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**Health in Dacorum
Agenda**

Wednesday 9 December 2020 at 6.30 pm

MS Teams

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 Allen
Councillor Beauchamp
Councillor Bhinder (Vice-Chairman)
Councillor Durrant
Councillor Guest (Chairman)

Councillor Hollinghurst
Councillor Johnson
Councillor Maddern
Councillor Sinha
Councillor Symington

Substitute Members:
Councillors

Outside Representatives:

Contributors:

For further information, please contact Corporate and Democratic Support

AGENDA

1. COVID-19 UPDATE

Presented by Jim McManus, Director of Public Health for Hertfordshire County Council.

2. MINUTES (Pages 3 - 11)

To confirm the minutes from the previous meeting

3. APOLOGIES FOR ABSENCE

To receive any apologies for absence

4. 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]

5. PUBLIC PARTICIPATION

An opportunity for members of the public to make statements or ask questions in accordance with the rules as to public participation

6. WEST HERTS HOSPITAL TRUST UPDATE

- 1. Redevelopment Plan - Presented by Helen Brown
- 2. Teaching Trust Plans (presentation to follow) – Presented Dr Ashley Reece

7. COUNTY COUNCIL HEALTH SCRUTINY COMMITTEE REPORT

8. COUNTY COUNCIL ADULT CARE SERVICES REPORT

9. WARD ISSUES

10. WORK PROGRAMME

MINUTES

HEALTH IN DACORUM COMMITTEE

WEDNESDAY 2 SEPTEMBER 2020

Present:

Councillor Bhinder (Vice Chair)
Councillor Allen
Councillor Anderson
Councillor Beauchamp
Councillor Durrant
Councillors Douris, Pringle, Tindall and Williams were also in attendance.

Councillor Hollinghurst
Councillor Maddern
Councillor Silwal
Councillor Sinha
Councillor Symington

Officers:

Emma Walker Group Manager – Environmental and Community Protection
Katie Mogan Corporate and Democratic Support Lead Officer (Minutes)

Others:

Kevin Minier Chair, Dacorum Patients Group
Edie Glatter Dacorum Patients Group
Louise Halfpenny Director of Communications – WWH NHS Trust
David Evans Managing Director - HVCCG
Trevor Fernandes Herts Valley Clinical Commissioning Group
Helen Brown Deputy CEO - HVCCG
Jim McManus Director of Public Health – Herts County Council
Cllr Tim Hutchings Portfolio Holder – Public Health and Prevention (HCC)

The meeting started at 6.30pm

1. MINUTES

The minutes of the previous meeting were agreed by members.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Guest and Councillor Johnson.

Councillor Anderson substituted on behalf of Councillor Guest and Councillor Silwal substituted on behalf of Councillor Johnson.

Councillor Bhinder chaired the meeting in absence of Councillor Guest.

3. DECLARATIONS OF INTEREST

There were no declarations of interest.

4. PUBLIC PARTICIPATION

Steve Day registered to speak and the question is included in the minutes under Item 7.

5. HERTS COUNTY COUNCIL COVID-19 LOCAL OUTBREAK PLAN

Jim McManus gave a presentation on the current Covid-19 situation in Hertfordshire.

Councillor Bhinder said he had concerns that there are still some people who are not wearing masks in shops and supermarkets and when it is mentioned to the staff, they say they cannot enforce it.

J McManus said that the department is reminding retailers of the need for shoppers to wear masks. There is a group of trading standards and environmental health officers who are visiting shopping centres and retail premises to put up displays to remind people to wear masks, offer free masks and remind people that they can enforce mask wearing. If people refuse to wear a mask and they are not exempt from wearing one, they can be issued with a fixed penalty notice and if they continue to breach the rules, the penalty can be increased and it can eventually become a criminal offence. J McManus said he felt the vast majority of people are complying with mask wearing across Hertfordshire and we need to continue to share that message.

Councillor Silwal said he was concerned about children returning to school and asked if there were any plans to test children in schools.

