MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00am on 7 March 2024 at Woodhatch Place, Reigate, Surrey, RH2 8EF.

These minutes are subject to confirmation by the Committee at its meeting on Friday 10 May 2024.

Elected Members:
Helyn Clack (Vice-Chairman)
*Dennis Booth
Robert Evans
Angela Goodwin (Vice-Chairman)
*David Harmer
*Trefor Hogg (Chairman)
*Rebecca Jennings-Evans
*Frank Kelly
*Riasat Khan
Borough Councillor Abby King
David Lewis
*Ernest Mallet
*Michaela Martin
Carla Morson

Co-opted Members:
r Borough Councillor Neil Houston, Elmbridge Borough Council
District Councillor Paula Keay, Mole Valley District Council

Substitute Members:
*Edward Hawkins
*Jeremy Webster

*Present at meeting
r= Remote Attendance

To note for the minutes, the order of agenda changed. Item 7 went before Item 5 and Item 6.

1/24 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Helyn Clack (Cllr Jeremy Webster acting as substitute), Robert Evans, Angela Goodwin, David Lewis (Cllr Edward Hawkins acting as substitute) and Carla Morson.

2/24 MINUTES OF THE PREVIOUS MEETINGS: 7 DECEMBER 2023 [Item 2]

The minutes were agreed as a true and accurate record.

3/24 DECLARATIONS OF INTEREST [Item 3]

The Chairman declared he was a community representative for NHS Frimley Foundation Trust. Edward Hawkins declared he was a Surrey County Council appointed Governor to Frimley Health.

4/24 QUESTIONS AND PETITIONS [Item 4]

1. There were three public questions and no Member questions or petitions. The responses to those questions are annexed to these minutes.

HEALTHWATCH SURREY PRESENTATION

Witnesses:

Katharine Newman, Intelligence Officer Healthwatch Surrey

Key points raised during the discussion:

1. Healthwatch Surrey provided a presentation on Discharge to Assess insights and reflections.

2. The Chairman asked where people could find the hospital guide for carers. The Healthwatch Surrey Intelligence Officer explained that the carers' hospital guide could be found on the Action for Carers Surrey Website, and it was practical guide on the support carers were entitled to when the person they cared for were being discharged from hospital.

3. A Member raised that there did not always seem to be a continuity in communication between the hospitals and carers. The Healthwatch Surrey Intelligence Officer explained that the discharge team should be communicating with the carer and managing people's expectations on what would be available to them.

4. The Executive Director for Adults Health and Wellbeing Partnerships (AW&HP) provided the committee with Surrey-related data. Based on a survey in 2022/23, 69.5% of carers felt included in discussions on discharge, against a national average of 64%. The re-launched jointly produced Surrey Carers Strategy was prioritising carers with significant co-production work to ensure that the position would be improved.

5. A Member asked if Healthwatch Surrey had received any feedback from the cloud telephony system in GP surgeries. The

Healthwatch Surrey Intelligence Officer explained that where it was working it was working well but there were still some areas where people were having difficulty.

Recommendations:

1. To ensure that language used for automatic responses reflects a friendlier approach.

7/24 SURREY HEARTLANDS & SURREY COUNTY COUNCIL DISCHARGE TO ASSESS REPORT [Item 7]

Witnesses:

Mark Nuti, Cabinet Member for Health, Wellbeing and Public Health
Helen Coombes, Executive Director for Adults, Wellbeing and Health Partnerships (AW&HP)
Paul Morgan, Head of Continuing Care (AW&HP)
Lorna Hart, ICS Development Director- Surrey Heartlands Health and Care Partnership
Gareth Howells, Director of Delivery (East Surrey Place)
Malin Farnsworth, Consultant- Surrey Downs Health & Care Partnership
Christopher Sin Chan, Frailty Consultant- Epsom and St Helier University Hospitals NHS Trust
Sue Tresman, Independent Carers Lead

Key points raised during the discussion:

1. A Member asked how Surrey Heartlands ICS had made improvements to streamlining access to care and advice for frail and elderly residents, providing more proactive and personalised care. The ICS Development Director explained that each of Surrey Heartlands ICS places had a model of care that encompassed discharge to assess, which included access to information, communication, and engagement with communities. Surrey County Council (SCC) had been forthright in bringing together information for all carers. The carers partnership forum, chaired by the Surrey Independent Carers Lead for Surrey Heartlands ICS, was bringing together carers from across Surrey Heartlands ICS and promoting their voice, and the voice of patients.

2. The Director of Delivery (East Surrey Place) explained that a lot of work had been completed in the past year around Surrey and Sussex Healthcare NHS Trust's 'let's get you home' campaign. This campaign would start with providing consistent information

to patients and carers on what to expect during hospital stays and after. There was discrepancy in the way some information was given, such as the needs of patients not being described to the teams delivering the care, resulting in patients being missed. There was work to address this and to build on the campaign and the transfer of care hubs. The places were working across different sectors to ensure this work would be done correctly.

