

## Notice of Meeting

# Adults and Health Select Committee

**Date & time**

Thursday, 13 June  
2019 at 10.00 am

**Place**

Ashcombe Suite,  
County Hall, Kingston  
upon Thames, Surrey  
KT1 2DN

**Contact**

Joss Butler, Democratic  
Services Officer  
Room 122, County Hall  
Tel 0208 541 9702

**Chief Executive**

Joanna Killian

[joss.butler@surreycc.gov.uk](mailto:joss.butler@surreycc.gov.uk)

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**This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Joss Butler, Democratic Services Officer on 0208 541 9702.**

**Elected Members**

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 and Mrs Fiona White

**Independent Representatives:**

Borough Councillor Darryl Ratiram, Surrey Heath Borough Council, Borough Councillor Mrs Rachel Turner, Tadworth and Walton

**TERMS OF REFERENCE**

The following services are included within the remit of the Adults and Health Select Committee:

- Statutory Health Scrutiny
- Adult Social Care (including safeguarding)
- Health Integration and devolution
- Review and scrutiny of all health services commissioned or delivered within Surrey
- Public Health
- Review delivery of the Health and Wellbeing Strategy
- Health and Wellbeing Board

- Future local delivery model and strategic commissioning

## AGENDA

### 1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

### 2 MINUTES OF THE PREVIOUS MEETINGS: 13 FEBRUARY 2019 & 8 MARCH 2019

(Pages 5  
- 32)

To agree the minutes of the previous meetings of the Adults and Lifelong Learning Select Committee and the Health, Integration and Commissioning Select Committee as a true and accurate record of proceedings.

### 3 DECLARATIONS OF INTEREST

All Members present are required to declare, at this point in the meeting or as soon as possible thereafter:

- I. Any disclosable pecuniary interests and / or
- II. Other interests arising under the Code of Conduct in respect of any item(s) of business being considered at this meeting

#### NOTES:

- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest
- As well as an interest of the Member, this includes any interest, of which the Member is aware, that relates to the Member's spouse or civil partner (or any person with whom the Member is living as a spouse or civil partner)
- Members with a significant personal interest may participate in the discussion and vote on that matter unless that interest could be reasonably regarded as prejudicial.

### 4 QUESTIONS AND PETITIONS

To receive any questions or petitions.

#### Notes:

1. The deadline for Member's questions is 12.00pm four working days before the meeting (*7 June 2019*).
2. The deadline for public questions is seven days before the meeting (*6 June 2019*)
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

### 5 URGENT CARE IN SURREY HEARTLANDS

(Pages  
33 - 58)

This paper has been produced by North West Surrey Clinical Commissioning Group (CCG) and Guildford and Waverly CCG to outline

their progress to date and future plans for developing proposals on Urgent Care.

## **6 DATE OF THE NEXT MEETING**

The next public meeting of the committee will be held on 5 September 2019 in the Council Chamber at County Hall.

## **MEETING END**

## **7 INDUCTION SESSION AND SELECT COMMITTEE PLANNING (INFORMAL)**

An induction agenda will be made available to Select Committee Members prior to the session.

**Joanna Killian**  
**Chief Executive**  
Published: 6 June 2019

### **MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE**

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Use of mobile devices, including for the purpose of recording or filming a meeting, is subject to no interruptions, distractions or interference being caused to the PA or Induction Loop systems, or any general disturbance to proceedings. The Chairman may ask for mobile devices to be switched off in these circumstances.

It is requested that if you are not using your mobile device for any of the activities outlined above, it be switched off or placed in silent mode during the meeting to prevent interruptions and interference with PA and Induction Loop systems.

*Thank you for your co-operation*

**MINUTES** of the meeting of the **ADULTS AND LIFELONG LEARNING SELECT COMMITTEE** held at 10.30 am on 13 February 2019 at Ashcombe, County Hall, Kingston upon Thames, KT1 2DN.

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

**Elected Members:**

\* = In attendance

- \* Mr Jeff Harris (Chairman)
- \* Mrs Bernie Muir (Vice-Chairman)
- \* Dr Bill Chapman
- \* Mrs Angela Goodwin
- \* Mr Ernest Mallett MBE
- \* Mr David Mansfield
- \* Dr Andrew Povey
- \* Mr Mark Nuti
- \* Mrs Rose Thorn
- \* Mrs Marsha Moseley

**In attendance:**

Mike Boyle, Interim Director of Commissioning and Transformation (Adult Social Care)  
Will House, Head of Finance (Adult Social Care)  
Sinead Mooney, Cabinet Member for Adults  
Sonya Sellar, Area Director (Adult Social Care)  
Peter Tempest, Interim Assistant Director for Learning Disabilities  
Liz Uliasz, Deputy Director (Adult Social Care)  
Simon White, Interim Director of Adult Social Care

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

No apologies for absence were received.

**2 MINUTES OF THE PREVIOUS MEETING: 11 OCTOBER 2018 [Item 2]**

The minutes were agreed as an accurate record of the meeting.

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

None received.

**4 QUESTIONS & PETITIONS [Item 4]**

None received.

**5 RESPONSE FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 5]**

None received.

## 6 ADULT SOCIAL CARE TRANSFORMATION PROGRAMME [Item 6]

### Witnesses:

Sinead Mooney, Cabinet Member for Adults  
Simon White, Interim Director of Adult Social Care  
Mike Boyle, Interim Director of Commissioning and Transformation (Adult Social Care)  
Will House, Head of Finance (Adult Social Care)  
Sonya Sellar, Area Director (Adult Social Care)  
Peter Tempest, Interim Assistant Director for Learning Disabilities  
Liz Uliasz, Deputy Director (Adult Social Care)

### Key points raised during the discussion:

1. An introduction to the Transformation Programme report was provided by officers, who stated that it aimed to make sure the Council delivered its statutory care responsibilities without tightening its eligibility criteria or adversely affecting those who rely on its services.
2. Members heard about the financial implications of the Transformation Programme, with the Interim Director of Adult Social Care highlighting the progress made by the department. The Committee were told that Adult Social Care (ASC) was set the task of saving £10.7m and are currently forecast a £17.7m underspend, with that underspend likely to be larger come the end of the year.
3. A Member of the Committee asked whether any elements of what is being proposed have been proven to work elsewhere, or whether ASC are starting with a completely new model. The Interim Director of Adult Social Care explained that much of the work was already underway in the department before he arrived, and that it was based significantly on two sources. The first was the work that John Bolton, Visiting Professor at Oxford Brookes University's Institute of Public Care, had presented through a publication called Six Steps to Managing Demand in Adult Social Care, while the second was concerned with the 'In Control' work that the Council had previously done with younger age adults. The Interim Director of Adult Social Care went on to talk about the 'person-centred' philosophy behind the Transformation Programme, which is concerned with investing in people's independence while simultaneously dealing with demographic growth and financial pressures.
4. As a follow-up question, a Member of the Committee questioned the role of the Social Care Institute for Excellence (SCIE) and asked how they will be working with the Council. The Interim Executive Director of Adult Social Care replied that working with SCIE will allow the Council to take an active part in networks that will let them work with other authorities that are implementing similar proposals.
5. The Interim Executive Director told the Committee about the activities being undertaken to shape the market for preventative services, discussing how Adult Social Care meet regularly with a range of providers.
6. Regarding the quoted 5% reduction in the number of people using adult social care services, a Member of the Committee questioned ongoing demographic challenges and what impact these may have on

this forecast target. The Interim Executive Director discussed the difficulties concerning demographics. The greatest pressure came from adults with learning difficulties – for example, the number of people cared for by their parents for years before presenting themselves to social care services. With life expectancy also increasing, this represents a challenge that the Transformation Programme is seeking to solve by promoting ‘anti-institutional bias’, as the chances were such that in Surrey these people would spend time in residential care.

7. The Interim Assistant Director for Learning Difficulties went on to discuss areas where the Council had failed in providing the means for people with such needs to live independently, highlighting that, compared to other local authorities, the Council is second bottom only to Northamptonshire while spending significantly more money than many of those ahead of them. The officer went on to say that ASC’s aims, as laid out in the Transformation Programme, are to improve performance, reduce its heavy dependence on residential care, and focus on better using the expertise of the people at their disposal.
8. Responding to a question from the Vice-Chairman about the support given to individuals after they have gone into employment, the Interim Assistant Director for Learning Difficulties emphasised to the Committee that the support they give does not stop at that stage and continues throughout their lives. The officer went on to talk about the discussions had with Surrey Choices regarding a move away from the ‘day centre’ model of providing support, as well as making sure that the level of intervention and support offered is tailored to the individual’s specific needs.
9. A Member of the Committee noted their support for the aims set out in the Transformation Programme but expressed concern about whether they can be achieved if the Council are unable to exert enough influence in the care home marketplace. In response, the Interim Director of Commissioning and Transformation (Adult Social Care) said that the Council spends around £340m a year on buying care from the market and, as such, has a degree of influence that can be used to its advantage. He went on to tell the Committee that the Council is currently paying significantly more than its neighbouring local authorities on residential care and nursing, and that the conversation with the market needed to be about what is reasonable. Members were then informed that ASC are looking to pilot an approach where they go out to the marketplace in advance and start block purchasing beds in order to bring down costs.
10. The Interim Director was questioned about the Council’s capacity to deliver extra care units. The Committee were advised that there was an ambitious programme to provide more sites across the county and that an options paper would be presented to the Cabinet in the summer.
11. A discussion was had regarding the assessment process for those people in the adult social care system and the level of care package. The Deputy Director told the Committee that there would not be less time spent on assessments but that the aim was for a more personalised approach to be undertaken earlier in the process, with a

- 'home first' policy being implemented to make sure that people with special needs are able to increase their independence.
12. Officers also talked about care homes coming returning to Council ownership and the difficulties facing ASC in renewing these contracts due to the financial implications of the Transformation Programme. The Head of Finance assured the Committee that ASC were in a good financial position and were currently involved in a process of reviewing the market and planning for 2020. The Interim Executive Director then discussed the challenges facing ASC but told the Committee that, in the current year, 10 out of the department's 11 teams are currently paying less for residential and nursing care than they were at the start of 2019.
  13. A follow-up question was asked about the reviewing process concerning care packages, and the Deputy Director told the Committee that the Council has a statutory responsibility to review annually. If circumstances change, a review is taken at the start of the process and assessed after six weeks, while a review is undertaken four weeks after an individual is discharged from hospital.
  14. Discussing the conversations taking place between the Council and borough and district councils, the Interim Executive Director spoke about the importance of building relationships at a county-wide level in order to increase the strength of these partnerships. The Committee also heard about the meetings taking place regarding the Surrey Community 2030 vision, and the Cabinet Member for Adults spoke further about the role borough and district councils can play in county-wide conversations about adult social care.
  15. The Chairman noted that reducing demand, changing the pattern of care and reducing costs were the three drivers behind the Transformation Programme but questioned the absence of any risk management planning. In reply, the Interim Executive Director spoke about a set of performance measures that have been formulated, with examples being included in Annex 1 of the Transformation Programme. The Committee were also told about the creation of a new specialist team to help manage social care for adults with learning difficulties, which would go live in April 2019 and cost £1m per year in salaries.
  16. Following on from this, the Chairman and Interim Director of Adult Social Care agreed to meet outside of the meeting to discuss the formulation of a performance dashboard so that the Committee can better track the Transformation Programme's progress.
  17. Responding to a question about supported living for individuals with learning difficulties and/or autism, the Interim Assistant Director for Learning Disabilities told the Committee about the difficulties facing those people who are looking after children late in life and the need for the Transformation Programme to support them. He also spoke about the services currently offered by Surrey Choices and suggested improvements around accessibility (such as increased opening hours and flexible sessions) that could help give individuals more choice.
  18. The Chairman invited the Area Director to discuss the developments in ASC workforce with the Committee as this was considered to be relevant to the topic of transformation and practice improvement.

