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**Health in Dacorum  
Agenda**

**Wednesday 20 March 2019 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

For further information, please contact Corporate and Democratic Support

**AGENDA**

1. **MINUTES** (Pages 3 - 13)  
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. HVCCG UPDATE**

#### **6. WHHT UPDATE**

To look at the CQC report and an update on the long term estate redevelopment.

#### **7. HCC ADULT CARE SERVICES**

#### **8. HCC HEALTH SCRUTINY UPDATE**

#### **9. WARD ISSUES FROM OTHER COUNCILLORS**

#### **10. WORK PROGRAMME**

#### **11. ACTION POINTS FROM PREVIOUS MEETING**

To Follow

## MINUTES

### HEALTH IN DACORUM COMMITTEE

Wednesday 12 December 2018

#### Present:

##### Councillors:

Councillor Maddern	Councillor England
Councillor Taylor (Vice Chair)	Councillor Guest (Chairman)
Councillor Hicks	Councillor Ritchie
Councillor Birnie	Councillor Stevens

#### Also attended:

##### Outside Representatives:

Edie Glatter	Dacorum Patients Group
Kevin Minier	Dacorum Patients Group
David Evans	Director of Commissioning HVCCG
Mark Graver	Head of Communications and Engagement, Hertfordshire Community NHS Trust
Kathryn Magson	CEO Herts Valley Clinical Commissioning Group
Trevor Fernandes	GP, Deputy Clinical Chair HVCCG

##### DBC Officers:

S Burr	Corporate & Democratic Support Officer
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The Meeting commenced at 7:30pm.

#### **1. MINUTES OF THE PREVIOUS MEETING**

The minutes of the previous meeting from 04 September 2018 were agreed by the Members present and signed off. Cllr Maddern asked for it to be noted that she was not at that meeting and gave belated apologies.

#### **2. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr Howard. Cllr Brown absent without apology.

### **3. DECLARATIONS OF INTEREST**

Cllr England declared that he is a member of Herts Valley Hospital

### **4. PUBLIC PARTICIPATION**

There was no public participation.

### **6. 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	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.
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	Cllr Taylor confirmed that this will be circulated in member's news
03/09/18	Cllrs Birnie and England to look into new hospital group feasibility plan.	Cllrs Birnie and England	Cllr England gave update
03/09/18	Step Down Care added to agenda	SB	SB to add item to agenda for December

### **9.HCC ADULT CARE SERVICES**

This item was presented early as there were technical problems with the slides for HVCCG presentation.

Cllr Guest presented this item and notes were attached, hard copies were also provided in case members had not received them.

Cllr Birnie said that he was concerned about the question of setting up a trading company, and asked if there were any more details available.

Cllr Guest replied that was in place in case so if a company that was contracted by the County Council to provide home care fails then the Local Authority Trading Company will step into the breach to provide the home care to ensure that the service users are still cared for.

Cllr Birnie said the he understood what the company would do but he could not understand the need to set up a commercial trading company.

Cllr Guest said that under the terms of the company the vast majority of its business will be coming from Herts County Council.

Cllr Birnie asked if the people who will work for this company would be the kind of people that would be social carers employed by the Council.

Cllr Guest said that most of the home care is purchased from home care provider companies but if one of those companies fails then there is a risk that people could be left without care so the County Council set up their own company that step in in that instance.

David Evans said that from his knowledge of working in partnership with them, the market place is so insecure at the moment that we have seen some failure in health care. The in house provision is set up using people employed by Herts County Council and is used as a back-up.

Dr Fernandez said that he thought the staff would be moved over and the aim is that they are ready to do this rather than leaving it until the last minute..

Cllr Guest confirmed that they would come over.

Kevin Minier – said that he felt it was important for Dacorum to have this as health care companies have failed in this.

David Evans noted that carer's are now protected and that lots of work is happening to ensure that this is recognised and understood. .

Cllr England asked about a question regarding a sentence in the document paragraph 2 the last sentence which mentions areas for consideration as he was unsure what it really means.

Cllr Guest asked what part of this he would like clarified.

Cllr England replied that he would like it all clarified.

Cllr Guest explained that areas of consideration were what used to be known as areas of development and what were previously known as weaknesses – basically they are things that the County Council needs to look at and needs to work on and things that the health and social care system for adults need to work on.

