

## MINUTES

### HEALTH IN DACORUM

13 SEPTEMBER 2017

#### Present:

#### Councillors:

Councillor Brown	
Councillor Birnie	Councillor Maddern
Councillor England	Councillor Taylor (Vice Chair)
Councillor Guest (Chairman)	Councillor Timmis
Councillor Hicks	Councillor W Wyatt-Lowe

#### Outside Representatives:

County Councillor C Wyatt-Lowe	Hertfordshire County Council (HCC)
Iain MacBeath	Director of Adult Care Services, HCC
Helen Brown	Deputy Chief Executive & Director of Strategy, West Hertfordshire Hospital NHS Trust (WHHT)
Fran Gertler	Director of Integrated Care, WHHT
Clare Hawkins	Deputy Chief Executive, Director of Quality and Governance and Chief Nurse, HCT
Kathryn Magson	NHS Herts Valleys Clinical Commissioning Group (HVCCG), Chief Executive Officer
David Evans	HVCCG Programme Director.
Edie Glatter	Dacorum Patients Group

DBC Officers: J Doyle, Group Manager, Democratic Services  
R Twidle, Member Support Officer (Minutes)

The Meeting commenced at 7:30pm. (Cllr Taylor (Vice Chair) began the meeting; Cllr Guest arrived shortly after at 7:33pm, and continued the meeting as Chairman).

30

#### MINUTES

The minutes of the meeting from 1 March 2017 and 21 June 2017 were presented to the Chairman for signature; however, the majority of the Committee had been unable to access these minutes on their tablets, therefore the Committee were unable to agree their contents. As proposed by Cllr Taylor, it was agreed that these minutes would be circulated to the Committee the following day; if no concerns were raised about the accuracy of the minutes by Wednesday 20 September, Cllr Guest would attend The Forum after this date to sign both sets of minutes.

E Glatter also requested that she be added to the circulation list for the minutes. Cllr Guest agreed.

**31                    APOLOGIES FOR ABSENCE**

Kevin Minier (Dacorum Patients Group) offered his apologies for his absence.

**32                    DECLARATIONS OF INTEREST**

None. Cllr Guest asked that if any individuals realised any interests during the course of the meeting, to declare it then.

**33                    PUBLIC PARTICIPATION**

None.

**34                    ACTION POINTS**

Cllr Guest proposed that Action Points become a standing item within the agenda. The Committee agreed.

Cllr Guest introduced the letter from Louise Halfpenny of WHHT (pg 4 of the agenda pack), noting that this was a response to the questions asked of the officers in the previous meeting. She asked if there were any questions regarding this item. E Glatter noted that the document stated that the West Herts Medical Centre was open 24 hours a day; She said that it was not, and that it was instead open from 8am till 8pm. Cllr Guest asked if this was the West Herts Medical Centre, which was distinct from the Urgent Care Centre (UCC). E Glatter confirmed that it was the former.

Cllr Timmis noted that in light of E Glatter's comments, that the second paragraph of the letter contained errors with regard to access to GP's out of hours. Cllr Guest reiterated that the West Herts Medical Centre was in fact open 8am – 8pm, however said that if the public needed a GP, this could be accessed by telephoning 111. H Brown added that if a member of the public were to present at the UCC outside of these hours and their assessment was that they needed to see a GP, there was a mechanism to pass them through to the out of hours GP service. She acknowledged that the letter was not quite accurate in terms of what it described, but said that the ability to see a GP (out of hours) was there.

There was some discussion regarding the out of hours service, with the Committee pressing the outside representative health professionals to clarify the exact hours and process of accessing a GP out of hours. They accepted that the letter did not reflect the exact hours and process, however they said that an out of hours GP was accessible to the public by either contacting 111, or by attending the UCC and being assessed by a nurse as requiring a GP.

Cllr Maddern asked if there was a GP in the West Herts Medical Centre 24 hours. K Magson confirmed that although there was not walk-in access, there was a GP in the building 24 hours a day – however they could be reached in different ways.

Following a proposal by Cllr W Wyatt-Lowe, it was agreed by H Brown that WHHT would provide a further letter that provides clear clarification of this issue. Cllr Guest

thanked her, and asked that it be provided as an action point for the following meeting.

