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**Health Scrutiny in Dacorum
Agenda**

Wednesday 17 June 2015 at 7.30 pm

Scrutiny making a positive difference: Member led and independent, Overview & Scrutiny Committee promote service improvements, influence policy development & hold Executive to account for the benefit of the Community of Dacorum.

The Councillors listed below are requested to attend the above meeting, on the day and at the time and place stated, to consider the business set out in this agenda.

Membership

Councillor Brown
Councillor Guest
Councillor Hicks
Councillor Maddern

Councillor McLean
Councillor Timmis
Councillor Wyatt-Lowe

Substitute Members:
Councillors

Outside Representatives:

Contributors:

For further information, please contact

AGENDA

1. **MINUTES** (Pages 1 - 10)
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. WARD ISSUES FROM OTHER COUNCILLORS

6. GET, SET, GO DACORUM (Pages 11 - 16)

7. HERTS VALLEYS COMMISSIONING GROUP UPDATE

8. HERTFORDSHIRE COUNTY COUNCIL HEALTH LOCALISM/HEALTH WELLBEING BOARD UPDATE

9. HERTFORDSHIRE COUNTY COUNCIL HEALTH SCRUTINY UPDATE (Pages 17 - 44)

10. PATIENT SERVICES

11. DATE OF NEXT MEETING

MINUTES

HEALTH IN DACORUM COMMITTEE

WEDNESDAY 11 MARCH 2015

Present:

Councillors:

Cllr Guest	Cllr R Sutton
Cllr Link	Cllr Whitman
Cllr G Sutton (Chairman)	Cllr W Wyatt – Lowe

Outside Representatives:

Dr Trevor Fernandes	Herts Valleys Clinical Commissioning Group
Jenny Goodyear	Healthwatch, Hertfordshire
Betty Harris	Dacorum Hospital Action Group
Mike Moore	Chair of Health and Wellbeing Partnership
Jackie Ardley	Director of Governance, West Herts Hospital Trust
Tony Gallagher	Dacorum Patients Group

DBC Officers:

Louise Collins	Member Support Officer, Democratic Services
Claire Lynch	Community Partnerships Team Leader

The meeting began at 7.30pm

OS/074/15 MINUTES

The Chair began the meeting by welcoming Tony Gallagher, Dacorum Patients Group and thanking Robin Pike, whom has now stood down, for his time on the Health Committee.

The minutes of the meeting held on 7 January 2015 were agreed by the Members present and then signed by the Chairman.

OS/075/15 APOLOGIES FOR ABSENCE

Apologies for absence were received on behalf of Councillors Adeleke and Harden.

OS/076/15 DECLARATIONS OF INTEREST

None

OS/077/15 PUBLIC PARTICIPATION

There was no public participation.

OS/078/15 WARD ISSUES FROM OTHER COUNCILLORS

None.

The Chairman changed the order of the meeting. Item 9 & 10 were moved to item 6.

OS/079/15 CANCER REVIEW

Jackie Ardley, West Herts Hospital Trust presented the report on the Cancer review on behalf of Anthony Tiernan who was unable to attend the meeting.

She highlighted that the Cancer Review had now been completed. An independent review was then completed by Steven Ramsden who set out a number of recommendations. Those recommendations have been incorporated into the action plan which the trust board are reviewing on a quarterly basis.

All issues have now been addressed on the administration team and are now very clear on their role in terms of the patient pathway.

OS/080/15 PATIENT SERVICES

Jackie Ardley, West Herts Hospital Trust presented the report on Patient Services on behalf of Anthony Tiernan who was unable to attend the meeting.

She mentioned that a report came out in December 2014 on the A&E services. Their overall scored an average of 8.5 out of 10 for patients overall experience within the A&E department. Compared to other local trusts such as Barnet, Chase, Bucks, Luton and Dunstable and Milton Keynes, we came out on top with a range of 7.7-8.3 out of 10. So overall Hertfordshire did really well. She mentioned that there is still always room for improvement.

In terms of the rating there were 8 categories, arrival at A&E, waiting times, care provided by doctors and nurses, tests, the hospital environment, facilities and leaving A&E. As a result we scored above average in 5 of those areas, including patients getting their test results quickly, which is a really great achievement for us.

Questions and Answers on both the Cancer Review and Patient Services

M Moore, Chair of Health and Wellbeing Partnership, asked what period the survey ran from.

J Ardley, Director of Governance, West Herts Hospital Trust confirmed that the survey was carried out in December 2014 and they surveyed patients in a set month. Any patient would then get randomly selected and they get sent out the survey.

Action:

1. Full details on the survey to be produced by Jackie Ardley and then presented to Members.
2. Clarification on whether pharmaceuticals were used as part of the review in the A&E department under the Cancer Review.

J Ardley said that the word "Cancer" is a very scary word and many people will choose not to go to their doctors due to the fear of this.

Councillor Guest highlighted that there was no mention of pharmaceuticals being used in the report under the Cancer review item. She asked if the report included waiting for drugs in the A&E department.

J Ardley said that she would need to clarify this point and get back to Members at a later date with the answer.

The Chairman said that he was pleased to hear of the excellent work that had been carried out under the Cancer Review and within Patient Services but wondered what was being done to improve the average score.

J Ardley said that the trust as a whole are looking at their unscheduled care pathway. They are also looking at implementing a separate entrance at the front of the A&E department for children and paediatricians as well as all of the emergency care at the front of the hospital.

B Harris suggested that by opening a small A&E department up in Hemel Hempstead would elevate a lot of the accident and emergency problems.

J Ardley said that she took this comment on board but was unable to comment further on it.

Resolved

J Ardley to attend the next meeting on 17th June with further updates for the Committee.

OS/081/15 GET, SET, GO DACORUM

Claire Lynch, Community Partnerships Team Leader introduced her report and informed Members that her team are on the final stages of the website and almost complete. The Get, set go Dacorum project started in September 2014 and is currently working on publicising the social media side of things. Facebook and twitter accounts are being publicised to increase networks (help publicise @getsetgodacorum).

There are some key performance indicators within the project that still need to be met. Some of the projects are exceeding their targets and there are some that are falling behind. But reassured Members that they are not behind but reaching their 6 monthly KPI indicators.

Questions and answers

The Chairman thanks the officer for presenting her report to the Committee. He asked if there was any reference to "walk in Football" under any of the projects currently being run. He mentioned that every County has this activity up and running and asked if this was something that would be implemented here.

Claire Lynch explained that there was a project called "Get Active" which had just been launched from Sport Space, which was similar, but said that she would feedback to them to see if this was something that could be led for the over 55's.

There were no more questions for the officer.

Resolved

That the report be noted.

OS/082/15 PUBLIC HEALTH FUND DISTRICT OFFER

Claire Lynch, Community Partnerships Team Leader introduced the Public Health Fund District Offer on behalf of Isobelle Benton-Slim who was unable to attend the meeting.

