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Health in Dacorum
Agenda

Wednesday 12 December 2018 at 7.30 pm

Conference Room 2 - 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 Birnie
Councillor Brown
Councillor England
Councillor Guest (Chairman)
Councillor Hicks
Councillor Howard
Councillor Maddern
Councillor Taylor (Vice-Chairman)

Substitute Members:
Councillors Link, Pringle, Ransley and Tindall

Outside Representatives:

Contributors:

For further information, please contact Corporate and Democratic Support

AGENDA

1. MINUTES (Pages 4 - 14)

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 FROM PREVIOUS MEETING

07/03/18	Helen Brown to circulate the full WHHT staff survey to the Committee	H Brown	Sent to members on November 26
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 Health Committee meeting can be planned to discuss.	HVCCG / Member Support	To be kept on the agenda as an action point and followed up in December.
20/06/18	Feedback on survey for the times of Urgent Treatment Centre to be circulated to Members	HVCCG	HVCCG to send to Member Support to circulate
20/06/18	Date of Public engagement to be circulated to members through members news	HVCCG	HVCCG – Cllr Taylor to look into and confirm.
03/09/18	Update after target event regarding frailty pathway .24th October.	HVCCG	David to update group on some of the work being delivered into Dacorum.
03/09/18	Cllrs Birnie and England to look into new hospital group feasibility plan.	Cllrs Birnie and England	Will forward details to SB if speaker to be invited.
03/09/18	Step Down Care added to agenda	SB	SB to add item to agenda for December

6. HVCCG UPDATE

7. STRATEGIC OUTLINE CASE UPDATE

A presentation will be given by David Evans on the night.

8. FRAILTY PATHWAY

Presentation will be given by David Evans on the night.

9. HCC ADULT CARE SERVICES

10. HCC HEALTH SCRUTINY UPDATE

11. WARD ISSUES FROM OTHER COUNCILLORS

12. WORK PROGRAMME (Page 15)

MINUTES

HEALTH IN DACORUM COMMITTEE

TUESDAY 4 SEPTEMBER 2018

Present:

Councillors:

Councilor Maddern
Councilor Taylor (Vice Chair)
Councilor Howard
Councilor Birnie
Councilor England
Councilor Guest (Chairman)
Councilor Hicks

Also attended:

Outside Representatives:

Sue Fogden	AD. Premises - HVCCG
David Evans	Director of Commissioning HVCCG
Ian Armitage	Programme Director – Urgent Care HVCCG
John Lavelle	Senior Service Line Lead, Hertfordshire Partnership NHS Foundation Trust
Diane Brent	Associate Director of Estates & Facilities, Hertfordshire Partnership NHS Foundation Trust and Hertfordshire Community NHS Trust
Mark Graver	Head of Communications and Engagement, Hertfordshire Community NHS Trust
DBC Officers:	S Burr, Corporate & Democratic Support Officer (Minutes)

The Meeting commenced at 7:30pm.

HD/023/18 MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting from 20 June 2018 were agreed by the Members present and signed off.

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HD/024/18 APOLOGIES FOR ABSENCE

No apologies for absence were submitted. It was noted that there were three people absent.

HD/025/18 DECLARATIONS OF INTEREST

There were no declarations of interest.

HD/026/18 PUBLIC PARTICIPATION

There was no public participation.

HD/027/18 ACTION POINTS

The Actions points from the previous meeting were reviewed and agreed, outstanding action points are listed below along with the actions points added from the meeting held on 4 September 2018.

07/03/18	Helen Brown to circulate the full WHHT staff survey to the Committee	H Brown	Sent to members on November 26
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 Health Committee meeting can be planned to discuss.	HVCCG / Member Support	To be kept on the agenda as an action point and followed up in December.
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HD/028/18 HVCCG UPDATE

David Evans provided the following Update to the Committee Members (the slides attached as Appendix 1 refer);

Questions from the floor followed.

