



Public Document Pack Health Scrutiny in Dacorum Agenda

Monday 7 November 2016 at 7.30 pm

DBC Bulbourne Room - Civic Centre

Scrutiny making a positive difference: Member led and independent, Overview & Scrutiny Committee promote service improvements, influence policy development & hold Executive to account for the benefit of the Community of Dacorum.

The Councillors listed below are requested to attend the above meeting, on the day and at the time and place stated, to consider the business set out in this agenda.

Membership

Councillor Brown
Councillor Guest (Chairman)
Councillor Hicks
Councillor Maddern

Councillor Taylor
Councillor Timmis
Councillor W Wyatt-Lowe

Outside Representatives:

Dacorum Hospital Action Group: B Harris

Contributors:

Herts Valleys Clinical Commissioning Group: Dr Trevor Fernandes

For further information, please contact Jim Doyle (Tel 228222).

AGENDA

1. **MINUTES** (Pages 3 - 8)
To confirm the minutes from the previous meeting
2. **APOLOGIES FOR ABSENCE**
To receive any apologies for absence
3. **DECLARATIONS OF INTEREST**

To receive any declarations of interest

A member with a disclosable pecuniary interest or a personal interest in a matter who attends a meeting of the authority at which the matter is considered -

- (i) must disclose the interest at the start of the meeting or when the interest becomes apparent

and, if the interest is a disclosable pecuniary interest, or a personal interest which is also prejudicial

- (ii) may not participate in any discussion or vote on the matter (and must withdraw to the public seating area) unless they have been granted a dispensation.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Members' Register of Interests, or is not the subject of a pending notification, must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal and prejudicial interests are defined in Part 2 of the Code of Conduct For Members

[If a member is in any doubt as to whether they have an interest which should be declared they should seek the advice of the Monitoring Officer before the start of the meeting]

4. PUBLIC PARTICIPATION

An opportunity for members of the public to make statements or ask questions in accordance with the rules as to public participation

5. ACUTE HOSPITAL CARE IN WEST HERTFORDSHIRE

Acute Hospital Care in West Herts

An additional Health in Dacorum meeting has been called to discuss Acute Hospital Care In West Hertfordshire.

David Law, CEO Herts Community NHS Trust will attend to update on community care in west herts.

MINUTES

HEALTH IN DACORUM COMMITTEE

WEDNESDAY 14 SEPTEMBER 2016

Present:

Councillors:

Cllr Hicks, Cllr Maddern, Cllr Taylor (Chairman) and Cllr Timmis

Outside Representatives:

Dr Trevor Fernandes Herts Valleys Clinical Commissioning Group

DBC Officers: B Russell, Get, Set, Go Project Manager
 J Doyle, Group Manager, Democratic Services

Also attended: Cllr Ritchie

The meeting began at 7.30pm

OS/217/16 MINUTES

The minutes of the meeting on 5 July 2016 were confirmed by the members present and then signed by the chairman.

OS/218/16 APOLOGIES FOR ABSENCE

Apologies for absence were received on behalf of Councillors Brown and Guest; Betty Harris, and Councillor W Wyatt-Lowe.

OS/219/16 DECLARATIONS OF INTEREST

None.

OS/220/16 MATTERS ARISING

Ward issues from other Councillors (Minute 120). There is no record of the letter to NHS England being produced. Cllr Timmis informed the committee that the matter is now being pursued through alternative means and the direct intervention of Dacorum Borough Council Chief Executive.

OS/221/16 PUBLIC PARTICIPATION

There was no public participation.

OS/222/16 WARD ISSUES FROM OTHER COUNCILLORS

Cllr Ritchie addressed the committee regarding the closure, last October, of twenty intermediate care beds in Gossoms End, Berkhamsted. The reason given for the closure at

that time was patient safety and that it was a temporary arrangement while the service provision was assessed. This has now been confirmed as a permanent decision by D Law, the Chief Exec of the CCG.

Cllr Ritchie informed the committee that Berkhamsted Town Council feel that the staff from Gossoms End have been deployed to other units and Gossoms End seems to have been sacrificed in favour of services outside Dacorum borough.

Cllr Ritchie added that the beds are to be replaced by Quantum care and that their intention is that only two beds will be provided in the borough. The borough is being poorly served by the NHS and Cllr Ritchie gave figures to back up his view that the provision now is half of 20 years ago. He added that in the same period Luton and Dunstable Hospital have increased their beds – the UK average for bed provision is 2 beds per 1000 population: in the Luton & Dunstable it is 2.1.

The committee then heard that Watford General is grossly overcrowded and that booking is difficult and stressful for staff, patients and relatives. Cllr Ritchie suggested that the Borough Council ought to take a lead in making an issue of this.

Cllr Maddern suggested that the local health authority's behaviour is reminiscent of that towards the SCUBU unit in the 2000s – the aim appears to be to close down services, for example taking away the few 'step-down' beds in Dacorum.

Cllr Timmis agreed that she felt the Health authority is getting rid of staff. She added that the Step-down beds are a great intermediate phase between the home and a hospital stay: Berkhamsted demographics would suggest this resource is particularly necessary there.

Cllr Hicks returned to the difficulties experienced by relatives who can't get to see their relatives resulting in slower recovery times.

