

**MINUTES** of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 13 June 2019 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on 5 September 2019.

**Elected Members:**

\* =Present

- \* Dr Bill Chapman
- \* Mrs Clare Curran
- \* Mr Nick Darby (Vice-Chairman)
- \* Mrs Angela Goodwin
- \* Mr Jeff Harris (Chairman)
- \* Mr Ernest Mallett MBE
- \* Mr David Mansfield
- \* Mrs Marsha Moseley
- \* Mrs Tina Mountain
- \* Mrs Bernie Muir (Vice-Chairman)
- \* Mr Mark Nuti
- \* Mrs Fiona White

**Co-opted Members:**

- Borough Councillor Darryl Ratiram, Surrey Heath Borough Council
- \*Borough Councillor Rachel Turner, Lower Kingswood, Tadworth and Walton

**In attendance**

Sinead Mooney, Cabinet Member for Adults and Public Health

**1/19 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Jeff Harris, Marsha Moseley, Daryll Ratiram and Tina Mountain.

**2/19 MINUTES OF THE PREVIOUS MEETINGS: 13 FEBRUARY 2019 & 8 MARCH 2019 [Item 2]**

Attention was drawn to page 18 of the agenda which outlined a number of recommendations for the previous Adults and Lifelong Learning Select Committee. The Vice-Chairman informed the Committee that he intended to follow up on the relevant actions.

The minutes were agreed as a true record of the meeting.

**3/19 DECLARATIONS OF INTEREST [Item 3]**

None received.

**4/19 QUESTIONS AND PETITIONS [Item 4]**

The Adults and Health Select Committee received a Member question from Mr Jonathan Essex. A response to this question has been attached to these minutes as Appendix 1.

## **5/19 URGENT CARE IN SURREY HEARTLANDS [Item 5]**

### **Witnesses:**

Karen Thorburn, Integrated Care System - Director of Performance (Leads on urgent care across Surrey Heartlands)

Jack Wagstaff, Director North West Surrey Integrated Care Partnership

Giles Mahoney, Director Guildford & Waverley Integrated Care Partnership

Dr Asha Pillai, GP, North West Surrey

Dr Seun Akande, GP, Guildford & Waverley

Simon Angelides, Programme Director

Liz Patroe, Head of Engagement, Diversity & Inclusion, Surrey Heartlands CCGs

Nick Markwick, Surrey Coalition of Disabled People

Matthew Parris, Healthwatch Surrey

### **Key points raised during the discussion:**

1. Officers introduced the item and presented Members with a presentation which outlined the key aspects of the report. It was noted that the report was produced by North West Surrey Clinical Commissioning Group (CCG) and Guildford and Waverley CCG to outline their progress to date and future plans for developing proposals on Urgent Care (and where appropriate Out-of-Hospital Care) in their respective geographies. The presentation delivered to Members is attached as appendix 2 to these minutes.
2. Witnesses were asked to provide any initial feedback on the newly procured NHS 111 service. It was explained that the NHS 111 service had recently been procured to a new specification which included a number of additional functions. NHS 111 now contained a full clinical assessment service which allowed 50% of service users direct access to a clinician for assessment. It was highlighted that feedback was so far encouraging and that the number of users accessing NHS 111 as the first point of contact were increasing year on year. Witnesses confirmed that the NHS 111 service was meeting the national standard for calls answered in a specified time and that the rate of abandoned called had fallen compared to previous data.
3. Members requested further information on the projected timeline for the proposals outlined in the report. Witnesses confirmed that The Big Picture programme was expected to identify a preferred option or options in the next couple of months. Following this, a number of factors affected its timeline which included whether or not a public consultation was required. In regards to the Better Care Together

programme in Guildford & Waverley, witnesses confirmed that there would be a significant number of events in the summer which would allow for the identification of the programmes next steps by autumn 2019.