**Action Point: H Brown to ensure that WHHT provide a further letter of clarification regarding the process surrounding access to a GP out of hours for meeting of 31 October 2017.**

E Glatter requested that waiting times were also added to this item; she said this was because patients could wait a long time for an out of hours GP. K Magson said that this was a separate item within itself. Instead she suggested that a specific agenda item was added about the new out of hours integrated 111 service, what its KPI's were, how it was measured. Cllr Guest agreed with this proposal, and asked that this be added to the work programme as a future item.

**Action Point: The 'waiting times of new out of hours for the UCC and the 111 service' to be added to Health in Dacorum work programme as a new agenda item for the future.**

### **35                    WARD ISSUES FROM OTHER COUNCILLORS**

Cllr Guest introduced the item; she asked the committee members if they had any issues, or wished to highlight any issues on behalf of other Councillors.

Cllr Hicks commented that it was good news that the Rothschild House surgery had taken over the new surgery in Tring. This meant that they had a surgery for at least at three years, and hopefully more.

### **36                    HEMEL URGENT CARE CENTRE UPDATE**

Cllr Guest introduced K Magson, Chief Executive of HVCCG; she also took the opportunity to thank all the outside Health professionals for attending the Committee.

K Magson began by referring to the documents within the agenda pack (pg 5 – 11) provided to the Committee in advance of the meeting. She noted that this was in response to the Committee request for further information regarding the attendance of the UCC between 10pm – 7am. She noted that this information recorded how attendance varied month to month, as well as the averages attendances per hour. K Magson said that the Committee had requested at the previous meeting that this information be provided for the UCC over the course of the previous three years; she therefore confirmed that this information was contained in the agenda pack in response to this specific action point.

K Magson went on to outline HVCCG's strategic plan in relation to the UCC. She confirmed that HVCCG had approved the strategic outline case in July; She said that the Hemel Hempstead site had been prioritised, and that during the summer a piece of work had been commenced looking at how they design UCC's. She referred to a review, conducted by Sir Bruce Keogh, of UCC's across the NHS which had completed recently. This review concluded that three types of urgent emergency care that would be delivered by NHS. These were:

- Hyper acute Stroke Units (very large tertiary centres, delivering specialists services)
- A&E

- Urgent Treatment centre (UTC's)

She said that in the future, UCC's would cease to exist. HVCCG therefore had a responsibility to resolve this, and commission according to the new national specifications within the next two years. She said they had been developing an urgent care strategy over the summer, specifically trying to develop what an UTC look like over all sites in Herts Valley, with Hemel being the first of these. She said that this work had been completed, and taken to Commissioning Executive last month, and they were now in the process of engaging with the working group (which was due to meet on 28 September), with a view to 'bottoming out' what that specification would look like for Hemel. She said that the development which had been completed would be taken to the working group. K Magson said that the working group consisted of patient representatives and those who had a particular interest over the years, GP's and Consultants from the Trust. She said that the aim would be to take the outputs from that group back to the Clinical Executive Committee again, and then there would be another discussion, in the form of a public consultation in the coming months. She confirmed that HVCCG had taken the initiative to submit an early adopter bid/expression of interest to become one of the first waves of UTC's. They considered that this would be an excellent opportunity for the Hemel site. She said that HVCCG were very much at the design stage, whether or not they were successful, they would continue to work along this approach, as to what urgent care in Hemel should look like, and would welcome all input in doing so. She said that over the coming months, they would be in a much firmer position what the solution could potentially be, and the steps that they may need to take to do that. She also wanted to highlight that the West Herts Medical Centre was contracted to be re-procured, the contract had expired and had already been extended. They were trying to align this strategy so that the solution included ensuring a front door that had clear signage to the services that patients required. She concluded that this was, in essence, what had taken place since the Committee had last met. She was happy to take any questions.

Cllr Guest thanked K Magson and asked the Committee if they had any questions. Councillor England said that in 2009 it was said that UCC would be a 24 hour service; he said that this was a very high profile issues. He said that it did not appear that they were getting clarity about whether this would continue. K Magson that the same issues remained from the previous meeting about work force, which she highlighted was a national issue. She said that as part of the design process, they would need to work with the designers, looking at all options, and see what compromises could be made between what was affordable and what was possible with the workforce available. Following Cllr England's query, K Magson confirmed that HVCCG were required to redesign all urgent facilities to new branded solutions within two years. D Evans added that when they meant urgent care, they were also looking at urgent care within primary access, such as collections of GP Hubs, whether they be virtual or physical in the local area. D Evans said that when they talked urgent care centres, sometimes this would be a building, other times it may be urgent access to a GP in a practice that is open late. He said it was just clarity about the service provided, not the scale of the building; He said that they wanted to ensure that there was access that met the needs of the right people at the right time. D Evans added that the answer to urgent care was not just building; he said that this was part of the design. He said that they were committed to ensure the right urgent care for Hemel.