3. The Executive Director of Adults, Wellbeing and Health Partnerships (AW&HP) explained that in busier times staff were not all in the right place and the pressure increased. There had been increased involvement in daily calls in the last few months reviewing, for example, how many people would be discharged on a particular day, and who would need to be involved in this. Extra staff capacity, particularly on weekends, had been ensured by the Council, along with flexibility for staff, making it easier to contact families. In terms of operational processes, AW&HP were trying to work closely with acute colleagues. There was a monthly Chief Operating Officer call, attended by all acute hospitals, to hear the different perspectives. AW&HP had an information advice strategy until 2026, which had done effective work and needed to be refreshed post-Covid. Feedback conveyed was that there was too much information, which might need to be simplified. The carers strategy would also help address some issues. The Head of Continuing Care added that The Care Act 2014 assessments would involve people with a caring role where possible. Due to a fast-paced hospital discharge environment this had sometimes not occurred. The Discharge to Assess Task Force had found information sharing to be an issue, resulting in a workstream to ensure information was consistent, related it to where people lived and what hospitals a person would attend. The Connect to Support Surrey website had a section on preparing for leaving hospital, which was being related back to each hospital.

4. The ICS Development Director referred to the review completed by Healthwatch Surrey and Action for Carers for Surrey Heartlands ICS. The recommendations that came out of this were being followed up on as part of the Discharge to Assess Task Force and the carers toolkit, that was being implemented throughout NHS England. It was recognised that there were problems with communication and engagement with carers, which Surrey Heartlands ICS was striving to improve, with the good measures that were already in place to support it.

5. The Chairman asked what processes were in place to ensure there was effective and streamlined co-operation between

different organisations, which were also within the budgets available. The Executive Director of AW&HP explained the need to be clear on the role of the Discharge to Assess Task Force to ensure there was joined-up evidence. Regarding finance, the NHS planning guidance or confirmation of the financial envelope for some elements of the better care fund was not yet visible. Both the NHS and local authorities were facing pressures on budgets but ensured its delivery under the duties of The Health and Social Care Act 2012 and The Care Act 2014. The Task Force was ensuring that available resources were used effectively, and the utilisation of blocked beds had been improved. The Head of Continuing Care explained there was a monthly finance and activity performance report which was reviewed co-operatively with healthcare colleagues as a learning tool. Finance was discussed at these meetings to ensure that the £14.4 million financial envelope would arrive at the end of the year. The main issues related to the discharge to assess time period being set at four weeks, which had resulted in overrunning. Work was being done to tackle this throughout the year. Block contracts were also an issue. The usage of them would need to be maximised, and removal action had been taken during the year to ensure there was an upward trend on the usage of block contracts, currently at 89%.

6. The ICS Development Director explained there was a good governance structure which supported good decision-making. Commissioners in the NHS and the local authority were working closely together, and there was a good relationship at every level. Co-operation was already in a good place.

7. The Director of Delivery (East Surrey Place) explained monthly meetings occurred where the activity and cost dashboard were reviewed with the local area directors for social care. There were daily and weekly calls with operational social workers to ensure that joint working was filtered down to the patient level.

8. A Substitute Member referred to the importance of innovation. The Executive Director of AW&HP explained that despite the work that was being done, there was more to do.

9. The ICS Development Director added that there was innovation going on, such as population health management, data, and risk stratification.

10. The Chairman raised a question around proactive and preventative measures that had been taken for people coping with frailty. A Surrey Downs Frailty Consultant explained that

recognition and education was a big step towards a more preventive approach, by recognising frailty as a long-term health condition, and knowing there was an evidence-based treatment and intervention, such as with the Rockwood Frailty Scale. More locally, there was work with local primary care networks and multidisciplinary team meetings (MDTs), where patients living with frailty could be proactively given an assessment. This was the evidence-based treatment for frailty and was done with health and social care colleagues, voluntary services and in a neighbourhood setting where patients were known. This resulted in personalised care plans, which were centralised around what mattered most to the patient, which were shared with General Practitioners (GPs) and community teams. There could be a variety of recommendations from these assessments such as medication rationalisation and proactive social care engagement. The data showed that personalised care plans resulted in a significant reduction in the need for emergency services. There were education and self-management opportunities for those living with a lower degree of frailty to try and prevent progression.

11. A Member referred to Surrey Heartlands ICS and Frimley Health's implementation of services such as Urgent Community Response, Virtual Wards, urgent care, and walk-in centres as well as proactive and preventative community models. The Member asked what services were the most effective and why, and what actions were being taken to ensure that carers and patients were aware of all the options available. From an ICS perspective, the ICS Development Director noted there was strong joint governance in Surrey Heartlands ICS, where all evidence was appraised, evaluations were completed, and learnings were shared. There was a good governance structure at the place level and Integrated Care Boards (ICB) would also appraise all the local models and services that were put in place, which would be fed back into the ICB system governance.

