Health in Dacorum
Agenda

Wednesday 20 June 2018 at 7.30 pm

Conference Room 2 - The Forum

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 Birnie
Councillor Brown
Councillor England
Councillor Guest (Chairman)
Councillor Hicks
Councillor Maddern
Councillor Taylor (Vice-Chairman)
Councillor Howard

For further information, please contact Member Support on 01442 228209

AGENDA

1. MINUTES (Pages 3 - 20)

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 21)

6. HVCCG UPDATE

David Evans – Director of Commissioning, NHS Herts Valleys CCG to provide regular update.

7. CARERS STRATEGY

Ted Maddex - Commissioning Manager, Integrated Community Support Team (Older People), Hertfordshire County Council to attend to provide update.

8. HERTFORDSHIRE COUNTY COUNCIL HEALTH SCRUTINY UPDATE

9. HERTFORDSHIRE COUNTY COUNCIL ADULT CARE SERVICES

10. WORK PROGRAMME (Pages 22 - 23)

MINUTES

HEALTH IN DACORUM COMMITTEE

WEDNESDAY 07 MARCH 2018

Present:

Councillors:

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

Also attended: Cllr Howard

Outside Representatives:

Helen Brown	Deputy Chief Executive & Director of Strategy, West Hertfordshire Hospital NHS Trust (WHHT)
Edie Glasser	Dacorum Hospital Action Group (DACG)
Kevin Minier	Chair, Dacorum Patients Group
DBC Officers:	R Twidle, Member Support Officer (Minutes)

The Meeting commenced at 7:30pm.

HD/001/18 MINUTES

The minutes of the meeting from 13 December 2017 were agreed by the Members present and signed by the Chairman.

HD/002/18 APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of Cllrs Brown and C Wyatt-Lowe. The Chair commented that Cllr C Wyatt-Lowe is unwell and noted the Committees best wished for a speedy recovery.

Cllr Birnie was not present.

HD/003/18 DECLARATIONS OF INTEREST

The Chair declared a personal interest that her practice as a community pharmacist does occasionally take her to Hertfordshire now because the area boundaries of the area that she work in for her company do include Tring, so she occasionally works in Hertfordshire now but there's nothing on the Agenda looking at community pharmacy tonight.

HD/004/18 PUBLIC PARTICIPATION

There was no public participation.

HD/005/18 ACTION POINTS

The Chair advised that action points can be found on pages 4 to 5 of the report and advised that the consultation on the opening hours for the Urgent Care Centre is live at the moment so would be good if we can come up with our thoughts on it so then we can put them to Full Council so Dacorum Borough Council, a community leadership organisation, can take a view on it, asking, has anyone got any thoughts on the opening hours of the Urgent Treatment Centre?

Cllr Taylor commented that he would like to outline to the Committee is the following: It is quite apparent from the feedback that we have received from a number of different sources, not least from people that have attended some of the consultation meetings that we know are going out when Helen was here with her Chief Executive and six other senior members of the various trust bodies that the feeling in Dacorum is that they want the Urgent Treatment Centre to be a 24/7 provider and with the doctors on call at Hemel Hempstead, not at Watford. We feel that our residents want to see that Urgent Treatment Centre being a provider of as many of the NHS services as are available to the general public.

There are a number of the Councillors here who attended the confidential conversational meeting that again Helen was ably supported by her Chief Executive and six other senior management representatives as to what they were going to deliver in the road show that they were taking around the area.

Now it's pretty obvious to me that the feeling of the general public in Dacorum is that they want as much as they can possibly have in a hospital that is providing less and less and less. I use the example many times in this plea that when I first came to this area in 1982, there were two hospitals and there was, if you want to really massage the figures, there was a third, I think it was called Hill End at that time, which was the mental hospital that served this particular area. Now in those thirty-six years that I've been in Hertfordshire it's pretty obvious to me that our hospital services have decreased and our population has more or less doubled in those thirty-five, odd, years.

I don't think it unreasonable, Madam Chairman, and you may like to take this in your own words, as a proposition, but I would feel it appropriate that we, as Dacorum Borough Council put forward a proposition in Full Council that we will champion the Urgent Treatment Centre to provide as much and as many of the services that the NHS can offer at the Urgent Treatment Centre. I would suggest, Madam Chairman, that if you want to put that forward as a proposition in your own words, I will, if those own words coincide with what I'm thinking of, will be pleased to second it. We want to be seen to be championing that particular cause.

Cllr W Wyatt-Lowe commented that he would heartily endorse what Cllr Taylor has said. Talking to residents of Dacorum, the things that they remember include a promise that there would be some sort of urgent service in Hemel to avoid travelling too often at night, which some people find very difficult to do and particularly in these days when ambulance services also are stretched, this becomes very important. I was hearing today of an example of somebody whose carer summoned an ambulance but then had to wait with the patient for nine hours. The ambulance didn't view it as massively urgent because there was somebody there with the other person affected but the carer of course, couldn't move the person who'd

had a fall and just because there was the risk of something being broken. The carer wasn't capable of assessing that and needed a paramedic. So, wholehearted support.

Cllr Timmis added that whilst it seems exactly what everybody's asking and requiring; to have more and better facilities, she asked, what can we do as a Council to support that with resources, that's what they need, the NHS will turn round and say we have not got the resources, we have to make the best of our resources by centring round different places, like Watford. So my question is whilst I agree with the sentiment, what can we actually do? Just to say that we support it but to support it with words is not enough.