Cllr England asked HVCCG if they could be very clear to everyone that they are not able to offer a 24 hour service in Hemel. K Magson believed that they had been, but was happy to reaffirm this if the Committee considered this necessary.

Cllr W Wyatt-Lowe said that he wanted to investigate the nature of users at night of the UCC. He asked the following 4 part question:

- How serious they are?
- What is the potential for diverting people from Watford, if correctly advertised?
- Will the UTC have the capability of dealing with some mental health issues?
- Were there any serial users?

K Mason re-iterated that she and the Board of HVCCG were absolutely focused on developing an urgent care strategy for Hemel, and that they would not have submitted the bid to become an early adopter for UTC's if they were not.

She said there was absolutely the opportunity to divert, and that they did not need a long term strategy to do this. She said that following a meeting with the Ambulance Service, a new plan had been designed to encourage ambulances not to drive past, and instead maximise the facilities at Hemel UCC and St Albans. This pilot had been launched this week, was being monitored, and they would be meeting within a month to review this.

K Magson said that as there was a new facility presumably Dacorum Mental Health Centre she believed that this commitment was already quite visible

After seeking some further clarification about the final question from Cllr W Wyatt-Lowe, K Magson said that the Ambulance Service was in the process of working with GP's on managing frequent users, including their care plans. She said that there was a joint team across the county looking at intense users that may have social care, mental health or other complex issues that resulted in them contacting 999 or using NHS facilities for reasons other than health. She said that there need to be a very long term solution for these types of individuals. In addition to this, K Magson said that they were dealing with GP where particular services appeared to be accessed more than average, and try to analyse why this may be happening. Alongside this, she noted that West Herts Medical Centre was being used by individuals that were registered elsewhere. K Magson said that discussions were currently ongoing to try and tackle this. Cllr W Wyatt-Lowe thanked K Magson. He suggested that more illustrative cases be paced on social media for public awareness of ways to access urgent care. Cllr Guest asked K Magson if HVCCG would be able to do this – K Magson confirmed this.

Cllr Taylor made two points; Firstly, he noted the reports submitted by the HVCCG that supported their presentation, and suggested it would be helpful if a table of acronym could be included in the future, for easier understanding.

Secondly, he observed from his own experience, that the urgent care unit at Luton & Dunstable Hospital (L&D) appeared to be particularly efficient. He asked for confirmation that the HVCCG were not trying to "reinvent the wheel", or being isolated, and were liaising with other Trusts to learn from their successes, and if this would work for West Herts. K Magson confirmed that this approach was being taken; she said that L&D was a high performing A&E Trust, and that West Herts were currently trialling a number of best practices from there. She went on to outline some of the 'streaming' that was currently ongoing, this included Nurse-led streaming at Watford Hospital, with the goal to increase this to 53% from 20%. They believed that

this was an appropriate goal for the patient flow there. In addition to this, a GP was going to be placed in the ED at Watford as from the following week.

Cllr Timmis firstly endorsed Cllr Taylor comments in respect acronyms, and reiterated the need for an explanation of the acronyms to be provided in the future. She went on to note the plans for the forthcoming, and newly named, UTC. She observed that although this all sounded very positive, there were also a lot of unknowns. She wondered if the treatments currently taking place at the Hemel UTC would continue to be embraced, such X-Rays, scans, endoscopy and podiatry. D Evans said that as part of the UTC's national plans, there was a minimum level of services required in order to call yourself such. D Evans said that some of these would have the 'back-up' facilities set out by Cllr Timmis. He said on 28 September, a session would be taking place, looking at the clinical model that supports the services in addition to the UTC; this was with the purpose of taking the pressure away from A&E in Watford hospital. He said that they did not know yet what the national requirements would be, however the purpose of the discussion on 28 September was to try and develop the right clinical model, with GP's & consultants being invited along. Following Cllr Timmis clarification, D Evans confirmed that this discussion was not a public consultation; it was a working group for a project. However, they would be going out to the public in October with the final outcome of that discussion.