19. The Area Director delivered a presentation (included as Annex 1 in these minutes) and spoke about a recruitment campaign for ASC that had recently gone live. The Area Director explained that the campaign was being advertised through social media, radio and posters – in partnership with the Surrey Care Association – but was not able to stretch further due to budgetary constraints. The Committee also heard about an apprenticeship recruitment campaign and ASC's plans for another to be launched in April 2019.
20. The Area Director told the Committee that ASC had been oversubscribed with job applications and was confident that places would be filled by April. The officer then went on to discuss the role of Register Your Interest, which allowed those interested in working in adult social care to be contacted by a representative within 48 hours, and the positive impact these conversations have had in getting job positions filled. The Committee also heard about ASC's plans to further develop the recruitment campaign and work closer with the Surrey Care Association in the future.
21. Responding to a question about the work undertaken with Surrey's hard to reach communities, the Area Director informed the Committee about the Chance to Care Project, which has targeted potential recruits from the Gypsy/Romani community and those with learning difficulties. Information had been circulated to let adult social care services know that they are searching for placement spaces.
22. A Member of the Committee questioned whether or not ASC are offering remuneration levels appropriate for the county's living costs and was told that the lower-grade roles being advertised are above the national minimum wage. The Area Director also discussed the department's positive retention rates, with around to eight to nine percent of people leaving after three or four years, and told the Committee that, compared to regional colleagues, ASC is performing well.
23. A discussion was had about ASC's use of technology, which he Area Director said linked to the aims set out in the Transformation Programme. The Committee was told that ASC's key aim was to improve the productivity of its workforce, and this was being achieved through the rollout of hybrid computer devices and the trialling of automated systems that free up staff from doing administrative tasks.
24. The Area Director was asked a question about a potential integration between health and social care and told the Committee that the process had just got underway, with a joint workforce plan being drafted up between themselves and Surrey Heartlands.

**Actions to be taken/recommendations:**

1. The Committee is supportive of the transformation plans as outlined today.
2. The Committee recognises the importance of developing new relationships with private providers in the care home market in order to deliver services in new ways. The Committee will follow-up on the health of this relationship at a future meeting.

3. The Chairman and Vice-Chairman will seek to identify key performance information with the Cabinet Member for Adults and Senior Officers to monitor the progress of Adult Social Care through its Transformation Programme and review the Directorate's risk register. This information will then be shared routinely with the Committee.

## **7 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 7]**

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

1. Referring to the Committee's Forward Work Plan, the Chairman noted that the Committee formally asked for a Transformation Programme performance dashboard to be added. A discussion was also had about formulating a more dynamic risk assessment process, with a clearer method of identifying risks and resulting impacts.
2. The Committee also discussed writing to the government about the budget for the recruitment campaign, which Members felt was not enough if they were to adequately fill all of the available job positions.

### **Actions to be taken/recommendations:**

None.

## **8 DATE OF THE NEXT MEETING [Item 8]**

Members noted that the next meeting of the Adults and Lifelong Learning Select Committee would take place on 5 June 2019.

Meeting ended at: 12.26 pm

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**Chairman**

# Adult Social Care Workforce Action Plan

February 2019

**The Select Committee recommends that the Council creates an Action Plan for improving recruitment of young people into the adult social care workforce by challenging poor perceptions of care work among young people and their parents, increasing opportunities for work experience and using social media more effectively as a recruitment tool.**

**Challenge Poor Perceptions of Adult Social Care among young people and their parents**

**Targeted Career events:**

- Aim:-** To share their positive experience of working in Adult Social Care.
- What have we done:- Linked with local colleges & schools to attend bespoke events – focused on health and social care. Attended 18 events in 2018, 5 scheduled for 2019.
- What we know:- There was high foot fall as all events were well attended.
- What we are doing:- work with our NHS colleagues to evaluate the impact of these to inform our approach for 2019 and beyond.

**Identify and develop from the existing workforce social media ambassadors. The aim will be for them to share their positive experience of work in Social Care via social media:**

- Aim:-** To raise the profile of Adult Social Care to the younger generation.
- What we are doing:- From April we will be identifying young people from within Adult Social Care who will be the right people to be our ambassador and then we will develop & post videos, blogs e.g. a day in the life diaries etc. on social media channels.

**National Adult Social Care Campaign to raise awareness of Adult Social Care careers**

- Led by the Department of Health and Social Care. They will be doing an evaluation.
- Go live 12 Feb through to end April. Main focus is on direct care roles
- Brand “every day is different when you care”- Poster, social media and radio campaign.
- Link to the DWP site where care providers have put their job vacancies
- What we are doing:- Through Surrey Care Association we have been supporting providers to get involved in the campaign



<https://www.bbc.co.uk/news/health-47203050>

### Increase opportunities for Work Experience

#### **Introduce structured work experience program**

- **Aim:-** to create another route into Adult Social Care careers.
- **What are we doing:-** from June 2019 we will pilot a work experience program then embed for 2020
- We aim to have 2 intakes a year with a clear offer to colleges and schools.

#### **Recruitment campaign for new apprenticeship roles**

- **Aim:-** to continue to address the age profile challenges and also to attract new people to the Adult Social Care sector.
- **What we have done:-** Campaigns were targeted and promoted towards colleges based in Surrey. Since 2015 we have recruited 29 apprentices.
- **What we are doing:-** Campaign planned for April.
- Created 4 new rotational apprenticeship posts to work with Virgin Care in Frimley – recruitment live now

#### **Continue to work with Health Education Kent Surrey & Sussex (HEKSS) to identify and support potential candidates to reapply and/or to promote roles within the sector that are more suited to their skills and aspirations.**

- **Aim:-** To give people additional opportunities and training to secure a role in the Adult Social Care sector. To help people transition from another sector into Adult Social Care.
- **What we have done:-** HEKKS attend events with us and take details of people who may require additional information and/or support to secure a role.
- **What we will be doing:-** We are working with HEKKS over the coming months to review the impact.

### Use Social Media effectively as recruitment tool

**Increase presence & improve content on social media that focuses on attracting younger people into Adult Social Care. Including promotion of apprenticeship opportunities and work experience on linked in.**

- **Aim**:- Attract younger people and new people into careers in social care
- What we have done:- Made social media more engaging, provoking conversations (linked in and Facebook), creating videos that then click to job opportunities.
- What we will be doing:- develop social media ambassadors & more videos – planned for June.

### **Targeted Social Media campaign to promote opportunities in Learning Disability team**

- **Aim**:- Build a new team dedicated to supporting adults with learning disabilities, as part of our transformation program to be in place for April 2019.
- What we have done:- Targeted campaign including engagement with recruitment agencies, social media as a platform to attract people in, interview process same day offers.
- What has been the impact:- Recruitment is ongoing. We have offered 10 social workers posts, more interviews planned . Other roles, applications have been oversubscribed.
- Conversion rate high only 1 candidate not offered a post so far.
- What we will be doing:- reviewing the effectiveness of this campaign and approach and adopting what has worked for wider and ongoing recruitment.

**Use I Care Ambassadors and Social Media Ambassadors to post videos and updates on linked in and Facebook to tell their story of working in Surrey in order to attract new and younger people into adult care careers**

- **Aim:-** for our staff to act as ambassadors to promote Adult Social Care careers.
- What have we done:- created YouTube videos which we actively use in our recruitment campaigns.
- What we will be doing:- planned for June. Develop social media ambassador plan & link in the learning from the targeted Learning Disability team recruitment campaign.

[https://www.youtube.com/results?search\\_query=surrey+county+council+adult+social+care](https://www.youtube.com/results?search_query=surrey+county+council+adult+social+care)

**Continue to offer a register your interest process for qualified posts.**

- **Aim:-** to reduce the vacancies in our qualified worker roles
- What we have done:- Implemented register your interest for qualified workers where we phone back candidates within 48 hours of them registering their interest
- What has been the impact:- Since the launch in October 2018 34 people have registered and 9 have been appointed
- What we will be doing:- In 2019 we are planning to roll out this offer for other roles.

**Continue with recruitment approach that is more engaging with younger people, this includes running more assessment centres that providing a recruitment process that is millennial friendly**

- **Aim**:- help attract new and young people into the service. Provide more same time offers of work,
- **What have we done:-** In partnership with Health colleagues we have offered a register your interest then set up assessment days. The focus has been on our reablement and service delivery roles
- **What we are doing:-** We have created a combined social media & assessment day with health colleagues in North West Surrey. That is going live
- **What we will be doing:-** We are following up with Health colleagues to seek an evaluation of the impact of these & if effective will roll out more

See links to the North West campaign

[Male voiceover](#)

[Female voiceover](#)

**Recommends that the Council prioritises investigating the potential of technology to support the workforce, improve productivity and promote residents to remain independent.**

**Aim:-** Investigate the potential of technology to support the workforce, improve productivity and promote residents to remain independent

<ul style="list-style-type: none"> <li>Launch Mobile LAS (social care database) app on hybrid device to allow staff to input real time data. The hybrid devices are currently being tested. Subject to a procurement process, the chosen device will be rolled out in April.</li> </ul>	April 2019
<ul style="list-style-type: none"> <li>Expansion of the Citizen portal (already live enabling self-assessment) into a Client portal that allows resident to self-review and receive bespoke signposting information. The scope and potential for greater self-service needs to be explored</li> </ul>	April 2019
<ul style="list-style-type: none"> <li>Promotion of the Online Financial Assessment Portal as the default option for improving timeliness of assessments.</li> </ul>	April 2019
<ul style="list-style-type: none"> <li>Use of automated processes to replace manual processes for example, the automated archiving of electronic records. Business case for resources to be drafted Feb 19 and plan to go live for April 19</li> </ul>	April 2019
<ul style="list-style-type: none"> <li>A new delegation portal to create efficiencies for our Deprivation of Liberty (DOLs) team.</li> <li>Portal upgrade incorporating 'short cuts' that will save staff time (increase productivity)</li> </ul> <p>Scheduled for April/May 2019</p> <ul style="list-style-type: none"> <li>Electronic professional referral that directly feeds LAS – removing need for staff to enter initial contact data into LAS and scan and upload documents to Wisdom and to. In development to be soft launched end of March prior to full roll out in June.</li> </ul>	May 2019
<ul style="list-style-type: none"> <li>Work with the Agile Workforce transformation programme to ensure staff have the right equipment to support their role.</li> <li>Explore the options for an expanded Technology Enabled Care offer to use technology to help people remain independent in their own homes.</li> </ul>	Ongoing  Ongoing

- These are programs of work that support our practice improvement transformation program
- What we have done so far:- Testing the mobile App, Developed portal and on line tools that residents can use,
- What we will be doing:- rolling out the program of work above

**Recommends that the Council undertakes an exercise to consider the cost of recruitment against raising staff salaries.**

**Evaluate the cost of recruitment against raising staff salaries**

Seek feedback from Association Directors Adult Social Services (ADASS) regional partners if they have done this and if so what the impact was.

- Undertake evaluation of cost of recruitment & retention incentives
- **Aim**:- Evaluate the cost of recruitment against raising staff salaries
- What we have done:- Confirmed with ADASS network no other authorities have done this in the region.
- What we will be doing:- Undertake evaluation of cost of recruitment & retention incentives.

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**MINUTES** of the meeting of the **HEALTH, INTEGRATION AND COMMISSIONING SELECT COMMITTEE** held at 10.00 am on 8 March 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 Thursday, 13 June 2019.

**Elected Members:**

(\* present)

- \* Mrs Mary Angell
- \* Dr Bill Chapman
- \* Mr Nick Darby (Vice-Chairman)
- Mr Graham Ellwood
- \* Dr Zully Grant-Duff (Chairman)
- Mr Graham Knight
- Mrs Tina Mountain
- \* Mr John O'Reilly
- \* Mrs Fiona White
- \* Mrs Clare Curran

**Co-opted Members:**

- Borough Councillor Darryl Ratiram, Surrey Heath Borough Council
- Borough Councillor Mrs Rachel Turner, Tadworth and Walton
- \* Borough Councillor David Wright, Tillingbourne

**Substitute Members:**

Mr Tim Hall

**In attendance:**

Helen Wilshaw-Roberts, Strategy & Partnerships Manager – West, SECAMB

Steve Emerton, Executive Director of Strategy and Business Development, SECAMB

Andy Cashman, Regional Operations Manager: West, SECAMB

Sumona Chatterjee, Executive Director of Strategic Commissioning, Surrey Heartlands CCG

Matthew Parris, Healthwatch Surrey

Matthew Tait, Joint Accountable Officer, Surrey Heathlands ICS

Helen Atkinson, Executive Director of Public Health

Martyn Munro, Senior Public Health Lead, Surrey County Council

Sinead Mooney, Cabinet Member for Adults and Public Health

Katy Matthews, Substance Misuse Service Manager, Surrey and Borders Partnership

Sue Murphy, CEO, Catalyst

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*Due to severe traffic issues on the day of the meeting, it was agreed by the Chairman and Vice-Chairman to start the Committee meeting at the later time of 10:15 am.*  
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**22 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]**

Apologies were received from Mr Tim Oliver, Mr Graham Ellwood, Mr Darryl Ratiram and Ms Rachel Turner.