4. Members noted that the service's standardised specifications for urgent care should promote a better understanding of where service users can visit to access various types of treatment. It was further noted that the use of the 111 service as a central point of contact would particularly help with understanding and navigation.
5. Members requested further information on the risks related to resourcing the various services outlined in the report. Witnesses from North West Surrey CCG stated that resourcing was a major concern for the programme due to the shortage in clinicians, nurses and GPs. It was noted that there was an ongoing workforce development team who were considering a number of proposals to encourage, recruit and retain those who were already in the health system. Witnesses from Guildford and Waverley CCG reiterated the same issues and stated that the rural nature of the southern portion of their population also caused issues with resourcing services.
6. Members raised concerns related to Urgent Care service location changes and the impact it could have on a vulnerable patient's transport arrangements. Witnesses explained that officers would consider various transports needs as well as identify other similar programmes nationally which could be used to integrate similar thinking around clinical standards to inform the proposals. Members further noted that a vast majority of service users used private cars to access Urgent Care services. Witnesses agreed to provide further detailed information on the process of formulating travel plans to any Members interested outside the meeting.
7. Members requested more information on the 'Livi' service and what feedback it had received from service users. Witnesses explained that the 'Livi' app was an opportunity to test a new infrastructure on how people access medical opinion and that it had accounted for eight thousand additional appointments since September 2018. It was noted that there had been very positive feedback from service users and that it was significantly popular with young people and those whose employment hours were during the day.
8. The representative from Healthwatch Surrey asked for confirmation on what changes would be made to services from a service user perspective, and if this included the closure of walk-in centres in north-west Surrey. Witnesses confirmed that the specification was available but no decisions had yet been made.
9. The representative from Healthwatch Surrey informed Members that, when engaged, a number of service users were unaware of the services available through the NHS 111 service. It was noted that unfamiliarity was especially prominent in those who were in disadvantaged groups. Witnesses explained that Care UK, the provider of the NHS 111 service, would be holding a large scale public relations programme to increase public knowledge of the services available. Witnesses confirmed that Care UK would be informed of the feedback received and would work toward targeting those in disadvantaged groups.
10. Members stated that a simple one page document which outlined the various Urgent Care services available being placed in GPs surgeries,

health centres and borough officers would be a beneficial way of spreading service information to residents.

11. Members requested information on the future of the Weybridge Hospital which burned down in 2017. Witnesses confirmed that it was the intention to rebuild a health and care facility and that there was an ongoing working group to discuss what types of services would be made available onsite. When discussing the timeline for this, witnesses stated that discussions related to access to capital funding for the project could take up to two years.
12. Members highlighted that they had received some very positive feedback from residents on the performance of the NHS 111 service.
13. Witnesses informed the Committee that they would be happy to provide Members with an opportunity to visit the various locations where the Urgent Care services were provided to enable a better understanding.

### **Recommendations:**

The Committee:

1. Supports the proposal outlined at this stage and recognises the need to undertake development of the proposals at a local level based upon:
  - a. Local, current and future patient need taking into account additional population and housing in all boroughs and districts as a result of local plans, also changes in demographics.
  - b. Patient activity and flows
  - c. Development of Integrated Care Partnerships
  - d. Urgency of developing proposals for the configuration of a health facility on the site of the Weybridge Community Hospital/primary care Centre in North West Surrey CCG which was destroyed in July 2017.
2. Requests that a further report be presented to the Select Committee following the agreement of a preferred option or options for each of the programmes which outlines development proposals and a timeline of delivery.
3. Requests that due consideration be given to the following matters:
  - a. Information is made available to service users to ensure there is an understanding of the services available.
  - b. That appropriate consultation is undertaken early with residents and all relevant groups including those hard to reach.
  - c. A transport assessment takes into account variables related to population density and an aging population, as well as distance.
  - d. All staffing resources including GPs generally, NHS 111 services and GP Out-of-hours services.

### **6/19 DATE OF THE NEXT MEETING [Item 6]**

The Committee noted its next meeting would be held on 5 September 2019.

Meeting ended at: 11.45 am

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**Chairman**

## Questions to Adults & Health Select Committee – 4 April 2018

### Question submitted by Liz Sawyer

There is evidence that patients who previously used sexual health services commissioned by Surrey County Council have found the new model of services difficult to access and are choosing to use services outside the county. What services are Surrey County Council cross charged for by other sexual health service providers eg NHS Solent at Aldershot Health Centre? How much has been cross charged in the 2017/18 financial year and was this included in the Budget?

### Response

The Committee has asked Surrey County Council to respond to the concerns raised within your question and has received the following response from:

‘Since 1 April 2013, Local Authorities in England have been mandated to ensure that open access, confidential sexual health services are available to all people who are present in their area (whether resident in that area or not). The requirement for Genito-Urinary Medicine (GUM) and Contraception and Sexual Health (CaSH) services to be provided on an open access basis is stipulated in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (“the Regulations”).