Cllr Taylor said in his opinion Gossoms End is a 'constructive closure'. He added that this is the first he has heard of Quantum Care being involved in possibly running Gossoms End. Dr Fernandes added that the 20 beds at Gossoms End did not fall in to the "beds per 1000 of the population" equation. Cllr Taylor added that as far as Hospital facilities are concerned that the approach is 'divide and conquer'; on a variety of fronts at the same time and that this is part of a larger problem.

Dr Fernandes then gave the facts as he understands them. He pointed out that those examining the issue need to separate acute and re-hab beds: patients are handled differently now and there is more efficient control over the length of peoples stay in hospital. The evidence as he understands it goes against lengthy stays in a bed based scenario. He went on to say he cannot comment on the detail of proportions of staff re-deployment. He is aware that some went to St Peter's Ward in Hemel. He agreed that recruitment is a serious issue in this area and Gossoms end is evidence of the difficult choices that must be made.

He believes that the intention is to commission new 'flexible' beds in this part of the county.

Cllr Timmis responded that the position seems to be to have only acute care and home care, and she asked how we cope with the community aspects of care; acute care does not appear able to cope. Cllr Maddern added that she feels frustrated by the attitude that all patients are better off at home; for some of the elderly and infirm that is far from true!

Cllr Hicks was of the opinion that the value of the real estate is the driving factor in the Gossoms end decision.

Cllr Taylor agreed that the Borough Council should be more proactive in supporting the hospitals in Hemel: over the past 30 years we have gone from a population of 65,000

(approx.) with 3 hospitals in and around Hemel to a population of 120,000 (approx.) and being almost “hospital-less”. He informed the committee that the Dacorum Hospital Action Group and the MP, Mike Penning have a paper going to the head of the NHS in England outlining their concerns.

Cllr Taylor expressed an opinion that DBC has been far from proactive in supporting hospital services in Hemel Hempstead, the Borough and West Herts in general. He moved a proposal that, “This Council should show greater overt support of maintaining a hospital presence in West Herts in general and the borough in particular”. Expanding on this he asked for a seconder on the basis that he would seek agreement from The Leader of the Council to present the case for so doing at the next available Group meeting ahead of presenting the case in full council. Seconded by Cllr Maddern and supported by Cllrs Timmis and Hicks together with Cllr Ritchie who all expressed their support that DBC should focus on improving Acute Care, Recuperative care and the services beyond. Carried unanimously with Cllrs Maddern, Timmis and Ritchie all wishing to be involved with him in the presentation. RMT to action.

OS/223/16 HERTFORDSHIRE VALLEY CLINICAL COMMISSIONING GROUP UPDATE

Dr Fernandes began by reiterating much of what was said in the previous item. He added that much is complained of Watford General Hospital but stressed that they are in fact hitting many of their targets and providing good care in areas such as cancer and 'strokes', that metrics have improved, and that mortality rates have improved. He admitted that A&E is an issue but felt that they are trying to address this.

He acknowledged that the administration of care often frustrates patients but pointed out that this is being looked at through improving the IT and identifying trends and patterns that can be taken up with the Trust.

The fact is that NHS Finances are tricky – he believes that the trust is £7m overspent at 3 months - mainly through people ending up in hospital care unnecessarily. NHS policy is that no hospital should end the year in deficit.

Cllr Timmis asked if the Care Quality Commission have finished their investigations and reported yet. Dr Fernandes said they came in last week; produced an action plan of hundreds of points; and that these are being examined actioned and monitored. The final report will be in a couple of months.

Cllr Timmis then raised the issue highlighted in recent press exposure of hospitals giving out equipment - e.g. zimmer frames - and advising patients to throw it away when they have recovered. Dr Fernandes mused that standards of hygiene may be the reason for not cleaning and re-using old equipment.

Cllr Maddern recounted that patients are being asked to use Stoke Mandeville and the L&D to allow Watford to clear its backlog – she enquired if ambulances being asked to do this as well and gave the example of her father in law being transported elsewhere for care.

Dr Fernandes replied that the advice to ambulances is if it is acute then it is the nearest hospital but elective procedures, and planned, routine surgery is being farmed out.

HEALTH & LOCALISM / HEALTH & WELLBEING BOARD UPDATE

Deferred.

HERTS COUNTY COUNCIL HEALTH SCRUTINY UPDATE

Deferred.

OS/224/16 EXCLUSION OF THE PUBLIC

Resolved:

That, under s.100A (4) of the Local Government Act 1972 Schedule 12A Part 1 as amended by the Local Government (Access to Information) (Variation) Order 2006 the public be excluded during the item in Part II of the Agenda for this meeting, because it is likely, in view of the nature of the business to be transacted, that if members of the public were present, during this item there would be disclosure to them of exempt information relating to the financial and business affairs of a particular person.

OS/225/16 GET, SET, GO DACORUM

See the Part II minute No. OS/225/16, Get, Set, Go Dacorum.

OS/226/16 DATE OF NEXT MEETING

The date of the next meeting is on 7 December 2016.

OS/227/16 WORK PROGRAMME 2016/17

The work programme for the next meeting was amended to include the two items deferred from this meeting.

The meeting ended 8.58pm

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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