Mr Tim Hall acted as a substitute for Mr Graham Ellwood.

*Ms Fiona White entered the meeting at 10:20am*

**23 MINUTES OF THE PREVIOUS MEETING: 7 NOVEMBER 2018 [Item 2]**

These were agreed as a true record of the meeting.

**24 DECLARATIONS OF INTEREST [Item 3]**

There were none.

**25 QUESTIONS & PETITIONS [Item 4]**

There were none.

**26 RESPONSE FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 5]**

There were none.

**27 SOUTH EAST COAST AMBULANCE SERVICE UPDATE [Item 6]**

**Declaration of Interests:**

None

**Witnesses:**

Helen Wilshaw-Roberts, Strategy & Partnerships Manager – West, SECAmb

Steve Emerton, Executive Director of Strategy and Business Development, SECAmb

Andy Cashman, Regional Operations Manager: West, SECAmb

Sumona Chatterjee, Executive Director of Strategic Commissioning, Surrey Heartlands CCG

Matthew Parris, Healthwatch Surrey

**Key points raised during the discussion:**

1. The report was briefly introduced by the Executive Director of Strategy and Business Development who explained that the Trust had moved from an Inadequate to a Requires Improvement Care Quality Commission (CQC) rating.
2. Witnesses were asked for an update on the new executive team employed by the Trust. It was explained that the previous Chief Executive, Daren Mochrie, had taken on a new role and Dr Fionna Moore would be acting as the SECamb Interim Chief Executive. A new Chief Executive had been appointed and the Executive Director of Strategy and Business Development would update the Committee on the progress of this appointment in due course.
3. It was confirmed that following the Demand and Capacity Review, it was recognised that a significant amount of investment was required to see improvements in the Trust. A contract variation agreed with the commissioners has placed a significant investment in the Trust for 2018 / 2019 and continues into 19/20 and 20/21. The investment in the Trust is dependent on the current contract review process and would be around £34-43million growth per annum over the next two years
4. It was queried how much emphasis was given to triage by the Trust as it seemed to work well with the Crawley Ambulance triage programme. The Strategy & Partnerships Manager – West explained that the Crawley Ambulance triage programme had been successful in helping with the current gap in crisis response teams and the ability for an emergency response for people suffering a mental health crisis. The model consists of an advanced mental health practitioner and a paramedic that respond to calls. The result had been effective assistance had been provided and the Trust was working with Sussex Partnership and Foundation Trust to assess the most appropriate model of care for people experiencing such emergency crisis - this would then be assessed for wider rollout requirement further across Surrey and Kent.
5. It was explained that the Targeted Dispatch Model would ensure the right resources get to the right places and people. There was a concern there will be a greater number of people being conveyed to the acute centres as resources available to the Trust improve. It was added that there were now midwives in the control centre environment for the Surrey Heartlands area which would reduce the number of conveyances to hospitals and this would be extended to Sussex and Kent in due course.

*Zully Grant-Duff arrived at the meeting at 10.35am*

6. It was queried what issues were stopping the Trust from improving ambulance response times and how these were being tackled. The Regional Operations Manager – West explained that the investment secured had enabled the Trust to secure additional resources and make improvements. The demands on the Trust had been modelled

from historic data and rotas had been re-profiled for operational staff. Hospital handover work had been done and has seen significant improvements in turnaround times but continues to be an issue in winter periods. The introduction of the national Ambulance Response Programme (ARP) has allowed the Trust to think about how calls are triaged with more time being available to make decisions. It was added that improvements are regularly monitored with commissioners as part of an action plan. The Executive Director of Strategic Commissioning stated that the operational workforce trajectory was recognised as an important factor for improvement and circa 2000 operational staff, including over 1000 paramedics, would be operational in total to deliver key standards. Resources will include those secured via private ambulance providers.

7. It was confirmed that staffing had been included within the Demand and Capacity Review and investment for this had been agreed.
8. There was a discussion around the particular difficulties the Trust was facing with trying to improve C3 and C4 ambulance response times and the role of non-emergency transport vehicles in this. The Trust recognised that it was unacceptable that there were long delays with C3 and C4 calls. It was explained that lower category calls into the control centre were regularly reviewed and re-categorised if needed, and that call-backs were made where appropriate and followed with situation updates. It was explained that an audit of decisions taken by call takers was undertaken regularly to ensure decisions taken were appropriate.
9. A Member of the Committee queried the ambulance quality indicators in Table 2a of the report asking when the Trust would see an improvement of performance for all call categories and, also, how the Trust was addressing the 'Must do' actions raised in the CQC report. It was explained that there was a great amount of activity being undertaken to improve process, oversight of call handling and the deployment of clinicians especially in the control centre environment. There were plans to bring 38 nurses into the control centre environment. There was currently a lot of work going on to improve performance across the Trust.
10. The representative from Healthwatch Surrey explained that there was a wide variation of patient experiences with SECamb services. They gave the example of a lady who had fallen over and waited over four hours for an ambulance, which highlighted the issues of long waiting times. They explained that in contrast good feedback had been received on the conduct and professionalism of ambulance staff.
11. Members of the Committee congratulated the Trust on the improvements to the service.
12. The Executive Director of Strategy and Business Development stated that compliance would be delivered with Category 1,2,3,4 calls in Quarter 1 of 2019/20, all things being equal. Weekly discussions are being held with NHS commissioners to reflect on the challenges in achieving this. The Executive Director of Strategic Commissioning stated that work was being undertaken with SECamb regularly to ensure ARP standards were met. The issues of call stacking will be addressed, as ARP standards were met.
13. With regards to how the Trust can give assurance it would be fit for the future, it was explained that work was being undertaken with commissioners and partners to shape the future of the Trust. The five

year strategic plan is currently being refreshed and allows the Trust to think about shaping pathways for the future.

**Actions/further information to be provided:**

None

**Resolved:**

For the Health, Integration and Commissioning Select Committee to receive an update report on the performance of SECAMB in September 2019. For this report to include an update on:

- the Performance of all Categories (1,2,3,4) of ambulance response times,
- the work of the new Chief Executive since joining the Trust and governance arrangements,
- recruitment, hospital handover times and any funding issues.

**28 DRAFT JOINT HEALTH AND WELLBEING STRATEGY FOR SURREY [Item 7]**

**Declaration of Interests:**

None

**Witnesses:**

Matthew Tait, Joint Accountable Officer, Surrey Heathlands ICS

Helen Atkinson, Executive Director of Public Health

Matthew Parris, Healthwatch Surrey

**Key points raised during the discussion:**

1. It was explained that the draft Joint Health and Wellbeing Strategy for Surrey was currently out for public engagement and the purpose of the meeting was for the Committee to comment on the draft strategy as well as to put forward specific questions.
2. There was concern around the governance arrangements as part of the monitoring of the strategy delivery. Members commented that there did not seem to be clear lines of accountability within the strategy for the outcomes identified. The Executive Director of Public Health stated that the governance for the draft strategy sat with the Health and Wellbeing Board which both ICSs, Surrey Heartlands and Frimley Health and Care, and the East Surrey & Sussex STP are Members of. Work would be undertaken over the next month to collate engagement feedback and map out priorities alongside existing provision. This mapping of services will be used to review current governance arrangements. The final strategy will be signed off by the Health and Wellbeing Board in April. Sponsors from the Board would be sought to champion priorities and outcomes within the strategy.

3. The Joint Accountable Officer reassured the Committee that work on governance within the strategy was Surrey-wide. The officer was keen to ensure the right challenge with regards to responsibility for delivery was in place alongside the strategy.
4. The Joint Accountable Officer stated that the deliverables in the strategy were cross-organisation and the challenge would be how to get stakeholders working together in partnership. It was added by the Executive Director of Public Health that there had been unprecedented partnership working when developing the strategy.
5. In regard to NHS property, the Joint Accountable Officer explained that the culture of work across the NHS had improved and this would support any property discussions taking place. Devolution would allow for more discussions to take place around NHS property decision making as so far limited progress had been made.
6. It was queried what steps would be taken to ensure the strategy is delivered to residents on the ground. The Joint Accountable Officer stated that by having a better joined up strategy, outcomes for the population in Surrey would be improved. Challenges around mental health had been raised but working together had resulted in a better approach and better outcomes. The Executive Director of Public Health stated that the strategy was a long term plan which would target deprived groups within the population.
7. A concern was raised around the five population groups contained within the draft strategy and in particular the fact that people with mental health were not specifically identified as one of the five population groups. It was added that the system capabilities section of the draft strategy was difficult to grasp with many high level statements being made.
8. Members recognised that the overall responsibility of the draft strategy sat with the Health and Wellbeing Board but felt that the various organisations who sat on the Board should take a lead in delivering various aspects of the draft strategy. The Joint Accountable Officer agreed that this observation was being addressed but cross-organisational challenge was essential for the draft strategy to be a success.
9. There was consensus amongst the Committee that there did not seem to be much mention about mental health in the draft strategy and it was further queried if this would be refined. It was mentioned that the NHS long term plan clearly identifies funding for mental health and hence the strategy should follow on and make clearer the plans for mental health. The Executive Director of Public Health commented that mental health had been included as part of the overarching second priority in the draft strategy, 'Supporting the emotional wellbeing of people in Surrey'. Officers had looked at the Joint Strategic Needs Assessment and evidence from this showed that mental health had a great impact on Surrey residents, hence why it had been included within the second priority. It was explained that throughout all five population groups mental health is implicitly referred to. There was an agreement that mental health should be made more explicit throughout the strategy.
10. It was commented the building capabilities for each of the population groups within the strategy seem largely generic and queried if they would be refined before the strategy is approved.
11. In terms of the identification of the five population groups, the Executive Director of Public Health clarified that data underpinned the

- five population groups chosen and that these groups had the biggest impact in terms of the population.
12. There was a suggestion that there should be more information in the draft strategy around funding for mental health and an explanation as to how this funding would be used. The Joint Accountable Officer agreed that mental health investment would be embedded in the response of commissioners to the NHS 10-year plan and stated he would take away the comments raised by the Member about inclusion of funding within the draft strategy.
  13. The Healthwatch representative queried if there was a legal duty to consult on the draft strategy, how information from the public engagement would be used to influence the strategy and if there were more detailed plans in place to speak to various other population groups. The Executive Director of Public Health explained that a public engagement exercise was being undertaken with the draft strategy and not a public consultation. A public consultation would be required for the next phase of the strategy. It was added that engagement would be key when co-designing services as part of the delivery of outcomes within the strategy. A great amount of work had been undertaken with stakeholders including patient groups and residents to ensure this feedback is taken on board.

*Cllr Mary Angell left the meeting at 12:15*

14. In terms of the target performance levels included for each outcome identified, it was commented that these seemed very ambitious and it was queried what methodology had been used to arrive at these target levels. The Executive Director of Public Health explained that these target levels were just a starter and as work began metrics would become more defined. Existing national indicators had also been used to support the target performance levels.
15. It was queried if the indicators in the strategy would be adapted to local challenges. In response, it was explained that a performance dashboard would be used with live data. Local evidence would be used to support this dashboard. It was explained that target performance levels were based on national comparators and had also been tested at workshops. A financial model also supported the target performance levels.
16. It was explained that the strategy would be reviewed when the social care green paper was published.
17. It was explained that the implementation and delivery of the strategy would be scrutinised by the Select Committee going forward. The Chairman proposed that a letter with the Select Committee's comments on the draft strategy is sent to the Chairman of the Health and Wellbeing Board for consideration.

