

## NOTICE OF MEETING

<b>Meeting</b>	Health and Adult Social Care Select Committee
<b>Date and Time</b>	Tuesday, 5th March, 2024 at 10.00 am
<b>Place</b>	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
<b>Enquiries to</b>	members.services@hants.gov.uk

Carolyn Williamson FCPFA  
Chief Executive  
The Castle, Winchester SO23 8UJ

## FILMING AND BROADCAST NOTIFICATION

This meeting may be recorded and broadcast live on the County Council's website and available for repeat viewing, it may also be recorded and filmed by the press and public. Filming or recording is only permitted in the meeting room whilst the meeting is taking place so must stop when the meeting is either adjourned or closed. Filming is not permitted elsewhere in the building at any time. Please see the Filming Protocol available on the County Council's website.

## AGENDA

### 1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

Apologies received from Cllr Craig, Cllr Hiscox deputising.

### 2. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

**3. MINUTES OF PREVIOUS MEETING** (Pages 5 - 14)

To confirm the minutes of the previous meeting held on 16 January.

**4. DEPUTATIONS**

To receive any deputations notified under Standing Order 12.

**5. CHAIRMAN'S ANNOUNCEMENTS**

To receive any announcements the Chairman may wish to make.

**6. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES** (Pages 15 - 90)

To consider a report on issues brought to the attention of the Committee which impact upon the planning, provision and/or operation of health services within Hampshire, or the Hampshire population.

**7. FRIMLEY PARK - PROJECT UPDATE AND JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE** (Pages 91 - 174)

To receive an update on progress from Frimley ICB/Frimley Park NHS FT and to review draft terms of reference for a Joint Health Overview & Scrutiny Committee

**8. AUTISM SERVICES COMMISSIONING FOR ADULTS (REFERENCE FROM CHILDREN & YOUNG PEOPLE'S OVERVIEW & SCRUTINY COMMITTEE)** (Pages 175 - 180)

To respond to a request from Children & Young People's Overview & Scrutiny Committee to discuss the service provided to adults.

**9. WORK PROGRAMME** (Pages 181 - 192)

To consider and approve the Health and Adult Social Care Select Committee Work Programme.

**ABOUT THIS AGENDA:**

**On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.**

**ABOUT THIS MEETING:**

**The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk) for assistance.**

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

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# Agenda Item 3

AT A MEETING of the Health and Adult Social Care Select Committee of  
HAMPSHIRE COUNTY COUNCIL held at the Castle, Winchester on Tuesday,  
16th January, 2024

Chairman:

\* Councillor Bill Withers Lt Col (Retd)

- |                               |                               |
|-------------------------------|-------------------------------|
| * Councillor Ann Briggs       | * Councillor Andrew Joy       |
| * Councillor Jackie Branson   | * Councillor Lesley Meenaghan |
| * Councillor Pamela Bryant    | * Councillor Phil North       |
| * Councillor Graham Burgess   | * Councillor Kim Taylor       |
| Councillor Tonia Craig        | * Councillor Andy Tree        |
| Councillor Debbie Curnow-Ford | * Councillor Michael Ford     |
| * Councillor Alan Dowden      | * Councillor Dominic Hiscock  |
| * Councillor David Harrison   |                               |
| * Councillor Marge Harvey     |                               |
| * Councillor Wayne Irish      |                               |
| * Councillor Adam Jackman     |                               |

\* present

## 158. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Curnow-Ford and Craig with Councillors Ford and Hiscock deputising. Co-opted member Cllr Garton gave her apologies.

## 159. DECLARATIONS OF INTEREST

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore, all Members with a Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

## 160. MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Committee held on 21 November 2023 were agreed as a correct record.

## 161. CHAIRMAN'S ANNOUNCEMENTS

Cllr Withers highlighted the following:

**Winter illness** - In recent weeks winter infections data had shown a mixed picture, though there were very early signs that cases of flu and COVID-19, as well as another winter virus called RSV, might be decreasing in the South-east region. Vigilance was required, however, as an increasing trend in these infections continued to be seen at national level. There were also signals that the recent yellow and amber cold weather alerts had had an impact on healthcare service demand. The cold weather had the potential to impact the whole population, both young and old. There was particular risk to those aged 65+ and some other vulnerable groups, such as those sleeping rough and those with long-term health conditions, including respiratory and cardiovascular conditions.

**Changes to Health Scrutiny powers** – Local authorities' powers of referral to the Secretary of State had been removed. Instead of the referral power, health overview scrutiny committees and other interested parties could write to request (via a call-in request form) that the Secretary of State consider calling in a proposal. DHSC expects requests only to be used in exceptional situations where local resolution had not been reached. Such a request would then be considered as set out in the statutory guidance.

**Portsmouth Medical School** – it was pleasing to see the announcement last month that Portsmouth University was going to be training doctors locally.

**Autism and dementia training** - There were two very informative presentations at the December member briefing session that were discussed at this Committee and at Children's Services Select Committee on autism and dementia.

**Joint Health Overview & Scrutiny Committee for Frimley Park** – the Chairman updated the Committee on the proposals for a new hospital. It was agreed that the Council would appoint members to a Joint Committee.

## 162. DEPUTATIONS

The Chairman set out the context for the deputation and agenda item 6/minute 163 – the proposed changes include, three new builds, three major refurbishments, seven residential home closures, closures of three further standard residential services and the closure of the Solent Mead Day Service.

The Cabinet had approved, in principle, the proposed investment programme that covers the different elements at its meeting of 18 July 2023, subject to the public consultation.

He called on Anita Barry and Amber Channon to make their deputation in relation to item 6 on the agenda – HCC Care Older Adults Portfolio – Proposed Service Changes.

The deputation was received and the Chairman thanked the speakers.

**163. HCC CARE OLDER ADULTS PORTFOLIO - PROPOSED SERVICE CHANGES**

The Committee received an overarching report (item 6 in the minute book) from the Director of Adults' Health and Care setting out: (i) the report of the HCC Care Proposals Working Group and (ii) the Draft report from the Director of Adults' Health and Care for the Executive Lead Member for Adult Social Care and Public Health's Decision Day on 8 February. The Insight and Engagement report initially received and reviewed by the Care Homes Working Group was set out in full.

Having previously summarised the context for this item in minute 162 above, the Chairman invited Cllr A Briggs as Chairman of the cross-party HCC Care Proposals Working Group to present its findings.

Cllr Briggs outlined the composition and purpose of the cross-party working group, which was to oversee the public consultation, analyse its results and make recommendations to the Committee.

Cllr Briggs confirmed that the cross-party Member Working Group had met 8 times and had worked diligently throughout recognising the significance of the closure proposals that the public consultation was based on.

Cllr Briggs outlined how the final 4 meetings from the beginning of December 2023, had been dedicated to reviewing the consultation outcomes and working with officers, including making requests of them, in response to the main issues raised.

Cllr Briggs described how the Members of the Working Group had visited 4 HCC Care homes as part of their time together. This enabled Members to see how different homes operate and allowed Members to speak openly and informally with residents, with staff and with the Registered Managers of the homes.

Cllr Briggs also confirmed that all Members of HASC had been given the opportunity to visit the Care Homes and that some had taken up the offer.

Cllr Briggs described how the Care Home visits to Bishops Waltham House and to Emsworth House had highlighted several limitations at the 2 homes, including struggles for staff in going about their everyday business and the difficulties in terms of being able to treat residents in a dignified manner.

Cllr Briggs outlined some of the limitations witnessed including the cramped conditions, personal space that is inadequate, that doesn't meet Care Quality Commission floorspace standards, narrow/tight corridors, the lack of storage space and the difficulties involved in using and storing equipment.

The lack of personal dignity was of real concern to all Members of the Working Group, with the lack of toilets in residents' rooms, and the need for commodes.

All Members of the Working Group were concerned by what they witnessed, especially the lack of personal dignity at the 2 homes and were all agreed that continuing to operate with current provision where buildings and layouts are increasingly not fit for purpose, should not be endorsed.

The Chairman introduced a “virtual visit” video that portrayed the above factors in two of the homes. It also showed more modern HCC Care Nursing home environments, albeit at homes with different layouts, where personal space and the home layouts are more modern and in line with Care Quality Commission standards.

Cllr Briggs then summarised the findings of the consultation in relation to the care homes and services that are proposed to close. Cllr Briggs confirmed that the Working Group report covered in detail the points she would make but wanted all HASC Members and those present at the meeting to understand the main points that came from the consultation process.

Cllr Briggs confirmed that 724 official consultation responses were received and that in addition a number of unofficial responses through direct letter or from informal sessions held by HCC Care senior managers with residents, their families and with staff, had also complemented the main consultation response findings.

Cllr Briggs reminded everyone that the papers for the meeting included the full consultation outcomes report produced by the Corporate Insight and Engagement team.

Cllr Briggs outlined how the responses received had largely come from 4 main groupings:

- Residents/their families/their representatives
- Staff and/or volunteers
- Those living near to the homes/services being consulted on
- Other interested parties including organisations and democratically elected representatives

Cllr Briggs confirmed that there was higher level of support than there was disagreement for 3 of the 4 proposal categories: namely the immediate closure of Copper Beeches and Cranleigh Paddock, the proposed modifications and expansions of Emsworth House, Oakridge House and Ticehurst, and the proposed closure and replacement of Malmesbury Lawn and Westholme.

Cllr Briggs highlighted that the remaining closure proposal category – the proposed closures of Bishops Waltham House, Green Meadows, and Solent Mead within 6-12 months of the Executive Lead Member decision, was strongly publicly opposed. Cllr Briggs also confirmed that petitions had also been received opposing the closure of Bishops Waltham House and Green Meadows and that a petition in respect of Solent Mead was expected to be submitted to the Council ahead of the Executive Lead Member decision day.

Cllr Briggs confirmed that the main issues raised from the consultation, especially from residents and their families, related to the uncertainty that they



were feeling because of the closure proposals. This covered the availability of alternative provision, worries about whether residents would be visited if they moved, how a change to a different care home would impact financially and what support would be received from HCC staff, including professional Social Workers.

Cllr Briggs carefully covered each of the above points and demonstrated that plentiful alternative care provision does exist within 10 miles of each of the homes, and that a good number of the available homes are currently being accessed by the Adults, Health, and Care Directorate in support of the clients that they are responsible for, but for whom are cared for by the independent sector.

Cllr Briggs outlined visitor information that confirmed that nearly all existing residents at the 3 homes are visited by family and/or representatives that access the homes by car.

Cllr Briggs also highlighted just how dynamic the residential and nursing service area is and explained that HCC Care and Social Workers are highly experienced when it comes to meeting constantly changing care needs and supporting residents to move to alternative care settings wherever required. It was explained that this is very part of daily working and that it is testament to how well residents are looked after and supported in a very person-centred way, that a lot of the work performed daily is not better understood.

Cllr Briggs referenced other aspects of the consultation findings before the Chairman concluded the report presentation and invited Members of the Working Group and then wider HASC Members to make any observations and/or to raise questions for the officers who were present to answer.

Following contributions and/or questions from most HASC Members who were present, the recommendations to the HASC Committee from the Working Group as set out in the report (and listed below) were passed unanimously.

That the Committee:

- a) Acknowledge that a robust cross-party Working Group process, Chaired by Councillor Briggs, and consisting of 9 HASC Members, has been in operation since it was established at the end of July 2023.
- b) Note that Member Working Group participation was strong, regular, and consistent throughout the 5-6 month period and that eight Working Group meetings took place in total, including four meetings from early December following receipt of the findings from the public consultation.
- c) Note that, in addition to the Working Group meetings, Members of the Working Group visited four HCC Care homes to better understand the operating conditions and variability of the current service offer, and to help 'bring to life' the drivers for the Cabinet approved investment plans and specifically the closure proposals that the public were being consulted on.

d) Note that the Working Group witnessed the limitations of existing HCC Care settings and approved a Care Homes video to be produced and to be shared with the wider HASC and public at today's meeting.

e) Note that the Working Group, having carefully considered and debated a wealth of information including from the public consultation findings, support the proposals being taken forward to the Executive Lead Member's February meeting, acknowledging that the final report will also include the main points that result from today's HASC meeting.

f) Note, that in supporting the proposals on which the public consultation was based the Member Working Group back the HCC Care investment plans agreed to in principle by Cabinet, recognising that additional beds in more fit for the future homes will help the County Council to better meet the future requirements of Older Adults, especially those with complex needs.

g) Note, that the nine strong Member Working Group individually support:

1. the permanent closure of Copper Beeches and Cranleigh Paddock Residential Care Homes,
2. the closure of Bishops Waltham House, Green Meadows, and Solent Mead (including the Day Service) Residential Care Homes,
3. the cessation of residential care provision at Oakridge House, Ticehurst and Emsworth House as part of the plans to modernise and expand these Homes,
4. the closure of Malmesbury Lawn and Westholme on the completion of the proposed new builds at Oak Park and Cornerways.

h) Specifically recommend to the Executive Lead Member that if she does approve the HCC Care home closure proposals at her 8 February Decision Day, and to minimise future impact for the homes that will cease providing standard residential services, that the 6 homes in question (2 and 3) above, stop admitting new clients with immediate effect.

RESOLVED that the recommendations of the Working Group be accepted in full.

Following a short break, the Committee then reviewed the Draft officer report for the Executive Lead Member for Adult Social Care and Public Health's Decision Day on 8 February. It was noted that this was due to be published on 31 January.

Following a brief introduction from the Deputy Director of Adults' Health, and Care, the Committee agreed that there were no comments on the Draft report of the Officer that it wished to bring to the attention of the Executive Lead Member and after securing clarity and requesting a minor wording amendment to the final

recommendation in the report, Members of HASC confirmed their individual support for each of the recommendations contained within the Draft Executive Lead Member Report.

164. **ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES**

The Committee received a report (item 7 in the minute book) setting out updates from NHS partners on the following matters:

- Maternity – CQC presentation
- Winter plan update (including presentation slides from South Central Ambulance)
- Primary Care Access
- Strategic Update on primary care networks
- Whitehill and Bordon Health Hub

**Maternity**

The Chairman welcomed Julie Dawes and Liz McLeod from Hampshire Hospitals and Margaret Beattie from Hampshire & IoW ICB to address the circulated slides. The slides summarised progress against a number of areas addressed by Care Quality Commission actions, safe staffing and listening to patients and staff.

It was noted that the Trust's exit from the national programme of support was due to be considered by the National Quality Board. In relation to questions about supporting staff with incidents and claims, the National Patient Safety Response Framework was being implemented which promoted a just learning culture. The issue did not feature strongly in exit interviews.

Communication was the most frequently occurring complaint theme. The process for handling hospital complaints and concerns was discussed.

**Winter pressures**

The Chairman welcomed Sara Tiller from the Hampshire & IoW ICB, Paul Jefferies from South Central Ambulance, Paula Anderson from Southern Health and Julie Dawes remained for this item.

The principal components of the winter plan were described, including keeping people safe at home and effecting the discharge of patients who were deemed no longer to meet the criteria to reside in hospital. There had been some increased in discharge capacity which had helped to improve length of stay but it remained a challenge to discharge patients in a timely manner. Provider trusts monitored re-admissions. Discharge of patients with complex needs remained complex to manage effectively across multiple agencies; all agencies had a stake in the discharge process.

In relation to ambulance activity, the following principal points were noted:

- Category 2 calls made up c55% of calls; category 1 was 6-9%
- Ambulance delays at hospitals were a factor in a busy winter season
- The ambulance trusts deployed Hospital Ambulance Liaison Officers to help manage flow
- Patients were cared for in ambulances while awaiting transfer to hospital
- Retention of staff was improving and the Trust had a range of support and incentives

More detailed, comparative data on handover delays was requested for the March meeting of the Committee.

### **Primary Care and Primary Care Networks**

The Chairman welcomed Martyn Rogers to support this item, which was led by Sara Tiller. The Primary care Recovery Plan, described in the report, was highlighted.

Challenges around primary care access in the Basingstoke area were highlighted by Cllr Taylor. She described a range of long-standing issues about improving GP access and problems with the effectiveness of the patient participation groups in the locality and whether registered patients were allowed to join.

It was noted that GPs submitted an annual report to the ICB about the complaints they had handled.

It was agreed to return to the topic of GP access with more information at a future meeting.

### **Whitehill & Bordon Health Hub**

The Chairman welcomed Lisa Medway from the Hampshire & IoW ICB who supported Sara Tiller in the delivery of this update. It was noted that that the public consultation on this proposal was completed and detailed designs were being progressed and a planning application submitted. Two key provider prospective tenants had agreed to take occupancy.

It was confirmed that the opening of the new hub did not itself entail the closure of The Chase Community Hospital. Although only 25% utilised, services based at The Chase would need to be relocated before closure of the site was contemplated. The plan was to move services from The Chase to the new Health Hub when completed.

It was suggested that the ICB could produce some literature setting out the plans in this regard to inform local people of the plans.

RESOLVED

The updates were noted by the Select Committee

165. **CAPITAL PROGRAMME FOR 2024/25 TO 2026/27**

The Committee received a report (agenda item 8 in the minute book) to pre-scrutinise the proposals for the Capital programme for 2024/25, 2025/26 and 2026/27 ahead of the Decision Day of Executive Lead Member for Adult Social Care and Public Health.

The slides showed a proposed capital programme for 2024/25 of £187,733k.

**RESOLVED**

The recommendations proposed to the Executive Lead Member for Adult Social Care and Public Health in of the attached report were supported by the Select Committee.

166. **2024/25 REVENUE BUDGET REPORT FOR ADULTS' HEALTH AND CARE**

The Committee received a report (agenda item 9 in the minute book) the Health and Adult Social Care Select Committee to pre-scrutinise the proposals for the 2024/25 budget for Adults Health and Care ahead of the Decision Day of Executive Lead Member for Adult Social Care and Public Health.

The slides highlighted the local government finance settlement for 2024/25 which would leave the Council with a with a predicted gap of at least £86m. The budget for adults' social care was expected to be £584,760k and £56,187k for public health.

There was a savings requirement of £5m for achieve in 2024/25. The local government pay award had not been factored in and the National Living Wage had been increased. Other pressures arose from inflation, and the support needs for people over 65 years being discharged from hospital. However, it was confirmed that no new savings were being presented today.

As some members felt unable to support the revenue budget, the Chairman called a vote.

**RESOLVED**

The recommendations proposed to the Executive Lead Member for Adult Social Care and Public Health in of the attached report were supported by the Select Committee.

167. **SAVINGS PROGRAMME 2025 (SP25) UPDATE**

Following approval at the 21<sup>st</sup> November 2023 meeting, a Task and Finish Working Group was established in order to assist the Adults' Health and Care Directorate with the decision-making process in respect of its SP25 proposals and the associated Stage 2 Consultations. The agreed purpose of the Working Group was to oversee and scrutinise the approach and outcomes of the Stage 2 Consultation relating to the adult social care grants programme for voluntary, community and social enterprise organisations, the withdrawal of all funding for

non-statutory Homelessness Support Services and proposals relating to changes to the way in which contributions towards non-residential social care costs are calculated.

The Working Group met for the first time on 14 December and were provided an overview of the approach being taken for the consultation, including the engagement being undertaken corporately, as well as the additional tailored engagement with potentially impacted stakeholders for each AHC proposal. The Working Group were also provided with the proposed mitigations if the decision were to be made to approve these proposals.

The Future Services public formal Consultation was launched on 8 January and runs for 12 weeks, concluding on 31 March 2024. The Working Group will meet again on 7<sup>th</sup> February with a further two meetings currently planned.

168. **WORK PROGRAMME**

The Committee received the updated Work Programme (agenda item 11 in the minute book) for information.

The Chairman requested an update on Continuing Health Care for the next meeting.

**RESOLVED**

The Health and Adult Social Care Select Committee discussed and agreed potential items for the work programme to be prioritised and allocated by the Chairman of the Health and Adult Social Care Select Committee in consultation with the Director of Adult's Health and Care.

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Chairman,

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	5 March 2024
<b>Title:</b>	Issues Relating to the Planning, Provision and/or Operation of Health Services
<b>Report From:</b>	Director of People and Organisation

**Contact name:** Democratic and Member Services

**Tel:** 0370 779 8917

**Email:** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

#### Purpose of this Report

1. This report provides Members with information about the issues brought to the attention of the Committee which impact upon the planning, provision and/or operation of health services within Hampshire, or the Hampshire population.
2. Where appropriate, comments have been included and copies of briefings or other information attached. Where scrutiny identifies that the issue raised for the Committee's attention will result in a variation to a health service, this topic will be considered as part of a 'Proposals to Vary Health Services' report.
3. Issues covered in this report:

Proposal to create an Elective Hub – Hampshire Hospitals

Performance of NHS 111

Ambulance emergency handover performance

GP Access and Patient Participation

#### Recommendation

To note the updates provided.

#### Scrutiny Powers

4. The Health and Adult Social Care Select Committee has the remit within the Hampshire County Council Constitution for 'Scrutiny of the provision and operation of health services in Hampshire'. Health scrutiny is a fundamental way by which democratically elected local councillors are able to voice the views of their constituents and hold relevant NHS bodies and relevant health service providers to account. The primary aim of health scrutiny is to act as a lever to improve the health of local people, ensuring their needs are considered as an integral part of the commissioning, delivery and development of health services.

- 5 The Committee has a role to 'review and scrutinise any matter relating to the planning, provision and operation of the health service in Hampshire'. Health scrutiny functions are not there to deal with individual complaints, but they can use information to get an impression of services overall and to question commissioners and providers about patterns and trends. Health scrutiny can request information from relevant NHS bodies and relevant health service providers, and may seek information from additional sources, for example local Healthwatch.
- 6 The Committee has the power 'to make reports and recommendations to relevant NHS bodies and to relevant health service providers on any matter that it has reviewed or scrutinised'. To be most effective, recommendations should be evidence based, constructive, and have a clear link to improving the delivery and development of health services. The Committee should avoid duplicating activity undertaken elsewhere in the health system e.g., the work of regulators.

### **Finance**

- 7 Financial implications will be covered within the briefings provided by the NHS appended to this report, where relevant.

### **Performance**

- 8 Performance information will be covered within the briefings provided by the NHS appended to this report where relevant.

### **Consultation and Equalities**

- 9 Details of any consultation and equalities considerations will be covered within the briefings provided by the NHS appended to this report where relevant.

### **Climate Change Impact Assessment**

- 10 Consideration should be given to any climate change impacts where relevant.



**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	no
<b>People in Hampshire live safe, healthy and independent lives:</b>	yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	no
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	no

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
Review of HASC Work Programme	September 2023
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>
The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations	2013

**Section 100 D - Local Government Act 1972 - background documents**

**The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)**

<u>Document</u>	<u>Location</u>
None	

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

This is a covering report for items from the NHS that require the attention of the HASC. It does not therefore make any proposals which will impact on groups with protected characteristics.



## **Hampshire and Isle of Wight Elective Hub Update Briefing**

### **1. Current update on progress**

In the beginning of 2022 Hampshire and Isle of Wight (HIOW) NHS leaders came together and agreed that the construction of a new dedicated 'elective Hub' was the best approach to address the backlog waiting list created by the COVID-19 pandemic.

Since then, the programme has been developing these proposals and in June 2023 NHS England approved the Business Cases to build both the HIOW Orthopaedic Elective Hub and at the same time the Hampshire Hospitals new Orthopaedic Outpatient Facility on the Royal Hampshire County Hospital site in Winchester.

The design of both projects has progressed and the tenders for the works have been returned and were within the affordability envelope. On 15 February, the Board of Hampshire Hospitals NHS Foundation Trust approved moving into the construction phase of the programme.

### **2. Elective Hub proposal**

The Hub will contain two lamina flow theatres and a twenty-eight bedded ward with associated facilities. The unit will be built within the existing Burrell Wing at the Royal Hampshire County Hospital. It will have a separate entrance and will be ringfenced solely for the purpose of treating elective orthopaedic patients requiring arthroplasty procedures (hip and knee replacements).

The Hub will initially be shared by both Hampshire Hospitals NHS Foundation Trust and University Hospital Southampton NHS Foundation Trust, who will offer patients referred to their hospitals who meet the criteria the choice of having their procedures within the Hub or at their home trust site. Both the Isle of Wight NHS Trust and Portsmouth University Hospitals NHS Trust have opted, at this time, not to deliver any additional operating from the Hub. However, the Hub can provide additional capacity to both Trusts in the future should they require.

The Hub will operate six days a week, with inpatient facilities operating over seven days, accommodating weekends and extended weekdays to maximise the capacity available.

The Hub will deliver approximately 2,400 procedures each year. Patients will be referred by their GP to their home Trust. If a patient is identified as requiring an elective procedure and meet the criteria for the Hub, they will be offered the choice to be treated at the facility. Patients who choose to have their procedure undertaken at the Hub will have their initial pre-assessment undertaken within their home Trust with the final stages being managed by the Hub. To ensure continuity of care, consultants from the current acute trusts (Hampshire Hospitals and University Hospitals Southampton) will operate on their patients at the Hub. In approximately 90% of the cases this final element of pre-assessment will be undertaken remotely, and any x-rays or scans needed can be provided at the patient's nearest diagnostic centre.

Following their procedure, any follow up required will be undertaken by the patient's originating home Trust.

National best practice in arthroplasty shows that for many patients it is now possible to have a hip or knee replacement undertaken using local anaesthetic and in doing so commence rehabilitation within hours of the operation, enabling patients to be seen, treated and discharged on the same day. The aim of the Hub is to provide this best practice to enable some patients to be treated on the day.



Planning and design work is well underway, and the programme is collaborating with the contractor Integrated Health Projects (IHP) and AD Architects to develop the building specification. The plans involve refurbishing a floor within Burrell Building to create two theatres and the associated inpatient facilities. The diagram below sets out the proposed Hub floor plan:

1:200 LAYOUT - BURRELL WING BUILDING - LEVEL C  
THEATRES & WARDS



### 5. Hampshire Hospitals' new orthopaedic outpatient facility

At the same time as developing the plans for the new elective Hub as outlined above, Hampshire Hospitals will also build a new outpatient facility specifically for orthopaedics. The new outpatient facility will be located adjacent to the Florence Portal Building on the Royal Hampshire County Hospital site in Winchester (see plan below). Planning permission for the new facility has been granted by Winchester City Council.



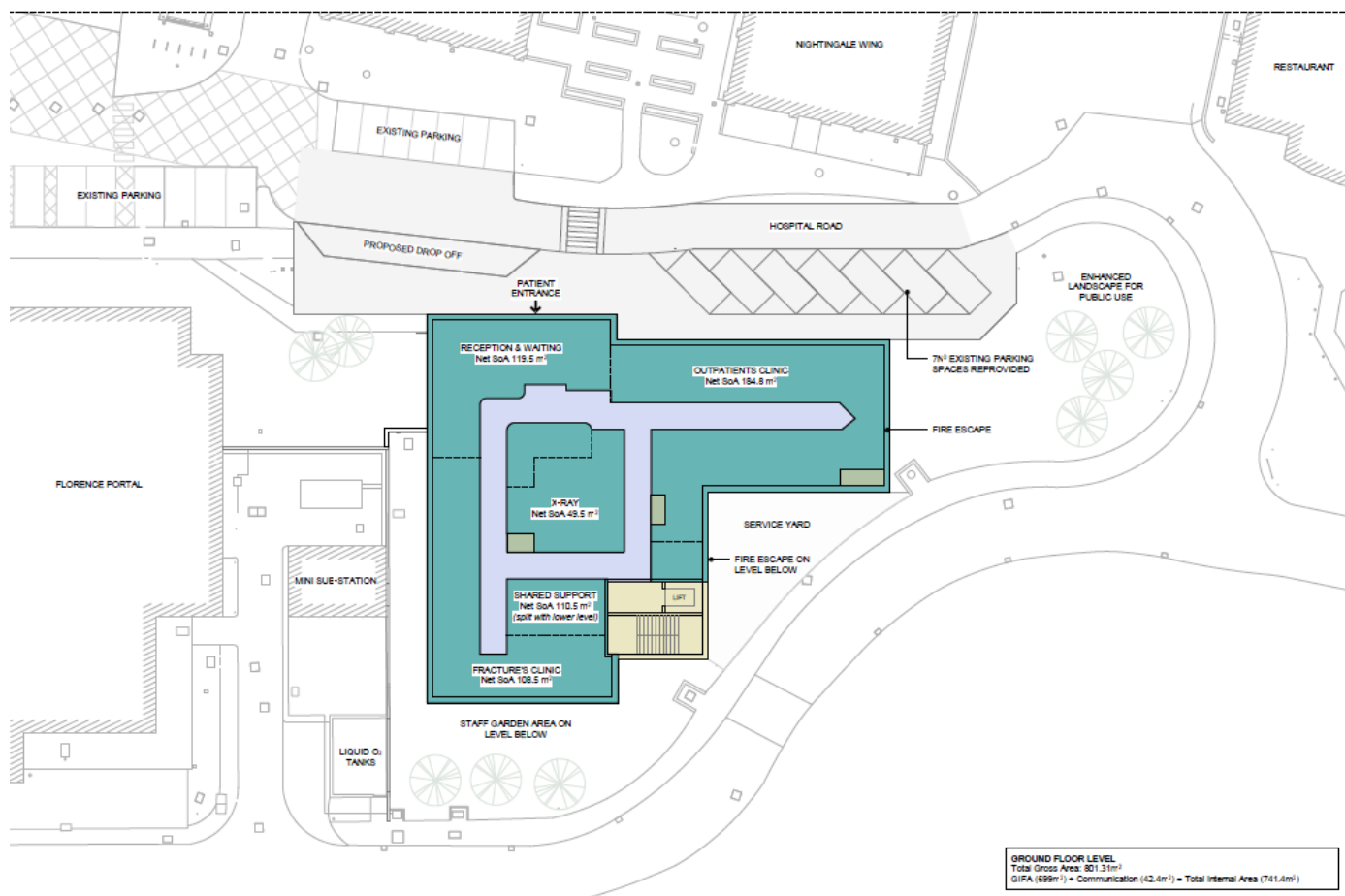
A key rate-limiting step to the current orthopaedic service in Winchester is that the facility has a maximum of five outpatient rooms to undertake both elective and non-elective activity. The new department will provide eight outpatient rooms; a co-located plain film x-ray service with an adjacent treatment room and four fracture clinic assessment booths with an adjacent two bay plaster room.

The new facility will meet the forecast growth in elective and non-elective demand for orthopaedic services, enable implementation of a 'one-stop' patient pathway approach and reduce patients' first appointment waiting time.