Cllr Taylor responded and advised that he fully accepts what Cllr Timmis is saying, that words and effort are not worth a great deal without some actual input. What can we do? I think that the longest march is started by the first step, we have the first step where we agreed as a Council that we would support, or we would campaign for, as much as we could, Madam Chairman, by way of hospital provision. Now I think we owe it to our residents, to at least show willing, and it may well be that the Hospital Action Group, the Patient Participation Groups, the general public themselves say, well, can you actually do anything and take exactly the view you have, Councillor Timmis, and I don't think that that challenge is a down side, it is factual. In reference to Cllr W Wyatt-Lowe's comments, I have had a case just recently where somebody fell over in their home, it took an hour for the ambulance to get to them, they then went to Watford. They had to wait for an hour to see somebody and he said why are you in a wheelchair, you haven't broken your leg, you've broken your arm, and had a look at the X-ray and said, nothing I can do about it, you can't plaster up a shoulder, so I'm going to send you home. She said well, what can I do, I'm in pain. Well, what do you want? Well, I want some pain killers, so they gave her co-codamol and then with her husband had to go back home by taxi. That turned out to be a lady who subsequently went to a private hospital for an X-ray and the X-ray showed she had broken her arm and shoulder in six different places. That was some seven days after the actual incident. It's a real live case. We, I think, owe it to our residents to at least be championing the cause for services where, if that had been a trip down to the Urgent Treatment Centre, for an X-ray, hopefully the person who saw the X-ray would have realised it was a six times break as opposed to somebody who was just coming in and had fallen over and hurt her shoulder. We don't know. So, I do wholeheartedly agree Cllr Timmis, with what you've said, what can we actually do? I think if we commit ourselves to doing as much as we can, as a whole Council, regardless of political party, show a united front in trying to do as much as we possibly can for the Urgent Treatment Centre.

Cllr Maddern commented that she wholeheartedly supports this and made the point that if we're going to put out a statement at Full Council, it needs to be in the very strongest possible wording. We need something that's hard-hitting, we don't want anything that's gentle and fluffy, we need it to be very hard-hitting and say exactly what we think.

Cllr England endorsed what Cllr Taylor suggested at the beginning, the idea of a DBC statement on this. We also all know about the 2009 promise when the A&E was closed, that a twenty-four hour presence would be maintained. So we all agree. I would like to propose that DBC recognises the point that Councillor Timmis made, to keep the promise, that we ask the government to promise and we ask for Helen to give them the money to do it.

EGlasser thanked all for their support and advised; I attended the recent public meeting and even I was surprised about the strength of feeling in the room and the anger in the room. Unfortunately none of you could be there because it was the night of the Council meeting. There wasn't only support for the Urgent Treatment Centre but also to my surprise, the medical centre, West Herts Medical Centre. Why I'm particularly concerned about what's happening, is that we lost night time UTC a year ago last December, what I didn't know until

very, very recently, not until the Berkhamsted meeting when I asked a question publically, about the fact that we no longer have locally an out of hours GP service either, so what we've had is a double whammy, we have nothing at night from eleven to eight in the morning, unless you go to Watford. That's what Im particularly concerned about and I would echo what Cllr Maddern has said, in that we'd love to have a very strong statement because if it isn't very focused, it is, I'm afraid, ignored. In respect of funding, there is money if certain things weren't done, there's a lot of services going out to tender at the moment and those cost money, so I know that Adult Services is up for grabs, it's a huge contract, Herts Community Trust is running it at the moment and they are having to bid and that's going to cost them a lot of money and that's money coming out of the NHS, that could have been perhaps used instead to run community services. So I think there are ways and means, it's just how you look at your budget and how you spend it. Anyway, thank you all for your support

Cllr Hicks responded that unfortunately he couldn't attend either of the local meetings because they clashed with either the Council meeting here or the Council meeting in Tring, but expressed that he wholeheartedly agrees with everything that's said and living on the periphery of the Borough and the County, feels it even more so. The services in Tring in the time that I've lived there, we've lost everything and I would totally and wholeheartedly support a strongly wording to say that we need some services back again.

Cllr Timmis raised a question; at the last meeting we discussed the times Urgent Care Centre, there was confusion about the services that were going to be delivered, such as resources on imaging and other endoscopy procedures and so on. None of these had been decided and that was approx. two or three months ago, and I just wondered if we've got any progress? It's another thing that people have to travel to Watford and that's a huge unnecessary amount of time and expense for people when it could be delivered locally. That's what we're doing now with GP hubs, we're trying to deliver things in one go because it saves money and it delivers a better experience for the patient. So I wonder whether we have any update on that?

The Chair asked HBrown to respond to the comments raised by Cllrs.

HBrown responded that there are different things that we're talking about here; there's a long term strategy for Hemel and the redevelopment and I think that the questions about MRI, CT, endoscopy very much sit into that kind of discussion and we're continuing to work on the long term plans for Hemel and the strategic outline case, the target is for that to be completed in May, that will set out our views at the current time of what we think we can deliver there in the long term. If there are changes to services over and above things that were said in Your Care, Your Future, then we've undertaken to have an engagement process around that before we complete the outline business case. The outline business case is the really critical bit of the long term redevelopment plans. This is just a very early step in the process. So, there isn't a definitive view on that, we continue to work on it and see what we think we can, we think is viable for a long term solution. So, I'll set that to one side and we're happy to come and talk again at a future meeting on that.

In terms of the Urgent Treatment Centre and West Herts Medical Centre consultation, obviously that consultation is being led by the CCG. It is ultimately a commissioning decision about what they want to commission. I think you do need to see urgent and GP out of hours inextricably linked, there isn't enough, whichever way we cut it, there isn't enough urgent activity overnight to have separate services, all kind of working independently, so whichever way we do it, we need to see how that comes together. It's not my job to tell you what you should think. I've got a view about the volumes of activity that are genuinely urgent, overnight, are low, because most things overnight, can either wait till the next day or

they're so urgent that they need to go to an A& E department and even with an Urgent Care Centre at Hemel, you'll find that people will need to go to A&E, you'll find problems with ambulances, and you'll find that with the best will in the world that sometimes commissions don't give exactly the treatment that you think they should have done whether you pitch up at Hemel or Watford or Luton, so I think that's the real challenge. It's partly money, so we get funded on a per case basis for the Urgent Care Centre at the moment, for every patient that comes, we get paid £100, say (I don't actually know how much it is) and overnight, the volumes of patients that come if we continue to get paid at that level, don't cover the cost of running the service, so to that extent, there's a money issue for the Trust but another provider might be able to do it differently, and GP out of hours might be able to provide differently.

The real issue is the workforce and actually we haven't got enough, we've got a real shortage of GPs and we've got a real shortage of nursing staff and they're not popular shifts, because you're working in a relatively isolated location, with a relatively small volume of work coming through and in the nicest possible way, most of the work is not clinically very interesting, but occasionally, you get something really, really scary through the door and you're on your own, so it's a bit of a bad combination between boring and scary and a bit unsupported.