12. The Director of Delivery (East Surrey Place) explained that the proactive care hubs, worked best, which used the Rockwood Frailty Scale, and the risk stratification tools to highlight the patients most at risk of hospitalization. There was an MDT based in general practice led by GPs, with community services and acute geriatricians. Virtual Wards had struggled to get to the desired level, due to clinical/consultant availability which was being addressed. Linking the proactive care hubs with urgent community response, community services, providers, and virtual wards together was having a significant impact on in-patient flow. There were still unprecedented demands and a significant

number of patients being redirected which was being linked into the work around the development of neighbourhoods, ensuring best use of non-health-based community assets such as the voluntary sector.

13. The Executive Director of AW&HP acknowledged the challenges in implementing services and that local place had to be looked at, to understand what impacts for towns, villages, and some work in local place. This would be important whilst developing community support.

14. A Member referred to reablement needing to be better focused on. The Executive Director for AW&HP explained that reablement was effective and reasonably cheap and the satisfaction rates were high. The issues were that it was too small and lacked sufficient capacity. An ambition was to significantly increase the capacity in reablement and consider how resources could be moved around to achieve that. Reablement would reduce the cost of care packages and the amount of hospital admissions.

15. A Member asked about what could be done to better support carers and if there was adequate training available to allow for the skills and empathy required in the role. The Independent Carers Lead explained that one of the difficulties in supporting carers adequately was identifying where they were. In the 2021 census, more than 100,000 people had acknowledged themselves to be carers across Surrey, but the GP patient survey indicated that it was closer to 18% or 20% of the Surrey population. There were a variety of initiatives in place across Surrey Heartlands ICS to support identifying carers, such as projects which used Better Care Funded services and carer actions groups within neighbourhoods and places helping to hear the voice of carers and allow Surrey Heartlands ICS to understand what was needed. Remembering and including carers was important to help support them, with progress being made with this at Surrey Heartlands ICS, as well as acknowledging carer's expertise and supporting carers in various initiatives such as training and contingency planning. Voluntary sector partners were also involved through the Better Care Fund. The role of the Independent Carer Lead was a way to hear the voice of carers, such as through membership of the Health and Wellbeing Board and the Integrated Care Partnership. Other carers were also used such as Luminous, who were commissioned to give carers a voice so Surrey Heartlands ICS could understand and involve carers in the co-production of training and other services.

16. The Member asked what the data portrayed about re-admissions with care providers, and if there were any concerns regarding quality or resource needs. The Executive Director of AW&HP explained that Surrey had a good market of care providers, with a large percentage having good and outstanding CQC ratings. Care providers were represented by Surrey Care Association and the NHS. During the Covid experience, care providers struggled and there was still a legacy of that. The Head of Continuing Care added that there was a quality assurance team within AW&HP that monitored care providers. The readmission rate for discharge to assess was 11%, compared to a national readmission rate for older people within 28 days of 15%. There were some cases where care providers struggled to meet the needs of patients. This was due to issues around what had been communicated to the carers on what the patients' needs were. Commissioners were aware of this and were working with providers and Trusts to ensure the needs of patients could be met.

17. A Member asked about the mental health support available for carers and how it was being managed in relation to NHS industrial action and the impact of Covid-19. The Executive Director of AW&HP explained the directorate was trying to lead compassionately by recognising when people were tired, when there was a need for flexibility in working hours and being visible as leaders and feeding back appreciation. The Cabinet Member for Health, Wellbeing and Public Health noted the importance of the transformation work in producing benefits for staff and improving their working environment.

18. The Independent Carers Lead explained that the latest census conveyed more carers were providing more hours. The voice of carers was needed to understand how carers could be supported going forward. One example of how Surrey Heartlands ICS had responded were through emergency plans provided to carers, and in the instance of such an emergency could potentially prevent hospital admissions. The Innovation Fund as part of the Better Care Fund was also in place which looked at carer and partner ideas into where there may be gaps. There were some mental health support pilots that were funded through the Innovation Fund, based on what carers had said was needed. There was a new carers partnership group which had representatives from SCC, the NHS, and carers themselves. This group would hear the outcomes of the Innovation Fund and services that supported mental health. If it was felt services were not meeting strategic requirements it could be escalated through Surrey Heartlands ICS.

19. The Head of Continuing Care referred to the tools offered to carers, such as the ‘looking after family or friends’ section on the Connect to Support Surrey website, Care Act assessments, and carers prescriptions.

20. A Member asked about how the vetting of care providers was undertaken, ensuring that carers had the skills and training required for the role. The Executive Director of AW&HP explained that due to some changes made around visas and international recruitment, AW&HP had to undertake more activity in vetting care providers. The association of directors of adult social care worked closely with the Home Office and Department of Health and Social Care. There was an information flow that went into Southeast region association of directors of adult social care highlighting any concerns around agencies, and in turn alerting the AW&HP Directorate. A further piece of work would also be undertaken with the provider. Care providers must had undertaken several checks and sit on the Council’s Dynamic Purchasing System (DPS). To get onto the DPS, AW&HP reviewed the provider’s quality, financial sustainability, and pricing. Some of the requirements within this system are that providers must be regulated by the Care Quality Commission (CQC). AW&HP occasionally had to utilise the provider intervention protocol. Healthcare colleagues and the local authority worked closely where joint intervention was required.

