

None.

29 **PUBLIC PARTICIPATION**

None.

30 **WARD ISSUES FROM OTHER COUNCILLORS**

Councillor Timmis referred to her previous comment made at the last Health in Dacorum meeting regarding the issues in the Markyate Surgery. She mentioned that a meeting took place in October with a representative from the GP surgery and representative from DBC but she had not heard anything since from them.

She also mentioned that the provision for step down care from acute care in Gossoms End, Berkhamsted whereby staff have found out about this at very short notice. Councillor Timmis said that she was very surprised that the provision for getting people out of hospital for rehab, so that they can transfer more effectively back to their home. Thus saving unnecessary days in hospital.

Dr Fernandes said that he had spoke to NHS England as requested back in June regarding the to raise the concerns as mentioned. He was unable to comment any further on the situation.

Councillor Timmis said that there was no interaction between GPs, in fact what I said was that it appeared that nobody involved in the Markyate Surgery issue seemed prepared to take responsibility for the failure of the project.

Dr Hodge said that it was disappointing to see the situation surrounding Gossoms End. He said that this unit was half full therefore was a poor use of resources for the NHS. Ideally the perfect unit would be up and running and functioning however this surgery was not of this calibre. He said that all resources need to be put in the community and that the HCT will look to discuss this further.

Councillor Hicks mentioned that there was a Coffee morning being held at the clinic in Tring. However he received an email confirmation to state that the date had been moved from the Monday to the Thursday. He added that there was not sufficient time given to inform the public that that date had been changed or sufficient notice to put this in the local newspaper.

Councillor Hicks said that he felt that it was the wrong time to shut the facility at the time of the consultation of "your care, your future".

Action:

1. L Collins to invite the representatives from Gossoms End to the next Health in Dacorum meeting on 9 March 2016 to discuss this matter further.
2. L Collins to contact HCCT who runs the clinic in Tring and inform them that Members felt that there was not sufficient notice given of the consultation coffee mornings.

31 **WEST HERTS HOSPITALS TRUST CARE QUALITY COMMISSION INSPECTION**

Helen Brown Director of Strategy and Corporate Services (West Hertfordshire Hospitals NHS Trust) gave a presentation to the Members of the committee. She outlined some important points within the latest CQC report.

- They want to improve on working lives and experience for staff (supporting the workforce)
- This report was not particularly good with lots of areas of concern – This will be the key focus within the next few years.
- Actions which have already flavour of actions we've already taken
 - Launched a new approach to engaging and unlocking the potential of staff called 'Listening into Action'
 - Emergency department now boasts full complement of middle grades + 4 paediatric doctors and an additional ED consultant
 - Strengthened clinical leadership in maternity including a new Associate Medical Director for Obstetrics and Gynaecology, a new General Manager and recruiting to the Head of Midwifery
 - And improving facilities for staff eg new rest rooms, staff garden, hot food trolleys, water coolers and vending machines.

Projects in progress

1. Develop a clear, memorable vision and values statement –agreed **care, quality and commitment**.
2. Improve how we engage and retain our staff.
3. Improve the recruitment and retention of staff.
4. Strengthen leadership and enhance development opportunities for staff –build the leadership programme.
5. Strengthen the delivery of clinical education and training eg mentoring.
6. Support staff to undertake mandatory training.
7. Strengthen safe staffing processes –e.g. escalation policies and performance management arrangements.

Actions that have already been taken

1. Launched the 15 steps challenge to help us look through the eyes of the patient
2. Appointed a health and safety manager with leads for each department
3. Introduced new lockable confidential waste bins
4. Introduced monthly audits of missed medication doses
5. New weekly audits of security and fire doors by porters and security staff
6. Updated our medical equipment system
7. Purchased new equipment for maternity services.

Actions taken within Patient Focus

1. Made sure patients walking into ED are clinically assessed within 15 minutes
2. Introduced a queue nurse to manage patient handovers from ambulance staff
3. Reduced length of stay by three days and getting patients home for lunch is now 22% (national average 15%)
4. Created a new hospital at night team –reduced cardiac arrest calls at night by 50%
5. Improved performance by meeting most of our national waiting times target.