She highlighted Members attention to page 10 and 11 of the report and the 14 projects around 2 priorities. She mentioned that all of the timings are staggered with a range of funding from £1k to £20k with a launch date from January through to the summer.

Questions and Answers

Councillor Whitman made reference to the cooking club on page 10 of the report and asked for an update regarding this.

C Lynch confirmed that the project was aimed at promoting healthy eating.

B Harris said that she agreed with Councillor Whitman regarding the healthy eating regime and pointed out that it is vital that we carry on spreading the importance of healthy living amongst the community.

C Lynch said that DBC are working closely with a Food Co-ordinator, which is post funded, to introduce local produce awareness amongst the community.

B Harris asked if people were being encouraged to grow their own produce.

Claire Lynch referred to the Housing Association and their policies. Unfortunately they are restricted on what they can grow in their communal gardens. However this was not the case within DBC Housing.

Mike Moore said that there had been £10k set aside for distribution by the Dacorum Health and Well Being Partnership. It is a refreshed offer that was previously managed by Community Action Dacorum but has now come under the umbrella of the Health and Wellbeing Partnership. There were a dozen applications received under the review. A decision will be made in the next couple of weeks.

Resolved

That the report be noted.

OS/083/15 HEALTH AND SOCIAL CARE SERVICES

Jenny Goodyear, Research manager of Health watch Hertfordshire summarised her report which covered:

- An event being organised in June 2015 to bring partners to East Herts to discuss what can be done in Hertfordshire.

- Herts Valley CCH are interested in supporting the research that is underway on GP access.
- Currently working with partners in Health and Social Care.
- A youth page has been created and will be launched on 16th March 2015.

Jenny Goodyear also informed Members that she would be leaving the Health and Social Care services and working for the Herts Community Trust.

The Chairman wished her well for the future and thanked her for all her support and hard work throughout her time presenting her reports for the Health in Dacorum committee.

A Youth dedicated web page will be launched on 16th March 2015 which will help in the ongoing research.

Jenny Goodyear informed Members that this would be her last Health meeting as she is moving departments but would keep Members informed on her replacement and thanked them for all of their support over the past year.

Questions and answers

Councillor Guest raised his concerns regarding data sharing and asked if there was a breakdown on communication.

J Goodyear said that a lot of people feel slightly concerned with the whole data sharing idea. There is more suspicion around secondary use of personal data.

Councillor Whitman brought Members attention to the extra building works commencing in Hemel Hempstead and the effects this will have upon local GP surgeries. He asked what the outcome would be as a result.

J Goodyear sympathised with Councillor Whitman's comment. She said that this will be an ongoing issue within East Herts, but unfortunately the impact on GP surgeries will continue to rise with population increasing.

T Gallagher raised his point on data sharing and said there were good and bad points with regards to this. For example the DVLA having access to people's medical records could potentially cause problems for people having their licenses revoked but on the other hand doctors would have no obligation to inform the DVLA of any medical information about their patients.

J Goodyear said that one of the things they found with people that participated in their research was that they felt very strongly about the data sharing issue.

M Moore explained that there were a lot of mixed emotions amongst people at the idea of data sharing at the event that he attended and a lot of uncertainty on what information will be shared. He asked if there will be a Hertfordshire approach to this and any recommendations to this report.

J Goodyear said that a joint approach was adopted to information sharing and recommended a framework for that. At the event people were asked to analyse literature from all over the country and comment on how helpful they found it. From analysing the information priorities have been put in place. She mentioned that a framework was

suggested and put forward to partners and a recommendation has been agreed that a joint approach is required.

The Chair mentioned that dangers of Social Media and that it is a great concern.

Resolved

That the report be noted.

OS/084/15 HERTS VALLEY COMMISSIONING UPDATE

Trevor Fernandes, Herts Valleys Clinical Commissioning Group updated Members on a number of updates;

- Strategic review ongoing – currently gathering comments from people. 74% of people felt that the health and care services needed improving in Hertfordshire.
- People need to be supported in order to stay well
- The way forward is to work harder on the 5 year and strategic review is working harder on prevention, looking at national and international services.
- West Hertfordshire area is often less deprived of services.
- Combined estimated challenge for the Health and Social Care is £256 million by 2019/20.
- Need to look at new models of care.
- December A&E stroke figures were not good. More consultants put in place on weekend 5/6 rather than 1 consultant. This will improve the flow in the hospital.
- 11 Million overspend on Urgent Care.
- Dacorum Plan – Will be looking at how people would like to live in Dacorum.
- More care offered for teenagers, looking after their health. Lots of services now on offer.

Event information – South Hill Centre on 26 March which will give people in Dacorum an update.

Questions and answers

T Gallagher said that it was reassuring to hear that there will be more consultants at the weekend in the hospitals, and more beds managed for patients. He also commented that Mental Health will always appear to be a problem but again was happy to hear that this too is being reviewed more.

T Fernandes said that there has been progress leads for all of the areas in Hertfordshire and they are working on giving more priority to those patients that need it.

T Gallagher said that it was imperative to deal with the Mental Health issue in younger adults to save the lives of those for the future.

B Harris said that she was happy at all of the work that is going on in the health services.
Councillor W Wyatt – Lowe arrived at 8.45pm

Resolved

The report was noted.

OS/085/15 HERTFORDSHIRE COUNTY COUNCIL HEALTH SCRUTINY UPDATE

Councillor Guest updated Members on the Hertfordshire County Council Health Scrutiny update since the last meeting.

A meeting of the County Health Scrutiny Committee was held on 21st January 2015.

There was an item to brief the Committee on Your Care, Your Future, the West Herts. Strategic Review of health and care services by Herts. Valleys CCG (HVCCG), West Herts. Hospitals Trust (WHHT), Hertfordshire Community Trust (HCT), Hertfordshire Partnership University NHS Foundation Trust and the East of England Ambulance Trust (EEAST). The aim of the review is to build on HVCCG's Clinical Strategy to define how the needs of West Hertfordshire could best be met over the next 10-15 years. The review is set within the national context as set out in the 5 Year Forward Review by NHS England.

The theme from listening events is that service users want more integrated services close to home. The Better Care Fund provides opportunities for health and social care to work together in a more joined up way. The Strategic Review is about delivering healthcare across West Herts. But there are four Localities in it, including Dacorum and different population groups within the localities so there is a need to design services that meet those needs.

The organisations agreed that four questions needed to be answered:

- 1) How well (efficiently and effectively) are patient's needs met by the current health and social care system across West Herts?
- 2) What are the opportunities to meet future health and social care needs of the West Herts. Population more effectively and efficiently?
- 3) How should health and social care services across West Herts. Be configured to realise these opportunities?
- 4) What organisational form(s) and contracting model(s) best support the delivery of the preferred future configuration of services?