**Actions/further information to be provided:**

None

**Resolved:**

For the Health, Integration and Commissioning Select Committee to write a letter to the Chairman of the Health and Wellbeing Board with comments raised on the draft Joint Health and Wellbeing Strategy for Surrey.

## 29 SUBSTANCE MISUSE SERVICE REPORT [Item 8]

### **Declaration of Interests:**

None

### **Witnesses:**

Martyn Munro, Senior Public Health Lead, Surrey County Council

Helen Atkinson, Executive Director of Public Health

Sinead Mooney, Cabinet Member for Adults and Public Health

Katy Matthews, Substance Misuse Service Manager, Surrey and Borders Partnership

Sue Murphy, CEO, Catalyst

Matthew Parris, Healthwatch Surrey

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

1. It was queried what impact out of county services have had on patients since the closure of Windmill House and what steps were being taken to ensure these out of county services were being monitored. The Substance Misuse Service Manager explained that the model of detoxification had changed from 1 July 2018 and the new model included a mix of ambulatory and out of county services. Out of county services had been spot purchased from Bridge House in Kent, which has received an outstanding grading from the CQC and has a good reputation for providing outstanding services. It was added that for patients who required more than an hour's travel to reach ambulatory services, spot purchasing from Bridge House could be organised, although this was considered on a case by case basis.
2. A Member of the Committee queried what lessons the adult substance misuse treatment team had learnt from the integration of sexual health and HIV services in Surrey as mentioned in the introduction of the report. The Executive Director of Public Health stated that a great amount of work had been done to consult with service users and patients. Joint work had also been undertaken with NHS commissioners and Providers. The Cabinet Member added that the work of the sexual health services task group had a positive impact on the work of the team, ensuring that discussions with people impacted by the service took place.
3. There was a discussion around the increased use of opiates in the USA. It was queried how resilient the service would be if there was an increase in opiate use in Surrey. The Senior Public Health Lead explained that locally the medicine management team had not highlighted any hotspots for opiate use in Surrey. Work was also being undertaken with local acute teams to understand how best to work collaboratively to support teams further in the field of opiate use. Nationally access to opiate treatment was at a decline but in Surrey there has been an increase in the number of people accessing opiate

treatments. It was added that there were a number of satellite prescribing services for opiate users in Surrey although there was an ongoing challenge with recruiting prescribing staff.

4. The Healthwatch representative explained that a number of positive comments had been received on the i-access treatment with the needs of service users being adequately met. There was some concern around a single point of contact for service users and also some anxiety around the move of in-patient services, although this was not deemed to be detrimental. Overall the comments from service users was very positive.

*Dr Bill Chapman left the meeting at 12.52.*

5. It was explained that service user feedback was collated through the 'Your Views Matter' survey which was collated regularly. Feedback was also collated through telephone surveys. This data was then reported to Public Health quarterly. There were also peer mentors in the service who delivered smart groups and were very active in relaying how better to provide services. In terms of overall performance monitoring, a quarterly contract review meeting is undertaken which also includes patient feedback. The service is able to monitor the speed of access to treatments, with the average being 14 days in Surrey.
6. The CEO of Catalyst explained the benefits of peer mentoring and explained some positive work had been undertaken with Woking Borough Council. An accredited programme for those taking part in peer mentoring was being organised.
7. There was a discussion around recruitment. It was explained that at present there were no plans to second any employees from the substance misuse team to the family safeguarding team, although this model was wholly supported.
8. Concern was expressed around the cost pressures of Buprenorphine and the impact this will have on patient treatment. The Substance Misuse Service Manager explained that a number of alternative manufacturers were offering a rebate on different drugs that could be used instead of Buprenorphine and were just as effective. This would be rolled out from April 2019 and would therefore mitigate some cost pressures. The Senior Public Health Lead stated that with the new partnership model in place there was now an open accounting system in place. This has allowed partners to respond effectively to the £220k cost pressure at year end.

**Actions/further information to be provided:**

None

**Resolved:**

The Health, Integration and Commissioning Select Committee:

1. noted the progress made in the changes to the adult substance misuse treatment system and positive comments from Healthwatch Surrey;

- II. invite the Programme Board to update the Committee on:
  - a. the Drug and Alcohol Detoxification Service Evaluation scheduled to be published in October 2019.
  - b. performance of the adult drug and alcohol misuse treatment system.

**30 HEALTH, INTEGRATION AND COMMISSIONING SELECT COMMITTEE BULLETIN [Item 10]**

**Declarations of Interests:**

None

**Witnesses:**

None

**Key points raised during the discussion:**

1. The Chairman agreed to consider the bulletin before the forward plan item as the content on the bulletin could potentially have an impact on the items to be considered by the Committee going forward.
2. The item was introduced by the Chairman of the Select Committee who advised that the bulletin was a means of keeping Members updated regarding the work she had undertaken between Select Committee meetings.
3. There were no comments on the bulletin.

**Actions/ further information to be provided:**

None

**RESOLVED:**

The Health, Integration and Commissioning Select Committee noted the Select Committee bulletin.

**31 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 9]**

**Declarations of Interest:**

None

**Witnesses:**

None

**Key points raised during the discussions:**

1. There were no comments raised on this item.

**Actions/ further information to be provided:**

None

**RESOLVED:**

The Health Integration and Commissioning Select Committee reviewed items that it is due to consider at future meetings and reviewed progress against actions and recommendations as captured within the Committee's Recommendations Tracker.

**32 MAPPING THE PATIENT'S JOURNEY THROUGH ADULT MENTAL HEALTH SERVICES IN SURREY- TASK AND FINISH GROUP SCOPING DOCUMENT [Item 11]**

**Declarations of Interest:**

None

**Witnesses:**

None

**Key points raised during the discussions:**

1. The Vice-Chairman explained that as the Democratic Services Officer who worked on the Committee had left the organisation, the timetable included within the scoping had been pushed back. Recruitment was underway for committee support. A meeting with SaBP has been set up for April to discuss pathways in more detail.
2. The importance of this piece of work was reiterated by the Chairman.
3. The Healthwatch representative agreed that Healthwatch would be happy to support this task group in whatever way it can.

**Actions/ further information to be provided:**

None

**RESOLVED:**

The Health Integration and Commissioning Select Committee noted the task and finish group scoping document.

**33 DATE OF THE NEXT MEETING [Item 12]**

The next meeting of the Select Committee will be held at 10.00am on Thursday 13 June in the Ashcombe Suite at County Hall.

Meeting ended at: 13:00

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**Chairman**

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## **Adults and Health Select Committee 13 June 2019**

### **Urgent Care in Surrey Heartlands**

#### **Purpose of report:**

To brief the Adults and Health Select Committee (AHSC) of Surrey County Council, as the relevant Scrutiny Committee, on the following areas relating to Urgent Care in Surrey Heartlands.

#### **Introduction:**

- 1) This paper has been produced by North West Surrey 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.
- 2) Both proposals are in their formative stages, and no decisions have been made by either CCG. However, Urgent Care is an area of significant change across the NHS and this paper seeks to provide an overview of the changes underway so that the Committee is able to understand the context of any proposals.
- 3) Finally, engagement with the public and local clinicians has been, and will continue to be, a cornerstone of the CCGs' approach. This paper identifies the approach adopted by both CCGs to develop proposals, explaining how various stakeholders are involved in the development of proposals

#### **Commissioning of Care in Surrey and Surrey Heartlands**

- 4) There are six Clinical Commissioning Groups (**CCG**) covering the population of Surrey:<sup>1</sup>

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<sup>1</sup> Health and Social Care Act (2012)

- i) Guildford and Waverley CCG;
  - ii) North West Surrey CCG;
  - iii) Surrey Downs CCG;
  - iv) East Surrey CCG;
  - v) North East Hants & Farnham CCG; and
  - vi) Surrey Heath CCG;
- 5) In April 2017 Surrey Heartlands Health and Care Partnership was established. It is now known as an Integrated Care System (**ICS**). The ICS comprises eleven health and care organisations and includes three of the Surrey CCGs, which now share an executive body with a single, Joint Accountable Officer.<sup>2</sup>
- i) Guildford and Waverley CCG;
  - ii) North West Surrey CCG; and
  - iii) Surrey Downs CCG.
- 6) Functions, such as the commissioning of Urgent Care, have continued to be commissioned by each CCG on an individual basis. The following factors informed this decision:
- i) The clinical development of Urgent Care to meet national criteria (see box below) is at different points within each of the three Surrey Heartlands CCGs;
  - ii) Patient flows are for the most part local within each Surrey Heartlands CCG; and
  - iii) Urgent Care needs to respond to the different health needs of each locality: as a result, one approach across the three CCGs would not address local needs.
- 7) Since the development of Surrey Heartlands Health and Care System (**ICS**), NHS England has asked there to be further integration between CCGs, local authorities and providers of health and care. As a result, Surrey Heartlands has three Integrated Care Partnerships (**ICP**) based upon the three CCG footprints:
- i) Guildford and Waverley ICP;
  - ii) North West Surrey ICP; and
  - iii) Surrey Downs ICP.

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<sup>2</sup> A further Surrey Heartlands Devolution Agreement was signed in 2018 committing to further devolution of responsibility to Surrey Heartlands and reflecting the rapid progress that had been made.

- 8) Certain functions are delivered at scale across the entire Surrey Heartlands geography i.e. the commissioning of mental health care, children's services, continuing healthcare, learning disabilities and workforce development. The ICPs have then been established to provide a framework to support integrated care at a local level. Each of our ICPs are developing within existing CCG boundaries – (Guildford & Waverley, North West Surrey and Surrey Downs) - building on existing relationships and natural patient flows. There is representation from NHS bodies, borough councils and the county council.
- 9) The three Surrey Heartlands ICPs will play an increasingly important part in commissioning decisions. However, without changes to the current regulations, the three Surrey Heartlands CCGs each retain their statutory responsibilities.
- 10) East Surrey CCG is not part of the Surrey Heartlands ICS. However, following ongoing discussions with East Surrey partners (East Surrey CCG, Surrey and Sussex Healthcare Trust and First Community Health and Care) they have started working more closely with the Surrey Heartlands system from April 2019.
- 11) East Surrey CCG has been developing its own proposals on Caterham Dene Hospital Minor Injuries Unit and will be engaging with all relevant health scrutiny committees to oversee the Sussex and East Surrey wide proposals, of which Caterham Dene Hospital Minor Injuries Unit forms a part. The proposals for Caterham Dene form part of a wider Sussex and East Surrey transformation programme reflecting patient flows. Joint messages have been developed to support these local conversations, setting out strategic intent in a consistent way.
- 12) Given it is a part of the Sussex and East Surrey transformation programme, this report will not consider further Caterham Dene Minor Injuries Unit. However, East Surrey CCG will attend the June AHSC meeting to support the wider Surrey Heartlands programme, recognising the interdependencies across both models to deliver consistent patient pathways.

## Urgent Care Surrey Heartlands

13) The NHS<sup>3</sup> makes a distinction between what is seen as Urgent Care and what is classified as Emergency Care. This distinction is important in terms of the services that are provided and the types of patients that can be managed in these services. Figure 1 below provides an overview of each, along with a summary of what is included in 'Out of Hospital Care'. GP out-of-hours, and some same day, services are included in both Urgent Care and as part of the wider configuration of Out of Hospital Care.



