



Public Document Pack

Health Scrutiny in Dacorum

Agenda

Wednesday 13 September 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 England
Councillor Guest (Chairman)
Councillor Hicks

Councillor Maddern
Councillor Taylor (Vice-Chairman)
Councillor Timmis
Councillor W Wyatt-Lowe

Substitute Members:
Councillors Tindall

For further information, please contact Rebecca.Twiddle@dacorum.gov.uk

AGENDA

1. MINUTES

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. ACTION POINTS (Page 4)

West Herts Hospital Trust's response to the Committee's questions regarding the CQC inspection report from the previous meeting

6. WARD ISSUES FROM OTHER COUNCILLORS

Councillors are invited to raise any issues within their Ward.

7. HEMEL URGENT CARE CENTRE UPDATE (Pages 5 - 11)

Kathryn Magson, Chief Executive Officer, Herts Valleys CCG, to provide members with presentation.

8. DELAYED DISCHARGES UPDATE (Pages 12 - 15)

County Councillor C Wyatt-Lowe and Ian MacBeath, Director of Adult Care, HCC, to provide members with presentation.

9. HERTS VALLEY COMMISSIONING UPDATE

To provide members with an update since last meeting.

10. HEALTH & LOCALISM / HEALTH & WELLBEING BOARD UPDATE

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

11. HERTFORDSHIRE COUNTY COUNCIL HEALTH SCRUTINY UPDATE

Cllr Guest to provide members with an update since the last meeting.

12. WORK PROGRAMME 2017/2018 (Pages 16 - 19)

Agenda Item 5



Trust Offices
Watford General Hospital
Vicarage Road
Watford
WD18 0HB
Tel: 01923 244366
communications@whht.nhs.uk

11 September 2017

Jim Doyle
Group Manager – Democratic Services
Dacorum Borough Council
The Forum
Marlowes
Hemel Hempstead. HP1 1DN

Ref:16/RC

Dear Jim

Further to the Health Scrutiny Committee Meeting of 21 June 2017, I am responding to the questions raised about issues encountered recently by patients at Hemel Hempstead Hospital.

Firstly may I say again we are very sorry to hear about the different messages regarding accessing GPs at the Urgent Care Centre and also the opening times of the X-ray service. We have now had an opportunity to investigate the issues you raised with the managers concerned.

For patients who wish to see a GP out of hours, appointments are arranged by calling the NHS 111 telephone service. However, some patients who visit the Urgent Care Centre may, depending on their presenting complaint, be referred to and booked into see a GP at the West Herts Medical Centre which is open 24hrs a day. This is perhaps where there may have been a misunderstanding and we are now reviewing the signage and information available, including our website, to improve the patient experience.

With regards to our X-ray services, within the Urgent Care Centre there was a short period recently when due to staff sickness we had to close the service earlier than advertised and we apologise for any inconvenience caused. The X-ray service within our Urgent Care Centre is open daily from 9am to 10pm. The Radiology service in the main block is open weekdays, 8:30am to 4:30pm.

I hope that our response has fully addressed your concerns. Should you have further questions or wish to comment on the information provided, please write to me and I will be happy to clarify any outstanding issues.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Louise Halfpenny'.