Cllr Taylor asked if David knew where the meeting was going to be held? David said that he did not know at this time and it was agreed that the details of the venue would be forwarded to Sharon Burr when available.

Cllr Birnie felt that there appeared to be a disparity on the slide regarding the four partners, talking about Luton and Dunstable and then on the next one talking about Herts and Essex. David replied that he thinks that is t on the diabetes pathway – and the reason that the hospital is on there is because even if you live in Hertfordshire you would possibly use that hospital.

Cllr Guest requested at this point that questions were saved until the end of the presentation, unless there is something that needs to be clarified now.

Cllr England enquired whether the campaign included Dacorum Digest as that may be a good thing to pick up. David replied that he didn't know the specific places they would be promoting it, but said that if the Councillor felt that it has a good reach then they may use it as anywhere we can connect closer to our communities is good. There will also be a local campaign on the back of the national one.

Cllr Birnie asked where the figure of 65% for GP access came from? David explained that this related to extending bookable appointments to 7 days a week which increases the normal finish at 18.30 through until 20.00 so you have a service that is '8 til 8' at 7 days a week, and the target is for 100 percent of our patch to be covered offering that service by November.
Cllr Birnie asked about muscular skeletal services and would that treatment take place within GP surgeries? David confirmed that the treatment can take place in a variety of settings, some of it will be in practises where there has been space allocated, some will be in places that have been rented, some will be on the phone, some will be through video conferencing as well, depending on the type of physiotherapy or intervention it will depend on where they go or how they are seen, tailoring the response to the individual.

Cllr Birnie questioned the figure of 85% percent for A&E with a target of 95%, and David explained that this was for the percentage of people being seen within four hours.

Cllr England asked for more information regarding Connect Health and David told him that Connect Health are a private organisation that have been running for around 8 years with contracts in north London and other areas around London. Feedback is positive. Cllr England asked who was doing that before and was told that it was West Herts Hospital Trust.

Cllr Hicks said that David used a phrase which really annoyed him when talking previously about Gossoms End shutting and comparing life expectancy in Berkhamsted and a deprived area in Hemel Hempstead and Berkhamsted when in Tring central there is an area which is a GLC overspill estate and has exactly the same social economic group living there as does Bennetts End and they will have the same problems. The Cllr felt that by always comparing like that the people in Tring central would be forgotten. David said that he thought the Cllr had misunderstood – there is massive depravation in St Albans, it is a wealthy area but has one of the most deprived patches within it. He has had to use an examples so he is always going to miss someone. He confirmed that they look at the population and then at what we can be delivered at local level.

Cllr Hicks confirmed that he understood the point.

Cllr England said he was a little confused about the four delivery boards, and which patches. David replied that they are locality based, so they will be Hemel Hempstead, Watford, St

Albans and Hertsmere. Then they look at place based so that although there are four of them they then look at individual places within their localities. So they will make plans on that basis.

Cllr Guest asked David to explain the structural deficit to the committee.

David said that the structural deficit is the money that is making a loss on either buildings, the efficiency of the buildings, on IT - so for example West Herts Hospital Trust has around 80 – 100 million structural deficit which it needs to incorporate into its plans and how then it manages and maintains its building so it is then able to deliver the care that it needs to do, so every year it needs to ensure that it has enough money to be able to manage that which is one of the biggest challenges within the current STP footprint.

HD/029/18 WAITING TIMES OF THE NEW OUT OF HOURS FOR THE UCC AND 111 SERVICE

Ian Armitage gave a verbal update;

'At the urgent treatment centre in Hemel Hempstead we have new patient testing in place and there are just two outstanding, waiting for sign off from the clinical trust as there have to be clinical protocols in place to make sure the equipment is safe to use in another environment. We are also developing multi- disciplinary teams at the urgent treatment centres, so job specifications have been put in place for a pharmacist and it has been agreed that the community navigator team who currently work closely with GPs will be based at the urgent treatment centre. They are considering the potential for an Emergency Care Practitioner car, they have one car at the moment that goes to care homes and helps with preventing people going to hospital by dealing with whatever circumstances they find at the home, and feel that by having one based in the urgent treatment centre there could be potential for offering a similar service to people in their own homes. There has been quite a steep increase in activity since April this year, from hovering around 75 attendances at the UTC per day, by the end of July that had risen to 95 – so quite a considerable increase. If you then look at the comparison with the attendance for the same period at A&E while there was a slight rise and month on month variation, what you do see is the significant difference between the rise in the UTC attendance, so you can draw the conclusion that there is activity that would otherwise of gone to A&E being driven towards the UTC'.