J McManus said the Hertfordshire school plan is good and every school has been provided with guidance on how to open safely alongside cleaning and social distancing rules. We are not doing blanket testing as this is not necessary and would not generate effective results – you could test someone over two days and could have a negative result one day and a positive one the next. We will test when there is a need to. The emphasis in schools is working on measures to prevent the spread, self-isolate those with positive cases and contact pupils and staff through contact tracing. We are more worried about the 18-30 year olds who may think Covid-19 is over and may be spreading it.

Councillor Beauchamp referred to promoting and advertising in Dacorum and asked whether the Communications team at DBC had been approached to put a slide up on the screen in the town centre.

E Walker said the Communications team are working closely with colleagues at HCC and Public Health to push out the message and the screen in the town centre is being looked at.

Councillor Symington referred to the charts in the presentation that showed cases under 17 per 100,000. She asked if there was a point at which a local lockdown would be implemented.

J McManus said the team are trying to stop figures getting to an area of intervention and are handling it at a local level, we do not want bars and restaurants to close and cause disruption to the public's lives. Measures to prevent the spread are simple; wash your hands frequently, wear a face covering, keep socially distanced and only socialise with those in your bubble. We do not want cases to exceed 30 cases per 100,000 although the level for a local lockdown is much higher. The figures will probably rise in the next few days but we do not want it to shoot up.

Councillor Allen asked about schools. He said he had received concerns from residents about a local secondary school that were admitting all students within a ten minute window. Is there any way that school plans can be reviewed to check they are compliant?

J McManus said there is a dedicated school team working full time on providing schools with guidance. Schools are able to contact the team for advice but it is not possible to monitor every school and student communities. The school itself needs to make sure it is abiding by

the guidelines and does everything it can to prevent the spread. We need young people to realise that they might have a mild case but they can pass it on to older and more vulnerable people.

Councillor Allen asked if there was any way that residents can flag concerns so interventions can be made.

Jim McManus said the legal responsibility to meet the guidelines lies with the school, we can advise and support them and the vast majority are doing a great job. If someone is concerned, they can contact the governors or the headteacher at the school, Public Health at HCC or Environmental Health at DBC.

E Walker added that the environmental health team will be carrying out visits to high streets next week to follow up on any issues received and support businesses with their covid secure measures. Officers are working hard on contact tracing and have been supported by Public Health at HCC, this has been a great example of joint working across organisations. E Walker thanked J McManus for his support and assured members that the team are doing all they can to control the problem.

E Glatter asked when and where does the testing take place in Hemel Hempstead

J McManus said he would distribute the information after the meeting because this changes. When people register for a test, they are told where to go. This is for infection control purposes.

Action: J McManus

E Glatter asked what the R rate was in Hertfordshire at the moment.

J McManus said the R rate at county level is unreliable. The rate in the East of England is hovering around 0.8-1.1 in some estimates where continued transmission is possible.

Councillor Bhinder asked how the R rate was measured.

J McManus said universities like Oxford, Cambridge and Imperial are modelling the R rate using different methods. It is not an exact science. The two national exercises of surveillance testing and symptom tracking is also fed into this.

6. UPDATE ON HERTS COUNTY COUNCIL SUPPORTING CARE HOMES

J McManus updated the committee and thanked staff at Dacorum for the work they had done. Like almost every part of the country, there were significant issues in care homes with covid-19 outbreaks earlier in the year. A dedicated care home cell was set up alongside a PPE helpline to provide care homes with advice. Training guidance and a range of materials have been provided to care homes and work on that continues. There are currently no outbreaks of Covid-19 in any care homes in Dacorum. The current issue to work on is how to restart visits to care homes but keeping the virus out particularly as we head towards winter. Hertfordshire have departed from the national guidance and have been stricter on allowing people to be admitted to a care home – currently, if they have tested positive but are asymptomatic they must go into a specific isolation facility until they test negative and beds have been commissioned to do this. A lot of resources and staff have been provided and a mental health programme has been introduced for staff working in care homes with has been funded by Public Health. There is a considerable amount of work to do before winter and ensure that visiting is able to resume as this is important to residents, especially those with dementia. Also need a focus on ramping up the flu vaccination programme as do not want a flu and covid-19 pandemic at the same time.

Councillor Tindall said he had spoken to the Director of Adult Care Services and was assured that the county council had made a separate provision of PPE to avoid the issue of a shortage seen at the beginning of the pandemic.