Louise Halfpenny
Director of Communications

Health in Dacorum

Delayed Transfers of Care briefing

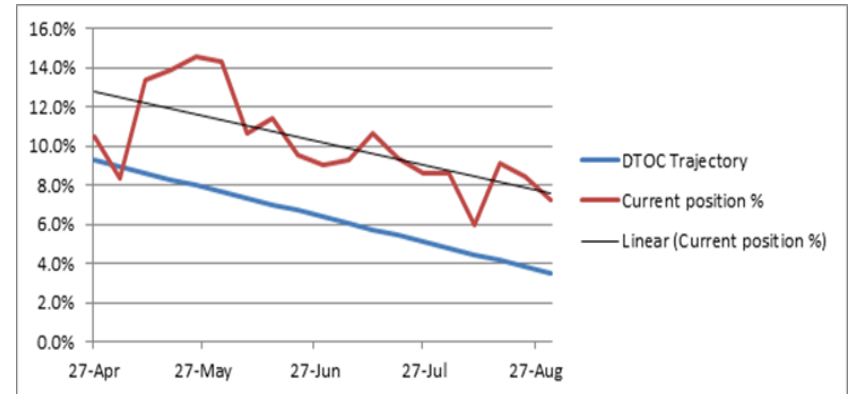
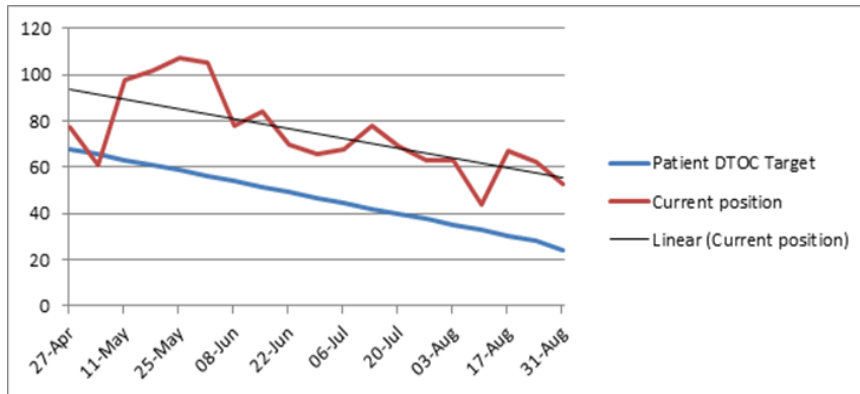
Discharge and out of hospital

DToC

- Currently, the system is working towards the below trajectory for DToC which shows that although we are not on target, there is an overall downwards trend.

System	Apr	May					Jun				Jul					Aug			
w/c	27-Apr	04-May	11-May	18-May	25-May	01-Jun	08-Jun	15-Jun	22-Jun	29-Jun	06-Jul	13-Jul	20-Jul	27-Jul	03-Aug	10-Aug	17-Aug	24-Aug	31-Aug
DTOC Trajectory	9.3%	9.0%	8.6%	8.3%	8.0%	7.7%	7.4%	7.0%	6.7%	6.4%	6.1%	5.7%	5.4%	5.1%	4.8%	4.5%	4.1%	3.8%	3.5%
Flat Reduction %	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
Patient DTOC Target	68	66	63	61	59	56	54	52	49	47	44	42	40	37	35	33	30	28	24
Current position	77	61	98	102	107	105	78	84	70	66	68	78	69	63	63	44	67	62	53
Current position %	10.5%	8.3%	13.4%	13.9%	14.6%	14.3%	10.6%	11.5%	9.5%	9.0%	9.3%	10.6%	9.4%	8.6%	8.6%	6.0%	9.1%	8.5%	7.2%

page 6



DToC – breakdown as of 5 September 2017

Health		
Week ending	Assessed within 24 hours	% Discharged within 72 hours
04/09/17	47%	0%

Social care		
Week ending	Assessed within 72 hours	% Discharged within 72 hours
04/09/17	22%	25%

Page 7

- The tables above demonstrate there is still significant work to be done around assessment and discharge standards. Now that the numbers of DTOCs are much lower, it is becoming clearer to identify where process issues need to improve across all health areas.
- DToC rates peaked in May at levels of 12.52% of occupied beds. Since this time DToC rates have reduced and are currently 6.48% for WHHT which is a 50% reduction since May.
- Herts Valleys CCG undertake daily calls with all parts of the system to proactively support improvement on patient flows.
- CEO daily oversight
- Concern around discharge flow out of HCT beds has been raised formally and assurance is still required.