Activities delivered in the Orthopaedic Outpatient Facility will include:

- specialist advice and support, clinical consultation, diagnosis, and treatment planning and delivery for orthopaedic patients
- therapy consultation, diagnosis and treatment in conjunction with a multi-disciplinary allied health team, including physiotherapy, occupational therapy and dietetics
- application and removal of plaster casts

The location of the new outpatient facility on the Royal Hampshire Hospital Site in Winchester is shown below:



1 500 PROPOSED GROUND LEVEL - OPD BUILDING 1.500  
1:200



The floor plan for the new Orthopaedic Outpatient Facility is set out below:

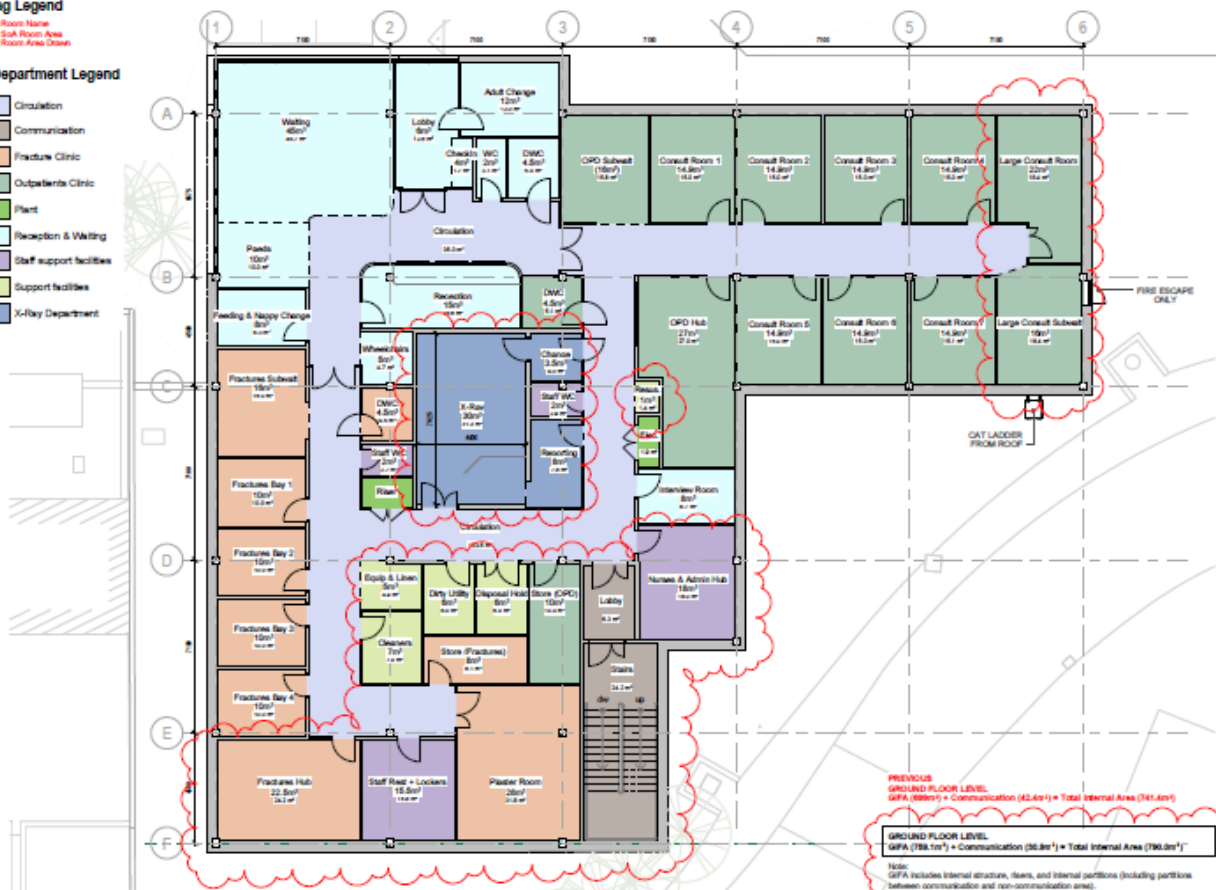
1:200 LAYOUT - ORTHOPAEDIC OUTPATIENT DEPARTMENT

Room Tag Legend

Staff Room - Room Name  
 12 m<sup>2</sup> - S&A Room Area  
 11.5m<sup>2</sup> - Room Area Drawn

Department Legend

- Circulation
- Communication
- Fracture Clinic
- Outpatients Clinic
- Plant
- Reception & Waiting
- Staff support facilities
- Support facilities
- X-Ray Department

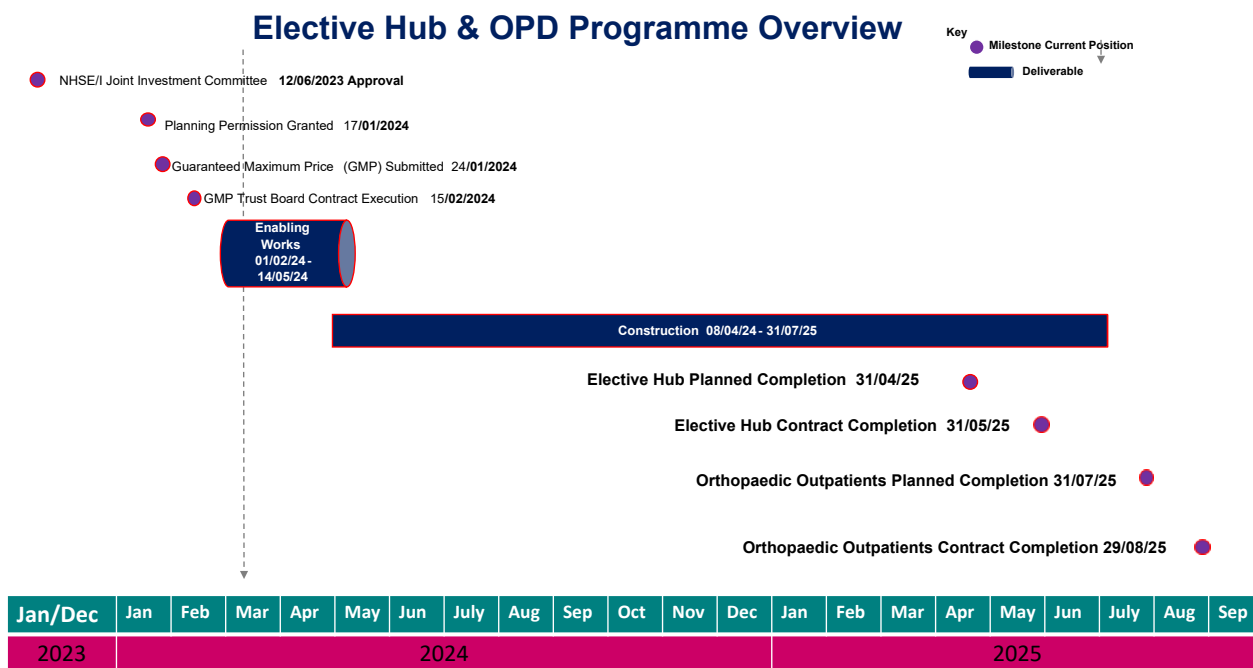


1 L\_01 - Level 01/ Ground Level Plan  
 1: 100



### 3. Programme timeline

Now that approval has been given by the Trust Board, the programme can move into the construction phase of the programme with the following timetable:



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# Engaging with our communities

An overview of our work, what it told us and what we are doing in response



**Frimley Health and Care ICS has a strong reputation for working with people and communities, built on trust and long standing partnership work with a wide range of stakeholders. The ICB recognises that insight underpins and supports transformation. Delivery models are changing, and public involvement is essential. We understand the benefits of tried and tested engagement methods such as patient participation groups but we also realise that new methods of engagement are needed if we want to hear from more of our patients. We are committed to being an organisation that delivers the best possible health and wellbeing outcomes for people who live within our local communities. This means adapting to new ways of working, ensuring a local focus but with the additional benefits of support, sharing good practice and learning across our system.**

There are clear benefits to working in partnership with people and communities. It means better decisions about service changes and how money is spent. It reduces risks of legal challenges and improves safety, experience and performance. It helps address health inequalities by understanding communities' needs and developing solutions with them. It is about shaping a sustainable future for the NHS that meets people's needs and aspirations.

Working in Partnership with People and Communities: Statutory Guidance, NHS England, July 2022

What we're aiming for

Meaningful, consistent and timely involvement with local people and communities. Ensuring equality, diversity and inclusion is at the heart of thinking, planning and delivery.

Working in partnership with patients, carers, families and local people within their own communities brings a different perspective to our understanding and can challenge our view of how we think services are received and should be delivered in the future.

Why we believe in this

# Join the conversation - Our model

Our ambition is to build a different relationship with our communities and residents, harnessing existing strengths and community assets, local voices and services, to co-create targeted and tailored solutions

Consistently developing and sustaining partnerships with our key stakeholders allows for shared ownership, strengthened messaging, reduced duplication and more efficient working

Our Innovation Fund gives local people and organisations the chance to receive support and funding for new ideas and projects that can support health and wellbeing in our communities



We work to ensure we are accessible and inclusive in our communication, recognising the need to meet the needs of our diverse communities

Our Insight and Involvement Portal enables the public to discover opportunities for involvement and share insight on a wide range of issues

Meetings in public provide an opportunity to ask questions and hear directly from our system leaders as well as the chance to influence health and care priorities together

Our ambition is to co-design an alliance that will ensure the VCSE sector is realised as a strategic and delivery partner to support the reduction of health inequalities and transform health and care services for local people.



# How we work (some examples)

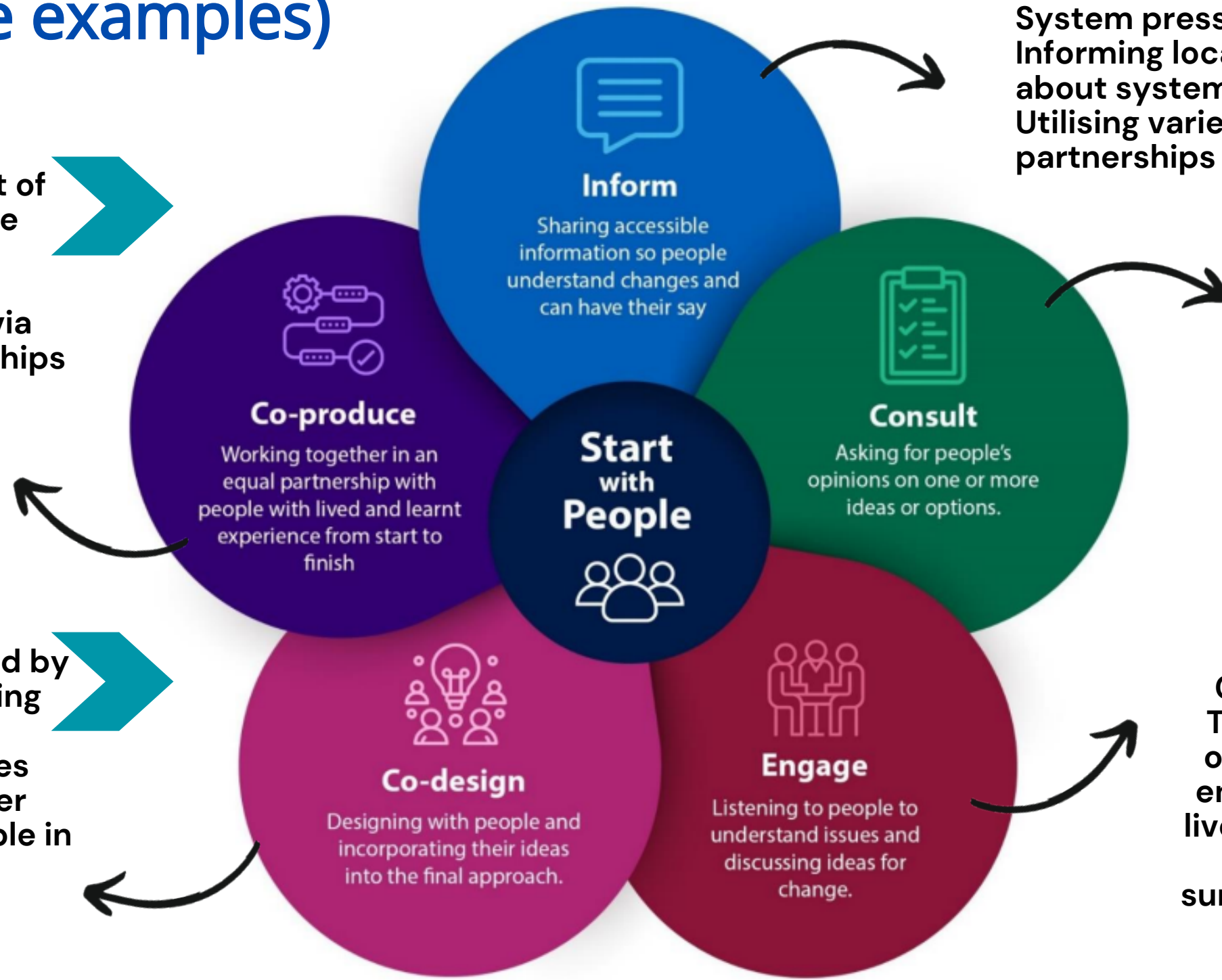


**Communications assets:**  
Continuous process of involvement of local people and stakeholders in the development of new messages, materials and approaches. Testing messages, sharing drafts, surveys via our Community Panel and partnerships with Healthwatch, VCSE and Local Authorities all support our ongoing asset development.

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**Farnham Health Inequalities:**  
Partners across Farnham, convened by a Primary Care Network and including local health, social care, voluntary sector, Councils, community centres and police, all joined forces to better understand the needs of local people in Farnham.

Image from 'Guidance on working in partnership with people and communities' (NHSE, 4th Jul 2022)



**System pressures:**  
Informing local people and communities about system pressures over Winter. Utilising varied approaches, stakeholder partnerships and accessible materials.

**Enhanced Access in Primary Care:**  
To support decision making around enhanced access offers in Primary Care we developed a survey template which could be tailored to each PCN. Over 20,000 responses were captured and shared at PCN and Practice level to support the planning process.

**Chronic Pain Pathway redesign:**  
To support this work a programme of engagement was established to ensure input from local people with lived experience of chronic pain. This work included focus Groups, surveys and patient representation in task and finish groups.

**We are committed to starting with people and working to best practice for involving our communities and recognising the right mix of approaches for our varied work.**

# Refreshing our Online Community Panel

The Frimley Health and Care Online Community Panel is one way of ensuring local people and communities are at the heart of our decision making.



### Share your views

- Tell us what you think about local health and care services
- Help us test our assumptions
- Share your ideas for improvements
- Tell us what works and what doesn't



### Stay informed

- Keep up to date with local health and care news
- Learn more about local services
- Feel informed to share important news with friends and family



### On your terms

- Share your views at a time that suits you
- We'll only contact you via email
- Choose to get further involved if you'd like to
- Unsubscribe at any time

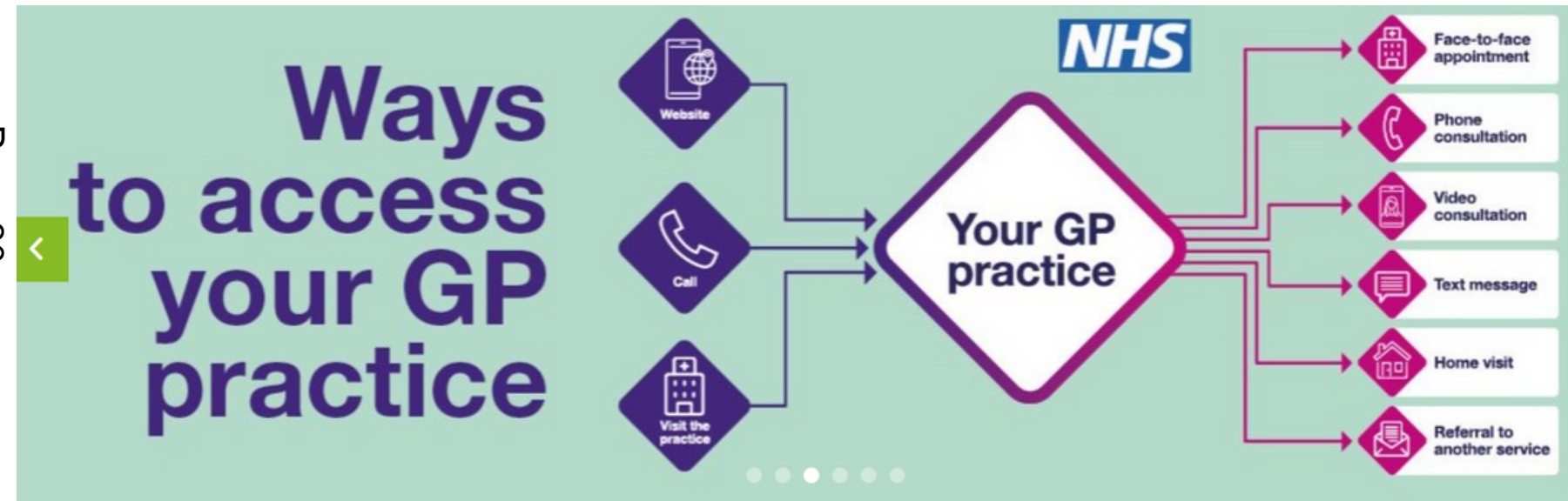
We are actively recruiting to the panel – we currently have over 310 members.

# How we listen Case Study: Supporting national plans

## Localising the Recovering Access to Primary Care Plan

Build on insight and feedback, we have developed a distinctive and flexible campaign identity, using local primary care team members, creating a cohesive and recognisable look and feel that responds to what local people have told us.

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### Here to help! Your GP practice team

- Contact us online, on the phone or in person
- Appointments 8am-8pm and at weekends
- Contact NHS 111 out of hours or if you are unsure



**Get help from your local health services**

It's important to choose the right health service at the right time, so we can help you and as many local people as possible.

Your local health team We're here to help

[www.frimleyhealthandcare.org.uk/gethelp](http://www.frimleyhealthandcare.org.uk/gethelp)

**Get help at your fingertips**

Your local health team We're here to help

[www.frimleyhealthandcare.org.uk/gethelp](http://www.frimleyhealthandcare.org.uk/gethelp)

**BHARAN**  
GP,  
GP PRACTICE TEAM

Get help from your expert GP team

Your local health team We're here to help

[www.frimleyhealthandcare.org.uk/gethelp](http://www.frimleyhealthandcare.org.uk/gethelp)

**AMARPREET**  
CLINICAL PHARMACIST,  
GP PRACTICE TEAM

Get help from your expert GP team

Your local health team We're here to help

[www.frimleyhealthandcare.org.uk/gethelp](http://www.frimleyhealthandcare.org.uk/gethelp)

**HUMA**  
CARE NAVIGATOR,  
GP PRACTICE TEAM

Get help from your expert GP team

Your local health team We're here to help

[www.frimleyhealthandcare.org.uk/gethelp](http://www.frimleyhealthandcare.org.uk/gethelp)

**RACHEL**  
NURSE,  
GP PRACTICE TEAM

Get help from your expert GP team

Your local health team We're here to help

[www.frimleyhealthandcare.org.uk/gethelp](http://www.frimleyhealthandcare.org.uk/gethelp)



# How we listen Case Study: Supporting national plans

## Localising the Recovering Access to Primary Care Plan



### What we already knew – local population insight

**Barriers: Digital survey (Oct/Nov 2021) & Enhanced Access survey (Summer 2022)**

**Choice – Too many options, confusion, hard to know where to start**

**Registration – Systems difficult to navigate and once in passwords forgotten and the process to reset too challenging**

**Consistency – Differences in the offer across the geography**

**Process – What happens and where does it go? How is data stored?**

**Impersonal – 'I want to know I've been heard'**

**Confidence – Having access to the internet is not the same as knowing how to use it**

**User experience – Difficult to navigate, not intuitive, repetitive questioning and feeling irrelevant to issue**

**Barriers to access and local sentiment – Community focus groups (May 2023)**

**Top down approach is not bringing people along – We are being told what to do but not helped to understand how to do it**

**Lack of confidence – Patients try to do as asked but the system doesn't work or they don't understand**

**Exclusion – those who can't or won't are falling through the cracks**

**Over burden of personal responsibility – People are expected to find their own answers often at a time when they need the most support**

**Perceptions – PC is over subscribed my need is not great enough, PC is over subscribed they won't have time to see me anyway, I don't understand the role of the other professionals, I don't trust the other professionals in the team**

**Inequalities – personal circumstances are not taken into account – travel options, communication requirements, support needs.**



# What we knew – Social listening

Works well

E-Consult has been superb for sorting out so many issues that don't necessarily need to face-to-face with a doctor

Digital not for everyone - what about the elderly?

Can't get through on the phone, long waits

Losing the human touch

I just want to talk to a doctor, not somebody else

When it works - sometimes it doesn't work

Can't get hospital appointments

Spoken to a Care Navigator twice and have been satisfied with the outcome on both occasions.

Thanks for sharing - useful information

Can't get appointments

Surgeries not following up/ calling back


What qualifications do receptions have to deal with medical information?





## What we knew - Enhanced Access to Primary Care Services


From October 2022, Primary Care Networks (groups of GP Practices) were required to provide enhanced access appointments between the hours of 6.30pm to 8pm Mondays to Fridays and between 9am and 5pm on Saturdays. To prepare for this we supported an extensive survey to engage with patients on their preferred times to attend appointments and to better understand the services that would be most beneficial during these enhanced access hours.

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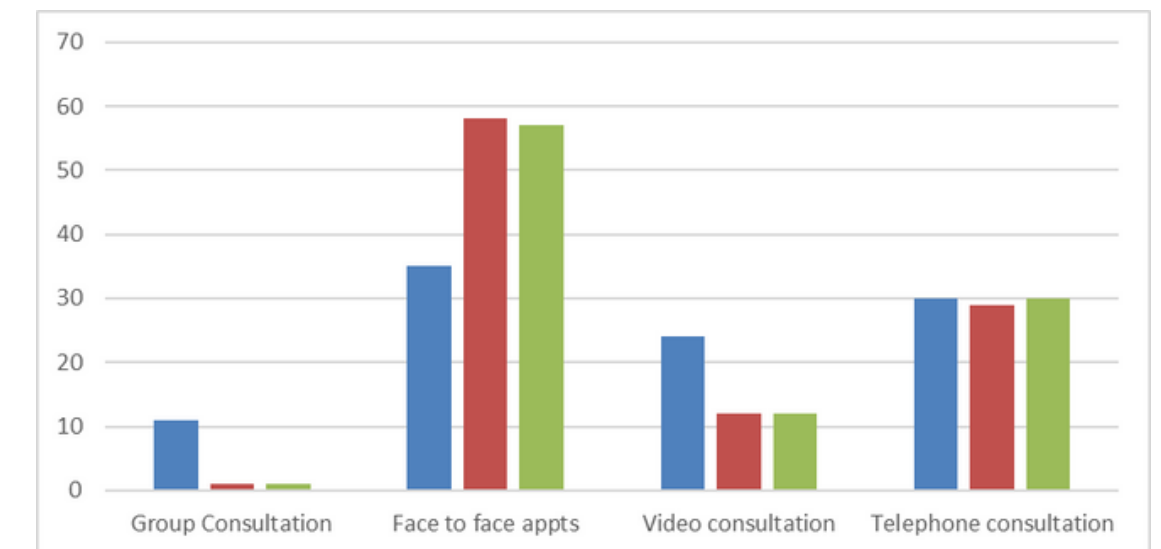
- 

We created a survey that was bespoke to each of our 16 PCN areas. This allowed for questions to reflect local needs and variation.
- 

Over **22,000** responses were collected across the Frimley geography that could be analysed at System, PCN and Practice level.
- 

The results showed an overwhelming preference **face to face appointments, availability of appointments for blood tests and medication reviews and a preference for weekday evening and Saturday morning appointments.**
- 

The results were shared with Primary Care Network clinicians and project teams to support the development of their localised services that are now available consistently across Frimley.





# Building partnerships: VCSE Alliance



● Frimley Integrated Care System (ICS) is required to have a voluntary, community and social enterprise (VCSE) alliance, as a strategic partner in the system.

● A VCSE Alliance design Group has been established to co-design an alliance structure and vision and establish clear ways of working. This will ensure the VCSE sector is realised as a strategic and delivery partner as part of the new ICS structures, to support the reduction of health inequalities and transform health and care services for local people.

● To date we have:

- Continued to build sustainable relationships
- Developed a shared vision and values
- Beginning the process of working out principles of joint working, and getting these recorded in policy documentation
- Co-designed a business case for development investment and resources
- Built strong leadership through a design group

Click on the logos of our VCSE Design Group partners to find out more:



- Healthwatch are the independent national champion for people who use health and social care services. They are there to find out what matters to people, and help make sure their views shape and support the service offered.
- There is a local Healthwatch in every area of England seeking feedback from local people, helping people find the information they need about services in their area and encouraging health and social care services to involve people in decisions that affect them. Healthwatch share their findings publicly and with those with the power to make change happen, in the form of reports, updates and verbally in strategic meetings.
- NHS Frimley works with local Healthwatch organisations as key partners to better understand what they are hearing and how we can make changes as a result. We have an existing relationship but intend to build on this ensuring that Healthwatch are involved in emerging plans for an Integrated Care Partnership (ICP) in Frimley. Alongside other stakeholders, as part of an ICP, Healthwatch will play a part in driving the future direction of the NHS Frimley.
- We publish key Healthwatch reports on our Insight and Involvement Portal. recent work includes Staff and patient views on access to GP-Led Services, 'Waiting for Hospital' reports and all of our Local healthwatch Annual Reports.

[Click here for detailed Healthwatch reports and information about how they have informed our work](#)



**local healthwatch**  
working together

Partnership at Place Forums in North East Hampshire and Farnham are an excellent opportunity to facilitate cross-system working and information gathering/sharing across a complex geography. Over the last 12 months the Partnership at Place Forums have achieved:



12 months, 4 Forums



4 key topics:

- Our priorities
- Smoking
- Healthy Weight & Physical Activity
- Children and Young People's Mental Health
- Adult Mental Wellbeing



Over 100 Partners Engaged



20+ Local Offers Shared



3 key localities:  
Rushmoor, Hart, Farnham



Cross-system partnership working



Hundreds of new connections made  
(over 50 partners attended each Forum)



# Communicating information

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A range of communications materials, both internal and external, have been/are continuing to be produced for GPs and partners across the whole system to be able to tell one consistent story to patients. Most recently this has included campaigns on primary care access, children and young peoples mental health services and blood pressure and hypertension.

A communications escalation plan has been developed to ensure consistent messaging across partners at various levels of demand/system pressure.

A Communications Resource Centre has been set up on the Frimley Health and Care website containing downloadable assets for each campaign to encourage sharing via social media channels, websites and newsletters.

[Click here to find out more](#)

Click the icons to access our social media channels



**Make the right choice**

- Treat minor issues at home  
Sore throat, minor cuts and grazes, hangovers, headaches
- Frimley Healthier Together app or website  
Advice for unwell children: frimley-healthiertogether.nhs.uk
- See a pharmacist - For medical advice or medicines for things like coughs, colds, tummy upset, rashes, aches and pains
- Speak to your GP Practice  
For a wide range of health services from persistent symptoms and ongoing conditions, examinations and treatment and vaccinations. They can also refer you to other NHS services.
- Aldershot Urgent Care Centre  
Open Monday to Saturday, from 8am - 8pm. If you contact 111 or your GP practice you may be offered an appointment here. You may also be redirected to this service if you attend A&E. There is walk-in clinic for under-12s from 2-6pm. \*Booking is recommended Visit: www.aldershoturgentcarecentre.co.uk
- NHS 111  
Not sure where to go or what to do? Visit 111.nhs.uk or call 111
- Mental health services  
for urgent help for your mental health visit 111.nhs.uk or call 111

Download the NHS App to:

- order repeat prescriptions
- view your health record and NHS number
- get health advice
- view and manage vaccinations, book appointments

A&E is for life threatening emergencies only



## Know your numbers

	Top number Systolic	Bottom number Diastolic
Low BP	Less than 90	Less than 60
Normal BP	90 - 120	60 - 80
High-Normal BP	120 - 140	80 - 90
High BP	140 and above	90 and above

Learn more, visit [www.frimleyhealthandcare.org.uk/bloodpressure](http://www.frimleyhealthandcare.org.uk/bloodpressure)

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# GP practice data pack – Hampshire

February 2024



Hampshire and Isle of Wight



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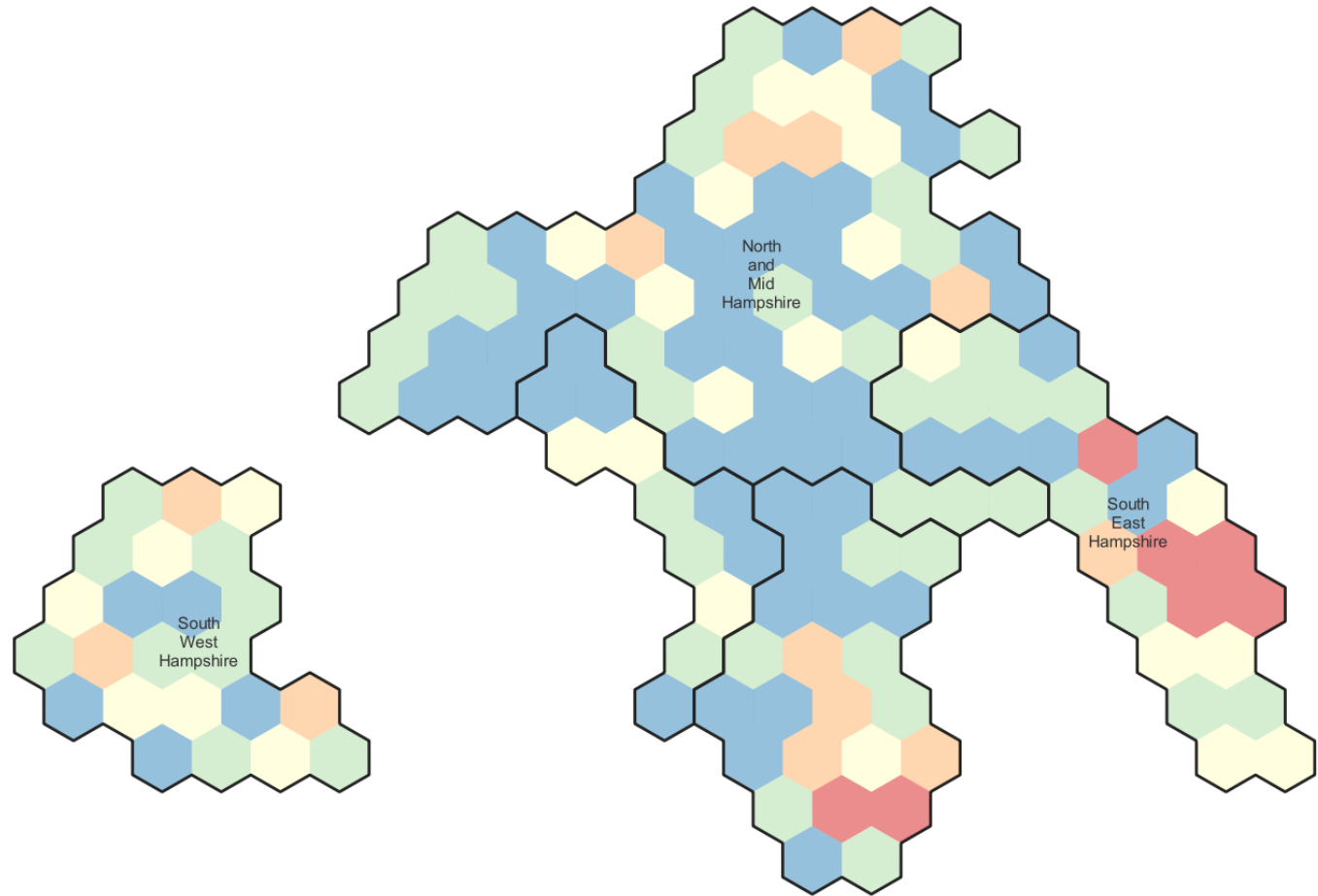


# Deprivation by MSOA in Hampshire Place

Understanding deprivation and its impact is important when analysing health inequalities. The most deprived areas within the Hampshire Place of Hampshire & Isle of Wight Integrated Care Board area are as follows:

MSOA and District	Area within Hampshire Place	Index of Multiple Deprivation Score (2019)
Leigh Park (Havant)	South East Hampshire	42.63
Stockheath Common (Havant)	South East Hampshire	40.87
West Leigh (Havant)	South East Hampshire	39.11
Barncroft & Warren Park (Havant)	South East Hampshire	38.25
Gosport Town (Gosport)	South East Hampshire	34.83
Rowner (Gosport)	South East Hampshire	33.12
Cowplain West (Havant)	South East Hampshire	32.48
Andover Newbury Road (Test Valley)	North and Mid Hampshire	29.24
South Ham & West Ham (Basingstoke and Deane)	North and Mid Hampshire	26.55
Waterlooville Central (Havant)	South East Hampshire	26.10

MSOA and District	Area within Hampshire Place	Index of Multiple Deprivation Score (2019)
Hiltingbury (Eastleigh)	South West Hampshire	2.18
Valley Park (Test Valley)	North and Mid Hampshire	3.58
Hill Head (Fareham)	South East Hampshire	3.78
Chandler's Ford West (Eastleigh)	South West Hampshire	4.21
Oliver's Battery and Hursley (Winchester)	North and Mid Hampshire	4.35
Locks Heath (Fareham)	South East Hampshire	4.60
Chineham (Basingstoke and Deane)	North and Mid Hampshire	4.64
Hook & Rotherwick (Hart)	North and Mid Hampshire	4.83
Hedge End North & Botley North (Eastleigh)	South West Hampshire	5.13
Fareham West (Fareham)	South East Hampshire	5.18



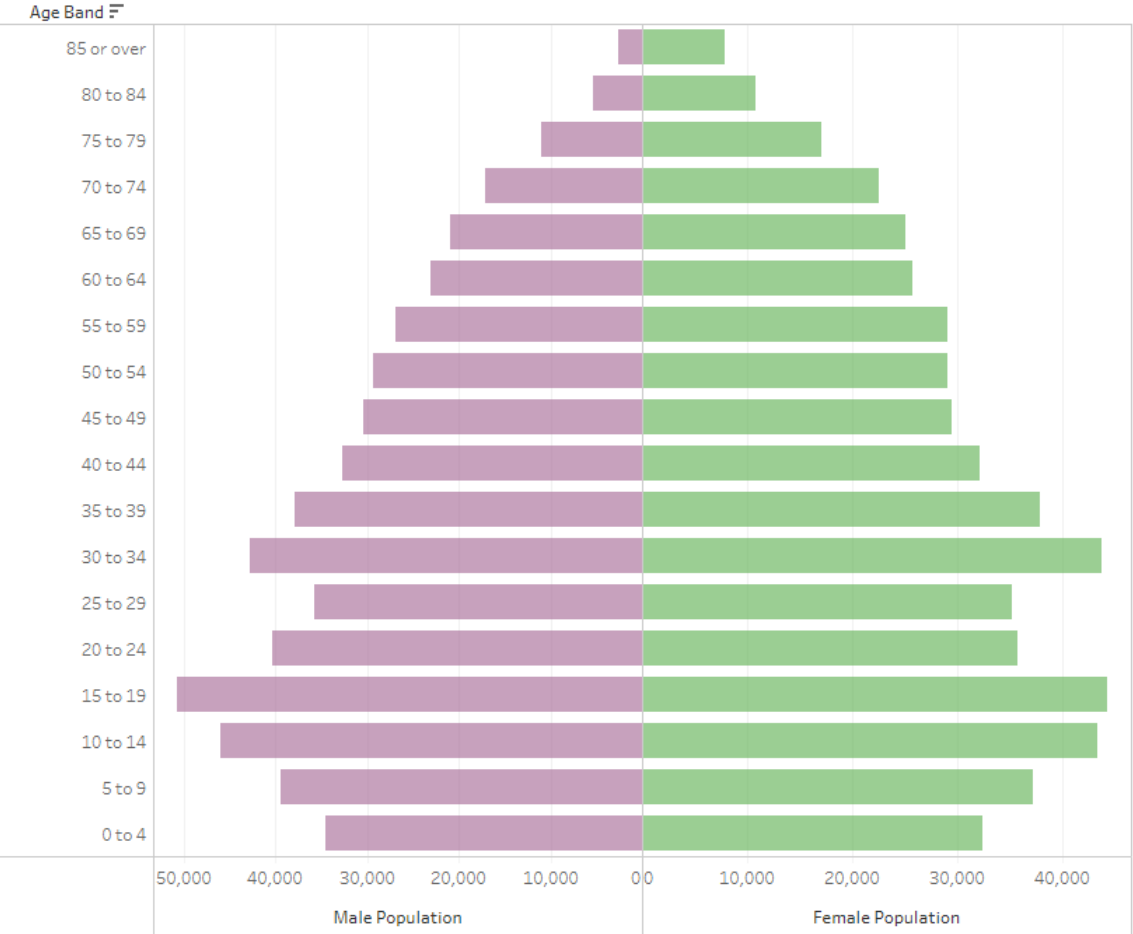


# An ageing population – over the last forty years

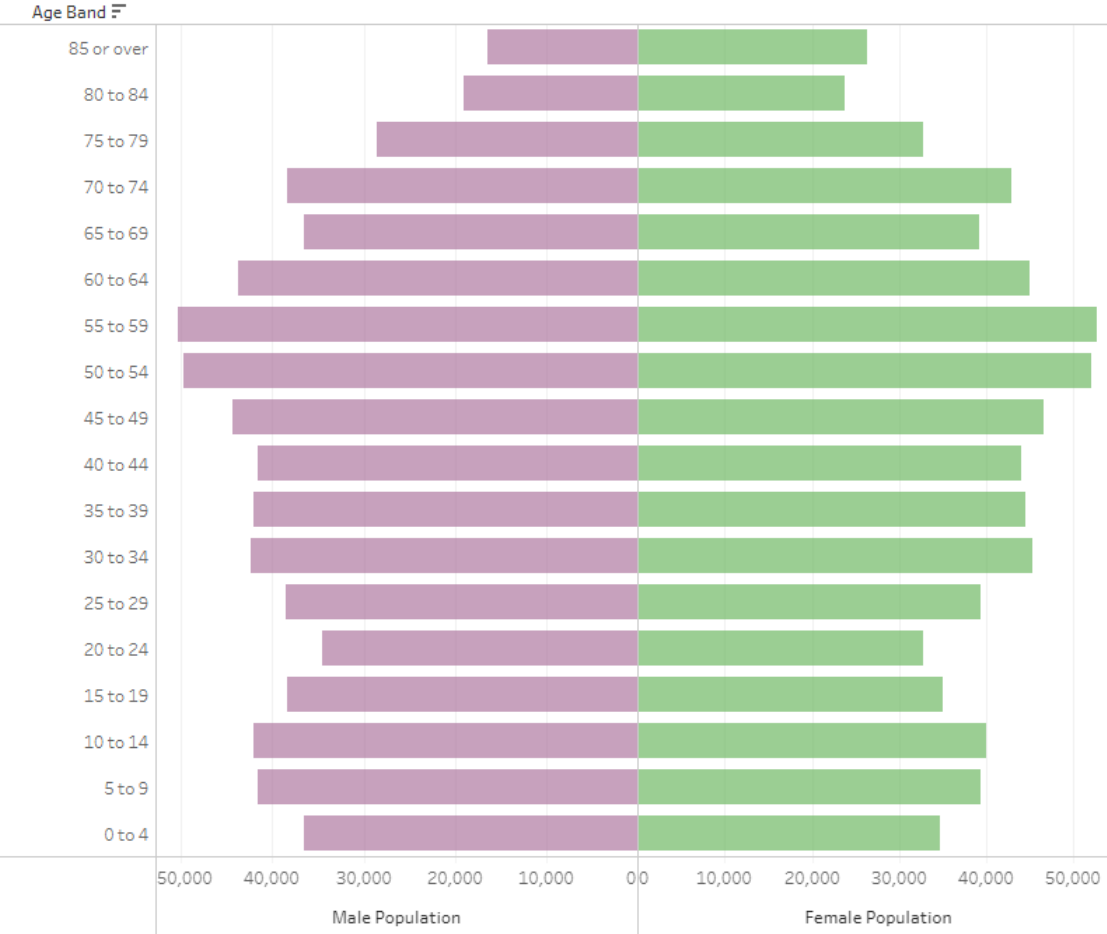
The following three slides give a very brief overview of the impacts of an ageing population. These examples use GP activity information, Census data and Office for National Statistics population estimates. The population of Hampshire grew by 31% in the period from 1981 to 2021, with a much older age structure in 2021.