Figure 1 – Emergency Care / Urgent Care / Out of Hospital Care

14) Urgent Care<sup>4</sup> is delivered by a wide range of different providers including GP Practices, Community Providers and Acute Providers. The following table lists the types of clinical services that are commissioned by the three Surrey Heartlands ICP CCGs:

Service Type	Description
Urgent Treatment Centres (UTC)	Provide urgent-care walk-in services, including diagnostics. GP led. Specification is nationally defined by NHS England

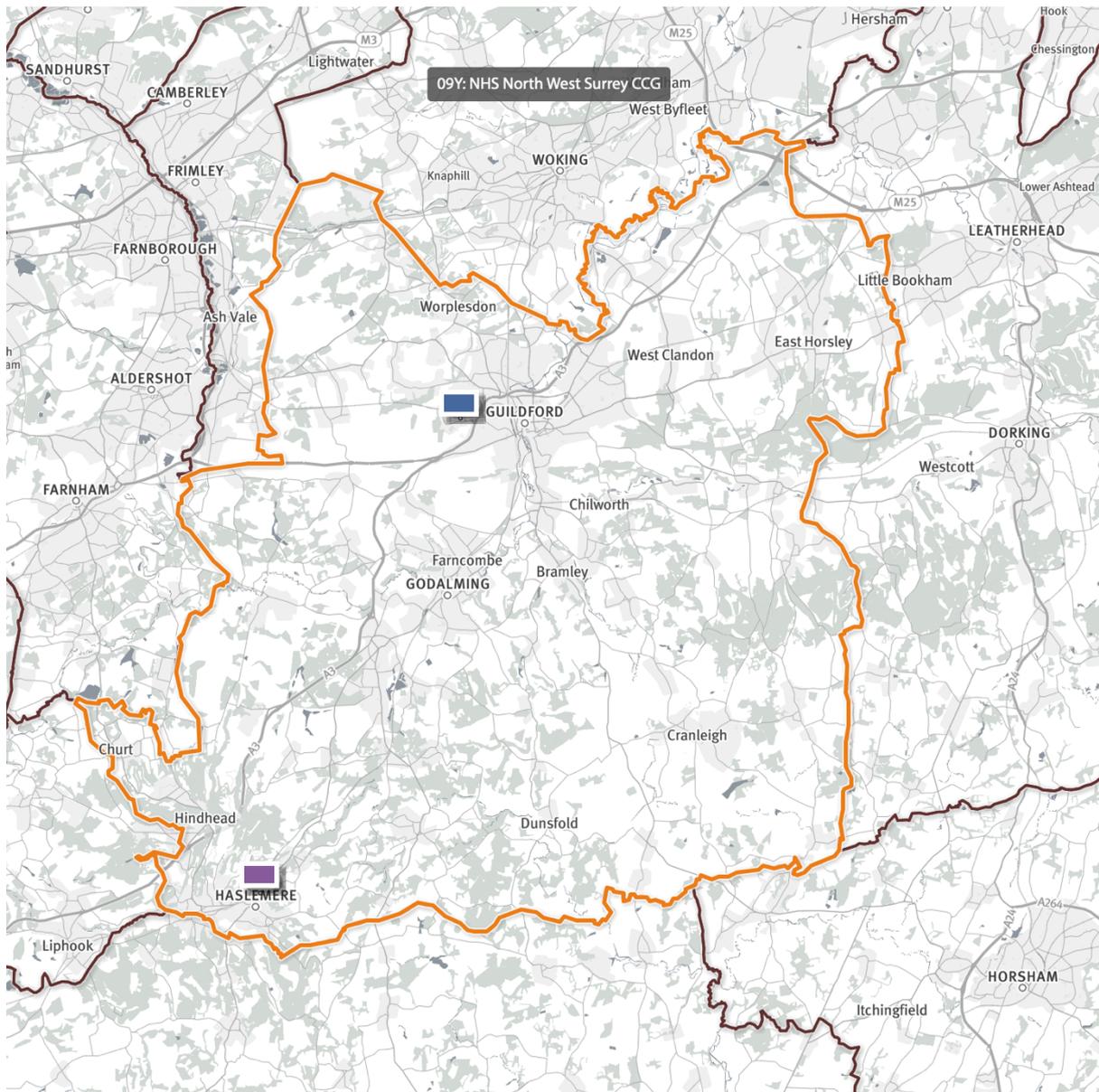
<sup>3</sup> Transforming Urgent and Emergency Care Services in England, NHS England (2013)

<sup>4</sup> Accident and Emergency Departments are not defined as Urgent Care and are not included in this report

Minor Injury Units (MIU)	Provides a minor injury service, which is primarily Nurse led, and may have some limited support from a GP.
Walk-In Centre (WIC)	Provides a minor injury and illness service, which is nurse led.

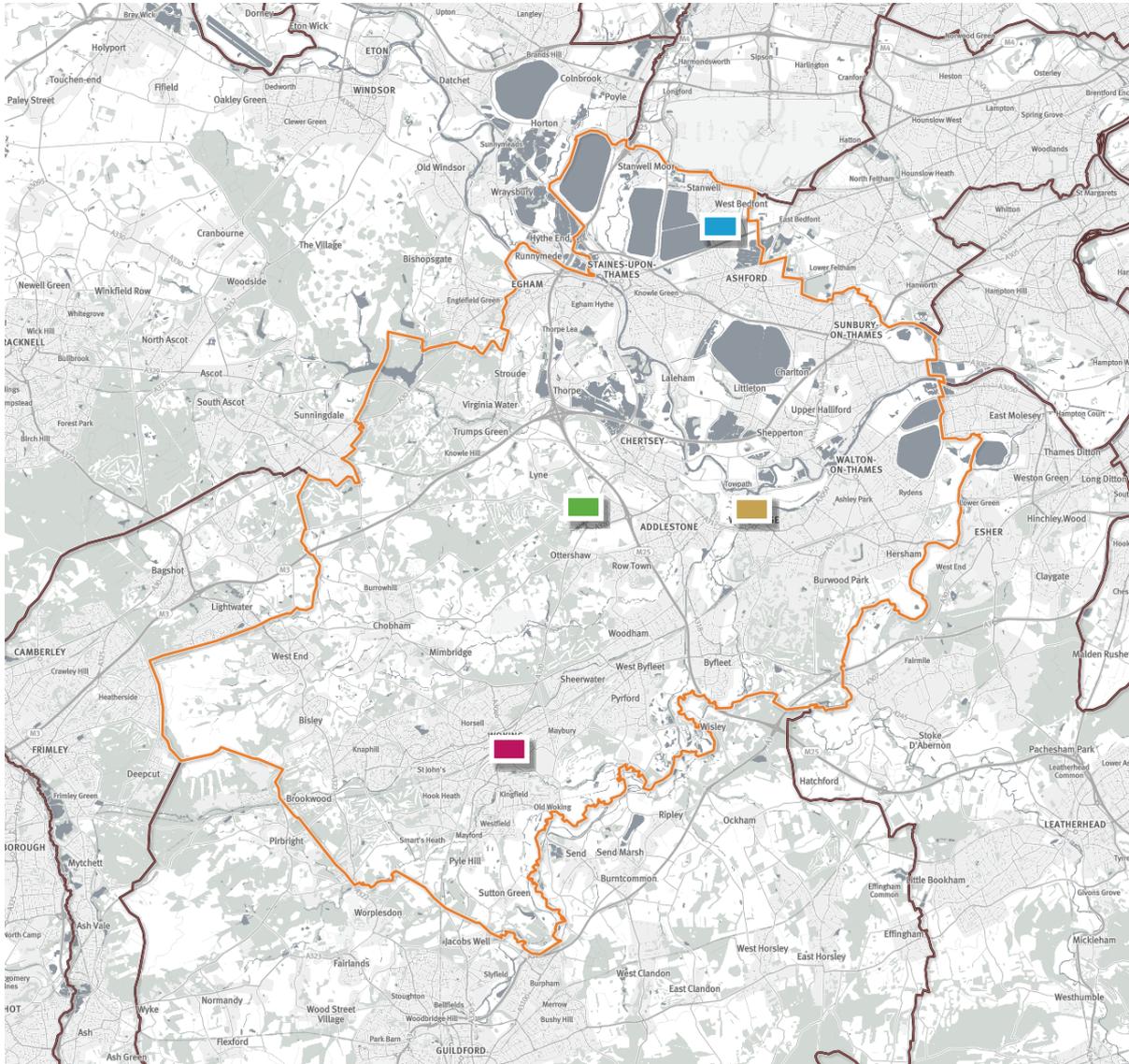
Table 1 - Service Type / Description

15) The following three maps set out the location of Urgent Care provision within Surrey Heartlands and **Annex A** provides further detail on attendances.



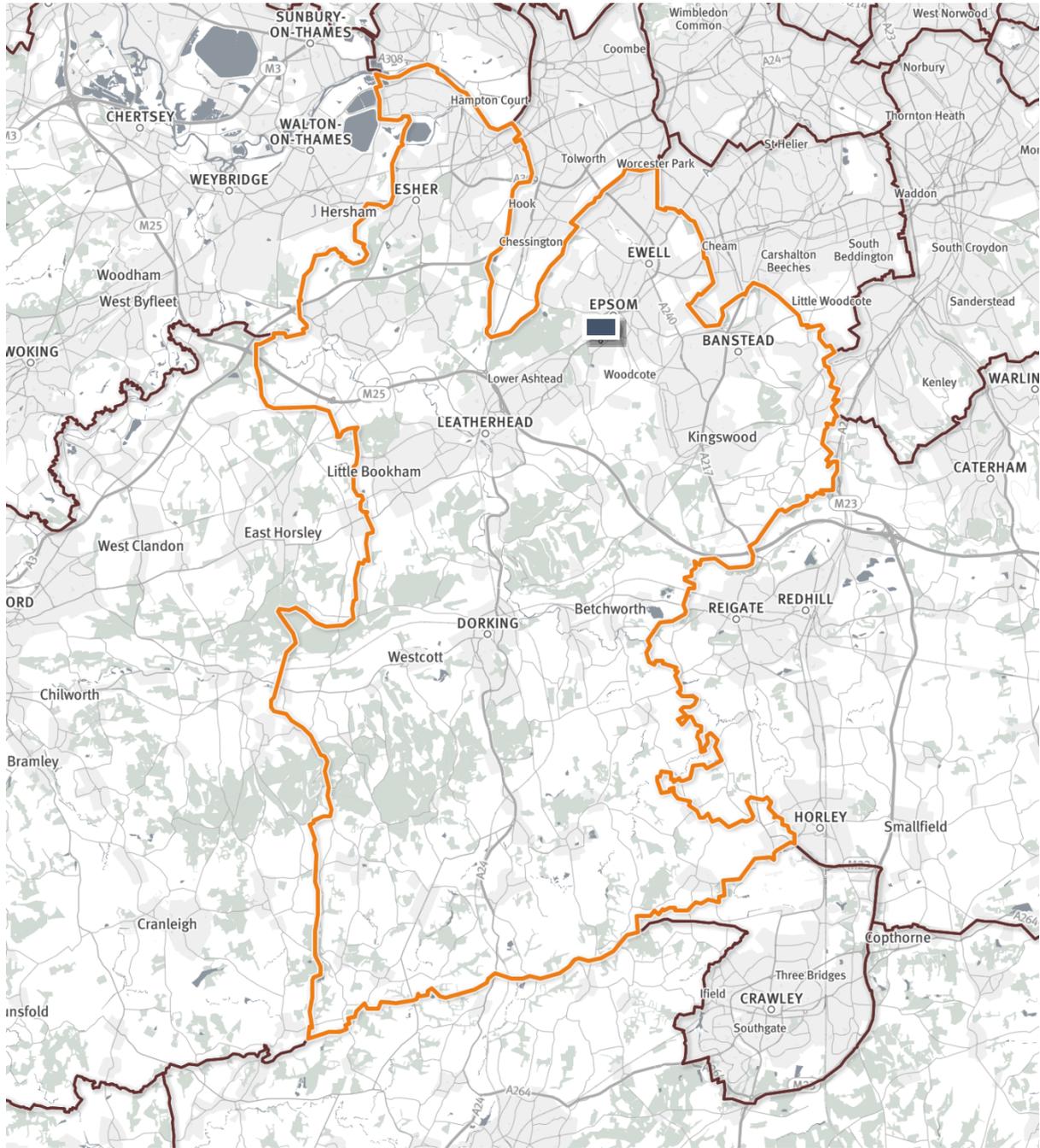
Location	Type of Provision	Post Codes
Haslemere Community Hospital	Minor Injuries Unit	GU27 2BJ

Figure 2 – Urgent Care Provision in Guildford and Waverley CCG



Location	Type of Provision	Post Codes
Ashford Hospital	Walk-In Centre	TW15 3AA
Woking Community	Walk-In Centre	GU22 7HS
St Peter's Hospital	Urgent Treatment Centre / A&E	KT16 0PZ
Weybridge Community Hospital	Walk-In Centre	KT13 8DY

Figure 3 – Urgent Care Provision in North West Surrey CCG



Location	Type of Provision	Post Codes
Epsom General Hospital	Urgent Treatment Centre	KT18 7EG

Figure 4 – Urgent Care Provision in Surrey Downs CCG

16) As with the wider NHS, Urgent Care has seen an increase in the demand for its services.

