

MINUTES of the meeting of the **ADULTS AND HEALTH SELECT COMMITTEE** held at 10.00 am on 4 October 2023 at .

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 7 December 2023.

Elected Members:

- r* Helyn Clack
- Nick Darby
- * Robert Evans OBE
- * Angela Goodwin (Vice-Chairman)
- * David Harmer
- * Trefor Hogg (Chairman)
- * Rebecca Jennings-Evans
- Frank Kelly
- * Riasat Khan (Vice-Chairman)
- * Borough Councillor Abby King
- r* David Lewis
- * Ernest Mallett MBE
- r* Michaela Martin
- * Carla Morson

(* = present at the meeting r* = attended remotely)

Co-opted Members:

- * Borough Councillor Neil Houston, Elmbridge Borough Council
District Councillor Charlotte Swann, Tandridge District Council

31/21 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies received from Nick Darby, Neil Houston, Frank Kelly, Michaela Martin, Helyn Clack, and David Lewis all attended remotely. There were no substitutions.

32/21 MINUTES OF THE PREVIOUS MEETINGS: 15 JUNE 2023 [Item 2]

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

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

33/21 DECLARATIONS OF INTEREST [Item 3]

Trefor Hogg declared a personal interest as a community representative for NHS Frimley CCG and Carla Morson also declared a

personal interest with a close family member who works in the Emergency Department at Frimley Park Hospital.

34/21 QUESTIONS AND PETITIONS [Item 4]

There were none.

35/21 SURREY HEARTLANDS ICS: MANAGING URGENT AND EMERGENCY CARE SURGE 2023/24 [Item 5]

Witnesses:

Mark Nuti – Cabinet Member for Adults and Health (In person)
Ben Hill, Director – ICS Urgent Care and System Resilience will lead (In person)
Katy Neal, Associate Director – Ambulance Commissioning Surrey Heartlands ICS (attended remotely)
Radcliffe Lisk, Clinical Director UEC (attended remotely)
Jo Hunter, Director – ICS Planned Care (attended remotely)
Lorna Hart, Director of ICS Development. Email (In person)
Andrew Erskine, Deputy Chief Operating Officer SaBP (attended remotely)
Jackie Raven, Associate Director - ICS Urgent Care (attended remotely)
Rachael Graham, Director of Non Acute and Primary Care Contracts (attended remotely)

Key points raised in the discussion:

1. The Chair asked about the Surrey Heartlands Integrated Care Board's [ICB] 5 objectives and wanted to know about the investment in I.T. in terms of putting standardised systems in place to improve the delivery of the objectives by joining up processes and performance. In particular, the changes of how things are managed concerning the year-to-year measurement of performance, changes, and improvements. The Director of ICS Urgent Care and System Resilience provided an update on the roll-out of the new electronic patient records in two of the acute hospitals and an upgrade on their third hospital which was rolled-out last year. This will support Surrey Heartlands in its ability to record patient records electronically as opposed to using paper with clinical audits and closer performance monitoring. The Surrey Care Record would also allow for the sharing of records with providers at point of access. The Director of Non Acute and Primary Care Contracts explained that cloud-based telephony is a significant tool offering a voice-redirection option, allowing for multiple lines to be open to better manage demand. Data sharing agreements between both Federations

and practices provide confidence with not having the associated risks with distance prescribing or consulting. A Member asked if cloud-based telephony had now been rolled-out across the county. The Director of Non Acute and Primary Care Contracts confirmed it had been rolled-out across the Surrey Heartlands portion of the county.