J McManus said the county council have taken PPE into their own hands and some aspects of testing. There were national problems with PPE at the start of the pandemic and the county council are looking at stockpiling it. We have been looking at winter planning and have asked every care home to review their infection control. Public Health have paid for two additional members of staff to go into the central care home team and two additional infection control nurses. We do not want to see any significant outbreaks in care homes in Hertfordshire and are taking a restrictive approach and this has the support of members.

7. UPDATE ON HERTFORDSHIRE ESTATE REDEVELOPMENT

Helen Brown gave a presentation to the committee.

Councillor Beauchamp referred to the first slide of the presentation which showed a picture of the Watford site and raised concerns that this gave the impression that the only option being looked at was Watford.

H Brown said the preferred option in 2018 was the redevelopment of the Watford site and the slide shows what this might have looked like. The expectation from the Strategic Outline Case to Outline Business Case is that the preferred option is carried forward to the OBC. The change in the amount of money available is larger than expected so there is more time to review the long list to a short list. The picture used is a stock image and does not mean that other sites are not being included. The preferred option in 2019 was development of the Hemel and St Albans sites.

E Glatter asked where the long list was distributed.

H Brown said the long list follows a slightly different process using the green book and options generator and it has been shared. It looks at different dimensions of options and looked at where to prioritise investment and which site to be delivered from. It displays a list of 9 or 10 indicative options including the redevelopment of emergency care at Watford and a green field hospital site.

E Glatter asked if the clinical group knew what the SRG are doing and vice versa.

H Brown said the clinical group met over the same time period as the SRG and information is shared. Most of the clinical staff are more interested in discussing what services are going to be delivered and where, the new service models and planning for future growth. They are less interested about where the hospital will be.

E Glatter agreed with the earlier comments from Councillor Beauchamp.

Councillor Maddern asked where the new buildings at Watford would go.

H Brown said a short list or preferred option has not been confirmed yet but the buildings will be in the existing car park and down to the new road.

Councillor Maddern said this was in the middle of a flood plain.

H Brown said a flooding risk hadn't been identified in the studies undertaken. She said she would go back and discuss with Riverwell Partners. Clearly, whether the site is used for a hospital or new housing, it must have a detailed assessment.

Councillor Maddern referred to the time frame of the build and was curious to know how it was possible to build that quickly and made reference to a new hospital being built in Brighton.

H Brown said we are operating in a different context to Brighton. The funding and approval process is faster in the context of HIT1 and the nature of the site and project is different. Part of the government programme looks to use modern methods of construction and the nature of a hospital contains repeatable rooms and a standardised design which lends itself well to modern methods of construction. This means the work is done off site and assembled on the site. 2025 is ambitious and the estimation for a build time is three years from a clear site.

Councillor Maddern asked if the Acute Assessment Unit at Watford would remain.

H Brown said under the most expensive redevelopment option at the Watford site, it would be the only clinical building retained.

Councillor Maddern said she understood that that the AAU was only built with a ten year lifespan and questioned why a temporary building would be kept

H Brown said the building was put in place in 2009 during the service changes between Hemel Hempstead and St Albans. The planning permission was granted for ten years but the building itself still has life left in it and is one of the better buildings at Watford. It probably has another 20 years left and this could increase with more investment. We need to make a case to the Department of Health for funding and every square metre of cost will be considered so need to demonstrate that all options have been considered and the plans make use of the estate.

Councillor Allen questioned the point of a feasibility study if the purchase of land issues for a new hospital means no other option than Watford can be achieved by 2025.

H Brown said professional experts have given their opinion and it is helpful to have an independent view on the likely timeframes for all of the sites. 2025 is a hard date given by the government and the Board is motivated to get a good solution in place in a realistic and relatively quick time frame. Also, need to work with the Department for Health and the Treasury to get the funding so need to weigh up the priorities important to the government in this process.

Councillor Allen suggested that site availability, suitability and time scales are the driving force rather than patients, long term benefits to the community and the possibility of a Grade A hospital rather than risking a Grade B. He asked at what point do patients and long term community benefits get assessed in the process.