So those are all the reasons why, we think it's a decision to be made carefully and it's not just that we're being difficult, it's that it is quite challenging to provide that kind of service overnight at that scale. Having said which, it's the CCG's decision what they want to commission. If we don't believe we can provide it, we might ask the CCG to find a different provider, so Herts Urgent Care or another provider and that will come in due course. The current opening hours are 8am till 10pm; the doors actually close at eleven, but we accept the last patient at ten. The consultation says either retain those opening hours, extend to midnight, which actually means the doors will close at one, which is particularly difficult from a workforce point of view, because working till one o'clock in the morning and then getting home is a bit of a challenge and probably not ideal, or to attend 24/7.

So I think you should make the resolution that you feel is the right resolution and represents your residents' views but those are all the things that CCG will be taking into account. That is what we will be saying in our submission to the commissioners about why we think it's challenging to open overnight.

Cllr Taylor responded that he appreciates everything said by HBrown, but there are two sides to every coin and that is why it is his opinion that we should embrace as much as we possibly can to obtain as much as we possibly can for our residents in Dacorum. There will be some hard talking and hence the reason why I haven't prepared a proposition to put forward to this Committee tonight but I think having spoken with my Chairman, who has been making her notes and adding them to what she has been preparing, we can put together a proposition that yes, we need to fight. We need to fight for as much as we possibly can, knowing that there is an alternative view and there will be compromise, I accept all that and Councillor Timmis's report back comment about how are we going to do something without putting money on the table. I think we've got to be able to debate, discuss, compromise but both of us have got to achieve, both sides of us have got to achieve as much as we possibly can for our residents and for your bosses. So, I don't detract at all from the strength of the fight that is going to have to be put up but I think the time has come that we should be fighting, now we're getting to know more and more about what might be from, at worst, and I don't think this is an exaggeration, EGlasser, at worst, I can see everything in Hemel Hempstead disappearing. And we become like Tring, you just have GPs in Dacorum.

Cllr Timmis added, with all this proposed housing strategic plan, and therefore a large number of people going to be resident in Hemel Hempstead, isn't it because we need to put in infrastructure, one part of the infrastructure should be a provision health wise, instead of always looking at the NHS, shouldn't we be looking at the government, saying they want us to, are expecting us, to build more for residents to be able to live here, and as such they need to support the NHS in order to be able to provide the health services for those people. This is just a quick thought but I mean, it's getting pretty desperate when you think that our shrinking health services, whilst we're expected to provide more and more provisions for more and more people living in the area.

The Chair recognised the point being made by Cllr Timmis but commented that it's really the next stage of the fight. Currently we're looking at the Urgent Care provision. The Chari advised she has drafted a Motion, if anyone's got any suggestions for improvements, then please come out with them. The draft Motion I have been putting together whilst we've been discussing is "This Council believes that the people of Dacorum deserve the best possible care available locally. This Council remembers the promise of 24/7 urgent care cover when the Accident and Emergency Department at Hemel Hempstead Hospital was closed in 2009. This Council supports the Urgent Care Centre at Hemel Hempstead Hospital being open 24 hours a day, seven days a week, with doctors on call in Hemel Hempstead for all that time and urges the NHS to open the Urgent Care Centre 24/7 with doctor cover". Any suggestions for how that can be refined, developed and improved?

Cllr Taylor responded with a suggestion that this be an outline. I think we've had a lot of input about GP attendance, strong wording, hard hitting, funding. I think that that being the outline, we could then take that forward over the next, say, seven days. We can incorporate views from Members, in addition to what we've already received this evening, so that we can have a strong worded, hard hitting acknowledgement of the problems that are ahead.

The Chair addressed RTwiddle (Member Support Officer) and asked could this skeleton motion that we've developed tonight be put to Full council to be fleshed out and amended and developed in the debate at Full Council? RTwiddle responded that any request would need to be put to the Group Manager of Democratic Services to be able to offer the most accurate advice.

EGlasser commented to advise that the consultation ends on or around 28th March.

The Chair confirmed that the next meeting of Full Council takes place on 18th April, which is going to be after the end of the consultation, so just to make sure we get this right we will seek advice from the Group Manager of Democratic Services, JDoyle, along with the Senior Lawyer for the Council (MBrookes) I suggest we put forward this skeleton motion now and we get advice on how we progress to put together to go to Full Council. The Chair invited comments.

Cllr Taylor expressed his feeling that is perfectly legitimate because his confirmation has come from MBrookes, so the outline I've spoken to him about is that we want to do this and we tonight can't, I think, agree the final wording. We've had a lot of input already from Councillors around the table and I would suggest that we are able to pursue the drafting of a formal proposition on the information that we have collated this evening
Cllr England commented that he thought that Councillor Timmis put it well, that in order for this statement to actually mean something and be coherent, in financial terms, it would be a very good idea to mention the housing demands, the housing situation, in the draft.

The Chair agreed with Cllr England, but added that this is a skeleton motion that we've put together, which in consultation with MBrookes, the Legal officer and Jim Doyle, the Group

Manager of Democratic Services, that's got to be fleshed out and put the meat on the bones for something to go to Full Council. I'll just read out the draft Motion again. "This Council believes that the people of Dacorum deserve the best possible care available locally. This Council remembers the promise of twenty-four/seven urgent care cover when the Accident and Emergency Department at Hemel Hempstead Hospital was closed in 2009. This Council supports the Urgent Treatment Centre at Hemel Hempstead Hospital being open twenty-four hours a day, seven days a week, with doctors on call in Hemel Hempstead for all that time and urges the NHS to open the Urgent Treatment Centre 24/7 with doctor cover".

The Chair proposed the motion and asked, is there a seconder? Cllr Taylor responded that he would second it, subject to the inclusion and the fleshing out of the comments, like growing population, government input, so yes I second it, subject to us adding what we've heard from the Councillors tonight.

The Chair clarified, what we've put together in this discussion has been skeleton, so the fleshing out of national funding, of looking at increased infrastructure needed with increased housing numbers, that will be part of the fleshing out, part of the putting flesh on the bones of this skeleton.

The Chair asked for a vote of all those in favour, by the showing hands.

Agreed unanimously.

Action Point: Chair & Committee to liaise with MBrookes & JDoyle to flesh out motion and submit to Full Council.

Cllr Taylor suggested that HBrown now needs to give her update before she leaves.

The Chair responded that she understands that HBrown needs to leave so will change the order of the agenda and move on to your bit and then we'll come back to the other action points after you've had to dash off.

