

Appendix 4: Approach and methodology

The approach - overview

We used a step by step approach to identify priority areas and model the potential opportunities for the system. Priority areas were selected through an iterative process with senior stakeholders and grounded in ongoing analysis throughout. Further detail on each stage of the process is continued below and overleaf.

1

Defining the current state

A current state analysis consisting of a **strategic document review**, an analysis of **population health** and **extensive stakeholder engagement** was completed to understand the current state.

2

Generating the hypotheses

Understanding the current state allowed us to generate a **long list of hypotheses**. In order to assess the extent to which each hypothesis is an **'issue' in Surrey**, this list was tested against specific hurdle criteria; those that passed this stage formed a short list of opportunities specific to the system.

3

Developing the priority areas

Another set of hurdle criteria was then applied to the shortlisted hypotheses before **grouping them into specific areas**. Each area was then subjected to further assessment, developing scorecards.

4

Refining priority areas

In order to refine the priority areas further, a workshop was held. By examining the scorecards for each area, the attendees then provided views and discussion on which areas they deemed the most important.

5

Defining an outcomes framework and developing initiatives

Using the refined set of priority areas an outcomes framework was defined which informed the development of initiatives.

Current state assessment of Surrey

Defining the current state for Surrey's health and social care system included high level benchmarking and detailed population health analytics, a strategic review of existing documentation and extensive stakeholder engagement with over 150 individuals through over 50 interactions. This has been detailed further below:

1

Defining the current state

Benchmarking and data analysis

- High level analysis of population health across Surrey, assessing specific population cohorts and topics in relation to other similar areas.
- Root-cause analysis into wider socioeconomic factors and other determinants was also conducted.

Stakeholder engagement

- 1:1's with stakeholders across the system, broader engagement in wider system meetings and forums.
- This enabled an understanding of priority areas of focus from the system itself, the work that was already ongoing in those areas and to help determine specific opportunities to pursue that pull on partners and place based working.

Strategic desktop review

- Reviewing strategic documents from across the health and social care system (JSNA, strategic reports, etc.).
- Reviewing existing citizen engagement material, such as resident engagement on the future of Surrey County Council services and the outputs from the residents panel.
- This allowed us to build on work that had already been done to identify potential opportunity areas for Surrey.

Generating hypotheses for what the priority areas could be

Following the current state review, over 130 hypotheses were generated forming a long-list of potential issues. In order to test this list and identify whether or not the hypotheses were in fact areas of 'underperformance' in Surrey, we used two sets of hurdle criteria. For the hypotheses that passed this stage, a concise list of challenges that were specific to Surrey were identified.

2

Generating the hypotheses

Drafting hypotheses

- A long list of hypotheses was drafted following the current state review.
- In order to assess the extent to which each of the drafted hypotheses was an issue in Surrey, we applied the below two sets of hurdle criteria.

Testing hypotheses

Hurdle criteria 1

How does this area perform in Surrey compared to others?

1. Is this area under-performing compared to the national average?
2. Is this area under-performing compared to the peer* average?

How has this opportunity changed for Surrey over time?

1. Has this area been worsening for Surrey over time?

**The most appropriate peer group depending on the hypothesis, the most appropriate peer group was be defined.*

Hurdle criteria 2

Is this something the partnership can work together on?

1. The issue impacts on health and/or social care outcomes and can be addressed by health and/or social care organisations along with at least one other system partner

Does this area impact more than one 'geography' in Surrey?

1. Is this an issue for more than one population group* within Surrey?

**Defined here as a group of individuals who are registered to the same CCG*

Developing the priority areas further

In developing the priority areas the hypotheses were first grouped into similar opportunity areas. In order to assess the extent to which Surrey should prioritise each area that has been identified, a 'scorecard' was developed. Each scorecard provides quantitative and qualitative data to enable an analysis of the opportunity and comparison across priority areas. These can be found in Appendix 3. This enabled the system to focus on specific areas that were deemed key to jointly developing a robust strategy focused on improving population health and social care outcomes in Surrey.

