion to improve health, care and wellbeing services?

We're looking for people who can:

- Provide an independent voice
- Help us understand residents' views and ideas
- Take part in research, engagement and events
- Ask questions

If that sounds like you then we'd love to hear from you.

You'll get to meet new people, learn valuable new skills and be a vital part building better services for generations to come.

Get in touch

syheartlandsicb.nwsalliance.comms@nhs.net

01932 722163

www.northwestsurrey-alliance.org

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Health, Care and Wellbeing