HBrown thank the Chair and advised that she is on call form the hospital tonight and its quite busy so she has someone else standing in for her and does not want to abuse that.

Moved to Item 7 of the agenda.

Returned to action points update following departure of HBrown.

The Chair referred to the action point for Iain MacBeath to send a copy of the report 'outline delay transfer to care due to social care and the patient's home area', and asked, is that what we've seen tonight?

RTwiddle confirmed yes, as page 4.

The Chair noted that the committee requested an update from KMagson from the CCG to on 'Let's Talk Two' within the CCG item, but note that KMagson is not at the meeting, so the item will need to be pushed back.

RTwiddle responded to advise the Chair that DEvans responded on 15th February to advise that the HVCCG had not developed its Let's Talk Two programme yes, so they are unable to provide an update on that at the moment.

The Chair confirmed the Lets Talk Two item should be carried forward until the programme

has been developed.

Action Point: Lets Talk Two update to be placed in future items, pending confirmation from HVCCG that the programme has been developed and an update available.

The Chair referred to the final action point, which is for HBrown to give a presentation on Flexicare/wrap around housing at a future Committee date. It's been added to the work programme, so we're looking at the September meeting for that

HD/006/18 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 asked if the Committee will be we looking at the various reports that are sent out to us, at Scrutiny Committee meeting.

The Chair confirmed that yes, we will come to those at the appropriate items. We're not at the work programme yet, we altered the running order of the meeting to bring forward the items that HBrown was dealing with; the issue of the opening hours of the Urgent Care Centre and the CQC inspection and the Delayed Discharges but we've gone back on the Agenda to the other actions points, we are now on item 6, Issues from other Councillors. Has anybody got any issues in their Ward or any issues that Councillors from other Wards have reported?

Cllr Howard, guest Member at the meeting, advised the only Health issue in her ward relates to pollution, which she believes has been dealt with in various ways by various Committees and actions underway, so not anything more to say on that item.

HD/007/18 CQC INPSECTION REPORT

HBrown advised that an update was provided when they attended just after Christmas and Katie spoke to the CPC report. I think that most of the people in the room were here and heard that or have probably picked up some of the key messages since then. I wasn't proposing to do a big representing of the findings but I'm very happy if people have got questions that they would like to ask me about to take those and if necessary to go and find the answers if I can't answer them today.

Cllr Taylor added that that because following that private conversational meeting, the slides, together with the slides for the Herts County Council, the two Herts County Council reports as well, were distributed, so they are in the pack before us all tonight.

HBrown further commented that overall we're pleased to have come out of special measures, made a lot of progress in a lot of areas. Emergency care is our big pressure point and improvements at Hemel in the services that are rated by the CQC but that's a relatively small part of the overall CQC picture because they focus more on the services that are offered.

Cllr Timmis referred to A&E services and asked whether, as in Luton and Dunstable, there is a GP service running alongside? To siphon off the patients who are neither accident nor emergency?

HBrown responded that we don't have exactly the same service model as Luton, but we do have GPs working in our Minors' section of A&E, and we have quite a complex kind of set of triage and streaming arrangements but yes, people walk in, they get an initial assessment by a Triage Nurse and if their needs can be met by a GP or a nurse, they get streamed to Minors. If they need to see a consultant or a specialist they go through to Majors. We've had lots of people come and look at our A&E model including Pauline Phillips, who's the national emergency care lead and the Chief Executive at Luton and Dunstable and she has confirmed that she thinks our model is good and that we've got good arrangements in place for patients who prevent the flow of complexity needs. Actually at Watford, it's less of an issue than it is for many other areas in Hertfordshire. We don't have such a high proportion of public care attendances as other A&E departments do.

Cllr Timmis further queried; do you have an emergency ward, so that patients whose decision has not been made, at least don't necessarily go up at all aren't being held up?

HBrown responded to advise that there is a whole range of alternatives, so yes, because, there are lots of different decisions that get made for patients who come through emergency care, sometimes you can go home, with ongoing care with your GP or outpatient follow up. Sometimes it's you definitely need to go through for an admission and we need to make that happen as long as possible and often, there's a period of more assessment needed to make the best decision and to provide treatment and we've got a range of different assessment areas, an ambulatory treatment centre and medical assessment unit, a clinical precision unit, a children's observation bay, one of the challenges we've got at Watford is that our buildings are not great, some of them are quite small and fragmented. Ideally, we'd have them more streamlined than that. The other issue we've got at the moment is we've got bedded patients in all of those areas, so we've got a hundred and twenty additional beds, what we call search beds, open over and above and we have got patients receiving in patient care in every single one of those areas that I've just described. Actually, not quite all of them tonight, as of 8 o'clock but probably by 8 o'clock tomorrow morning, we will have. So we have got a real challenge and since Christmas, we're not alone in this, the national picture's similar but since Christmas it has been really, really busy and the difficult position you get into is once you've opened additional beds, you've got your staff spread thinner, it is then very difficult to run an efficient care model and people's length of stay increases, so you get into a bit of a vicious circle.

Cllr Hicks responded and asked, you said that Watford doesn't get as many non-urgent care, is that because Watford has got an adult all night doctor's access or is there any other reason because we need to understand why that is and try to bring that over to the rest of the County?

HBrown responded that it is a statement that really compares us to the broader national picture. Our numbers are probably closer to twenty-five percent to thirty percent. It's difficult to, and I don't know how that compares to the Lister and L & D. I think L & D's numbers are closer to the national picture or higher. I don't know about the Lister. The most significant factor that governs A & E attendances is access to primary care and proximity. So, when you look at GP practices, the closer you are to an A & E Department, the more likely your patients are to attend that A & E Department, particularly with lower level needs. Obviously, the higher up the spectrum you get, the more it evens itself out. Our best understanding is that, so in Watford, for example, they've implemented extended hours and they were a national pilot for extended hours. It has now been ruled out across Dacorum and the whole of Herts Valleys but we think that that has had an impact on the number of people coming to A & E with lower complexity needs.

Cllr Taylor responded to what was said about L & D, because you've heard me say before that unfortunately I had to experience L & D a number of times over the past, well go back six months, the two and a half years before that, we attended L & D twelve times and it was interesting to see how they did the triage and then you were seen, as you say, in order of severity of your problems and on every occasion we were quite impressed by the way it was streamlined and only once did we have to be put on a ward for half an hour because we'd come up with the maximum four hours in A & E and it's interesting that the Chief Exec of A & E at Luton and Dunstable has been talking to Watford. That is, I think, is quite gratifying for someone who has had to experience that problem at first hand.