E Glatter asked D Evans about a statement he had previously made, that it did not matter where the UTC was, and that buildings were not important. However, she said that if back-up services such as X-Rays, were needed, then she thought that buildings were required for UTC's – she would like clarity on this point. In response D Evans said that not all urgent treatment required. In response, D Evans said that there was a breath of urgent care which took many forms, such as GP's, pharmacists - it did not always require back-up services. He said that the focus was on how primary care could be an important part of delivering urgent care. He said that there could be confusion between urgent care and A&E. E Glatter noted this, although expressed concern that locating back-up services across Dacorum could present accessibility issues, e.g. those without a car would have more problems getting buses to different surgeries in Dacorum as there may not always be a direct bus route. This problem was avoided when all services were located in one place in the centre of town. K Magson noted this concern, although considered that this was getting into the detail, which was why it was necessary to liaise and collaborate with a range of stakeholders when designing the new UTC.

Cllr Hicks asked if the diversion of ambulances from Watford to Hemel proved a success, would this pave the way to the centre being returned to 24 hour care. He also asked if someone were to present themselves at the UTC, but required A&E, how would they get there. In response, K Magson said that she was not blocking the question, however considered that this was a detail that would be part of the ongoing design process – this would include opening times. She also confirmed that there were existing protocols surrounding the transfer of urgent care patients to A&E (EG from GP surgeries) which would be put into place.

Cllr Guest said that she would conclude up this item with two final questions; she said that at County Council Health Scrutiny, when the urgent care centre was closed overnight because of GP shortages, the idea of nurse led care was suggested – she asked if this model was being considered. K Magson confirmed that it was. Cllr Guest also asked when would HVCCG know more what the UTC would look like. K Magson

said that planning meetings would be taking place between now and November, therefore they should have an update for the Health Scrutiny taking place in December.

**Action Point: K Magson to provide Committee with UCC/UTC update within 'HERTS VALLEY COMMISSIONING UPDATE' agenda item of 13 December 2017.**

### **37 DELAYED DISCHARGES UPDATE**

Cllr Guest introduced County Cllr C Wyatt-Lowe (Executive Member for Adult Care Services) and I MacBeath (Director of Adult Care Services). She also noted that Helen Brown (WHHT) would be able to offer a perspective on this item from the view of a Trust.

I MacBeath introduced the report; he explained that the terms 'delayed discharges' referred to people in hospital that were medically fit to be discharged, but could not go home – he also said that these individuals tended to be mainly older, frail people. I MacBeath went on to explain in detail the contents of the report contained in the agenda pack (specifically points 1-6 at pg 12-13 of the agenda pack), setting out the circumstances that led to delayed discharges.

I MacBeath went on to refer to two graphs set out in pg 14 of the agenda pack. He confirmed that the purpose of these graphs was to show the Committee that delayed discharges in Herts were decreasing, albeit not as quickly as they would like. He highlighted that that NHS England had set a target for Watford hospital that no more than 24 beds of 600+ be occupied by delayed discharges, and confirmed that at the end of August, they had nearly achieved this target with only 26 beds being occupied. I MacBeath confirmed that on the day of the meeting, this figure was 36, however noted that at the end of March 2017, this figure had been 100, and so said that the situation had significantly improved.

I MacBeath went on to highlight the new monies received from the Chancellor (detail set out in full at pg 15 of the agenda pack) of £13million for Hertfordshire in 2017/2018. He confirmed that an investment of £3m in new schemes to reduced delayed discharges (set out in full at point 2–4 of pg 15 of agenda pack). I MacBeath acknowledged there were challenges with money in relation to pay rises for Home Care workers, as it would not be available in year four. Despite this, he said that Herts County had taken the decision to raise care workers wages above the minimum wage.

County Cllr C Wyatt-Lowe endorsed I MacBeath's presentation as an accurate representation of the situation, and said that the programme of work being undertaken by health partners was fully supported by the County Council. County Cllr C Wyatt-Lowe re-iterated the comments made by I MacBeath about the pay of Home Care workers, and the resulting challenges of recruitment and retention. County Cllr C Wyatt-Lowe said that she was very proud of Herts Care Standard; she confirmed that they were one of the first local authorities to give an enhanced living wage to care workers, as well as one of the very few to pay holiday, travel and training time to care workers. This was because they recognised the value of these individuals. Both I MacBeath and County Cllr C Wyatt-Lowe confirmed that they were happy to take questions on this subject.