Projects in progress – some examples

1. Enhance our quality governance –monthly divisional walkaround, weekly executive walkaround using 15 steps challenge.
2. Strengthen risk management processes –board oversight of risk, staff training in Datix and innovative risk management training film in development.
3. Ensure emergency resilience –improve business continuity planning and our capability to respond to a major incident.
4. Review and enhance our use of data –build improvements based on existing comprehensive data dashboard for emergency care, cancer and planned care.

Questions and Answers

The Chair thanked Helen Brown for her presentation of the CQC report for Members.

B Harris referred to the stroke unit in Watford hospital and asked if the Simpson Ward was still open.

H Brown explained that this particular area was looked after by West Herts Hospital. There have been ongoing conversations for them to provide patients with acute care. They are at present working with the CCG to see what needs to be done.

B Harris said that it was too far for patients to travel to Watford and would be more beneficial for recovery if there were beds nearer by.

H Brown said that she would look into the travel between the sites, however in the first 2 weeks of care, they aim for pathway where patients are managed more for home based care or a community environment.

Councillor Hicks asked if the ambulance service is equipped to give patients stroke relief.

H Brown explained that all stroke patients are admitted to Watford General Hospital for care. All ambulance staff are trained to recognise strokes.

Councillor W Wyatt-Lowe asked H Brown to confirm where the nearest hyper acute wards are.

H Brown said that there is one in Luton and Dunstable, Northwick Park Hospital (London). However there are ongoing discussions on these sites.

Councillor W Wyatt – Lowe asked if all patients on these wards come from Herts Valley CCG.

H Brown explained that the majority of patients are from Herts (90%) and the other 10% from other areas.

Councillor Timmis asked when the next CCQ inspection would be carried out and if all of the improvements would be up to standard in time for the new report.

H Brown mentioned that the CQC met last week, of which they received an inadequate rating for their report. There are special measures in place at present and hopefully will be ready in the next 12 months. It will be likely that there will; be another inspection held in the summer (June/July 2016). She also added that the department is working extremely hard to work on all of the areas that it failed on in the report.

32 WEST HERTFORDSHIRE STRATEGIC REVIEW

David Radbourne, Programme Director – West Hertfordshire Strategic Review and Keith Hodge, Herts Valleys Clinical Commissioning Group presented the West Hertfordshire Strategic Review.

He highlighted the following points for Members attention:

- Their Vision

Our vision is that people are healthier; we want to prevent people from becoming ill in the first place. We want people to get the care they need in the right place - often close to where they live - at the right time. More joined up community health and social care services will help people stay well and get the support they need. It will also help us live within our means.

Key themes that emerged from extensive stakeholder engagement to date include:

- More effective prevention to support people to stay well;
- More patient-centred care and care closer to home;
- Better access to services, particularly primary care;
- Better signposting to services and services being more joined-up;
- Making efficient use of facilities and estates; and
- Better community care for older people.

- Our vision is to ensure more people can access the care and support they need in their own community, rather than travel to hospital unnecessarily.
 - By 2024 we would like 40% of current hospital trips shifted to a community setting.
 - Patients' experience and the quality of care they receive will be better.
- We also want to ensure care is joined-up and better co-ordinated.
- Agreed to take forward the development of a network of care and 'hub (s)' that delivers better outcomes and more support closer to home across Dacorum.
 - Kick off a stakeholder design and delivery forum – January, learning from Borehamwood.
 - It will define the route map for what we can do in the short term, using opportunities such as the Marlowe's development during 2016 and roll out of rapid response as well as planning for the longer term e.g. commercial feasibility and design of the Hemel hub.

Next Steps

- Refreshing programme governance to best enable implementation and factor into 2016+ commissioning plans.
- On-going engagement with local community, stakeholders, patients and carers on implementing joined-up services closer to people's homes
- Building on best existing services to make improvements quickly
- Developing networks of integrated care, close to home: develop multi-disciplinary implementation teams to design and develop local services relevant to local populations.
- Acute care options: work up detailed business case and identify preferred option.
- Set up the Dacorum stakeholder design and delivery group.
- Build the Dacorum specific road map which will set out improvements in 2016 and subsequent years.

Questions and answers

Councillor Timmis asked if the Hubs were like primary care like they have in GP surgeries.