2. A Member referred to the high level of complaints received from residents on the length of time for a call-back response. The Member questioned that as General Practitioners (GPs) are under strain, was securing more appointments realistic given recruitment issues to various roles as well as the recovery of dental activity, and how did Surrey Heartlands foresee managing more appointments for residents and patients. The Director of Non Acute and Primary Care Contracts explained that the aim is to be channel-agnostic, making services available however access to care is required. The additional roles reimbursement scheme introduced seventeen new roles with sixty-four thousand appointments from October to March managed. Surrey Heartlands was an early adopter of the Pharmacy, Optometry and Dentistry [POD] commissions, having taken it on from July 2022 and they continue to learn about the challenges faced with their dental contracts as there is an access issues for dental services.
3. A Member recognised there is some great technology but there are many people that cannot make use of it and there does not seem to be an education programme for the community. The Member suggested that it would be helpful to understand what kind of education programme existed for people that do not necessarily need to see a doctor and could visit a pharmacist or physiotherapist and wanted to know if digitally excluded people and those that do not see social media adverts have been considered. The Director of Non Acute and Primary Care Contracts referred to the channel-agnostic engagement work undertaken in Surrey Heartlands and with Surrey Healthwatch. Working with a preventative stance for and within communities is included in the delivery of care.
4. A Member asked about power cuts and in particular the use of 111 and 999 and were Surrey Heartlands satisfied people can call these numbers during a power cut with the newer fibre connections and was there was a plan to protect Surrey residents against such risks. The Director of Non Acute and

Primary Care Contracts suggested more vulnerable residents in such scenarios could approach their telephone or mobile telephone operator to request priority access for use of those lines in the event of periods of huge demand. Each practice has a business continuity plan in place in the event of power outages. A fuller response could be provided at a later time. The Director of ICS Urgent Care and System Resilience explained that as an Integrated Care Board [ICB] under the Civil Contingency Act they are a level one responder with several incident plans in place and would work closely with Surrey County Council to look at the vulnerable people in the community and in the event of a power outage there would be a response.

5. A Member asked why the number of people arriving at Accident and Emergency appear to have doubled with congested emergency departments and what measures had been taken to encourage people to use 111 or another service to avoid going to Accident and Emergency when they may not need to be there. The Director of ICS Urgent Care and System Resilience explained that while there has been a slight reduction regarding ambulance conveyances, patients need to be there as the admission rate is high. The key element is the ability to get flow through their hospitals and several aspects are needed in order to do that. He is confident that the right processes are in place throughout their emergency departments but the ability to function due to demand and then flow-through means they encounter periods of surge and overcrowding.

6. A Member asked for a clearer understanding on what type of issues all of the additional people that have presented at Accident and Emergency had. The Director of ICS Urgent Care and System Resilience explained there has been a 30% rise in people living with multiple co-morbidities in our communities. In the latter years of life there was an additional demand on health services throughout the NHS. Those people that self-present without going through the routes of 111 first, add to this. Surrey Heartlands are attempting to tackle that by proactively encouraging the use of 111. The Associate Director of Ambulance Commissioning for Surrey Heartlands ICS explained that work being undertaken with the Southeast Coast Ambulance Service (SECamb) showed that the prevalence of co-morbidities and poly pharmacies are increasing significantly, which increases complexities concerning patient requirements. The 111 service is being actively promoted and directories of services are

used across Surrey Heartlands to help divert people away from emergency departments.

7. A Member asked about the expansion of Surrey and Borders Partnerships [SaBP] safe waiting places and what the ambitions were to open other crisis houses of the challenges encountered in improving and expanding these safe waiting places. The Deputy Chief Operating Officer for SaBP explained they had obtained some funding enabling them to look at the health-based places of safety provision and safe waiting spaces. If a person is detained under an emergency power of section.136 of The Mental Health Act they require a mental health act assessment. The assessment must be safe and appropriate, and it could be challenging to get the environment right. Surrey Police, the SECamb and Surrey and Borders Partnership are part of an ongoing group looking at all 136 pathways, linking in to the 'Right Care Right Person' initiative which explains the interface between people requiring support and the police. With regards to the crisis house, a service was opened in partnership with SaBP less than a year ago, and the contract will be continued with the existing provider.

8. A Member asked about the high numbers of people under section.136 and whether they could expand on why these numbers are increasing. The Deputy Chief Operating Officer at SaBP explained that comparisons undertaken with the police display broadly consistent numbers with other southeast police services. They had seen an increased level of acuity in recent months with people detained under section.136 without a history of previous mental health conditions who were not formally known to SaBP.

