Notice of Meeting

Adults and Health Select Committee

Date & time
Thursday, 7 March 2024 at 10.00am

Place
Woodhatch Place, Reigate, Surrey, RH2 8EU

Contact
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Chief Executive
Joanna Killian

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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 Sally Baker, Scrutiny Officer via email.

Elected Members
Dennis Booth, Helyn Clack (Vice-Chairman), Robert Evans OBE, Angela Goodwin (Vice-Chairman), David Harmer, Trefor Hogg (Chairman), Rebecca Jennings-Evans, Frank Kelly, Riasat Khan, David Lewis, Ernest Mallet MBE, Michaela Martin and Carla Morson.

Independent Representatives:
Borough Councillor Neil Houston (Elmbridge Borough Council), Borough Councillor Abby King (Runnymede Borough Council) and District Councillor Charlotte Swann (Tandridge District Council)

TERMS OF REFERENCE

- 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

Purpose of the item: To report any apologies for absence and substitutions.

2 MINUTES OF THE PREVIOUS MEETINGS: 7 DECEMBER 2023 (Pages 5 - 26)

Purpose of the item: To agree the minutes of the previous meeting of the Adults and Health Select Committee as a true and accurate record of proceedings.

3 DECLARATIONS OF INTEREST

Purpose of the item: 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

Purpose of the item: To receive any questions or petitions.

NOTES:

1. The deadline for Members' questions is 12:00pm four working days before the meeting *(1 March 2024)***.**
2. The deadline for public questions is seven days before the meeting *(27 February 2024).*
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

5 A NEW HOSPITAL TO REPLACE FRIMLEY PARK HOSPITAL (Pages 27 - 100)

Purpose of the item: The purpose of this report is to update the

committee on the recent public engagement undertaken by Frimley Health NHS Foundation Trust and the Frimley Integrated Care System (known as NHS Frimley) on the criteria to evaluate a shortlist of possible sites for a new hospital. This report serves as an update to the previous report presented to the committee by the Trust and NHS Frimley on 7 December 2023.

6 JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (FRIMLEY PARK) (Pages 101 - 108)

Purpose of the item: This report seeks to inform the Select Committee about the proposed establishment of a Joint Health Overview and Scrutiny Committee (JHOSC).

7 SURREY HEARTLANDS & SURREY COUNTY COUNCIL DISCHARGE TO ASSESS REPORT (Pages 109 - 146)

Purpose of the item:
1.1 To inform Surrey County Council's Health Select Committee of the current Discharge to Assess arrangements in Surrey and to set out challenges and work underway to enable improved outcomes for people who are being discharged from hospital.

1.2 The Committee is asked to note the important part that Discharge to Assess plays as a contributor to resident/patient flow in discharge, as well as the commitment given to Discharge to Assess by Surrey Heartlands Integrated Care System.

8 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME (Pages 147 - 188)

Purpose of the item: For the Select Committee to review the attached recommendations tracker and forward work programme, making suggestions for additions or amendments as appropriate.

9 DATE OF THE NEXT MEETING

The next public meeting of the committee will be held on 10 May 2024 at 10:00am.

Joanna Killian
Chief Executive
Published: Wednesday, 28 February 2024

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Thank you for your co-operation

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

These minutes are subject to confirmation by the Committee at its meeting on Thursday 7 March 2024.

Elected Members:

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

Co-opted Members:

r Borough Councillor Neil Houston, Elmbridge Borough Council
District Councillor Charlotte Swann, Tandridge District Council

*Present at meeting

r= Remote Attendance

40/23 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Dennis Booth, Michaela Martin, Rebecca Jennings-Evans and Immy Marwick. Robert Evans and Abby King delayed. Remotely, Frank Kelly and Carla Morson.

41/23 MINUTES OF THE PREVIOUS MEETINGS: 7 OCTOBER 2023 [Item 2]

The minutes were agreed as a true and accurate record.

42/23 DECLARATIONS OF INTEREST [Item 3]

The Chairman declared that he was a Frimley Health Community Representative.

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

43/23 QUESTIONS AND PETITIONS [Item 4]

No questions or petitions were received.

44/23 SCRUTINY OF 2024/25 DRAFT BUDGET AND MEDIUM-TERM FINANCIAL STRATEGY TO 2028/29 [Item 5]

Witnesses:

Mark Nuti, Cabinet Member for Adults and Health
Sinead Mooney, Cabinet Member for Adults Social Care
David Lewis, Cabinet Member for Finance and Resources.
Nicola Kilvington, Director of Corporate Strategy & Policy, Surrey County Council
Rachel Wigley, Director, Finance Insights & Performance
William House, Strategic Finance Business Partner for Adults, Wellbeing and Health Partnerships
Sarah Kershaw, Strategic Director of Adults, Health, and Wellbeing
Nicola O'Connor, Strategic Finance Business Partner
Paul Richards, Area Director East & Mid Surrey, Adult Social Care (ASC)
Jonathan Lillistone, Assistant Director of Integrated Commissioning
Nikki Roberts, CEO, Surrey Coalition of Disabled People

Key points raised during the discussion:

1. The Cabinet Member for Finance and Resources introduced the Item and provided an overview on the draft budget for 2024/25 and the Medium-Term Financial Strategy (MTFS) for 2028/29.

2. The Chairman questioned if there had been any further opportunities identified to work cooperatively with the borough and district councils to close any budget gaps. The Strategic Director of Adults, Health and Wellbeing explained that the Directorate worked closely with the district and borough councils in delivering care, but there were several financial challenges within some of these councils that increased difficulties in how the Directorate would deliver services in the future, but options to work together more effectively would always be explored. A

Member asked if the Directorate was anticipating service withdrawals from borough and district councils. The Cabinet Member for Finance and Resources explained that there could be a risk partners resorting to statutory rather than discretionary services, which could have consequences for the Council. There was currently no direct indication that services would be withdrawn. The Cabinet Member for Adult Social Care highlighted that the Council funded some district and borough council schemes such as 'meals on wheels' and the Directorate were committed to continue this.

3. A Member questioned whether the Service was being ambitious enough in extra care housing numbers. The Cabinet Member for Adults Social Care explained the Directorate was bound by the Care Quality Commission (CQC) regulations, which restricts the size, height and density of properties, and number of residents. The Director of Integrated Commissioning highlighted that the Directorate would avoid introducing risk and officers who were working on the programme had been as ambitious as possible with the number of units. Good progress had been made on Regulation 3 applications, with planning approval on the Guildford site and construction starting in 2024, outline planning approval for three sites in the next part of the programme, and the remaining three sites would be due to come forward for outline planning approval. Overall, this means that the Directorate are at 360 units towards the 725 targets, with further plans in the pipeline to achieve the full target.

Abby King and Robert Evans arrived at 10.32 am.

4. In reference to the Medium-Term Position being uncertain with continued pressures, the Chairman asked what opportunities there were to put in place Transformation programmes, which could alter major cost drivers. The Strategic Director of Adults, Health and Wellbeing explained there were three key focus areas. Customer journey, which involved how ASC would look after residents from the outset, that ensured the Service would be person-centred; market management and commissioning; and how ASC would work with health organisations such as NHS Surrey Heartlands and Frimley Health to maximise the holistic offer to residents and provide a more preventative approach. This involved looking at the Directorate's current approaches, how they could align it to the three key areas and how they could improve over the next year to help deal with efficiencies and challenges. This would help achieve a move

towards prevention and help manage budgets due to a reduced need to intervene, whilst simultaneously delivering the Council's responsibilities under the Care Act 2014.

5. In reference to the efficiency of changing care models, a Member asked for clarity on the proposed changes to transport in care settings. The Director of Integrated Commissioning explained it linked to the broader transformation and prevention agenda, and the Directorate was looking at community opportunities for everyday living. The Service had seen progress with more people travelling independently, with travel training and different organisational involvement being a key role in this. A wider piece of work with the Freedom to Travel programme, looking at information relevant to Adults Wellbeing and Health Partnerships (AW&HP), is also being undertaken.

6. A Member asked if the move to supported independent living, in extra care, could be accelerated. The Director for Integrated Commissioning explained that these were major programmes and over the next 12 or 18 months, the programme would accelerate. Work had previously been going into the design, planning, preparation, and the securing of the right development partners. The Service would continue to explore opportunities to accelerate delivery as quickly as possible.

7. The Chairman requested more information around technology enabled care, extending its coverage, and increasing the sophistication and range of what was on offer. The Strategic Director for Adults, Health and Wellbeing explained that a lot work had already been done on this in the community and homes, that could be built on further, such as by utilising Artificial Intelligence (A.I.). The Director for Integrated Commissioning expressed that ambition should not be limited around technology enabled care and options were being fully explored. The Director underlined the importance of linking technology with extra care and supported independent living, and technology had been designed into those schemes' design briefs and it would be an area where collaborative work and integration with health colleagues would be important, such as with NHS Surrey Heartland's and their virtual wards.

8. A Member raised a concern around the delivery of technology enabled care in rural areas and to people who find technology difficult to manage. The Director of Integrated Commissioning explained that addressing the broader infrastructure and

challenges, would be part of any transformation programme. Several technology support schemes had been funded through the ‘Better Care Fund’, which the Service would want to continue alongside any transformation programme. The Cabinet Member for Health, Wellbeing and Public Health expressed that advancement in technology, such as no longer requiring a ‘user’, and A.I., could help certain groups, but stressed the importance of ensuring that the infrastructure would be in place to support it, and that it would be the right thing for the right people. The CEO of the Surrey Coalition of Disabled People highlighted their digital exclusion service, funded by the ‘Better Care Fund’, to teach those excluded how to use technology.

9. A Member asked what the current adult social care staffing situation was in Surrey, what the shortages were, and what plans were in place to mitigate them. The Strategic Director for Adults, Health and Wellbeing explained that staffing shortages were due to a range of factors such as higher housing costs. Commissioners had and would continue to work collaboratively with the provider community, including the Surrey Care Association and NHS partners, to understand the challenges and find ways to address them. The Service had created a joint £6 million workforce innovation fund with NHS Surrey Heartlands, to help solve the challenges of staff shortages. This resulted in workforce projects such as a programme with the Surrey Care Association that would provide an avenue for people to gain an accredited care qualification. The Strategic Director highlighted that competition in pay was also a source of tension. The Cabinet Member for Adult Social Care referred to the Surrey Housing, Homes and Accommodation summit that took place in December 2022, explaining that it identified a need for essential worker housing. This housing strategy would be going to Cabinet and would outline a model to take forward in 2024. The Cabinet Member for Health, Wellbeing and Public Health added that public perception of working in the care system would need to change to help reduce staff shortages.

10. A Member agreed with the Cabinet Member for Health, Wellbeing and Public Health’s point on changing public perception around working in the care sector. The Strategic Director highlighted the health and social care academy jointly run with NHS Surrey Heartlands, along with AW&HP’s own academy, and expressed there would be an opportunity to build more on this and proactively change public perception. This was being explored as part of the transformation programme with a

focus on how the Directorate could create career paths to portray the benefits of working in the care sector.

11. The Member asked for clarity on the number of vacancies, in both Council services and the private sector. The Strategic Director for Adults, Health and Wellbeing informed the committee that, according to the 2022/23 Skills for Care Data, there were 3,800 vacancies across the whole sector. Regarding the Council's care provision versus private care provision, the Strategic Director explained that conditions and benefit packages for staff are similar across the sector and a shift in it being easier to recruit into the private sector, would not necessarily be seen. The Director of Integrated commissioning added that last year's 'Cost of Care' exercise, allowed the AW&HP to gather details on pay rates and staffing on home care services and care homes, which only highlighted a differential in some senior roles. In the last 12 months the Directorate had seen a significant increase in overseas recruitment which had been an important route in addressing some workforce challenges.

12. A Member referred to the recent announcement made by the Home Secretary on plans to cut net migration, and asked how it would affect the care sector. The Director of Integrated Commissioning explained that the announcement did not apply to exempt professions that would go through the health and social care visa route, and therefore would have an impact on the social care workforce. The condition around bringing family requiring an increased minimum income, could have an impact on the care sector, which was still being investigated and communication was being undertaken with the Surrey Care Association on this.

13. The Chairman questioned if the Directorate was comfortable with the overall current budget position for public health and its future going forwards. The Cabinet Member for Health, Wellbeing and Public Health expressed it would be the second lowest public health budget in the country and were therefore not comfortable with the position but would work with what was received and use it to generate more investment into public health by outside partners and grant funding.

14. A Member commented that the 1.2% increase in the Public Health Grant is capable of being raised and did not cover the inflationary pressures. The Member asked if the Cabinet Member for Health, Wellbeing and Public Health was assisting

the Leader of the Council in obtaining further funding for public health. The Cabinet Member for Health, Wellbeing and Public Health confirmed that more funding is constantly challenged for and substantiated that the Council had recently received a £5 million grant from the National Institute for Health and Care Research. The Member asked for clarification on how much of the Public Health Grant is given to AW&HP. The Cabinet Member for Health, Wellbeing and Public Health explained that the public health grant was ring-fenced to be used only for public health matters.

15. A Member asked how budget gaps in Adults Wellbeing and Health Partnerships were to be filled. The Cabinet Member for Adult Social Care highlighted the importance of delivering the transformation programmes and explained that the Directorate must look at demand management, which had increased and continued to rise, as well as consider how it would be managed and what opportunities could be implemented for when people seek support from the Service. There would be several services, such as reablement, where the offers would need to be reviewed to see if it could be improved. The Cabinet Member also underlined an integration programme with NHS Surrey Heartlands and other health partners, which would require collaboration, as the benefits could be significant. Efficiencies around the institutionalised type of care setting were identified, and discussions with providers would start shortly. The Cabinet Member also expressed a need to keep the Service outcome focussed.

Actions/requests for further information:

1. Adults, Wellbeing and Health Partnerships to provide the Skills for Care data, that is split up geographically across Surrey on vacancies in the adults' social care sector (if possible).

2. The Assistant Director for Integrated Commissioning (ASC) agreed to update the Committee on communication with the Surrey Care Association concerning the announcement by the Home Secretary on migration and the possible impacts it will have on the care sector.

Resolved:

The Adults and Health Select Committee recommends that:

1. Given the known trends for rising demand for services and rising costs, it is the view of the Select Committee that a major transformation project is needed based around the objective set in Section 2 of the Care Act 2014 of “Preventing needs for care and support "by:

    a. Developing community-based approaches to keeping residents healthy and in their own homes.
    b. Reducing the overall market demand for high-cost care services by refocusing efforts on prevention.
    c. Maximising the use of Technology Enabled Care including making the service available Surrey-wide as soon as possible for both self-funders and Surrey funded service users.

2. The Committee recommends that the Cabinet Member for Health and Wellbeing and Public Health commits to work with Government and other agencies to raise the image of caring careers and the pay and salaries in the care industry.

45/23 ADULT SAFEGUARDING UPDATE [Item 6]

Witnesses:

Mark Nuti, Cabinet Member for Adults and Health
Sinead Mooney, Cabinet Member for Adults Social Care
Sarah Kershaw, Strategic Director of Adults, Health and Wellbeing
Paul Richards, Area Director East & Mid Surrey, Adult Social Care (ASC)
Jonathan Lillistone, Assistant Director of Integrated Commissioning

Key points raised during the discussion:

1. The Strategic Director for Adults, Health and Wellbeing provided a brief overview of the Adults Safeguarding Update. The paper set out a rise in both concerns and enquiries and covered the decision making, legal duties, and how the Directorate was working to strengthen the learning received.

2. A Member referred to the Adult, Wellbeing and Health Partnerships (AW&HP) current process of reviewing safeguarding arrangements to ensure there would be the right capacity, and asked what the timeline was for this. The Area Director for East & Mid Surrey (ASC) explained that the newly appointed Interim Executive Director had started the process of reviewing the arrangements. The Service had received additional capacity with the recent appointment of a Principle

Social Worker, who would work across the AW&HP teams to identify good practice and where improvement was needed, and an Assistant Director for Safeguarding and Quality, who would review Safeguarding teams and their processes, and the continued review of performance plans and finalisation of the wider Safeguarding Adults Improvement Plan. The Service would expect this to ensure the right capacity to work effectively with partners and care providers. A new team manager with previous experience as a social worker and an approved mental health practitioner is expected to join the Adult Safeguarding Hub in January 2024. The Service would expect this team, from January onwards to be effective and to see good improvements within the next six months.

3. A Member asked if the Safeguarding Adults page on the Council's website would be accessible to those who were digitally excluded and how the Directorate were advertising it. The Area Director for East & Mid Surrey (ASC) explained that the Directorate recognised some people experience issues with online access, but they were fairly confident people were able to access this information, based on the volume and types of referrals and concerns the Service received. The Area Director stressed that the Directorate would always want arrangements in place to enable digitally excluded people to voice their concerns and highlighted the reference in the report to providing information in a physical form, which work with partners in communications would be done to distribute this to parts of the county with digitally excluded people.

4. A Member queried if there was an intention to support people who experience language barriers. The Director of Integrated Commissioning stated that it would be a key area where the Directorate would need to work with partners, providers and care staff who have these skills, and an area where the Directorate would need to make sure staff were having conversations with Surrey residents.

5. A Member asked if online training had been offered to libraries to support safeguarding issues. The Strategic Director for Adults Health and Wellbeing stated that the Service works closely with the Customers and Communities Directorate and underlined that libraries would be an essential tool for getting into the community. The Directorate would be looking at how they could maximise the benefit of this as part of their work, and had communicated with the Executive Director of Adults, wellbeing, and Health Partnerships (AW&HP) about how they could do this

quickly, with training being considered through the academy to support it.

6. The Chairman asked for more information on the Improvement Plan, the key areas that required most improvement and how it would be addressed. The Area Director highlighted that the number of outstanding section 42 safeguarding enquiries there were in Surrey was significant, with 5,007 outstanding on 10 August 2023, which impacted on other work including statutory duties. There were three areas of immediate focus in the Improvement Plan; to legitimately close cases where no further action was needed by the Council; triage more cases from the Adults Safeguarding Hub where possible; and to change and streamline the process of Liquid Logic Adults System (LAS), to enable more proportionate recording of cases and make it less time consuming, which went live in August 2023. By 23 November 2023 the number of open cases had reduced to 3,621. The Area Director highlighted that delays in acting on these enquiries were not just within the Service, it also resulted within partnerships, which was being addressed. Further improvements had been identified and would be taken forward by the Interim Assistant Director for Safeguarding and Quality Assurance.

7. A Member asked if lessons learnt were taken from the Covid-19 period, and how the Service was learning from this process in the Improvement Plan. The Area Director for East & Mid Surrey confirmed an increase in safeguarding incidents with Covid-19. Within Surrey, the Adult Safeguarding Hub changed some of the processes to help identify cases quickly and to work differently with partner agencies. Training had been updated to include the learning from the Domestic Homicide Reviews (DHRs) and the Safeguarding Adult Reviews (SARs). The Area Director also highlighted his appointment to the role of Domestic Abuse Lead for the Senior Leadership team within AW&HP and would attend the Domestic Abuse Executive Group. This work would form a major part of the Improvement Plan and the improvements of safeguarding responses and service were actively being looked at.

8. A Member requested more detail on the learning used from the SARs to inform improvements, particularly with the elderly and vulnerable populations. The Area Director for East & Mid Surrey (ASC) explained that senior managers, area directors and assistant directors across AW&HP attended and contributed to the SAR panels and took away learning. Learning events were

held online for all partner agencies and frontline staff, which would still be accessible on the Surrey Safeguarding Adults Board website. Each SAR would result in recommendations and actions which would be shared back to organisations. All lunchtime learning space sessions would be open to the Service's workforce for learning from SARs. Both the Principal Social Worker and the Interim Assistant Director for Safeguarding and Quality Assurance would look at how best to disseminate the learning from the SARs. Safeguarding training had been updated to include learning from the SARs and DHRs, and the directorate would signpost people to publish SARs in their E-brief, which would be circulated to all their staff. Standard operating procedures were being reviewed to reflect those changes, with changes to processing already been made to ensure that concerns and decisions to proceeding with section 42 enquiries, would always be reviewed by a second person, with assistant team manager oversight.

9. A Member asked for clarification on how to go about reporting a safeguarding concern. The Cabinet Member for Health, Wellbeing and Public Health emphasised that the aim would be that people could report a safeguarding concern to anyone, and to reach this aim the Directorate would need to raise awareness, communication, and education around what safeguarding is and on the different types of abuse. The Strategic Director for Adults, Health and Wellbeing highlighted that the Directorate would be commissioning training with the academy for Members around safeguarding. The Area Director for East & Mid Surrey explained that addressing safeguarding concerns for people at risk of abuse and neglect under the Care Act 2014 is the duty of local authorities and highlighted the streamlined process of making a referral from the Council's website or a telephone number that people could call.

10. A Member asked how the newly appointed community link officers and local area coordinators were improving local community wellbeing, and whether safeguarding was included in their training. The Cabinet Member for Adult Social Care clarified that community link officers and local area coordinators did undertake safeguarding training and engaged directly with social care teams, which helped them to understand what process to follow if they were to come across safeguarding concerns. There were also reflective practice sessions on safeguarding that were held locally within the AW&HP team, and Community Link Officers' and local Area Coordinators' connections with relevant teams had been developed but could be built on further.

11. A Member questioned what ‘Making Safeguarding Personal’ looked like and what actions were being taken to embed it into behaviours and practices. The Area Director for East & Mid Surrey (ASC) explained it would involve including people from the outset and looking at what people would want to achieve from the Safeguarding process. Improved triaging of safeguarding concerns would be an important part of this approach and an approach the Directorate sought to adopt by making the Adult Safeguarding Hub responsible for triaging and only transferring cases to teams when the matter would require further work or was particularly complex. Assuming people would have the capacity to make their own decisions was one way the Directorate would make the process more personal, and any action or decision made on their behalf would be made in the person’s best interest. The Area Director highlighted to the Committee that a risk enabled framework was being developed, to move away from the past paternalistic approach and improve the way mental capacity assessments are undertaken to ensure people would have the opportunity to participate as much as possible. The need to embed this approach was recognised.

Actions/requests for further information:

1. It was suggested that the Member Seminar Programme should include a session on Adult Safeguarding.

2. The Area Director, East & Mid Surrey Adult Safeguarding to identify whether messaging to report safeguarding issues within libraries could be more robust in effectively reaching all communities across Surrey.

3. The Cabinet Member for Adult Social Care agreed to ensure that concerns raised by Healthwatch Surrey related to reports received concerning poor communication and delayed response times are reflected within the Improvement Plan.

4. The Cabinet Member for Adults Social Care agreed to communicate with the adult social care service to reassure the committee that training undertaken by local area community officers on safeguarding is meeting the standards expected.

Resolved:

The Adults and Health Select Committee recommended for Adults Wellbeing and Health Partnerships:

1. To manage processes in line with capacity versus demand needs and monitor improvements in how operations will be more efficient. Analysing the demand and capacity will enable improvements to be made that smooths the flow of service users through the system and helps to create a better patient and staff experience of the healthcare process.

2. Implement the necessary processes which are needed to cope with demand to reflect the transformation work and help to improve the service.

3. To review the Healthwatch reports and incorporate any learning into the Improvement Programme.

4. Make it clear that Surrey County Council supports the protections given in employment law for whistleblowers and provide a simple easy to access reporting route for them.

5. To organise a Members Briefing session on safeguarding and provide future training for Members around safeguarding.

46/23 A NEW HOSPITAL TO REPLACE FRIMLEY PARK HOSPITAL [Item 7]

Witnesses:

Mark Nuti, Cabinet Member for Adults and Health
Sinead Mooney, Cabinet Member for Adults Social Care
Carol Deans - Director of Communications and Engagement Frimley Health NHS Foundation Trust
Kishamer Sidhu, Chief Finance Officer & Executive Lead for New Hospital, Frimley Health NHS Foundation Trust
Emma Boswell, Director of Partnerships and Engagement, Frimley Integrated Care Board Known as NHS Frimley

Key points raised during the discussion:

1. A Member asked why Frimley Health was planning to build a bigger hospital and how modern healthcare standards would better cater for Surrey's ageing population. The Chief Finance Officer explained that the new hospital would be built to international standards allowing for more space, and the size would be about specifications rather than the quantity of facilities. The Director of Partnerships and Engagement explained that with regards to modern healthcare standards, the commitment to integrated care would be key to the plans of the new hospital and built on ongoing work around integrated care

teams, virtual wards, and remote monitoring. This work would need to continue to support the new hospital for the increasing demand and capacity management needs. The Chief Finance Officer explained that part of the aim would be to predict where the future services would need to be, which would involve integration. Three ways that integration would be important and help to provide care in a different way would be with technology; the volume and types of patients changing; and how and what would be treated in the hospital compared to the connected facilities around it, such as virtual wards, community facilities and diagnostics.

2. The Chairman asked how much Frimley was working with NHS Hampshire Hospitals, that would also be building a new hospital and referred to potential conflicts it could cause. The Director of Communications and Engagement confirmed that both Frimley Health NHS Foundation Trust and NHS Frimley were working with Hampshire hospitals and the Royal Berkshire hospital. The Director clarified that Hampshire are considering a reconfiguration of their services between their two hospitals, whereas Frimley Health NHS Foundation Trust are focussing on their site location and would keep services the same with no intention to change the patient flow. The Director of Partnerships and Engagement added that Frimley Health and care system were working in partnership with neighbouring systems, and collaboration between senior responsible officers of the three different builds had been supported by the integrated care system.

3. The Chairman referred to the new rules in the National Planning Policy Framework, which requires large projects to demonstrate a 10% biodiversity net gain, and questioned if Frimley Health NHS Foundation Trust were aware of this new challenge, and of how they would take it into account. The Chief Finance Officer stated that details around this had not been checked but stated that the new rule may indicate a more general issue, as the NHS was already required to change the way they build, to meet energy efficiency and net carbon zero impact standards. The Chief Finance Officer also highlighted the likelihood of having modular builds, which would consider the environmental specification requirements.

4. A Member referred to Frimley Health Foundation Trust's timeline to build a new hospital and asked whether it would be achievable. The Chief Finance Officer explained that the 2030 hard deadline meant there would be a need for all government

machinery to work differently. A key constraint to the timeline would be funds such as with fees to complete the design, engagement, and land acquisition, which were in progress. The Chief Finance Officer highlighted that contractors could be a constraint, particularly due to the scale of the new hospital, and Frimley Health would need to procure them in a different way, which would be done nationally. The Chief Finance Officer added that instead of doing things sequentially, there would be a need to manage different stages of the project in parallel.

5. A Member asked if Frimley's consultation process would be considering people who were not necessarily part of the hospitals' normal catchment area but are likely to be related to the new site. The Director of Communications and Engagement explained that Frimley Health and NHS Frimley would cover those people and intend on communicating with people to inform their understanding of who else to communicate with and how to reach them. Ensuring information was widely available and relying on partnerships to help support them with engagement would be key to the work.

6. The Cabinet Member for Health, Wellbeing and Public Health suggested it would be beneficial if plans for the new hospital tied in accommodation for staff, as part of the site investigation process. The Director of Partnerships and Engagement explained that the NHS Frimley had an Integrated Care Partnership on the impact of living and working in a high-cost area. Once the site selection process was complete, it would inform the transformation in how the Frimley Health and Care system supported an effective local workforce, by drawing people in locally, providing effective cost of living wages, with considerations about their housing and the broader issues. The Chief Finance Officer explained there was a need to simultaneously recognise the difficulty in balancing the funding for the hospital build with an accommodation build. The Director of Partnerships and Engagement explained the interest by the Integrated Care Partnership in working together with local authorities, the voluntary sector, and others, to create something broader across their system, with accommodation for staff being one part of that.

7. A Member asked if Frimley had included providers such as chemists in their communications and engagement process. The Director of Communications and Engagement stated that an advantage of the new hospital being a joint piece of work with the Integrated Care Board (ICB) and the Integrated Care System

(ICS), is that Frimley would have access to all primary care providers that the ICS covers such as GPs, chemists, pharmacists, and optometrists, and therefore, NHS Frimley would have direct relationships to ensure they would be involved in the process.

8. A Member questioned how confidential the negotiations of the new site were, with consideration of the hospital's military link and keeping them informed. The Chief Finance Officer explained that he was only aware of the sites being proposed by code names and were not aware of the locations. This was partly because of commerciality, that if the sites were to become public knowledge the price could increase, and to also ensure the chosen site would not be a result of a personal influence. The Chief Finance Officer clarified that there were sites available, and negotiation was taking place. The Member asked if this was normal procedure, and the Chief Finance Officer confirmed it was. The Chief Finance Officer reassured the committee that the military link would be factored into the new hospital's demographic planning.