EGlasser commented on having viewed the BBC figures and for A & E we were doing I think, eleventh from the bottom, out of the whole of the country. Now, why is that, and how can you resolve it?

HBrown responded that they watch the rankings very carefully, so there are one hundred and thirty-seven A & E Departments or hospitals with A & E across the country. We are often in the bottom ten and we had a period when we managed to put ourselves higher up the table before Christmas and It's difficult, the key issue is four hour breaches are only one element, we are really concerned about waiting times in A & E and the amount of time people wait to get admitted to hospital in particular and the experience that people have, but all of our clinical outcomes are good, we've got low mortality, we benchmark better, we're at the top of them, so converse to any performance where we are in the bottom ten percent, for mortality we're in the top twenty percent.

Cllr Taylor commented that is very odd.

HBrown responded that it's not very odd, it's different things. For example, sepsis which people may have heard about last week, sepsis awareness week, how important it is. We've done a lot or work on early identification of sepsis, we audit that and our performance on sepsis is, again, in the top twenty-five percent for the country. So I don't want to say that waiting times aren't important because they really, really are and we really worry about it and we get an awful lot of pain and grief from politicians and the system on our A & E performance but it is only one aspect of the care. The majority of breaches in our A & E Department are the patients waiting for admission. So, we have what we call two pathways. Non-admitted pathways, where you go home and admitted pathways and the majority of the challenge that we've got is on the admitted pathways, for patients who'd go on to need in patient admission and we can't pull them through from A & E quickly enough, into beds and that is because our bed occupancy is too high and the number of patients needing an admission and the amount of time that individual patients stay in the hospital it is more that our bed base can maintain at the moment. We will talk a bit more about that when we talk about delayed discharges of care and I've got a presentation here which shows you some of the data we look at on a regular basis. It's mainly, it's not exclusively because the other thing that happens is when your A & E gets overcrowded because you've got twenty or thirty patients waiting for admission, you haven't got enough space to do all the assessments in a timely way. So it does have a knock on impact. It's a shame that the others aren't here tonight because it really is a whole system challenge, it's not just a hospital challenge

EGlasser commented that there was something in the Gazette today, not sure if everyone has seen it. It's a staff survey and it says almost half of all staff at West Hertfordshire Hospitals Trust would not recommend it as a place to work or as a place to receive treatment, according to the latest national NHS survey. Bad news.

HBrown responded that there is a staff survey that's done every year. All staff get asked the same question across the whole of the NHS so it does give you a good opportunity to

benchmark. We can share the full report with you because obviously what you have got there is just the highlights, or the lowlights. In fact you've got the lowlights of the staff satisfaction survey. Overall, many of our scores, so a) we've seen significant improvement over three years. We score very highly in a number of areas but the two questions that we score least well in and don't really correlate to the other scores we get are; would you recommend it as a place to work and would you recommend it as a place to get treatment, and that is a concern for us and we want to understand why. We've been running some focus groups with staff to kind of get underneath some of the figures and understand why people are saying that and they are related to each other, so our buildings, our IT. They impact both on what it's like to work at Watford and how people feel about the care they are able to give. So from privacy and dignity, and then all of the things that we've just discussed about A & E, all of the staff in the hospital are really disappointed that we can't do better and it's really frustrating for them. The conditions are so hard and yet they see that patients are not getting what they would like their patients to get. So I honestly think you should see the full results because you would see a much rounder picture and you'll see that a lot of staff are really positive about their colleagues, about team working around leadership, around personal development, around support for health and wellbeing but those two questions, which are the top line, most important questions, are the ones that we do much worse on and it's unusual. Our profile on those answers is unusual because normally if you are getting the kind of scores we're getting on the other questions, those questions are higher. We are unusual that we've got such a gap between them, so I obviously think that buildings, infrastructure and emergency care questions are the things that are resulting in those answers.

EGlasser asked if HBrown would mind circulating the survey. HBrown confirmed she would.

Action Point: HBrown to circulate the full WHHT staff survey to the Committee.

Cllr Maddern referred to a case she was aware of where a seventeen-year old schoolgirl was in a hospital bed at Watford for four months, with people dying, literally, dying in the beds next to them because it was a whole ward of elderly. Cllr Maddern asked; what is the hospital is doing about trying to put teenagers with teenagers, rather than with eighty- or ninety-year old people who are dying. Is there something that the hospital can work on in that please?

HBrown responded that she is not able to give a full answer on that without going back to my other director and nursing colleagues. We've obviously got Starfish Ward which is for children and young people and we do treat teenagers on Starfish Ward and actually by the time you're getting sixteen, seventeen, eighteen, what happens is an individual kind of clinical decision about whether your needs are best met in the children and young people's setting or whether your needs are best met on one of the other wards. So, for example, we sometimes have young women with gynaecological problems and they are more appropriately managed on the gynaecological ward. One of the challenges we've got and I hate to keep coming back to the same issue but our gynaecology ward at the moment has got very few gynaecology patients and it has got fifteen plus medical on it and I'm afraid our medical patients tend to be older. So, where ordinarily the gynae ward would have more of a patient mix, younger women, middle aged women, at the moment, now I'm not saying, this patient may not be on gynae, but what they try to do at that age is make an individual decision. I must say, the vast majority of our patients are older and there isn't enough activity in that young adult group to create ring fence facilities for the full range of the kind of conditions. One of the, I want to say when we get our new hospital and when we get our major redevelopment, which we are still working to try and get, we will look at whether we can create a young people's part of the paediatrics unit. The other thing we need is more side rooms. At the moment because of the infrastructure of the hospital we've only got

about fifteen to twenty side rooms in total and they have to be prioritised for infection control. If we could have more single rooms, then this situation wouldn't arise

Cllr Hicks added a comment to say that a lot of people don't like being in private rooms, it gets lonely and isolated.