DToC – breakdown as of 5 September 2017

		WHHT DToCs							HCT DToCs						
		05-Sep-17							05-Sep-17						
Pathway	Delay reason	NHS	NHS OOC	CHC	CHC OOC	SC	SC OOC	WHHT Total	NHS	NHS OOC	CHC	CHC OOC	SC	SC OOC	HCT Total
	Assessment (SW allocated)					4					5				
Pathway 1	Package of care			1		8							3	3	
	Package of care (SF)					1			4						
Pathway 3	Residential care home														
	Residential care home (SF)					1									
	Nursing care home	1		1		2	2						3		
	Nursing care home (SF)								1						
Pathway 4	Dementia					5									
	Dementia (SF)					2									
	Enablement/ respite														
	Housing					1			2						
	IMC	6													
	NWB	2													
	Choice	1							3						
	Live in carer														
	Equipment														
	Total		10		2		24	2	38	10		5		6	3

Out of hospital flow

Next Steps	Updates and timescales	Lead
HCT- IDT Frequency of audit, through WHHT LOS Review, STEISS and case management audit	<p>Case Management Meetings taking place 2x Per week. Full attendance from IDT with West Herts Colleagues 1 x per week to attend the LOS as well as weekly discussions around STEISS.</p> <p>Daily Audit of EDD for the day to provide assurance around assessment completion and service requirements to meet EDD, plus any mitigation for failure to meet..</p>	Head of Service IDT - HCC
HCT- IDT Pathway 3 D2A Model started 01/08/2017	IDT are identifying patients to transfer for full CHC assessment outside the acute hospital. Transfers are now happening for eligible patients. There are issues around flow that need to be address, this links to both suitable trained and levels of staff to support CHC pathway as well as availability of resource.	Head of Service IDT - HCC
HCT- IDT Additional capacity and direction to be provided by Impartial Assessor for care home placements	Interviews unsuccessful in August , have re-advertised for this post. Further interviews took place on the 25/08/2017, again unsuccessful – imperative right calibre of staff identified. Broadening the scope of the role to support Simpson D2A Pathway 3	Head of Service IDT - HCC
ALL Review of the use of the Choice Policy to allow for tighter scrutiny and direction	On-going within IDT/WHHT/HCT/HVCCGO. Will be a new area of work under SRG .	Head of Service IDT – HCC All
HCT- IDT Continued development of the 7 day service across IDT	IDT (Health) continue to cover the weekends on a voluntary rota, within social care there is a mandated rota which commenced in February 2017. There has been a 23% increase in social care discharges from WGH at weekend (Feb – May 2017 compared to same period 2016)	Head of Service IDT - HCC
HCT- IDT Ward based social work and attendance at board rounds	This has been rolled out across all wards , with Social Workers allocated to their own wards providing information sharing across the team and cover in colleagues absence.	Head of Service IDT - HCC