9. A Member asked if discussions with utility providers, to understand the ability to provide the required level of electricity, gas, water, and sewerage capacity, could be accumulated in time to estimate the costs and whether Frimley Health NHS Foundation Trust were monitoring this plan. The Chief Finance Officer explained that the provision was part of the hurdle criteria, and Frimley Health NHS Foundation Trust were in conversations with network providers to map out their current plans and how they might be able to change. The Chief Finance Officer explained that costings would change going forward and there was a national support regarding how the cost would conclude for any element of the build.

10. A Member asked what impact the new hospital site would have on their other nine facilities and if those facilities would be involved with the new hospital. The Chief Finance Officer clarified that the new hospital was not about changing services that are provided elsewhere, it would be about re-providing the services Frimley Health NHS Foundation Trust already had on a different site with no service changes built into the land acquisition.

11. A Member asked about what improvements the digital infrastructure would provide to the new hospital and how it would benefit elderly and vulnerable patient groups. The Chief Finance

Officer explained that the answer to this would need to be developed, which was partly the reason for the engagement process, to ensure Frimley Health NHS Foundation Trust and NHS Frimley could get everyone's views on what the future should look like. The Chief Finance Officer provided the example of technology enabling patients to maintain contact with their family by allowing visiting times to be broken down. The new hospital, being designed in a technology-enabled way would facilitate, rather than impede on, improvements.

12. A Member asked how Frimley Health would keep an integrated hospital approach across the various locations. The Chief Finance Officer explained that 25% of Frimley's activity would take place outside of the hospital site, and they would have an opportunity to think about things in more than just a hospital sense. The Chief Finance Officer highlighted the importance of integrating pathways to ensure that a patient could be moved easily and quickly from one place of care to another. The Director for Partnerships and Engagement referred to some of their broader digital approaches to integration that the new hospital could build on, such as their flagship connected care programme which uses data and insights to identify patients most at risk of things such as hospitalisation, which would be shared back to primary, integrated care teams.

13. The Chairman asked what was being done to solve the problem of queues to get into the current site's car park, and how it would be considered in the new hospital's design. The Chief Finance Officer explained that the hospital programme would need to have a travel plan that would incorporate the ability to get to the new site by car and by other means. Spending money on car parking at the current Frimley site was not deemed the best use of resources and instead, plans were currently being reviewed into ensuring the best use of what they currently had. For example, one of the demolition sites on the current site had been converted into car parking spaces.

14. A Member asked what some of the potential impacts of the new hospital location would have on residents in the most deprived areas of Surrey. The Director of Partnerships and Engagement referred to their five-year shared systems strategy for creating healthier communities, with a single ambition of tackling inequalities. One of the underpinning themes and principles of their work would include being alert to the impact on equality, diversity, and inclusion, and NHS Frimley was expecting to complete an Equality Impact Assessment. Additionally, one of

the criteria Frimley Health NHS Foundation Trust and NHS Frimley would be asking people to consider is whether they had health inequalities high enough on the list for selection criteria. The Chief Finance Officer explained that so far, the process had been based largely on the physical side, but there would be two further stages, the Outline Business Case and Full Business Case, that could be inputted on and would capture whether the new site would provide services in a way that helps to reduce health inequalities and not disadvantage groups.

15. In reference to Frimley's Communication Strategy, a Member asked how Frimley Health would ensure communication with everyone about the process. The Director of Communications and Engagement explained it would be challenge. Frimley Health NHS Foundation Trust's communication strategy would attempt to get information directly to people in a way that would be easy to share, which is something they continue to work on. Frimley Health NHS Foundation Trust would provide the information in as many formats as possible and would also be relying on partners and others to share information, such as on social media, where there was investment in the targeted boosting of posts to help share information among various groups. There would be a reliance on the media and communicating with people directly and Frimley Health NHS Foundation Trust and NHS Frimley would review all responses to investigate if there were any gaps where certain groups were not engaging.

16. A Member asked about how disruptive the process of building the new hospital was going to be, how NHS Frimley were managing potential concerns with closing areas of the current hospital and ensuring the public would know where to go for services if they were relocated. The Chief Finance Officer explained that Frimley Health NHS Foundation Trust were spending between £5 million and £8 million, and had already spent £30 million, to ensure buildings retain their integrity and to maintain the provision of services to 2030. The Chief Finance Officer highlighted that there were disaster recovery plans in place with their partners to ensure they would not run unsafe services.

Actions/requests for further information:

1. For future planning, Frimley Park Hospital to provide what a modern hospital room for patients should look like to meet contemporary standards.

2. A Member suggested that Frimley Park take another look at their map to include Ash on it. The Director for Partnerships and Engagement agreed to revisit the map for accuracy purposes.

3. Frimley Park to return to the Committee with an update on progress on the plans for Frimley Park Hospital at its March 2024 meeting.

Resolved:

The Adults and Health Select Committee recommended for Frimley Health NHS Foundation Trust:

1. To ensure that consistent involvement is in place throughout the entirety of all planning stages.

2. To ensure that the caring and compassionate approach remains at the forefront of the patient experience in relation to the increases of health-related technologies in home environments. To be mindful that change can induce fear in vulnerable groups and to ensure the appropriate knowledge is provided regarding the motivations that influence the use of health-related technologies.

3. To ensure that local leaders are kept informed as per setting up a consultative or an advisory group amongst local interested leaders, and that this select committee is kept updated on key discussions / developments.

4. To ensure that the engagement is spread out widely and to engage with Primary Care Networks and local councillors for the area.

47/23 RECOMMENDATIONS TRACKER AND FORWARD WORK PROGRAMME [Item 8]

The Chairman suggested to move past this item and proposed Officers update it.

48/23 DATE OF THE NEXT MEETING: 7 MARCH 2024 [Item 9]

The next public meeting of the committee will be held on Thursday 7 March 2024 at 10.00am.

Meeting ended at: 2.28 pm.

Chairman

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ADULTS AND HEALTH SELECT COMMITTEE

7 MARCH 2024

SURREY COUNTY COUNCIL

A NEW HOSPITAL TO REPLACE FRIMLEY PARK HOSPITAL

Purpose of this Report: **The purpose of this report is to update the committee on the recent public engagement undertaken by Frimley Health NHS Foundation Trust and the Frimley Integrated Care System (known as NHS Frimley) on the criteria to evaluate a shortlist of possible sites for a new hospital. This report serves as an update to the previous report presented to the committee by the Trust and NHS Frimley on 7 December 2023.**

Executive Summary:

1. The previous report presented on 7 December 2023 sought the committee members views on the criteria that Frimley Health will use to evaluate a shortlist of possible sites for a new hospital, and the committee's feedback on the Trust's approach to comprehensive engagement with patients, public, and staff. It also outlined why Frimley Park Hospital needs to be replaced by 2030, why building a hospital on the current site is not a viable option and that an initial period of public engagement would be undertaken. It also recommended establishing a joint overview scrutiny committee which is subject to a separate report on this agenda.

2. The Trust opened its initial public engagement period on Thursday 24 November 2023 and closed it midnight on Sunday 7 January 2024.

3. Recognising that the location and/or time of in-person events may not be convenient for everyone, particularly those who travel further to visit the hospital, virtual Q&A events were arranged. In addition, communications activities throughout the engagement period directed people towards an online survey to provide their views and feedback, which were also captured during in-person engagement events. A total of **3,399** online responses were received.

4. The majority of people responding to the online survey were members of the public (72%), followed by staff at Frimley Health NHS Foundation Trust (25%). There was a good cross section of demographics responding to the survey, broadly representative of the local area.

5. The Trust commissioned a local research agency to produce an independent report on the findings of the public engagement and to highlight key themes. The

full report is in Appendix A: The *New hospital public engagement report*.

6. Information about how the feedback has been considered and influenced the site evaluation criteria and new hospital project will be summarised in a public document.

Promoting the engagement

7. Throughout the engagement period, the Frimley Health and the NHS Frimley communications and engagement teams rolled out a thorough engagement plan to promote the engagement opportunities. This plan was shared with Scrutiny Members in Appendix A of the Trust's paper to the Committee on 7 December 2023.

8. This included use of the full range of core networks and channels (such as press release, websites, social media, emails), as well as WhatsApp promotional messages and voice notes to community and faith leaders. Partner organisations and MPs were requested to promote the engagement through their channels, and information was emailed to Frimley Health's membership. Collateral (flyers, posters and pull-up banners) was circulated within the local community - in Frimley Health site locations, community centres and local shops.

9. To ensure engagement activities were equitable, demographics that were less responsive to the survey were targeted with paid for social media adverts, and further engagement was undertaken with local community groups.

Engagement activities:

10. An online survey on the draft criteria was developed to ensure the Trust heard from as many patients, communities, and staff as possible.

    This comprised 16 questions in total – with 10 specifically about the criteria, which itself included seven free text questions.

    The survey, information, FAQs and an online exhibition were hosted on an online portal provided by NHS Frimley. It was also available on the Trust's website and internal intranet.

11. Various public in-person and virtual listening events were held:

    Two in-person engagement events were held (one during the afternoon and one in the evening). Participants were given the opportunity to find out more about the project and join facilitated breakout sessions with scribes to note down all discussions related to the criteria.

Two virtual events (one at lunchtime and one in the early evening) were held with a presentation followed by a Q&A with the new hospital project's senior responsible officer (SRO) and director of communications and engagement.

An in-person drop-in session was also held in an evening, providing a chance for the public to find out more about the plans and draft criteria and ask questions, or raise concerns, directly with the project team.

12. The Trust engaged with existing groups and forums and ran pop-up information stands in key community locations:

    The Trust attended existing groups and forums to provide relevant and accessible information for discussion and dissemination, and to ensure opportunities to engage with the work was provided in key meetings.

    Eight pop-up information stands were set-up in foyers across NHS sites and in community hotspots (such as shopping centres, garden centres and leisure centres) in Bracknell, Surrey and Hampshire, providing opportunities to discuss the project and promote the online survey. The Trust's communications and engagement team was supported by governors at some of these pop-ups.

13. Two all staff events were held by the Trust and the project team joining numerous existing internal meetings:

    Frimley Health staff were invited to attend in-person and virtual events to support the development and refinement of the criteria and to hear more about the project. This included the opportunity to vote online on various aspects to do with the criteria using 'Mentimeter', an online platform that allows for real-time feedback.

    The project team joined numerous existing internal meetings and events to discuss the new hospital and to encourage people to complete the online survey.

Responses and findings: online survey

14. The Trust commissioned a local research agency to produce an independent report on the findings of the public engagement and to highlight key themes. The report is shown in Appendix A: The *New hospital public engagement report*.

15. A total of **3,399** online responses were received between Friday 24 November 2023 and Monday 8 January 2024.

    - The majority of people responding were members of the public (72%), followed by staff at Frimley Health NHS Foundation Trust (25%).

- There was a good cross section of demographics responding to the survey, broadly representative of the local area.

- Over three in ten respondents lived in Surrey Heath (31%). Two-fifths of respondents lived in North East Hampshire & Farnham (39%), one in five respondents lived in Bracknell (19%) and 3% in RBWM. The remaining respondents lived elsewhere (8%).

- These proportions closely reflects the population that Frimley Park served in 2023: Hampshire: 41%, Surrey: 37%, Bracknell Forest: 17%, RBWM: 4%

- The majority of respondents were white (94%). Recognising the importance of engaging all segments of the community, the Trust and NHS Frimley communications and engagement teams implemented targeted efforts to engage ethnic minorities. Proactive measures, such as reaching out to community and faith leaders via WhatsApp and engaging Chaplaincy teams, were employed. These leaders were asked for their support in sharing the online survey within their networks.

- In light of the feedback and recognising the imperative to further enhance equity in engagement, the Trust and NHS Frimley are dedicated to creating more opportunities for underserved communities to participate in the project. A set of guiding principles designed to guide the communication and engagement processes for equality, diversity and accessibility is currently in development. Comprehensive local population health data, encompassing factors such as ethnicity, gender, geography, deprivation, and health status, forms the basis of our data driven approach. This ensures that our engagement efforts are tailored to the unique needs of the diverse Frimley population.

- Future initiatives include inviting community and faith leaders to one-to-one briefings, fostering a deeper and more personal connection with these communities and working with well-established community groups and charities. In Surrey this will include the Surrey Minority Ethnic Forum and the Surrey Coalition of Disabled People. This commitment underlines ongoing efforts to ensure that the voices of all members of our community are not only heard but actively incorporated into the development of the new Frimley Park Hospital.

16. Site location – key findings include:

Respondents from all areas said that access by car was the most important criteria when considering site location. Distance from current site was thought to be more important by respondents from Surrey Heath (47%), followed by Access by public transport (27%). One quarter said that all criteria listed were equally important.

The main reasons given for saying each of the listed site location criteria were important centred mainly around accessibility. When asked what site location

criteria was missing from the list provided, the main ones were about car parking – even though it was part of the criteria listed, respondents thought it was worth mentioning as its own separate entity.

17. Planning and restrictions – key findings include:

    Half of respondents from all areas (47-51%) said that all the listed criteria were equally important when considering planning and restrictions around the new site. Of those providing a specific criterion, most from all areas said the expansion potential (35% - 45%).

    The main reason why criteria was mentioned as most important regarding planning and restrictions concerned the thought of future proofing the new site given population demands.

    Car parking was thought to be missing from the list of key criteria when considering planning and restrictions for the new site, followed by the availability of appropriate land.

18. Purchasing the site – key findings include:

    Two-thirds of respondents from all areas thought that all the site purchase criteria listed were equally important.

    When asked for reasons why they had rated specific purchase criteria important, the main reason from all areas was to consider appropriate land.

Responses and findings: Engagement sessions

19. A number of formal and informal engagement sessions were conducted with staff and stakeholders, members of the public and the local community. We have listed the key points and themes that arose from those sessions.

20. 562 people joined the all-staff engagement sessions, and 106 joined the public online and in-person sessions.

21. Key themes from the engagement with members of the public include:

    Access to key highways: Distance from the site for both ambulance access and the impact the surrounding area may have on journey times, therefore the distance from key highways to improve access and journey times is key.

    Parking: People want to see more investment in parking and car parking circuits; bus companies should be partnered with to improve park and ride if parking nearby is an issue.

    Road infrastructure: The road infrastructure needs to be considered to ensure that accessing the hospital does not cause excessive traffic for residents and the surrounding area.

Sustainability: Consideration on the impact of pollution by the new hospital; this included pollution from increased traffic in the area, and increased noise/light pollution from more traffic in the area.

Building structure: Questions on the height of the building; some were concerned that the hospital may be built too high and would like to see more clarity on the proposed plans.

22. Key themes from the engagement with staff members include:

Sustainability: Ensuring the new site will focus on being sustainable in terms of net zero and its transportation links and active travel.

Parking: There should be a park and ride to reduce traffic, but adequate staff parking should also be reiterated as it should be available for all staff, not just a proportion.

Access: multiple access points so that delivery trucks, ambulances, staff and patients are not utilising the same access point.

Next steps

23. Information about how the feedback has been considered and influenced the site evaluation criteria and new hospital project will be summarised in a public document.

24. As previously stated in the report to the AHSC on 7 December 2023, the Trust and ICB will support the Joint Health Overview and Scrutiny Committee, that is being proposed elsewhere on this meeting's agenda, to ensure it is able to begin scrutinising the new Frimley Park hospital processes and plans as soon as feasible.

Conclusions

25. Potential sites are being identified based on the final evaluation criteria.

26. The Trust will continue to engage with the public, patients and staff to ensure its communities remain up-to-date with the latest news and updates on the new hospital project.

27. Recognising the Trust needs to move forward with plans to identify a preferred site swiftly, it will continue to engage with overview and scrutiny committees separately until the Joint Health Overview and Scrutiny Committee has been formed, as previously stated in the report to the Committee on 7 December 2023.

Recommendation(s)

28. Note the key findings in the new hospital public engagement report.

Report contact

Carol Deans, Director of Communications and Engagement

Contact details

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Email: c.deans1@nhs.net

Sources/background papers

Appendix A: *The New Hospital Public Engagement Report*

Prepared for:

Frimley Health
NHS Foundation Trust

New Hospital Public Engagement

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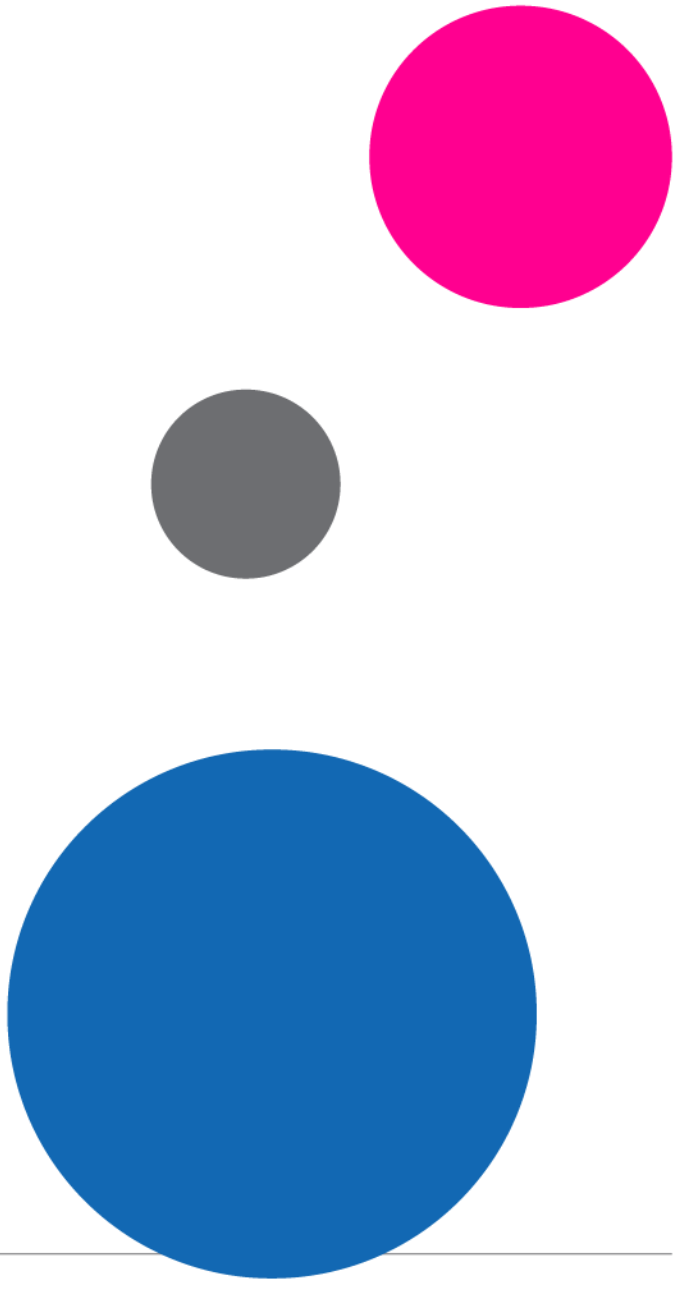
Contents

Introduction



In this section we provide details of the background, objectives and methodology used in the engagement survey.

Background

Frimley Health NHS Foundation Trust (the Trust) is delighted to have been given the green light to build a new Frimley Park Hospital by 2030 as part of the government's New Hospital Programme.

Frimley Park Hospital needs to be replaced on a new site by 2030 because the current hospital was built using Reinforced Autoclaved Aerated Concrete (RAAC). RAAC deteriorates over time and the NHS is required to stop using buildings made from it.

Over recent months, the Trust has been identifying potential sites for the location of the new hospital and has ruled out sites that are not viable.

The Trust is developing the criteria it will use to assess potential sites – and has sought the views of patients, staff, volunteers, local communities and other stakeholders on what is important about the site for the new hospital, and why.

New hospital engagement period

Frimley Health is committed to working with patients, staff, volunteers, local communities and other stakeholders throughout its work to deliver a new Frimley Park hospital and to involve as many people as possible in all stages of its development.

The Trust opened its initial engagement period on Thursday 24 November 2023 and closed it midnight on Sunday 7 January 2024. The purpose of the engagement period was to invite people to have their say about what is important to them in a new Frimley Park Hospital site. The Trust wanted to know what people thought of the criteria it is planning to use to assess the sites - for example, how appropriate they were, if any needed further refinement, if there were criteria that people thought were missing, and if any were particularly important to them, and why.

The engagement period focussed on engaging all Frimley Health staff and local communities that make up the majority of patients at Frimley Park Hospital – from Surrey, Hampshire, Bracknell and the Royal Borough of Windsor and Maidenhead (RBWM).

The communications and engagement activities throughout this period were led by Frimley Health with support from the Frimley Integrated Care System (ICS) communications and engagement team.

This report summarises the feedback gathered from various activities that took place throughout the engagement period.

Approach

The full approach to engagement was set out in the Communications and Engagement Plan in Appendix A.

The aims of the engagement period were to:

- Ensure people are aware and understand why staying on the current site is not a viable option
- Allow people to contribute to the development and refining of evaluation criteria that will be applied when assessing possible sites for a new hospital
- For people to tell the Trust which evaluation criteria are most important to them and why

Promotion and advertisement

Throughout the engagement period, Frimley Health and the Frimley ICS promoted the engagement period via the following core networks and channels:

- NHS system-wide corporate communications channels - websites, social media and internal communications via newsletters, CEO briefings, Team Brief (staff cascade document) intranets and SharePoint sites
- Frimley Health social media accounts - organic and paid for social media campaigns
- Frimley Health membership - monthly newsletter (including bespoke email to members)
- Partner communications - using trusted communications channels to raise awareness via:
    - Frimley ICS Communications and Engagement Network
    - Local Healthwatch
    - ICS NHS Partners
    - Borough and Parish Council newsletters
    - GP practices
    - Health-related voluntary organisations
- Emails and WhatsApp promotional messages and voice notes - to community and faith leaders
- Media - press release to key media outlets
- MP's - actively engaged to promote and include in their socials and newsletters
- Collateral (flyers, posters and pull-up banners) - within the local community - in Frimley Health site locations, community centres and local shops.

To ensure engagement activities were equitable, demographics that were less responsive to the questionnaire were targeted with paid for social media ads, and further engagement was undertaken with local community groups.

Activities

Online questionnaire

- An online questionnaire on the draft criteria was developed to ensure the Trust heard from as many patients, communities, and staff as possible.
- It had 16 questions in total - 10 around the criteria, which itself included seven free text questions.
- Recognising that the location and / or time of the in-person events may not be convenient for everyone, particularly those who travel further to visit the hospital, virtual Q&A events

were arranged (see below), and communications activities throughout the engagement period directed people towards the online questionnaire to share their views.

- The questionnaire was hosted on an online portal provided by the Frimley ICS, which also included information, FAQs and an online exhibition. It was also available on the Trust's website and internal intranet.
- The full questionnaire is in Appendix B.

Public listening events

- Two in-person engagement events were held where people were invited to find out more about the project and support the development and refinement of the evaluation criteria.
- They included facilitated breakout sessions with scribes to note down all discussions related to the criteria.
- Two virtual events were held with a presentation followed by a Q&A with the new hospital projects senior responsible officer and director of communications and engagement.
- In-person drop-in session was also held, providing a chance for the public to find out more about the plans and draft criteria and ask questions, or raise concerns, directly with the project team.
- All events were held across a range of dates, times and mediums to ensure they were as accessible as possible to our staff and communities.

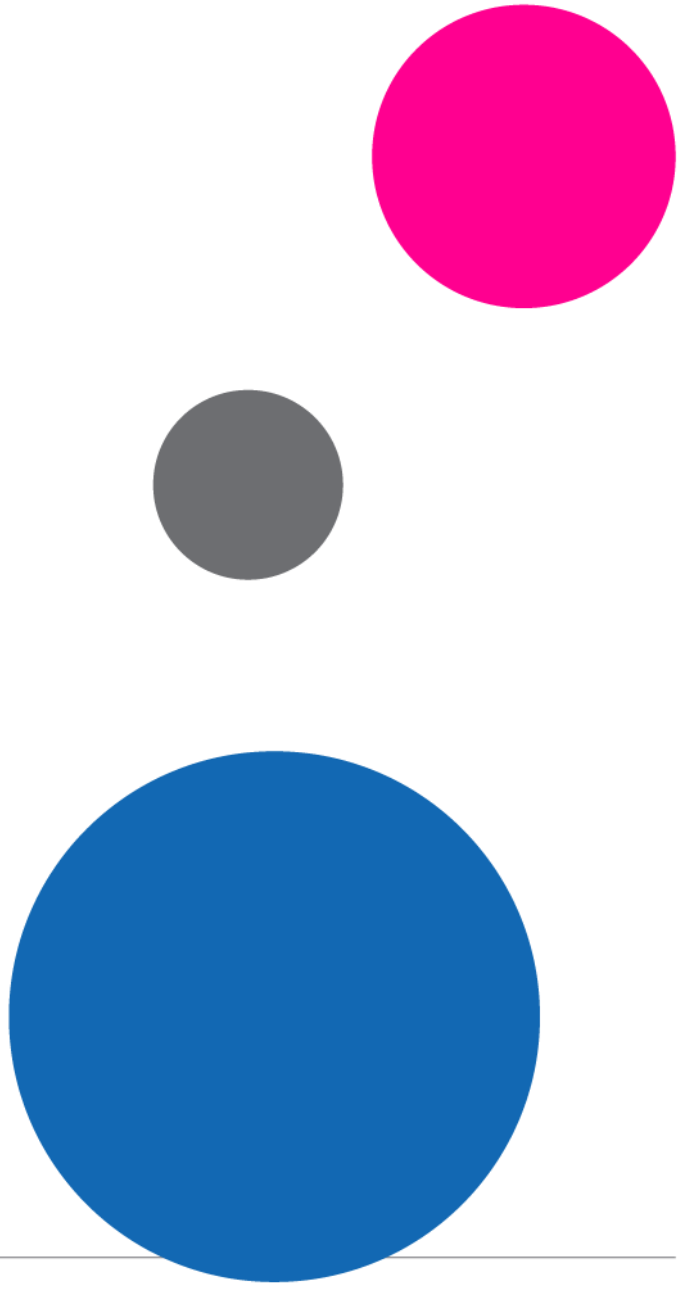
Community engagement

- The Trust attended existing groups and forums to provide relevant and accessible information for discussion and dissemination, and to ensure opportunities to engage with the work was provided in key meetings.
- Eight pop-up information stands were set-up in foyers across NHS sites and in community hotspots in Bracknell, Surrey and Hampshire, providing opportunities to discuss the project and feedback on the criteria.

Staff events and stakeholder meetings

- Frimley Health staff were invited to attend in-person and virtual events to support the development and refinement of the criteria and to hear more about the project.
- This included the opportunity to vote online on various aspects to do with the criteria using 'Mentimeter', an online platform that allows for real-time feedback.
- The project team joined numerous existing internal meetings and events to discuss the new hospital and to encourage people to complete the online questionnaire.
- The Trust is also working with relevant county council and unitary authority overview and scrutiny committees, producing presentations and papers, and offering site tours for priority stakeholders. These engagement activities are not tied to this engagement phase as they have taken place before, during and after this time period.

Demographics



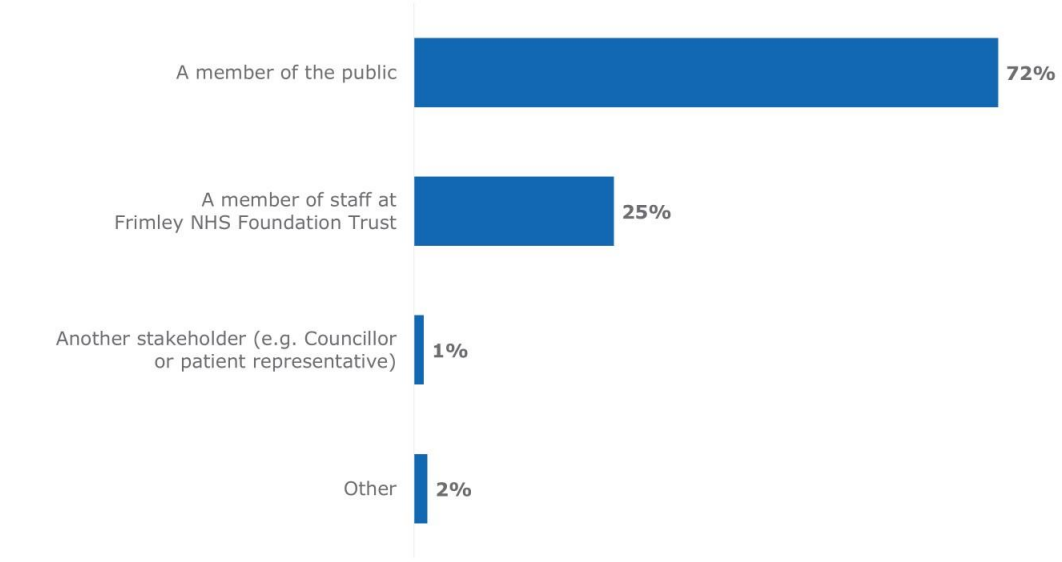
This section details the key demographics of those responding to the online engagement survey.