Work is underway to answer the first two questions by the end of March 2015. Questions 4 and 5 will be addressed by early summer 2015.

To support the work the partner organisations commissioned external support from Deloitte, funded by HVCCG, to help address the questions.

In addition to engagement with County Councillors, the programme to a number of District Council forums. Should the Health in Dacorum Committee ask for a presentation on it?

Community listening events have been held, and listening is taking place via the internet and in venues such as shopping malls. There is currently no end date for the listening exercise, which is being advertised to the public. There is dialogue with GPs through the CCG Board and Locality meetings.

It is currently a formal consultation an exercise in listening to the public and stakeholders. If concrete proposal come forward, there may be a formal consultation then.

In response to a question as to whether the Review would decide what services are provided at Hemel Hempstead hospital, it was said that the Review will decide what services are provided across West Herts., including Hemel Hempstead hospital.

HVCCG will come back to the Committee's June 2015 meeting to provide an update.

The recruitment, retention and development of nurses, GPs and paramedics were presented to the Committee as an item.

Nurse training is now a 3-year full time degree course, but Health Education England is looking at different routes into nursing training e.g. apprenticeships, healthcare support workers studying on a course and still earning a salary whilst learning.

In response to a question about the encouragement and funding of non-medical prescribers (nurse and pharmacist prescribers) it was said that NHS England's role in continuing professional development (CPD) includes funding for training practice nurses and working with universities.

Nationally models of primary care are being looked at, led by NHS England. One possibility is that of GP practices employed by the NHS rather than partnerships having a contract with the NHS, but Hertfordshire is not in the national pilot for this work.

WHHT experienced winter pressures and extra capacity was opened for patients to be cared for, but there was a need for increased staffing, including the use of temporary staff to ensure that wards and departments were covered safely. There was a 12% increase in admissions and increasing complexity of the admissions between April 2014 and November 2014. The use of social media to attract staff is being looked at. There was a big recruitment drive for overseas nurses in 2014, with about 120 being recruited and a retention rate of 78%. WHHT is planning on doing more overseas recruitment to get nurses who are already qualified and experienced.

There is a need to look at recruitment, values and behaviour to attract the right people into nursing. WHHT holds several open days per month. The Trust is working to grow its own internal bank of nurses, as staff say that they are often working with those whom they don't know. WHHT is doing a lot of work on leadership.

Nationally nurse numbers increased by 13% in 2014. The Committee would like to see more nursing courses, and is taking this to NHS England.

The number of people applying to become student paramedics is not a problem. However the suitability is. EEAST is not looking to recruit overseas. It takes a little under 3 years to become a fully qualified autonomous paramedic. For paramedics wishing to become senior paramedics with additional patient assessment and prescribing abilities, EEAST will fund the training, but is not funding training for Emergency Medical Technicians to become paramedics.

On 29th January 2015, HVCCG's Board meeting in public was held. It was said that the communications and engagement activities over winter on how best for people to use services would continue for the next few months.

The Better Care Fund enabling co-commissioning will be on the agenda of the March 2015 meeting.

As soon as a 999 call is logged with the ambulance service that the operator starts to get details so it is known what they're dealing with, an ambulance is dispatched.

WHHT put in a recent programme to prevent pressure ulcers and has begun a campaign on pressure ulcers with the nursing staff.

HVCCG will achieve a £7 million surplus by 31/03/15 but only by holding back underspends in other services. The QIPP target hasn't been reached. In his autumn statement the Chancellor allocated funds to CCGs furthest away from their QIPP target and HVCCG was allocated this funding.

Resolved:

The report was noted.

OS/086/15 HERTFORDSHIRE COUNTY COUNCIL HEALTH LOCALISM/HEALTH WELLBEING BOARD UPDATE

Councillor W Wyatt – Lowe informed Members that the CCG have been reporting figures on the performance at their last board meeting which showed that Watford had not been meeting their targets, whereby Luton and Dunstable had consistently done so and the Royal Free as a group had been brought up to speed by Barnet.

Resolved

The report is noted.

OS/087/15 DATE OF NEXT MEETING

The date of the next meeting is 17th June 2015 at 7.30 pm.

OS/088/15 WORK PROGRAMME 2015/16

The Committee considered the work programme and made the following additions for the next meeting taking place in June 2015.