K Hodge explained that the Hubs will allow them to preserve more of the other services. They do not want to replicate the past but to produce a new modern day GP surgery with additional training offered.

Councillor Timmis asked what would happen to all of the other surgeries.

K Hodge explained that they would all still remain as part of the partnership.

T Fernandes said that they are trying to make the GP surgeries ready for the new century; the current structure at present is unable to provide this service to patients.

B Harris mentioned her disappointment in the 2011 census results, and asked if a patient is ill they will require 24/48hrs care. Where would the patient go for this care.

K Hodge said that the patient would need to attend the Watford General Hospital for their care.

M Moore referred to developing the pathways for Herts and asked what timescales the trust was working towards.

D Radbourn said that the plan covers a 10 year plan. Some elements will complete earlier than others, but this is the timescale that they are working towards for true and accurate results.

33 GET, SET, GO DACORUM

Members decided to defer this item for the next meeting on 9th March 2016.

34 HERTS VALLEYS CLINICAL COMMISSIONING GROUP UPDATE

Dr T Fernandes, Herts Valley Clinical Commissioning group updated Members on the recent events. He said that it was disappointing to hear of the CQC results.

He added that the figures for the stroke care are improving as there is ongoing work within the trust to strive and improve on this service.

With regards to the budget setting – There are significant pressures nationally. They are at present 1 million over budget for this financial year however they need to make a 1% surplus which they are confident in being within the budget by the end of the year.

There are plans in place to look at the branding of medication supplies to try to reduce outgoings and save the department in the future.

Questions and Answers

Councillor Timmis asked if the CCG trust still funds the 111 Service.

T Fernandes said that there is lots of publicity within this service and mentioned that locally there is more clinical output than nationally.

Councillor Maddern referred to the overspend on drugs and asked why the health service haven't looked at cheaper brands of drugs within the service before now.

T Fernandes said that this has been introduced in the last few months and is an ongoing programme hopefully offering savings.

T Gallagher informed Members that the Dacorum Community Plan meeting held on 27th November 2015 was cancelled without prior notification. He said that he found this very frustrating.

T Fernandes apologised on behalf of the trust and said that he would pass on his concerns and comments to Mental Health and Wellbeing Board.

M Moore declared that he was on the stakeholder council for Herts Urgent Care. His role is to examine all of the patient feedback that will be seen from users from the 111 Service. He mentioned that the call handlers are not clinicians but they are trained to a high standard in dealing with interrogating people that call and recording information to direct towards a particular pathway for that individual. The feedback that is received is very complimentary of the service that's Herts Urgent Care is able to deliver.

The Chair asked T Fernandes If it would be possible for him to bring to the next meeting a copy of the percentage of 111 calls in Hertfordshire were signposted and how it compares with similar counties.

T Fernandes said that he would inform Members at the next meeting as he didn't have this information to hand.

Action

The Chair asked T Fernandes If it would be possible for him to bring to the next meeting a copy of the percentage of 111 calls in Hertfordshire were signposted and how it compares with similar counties.

35 HERTFORDSHIRE COUNTY COUNCIL HEALTH LOCALISM/HEALTH WELLBEING BOARD UPDATE

Councillor W Wyatt – Lowe informed Members:

- There will be a £2.5 million reduction in Public Health
- Herts Urgent Care – have a team set up to deal with call handlers. All members of staff have a script to follow.
- Attended a presentation on local partners. Documents were presented by the local Pharmaceutical Committee which talks about the services that are offered.

Action:

- L Collins to provide Members with the documents presented by the Pharmaceutical Committee at the last Herts County Council meeting.

Questions

Councillor Maddern referred to the cutback on the health budget and asked what percentage this related to.

Councillor C Wyatt-Lowe said it referred to 7-8% of the budget. She mentioned that there was a stakeholder engagement day on Monday 11th January 2016 11-4pm.

36 **HERTFORDSHIRE COUNTY COUNCIL HEALTH SCRUTINY
UPDATE**

There were no questions for the Chair on this particular item and no further additions to add to the report.

37 **DATE OF THE NEXT MEETING**

The date of the next meeting is on 9 March 2016.

38 **HEALTH IN DACORUM WORK PROGRAMME 2015/16**

There was nothing to add to the work programme.

The Meeting ended at 9.35 pm