A total of **3,399** online responses were received between Friday 24th November 2023 and Monday 8th January 2024. Not every respondent answered every question so base sizes will vary.

The majority of people responding were members of the public, followed by staff at Frimley Health NHS Foundation Trust.

Others mainly included volunteers of the Trust or another linked organisation.

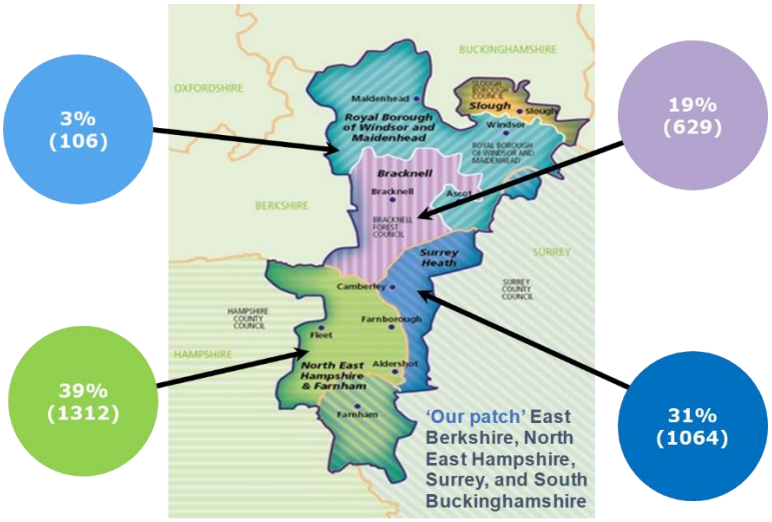
Chart 1: Respondent type



Q: Are you...?
Base: All responding (n=3,372)

Area

Two-fifths of respondents lived in North East Hampshire & Farnham (39%), with three in ten living in Surrey Heath (31%). One in five respondents lived in Bracknell (19%) and 3% in RBWM. The remaining respondents lived elsewhere (8%).



Other 8% (288)

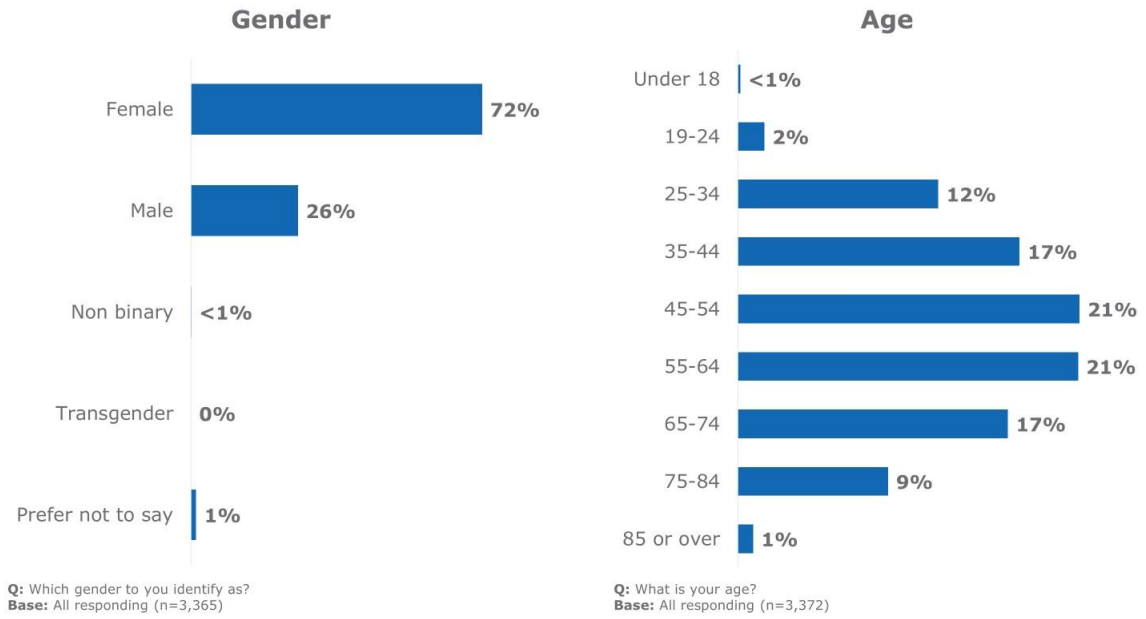
These proportions are not too dissimilar to the actual figures for the Frimley Park population in 2023:

- Hampshire: 41%
- Surrey: 37%
- Bracknell Forest: 17%
- RBWM: 4%

Gender and age

The majority of respondents were female (72%), with one quarter male (26%). The age of respondents tended to be in the older age groups with just under half in the over 55 age brackets (48%) and just over half in the under 55 age brackets (52%).

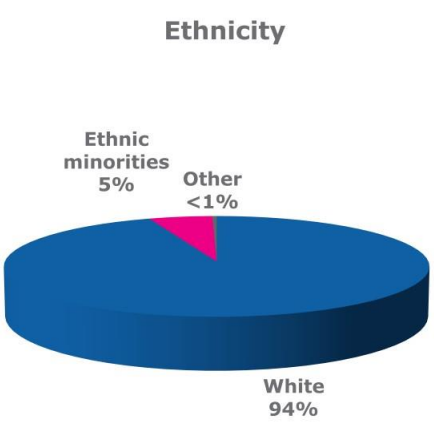
Chart 2: Gender and age



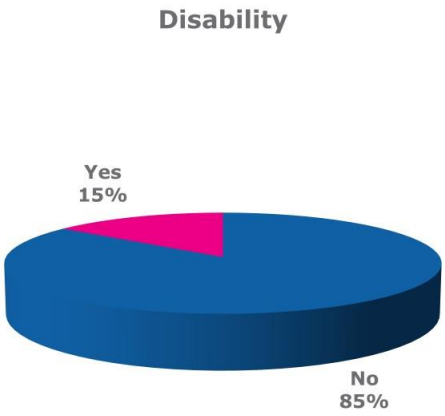
Ethnicity and disability

The majority of respondents were white (94%). One in seven responding said that they considered themselves to have a disability that impacted on day to day life (15%).

Chart 3: Ethnicity and disability

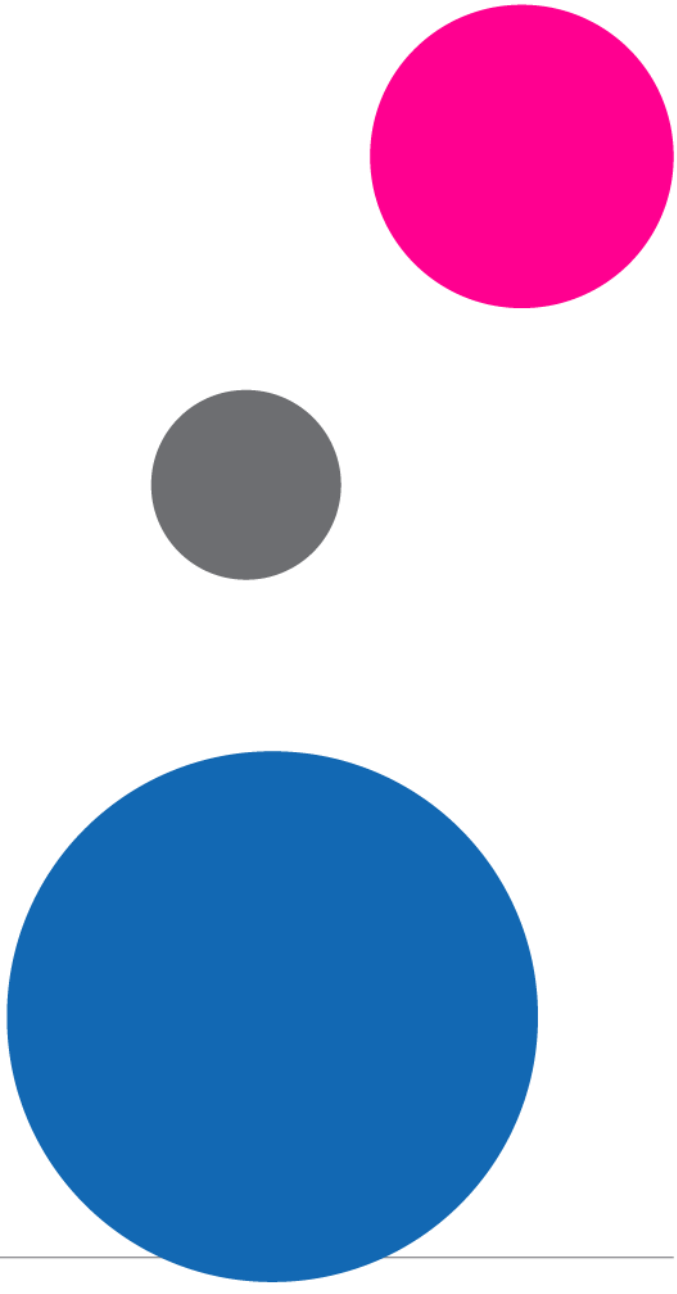


Q: What is your ethnicity?
Base: All responding (n=3,333)



Q: Do you consider yourself to have a disability that impacts on day to day life?
Base: All responding (n=3,259)

Main findings – online survey



Here we detail the responses to the questions within the online engagement survey.

The relevant criteria was detailed before each question to enable respondents to make an informed decision before responding. They were given an opportunity to say why they selected the option(s) and also whether there was anything missing from the list.

Site location

These criteria are to do with the site location itself.

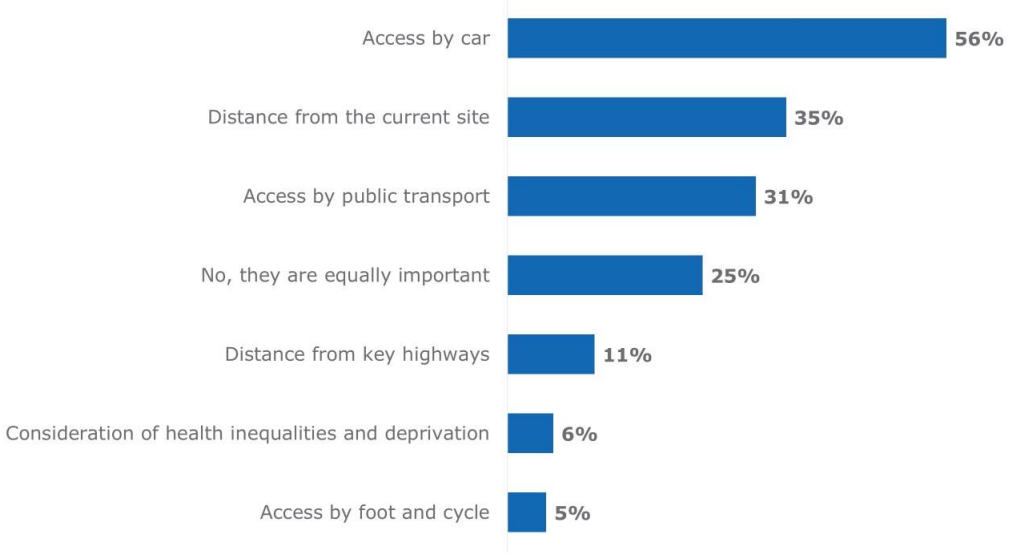
Evaluation criteria	Questions to test
Distance from current site	• How much does this site option increase/reduce travel time and/or costs for patients to access specific services, compared to now? • Is the staff travel required for this site option acceptable? • To what extent does this site have an impact on neighbouring hospitals, for example if patients travel to them instead?
Access by car	• To what extent does this site option have existing access roads that could manage, with minor works, the volume of vehicles likely? • To what extent does this site option offer alternative routes to and from it for blue light and emergency situations? • To what extent does the site option's nearby road network mean that we can create sufficient parking spaces on the site?
Distance from key highways	• To what extent is the site option accessible from major junctions of key routes such as the M3 and A331?
Access by foot and cycle	• To what extent does the site option have existing path and bicycle routes to and from key transport points and town centres? • Is it a reasonable assumption that paths and routes could be added or adapted?
Access by public transport	• To what extent does this site option have existing bus routes? • To what extent does the site option offer reasonable bus routes from train stations?

Evaluation criteria	Questions to test
Consideration of health inequalities and deprivation	• To what extent is the site option in, adjacent to, or easily accessible from the more deprived areas of the hospital's catchment area? This is to reflect that there is greater incidence of ill-health and poorer access to transport in more deprived areas. • To what extent does the site option impact on health inequalities, those groups with certain protected characteristics (for example older people, or those with disabilities), or any other specific groups, for example carers.

Respondents said that access by car was the most important criteria when considering site location, with over half citing this as one of the most important criteria (56%). This was followed by Distance from the current site (35%) and Access by public transport (31%). One quarter said that all criteria listed were equally important (25%).

Fewer respondents said that Distance from key highways (11%), Consideration of health inequalities and deprivation (6%) and Access by foot and cycle (5%) were most important when considering the location of the new site.

Chart 4: Site location – importance of criteria



Q: Of the above criteria, are any more important to you than the others? Please select up to two criteria.
Base: All responding (n=3,376)

The main demographic differences are shown below.

Respondent type

- Public and staff both said access by car is most important.
- For staff, distance from the current site was second, followed by people saying that all aspects are important.
- The public said distance from the current site and access by public transport were tied for second in importance, followed by people saying that all aspects are important.

Table 1: Site location criteria by respondent type

	Public (2439)	Staff (832)
Access by car	57%	50%
Distance from the current site	33%	41%
Access by public transport	33%	25%
No, they are equally important	24%	27%
Distance from key highways	11%	11%
Health inequalities and deprivation	5%	7%
Access by foot and cycle	4%	9%

Area

- Respondents from all locations said that access by car was most important, with respondents from RBWM (62%) having the most responses agreeing that this is the most important criteria.
- Distance from current site was thought to be more important by respondents from Surrey Heath (47%), followed by North East Hampshire & Farnham (31%) and Bracknell (30%).
- Access by public transport was more important for respondents from RBWM (47%) compared to the other areas; Bracknell had 35% agree public transport access is important, followed by NE Hants/Farnham (33%).
- Around a quarter of respondents from NE Hants/Farnham (26%), Surrey Heath (25%), and Bracknell (25%) said that all criteria were equally important whereas 16% of those from RBWM agreed that all are important.

Table 2: Site location criteria by postcode grouping

	NE Hants/ Farnham (1311)	Surrey Heath (1062)	Bracknell (629)	RBWM (106)	Other (268)
Access by car	57%	49%	60%	62%	62%
Distance from the current site	31%	47%	30%	24%	29%
Access by public transport	33%	25%	35%	47%	31%
No, they are equally important	26%	25%	25%	16%	22%
Distance from key highways	11%	9%	12%	14%	15%
Health inequalities and deprivation	7%	4%	5%	8%	9%
Access by foot and cycle	3%	9%	1%	3%	4%

Gender

- Overall, males said that access by car was most important (60%), followed by access by public transport (33%) and distance from current site (32%).
- Females also agreed that access by car was the most important criteria (54%), this was however followed by distance from current site being important (37%) and access by public transport (31%).

Table 3: Site location criteria by gender

	Male (891)	Female (2420)
Access by car	60%	54%
Distance from the current site	32%	37%
Access by public transport	33%	31%
No, they are equally important	20%	26%
Distance from key highways	18%	9%
Health inequalities and deprivation	5%	6%
Access by foot and cycle	7%	4%

Age

- Similar proportions of young people responded as a member of the public or staff member. Between two-thirds and three quarters of respondents aged 35-64 were members of the public, with the proportion increasing dramatically for those 65 or over.
- Those aged between 18 and 54 all reported that they believe access by car is most important (62% - 50%), followed by distance from current site (46% - 37%) and access by public transport (28% - 19%).
- Whereas the respondents aged 55 and over had different priorities of importance; whilst they also agreed that access by car is most important (55% - 54%), the second most important criteria was access by public transport access (48% - 34%), followed by distance from current site (28% - 30%).

Table 4: Site location criteria by age

	<25 (60)	25-34 (414)	35-44 (583)	45-54 (706)	55-64 (702)	65-74 (559)	75+ (342)
Access by car	50%	58%	62%	52%	54%	55%	54%
Distance from the current site	43%	41%	46%	37%	30%	28%	28%
Access by public transport	28%	26%	19%	28%	34%	41%	48%
No, they are equally important	22%	19%	19%	26%	28%	29%	27%

Distance from key highways	8%	12%	12%	13%	12%	7%	9%
Health inequalities and deprivation	10%	8%	6%	6%	5%	4%	4%
Access by foot and cycle	8%	8%	6%	5%	4%	4%	1%

Ethnicity

- Ethnic minority respondents said the most important criteria was distance from current site (45%), followed by access by car (43%) and access by public transport (33%). Very few said that distance from key highways is important (8%).
- Over half of white respondents said that access by car is most important (56%), followed by distance from the current site (35%) and access by public transport (31%). Very few said access by foot or cycle was important (5%), nor did they agree health inequalities and deprivation was most important (6%).

Table 5: Site location criteria by ethnicity

	Ethnic Minorities (187)	White (3140)
Access by car	43%	56%
Distance from the current site	45%	35%
Access by public transport	33%	31%
No, they are equally important	21%	25%
Distance from key highways	8%	11%
Health inequalities and deprivation	10%	6%
Access by foot and cycle	12%	5%

Disability

- Of respondents saying they have a disability, over half said access by car is most important (53%), 32% said access by public transport is most important, followed by distance from the current site (30%).
- Of those without a disability, over half also agreed that access by car is most important (56%), 36% said distance from the current site and 31% said access by public transport.

Table 6: Site location criteria by disability

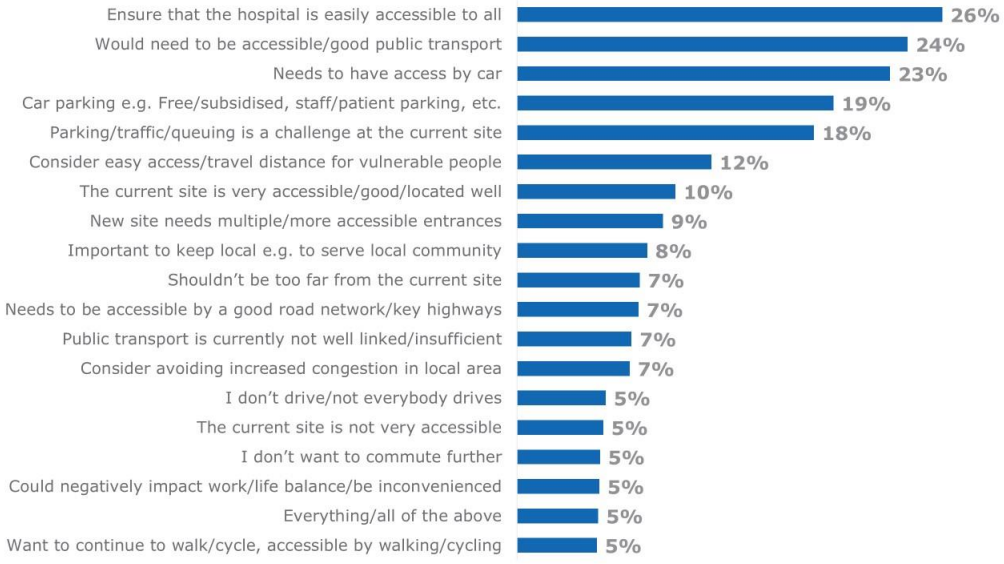
	Yes (473)	No (2781)
Access by car	53%	56%
Distance from the current site	30%	36%
Access by public transport	32%	31%
No, they are equally important	27%	24%
Distance from key highways	9%	11%
Health inequalities and deprivation	8%	5%

Access by foot and cycle	4%	5%

Reasons why rated important

The main reasons given for saying each of the listed site location criteria were important centred mainly around accessibility – accessible to all (26%), good public transport (24%), car access (23%), followed by car parking – free/subsidised parking for both staff and patients (19%) and the issue of challenging parking at the current site (18%).

Chart 5: Site location – reasons for importance



Q: Please tell us why.
Base: All responding (n=2,602)

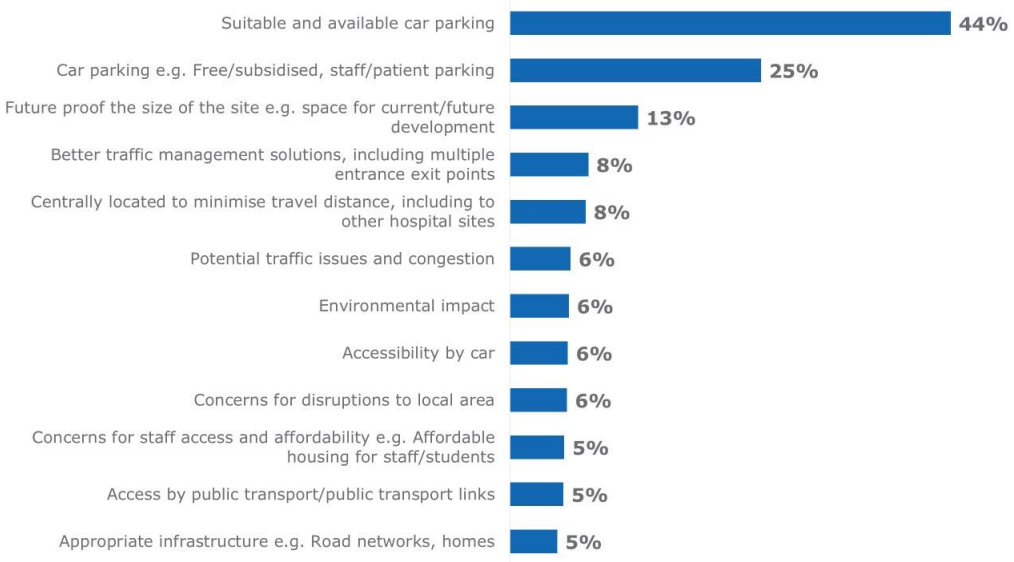
Other mentions below five percent included:

- I live close to the current site
- Cost considerations e.g. fuel/cost of living crisis/unaffordable for some to travel further etc
- Concern over patient missing appointments/delaying treatments due to inaccessibility
- Important to have the option of different routes/methods of accessing the hospital
- I currently walk to the hospital
- All site access issues need to be/are important
- I/many others rely heavily on public transport
- If the new site was further away I may look at other options for work (could negatively affect staff retention)/change the hospital I use
- I already travel a significant distance to the current site
- I/many people have relocated to be within proximity of the current site
- Safety concerns e.g. travel long distances after night shift/off-site parking dangerous at night/safe access in general
- Encourage people to cycle/walk/use public transport

Missing criteria

When asked what site location criteria was missing from the list provided, the main ones were about car parking – suitable and available car parking (44%) and free or subsidised parking for staff and patients (25%). Although parking was a bullet point within the Access by car criteria, respondents thought it worth mentioning as its own separate entity.

Chart 6: Site location – missing criteria



Q: Are there any criteria you think are missing from this selection. If so, please tell us what.
Base: All responding (n=1119)

Other mentions below five percent included:

- Disability access (including mental health and sensory) and parking including separate access point
- Separate access for emergency vehicles
- Park and ride
- Air ambulance access/Helipad
- A better drop off area, e.g. covered seating
- Green/nature spaces onsite
- All of it/everything/all of the criteria is important
- Walkable distance from train station

Planning and restrictions

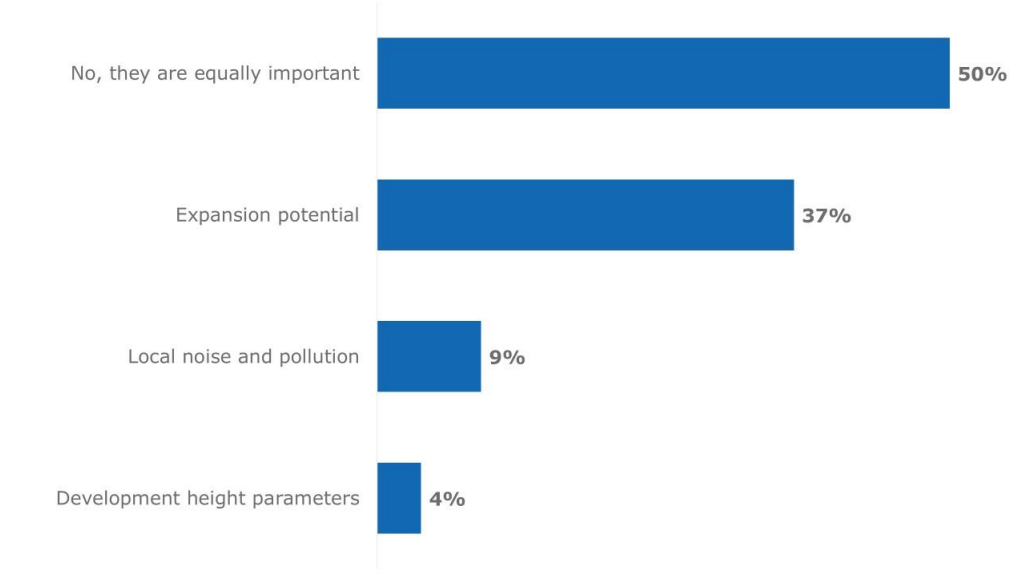
These criteria are about planning: the potential size of the hospital, and whether the site is close to noise or air pollution.

Criteria	Definition / detail
Expansion potential	• To what extent does the site option have the potential to expand, ideally adjacent or within the very local area?
Local noise and pollution	• To what extent does the site option have sources of significant local noise and / or polluting industries or is it in an area known for high levels of noxious gases?
Development height parameters	• What are the likely parameters for the site option development height? Ideally for the new hospital, at least three-storey height must be achievable, with a preference for up to five storeys.

Half of respondents said that all the listed criteria were equally important when considering planning and restrictions around the new site. Of those providing a specific criterion, most said the expansion potential (37%).

Fewer than one in ten considered Local noise and pollution (9%) or Development height parameters (4%) to be most important when thinking about planning and restrictions.

Chart 7: Planning and restrictions – most important criteria



Q: Of the above criteria, are any more important to you than the others?
Base: All responding (n=3,246)

The main demographic differences are shown below.

Respondent type

- 49% of the public and 54% of staff think that all aspects were equally important.
- Both groups thought that, individually, expansion potential was most important, followed by local noise and pollution, and development height parameters.

Table 7: Planning and restrictions criteria by respondent type

	Public (2334)	Staff (809)
No, they are equally important	49%	54%
Expansion potential	39%	30%
Local noise and pollution	9%	10%
Development height parameters	3%	6%

Area

- Around half of respondents from all areas said that all criteria were equally important (47% - 51%), followed by expansion potential (35% - 45%), local noise and pollution (13% - 6%) and development height parameters (5% - 2%).

Table 8: Planning and restrictions criteria by postcode grouping

	NE Hants/ Farnham (1251)	Surrey Heath (1019)	Bracknell (608)	RBWM (106)	Other (262)
No, they are equally important	51%	48%	51%	47%	54%
Expansion potential	37%	35%	38%	45%	34%
Local noise and pollution	8%	13%	7%	6%	8%
Development height parameters	4%	4%	5%	2%	3%

Gender

- Overall, males said that expansion potential is most important (48%), followed by 41% saying that all criteria are equally important. Just 7% of males said that local noise and pollution is important and 4% said development height parameters were important.
- Females were more likely to say that all criteria is equally important (54%), followed by 33% saying Expansion potential is important.

Table 9: Planning and restrictions criteria by gender

	Male (855)	Female (2326)
No, they are equally important	41%	54%
Expansion potential	48%	33%
Local noise and pollution	7%	10%
Development height parameters	4%	4%

Age

- Overall, all age groups agree that all criteria is equally important (55% - 47%), followed by expansion potential (40% - 34%), local noise and pollution (12% - 5%) and development height parameters (6% - 2%).

Table 10: Planning and restrictions criteria by age

	<25	25-34	35-44	45-54	55-64	65-74	75+

	(58)	(398)	(568)	(683)	(673)	(534)	(322)
No, they are equally important	55%	49%	48%	47%	53%	53%	52%
Expansion potential	34%	34%	36%	36%	35%	40%	39%
Local noise and pollution	7%	12%	12%	11%	8%	5%	5%
Development height parameters	3%	5%	4%	6%	3%	2%	4%

Ethnicity

- Overall, both ethnic minority and white respondents agreed that all criteria are equally important (49% and 50% respectively), followed by expansion potential (31% and 37% respectively), local noise and pollution (13% and 9%) and development height parameters (7% and 4%).