H Brown said the trust want to secure improved hospital facilities for our patients. The key debate is about access and the benefits of a new hospital being further north and then the quality of the solution. The view of the programme team and the Trust Board is that with good design and working with partners at Watford Riverwell, we can get a really good solution on the current Watford site. We need to secure the capital funding to deliver that.

Councillor Allen said a greenfield site would improve access for all three towns and asked why there was a focus on access to a railway or tube station.

H Brown said that the report was undertaken independently and they made the judgement how to determine accessibility. Accessibility was not a significant factor and the report makes clear that it is not fair to judge new hospital sites that haven't been developed against those that are existing. The majority of people travel to hospital by car and it is recognised that there are challenges in Herts around travel. The report mainly focuses on suitability, deliverability, time scale and risk.

Under the public participation rules, Steve Day made a statement to the committee and asked councillors if they would robustly challenge the information they received.

Councillor Bhinder confirmed they would.

K Minier said he was sad that they would have to wait and see the Outline Business Case to get a project development plan that will give an idea of the feasibility of the project. He asked if it could be brought forward to support the Trust's case.

H Brown said at the OBC stage, once the preferred option has been selected a significant amount of detailed work would begin to ensure it is deliverable and feasible. The designs, engineering solutions, site feasibility are put into a well worked up proposal. Once this has been approved, planning permission can be submitted. The key difference in the OBC to Full Business Case is that we go out to market to secure a contractor to build the hospital and will then get a firm cost of the build.

K Minier asked if a detailed outline of the deliverables would be distributed before December 2021.

H Brown said yes, the green book sets it out in huge detail.

Councillor Bhinder referred to the modern methods of construction and said they would apply to a new build hospital.

H Brown said this method of construction would apply regardless of the options considered.

Councillor Bhinder asked what the options generator was.

H Brown said it is a framework in the green book that sets out a complex set of decisions and goes through a structured process for shortlisting.

K Minier asked if they were factoring in the infection control requirement which may now change in light of the covid-19 pandemic.

H Brown said there was no guidance yet. There are active discussions through the network that meet regularly and we may need to adapt the future design to make as safe as possible in the event of a pandemic. We are looking at a number of single rooms, a minimum of 50% is required in guidance and obviously they take up more space and cost more. Clinicians are very engaged in all of these discussions and looking at what we have learnt from covid-19 and how this is fed into our thinking about the new hospital, wherever that may be.

S Day asked about the sites at Hemel Hempstead and St Albans and that there are no plans to do anything until 2030.

H Brown said she didn't think this was true. The work around confirming the investment objectives and critical success factors was to look at the relative priority of improving emergency care versus planned care services. We believe emergency care and specialist care have the highest priority due to the condition of the current site. It is more than just

maintenance on the Hemel site, there will be new urgent treatment facility and new diagnostic facilities. At the St Albans site, it will be new diagnostic facility and improvements to theatres.

D Evans said post covid, we are going to be in a financially challenged position as a country and coming out of this is going to be difficult. We need to make sure we have the most clinically safe services with the ability to build something that moves us forward. A decision hasn't been made and plans are coming to the Board of both the Trust and the CCG but need to bear in mind the reality of the world we live in right now and the opportunities that might not be available if we do not take them now.

Councillor Beauchamp asked if the trust could guarantee that the money set aside for improvements to Hemel Hempstead and St Albans would be spent in those areas and not used for Watford should costs rise.

H Brown said the OBC will provide the final allocation and it will be clear what it has to be delivered and will include improvements at Hemel and St Albans assuming the three site option is preferred. From a clinical perspective, what we would really like to do is improve the diagnostic facilities at St Albans as quickly as possible to enable us to enhance treatment. In Hemel, we would like to move forward quickly to free up some of the buildings on the site that are undesirable so they can be redeveloped.

Councillor Beauchamp raised concerns that the Hemel Hempstead site was the poor relation across the three sites.

H Brown said the investment was split almost equally across Hemel Hempstead and St Albans sites and including the land contribution, this totals £60 million.

K Minier asked what the CCG's position is on a central hospital to serve West Herts.

D Evans said that outside London, there are not many hospitals that cover every area. The CCG position is that they are committed to ensuring patients can access services in the best way possible.