At the request of the Chairman, K Magson then added the perspective from HVCCG's point of view; She confirmed that this issue was the subject of an integrated discussion between WHHT, HCC, AND HVCG. She said that a three way document had been produced between herself, I MacBeath and another stakeholder around the target for the whole of the year for the Better Care Fund, and had just been submitted for consideration. She said that all parts of the system were working together to reduce delays; she added that although they were pleased with the progress, this needed to be maintained. K Magson referred to the documents provided by HCVGG as part of their presentation (pg 6 - 8 of agenda pack), noting that this gave a breakdown of the various reasons for delayed discharges. She added that as numbers reduced, it enabled the HVCCG to identify which processes still needed to be improved. She also highlighted a number of matters that impacted on discharges that were being considered, including the flow of community beds (and how best to maximise this) as this significantly impacted on hospital beds; finally she also said that failed discharges (e.g. lack of transportation) were also being monitored to see how these could be prevented.

H Brown said that she recognised that how hard all parties had been working to improve patient journeys. She asked F Gertler to provide some more information from a hospital perspective.

F Gertler told the Committee of the efforts being undertaken to ensure that patients discharge planning was correctly actioned. This was to try and prevent and prevent the risk of becoming delayed. She said that they were using a number of tools, including SAFER, which she outlined as follows:

### **The SAFER patient flow bundle**

**S - Senior Review.** All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

**A – All patients** will have an Expected Discharge Date (EDD) and Clinical Criteria for Discharge (CCD), set by assuming ideal recovery and assuming no unnecessary waiting.

**F - Flow** of patients to commence at the earliest opportunity from assessment units to inpatient wards. Wards routinely receiving patients from assessment units will ensure the first patient arrives on the ward by 10am.

**E – Early discharge.** 33% of patients will be discharged from base inpatient wards before midday.

**R – Review.** A systematic multi-disciplinary team (MDT) review of patients with extended lengths of stay (over 7 days – also known as 'stranded patients') with a clear 'home first' mind set.

F Gertler said as well as this, they were also always using Red and Green Days, which she explained was a simple approach; when any patient was waiting for something to happen, this was a Red Day, e.g. a diagnostic test that does not take place. However, Green Days were where actions had been progressed, and steps had been taken to enable discharge. F Gertler confirmed that this was represented as a visual above a patient's bed board.

F Gertler said that they had also commissioned HCT to provide discharge facilities; currently they were providing 60 patients with care at home, who would otherwise



have been in hospital. She said that there were some issues about how subsequent social care was being provided, however the big difference was that this delay to social care took place at home, rather than in hospital.

F Gertler said that they had also implemented an aftercare project, focusing on patients who had left hospital. She said that as well as improving the patient journey, the purpose of this was also to try and prevent any unnecessary readmissions.

Cllr Guest invited the Committee to ask any questions in relation to this matter. Cllr Taylor wished to extend his thanks, on behalf of DBC, to all the Health professionals that regularly attended the Committee to provide full and frank updates on what was happening in the community. He said he was very grateful for all the support that they gave.

Cllr W Wyatt-Lowe said that despite his efforts, when looking at all the figure surrounding the Delayed Transfers of Care (DToC), he had been unable to find what is the ratio of the DToC's to the total number of patients going through the hospital path. He said that this figure would aid much easier comparison of performance. In respect of the issues surrounding DToC's, he thought it was essential to look at the particular areas that patients were being discharged into. He also noted there was a huge ratio of difference between DToC's for NHS reasons, or social care reasons, in West Herts; he asked why this was.

I MacBeath began by saying that he received a report containing all the social care delays and which area the patient was due to go back to – he said that this delay tended to be where there were Home Care waiting areas. He said the highest areas were Hertsmere and St Albans; areas which he said had full employment. He noted that Home Care was easier to source in Watford and Dacorum. He confirmed to the Committee that although he had not brought this information with him, it was available to him. Cllr Guest asked I MacBeath to provide R Twidle with a copy of this information following the meeting so that it could be forwarded onto the Committee.

