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**Health Scrutiny in Dacorum
Agenda**

Wednesday 21 June 2017 at 7.30 pm

Council Chamber, The Forum

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
Councillor Hicks
Councillor Maddern

Councillor Taylor
Councillor Timmis
Councillor W Wyatt-Lowe

Substitute Members:

Councillors England and Tindall

For further information, please contact Jim Doyle

AGENDA

- 1. NOMINATE CHAIR**
- 2. MINUTES**
To confirm the minutes from the previous meeting
- 3. APOLOGIES FOR ABSENCE**
To receive any apologies for absence
- 4. 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]

5. PUBLIC PARTICIPATION

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

6. WARD ISSUES FROM OTHER COUNCILLORS

7. WEST HERTS HOSPITAL TRUST CQC INSPECTION REPORT - UPDATE

Rachael Corser and Esther Moors, Deputy Directors from WHHT, to provide members with presentation.

8. HERTFORDSHIRE COUNTY COUNCIL HEALTH LOCALISM/ HEALTH WELLBEING BOARD - UPDATE

Cllr W Wyatt-Lowe to provide members with an update since the last meeting.

9. HERTS VALLEY CLINICAL COMMISSIONING UPDATE

David Evans to provide members with a verbal update since the last meeting held on 1 March 2017.

10. DBC REPRESENTATIVE ON HERTFORDSHIRE COUNTY COUNCIL HEALTH SCRUTINY COMMITTEE (Pages 4 - 6)

Cllr J Birnie to provide members with an update since last meeting. Cllr F Guest to provide report.

11. HEALTH IN DACORUM COMMITTEE - WORK PROGRAMME

To agree items for work programme for the remaining 2017/2018.

Agenda Item 10

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Report of Dacorum's Representative on the Herts. County Council Health Scrutiny Committee for the Health in Dacorum Meeting of June 21st 2017

A special meeting was held of the County Council's Health Scrutiny Committee (HSC) on the morning of 9th March 2017, to discuss the decision by Herts. Valleys Clinical Commissioning Group (HVCCG) to withdraw the £8.5 million that it gave the County Council to help support adult social care.

HVCCG had rescinded its decision to withdraw the £8.5 million and in the afternoon of 9th March 2017, were holding a meeting to consider what to do. Discussions had been taking place between HVCCG and the County Council (HCC) about HVCCG giving HCC £4.5 million for 2017/18. This money will help HCC plan on how to fund homecare.

It stated in the papers for the meeting that HVCCG has said that there was a lack of evidence as to what the £8.5 was used for. Iain McBeath (Director, Health and Community Services, HCC) confirmed that it was put into the homecare budget and would write a letter confirming it if necessary.

It was argued in Committee that the funding enables patients to be discharged with the appropriate care packages when they are ready and prevents delayed discharges.

C/Cllr Ian Reay (Berkhamsted) raised the issue of Gossoms End. Cameron Ward from HVCCG replied stating that HVCCG doesn't get every decision right.

HSC resolved that if HVCCG granted the £4.5 million, no call-in to the Secretary of State would be made, but if HVCCG did not grant the £4.5 million the decision would be called in to the Secretary of State.

HVCCG decided to grant HCC £4.5 million for 2017/18.

On 16th March and 30th March 2017, the annual scrutiny of health organisations in county took place. This year there was a lot of emphasis on the quality of health services and very little on budgets.

On 16th March 2017 the Committee split into groups which scrutinised different health organisations. The Dacorum representative was in the group scrutinising West Herts. Hospitals Trust (WHHT) in the morning. Katie Fisher (CEO, WHHT), Dr Mike van der Watt (Medical Director, WHHT), and Tracey Carter (Chief Nurse, WHHT) attended.

The new Accountable officer of HVCCG, Kathryn Magson (replacement for the interim Cameron Ward) said the focus had to be on how social care delayed

discharges could be reduced at West Herts. She said HCC and HVCCG should work together on difficult decisions. (The original decision by HVCCG to withdraw £8.5 million had been unilateral and sudden.) Of the £2.2 billion for social care announced by the Chancellor, some funds will go to Hertfordshire.

Tracey Carter said that the work on preventing staff going to work in London was focused on developing a culture that people wanted to work in.

There are now twice daily consultant ward rounds in high risk areas and daily ward rounds in the others, with consultant ward rounds 7 days a week in cardiology, respiratory medicine and gastroenterology. Patients are seen by a consultant or senior nurse within 15 minutes of arrival at hospital. *C. diff* cases were better than the target and cases of MRSA in the blood were on target at zero. There have been improvements to end of life care. WHHT works closely with St. Frances hospice, Berkhamsted and the Peace hospice.

Katie Fisher said that since she came into post in July 17, the focus had been on the quality of responses to complaints.

Katie Fisher stated that West Herts needs a new hospital.

She said that she would not preside over short-term cuts. She said that WHHT was not the most efficient healthcare provider in the world. It needed to change the way in which it delivered care.

She said that she was to have a meeting with the Dacorum Hospital Action Group, Mike Penning MP and the experts doing the detailed modelling of the Strategic Outline Case.

Katie Fisher said that it was decided to close the Hemel Hempstead Urgent Care Centre at night because Herts. Urgent Care could not guarantee GP cover. (It had been closed at short notice on a number of nights.) She thinks that an Advanced Nurse Practitioner model with a video link to Watford A&E is a good model for the Urgent Care Centre, as the GP model is not sustainable. HVCCG has not commissioned an Advanced Nurse Practitioner model so the current serviced would have to be decommissioned and a new service recommissioned.

In the afternoon the Dacorum representative was in the group scrutinising Herts. Urgent Care,

There is a model for Integrated Urgent Care with contracts for out of hours GP cover, 111 and emergency dental cover being brought together. It is happening in Herts in June 2017 through a new Integrated Urgent Care contract.

There is a shrinking GP market as fewer newly qualified doctors are choosing general practice.

Regarding the Hemel Hempstead Urgent Care Centre, David Archer the HUC CEO said that working overnight was less attractive to GPs. Also insurance premiums are higher for GPs working in urgent care because it is seen as a higher risk. GPs at Hemel Hempstead Urgent Care Centre are not covered by the NHS litigation scheme.

It was suggested that HUC moves its office out of County to a location where office space is cheaper but HUC said this would divorce it from its clinical hub.

At the meeting on 30th March 2017, recommendations, proposed future scrutinies, comments on priorities, risk and resilience, and information requests, that came out of the 16th March meeting, were presented to the Committee.

Future scrutinies were proposed on delayed transfers of care and access to Child and Adolescent Mental Health services (CAMHS) for children and young people presenting at A&E and the availability of tier 3 CAMHS beds.

For WHHT it was commented on its priorities that the Committee was pleased that addressing A&E operational issues remains a priority, it commended the continued focus on patients and quality of care, it welcomed the need for continuity of the current leadership and was pleased about the continued focus on reducing agency costs.

On risk and resilience it was noted that another change in the leadership of WHHT could undermine the progress currently being made. The current financial model is unsustainable and can only be resolved by greater efficiencies, and significant improvement of the estate, which relies on Strategic Transformation Fund (STF) monies. WHHT is extremely vulnerable to emergency care system pressures.

It was requested that the East of England Ambulance Trust (EEAST) provides updated information on the cost impact of handover delays, in terms of money and the number of paramedics and ambulances out of action.

Fiona Guest
Dacorum Borough Council Representative
Herts. County Council Health Scrutiny Committee