The workforce review: 'Currently looking at whether we can extend the working hours at the UTC until 12 o'clock, a commitment was given during a public exercise where we said as part of this consultation we will look to see whether we can do this and are currently looking at data around GP availability, the graphs that I am showing tell that there is not a significant increase in clinician time or in clinical staff, we have done a survey of GP's to see if anyone is expressing an interest in working extra hours. Once we have all the information we have to put together a board paper for November where we will provide an update on those findings and there will be a board decision as to whether or not we actually do move to opening hours of 12 o'clock or whether, in fact, we remain the same. At the moment it doesn't seem to be the activity that would indicate the need to do that but more importantly, we haven't had a tremendous feedback from the survey that we have done of the GP's of people interested, and what we do need to keep in mind at all times is the safety of patients, we don't want to offer a service which then has to be closed intermittently because we can't staff that service.

Further developments that are happening around Urgent Care we have NHS 111 and the Out of Hours Service which is linked and the clinical assessment service which again David alluded to earlier which provides a clinician when people phone 111 to take calls. We are looking at incorporating a mental health clinician in there, there is already a pharmacist as part of that

team and a few months ago there was a soft launch of NHS 111 online which people might not of heard about as it was a soft launch and the reason for that is they want to iron out all the IT difficulties which might come with the full launch, but what it will offer is people being able to log on to the service and if necessary once they have answered the questions, to speak to clinician. We are also working with the extended access GP workforce, one of the issues we have around delivering Urgent Care Services, whether that be Out of Hours , or in hours at the Urgent Treatment Centres or Extended Access Hours is GP's and GP's are central to a lot of these services and what we really need to think carefully about is how we optimise that workforce so that we take account of blended workforce opportunities where nurses and trained emergency nurses or advanced nurse practitioners can take on some of the roles that GP's currently do, otherwise we just aren't going to have the workforce to deliver all of the initiatives. A&E attendance we did a deep dive – specifically looking at people who have a low level need when they present to A&E, just to see the scale of the problem was. We found that there were about 24,000 people a year who did not really need to be there or could have been treated at an Urgent Treatment Centre or elsewhere. We are working with locality GP's and with those that we found in certain areas where there were a higher number of patients from certain practises that were attending under those circumstances and we are looking at ways in which we can divert people away from the front door. Our referral management approach is looking at the ways that GP services can be operated more effectively. GP streaming which might be something you have heard of – it is a project we have tried before, it is where we have a GP located at the front door of A&E so that where people who could be dealt with by a GP instead of having to go through A&E System arrive, there is someone there to treat those conditions. It has not been tremendously successful in the past and we think that was probably because of the space that has been allocated which has restricted what the GP can do during the time that they are there – this time we have included a nurse to support the doctor, a primary care nurse to do the actual streaming as that was another area of doubt where the hospital nurse was erring on the side of safety and then probably not referring as many people through to the GP as they could, and we have a dedicated space now in the hospital. This will start at the end of October/November time. We also have a variety of winter schemes which we started planning in Mid-August and earlier for certain things, so we are now putting things in place ahead of winter just to make sure that we have control for this coming year. GP practises have commissioned their flu programme already and that is in line with the national standard around directed enhanced service. NHS England is commissioning a range of community pharmacies to provide flu vaccinations also and there is a variety of initiatives to reduce A&E attendances, some of which I have mentioned, and others which will improve flow through the system. We often focus on the front door of an acute hospital and we talk about the four hour standard and that is what you hear on the news but there is also the flow through the hospital that actually relieves some of that pressure at the front door and that is another thing that we are working on. We have a mandated aim given to us by NHS England to reduce the length of stay by 25 % and we want to maintain ambulance turnarounds. Ambulance turnarounds actually can impact heavily on an A&E department, especially if you are not turning the ambulances around quickly enough, they can often end up stacking up one behind another which is not good for patient care or for patient safety. West Herts Medical Centre sits in the same building as the Urgent Treatment Centre and as part of the consultation, we agreed that we were going to put plans in place to move the walk in element of the Medical Centre to the Urgent Treatment Centre so the clinical time and the staff time will go with them but it makes sense to have all the walk-ins and booked appointments into an Urgent Treatment Centre in one place and the decision around how we then manage the registered population at West Herts Medical centre without moving the site is one that will be taken in mid- September at a board meeting.