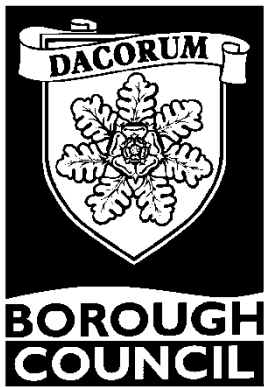
The meeting ended 9.10 pm

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Project	PM	Baseline Cost	Actual Costs	Target KPIs	Target Throughput	Actual KPIs	KPI Indicator	Actual Throughput	Progress	Issues		
Get Set, Go Dacorum		Claire Lynch		£121,105.00								
Administration	CB	£6,000.00	£7,693.47								GSGD Website cost	Original amends took longer than expected so launch date pushed back
	CL	£23,365.00	£5,666.67								GSGD Coordinator Salary & oncosts	
	GR	£1,000.00	£2,528.50								Branding & general promotion/publicity	
		£6,800.00	£839.00								Workforce Development / Training	
Adventure in the Playgrounds	Child UK & GSGD	£9,500.00	£2,880.00	U14 = 40	560	7	●	0	75% of 14+ & 18% of U14 target achieved May 15. Forms pending.	Chaulden APG has closed unexpectedly so currently cancelled.		
				14+ = 80	1,280	60	●	0				
Back to Netball	Dacorum Netball Forum & England Netball	£5,100.00	£2,450.00	25	400	26	●	128	100% of target achieved May 2015. Registers pending.	3 forms pending & throughput lower due to weather cancellations.		
ENJOY Family	Sportospace	£7,150.00	£6,550.00	U14 = 40	375	10	●	14	25% of U14 & 10% of 14+ target achieved June 15.	Massive venue and staffing issues.		
				14+ = 50	750	5	●	7				
Cycle your Family into	GSGD & British Cycling	£9,420.00	£0.00	U14 = 20	200	N/A		N/A	Aim to start May	Awaiting Cycle hub completion		
				14+ = 40	800	N/A		N/A				
Xtreme / Skates Galore	XC & GSGD	£2,010.00	£0.00	60	600	N/A		N/A	Start date pending	Awaiting Flood lights and skater group engagement		
Stay with it Programme	Sportospace & Adeyfield & GSGD	£5,200.00	£0.00	80	1,200	36	●	137	45% of target achieved May 2015.	Struggling with coaches/instructors & venue availability + Adeyfield only School currently engaging.		
Sport @ The Elms	DENS & Sportospace & GSGD	£3,500.00	£0.00	35	350	N/A		N/A	Starting June	Awaiting Coach/Instructor		
ENJOY Women & Girls - Go 4 Fit	Sportospace	£3,150.00	£3,150.00	30	600	24	●	188	80% of target achieved March 2015. April onwards pending.			
Family Fun Sessions	Sportospace & GSGD	£5,000.00	£5,000.00	U14 = 30	300	23	●	119	77% of U14 & 40% of 14+ targets achieved March 2015. April onwards pending.	Due to venue issues the session had to move to Grovehill, which has resulted in some more		
				14+ = 40	400	16	●	76				
Youth Boxing	Hemel Hempstead Amateur Boxing Club	£6,000.00	£3,000.00	50	1,000	0	●	0	Sessions have started but Club have yet to report KPIs.	Club are difficult to contact regularly as only one key person who works and runs the club.		
Much Stronger Together Football	HB Soccer (Arsenal Soccer Schools)	£6,750.00	£3,125.00	60	1,200	28	●	287	47% of targets achieved March 2015. April onwards pending.	21 (14+) & 7 (U14)		
Active Men	GSGD & Pending	£6,850.00	£0.00	60	840	N/A		N/A	Start date pending	Engagement with Mosque group is key to getting this off the ground		
Culturally Aware Fitness Classes	RM Fitness	£3,900.00	£1,395.00	40	800	30	●	1,437	75% of target achieved March 2015.			
A Taste of Fitness	Sportospace	£2,900.00	£2,900.00	30	600	3	●	7	10% of target achieved October-November 2014. Changing approach to project in 2015.	Lack of engagement from some community groups. Looking at ways forward for this project. African drumming has enquired with GSGD.		
Sports with the Puffins	Sportospace & The Puffins	£2,000.00	£0.00	15	360	20	●	396	Exceeded target in 2014. 2015 Throughput pending.			
Judo with the Rush movement	Rush Judo	£2,000.00	£1,000.00	10	300	10	●	300	100% of target achieved 2014. 2015 Throughput pending.			
Disability Sports Match "Buddy" Scheme	Volunteer Centre Dacorum	£3,510.00	£3,510.00	30	300	12	●	24	40% of targets have attended inductions so far.	SLA still needs signing		
Total		£121,105.00	£51,687.64	865	13,215	310		3,120	36% of annual KPIs + 24% of throughput targets achieved May 2015	Staggered approach so throughput slowly building & some projects yet to start		

Key	
●	On Target
●	Near Target
●	Below Target

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AGENDA ITEM: 6

SUMMARY

Report for:	Health in Dacorum Committee
Date of meeting:	17/06/15
PART:	1
If Part II, reason:	

Title of report:	Get set, go Dacorum
Contact:	Cllr Neil Harden, Portfolio Holder for Regulatory & Resident Services Author: Claire Lynch, Community Partnerships Officer Responsible Officer: Matt Rawdon, Group Manager, People
Purpose of report:	1. Monitoring and information
Recommendations	1. That members of the committee note the report and identify any areas where they require additional information.
Corporate objectives:	1. Community Capacity: enabling self-help and volunteering to build communities. 2. Regeneration: developing skills and aspirations of local people. 3. Dacorum Delivers: developing more effective ways of delivering services which meet customer expectations.
Implications:	<u>Financial</u> £45,000 from reserves (approval granted October 2013) <u>Value for Money</u> The project seeks to increase sports participation in the 14+ age group. In Dacorum we aim to use sport as a mechanism for dealing with some of the social problems that we have in a holistic way. £45,000 from DBC and £17,500 from Sportspace will provide the cash contribution needed to release £250,000 from Sport England and £77,500 of in-kind contributions from local voluntary sector groups. The total project cost over three year is £390,000 (including in-kind support) and will cater for approximately 2,500 residents in Dacorum aged 14+ over a three year period. This engagement is sustained
'Value For Money Implications'	

	<p>engagement which aims to change the behaviour of participants, builds skills in the community and and build the infrastructure within the community to ensure that the projects last beyond the life of the funding.</p> <p>Increased physically activity leads to improved mental and physical wellbeing and therefore can contribute to a reduction in the need for other support services.</p>
Risk Implications	Risk register reviewed on 04.06.2014
Equalities Implications	<ul style="list-style-type: none"> • Equality impact assessment completed Jan 2014 • Publicity will be targeted at specific areas that demonstrate social problems but recruitment will be open to the wider community • Extra funding will be targeted at training and development of existing providers to up skill i.e. equality and diversity training. • Two groups from the ‘protected characteristics’ will have targeted projects: heath inequalities and access issues for ethnic minority groups, access issues for disabled people.
Health And Safety Implications	<ul style="list-style-type: none"> • All providers will have appropriate public liability and insurance policies. • Service Level Agreements will identify that the service provider will be responsible for Health and Safety procedures. • Risk Assessments will be carried out by the service provider for each activity and submitted to Get, Set, Go Dacorum co-ordinator.
Consultees:	<p>30 partners from National Governing Bodies, District Partnerships, Sports Clubs and providers, Voluntary Sector, Children’s and Community Centre’s, Public Health, Clinical Commissioning Group, Housing Associations, ethnic minority groups and Secondary Schools attended two consultation workshops with the Council to develop the project.</p> <p>Questionnaires have been completed by;</p> <ul style="list-style-type: none"> • Students at Adeyfield School, Hemel and Cavendish School • Families in Woodhall Farm • Ethnic minority groups • Families at the Adventure Playground Play days <p>Consultation and development of project is on-going through the three year programme. Additional consultation to take place in coming months;</p> <ul style="list-style-type: none"> • Targeted consultation of attendees of children’s centres • Men from ethnic minority backgrounds • Residents in rural areas