This means that Surrey residents are able to access out of county services and our local provider provides services to non-Surrey residents. The activity is cross charged at the locally commissioned rate and supported by backing data. Surrey is part of a South East Commissioners network that has developed a regional policy that addresses cross charging to ensure that there is a consistent approach. In 17/18 our out of area budget was £1,913,000 and in 18/19 our out of area budget is £1,500,000.

The sexual health service are commissioned to provide a service that is outcomes focused and meets the need identified within the sexual health needs assessment. The new service model includes, three clinical hubs, four clinical outreach spokes, a clinical outreach offer for those most at risk of sexual ill health and access to online services. Service provision will be monitored and flexed to meet need where appropriate, particularly in relation to the outreach element.

**Mr Ken Gulati**  
**Chairman – Adults and Health Select Committee**  
**4 April 2018**

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# Urgent Care in Surrey Heartlands

Surrey County Council Adults & Health Scrutiny  
Committee

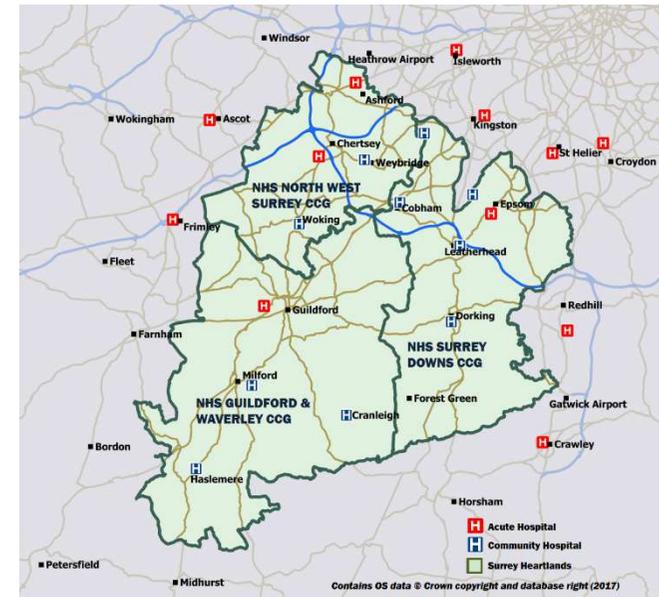
13<sup>th</sup> June 2019

**Working together as the Surrey Heartlands Clinical Commissioning Groups**

Guildford and Waverley CCG | North West Surrey CCG | Surrey Downs CCG

# Introduction: how care is planned and commissioned across Surrey Heartlands

- The **Surrey Heartlands** Integrated Care System currently covers the footprint covered by:
  - Guildford and Waverley CCG;
  - North West Surrey CCG; and
  - Surrey Downs CCG.
- The three CCGs work closely together with one Joint Accountable Officer and a shared management team
- With certain functions e.g. urgent care, still commissioned by each CCG individually
- This also reflects our new **Integrated Care Partnerships (ICPs)** – local partnerships of health and care - which are developing their own models of care including the planning and delivery of urgent care at local level
- East Surrey CCG has been developing their own proposals for urgent care and will liaise separately with the Adult & Health Scrutiny Committee