3

Developing the priority areas

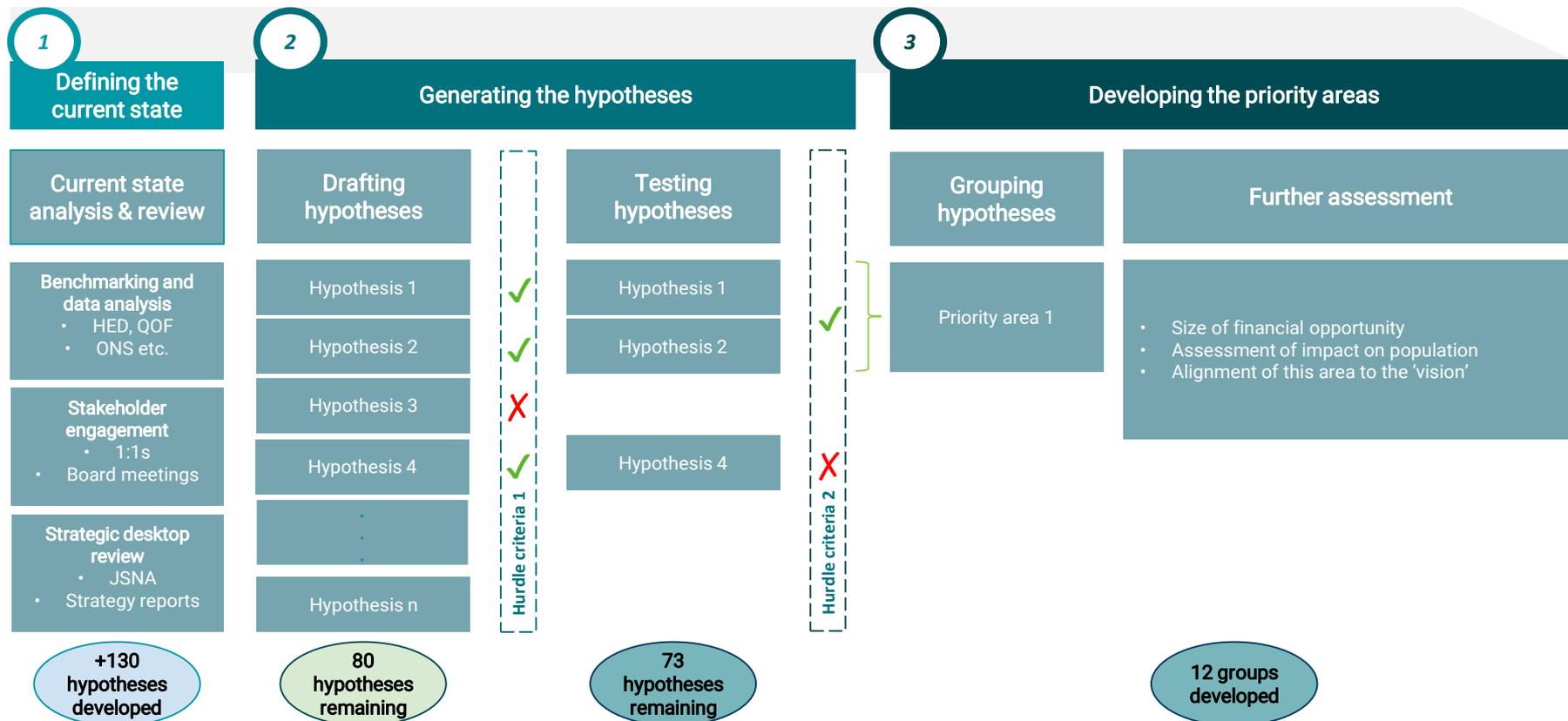
Grouping hypotheses

- Those hypotheses that passed the second hurdle were then grouped into specific areas, resulting in the potential priority areas.

Assessing the priority areas further

- For each area that passed the second hurdle, a 'scorecard' was developed.
- This assessed the priority areas in further detail, specifically identifying the financial opportunity, alignment to the system's vision and consideration for how success could be measured

Summary of priority area development approach including volume of hypotheses at each step



Hurdle criteria 1 – Is this an issue in Surrey?