9. The Vice Chair asked about Covid-19 vaccinations with an awareness of more people contracting Covid-19. When do they expect to get the data to evidence the more recent uptake of the latest vaccinations. What are the persistent barriers, are there new barriers and how are they managing this. The Director of ICS Development and SRO mass vaccination in Surrey Heartlands explained there is 100% uptake in their primary care networks with more community pharmacists now providing Covid vaccinations. Surrey Heartlands is third in the region for uptake for Covid vaccinations with 2.7 million vaccines administered to date. In the current campaign, sixty-seven thousand to date and thirty-five to forty thousand a week is projected between now

and the end of October 2023. By the end of October 2023, they expected to achieve about 60% with an expectation for an increase to this figure. In January 2024 they expect to pick up harder to reach cohorts and target areas of low uptake. Mapping and street level reviews are undertaken to utilise pop-ups within those areas. Community Champions and campaigns are used to educate people that are hesitant in taking up the vaccine.

10. The Vice Chair asked about Covid-19 vaccinations and the 'flu, and whether the need to make two separate journeys to take them could be looked at, avoiding the need for people to travel at different times to take them both. There was also a myth that the vaccinations are not appropriate within the black and minority ethnic community and suggests stronger messaging might be needed around the education to these groups and their communities. The Director of ICS Development and SRO mass vaccination in Surrey Heartlands responded that in terms of co-administration, it has been supported this year from the national team but timings for both the 'flu and covid vaccines are different. People in care homes would get their vaccines at the same time but 'flu vaccines are often provided at the general practitioner practice and covid vaccination providers haven't been aligned enough yet. They are awaiting a national vaccination strategy which is being launched imminently and will help in future years to get vaccinations aligned appropriately. Some people in the Black and Minority Ethnic and Gypsy, Roma and Traveller populations are not GP registered, and the outreach programme will focus on that street-level uptake.

11. The Chair asked how performance was characterised for the Integrated Care System as a whole in handling last year's winter pressures and whether there are any specific lessons learned from that period that have been applied to the plan. The Chair also asked how they are now working with Adult Social Care to ensure that everything is joined up this year. The Director of ICS Urgent Care and System Resilience explained that pre-and post-Christmas last year was particularly challenging, with much learnt throughout the pandemic. Key risks and issues are now looked at for the day rather than performance numbers. A single point of access lead for the entire system is in place, making it easier for all providers to raise any concerns in that direction. An increase to seven days a week from five is expected with the introduction of the new data platform to enhance their ability to see live information and a constant overview of system

pressures which includes improvements at modelling what the impacts of winter could be.

12. The Chair asked about the huge impacts on elective surgery and elective services due to the loss of bed capacity during the strikes and what specific actions are now being taken to address the backlog due to Covid. The Director of ICS Urgent Care and System Resilience explained there was a robust plan in place to manage industrial action at provider and system levels. Efforts to reschedule appointments or operations cancelled as a result would always be made. Planning is undertaken to ensure the right medical cover is in place in all of their organisations working closely with providers to understand the impacts. The Director of ICS Planned Care explained that if they are able to mitigate the impacts prior to the industrial action they do. After the event additional activity is activated allowing patients to be seen as quickly as possible. The focus is on reducing the numbers of people awaiting care regardless of industrial action.

13. The Vice Chair asked about virtual wards and how Surrey Heartlands expect to deliver 400 beds, an increase of 180 beds, and asked what timeframe they expected to be able to do that. The Clinical Director of UEC clarified that this is a two-year programme and they have deferred the growth so they can optimise the technology. They expect to achieve this target by March 2024 with digital technology allowing more patients to be on the virtual ward. Support has been secured for people of digital exclusion so they can be supported with the technology.