# Urgent care defined

## Out of Hospital Care



GP appointments



Walk-in services



Community services



District Nursing



Therapy services



Mental Health services



Health visitors

## Urgent Care



GP Out-of-Hours



Walk-in centres



Minor Injuries Units



Urgent Care Centres



NHS 111



Safe Haven



CYP Haven

## Emergency Care



Accident & Emergency



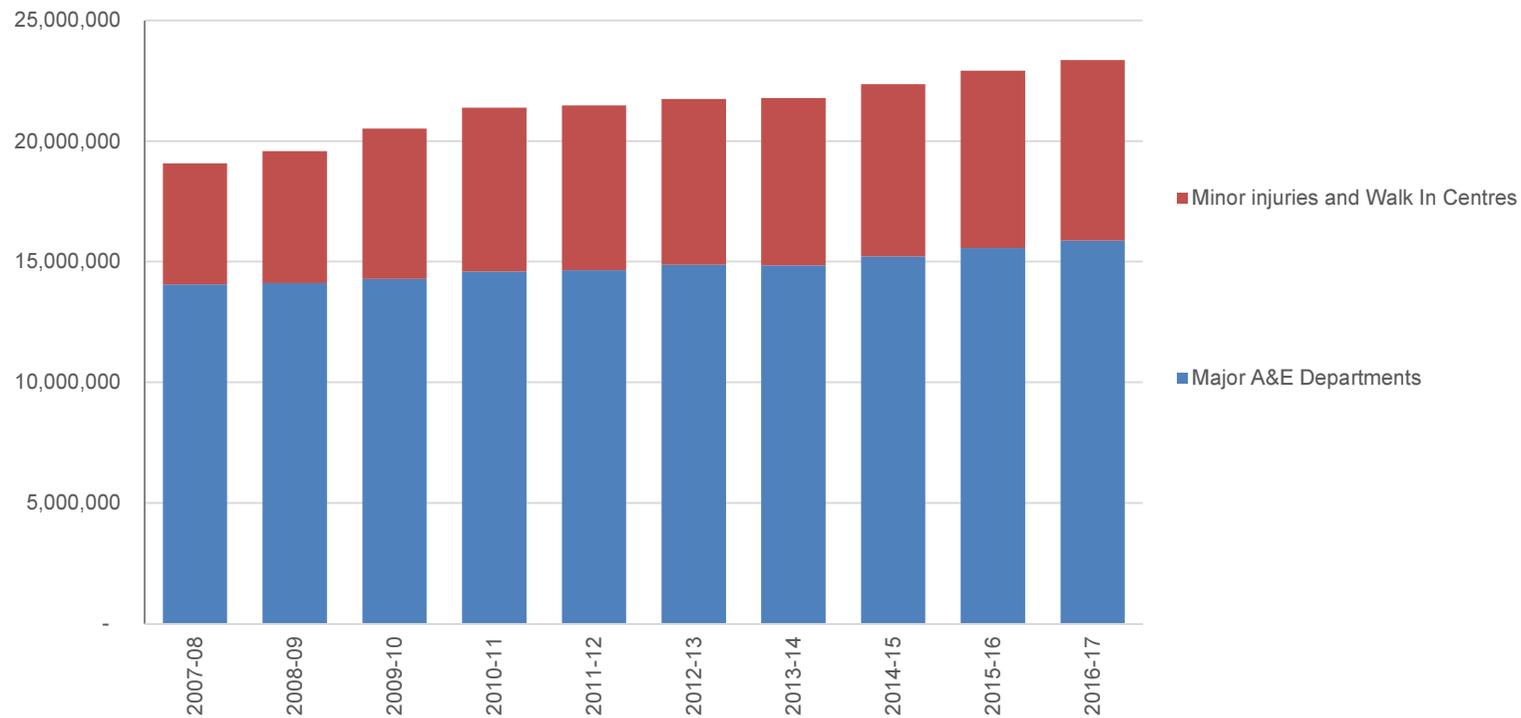
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Crisis Line

# Increasing demand

- As with the wider NHS, Urgent Care has seen rising demand
- For example, in 2007-08 minor injury units and walk-in centres accounted for 26% of all urgent/emergency attendances, increasing to 32% in 2016-17



# The development of urgent care services

- A range of different developments are continuing to transform the ways in which urgent care is delivered for our populations and we need to be cognisant of all these in developing future proposals
- As well as walk-in type services (such as Walk-in Centres, Minor Injury Unit) this includes:
  - NHS 111 – a new contract went live in April this year to provide a new Integrated Urgent Care service which includes a new Clinical Assessment Service and direct booking for urgent GP appointments
  - GP Extended Access – additional appointments that are offered at a number of ‘hub surgeries’ in the evenings and at weekends; and
  - LIVI – an online GP Consultation service operating in North West Surrey as a trial – if successful this could be rolled out to the other ICPs

# Our urgent care transformation programmes

- Two programmes:
  - The Big Picture – North West Surrey
  - Better Care Together – Guildford & Waverley
- Both looking at how urgent care services can best be delivered within the wider context of out of hospital care
- With a particular focus on their respective walk-in sites and how they fit within the wider context and their impact on local Emergency Departments
- Geographically each programme covers the local CCG population and *surrounding areas* – (in particular the high number of Hampshire patients who use the Minor Injury Unit at Haslemere)
- The programmes are also looking at local health needs and the differences between urban and rural population profiles

# New national guidance for urgent care

- NHS England has developed clear guidance for delivery of urgent treatment centres to standardise the provision of walk-in services (e.g. Walk-in Centres and Minor Injury Units)
- This has specific implications in terms of our existing walk-in sites due to the difference between current services and the new specification
- Reconfiguring all existing services to meet the Urgent Treatment Centre specification may have a significant impact on workforce availability, access and cost depending on the delivery model deployed