21. The ICS Development Director explained that the NHS did not do things separately to AW&HP in terms of its commissioning. It was recognised that the Council had a strong commissioning team and a dynamic purchasing framework, which the NHS partnered in.

22. Regarding the NHS Anchor programme and other programmes that aimed to generate work opportunities in disadvantaged priority areas, a Member asked what actions were being taken to foster skills and recruitment in priority areas and whether adequate sources of provision were being enforced. The ICS Development Director explained that Surrey Heartlands ICS had launched The Health and Social Care Academy, which was set up jointly with the Council and rolled out an education programme in care homes and home care providers, offering 500 places in year one. There were trainee nursing associates in the social care and community settings and 41 of these places were being offered by 2025. Two team leader training qualifications, funded by Nescot College, had been rolled out. Joint bids were underway with the Council to support volunteering and the ‘working well programme’, which was

helping to support people who were long-term sick back into work. On 15 March 2024 Surrey Heartlands was going to a career day, which would include 130 schools and colleges. In terms of cohorts that required engagement, there was a roll-out of *in Surrey, for Surrey, by Surrey,* which was offering employment to local people, helping to address a skilled workforce with the Employee Disability and Neurodivergent Advice Service. Oliver McGowan training was also mandatory to all NHS staff.

23. A Member suggested it would be helpful to understand what was meant by the term *complex*. The Executive Director of AW&HP explained that when The Care Act 2014 was established, it set a national framework for assessing eligibility, and the term *complex* had become more important. Since Covid, more people who had activities of daily living and personal care were seen to be struggling, but people's home environment and interaction with the wider community seemed to be different with an increase in people that were self-neglecting, hoarding and more isolated.

24. A Surrey Downs Frailty Consultant explained that from a healthcare perspective the term *complex* was sometimes referred to people living with multi-morbidities or frailty. Frailty tended to be the term used in a clinical setting to identify a group of older people who would have the highest risk of adverse outcomes, such as disability, hospital admissions and the need for long-term care. Frailty was like a long-term health condition, and recovery for those patients could be unpredictable. Frailty would generally go unrecognised until a person went to hospital with a crisis, which could result in more significant harm.

25. The Chair asked how the differences across organisational boundaries were being managed and how the issues found in rural areas were being managed, compared to urban areas to ensure there was consistent experiences and outcomes for people, irrespective of where people lived. The Head of Continuing Care said the Council wanted to ensure that people's experiences and the service offer would be broadly similar irrespective of where people lived. All places were brought together to get them to explain their discharge to assess offer and what the variation was. Aspects concerning what was going on in the hospital, whether there were criteria in place, and what information was provided to people around discharge from hospital was reviewed. Several areas of information were collected as part of the Discharge to Assess Task Force, which was being brought into action in a programme plan. As well as

this, there was now a discharge co-ordinator lead in each hospital that communicate to share learning. Practical things such as a housing protocol for mental health in hospital discharge which was not being applied to general hospitals, only mental health hospitals, was being reviewed to ensure consistent approaches across the county. AW&HP had reviewed people's experiences of living with a learning disability or Autism within a hospital setting, for example, the length of stay, and if there was a discharge to assess offer like anybody else. AW&HP would get places to map out their local services to compare, having also mapped out discharge pathways from each acute hospital to improve consistency by highlighting differences and collecting learning together in a coordinated way.

26. The ICS Development Director explained that The Discharge to Assess Task Force was maintaining consistency, which also enabled places get together with partners, to articulate the differences and respect that places and neighbourhoods needed to be different, effectively working together and learning from each other.

27. The Director of Delivery (East Surrey Place) acknowledged that the work being done around the transfer of care hubs was important. East Surrey Place had a specific challenge with 50% of the activity going to the East Surrey hospital coming from Sussex. East Surrey was working in partnership with Sussex partners around how to ensure consistency for all patients going through the Surrey and Sussex Healthcare NHS Trust locality. There were some more challenges in rural areas around accessing some services, but East Surrey Place was working closely with partners to resolve this.

28. In relation to the impact of the cost-of-living crisis on residents and those living with more complex needs, a Member asked what work was being undertaken in supporting community digital needs. Regarding the cost of living, the Executive Director of AW&HP explained it was important that people were reminded of the right to claim attendance allowance. In AW&HP, a lot of assisted technology was already provided, such as pendant alarms. The Council was ensuring there was access to things like broadband and ensuring that people who needed to use this would understand how to. The Council would like to increase the Technology Enabled Care (TEC), because it could support a better quality of life for people. There is work being undertaken into addressing digital inclusion, and what the impacts would be for those who were digitally excluded.