14. The Chair asked about the Streaming and Dispatch service. One of the big issues is paediatric care and in particular how well that is focussed due to the surge and low vaccination rates amongst children and young people. There are a large proportion of Children and Young People who have not had the MMR due to vaccine fears in recent years. What are the details of how that is done in relation to the risks that might be encountered. The Director of ICS Urgent Care and System Resilience explained that the streaming and redirection tool is more targeted for those self-presenting over the age of eighteen years old. A further update could be provided concerning the additional questions. They aim to support families by using several different technologies. The key observation is that they see a high demand of children arriving at Accident and Emergency with a particular demand attending East Surrey Hospital. The Director of ICS Development and SRO mass vaccination in Surrey

Heartlands explained that the national immunisation strategy is expected to launch imminently being delivered over the Integrated Care Boards from April 2024. The data is expected to enable expansion to build intelligent maps highlighting where better focus is required. Improvements are needed with the MMR vaccine. The Director of Non Acute and Primary Care Contracts explained that a specific response regarding paediatric need would be the Acute Respiratory Infection Hubs [ARI] delivered by primary care. People can use the cloud-based telephony option to be directed into a clinical hub. The Director of ICS Urgent Care and System Resilience explained that a Task and Finish group is in place attended by all acute providers. Primary care and community paediatric services will look at demand and put in a specific plan around paediatrics for winter.

15. A Member asked about legacy cases regarding patients awaiting treatments for over 104 weeks and asked about those patients who have not chosen to do so. What plans are in place to treat them by a set timeframe and when do they estimate they will have been treated in 2023/24 to help address the backlog. What efforts have been considered to reduce the patient wait times, have the impacts on minority ethnic groups been considered, and what measures are in place to ensure they are not further impacted by ongoing delays to patient wait times. The Director of ICS Planned Care explained that the aim is to get to know the patients who are waiting to be seen over sixty-five weeks by the end of next March 2024. There are some patients waiting within the seventy-eight-week cohort. There is no one awaiting outstanding treatment over 104 weeks in Royal Surrey which is the case with Ashford and St. Peters. Surrey and Sussex hospitals [SaSH] have some people awaiting treatment over that time with the majority by choice. They do not expect any additional patients waiting over 104 weeks by the end of October. There was no clear evidence of minority groups being marginalised in terms of the recovery but some of the data is subjective, which does not make it possible to pick up data where a certain community group may or may not attend for a certain appointment.

RECOMMENDATIONS

The Select Committee recommends to NHS Surrey Heartlands, that:

1. There is more NHS guidance in plain English to help people avoid unnecessary attendance at emergency departments

(EDs) and hospital admittance by accessing other clinical services.

2. Both Surrey Heartlands and Frimley ICBs continue their campaigns, including email, SMS reminders and targeted engagement, for this winter's flu and Covid-19 vaccination programmes to ensure that all those eligible are made aware of the vaccination and increase uptake of the vaccines.
3. Commissioners make sure that there is primary care capacity, including out-of-hours provision to meet paediatric health needs in winter 2023/24.
4. Improvements are made in areas of low uptake for immunisations, and in particular are targeted at those in hard-to-reach communities.

36/21 SOUTH EAST COAST AMBULANCE SERVICE NHS FOUNDATION TRUST: WINTER PREPAREDNESS [Item 6]

Witnesses:

Mark Nuti -Cabinet Member for Adults and Health (In person)
Matthew Webb, Associate Director, Strategic Partnerships and System Engagement (attended remotely)
Mark Eley, Associate Director, Operations (In person)
Helen Wilshaw-Roberts, Strategic Partnerships Manager, Surrey Heartlands and Frimley (In person)

Key points raised in the discussion:

1. The Vice Chair asked about the anticipated challenges in relation to the winter pressures across a regional space made up of several Integrated Care Boards and local authorities and secondly, whether governance structures sufficiently involve the Trust in the planning of the winter requirements and what the plan would be to implement it and when did they expect to see this capacity available. The Associate Director, Strategic Partnerships and System Engagement explained that current forecasts are being reworked by the data analytics team to be outlined in the winter Plan before going to their Trust Board. They have introduced an aligned governance model which is a comprehensive structure allowing their Chief Executives to meet monthly. Two additional forums are on clinical quality where they jointly manage clinical safety risk from a clinical quality angle. The gap identified within this governance model concerned not having a formalised forum for discussing workforce constraints, financial challenges, and concerns. As a result, a strategic commissioning group was introduced to better support working with the systems when considering those financial and economic constraints. The Resource Escalatory Action Plan framework

[REAP] is a medium-longer term outlook, reviewed weekly to consider factors such as demand constraints and changes in demand profiles. Industrial action is a key influence on this monitoring.