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Population Pyramid for Hampshire as per 1981 Census



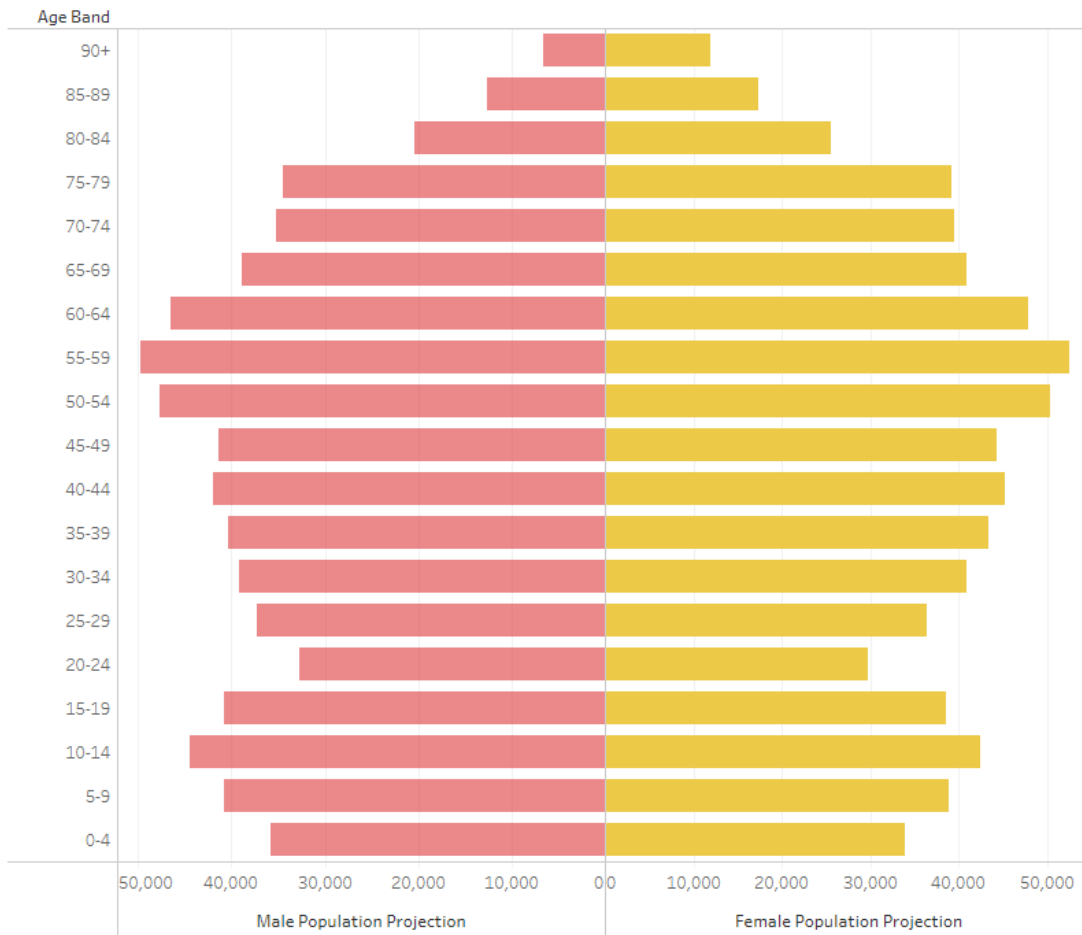
Population Pyramid for Hampshire as per 2021 Census



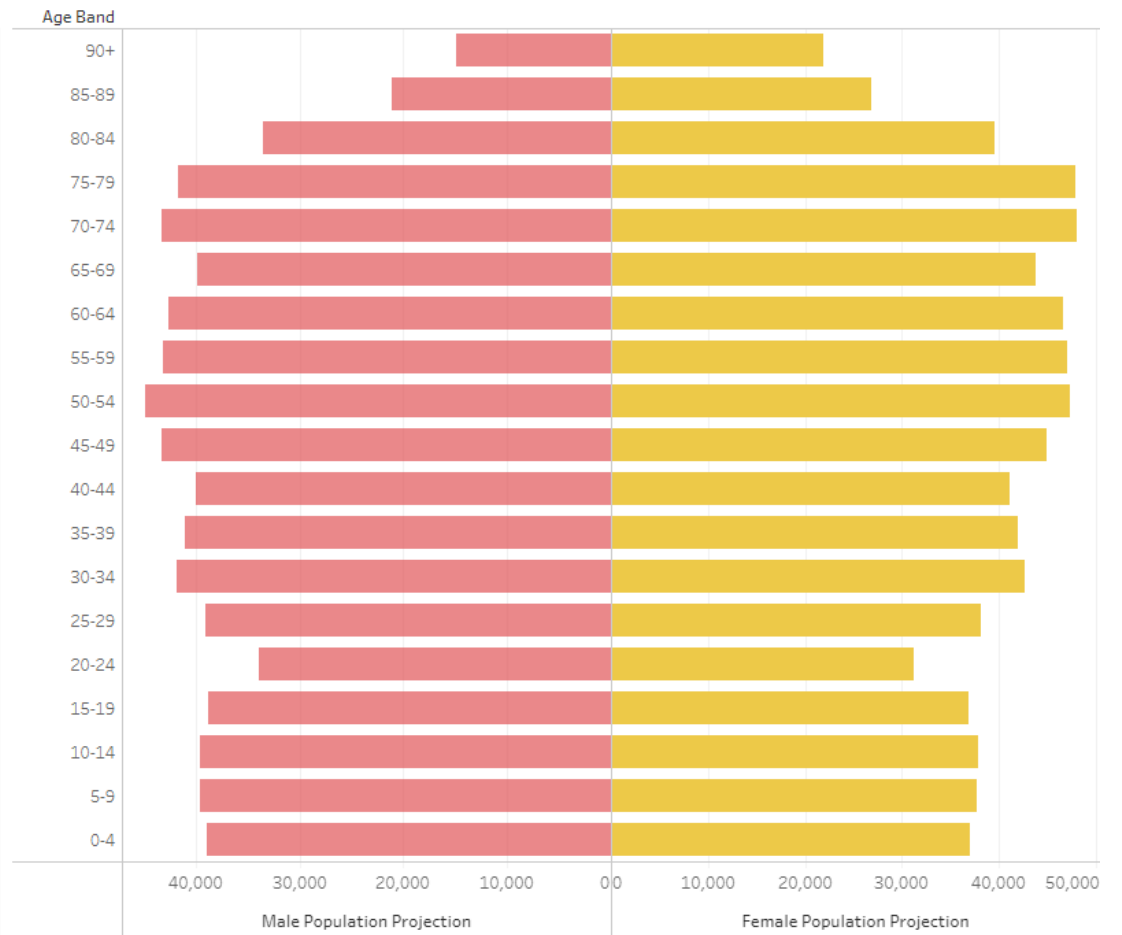
# Population growth - over the next twenty years

The Office for National Statistics population projections show a modest growth for Hampshire, with an older age profile by 2043.

Hampshire - 2023



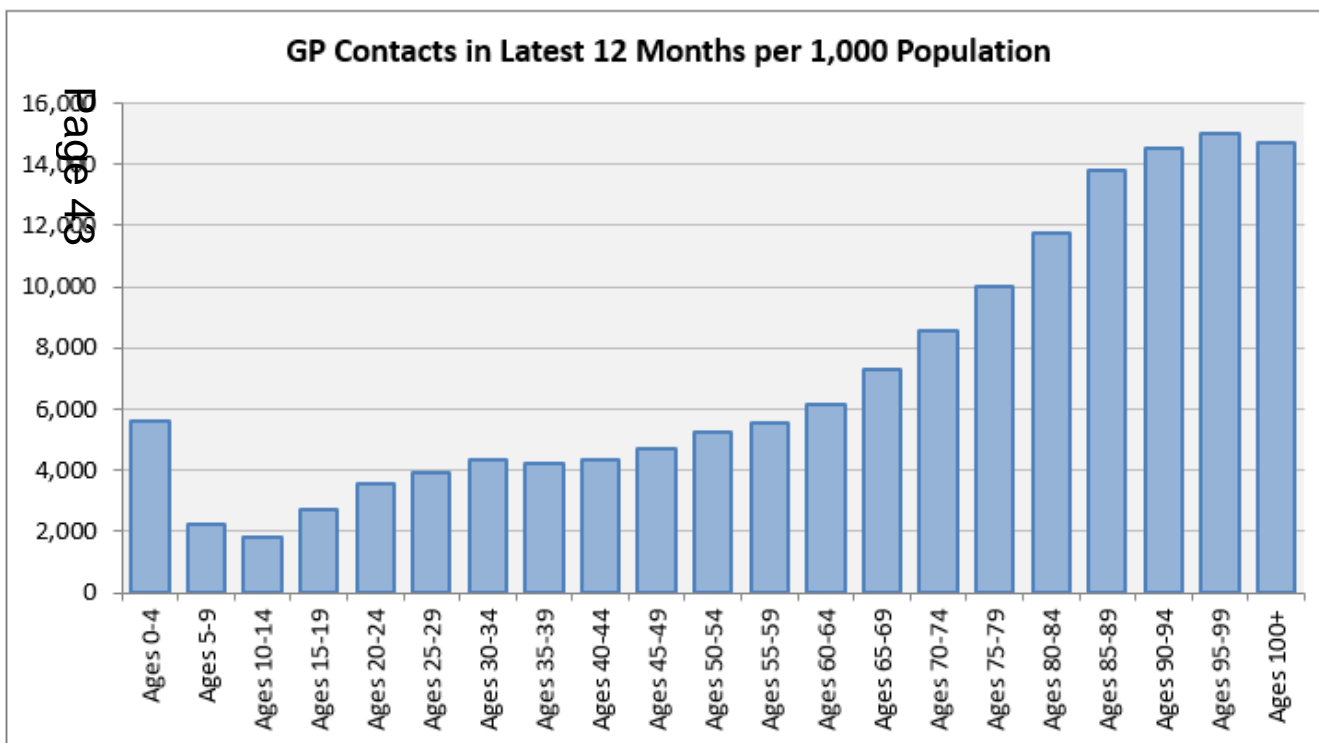
Hampshire - 2043



# GP Appointments by Age

This information is from the Hampshire & Isle of Wight Integrated Care Board Population Health Management tool, which allows us to look at information at patient level. There are currently 1.1 million Hampshire patients in the dataset.

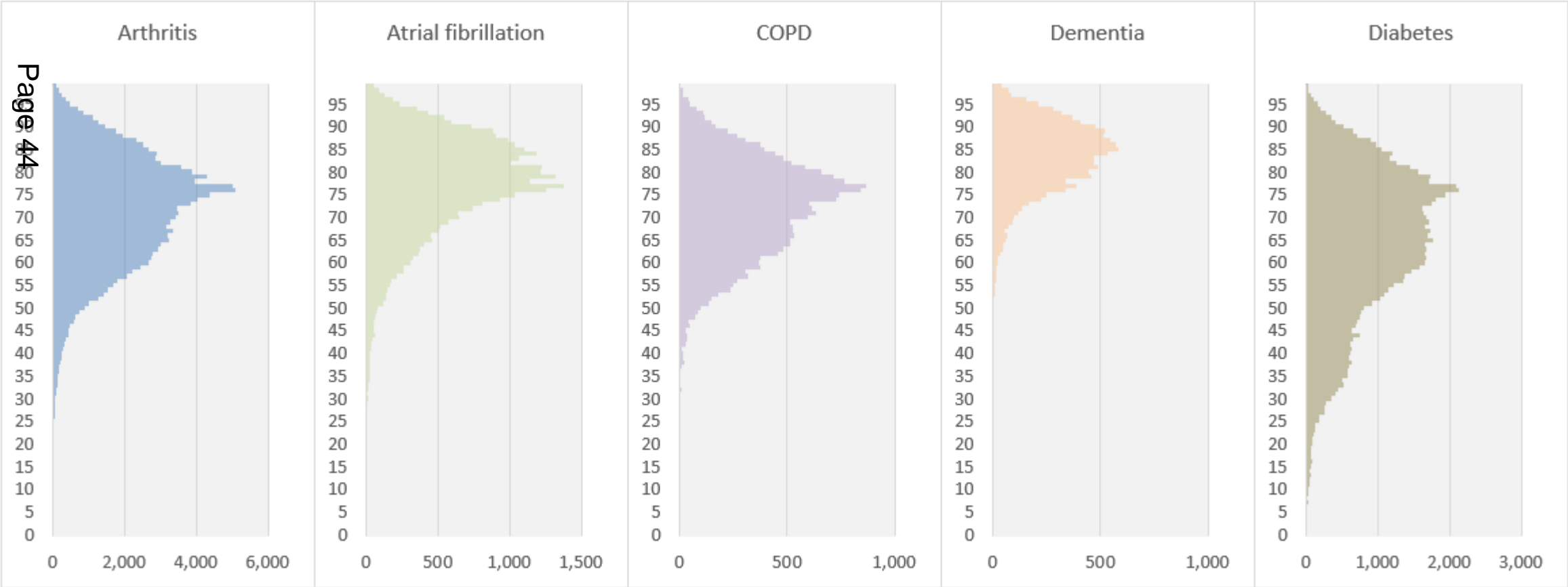
The rate of GP appointments increases age, with ages over 85 having the highest rates. The ageing population will have been created extra pressure on General Practice, with this likely to continue as the population ages further.

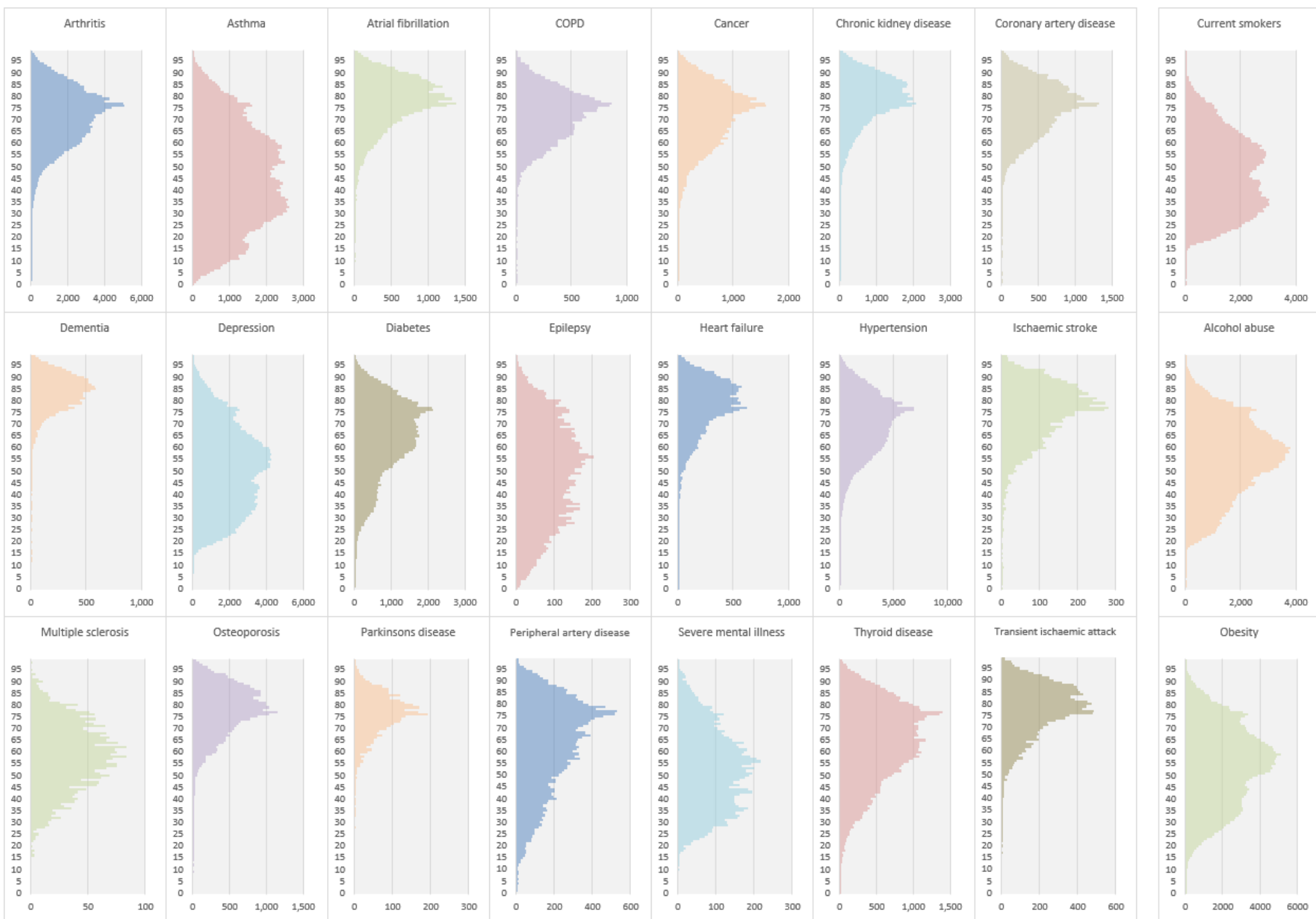


5 Year Age Band	Population Size	GP Contacts in Latest 12 Months	GP Contacts in Latest 12 Months per 1,000 Population	Percentage of Population	Percentage of GP Appointments
Ages 0-4	49,096	276,066	5,623	4.5%	4.6%
Ages 5-9	59,502	133,613	2,246	5.4%	2.2%
Ages 10-14	65,067	119,711	1,840	6.0%	2.0%
Ages 15-19	60,323	162,965	2,702	5.5%	2.7%
Ages 20-24	52,455	185,864	3,543	4.8%	3.1%
Ages 25-29	58,539	231,067	3,947	5.4%	3.8%
Ages 30-34	66,471	286,863	4,316	6.1%	4.8%
Ages 35-39	69,963	297,110	4,247	6.4%	4.9%
Ages 40-44	68,884	299,540	4,348	6.3%	5.0%
Ages 45-49	64,580	302,718	4,687	5.9%	5.0%
Ages 50-54	74,073	387,297	5,229	6.8%	6.4%
Ages 55-59	79,120	437,568	5,530	7.2%	7.3%
Ages 60-64	75,221	462,729	6,152	6.9%	7.7%
Ages 65-69	63,048	458,497	7,272	5.8%	7.6%
Ages 70-74	56,534	483,258	8,548	5.2%	8.0%
Ages 75-79	57,768	579,185	10,026	5.3%	9.6%
Ages 80-84	35,789	419,452	11,720	3.3%	7.0%
Ages 85-89	22,550	310,913	13,788	2.1%	5.2%
Ages 90-94	10,377	150,716	14,524	0.9%	2.5%
Ages 95-99	2,604	39,043	14,993	0.2%	0.6%
Ages 100+	386	5,681	14,718	0.0%	0.1%
<b>Total</b>	<b>1,092,350</b>	<b>6,029,856</b>	<b>5,520</b>	<b>100%</b>	<b>100%</b>

# Long term conditions

In the case of primary care, there is likely to be an increase in long-term conditions to manage, with many of the conditions having an increasing prevalence with age. As an example (using the population of Hampshire Place) the graphs below show the number of patients with selected long-term conditions. A fuller set of conditions is shown on the next slide.



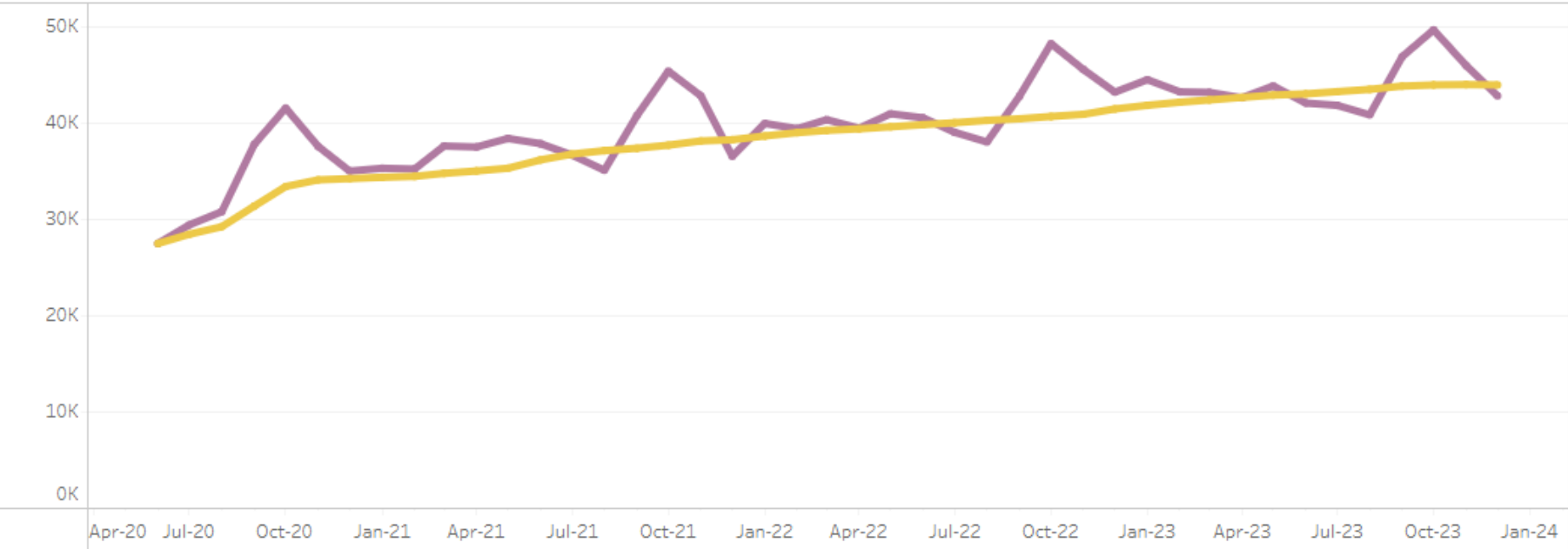


# Activity in primary care in Hampshire and Isle of Wight

The activity levels in General Practice across Hampshire & Isle of Wight have been rising across the last four years.

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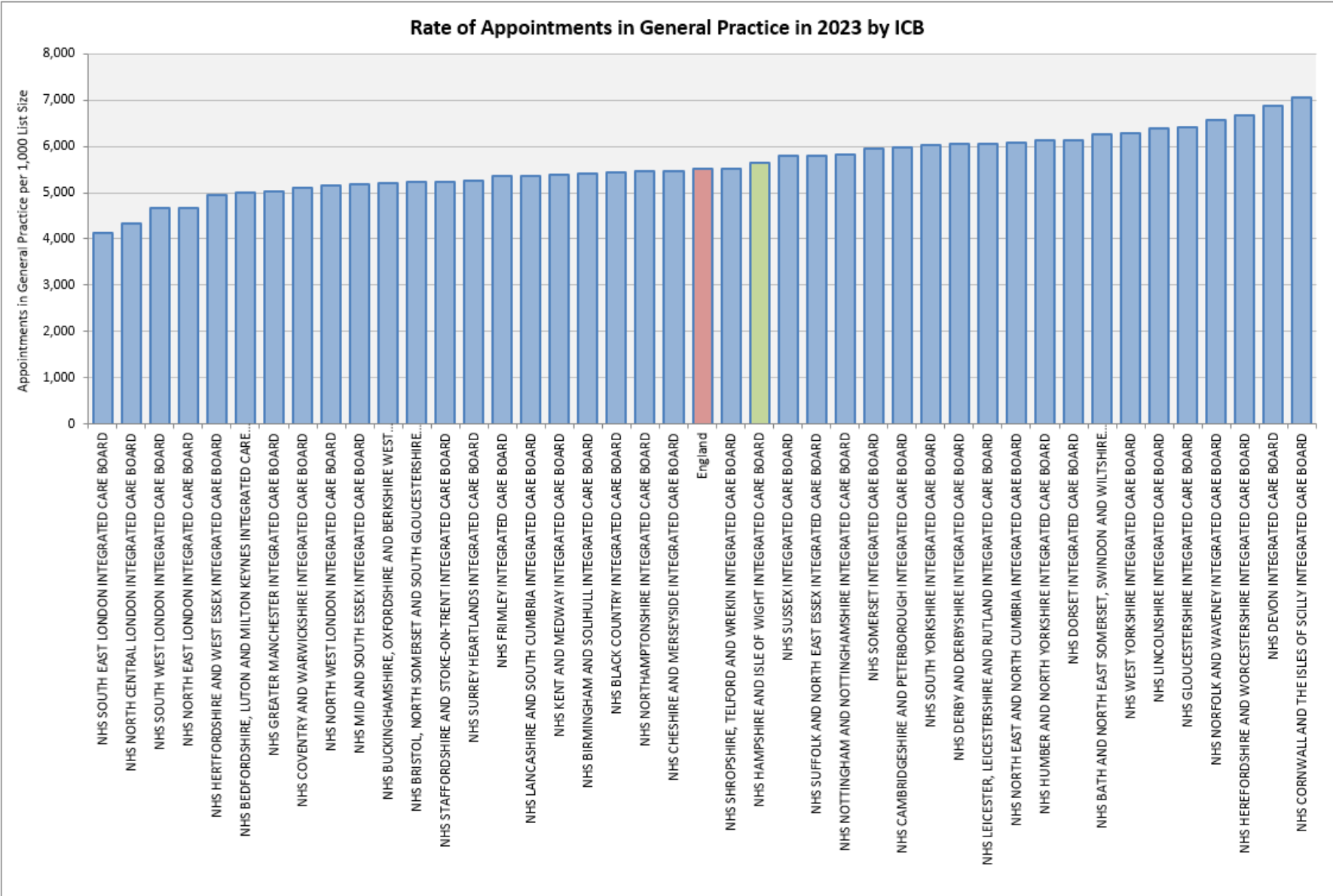
Hampshire and Isle of Wight Appointments Per Working Day Since June 2020



	2020	2021	2022	2023
January		35,210	39,863	44,397
February		35,131	39,314	43,138
March		37,519	40,253	43,085
April		37,417	39,365	42,520
May		38,304	40,865	43,749
June	27,401	37,767	40,444	41,974
July	29,336	36,587	38,945	41,740
August	30,705	35,004	37,939	40,752
September	37,687	40,668	42,694	46,785
October	41,460	45,289	48,142	49,571
November	37,477	42,728	45,448	45,871
December	34,920	36,449	43,109	42,721

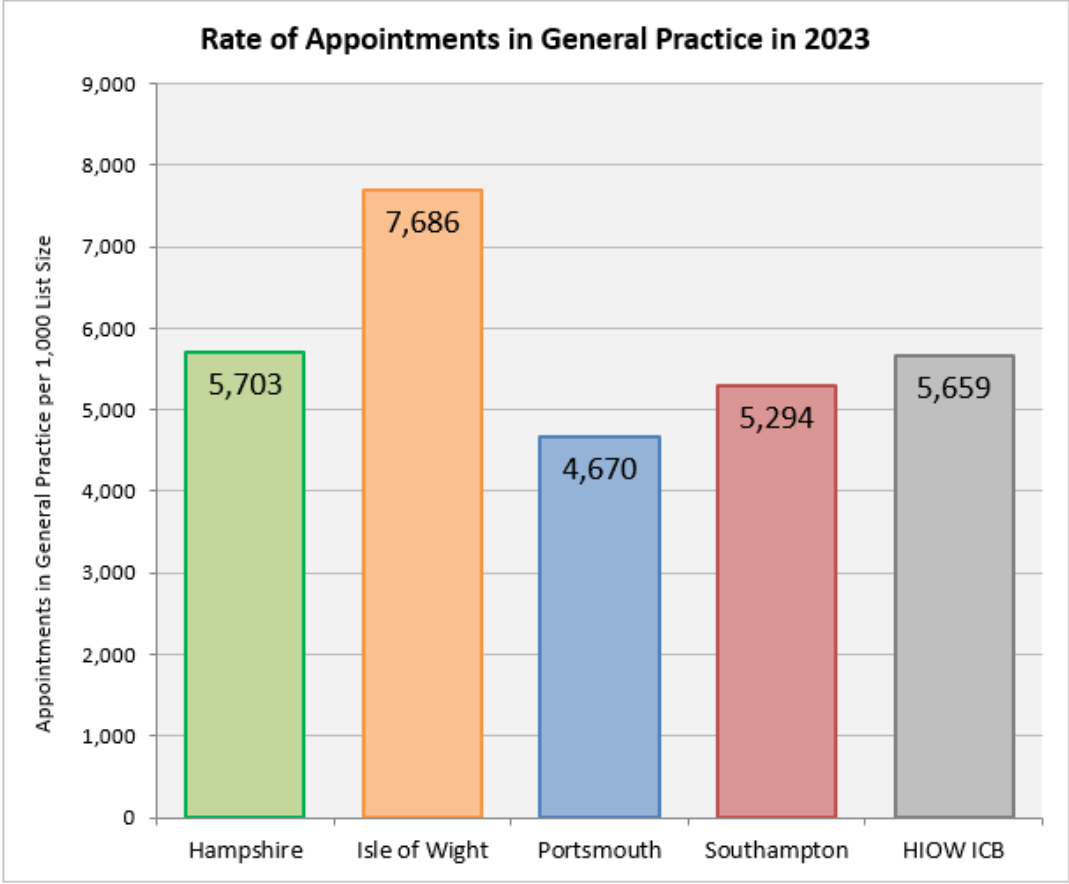
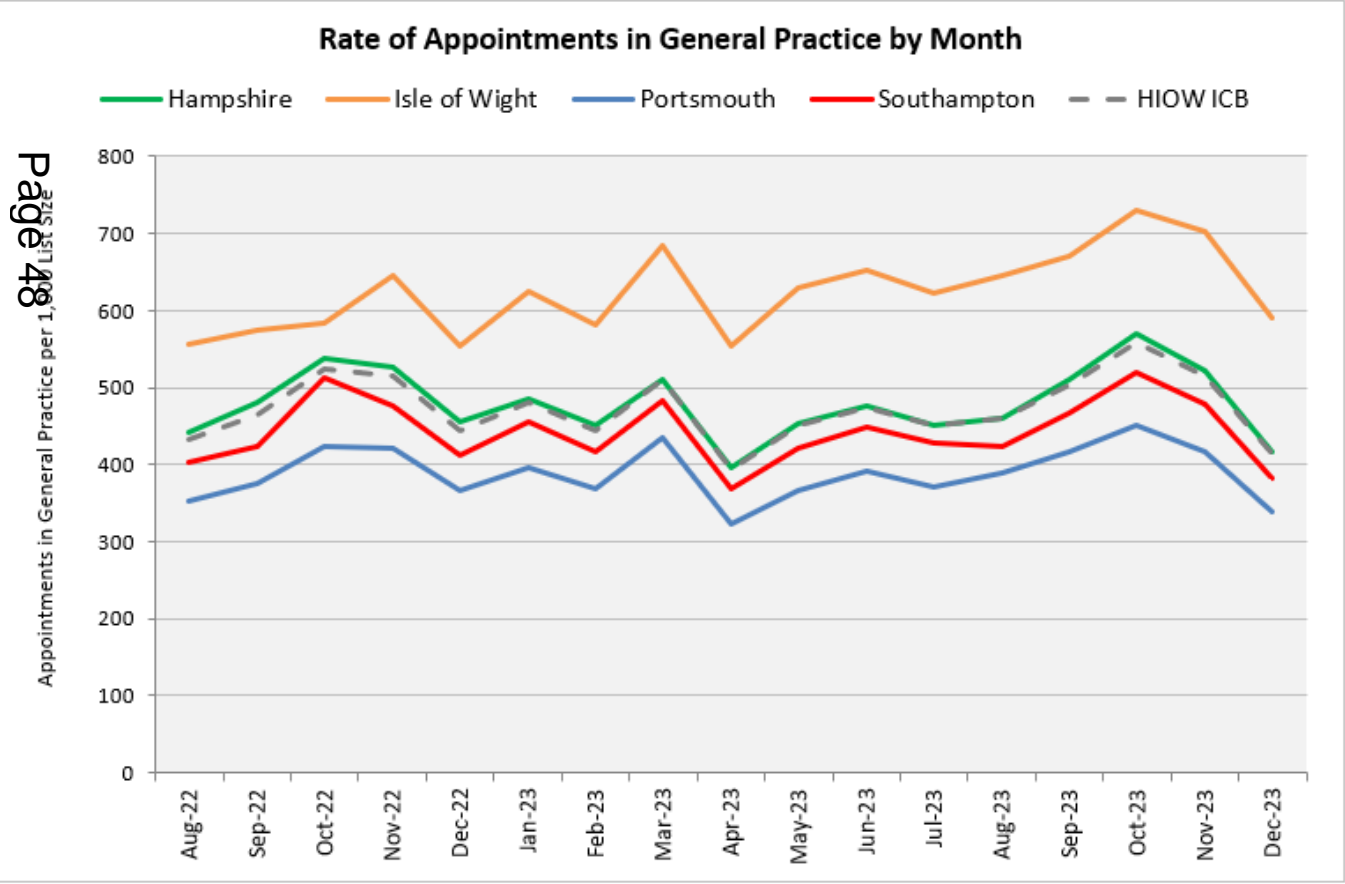
# Activity in Primary Care by ICB

The rate of activity in our Integrated Care Board area was just above the average for England in 2023.