Cllr England asked about evidence based commissioning and in particular aligning the workforce strategy to fit the service models that we want he thought that perhaps that meant it is easier to have everybody in one place so that it is possible to be more 'agile' with how we work.

Cllr Guest said that her understanding is that the County Council has service models that we want for example 'Connected Lives' which discussed at the Adult Care Health Panel, which is about enabling vulnerable people to take more control of their lives, The workforce strategy needs to be aligned to fit in with this and employ the right skill mix and give the right training.

Dr Fernandez said that everyone knows there is an increasingly aging population and there are different needs and what this is saying is that work needs to make sure there are changes in the service according to this changing population and therefore they will need to develop the workforce to deal with the changes that take place.

## **6. & 7 HVCCG update**

David Evans presented this item.

Cllr Guest asked whether items 6 and 7 were being rolled into one.

David Evans replied that they would be.

David Evans explained that we have had numerous updates regarding the Strategic Outline Case for Watford and St Albans and at the same time we were doing a SOC for the Hemel Hempstead hospital site to decide what would be the solution to the usage of the ageing site and how that might be moved forward. The case was developed about 18 months ago and was signed off by the West Herts Hospital Trust Board and the CCG. It was then submitted to NHS England and NHS Improvement. It was eventually agreed with both boards that Watford General would be the hospital site to be redeveloped for acute and planned care, St Albans for Surgical procedures, planned care and diagnostics and at the same time we were working on the Hemel Site, and at that time we decided there would need to be a split between the different specialities and speciality focus across all of those sites and you can see from the slides how this broken down.

We have around £300 million to work with and anything that we borrow we must be able to pay – it is usually one year of the Trust's turnover is around £300-£340 million. There is strong competition from other hospitals nationally – we are definitely in the top 10, we are probably in the top 5 in terms of consideration if our plans get signed off.

Cllr Birnie said £300 million – how does the £65 million deficit at Watford work.

David Evans replied that this figure is capital plus revenue deficit. Some buildings are condemned so they want have to be maintained.

Cllr Birnie said that this was not an accounting exercise, it is actually money owed

Kathryn Magson corrected the figure saying it is £42 million not 65. It is an ongoing position and the hospital have to borrow against it. The deficit will improve when the buildings go. The £300 million will have to be paid back. She continued to explain that as David Evans had said the amount normally lent is the Trust's turnover she confirmed it would be £300 million and not £260 million.

Cllr Birnie said that it sounded as though Watford is still the site that is being concentrated on and he asked whether the Green Field option would be looked at.

Kathryn Magson confirmed that all the figures would be taken into account and everything would be worked through as already talked about in the events with the Public, across all four localities.

Cllr Birnie asked if in terms of procedure, would we have to wait until the whole thing

is done or would information be fed to us as we go along?

David said they would not be able to do that but there would be a panel supporting decisions and they could update on that.

Cllr England asked a) What is the life of these buildings we are contemplating? and b) What population changes are factored into the SOC?

David Evans answered a) 60/80 years. b) Met with planning teams and the biggest challenge will not necessarily be how the hospital is built to meet the population growth, it will be how to manage universal and primary care services going forward..

Cllr Maddern asked - Could the £300 million be bumped up by selling 3 sites and building a central hospital. The Cllr also asked if the panel was similar to the one that was used for the Hemel Hempstead site.

David Evans replied that the estimated values are Hemel Hempstead £15 million, St Albans £18-20 million and Watford £15 million – this valuation is low because the land can't be used to build houses immediately as it has been used for acute wards etc. He added that the panel is different – it is a scoring panel and they have taken applications.

Cllr Hicks remarked that he had seen in the local news that CCG was being fined £1/2 a million a month for not meeting targets and made the point that if they were a private company they would have to convince the government to lend the money and asked how it will affect the Trust.

Kathryn Magson explained that the CCG was fining the Trust as they are failing to deliver on target. They will continue to support the Trust financially. She explained that it made no difference to patient care, we are using that money to support patients being seen in other hospitals more quickly. Patients will get the right care at the right time in the right place.

Cllr Hicks said he found it reassuring that the money was not being lost to patients.