How does this area perform in Surrey compared to others?

- Is this area under-performing compared to the national average?
- Is this area under-performing compared to the peer* average?

How has this opportunity changed for Surrey over time?

- Has this area been increasing for Surrey over time?

*Depending on the hypothesis, the most appropriate peer group will be defined.

Hurdle criteria 2 – Should Surrey prioritise this area?

Is this something the partnership can work together on?

- The issue impacts on health and/or social care outcomes and can be addressed by health and/or social care organisations along with at least one other system partner

Does this area impact more than one 'geography' in Surrey?

- Is this an issue for more than one population group* within Surrey?

*Defined here as a group of individuals who are registered to the same CCG

Refining the priority areas

In order to refine the priority areas further, a workshop was held. By examining the scorecards for each area, the attendees then provided views and discussion on which areas they deemed the most important.

4

Refining the priority areas

Agreeing priorities

- During the workshop the scorecards were reviewed in break out groups and priorities were validated.

Grouping priority areas

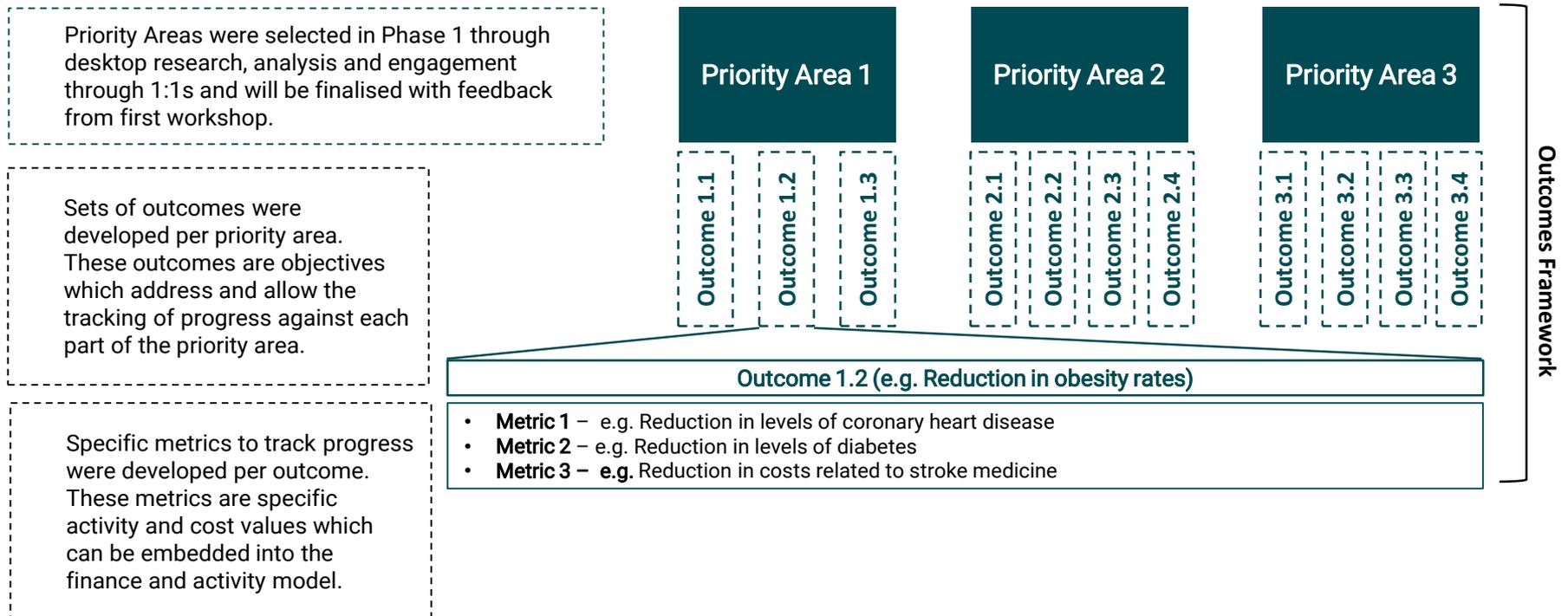
- The workshop group identified commonalities and underlying causes and grouped the priorities into three areas of focus: helping people in Surrey to lead healthy lives; supporting the emotional wellbeing of people in Surrey; and supporting people in Surrey to fulfil their potential.