HBrown responded that the ideal solution is to have a mix of both. The hospital guidance if you build new-build hospitals say that you have to have fifty percent, in fact it might even say all the rooms have to be single or fifty percent. We've talked about it and we don't think, we think that you're right, that not everybody wants a single room. Ideally we would create a younger person's unit but the demand isn't that high and that's the challenge

The Chair rounded up, thanked HBrown for answering questions and offered congratulations to everyone who worked so hard at every level and every role at West Herts Hospitals Trust to get the Trust out of special measures. Whilst we in Hemel Hempstead are not happy with there being so few services at Hemel Hempstead, it is good news that none of the services at Hemel Hempstead that were rated, were rated as inadequate, so well done for all the work that you're doing and now we've acquired improvement, we look forward to seeing the improvements.

HD/008/18 DELAYED TRANSFERS

The Chair advised that delayed transfers of care is the term that the health world use these days for what the media call bed blocking. I personally think bed blocking is an unfortunate term because it's not the poor patient's choice or fault they're stuck in hospital. It's because there's things happening preventing them going home when they're fit to. The chair asked HBrown to say where West Herts Hospitals Trust is at from the health world's point of view?

HBrown advised that EGlasser is looking at the information that Ian circulated, the Herts County Council overview, HBrown added that she herself is not an expert in delayed discharge, and says that particularly because the devil is in the detail and the rules are quite esoteric and complicated about how people get counted, so unless you're really immersed in it, it's easy to lose track. Patients' journeys through hospitals vary and actually it is a relatively small number of patients who need formal ongoing care following discharge, either from social care or from health. Delayed discharges generally relate to patients who require an ongoing package of care, either health or social care but they are only counted after a particular number of days and after a particular number of steps and processes have been triggered, so they only present a small bit of the picture.

HBrown referred to and guided Members through data in an information provided in a pack she has put together.

The Chair thanked HBrown and firstly extended a welcome to Committee to Cllr Howard, advising that as she is attending as a non-member of the Committee, she will not be able to take part in any votes, but advised she is more than welcome to ask questions.

The Chair continued that, as has already been mentioned, there is a disparity of delayed transfers between East and North Herts, The Lister Hospital in Stevenage and the West Herts Hospitals Trust in Watford. Basically there's a far lower percentage of delayed discharges at The Lister than there are at Watford and the County Council's Health Scrutiny Committee is going to be having a topic group that's going to be looking at the reasons for that in April or May this year. County is carrying out scrutiny on it.

KMinier asked if it was possible to see wards sometimes open up at Hemel to take up some of the excess, to alleviate some of the problems at Watford to actually have these people that are delayed for whatever reason, as long as it's not a clinical reason.

HBrown responded that Herts Community Trust have got two wards at Hemel that provide post-acute care. We would love to, HCT increase the number of beds that they were able to provide, the funding wasn't available so if David was here, I'd be looking at David, but the CCG wasn't able to make funding available to enable the Community Trust to do that. From our point of view our biggest challenge currently is workforce, so we are really stretched from a nursing and medical workforce point of view and now it's easier for us to staff additional beds on the Watford site because we can share staff in between wards that can cross cover, we can manage on the night, so if three nurses don't turn up on Croxley Ward and they do on Langley Ward, we can cross cover. It is much, much more difficult to do that with remote sites. Over, this winter we have converted two wards at St Albans that are surgical wards. We've converted one of those to be medically fit for discharge wards so patients that are ready to go home from a medical point of view but neither the Community Trust nor anybody else is able to take them, so we are running some of those beds at St Albans and the reason we decided to do it at St Albans not at Hemel is because we've got an established presence there at the moment in surgical wards but also we've converted them from surgery to medicine so we've got a staff group who already work at St Albans and are established to cover those patients. We talked about it but we just didn't think we could staff it safely.

KMinier sought clarification, asking, so if I'm right, what you're saying there is basically because they won't fund somebody to do it, you are having to stretch all your resources to cover it?

HBrown confirmed that's the Hospital's perspective, I don't want to get too detailed, It's a system challenge so we are under an enormous amount of pressure and I don't want to drown you in the detail of how we get paid but under payment by results, we get a payment for every person who attends A & E and every person who gets admitted and that is partly determined by the case and its complexities so there's all coding that says how much you get paid but there is something called the emergency admissions threshold which was set a long time ago which means for any admissions over a set number you only get paid a third of the tariff price, so obviously we've got a large financial deficit so actually we lose money on every patient anyway. It's very financially challenging because we don't get the income to cover the cost of the number of patients that we admit and we particularly don't get the income when the length of stay is longer. As I was just saying, that's not all about other people. Some of that's about us and our own processes and some of it's about the difficulty there is in arranging onward care for patients who need something following hospital. I think the general challenges, the more beds you open, actually, sometimes the worse the system operates

Cllr Maddern commented about the differences between here and The Lister, and the fact that it is a so much bigger problem here. Looking at a map of Hertfordshire, this has got to be more of a problem than Watford and I just wonder how it's improved. We're so close to the boundary, to the border with the London Borough of Hillingdon and with Buckinghamshire County Council, and when I did the topic group before, there was a very clear issue between dialogue between the hospital staff (this wasn't criticism of the hospital, this was criticism of the social care in the other two areas), where they weren't communicating properly with each other and people were sitting in beds in Watford hospital because Buckinghamshire County Council couldn't get their act together and get their home care sorted out when they got home.

HB confirmed that potentially with patients who are out of area, sometimes it can take longer to resolve their problems. Actually, we've changed the way we operate to a degree in that firstly we have some people who come from outside Herts Valley to Watford and it is appropriate because we are the nearest hospital, so we have a small number of patients that we discharge back out to North London, actually historically, and I hate to say this but I haven't got County Council colleagues here to put their side to the story, but historically Hertfordshire has had a reputation for having long delays. I think it will be interesting what the Scrutiny review manages to determine as it works through this. It's quite complicated but I don't think that's the issue.

Cllr Hicks asked, if you had the sixteen step down beds that were in Berkhamsted, how would that have affected the bed blocking issues in Watford?

HBrown responded that the issue is how many patients would have been treated there, so if it had been sixteen patients admitted and every two weeks and then you admitted another sixteen patients, it might potentially have had a reasonable impact. If it's one lot of sixteen patients that get admitted and then because it's a small site, remote, not the top of anybody's list then the length of stay go out, it makes relatively little impact. In the end it comes back to the workforce argument. Small, sixteen bedded units are incredibly difficult to staff. Just really, really difficult to staff, so you need to have a minimum of two qualified nurses, two unqualified nurses and on one night one of them doesn't show up, that's it, they're unwell, you're unsafe, it's just the critical mass issue.