29. A Member asked what steps were being taken to ensure technical measures such as monitoring services, were being used in a timely manner ensuring it could be understood and accepted, particularly when dealing with ethnic minority communities, those with dementia, mental health issues or related. The ICS Development Director explained that there was some technical monitoring available in care homes such as WHZAN Blue Boxes, and monitoring for patients at home. The monitoring services came into the multidisciplinary transfer hub process, where community matrons and other clinicians reviewed the data and acted upon it accordingly.

30. The Director of Delivery (East Surrey Place) noted there was an aspiration to increase the amount of assisted technology and telemedicine that was used to support frail and complex patients in their homes. The WHZAN Blue Boxes, in care homes, reported vital measures such as blood pressure readings back to GPs, allowing the proactive management of patients.

31. A Surrey Downs Frailty Consultant explained that there was a place for technology and remote monitoring through virtual hospital provision. It could be helpful to allow patients to return home sooner and have ongoing treatment at home. Technology should be utilised in a tailored way to the patient and their circumstances while also recognising the importance of face-to-face clinical assessments which could provide more information.

32. The Executive Director of AW&HP explained that there had been a recent meeting with several partner organisations, such as the Surrey Minority Ethnic Forum. There was evidence that some communities were more likely to end up in crisis and not be able to access some carer support. There was a piece of work in relation to this that needed to be worked on. It was agreed to meet with the Surrey Minority Ethnic Forum again to review if the Council had the pathways accessible and were sensitive to different cultural differences, to help ensure people were getting access to services before a crisis hit and that people felt able to ask for carer support.

33. The Chairman suggested more needed to be done with communication, both for people/carers entering the system and for those being discharged, and to ensure there was coherent and accessible information, that also considered minority groups. The Chairman asked what was being done in this area. From an SCC perspective, the Executive Director of AW&HP explained that there was a lot of resource that sat at local place, which would be good to build on. Some community services had

recently been welcomed into the council, such as local area coordinators and community link officers. There was a need to ensure that the different community services were able to provide the support at a local place. The Cabinet Member for Health, Wellbeing and Public Health added that communication and education was important and tied into the Council's goal of prevention.

Actions:

1. The Executive Director - Adults, Wellbeing and Health Partnerships, to provide a written response on how the organisations providing care are vetted, to ensure they have the right skills in place to do their job correctly.

2. The ICS Development Director (Surrey Heartlands) to provide a written response on the data that was referred to, concerning the NHS Anchor programme and other programmes, which aim to generate work opportunities within disadvantaged priority areas. To also provide an update on what actions are being undertaken to foster skills and recruitment in our priority areas ensuring adequate sources of provision are in place.

3. The Executive Director - Adults, Wellbeing and Health Partnerships, to provide a further written response concerning the availability of Internet and Broadband technology.

Recommendations:

1. We think it would be beneficial for Adult Social Care to produce a simple information booklet and ensure it is properly distributed amongst residents.

2. To ensure that you are managing the demand of acute beds required and provide an update on what is being done to deal with the demand in acute capacity and the management of it.

3. To provide information on the vetting of care organisations, including what training is being provided for carers.

4. To provide an update on what changes are being implemented to the transformation work in response to the report from Healthwatch Surrey on Discharge to Assess processes, and of how that is that being reflected within the transformation work.

5/24 A NEW HOSPITAL TO REPLACE FRIMLEY PARK HOSPITAL [Item 5]

Witnesses:

Emma Boswell, Director for Partnerships and Engagement
Cain Thomas, Interim Programme Director

Key points raised in the discussion:

1. A Substitute Member asked if Frimley Health NHS Foundation Trust felt enough was being done with engagement, given the survey conducted received 3,399 responses but Frimley Health NHS Foundation Trust had a customer base of around half a million. The Director of Partnerships and Engagement responded that there could never be enough engagement achieved but Frimley Health NHS Foundation Trust would always strive to do more. The engagement completed so far was at the beginning of the new hospital's journey, with many lessons to learn from it and plans were in place to improve. Partners were relied on in terms of sharing information as well as using Frimley Health's own networks.

2. The Substitute Member suggested that Frimley Health NHS Foundation Trust needed to do more to make residents feel their views were important. The Substitute Member also referenced from the report that only 25% of responses from the engagement was from Frimley Health's staff and asked what Frimley Health NHS Foundation Trust was going to do further to improve on this. The Director for Partnerships and Engagement said there were several different ways Frimley Health NHS Foundation Trust engaged with staff, one of which was through the online survey. There were two all staff events, attended by over 600 staff members. The new hospital programme team engaged with staff through existing meetings within Frimley Health NHS Foundation Trust and in other ways. This engagement was continuing. There was an engagement plan, that would be refreshed considering the outcomes of the early engagement so far. The Interim Programme Director added that the feedback of the surveys undertaken was contributing to the selection criteria and considered when reviewing sites for the new hospital.

