

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 of 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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