T Fernandes said that he understood the strength of feeling in Hemel Hempstead and from a clinician's point of view, they want the best possible service for patients and the safest clinical service for emergency services means the money is best placed at Watford and the evidence supports that. During the covid-19 pandemic, more is being done remotely. We want a good outcome of services and many of the things people need done, will be done locally. Very few people end up in acute services in Watford compared to the population, the majority of people are getting services that are provided locally.

E Glatter asked what would be changed at the Hemel Hempstead site.

H Brown said it would be dependent on the capital available to be spent at each site. There will be more detail on the service models by Christmas and suggested including it on the next agenda.

Councillor Bhinder referred to the minutes of the last meeting where the committee asked for a financial report from the West Herts Hospital Trust and asked when this report could be ready.

H Brown said the financial position has obviously changed due to covid-19 but will speak to the Director of Finance.

8. WEST HERTS VALLEY CCG UPDATE

D Evans provided an update to the committee. An integrated care system application was submitted at the beginning of the year and approved by NHS England on 1st May 2020. A single executive lead and joint accountable for the three CCGs (West Herts Valley, East and North Herts and West Essex CCG) has been appointed as Dr Jane Halpin. The senior team is currently being established and the idea is that all three CCGs will merge into one in the future.

Covid-19 has provided an opportunity to learn from and we have looked at areas and decided whether to adopt, adapt or abandon. What has worked well, take away individual pressures, the discharge and assess model has been successful and been able to move people out of our hospitals quickly. There have been challenges in care homes but they have been supported by the team.

T Fernandes ran through the changes that had been made within GP practices such as telephone triage appointments, sending in pictures of concerning moles or marks and physiotherapists providing exercises.

Councillor Symington asked there are reports in Berkhamsted area of underused capacity at GP surgeries. Can you quantify the extent of the under used capacity?

T Fernandes said earlier on in the pandemic there was definitely under used capacity because people didn't want to go to the surgery. In Hemel Hempstead, now seeing a huge surge in activity. There may have been times when under used but things are now returning to normal. Some people may be putting off going to the doctors as they may think it will be a long time before they can get an operation. We are getting less minor ailments, personally have seen very few children with temperatures. There have been shifts in the way people seek help and different prioritisation, may feel they don't need to see a doctor.

Councillor Symington said from her own perception there seems to be a difficulty for people to get face to face appointments and being seen by a doctor. She asked what role the CCG have in helping issuing clear instructions to clinical providers about how to move out of this situation.

T Fernandes said there is some professional responsibility involved that GPs should be ensuring they are adequately trained and webinars from training consultants have been provided on telephone appointments.

K Minier asked how doctors were managing referral lists.

T Fernandes said if someone was due a follow up appointment, this is being dealt with by the Trust to make sure these appointments are made. People who have developed problems during covid-19 and couldn't be referred, some practices have kept their own lists and they are being contacted to see if they still need to be assessed. People waiting for surgery and may be in pain, this is difficult one as surgery capacity has been hugely decreased. At the moment, urgent and cancer surgery has been taking place at private hospitals and consultants have been working hard to make systems that are safe.

Councillor Maddern said she would be curious to know if there has been any research done on the level of prescribing and the type of drugs prescribed whilst in a virtual setting.

T Fernandes said it will be an area that is looked into. In a virtual setting, doctors are reliant on symptoms and antibiotic prescribing has probably increased. In order to mitigate against

it, need to be asking the right questions and look at their medical history and if they suffer from recurrent conditions.

D Evans said this is monitored by the medicine management team.

Councillor Maddern said the virtual setting might become the 'new normal' and wondered if the committee could have some feedback on prescribing over the next few months.

9. COUNTY HEALTH UPDATE

Councillor Bhinder said he would circulate the update notes to the committee.

10. WARD ISSUES

None

11. WORK PROGRAMME

E Glatter asked the committee for their support in the fight to get proper hospital facilities for Hemel Hempstead.

Councillor Bhinder said he took this on board and the Health committee is cross party and we are all in agreement.

Councillor Maddern said it would be interesting to look at the prescribing statistics over the covid-19 pandemic.

K Minier said that the South West Herts MP was not getting involved in this campaign and said he was waiting for the judicial review to be completed. He asked if the borough councillors in this constituency could approach the MP.

The meeting finished at 9.55pm