Table 11: Planning and restrictions criteria by ethnicity

	Ethnic minorities (182)	White (3016)
No, they are equally important	49%	50%
Expansion potential	31%	37%
Local noise and pollution	13%	9%
Development height parameters	7%	4%

Disability

- Overall, both respondents with or without a disability agreed that all criteria is equally important (55% and 49% respectively), followed by expansion potential (33% and 37% respectively), local noise and pollution (8% and 9%) and development height parameters (both 4%).

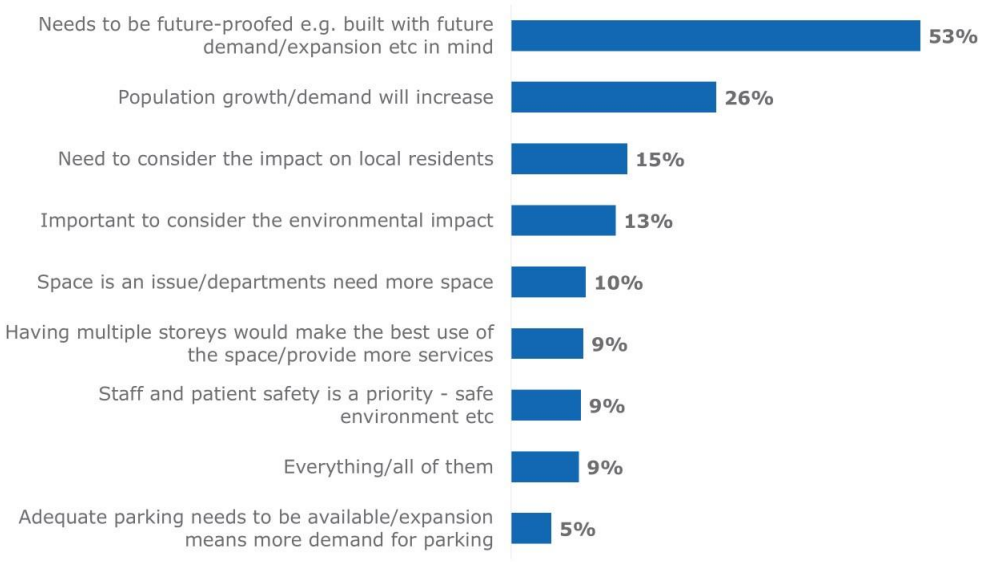
Table 12: Planning and restrictions criteria by disability

	Yes (454)	No (2676)
No, they are equally important	55%	49%
Expansion potential	33%	37%
Local noise and pollution	8%	9%
Development height parameters	4%	4%

Reasons why rated important

The main reason why criteria was mentioned as most important regarding planning and restrictions concerned the thought of future proofing the new site given population demands.

Chart 8: Planning and restrictions – reasons



Q: Please tell us why.
Base: All responding (n=1,881)

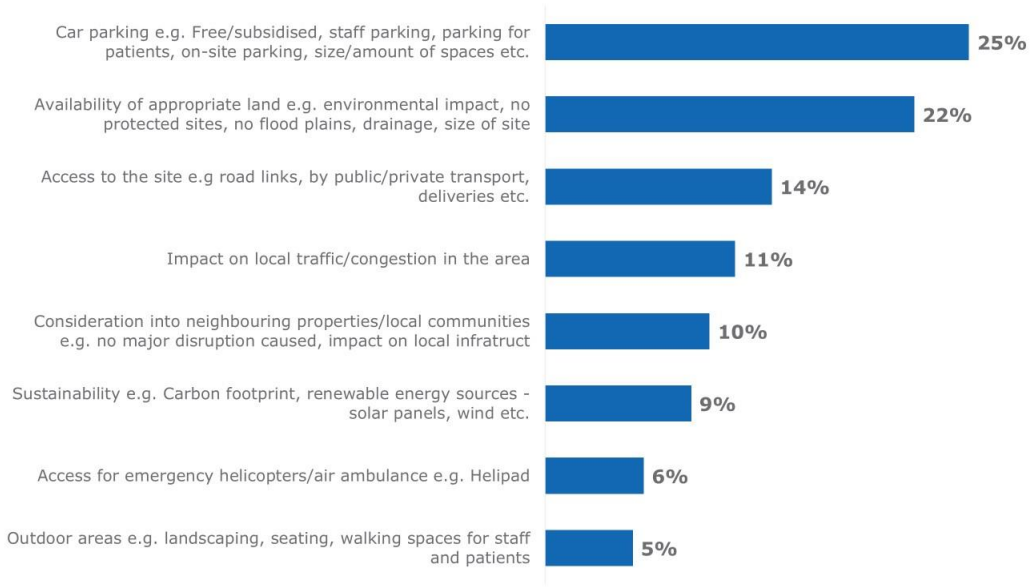
Other mentions of less than five percent included:

- They are equally important/should not focus on one over the other
- Meet/cover service demands

Missing criteria

Car parking was thought to be missing from the list of key criteria when considering planning and restrictions for the new site, followed by the availability of appropriate land (considering the environmental impact, flood plains, drainage, size, etc).

Chart 9: Planning and restrictions – missing criteria



Q: Are there any criteria you think are missing from this selection. If so, please tell us what.
Base: All responding (n=459)

Other mentions of fewer than five percent included:

- Staff facilities e.g. security/safety, canteens, showering facilities etc.
- Accommodation on-site e.g. for staff, family stay overs
- Meet/cover service demands
- Multi-storey building/car park
- Utilise the space better e.g. less cafes

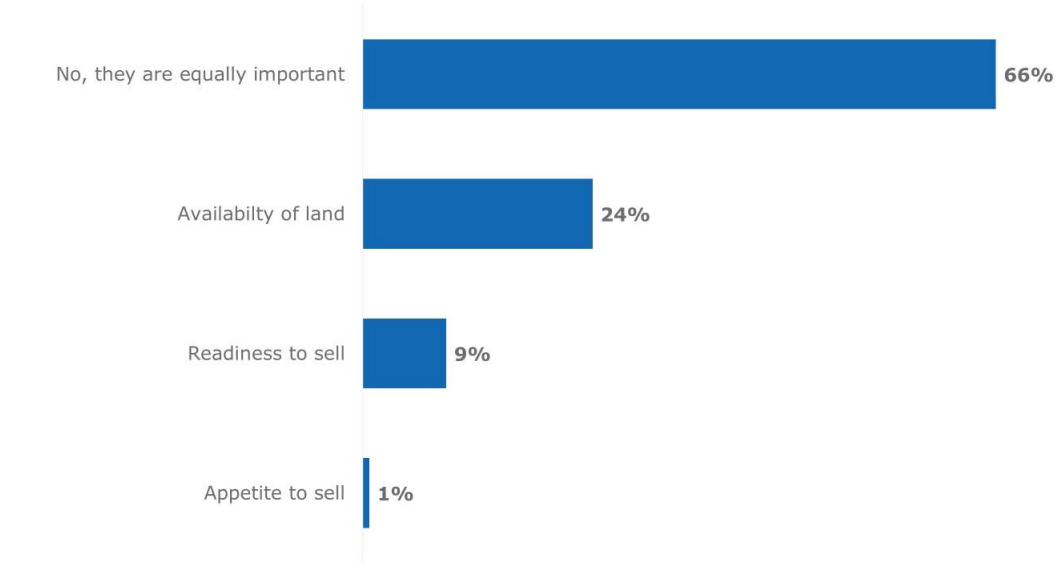
Purchasing the site

These criteria are about buying the site itself, and any barriers we may need to overcome.

Availability of land	• To what extent are we sure that the site option land is available for sale?
Appetite to sell	• How interested is the owner of the site option in selling?
Readiness to sell	• How ready is the site option for sale? Are there planning, ownership, or tenancy issues that need to be overcome?

Two-thirds of respondents thought that all the site purchase criteria listed was equally important (66%). Of those mentioning a specific criterion, Availability of land (24%) was most prevalent. Fewer than one in ten said that Readiness to sell (9%) or Appetite to sell (1%) were most important when purchasing the site.

Chart 10: Purchasing the site – most important criteria



Q: Of the above criteria, are any more important to you than the others?
Base: All responding (n=3,209)

The main demographic differences are listed below.

Respondent type

-

Table 13: Purchasing the site criteria by respondent type

	Public (2313)	Staff (795)
No, they are equally important	66%	68%
Availability of land	25%	21%
Readiness to sell	8%	11%
Appetite to sell	1%	0%

Area

- Respondents from all locations said that all purchasing criteria is important (67% - 65%), followed by availability of land being important (26% - 21%). This is followed by readiness to sell (11% - 7%) and appetite to sell (1%).

Table 14: Purchasing the site criteria by postcode grouping

	NE Hants/ Farnham (1239)	Surrey Heath (1012)	Bracknell (600)	RBWM (101)	Other (257)
No, they are equally important	67%	66%	65%	67%	68%
Availability of land	23%	26%	25%	21%	22%
Appetite to sell	1%	1%	1%	1%	0%
Readiness to sell	9%	7%	9%	11%	10%

Gender

- Overall, both males and females said that all criteria are equally important (65% and 67%, respectively). Similar proportions were seen for all criteria; 27% of males and 23% of females think availability of land is important, followed by readiness to sell (7% and 10%, respectively) and appetite to sell (1%).

Table 15: Purchasing the site criteria by gender

	Male (862)	Female (2283)

No, they are equally important	65%	67%
Availability of land	27%	23%
Appetite to sell	1%	1%
Readiness to sell	7%	10%

Age

- Similar trends of agreement were seen across all ages; around two-thirds of all age groups said that all criteria is equally important (63% - 70%), this was followed by availability of land (28% - 18%), readiness to sell (14% - 7%) and appetite to sell which had some age groups without any agreement (1% - 0%).

Table 16: Purchasing the site criteria by age

	<25 (56)	25-34 (387)	35-44 (552)	45-54 (676)	55-64 (666)	65-74 (533)	75+ (329)
No, they are equally important	66%	70%	68%	65%	64%	69%	63%
Availability of land	20%	18%	22%	26%	26%	23%	28%
Appetite to sell	0%	1%	0%	0%	1%	1%	1%
Readiness to sell	14%	11%	10%	8%	9%	7%	8%

Ethnicity

- Over two-thirds of both ethnic minority and white agree that all criteria is important. 30% of ethnic minority and 24% of white respondents said availability of land is important, followed by readiness to sell (5% and 9%, respectively) and appetite to sell (0% and 1%, respectively).

Table 17: Purchasing the site criteria by ethnicity

	Ethnic minorities (173)	White (2991)
No, they are equally important	65%	67%
Availability of land	30%	24%
Appetite to sell	0%	1%
Readiness to sell	5%	9%

Disability

- Of respondents saying they had a disability, 65% said they think all criteria is important, as did 67% of respondents without a disability. This was followed by availability of land (26%) and 24%, respectively), readiness to sell (9%) and appetite to sell (0% and 1%, respectively).

Table 18: Purchasing the site criteria by disability

	Yes (446)	No (2649)
No, they are equally important	65%	67%
Availability of land	26%	24%

Appetite to sell	0%	1%
Readiness to sell	9%	9%

Reasons for importance

Respondents thought that everything was important when considering the purchase of a new site, specific reasons concerned minimising delays and managing timescales and to not waste time considering land which wouldn't be available or have restrictions.

Chart 11: Purchasing the site – reasons

Q: Please tell us why.
Base: All responding (n=1,369)

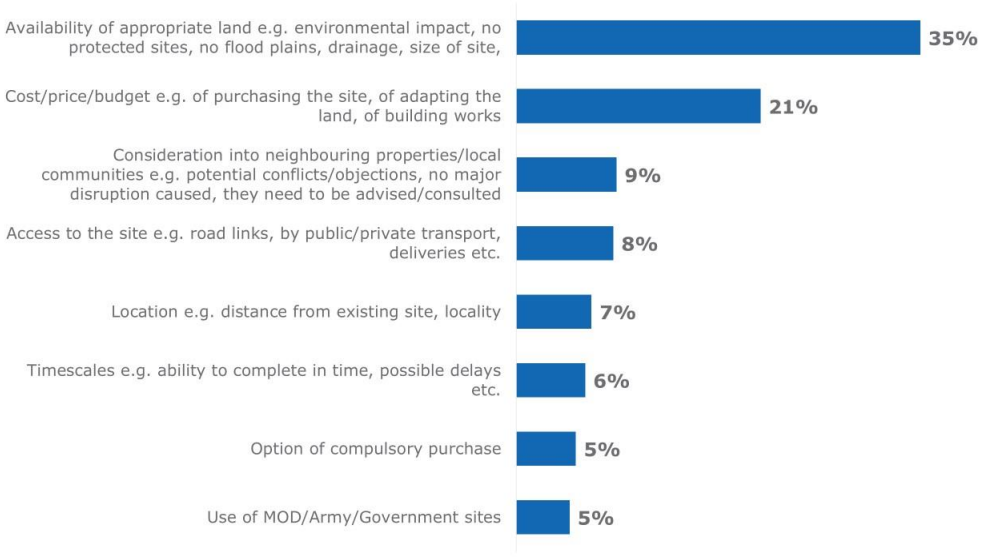
Mentions fewer than five percent included:

- Option of compulsory purchase
- It could be difficult to find a suitable site
- Common sense/self-explanatory
- Shouldn't use green space/consider impact of losing more green space
- To proceed without problems all these criteria need to be met
- Use of MOD/Army/Government sites
- Not an area I know much about
- Needs to be researched thoroughly before proceeding
- Land is at a premium/expensive

Missing criteria

When asked for reasons why they had rated specific purchase criteria important, the main reason was to consider appropriate land – e.g. the environmental impact, no flood plains, site size, etc, followed by cost – cost/price/budget of purchasing the land and adapting it.

Chart 12: Purchasing the site – missing criteria



Q: Are there any criteria you think are missing from this selection. If so, please tell us what.
Base: All responding (n=368)

Mentions fewer than five percent included:

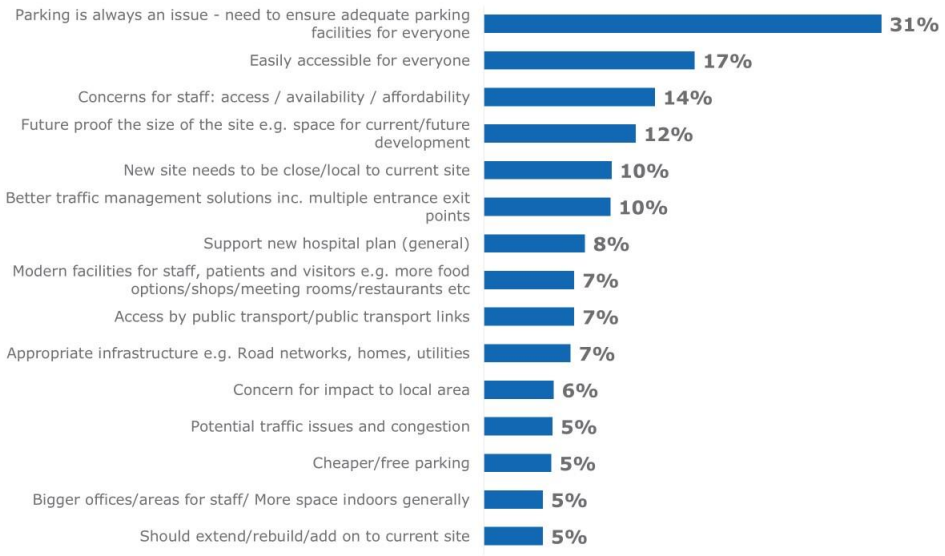
- Impact on local traffic/congestion in the area
- Car parking e.g. Free/subsidised, staff parking, parking for patients, on-site parking etc.

Any further comments

Respondents were given one final opportunity to add comments to the online survey if it hadn't been covered elsewhere in the survey.

We have grouped these comments together into themes and the main theme concerned parking – to ensure that there is adequate parking facilities for everyone.

Chart 13: Any other comments

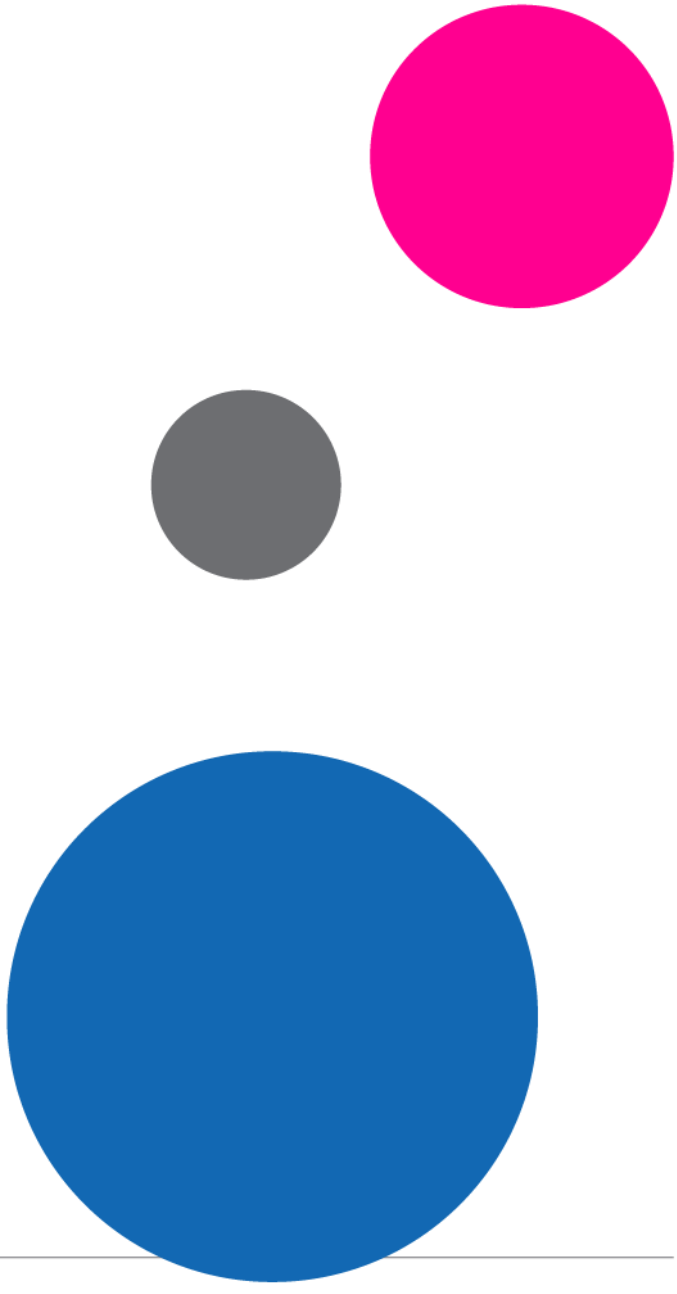


Q: Do you have any further comments that you have not already made?
Base: All responding (n=1,050)

Mentions of fewer than five percent included:

- Environmental impact needs to be considered
- Continue with consultations, open discussions and communication
- Consider staff, patients and visitors (general)
- Disability friendly site (inc. mental health and sensory)
- Space for support services e.g. pathology/sterile services/training etc.
- Involve clinicians/staff in design decisions
- Use of MOD/Army/Government sites
- What will happen to the current/old site after new hospital is built?
- Park and ride
- Use local buildings at Siemens and Johnson Wax Frimley Green
- Adequate storage
- Green/nature spaces onsite
- Cardiology/Clinical Investigations needs to be closer to main entrance

Public, staff & stakeholder events



A number of formal and informal engagement sessions were conducted with staff and stakeholders, members of the public and the local community. Here we detail the summarised findings of these sessions.

Members of the public

Access to key highways

Distance from the site for both ambulance access and the impact the surrounding area may have on journey times, therefore the distance from key highways to improve access and journey times is key. People also note that those coming from areas with limited public transport routes are more reliant on key highways and major roads so easy access to and from these is imperative. The access to the hospital needs to be quick and easy for both patients and staff. Some were also curious about the proximity of the new site to the current site. From the in-person discussions, some were curious about whether the proposal needs to name the specific roads affected.

Parking

People also want to see more investment in parking and car parking circuits; bus companies should be partnered with to improve park and ride if parking nearby is an issue. However, individual accessibility needs to be considered such as those who may struggle with using the bus. The option also needs to be available to park nearby for those with disabilities, etc. Public transport needs to be accessible for all, therefore bus terminals need to be on site for links to park and ride and other parts of the county. A well set up drop-off area would also be beneficial to the area. Further recommendations included transport between sites such as shuttle buses, consideration for different patient abilities and their access to and from the site.

Road Infrastructure

The road infrastructure needs to be considered to ensure that accessing the hospital does not cause excessive traffic for residents and the surrounding area. Wide roads should be built to ensure travel at any time of the day is reliable. Furthermore, the access of ambulances in and around the area needs to be considered, therefore wider roads will improve access for emergency services as well as improving the flow of traffic.

Another suggestion for consideration was the impact the development will have on local businesses; will new road infrastructures take away access from local businesses, or will it increase traffic which may negatively affect businesses? Similarly, will redistribution of traffic take business away from local amenities?

Sustainability

Questions were raised about the impact on pollution by the new hospital; this included pollution from increased traffic in the area, and increased noise/light pollution from more traffic in the area. Therefore, people would like to see more consideration for transport links such as bus, train and shuttle services. Safety measures should also be considered when providing access via foot/cycling to encourage more environmentally friendly modes of transportation without compromising safety of residents/patients. People would like to see some consideration for net zero plans such as including solar panels and a focus on reducing carbon emissions. From the discussions, people would also like to see consideration for the noise pollution for locals created by the hospital; many believe this

needs to be discussed with regards to location suitability and the impact on residents, whilst others agreed that this topic may be more important than others.

Building Structure

Another concern raised was the height of the building; some were concerned that the hospital may be built too high and would like to see more clarity on the proposed plans. Other concerns included the proposed site and its current uses and how the building will affect the Army or Air Force that currently use this site. Furthermore, people were questioning the availability of land in the surrounding area for extra needs or developments further down the line. People also raised the concern of whether the site is on a floor plane and how this will affect the viability of the building.

Key themes

- Parking

  "Good parking for people with disabilities and possibly park and ride with bus stops on site. Parking needs a lot of investment."

  "Parking needs to be big enough for all staff and patients. Also needs a better drop off area."

- Access

  "Be mindful as to where the ambulances access the site. Needs to have good public transport access and accessible parking."

  "Need to have different entry points for ambulances and patients."

  "Wide routes for ambulances and good transport routes with good proximity to main highways, could park and ride be an option?"

  "The hospital needs to link with bus companies to ensure regular buses run through the site and ensure multiple modes of transportation are available to suit varying needs and disabilities."

  "There should be hospital transport. This will impact patients who are currently close enough to walk to the hospital."

- Effect on the current locality

  "Ensure added traffic to area doesn't impact schools, businesses and locals."

  "We haven't thought about the Army and Airforce who currently use this facility. What do they want in terms of a facility?"

  "How will the increase in traffic affect the nearby apartments and houses?"

- Development height

  "Height should not be a problem going up or doing down. Look at rail, road and transport links to ensure enough area space."

  "How high can the hospital be? We don't want stories."

- Carbon footprint

  "Should consider ways to be net zero such as solar panels. Also consider the proximity to Farnborough airport."

- Other points to consider

  "Flexibility to expand and be future proof."

Staff comments

Sustainability

Comments from staff related to wanting to ensure the new site will focus on being sustainable in terms of net zero and its transportation links and active travel. Bike racks and safe walking access should be a focus for reducing traffic and providing greener options. There were questions about the amount of space available, not only for adequate parking, but also for solar/wind power or other renewable energy sources. People also questioned whether the new site will be "future proof" and will have expansion potential as many people have worked in previous hospitals that grew exponentially over the years to accommodate more and more patients. Furthermore, some staff would like to consider the other hospitals nearby and their lifespan and whether this new site could take on their capacity, should they need to.

Parking

Parking was of concern; in particular, people think there should be a park and ride to reduce traffic, but adequate staff parking should also be reiterated as it should be available for all staff, not just a proportion. Parking should be better supervised and organised including cheaper parking costs so that surrounding roads are not full of parked cars which will impact safety and access for staff, patients, and residents. Parking should be free to all staff, with recognition that staff on lower pay grades should also receive free parking.

Access

There needs to be multiple access points so that delivery trucks, ambulances, staff and patients are not utilising the same access point. Similarly, bus access should not interfere with car traffic and vice versa and should have suitable turning spaces. Access concerns also related to the impact on the local infrastructure and how this will affect schools, residents, patients, and ambulances. Access needs to be adequate to avoid queuing to get onto the site.

Hospital Infrastructure

More specific comments related to the implementation of single patient rooms, hospital planning related to palliative care, and some specific improvement ideas for wards. A suggestion also included having more green spaces accessible to patients, particularly if the hospital is built to be wider so more people can have a view.

The debate of whether the hospital should be built multi-storey or over more area space received some discussion; some believed it can be more efficient in a multi-floor as it removes needing to travel miles of corridors, whereas the previous point reiterates the access to green space. Specific comments related to keeping diagnostics on the ground floor for efficiency, as well as ensuring the design of the building can accommodate the heavy equipment and movement of such equipment. There also needs to be sufficient storage spaces across the clinical areas.

Staff responses key themes

- Sustainability

  "All sustainability aspects of net zero and the new travel and transport directives need to be taken account of and applied in full. This includes active travel. But air pollution is a big aspect."

"We need to look at the community model and new clinical pathways to what needs to be included in planning the new hospital."

"Future proof! I worked for a trust that built a new hospital with a department for a 3k patient throughput, by the time it was built, we'd expanded to 15k throughput."

"Space for future development/additional buildings etc where parking etc will not have to be impinged upon."

"We also have to consider the ecological impact, is there space/scope for solar, wind power, renewable energy sources etc."

- Access

"Multiple points of access, so that delivery trucks, ambulances, staff are not utilising the same access point."

"Impact on local infrastructure regarding accessibility i.e. schools/ residents/ambulance/patient/staff access to and from the site."

"Easy access to staff accommodation. Medical Students, International Nurse and Medical Graduates. Many of our staff and trainees are highly transient and need a place to stay whilst they are with us."

"Not too far from the current site - a lot of our teams have moved to the area specifically to be close to this site."

- Parking

"Parking for all staff not just a proportion."

"To curb the parking shortage situation we could we perhaps consider a Park and Ride?"

"Parking and access for all service users is imperative and makes the whole process and satisfaction of staff and patients better, reduces DNA, attendance and sets the patients parents in a better frame of mind."

"Adequate bike storage racks; preferably under cover."

"Good access to the site for public transport, for patients and staff."

- Hospital organisation

"Single rooms however do bring challenges with staffing."

"Mental health and support of patients to other patients in the form of care and love will be lost with single rooms."

"We need a hospice wing for palliative care which allows for appropriate bed allocation in acute sites. But also, the right to die in a suitable setting."

"Door widths to accommodate bariatric wheelchairs as currently OPD clinic room doors do not."

- Building height

"Plenty of multi-floor hospitals elsewhere, especially internationally. Can be more efficient rather than travelling miles of corridors."

"Going wider also allows all patients to have a view and being able to access green spaces which can reduce medication and reduce blood pressures etc in some instances. Very much a sustainability directive."

"Just needs to be well designed to be able to accommodate the heavy equipment."

"Keep diagnostics on ground floor."

- General feedback unrelated to specific phases of engagement

"Will there be a training/education centre included in the plans?"

"Might seem a trivial point, but in the new hospital can we please have adequate staff toilet facilities, and also consideration be given to being a Menopause friendly organisation with some relevant spaces/facilities available."

"Simple things like enough electric sockets /data lines should be future proofed. Elm block does not seem to have enough sockets and use of extension leads is not ideal."

"Ensure that wards and departments are designed in user friendly way. Service users always get lost in the hospital as the maps and signs are confusing to all services users."

"Ensure we have therapy gardens and safe spaces for all ages."