The final side shows the delayed transfer of care and that is where someone who is medically fit for discharge and is classified as requiring a statutory service whether that be a healthcare service or whether it be a social care service, that has been notified to the people that arrange

discharge and that person hasn't then left the hospital within 24 hours of that notice to be discharged. We were quite high, round about 9 or 10% earlier last year and probably towards the end of last year. We are down now to round about 4.5%. It differs between the Acute Trust and the Community Trust but overall the direction of travel is in the right direction.'

Action point: Cllr Guest asked that once the information from the meeting in September became available it was sent to Sharon Burr.

Cllr Birnie said that he appreciated the was a shortage of GPs willing to work the 10 – midnight slot, but asked if there was always a GP available on the 111 service during those times?

Ian replied that yes there would be a GP available but they would not be based at the Urgent Treatment Centre.

Cllr Birnie asked if it would then be possible to give assistance to a person who seriously needed it.

Ian confirmed that there were three ways in which they did that , through the 111 service, the out of hours where you can actually go to a base which they would suggest, which may be Watford General Hospital, if you can't get there then there is an out of hours GP in a car who will visit you at home and if it is something that can be handled over the phone there will be a clinical advisor attached to 111 who would be a clinical advisor or a clinician who is qualified to give you that advice.

Cllr Birnie then asked about attendances at A&E and whether or not the deep dive that was done as mentioned earlier was time related and is there any significant increase in this time slot that we are talking about.

Ian replied that was not the case, the time periods people were turning up at A&E with low level needs was between 10:30 and 20:30. The GP at front of A&E is employed during those times.

David confirmed that there was a fall off for Urgent Care between 22:00 and 08:00. A very small percentage of people attended during that time.

Cllr Hicks asked if the figures would rise again in the winter, and David replied that they would, but by putting winter schemes in place and schemes that actually help the flow of people out of hospital, they would be looking to reduce any rise in the winter.

Cllr Guest declared that she is a community pharmacist and does provide a flu vaccination service.

Cllr England mentioned the 25% reduction in the average length of stay and asked what was seen as the main way of achieving that and over what timescale?

David explained that they had a meeting today which involved the West Herts Trust and all partners looking at our winter plan and that is the focus of how we build the winter plan, so we have asked if the initiatives in place are actually going to address the flow through the system.

Cllr England said that if they were going to achieve a 25% reduction uniformly across the year, then that is 25% but if you are going to focus that reduction in the winter plan then effectively then during that shorter period you are going to reduce by 50% or more – David explained that they will measure it is to take the average current length of stay, so if the average length of stay is 100 days then they would want to get it down to 75, just as an example. A general

improvement is required so there is an expectation that everyone is able to improve their length of stay. They are trying to shrink the inactive time.
Cllr Birnie asked if re-admission figures were affected by people leaving earlier, David said that they had not, but said that it was a good point and he would make a note of it just to make sure that they do not see that, because it would indicate that people are leaving hospital too early.