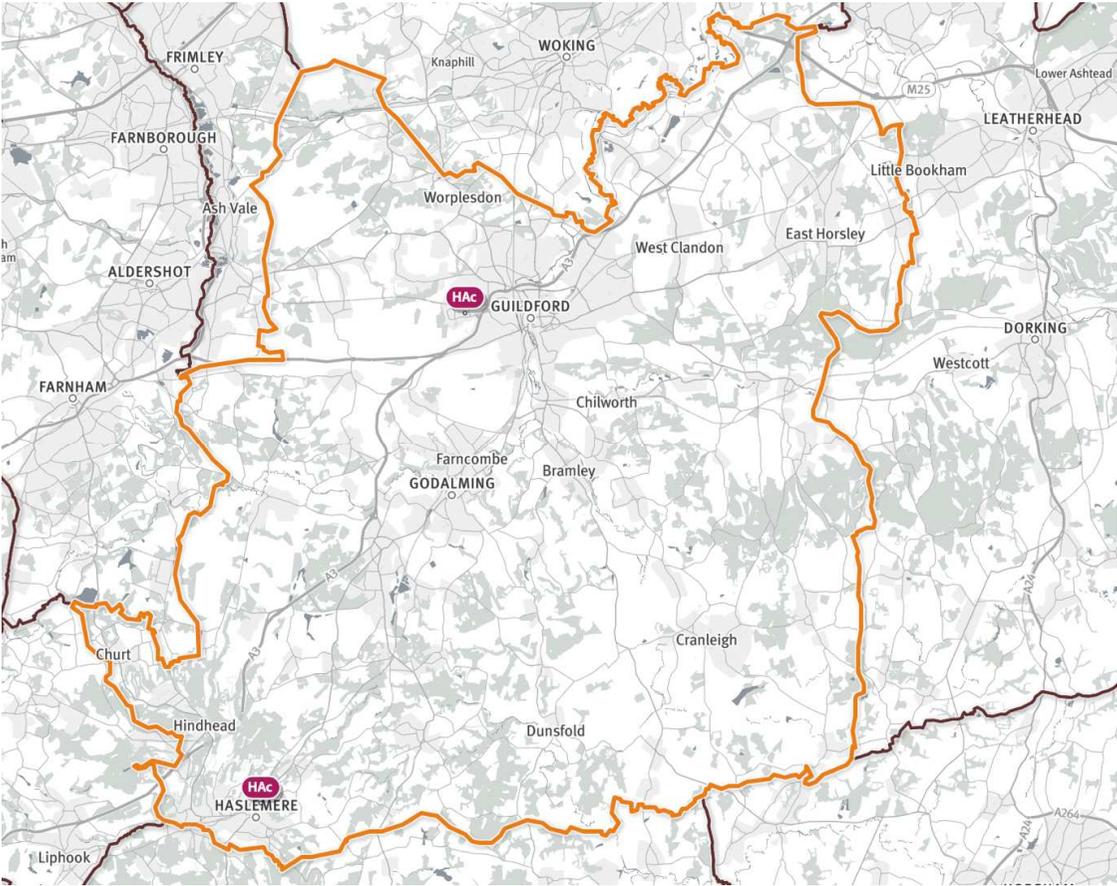
CCG/ICP area	Current Service Type / Location
Surrey Downs	Urgent Treatment Centre at Epsom Hospital
Guildford and Waverley	Minor Injuries Unit at Haslemere Community Hospital
North West Surrey	Urgent Treatment Centre at St Peter’s Hospital Walk-In Centre in Weybridge Community Hospital Walk-In Centre in Woking Community Hospital Walk-In Centre in Ashford Hospital

# Keeping a local focus

- Each ICP is managing their own review of urgent care including any resulting designation of Urgent Treatment Centre(s) as separate programmes
- This applies to both Guildford & Waverley and North West Surrey ICPs as both currently have a Minor Injury Unit and Walk-in Centres respectively which will no longer meet the new NHS England guidance
- This reflects the local flow of patients and each area's distinct geography
- We also need to consider any future health needs which are distinct to each area, but also wider elements that would help shape the development of proposals. This would include elements such as:
  - Deprivation and inequalities
  - Access
  - Clinical governance & standards
  - Developments in surrounding health and care systems