2. A Member referred to long term issues with recruitment and wanted to know what specific changes have been put in place to identify and address those difficulties, and how effective those recruitment changes have been in resolving the issues. The Associate Director of Operations explained that they are not experiencing any ongoing problems concerning recruitment. The areas of challenge regarding recruitment are their call centres for both 999 and 111. 999 is impacted in their service area. There is a difficulty to recruit into the East of the region since the move. There are issues with recruitment in the Crawley area, but they expected to be able to improve recruitment in Kent.
3. A Member asked about £2.5 million of additional funding has been received from NHS England to support 999 capacity, and asked if they could quantify those increases and explain how that has been implemented. The Strategic Partnerships Manager, Surrey Heartlands and Frimley responded that in terms of the front-line staffing increases there has been an improvement of 5% as a result of that funding. The Associate Director, Strategic Partnerships and System Engagement explained £2.5 million of funding that has been offered to them as well as other ambulance Trusts is not winter funding and will not continue beyond October. They have utilised the funding by being able to apply a 60% increase in an additional ambulance fleet which resulted in an increase to their hours. They have also used it to enhance overtime for September and October. They will consider how they can access additional call handling support in the short-term which has been offered to all ambulance services ensuring they are jointly managing demand. They can provide further data from the data analytics team if required. The funding has enabled them to accelerate the delivery of the dual training course to their 111 health advisors, providing more flexibility with their resources across the 999 and 111 call taking services. The Member responded that they would find it useful to be provided with the additional data from their data analytics team.
4. The Chair asked about collaborative working and the Mole Valley Wellbeing Responder which seemed to be successful in terms of its response to non-injury falls. How did they see this rolling-out across the rest of Surrey as falls account for one of the injuries that people can end up in hospital for if they are not dealt with quickly and correctly. The Strategic Partnerships Manager, Surrey Heartlands and Frimley explained that the Mole Valley Pilot and joint evaluation with the Mole Valley and

Wellbeing Responder service has been successful in responding quickly, on average twenty-four minutes and twenty-one minutes from June 2022 to January 2023. The service has been funded for this financial year and has extended to cover the Surrey Downs places of incorporation with separate funding provided for Guilford and Waverley place. An additional service in Northwest Surrey was provided by Woking Borough Council but due to funding pressures the service was pulled since September. Discussions with the out of hospitals work stream lead who reports to the urgent community care committee, was that escalation up to NHSE has been suggested at a regional forum. A further response on how the regional forum progresses past the winter period can be provided at a later date.

5. The Vice Chair asked about cultural resilience in their workplace and what measures the Trust has taken to improve staff morale, what actions are being developed to evidence that. The Vice Chair also asked how processes have been improved to mitigate future near misses and other incidence reporting at the Trust and are lessons-learned being recorded. The Strategic Partnerships Manager, Surrey Heartlands and Frimley explained that people and culture are one of their four key strategic domains. Previous interventions have been mainly focussed on the individual with little change around structure and support. The first year of the programme is about rebuilding trust, re-engaging staff and addressing issues raised from the previous reviews. The *Getting It Right For Our People* Culture Action Plan sets out the aims with transparent plan updates accessible to all staff on their Intranet. The quarterly NHS pulse survey will reflect that consistency and delivery. The Strategic Partnerships Manager, Surrey Heartlands and Frimley confirmed the Quality Improvement Strategy will be rolled-out over the next three years. Quality key performance indicators are a key part of discussion at each Trust Board, forming a key part of the integrated quality report looking at serious incidents and patient experience. There were three breached safety incident reports with eleven active cases being investigated, their trajectories all fell within the due date. They continued to support an effective culture with incident reporting and the number of outstanding actions relating to serious incidents outside of the timescales have reduced significantly since December 2021. The Associate Director, Strategic Partnerships and System Engagement explained that the key component is the patient safety incident reporting framework. A programme manager is leading on this implementation which is a change on their approach to learning from serious incidents. The September 2023 report showed a 75% reduction in reported incidents relating to patients' safety. The thirty-five-day target in responding to complaints is now at 96% which is an improvement. A quality assurance visit model