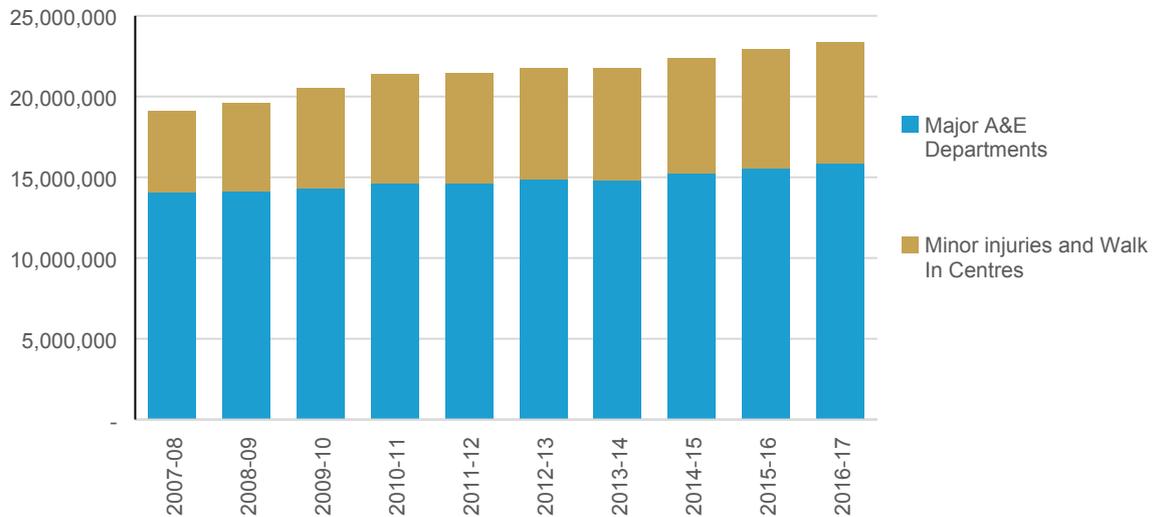


Figure 5 – Hospital Accident and Emergency Activity, NHS England (2017)

17) Nationally, the proportion of attendances at minor injury units and walk-in centres has increased over time. In 2007-08 the minor injury units and walk-in centres attendance rate was 26 per cent: this grew to 32 per cent in 2016-17.

18) There are a number of reasons why attendances at MIUs and WICs has increased over the past ten years: difficulties making an appointment in primary care (GP practices) are one of these reasons as noted in the recent Healthwatch Survey.<sup>5</sup> Hence, the future provision of urgent care needs to involve a range of service options and developments.

**Urgent Treatment Centres (NHS England)**

19) NHS England has developed clear guidance for commissioners responsible for the development of Urgent Care. In July 2017, NHS England published *Urgent Treatment Centre Principles and Standards*. This sets out the expectation placed on CCGs to develop Urgent Care for the population they serve. To support this requirement, an Urgent Treatment Centre specification has been published. This has specific implications for Surrey Heartlands in terms of the existing sites that deliver Urgent Care because there is a difference between the current service offering and the new specification. Reconfiguring all existing services to

<sup>5</sup> Primary Care, Healthwatch Surrey Report (2018)

meet the Urgent Treatment Centre specification may have a significant impact on workforce availability, access and cost depending on the delivery model deployed.

- 20) The following table sets out the service type and location for the Surrey Heartlands ICPs prior to the NHS England UTC Guidance. Consideration therefore needed to be given to how the NHS England specification for Urgent Treatment Centres is delivered locally.

<b>Surrey Heartlands ICP</b>	<b>Previous Service Type / Location</b>
Surrey Downs	Urgent Care Centre in Epsom Hospital
Guildford and Waverley	Minor Injuries Unit in Haslemere Community Hospital
North West Surrey	Urgent Care Centre in St Peter’s Hospital Walk-In Centre in Weybridge Community Hospital <sup>6</sup> Walk-In Centre in Woking Community Hospital Walk-In Centre in Ashford Hospital

Table 2 – Previous Service Type / Location

- 21) In 2018 the Urgent Care Centres at St Peter’s Hospital and at Epsom Hospital were each designated as Urgent Treatment Centres (see table below). This designation was based upon the Urgent Care Centre being co-located with the Accident and Emergency Department. Moving to Urgent Care Centres delivery was managed by each hospital as part of their routine operational management.

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<sup>6</sup> The fire at Weybridge Community Hospital means that the site is not currently operational. North West Surrey CCG has committed to building a health care facility on the site and as this paper explains, the Big Picture programme will inform the eventual configuration of this facility.

<b>Surrey Heartlands ICP CCG</b>	<b>Current Service Type / Location</b>
Surrey Downs CCG	<b>Urgent Treatment Centre / Epsom Hospital</b>
Guildford and Waverley CCG	Minor Injuries Unit / Haslemere Community Hospital
North West Surrey CCG	<b>Urgent Treatment Centre / St Peter's Hospital</b> Walk-In Centre / Weybridge Community Hospital Walk-In Centre / Woking Community Hospital Walk-In Centre / Ashford Hospital

Table 3 – Previous Service Type / Location

- 22) As a result, Surrey Downs CCG is not currently reviewing urgent care provision for its population as the UTC in Epsom General Hospital is compliant with the NHS England specification.
- 23) In taking forward the development of proposals it was agreed that urgent care sits best within local areas as the pathways and interrelationships within the local health economy are key. As such, it was agreed that the ICPs would lead on urgent care pathways and that designation of UTCs would not be a top down approach from Surrey Heartlands. This perspective was tested with the providers of the Urgent Care sites.
- 24) The current Minor Injuries Unit in Haslemere Community Hospital is used by the patients residing in the south of Guildford and Waverley, with a significant proportion of patients using the unit being registered with Hampshire and to a lesser extent West Sussex GP practices. In North West Surrey the sites are, and have been, primarily used by residents from within the CCG locality, with the exception of the Ashford site which has usage (but not significant) from parts of South West London.
- 25) Because the two Surrey Heartlands ICPs with Walk-in Centres and Minor Injury Units (North West Surrey and Guildford & Waverley) are responsible for planning local services for their populations, and because each has its own distinct geography, it was agreed they would manage their own review of urgent care and designation of Urgent Treatment Centre(s) as separate programmes to reflect the local flow of their patients.
- 26) The rest of this report focuses upon Guildford and Waverley CCG and North West Surrey CCG and their respective Transformation Programmes. It will describe how they will each be led with a place-based focus but that they have each adopted the same process and governance.

## Wider Development of Urgent Care

27) A range of different developments, in terms of a wider perspective of Urgent Care, are continuing to transform the ways in which urgent care is delivered for our populations. This paper will provide a brief overview of three different developments:

- i) NHS 111;
- ii) GP Extended Access; and
- iii) Livi (online GP Consultation service for North West Surrey residents)

28) NHS 111 was established in 2010 as a single point of access for Urgent Care across the country (with 999 providing access to Emergency Services). As illustrated below, use of NHS 111 has steadily increased since its inception. Since 2014 growth has averaged at approximately 7%.

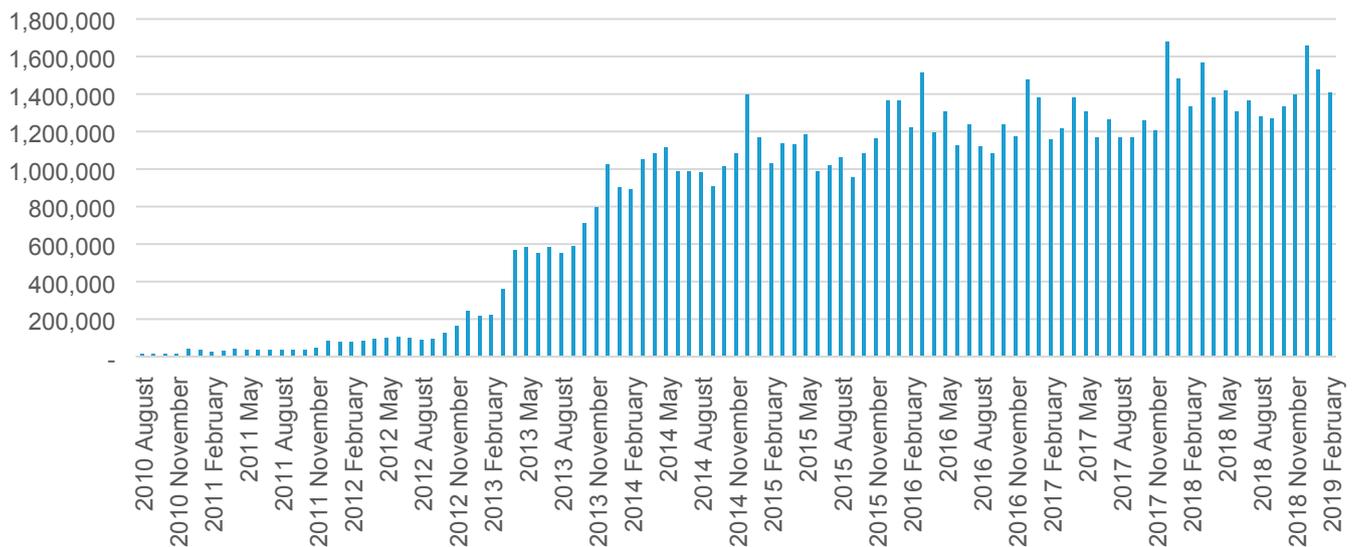


Figure 6 – Growth in NHS 111

29) As part of the national transformation of Urgent Care, locally NHS 111 is now aligned with Out-of-Hours Primary Care as a single service. This new service went live in Surrey (including East Surrey) in April 2019, following a programme of engagement with the public and stakeholder groups and procurement. The new service was supported by a soft launch including widespread stakeholder briefings, updates on local websites and some social media coverage. Now the service is more embedded, a wider and more high profile PR campaign will take place over the summer across Surrey.

- 30) The new service is known as an Integrated Urgent Care service and includes a new Clinical Assessment Service. This means that people calling NHS 111 have greater access at an earlier point to specific clinicians who can address particular issues e.g. mental health workers, GPs and dental advisers.
- 31) As well as NHS 111, the option for patients wanting to see a GP is also changing nationally and locally. Within each Surrey Heartlands ICP, patients are now able to make advance appointments to see a GP or other primary care specialist in a 'hub surgery' between 6pm and 8pm Monday to Friday and at certain times on Saturdays and Sundays. This additional primary care capacity is termed 'GP Extended Access'.
- 32) Extending the opening hours of primary care means that patients who feel that they need to see their GP urgently, on the same day, are able to draw upon a wider range of appointments. This is additional urgent care capacity to that available a few months ago.
- 33) The table in Annex B table sets out the provision of Extended Access that has been provided since October 2018 in Guildford and Waverley and since July 2018 in North West Surrey.
- 34) Finally, the NHS in North West Surrey has begun utilising a 'mobile app' called Livi.<sup>7</sup> This provides appointments to patients with GPs via their mobile phone or tablet. This provides significant flexibility to the patient as they do not need to attend their GP Surgery to consult a GP.
- 35) Livi is available in North West Surrey on a trial basis. Its use and impact is being evaluated. Depending upon the overall outcomes, its use across the other ICPs would add another means for patients to access urgent care. It is hoped that the development of this 'mobile app' will make access to a range of clinical services easier, reducing the need to travel by patients.