Kathryn Magson said Watford would have to get more operationally efficient. In presenting the SOC they will have to work on a plan which addresses operation inefficiencies. There has been a spending review in the NHS over the last few months and we expect that some of the money will flow into the key providers as well and that will help. At the moment they are being paid accurately for the work that they are doing. So although it is different in the private sector the principles are the same.

Kevin Minier said that the SOC is still a high level document, what if it is decided it is not a safe solution for patients, doesn't provide service and still does not deliver to target.

David Evans replied that in that instance they would not let the plan go forward – that

is what SOC is for. Ring fenced funding etc, they should get through. It is a once in a lifetime opportunity we have to present and commit to something.

## **8. Frailty Pathway**

Kathryn Magson presented item and slides.

Kathryn explained that Managing Frailty was how we describe caring for an ageing population. It is a clinically recognised state of increased vulnerability, and that there are different growth rates around the country but ultimately there is expected to be a 70 percent increase before 2035. A frailty index helps predict outcomes for all the patients.

Kathryn Magson said that the Rockwood tool is in use, it is a national tool and it pops up on the GP's screen and on inputting some characteristics it can give a reading on whether the patient is severe or moderately frail.

Cllr Birnie asked how long Rockwood has been in use.

Trevor Fernandes explained that EFI Elderly Frailty Index triggers a number of services. Rockwood has been in use for the last few months it is used to score the patient in General Practise and in Hospital and you can see how far from the normal score they are and work towards getting them back to it.

Cllr Birnie asked if Rockwood would become a more objective tool and would it become country wide.

Trevor Fernandes replied that that was the aim. They are trying to prevent people going to hospital and be more open about their problems that is a message that needs to go to the public.

Cllr Maddern added that she understood that patients are sometimes not found until they are in crisis, with data protection etc, how can we, the public, help?

Trevor Fernandes said that it would be good to try and persuade them to come along and that although discussions cannot be had with anyone else, notes could be put on the system as information can be taken in, even when it could not be given out.

Cllr Taylor said that he had someone referred to him and they went through the vulnerable adult path and gave all the details and that helped.

Cllr Hicks asked that when people were actually moved to care, how close to public transport would this be to enable the family to visit.

Kathryn Magson replied that the initial time is usual a maximum of 90 days, if the person then goes to residential care the decision would be made with the family.

Cllr Hicks made the point that visitors need access so that the patients don't go downhill –and asked how close to public transport are all the step down beds and is there a maximum public transport time from where they live to where they are being treated.

Kathryn Magson replied that it was almost impossible to answer that as most people only have a short pathway with step down beds, ideally they then go home with care at home but if they need to go on to residential care it would be part of the decision process and would involve the family.

Trevor Fernandes explained that the voluntary sector offer transport help and Cllr Taylor added that Community Action Dacorum has a good system.

E Glatter asked where the 97 Beds are situated, and also are there postural stability classes available in Dacorum.

Kathryn Magson replied that there are beds in Langley Unit, Potters Bar etc., Holywell St Albans we have patients in Queensway, Brunswick in Watford St Peters and Simpsons Ward.in Hemel Hempstead. There are postural classes running at present, Herts Help has details.

Cllr Guest asked if Kathryn would please ensure that they are promoted as widely as possible.

Kathryn Magson replied that information will be widely available and it will be put in Horizon, it is also promoted through most, if not all GP surgeries, and they certainly all have access to the information.

Trevor Fernandes went onto explain that these classes are available by referral from a GP for those at high risk and sometimes there are classes run through a surgery for those at medium or low risk but there is a lot out there through Community Centres and the Voluntary Sector which can be accessed by people directly.

There was a discussion around Prevention Strategy and Kathryn confirmed that although under the umbrella of County, District Councils also offer this service and it had been found to be most effective at local level.

Kevin Minier asked what a geriatrician was and Kathryn replied that it was a consultant in elderly care .Dr Fernandez explained that they are looking to recruit 2 more in this post to get care out to the community.

There was a discussion regarding stroke beds. Cllr England asked where the 16 stroke beds are situated and Kathryn said they are in Holywell. Cllr Hicks asked about age of people living in different areas and Trevor Fernandes said that Public Health would have that information and that health-wise they do look where they may have to tailor services

## **11. Ward issues from other Councillors**

Kathryn Magson explained that Gossoms End is an opportunity to move two practises into what was a community site. It has been the plan for some time and all the business cases are done. We have potential to fund, build expected to take around 9 months once started.