Defining an outcomes framework

5

Defining an outcomes framework and developing initiatives

We then developed outcomes and metrics for measurement for each of the priority areas. These outcomes were discussed, and metrics and targets agreed in a second workshop held on 24 January 2019.



Delivering the ambition at a population cohort level

For each target population cohort we have identified:

1. Outcomes, metrics for measurement, 10 year outcome targets and their financial and activity impact

- We have developed an outcomes matrix to identify population cohort level outcomes and metrics for measurement.
- The financial and activity impact of the outcome targets have been modelled to understand the size of the ambition at a cohort level.

1. Example initiatives to enable the achievement of the 10 year outcome targets

- For each target population cohort, example initiatives for how the system could contribute to the 10 year outcome targets have been identified, including their potential financial and activity impact where possible.
- These are not the explicit initiatives to be driven forward by the plan. Instead they provide a view of how outcomes may be achieved and a reference point for the size of the ambition in Surrey.
- The next steps for the initiatives will be to engage with citizens on a local level to understand how best to adapt and flex the approach based on local needs and 'natural' communities.

1. Building capabilities to support the achievement of the 10 year outcome targets for that population cohort

- The capabilities we will need as a system to deliver a place-based approach and our 10 year targets have been defined at a population cohort.

Outcomes matrix

In order to track progress against Surrey's priority areas, a set of outcomes for each priority area was developed including individual metrics to track success against that outcome. Some outcomes and metrics are specific to target cohorts, and others are used to track progress across the general population.

- This matrix illustrates the specific metrics used to track the progress against each priority area.
- Metrics have been selected based on the analytical and quantitative analysis performed in identifying potential priority areas.
- Where that outcome and metric was identified to be underperforming for that specific cohort, it has been selected it as a key outcomes or metric for tracking

This maps the population groups of Surrey, including the target cohorts

			All Surrey Population (CYP, Adults, Elderly)					
			General	Deprived & Vulnerable	SEND + LDs	Carers	Support to Live Well	
1) Fulfilling Potential	Academic Success	Reception Readiness	No	Yes	No	No	No	
		GCSE Success	No	Yes	Yes	Yes	No	
		Post 16 Success	No	Yes	No	Yes	No	
		Number of Young Carers	No	No	No	Yes	No	
	Professional Fulfilment	NEET / Employment	No	Yes	Yes	Yes	No	
		Life Satisfaction	Yes	Yes	Yes	Yes	No	
		Free time	No	No	No	Yes	No	
	2) Healthy Lives	Physical Health	Excess weight	Yes	Yes	Yes	Yes	No
			Obesity	Yes	Yes	Yes	No	No
			Physical activity	Yes	Yes	Yes	No	No
Life expectancy			No	Yes	Yes	No	No	
Substance misuse		Alcohol consumption	Yes	Yes	No	Yes	No	
		Alcohol rehabilitation rates	Yes	No	No	No	No	
		Smoking rates	No	Yes	No	Yes	No	
Illness prevention	Vaccinations	Yes	No	No	No	No		
	Early diagnosis of diabetes	Yes	No	No	No	No		
	Cancer Screening	Yes	No	No	No	No		
3) Emotional Wellbeing	Supported housing	Poor / Inadequate housing conditions	No	Yes	Yes	No	Yes	
		Access to services	No	Yes	No	No	Yes	
	Living Independently at home for longer	Excess winter deaths	No	Yes	No	No	Yes	
		Multimorbidity rates	No	No	No	No	Yes	
		Independence rates	No	No	No	No	Yes	
		Living with Support	No	No	Yes	Yes	Yes	
Mental Health	Reablement rates	No	No	No	No	Yes		
	Depression	Yes	Yes	No	Yes	No		
Isolation	Anxiety	Yes	No	No	Yes	No		
	Perinatal mental health	Yes	No	No	No	No		
		Feeling Isolated	Yes	Yes	No	Yes	Yes	