# Activity in primary care in Hampshire & Isle of Wight

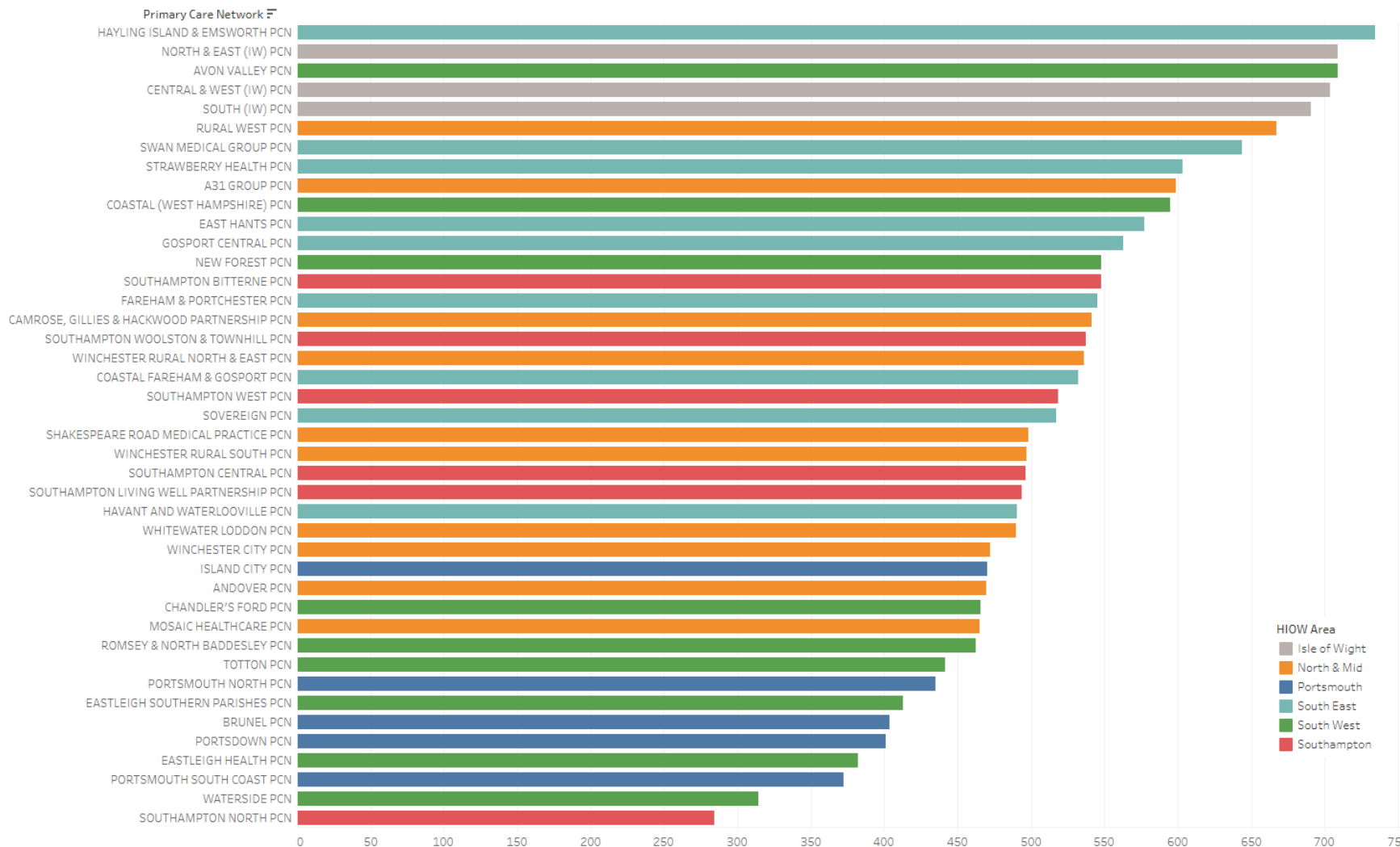
The rate of activity varies across Hampshire and Isle of Wight. Hampshire has a higher rate of GP appointments than Portsmouth and Southampton, which may be partly explained by the older average age in Hampshire (i.e. more people within an age range likely to have complex long term conditions supported through primary care).





# GP Appointments by Primary Care Network (PCN)

Rate per 1,000 Patients by Primary Care Network in November 2023



The rate of GP appointments varies widely across our area.

The data can be explored using the link shown below.

Page 1 of 1

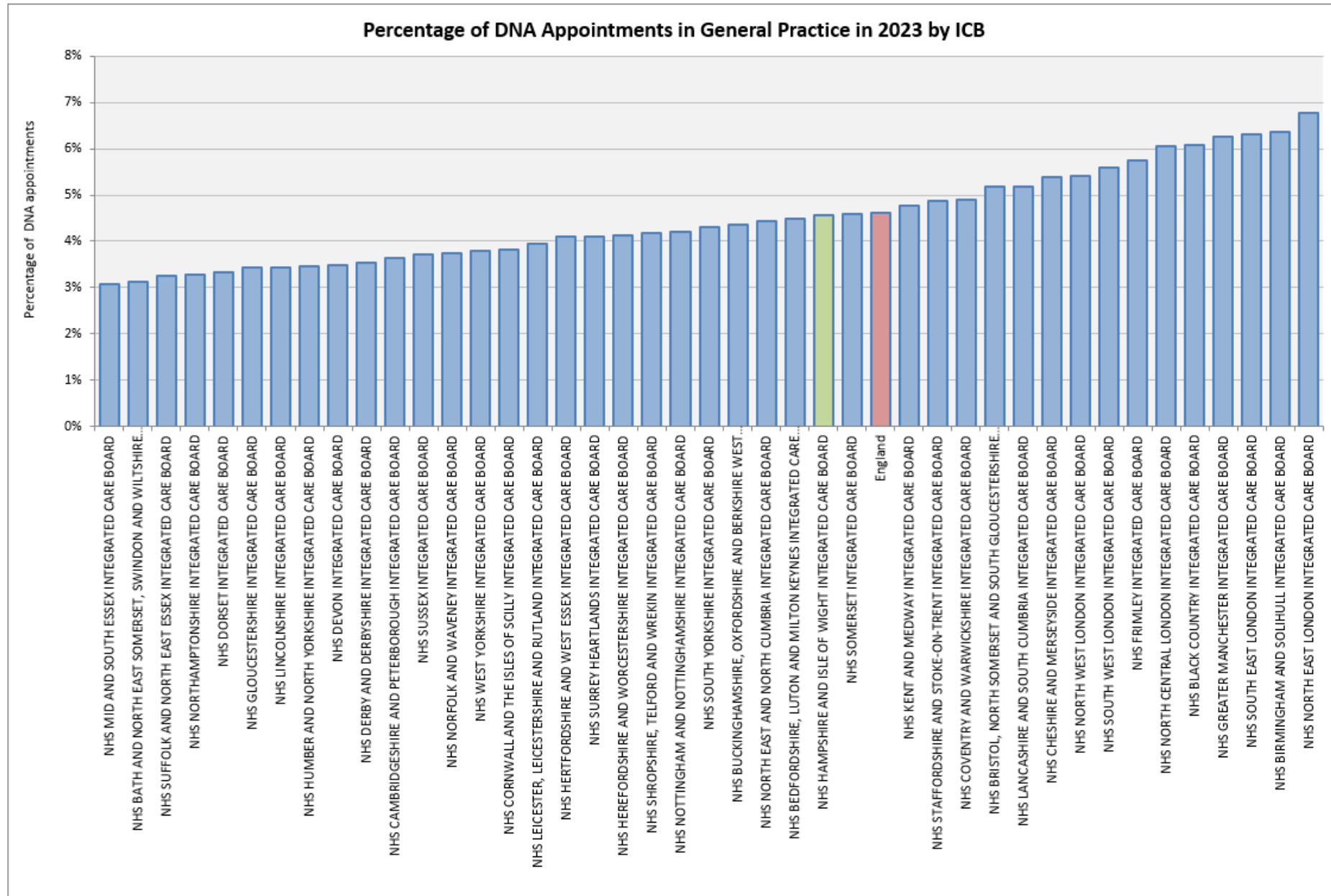
The grey, dark blue and red colours indicate PCNs located outside of Hampshire. All others sit within Hampshire.

# Percentage of 'Did Not Attend' appointments by ICB

The percentage appointments where the patient did not attend for 2023 is shown on the graph.

The percentage for Hampshire & Isle of Wight is very similar to the England average.

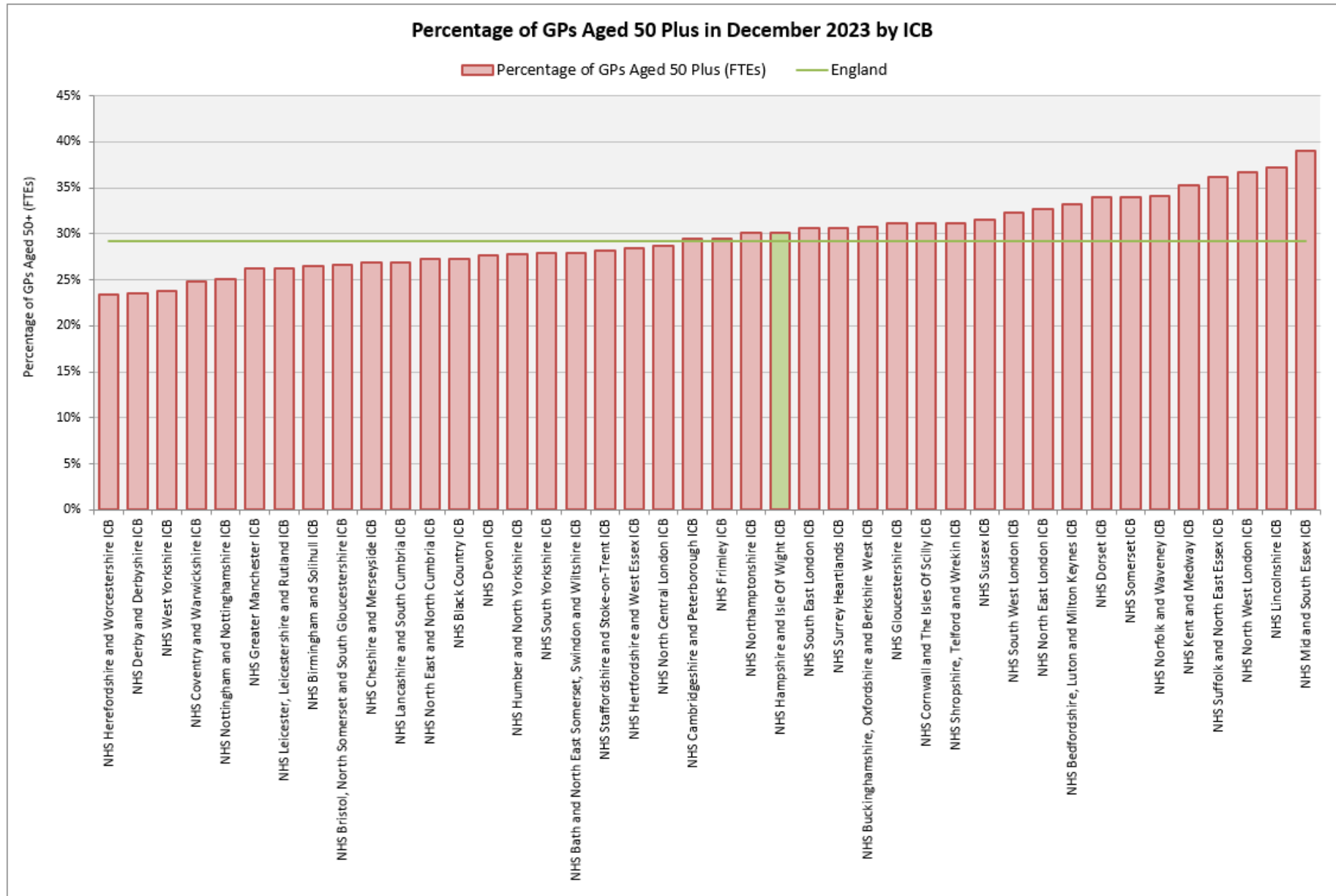
The percentage of 'Did Not Attend' appointments for Hampshire is just below to the average for Hampshire & Isle of Wight.



# Percentage of GPs aged 50 and above – national comparison

The percentage of GPs - based on full-time equivalents - aged 50 or older is shown on the graph.

The percentage for Hampshire & Isle of Wight is just above the England average but there are a number of Integrated Care Boards with a much higher percentage.

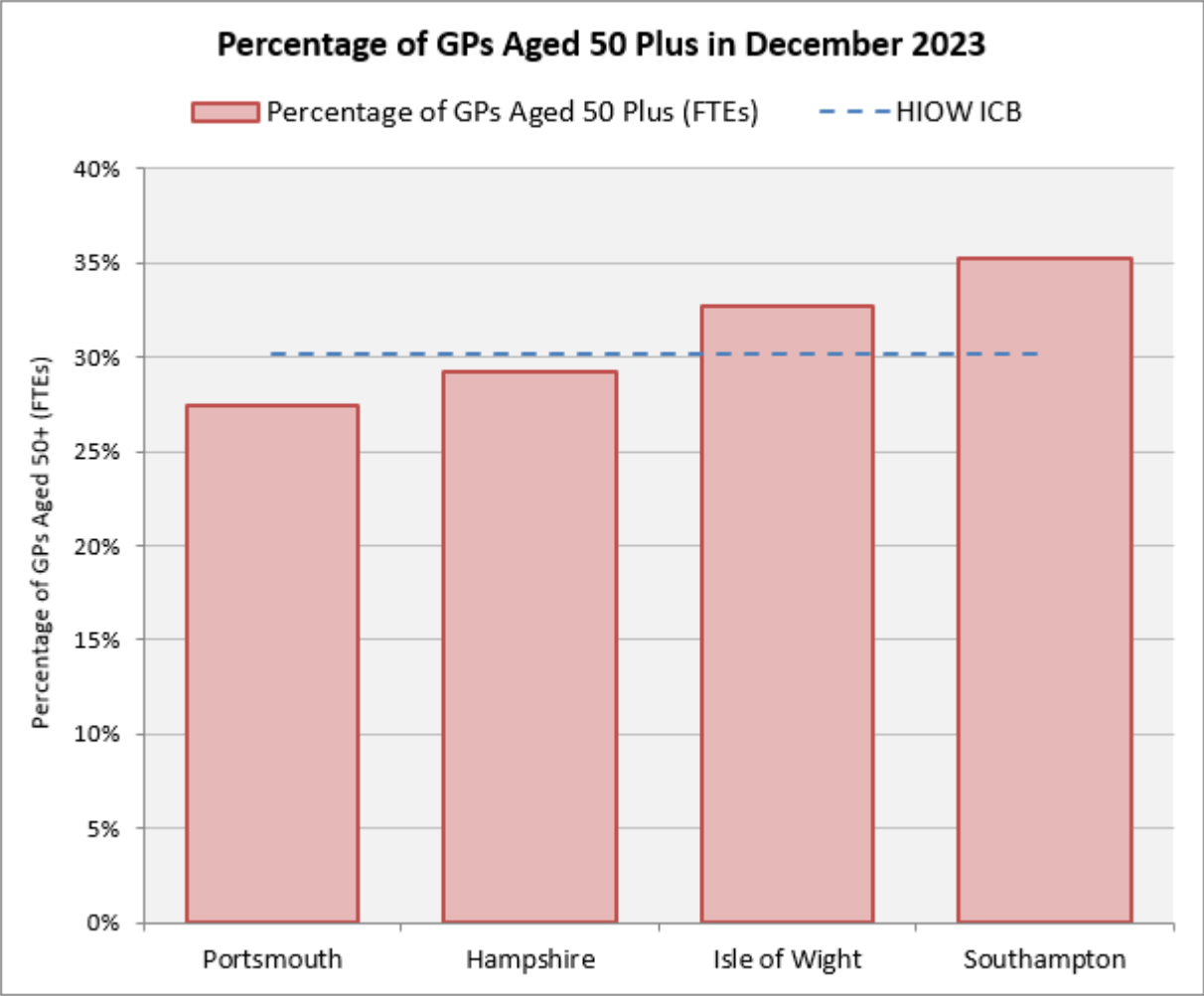


# Percentage of GPs aged 50 and above – local comparison

The percentage of GPs - based on full-time equivalents - aged 50 or older is shown on the graph.

The percentage for Hampshire is very similar to the England average.

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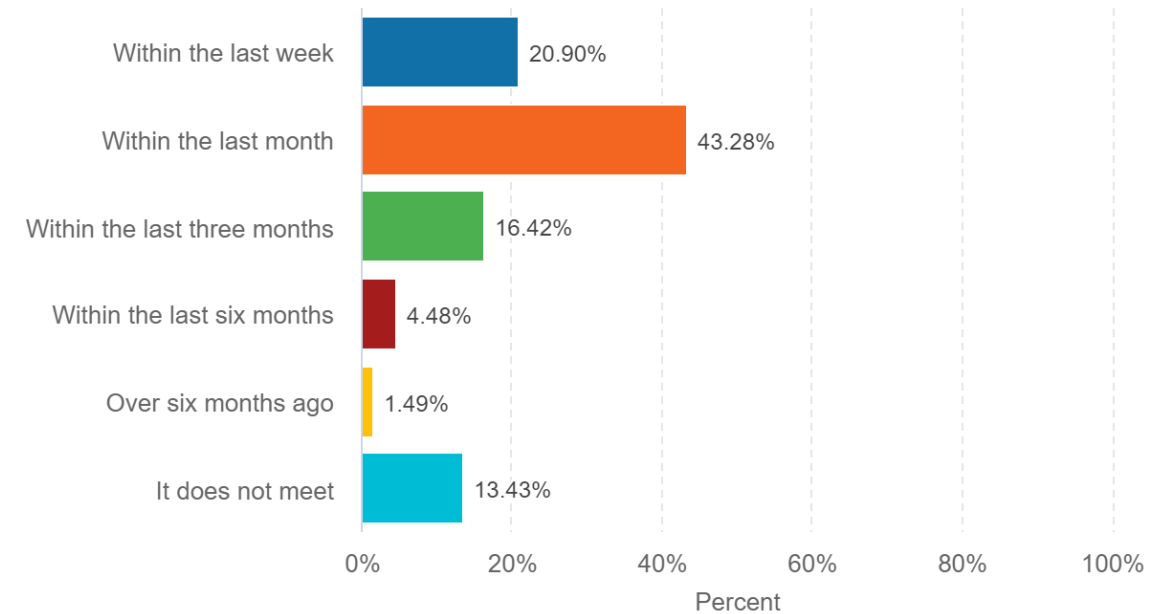


# Patient Participation Group audit

NHS Hampshire & Isle of Wight Integrated Care Board has recently worked with GP practices to audit and research Patient Participation Groups within our area. The following results relate to Hampshire.

- Over 75% of practices in Hampshire have taken part in our research to date.
- 92% have reported that they have an active Patient Participation Group within their practice.
- 63% of practices report that their Patient Participation Group has met within either the last week or the last month (which includes both virtual and in-person meetings).
- Feedback so far suggests those practices with no active group have said it continues to be challenging to resurrect meetings following the COVID-19 pandemic lockdowns.
- An ongoing challenge, and area requiring support, is to help practices with making their Patient Participation Group as representative of their community as possible. Some groups use social media as a mechanism to bring in new members and engage wider patients registered with the practice.

When did your Patient Participation Group last meet? (either virtually or in person)



- The most active Patient Participation Groups are active in supporting their practice, through surveys, events, exchanging feedback.
- Some practices with Patient Participation Groups not meeting or unactive do retain a mailing list. We will continue to support practices with the development of their Patient Participation Groups.

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**Hampshire & Isle of Wight Integrated Care Board:  
Urgent & Emergency Care Update**  
Health and Adult Social Care Select Committee



## Executive Summary

Winter is always a highly pressurised time for the NHS and this year has been particularly challenged as we have had to combine responding to the surge in demand on services with the impact of two the periods of industrial action by junior doctors either side of Christmas.

The period of high pressure has meant our providers have needed to prioritise those who have the most urgent need, meaning some patients have had to wait longer than we would like for care and treatment. It has also been necessary for some patients to have their operations or appointments rescheduled.

One of the biggest issues we see locally, and across the country, is managing the flow of patients in and out of hospital. The number of patients who no longer meet the 'criteria to reside' and have not yet been discharged from hospital has been increasing over the winter months, averaging 682 in January 2024, and this accounts for 19% of all beds across the Hampshire and Isle of Wight system

System partners have worked tirelessly and maintained consistent performance across same day emergency care, average length of stay, and 4hr emergency department performance, despite unprecedented emergency department attendances, and increases in non-elective admissions, and ambulance handover delays and response times.





## Managing urgent care during winter months

We have been working with all system partners to ensure services have remained as safe as possible and have put in place a number of additional measures to fully utilise and increase available bed capacity, speed up the discharge processes, make best use of the staff available and to take preventative action to avoid people having to be admitted to hospital or attend the emergency departments. Some of the specific actions we have taken include:

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- We have an Older Persons Same Day Emergency Care service, which is working effectively at bringing older patients into hospital from an ambulance, avoiding admission directly to the Emergency Department.
- Over one hundred escalation beds have been opened to create additional capacity.
- Same Day Access Hubs in primary care are in place for people with ambulatory sensitive conditions that should be treatable in the community, avoiding the need to be admitted to hospital.
- We are exceeding many of our targets on community support across the system, with our virtual wards are well used, with often over 300 patients supported over a two week period.
- Our Urgent Community Response services are working effectively, with over 85% of patients referred to the service receiving a response within two hours.



## Managing urgent care during winter months

- In addition to the immediate and short-term actions we have taken, we also have a programme of work in place to implement plans for long-term sustainable improvement across the system. These focus on five key areas: primary local care, urgent and emergency care, hospital discharge, planned care and workforce. We recognise that we now need to go further and faster in making the necessary long-term improvements across these areas and this is now the focus for us as we develop our plan with partners for the new financial year.
- At the time of writing we are also planning for the next period of industrial action by junior doctors, that takes place from Saturday 24 February to Wednesday 28 February. These periods of industrial action have a particular impact on planned ('elective') procedures as it is necessary to reschedule those that are taking place during strike action to allow staff to be redeployed to other services. Cancer treatment continues to be prioritised during industrial action, however, and we are meeting the national targets for 28-day faster cancer diagnosis and 62 day cancer treatment.



# Summary of performance metrics

- **Ambulance response times** have increased for South Central Ambulance Service to 42 minutes for category 2 (30 minute target).

**KPI1**

Category 2 Mean Response Times (30 minute target)

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	YTD Avg
SCAS	00:25:30	00:28:45	00:34:48	00:33:10	00:27:33	00:38:29	00:39:55	00:36:20	00:38:09	00:42:11	00:34:29
IOW	00:24:13	00:26:19	00:22:14	00:21:32	00:23:30	00:29:54	00:29:52	00:25:46	00:29:45	00:24:57	00:25:48

\*NHSE Monthly Ambulance Quality Indicators (AQI)

- There have been unprecedented **ambulance handover delays** in January 2024 across 30-60 minute and 60 minute+

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- Protocols are in place to enable patients to be brought into the emergency department rather than waiting in ambulances. Although this releases ambulance capacity it can also compound waits in the emergency department and onward flow through the hospital

**KPI2**

Ambulance Handover Delays 30-60

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
BNHH	87	89	45	85	92	119	126	143	170	163
RHCH	54	51	43	47	85	94	121	119	154	140
IOW	22	31	4	32	44	32	52	74	92	93
QA	462	372	160	490	614	699	639	480	596	644
UHS	157	166	216	297	295	337	352	257	299	301
<b>ICB</b>	<b>782</b>	<b>709</b>	<b>468</b>	<b>951</b>	<b>1,130</b>	<b>1,281</b>	<b>1,290</b>	<b>1,073</b>	<b>1,311</b>	<b>1,341</b>

\*SCAS Daily Sit Rep - Direct Feed from SCAS BI Service

**KPI3**

Ambulance Handover Delays 60+

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
BNHH	43	58	18	17	13	90	84	169	121	174
RHCH	47	10	12	9	46	82	56	78	165	121
IOW	3	2	0	2	4	3	5	30	78	22
QA	645	683	199	553	755	1,065	1,095	714	1,132	1,283
UHS	12	18	18	37	41	64	108	75	112	135
<b>ICB</b>	<b>750</b>	<b>771</b>	<b>247</b>	<b>618</b>	<b>859</b>	<b>1,304</b>	<b>1,348</b>	<b>1,066</b>	<b>1,608</b>	<b>1,735</b>

\*SCAS Daily Sit Rep - Direct Feed from SCAS BI Service



# Summary of performance metrics

- **Emergency Department 4hr performance** has been maintained over the winter period with an aggregate position of 71.4% achieved in January 2024

Acute Trust Footprint (Mapped)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
PHU	-	-	76.6%	75.7%	77.4%	75.0%	72.5%	74.4%	73.6%	73.4%
UHS	78.1%	75.2%	78.9%	80.0%	79.5%	75.0%	73.7%	71.7%	73.9%	77.1%
HHFT	66.2%	70.9%	72.6%	71.9%	69.9%	64.0%	62.9%	59.5%	58.8%	60.9%
IOW	71.3%	71.8%	73.4%	68.7%	69.1%	69.0%	67.8%	69.6%	67.8%	65.3%
<b>ICB</b>	<b>83.3%</b>	<b>83.2%</b>	<b>76.2%</b>	<b>75.7%</b>	<b>75.8%</b>	<b>72.2%</b>	<b>70.5%</b>	<b>70.0%</b>	<b>70.2%</b>	<b>71.4%</b>

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There were 38,232 **emergency department attendances** in January 2024. Portsmouth Hospital University Trust saw the highest number of attendances with an average of 350 attendees per day in January 2024

## KPI 6 ED Attendances (Type 1 Main ED)

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
HHFT	11,089	12,127	12,285	12,379	11,682	12,271	12,327	12,015	11,846	12,022
IOW	3,537	3,769	3,703	3,952	3,722	3,812	3,637	3,315	3,465	3,789
PHU	9,990	10,727	10,564	10,711	10,597	10,606	10,748	10,631	10,615	10,830
UHS	10,375	11,761	11,225	11,326	11,089	11,379	12,183	11,632	11,534	11,591
<b>ICB</b>	<b>34,991</b>	<b>38,384</b>	<b>37,777</b>	<b>38,368</b>	<b>37,090</b>	<b>38,068</b>	<b>38,895</b>	<b>37,593</b>	<b>37,460</b>	<b>38,232</b>

\*NHSE Monthly Validated A&E Attendances Dataset

- The most common reasons for people attending emergency departments in Hampshire & Isle of Wight during January 2024 are: injuries (head, lower limb, upper extremity, face and lacerations), fever, breathlessness, vomiting, pain (abdomen, lower limb, eye, ears, and upper limb) and skin problems



# Summary of performance metrics

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- The **average decision to admit time** increased to an aggregate of 5 hours and 56 minutes and is over 5 hours longer in Isle of Wight Trust compared to University Hospital Southampton. In September 2023 there was a step-change (increase) across all acute Trusts

## KPI7

### Decision to Admit Time (avg)

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
HHFT	03:48:14	03:50:05	03:31:20	03:30:38	03:34:20	04:15:11	04:28:20	04:53:14	04:51:04	05:06:39
IOW	03:24:26	03:51:22	03:53:15	04:34:24	05:13:26	06:49:38	08:27:48	09:10:58	10:07:28	10:04:34
PHU	05:09:05	05:25:58	04:26:38	05:08:27	05:10:51	06:05:39	06:02:20	05:21:40	05:46:20	06:44:54
UHS	04:14:07	04:27:14	04:36:06	04:17:17	04:30:45	04:48:19	04:48:21	04:40:50	04:46:11	04:45:32
ICB	04:19:13	04:31:55	04:08:02	04:20:42	04:29:03	05:13:33	05:24:06	05:17:37	05:28:50	05:56:38

\*Emergency Care Dataset (ECDS) - Time Intervals Since Arrival - Daily Average Decision to Admit

- The number of **non elective admissions (1+ day)** has consistently increased during the winter period, particularly at Hampshire Hospitals and Portsmouth Hospital Trusts.

## KPI5

### NEL Admissions 1+ Days

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
HHFT	2,596	2,554	2,648	2,587	2,721	2,652	2,738	2,789	2,838
IOW	1,013	1,125	1,054	1,042	993	927	997	939	948
PHU	3,292	3,422	3,337	3,399	3,384	3,334	3,578	3,567	3,690
UHS	2,719	2,868	2,752	2,668	2,714	2,697	2,781	2,837	2,853
ICB	9,620	9,969	9,791	9,696	9,812	9,610	10,094	10,132	10,329

\*Monthly SUS Data - Non Elective Episodes, 1+ Day LOS, Pbr extract current



# Summary of performance metrics

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- The **average length of stay (non elective stays 1+ days)** remained consistent at 7.7

**KPI 8**

Average LOS (NEL stays 1+ days)

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD Avg
HHFT	7.7	7.9	7.4	6.8	7.2	7.0	7.8	7.2	7.4	7.4
IOW	9.3	9.5	8.5	8.7	9.1	8.6	8.7	8.1	8.0	8.7
PHU	8.0	8.4	8.1	7.8	8.1	7.8	7.9	7.5	7.8	7.9
UHS	6.9	7.2	6.9	6.7	7.1	7.1	7.0	7.4	7.1	7.0
ICB	7.7	8.1	7.6	7.3	7.7	7.5	7.7	7.7	7.7	7.7

\*MonthlySUSData - Non Elective Episodes, 1+ DayLOS, Pbr extract current

\* Total Pbr Adjusted Length of Stay (days)/Pbr Episodes count

- Bed occupancy % (general and acute)** to 94.6%

**KPI 9**

G&A Bed Occupancy (%)

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	YTD Avg
HHFT	96.0%	94.4%	91.1%	91.5%	93.9%	96.7%	97.3%	97.6%	95.5%	92.7%	94.7%
IOW	97.9%	96.6%	93.2%	93.1%	91.9%	94.0%	95.2%	95.5%	92.9%	91.5%	94.2%
PHU	96.4%	97.4%	97.2%	97.6%	96.8%	97.2%	97.0%	97.1%	94.8%	95.6%	96.7%
UHS	94.8%	96.4%	95.0%	94.1%	94.2%	95.6%	97.1%	97.7%	94.2%	96.0%	95.5%
ICB	95.9%	96.3%	94.6%	94.6%	94.8%	96.3%	97.0%	97.3%	94.6%	94.6%	95.6%

\*UEC Daily SitRep, average Occupied Beds / Open Beds

- In January 2024, the **percentage of non elective activity treated as same day emergency care** fell by just under 1% to 36%. The target is 40% which was achieved by Hampshire Hospitals Trust

**KPI 10**

Percentage of NEL activity treated as SDEC (40% aim)

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	YTD Avg
HHFT	38.4%	39.4%	38.6%	41.3%	39.1%	39.8%	38.6%	39.3%	40.6%	39.5%
IOW	28.2%	28.4%	28.1%	26.4%	27.3%	30.4%	27.8%	32.5%	30.0%	28.8%
PHU	35.8%	38.0%	40.6%	39.4%	39.9%	38.4%	38.3%	37.7%	35.3%	38.1%
UHS	35.7%	34.0%	33.7%	35.2%	35.9%	34.9%	37.0%	35.3%	33.7%	35.1%
ICB	35.8%	36.3%	37.0%	37.6%	37.5%	37.1%	37.1%	37.1%	36.0%	36.8%

\*MonthlySUSData - Non Elective Episodes (Total) / Non Elective Episode 0 DayLOS



# Summary of performance metrics

- Similarly to average decision to admit time, there has been a step-change (increase) in average **no criteria to reside not discharged by 11:59pm** from September 2023. In January 2024, Isle of Wight and University Hospital Southampton Trusts have both seen their highest numbers this financial year which has contributed to the highest aggregate position with 693 patients remaining in hospital unnecessarily

## KPI 11

### Average NCTR Not Discharged by 11:59pm

Provider	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
HHFT	174	169	146	149	156	162	162	168	164	170
IOW	61	59	56	59	63	71	60	71	70	73
PHU	211	198	204	205	192	232	221	215	199	215
UHS	181	188	196	197	194	205	207	210	201	235
<b>ICB</b>	<b>627</b>	<b>614</b>	<b>602</b>	<b>610</b>	<b>605</b>	<b>670</b>	<b>650</b>	<b>664</b>	<b>634</b>	<b>693</b>

\*NHSE Discharge SitRep - average daily figures by month

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# Urgent and Emergency Care performance update

**February 2024**

# Executive Summary

- Like every system locally, throughout much of January Frimley Health Foundation Trust (FHFT) has been in hyper-escalation
- **ED attendances** have increased and continue to be above predicted volumes. On Tuesday 02/01/24 attendances increased from 700 per day across both sites, previous week to over 800. Since then, attendances have been very high and sustained (879, 801, 832) with pressure also from increased acuity of admitted patients.
- **Ambulance:** Frimley is one of the best in the region for Handover delays.
- **Escalation capacity and occupancy** has been increased with the number of open beds increasing from 45 on Saturday 30/12/23 to 107 on Wednesday 03/01/24. Over the last couple of weekends, the numbers of escalation beds opened has increased to c120-130. Critical care has been generally full across both sites with high acuity across all other areas of the hospital.
- Capacity issues due to **RAAC closures have** continued to impact. This includes a reduction in bedded capacity but also clinical & managerial capacity in the management of required operational changes.
- The impact of Industrial Action has been significant in Q3 and work is being finalised to quantify the full impact.