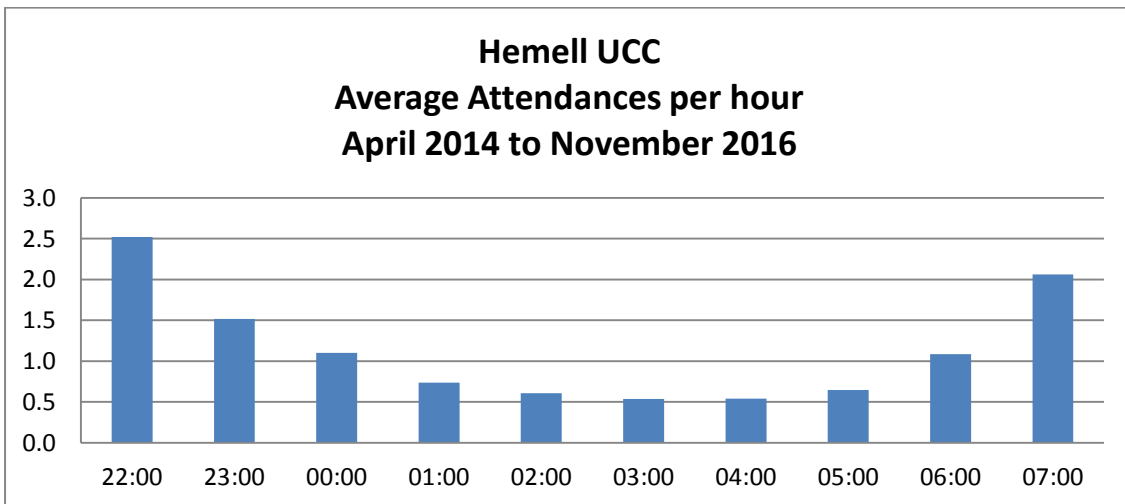
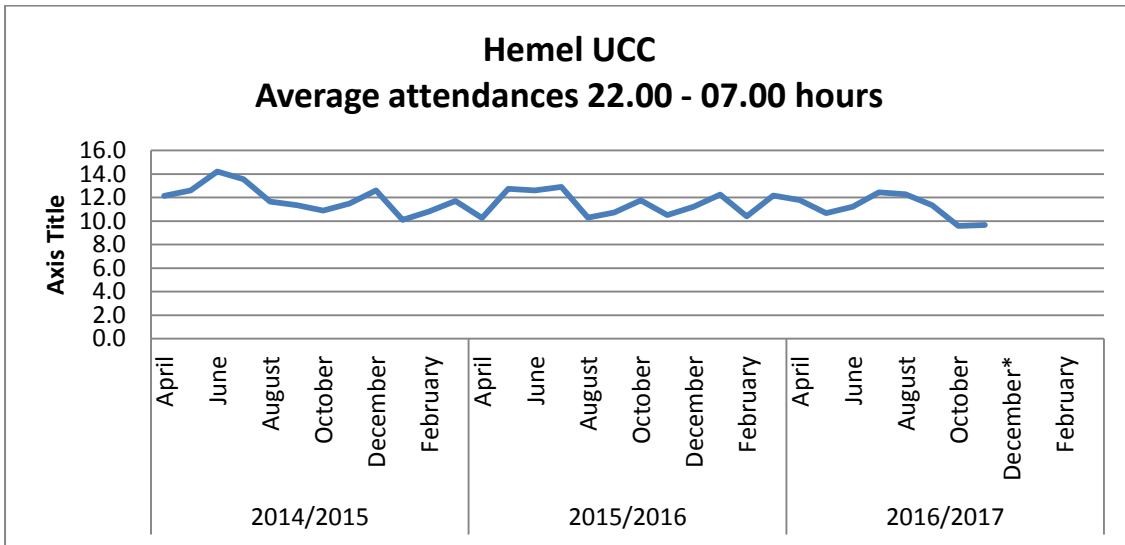
Page 9

HEALTH IN DACORUM
13 September 2017

Urgent Care Centre – Attendances out of hours

UCC stopped providing a 24 hour service on 16/12/16. Although the department now closes to new attendances at 22:00, patients already in UCC are seen.

An average of 11.4 patients per night attended Hemel UCC between 22.00 hours and 08.00 hours between April 2014 and November 2016.



Hemel UCC overnight attendances per hour
April 2014 to November 2016
(Note Decmber figures not included in analysis)