**Action Point: I MacBeath to send R Twidle a copy of the report outlining DToC due to social care and the patient's home area.**

I MacBeath said that the percentage of patient choice was lower in Watford Hospital in comparison to L&D. He said that there were miniscule delays at the latter, which was linked to the fact that there were no recruitment issues with Home Care workers; he added that he actually bused in Home Care staff from Luton to ensure Home Care cover was provided. In addition to this, I MacBeath added that there were similar issues with Social Care at Watford Hospital in comparison to L&D.

K Magson re-iterated her invite to Cllr W Wyatt-Lowe to spend some time with HVCCG to understand how these figures are calculated.

Cllr Timmis began her questions by noting the report's statement "Some hospitals are better than others at preventing admission to hospital altogether when people present at A&E", and observed that this responsibility was as much for the community as the hospital; She asked the following questions (that related to point 2 – 4 of pg 12-13 of the agenda pack)

- For clarification of the term "cohort".
- She queried the link between patients staying one night and this being deemed that they should not have been admitted; surely, she said, this

decision would have been made on good medical grounds, and asked if it was right to query this.

- She also set out the issues surrounding an elderly person falling over in the home, which often resulted in them being admitted to hospital, regardless of whether it was necessary, and asked what could be done to address this.

I MacBeath clarified that the term cohort” referred to patients that may be frail or older, with long term health conditions, or other individuals that were considered vulnerable.

He also said that because social care, Home Care and NHS IT systems were not interlinked, it could be difficult to establish if there was a care package or agency in place for a patient, therefore there may be a need for the patient to stay overnight to ensure their safety. I MacBeath said that a scheme was currently being trialed in East Herts where an Occupational Therapist (OT) was attending as many ambulances that had been called out for falls as possible; The OT then stays with the individual for up to two hours to assess them throughout this time, and decide whether the individual required further care in hospital. I MacBeath said that so far, only 20% of the callouts had resulted in these individuals being conveyed to hospital. H Brown added that the clinical decision to admit was a complex one, affected by a multitude of factors, particularly if an individual was frail & elderly, coupled with the time of day.

Cllr Birnie asked for some clarification regarding the assessment and social care package; specifically why this would be completed at home, once a patient had been discharged. I MacBeath said that they were currently trialling a new process, where a patient would be assessed as fit to go home and a short term care package put place (this, he said, was often cheaper than a stay in hospital); once they were home a full assessment was then carried out. He said that this appeared to be a significantly better assessment; in terms of both how the discharged patient presented themselves, as patients tended to be much happier in their own surroundings, as well as allowing professionals to accurately assess the home. In parallel to this, a performance indicator had also been created and was being closely monitored, assessing where the patient was 3 days after the original discharge

Cllr Maddern asked for clarity of the figures contained in pg 7 of the agenda pack; she said it appeared as though some patients had been discharged without being assessed. I MacBeath apologised and said that there appeared to be an error. He confirmed that it should have stated “Assessed within 48 hours”, instead of “Assessed within 72 hours”. At the request of Cllr Maddern, K Magson then gave some greater detail surrounding the graphs in the agenda pack.

Cllr Guest said that there was currently an Overview and Scrutiny panel at County Council about delayed discharges and why they differ from East to West Herts; this was due to take place in the autumn. Cllr Guest invited I MacBeath and County Cllr C Wyatt-Lowe to the February/March meeting, to inform the Committee of the outcome of this OSC panel, as well as what had been implemented as a result.

**Action Point: I MacBeath and County Cllr C Wyatt-Lowe to provide Committee with Delayed Discharges update in light of County Council OSC at meeting of 7 March 2018.**

In conclusion, Cllr Guest thanked all the health professionals for their contribution to the Committee, as well as their enlightening presentations.

### **38                    HERTS VALLEY COMMISSIONING UPDATE**

K Magson provided the Committee with the regular HVCCG update. She confirmed that a number of public meetings about proposed changes to front line services had taken place over the last months, and that the consultation process was due to conclude on 14 September. She said that there had been a very good response; she added that it had been a Herts wide consultation, with both CCG's taking part. K Magson confirmed that a joint committee of the CCG's would make a decision on 12 October. She said that there would be another round of discussion in the New Year (Let's Talk Two). These meetings/consultations were taking place in the wider context of HVCCG's requirement to make savings of £45m; she said that these savings were currently on track, but added a note of caution as they were about to enter winter, and there was little financial resilience. She explained that HVCCG was required to make four times as many savings within one year, as previous years. She also added that £30m of savings were also required to be made the following year. K Magson emphasised that this was a difficult process, but they were making progress.