# Where urgent care is delivered

## 1. Guildford and Waverley CCG/ICP

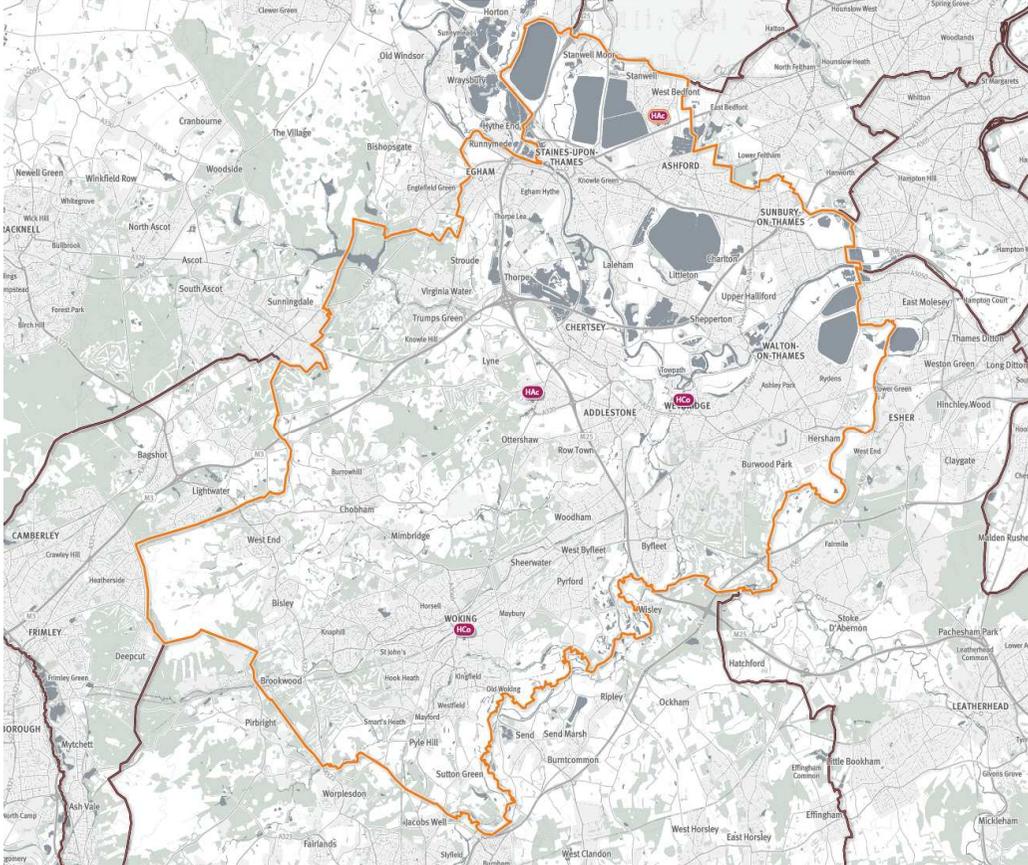


Location	Type of Provision
Haslemere Community Hospital	Minor Injuries Unit
Royal Surrey County Hospital	A&E