Financial Year	Attend Month	Attendance Hour										Total Overnight
		22:00	23:00	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	
2014/2015	April	89	44	34	22	20	18	15	18	33	71	364
	May	89	50	38	28	16	18	15	19	49	69	391
	June	99	60	45	26	21	15	14	26	47	73	426
	July	98	59	34	33	19	17	19	27	48	66	420
	August	80	48	45	29	19	13	17	16	33	61	361
	September	78	62	37	13	15	19	14	9	31	63	341
	October	81	53	37	14	21	18	16	17	31	50	338
	November	97	46	29	22	23	17	18	13	32	48	345
	December	79	51	45	31	21	23	26	14	42	59	391
	January	67	38	30	27	16	16	18	16	29	56	313
	February	81	52	36	22	8	9	10	17	29	39	303
	March	87	37	36	20	17	15	17	17	34	83	363
	2014/2015 Total		1025	600	446	287	216	198	199	209	438	738
2015/2016	April	55	38	28	19	20	18	17	14	34	65	308
	May	79	52	39	17	20	14	25	21	45	83	395
	June	103	48	29	29	12	11	19	31	30	66	378
	July	94	40	42	27	23	20	19	33	42	60	400
	August	70	33	32	22	15	25	16	28	29	49	319
	September	66	40	25	24	20	19	12	14	29	73	322
	October	73	47	40	14	27	11	19	28	36	70	365
	November	69	40	29	20	15	19	13	17	37	56	315
	December	77	47	35	25	21	27	12	14	24	66	348
	January	83	57	40	33	22	20	27	10	23	65	380
	February	59	34	31	20	17	19	11	22	23	55	291
	March	86	38	34	14	25	17	24	25	33	81	377
	2015/2016 Total		914	514	404	264	237	220	214	257	385	789
2016/2017	April	78	51	29	20	17	16	20	24	30	69	354
	May	68	38	25	23	15	13	19	30	32	68	331
	June	77	42	32	19	12	15	12	24	31	73	337
	July	78	51	26	30	19	15	22	26	42	77	386
	August	76	60	37	29	24	14	18	19	32	72	381
	September	74	47	38	30	23	12	14	12	27	64	341
	October	64	47	33	17	14	18	6	19	35	44	297
	November	53	58	23	15	20	14	13	21	24	49	290
	December*	28	15	16	7	14	4	7	8	17	29	145
	January											
	February											
	March											
	2016/2017 Total		596	409	259	190	158	121	131	183	270	545
2017/2018	April	1										1
	May											
	June											
	July	1										1
August	1										1	
2017/2018 Total		3										3

Briefing Note for Health in Dacorum Committee Meeting Wednesday, 13th September 2017

Delayed Discharges from Hospital / 'Bed-Blocking'

**Author: Iain MacBeath, Director of Adult Care Services
Hertfordshire County Council
September 2017**

Over recent months, a number of Hospital Trusts nationally have stated that hospital performance has worsened because of 'bed-blocking', where people who need adult social care cannot leave the hospital safely because care is unavailable. This causes congestion on hospital wards and lack of patient-flow through A&E.

This is a more complex picture than might appear at first. There are a number of factors that lead to poor patient flow through hospitals, only part of which relates to adult social care:

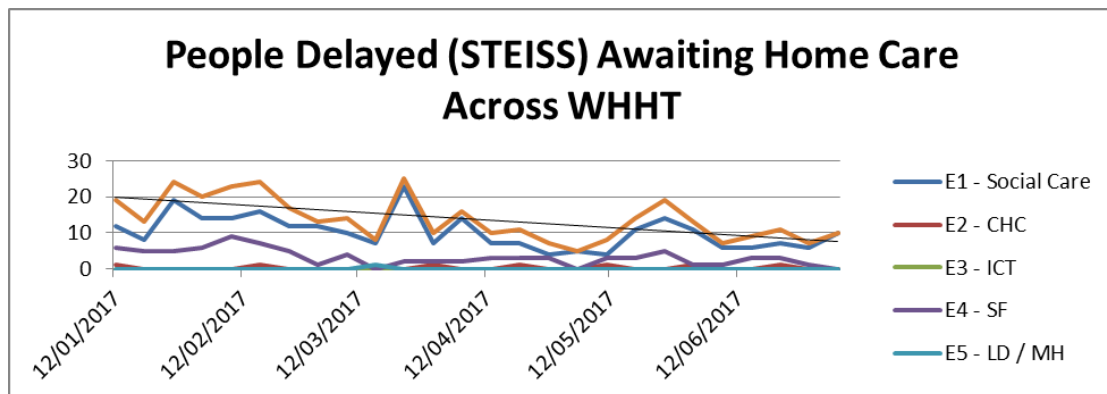
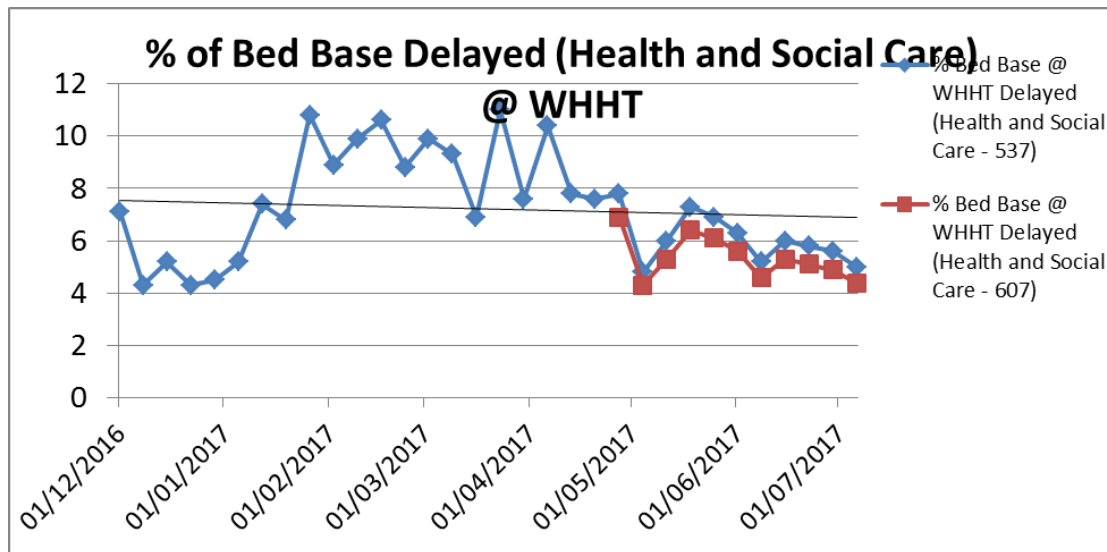
1. Around 15% of people who are discharged from hospital need assistance to go home (either from social care, the NHS or the voluntary sector). We call these 'complex patients'. The other 85% are not complex and leave under their own steam or with help from their families. It is therefore important that hospitals are enabling large numbers of patient discharges independently of social care. When this does not happen efficiently, the hospital themselves can be a cause of congestion.
2. Some hospitals are better than others at preventing admission to hospital altogether when people present at A&E. Each Trust is monitored on these 'non-elective admissions' (NELS) where people are admitted for a stay in hospital after a 999 call or being brought in unplanned by family or friends. NELS are monitored and can be high when compared to similar trusts. There can also be a high number of people who only stay for one night (often a sign they should not have been admitted in the first place) – and there can be unusually high cohorts of people from particular groups which indicates a wider problem. There can also be high numbers of 'GP heralded calls' where the GPs themselves phone the ambulance. So hospitals should be working with local GPs, adult social care and other partners to design services that keep people at home, or allow them to return home if they appear at A&E and need no acute treatment. The CCG also has the added problem that it pays the hospital a tariff if people are admitted (even if only for one night) – so this can be expensive for commissioners.

3. Around half of the people need an on-going NHS service when they leave hospital, rather than adult social care. Examples are intermediate care, visits from a district nurse or a specialist community health service like stoma care, continence or physio.

They may also need a 'continuing healthcare assessment' to check eligibility or they may need the hospital to facilitate transport or specialist pharmacy. Therefore, around half of delays nationally are down to the NHS themselves.