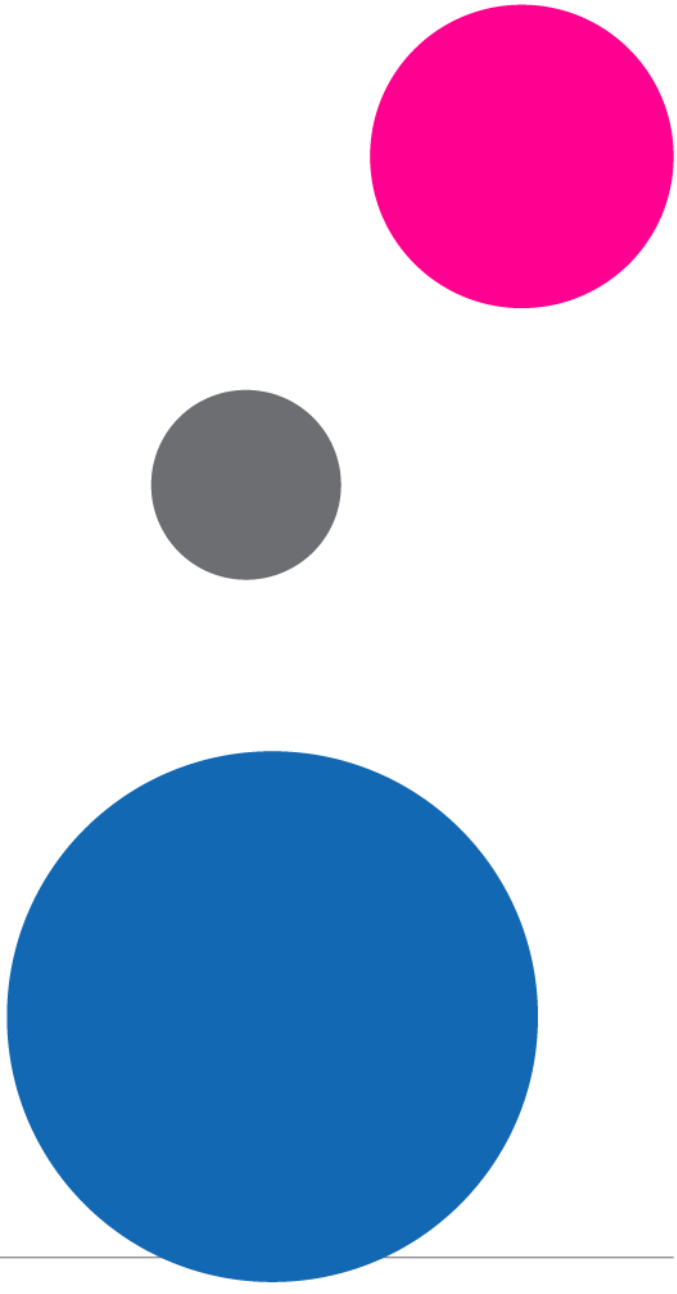
"The new building to offer an adequate storage space across the clinical areas."

"Hubs still need a lot of space as people come back to it."

"Better areas / facilities for our patients with additional needs."

"Will there be staff support facilities e.g. onsite nursery facilities?"

Appendices



Appendix A: Communications and engagement plan

DEVELOPING A REPLACEMENT FOR FRIMLEY PARK HOSPITAL

COMMUNICATIONS AND ENGAGEMENT PLAN FOR DEVELOPING THE CRITERIA WITH WHICH TO EVALUATE POTENTIAL NEW SITES

NOVEMBER 2023 v8.0

1 INTRODUCTION

Frimley Health NHS Foundation Trust has been granted funding approval for a new state-of- the-art replacement for Frimley Park Hospital through the government's New Hospital Programme.

The hospital needs to be replaced because around 65 per cent of the current hospital is made of Reinforced Autoclaved Aerated Concrete (RAAC).

RAAC deteriorates over time and is now at the end of its life, posing a potential safety risk to patients, visitors, and staff. Our RAAC is constantly monitored and safety works undertaken to ensure that we maintain a safe environment. The Department of Health and Social Care requires the NHS to stop using hospital buildings constructed from RAAC by 2035 but has set a deadline of 2030 for the seven most affected hospitals, which includes Frimley Park.

The Trust has assured stakeholders that a range of opportunities will be created for patients, staff, the local community, and others to be involved and engaged in all stages of the new hospital development.

2 CONTEXT AND CASE FOR CHANGE

Alongside our clinical teams and advisors, we have considered whether attempting to build a new hospital on our current site is a viable option, as part of a strategic outline case (SOC).

However, this would require a phased demolition and rebuild on a site which is already congested, causing significant disruption to our patients, staff, and hospital services. Most importantly, however, it would be impossible to complete a phased build by 2030.

Our current site is also too small to deliver modern healthcare standards, and we cannot adequately cater for our growing and ageing population with our current buildings.

NHS capacity and demand modelling shows that the replacement for Frimley Park Hospital will need to have more beds and a footprint twice as large as the current hospital – developing a new hospital on a new site also allows for growth in the future, and would enable us to improve integrated working by potentially bringing some of our partners on site.

As a result, we are actively looking for potential locations for the replacement for Frimley Park Hospital.

This document sets out how Frimley Health NHS Foundation will work with patients, carers, local communities, staff, partners, and stakeholders to develop, refine, and agree the criteria we will use to evaluate potential sites for a new hospital.

3 INVOLVING OUR COMMUNITIES, STAFF AND STAKEHOLDERS IN DEVELOPING THE CRITERIA TO EVALUATE POSSIBLE HOSPITAL SITES

We are committed to making sure that our patients, staff, volunteers, our local communities, Foundation Trust governors, and other stakeholders will all have an opportunity to be involved in how we evaluate possible sites for a new hospital.

Between late 2023 and early 2024, we will be asking people about what is important to them in a new Frimley Park Hospital site and we will be giving them the chance to contribute to the criteria that will be used when evaluating possible viable locations.

One of our guiding principles is that we are keen for a new site to be located close to the current Frimley Park Hospital site.

During this period of engagement, it will not be possible for us to engage people on their preference for which site the hospital should be located on. This is because we have a duty to ensure we obtain the best value for money from any transaction to purchase a new site, and there are commercial considerations of confidentiality we will need to take into account.

4 COMMUNICATIONS AND ENGAGEMENT APPROACH

We are, however, committed to engaging with our patients, staff, communities, stakeholders, and partners widely and comprehensively.

As such, we will bring people together to discuss the case for change for a new hospital site and the criteria we are planning to use to evaluate potential sites. They will have opportunities to:

- find out why staying on our current site is not a viable option
- contribute to the development and refining of evaluation criteria that will be applied when assessing possible sites for a new hospital
- tell us which evaluation criteria are most important to them and why

The way we involve people will include:

Involving our patients, governors, staff, and communities

We will look to establish patient, public, and staff reference groups for the life of the new hospital project. We are also setting up a communications and engagement 'steering group' – which will include patient representatives and others – to assist in developing and facilitating effective communications and providing valued guidance.

By providing us with expert advice and sharing their lived experiences of using and working in our health services, the groups will be invaluable in guiding the development of the replacement for Frimley Park Hospital throughout the programme, from now until the doors open on a new hospital.

We will also seek views and support from our Council of Governors, who will have opportunities to provide feedback on our plans for engagement and discuss any support they would like to be involved in our work, as well as feedback on the evaluation criteria.

We will also be engaging with our Foundation Trust membership to similarly provide feedback on the criteria.

Priority stakeholder site tours of the current Frimley Park Hospital site and engagement meetings

Opportunities to demonstrate to priority stakeholders the case for change and discuss the draft evaluation criteria will be created. Priority stakeholders might include, for example, HOSCs, MPs, Healthwatch, governors, staff side representatives, organisations delivering services on site, local authority planning departments, council leaders and chief executives.

Virtual and in person listening events

We will run virtual and in person listening events where members of the public, those in patient and health-related voluntary organisations, and staff will be invited to find out more about the case for change and support the development and refinement of the criteria.

Community engagement

In addition to hosting events, we will actively engage community groups, including offering to attend existing groups and forums, provide relevant and accessible information for discussion and dissemination, and ensure opportunity to engage with the work is provided in key meetings and briefings.

We will also investigate information stands, with opportunities to discuss the project, in foyers across NHS sites and in community locations.

Online questionnaire

We also recognise that some of our patients travel from further afield to access specialist services which are commissioned nationally. At the same time, we provide community services to people locally who may not need to come to hospital for their care.

To ensure we hear from as many of our patients, communities, and staff as possible, we will also engage people online, such as through an online questionnaire on the criteria.

Working with our health overview and scrutiny committees

We will work with relevant county council and unitary authority overview and scrutiny committees to explain that staying on our current site is not an option to deliver a new hospital by 2030 and agree our process for selecting a new site for Frimley Park Hospital.

We will also agree with them the engagement we are planning with local people on the criteria we will use to evaluate potential viable sites, and seek the committees' feedback on our draft evaluation criteria.

5 AUDIENCES

External audiences – to be informed

- HM Treasury
- Department of Health and Social Care
    - Programme lead
    - Communications lead
- NHS England New Hospital Programme
    - Programme Lead
    - Communications lead
- Care Quality Commission
- NHS England South East
    - Regional Director
    - Regional lead
    - Communications lead

Internal audiences – to be informed and engaged

- Board
- Governors
- Frimley Park staff and volunteers
- Defence Medical Group South East
- Wider FHFT staff and volunteers

External audiences – to be informed and engaged

- NHS Frimley (ICB)
- Frimley Health and Care Integrated Care Partnership and Integrated Care System partners (not otherwise listed):
    - Berkshire Healthcare NHS Foundation Trust
    - Surrey and Borders NHS Foundation Trust

    - South Central Ambulance Service NHS Foundation Trust
    - South East Coast Ambulance Service NHS Foundation Trust
    - Sussex Partnership NHS Foundation Trust
    - Berkshire Primary Care Ltd
    - East Berkshire Primary Care Out of Hours
    - Surrey Heath Community providers
    - The Federation of Windsor, Ascot and Maidenhead Practices
    - Salus Medical Services Ltd
    - Virgin Care
    - NHS Leadership Academy South East
    - Hart Voluntary Action
    - Involve
    - Slough CVS
    - Voluntary Action South West Surrey
    - Rushmoor Voluntary Services
- Neighbouring integrated care boards:
    - NHS Hampshire and Isle of Wight ICB
    - NHS Surrey Heartlands ICB
    - NHS Buckinghamshire, Oxfordshire and Berkshire West ICB
- Neighbouring and partner NHS acute hospital trusts:
    - Ashford & St Peter's Hospitals NHS Foundation Trust
    - Hampshire Hospitals NHS Foundation Trust
    - King's College Hospital NHS Foundation Trust
    - Royal Berkshire NHS Foundation Trust
    - Royal Surrey NHS Foundation Trust
    - St George's University Hospitals NHS Foundation Trust
    - University Hospital Southampton NHS Foundation Trust
- Other NHS partner providers, including:
    - Southern Health NHS Foundation Trust
    - Solent NHS Foundation Trust
    - Buckinghamshire Healthcare NHS Foundation Trust
    - North Hampshire Urgent Care
- Other GP Federations, including:
    - Farnham Integrated Care Services
- Primary Care Networks [DN: Federations and private providers listed in the above]
    - Surrey Heath PCN

    - East Berkshire PCNs
    - North East Hants and Farnham PCNs
- County Councils
    - Surrey County Council
    - Hampshire County Council
- Unitary authorities
    - Bracknell Forest Council
    - RBWM Council
    - Slough Borough Council
    - Wokingham Borough Council
- Borough and district councils
    - Surrey Heath Borough Council
    - Guildford Borough Council
    - Hart District Council
    - Runnymede Borough Council
    - Rushmoor Borough Council
    - Waverley Borough Council
- Healthwatch:
    - Healthwatch Surrey
    - Healthwatch Bracknell Forest (via East Berkshire lead)
    - Healthwatch Hampshire (via strategic lead)
    - Healthwatch RBWM (via East Berkshire lead)
    - Healthwatch Slough (via East Berkshire lead)
- Local MPs:
    - Surrey Heath – Michael Gove
    - Aldershot – Leo Docherty
    - North East Hampshire - Ranil Jayawardena
    - Bracknell Forest and Windsor – Adam Afriyie
    - Bracknell – James Sunderland
    - Slough – Tan Dhesi
    - Waverley, Farnham and South West Surrey – Jeremy Hunt
    - Windsor and Maidenhead – Theresa May
- Local media
- Foundation Trust Members
- Patients, local communities, wider public, including:

- Fleet U3A Health and Wellbeing Group
- Potential for campaign / support groups tbc

External – current site partners/neighbours (and in future new site partners/neighbours)

- Tbc

6 PRODUCTS

We will produce the following materials to support the communications and engagement required for the engagement on the site evaluation criteria.

- Narrative and key messages
- Site criteria accessible for public audiences
- FAQs and lines to take
- Slide pack for stakeholder and staff briefings, with speaking notes
- Emails to NEDs and governors
- Emails to staff
- Emails to partners, stakeholders, patient and community participation groups
- Questionnaire, online materials, discussion guide and form to capture feedback of group discussions etc.
- Media releases and social media content
- Articles for syndication through existing channels
- Digital content:
    - Video clips
    - Infographics
    - Intranet page
    - Website copy [or standalone microsite for the new hospital programme could be developed]
    - Social media content

7 COMMUNICATIONS AND ENGAGEMENT ACTIVITY TIMELINE

This high-level plan summarises key milestones, deliverables and programme dependencies:

Date	Activity	Detail	Audience
Engagement period – opens w/s 20 November (tbc)			
w/c 20 Nov	• Heads-up briefings for key stakeholders and media	• Including calls and emails to priority stakeholders, and on-site media briefing including tour to explain case for change and need for a new site	All audiences
w/c 20 Nov	• Engagement period launched/opens	• Web content, questionnaire, FHFT intranet content published	All audiences
w/c 20 Nov	• Email for Frimley Board, governors and staff	• To launch engagement and direct to engagement opportunities including online questionnaire	

Date	Activity	Detail	Audience
w/c 20 Nov	• Email for system colleagues including boards and governors	• To launch engagement and direct to engagement opportunities including online questionnaire	System colleagues including boards and governors
w/c 20 Nov	• Email for Frimley site partners with article for use in their corporate channels	• To launch engagement and direct to engagement opportunities including online questionnaire	Current FHFT site partners and their staff
w/c 20 Nov	• Email to all other stakeholders, such as Healthwatch, voluntary organisations and community groups, MPs	• To launch engagement and direct to engagement opportunities including online questionnaire	Stakeholders and their staff/networks
w/c 20 Nov	• Email to new Hospital patient and staff reference groups	• To invite to inaugural meeting in November or December to find out more about case for change and discuss draft evaluation criteria	New Hospital patient, public and staff advisory group
Nov – Jan	• Engagement activities undertaken	• Including priority stakeholder site tours and engagement meetings; virtual listening events; online questionnaire; patient and staff reference groups meetings.	All audiences
Nov – Jan	• Continued engagement with local authority scrutiny committees	• Update on progress and agree next steps	Local authorities: Hampshire CC, Surrey CC, Bracknell Forest Council, RBWM
Nov – Jan	• Cascade engagement opportunities to staff throughout FHFT	• Opportunity to discuss the criteria cascaded throughout FHFT, through clinical and non-clinical directorate meetings	FHFT staff
w/c 20 Nov	• Presentation at Hampshire Health and Adult Social Care Committee	Presentation and paper aim to: • explain that staying on our current site is not an option to deliver a new hospital by 2030 • agree our process for selecting a new site for Frimley Park Hospital • seek feedback on the engagement we are planning with local people on the criteria	Hampshire Health and Adult Social Care Committee

Date	Activity	Detail	Audience
		we will use to potential sites • seek feedback on our draft evaluation criteria	
w/c 20 Nov	• Final paper deadline for Surrey Adults and Health Select Committee	Paper aims to: • explain that staying on our current site is not an option to deliver a new hospital by 2030 • agree our process for selecting a new site for Frimley Park Hospital • agree the engagement we are seek feedback on with local people on the criteria we will use to evaluate potential sites • seek feedback on our draft evaluation criteria	Surrey Adults and Health Select Committee
w/c 27 Nov	• Presentation / discussion at FHFT senior leaders forum	• Presentation / discussion at FHFT senior leaders' forum	FHFT senior leaders
w/c 27 Nov	• Presentation at Bracknell Forest Council senior leadership team meeting	• Opportunity to update senior council officers on programme.	Bracknell Forest Council senior leaders
w/c 4 Dec	• Presentation at Frimley VCSE Alliance	• Council of voluntary services for the whole of Frimley (10.30 – 11.30am). • Opportunity to update on case for change, proposals, discuss draft criteria, and encourage engagement and dissemination among community	Voluntary sector and community organisations
w/c 4 Dec	• Presentation at Surrey Adults and Health Select Committee	• Presentation and paper aim to: • agree that staying on our current site is not an option to deliver a new hospital by 2030 • agree our process for selecting a new site for Frimley Park Hospital • agree the engagement we are planning with local people on the criteria we will use to • evaluate potential sites • seek feedback on our draft evaluation criteria	Surrey Adults and Health Select Committee

Date	Activity	Detail	Audience
Close engagement period – 7 Jan (tbc)			
w/c 8 Jan – w/c 22 Jan 2024 (tbc)	• Summary feedback report	• Evaluate responses and develop summary report	
w/c 22 Jan 2024	• Finalise evaluation criteria • Communicate final criteria	• Programme team finalise evaluation criteria based on summary report • Communicate final criteria and publish summary report. • Thank participants, advise on next steps and how to stay involved	

8 COMMUNICATIONS RISKS AND MITIGATIONS

Risk	Mitigation	Owner
Engagement audience(s) do not understand why they are not being asked for their views on which site the new hospital should be located on.	Clear and consistent narrative and explanation, with detailed lines to take to support meeting discussions.	Communications
NHP brand and visual identity not in place in time for collateral and promotion during engagement period phase	NHP brand and visual identity to be formally launched in the new year alongside NHP programme name. Branding will until that period will be in line with existing branding and guidelines.	Communications
Patient, public or staff reference groups are not supported to perform effectively	Consistently Chaired with appropriate admin support provided as required (either from the project team or within the communications team)	Communications
Public and staff events are not organised and managed in a timely manager leading to limited engagement	Ensure events are advertised via multiple FHFT and ICB communications channels at least two weeks before they take place.	Communications

9 REVIEW AND EVALUATION

Delivery of this engagement approach will be measured against the principles and commitments outlined in section four.

The FHFT communications team will monitor traditional media and social media channels, and key stakeholder feedback/intelligence, and share coverage with the Trust Chief Executive, Director of Estates and Facilities and the programme team.

The communications team will continue to review and shape the narrative and messaging in response to emerging issues, themes or reactions.

The Trust's communications team will review coverage/engagement to see the extent to which core messaging is reported.

Appendix B: Online Questionnaire

Evaluation criteria	Questions to test

Evaluation criteria	Questions to test

Criteria	Definition / detail

For more information

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ADULTS AND HEALTH SELECT COMMITTEE

7 March 2024

Establishment of a Joint Health Overview and Scrutiny Committee (JHOSC)

Purpose of report: This report seeks to inform the Select Committee about the proposed establishment of a Joint Health Overview and Scrutiny Committee (JHOSC).

Introduction:

1. To establish a Joint Health Overview and Scrutiny Committee, jointly with Hampshire County Council, and Bracknell-Forest Council to scrutinise the relocation of a new hospital for Frimley Park Hospital.

2. To approve the Draft Terms of Reference for the JHOSC.

Background:

3. Frimley Park Hospital needs to be replaced by 2030 because it was built in the 1970s using Reinforced Autoclaved Aerated Concrete (RAAC), which makes up around 65 per cent of the current hospital.

4. Health Services are required to consult a local authority's Health Overview and Scrutiny Committee about any proposals they have for a substantial development or variation in the provision of health services in their area under 'Regulation 30 (5) Local Authority (Public Health, Health and Well-being Boards and Health Scrutiny) Regulations 2013.' When these substantial developments or variations affect a geographical area that covers more than one local authority (according to patient flow), the local authorities are required to appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.

5. Setting up a JHOSC will fulfil the legislative requirements for health scrutiny that covers more than one geographical area.

6. **SUPPORTING INFORMATION**

6.1 The JHOSC will operate formally as a statutory committee. The purpose of the JHOSC and its proposed operating procedures are outlined in **Appendix A** 'Joint Health Overview and Scrutiny Committee (Frimley Park) Draft Terms of Reference.'

6.2 The underpinning legislation regarding health scrutiny is set out in guidance published in 2019 which guides our scrutiny arrangements currently Overview and scrutiny: statutory guidance for councils and combined authorities - GOV.UK (www.gov.uk)

6.3 In lieu of publication of statutory guidance being published by the Secretary of State in relation to new service configurations the Department of Health, Local Government Association and Centre for Public Scrutiny have published guidance which includes describing how Integrated Care Board, Integrated Care Partnerships and local authority Health Overview and Scrutiny Committee (HOSC) arrangements will work together and it is recommended we follow this guidance, particularly when entering into any Joint Health Overview and Scrutiny Committee (JHOSC). Health overview and scrutiny committee principles - GOV.UK (www.gov.uk)

6.4 Guidance on what constitutes a substantial variation to current service provision can be found in this document by NHS England. However, it should be noted there is no single, accepted definition of substantial service change, although it usually involves a change to the geographical location where services are delivered. NHS England » Planning, assuring and delivering service change for patients

Conclusions:

7. Strategic Risk Management Issues

7.1 Not being part of the JHOSC means the Council will not fulfil its legislative requirements for health scrutiny that covers more than one geographical area.

7.2 Having representation on the JHOSC will mean Surrey County Council, Bracknell Forest Council and Hampshire County Council residents will have their views represented during the building of the new hospital.

Recommendations:

1. **That the Select Committee review the Terms of Reference for the new JHOSC; and**

2. **Endorses the Terms of Reference prior to a Council decision on 19 March 2024**

Next steps:

The Terms of Reference will go to Council for decision and the appointment of its membership on 19 March 2023.

Contact for further information

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M) 07813440804

Sources/background papers

a) **Appendix A** 'Joint Health Overview and Scrutiny Committee (Frimley Park) Draft Terms of Reference.'

b) Overview and scrutiny: statutory guidance for councils and combined authorities - GOV.UK (www.gov.uk)

c) Health overview and scrutiny committee principles - GOV.UK (www.gov.uk)

d) NHS England » Planning, assuring and delivering service change for patients

e) Local authority health scrutiny - GOV.UK (www.gov.uk)

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Joint Health Overview and Scrutiny Committee (Frimley Park)
Draft Terms of Reference

Purpose

1. Health Services are required to consult a local authority's Health Overview and Scrutiny Committee about any proposals they have for a substantial development or variation in the provision of health services in their area. When these substantial developments or variations affect a geographical area that covers more than one local authority, the local authorities are required to appoint a Joint Health Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation. (Where those authorities consider the change a 'substantial' change).

2. These terms of reference set out the arrangements for Hampshire County Council, Surrey County Council and Bracknell Forest Borough Council to operate a JHOSC in line with the provisions set out in legislation and guidance.

Terms of Reference

3. The JHOSC will operate formally as a statutory joint committee i.e. where the councils have been required under Regulation 30 (5) Local Authority (Public Health, Health and Well-being Boards and Health Scrutiny) Regulations 2013 to appoint a joint committee for the purposes of providing independent scrutiny to the Frimley Park programme.

4. The purpose of the JHOSC is to:
    a) make comments on the proposal consulted on
    b) require the provision of information about the proposal
    c) gather evidence from key stakeholders, including members of the public
    d) require the member or employee of the relevant health service to attend before it to answer questions in connection with the consultation.
    e) Request a review by the Secretary of State only on where it is not satisfied that:
        - consultation on any proposal for a substantial change or development has been adequate in relation to content or time allowed (NB. The referral power in these contexts only relates to the consultation with the local authorities, and not consultation with other stakeholders)
        - the proposal would not be in the interests of the health service in the area

- a decision has been taken without consultation and it is not satisfied that the reasons given for not carrying out consultation are adequate

5. With the exception of those matters referred to in paragraph [4] above responsibility for all other health scrutiny functions and activities remain with the respective local authority Health Scrutiny Committees.

Governance

6. Meetings of the JHOSC will be conducted in accordance with the Standing Orders of the host Local Authority (Surrey County Council).

Host authority

7. The JHOSC will be hosted by Surrey County Council. However, the administration of meetings will be shared amongst the three local authorities.

Membership

8. Membership of the JHOSC will be appointed by the respective Local Authorities and their appointments notified to the host authority. A Local Authority may amend their appointments to the JHOSC, and this will take effect when formal notification has been received by the host authority.

9. Each member of the JHOSC must be a properly elected Councillor to a seat on their respective authority and will cease to be a member of the JHOSC with immediate effect should they no longer meet this requirement.

10. Seats on the JHOSC are allocated in proportion of patients from each area attending the Frimley Park Hospital.

    Accordingly, the JHOSC will comprise 10 voting Members, with 4 being appointed by Hampshire County Council, 4 by Surrey County Council, 2 by Bracknell Forest Council.

11. Appointments by each authority to the JHOSC will reflect the political balance of that authority.

12. The quorum for meetings will be 3 voting members.

13. Local Members for the divisions closest to Frimley Park Hospital (and any new location if different) will be invited to meetings of the Joint Committee as non-voting observers.

14. If additional Local Authorities wish to join the Joint Committee in future, provided they are being consulted by the NHS on this topic, 1 seat per authority would be provided, subject to approval by that Local Authority.

Chair & Vice Chair

15. The Chair of the JHOSC for the duration of the Committee shall be elected at its first formal meeting and drawn from those Members in attendance at that meeting. Should the Chair cease to be a member of the JHOSC, a new Chair shall be elected at the next formal meeting.

16. The Vice-Chair of the JHOSC for the duration of the Committee shall be elected at its first formal meeting and drawn from those Members in attendance at that meeting. In the absence of the Chair, the Vice Chair shall assume all of the Chairs' responsibilities. Should the Vice-Chair cease to be a member of the JHOSC, a new Vice-Chair shall be elected at the next formal meeting.

17. In the absence of both the Chair and Vice-Chair at any Meeting of the JHOSC, Members in attendance shall appoint a Chair for that meeting from amongst their number, who shall, while presiding at that meeting, have any power or duty of the Chair in relation to the conduct of the meeting.

Task & Finish Groups

18. The Committee may appoint such Working Groups of their members as they may determine to undertake and report back to the Joint Committee on specified investigations or reviews. Appointments to such Working Groups will be made by the Committee, ensuring political balance as far as possible. Such working groups will exist for a fixed period, on the expiry of which they shall cease to exist.

Committee support

19. The responsibility for overall coordination, facilitation of meetings, policy support and other administrative arrangements will be undertaken by the host authority, but arrangements may be delegated between the Local Authorities.

20. Meetings of the committee will be arranged and held by the host authority in accordance with Access to Information Regulations and other relevant legislation.

21. Communications with the media will be led by the host authority on behalf of the JHOSC.

22. Legal advice and support to the JHOSC will be provided by the host authority.

Meetings

23. The JHOSC will meet as often as required to fulfil its purpose, which is likely to include:
    - An initial meeting to establish and set the scene of the proposals;
    - a meeting to comment on the planned public consultation process;
    - a meeting to monitor the consultation process and response
    - a meeting to comment on the results of the public consultation and any further relevant analysis of the options; and
    - a meeting to agree whether to support the proposed outcome

24. Dates for meetings will be arranged in advance and notified by the host authority.

25. Meetings of the JHOSC will be avoided during the county council pre-election period (late March through to early May 2025) if possible.

26. Once the purpose of the JHOSC has been fulfilled, the Committee will cease.

Reporting

27. Members of the JHOSC may provide updates to their Local Authority on its proceedings in accordance with the requirements of their respective authority.

28. Any recommendations of the JHOSC will be published and communicated to relevant parties by the host authority.

ADULTS AND HEALTH SELECT COMMITTEE

DATE 7 **March 2024**

Surrey Heartlands & Surrey County Council Discharge to Assess Report

1. Purpose of report:

1.1 To inform Surrey County Council's Health Select Committee of the current Discharge to Assess arrangements in Surrey and to set out challenges and work underway to enable improved outcomes for people who are being discharged from hospital.

1.2 The Committee is asked to note the important part that Discharge to Assess plays as a contributor to resident/patient flow in discharge, as well as the commitment given to Discharge to Assess by Surrey Heartlands Integrated Care System.

2. Scope of report:

2.1 This report sets out the Surrey Heartlands Discharge to Assess position and is supported by data incorporated in Annex 1.

2.2 Challenges and recommendations that support Discharge to Assess are set out below and the Committee is asked to consider and scrutinise the report.

2.3 What is Discharge to Assess?

Discharge to Assess refers to the process when people who no longer need to remain in hospital (i.e. who no longer need acute hospital services) but who may still require ongoing care, are provided with short-term, funded support so they can be discharged to their own home (where appropriate) or another community setting where they can then be assessed for their longer-term care needs. This assessment can then be undertaken in the most appropriate setting and at the right time for the individual.

Challenges in Discharge to Assess.

Carers, families, and patients can be forgotten or receive poor communication when a patient is being discharged from hospital.