# The system has taken several actions to help ameliorate Xmas and Q4 pressures

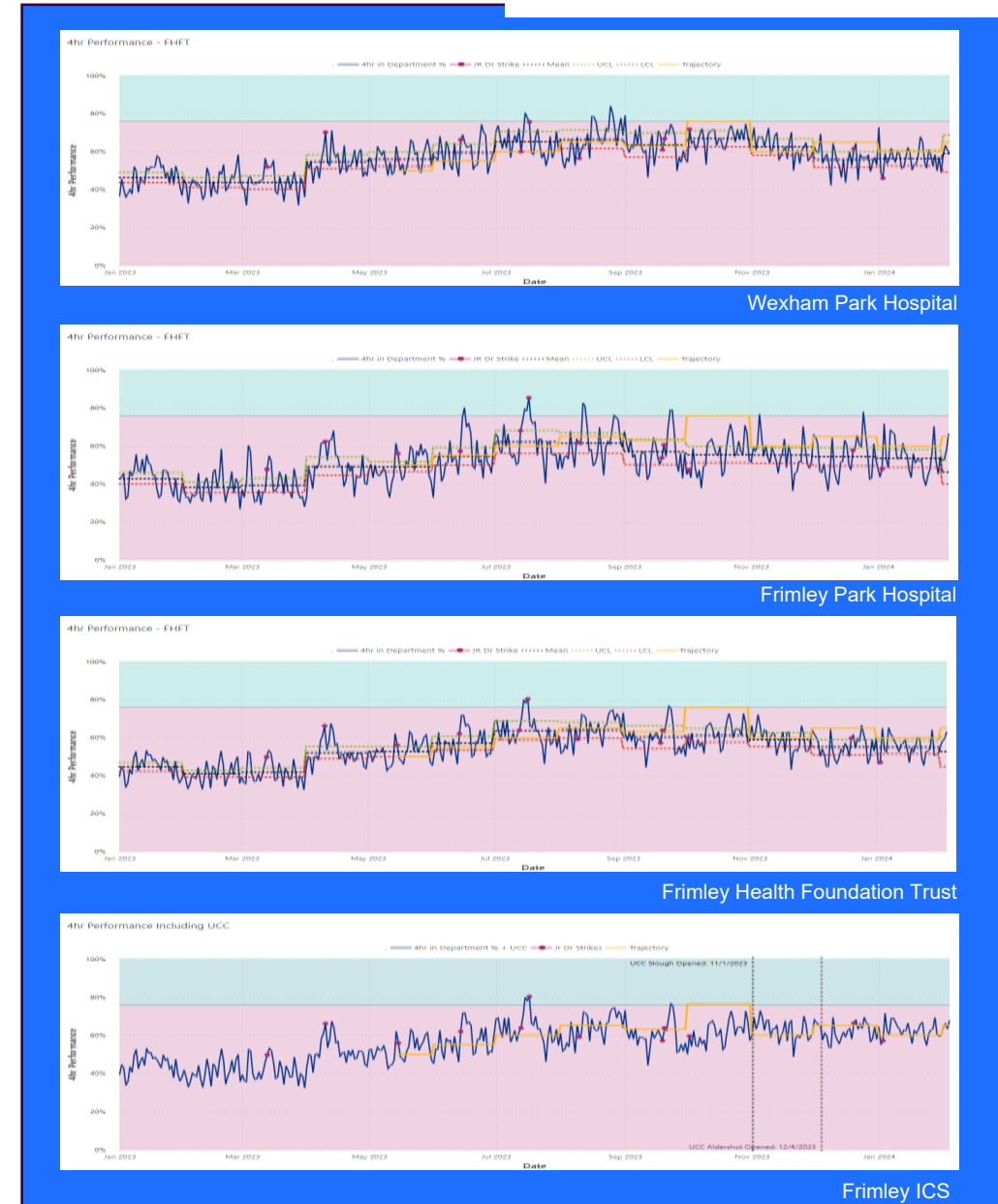
- **Two new Urgent Care Centres** in Slough and Aldershot up and running – Slough commenced in November and Aldershot in December.
  - **Extra primary care capacity in and out of hours:** NHS Frimley funded up to 6,000 extra primary care and out of hours appointments between Wednesday 20/12/23 and Tuesday 09/01/24. This is around c300 extra out of hospital appointments per day
  - **Extra Beds:** Reflecting pressures System agreed to fund and step up 23 additional beds at Heathlands. These were held back and opened on 2nd January, i.e. to help with the pressures and are being used as community discharge beds to enable patients who are waiting for care to step down from the acute hospital at Frimley Park.
- Comms Campaign:** We have a Comms campaign that is bigger and wider reaching than ever before. Working closely with primary care we are getting messages out that Primary Care Access has improved without flooding them. Includes promoting Healthier Together
- **Additional Adult social care capacity:**
    - ü **RBWM:** Nursing Bed Provision, Live-in care and additional utilisation of current support partners
    - ü **Slough:** Recruitment: x1 additional social worker and x1 additional occupational therapist, maximise take up and implementation of Assistive Technology, Homelessness, Housing & Complex health and social care needs
    - ü **NE Hants & Farnham:** Increased Therapy support to D2A beds, and improved management of community therapies supporting pathway 0 and pathway 1 patients, Improved weekend discharges and Complex Care funding
    - ü **Bracknell Forest:** Costs associated with the utilisation of available beds occupying one floor of Heathlands. Based on 23 beds and a maximum LOS of 7 days, this gives a forecast 23 additional discharges a week (92/month).

# Summary of performance metrics

- In January 2024, 4-hour performance for type 1 was 56.2%. 4-hour performance for all types was 62.5%. This is against a trajectory of 60%
- In the month to date, four-hour performance for type 1 is 56.2%. Four-hour performance for all types is 62.3%. This is against a trajectory of 65%
- Complex discharges (P1-P3) were 21.1% (235) above 2022 baseline w/e 28/1/24. In response to ongoing pressures this was increased to 37.6% (267) above 2022 baseline w/e 4/2/24. This is above the average 17% achieved in 2023.

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Ambulance handover times remain consistent despite increased demand. Patients are not waiting in ambulances but are being brought into the department. Although this may be preferential to waiting in ambulances, it is leading to queues in the department which in turn leads to poor patient flow, and sub-optimal patient experience.



\*Data to Sunday 4<sup>th</sup> February incl.

# Cat 2 Ambulance Performance

Mean response time of our Category 2 Ambulances has been within the 30mins target in three of the last six weeks.

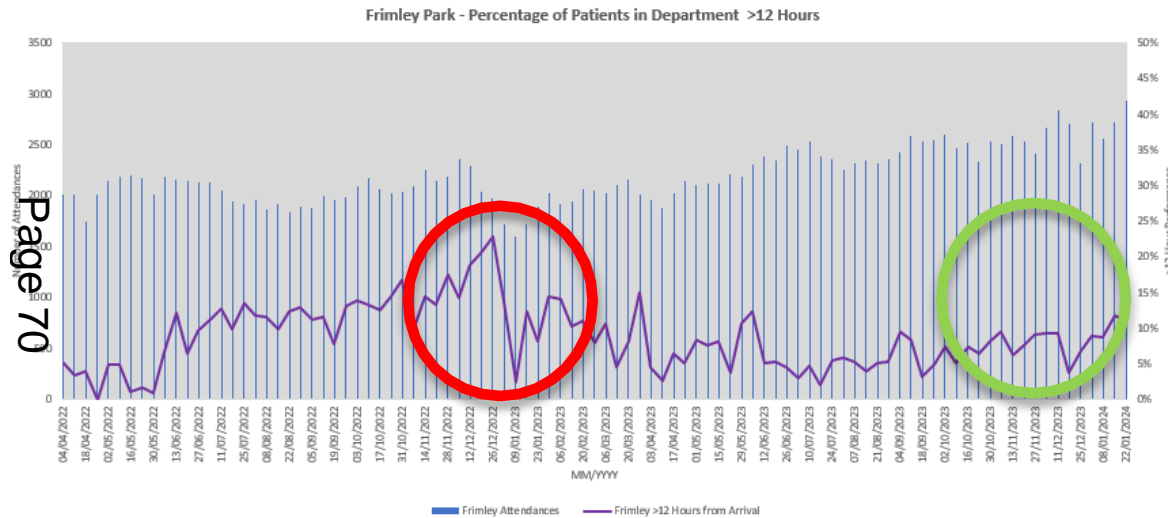
## Ambulance Performance Metrics - Integrated Care Boards

Last 12 Weeks Metrics by Selectable ICB Area

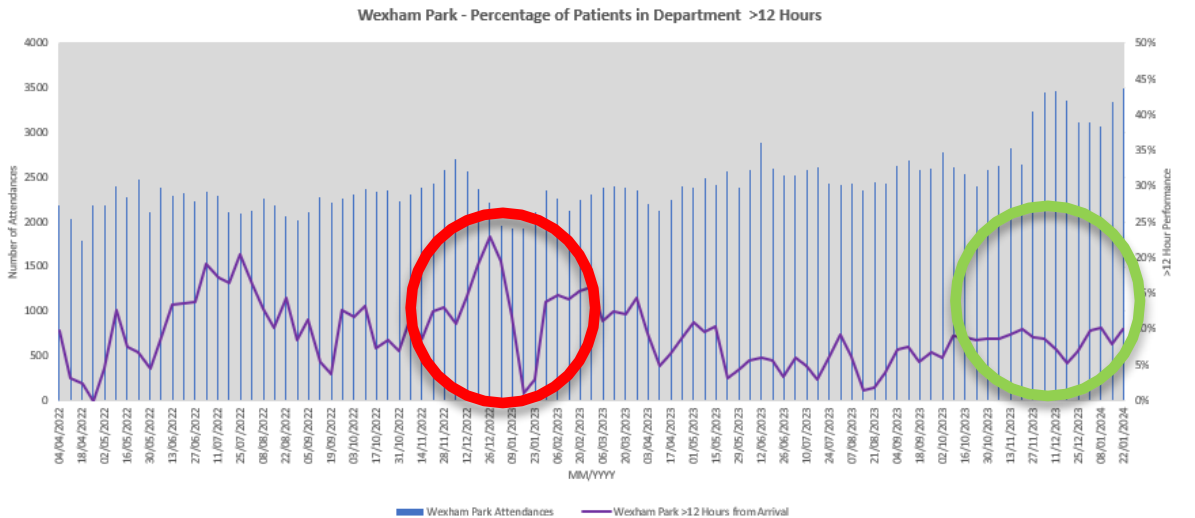
Select ICB →	NHS FRIMLEY INTEGRATED CARE BOARD											
Data Item	06/11/2023	13/11/2023	20/11/2023	27/11/2023	04/12/2023	11/12/2023	18/12/2023	25/12/2023	01/01/2024	08/01/2024	15/01/2024	22/01/2024
Category 2 - Count of incidents	1,091	1,110	1,134	1,110	1,099	1,174	621	1,067	1,109	965	1,090	1,116
Category 2 - Calls Closed through H&T	10	11	5	10	18	12	10	10	6	6	5	13
<i>Proportion of Incidents</i>	0.9%	1.0%	0.4%	0.9%	1.6%	1.0%	1.6%	0.9%	0.5%	0.6%	0.5%	1.2%
Category 2 - Seen and Treated at Scene	308	328	345	351	389	342	194	358	316	284	353	358
<i>Proportion of Incidents</i>	28.2%	29.5%	30.4%	31.6%	35.4%	29.1%	31.2%	33.6%	28.5%	29.4%	32.4%	32.1%
Category 2 - Count of transported incidents	783	782	789	759	710	832	427	709	793	681	737	758
<i>Proportion of Incidents</i>	71.8%	70.5%	69.6%	68.4%	64.6%	70.9%	68.8%	66.4%	71.5%	70.6%	67.6%	67.9%
Category 2 - Convey (Not T1/2 ED)	9	18	24	21	19	22	5	20	19	26	17	24
<i>Proportion of Incidents</i>	0.8%	1.6%	2.1%	1.9%	1.7%	1.9%	0.8%	1.9%	1.7%	2.7%	1.6%	2.2%
Category 2 - Convey to Type 1/2 ED	774	764	765	738	691	810	422	689	774	655	720	734
<i>Proportion of Incidents</i>	70.9%	68.8%	67.5%	66.5%	62.9%	69.0%	68.0%	64.6%	69.8%	67.9%	66.1%	65.8%
Category 2 - Mean Response Time	00:31:53	00:30:09	00:28:29	00:35:04	00:42:38	00:31:03	00:22:53	00:26:59	00:34:55	00:28:51	00:32:51	00:38:30
Category 2 - 90th Percentile	01:00:13	00:57:40	00:54:17	01:11:31	01:30:31	01:02:00	00:43:15	00:54:30	01:13:20	00:59:53	01:05:13	01:16:05
Category 2 - Over 90th Standard (TOTAL)	307	288	310	351	419	299	74	196	319	311	301	389
Category 2 - Twice 90th Standard (TOTAL)	50	39	36	78	139	53	7	45	103	44	72	130
Category 2 - Triple 90th Standard (TOTAL)	13	7	10	13	49	18	0	11	35	13	20	34

# 12 hour waits

The number of patients waiting >12 hours is lower this year than Winter 22/23



**323**      **11%**  
 Frimley Park - Attendances in the Department for more than 12hours in the past week

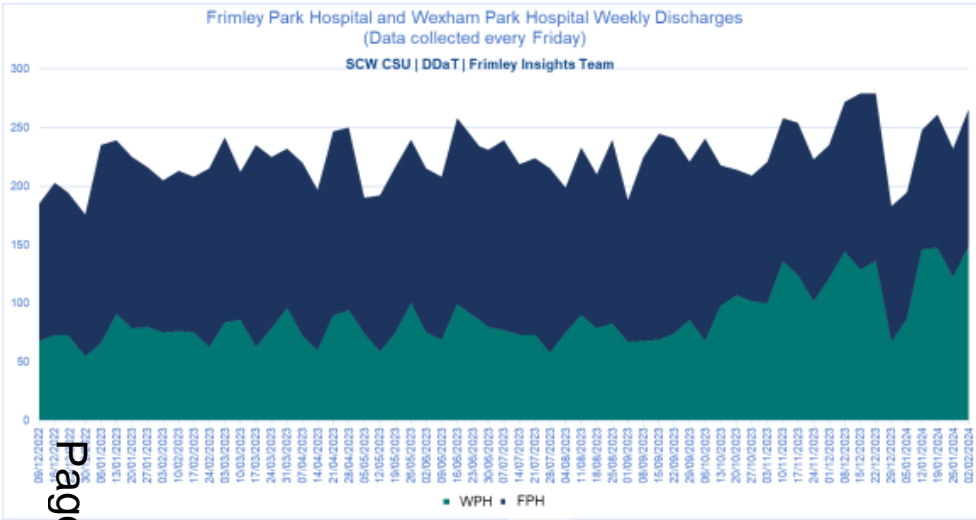


**353**      **10%**  
 Wexham Park - Attendances in the Department for more than 12hours in the past week

# Weekly MSFD Discharges

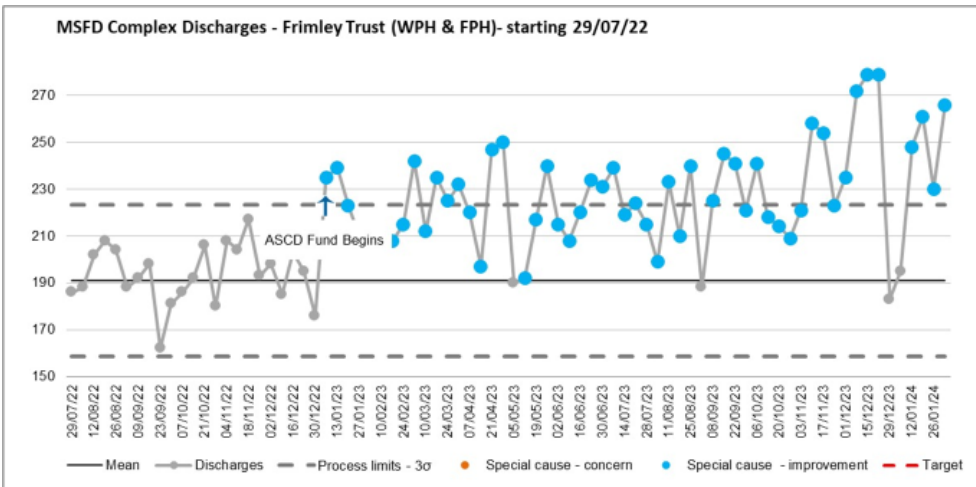


## Discharges (FPH and WPH)



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## Total Discharges - SPC



Week Ending (Date)	WPH Discharges	FPH Discharges	Total	% Difference Against 2022 Baseline
11/11/2022	76	128	204	5%
18/11/2022	81	136	217	12%
25/11/2022	62	131	193	-1%
02/12/2022	71	127	198	2%
09/12/2022	68	117	185	-5%
16/12/2022	73	130	203	5%
22/12/2022	73	122	195	1%
30/12/2022	55	121	176	-9%
06/01/2023	66	169	235	21%
13/01/2023	91	148	239	23%
20/01/2023	79	146	225	16%
27/01/2023	80	136	216	11%
03/02/2023	75	130	205	6%
10/02/2023	76	137	213	10%
17/02/2023	75	133	208	7%
24/02/2023	63	152	215	11%
03/03/2023	84	158	242	25%
10/03/2023	86	126	212	9%
17/03/2023	63	172	235	21%
24/03/2023	70	148	225	16%
31/03/2023	96	136	232	20%
07/04/2023	72	148	220	13%
14/04/2023	60	137	197	2%
21/04/2023	90	157	247	27%
28/04/2023	94	156	250	29%
05/05/2023	74	116	190	-2%
12/05/2023	59	133	192	-1%
19/05/2023	75	142	217	12%
26/05/2023	100	140	240	24%
02/06/2023	75	140	215	11%
09/06/2023	69	139	208	7%
16/06/2023	99	159	258	33%
23/06/2023	86	148	234	21%
30/06/2023	80	151	231	19%
07/07/2023	77	162	239	23%
14/07/2023	73	146	219	13%
21/07/2023	73	151	224	15%
28/07/2023	58	157	215	11%
04/08/2023	75	124	199	3%
11/08/2023	90	143	233	20%
18/08/2023	79	131	210	8%
25/08/2023	83	157	240	24%
01/09/2023	67	121	188	-3%
08/09/2023	66	157	225	16%
15/09/2023	69	178	245	26%
22/09/2023	74	167	241	24%
29/09/2023	86	135	221	14%
06/10/2023	68	173	241	24%
13/10/2023	98	120	218	12%
20/10/2023	107	107	214	10%
27/10/2023	102	107	209	8%
03/11/2023	100	121	221	14%
10/11/2023	136	122	258	33%
17/11/2023	124	130	254	31%
24/11/2023	102	121	223	15%
01/12/2023	121	114	235	21%
08/12/2023	144	128	272	40%
15/12/2023	129	150	279	44%
22/12/2023	136	143	279	44%
29/12/2023	67	116	183	-9%
05/01/2024	87	108	195	1%
12/01/2024	148	102	248	28%
19/01/2024	147	114	261	35%
26/01/2024	122	110	232	20%
02/02/2024	149	117	266	37%

MADE Event  
ASCD Fund  
MADE Event and Discharge Funding for Stepdown Care  
MADE Event  
MADE Event  
MADE Event  
Numbers are now being taken from Discharge and Flow Dashboard

The rolling 4-week average is at a 30% increase in discharges against 2022/23 baseline.

There are numerous factors which impact daily and weekly discharge numbers which may include acuity and / or complexity.

Partners continue to work to facilitate the safe discharge of as many people as possible on a daily basis.

From w/e 13<sup>th</sup> October, discharge data is being taken from the Discharge and Flow Dashboard.

Monthly averages are taken from the month's weekly figures.

Please be advised that the latest discharge numbers reported in the Discharge and Flow Dashboard are unvalidated. These numbers are subject to change due to validation checks. We will update these discharge numbers with the next iteration of the report.

Weekly average for November: 239

Weekly average for December: 249

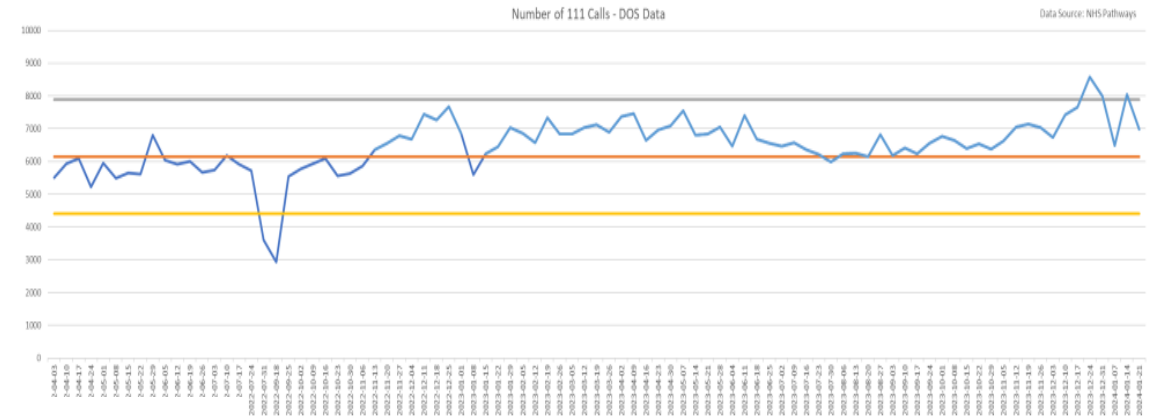
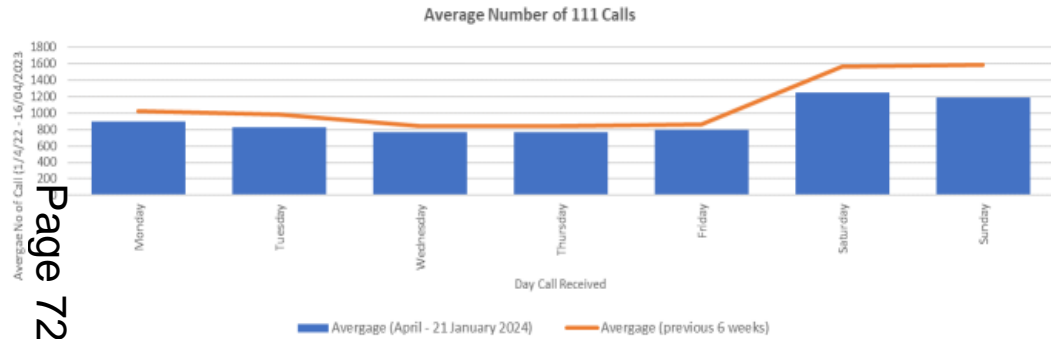
Weekly average for January: 234

Rolling 4 weeks (average)	141	111	252	30%
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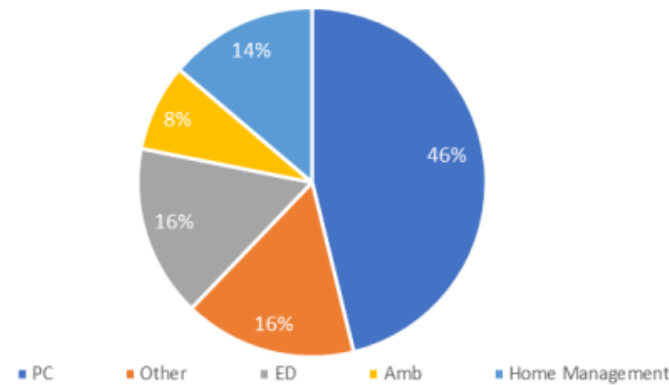
# Use of 111



The latest data shows that the number of 111 Calls has decreased. At 21/1/24, there were 1,077 less calls compared to the previous 7 days. Compared to the previous 6 weeks average, the number of calls have increased by 4%.



Average Latest Week % of 111 Calls Outcome - SCAS







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# SCAS Update

## P Jefferies – AD Operations

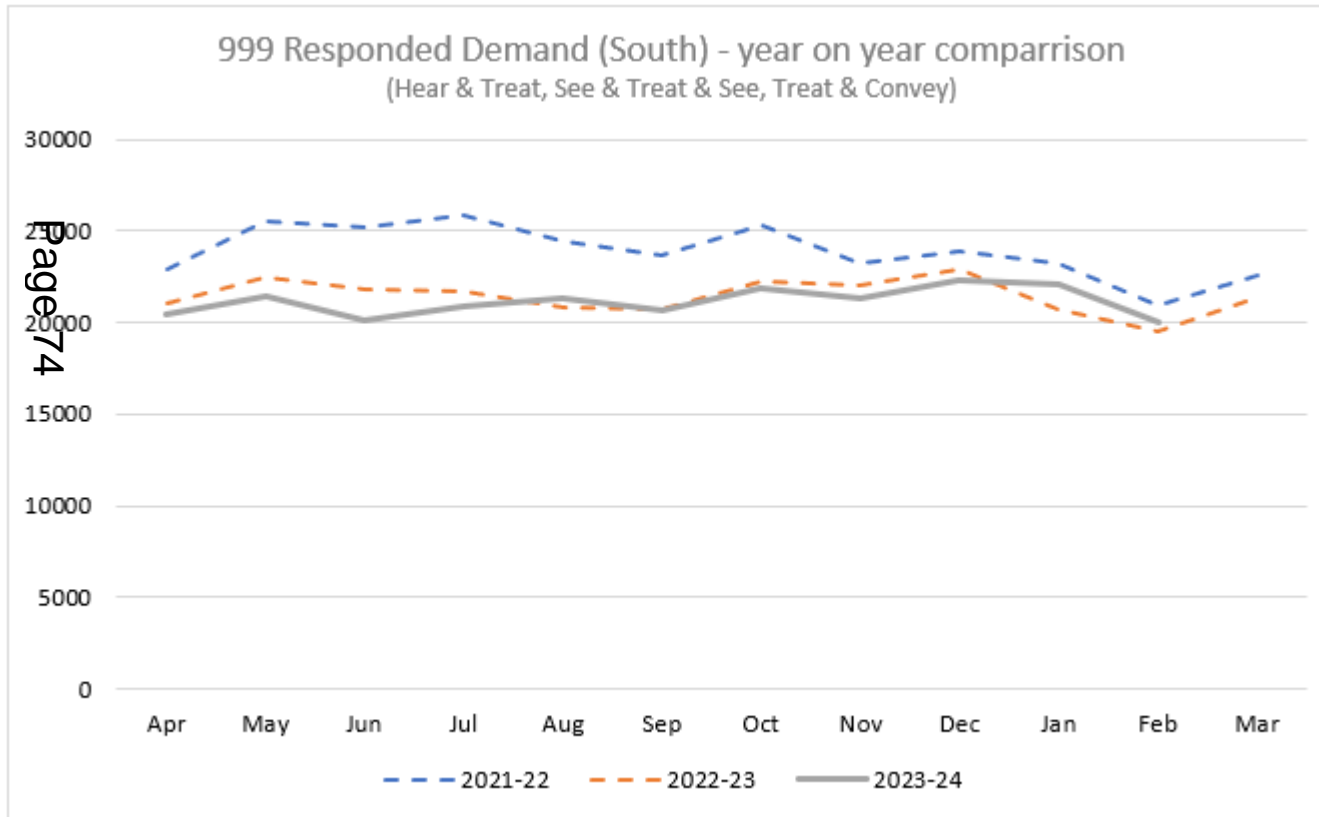




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Demand Profile Hants



Percentage of demand against category

	Cat 1	Cat 2	Cat 3	Cat 4	Cat 5	HCP
2021-22	7.2%	46.7%	26.6%	1.7%	13.3%	4.5%
2022-23	6.8%	51.1%	24.8%	1.2%	12.1%	3.8%
2023-24	7.4%	52.9%	23.2%	1.1%	11.4%	3.8%

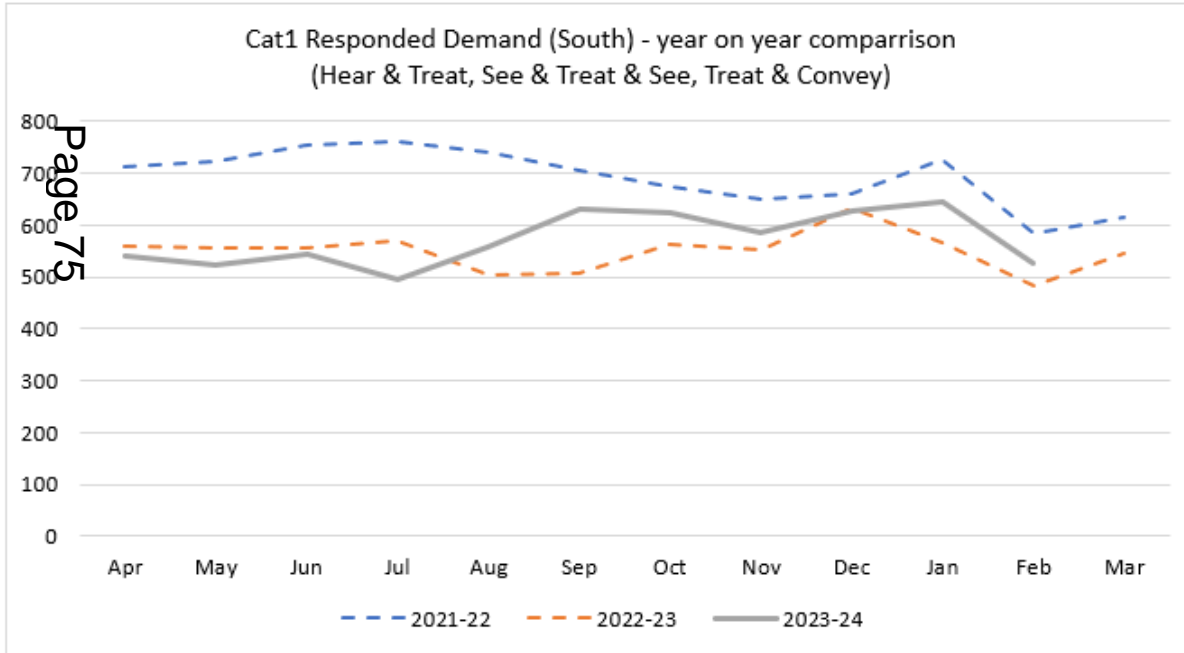


**NHS**

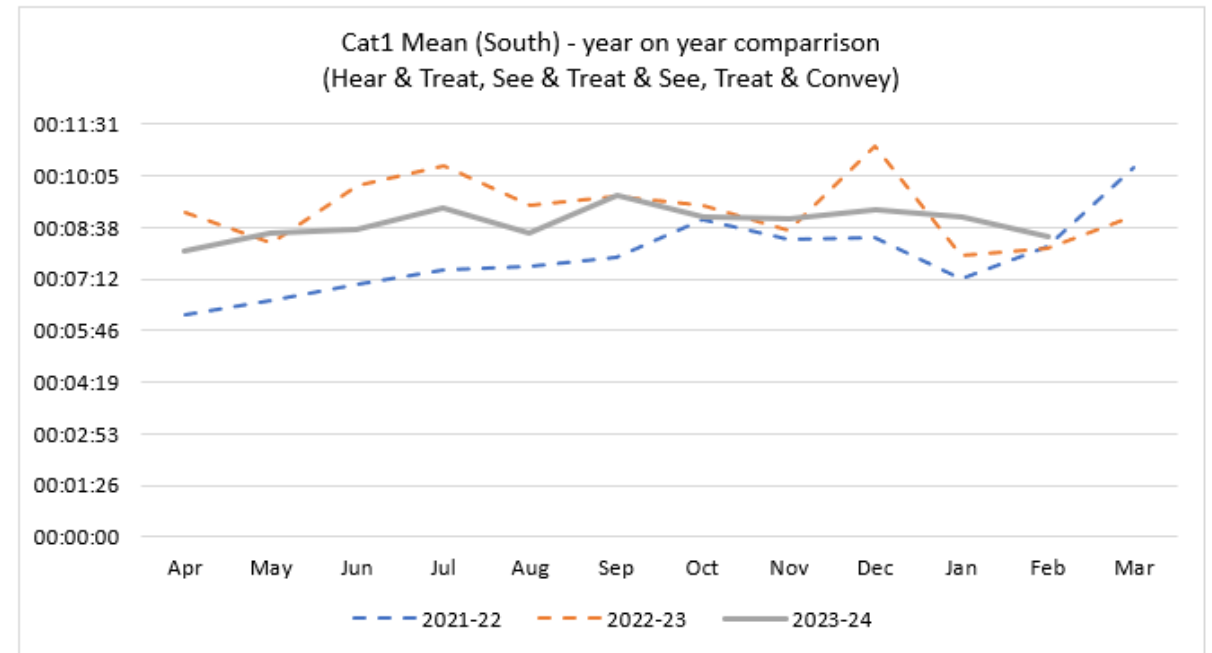
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NHS Foundation Trust