KMinier referred to his nursing associates and asked, how do you think that's going to help Watford deal with all its issues and are we going to get them?

HBrown responded it is probably best that she draw a line here because she does not work for HVCCG so I'll better not update for them.

HBrown continued by offering David's apologies, he's very sorry, he does normally come and he just didn't have it in his diary.

The Chair thanked HBrown for her contribution and advised that the meeting would now return to Item 5 of the agenda, the Action Points, a lot of which have now been addressed anyway.

HD/009/18 HVCCG UPDATE

Cllr Taylor suggested this item be carried forward to the next meeting.

HD/010/18 HERTS COUNTY COUNCIL HEALTH SCRUTINY UPDATE

Cllr W Wyatt-Lowe gave a verbal update and advised that the biggest problems as far as the County Council are concerned is staff retention. Upcoming at this month's meeting is staff retention throughout the Council because it's the recruitment of care workers that is probably the most difficult at the moment, so that will be covered extensively. If anybody has any stories or bits of information that would help I would happily raise them at Audit, I do intend to make sure that the problems of recruiting care workers in particular parts of the country are thoroughly explored and we look into what we can do about it. Today I have been to a neighbouring care provider where things look a lot better. What they have done to improve matters is to reduce or develop their own training courses, they've got all the relevant certifications, they're teaching right up to Level 4 Leadership and Management, all within their own staff. It's become the training and the opportunities for self-development are very pleasing indeed. That has come after the County increased the minimum rates for care

workers by 71p a few months. They're not particularly understaffed but this particular care provider doesn't operate in Dacorum. I'd love to get the same figures or details from Care By Us but they will come out at this Audit meeting because part of what we've been doing is going to different care providers and we will talk about it at the next meeting.

Another area that seems to be worth following up, which is improving; messaging so that anything in the discharge process gets sent, any event, gets sent to all interested parties, whether they be voluntary sector, Age UK, whether it be CCGs, Doctors or care providers, care homes, I suggested that they need to invest in a proper messaging system. There's one thing I'm afraid I do need to say, though. After the last meeting at which I produced a sheet of notes that I was going to read out because the meeting had gone on very late, I was told that this set of papers when I did it in proper English as opposed to notes, would be published on our Website as part of the records of this meeting and nothing seems to have happened. Is that because I'm missing it?

RTwiddle responded to advise that it is in the appendices of the minute of the last meeting and has been published.

Action Point: Cllr W Wyatt-Lowe to circulate HCC Public Health meeting notes to Committee members (meeting taking place 8 March)

HD/011/18 HERTFORDSHIRE COUNTY COUNCIL ADULT CARE SERVICES

The Chair asked if Cllr Birnie had submitted his apologies for the meeting. RTwiddle confirmed that nothing has been received.

Cllr Timmis, noting that Cllr Birnie is not present, made some observations about the report; , that this Health and Wellbeing Board, does this have anything to do with the Health and Wellbeing building being set up in Hemel Hempstead, although it's a separate thing, it's not anything to do with the Health and Wellbeing Board, that's my first question. The second thing is looking at this Item 2 on this report, it seems to me extraordinary, and extraordinary mess, if you don't mind me saying of the fact that the STPs, another acronym which has not been written out, which assume is the Strategic Transformation Programme.

The Chair confirmed that it was, but it now stands for Strategic Transformation Partnership, it's from a plan to a partnership.

Cllr Timmis commented that this is yet again, another NHS type changing everything, which costs more money, changing headings etc, but this, it says here in Item d, that the establishment of STP, in 2015 has rather complicated the issue but who has responsibility for certain items. I find it extraordinary because they're doubling up or overlapping, if you like, it appears and that again will cause more money and more waste of money, I should say, when you've got overlapping of the Health and Wellbeing Board and the STPs and it says that Hertfordshire Board has found it difficult to find a role in the STP, because the strategy is largely driven by the NHS and timescales are set nationally. It's not together, properly organised thinking. This, you could roll out into a lot of what's happening with the Discharge of Care and the fact that you've got all sorts of different bodies all working on different levels. I find this really disheartening. It says here "the division of responsibility between the elected body and the CCG to fund integrated provision in these straitened times has led to demarcation disputes in Hertfordshire", which we're already aware of, which again seems a pity that we're spending time doing that rather than actually looking at care for patients. It says here "one very useful function of the Hertfordshire Board has been the gathering of statistics to underpin its planning". It then goes on to say a bit further down

"The statistics concerned are presumably considered appropriate for each of these life stages but, as a result, are not, unfortunately, always comparable." That doesn't sound very useful. Another drawback is that at the end of the reporting period some of the statistics will necessarily be out of date." So, it seems this is a report, rather than actually saying what's going to be done about it? Because it does seem to me that it's not working. An Appendix actually came with the second report but I won't say any more. I just feel this is a little worrying.

The Chair suggested Cllr Timmis contact Councillor Birnie with her concerns. The Chair asked Cllr W Wyatt Lowe if he is able to provide some holding information in the meantime, as a Member who has sat on the Health and Wellbeing Board?

Cllr W Wyatt Lowe responded that the Health and Wellbeing Boards, unfortunately, are being eclipsed, as it were by STPs in terms of power structure. I have feelings that whether or not STPs will succeed in replacing all the other structures that the NHS has tried to impose on us, I'm not sure that it will but the Health and Wellbeing Board is currently fighting back, I understand but I can't really say any more because their last strategy meeting was this morning and I was not at it.

The Chair confirmed that Cllr Timmis should contact Cllr Birnie direct with any concerns.

EGlasser commented that she feels it is a disastrous reorganisation and the reason it's happened is because there's nothing between the CCGs and the government, basically. We used to have Health Authorities that covered a region and looked at the strategy for a whole region rather than just local places and so that's how this STP has come about but of course, how on earth they selected their boundaries, because they never do choose boundaries that work together and you wonder how that happens. I think it's very sad, too, if the County aren't more involved because health is about local authorities as well as health authorities. If you want things to be successful as they have been in Sweden, and Holland now, you've got to have everybody working together and if you don't you can't just leave it to the health authorities.

The Chair offered some assurance that County is involved with it.