Background papers:	<ul style="list-style-type: none"> • Sports Policy Statement, Cabinet Report, 24 April 2012 • Community Sports Activation Fund Application, Cabinet Report, 22 October 2013
<p>Historical background</p> <p>Community Sport Activation Fund</p> <p>The Community Sport Activation Fund is a £40m revenue fund from Sport England which will:</p> <ul style="list-style-type: none"> • Enable people to create a sporting habit for life. • Help stimulate local sports delivery. • Provide a flexible investment at a very local level. <p>The fund aims to:</p> <ul style="list-style-type: none"> • Increase once a week participation in sport by those aged 14 and above. • Encourage and support local partners to work together to develop new approaches to delivery. • Invest in projects that will deliver sustainable increases in participation. • Support communities across England to help ensure sport becomes a regular part of the majority of people's lives. <p>Social media</p> <ul style="list-style-type: none"> • Facebook and twitter accounts have a growing following and are continually being publicised to increase networks (help publicise @getsetgodacorum) <p>Website</p> <ul style="list-style-type: none"> • Website has been created and was launched in April 2015 - www.getsetgodacorum.co.uk • It includes a full calendar of events and activities which are running for the programme <p>Project updates</p> <p>Sport England request a minimum of 2,500 participants to take part in projects which are funded £250,000. The annual target dates run from September 2014 to August 2015 in year one of the project. The key performance indicator designed by Sport England focusses on the number of participants over 14 years old only.</p> <p>Attendances against target as at May 2015 (8 months into project)</p> <p><u>September start dates</u></p> <ul style="list-style-type: none"> • Rush Judo – 100% of annual target of 10 • Youth Boxing – Information pending <p><u>October start dates</u></p> <ul style="list-style-type: none"> • Back 2 Netball – 100% of annual target of 25 • Grovehill Family Fun sessions – 70% of annual target of 40 • Much Stronger Together Football – 47% of annual target of 60 <p><u>November start dates</u></p> <ul style="list-style-type: none"> • The Puffins – 100% of annual target of 15 (almost doubled target within three months) • Stay with it Programme – 45% of annual target of 80 • Go for Fit women and girls – 80% of annual target of 30 	

January start dates

- Culturally Aware Fitness – 75% of annual target of 40
- Sports Match “Buddy” scheme – 40% of annual target of 30

February - May start dates

- ENJOY Family –10% of annual target of 50
- A Taste of Fitness –10% of annual target of 30
- Adventure in the Playgrounds –75% of annual target of 80

June onwards start dates

- DENS project – linking with upcoming site the Elms offering service users sporting opportunities from end July 2015
- Cycle your Family to Fitness – linking with Dacorum Cycle Hub and the Women’s Tour launching on 5 July
- Mosque engagement activities – likely to be Badminton and possibly volleyball; awaiting confirmation from Mosque
- Skates Galore / Xtreme – utilising Gadebridge skate park; consultation to be carried out by staff from the XC centre before progressing
- The Mount project – activities for prisoner at the Mount prison; still developing ideas and project plan.

Developing the project

This is a new project and we are continuously developing, tailoring and re-profiling the project based on consultation results and feedback from partners. Any ideas or suggestion from stakeholders will be gratefully received at any time via getsetgo@dacorum.gov.uk.

Glossary of acronyms and any other abbreviations used in this report:

CSAF – Community Sports Activation Fund
CCG – Clinical Commissioning Group
NGB – National Governing Bodies



Shaping the future of Primary Care in Herts Valleys

The journey to date: June 2015

Transforming Community Services

Dr Kevin Barrett

@DrBarrettHVCCG



Developing Our Vision for Primary Care Plus

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“We want people to experience services that are truly seamless, with effective signposting, co-ordination of care and exchange of information supporting every patient’s journey”



Progress made since last meeting (February 2015)

- **Community Gynaecology:** work progressing with our current service providers to deliver a fully integrated Hospital and Community Service to be operational by the 1st December 2015.
- **Community Cardiology:** work progressing to deliver an full integrated Hospital and Community Service for implementation in 2016/17
- **Community Ear, Nose & Throat:** work progressing to deliver an Enhanced Community ENT and Audiology Service across Herts Valleys in 2016/17.
- **Community Dermatology:** work has started
- **Community Ophthalmology:** work has started

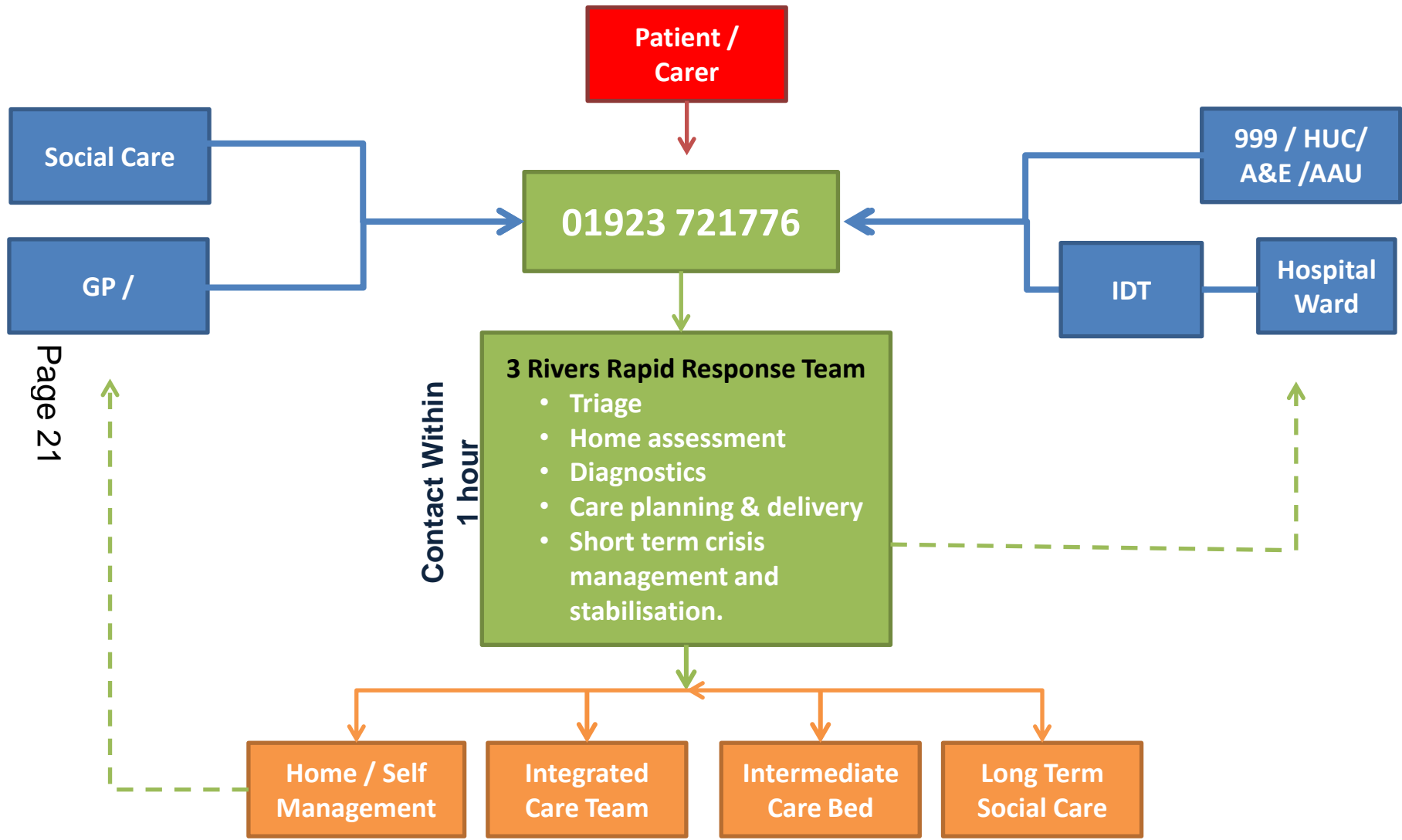


Progress made since last meeting (February 2015)