The outcomes used per priority area

The specific metrics used to track progress against outcomes

"Yes" indicates that the metric on the left hand side will be used to track progress for that specific cohort

"No" indicates that the metric will not be used to track progress

Surrey's 10 year ambition

To understand the scale of our ambition in Surrey, we have identified, 10 year measurable outcome targets. This gives us clarity as a system of where we want to be in 10 years, how we will measure progress towards this, and how we will know we have achieved our aims..

Outcome targets have been selected by understanding the current performance of Surrey in relation to each of the identified indicators for measurement. A range of options were reviewed for where the system should set its ambition, including looking at:

- The national average
- The statistical neighbour average
- The CIPFA neighbours average
- The CIPFA neighbours upper quartile (or lower quartile where appropriate)
- The statistical neighbour average upper quartile (or lower quartile where appropriate)
- The Surrey trend (i.e. to return to 2011 levels)

For detail on how these outcomes have been modelled please see the appendix (**Technical**).

Also included in this chapter are examples of how we will achieve our ambition, through delivering initiatives, and developing new capabilities as a system.

Determining the outcome metrics

How were metrics selected?

The metrics within each of the defined outcome areas were derived through a rigorous analytical process that focused on specific metrics where Surrey-wide performance was deemed as 'poor' (see **Methodology and approach appendix**).

This means that either:

- Surrey is currently underperforming compared to the national average for the selected metric;
- Surrey is currently underperforming compared to the peer* average for the selected metric; or
- The selected metric has been worsening for Surrey over time.

Using these metrics, which are measured and reported nationally, allows for modelling of the potential financial impact of improving these outcomes across Surrey - to either out-perform the national average, the peer average*, or to change a declining trend in performance. These are specific, nationally reported metrics where Surrey has the potential to make significant strides in improvement.

Making outcomes and metrics relevant locally

We recognise the importance that 'natural communities' will have to play in delivering on this plan; and that these occur at levels smaller than the Surrey wide geography. Typically, these exist in areas and populations of between 30-50k. By identifying and focusing on what is important to these communities, Surrey will be able to galvanise more community assets and resources to support delivery of this plan. Each local 'place' in Surrey has its own unique characteristics, and therefore there is a need to understand how best to measure improvement for that specific geography or 'natural community'. In order to do this effectively, communities will also need to understand what aspects of the priorities and outcomes defined in this plan are important for their local populations, and what metrics should be measured and tracked locally.

Initial suggestions on the additional metrics that local communities could use are also captured on the next few pages. These have been raised and discussed by members of the Surrey-wide system, and will require further testing and analysis with local communities in the context of defining Surrey's 'natural communities' and their aspirations.

*The most appropriate peer group depending on the hypothesis.

Developing and identifying initiatives

We identified and developed example initiatives to contribute to the achievement of the 10 year system targets.

1

Identifying initiatives

- A list of example initiatives was developed through engagement and desktop research.

- Engagement with stakeholders**
- 1:1 engagement
 - Feedback from workshop and group meetings

- Outcome assessment and research**
- Analysis of key system levers through outcomes
 - Desktop research on national and international best practice

2

Assessing the impact of initiatives

- Using the metrics and outcomes developed in the outcomes framework, where possible we assessed the impacts of initiatives against two key areas:
 - Activity impact
 - Financial impact