# Where urgent care is delivered

## 2. North West Surrey CCG/ICP

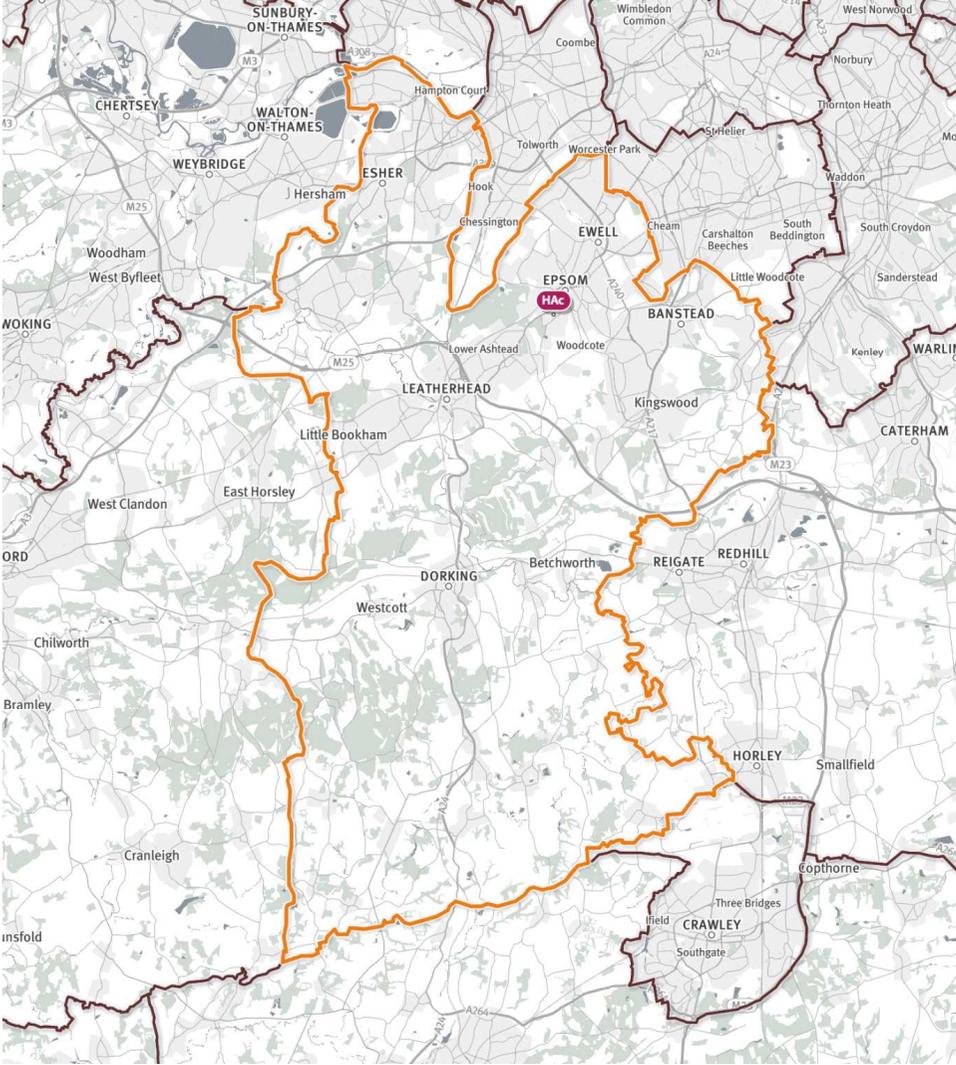
Location	Type of Provision
Ashford Hospital	Walk-In Centre
Woking Community	Walk-In Centre
St Peter's Hospital	Urgent Treatment Centre / A&E
Weybridge Community Hospital	Walk-In Centre