4. Further cohorts of people refuse to leave the hospital until arrangements are made for their onward journey. Every hospital has a document called a 'patient choice policy' which states that when someone no longer needs acute hospital care, they must leave. Some families / people refuse to leave until their care home of choice is available, until their social care charges are resolved, until their CHC assessment is done - or because they want further treatment from the NHS. This can account for 5-10% of delays and needs to be managed closely by all partners to cope with people's expectations.
5. When someone is in hospital and they will need assistance from adult social care to get home safely, the hospital must send a referral to social services known as a 'Section 2 Notice'. This gives the patient's details and an 'expected discharge date' when the person is likely to be medically fit to go home. Good hospitals deliver this Section 2 Notice promptly to social care so we can assess the patient and work with them on a discharge plan in good time (perhaps more than a week before they are fit to go home). Guidance states social services should facilitate someone's discharge no more than 48 hours after the expected discharge date. When this takes longer – that is the definition of a 'delayed discharge'. In some hospitals, we receive the paperwork in good time and the EDD is accurate. In other hospitals we are given '48 hours' notice and the EDD is unreliable. Many delays occur because of this process failure, leading to limited time for social services to arrange care and/or a failed discharge because all elements to make someone's discharge safe (e.g. transport, pharmacy) do not happen.
6. Finally, I would not want to underestimate the delays that are caused by the lack of available social care in the person's chosen area. In Hertfordshire, we have a shortage of nursing homes who accept the fees the local authority is able to pay; we have a shortage of homecare in some geographical areas and especially for people who need double-up care from two carers for moving and hoisting. We also struggle to recruit and retain social workers in some hospitals because of the working environment or higher salaries in other London hospitals. However, if given enough notice, we can often work around these shortages to provide solutions, both long and short-term.

As at August, Hertfordshire had average numbers of acute hospital delayed discharges overall when compared nationally. Delays in East & North Hertfordshire are small. Delays in West Hertfordshire are higher and this has been a focus of activity for us.



The numbers of social care assessments and resulting care package activity has increased throughout 2016/17 – with an 11% increase in the workload of our hospital teams. The council’s adult social care budget overspent by £7m last year, with a large proportion of this attributable to increased demand from people leaving hospital.

Pro-active Approach in West Hertfordshire

HCC have invested in two joint assistant director posts with each CCG and a team of project managers to implement a number of schemes to improve performance. In addition, we have loaned a senior manager to West Herts Hospital to operationally set up a new integrated discharge team and have permanently employed an additional senior operational manager to oversee resources servicing all hospitals on the West, including out-of-county.

New Monies from the Chancellor – iBCF £2bn nationally

In March 2017, the Chancellor announced new monies for three years for adult social care pending a full public consultation on the way the system was funded. This equates to £13m for Hertfordshire in 2017/18 with £11m and £6m provided for the next two years respectively. Hertfordshire County Council has agreed a plan to spend these monies with the CCGs and hospitals and is now commissioning these services. They include:

1. Plugging the gap in adult care budgets left by CCG decisions to remove money from adult social care (£8.5m from Herts Valleys CCG over two years).
2. £1m for new 'Discharge to Assess' schemes where people are discharged home into new services, pending a full review of their needs.
3. £1m for a navigator scheme operated by the voluntary sector to assist people with lower level needs to get home and build confidence.
4. £1m for 'prevention of admission' schemes, training care providers on alternatives to calling 999, and on schemes to prevent people falling at home.
5. £500k for a pay rise for homecare workers, to enable care organisations to compete in a full-employment area with competition from the retail, hospitality and service sectors.

We have also worked collaboratively with West Herts Hospitals Trust to improve processes and systems to expedite people's discharge from hospital:

- Formation of an Integrated Discharge and Assessment Team (IDAT) using existing staffing resources with faster processes. In its first six months, the team halved the numbers of delays at Watford General.
- We have social workers working over the weekend at Watford General and the Lister to facilitate weekend discharges with care providers. We have written to care homes and homecare providers asking them to accept referrals for new cases at weekends. Numbers of discharges are still low as hospitals build up their clinical provision.
- The director and senior managers take part in regular meetings regarding delays and are active members of the Local A&E Delivery Board.