has been introduced for the medical, clinical, and nursing directorates to visit their sites.

6. The Chair thanked the Southeast Coast Ambulance Service team for a very full response to questions and referred to the recommendations which relate to the Care Quality Commission [CQC] recommended actions and to maintain the path to success that they are demonstrating.

RECOMMENDATIONS

The Committee notes the Trust's improvement work and agrees with the Care Quality Commissions findings via inspection, therefore the Trust should:

1. Pursue the positive path of development described in the Southeast Coast Ambulance Service previous report, especially:
2. Continue to work with Emergency Departments to improve handovers.
3. Focus on delivering the contractual response times to attend patients.
4. Training of leaders to ensure they have the leadership skills required to ensure staff feel respected, supported, and valued.
5. Measure and report regularly on staff satisfaction and morale with publication of those reports to staff and the actions taken to resolve issues.
6. Measure and report regularly on the effectiveness of communications to staff of key information including roles, responsibilities and the ease with which staff can escalate issue issues.
7. Prioritise the welfare, professional development, and training of the staff at all levels.
8. Provide mental health and wellbeing support to all staff.

37/21 NHS FRIMLEY: ACCIDENT & EMERGENCY WAITING TIMES & PRESSURES [Item 7]

Witnesses:

Mark Nuti - Cabinet Member for Adults and Health (In person)
Philip Kelley, Director of Improvement & Workforce (Primary Care) Development / Acting Director of UEC access, NHS Frimley. Frimley Health and Care ICS (attended remotely)
Dr. Stephen Dunn, Director of System Flow & Delivery, NHS Frimley (attended remotely)

Key points raised in the discussion:

1. The Chair referred to how the pilot was terminated by NHSE and as a result, whether difficulties had been created for the Trust, and how much notice was provided. The Director of System Flow & Delivery, NHS Frimley explained that there had been discussions over several months concerning the likelihood to move away from the four-hour Accident and Emergency performance. Formal confirmation was provided to them at the beginning of January 2022 which meant there was effectively three or four months to work through the actions that were needed to return to the standard. It was considered a good notice period however, as changes and dynamics on how patients were processed needed to be embraced regarding new clinical reference standards. Staff embraced this challenge and sought to improve performance.
2. A Member asked about the Bracknell and the Brants Bridge site concerning the publicity surrounding them and how they are making effective use of that publicity. The Member also questioned how many people have arrived at emergency departments that could have been seen at the Bracknell site. The Director of System Flow & Delivery, NHS Frimley explained that they have recently seen eight hundred and eighty people attend both Frimley Park and Wexham hospitals, both sites had an excess of four-hundred attendees. There may be opportunities to divert people attending to Accident and Emergency to use the urgent treatment centre at Brants Bridge. They had identified opportunities to potentially treat patients at alternative locations, reflective of the discussions around primary care access. They had the highest numbers of virtual ward emissions per hundred thousand by an Integrated Care Board in the country, and the highest number of same day appointments within two-weeks in the region. The Director of Improvement & Workforce (Primary Care) Development / Acting Director of UEC access, NHS Frimley and Frimley Health and Care ICS explained there are several services operating from the Bracknell site such as cancer care and dialysis services and there was a good use of the capacity provided. NHS Frimley had around 5,000 people attending that site with 2,600 for the walk-in site and around 2,300 appointments. On average 96% of patients are seen within 4-hours at that facility.
3. A Member clarified that the question was regarding the publicity for the site. In particular what publicity is there and are they making effective use of that publicity considering not everybody is online or aware that there is somewhere they can walk into in Bracknell. The Director of System Flow & Delivery, NHS Frimley