Cllr W Wyatt Lowe added that the County's influence is diluted by the fact that it's (not) the only County Council involved and that is part of the issue here because Essex are also there but Essex haven't got time to devote to it because they're split between three different STPs. It is something of a nonsense, however, what came up at the Dacorum Patients' Group last night was perhaps very significant to all of us where attention was drawn to the fact that there are at least four different IT systems involved and they don't talk to each other and some solution absolutely has to be found.

KMinier confirmed but added its not just within the system, and additionally you've got the new data confidentiality coming in as well and the fact that you get dropped out if you want your data used for research and everything else and also you've got trusts, I can give you an example of that, somebody went into a place here and the GP there couldn't look at his records because he worked for a different organisation and the senior nurse who could look at the records couldn't look at the level because she wasn't senior enough. So there is a lot more things to work out than just the technology. On the back of that is that HBrown mentioned the fact that their IT systems are very poor and the quality of audits in this report, say they're all working at deficit, so it really looks at the moment, unless there is more money released and I won't say how it's released, but if there is more money released, we are not going to get out of this.

Cllr Timmis referred to the Appendix, expressing that she found it very confusing. It says Starting Well, Developing Well, Living and Working Well and Ageing Well as headings and then we have all of it about the negative issues. Mental health problems, pregnant women smoking, mothers not breast feeding, mental health disorders and suffering from stress, doesn't sound "well" and it's also hard to understand what these.

The Chair advised that relates to the County Council's four priorities for the different stages of life, for pregnant mothers, and under fives; for five to eighteen year old children and young people and for adults of working age and then for sixty-five-plus year olds. So they've got these four priorities for four different age groups. In Cllr Birnie's report, he included where we are in Hertfordshire with the extent of people within these different age groups suffering various problems

HD/012/18 WORK PROGRAMME 2018/19

The Chair referred to the June meeting, which includes the Marlowes Health and Wellbeing Centre, hopefully after we've visited it. We've got an update on Gossoms End. There'll be the standing CCG item, so Rebecca can you make sure that Member Support do liaise with the CCG because it's been a pity they haven't been here to discuss things with.

Action Point: RTwiddle to ensure CCG representation at future meetings.

KMinier referred to new carer's strategy and new upgrade coming out for ECCN with TCCGs and you might like to see that or have someone talk through. The Chair asked for Carer's Strategy to be added, with either Iain MacBeath or Cllr C Wyatt-Lowe to speak to the Committee on that.

Action Point: RTwiddle to arrange for Iain MacBeath or Cllr C Wyatt-Lowe to attend meeting to discuss Carers Strategy.

EGlasser advised that the Hemel Hempstead Hospital SOC is going to be coming out, it was going to be April but now it sounds like it's May. It will be going to CCG Board in May. You might to look at the report when it does come out.

Cllr Maddern added that the SOC is a hugely important item and our next meeting's not until June and that's coming out in May. I would like to propose that we have an extra meeting sooner than the June Meeting to discuss the SOC.

EGlasser added the issue is that w do not know when in May, or if it will be May, that it will come out.

The Chair requested that Cllr Maddern liaise with the CCG as to when it's coming out and then just before or just after it comes out then perhaps we could have another meeting and and get David Evans here so he can discuss it with us.

Action Point: Cllr Maddern to liaise with CCG and advise Member Support, copying The Chair & Cllr Taylor, as to when the SOC is due to come out so a meeting can be planned.

Before closing the meeting, the Chair thanked RTwiddle on behalf of the committee for all her hard work, as this will be her last meeting prior to leaving Dacorum. The Chair expressed that the Committee are sorry to see her go and wish her well for the future.

The date of the next meeting is on 4 September 2018.

The meeting ended at 9.42pm

Health Scrutiny in Dacorum Action Point List 2018/2019

07/03/18	The Chair & Committee to liaise with MBrookes & JDoyle to flesh out motion and submit to Full Council	F Guest	**Completed** - Motion submitted to Full Council	HD/005/18 pg 7
07/03/18	'Lets Talk Two' update to be placed in future items, pending confirmation from HVCCG that the programme has been developed and an update available.	Member Support	**Completed** - added to future items. Also in communication with PA to David Evans who is going to confirm when item is ready for update so it can be programmed to a meeting	HD/005/18 pg 8
07/03/18	Helen Brown to circulate the full WHHT staff survey to the Committee	H Brown		HD/007/18 pg 12
07/03/18	Cllr W Wyatt-Lowe to circulate HCC Public Health meeting notes on 8th March to Committee members	W Wyatt Lowe		HD/010/18 pg 15
07/03/18	Ensure CCG representation at future meetings	Member Support	**Completed** - DEvans attending June meeting. All 2018/19 dates have been passed on to David's PA, along with any work programme items that fall to their remit	HD/012/18 pg 17
07/03/18	Arrange for Iain MacBeath to attend meeting to discuss Carers Strategy	Member Support	**Completed** - Iain MacBeath not available, but his colleague Ted Maddex is attending to present to Committee on 20/06/18	HD/012/18 pg 17
07/03/18	Cllr Maddern to liaise with CCG and advise Member Support, copying The Chair & Vice Chair, as to when the SOC is due to come out so a Health Committee meeting can be planned to discuss	Member Support		HD/012/18 pg 17

HEALTH IN DACORUM COMMITTEE: Work Programme 2018/19

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
20th June 2018	Carers Strategy	Iain McBeath, Director of Adult Care Services at HCC	To provide update on this subject.	
	HVCCG update	David Evans	To provide regular update	
4th September 2018	The Marlowes Health and Wellbeing Centre	Marion Dunstone	To provide a report on the new premises at 41, The Marlowes, (after the establishment has had time to settle down)	
	Gossoms End – update	Phil Bradley, Hertfordshire Community NHS Trust, Acting Dep Chief Executive Officer	To provide a further update on this subject, following presentation of 31 October 2017.	
	Flexi care/wraparound housing	Helen Brown, Deputy CEO, WHHT	To provide a presentation	
	The 'waiting times of new out of hours for the UCC and the 111 service'	HVCCG Representative	To provide presentation	
	HVCCG update	David Evans	To provide regular update	

HEALTH IN DACORUM COMMITTEE: Work Programme 2018/19

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12th December 2018	HVCCG update	David Evans	To provide regular update	
20th March 2019	HVCCG update	David Evans	To provide regular update	

.Consideration for Future Items/Meetings:

	Let's Talk 2 update	HVCCG		

Regular Invitees