## Category 1 Performance

### Demand



### Mean Response



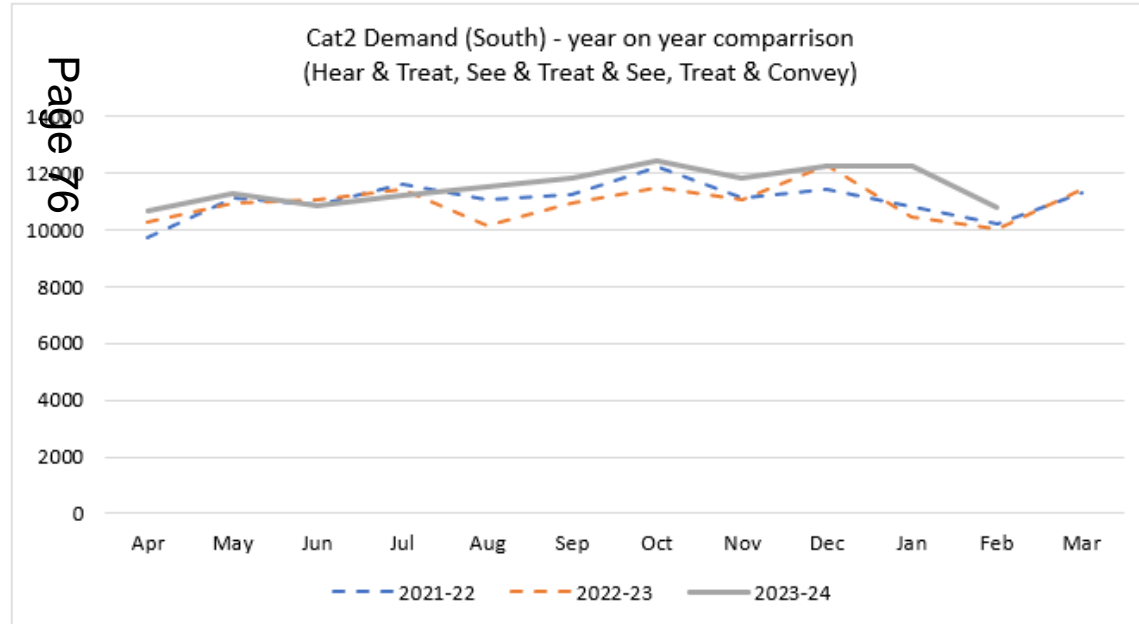


**NHS**

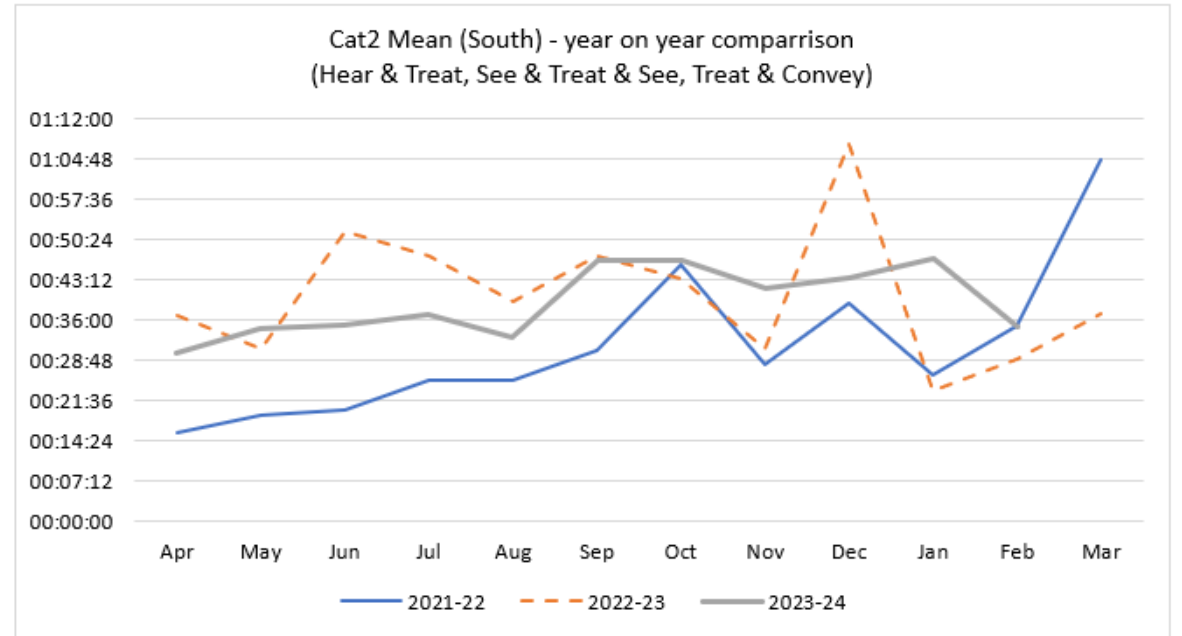
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## Category 2 Performance

### Demand



### Mean Response





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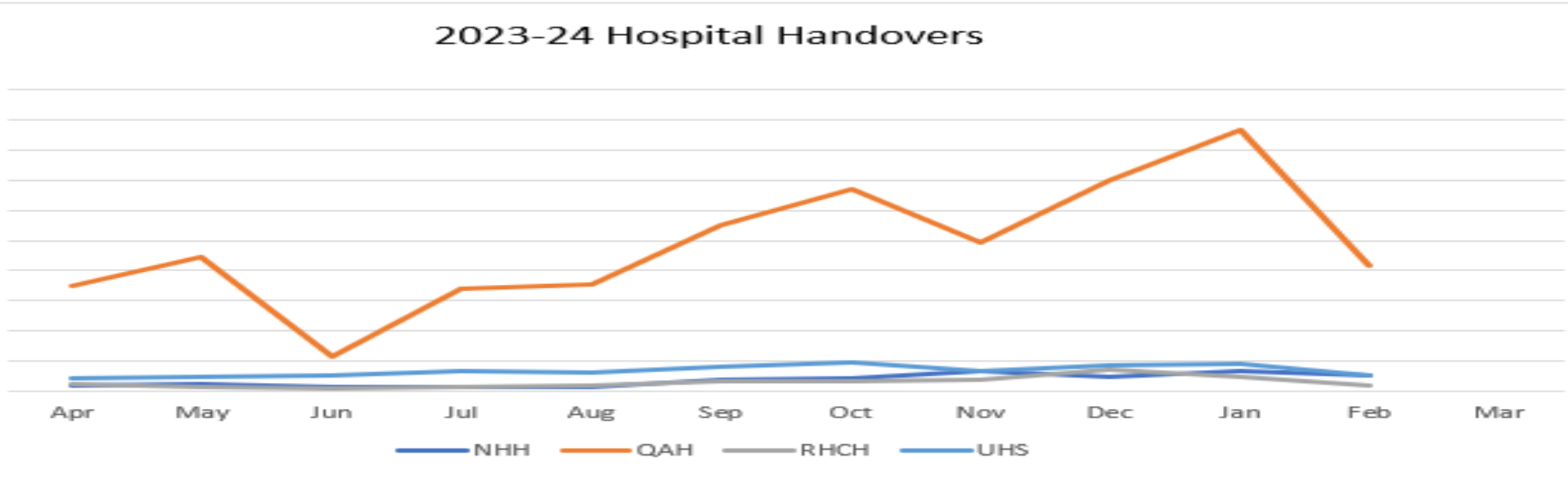
Hospital Data – 2023/24 (Exc March 2024)

### 2023-24 Hospital Handovers

4800:00:00  
4320:00:00  
3840:00:00  
3360:00:00  
2880:00:00  
2400:00:00  
1920:00:00  
1440:00:00  
960:00:00  
480:00:00  
0:00:00

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

— NHH — QAH — RHCH — UHS



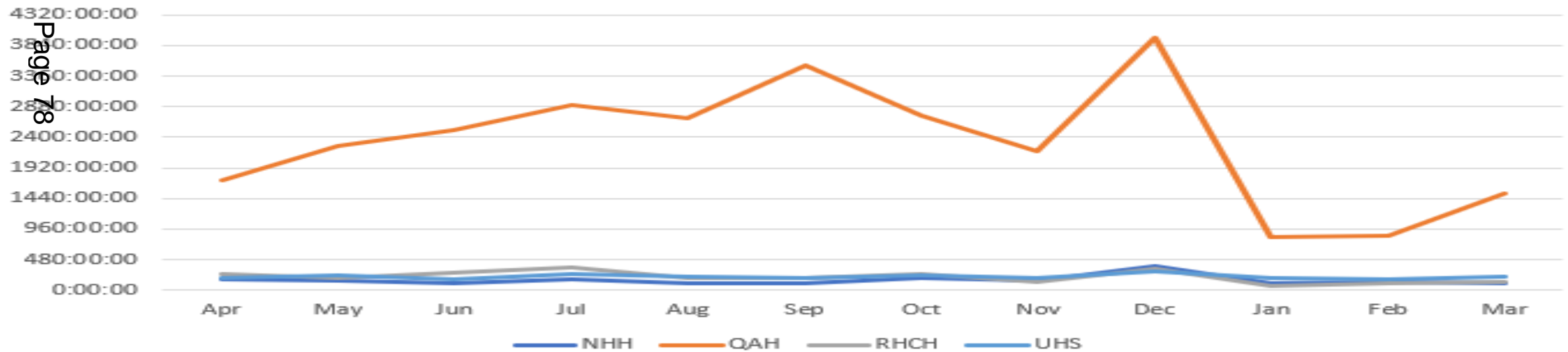


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Hospital Data – 2022/23 (Exc March 2023)

2022-23 Hospital Handovers





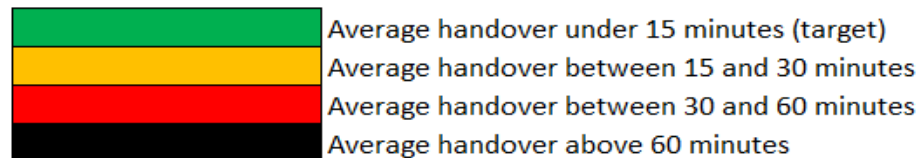
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# Hospital Handover Data

- All Acutes have seen an impact on SCAS asset availability with delays.
- QA Remains the acute Trust that impacts mostly on the Trust with an Average H/O delay of 54mins.
- Although SGH impacts and has in recent weeks overall it maintains its own flow/Queue.

Month	North Hants	Queen Alexandra	Royal Hants	Southampton General
Apr 22	00:20:20	00:44:32	00:26:19	00:17:49
May 22	00:17:32	00:49:05	00:21:24	00:17:26
Jun 22	00:17:07	00:56:37	00:27:57	00:17:10
Jul 22	00:20:37	01:05:07	00:30:28	00:18:27
Aug 22	00:18:02	01:03:40	00:21:25	00:18:01
Sep 22	00:16:55	01:19:21	00:22:32	00:17:47
Oct 22	00:21:04	01:03:29	00:25:08	00:18:38
Nov 22	00:19:05	00:50:48	00:18:40	00:18:00
Dec 22	00:31:34	01:28:14	00:29:55	00:19:31
Jan 23	00:17:33	00:26:43	00:14:27	00:17:34
Feb 23	00:18:26	00:26:04	00:17:42	00:17:05
Mar 23	00:17:10	00:36:21	00:18:07	00:17:08
Apr 23	00:16:16	00:40:35	00:16:43	00:17:12
May 23	00:17:30	00:49:44	00:13:35	00:17:54
Jun 23	00:15:06	00:20:18	00:13:27	00:18:06
Jul 23	00:14:31	00:39:01	00:13:18	00:19:30
Aug 23	00:14:41	00:40:56	00:14:39	00:18:56
Sep 23	00:20:25	00:59:18	00:19:10	00:21:00
Oct 23	00:20:57	01:06:35	00:17:42	00:21:04
Nov 23	00:26:20	00:50:03	00:19:32	00:19:49
Dec 23	00:21:58	01:06:47	00:27:55	00:20:55
Jan 24	00:25:32	01:26:19	00:22:02	00:22:51
Feb 24	00:27:26	00:58:48	00:17:42	00:20:24



# Hospital Handover Actions



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Hospital Handover Actions		
Acute	Action	
All	We issued a letter to all Acute Trusts from the Trusts CEO on the 29th December 2023 informing them around our Immediate Handover Policy	
Page 800 SCAS are doing the following actions at QAH to include	Actions being taken to support reduction in Ambulance handover delays	
	Collaborative work to support 3 x separate “firebreak” weeks, engaging SCAS, ICB and local partners to ensure flow through the ED but reducing hospital occupancy and reducing ambulance handover delays through increased capacity	
	Ensuring SDEC pathways are fully open and staffed, and that SCAS staff use all available pathways via SCAS connect.	
	Positives – SE sector is at 2.1% see and treat than SCAS average.	
	SE sector ED conveyance is 1.3% below the SCAS average.	
We are doing the following actions at HHFT to include	Immediate handover - HHFT submitted a plan to accommodate the immediate handover policy, however this is including some actions by the acute which should have been actioned during escalation phase and prior to immediate handover. Working with senior leaders of HHFT to agree a revised plan in the case of immediate handover.	
	<table border="1"> <tr> <td>Issues – HHFT have stated that they do not have staffing to support a cohort area, requesting that SCAS staff are used</td> <td>this is being discussed locally to achieve a resolution.</td> </tr> </table>	Issues – HHFT have stated that they do not have staffing to support a cohort area, requesting that SCAS staff are used
Issues – HHFT have stated that they do not have staffing to support a cohort area, requesting that SCAS staff are used	this is being discussed locally to achieve a resolution.	





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# Additional Factors affecting performance

- We have been impacted by fleet delays, with a delay of new vehicles due to a coach builder becoming insolvent as all ambulances are now procured under a national contract.
- We have had an impact with Operational hours and had to increase the use of private provisions of Ambulance hours, via approved contractors (Similar to NHS Professionals)
- Handover delays at Acute Trust as discussed.
- Demand over the winter period.

# **NHS 111 & IUC Service**

Performance Update for HASC – February 2024





**NHS**

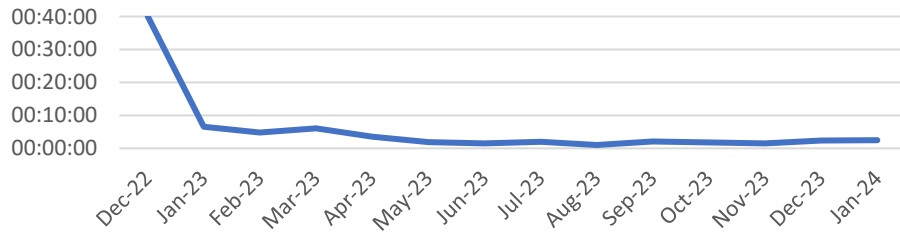
**South Central  
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# NHS 111/IUC – Performance overview (23/24)

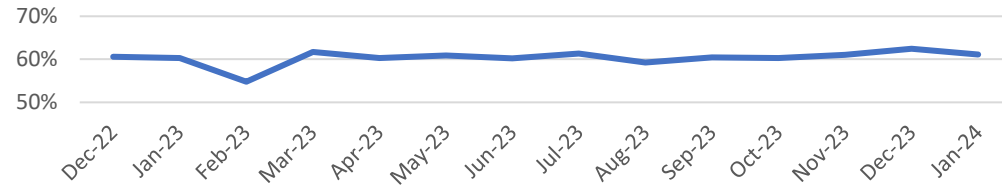
	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Average Speed to Answer Calls	00:40:02	00:06:31	00:04:48	00:06:01	00:03:32	00:01:52	00:01:29	00:01:57	00:00:59	00:02:04	00:01:47	00:01:29	00:02:23	00:02:27
Proportion of Calls Assessed by a Clinician or Clinical Advisor	60.60%	60.30%	54.80%	61.70%	60.30%	60.90%	60.20%	61.30%	59.20%	60.40%	60.30%	61%	62.40%	61.10%
Proportion of Cat 3/4 Calls That Are Validated					90.5%	89.8%	89.8%	89.9%	90.2%	89.1%	90.9%	91.6%	92.4%	92.6%
Proportion of ETC Dispositions That Are Validated	71.6%	72.6%	63.7%	74.5%	75.2%	73.7%	73.7%	76.2%	74.0%	76.0%	75.9%	81.0%	77.7%	78.9%

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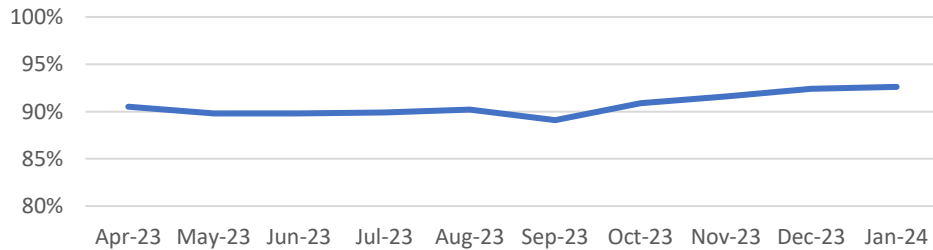
Average Speed to Answer Calls



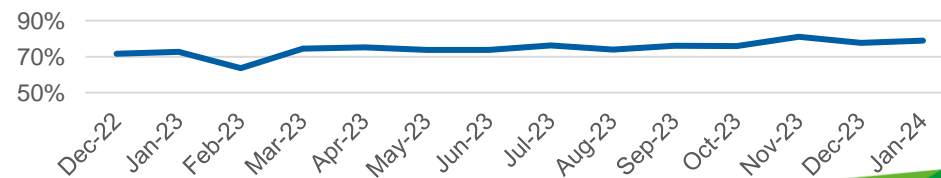
Proportion of Calls Assessed by a Clinician or Clinical Advisor



Proportion of Cat 3/4 Calls That Are Validated



Proportion of ETC Dispositions That Are Validated





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# 111 Workforce Performance Indicators (23/24)

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WORKFORCE FTE	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
Budget Est	450.4	413.5	424.2	421.7	443.3	415.1	432.7	444.1	482.8	423.8	455.6	435.0
Workforce FTE Plan	279.6	280.1	279.6	281.1	281.6	287.1	293.6	298.1	278.1	288.6	298.1	306.1
Workforce FTE Actual	284.9	288.9	282.9	284.7	291.6	294.8	287.6	295.8	296.3	310.1		
Workforce FTE Variance (P v A)	5.3	8.8	3.3	3.6	9.9	7.6	-6.0	-2.4	18.2	21.4		
RECRUITMENT FTE	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
YTD Recruitment Plan	20.0	39.0	58.0	78.0	98.0	123.0	149.0	172.0	172.0	201.0	229.0	257.0
YTD Recruitment Actual	19.9	39.4	55.4	69.3	91.3	109.3	122.5	137.9	144.5	174.3		
YTD Recruitment Variance	-0.1	0.4	-2.6	-8.7	-6.7	-13.7	-26.5	-34.1	-27.5	-26.7		
ATTRITION FTE	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
YTD Attrition Forecast	20.5	39.0	58.5	77.0	96.5	116.0	135.5	154.0	174.0	192.5	211.0	231.0
YTD Attrition Actual	15.1	30.6	52.6	64.8	79.8	94.7	115.0	122.3	130.8	144.7		
YTD Attrition Variance	5.4	8.4	6.9	12.2	16.7	21.3	20.5	31.7	43.2	47.8		
23/24 12 Month Rolling T/O Rate	43%	42%	43%	43%	42%	43%	46%	43%	42%	41%		
23/24 Stability Index	61%	63%	64%	66%	69%	71%	71%	71%	73%	73%		

- Challenges remain in recruiting to Health Advisor positions, ongoing recruitment
- International recruitment of nurses – currently in training
- Retention plan in place and green shoots of improvement visible



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# EOC Workforce Performance Indicators (23/24)

WORKFORCE FTE	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	AVE
Budget Est	303.5	303.5	303.5	303.5	303.5	303.5	303.5	303.5	303.5	303.5	303.5	303.5	303.5
Workforce FTE Plan	302.0	302.0	302.0	307.0	303.0	305.4	304.4	309.4	296.4	296.9	300.9	301.9	302.6
Workforce FTE Actual	298.8	297.5	304.7	313.7	322.7	324.1	329.6	338.7	335.1	353.3			
Workforce FTE Variance (P v A)	-3.2	-4.4	2.7	6.7	19.7	18.8	25.2	29.3	38.7	56.5			
RECRUITMENT FTE	M1	M2	M3	M4	M5	M6	M7	M7	M9	M10	M11	M12	AVE
YTD Recruitment Plan	20.0	33.0	49.0	67.0	81.0	96.0	111.0	130.0	130.0	146.0	164.0	180.0	100.6
YTD Recruitment Actual	15.6	26.0	41.1	63.1	80.0	92.5	106.3	128.2	142.0	168.8			
YTD Recruitment Variance	-4.4	-7.0	-7.9	-3.9	-1.0	-3.5	-4.7	-1.8	12.0	22.8			
ATTRITION FTE	M1	M2	M3	M4	M5	M6	M7	M7	M9	M10	M11	M12	TOT/AVE
YTD Attrition Forecast	14.0	27.0	43.0	56.0	74.0	86.6	102.6	116.6	129.6	145.1	159.1	174.1	94.0
YTD Attrition Actual	15.1	28.0	35.9	48.9	57.9	71.1	78.0	89.8	107.2	115.8			
YTD Attrition Variance	1.1	1.0	-7.1	-7.1	-16.1	-15.5	-24.6	-26.8	-22.4	-29.3			
23/24 12 Month Rolling T/O Rate	34%	34%	32%	31%	29%	28%	28%	26%	29%	28%			30%
23/24 Stability Index	65%	65%	66%	67%	71%	72%	74%	76%	74%	75%			71%

- Retention improvement plan in place – benefits being realised
- IOW supporting ECT numbers
- International recruitment of nurses – development and preceptorship programmes underway.



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NHS Foundation Trust

Thank you

# Handover Data (SCAS) to include FPH

Paul Jefferies

AD Operations U&E

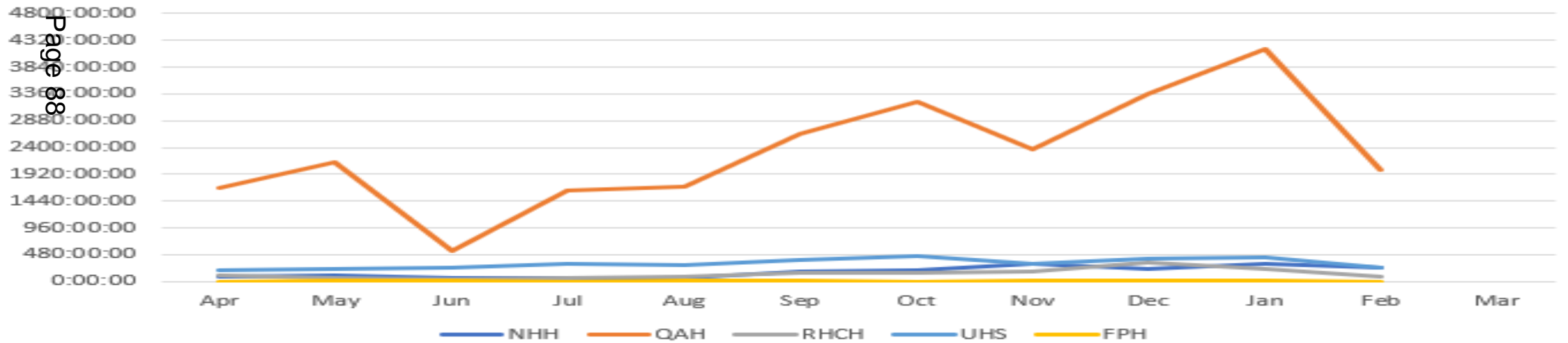


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Hospital Data – 2023/24 (Exc March 2024)

### 2023-24 Hospital Handovers



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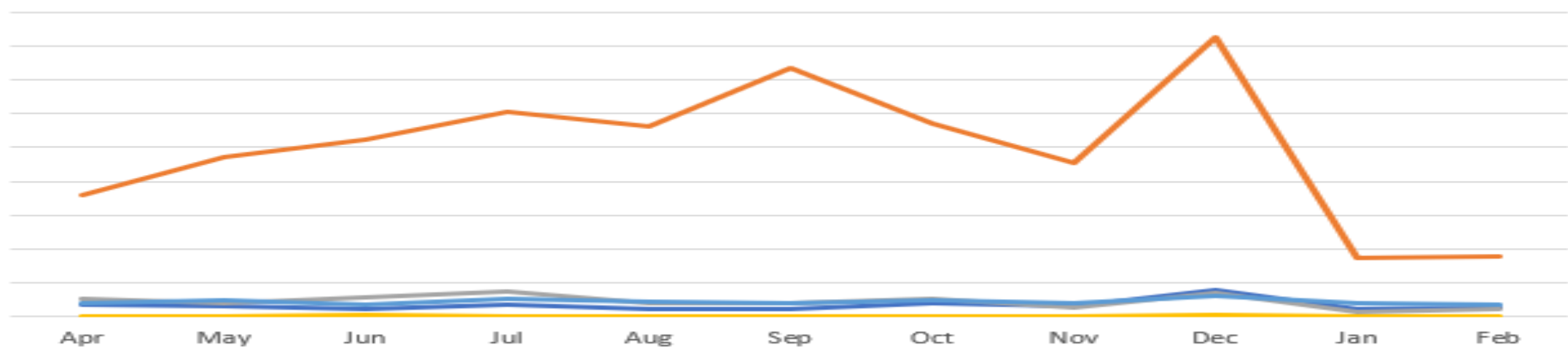
Hospital Data – 2022/23 (Exc March 2023)

### 2022-23 Hospital Handovers

4320:00:00  
3840:00:00  
3360:00:00  
2880:00:00  
2400:00:00  
1920:00:00  
1440:00:00  
960:00:00  
480:00:00  
0:00:00

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb

— NHH — QAH — RHCH — UHS — FPH



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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health & Adult Social Care
<b>Date:</b>	5 March 2024
<b>Title:</b>	Frimley Park - Project Update and Joint Health Overview & Scrutiny Committee
<b>Report From:</b>	Director of People & Organisation

**Contact name:** Democratic & Members Services

**Email:** Members.services@hants.gov.uk

#### **Purpose of this Report**

1. To present an update on the public engagement conducted by Frimley Park NHS Trust and Frimley IBC
2. To review draft terms of reference for a new Joint Health Overview & Scrutiny Committee

#### **Recommendation(s)**

3. **That the update on public engagement be received**
4. **That the Committee confirms its support for the formation of the Joint Health Overview and Scrutiny Committee with Surrey County Council and Bracknell Forest Borough Council**

#### **Executive Summary**

- 5 The first appendix to this overview report sets out for information an update on the initial public engagement conducted by Frimley.
6. The second appendix is the report about draft terms of reference for a Joint Health Overview & Scrutiny Committee, presented here for comment.

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# HAMPSHIRE COUNTY COUNCIL

## Decision Report

<b>Decision Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	Report submitted 8 February 2024
<b>Title:</b>	A new hospital to replace Frimley Park Hospital
<b>Report From:</b>	Frimley Health NHS Foundation Trust

<b>Contact name:</b>	Carol Deans, Director of Communications and Engagement		
<b>Tel:</b> 0300 6134365	<b>Email:</b>	c.deans1@nhs.net	

### Purpose of this Report

1. 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.
2. This report serves as an update to the previous report presented to the committee by the Trust and NHS Frimley on 21 November 2023.

### Recommendation(s)

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

### Executive Summary

4. The previous report presented on 21 November 2023 sought the committee's 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 a period of initial public engagement would be undertaken. It also recommended establishing a joint overview scrutiny committee which is subject to a separate report on this agenda.

5. The Trust opened its initial public engagement period on Thursday 24 November 2023 and closed it midnight on Sunday 7 January 2024.
6. 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.
7. 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.
8. 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*.
9. 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**

10. 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 21 November 2023.
11. 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.
12. 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**

13. 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 the NHS Frimley. It was also available on the Trust's website and internal intranet.

14. 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.

15. 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.

16. 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**

17. 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*.

18. 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.
- Two-fifths of respondents lived in North East Hampshire and Farnham (39%), with three in 10 living in Surrey Heath (31%). One in five respondents lived in Bracknell (19%) and 3% in Royal Borough of Windsor and Maidenhead (RBWM). The remaining respondents lived elsewhere (8%).
- These proportions closely reflect 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. 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.



19. Site location – key findings include:

Respondents from all areas said that access by car was the most important criteria when considering site location. This was followed by distance from the current site and access by public transport. One quarter said that all criteria listed were equally important. For NE Hants/Farnham, access by public transport (33%) was more important than distance from the current site (31%).

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.

20. 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.

21. 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**

22. 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.

23. 562 people joined the all-staff engagement sessions, and 106 joined the public online and in-person sessions.

24. 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 flow /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.

25. 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

26. 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.

27. As previously stated in the report to the HASC on 21 November 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

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

29. 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.

30. 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 21 November 2023.

**Appendix A: *The New Hospital Public Engagement Report***

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Prepared for:



**Frimley Health**  
NHS Foundation Trust

# New Hospital Public Engagement

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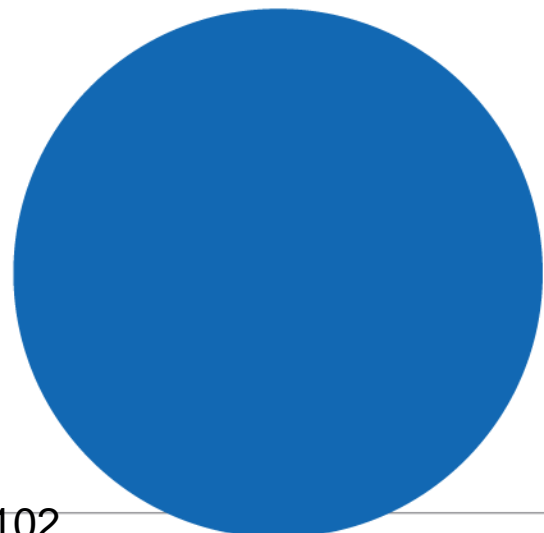
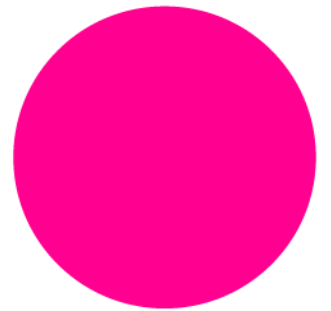
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# Introduction



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.

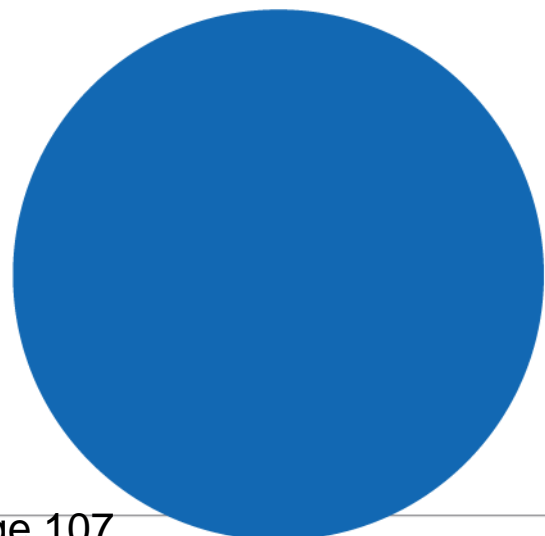
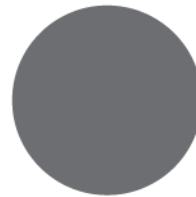
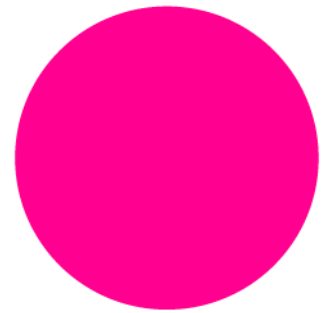
#### **Community engagement**

- 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



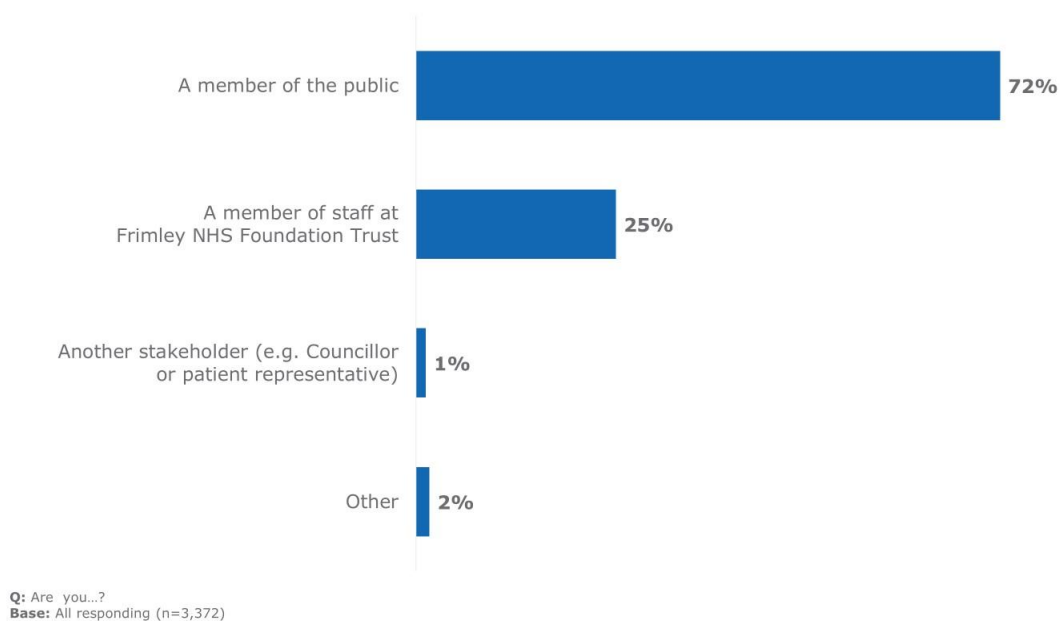
## This section details the key demographics of those responding to the online engagement survey.