Cllr England asked whether Urgent Treatment Centre GP availability during that two hour period so the 111 system has GPs working in it – where is the nearest centre to Dacorum where 111 is being provided?

David answered that it is Welwyn Garden City and it is opposite the QE2 hospital in the old ambulance headquarters.

Cllr England said that would it be a solution to base the 111 service at the Urgent Treatment Centre as then you would not have the problem of attracting doctors to work on their own because they would be working with other people and they might find that more attractive.

Cllr Guest asked that this was looked into and if they could come back to us – David said that he thought it was highly unlikely because of the cost and the contracts now in place.

Cllr Taylor asked if the power point presentations could sent to member support.

Action point: David and Ian to forward presentations.

HD/030/18 GOSSOMS END & STEP DOWN CARE UPDATE

Sue Fogden gave a verbal update;

'The CCG does not have any access to capital which needs to be put into context first. GP premises are funded and regulated by NHS England and the CCG has accepted the delegation of that function. NHS launched a fund programme called Estates Technology Transformation Fund ETTF and that comes with a set of regulations about how much money you can spend and how you spend it. What happened with Gossoms End and a number of national projects is the rules needed to change to meet the new ways of working the agenda and we have been waiting two years for those regulations to change and to be published and we are still waiting. CCG had a number of meetings with the national team to try and look at how this could work and we could unblock some of these things and initially it looked positive in July whilst the new rules hadn't come out we are working behind the scenes to find ways of unblocking it. There was a consultation regarding Gossoms End in September 2016 that completed about not supporting the intermediate beds and that was the decision from that consultation, which left a huge void. We already have one GP working there at Gossoms End Surgery and we still have three other surgeries in Berkhamsted and all four practises got together to think about how they could work together as we are looking at workforce issues as well as capital issues and how we can offer some resilience to those practises in terms of workforce and GP's. Those talks meant that one practise decided not to partake which was their decision to make, so we were left with two town centre plus the surgery that is already based at Gossoms End. The CCG supported a project through this fund to relocate two of the town centre practises to the void area at Gossoms End following the closure of the beds. We haven't got the revised rules issued so we are still tied in that respect so we have tried to find ways around this and we have looked to see if we can apply exceptionality status to some of these projects and we have met with the council and various other developers to look at how we could alternatively fund those projects. So with Gossoms End we think we have found a

way with NHS England through exceptionality, we have funded a paper to be written by a specialist on business cases to try and get this exceptionality passed, and we are on track to get this to NHS England within the next two weeks.'

Cllr Taylor said Due to the retirement of current GP's in Berkhamsted the CCG highlighted an issue with the provision of GP premises in Gossoms End,the complexity of health funding makes it difficult for Health Bodies to find the investment required to resolve the problem – consequently the CCG has approached the Council to see if we can facilitate provision of the service through investing in the site and leasing back to the GP's/CCG. The response to this which was attended by Sue and the Chief Executive and the Assistant finance Director Nigel put a paper forward to say that we would be interested in finding out more on investing, sharing and funding. So there is at the moment a negotiation between the CCG and the Council to find out if we would be in a position to participate with the CCG. We are now waiting for a response.

Sue explained that there has been an update and that when the CCG met with the council they did not just discuss Gossoms End but also other projects in Dacorum and the outcome is that they will probably not be pursuing Gossoms End through local authority funding. However, the council have been invited to make a presentation to another practise. They started with three projects and the Council have been helpful on the other two.

Cllr Birnie said that he wanted to know more about the step down beds and whether the decision to 'axe' them at Gossoms End was taken before the problem arose with the GP's and using it as a solution for that problem.

Sue explained that there were issues with the service and the decision was made in 2016. It was only when the step down decision was made and the void became available that Gossoms End was considered.

Cllr Birnie remarked that step down beds on the east side of the county are more available than they are on this side and he is surprised the CCG are sanquine about this in terms of people being released from hospital earlier etc.

David responded that this area has more community beds than east and north Herts CCG.The challenge for the CCG is to keep the flow moving and make sure they are as operational as possible. There has to be a balance between health and social care.