3. A Member asked how ethnic minority groups with cultural/language barriers were being addressed in Frimley Health's engagement. The Director for Partnerships and Engagement explained that Frimley Health NHS Foundation Trust was committed to engaging with all sections of the

community with reducing health inequalities being a core ambition. Frimley Health NHS Foundation Trust had good examples of working with local community groups, faith leaders, the voluntary sector and interpretation services to ensure ethnic minority communities could engage with Frimley Health's work. However, this had not come through in the work. Frimley Health NHS Foundation Trust would revisit these communities to ensure elements of best practice were built on.

4. The Member also asked what questions were asked in Frimley Health's public consultation process. The Director for Partnerships and Engagement explained this would be checked and a response would be provided to the Committee.

5. A Member asked Frimley Health to elaborate further on the consultation process. The Director for Partnerships and Engagement explained it was imperative for Frimley Health NHS Foundation Trust to offer a broad range of opportunities to engage in the work and recognise the different needs of the communities. Engaging with communities, conducting face-to-face sessions, and offering access to virtual sessions and surveys mattered in achieving this. The hospital's strong partnerships and networks would be used to ensure different communities were reached.

6. The Member referred to the new hospital public engagement report where the survey found that 1% of people felt a site where the owner had an appetite to sell was important in choosing a site for the new hospital. The Member felt this was not a good option to consider, as the owner may not choose to sell. The Director of Partnerships and Engagement agreed but explained it was important to engage with local communities to ensure what people thought was important was not missed. Useful information was received from the survey about what people thought mattered. Some things would not be relevant because of the systems and processes Frimley Health NHS Foundation Trust would need to undertake.

7. The Member asked if Frimley Health NHS Foundation Trust had a programme in place for the various stages before building the new hospital, such as the site selection, design, planning permission and putting contractors in place. The Interim Programme Director explained that progress had been made in the last few months to applying a hurdle criterion to a list of possible sites to establish the viability and non-viability as Frimley Health NHS Foundation Trust moved from priority sites to preferred sites. The programme was challenging but Frimley

Health NHS Foundation Trust was working with experts, consultants, and the national New Hospital Programme (NHP). There were assurances and a piece of work to understand the programme and how, with modern construction methods and technology, the project could be delivered by 2030. There was also a detailed risk register and mitigation plan for any potential challenges.

8. The Member raised a concern regarding the lack of importance given to bus transport in Frimley Health's engagement. The Interim programme Director referred to the progress that had been made in transport assessments, such as the transport modelling to the existing hospital to understand where patients and visitors travel from. These metrics had been applied to the sites currently being looked at. There was understanding of the public transport network on the sites being reviewed, and what was needed to improve it, to replicate and improve public transport facilities.

9. The Chairman asked what consideration Frimley Health NHS Foundation Trust had given to how the NHS and medicine was transforming, and what was being done to ensure the new hospital was future proofed. The Director of Partnerships and Engagement explained that there was a unique opportunity to transform health services for local communities. This could be done by working with partners and the systems approach, thinking about the direction of travel around modern services, care closer to home, and using technology and digital solutions to improve services. Keeping agile and having a site that had expansion potential was also being considered. Engaging with subject matter experts and thinking about how Frimley Health NHS Foundation Trust designs the clinical service model also needed to be considered. The Interim Programme Director added that the new hospital would need to have the ability to expand which was being considered so there would be suitable future provision. This would be done sensitively and in line with developing clinical strategy, with consideration of the locality and local population.

10. A Substitute Member asked what Frimley Health NHS Foundation Trust was going to do to make things better for residents in the interim period, such as with parking and traffic around the hospital. The Director of Partnerships and Engagement noted the importance of working with partners to ensure only people required to go to the hospital site attend, and that care services could be provided from other locations using modern technology, but there would be issues with congestion in

the interim period. The Interim Programme Director explained that opportunities to phase the delivery of the new hospital were being reviewed in terms of sequentially moving out services when the new facility would be ready. The expectation would be to ease the traffic congestion, but this would be towards the end of the project. The infrastructure upgrades were being reviewed sensitively and work would be done with the local authority and stakeholders to ensure the necessary infrastructure upgrades were accessible, improved, and deliverable.

11. A Member asked if Frimley Health NHS Foundation Trust was still confident that the current hospital site would be sustainable up until the new hospitals 2030 deadline. The Director of Partnerships and Engagement explained that the risk mitigation plans that were put in place to ensure the safety of the site up until 2030 was addressed at the December 2023 Select Committee meeting. The Interim Programme Director added that work was continuing with subject matter experts and consultants to ensure the safety of the current hospital site and the monitoring of Reinforced Autoclaved Aerated Concrete (RAAC), with specialist advisors and the Health and Safety Executive. Processes would continue to be implemented to ensure safety and functionality of the current hospital site.