A total of **3,399** online responses were received between Friday 24<sup>th</sup> November 2023 and Monday 8<sup>th</sup> 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.

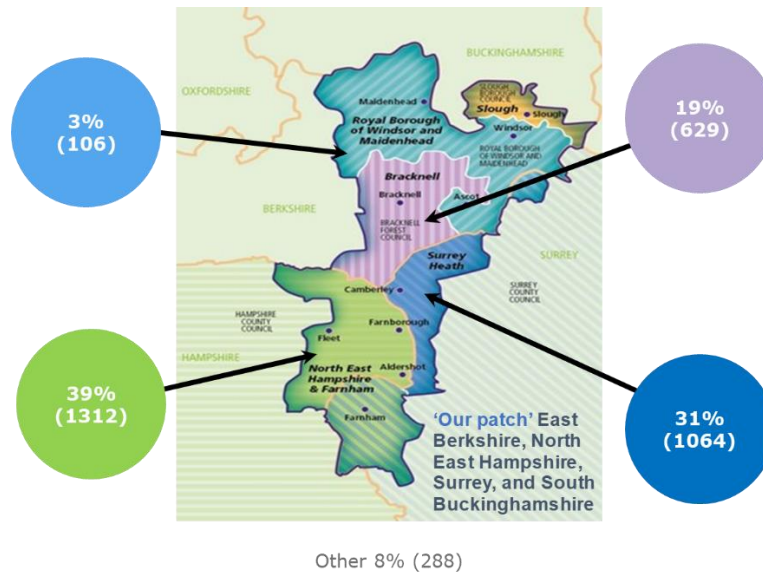
Others mainly included volunteers of the Trust or another linked organisation.

**Chart 1: Respondent type**



## 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%).



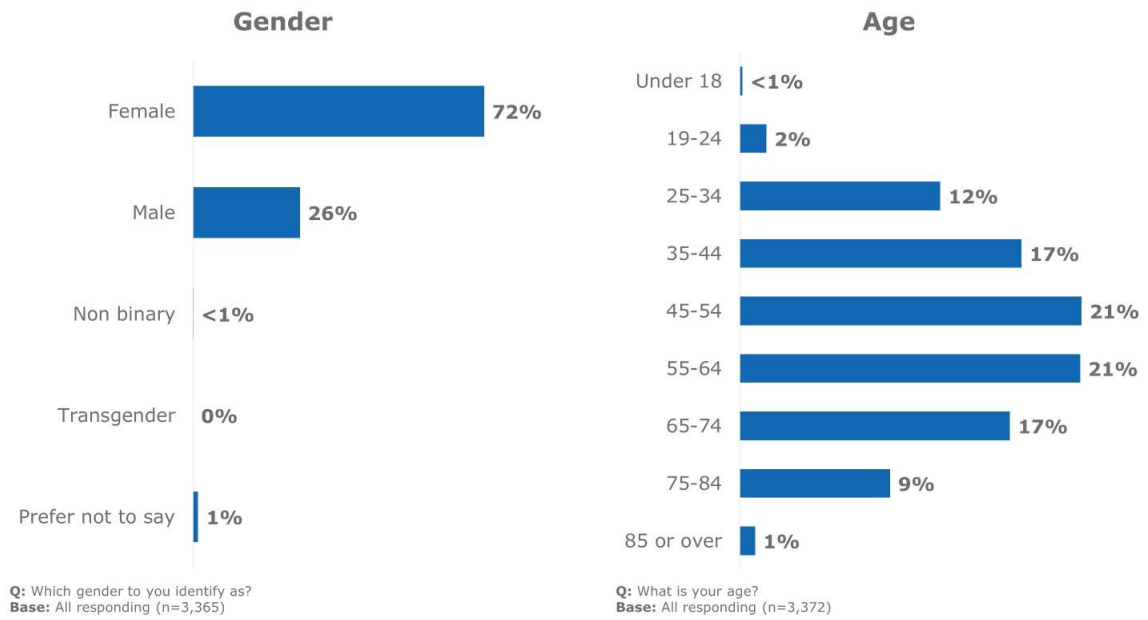
These proportions are not too dissimilar to the actual figures for the Frimley Park population in 2023:

- 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%).

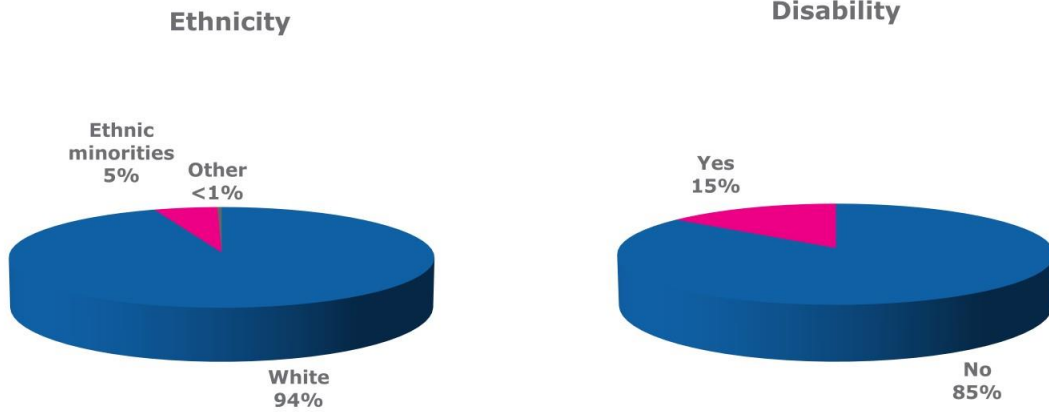
**Chart 2: Gender and age**



### 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%).

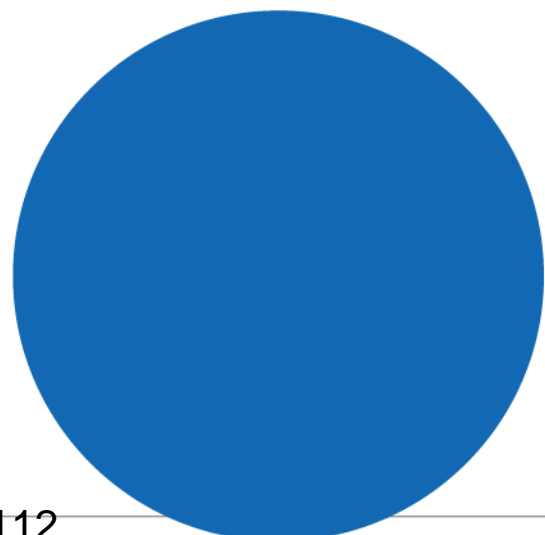
**Chart 3: Ethnicity and disability**



**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.

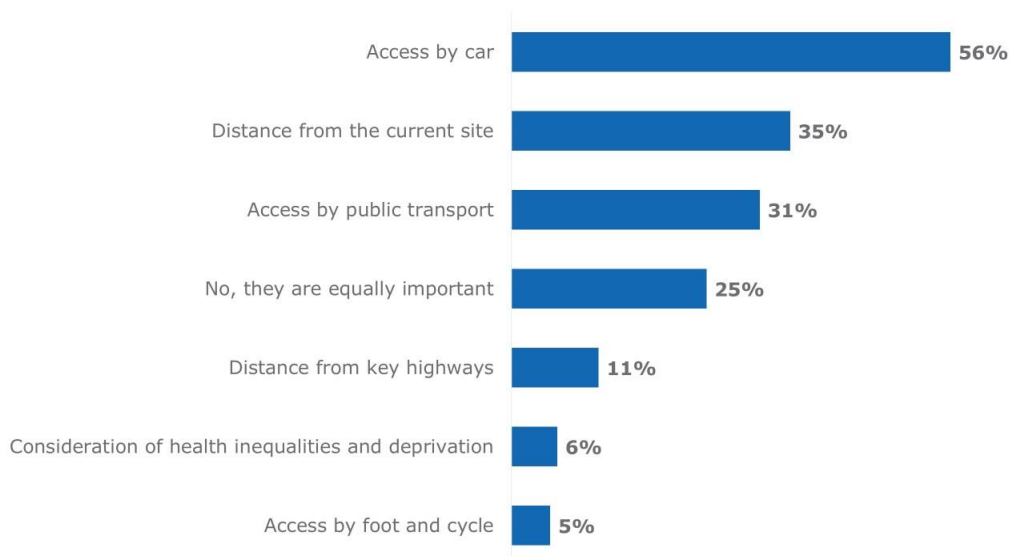
Evaluation criteria	Questions to test
<b>Distance from current site</b>	<ul style="list-style-type: none"> <li>• How much does this site option increase/reduce travel time and/or costs for patients to access specific services, compared to now?</li> <li>• Is the staff travel required for this site option acceptable?</li> <li>• To what extent does this site have an impact on neighbouring hospitals, for example if patients travel to them instead?</li> </ul>
<b>Access by car</b>	<ul style="list-style-type: none"> <li>• To what extent does this site option have existing access roads that could manage, with minor works, the volume of vehicles likely?</li> <li>• To what extent does this site option offer alternative routes to and from it for blue light and emergency situations?</li> <li>• To what extent does the site option's nearby road network mean that we can create sufficient parking spaces on the site?</li> </ul>
<b>Distance from key highways</b>	<ul style="list-style-type: none"> <li>• To what extent is the site option accessible from major junctions of key routes such as the M3 and A331?</li> </ul>
<b>Access by foot and cycle</b>	<ul style="list-style-type: none"> <li>• To what extent does the site option have existing path and bicycle routes to and from key transport points and town centres?</li> <li>• Is it a reasonable assumption that paths and routes could be added or adapted?</li> </ul>
<b>Access by public transport</b>	<ul style="list-style-type: none"> <li>• To what extent does this site option have existing bus routes?</li> <li>• To what extent does the site option offer reasonable bus routes from train stations?</li> </ul>

Evaluation criteria	Questions to test
<p><b>Consideration of health inequalities and deprivation</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>

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%

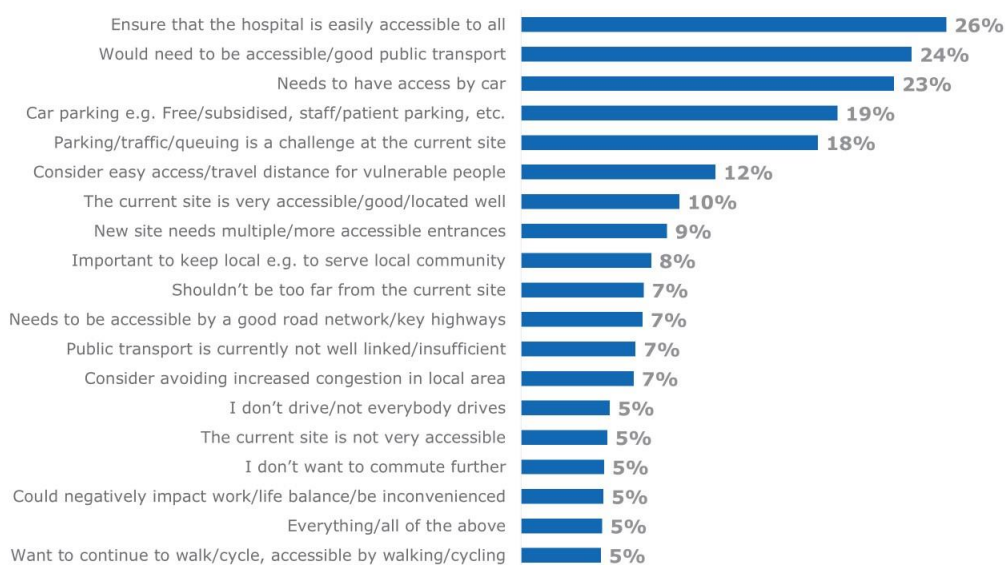


Health inequalities and deprivation	8%	5%
Access by foot and cycle	4%	5%

## 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)

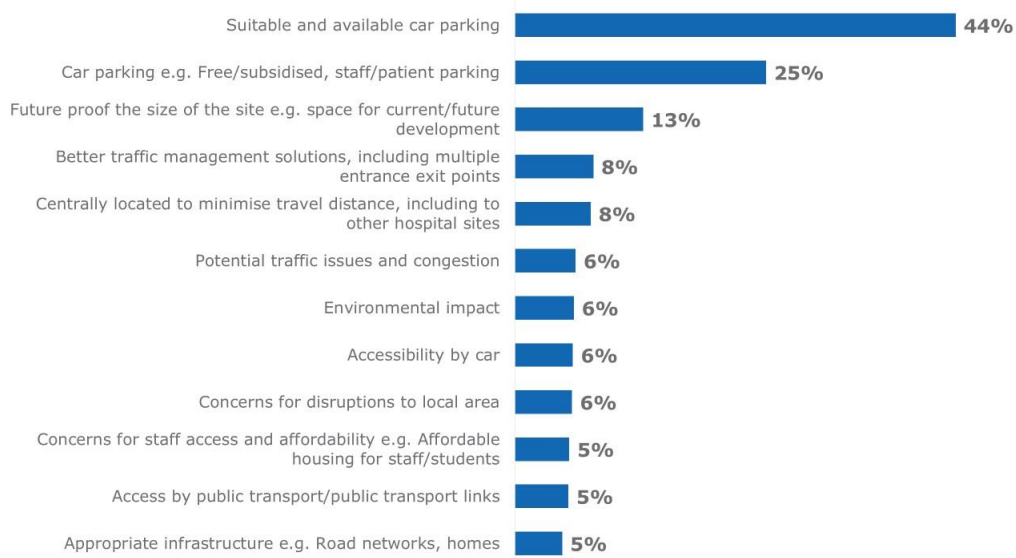
Other mentions below five percent included:

- 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

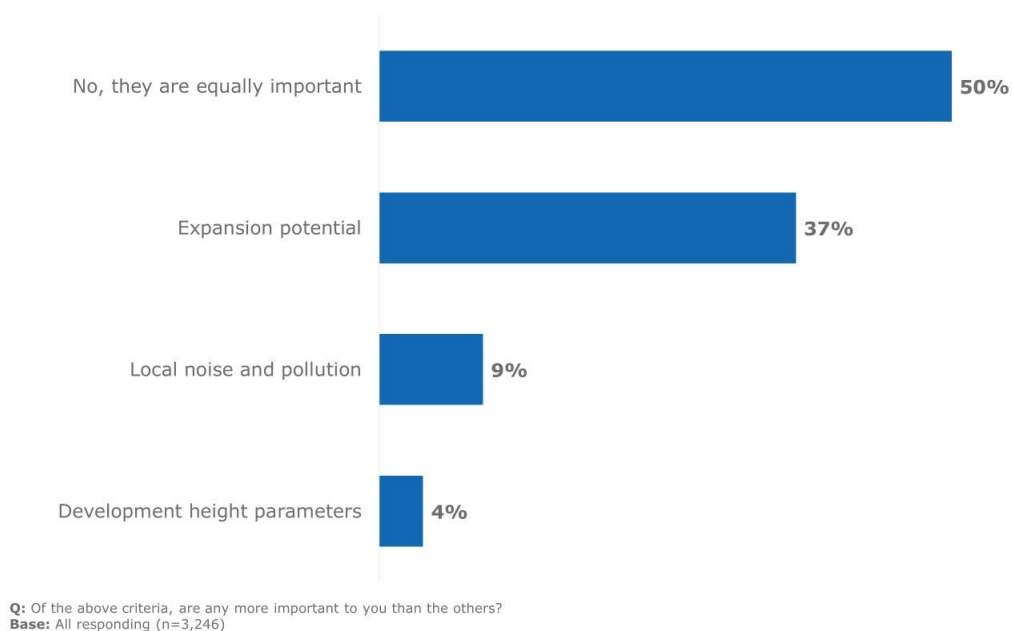
These criteria are about planning: the potential size of the hospital, and whether the site is close to noise or air pollution.

Criteria	Definition / detail
<b>Expansion potential</b>	<ul style="list-style-type: none"><li>To what extent does the site option have the potential to expand, ideally adjacent or within the very local area?</li></ul>
<b>Local noise and pollution</b>	<ul style="list-style-type: none"><li>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?</li></ul>
<b>Development height parameters</b>	<ul style="list-style-type: none"><li>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.</li></ul>

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**



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 (58)	25-34 (398)	35-44 (568)	45-54 (683)	55-64 (673)	65-74 (534)	75+ (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%

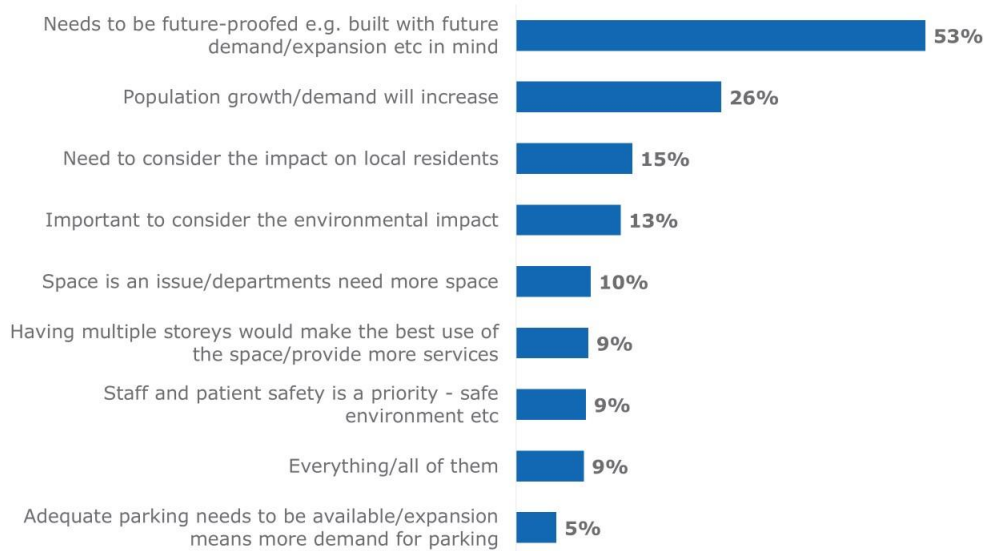




## Reasons why rated important

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)

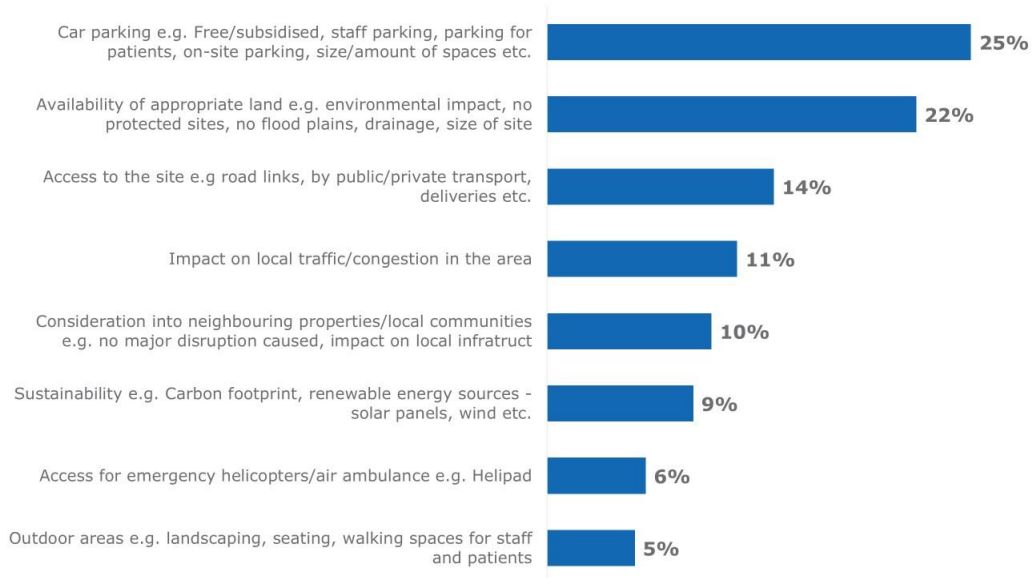
Other mentions of less than five percent included:

- 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

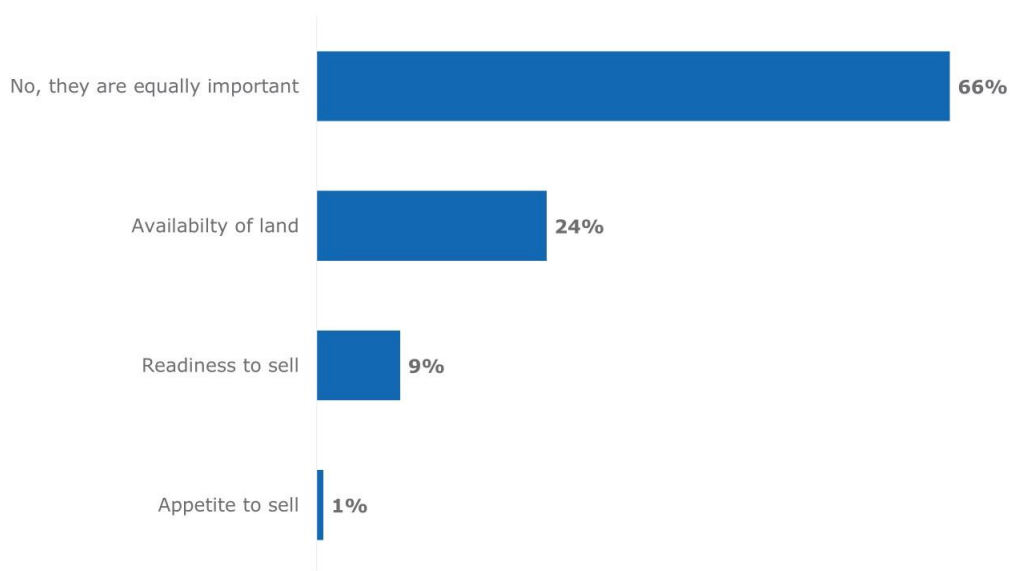
## Purchasing the site

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

<b>Availability of land</b>	<ul style="list-style-type: none"> <li>To what extent are we sure that the site option land is available for sale?</li> </ul>
<b>Appetite to sell</b>	<ul style="list-style-type: none"> <li>How interested is the owner of the site option in selling?</li> </ul>
<b>Readiness to sell</b>	<ul style="list-style-type: none"> <li>How ready is the site option for sale? Are there planning, ownership, or tenancy issues that need to be overcome?</li> </ul>

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)
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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 1%, respectively) 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:

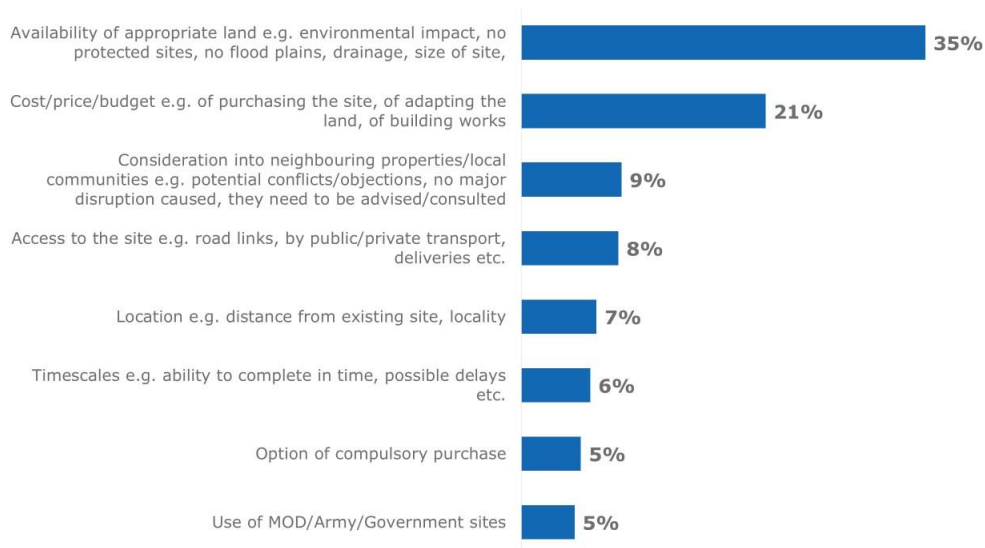
- Option of compulsory purchase
- It could be difficult to find a suitable site
- Common sense/self-explanatory
- Shouldn't use green space/consider impact of losing more green space
- To proceed without problems all these criteria need to be met
- Use of MOD/Army/Government sites
- Not an area I know 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:

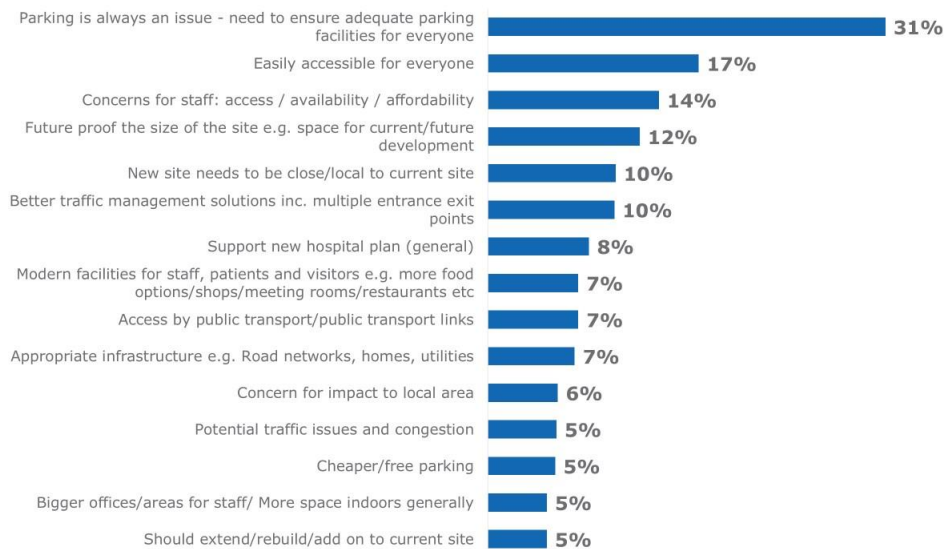
- Impact on local traffic/congestion in the area
- Car parking e.g. Free/subsidised, staff parking, parking for patients, on-site parking etc.

## 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**

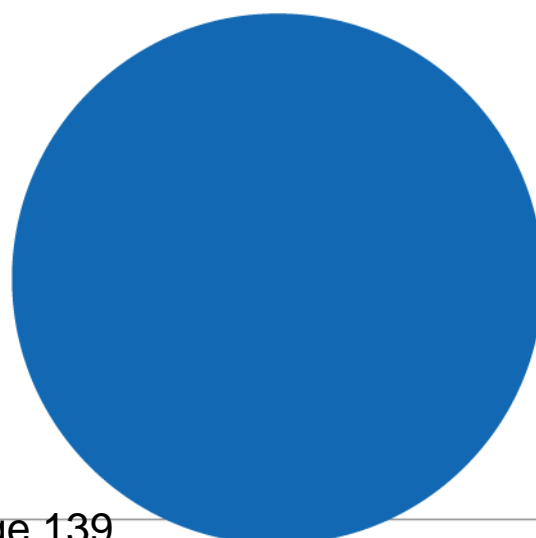
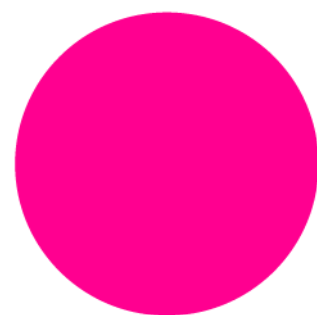


**Q:** Do you have any further comments that you have not already made?  
**Base:** All responding (n=1,050)

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.”

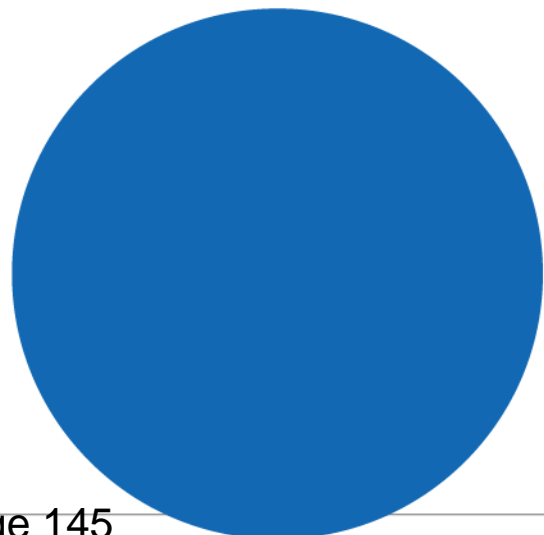
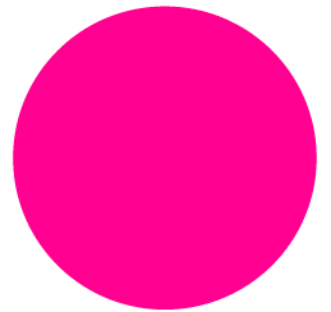
“Hubs still need a lot of space as people come back to it.”

“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
<b>Engagement period – opens w/s 20 November (tbc)</b>			
<b>w/c 20 Nov</b>	<ul style="list-style-type: none"> <li>• Heads-up briefings for key stakeholders and media</li> </ul>	<ul style="list-style-type: none"> <li>• 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</li> </ul>	All audiences
<b>w/c 20 Nov</b>	<ul style="list-style-type: none"> <li>• Engagement period launched/opens</li> </ul>	<ul style="list-style-type: none"> <li>• Web content, questionnaire, FHFT intranet content published</li> </ul>	All audiences
<b>w/c 20 Nov</b>	<ul style="list-style-type: none"> <li>• Email for Frimley Board, governors and staff</li> </ul>	<ul style="list-style-type: none"> <li>• To launch engagement and direct to engagement opportunities including online questionnaire</li> </ul>	

Date	Activity	Detail	Audience
w/c 20 Nov	<ul style="list-style-type: none"> <li>Email for system colleagues including boards and governors</li> </ul>	<ul style="list-style-type: none"> <li>To launch engagement and direct to engagement opportunities including online questionnaire</li> </ul>	System colleagues including boards and governors
w/c 20 Nov	<ul style="list-style-type: none"> <li>Email for Frimley site partners with article for use in their corporate channels</li> </ul>	<ul style="list-style-type: none"> <li>To launch engagement and direct to engagement opportunities including online questionnaire</li> </ul>	Current FHFT site partners and their staff
w/c 20 Nov	<ul style="list-style-type: none"> <li>Email to all other stakeholders, such as Healthwatch, voluntary organisations and community groups, MPs</li> </ul>	<ul style="list-style-type: none"> <li>To launch engagement and direct to engagement opportunities including online questionnaire</li> </ul>	Stakeholders and their staff/networks
w/c 20 Nov	<ul style="list-style-type: none"> <li>Email to new Hospital patient and staff reference groups</li> </ul>	<ul style="list-style-type: none"> <li>To invite to inaugural meeting in November or December to find out more about case for change and discuss draft evaluation criteria</li> </ul>	New Hospital patient, public and staff advisory group
Nov – Jan	<ul style="list-style-type: none"> <li>Engagement activities undertaken</li> </ul>	<ul style="list-style-type: none"> <li>Including priority stakeholder site tours and engagement meetings; virtual listening events; online questionnaire; patient and staff reference groups meetings.</li> </ul>	All audiences
Nov – Jan	<ul style="list-style-type: none"> <li>Continued engagement with local authority scrutiny committees</li> </ul>	<ul style="list-style-type: none"> <li>Update on progress and agree next steps</li> </ul>	Local authorities:  Hampshire CC, Surrey CC, Bracknell Forest Council, RBWM
Nov – Jan	<ul style="list-style-type: none"> <li>Cascade engagement opportunities to staff throughout FHFT</li> </ul>	<ul style="list-style-type: none"> <li>Opportunity to discuss the criteria cascaded throughout FHFT, through clinical and non-clinical directorate meetings</li> </ul>	FHFT staff
w/c 20 Nov	<ul style="list-style-type: none"> <li>Presentation at Hampshire Health and Adult Social Care Committee</li> </ul>	<p>Presentation and paper aim to:</p> <ul style="list-style-type: none"> <li>explain that staying on our current site is not an option to deliver a new hospital by 2030</li> <li>agree our process for selecting a new site for Frimley Park Hospital</li> <li>seek feedback on the engagement we are planning</li> </ul>	Hampshire Health and Adult Social Care Committee

Date	Activity	Detail	Audience
		<p>with local people on the criteria we will use to potential sites</p> <ul style="list-style-type: none"> <li>• seek feedback on our draft evaluation criteria</li> </ul>	
w/c 20 Nov	<ul style="list-style-type: none"> <li>• Final paper deadline for Surrey Adults and Health Select Committee</li> </ul>	<p>Paper aims to:</p> <ul style="list-style-type: none"> <li>• explain that staying on our current site is not an option to deliver a new hospital by 2030</li> <li>• agree our process for selecting a new site for Frimley Park Hospital</li> <li>• agree the engagement we are seek feedback on with local people on the criteria we will use to evaluate potential sites</li> <li>• seek feedback on our draft evaluation criteria</li> </ul>	Surrey Adults and Health Select Committee
w/c 27 Nov	<ul style="list-style-type: none"> <li>• Presentation / discussion at FHFT senior leaders forum</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation / discussion at FHFT senior leaders' forum</li> </ul>	FHFT senior leaders
w/c 27 Nov	<ul style="list-style-type: none"> <li>• Presentation at Bracknell Forest Council senior leadership team meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunity to update senior council officers on programme.</li> </ul>	Bracknell Forest Council senior leaders
w/c 4 Dec	<ul style="list-style-type: none"> <li>• Presentation at Frimley VCSE Alliance</li> </ul>	<ul style="list-style-type: none"> <li>• Council of voluntary services for the whole of Frimley (10.30 – 11.30am).</li> <li>• Opportunity to update on case for change, proposals, discuss draft criteria, and encourage engagement and dissemination among community</li> </ul>	Voluntary sector and community organisations
w/c 4 Dec	<ul style="list-style-type: none"> <li>• Presentation at Surrey Adults and Health Select Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Presentation and paper aim to:</li> <li>• agree that staying on our current site is not an option to deliver a new hospital by 2030</li> <li>• agree our process for selecting a new site for Frimley Park Hospital</li> <li>• agree the engagement we are planning with local people on the criteria we will use to</li> <li>• evaluate potential sites</li> </ul>	Surrey Adults and Health Select Committee

Date	Activity	Detail	Audience
		<ul style="list-style-type: none"> <li>• seek feedback on our draft evaluation criteria</li> </ul>	
Close engagement period – 7 Jan (tbc)			
w/c 8 Jan – w/c 22 Jan 2024 (tbc)	<ul style="list-style-type: none"> <li>• Summary feedback report</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluate responses and develop summary report</li> </ul>	
w/c 22 Jan 2024	<ul style="list-style-type: none"> <li>• Finalise evaluation criteria</li> <li>• Communicate final criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Programme team finalise evaluation criteria based on summary report</li> <li>• Communicate final criteria and publish summary report.</li> <li>• Thank participants, advise on next steps and how to stay involved</li> </ul>	

## 8 COMMUNICATIONS RISKS AND MITIGATIONS

Risk	Mitigation	Owner
<b>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.</b>	Clear and consistent narrative and explanation, with detailed lines to take to support meeting discussions.	Communications
<b>NHP brand and visual identity not in place in time for collateral and promotion during engagement period phase</b>	<p>NHP brand and visual identity to be formally launched in the new year alongside NHP programme name.</p> <p>Branding will until that period will be in line with existing branding and guidelines.</p>	Communications
<b>Patient, public or staff reference groups are not supported to perform effectively</b>	Consistently Chaired with appropriate admin support provided as required (either from the project team or within the communications team)	Communications
<b>Public and staff events are not organised and managed in a timely manner leading to limited engagement</b>	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**

### **Help us assess the potential sites for your new hospital**

#### **Introduction**

We are delighted that we have been included in the government's New Hospital Programme, which will see us build a new state-of-the-art replacement for Frimley Park Hospital by 2030. We want to involve as many people as possible throughout our work to deliver a new hospital, and this questionnaire will give you the opportunity to have your say on what is important to you when we are looking at possible sites.