### **Urgent Care – Transformation Programmes**

- 36) Given the context set out in the section above, Guildford and Waverley CCG and North West Surrey CCG have established their own respective Transformation Programmes:

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<sup>7</sup> Further information on Livi can be found at <https://www.livi.co.uk>

<b>Surrey Heartlands ICP CCG</b>	<b>Urgent Care Transformation Programme</b>
North West Surrey CCG	Big Picture Programme
Guildford and Waverley CCG	Better Care Together Programme

Table 4 – CCG Urgent Care Transformation Programmes

- 37) Both programmes will focus upon the respective Urgent Care sites, as set out in Table 3, but within the Urgent Care environment, the current site provision and the context of Out of Hospital Care. The geographic focus will be on the population of the local CCG geography and surrounding area. Within this we recognise the need to formally involve Hampshire Commissioners and population due to the high proportion of Hampshire-registered patients at the Haslemere MIU site. Finally, both Programmes will consider the health needs of their own respective populations and differences between urban and rural population profiles.
- 38) NHS England has set out guidance on how Clinical Commissioning Groups need to develop proposals that might involve changing the provision of service. This guidance is set out in *Planning, assuring and delivering service change for patients* (NHS England, 2018). However, NHS England has also published a range of other guidance on how local communities should be involved. The following table sets out the guidance that NHS England requires the Clinical Commissioning Groups to consider.

<b>NHS England Title</b>	<b>Area of Focus</b>
Patient and Public Participation Policy	Engaging local populations on the development of clinical services for their communities
Clinical Senate Review Process	Details as to how proposals developed on clinical services would be scrutinised from a clinical aspect by NHS England
Guidance for NHS commissioners on equality and health inequalities legal duties	Details on how CCGs would consider their duties in terms of equality and health inequality.

Planning, assuring and delivering service change for patients	Guidance on how CCGs should undertake developing proposals for their local population, and NHS England's approach to assurance
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Table 5 – Key Guidance from NHS England

- 39) NHS England has set out four key tests, introduced by the Secretary of State for Health, that need to be considered when developing proposals. These are:
- i) strong public and patient engagement;
  - ii) consistency with current and prospective need for patient choice;
  - iii) a clear clinical evidence base; and
  - iv) support for proposals from clinical commissioners.
- 40) These four tests are in addition to the statutory functions of each Clinical Commissioning Group and would need to be considered should the proposals include substantial change to the current service provision.
- 41) Guildford and Waverley CCG and North West Surrey CCG will need to consider the NHS England specification for Urgent Treatment Centres when developing proposals.
- 42) Both Guildford and Waverley CCG and North West Surrey CCG have an open mind on the development of these proposals and currently neither CCG has a view on a future proposal.

### Urgent Care – Transformation Programmes Approach

- 43) Whilst each Programme is considering a different geography, patient cohort and is managed within a separate ICP, the NHS England guidance and regulations requires that a similar process is adopted (recognising that there will be different inputs and potentially different outcomes). Each Programme has established similar governance structures including a Clinical Working Group comprising local clinicians who will lead the development of the proposals. A Stakeholder Reference Group is either already in place or in the process of being established (the latter due to the Better Care Together programme being on a different timeline to The Big Picture). These involve the local population in the development of the proposals. **Annex C** sets out the organisations that are involved in the respective Stakeholder Reference Groups.
- 44) Whilst the Programmes will develop proposals, it will be for each CCG's Governing Body to separately agree proposals within the Governing Bodies in Common governance structure for the Surrey Heartlands CCGs.

45) Each Programme will go through a similar process in terms of developing their proposals. The figure below sets out the process for developing these proposals.

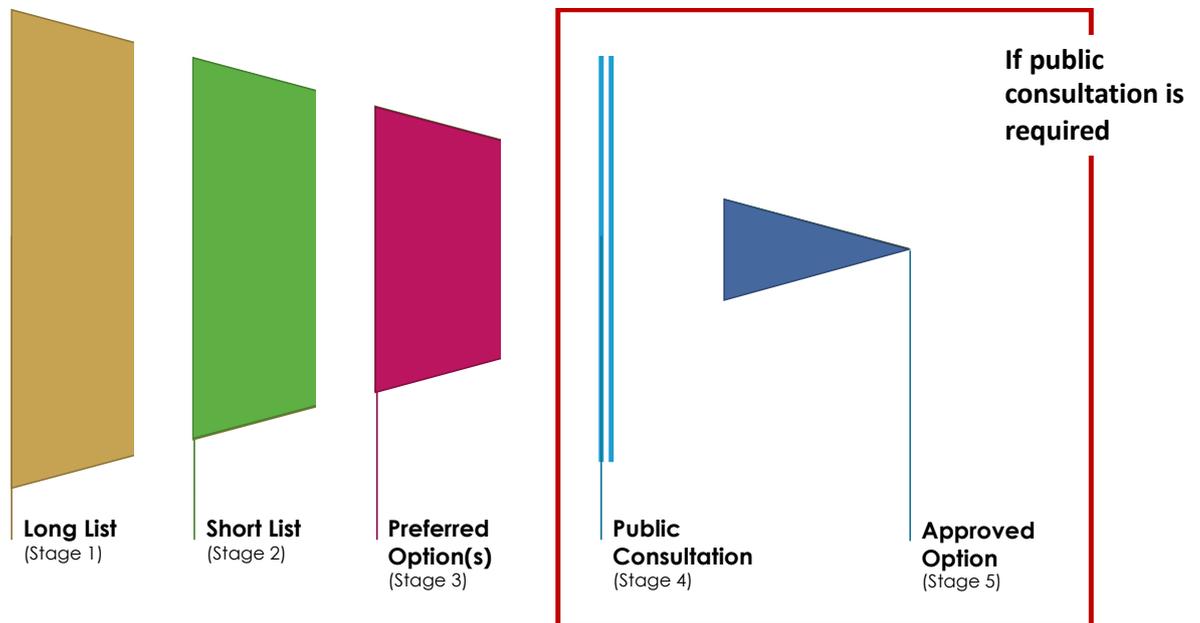


Figure 7 – Proposal Development Process

46) The following table sets out in further detail what will happen at each stage. As noted in the figure above, stages 4 and 5 will only occur if the proposals require public consultation. Previous guidance from the Chair of the Health Integration and Commissioning Select Committee, alongside national guidance, is that public consultation will be required if there a change in the service provision proposed, such as a substantial change in the range of services offered on each of the sites or a change in the way in which the services are provided.

Stage	Description
<b>Long List / Stage 1</b>	<ul style="list-style-type: none"> <li>▪ The Long List is a <b>series of Options</b> (clinical models)</li> <li>▪ The Long List should contain all reasonable Options <b>regardless</b> of whether they are fully clinically or financially sustainable</li> <li>▪ The Option(s) might be a <b>single clinical model</b> (e.g. obstetrics unit) <b>or a combination of models</b> (e.g clinical services provided on a community hospital site).</li> <li>▪ Usually <b>&gt;10 Options</b> are considered</li> </ul>

<p><b>Short List / Stage 2</b></p>	<ul style="list-style-type: none"> <li>▪ The Short List should contain <b>all viable Options</b> regardless which are potentially clinically or financially sustainable</li> <li>▪ Building the evidence that will be used in define the Preferred Option</li> </ul>
<p><b>Preferred Option / Stage 3</b></p>	<ul style="list-style-type: none"> <li>▪ <b>Checking impact on Urgent and Emergency Clinical Services</b> outside of Guildford and Waverley &amp; North West Surrey respectively</li> <li>▪ <b>Evaluating a Preferred Option</b>, which may or may not require Public Consultation</li> <li>▪ If Public Consultation is required, then the Preferred Option would <b>need to be assured by</b> <ul style="list-style-type: none"> <li>▪ <b>South East Coast Clinical Senate</b></li> <li>▪ <b>NHS England</b></li> </ul> </li> </ul>
<p><b>Public Consultation / Stage 4</b></p>	<ul style="list-style-type: none"> <li>▪ Engage with AHSC</li> <li>▪ <b>Developing a public engagement materials</b> detailing the process to date</li> <li>▪ Supporting the public engagement across <b>Guildford and Waverley &amp; North West Surrey (respectively) and surrounding systems</b></li> <li>▪ <b>Engaging with local clinicians</b></li> </ul>
<p><b>Approved Option / Stage 5</b></p>	<ul style="list-style-type: none"> <li>▪ The CCG Governing Body will <b>approve the business case</b></li> <li>▪ <b>Designation of Urgent Treatment Centres</b> as per the guidance by NHS England and wider development in provision of Out of Hospital Care</li> <li>▪ (in the case of North West Surrey finalise the <b>rebuild plans for the Weybridge site</b>)</li> </ul>

Table 6 – Proposal Development - Stages

47) The two Programmes (as set out above) are responding to different population and patient needs. The fire at Weybridge Community Hospital has added complexity, albeit manageable, to the Programme in North West Surrey CCG.

48) The following table sets out the current position regarding the development of the proposals.

<b>Stage</b>	<b>Programme</b>
<b>Preferred Option / Stage 3</b>	Big Picture Programme
<b>Pre-Long List / Stage 0</b>	Better Care Together

Table 7 – Development Stage / Programme

49) The Better Care Together Programme has yet to begin formal development of options. It is seeking to engage its local community through the development of its Case for Change (prior to developing the Long List). This Case for Change set out the following:

- i) Scope of the Transformation Programme
- ii) Challenges
- iii) Opportunities

50) The Better Care Together Programme is beginning the process of testing the content with stakeholders and local clinicians.

51) In terms of timeline, North West Surrey CCG will be taking a decision on its Preferred Option during the next few weeks. Depending upon the outcome of this decision, public consultation may be required. This would require further engagement with NHS England and the Surrey AHSC. Guildford and Waverley CCG will be launching the Case for Change during the next few weeks, and would be seeking to take a decision in early autumn. Public consultation would also be carried out at this time if required. The aim is that both programmes will be able to decide on their Urgent Care proposals prior to the end of 2019.

### **Engagement and Involvement with the Public**

52) As set out earlier, the Big Picture Programme and the Better Care Together Programme have each established their own governance structure and a Stakeholder Reference Group (SRG). The SRG acts as a critical friend for the Programme, testing how the Programme engages with hard to reach groups and supporting the formal evaluation of Short List of Options to determine a Preferred Option(s).

- 53) It is also recognised by both Programmes that this is not sufficient in itself to involve and engage the public, patients and stakeholders. As set out earlier, the Big Picture Programme is at a different stage in development to the Better Care Together Programme. As a result, this section will focus on the work carried out by the Big Picture Programme, with a view to a similar approach being replicated by the Better Care Together Programme.
- 54) The Big Picture Programme's Case for Change document has been widely distributed across North West Surrey and across its borders. 4,000 Case for Change summary leaflets have been distributed across the following locations:
- i) Local GP practices;
  - ii) Libraries;
  - iii) Local Councils; and
  - iv) Community and voluntary groups across North West Surrey.
- 55) North West Surrey CCG has in addition met with the MP for Weybridge and Runnymede, the Rt. Hon. Phillip Hammond, to discuss the Big Picture Programme in the context of the plans for the site of the former Weybridge Community Hospital and Primary Care Centre.
- 56) This first phase of engagement has sought to raise awareness of the Case for Change and to seek general views on out of hospital services. Supporting this has been a series of deliberative events which have set out to engage a wide group of stakeholders, as detailed below. The Programme was launched on 2<sup>nd</sup> October 2018 by way of an exhibition involving a wide range of partners at The Ship Hotel in Weybridge. This was attended by c. 100 members of the public.
- i) 8th November – The Hythe Centre, Staines (open to the public);
  - ii) 22nd November – Chertsey Halls (incentivised workshop to ensure representative sample of local population rather than simply self-selectors);
  - iii) 26th November – HG Wells Centre, Woking; and
  - iv) 6th December – The Ship Hotel, Weybridge
- 57) An additional deliberative event was held to ensure those groups which are not normally involved (the 'hard-to-reach' groups) would have the opportunity to input to the discussions.
- i) 16th January – The Hythe Centre, Staines (open to the public)
- 58) The Stakeholder Reference Group has met on a monthly basis since September 2018 to ensure there is meaningful involvement from the community in the Programme. The Reference Group has an Independent Chair, who is the Co-Chair of the Surrey Coalition of Disabled People. It also includes representatives

from Surrey Healthwatch, local Councillors, Third Sector and local residents. They have been involved in scrutinising the development work of the Programme e.g. travel and transport, as well as the Option Development Process, including recommending the Long List, Short List – Evaluation Criteria and Short List.