Budget setting for Discharge to Assess has been short-term which has inhibited creativity and reduced certainty for care providers.

Discharge to Assess is sometimes more associated with hospitals rather than the wider context of community care. Discharge to Assess by its nature is about getting home safely, which requires coordination and communication between the relevant health and social care professionals.

The workforce resource (including unpaid carers) is stretched and under increasing pressure and stress, especially during times of increased demand.

The complexity of acute or chronic presentation is increasing and people are living with multiple conditions in poor health for longer. This means that admission and discharge arrangements require careful organisation to ensure all aspects of care are considered.

As an Integrated Care System, we need to ensure consistent experience and outcomes for people, irrespective of where they live in Surrey. There is a risk of variation in the Discharge to Assess service offer, depending on where a person lives.

We have more work to do regarding measuring experiences and outcomes for people and carers.

We need to continually engage with care providers regarding their views and experiences of Discharge to Assess and improve the market provision for Surrey residents.

1.1 **Recommendations**

Key recommendations include:

- Work with Healthwatch Surrey and Action for Carers to continue to ensure carer and resident voices are heard and action taken to make positive change.

- Surrey Place Partnerships to continue to develop a consistent discharge process supported by models of care which look at prevention and admission avoidance in the first instance, with a Discharge to Assess offer focused on Home First with the resident/patient, carer, and family at the centre of care. NHS England » Principle 5: Encourage a supported 'Home First' approach

- On-going evaluation, review and learning, supported by the quality review cycle of discharge outcomes and the Discharge to Assess Task and 100 Day Challenge Group (a structured innovation method that creates the conditions for change and action in complex systems).

- To continue to collaborate with providers and workforce, ensuring that risks are understood, and duplication is minimised.

- Surrey County Council commissioners to continue to positively engage with and shape the market appropriately, with continued close working with Surrey Care Association, providers, and Place Partnerships, supporting the right provision at the right time, with the right system balance.

- Engagement, education and understanding of discharge process for patients, carers, and staff and to review and take forward the Carers and Hospital Toolkit (2023).

Background and Context

There is a rising demand for health services due to an ageing population with increasingly complex healthcare needs. People are living longer and, as they age, their healthcare needs change. The number of people living with long-term conditions is set to increase, with more individuals managing multiple health conditions. This changing need in our population is placing increasing demand upon carers and families who are the backbone of care in the community and needs to be central in planning care.

Home or hospital – the evidence

At first glance it might seem obvious that hospital would be the best place to look after someone, but in fact there is evidence to show that this may not be the case.

Small studies have suggested that admitting frail older people to hospital can lead to a decline in their physical ability. There's also a risk of picking up a hospital-acquired infection, which can cause serious complications or even death. And if someone is already receiving regular care at home, sending someone into hospital can interrupt the relationship with their carer. This bond can be hard to re-establish.

Older people are also at significantly increased risk of developing a condition called delirium if they are admitted to hospital. A little-known but common condition in the elderly, delirium is a state of acute confusion. It can have serious effects, such as accelerating or triggering dementia, and often leads to people spending a longer time in hospital and possibly going into residential care. It's not known exactly why hospital admissions should lead to delirium, but the unfamiliar and stressful surroundings of the ward and loss of a comforting home routine doubtless plays a part.

There are also financial as well as personal costs associated with hospital care. Keeping people in hospital is costly, and people over 85 account for a quarter of all

bed days in the NHS. Avoiding this would be better for older people, reduce admission to residential care and keep people living at home longer, and also save money.

Source:

Hospital or 'hospital at home' – what's best for older people? — Nuffield Department of Population Health (ox.ac.uk)

3.3. To support frail and older residents, Surrey Heartlands has implemented a range of community services to optimise care in the community and prevent hospital admission. These services include Urgent Community Response, Virtual Wards, Urgent Care Centres, Walk-In Centres as well as proactive and preventative community models of care which wrap care around patients and their carers when required.

A good example of this are the Frailty Hubs in each 'Place' whereby care is provided by integrated neighbourhood teams who identify the top high priority frail patients, develop personalised care plans and provide support and review. East Surrey Place Anticipatory Care Hubs - YouTube

The Walk-In Centres in Ashford and Woking, the Urgent Treatment Centre at St Peter's in Chertsey, and the Minor Injury Units in Haslemere and Caterham are also helping prevent hospital admission. Further information on out of hospital urgent treatment centres can be found at the following link. Urgent care services - ICS (surreyheartlands.org).

3.4. Community 'Virtual Ward' care has also been implemented which steps up care in the community to prevent admission to hospital or to support early discharge. Further information about virtual wards can be found in the following link which profiles an example in Surrey Downs: Virtual Wards - Surrey Downs Health and Care Partnership (surreydowns-hcp.org).

3.5. For communities, families, and carers to feel empowered, ideally, they need to be digitally enabled and have access to the internet to support care and ensure access to information. Supporting community digital needs is included in our Place-based plans and is a central pillar of ICS Strategy, whilst also recognising this won't be right for everyone.

Surrey Heartlands Integrated Care System is focused on minimising the time that people stay in hospital (often called Length of Stay) because a prolonged hospital stay does not support good outcomes. This means that timely and inclusive assessments need to be completed in hospital and as soon as appropriate outside hospital, to prevent people staying in hospital and to support successful recovery. This is often called Discharge to Assess.

Supporting carers and families

National guidance now specifies that NHS bodies and local authorities should ensure that, where appropriate, unpaid carers and family members are involved in discharge decisions. This reflects the amendment to section 74(1) of the 2014 Care Act made by the Health and Care Act 2022.

In Surrey Heartlands, Healthwatch Surrey and Action for Carers carried out a review in 2021 to understand carers' experience of hospital discharge and Discharge to Assess. Key findings suggest that even during the restrictions of COVID-19, there were positive stories of safe, patient-centred discharges but also recognised that poor communication and engagement also featured. The findings from this review suggest that 54% of carers felt communication was poor, 58% felt carers' views were not taken into account and 56% didn't feel consulted. Further information can be found in the following link: Carers experience of hospital discharge.

In 2022, to follow up on the review, Healthwatch Surrey and Action for Carers published a response to the recommendations. The findings suggest the review prompted re-evaluation of existing approaches in hospitals and suggested fresh initiatives such as a review of the hospital compassionate communication policy, working with Hospital Carer Advisers to help raise awareness of the needs of carers and better information for carers pre-admission and post discharge on what to expect which was published by Surrey County Council. Further information on implementing the recommendations can be found at the following link Responses to recommendations

NHS England has also recently developed a Carers and Hospital Discharge toolkit which needs to be reviewed by our Place Partnerships and taken forward to improve discharge outcomes. Further information on the toolkit can be found at the following link: TOOLKIT.pdf (mcusercontent.com).

Definition of Discharge to Assess

5.1 Discharge to Assess refers to the process when people who no longer need to remain in hospital but who may still require ongoing care, are provided with short-term, funded support so they can be discharged to their own home as stated in 2.3 above

This does not detract in any way from the need for agreed multi-professional assessment or from the requirement to ensure safe discharge, and it may work alongside time for recuperation and recovery, on-going rehabilitation or reablement. There are four Discharge to Assess Pathways.

5.2 **Discharge to Assess Pathways**

Pathway 0: Discharges home or to usual place of residence with no new or additional health or social care needs

Pathway 1: Likely to be minimum of 45% of people discharged; able to return home with new, additional or a restarted package of support from health and/or social care. This includes people requiring intensive support or 24-hour care at home. Every effort should be made to follow home first principles, allowing people to recover, reable, rehabilitate or die in their own home as appropriate.

Pathway 2: Discharges to a community bed-based setting which has dedicated recovery support. New or additional health or social care support is required in the short term to help the individual in this setting before they are ready to either live independently at home or receive longer-term or ongoing care and support. Likely to be maximum of 4% of people discharged: recovery, rehabilitation, assessment, care planning or short-term intensive support in a 24-hour bed-based setting, before returning home.

Pathway 3: Discharges to a new residential or nursing home setting, for people who are considered likely to need long term residential or nursing home care. Should be used only in exceptional circumstances. For people who require bed-based 24-hour care; this includes people discharged to a care home for the first time (likely to be a maximum of 1% of people discharged). Those discharged to a care home for the first time will have such complex needs that they are likely to require 24-hour bedded care on an ongoing basis following an assessment of their long-term care needs.

5.3 The National Hospital discharge and community support guidance - GOV.UK (www.gov.uk) has been updated in January 2024 and includes the following summary changes:

- The 'Duty to co-operate' that sets out that NHS bodies and local authorities should agree the discharge models that best meet local needs and that they are effective and affordable within the budgets available to NHS commissioners and local authorities. This reflects the amendment to section 82 of the NHS Act 2006 made by the Health and Care Act 2022.

- Involving families and carers, which specifies that NHS bodies and local authorities should ensure that where appropriate, unpaid carers and family members are involved in discharge decisions. This reflects the amendment made to section 74(1) of the 2014 Care Act made by the Health and Care Act 2022

- The guidance now also includes more specific information on Transfer of Care Hubs to manage discharges for people with complex needs.

5.4 As highlighted above, it is recognised that delayed hospital discharges are an increasing trend in the NHS. Longer stays in hospital can lead to worse health outcomes and heightened care needs, especially for older or frail people. Discharge to Assess was established in 2019/20 as part of the response to the COVID-19 pandemic when the government issued emergency funding in August 2020 for a new Discharge to Assess programme. This funding covered the costs of post-discharge care for up to six weeks. While aspects of Discharge to Assess had been in use in some areas prior to the COVID-19 pandemic, the policy issued in March 2020 put Discharge to Assess at the centre of discharge plans for patients who required support to leave hospital. National guidance was revised in August 2020, and this extra funding was made available. While current policy remains the same, national Discharge to Assess ringfenced NHS funding was withdrawn in April 2022 and was replaced by the National Discharge Fund. Surrey Heartlands and Surrey County Council Adults Well Being and Health Partnerships Directorate (AWHP, the renamed Adult Social Care Directorate) are committed to continue Discharge to Assess funding in 2024/25 and beyond, led by our Place Partnerships, working closely with Surrey County Council AWHP. Since 2022, Discharge to Assess pathways in Surrey Heartlands are focused on Pathway 1 and Pathway 2 as Pathway 3 involves long term residential care in a care home and follows a different process.

5.5. People who are discharged and require end of life care are reviewed individually where community care is tailored to meet need which generally follows Pathway 1. Unpaid carers play an important role in delivering end of life care at home so it is important to take into account the Healthwatch Surrey and Action for Carers review and response highlighted above, and the requirement to involve families and carers under the NHS Act 2006 made by the Health and Care Act 2022.

There are two core assumptions that stand at the heart of Discharge to Assess:

1. Reducing the time people spend in hospital is best for patients and for the NHS, as it increases the availability of beds in hospitals while improving people's health outcomes.

2. Assessing patients in a suitable environment (e.g., people's home) is preferable to assessing them in hospital.

Discharge to Assess arrangements in Surrey.

Surrey Heartlands and Surrey County Council AWHP Discharge to Assess arrangements are led by the four Surrey Heartlands Place Partnerships: Guildford and Waverley, Surrey Downs, North West Surrey, and East Surrey. Each Place has a close

relationship with their acute hospital trust, Surrey County Council AWHP, community providers, primary care networks, and the local voluntary, community, and faith sector.

To take forward Discharge to Assess and community models of care, Places have taken a tailored population health-based approach to understand trends and build models of care that focus on prevention and rehabilitation. Taking a proactive preventative approach to target populations who are at risk of hospital admission ensures the risk of admission is reduced as community wrap-around care is more focused, collaborative, and targeted. Community engagement is embedded in the models of care that supports access to care and helps residents know where to go for help and advice. Annex 1 provides more detail on the Place approach in each area.

Places are also implementing Transfer of Care Hub models to ensure streamlined processes for Discharge to Assess and to ensure a multidisciplinary approach to care planning. Transfer of Care Hubs are at different stages of development. Further information of Transfer of Care Hubs can be found at the following link Managing transfers of care – A High Impact Change Model: Changes 1-10 | Local Government Association as well the Hospital discharge and community support guidance - GOV.UK (www.gov.uk)

In May 2023, Surrey Heartlands ICB completed a Discharge to Assess evaluation which recommended the creation of the Surrey Discharge to Assess Task Group. The Discharge to Assess Task Group is led by Surrey County Council, is collaborative and includes acute hospital partners, primary care, Places, and others to ensure value and learning is shared as a system and is monitored through the Urgent Care and Elective Care Committee. The purpose of the Task Group is to take a system view of Discharge to Assess across Surrey sharing experiences, challenges, good practice, identifying solutions and bringing together a consistent approach where appropriate. A key agenda item is collectively exploring the monthly Discharge to Assess finance and performance activity that is produced by our ICS Finance and Business Intelligence Teams, there is also work to develop a workplan that captures the recommendations from the evaluation and will include Healthwatch Surrey and Action for Carers review/ recommendations.

As well as the Discharge to Assess Task Group, Surrey County Council are undertaking an additional exercise to build a clear picture of existing work taking place across three key joint transformation priority areas (Mental Health, Children and Young People, and Older People and Frailty) with a view to identifying specific support needed to move each of the programmes into an accelerated phase of delivery.

As a result, work is now taking place to explore whether the 100 Day Challenge methodology (a structured innovation method that creates the conditions for change and action in complex systems) can be used to match the appetite across Surrey's system leadership to support new ideas and ways of working, to improve outcomes for people.

A cross-system leadership group has begun work to explore the methodology, agree the potential focus for the challenge, and co-create a learning agenda which includes the following in relation to Discharge to Assess.

- How should we deliver rehab/reablement to support a return to home?
- How should we monitor and review people more effectively to ensure that they remain at home and independent?
- How should we make use of technology to maintain independence?
- How should we support unpaid carers to continue to care for their loved ones effectively?

This work will help drive and provide focus to improve Discharge to Assess and resident outcomes.

8. Surrey Heartlands Acute non-elective or unplanned admissions and discharge performance

8.1 Noting the definition of Discharge to Assess above and the data presented in Annex 1 the following key finding are noted:

8.2 To understand hospital discharge and Discharge to Assess in Surrey it is important to explain the context of flow into hospital (non-elective admissions or unplanned admissions) and out of hospital, as well as how long people stay in hospital (Length of Stay).

9. Discharge to Assess activity

9.1. Annex 1 suggests that there has been an 8% rise in population growth since 2019/20 but there has been a reduction of 7 % in unplanned admissions compared with 2022/23, length of stay has also reduced overall by 4%. This data supports the population health preventative work implemented by Place as well as effective discharge processes.

9.2. In the last 12 months, 44% of Discharge to Assess discharges were from North West Surrey, 25% for Surrey Downs, 14% for Guildford and Waverley, 9% for East Surrey and 8% for Frimley. This data is representative of the population served by each Place.

9.3. The average duration people stay in Discharge to Assess Pathway 1 is 27.3 days and 47.9 days for Pathway 2. Surrey Downs has the shortest overall duration at 25 days and a larger proportion of discharges in North West Surrey (47%) and Surrey Downs (46%) have resulted in people not requiring any ongoing funded care. This potentially reflects improved outcomes for residents recovering sooner and indicates that people are getting the right level of care to recover well. For all of Surrey, it is

noted that most people requiring ongoing care after completing their discharge to assess pathway need home care which is material to the principles of Home First and the Integrated Care System Strategy.

10. Discharge to Assess spend

10.1. Annex 1 suggests that, following an increase in spend for the first quarter from April-June 2022, both spend and discharges have reduced significantly. However, the average cost per package has increased, predominantly due to under-utilisation of the Surrey County Council block care home and home care arrangements which is now improving. There has been a reduction in average cost since August bring it closer to the April-June 2022 average.

10.2. Discharge to Assess spend for people that have been on a pathway for more than 4 weeks has been a significant issue and accounted for almost 50% of the total spend prior to July 2022. Since July 2022 this position seems to have improved significantly, with overall spend over 4 weeks in the last 12 months at 26%.

10.3. The December forecast for the 2023/24 core expenditure is an overspend position against all available funding of £0.5m. Available funding includes £6.4m Adult Social Care Discharge Funding, £2.5m recurrent Better Care Funding, £4m additional capacity funding and £1.5m winter capacity funding. This funding totals £14.4m and the current 2023/24 forecast is £14.9m.

10.4 When viewed by Place, the current forecast is an overspend of £1.5m in North West Surrey and underspend in all other Places, against the per capita allocated funding in each Place. However, North West spend has begun to decrease to some extent in recent months which shows control measures are being well managed.

Current utilisation of Surrey County Council care home and home care block arrangements is low at around 75% in quarter 3 of 2024/25. However, this is an improving picture in recent months, and utilisation is now over 90% on average.

11. Workforce

11.1 Surrey Heartlands health and social care system have worked hard, within an ethos of ongoing improvement, to ensure that people can be properly identified for Discharge to Assess, that home first always come first, and that the assessments that people require are available and timely. To achieve this the workforce resource needs to be focused on discharge and Discharge to Assess and needs to be committed to achieving good outcomes in hospital and in community settings.

11.2 Based on the Discharge to Assess work completed by Place and the development of Transfer of Care Hub models, the risk of duplication has been minimised, with clinical and operational roles working across boundaries. Each hospital has their own strategy for supporting their workforce with greater emphasis being applied to

collaborative working across providers. Nevertheless, an awareness of workforce issues and concerns are highted at the daily System Operational Call and risks and concerns reported into the Urgent and Emergency Care governance system.

11.3 To take account of provider views from the Surrey care market, Surrey Care Association was asked to contribute to the ICB Discharge to Assess evaluation which highlighted the following:

- 4 weeks funding is too little to be confident of an accurate and holistic assessment of need and to agree funding for an ongoing package of care and is not person centred.
- Providers can be left without confidence, clarity, and surety about who will pay for continued levels of need.
- A fragmented homecare sector makes it harder to communicate and develop innovative and sustainable models to promote continuity of care and reablement.
- There is no long-term investment to create capacity and to build skills and capability.
- It can be difficult to meet the needs of a small number of people within the Pathway 3 cohort, who have particularly complex needs, and commissioners will work with providers to better understand the needs identified, so that we are better placed to meet these needs.

12 . Discharge to Assess Governance

12.1 Discharge to Assess governance in Surrey is part of a joint approach with Surrey County Council, which reports into the Urgent Care and Elective Care Committee and the Integrated Care Board and is reflected in respective Trust A&E Delivery Boards, led by Place.

Conclusion and recommendations

Discharge to Assess in Surrey has been an evolving journey and has needed to flex to account for national funding and local funding. Places have been at the forefront in leading this transition and the Integrated Care System has been instrumental in adjusting and varying the service offer, based on fluid, and changing needs of the population.

Highlights

- Discharge to Assess is now firmly embedded within the local Surrey system.
- There is an improving picture on spending within the Discharge to Assess financial envelope and reducing block contract voids.
- Work is underway with through the 100 Day Challenge that will drive forward improvement and support the Discharge to Assess Task Group workplan and Place.

Recommendations

- Work with Healthwatch Surrey and Action for Carers to continue to ensure Cares and resident voices are heard and action taken to make positive change.
- Surrey Places to continue to develop a consistent discharge process supported by models of care which look at prevention and admission avoidance in the first instance, with a Discharge to Assess offer focused upon Home First with the resident, carer, and family at the centre of care supported by Transfer of Care Hubs and national policy.
- On-going evaluation, review and learning supported by the quality review cycle and outcomes generated by the 100 Day Challenge work.
- To continue to collaborate with providers including workforce strategies, ensuring that risks are understood, and duplication is minimized.
- Commissioners to continue to positively engage with and shape the market appropriately, with continued close working with Surrey Care Association and Place, supporting the right provision at the right time with the right system balance.
- Engagement, education and understanding of discharge process for patients, carers, and staff and to take forward the Carers and Hospital Toolkit (2023).

Contact details

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Paul Morgan – SCC AWHP paul.morgan@surreycc.gov.uk

Sources and background papers

Hospital discharge and community support guidance - GOV.UK (www.gov.uk)

Carers experience of hospital discharge.

Responses to recommendations

TOOLKIT.pdf (mcusercontent.com).Urgent care services - ICS (surreyheartlands.org).

Virtual Wards - Surrey Downs Health and Care Partnership (surreydowns-hcp.org).

Managing transfers of care – A High Impact Change Model: Changes 1-10 | Local Government Association

Annex 1 (separate power point)

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Adults and Health Select Committee
Annex 1 Discharge to Assess data

Jan 24

(updated from the D2A evaluation completed in May 2023)

At the centre of D2A is the patient, the carer and the family which cannot be overstated and is reflected in the commitment that Surrey Heartlands presents through Home First principles.

Introduction

Scope: The following slide deck sets out the Surrey Heartlands Discharge to Assess data form January 2023 to December 2023 and data from 2020 to 2022 on a few of the slides for comparative purposes.

Two core assumptions stand at heart of D2A:

- Reducing the time people spend in hospital is best for patients and for the NHS, As it improves people's health outcome and increases the availability of beds in hospitals for those who need this care.

- Assessing people in their usual environment (e.g. at home) is preferable to assessing people in hospital.

Limits: The limitation of this data pack includes a lack of clear data to firmly support a robust review process. This is due to different organisations that are involved in the Discharge to Assess process using differing reporting systems and reporting data at different times. It is also important to note that any outputs do not purely reflect Discharge to Assess as the pathways are multifaceted and are dependent on other programmes contributing and influencing outcomes.

Acute Discharge Performance
Length of Stay

Acute Discharge Performance

Across the Integrated Care System Surrey Heartlands has seen 8% rise in population growth since 19/20 and a 7% decrease in unplanned admissions

	2019/20	2020/21	2021/22	2022/23	2023/24 (FOT)	Variance 19/30 to 23/24	Annual Total Trend Line 19/20 - 22/23
Non Elective Admissions	**39467**	**34598**	**42958**	**37271**	**36695**	**-7%**	
NHS East Surrey CCG	6242	5344	6043	5312	5766	-8%	
NHS Guildford and Waverley CCG	8702	8077	11428	9040	9261	6%	
NHS North West Surrey CCG	12246	11301	15436	14546	13509	10%	
NHS Surrey Downs CCG	12275	9876	10051	8373	8159	-34%	

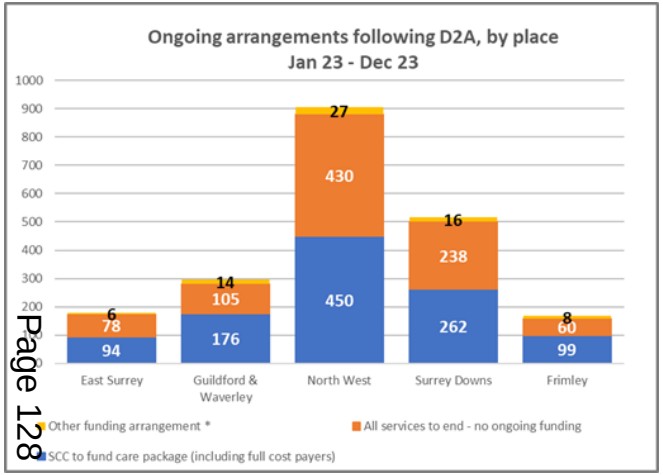
Overall, the average time a person spends in hospital has decreased by 4%.

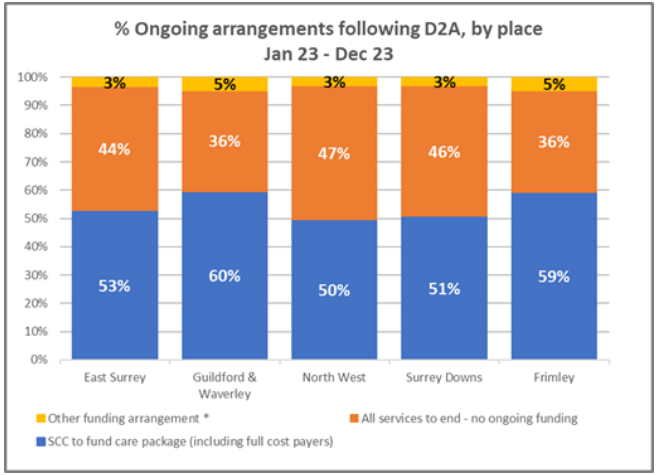
	2019/20	2020/21	2021/22	2022/23	2023/24 (FOT)	Variance 19/30 to 23/24	Annual Total Trend Line 19/20 - 22/23
Average Length of Stay	**8.03**	**6.48**	**7.17**	**7.89**	**7.73**	**-4%**	
NHS East Surrey CCG	9.03	7.39	8.64	9.92	9.40	4%	
NHS Guildford and Waverley CCG	7.33	6.01	6.49	8.16	7.56	3%	
NHS North West Surrey CCG	8.71	6.55	6.37	5.73	5.80	-33%	
NHS Surrey Downs CCG	7.35	6.34	8.27	10.19	9.98	36%	

NB: Length of stay is the calculated length of time from admission to discharge

D2A Activity

Discharge Volumes and funding arrangements after Discharge to Assess by Place





	East Surrey		Guildford & Waverley		North West Surrey		Surrey Downs		Frimley		Grand Total	
Ongoing Funding Arrangement	**Total**	**%**	**Total**	**%**	**Total**	**%**	**Total**	**%**	**Total**	**%**	**Total**	**%**
All services to end - no ongoing funding	78	44%	105	36%	430	47%	238	46%	60	36%	911	44%
SCC to fund care package (including full cost payers)	94	53%	176	60%	450	50%	262	51%	99	59%	1081	52%
The person will self fund their care package	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Other funding arrangement *	6	3%	14	5%	27	3%	16	3%	8	5%	71	3%
Total	**178**	**100%**	**295**	**100%**	**907**	**100%**	**516**	**100%**	**167**	**100%**	**2063**	**100%**

** Other funding arrangements include joint funding with SCC and Health, CHC, delirium, non-weight-bearing and S117*

- Data Includes all completed Discharge to Assess forms for discharges for the 12-month period between Jan 23 and Dec 23.
- In the last 12 months, 44% of discharges were for NW, 25% for Surrey Downs, 14% for Guildford and Waverley, 9% for East and 8% for Frimley.
- A larger proportion of discharges onto Discharge to Assess in NW Surrey (47%) and Surrey Downs (46%) resulted in people not requiring any ongoing care.

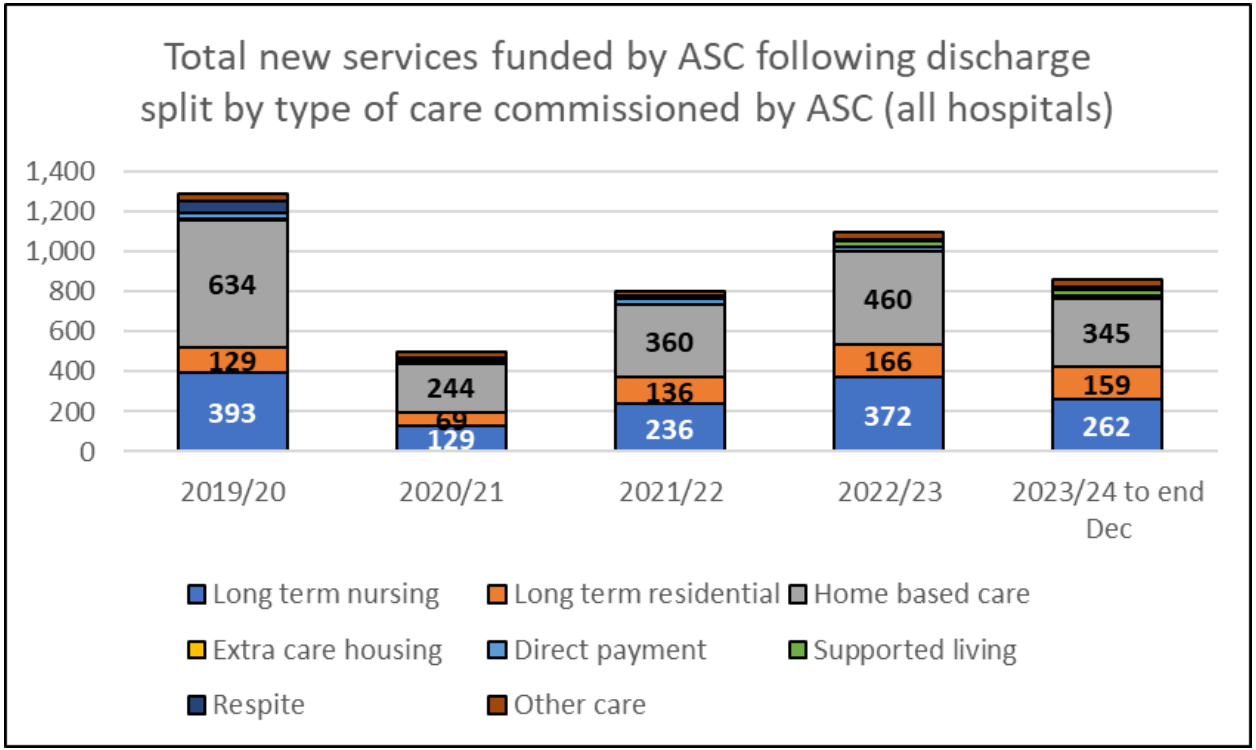
Data Source: LAS Hospital Discharge Forms as at 12/01/2024

Average Duration of Discharge to Assess Packages

ICP	Pathway 1 D2A Discharges		Pathway 2 D2A Discharges		Total D2A Discharges	
	Total	Avg duration (days)	Total	Avg duration (days)	Total	Avg duration (days)
North West Surrey	518	28.8	388	52.5	906	39.0
Surrey Downs	423	23.7	78	32.5	501	25.0
Guildford & Waverley	165	30.6	116	47.5	281	37.6
Frimley	90	33.7	70	46.2	160	39.1
East Surrey	95	24.3	77	43.1	172	32.8
Grand Total	**1291**	**27.3**	**729**	**47.9**	**2020**	**34.8**

- Data is based on completed Hospital Discharge Forms completed between Jan 2023 and Dec 2023.
- Average duration for Discharge to Assess Pathway 1 package is 27.3 days.
- Average duration for Discharge to Assess Pathway 2 package is 47.9 days.
- Surrey Downs has the shortest overall duration for all completed packages at 25 days.
- Surrey Downs and East Surrey had an average duration for Pathway 1 discharges of under 28 days. Pathway 2 discharges were all over 28 days.