#### **Why do we need to build on a new site?**

Frimley Park Hospital needs to be replaced because it was built in the 1970s using Reinforced Autoclaved Aerated Concrete (RAAC), which makes up around 65 per cent of the current hospital. RAAC deteriorates over time and is now at the end of its life, posing a potential safety risk to patients, visitors, and staff. As a result, considerable costly surveillance and maintenance works are required to ensure people's safety. By the end of 2024/25, we will have spent nearly £30 million on surveys and remedial works alone, to keep our current site safe. 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.

Alongside our clinical teams and advisors, we have considered whether attempting to build a new hospital on our current site is a viable option. 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, as well as being more expensive. Most importantly, however, it would be impossible to complete a phased build by our deadline of 2030.

#### **Have your Say**

Over recent months, we have been identifying potential sites for the location of a new hospital. Through further research, we expect to be able to rule out sites which are not viable.

We are asking our patients, staff, volunteers, our local communities and other stakeholders to have your say in the criteria we are developing to assess the potential sites. This is the first of many opportunities for you to tell us what you think as we begin our journey to build a state-of-the-art replacement by 2030. We would like to know what you think of our criteria: if you think any need refining, if anything key is missing, if any are particularly important to you, and why.

It's worth noting that the criteria that follow are not the only criteria we will be using.

As you would expect, there are separate criteria regarding commercial and value for money considerations which we must take into account. Similarly, we are

looking to ascribe a monetary value to criteria like flooding, any decontamination needed, utilities, landscaping, and ecology.

We will also assess any relevant planning considerations, including the use of adjacent land, if it is on or near Green Belt land or Sites of Special Scientific Interest, potential planning restrictions, changing planning use, and whether the site is allocated in local plans.

**Q01.**

**Base: All respondents**

Are you...

SINGLE RESPONSE

A member of the public
A member of staff at Frimley NHS Foundation Trust
Another stakeholder (for example a Councillor or patient representative)
Other (Specify)

**Q02.**

**Base: All respondents**

Please share the first part of your postcode (for example SL1)

OPEN RESPONSE

**Q03.**

**Base: All respondents**

Which gender do you identify as?

SINGLE RESPONSE

Male
Female
Transgender
Non binary
Prefer not to say
Other (Specify)

**Q04.**

**Base: All respondents**

What is your age?

SINGLE RESPONSE

Under 18
19-24
25-34
35-44
45-54
55-64
65-74
75-84

Over 85
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**Q05.**

**Base: All respondents**

What is your ethnicity?

SINGLE RESPONSE

Asian or Asian British - Indian
Asian or Asian British – Bangladeshi
Asian or Asian British – Pakistani
Asian or Asian British - Chinese
Any other Asian background
Black, Black British, Caribbean or African – Caribbean
Black, Black British, Caribbean or African – African
Any other Black, Black British, Caribbean background
Mixed or multiple ethnicities – White and Black Caribbean
Mixed or multiple ethnicities – White and Black African
Mixed or multiple ethnicities – White and Asian
Any other mixed or multiple ethnic background
White – English, Welsh, Scottish, Northern Irish, British
White – Irish
White – Gypsy or Irish Traveller
White – Roma
Any other white background
Other ethnic group – Arab
Any other ethnic group (SPECIFY)

**Q06.**

**Base: All respondents**

Do you consider yourself to have a disability that impacts on day to day life?

SINGLE RESPONSE

No
Yes



## The Criteria: Site location

These criteria are to do with the site location itself. Please read these criteria before answering the questions below.

Evaluation criteria	Questions to test
<b>Distance from current site</b>	<ul style="list-style-type: none"> <li>• How much does this site option increase/reduce travel time and/or costs for patients to access specific services, compared to now?</li> <li>• Is the staff travel required for this site option acceptable?</li> <li>• To what extent does this site have an impact on neighbouring hospitals, for example if patients travel to them instead?</li> </ul>
<b>Access by car</b>	<ul style="list-style-type: none"> <li>• To what extent does this site option have existing access roads that could manage, with minor works, the volume of vehicles likely?</li> <li>• To what extent does this site option offer alternative routes to and from it for blue light and emergency situations?</li> <li>• To what extent does the site option's nearby road network mean that we can create sufficient parking spaces on the site?</li> </ul>
<b>Distance from key highways</b>	<ul style="list-style-type: none"> <li>• To what extent is the site option accessible from major junctions of key routes such as the M3 and A331?</li> </ul>
<b>Access by foot and cycle</b>	<ul style="list-style-type: none"> <li>• To what extent does the site option have existing path and bicycle routes to and from key transport points and town centres?</li> <li>• Is it a reasonable assumption that paths and routes could be added or adapted?</li> </ul>
<b>Access by public transport</b>	<ul style="list-style-type: none"> <li>• To what extent does this site option have existing bus routes?</li> <li>• To what extent does the site option offer reasonable bus routes from train stations?</li> </ul>

Evaluation criteria	Questions to test
<p><b>Consideration of health inequalities and deprivation</b></p>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>

**Q07.**

**Base: All respondents**

Of the above criteria, are any more important to you than the others? Please select up to two criteria.

*MULTI RESPONSE*

Distance from the current site
Access by car
Distance from key highways
Access by foot and cycle
Access by public transport
Consideration of health inequalities and deprivation
No, they are equally important

**Q08.**

**Base: All respondents**

Please tell us why.

*OPEN RESPONSE*

**Q09.**

**Base: All respondents**

Are there any criteria you think are missing from this selection. If so, please tell us what.

*OPEN RESPONSE*

## The Criteria: 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. Please read the criteria before answering the questions below.

Criteria	Definition / detail
<b>Expansion potential</b>	<ul style="list-style-type: none"> <li>To what extent does the site option have the potential to expand, ideally adjacent or within the very local area?</li> </ul>
<b>Local noise and pollution</b>	<ul style="list-style-type: none"> <li>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?</li> </ul>
<b>Development height parameters</b>	<ul style="list-style-type: none"> <li>What are the likely parameters for the site option development height?</li> </ul> <p>Ideally for the new hospital, at least three-storey height must be achievable, with a preference for up to five storeys.</p>

### Q010.

**Base: All respondents**

Of these criteria, are any more important to you than the others?

SINGLE RESPONSE

Expansion potential
Local noise and pollution
Development height parameters
No, they are equally important

### Q011.

**Base: All respondents**

Please tell us why.

OPEN RESPONSE

### Q012.

**Base: All respondents**

Are there any criteria you think are missing from this selection. If so, please tell us what.

OPEN RESPONSE

### The Criteria: Purchasing the site

These criteria are about buying the site itself, and any barriers we may need to overcome. Please read the criteria before answering the questions below.

<b>Availability of land</b>	<ul style="list-style-type: none"><li>To what extent are we sure that the site option land is available for sale?</li></ul>
<b>Appetite to sell</b>	<ul style="list-style-type: none"><li>How interested is the owner of the site option in selling?</li></ul>
<b>Readiness to sell</b>	<ul style="list-style-type: none"><li>How ready is the site option for sale? Are there planning, ownership, or tenancy issues that need to be overcome?</li></ul>

#### Q013.

**Base: All respondents**

Of these criteria, are any more important to you than the others?

SINGLE RESPONSE

Availability of land
Appetite to sell
Readiness to sell
No, they are equally important

#### Q014.

**Base: All respondents**

Please tell us why.

OPEN RESPONSE

#### Q015.

**Base: All respondents**

Are there any criteria you think are missing from this selection. If so, please tell us what.

OPEN RESPONSE

#### Q016.

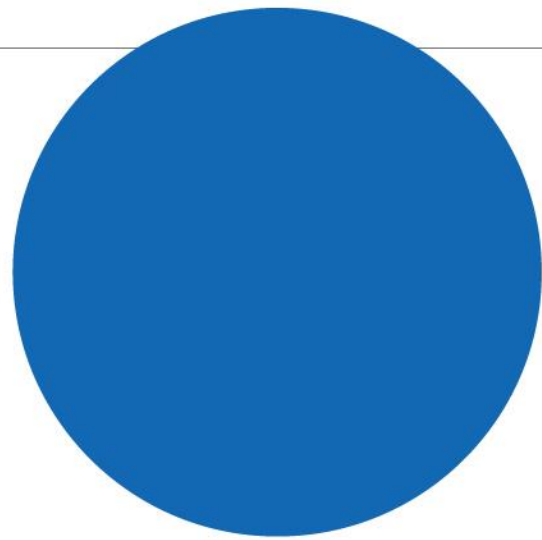
**Base: All respondents**

Do you have any further comments that you have not already made?

OPEN RESPONSE

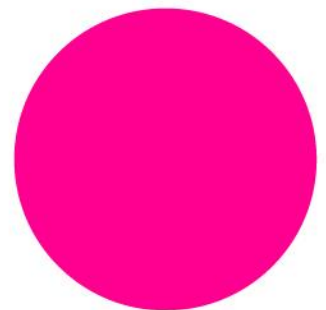
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# HAMPSHIRE COUNTY COUNCIL

## Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	5 March 2024
<b>Title:</b>	Joint Health Overview & Scrutiny Committee – Frimley
<b>Report From:</b>	Director of People and Organisation

**Contact name:** Democratic and Member Services

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### Purpose of this Report

1. To review draft terms of reference for a Joint Health Overview & Scrutiny Committee in relation to the proposed new Frimley Park Hospital prior to approval by full Council.
2. Representatives of Frimley ICB and Frimley Park NHS FT will be attending the HASC meeting to provide an overview of the new hospital project.

### Recommendation

**That the Terms of Reference for the Joint Health Overview & Scrutiny Committee for Frimley appended to the report be NOTED.**

### Background

3. As noted in the report from Frimley ICB, initial discussions were commenced in November 2023 with the three authorities believed to be the most affected by the new hospital proposals and who would go on to make up the Joint Health Overview & Scrutiny Committee.
4. Those early discussions indicated that:
  - a. The plan is to open a new facility by 2030
  - b. The existing Frimley Park site was not suitable
  - c. The new hospital would constitute a substantial development for the purposes of the 2013 regulations
  - d. There was a desire to consult and engage with affected local authorities and communities
  - e. The identification of a potential new site (or sites) was the most immediate priority

5. The terms of reference for the Joint Health Overview & Scrutiny Committee will require approval of each participating local authority before it can start to act on their behalf. Each authority will need to make its nominations thereto.
6. Nominations can if required be effected on HCC's behalf via an Officer Decision on grounds of urgency, in consultation with the Chairman of the Council and Chairman of the HASC.
7. The draft terms of reference set out the proposed composition of the Joint Committee from each constituent local authority, which is based on the proportions of patients from within each area using Frimley Park hospital. As shown, there would be four councillors representing Hampshire County Council, four from Surrey and two from Bracknell Forest. The proportionality rules apply to these matters.

### **Scrutiny Powers**

8. The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
9. The regulations provide that where a Responsible Person (a health care provider) consults more than one local authority on a substantial development of the health service, those local authorities must appoint a joint overview and scrutiny committee for the purposes of the consultation.

### **Finance**

10. There are no significant financial implications.

### **Performance**

11. There are no significant implications for performance.

### **Consultation and Equalities**

12. Details of any consultation and equalities considerations will be covered within the consultation provided by the NHS in the course of the consultation.

### **Climate Change Impact Assessment**

13. There are not thought to be any climate change impacts arising from this report.



**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	No
<b>People in Hampshire live safe, healthy and independent lives:</b>	Yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	No
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	No

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u> none	<u>Date</u>
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u> The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations	<u>Date</u> 2013

**Section 100 D - Local Government Act 1972 - background documents**

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

The report does not make any proposals which will impact on groups with protected characteristics.

## **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 co-ordination, 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.



## Health and Adult Social Care Select Committee – 5th March 2024

### AUTISM SERVICES COMMISSIONING FOR ADULTS

#### Local Context

In Hampshire there are just over 3,000 adults waiting for an assessment for Autism Spectrum Condition. Demand for services has increased by more than 300% since 2019 which places significant pressure on services to maintain waiting times. Due to recruitment challenges across the NHS nationally, the capacity we have in place within the NHS does not meet the level of demand. To mitigate this, additional non-NHS trust organisations have been commissioned to respond to waiting list initiatives. However demand continues to significantly outstrip funded provider capacity with average waiting times in Hampshire exceeding 2.5 years.

- Latest reports from Hampshire Autism assessment providers indicate circa 72% positive diagnostic rates for children in Hampshire and 60% for adults.
- Hampshire figures indicate 0.94% prevalence rate for the total registered population which is slightly under the estimated UK prevalence rate of just over 1%. However it is important to note that these figures do not include those who are undiagnosed.

#### National context

Nationally, regionally, and locally Autism Spectrum Condition (Autism) assessment and support services face significant capacity issues due to large waiting lists. Even before the Covid-19 pandemic, long waiting times for ADHD and ASC assessments were widely reported and acknowledged within the *NHS Long Term Plan* and *The national strategy for Autistic children, young people, and adults: 2021 to 2026*.

158,000 people were waiting for an autism assessment in England in December 2023 (National Autistic Society). Too many people are still waiting longer than 13 weeks between referral and first assessment as recommended by the National Institute for Health and Care Excellence (NICE).

Autistic people are at significantly greater risk of experiencing health inequalities than the neuro-typical population. They are more likely to experience major illnesses, including poor mental health and/or other co-morbid physical health conditions, face shorter healthy life expectancy and die earlier - average 16 years earlier than the general population. Autistic adults who do not have a learning disability are nine times more likely to die from suicide and Autistic children are 28 times more likely to think about or attempt suicide.

#### Patient Feedback

The Hampshire and Isle of Wight Integrated Care Board has worked closely with Hampshire County Council to develop the Hampshire Autism Strategy. As part of the strategy build, feedback was gathered from residents regarding their experiences of the current Autism assessment services and support pathways.

## Key support needed for Autistic adults:

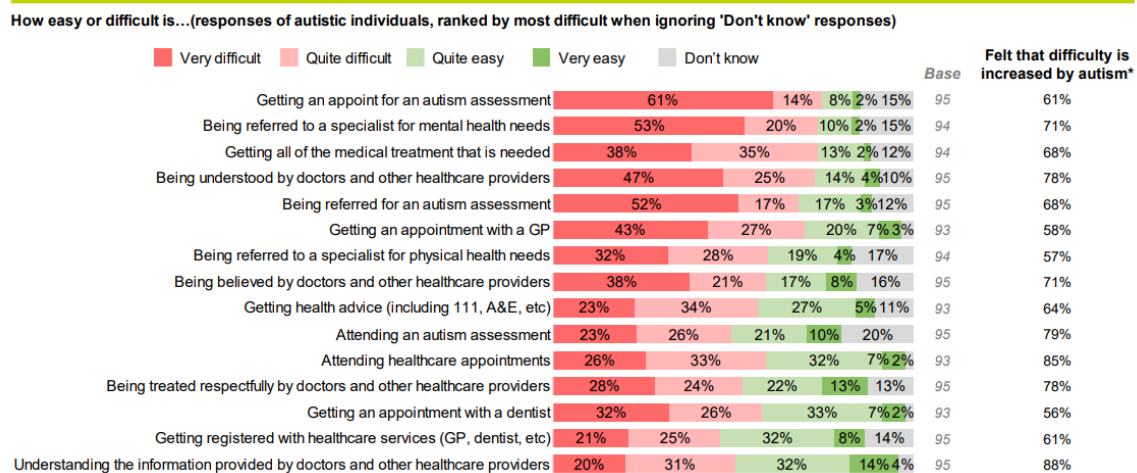
- Access to self-referrals for assessments and better focus on early, simple diagnosis processes.
- Less online and more face-to-face support required by Autistic people which has been even more difficult to access since the COVID pandemic.
- Ongoing and appropriate mental health support.
- Follow up sessions post assessment.

For Autistic adult respondents, the most important benefits of autism assessments given were to access support at work (74%), to confirm autism for a person they know (66%), and to protect them from discrimination (62%).

For those that had an autism assessment, 88% found them useful for the person being assessed, increasing to 93% of Autistic respondents which demonstrates there is a positive impact from receiving a diagnosis.

The process of access to assessments, however, was seen as 'quite or very difficult' by 78% of Autistic respondents. It was positive to see that 86% (89% for Autistic respondents) felt the assessments were of a good quality and similar figures around the level of detail within the assessment but clear there is more to be done to ensure access is not a barrier to assessment.

**Health-related activities** – While the most difficult activities were seen to be getting an appointment for an autism assessment or a mental health referral, autism was said to have the most impact on people's ability to understand information provided to them and attend healthcare appointments





**Patient Feedback**

**Better support for mental health**

*"The length of time of getting an assessment causes anxiety in itself and not knowing when the appointment will be"*

*"Autistic people, especially those classed as "high functioning" often mask their discomfort and difficulties in order to "pass" as neurotypical. this leads to internalised feelings of being an outcast/wrong/inadequate which often leads to cripplingly low self-esteem and high risks of self-harm and suicide"*

**Shorter waiting times**

*"I have been waiting for a CAMHS assessment for mental health (linked to autism) and have waited 9 months so far with no expected appointment date"*

*"Increase the number of autism assessments to reduce the waiting time from being referred to being assessed"*

*"The waiting list for an autism assessment appointment is on average two years. Due to the pandemic I waited almost five"*

**Better trained staff to deal with autism**

*"Doctors should have more autism awareness and more understanding when we struggle to communicate"*

*"NHS staff have little understanding of the complexity of severe autism. They regularly expect me to restrain my son so they can examine him etc which is distressing"*

*"Training on how to explain medical terms to autistic people"*

**More empathy or understanding from service providers**

*"I sometimes find the language used can be quite derogatory"*

*"Many doctors and dentists are very kind to me. But before I was diagnosed with autism, i was referred to psychiatrists who had a poor understanding of autism: when I spoke of my suspicion that I could be autistic, he rapidly replied that it's not possible because I don't flap my hands!"*

**Greater focus of the importance of autism assessments**

*"Diagnoses is key to help and support a person who has autism"*

*"Assessment definitely means the school gives more support"*

*"We are...finding the money to try and get [my daughter] a private diagnosis in order for her to get the understanding and support she needs to get through secondary [school]"*

**Greater availability of, or access to, services**

*"Please increase the number of NHS dentists. Many autistic people rely on NHS healthcare and do not have dentists as there are no NHS dentists taking new patients"*

*"The individuals i work with really struggle to be heard and to get any support from health as services are so stretched"*

*"[There should be] doctors and other specialists who are specifically ring fenced for the care of the autistic."*



## Transformation Plan and Next Steps

To address the challenges outlined above, we will be establishing a new, co-designed, all age transformed pathway model to meet ongoing demand for ADHD and Autism Spectrum condition. The model will be needs led, inclusive and will offer support, assessment, and guidance as appropriate as well as meet aspirations of the national and South-East Region Autism Strategy.

We want to ensure that we involve all stakeholders in the improvement journey including people with lived experience. While waiting times are unlikely to significantly reduce in the short term we will endeavour to make changes as quickly as possible. The transformation and procurement of an end to end pathway which meets the needs of a very complex cohort of patients will take time to complete and as workstreams develop, patients should benefit from incremental improvement, cumulating in a fully redesigned service from 2026.

<b>Workstream 1: Transformed Service Model – Maintain provision and patient safety</b>		
<b>Actions</b>	<b>Progress</b>	
Stablise current contract arrangements to ensure no gaps in service	Services successfully procured. The Owl Centre will deliver Autism Assessment services from 1st April 2024 for adults living in Hampshire.	
Secure funding for short term capacity to clear or reduce current waiting lists	Funding identified to support 445 additional autism assessments for 18-25 year olds.	
Using the opportunity of a new NHS Fusion organisation, review the assessment pathway and identify opportunities to streamline, define proportionality and anchor to pre and post diagnostic pathways.	An all age Autism and ADHD Improvement Group has been set up to oversee transformation. Subgroups are: <ul style="list-style-type: none"> <li>• Clinical Reference Group</li> <li>• Children’s Group</li> <li>• Adults Group</li> <li>• Transition Group</li> </ul>	
Facilitate the smooth delivery of triage, assessment, diagnosis and prescribing services as well as signposting/referrals onto other services	Clinical Reference Group leading on a pathway review	
Ensure reassuring and safe transition/discharge	Clinical Reference Group leading on a pathway review	
Provide the infrastructure required to maintain safe and equitable shared care which match national policy and are agreed with Primary Care	ICB Shared Care Policy due to be launched 1 <sup>st</sup> April 2024	
<b>Workstream 2: Transformed Service Model - Future Proof Services</b>		
<b>Actions</b>	<b>Progress</b>	
Collate and maintain data sets to build a true, dynamic understanding of demand across the ICS	Performance Dashboard in development. To be launched 1st April 2024. The dashboard will be used to inform internal and external reporting requests to promote systematic awareness	
Using the opportunity of a new Fusion provider, assess the harm and costs of waiting to individuals and system to anchor change	Clinical Reference Group leading on a pathway review	

Design a long-term assessment offer that fully meets current and projected demand and which is response and proportionate to need	Clinical Reference Group leading on a pathway review	
Map the end-to-end pathway (early intervention to crisis) to identify areas of good practice, gaps, and areas of risk	Clinical Reference Group leading on a pathway review	
Codesign support services which meet need and offer evidence-based intervention at the right time - non diagnosis reliant	People with Lived Experience are listed as equal attendees for the oversight group and subgroups	
<b>Workstream 3: Transformed Service Model - System Dependencies (Multi-agency)</b>		
<b>Actions</b>	<b>Progress</b>	
Understand and implement change alongside those people with lived experience as Subject Matter Experts	People with lived experience and experts by experience have roles on our oversight groups and leading on our do-design work	
Enable access to innovative models of needs-led and accessible support / alternative pathways for individuals across every stage of need, including evidence-based psycho-social interventions	Clinical Reference Group leading on a pathway review	
Identify and remove barriers to support and services which are historically reliant on a diagnosis to access support across the health, education and social care system	All Age Autism and ADHD Improvement Group includes system wide partners and agencies	
Develop collaborative partnerships (example strategies) for action on local systemic change, to ensure consistency across the ICS	All Ages Autism and ADHD Improvement Group includes system wide partners and agencies	

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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date of meeting:</b>	5 March 2024
<b>Report Title:</b>	Work Programme
<b>Report From:</b>	Director of People and Organisation

**Contact name:** Democratic and Member Services

**Tel:** 0370 779 8917

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#### Purpose of Report

1. To consider the Committee's forthcoming work programme.

#### Recommendation

1. That the Health and Adult Social Care Select Committee discuss and agree potential items for the work programme that can be prioritised and allocated by the Chairman of the Health and Adult Social Care Select Committee in consultation with the Director of Adult's Health and Care.

**WORK PROGRAMME – HEALTH AND ADULT SOCIAL CARE SELECT OVERVIEW & SCRUTINY COMMITTEE**

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status		16 Jan 2024	5 March 2024	21 May 2024	
<p><b>Proposals to Vary Health Services in Hampshire</b> - <i>to consider proposals from the NHS or providers of health services to vary health services provided to people living in the area of the Committee, and to subsequently monitor such variations. This includes those items determined to be a 'substantial' change in service.</i></p> <p><b>(SC)</b> = Agreed to be a substantial change by the HASC.</p>									
<b>Whitehill &amp; Bordon Health and Wellbeing Hub Update</b>	Hampshire Hospitals NHS FT - Outpatient and X-ray services: Reprovision of services from alternative locations or by an alternative provider.	Living Well Ageing Well Healthier Communities	Hampshire and IOW ICS	Item considered at May 2018 meeting. Sept 2018 decision is substantial change. Update circulated Oct 2021. Last update June 2023.  Last update Jan 2024.		x			
<b>Hampshire Together: Modernising our Hospitals and Health Infrastructure Programme (SC)</b>	To receive information about a new hospital being built as part of a long term, national rolling five-year programme of investment in health infrastructure.	Starting Well Living Well Ageing Well Healthier Communities Dying Well	HH FT and Hampshire ICSs	Presented July 2020. Last update Nov 2020. Agreed SC. 3 Dec Council established joint committee with SCC. Met Dec 2020, March 2021, Sept 2022. Last update to HASC - July 2022.	Joint Committee to continue to monitor progress as appropriate going forward.				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status		16 Jan 2024	5 March 2024	21 May 2024	
<b>Building Better Emergency Care Programme</b>	To receive information on the PHT Emergency Department (ED) capital build.	Starting Well Living Well Ageing Well Healthier Communities	PHT and Hampshire ICSs	Presented in July 2020 following informational briefings. Last update rec'd May 2023. Requested update 2024.  Move requested by PHT from 5 March to 21 May.				x	
<b>Proposal to create an Elective Hub</b>	Spring 2022 notified of plans to create an elective hub to help manage the backlog of elective appointments	Living Well Ageing Well Healthier Communities	HIOW ICS	Briefing note received May 2022 regarding plans to undertake capital works to provide additional theatre space specifically as an elective hub for the Hampshire area. Autumn 2022 – nothing further to note. Defer update to 2023. Updated March 2024.			x		
<b>Project Fusion: Recommendation to create a new community and mental health Trust</b>	October 2022 notified of plans to create a joint organisation combining community and		Southern Health FT and Solent NHS Trust	Initial presentation to HASC – Nov 2022. update, March 2023, updated November 2023	x			x	

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status		16 Jan 2024	5 March 2024	21 May 2024	
	mental health services for Hampshire and IOW.			Update given November 2023					
<b>Acute Services Partnership</b>	Proposal to bring together senior leadership and clinical teams from IOW Trust and PHU to form a partnership.	Starting Well Living Well Ageing Well Healthier Communities	Portsmouth Hospitals University NHS Trust	First presented at HASC – March 2023.  Discussed November 2020  Completed November 2023					
<b>Crowlin House</b>	Proposals to close the Crowlin House facility. HASC requested a full report to justify these proposals.		Southern Health NHS Foundation Trust	Discussed 21 November 2023					
<b>Frimley Park New Hospital</b>	To receive information about a new hospital being built as part of a long term, national rolling programme of investment in health infrastructure.	Starting Well Living Well Ageing Well Healthier Communities Dying Well	Frimley NHS Trust, Frimley ICB	New item to Work Programme.  Formation of Joint Health Overview & Scrutiny Committee progressing			x		



Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status		16 Jan 2024	5 March 2024	21 May 2024	
<b>Changes to hospital discharges/winter pressures</b>	Changes to policy for hospital discharges – item first heard at Sept 2023 HASC.		HIOW ICB	Item first heard at Sept 2023 HASC. Cttee requested a further update at Nov 2023 HASC. Further update Jan 2024 with more detail requested for March	x	x	x		
<b>Issues relating to the planning, provision and/or operation of health services – to receive information on issues that may impact upon how health services are planned, provided or operated in the area of the Committee.</b>									
<b>Care Quality Commission Inspections of NHS Trusts Serving the Population of Hampshire</b>	To hear the final reports of the CQC, and any recommended actions for monitoring.	Starting Well Living Well Ageing Well Healthier Communities	Care Quality Commission/ individual Trusts	To await notification on inspection and contribute as necessary.  HHFT latest report April 2020 received Sept 2020. Maternity services update heard May 2022. Update Nov 22. Completed Nov 2023  Solent – latest full report received April 2019, written update on minor improvement areas in November 2019.		x			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status		16 Jan 2024	5 March 2024	21 May 2024	
				<p>Frimley Health NHS FT – Maternity Services inspection.</p> <p>UHS FT inspected Spring 2019. Update provided July 2019. Further update March 2020.</p>					
<b>Pre-Decision Scrutiny – to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the work programme</b>									
<b>Budget</b>	To consider the revenue and capital programme budgets for the Adults' Health and Care department.	<p>Starting Well</p> <p>Living Well</p> <p>Ageing Well</p> <p>Healthier Communities</p>	<p>HCC Adults' Health and Care</p> <p>(Adult Services and Public Health)</p>	<p>Considered annually in advance of Council in February (January)</p> <p>Transformation savings pre-scrutiny alternate years at Sept meeting.</p>		x			
<b>Working Groups</b>									

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	16 Jan 2024	5 March 2024	21 May 2024		
<b>HCC Care Proposals Working Group</b>	To oversee a formal public consultation exercise in relation to the HCC Care Older Adults portfolio that is due to commence 4 September 2023.		HCC Adults' Health and Care	ToR agreed by HASC – 31 July 2023. Working Group report on 16 January 2024 – completed					
<b>SP25 Working Group</b>	To oversee three schemes the subject of consultation falling under the HASC remit		HCC Adults' Health and Care	Working Group agreed at November '23 meeting of HASC. W/G is meeting and is due to report in June '24.					
<b>Update/Overview Items and Performance Monitoring</b>									
<b>Adult Safeguarding</b>	Regular performance monitoring adult safeguarding in Hampshire.	Living Well Healthier Communities	Hampshire County Council Adults' Health and Care	For an annual update to come before the Committee. Last update Nov 2022. Next update due Nov 2023. (from 2020 to combine					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status		16 Jan 2024	5 March 2024	21 May 2024	
				with Hampshire Safeguarding Adults Board annual report)					
<b>Health and Wellbeing Board</b>	To receive updates on the work of the Board.	Starting Well Living Well Ageing Well Healthier Communities	Hampshire County Council Adults' Health and Care	Annual item – normally June/July.					
<b>NHS 111</b>	To request an item on performance of NHS 111 following concerns raised by a committee member	Living Well Ageing Well Healthier Communities Dying Well	HIOW ICB Frimley ICB	Updates rec'd – March 2021, Nov 2021, July 2022, Mar 2023.			x		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status		16 Jan 2024	5 March 2024	21 May 2024	
<b>Development of Integrated Care Systems (ICS)</b>	Commissioning moving to ICS. Hampshire residents served by H&IOW ICS and Frimley ICS.	Living Well	HIOW ICB Frimley ICB	Updates rec'd - Jan 2022, July 2022, May 2023. Keep on work programme for monitoring. Request further update 2024.				x	
		Ageing Well							
		Healthier Communities							
		Dying Well							
<b>Dental Services</b>	Concern over access to NHS dental appointments/issues with national dental contract. Item on the work programme for regular monitoring updates.	Starting Well Living Well	HIOW ICB Frimley ICB	Initial Item heard Nov 2021, written update March 2022. Last updated Nov 22. Chairman to liaise with the Leader regarding writing to the Secretary of State on dental contracts.				x	
<b>Primary Care Access</b>	Concerns regarding access to GP/primary care services. Item on the work programme for regular monitoring updates.	Living Well Ageing Well Healthier Communities	HIOW ICB Frimley ICB	Presented July 2019, March 2022. Latest update June 2023.  Requested further update: given Jan 2024.		x	x		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status		16 Jan 2024	5 March 2024	21 May 2024	
<b>Strategic Review of Primary Care Networks in North Hampshire</b>	HASC requested a full report into the review conducted by the ICB in 2022.		HIOW ICB	Requested at the June 2023 meeting.  Update given – January 2024 – more information requested		x	x		

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

<b>Hampshire maintains strong and sustainable economic growth and prosperity:</b>	No
<b>People in Hampshire live safe, healthy and independent lives:</b>	Yes
<b>People in Hampshire enjoy a rich and diverse environment:</b>	No
<b>People in Hampshire enjoy being part of strong, inclusive communities:</b>	No

**Section 100 D - Local Government Act 1972 - background documents**

**The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)**

Document

Location

None

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

This is a forward plan of topics under consideration by the Committee, therefore this section is not applicable to this report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.