# Where urgent care is delivered

## 3. Surrey Downs CCG/ICP

Location	Type of Provision
Epsom General Hospital	Urgent Treatment Centre



# Our approach to engagement and potential public consultation

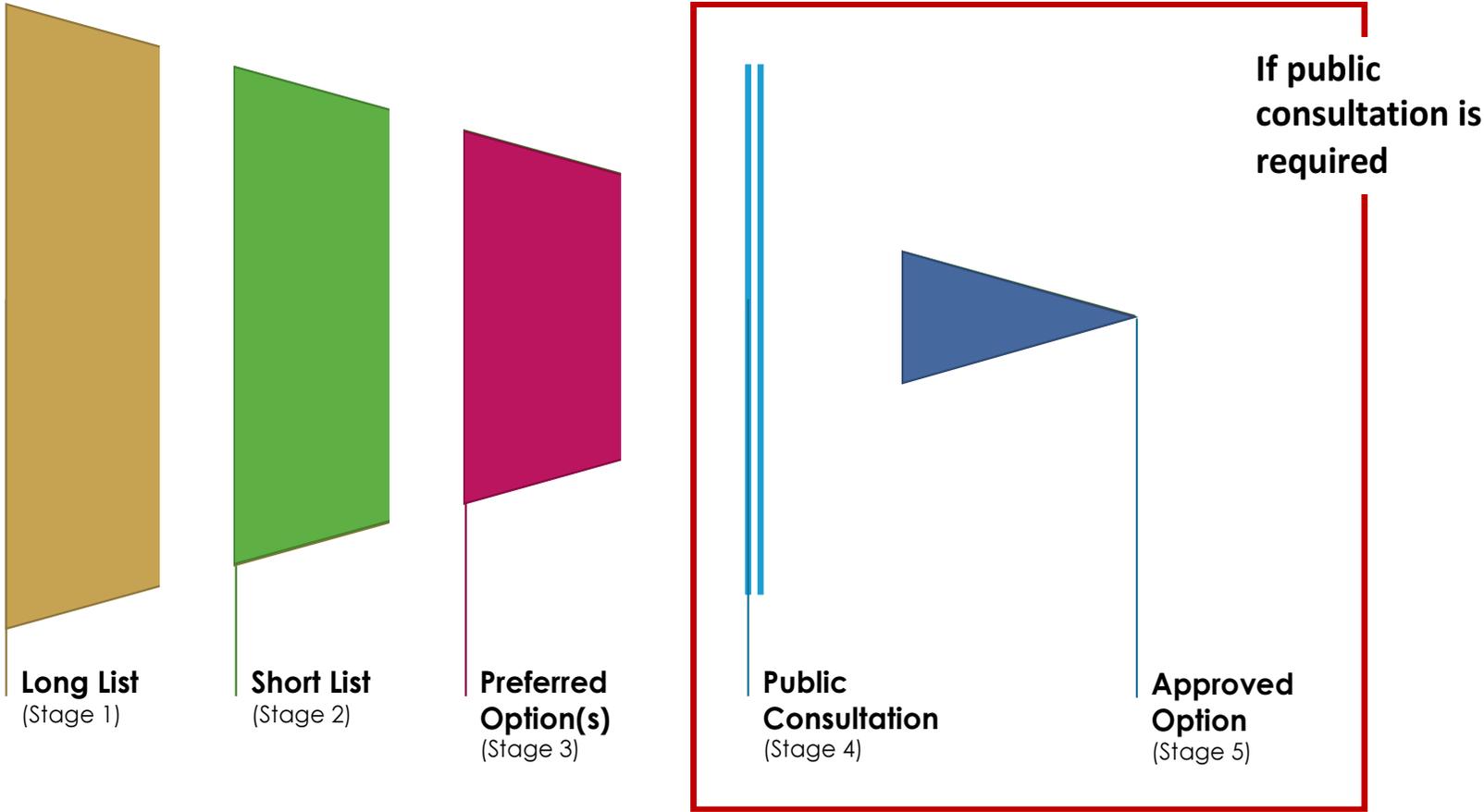
- As you will know, NHS organisations are expected to engage local populations as they develop new pathways and service proposals
- Each Programme includes a Stakeholder Reference Group to act as a *critical friend* and to test and inform our engagement plans with patients, stakeholders and the wider public
- The Big Picture programme (covering NW Surrey) held a number of engagement events with the public between October 2018 and January 2019 (*more details on the North West Surrey CCG website*) to understand what local people think about urgent care services
- The Better Care Together programme (covering Guildford & Waverley) has recently held its first Stakeholder Reference Group and engagement will begin this summer
- Each programme is also undertaking an integrated impact assessment and travel analysis to understand the impact of any pathway changes/proposals
- Importantly both Programmes met the HICSC Chair in April to discuss our respective approaches in detail

# Clinical engagement

- Each programme is engaging with local clinicians through their respective Clinical Working Groups, ensuring the programmes are clinically led
- Both programmes have also appointed / are appointing independent GP members to ensure an independent view and clinical opinion
- The Clinical Executive in North West Surrey and the Local Clinical Commissioning Committee in Guildford & Waverley have also been regularly engaged in how the programmes are developing
- We have also involved wider groups of clinicians from across the system and beyond at key points within the programme

# Developing proposals

- Each Programme will use a similar process to develop proposals as set out below (with stages 4 and 5 only taking place if significant service change is proposed):



# Conclusions

- North West Surrey and Guildford and Waverley CCGs have begun a process whereby public and local clinicians are at the heart of their engagement planning and decision-making processes
- There are significant changes to the way Urgent Care is being delivered across the wider geography
- The development of both programmes will help inform the shape and direction of any proposed changes
- No decisions have yet been made by either CCG
- Further work is required to develop a comprehensive evidence base that will allow any recommendations to be developed which may or may not require public consultation
- Both programmes will look to the Adult & Health Scrutiny Committee to help shape proposals and engagement plans with local communities

# Recommendations to the Committee

1. That the Adult & Health Scrutiny Committee supports the decision to undertake development of proposals at a local level based on:
  - Local Patient Need
  - Patient Activity and Flows
  - Development of Integrated Care Partnerships
  - Need to develop proposals for a health facility on the site of the Weybridge Community Hospital/Primary Care Centre in NW Surrey which was destroyed by a fire in July 2017
2. The Committee comments on the progress made in developing proposals on Urgent Care, and specifically in relation to patient, public and stakeholder involvement as well as the involvement of local clinicians
3. The Committee identifies how and where it would like to be engaged further in the development of proposals, and specifically how it might support the development of a Preferred Option or Options for each of the Programmes