- 59) The Big Picture Programme has also engaged with the Surrey Health and Wellbeing Board. It has been asked to present its proposals once a Preferred Option or Options have been identified.

**Engagement and Involvement with the health scrutiny committee in Surrey County Council**

- 60) Representatives of the Big Picture Programme and Better Care Together Programme each met with the Chair and Officer of the previous Surrey health scrutiny committee, the Health and Integration Commissioning Select Committee (HICSC) in April 2019 to discuss the proposed approach, public involvement plans and the development of proposals.

**Engagement and Involvement with the Local Clinicians**

- 61) Both Programmes have a similar approach to engaging local clinicians and involving them in the development of the proposals. This is primarily driven through the Programme’s respective Clinical Working Group, each of which is chaired by a local GP with membership drawn from local GPs and urgent and emergency care clinicians.

<b>Programme</b>	<b>Clinical Working Group - GP Chair</b>
Big Picture Programme	Dr A. Pillai
Better Care Together	Dr S. Akande

Table 8 – GP Chair for Clinical Working Groups

- 62) To support the Chairs of both Clinical Working Groups, both Programmes have appointed or in the case for Better Care Together, is appointing, independent GP members to ensure there is an independent view and clinical opinion.
- 63) The Clinical Executive in North West Surrey CCG and the Local Clinical Commissioning Committee in Guildford and Waverley CCG (both of which include local GPs in their membership alongside lay members and managers) have also been involved with the development of the respective Programmes.
- 64) As with the Stakeholder Reference Group the approach of the Big Picture Programme will be replicated by the Better Care Together Programme.

## Engagement with NHS England

65) The Big Picture Programme has already undertaken discussions with NHS England. An informal review with NHS England has also been held to help strengthen the way in which proposals are developed. Prior to a formal decision on the Preferred Option the Programme will undertake a Strategic Sense Check - Assurance Review. This will give the regulator the opportunity to help the Programme strengthen the proposals, ensuring that if public consultation is required NHS England would not require a longer assurance process to be undertaken on proposals it is unfamiliar with. This approach will also be adopted by the Better Care Together Programme.

## Conclusions:

66) North West Surrey CCG and Guildford and Waverley CCG have begun a process whereby public and local clinicians are at the heart of their engagement planning and decision-making processes.

67) There are significant changes to the way Urgent Care is being delivered across the geography. The development of the North West Surrey and Guildford and Waverley programmes will help inform the shape and direction of any changes. No decisions have been made by either CCG in regards to these programmes.

68) Further work is required to develop a comprehensive evidence base that will allow recommendations to be developed. Once this has been completed the CCGs will be able to determine whether public consultation is required. Both Programmes will look to the Surrey AHSC to help shape proposals engagement plans with local communities.

## Recommendations:

69) NHS Guildford and Waverley CCG and North West Surrey CCG would like to make the following recommendations to the AHSC:

- i) The Surrey AHSC supports the decision to undertake the development of the proposals at a local level based upon:
  - (1) Local Patient Need
  - (2) Patient Activity and Flows
  - (3) Development of Integrated Care Partnerships
  - (4) 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 by a fire in July 2017

- ii) The Surrey AHSC comments on the progress made in developing the proposals on Urgent Care, and specifically in relation to patient, public and stakeholder involvement as well as the involvement of local clinicians.
- iii) The Surrey AHSC 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.

**Next steps:**

- 70) For each of the Programmes the next steps are set out in the NHS England guidance. For the Better Care Together Programme, the immediate focus will be on the finalising the Case for Change and embedding the governance structures to support the Programme. Once agreed, the Case for Change will be used as a pillar for engaging the local population.
- 71) For the Big Picture Programme, the focus is on moving from the Long List to the Preferred Option. This will require the Programme to bring together a range of evidence and, using the Stakeholder Reference Group as a critical friend, establish the way in which it should involve the public in making a recommendation. The North West Surrey CCG Governing Body would then need to consider the recommendations from the Programme and decide on the Preferred Option or Options, and if required engage further with NHS England and Surrey AHSC on public consultation.

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**Contact details:** 01372 232498

**Sources/background papers:**

- i) Health and Social Care Act, Department for Health (2012)
- ii) Surrey Heartlands Devolution Agreement, Surrey Heartlands (2017)
- iii) Minutes - November 2018 Meeting, Surrey County Council – HICSC (2018)
- iv) Transforming Urgent and Emergency Care Services in England, NHS England (2013)

- v) Primary Care, Healthwatch Surrey Report (2018)
- vi) Urgent Treatment Centre Principles and Standards, NHS England (2017)
- vii) Commissioning Standards – Integrated Urgent Care, NHS England (2015)
- viii) Implementation Quick Guide – DoS and Urgent Treatment Centres, NHS England (2018)
- ix) Patient and Public Participation Policy, NHS England (2017)
- x) Clinical Senate Review Process, NHS England (2014)
- xi) Guidance for NHS Commissioners on Equality and Health Inequalities Legal Duties, NHS England (2015)
- xii) Planning, Assuring and Delivering Service Change for Patients, NHS England (2018)
- xiii) Walk-In Centre Review: Final Report and Recommendations, Monitor (2014)
- xiv) Patient Survey – Final Report, Monitor (2013)

## Annex A – Historical Attendances at Urgent Care sites

72) The following table provides full year data for the Urgent Care sites in Guildford and Waverley CCG and North West Surrey CCG. Full year data for 2018/19 will be made available in May 2019.

Year	Attendances	
	Haslemere MIU	Total
2016/17	8,000	8,000
2017/18	8,000	8,000

Table 9 – Haslemere MIU Attendances

Year	Attendances			
	Ashford WIC	Woking WIC	Weybridge WIC	Total
2016/17	36,000	37,000	32,000	105,000
2017/18	43,000	43,000	9,352 <sup>8</sup>	95,352

Table 10 – Ashford / Woking / Weybridge WIC Attendances

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<sup>8</sup> Attendances up to 12 July 2017

## Annex B – Extended Access for North West Surrey CCG and Guildford and Waverley CCG

73) The table below sets out the Extended Access activity in North West Surrey CCG, since August 2018 with totals and rolling month-on-month percentage change.

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
<b>Slot Type ▼</b>									
ANP	0	0	0	0	0	0	0	35	<b>35</b>
Phlebotomy	0	0	28	235 (739%)	379 (61%)	222 (-41%)	212 (-5%)	311 (47%)	<b>1387</b>
Physio	0	0	117	346 (196%)	324 (-6%)	579 (79%)	481 (-17%)	397 (-17%)	<b>2244</b>
Weekday GP	273	997 (265%)	1295 (30%)	1292 (0%)	945 (-27%)	1356 (43%)	1142 (-16%)	1199 (5%)	<b>8499</b>
Weekend GP	97	625 (544%)	459 (-27%)	570 (24%)	651 (14%)	567 (-13%)	519 (-8%)	687 (32%)	<b>4175</b>
Wound Care	0	0	0	67	99 (48%)	102 (3%)	95 (-7%)	117 (23%)	<b>480</b>
LIVI	0	8	343 (4188%)	1035 (202%)	1440 (39%)	2094 (45%)	1766 (-16%)	1868 (6%)	<b>8554</b>
<b>Total</b>	<b>370</b>	<b>1630 (341%)</b>	<b>2242 (38%)</b>	<b>3545 (58%)</b>	<b>3838 (8%)</b>	<b>4920 (28%)</b>	<b>4215 (-14%)</b>	<b>4614 (9%)</b>	<b>25374</b>

Table 11 – Extended Access / North West Surrey CCG

74) As can be seen from the table above, there has been significant growth in North West Surrey CCG since the launch of the service (67% average month-on-month growth), both in terms of patients making appointments with GPs but also seeing other health care professionals. Of significant interest has been the take up of Livi (see explanation above); whilst the number of consultations using Livi peaked in January it is expected that the longer-term position is that this will increase as a mechanism for consulting with GPs and could be rolled out to other appropriate areas of primary care.

75) The table below sets out the Extended Access activity in Guildford and Waverley CCG, since August 2018 with totals and rolling month-on-month percentage change.

	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Slot Type ▼									
GP Weekday	272	323 (19%)	369 (14%)	353 (-4%)	331 (-6%)	363 (10%)	313 (14%)	352 (12%)	<b>2676</b>
GP Weekend	152	296 (95%)	279 (-6%)	336 (20%)	432 (29%)	337 (-22%)	350 (4%)	440 (26%)	<b>2622</b>
Nurse	0	150	357 (158%)	340 (-5%)	369 (9%)	416 (13%)	378 (-9%)	421 (11%)	<b>2431</b>
HCA / Phlebotomy	0	0	64	64 (0%)	72 (13%)	113 (57%)	148 (31%)	217 (47%)	<b>678</b>
<b>Total</b>	<b>424</b>	<b>769 (81%)</b>	<b>1069 (39%)</b>	<b>1093 (2%)</b>	<b>1204 (10%)</b>	<b>1229 (2%)</b>	<b>1189 (-3%)</b>	<b>1430 (20%)</b>	<b>8407</b>

Table 12 – Extended Access / North West Surrey CCG

76) In Guildford and Waverley CCG there has been a lower level of growth (22% average month-on-month growth) since the launch of the service, both in terms of patients making appointments with a GP and with other health care professionals. Further work will be undertaken to understand the nature of the take-up and how the service can be improved and developed.

77) The following table provides a short explanation of the terms used in the table

Slot Type ▼	Description
GP Weekday	An appointment with a GP, which is outside of the Core hours (9-5.30) during weekdays
GP Weekend	An appointment with a GP, which is during weekdays
Nurse	An appointment with a Nurse, which is outside of the Core hours (Weekdays / 9-5.30) during weekdays
ANP	An appointment with an (ANP) Advanced Nurse Practitioner (an ANP is a more qualified nurse which can see a wider range of conditions), which is outside of the Core hours (Weekdays / 9-5.30)
HCA / Phlebotomy	An appointment to have a blood test, which is outside of the Core hours (Weekdays / 9-5.30)
Physio	An appointment to see a physiotherapist, which is outside of the Core hours (Weekdays / 9-5.30)
Wound Care	An appointment to have an existing wound dressed, which is outside of the Core hours (Weekdays / 9-5.30)
LIVI	An online appointment with a GP, which is outside of the Core hours (Weekdays / 9-5.30)

Table 13 – Extended Access / North West Surrey CCG

## **Annex C – Organisations Involved in Stakeholder Reference Groups**

78) North West Surrey CCG established the Big Picture Stakeholder Reference Group in September 2018 with representatives from the following organisations.

- a) Council of Governors at ASPH NHS Foundation Trust
- b) Children and Family Health Surrey
- c) CSH Surrey
- d) Elmbridge Borough Council
- e) Friends of Ashford Hospital
- f) Friends of Weybridge Hospital
- g) Friends of Woking Community Hospital
- h) Healthwatch Surrey
- i) NWS CCG PPE Forum
- j) Spelthorne Borough Council
- k) Sunbury Patient Participation Group
- l) Surrey Coalition of Disabled People
- m) Surrey County Council
- n) West Byfleet Patient Participation Group
- o) Weybridge Society
- p) Weybridge Sure Start Children's Centre
- q) Woking Borough Council

79) Guildford and Waverley CCG established the Stakeholder Reference Group in May 2019. Representatives have been invited from the following organisations.

- a) Healthwatch Surrey
- b) Surrey Coalition of Disabled People
- c) Milford and Witley Surgery PPG
- d) University of Surrey Students' Union
- e) Surrey County Council
- f) Haslemere League of Friends
- g) Council of Governors at Royal Surrey County Hospital NHS Foundation Trust
- h) Milford Hospital League of Friends
- i) Cranleigh Village Hospital Trust
- j) Haslemere Health Group
- k) Waverley Borough Council
- l) Guildford Borough Council
- m) Horsham District Council
- n) Chichester District Council
- o) East Hampshire District Council
- p) Hampshire County Council

80) Eleven stakeholders have so far accepted the invitation to be involved in and shape the public engagement aspects of the programme.