thanked the Member for clarifying this question and explained that they have a detailed communications plan around ensuring their services are being used wisely which is delivered by use of social media and press-releases, and engagement for local authority newsletters. Community and voluntary groups and practices are utilised to relay messaging of alternatives to emergency departments. It was suggested it would be beneficial to for them to capture further information on this area of work as an action, with any support to help with publicity perhaps with the utilisation of county council newsletters around this messaging, welcome.

4. A Member acknowledged the positive news concerning the reduction in waiting lists in emergency departments having fallen to less than 2.5% in August, September 2023 was different. The Member asked what is being done to ensure that winter pressures did not increase the waiting lists again and those exceeding the twelve-hour waits are not revisited. The Director of System Flow & Delivery, NHS Frimley explained that the Moorhouse work, and engagement undertaken on their regional strategy sets out a comprehensive overview of their urgent and emergency care system and the Surrey Heartlands plan. The delivery of 100,000 appointments is estimated over this winter with an expectation to create capacity for a further two hundred and two daily appointments to address those two hundred and forty patients across both Wexham and Frimley Park, diverting people away from Accident and Emergency. They are investing additional monies into the Surrey Heath system which will increase primary care appointments by another twenty-three thousand over the whole year. Performance figures show 97% of patients using the urgent care response service are seen within two-hours. They intend to roll-out remote-monitoring, with over 5,500 patients being actively monitored with two-thirds of practices being actively enrolled. The connected care analytical service at Frimley shows that remote-monitoring has been reducing attendances by around 31%, admissions by 33% and general practitioner appointments by 21%. It will continue to be rolled-out throughout the winter period to help to reduce the number of people needing to be admitted at both hospitals. They have the highest number of virtual ward admissions and beds in the country, and the business case for expansion has been approved for the number of beds at the Integrated Care System. 90% of referrals to virtual wards are pre-admission and 10% are post-admission. Virtual wards are being used to help avoid admissions and step-up care and monitoring, rather than safety-netting discharges. The use of virtual wards which is connected to remote-monitoring are making a difference. As a system they are concentrating on getting their medically optimised numbers down and since December they have seen a 15% increase in

the numbers of discharges from their place-based teams including the Surrey Heath teams.

5. The Chair suggested a continuation of their campaigns, including email and SMS engagement for this winter's flu and Covid-19 vaccination programmes would be recommended ensuring everybody eligible is made aware of the vaccinations, to increase uptake and keep the winter pressures down. The Director of System Flow & Delivery, NHS Frimley endorsed that recommendation which would help support the NHS to cope with a challenging winter.
6. The Committee advised witnesses they were supportive of the Trust's efforts to deal with the Reinforced Autoclaved Aerated Concrete (RAAC) present in the hospital. The Director of System Flow & Delivery, NHS Frimley suggested that the Committee's support of the redevelopment for the new hospital site would be positive for the community.

RESOLVED:

The Committee recommended that:

1. Both Surrey Heartlands and Frimley ICBs continue their campaigns, including by email and SMS reminders with targeted engagement for this winter's flu and Covid-19 vaccination programmes ensuring that those eligible are made aware of the vaccination and increase uptake of the vaccines.
2. The Committee gave their support for redevelopment of the Frimley Park hospital site and would continue to conduct overview of the plans and delivery of the work.

38/21 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 8]

Key points raised in the discussion:

1. The Chair mentioned that the forward plan requires further work past December. One of the areas that he wants to focus on concerns about frequent visitors to A&E as that accounts for a major depletion of resources.

39/21 DATE OF THE NEXT MEETING: 7 DECEMBER 2023 [Item 9]

The Committee noted the date of its next meeting.

Meeting ended at: 2pm

Chairman