Intervention #	Index	Intervention	Active	Net cost impact	Net impact							Error check_1
					Net outcome impact							
1	Int_1	Enabling Local Finance	TRUE	227,717,000	-	-	894,148	2,572,344	8,227,790	11,777,710	207,207,480	TRUE
2	Int_2	Enablers Model	TRUE	(4,448,200)	-	-	1,499,191	(246,094)	(729,270)	(1,442,790)	(4,774,240)	TRUE
3	Int_3	Transforming Mental Health	TRUE	(8,125,200)	-	-	293,977	(1,306,200)	(2,641,600)	(3,919,200)	(7,798,710)	TRUE
4	Int_4	Home First Residential	TRUE	262,540	-	-	2,452,834	4,256,161	4,256,179	4,402,202	1,743,128	TRUE
5	Int_5	Home First Other	TRUE	(2,000,000)	-	-	-	(7,366,800)	(7,366,800)	(8,964,200)	(7,410,000)	TRUE
6	Int_6	Home First Care Home	TRUE	(81,100)	-	-	-	(31,132)	(44,890)	(48,070)	(47,200)	TRUE
7	Int_7	Integrated Health Services	TRUE	(2,161,000)	-	-	1,349,800	1,693,131	(672,212)	(64,111)	(2,245,240)	TRUE
8	Int_8	Integrated Health Services	TRUE	(1,137,450)	-	-	229,738	(71,246)	(60,620)	(64,457)	(1,273,000)	TRUE
9	Int_9	Integrated Health Services	TRUE	(4,759,000)	-	-	144,000	(144,000)	(144,000)	(144,000)	(4,639,000)	TRUE
10	Int_10	Personnel Management	TRUE	995,100	-	-	995,100	995,100	995,100	995,100	995,100	TRUE
11	Int_11	Pain Management	TRUE	513,200	-	-	518,451	547,254	547,254	493,453	384,344	TRUE
12	Int_12	Cambridge	TRUE	(1,908,000)	-	-	-	(19,877)	(69,402)	(73,000)	(1,956,000)	TRUE
13	Int_13	Drug Reablement	TRUE	158,600	-	-	550,884	556,418	562,380	588,721	155,000	TRUE
14	Int_14	Drug Review	TRUE	-	-	-	-	-	-	-	-	TRUE
15	Int_15	Enablers M3	TRUE	-	-	-	500,000	760,000	-	-	-	TRUE
16	Int_16	Enablers M3	TRUE	-	-	-	360,200	499,200	-	-	-	TRUE
17	Int_17	Enablers Connect and	TRUE	-	-	-	990,000	1,600,000	930,000	-	-	TRUE
18	Int_18	Enablers Connect and	TRUE	-	-	-	694,800	670,800	61,800	-	-	TRUE
19	Int_19	Enablers	TRUE	(16,387,000)	-	-	-	-	61,800	(6,312,200)	(16,330,760)	TRUE
20	Int_20	Enablers	TRUE	(807,800)	-	-	-	(271,137)	(479,080)	(479,270)	(808,200)	TRUE
21	Int_21	CCU Services	TRUE	(763,100)	-	-	-	-	-	386,700	2,250,700	TRUE
22	Int_22	CCU Services	TRUE	2,495,100	-	-	-	-	-	-	1,538,400	TRUE
23	Int_23	CCU Services	TRUE	(403,200)	-	-	-	-	-	-	-	TRUE
24	Int_24	CCU Services	TRUE	1,149,800	-	-	-	901,600	609,270	609,630	3,040,800	TRUE
25	Int_25	CCU Services	TRUE	(2,407,200)	-	-	-	(720,100)	(1,476,100)	(2,446,700)	(2,614,670)	TRUE
26	Int_26	CCU Services	TRUE	(1,903,400)	-	-	-	(961,300)	(1,108,800)	(1,144,400)	(2,100,000)	TRUE
27	Int_27	CCU Services	TRUE	(8,171,000)	-	-	-	(1,146,700)	(1,446,000)	(1,446,000)	(7,724,300)	TRUE
28	Int_28	CCU Services	TRUE	(4,000,000)	-	-	-	-	-	-	-	TRUE
29	Int_29	Home First Additional	TRUE	(1,000,140)	-	-	-	(1,568,900)	(1,568,300)	(1,568,100)	(1,604,200)	TRUE
30	Int_30	CCU Services	TRUE	(4,000,000)	-	-	-	-	-	-	-	TRUE
Total				145,637,900	-	-	11,491,800	(6,445,440)	(20,634,740)	(20,634,740)	145,326,570	