K Magson confirmed she was happy to take any questions; Cllr Timmis wished to note that she had attended one of the consultations and thought it was well advertised, attended and run.

E Glatter had seen the recent WHO alerts, which warned of a particularly strong strain of flu this winter; she asked K Magson for any further advice on avoiding this. As per the national message, K Magson encouraged everyone to have the flu vaccinations, particularly those deemed to be at higher risk. Cllr Guest fully supported this, particularly in her 'day job' capacity as a pharmacist. She added that they had begun giving the vaccine that week, and that it was a good idea to have it irrespective of whether you were a high risk group, or not.

Cllr Guest asked K Magson when Let's Talk Two was due to begin. K Magson confirmed that no timetable had been set as yet, however she considered that it would likely be after Christmas. Cllr Guest asked K Magson to provide an update on this matter in March, within the regular agenda item.

**Action Point: K Magson to provide Committee with an update on Let's Talk Two within 'HERTS VALLEY COMMISSIONING UPDATE' agenda item of March 2018.**

### **39                    HEALTH & LOCALISM / HEALTH & WELLBEING BOARD UPDATE**

Cllr Guest introduced Cllr W Wyatt-Lowe, the Committee representative on this item. He said that there had not been any recent meetings that he had been able to attend, and due to additional duties of his new role as Vice Chair of County Council, he said that he was unlikely to be attending these meetings. Instead, he would now be attending the 'Public Health and Prevention' panel. He confirmed that he would be able to report back on this meeting instead to the Committee. He said that this was a new panel, with newly elected members, including County Cllr Richard Roberts and Cllr Andrew Williams. He confirmed that the next meeting would be on 21 September.

Cllr W Wyatt-Lowe proposed changing the name of this item, which was agreed by Cllr Guest.

Cllr W Wyatt-Lowe also said that the Audit Committee at County Council had expressed an interest on doing a 'deep dive' into the difficulties with recruiting Home Care workers – this was because it was considered to be an issue presenting significant risk; this would be taking place on 1 December. At the suggestion of Cllr Hicks, Cllr W Wyatt-Lowe confirmed that the panel would ensure that a breakdown of distinct areas (e.g., borough areas, town vs rural) was considered.

**Action Point: Cllr W Wyatt-Lowe to report back on outcome of County Council Audit regarding the recruitment of Home Care workers in Hertfordshire in agenda item of December 2017.**

#### **40**                    **HERTFORDSHIRE COUNTY COUNCIL HEALTH SCRUTINY UPDATE**

Cllr Guest introduced the item; she confirmed that she was no longer leading on this item following her election to County Council; this would now be lead on by Cllr Birnie for the forthcoming meetings. Both Councillors then updated the committee on the main issue from the previous meeting, which was the ongoing discussion surrounding the closure of the Nascot Lawn facility (Cllr Guest explained that the facility provided respite care for vulnerable children with complex needs, with physical and learning disabilities). This closure was due to the withdrawal of funding by HVCCG; She said it would not be closing immediately, the County Council would be providing funding to 'plug the gap' until alternative respite could be found for these children. Cllr Birnie said that funding was being withdrawn by the CCG on the basis that it was not a health provider, and that medical care was being provided elsewhere. Cllr Guest also confirmed that a Topic Group had been set up to scrutinise this, and was currently a work in progress.

Cllr Taylor raised a concern about party proportionality and committee ratio, if Cllr Birnie were to join the committee. Cllr Guest confirmed that she would check this point with the Leader of the Council. She said that it was entirely appropriate that Cllr Birnie attend this committee, given his role as Dacorum's representative on the County Council Health Scrutiny Committee

#### **41**                    **WORK PROGRAMME 2017/2018**

Cllr Guest asked the members of the committee if they had any items that they wished to add, they should email either her, Cllr Taylor or R Twidle.

#### **42**                    **DATE OF NEXT MEETING**

The date of the next meeting is on 31 October 2017.

The Meeting ended at 9.50 pm