- Adult Community Rapid Response Service to be rolled out in St Albans and Harpenden Locality and expansion in Watford & Three Rivers to cover all 28 Practices. The new services will be operational by October 2015
- Living Well – 53 patients in Feb & March – a group of patients who might benefit from more integrated & coordinated care. Weekly multidisciplinary team meetings



Watford and Three Rivers Rapid Response Service



Watford Care Alliance

- 12 practices across Watford & Three Rivers federated as Watford Care Alliance
- Evening appointments at each surgery, plus weekend routine and on-the-day appointments at two sites (Bridgewater House & Colne House)
 - ❖ 6:30pm – 8pm Monday to Friday
 - ❖ 8am – 8pm Saturdays and 9am – 1pm Sundays
 - ❖ NHS 111 were able to directly book appointments from December 2014
 - ❖ Weekend blood tests available from December 2014
- GP and Palliative Nurse to integrate with the Rapid Response Multi-Disciplinary Team
- Overnight “Hospice at Home” service provided by HCAs to support patients and families to achieve their preferred place of care and death if this is at home
 - Telemedicine – “virtual” GP Consultations with care homes



Watford Care Alliance

Evaluation:

- An additional **9,619** appointments were made available, including 555 phlebotomy appointments and 480 appointments directly booked by **NHS 111**. 17% of patients surveyed advised that they would have attended A&E had a GP appointment not been available.
- Palliative Care Nurse integrated with the multidisciplinary team since November 2014, however GP involvement with the team only started in May 2015;
- 24 patients were visited as part of the overnight “Hospice at Home” service; 22 of these patient have passed away - 18 of them in their preferred place of death;
- Telemedicine – unfortunately although the IT equipment and connectivity has been purchased and tested, there remains on-going firewall and accessibility issues so this has not progressed as intended. However the Rapid Response team do use this facility to liaise with a GP where necessary.



Increasing Capacity In Primary Care

- The aim for each locality scheme was to reduce A&E Attendances and Emergency Admissions by 2% and increase access to primary care by providing extra patient appointments from November to March;
- Page 24 £1.5m funding available across the 4 localities - £98,000 of Dacorum allocation used for Holistic Care business case;
- 68/70 practices signed up to this initiative;
- 102,685 appointments were available across the CCG and 97,925 (95%) of them were filled;
- A&E data shows that no conclusions can be drawn about whether the additional appointments have had an impact on A&E attendances although there was an increase in 1st outpatient appointments; however this cannot be solely attributed to the schemes.



Transforming Adult Community Services:

Current Landscape

Services currently provided: (combination of commissioned services and pilots)

- Integrated Community Nursing and Therapy Teams (comprising of Matrons, Community Nurses, Therapists and Palliative Care Nurses)
- 154 Intermediate Care Beds (including stroke rehabilitation beds)
- Integrated Point of Access (phone & fax number for accessing services)
- Community Bed Bureau (locate available beds in nursing homes)
- Integrated Discharge Team (get patients out of hospital)
- Discharge Hubs (Community)
- Rapid Response (Watford)
- Rapid Response and Virtual Ward (Hertsmere Home First)
- Community Navigators
- Non-Weight bearing pathway (additional 15 beds)
- Discharge to assess capacity (15 additional beds in 14/15)
- Agreement to recruit additional therapists to support patients at home



Transforming Adult Community Services:

Why are we doing this?

- Care is fragmented
- No single point of access into services
- Lack of continuity of care
- Ensuring services are joined up and better coordinated around the patient
- Not enough focus on prevention and early intervention
- The overarching aim of Herts Valleys Integrated Care Programme is:

“To deliver the best in class community services for adults with multiple long term conditions and complex needs in West Hertfordshire through the alignment of health and social care services including third sector provision.”