Data Source: LAS Hospital Discharge Forms as at 12/01/2024

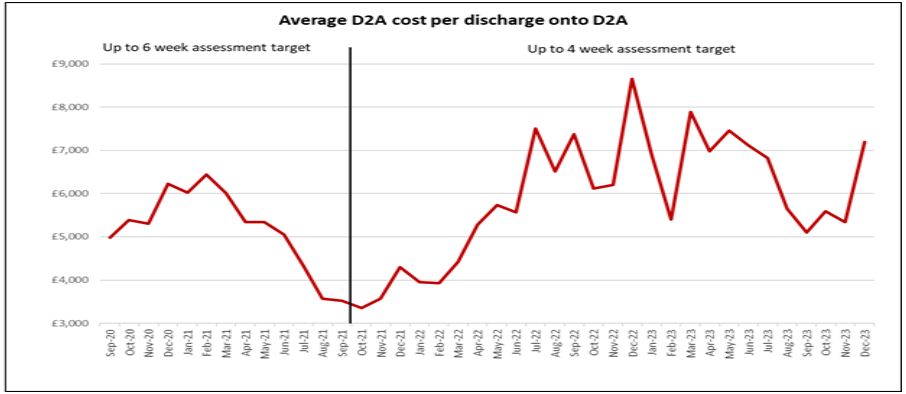


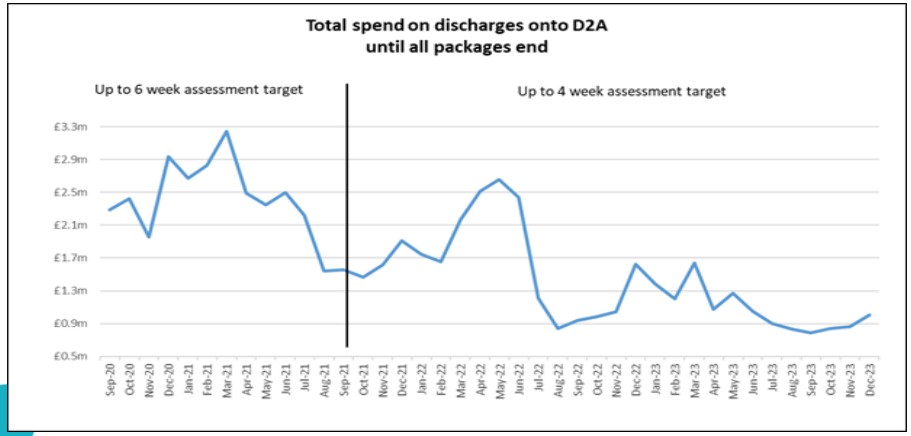
The above data suggests new services for patients funded by Adult Social Care largely require home-based care services.

Source SCC

D2A 23-24 Budget and 22-23 Spend

Discharge to Assess activity and cost Sept 2020-Dec 2023





Following an increase in spend for the first quarter in April-June 2022, both spend and discharges have reduced significantly, which is under review.

However, the average cost per package has increased, predominantly due to underutilisation of the care home and home care block arrangements which is now improving.

There has been an improvement in average cost since August bringing it closer to the April-June 2022 average.

The cost shown is the total cost per month of care packages (excludes staffing costs) and includes overrun costs as well as costs up to 4 weeks post discharge.

Discharge expenditure beyond 4 weeks

Discharge month (from when 4 week target started)	Estimated total spent until all packages end	Estimated total spend over 4 weeks from discharge date	% of expenditure more than 4 weeks after discharge
Total scheme 2	**£15.89m**	**£7.79m**	**49%**
Apr-22	£2.52m	£1.19m	47%
May-22	£2.66m	£1.30m	49%
Jun-22	£2.44m	£1.27m	52%
Jul-22	£1.21m	£0.44m	36%
Aug-22	£0.84m	£0.06m	7%
Sep-22	£0.94m	£0.11m	12%
Oct-22	£0.98m	£0.16m	17%
Nov-22	£1.04m	£0.18m	17%
Dec-22	£1.63m	£0.60m	37%
Jan-23	£1.38m	£0.50m	36%
Feb-23	£1.20m	£0.28m	24%
Mar-23	£1.64m	£0.71m	44%
Apr-23	£1.07m	£0.33m	31%
May-23	£1.27m	£0.44m	35%
Jun-23	£1.05m	£0.31m	30%
Jul-23	£0.90m	£0.22m	25%
Aug-23	£0.84m	£0.13m	15%
Sep-23	£0.79m	£0.11m	14%
Oct-23	£0.84m	£0.03m	4%
Total scheme 3	**£25.23m**	**£8.39m**	**33%**

Spend for people that have been on a Discharge to Assess pathway for more than 4 weeks has been a significant issue and accounted for almost 50% of the total prior to July 2022.

Since July 22 this position seems to has improved significantly, with overall spend over 4 weeks in the last 12 months at 26%.

It should be noted that for the later months more packages remain open, and therefore there may be some increase to the proportion of spend over 4 weeks. October looks particularly low; however, a number of packages were still open at period end and therefore this will increase to some extent.

Financial Summary 2023-24

The December forecast for the 2023/24 core Discharge to Assess expenditure is an overspend against all available funding of £0.5m. Available funding includes £6.4m Adult Social Care Discharge Funding, £2.5m recurrent Better Care Fund, £4m additional capacity and £1.5m winter capacity. This funding totals £14.4m and the current 2023/24 forecast is £14.9m. The current year forecast includes £2m of costs from 2022/23 that were carried forward to the current year.

When viewed by area the current forecast is an overspend of £1.5m in North West Surrey and underspends in all other Places, against the per capita allocated Adult Social Care funding, additional capacity and winter capacity, and the Better Care Fund allocated in each Place. However, North West spend has begun to decrease to some extent in recent months.

Current utilisation of block home care is low at around 75% in quarter 3 of 2024/25. Care home blocks however have had much improved utilisation in recent months, and occupancy was over 90% on average in quarter 3.

Expenditure / funding category	East Surrey £000	Guildford & Waverley £000	North West Surrey £000	Surrey Downs £000	TOTAL £000
Total D2A forecast 2023/24	**2,322**	**1,988**	**6,513**	**4,061**	**14,884**
Discharge Fund ICB contribution	886	1,001	1,687	1,426	5,000
Discharge Fund SCC contribution	246	278	468	396	1,389
Recurrent BCF budget contribution	472	194	1,036	791	2,493
Additional Capacity 23/24	708	800	1,348	1,140	3,996
Winter Capacity	269	304	512	433	1,518
Total funding available	**2,581**	**2,577**	**5,051**	**4,186**	**14,396**
Cost pressure / (surplus) vs available funding 2023/24	**-259**	**-589**	**1,461**	**-125**	**488**

Guildford and Waverley Place

D2A and Discharge Models

Discharge Models

One team approach :

- Agile models of Multi agency response that allows spot purchasing, utilisation of home based block care hours and additional rehab models
- Flexible approach to family support including Trusted Assessor roles, Care Home matrons, D2A assessment support and discharge liaison
- Integrated Neighbourhood teams work to provide wrap around support and care to complex care cohorts

Proactive

- Integrated Neighbourhood support
- Carers support
- Falls prevention
- Care Home support
- Proactive planning and support
- Virtual Wards
- Anticipatory Care
- Ageing Well
- High Intensity Users

Reactive

- Admission Avoidance Models of Care
- Virtual Wards
- Advice and Guidance
- Care Home Support
- Proactive clinical review processes
- Single team approach
- Care Coordination Centres

Workforce

Fuller Review – Neighbourhood Teams

Population Health

Clinical Models and new pathways

Community Engagement and Partnership

Carers Support

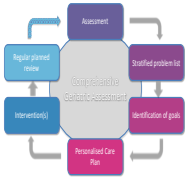
Surrey Downs Place

Our Integrated Care Pathway

Surrey Downs has developed a **single streamlined care pathway** that links preventative support, personalised & complex care, same-day urgent care at neighbourhood level with, place-based urgent care services. The pathway is **easily navigable** for patients and referring clinicians, focus at every step is on supporting people at home and **promoting independence**.

Living Well

Supporting people to live well for as long as possible and return to independence wherever possible. Enabling local communities through an asset-based approach.



Proactive Care

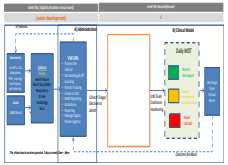
Proactive health and care, targeted at people living with frailty, multi-morbidity and/or complex needs to help them stay independent and healthy for as long as possible. Personalised care planning.

Same Day Urgent Care - Neighbourhood

Effective co-ordination and management of urgent on the day activity at Neighbourhood, PCN or primary care level.

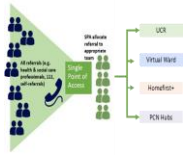
Urgent Community Response

Access to rapid assessment and provision of short term, intensive care packages for people at serious risk of admission to hospital



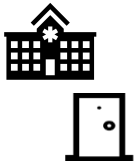
Virtual Wards

Support patients who would otherwise be in hospital to receive acute level care, monitoring and treatment in their home as an alternative to admission/ extended acute stay



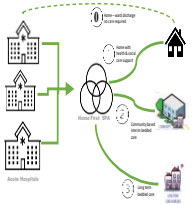
Urgent Care Co-ord. Hub

Provides coordination of system wide Urgent Care services by providing a single point of access and streamlined pathway for all patients



Urgent Care Front Door

Enhanced Front Door services within ED screening, streaming and redirecting to facilitate discharge out of the acute and to appropriate community support



HomeFirst Co-ord. Hub

Facilitating patient discharge from hospital to their place of residence as early as possible, with ongoing assessment and planning undertaken in their home

Integrated Neighbourhood teams

HomeFirst Service

Integrated Care Pathway maximising long term independence

Integrated Neighbourhood Teams model

Surrey Downs' INTs brings together primary care and community services to create truly integrated teams delivering personalised care to meet the needs of the local population and support people living as independently as possible.

Integrated leadership structure

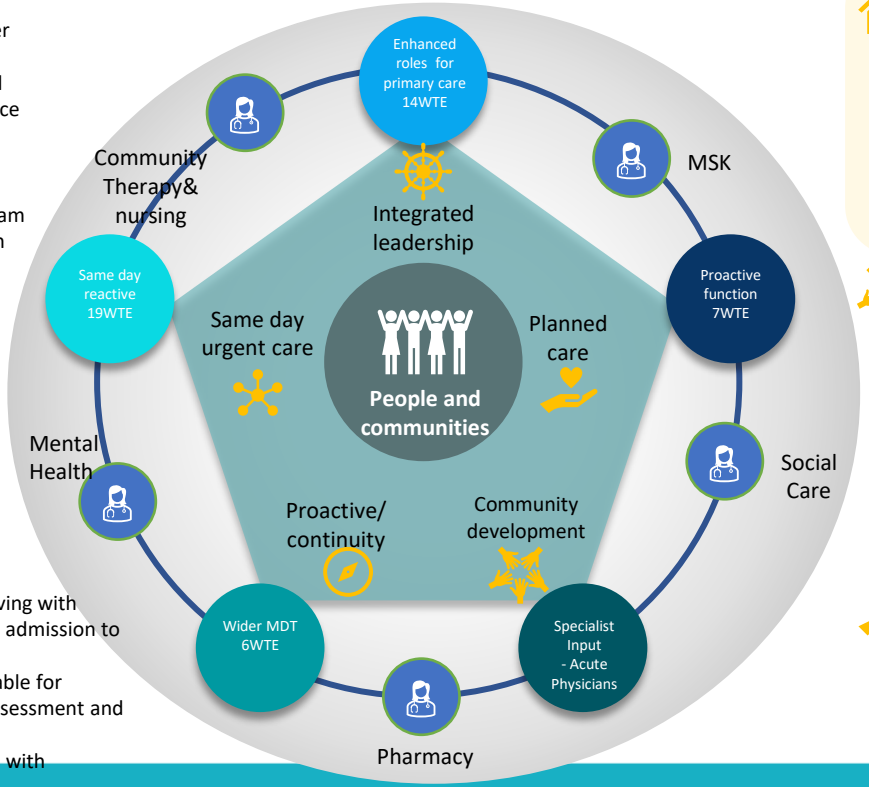
- Quadrumvirate leadership team consist of a Clinical Director, Lead GP, Operations Manager and Clinical (Nursing/Therapy) Lead.
- Leadership team manage Banstead integrated neighbourhood workforce, oversee local service delivery and play an active role in community development.
- Hold a devolved community service budget allowing them to shape the skill mix of the team to best meet the needs of the local population

Banstead same day urgent care

- Provide on the day support for patients at risk of admission or requiring urgent assessment in their place of residence.
- Consolidates GP home visiting, care home support and district nursing functions in to a single acute home visiting service interfacing with wider system UCR service.
- Roles funded from community, ARRS, acute budgets

Banstead Proactive & Continuity

- Provide proactive support to local residents living with complex needs and at risk of future decline or admission to hospital
- Utilises PHM tools to identify individuals suitable for support, provide care coordination, holistic assessment and personalised care planning
- Provides proactive frailty MDTs in partnership with Geriatricians / interface with virtual ward



Banstead Population

- **Population** - Banstead registered patients – 48000
- **Age profile** -Over 25% of residents >65, high number of care homes
- **Disease Prevalence** - Hypertension – 15.2%, Diabetes – 12.7%, Mental Health & Dementia 11.4%
- **Deprivation** – 1 of top 20 deprived wards in Surrey Heartlands

Community development

- Working partnership with citizens, voluntary orgs to develop and deliver community initiatives aimed at improving health and wellbeing of local population
- Include making Banstead dementia friendly, intergenerational community programmes - IMM , support initiatives for family and children
- Population health management used to support team understand local needs and schemes to support local people

Planned care

- Streamlined end to end pathways have been developed between Primary care & acute allowing residents to be supported in the most appropriate place by the most appropriate team
- Approach has led to development of integrated pathways for Diabetes MSK and now Respiratory incorporating ARRS, community, acute roles into integrated service

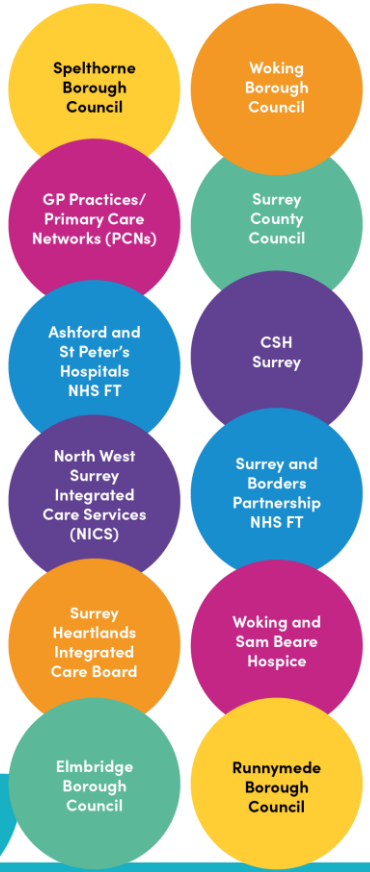
Surrey Heartlands
HEALTH AND CARE PARTNERSHIP

SURREY COUNTY COUNCIL

NHS

North West Surrey Place

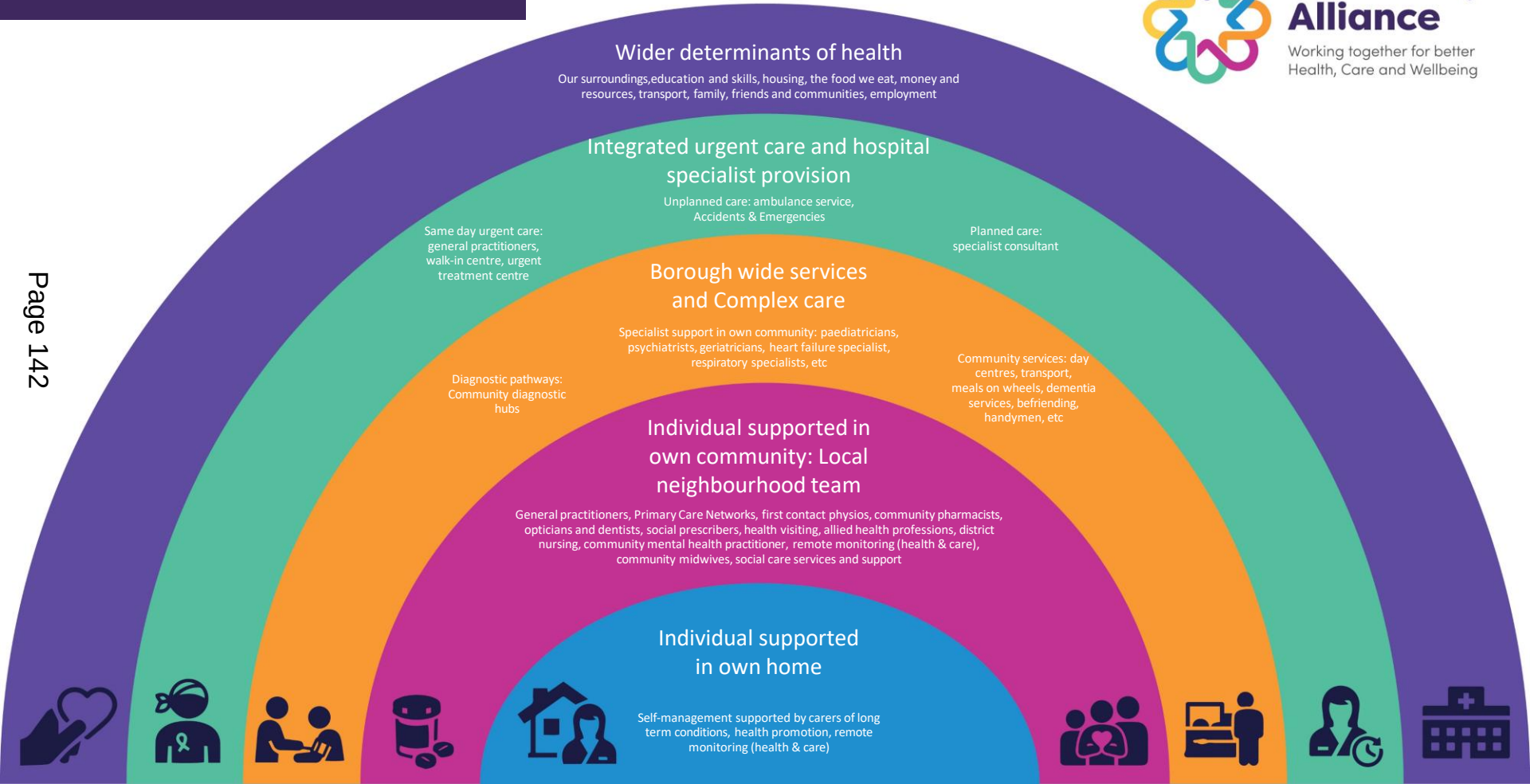
Who we are and why…



To achieve the total wellbeing of our community shifting our focus on health provision responding to sickness to prevention in the fullest sense.

Alliance offer

NW Surrey Alliance
Working together for better Health, Care and Wellbeing



Surrey Heartlands
HEALTH AND CARE PARTNERSHIP

SURREY COUNTY COUNCIL

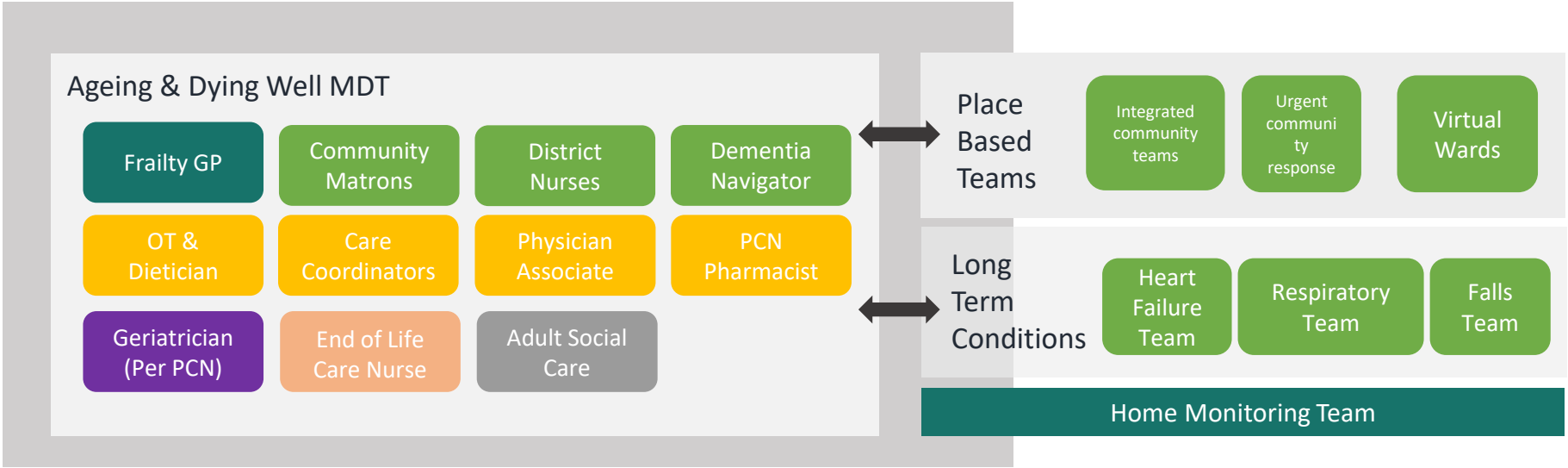
NHS

East Surrey Place

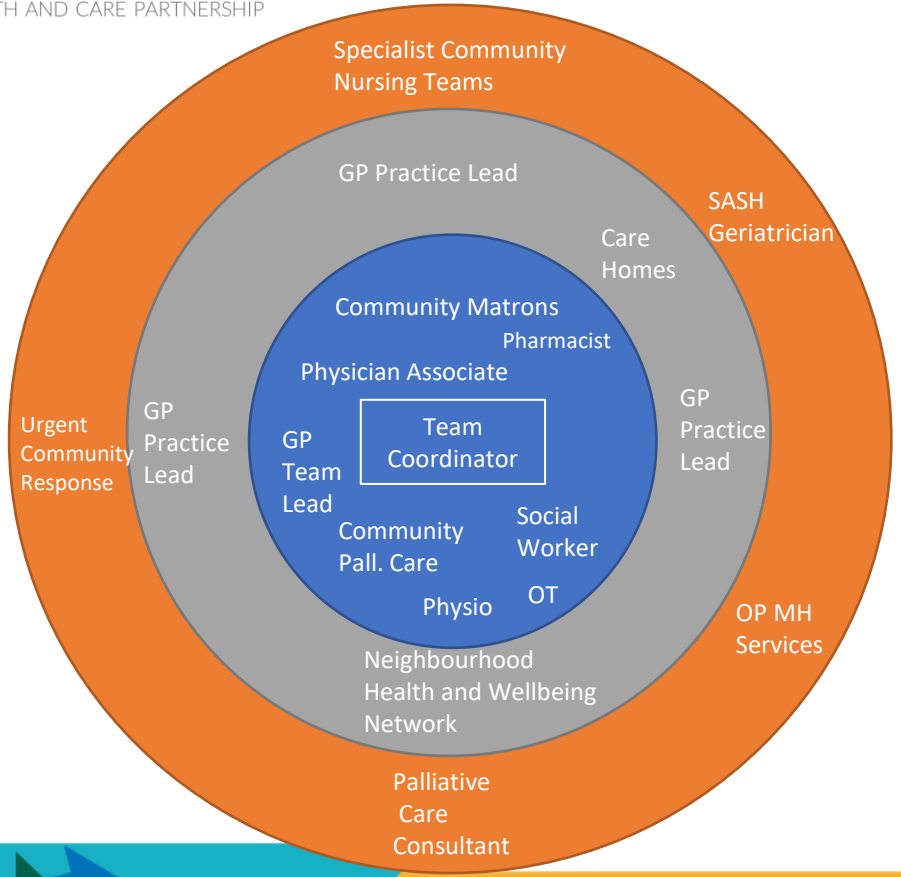
Surrey Heartlands
HEALTH AND CARE PARTNERSHIP

EAST SURREY

Integrated Neighbourhood Team



Integrated Neighbourhood Team Structure



Core Hub Team – identify as the Integrated Neighbourhood Team

Services / groups working only in that neighbourhood but across whole life course

Services working across East Surrey but with a named link to that neighbourhood

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ADULTS AND HEALTH SELECT COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER
MARCH 2024

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KEY			
	No Progress Reported	Recommendation/Action In Progress	Recommendation/Action Implemented

Recommendations

Meeting	Item	Recommendation	Responsible Officer/ Member	Deadline	Progress Check On	Update/Response
23 June 2022	Mental Health Improvement Programme Stocktake after 12 months [Item 7]	**AH 20/22:** For Surrey Heartlands CCG, Surrey and Borders Partnership NHS Foundation Trust, and Surrey County Council to continue to campaign for a change in the National Allocation Formula that would accurately reflect some of the mental health issues faced by Surrey Residents.	Surrey Heartlands, Surrey and Borders Partnership, and Surrey County Council Helen Rostill	2 August 2022	December 2022	**Response:** We agree with this recommendation, which has the potential to affect funding flows in the longer term. System partners (including SaBP and SCC) have raised issues with the National Allocation Formula in regional and national forums and will continue to do so. We believe that our case will be stronger if we seek the support of other systems who are similarly disadvantaged by the formula, and we will discuss the case for change with them.

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						We appreciate the support of elected representatives in campaigning and believe that members would have a key role to play in any successful attempt to change the National Allocation Formula. A meeting will be arranged with the Scrutiny Officer to discuss this work further in due course. To be arranged.
5 October 2022	**Enabling You with Technology [Item 6]**	**AH 26/22:** The Head of Resources for Adult Social Care to ensure that further and more sustainable funding is secured for the Enabling You With Technology Programme, and provide a future informal briefing to the	Dan Stoneman- Head of Commissioning/ Lead on Technology Jon Lillistone Director	18 November 2022	28 February 2024 May 2024	Committee was updated with a response. Programme will be going to the May Select Committee meeting.

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		AHSC, on any efforts to secure further Funding for the Programme in light of the timelines surrounding existing sources of funding.	of Integrated Commissioning			
5 October 2022	**Enabling You with Technology [Item 6]**	**AH 27/22:** For the Head of Resources for Adult Social Care to pursue data capture in order to analyse the implications of a variety of conditions of service users and improve how provision is tailored to gain a more detailed understanding of these conditions and the associated impacts.	AWHP	18 November 2022	December 2022 15 January 2024 May 2024	Contacted Toni Carney (has now left SCC) Contacted for update. **Interim Response:** Programme will be going to the May Select Committee meeting.
5 October 2022	**Mental Health Improvement Plan [Item 7]**	**AH 28/22:** For the MHIP Digital and Data Workstream Lead to	Liz Williams & Kate Barker, Joint Strategic	18 November 2022	December 2022	**Interim Response:** Since our meeting, we have received Kooth's proposal for

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		increase the awareness of the Kooth system and ensure that it continues to enable Children and Young People (CYP) access to appropriate online support for their mental health. To provide AHSC with a future written update on this.	Commissioning Convenors Surrey and Borders Partnership (SaBP)			contract renewal into 2023/24. As part of the contract renewal process, we will be working with Kooth to increase the awareness of online support available to children and young people in Surrey by maximising the usage of Kooth's available capacity. This will include exploring how awareness of Kooth's services can be raised through schools, GPs or other routes. As an example, we have videos for both GPs and for other partner agencies providing them information about the services offered. We will update the committee on progress following the conclusion of the contract renewal process, and after allowing for a short period of further activity to demonstrate the impact of actions undertaken.