Cllr Birnie expressed his surprise that the provision at Gossoms End was closed as there is a paucity in that particular area. David explained that there were many factors affecting that closure, including safety.

Cllr Hicks said he was hoping for an update on where people would go as he was concerned that the elderly may be placed in homes, as if one of the problems was a lack of specialist nurses for step down, how would those nurses be provided for the old people's homes?

David replied that he agreed it was preferable not to place people in residential or old people's homes as usually they would not return home from there, and that the CCG aim was to get people home as soon as possible whichever path that took.

Cllr Hicks asked whether there was only one Dr's Surgery at the moment based in Gossoms End, but that once the money becomes available there will be a second and third Dr's surgery moved there – and if all the Dr's are located there how do the residents from the other end of Berkhamsted with no transport, get there?

Susan confirmed that there is a single Dr at the moment and the other two surgeries have formally merged contracts and they will move there and work together. Manor surgery is staying where it is so there will be coverage across the town.

Cllr Guest asked whether a further update of Gossoms End would be available for the December meeting, and Susan confirmed that there would be.

Cllr Guest requested Gossoms End be added to the agenda for December's meeting, she also asked that a presentation on step-down care be given in December.

David agreed that there should be a presentation and Gossoms End and step down care should be treated as different items for clarity.

Item 9 Marlowes Health and Wellbeing Centre

Cllr Guest asked which date Cllrs were able to attend and the 19th September was decided on.

Action point: Add step down care to the December agenda. SB

CCG left the meeting at this point.

HD/031/18 MARLOWES HEALTH & WELLBEING CENTRE

Mark Graver introduced Diane Brent the Associate Director for Estates for both the Community and Mental Health Trust and John Lavelle a Senior Operational Manager for the Mental Health Trust responsible some of the services in the building. (Presentation as slides in Appendix 2 attached);

Cllr Birnie asked if the catchment area for the centre was only Dacorum and it was confirmed that it was.

Cllr Birnie went on to ask if this was all non-residential and do we have a need in this borough for in-patient care for young people.

It was explained that there is a provision for this just outside Radlett for the whole county and this is unique to Hertfordshire.

Cllr Taylor asked if audiology had been transferred to the new centre and Diane explained that it remains in the General Hospital, together with St Peter's Ward and some speech and language services.

HD/032/18 HERTFORDSHIRE COUNTY COUNCIL ADULT CARE SERVICES

Cllr Guest explained that there are two parts to the adult care services item the first one is the report that she had submitted to the committee and Cllr Guest invited questions.

There were no questions.

The next part of this item was introduced by Cllr Taylor, who had nothing to report, as everything had been covered under the CCG questions.

HD/033/18 HERTFORDSHIRE COUNTY COUNCIL HEALTH SCRUTINY UPDATE

Cllr Birnie confirmed that there was nothing to report.

HD/034/18 WARD ISSUES FROM OTHER COUNCILLORS

Cllr Guest asked whether any of the members had been approached with issues from other councillors.

Cllr Birnie explained that he has had enquiries regarding a new hospital group based in Leverstock Green who he thought had employed a consultant to draw up a feasibility study. After some discussion it was unclear as to whether this was the case and it was agreed that Cllrs Birnie and England would look into this and if it was felt it should go ahead they would request that SB put it on the agenda.

Action point: Cllr Birnie and England to look into whether there was a valid case for a speaker to attend from the new hospital group.

HD/035/18 WORK PROGRAMME

Waiting times for Urgent Care and 111

Gossoms End

Step Down care as a separate item

The meeting ended at 21:41

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 March 2019	HVCCG update	David Evans	To provide regular update	

.**Consideration for Future Items/Meetings:**

	Let's Talk 2 update	HVCCG		

Regular/standing agenda items;

- Action points
- Hertfordshire County Council Adult Care Services
- Herts County Council Health Scrutiny Update
- Ward issues from other Councillors
- Work programme