Emerging Model for Joined Up Care

Key Enablers/Levers

Communications feedback

Care planning – patient centred goals

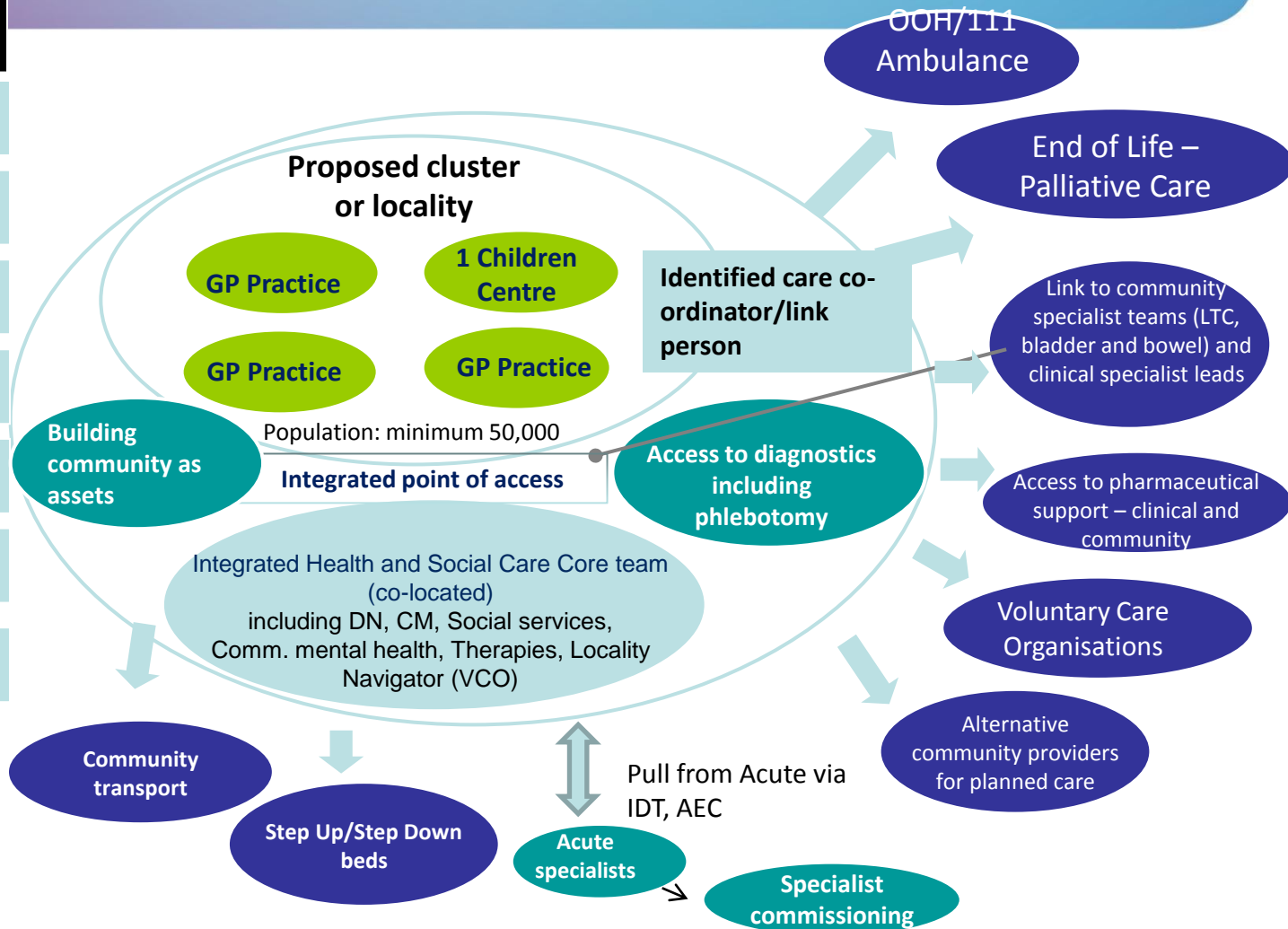
Patient population database

Identifying patients earlier

Self management – empowering patient to manage

Information Sharing

Education and workforce



Commissioning a System rather than individual projects – Transforming Adult Community Services (to include IPA, IDAT, Community Nursing and Therapy services core and rapid response and IMC beds)- Commissioning Model to be tailored to individual locality such as Hertsmere Virtual Ward, Dacorum DHHT, Watford WCA etc



Integrated Health & Social Care Community Team (IHSCCT) Central point of access to:

1. Hertfordshire Community beds – including IMC, Enablement, Non Weight Bearing and Bariatric
2. Integrated Community Nursing and Therapy Teams - Core
3. Rapid Response - Enhanced
4. Social care team who provides home care and placements from Herts Community beds.
5. Neuro rehab and Early Supported Discharge Schemes
6. Community Navigator
7. CHC efficiencies
8. End of life

Social Package of Care
Residential/Nursing Home

IHSCCT to pull patients via RR

GP referrals to Acute for AEC, GP Heralded admissions

Rapid Response
(Health, Social Care, Mental Health and Hybrid Health and Care workers)

1. In-reach to acute trust as per locality for example Watford Team to WHHT and Hertsmere Team to Barnet and Chase Farm
2. Daily capacity reported in Bed Bureau/IPA
3. In reach into Non Weight Bearing Beds and other schemes within locality to assist with discharge planning.
4. Integrated care to enable flow into Intermediate Care Teams

Intermediate Care Beds
(Flexi model for community beds with enablement and IMC needs)
Considerations:

1. medical cover
2. mental health support
3. 7 day therapies
4. bariatric facilities and training
5. step up
6. Enablement and therapies

Additional investment in therapists and community nursing etc.

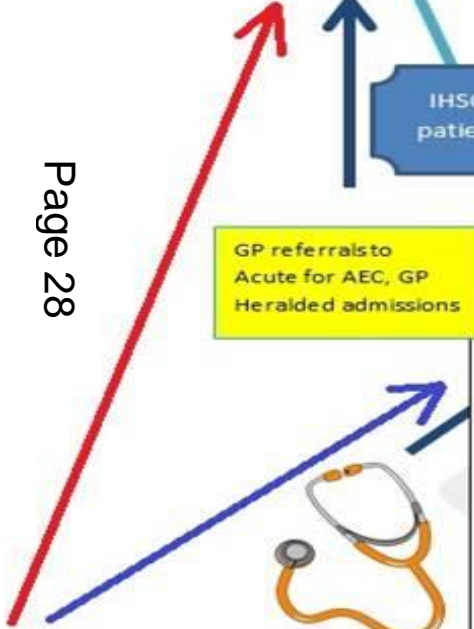
Care provided in the patient's place of residence (including care homes)

ICT - Integrated partnership working with RR, Community Beds and Specialist Teams

Alignment of provision of Home Care and HES, EOLC - EPACCS

Patient Discharged – Patient's place of residence

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Transforming Adult Community Services:

Milestones

- Complete integration of Core Community Nursing and Therapy Teams with Rapid Response Teams in Hertsmere and Watford Localities – July 2015
- Roll out of Rapid Response to St Albans and Harpenden (integrating it into the existing Core Community Nursing and Therapy Team) – October 2015
- Enhanced Therapy support in the Integrated Teams to support the service in patients own homes – (Recruitment underway) October 2015
- Implementation of a Single Point of Access – December 2015
- Agree model of care for Dacorum, to be rolled out aligning with existing services in Dacorum – April 2016



Transforming Adult Community Services:

Any questions?



CQC – Inspecting General Practice

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Tracy Norton – Inspection Manager

What we mean...



Safe	By safe, we mean that people are protected from avoidable harm and abuse.
Effective	By effective, we mean that people's care and treatment is evidence-based and achieves good outcomes, including the prevention of premature death, the achievement of a good quality of life, and at the end of a person's life, the achievement of a 'good' death.
Caring	By caring we mean that people are treated with kindness, dignity and respect.
Responsive	By responsive, we mean that people's individual needs are met without avoidable delay.
Well-led	By well-led, we mean that the leadership and governance of the organisation holds itself and others to account for the delivery of effective, high quality care, welcomes challenge and promotes an open and fair culture