ADULTS AND HEALTH SELECT COMMITTEE
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5 October 2022	**Mental Health Improvement Plan [Item 7]**	**AH 29/22:** The Joint Executive Director for Adult Social Care and Integrated Commissioning and SaBP, to develop a robust process to deal with complaints as well as Issues of concern regarding mental health services and provide a written update to the AHSC on progress toward this.	Liz Bruce, Joint Executive Director for ASC & Integrated Commissioning Surrey and Borders Partnership (SaBP)		15 January 2024 28 February 2024	Liz Williams and Kate Barker were contacted for an update. It has been passed onto the Children's Mental Health Commission Lead for further update. Graham Wareham, Chief Executive SABP, contacted to provide an update.
6 December 2022	**ASC Complaints [Item 6]**	**AH 51/22: T**hat frontline Adult Social Care Staff are receiving adequate mandatory and consistent training on improving staff	Senior Programme Manager for Adult Social Care & Chief	27 January 2023	January 2023	To contact COO

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		conduct and attitude, and training and staff conduct, including that of partner organisations, are routinely monitored with consequences put in place for unacceptable failures to attend such mandatory training.	Operating Officer for Adult Social Care		15 January 2024 15 February 2024	Liz Uliasz (COO) has been contacted for an update. Contacted for an update.
6 December 2022	**ASC Complaints [Item 6]**	**AH 52/22:** Further progress is required towards increasing the timeliness of assessment processes.	Senior Programme Manager for Adult Social Care & Chief Operating Officer for Adult Social Care	27 January 2023	January 2023 15 January 2024 15 February 2024	To contact COO Liz Uliasz (COO) has been contacted for an update. Contacted for an update.

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6 December 2022	**ASC Complaints [Item 6]**	**AH 53/22:** That Issues of Concern are more effectively recorded, including through exploring technological avenues to do so; and that these are also utilised to improve Adult Social Care Services.	Senior Programme Manager for Adult Social Care & Chief Operating Officer for Adult Social Care	27 January 2023	January 2023 15 January 2024 15 February 2024	To contact COO Liz Uliasz (COO) has been contacted for an update. Contacted for an update.
6 December 2022	**Surrey Safeguarding Adults Board Annual Report [Item 7]**	**AH 54/22:** That Adult Social Care service users and Adult Social Care frontline staff, are continuing to receive adequate Adult Safeguarding reassurances and support, and to raise awareness of such support available.	Adult Social Care Leads & Surrey Safeguarding Adult's Board	27 January 2023	January 2023	To contact COO
6 December 2022	**Surrey Safeguarding Adults Board**	**AH 55/22:** Formulate a concerted multi-agency plan to raise awareness of	Adult Social Care Leads & Surrey	27 January 2023	January 2023	**Interim Response:** The SSCP have been approached to work with the

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	Annual Report [Item 7]	the various aspects of Safeguarding, and to help residents understand the distinction between Children's and Adult's Safeguarding.	Safeguarding Adult's Board			SSAB on this to develop a joint plan.
6 December 2022	**Surrey Safeguarding Adults Board Annual Report [Item 7]**	**AH 56/22:** To collate data and insights from member agencies into Safeguarding training provision, and for this to be incorporated into a future report for a formal Adults and Health Select Committee meeting.	Adult Social Care Leads & Surrey Safeguarding Adult's Board	27 January 2023	January 2022	**Response:** This recommendation will be considered as part of the QA framework for 23/24. For NHS health agencies this data is collected by Surrey Heartlands ICB, and current data has been collected. This will allow the SSAB to analyse that data and ask any further questions of health agencies.
6 December 2022	**Surrey Safeguarding Adults Board Annual Report [Item 7]**	**AH 57/22:** That the Board further raise awareness of safeguarding adults and support available.	Adult Social Care Leads & Surrey Safeguarding Adult's Board	27 January 2023	January 2022	**Response:** The Communication subgroup has recently met and continues to develop the workplan. A communication strategy is in development and will be finalised

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						by April 2023. The SAB team has also been strengthened the team with a new Partnership Post whose responsibility will be engagement and communication which will support taking this recommendation forward.
4 October 2023	**Winter Preparedness Surrey Heartlands Report - Managing UEC Surge [Item 5]**	**AHSC 50/23:** 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.	Surrey Heartlands Jackie Raven, Associate Director - ICS Urgent Care	1 March 2024	16 January 2024 26 January 2024 15 February 2024	Contacted Jackie Raven Response received. Response was shared with the committee.
4 October 2023	**Winter Preparedness Surrey**	**AHSC 51/23**: Both Surrey Heartlands and Frimley ICBs continue their	Jackie Raven, Associate Director- ICS Urgent Care	1 March 2024	16 January 2024	Contacted Jackie Raven

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	Heartlands Report - Managing UEC Surge [Item 5]	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.			26 January 2024 15 February 2024	Response received. Response was shared with committee.
4 October 2023	**Winter Preparedness Surrey Heartlands Report - Managing UEC Surge [Item 5]**	**AHSC 52/23:** Commissioners make sure that there is primary care capacity, including out-of-hours provision to meet paediatric health needs in winter 2023/24.	Jackie Raven, Associate Director- ICS Urgent Care	1 March 2024	16 January 2024 26 January 2024 15 February 2024	Contacted Jackie Raven Response was received. Response was shared with committee.

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4 October 2023	**Winter Preparedness Surrey Heartlands Report - Managing UEC Surge [Item 5]**	**AHSC 53/23**: Improvements are made in areas of low uptake for immunisations, and in particular are targeted at those in hard-to-reach communities.	Jackie Raven, Associate Director - ICS Urgent Care	1 March 2024	16 January 2024 26 January 2024 15 February 2024	Contacted Jackie Raven- Response was received. Response was shared with the Committee.
4 October 2023	**Southeast Coast Ambulance (SECAmb) Service Winter Preparedness [Item 6]**	**AHSC 54/23:** The Committee notes the Trust's improvement work and agrees with the Care Quality Commissions findings via inspection, therefore the Trust should: Pursue the positive path of development described in the Southeast Coast	SECAmb Helen Wilshaw-Roberts, Strategic Partnerships Manager, SECAmb	1 March 2024	19 October 2023	**Interim Response [7 December 2023]:** The initial version of this [winter] plan was published in October version 1.0 as a live document, with the recognition that it would alter as more information and intelligence became available. Following Exercise Boreas (a winter tabletop exercise) the plan

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		Ambulance Service previous report, especially: Continue to work with Emergency Departments to improve handovers. Focus on delivering the contractual response times to attend patients. Training of leaders to ensure they have the leadership skills required to ensure staff feel respected, supported, and valued. Measure and report regularly on staff satisfaction and morale with publication of those reports to staff and the				has now been updated and is in the process of being further reviewed. The current version (1.2) has had the following alterations: - Updated EOC element with revised expectations and more details on leadership and clinical expectations. - Included several lessons that have been identified from Exercise Boreas Version 1.2 is a live document which will be further revised following further discussions with NHSE and will include the latest winter operating model. A further update was provided on 03/01/24 quarterly catch-up meeting.

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		actions taken to resolve issues. 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. Prioritise the welfare, professional development, and training of the staff at all levels. Provide mental health and wellbeing support to all staff.				

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4 October 2023	**Accident & Emergency Waiting Times/Pressures [Item 7]**	The Committee recommended that: **AHSC 55/23:** 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.	NHS Frimley Philip Kelley, Director of Improvement & Workforce (Primary Care) Development / Acting Director of UEC access, NHS Frimley. Frimley Health and Care ICS	1 March 2024	16 January 2024 25 January 2024 15 February 2024	Philip Kelley Contacted for an interim response. Waiting for confirmation from Cate Edwards (NHS Frimley) Response was received. Response was shared with the Committee.
7 December 2023	**Scrutiny of the Draft Budget 24/25 Draft Budget and MTFS to 28/29**	**AHSC 56/23:** Given the known trends for rising demand for services and rising costs, it is the view of the Select Committee that a major transformation				**Cabinet Response:** The new Adults, Wellbeing and Health Partnerships directorate is in the process of formulating a refreshed 3 to 5 year

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	[Item 5]	project is needed based around the objective set in Section 2 of the Care Act 2014 of “Preventing needs for care and support "by: Developing community-based approaches to keeping residents healthy and in their own homes. Reducing the overall market demand for high-cost care services by refocusing efforts on prevention. Maximising the use of Technology Enabled Care including making the service available Surrey-wide as soon as possible for both self-funders and				transformation programme, building on the strengths of the new Directorate, including the transition of Public Health to sit alongside Adult Social Care. There will be three key areas of focus: • The customer journey – to ensure the Council has the right workforce with the right skillsets to ensure SCC meet its duties under the Care Act. • Market shaping & commissioning – focused on developing a robust prevention and early intervention offer to keep people living independently in

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		Surrey funded service users.				their own home. In addition, that people with ongoing care and support needs have access to home based support that reduces the need for higher cost institutional care. Expanding the use of technology enabled care and ensuring effective support to carers will also be key areas of focus. • Partnerships & integration – focused on ensuring that together with partners we are maximising resources across organisations to deliver best outcomes for Surrey residents who rely on multiple organisations for support. The Directorate's transformation programme will sit alongside and complement joint programmes

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						being taken forwards with NHS Integrated Care Boards partners on older people / frailty, mental health and integrated commissioning. Cabinet is committed to supporting this essential transformation work and recognises that some time limited focused investment will be required to enable its successful delivery. This will be considered by Cabinet the early part of 2024 as part of finalising the business case for the Directorate's refreshed transformation programme and joint transformation with NHS partners.

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						A progress update item on the new transformation programme will be brought to the next Adults & Health Select Committee in March 2024.
7 December 2023	**Scrutiny of the Draft Budget 24/25 Draft Budget and MTFS to 28/29 [Item 5]**	**AHSC 57/23:** Recommends that the Cabinet Member for Health and Wellbeing and Public Health commits to work with Government and other agencies to raise the image of caring careers and the pay and salaries in the care industry.				**Cabinet Response:** The Cabinet Member for Health and Wellbeing and Public Health, together with Cabinet colleagues is committed to continually raising the profile of the Adult Social Care (ASC) industry and working with partners to understand and help address challenges faced in the care sector. An example of this was the creation of the £6m Workforce Innovation Fund in 2022/23 funded 50/50 by Surrey County Council and Surrey Heartlands Integrated Care Board which is investing in a range of

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						workforce projects to support resilience in the local ASC and NHS workforce. The Council has also funded a workforce programme, led by the Surrey Care Association, which includes the development of an accredited and portable Care Certificate qualification which is expected to bring benefits to providers in relation to recruitment and retention. Cabinet will continue to proactively work with Government and make the case for sustainable funding for the care sector, while recognising that the Council cannot dictate pay levels for independent businesses.

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7 December 2023	**Adult Safeguarding Update [Item 6]**	**AHSC 58/23:** The responsible officers in AWHP (SCC) to manage processes in line with capacity versus demand needs and monitor improvements in how operations will be more efficient. Analysing the demand and capacity will enable improvements to be made that smooths the flow of service users through the system and helps to create a better patient and staff experience of the healthcare process.	Adults, Health and Wellbeing Partnerships (AWHP) Sarah Kershaw Jon Lillistone Paul Richards		9 February 2024	Response request sent.
7 December 2023	**Adult Safeguarding Update [Item 6]**	**AHSC 59/23:** Implement the necessary processes which are needed to cope with demand to reflect the	Adults, Health and Wellbeing Partnerships (AWHP)		9 February 2024	Response request sent.

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		transformation work and help to improve the service.	Sarah Kershaw Jon Lillistone Paul Richards			
7 December 2023	**Adult Safeguarding Update [Item 6]**	**AHSC 60/23:** To review the Healthwatch reports and incorporate any learning into the Improvement Programme	Adults, Health and Wellbeing Partnerships (AWHP) Sarah Kershaw Jon Lillistone Paul Richards		9 February 2024	Response request sent.
7 December 2023	**Adult Safeguarding Update [Item 6]**	**AHSC 61/23:** Make it clear that SCC supports the protections given in employment law for whistleblowers and provide a simple easy to	Adults, Health and Wellbeing Partnerships (AWHP) Sarah Kershaw		9 February 2024	Response request sent.

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		access reporting route for them.	Jon Lillistone Paul Richards			
7 December 2023	**Adult Safeguarding Update [Item 6]**	**AHSC 62/23:** To organise a Members Briefing session on safeguarding and provide future training for Members around safeguarding.	Adults, Health and Wellbeing Partnerships (AWHP) ASC Chief Operating Officer (Liz Uliasz), Assistant Director- Adult Safeguarding (Luke Adams) and Member's Services Manager (Anna Miller) contacted.		5 January 2024 21 February 2024	Officers have been contacted for an update. Session on Adult Safeguarding is being planned for 18 March

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7 December 2023	**A New Hospital for Frimley Park Hospital [Item 7]**	**AHSC 63/23:** To ensure that consistent involvement is in place throughout the entirety of all planning stages.	Frimley Health NHS Foundation Trust Carol Deans, Director of Communications and Engagement Frimley Health NHS Foundation Trust Kishamer Sidhu, Chief Finance Officer & Executive Lead for New Hospital Emma Boswell, Director of Partnerships and Engagement		9 February 2024	Response Request Sent.

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7 December 2023	**A New Hospital for Frimley Park Hospital [Item 7]**	**AHSC 64/23:** To ensure that the caring and compassionate approach remains at the forefront of the patient experience in relation to the increase of health-related technologies in home environments. To be mindful that change can induce fear in vulnerable groups and to ensure the appropriate knowledge is provided regarding the motivations that influence the use of health-related technologies.	Frimley Health NHS Foundation Trust Carol Deans, Director of Communications and Engagement Frimley Health NHS Foundation Trust Kishamer Sidhu, Chief Finance Officer & Executive Lead for New Hospital Emma Boswell, Director of Partnerships and Engagement		9 February 2024	Response request sent.

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7 December 2023	**A New Hospital for Frimley Park Hospital [Item 7]**	**AHSC 65/23:** To ensure that local leaders are kept informed as per setting up a consultative or an advisory group amongst local interested leaders, and that this select committee is kept updated on key discussions/developments.	Frimley Health NHS Foundation Trust Carol Deans, Director of Communications and Engagement Frimley Health NHS Foundation Trust Kishamer Sidhu, Chief Finance Officer & Executive Lead for New Hospital Emma Boswell, Director of Partnerships and Engagement		9 February 2024	Interim response request sent.

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7 December 2023	**A New Hospital for Frimley Park Hospital [Item 7]**	**AHSC 66/23:** To ensure that the engagement is spread out widely and to engage with Primary Care Networks and local councillors for the area.	Frimley Health NHS Foundation Trust Frimley Park Hospital to attend the AHSC on 07 March 2024 and provide an update on progress.		9 February 2024	Interim response request sent.

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Actions

Date	Item	Action	Responsible Member/Officer	Deadline	Progress Check	Action response. Accepted/implemented
7 December 2023	**Scrutiny of 24/25 Draft Budget and MTFS to 28/29 [Item 5]**	Adults, Wellbeing and Health Partnerships to provide the Skills for Care data, that is split up geographically across Surrey on vacancies in the adults' social care sector (if possible)	AW&HP Sarah Kershaw	6 February	5 January 2024 7 January 2024	Sarah Kershaw & AW&HP contacted. PowerPoint from the Business Intelligence Team was received and shared with Committee Members.
7 December 2023	**Scrutiny of 24/25 Draft Budget and MTFS to 28/29 [Item 5]**	The Director for Integrated Commissioning (ASC) agreed to update the committee on communication	Director for Integrated Commissioning Jon Lillistone	6 February	5 January 2024 7 February 2024	Director of Integrated Commissioning contacted. Response was shared with the Committee.

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		with Surrey Care Associations concerning the announcement by the Home Secretary on migration and the possible impacts it will have on the care sector.				
7 December 2023	**Adult Safeguarding Update [Item 6]**	The Area Director, East & Mid Surrey to identify whether messaging around reporting safeguarding issues, such as in libraries, could be more robust in effectively reaching all	Area Director, East & Mid Surrey Paul Richards	6 February	5 January 2024 12 January 2024	Area Director, East & Mid Surrey Contacted Response was shared with the Committee.

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		communities across Surrey.				
7 December 2023	**Adult Safeguarding Update [Item 6]**	The Cabinet Member for Adult Social Care agreed to ensure that concerns raised by Healthwatch Surrey related to reports received concerning poor communication and delayed response times are reflected within the Improvement Plan.	Cabinet Member for Adult Social Care Sinead Mooney	6 February	5 January 2024 7 February 2024	Cabinet Member for Adult Social Care contacted. Response was shared with the Committee.

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7 December 2023	**Adult Safeguarding Update [Item 6]**	The Cabinet Member for Adults Social Care agreed to communicate with the adult social care service to reassure the committee that training undertaken by local area community officers on safeguarding is meeting the standards expected.	Cabinet Member for Adult Social Care Sinead Mooney	6 February	5 January 2024 7 February 2024	Cabinet Member for Adult Social Care contacted. Response was shared with the Committee.
7 December 2023	**Adult Safeguarding Update [Item 6]**	It was suggested that the Member Seminar Programme	Chief Operating Officer (ASC) Liz Uliasz	6 February	5 January 2024	The Chief Operating Officer (ASC) and Member Services Manager have been contacted.

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		should include a session on Adult Safeguarding.	Member Services Manager Anna Miller		21 February 2024	Session on Adult Safeguarding is being planned for 18 March.
7 December 2023	**A New Hospital for Frimley Park Hospital [Item 7]**	For future planning, Frimley Park Hospital to provide what a modern hospital room for patients should look like to meet contemporary standards.	Frimley Health NHS Foundation Trust Carol Deans, Director of Communications and Engagement Frimley Health NHS Foundation Trust Kishamer Sidhu, Chief Finance Officer & Executive Lead for New Hospital Emma Boswell, Director of	26 January	5 January 2024 17 January 2024	Frimley Health NHS Foundation Trust were contacted. Response was shared with the Committee.

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			Partnerships and Engagement			
7 December 2023	**A New Hospital for Frimley Park Hospital [Item 7]**	A Member suggested that Frimley Park take another look at their map to include Ash on it. The Director for Partnerships and Engagement agreed to revisit the map for accuracy purposes.	Frimley Health NHS Foundation Trust Carol Deans, Director of Communications and Engagement Frimley Health NHS Foundation Trust Kishamer Sidhu, Chief Finance Officer & Executive Lead for New Hospital Emma Boswell, Director of	26 January	5 January 2024 17 January 2024	Frimley Health NHS Foundation Trust were contacted. Response was shared with the committee.

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			Partnerships and Engagement			
7 December 2023	**A New Hospital for Frimley Park Hospital [Item 7]**	Frimley Park to return to the Committee with an update on progress on the plans for Frimley Park Hospital at	Frimley Health NHS Foundation Trust Carol Deans, Director of Communications	26 January	5 January 2024 17 January 2024	Frimley Health NHS Foundation Trust contacted. Response shared with the Committee.

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		its March 2024 meeting.	and Engagement Frimley Health NHS Foundation Trust Kishamer Sidhu, Chief Finance Officer & Executive Lead for New Hospital Emma Boswell, Director of Partnerships and Engagement			

Adults and Health Select Committee
Chairman: Trefor Hogg I Scrutiny Officer: Sally Baker I Democratic Services Assistant: Hannah Clark

Date of Meeting	Type of Scrutiny	Issue for Scrutiny	Purpose	Outcome	Relevant Organisational Priority	Cabinet Member/Lead Officer
10 May 2024	Process Scrutiny	**Discharge to Assess/ A&E attendances**	The Select Committee will scrutinise the details and focus on frequent visitors to A&E. High intensity A&E attendances account for a major depletion of resources.	The committee want to see that local communities can access resources before turning up at Emergency Departments helping to lessen the impact on A&E and seek reassurance that improvements to discharge to assess processes are ongoing with NHS England.	Empowering communities to thrive, tackling health inequality.	Mark Nuti, Cabinet Member for Adults and Health Sinead Mooney, Cabinet Member for Adult Social Care Jackie Raven, Associate Director, ICS Urgent Care (Surrey Heartlands ICS) Helen Wilshaw-Roberts, Strategic Partnerships Manager (Surrey Heartlands and Frimley)

	Scrutiny of Performance	**Mindworks** (Children's Mental Health Services) In conjunction with Members of the Children, Families, Lifelong Learning and Culture Select Committee.	The Committee will review evidence of the performance data against key metrics – number of referrals and the timeliness of assessments, the lessons learned and implemented as a result, how they are being managed, supporting children with unique needs.	Assurance that there is a plan to meet current unmet needs. Public review of data and trends related to the performance of the Alliance to identify improvements and areas for further work.	Empowering communities to thrive, tackling health inequality.	Mark Nuti, Cabinet Member for Adults and Health Fiona Davidson, CFLLC Chair DCS Rachael Wardell Helen Coombes, Executive Director for Adults, Health, and Wellbeing Sarah Kershaw, Strategic Director of Adults, Health, and Wellbeing. Hayley Connor, Director for Commissioning, (Children, Families, and Lifelong learning) Kerry Clarke, Children and Young People (CYP) - Head of Emotional, Mental Health & Wellbeing Commissioning

						The Neurodevelopmental Team from the Surrey Children's Emotional Wellbeing and Mental Health Alliance.
10 May 2024	Process Scrutiny	**Reshaped Adults, Wellbeing and Health Partnerships (AWHP)Transformation Programme** (AWHP – SCC)	The Select Committee will scrutinise the Adults, Wellbeing and Health Partnerships transformation change programme, reviewing the proposed projects.	The Select Committee will review the 3-5 year Adults, Wellbeing and Health Partnerships transformation change programme with a view to ensuring it aligns with the service's desired outcomes for Surrey residents.	Empowering communities to thrive, tackling health inequality.	Mark Nuti, Cabinet Member for Adults and Health Sinead Mooney, Cabinet Member for Adult Social Care Helen Coombes, Executive Director for Adults, Health, and Wellbeing Sarah Kershaw, Strategic Director of Adults, Health, and Wellbeing
10 May 2024	Scrutiny	**Adult Safeguarding** (AWHP – SCC)	The Select Committee will scrutinise the Adults, Wellbeing and Health Partnerships Improvement Plan.	The Select Committee will review the process improvements to Adult Safeguarding in light of reports received from Healthwatch Surrey.	Empowering communities to thrive, tackling health inequality.	Mark Nuti, Cabinet Member for Adults and Health Sinead Mooney, Cabinet Member for Adult Social Care Helen Coombes, Executive Director

						for Adults, Health, and Wellbeing Sarah Kershaw, Strategic Director of Adults, Health, and Wellbeing
10 October 2024	Process Scrutiny	**Cancer & Elective Care Backlogs** (TBC)	The Committee will review evidence to ensure that the increasing volume of diagnostic capacity now coming online is supporting the most pressured cancer pathways. The Committee wants to ensure that the NHS in Surrey continues to recover elective services inclusively and equitably. This will enable those in the community to thrive and will help to lessen the gaps of health inequalities.	The Committee want to review improvements and scrutinise the adjusted approaches to the outpatient system. To scrutinise the engagement between providers and patients and review the improvements to re-focus capacity towards new patients. The committee want to scrutinise improvements in the delivery of more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards and review developments for ICBs who must prioritise Community Diagnostic Centres (CDCs) and acute diagnostic capacity to reduce cancer backlogs and improve the faster diagnosis standard.	Empowering communities to thrive, tackling health inequality.	Mark Nuti, Cabinet Member for Adults and Health Sinead Mooney, Cabinet Member for Adult Social Care Ruth Hutchinson, Director of Public Health Helen Coombes, Executive Director for Adults, Health, and Wellbeing Sarah Kershaw, Strategic Director of Adults, Health, and Wellbeing

10 October 2024	Scrutiny	**Mental Health Investment Fund Mental Health Improvement Plan - Older People**	For the Committee to review Surrey Mental Health Investment Fund programs and scrutinise the improvements with funding and investment in the 'Key Neighbourhoods'. For the Committee to review the local place-based delivery and communities of identity and geography to understand what the data tells us from local community-based groups across Surrey about residents who experience the poorest health outcomes within communities of identity and geography.	Review of current data to ensure that the most urgent mental health needs are understood and understand what is being delivered within the county to support the most vulnerable people within the community. To encourage a better outlook for them, enabling them to improve their opportunities in life with support from the Fund. The Committee will also scrutinise the recovery of services following the impacts from COVID-19, to ensure a greater focus on reducing health inequalities so *no-one is left behind*.	Empowering communities to thrive, tackling health inequality.	Mark Nuti, Cabinet Member for Adults and Health Sinead Mooney, Cabinet Member for Adult Social Care Ruth Hutchison, Director of Public Health Helen Coombes, Executive Director for Adults, Health, and Wellbeing Sarah Kershaw, Strategic Director of Adults, Health, and Wellbeing.
4 December 2024	Overview	**Dementia Strategy** (ASC) (TBC)	The Committee to review the Dementia Strategic objectives against the current needs of Surrey residents, with a focus on ensuring sufficient preventative measures are being provided to reduce dementia as well as improve the dementia care pathway within the Surrey population, and to understand what	The committee will review data concerning priority groups and the associated risk factors for dementia concerning the socio-economic inequality within Surrey's 22 priority population areas	Empowering communities to thrive, tackling health inequality, growing a sustainable economy so everyone can benefit.	Mark Nuti, Cabinet Member for Adults and Health Sinead Mooney, Cabinet Member for Adult Social Care Ruth Hutchison, Director of Public Health Helen Coombes,

			developments have been implemented across Surrey			Executive Director for Adults, Health, and Wellbeing Sarah Kershaw, Strategic Director of Adults, Health, and Wellbeing.

Joint Committees					
Time scale of joint Committee	**Joint Committee name/structure:**	**Purpose**	**Outcome**	**Relevant organisational priority**	**Relevant Committee Members**
Ongoing	**South West London and Surrey Joint Health Overview and Scrutiny Committee**	The South West London and Surrey Joint Health Overview and Scrutiny Committee is a joint standing committee formed with representation from the London Borough of Croydon, the Royal Borough of Kingston, the London Borough of Merton, the London Borough of Richmond,	The Joint Committee's purpose is to respond to changes in the provision of health and consultations which affect more than one London Borough in the South West London area and/or Surrey.	Empowering communities, tackling health inequality	Trefor Hogg, Helyn Clack

		Surrey County Council, the London Borough of Sutton and the London Borough of Wandsworth.			
Ongoing	**South West London and Surrey Joint Health Overview and Scrutiny Committee – Improving Healthcare Together 2020-2030 Sub-Committee**	In June 2017, Improving Healthcare Together 2020-2030 was launched to review the delivery of acute services at Epsom and St Helier University Hospitals NHS Trust (ESTH). ESTH serves patients from across South West London and Surrey, so the Health Integration and Commissioning Select Committee (the predecessor to the Adults and Health Select Committee) joined colleagues from the London Borough of Merton and the London Borough of Sutton to review the Improving Healthcare Together Programme as it progresses.	A sub-committee of the South West London and Surrey Joint Health Overview and Scrutiny Committee has been established to scrutinise the Improving Healthcare Together 2020-2030 Programme as it develops.	Empowering communities, tackling health inequality	Trefor Hogg, Helyn Clack (substitute)

Ongoing	**Hampshire Together Joint Health Overview and Scrutiny Committee**	On 3 December 2020, the Hampshire Together Joint Health Overview and Scrutiny Committee, comprising representatives from Hampshire County Council and Southampton City Council, was established to review the Hampshire Together programme of work, and Surrey County Council was invited to attend meetings as a standing observer.	The Joint Committee is to scrutinise the Hampshire Together programme of work and associated changes in the provision of health services.	Empowering communities, tackling health inequality	Trefor Hogg, Carla Morson (substitute) David Lewis (observer at JHOSC)

Standing Items

- **Recommendations Tracker and Forward Work Programme:** Monitor Select Committee recommendations and requests, as well as its forward work programme.