12. The Chairman asked how Frimley Health NHS Foundation Trust was going to meet sustainability requirements and the required 10% biodiversity net gain (BNG), while still meeting the current planning requirements. The Interim Programme Director explained that the new hospital programme had some of the best designers, with good experience of healthcare development, along with some of the most modern technology. This aligned with the programme's ambition to ensure some of the most sustainable and environmentally friendly hospitals. The Building Research Establishment Environmental Assessment Method accreditation would be excellent. The new hospital's objective was to be net zero and all-electric, and Frimley Health NHS Foundation Trust would work with the local planning authority on the net zero and BNG agendas to ensure compliance.

13. A Member asked if Frimley Health NHS Foundation Trust had to look for a greenbelt site. The Interim Programme Director explained that there was a selection criteria based on the viability of the site, and several considerations for what a new hospital would look like in a certain area and piece of land. This was being considered under several different areas such as ecology, transportation, flood risks and utilities. There was a

significant level of due diligence being applied to each reviewed site.

14. The Member asked if there had been engagement with an architect. The Interim Programme Director confirmed there was an architect as part of a team of professional advisors, appropriate for the new hospital programme's current stage.

15. A Substitute Member asked who was overseeing Frimley Health's new hospital programme. The Interim Programme Director said there was a robust governance structure which reported to the Trust's Board. There was a programme team on the Trust Board, which reported through a governance procedure in the trust, which then reported to external stakeholders. The governance procedure was both at a Trust level to manage the programme's team and beyond, working with strategic partners. There was also a procurement process for design consultants to assess their credibility and expertise.

16. The Chairman asked Frimley Health NHS Foundation Trust about access to the hospital for those with a disability and reducing health inequalities for those with mental health problems or on low incomes. The Director of Partnerships and Engagement explained that reducing inequalities was core to the work. There was a whole systems approach to ensuring that everything done was supporting people who experienced inequalities, particularly in health. Frimley Health NHS Foundation Trust would continue embed this throughout the work and there would be lessons learned from things that do not work well, such as with disabled parking, and engagement with different communities would be ensured.

Michaela Martin left 1.45pm

17. A Member asked whether the impact that the new hospital would have on local businesses had been considered. The Interim Programme Director confirmed it was being considered, both on the impact of moving the hospital from the existing location, and within the context of a new site and the impact it would have there and what would be needed to support local communities and businesses.

18. The Chairman asked how Frimley Health NHS Foundation Trust was considering the strong relationship it had with the armed forces in relation to the new hospital programme. The Director for Partnerships and Engagement explained that Frimley Health had a good relationship with the armed forces. The Trust would

continue to work actively with the Ministry of Defence (MoD) and the armed forces, as well as with others who shared the current site to review what the future opportunities were for sharing sites, resources, and capacity.

Actions:

1. The Director of Partnerships and Engagement to provide a copy of the consultation questions that were asked as part of their engagement consultation process noting that they were presumably previously circulated to the committee in December.

Recommendations:

1. To ensure that you continue to make your plans public and consider how you are going to continue to engage the community.

2. To ensure that you continue to refer to the consultation process which needs to be continuous throughout the development process.

3. To review what has been done and monitor how you will follow up afterwards.

4. To make sure that your services are maintained throughout the whole project.

5. To ensure that communication is out early and provides details concerning the choice of the site and of the issues that you foresee.

6. To ensure that there is effective Local Leadership and Programme Management as a key part of the Frimley Park Hospital Replacement Programme’s Governance system providing a strong focus on Local Needs and Requirements in addition to those resources focussed on the National Approach to Hospital 2.0

7. To continue with a greater development of public and staff consultation in future steps with particular attention to lower paid staff and low-income groups.

8. To provide information on the development of the transportation related solutions for car parking, car access, and public transport systems, and update the committee on how they will resolve any potential issues in these areas.

6/24 JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (FRIMLEY PARK) [Item 6]

1. The Committee reviewed and endorsed the terms of reference, prior to a Council decision on 19 March 2024.

8/24 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 8]

Key points raised during the discussion:

1. The Chairman noted that the forward work plan was going to be revised.

2. The Committee noted the recommendations tracker and forward work programme.

9/24 DATE OF THE NEXT MEETING [Item 9]

The next public meeting of the Committee will be held on Friday 10 May 2024 at 10.00am.

Meeting ended at: 2.04 pm.

Chairman

Public Questions received for the Adults and Health Select Committee – 7th March 2024

Q.1) "Why are ASC routinely accepting referrals from Surrey Police MASH Teams when the referrals do not satisfy s42 of the Care Act 2014 Adult at Risk criteria, leaving the Council with no legal obligation or power".

A.1) "When Surrey Police wish to raise concerns about a vulnerable person to Surrey County Council Adult Social Care, they will do so using their "Single Combined Assessment of Risk Form" which is commonly referred to as a SCARF. Surrey County Council and Surrey Police worked together to develop the "Level of Needs for Adults" framework. The Levels correspond to possible powers or duties under the Care Act 2014 that the Police believe may apply to the person. Level 1 indicates they believe the person has no care and support needs, whilst Level 4 indicates that the Police believe the person may have care and support needs and is at risk of abuse or neglect, so there may need to be consideration whether there is a duty under the Care Act for an adult safeguarding enquiry. The SCARF is passed to the MASH team for consideration. If the matter is an adult safeguarding concern, then the Adult Social Care team at the MASH will decide whether the criteria in section 42(1) Care Act 2014 have been met. If they are, then there will be an adult safeguarding enquiry. The MASH team will triage appropriately and discharge statutory duties accordingly. We will not reject referrals and potentially leave adults who may have care and support needs at risk".