The six population groups

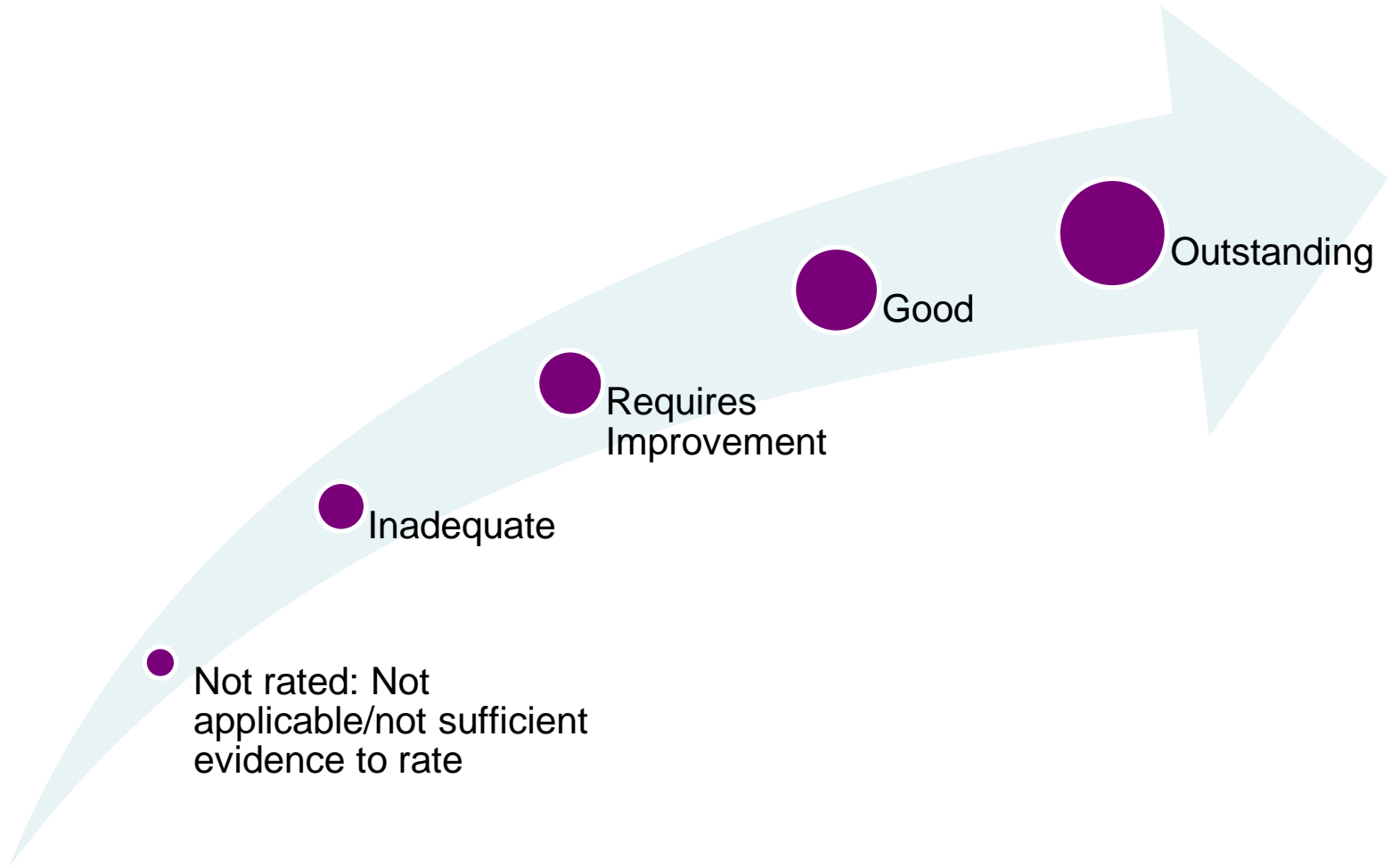


- **OLDER PEOPLE**
- **PEOPLE WITH LONG TERM CONDITIONS**
- **FAMILIES, CHILDREN & YOUNG PEOPLE**
- **WORKING AGE PEOPLE (INCLUDING THOSE RECENTLY RETIRED AND STUDENTS)**
- **PEOPLE WHOSE CIRCUMSTANCES MAY MAKE THEM VULNERABLE**
- **PEOPLE EXPERIENCING POOR MENTAL HEALTH (INCLUDING PEOPLE WITH DEMENTIA)**

Our Ratings



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The public want information about the quality of services in an easy to understand format.

Ofsted approach seen as the model. Healthcare provision is more complex. Service ratings more useful.

Ratings as potential driver for improvement.

BEFORE AN INSPECTION



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- CQC will meet with the clinical commissioning group (CCG) and local NHS Area Team to share and discuss information about the practice and the other practices being inspected in the area.
- Two weeks before the inspection date the practice will receive a letter from CQC to confirm their inspection and request information such as their statement of purpose and information on complaints, or serious or adverse incidents.
- The lead inspector will call the practice to introduce themselves and explain what happens next and the arrangements for the day.
- We will send the practice a quantity of 'comment cards' for their patients to complete and posters to display in key areas to advertise the inspection and tell patients how to get in touch with CQC.

Having been through the process ourselves, I would recommend that other practices have safe, robust systems in place to ensure excellent primary care services to patients. And on the day, to keep calm and carry on.

We were naturally nervous about being inspected, keen to prove ourselves and we also welcomed the opportunity to receive some feedback as to how well we were doing.

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Dr Clare Gibbons, Medical Director, Salford Health Matters

https://www.youtube.com/watch?feature=player_embedded&v=R_9NhcGUSP0

Our approach with CQC had been entirely open and we felt that this resulted in a sound, professional approach by both the practice and the inspectors.

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Helen Burgess, Practice Manager, Edenbridge Medical Practice

<http://www.cqc.org.uk/content/edenbridge-medical-practice-experience-new-approach>

GENERAL INFORMATION

- The size and composition of our inspection team will be tailored to the practice. It will include a minimum of an inspector and a GP. The team may also include a practice manager or nurse practitioner and an Expert by Experience.
- Our inspection will use a combination of interviews with staff and patients, and reviewing information the practice has, such as policies, procedures and data. The inspection team may also speak to other services linked to the practice, for example any care homes to which they provide services..

AT THE END OF THE INSPECTION

- The inspection team will hold a feedback session with the practice to share their initial thoughts about what they have found. This will not be their final thoughts, as they will need to consider their findings.

AFTER THE INSPECTION

- We will send the practice a draft inspection report. They will have the opportunity to challenge any factual inaccuracies they find at this stage.
- We'll be quality-assuring reports to ensure they're consistent with how other GP practices or GP out-of-hour services have been inspected.
- We publish the final quality report on our website.
- We will share with the CCG and NHS Area Team information relating to our inspection of your practice and others in the CCG area and identify any themes, learning points and actions that need to be taken. Together, we'll act where practices are rated inadequate (these will be placed into special measures), but we'll also celebrate outstanding practice.

GP Inspection Reports with Ratings since 1 October 2014



	Total	North	South	Central	London
Outstanding	23	10	5	7	1
Good	531	194	139	152	46
Requires Improvement	70	13	27	18	12
Inadequate	19	8	2	2	7
	643				

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We do:

- Inspect services who are registered with us to provide a regulated activity
- Publish quality reports of our findings.
- Engage with other stakeholders to gather intelligence regarding risk etc
- Listen to the public and use their information to inform our inspections

We don't:

- Investigate complaints (although we will use information from complaints to inform our inspections and share with other stakeholders)
- Inspect or rate individual members of staff within a service – if we have concerns about the individual performance of a practitioner we will notify their professional body (i.e GMC, NMC, GDC)

How to share information with CQC



Most information can be shared through our website:

<http://www.cqc.org.uk/content/get-involved>

If you want to give us information about a particular service – both positive or negative:

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<http://www.cqc.org.uk/share-your-experience/guidance-sharing-your-experience-us>

If you need to speak with someone urgently you can call our national customer service centre on: 0300 61 61 61

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