HEALTH IN DACORUM COMMITTEE: Work Programme 2017/18

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.

Date:	Items:	Contact details:	Background information	Outcome of Discussion
	•			
	•			
	•			
** September 2017	• Health & Localism / Health & Wellbeing Board Update	Councillor W Wyatt – Lowe	To provide an update since the last meeting.	
	• HCC Health Scrutiny Update	Councillor Guest	To provide an update since the last meeting.	
	• Hemel Urgent Care Centre	Kathryn Magson, NHS Herts Valleys CCG, Chief Executive Officer	To provide an update since the last meeting – inc figures of overnight use	
	• Delayed Discharges	Iain MacBeath, Director of Adult Care Services, HCC C/Cllr C Wyatt-Lowe	To provide an update on this subject	
October 2017	• Health & Localism / Health & Wellbeing Board Update	Councillor W Wyatt – Lowe	To provide an update since the last meeting.	

HEALTH IN DACORUM COMMITTEE: Work Programme 2017/18

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.

	<ul style="list-style-type: none"> HCC Health Scrutiny Update 	Councillor Guest	To provide an update since the last meeting.	
	<ul style="list-style-type: none"> Gossoms End 	David Laws, Hertfordshire Community NHS Trust, Chief Executive Officer	To provide an update	
	<ul style="list-style-type: none"> “Prevention and working with the third sector” 	C/Cllr Richard Roberts	To provide an update on this subject	
** December 2017	WHHT CQC inspection report.	Rachel Corser Esther Moors , Deputy Directors West Hertfordshire Hospitals NHS Trust	To provide an update on the Care Quality Commission Inspection report; including <ul style="list-style-type: none"> update on the equipment in use at Hemel 	
	<ul style="list-style-type: none"> Health & Localism / Health & Wellbeing Board Update 	Councillor W Wyatt – Lowe	To provide an update since the last meeting.	
	<ul style="list-style-type: none"> HCC Health Scrutiny Update 	Councillor Guest	To provide an update since the last meeting.	
	<ul style="list-style-type: none"> Get, Set, Go Dacorum 	Ben Russell and Alex Care	To provide an update since the last meeting.	

HEALTH IN DACORUM COMMITTEE: Work Programme 2017/18

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.

	West Hertfordshire Strategic Review of Health	David Radbourne	To provide an update since the last meeting.	
	Hemel Urgent Care Centre	Kathryn Magson, NHS Herts Valleys CCG Chief Executive Officer	To provide an update since the last meeting	
01Feb/March 2018	<ul style="list-style-type: none"> Hertfordshire Community Centre Nhs Update 	Marion Dunstone	To provide a report on the new premises at 41, The Marlowes, (after the establishment has had time to settle down)	
	<ul style="list-style-type: none"> HVCCG Update 	NHS Hertfordshire - Dr Fernandes & Interim Chief Operating Officer,	To provide an update since the last meeting.	
	<ul style="list-style-type: none"> Health & Localism / Health & Wellbeing Board Update 	Councillor W Wyatt – Lowe	To provide an update since the last meeting.	
	<ul style="list-style-type: none"> HCC Health Scrutiny Update 	Councillor Guest	To provide an update since the last meeting.	
	<ul style="list-style-type: none"> Hemel Urgent Care Centre 	Kathryn Magson, NHS Herts Valleys CCG Chief Executive Officer	To provide an update since the last meeting.	
			To provide an update since the last meeting on 7 th January 2015	

HEALTH IN DACORUM COMMITTEE: Work Programme 2017/18

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.

Consideration for Future Items/Meetings:

Regular Invitees

- Cllr Harden
- Sally Marshall
-