Q.2) "In the December Select Committee, Item 6, para 21, Adult Safeguarding Update, discussed Information Sharing in adult safeguarding and confirmed that 4 yearly audits gave reassurance that there were no widespread issues with information sharing affecting the quality of adult safeguarding work.

- However, this does not appear congruent with ombudsman (PHSO / LGSCO / ICO) complaint responses which to the contrary flag that the Council are causing the public distress as a result of their failures to maintain accurate and complete records and that Social Workers are misleading the public when it comes to lawful basis for sharing data, that they are unfamiliar with UK GDPR and need training and regular checking.
- Social Workers have a professional standard to maintain people's privacy and to work within the legislation. Yet important legislation such as the DHSC SHARE Consensus is not being considered and as a result members of the public are becoming victims of organisational abuse.
- SCARF reports are being routinely being accepted by the Council and processed to the NHS Trust going against the SCARF Handling requirements which forbid the sharing of the SCARF with anyone outside of the Statutory Safeguarding Authority and again as a result are causing physical and emotional harm to Surrey residents.

The NHS recognises the importance of the person experience and acknowledges the harm that results when a person feels they have been given a poor experience.

How is the Select Committee ensuring the data presented to them by the Council includes data from PHSO joint reviews, ICO recommendations, Customer Complaints, Service user feedback and is not "cherry picked' data?"

A.2) "All Surrey County Council staff responsible for processing of sensitive information receive Information Governance training as part of their initial induction, with an expectation that they participate in refresher training. This training covers comprehensive detail of processing of information under the Data Protection Act (2018), including the GDPR. Surrey County Council will comply with any PHSO / LGSCO / ICO investigation into individual complaints. We will carefully consider the outcomes and any resulting recommendations, so that we can apply any necessary learning.
Social workers are also required to comply with Social Work England professional registration requirements. If any members of the public are considered to be victims of organisational abuse, this very serious allegation would be investigated as part of our safeguarding procedures.
The procedure for sharing SCARF's with the Local Authority are outlined within the Surrey Police Adult at Risk policy. The Policy and Procedures can be accessed publicly at the following link: https://www.surrey.police.uk/SysSiteAssets/foi-media/surrey/policies/scarf---vulnerable-adult-referral-form-submission-procedure.pdf. When information is received by Adult Social Care, it is scrutinised in line with Data Protection (2018), including GDPR requirements. If upon screening, the information within the SCARF does not fall within connection to social services functions provided by statutory requirement, the information contained within the SCARF is not processed further. However, the very serious allegation of 'causing physical and emotional harm to Surrey residents' will be investigated if such incidents are reported, in line with procedures.
Surrey County Council has robust reporting procedures in place to ensure appropriate elected member and senior officer oversight of complaints. Reports are produced using information from our casework/complaints management systems, which includes the outcomes of Ombudsman investigations".

Q.3) "Please can the committee identify how they are considering including service users who have had both positive experiences of person led care and those who have sadly become victims of organisational abuse (lack of person centred care) on select committees, panels and training events in order to fall in line with CQC expectations of improving the patient experience and person led care i.e. putting the person at the heart of everything that happens and respecting personal, informed choices."

A.3) "The Select Committee principally commissions evidence to inform its scrutiny through Council and NHS professionals. These experts provide a wide range of evidence for the Members to consider including the views of services users and patients. Members bring the varied perspectives of their residents through their role as community representatives, with knowledge and understanding gained through their casework, and the Committee's Scrutiny Officer will also provide research and analysis of topics to help Members to scrutinise their chosen topics.

As per the Statutory Guidance on Overview and Scrutiny in Local and Combined Authorities Scrutiny members have access to regularly available sources of key information about the management of the authority – particularly on performance, management and risk and are given support to understand it. Additionally, this particular Committee utilises the local authority health scrutiny guidance to undertake its work.

To supplement this approach the Committee currently co-opts three district and borough council Members to offer their expertise from a local perspective. The Committee also has standing guests from Healthwatch Surrey, the Mary Frances Trust and the Surrey Coalition of Disabled People to offer service user and patient experiences and perspectives to its scrutiny and has engaged the Surrey Ethnic and Minority Forum in the past too to gain insight into the experiences of different communities in the county. Where possible, the Committee will take evidence directly from service users and patients as it did when undertaking scrutiny reviews into adult mental health services and health inequalities in Surrey. As a result of this system there are currently no plans to add any further co-optees to the Committee's membership".

Trefor Hogg

Chairman of the Adults and Health Select Committee

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