Cllr Guest invited Cllr Ritchie to speak. He said that he has concerns over Gossoms End regarding the funding and was surprised that the item was not on the list for discussion at the meeting. He added that he felt it was a critical situation in Berkhamsted, and that he is getting constant reports of problems which are not all related to the premises but there is a knock-on effect in terms of staff numbers, the morale of staff, patients are leaving and joining the other practise in the town and all of this will affect the business case. Cllr Ritchie requested that until this is resolved Gossoms End is added to the Agenda as a specific item.

Cllr Guest requested that this was added to the Agenda going forward.

Kathryn Magson said that she would like to correct some things that had been said for the purpose of the minutes. She explained that this plan has been in place for many months, it is not new. Kathryn added that there are a number of other issues in that practise but it is not appropriate for her to talk about it at the moment as it is a contractual issue. CCG are working with that practise and will continue to do so. She agreed that premises do make a difference in retaining staff but ultimately there other issues which contribute to staff morale and they are being addressed, she is happy to keep the premises issue on the Agenda, the contractual issues with the practise will be dealt with in private meetings.

Cllr Guest thanked Cllr Ritchie for attending the meeting.

Cllr Hicks brought the point that a similar thing had happened in Tring, with people moving to the Rothschild surgery when the doctor retired at the other and as a result the new surgery there does not have a full patient list.

Kathryn Magson answered that the new surgery is part of the Rothschild Group and as such is not overloaded they are a very well run practise. The new surgery has already made a significant difference on the work that goes on there She explained that all practises are very stretched and that they spend a lot of time with GPs dealing with contracts as well as resilience, and it is a priority to retain continuity. As GP's retire etc and there are less available they need to work collectively which helps.

Cllr Hicks said that he wasn't trying to criticize Rothschild House, he thinks it is a very good surgery.

## **10. COUNTY HEALTH UPDATE**

Cllr Birnie said that he has very little to update at the moment. Health Scrutiny Committee is tomorrow. There is a task group dealing with dementia which will shortly be reporting. There was also a letter sent to the Secretary of State complaining about the CCG handling of care for disabled children and Nascot Lawn. Reply was received from Simon Stevens Head of NHS.

Cllr Guest said that on the 24<sup>th</sup> October the County scrutinized the finances of CCG's and Herts Valley CCG said they were undergoing transformation of their services in order to deliver a controlled financial budget, and that included closely reviewing and managing contracts and that the CCG was unable to guarantee they would be able to make in year savings.

Cllr Guest said that the Agenda for the meeting to be held tomorrow would include the STP Winter Planning, the Integrated Health and Care Strategy and the West Herts Hospital update.

Cllr Birnie added that he was not at the last meeting but he will be at the one tomorrow.

Kevin Minier asked questions regarding Nascot Lawn and whether or not the families of the children concerned are now satisfied with the care and is there evidence of this. (At this point it was difficult to hear K. Minier due to technical problems)

Cllr Guest replied that she does not know if all the families are happy, but all the children who were at Nascot Lawn which was a respite centre for children with severe health and social care needs was funded by the CCG and the CCG paid Herts Community Trust to do it and then the funding was pulled. As a result Nascot Lawn closed in November. All but one of the children had been given alternative care packages at the last report, and that one child with very severe complex needs has not yet been given a package but all concerned are in negotiation and discussions to achieve a package of care. There is concern that not all families are getting the amount of respite they are entitled to.

Cllr Birnie explained that it may now be difficult to achieve the level of care that Nascot Lawn gave and Cllr Guest responded that there are now 3 more respites and one of them is to be extended to better accommodate more children.

Cllr Guest moved on to the work programme and it was agreed that Gossoms End would be added to the agenda, and that wrap around housing would be moved to the March meeting.

Edie.Glatter asked a question about the outsourcing – for example ears nose and throat, she felt that it would be useful if the CCG talked about what the provision is going to be and where it will be

Cllr Taylor suggested that David Evans is asked whether the committee can be brought up to date about outsourcing at the next meeting if appropriate.

The meeting was closed at 21:55

