



Public Document Pack  
**Health in Dacorum  
Agenda**

**Wednesday 9 June 2021 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 (Chairman)  
Councillor Durrant  
Councillor Guest (Vice-Chairman)

Councillor Hollinghurst  
Councillor Johnson  
Councillor Maddern  
Councillor Pringle  
Councillor Sinha

Substitute Members:  
Councillors

Outside Representatives:

Contributors:

For further information, please contact Corporate and Democratic Support

**AGENDA**

**1. MINUTES (Pages 3 - 9)**

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. WEST HERTS HOSPITALS NHS TRUST - PUBLIC ENGAGEMENT PROGRAMME, YOUR CARE, YOUR VIEWS - NEXT STEPS (Pages 10 - 30)**

Presented by Helen Brown and Louise Halfpenny

### **6. COUNTY COUNCIL HEALTH SCRUTINY COMMITTEE REPORT (Pages 31 - 32)**

### **7. COUNTY COUNCIL ADULT CARE SERVICES REPORT (Pages 33 - 34)**

### **8. WARD ISSUES**

### **9. WORK PROGRAMME**

## HEALTH IN DACORUM COMMITTEE

MINUTES OF THE MEETING HELD ON: 11 March 2021

### ATTENDING

#### Councillors:

Councilor Guest (Chairman)	Councilor Maddern
Councilor Beauchamp	Councilor Johnson
Councillor Allen	Councillor Durrant

#### Outside Representatives:

Prof Jim McManus	Director of Public Health, HCC
Helen Brown	Deputy Chief Executive WHHT
Dr Tom Galliford	Consultant Physician and Endocrinologist
Kevin Minier	Chair, Dacorum Patients Group
Dr T Fernandes	Herts Valley Clinical Commissioning Group
DBC Officers:	M Sells, Officer (Minutes)

The Meeting commenced at 7:30pm.

No.	AGENDA ITEM
1	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Apologies were received on behalf of David Evans and Cllr Hollinghurst and Cllr Sinha.</p>
2	<p><b>MINUTES OF THE PREVIOUS MEETING</b></p> <p>The minutes of the previous meeting were reviewed and agreed, they will be signed at a later date.</p>
3	<p><b>DECLARATIONS OF INTEREST</b></p> <p>There were no declarations of interest.</p>
4	<p><b>PUBLIC PARTICIPATION</b></p> <p>There was no public participation.</p>
5	<p><b>Covid-19 Update</b></p>

Prof Jim McManus presented to the Committee.

Hertfordshire is currently below 100 cases per 100, 0000, although we are still above where we were last September.

The Kent variant B117 is the dominant strain across the UK.

At the peak 1 in 5 people who tested in Dacorum were positive, it is now 1 in 13 so the numbers have come down dramatically

In November there was a significant rise, most people were being infected in households in January that number has come down.

62.5% of eligible adults in Dacorum have received a first dose of the vaccine.

Looking at ethnicity there is a still gap regarding vaccination.

It should be expected that at every stage of the Governments road map there will be a rise in numbers. It is not yet certain if the vaccination stops transmission therefore All measures should still be taken to control the spread of the virus.

The Government's road map is as follows:

- 8 March - School returned
- 29 March - The rule of 6 will apply and the stay at home order will end
- 12 April – Retail and indoor leisure and outdoor hospitality will open.
- 17 May – indoor hospitality, hotels restaurants etc. will open
- 21 June – all restrictions end.

This is definite, these only apply if we all do our part and remain vigilant.

In Hertfordshire we have an additional obstacle to get through as there is an election pending, all local authorities have received guidance and Councillors will be updated if they haven't been already.

There is currently a push on renewing and refreshing the outbreak plan and all the programmes, this will be completed by Friday and submitted to the Government.

The key is everyone working together to ensure as things being to open up we control the spread and help people to self-isolate when required. There will be no hesitation in using enforcement powers where it is felt necessary, such as the case of Bovingdon Market which was recently shut down due to concerns.

Although it has been stated that it is inevitable there will be a third surge, we need to have the mind-set that we will do everything we can to avoid that happening, we will of course plan for this and that has already begun.

Jim welcomed questions form the committee.

	<p>Edie Glatter thanked Professor McManus for his presentation, she would like to know what the difference is between the vaccinations being organised nationally and those being organised by the GP, and why some people have already got their 2<sup>nd</sup> jab booked when others haven't. JM explained the whole process is being rolled out by the NHS through the national vaccination centres, the primary care networks and GP surgeries. He can confirm that every single person who has had their first vaccination is on a register to be recalled for their second.</p> <p>CLlr Symington would like to know how test and trace fits in with the programme in terms of moving ahead. JM explains that as many people as possible need to test / trace and self-isolate. Tracing contacts is very important to control the virus. In Hertfordshire there is over 95% compliance with contact tracing.</p> <p>CLlr Maddern would like to know if the lateral flow tests from schools will impact the figures. JM Confirms LF test results are held separately from PCR test results, this is due to the fact if a positive result is given from LF they are asked to perform a PCR test, if tests were not kept separate the figures would be duplicated, Therefore it will not impact the results and will give a better understanding. There has been a very low positivity rate in teachers and school children.</p>
6	<p><b>WEST HERTS HOSPITAL ESTATES UPDATE</b></p> <p>Presented by Helen Brown and Dr Tom Galliford.</p> <p>WHHT has recently launched an engagement program to look at the clinical service model across the three hospital sites, this is the focus of the presentation today.</p> <p>Watford will continue as the emergency and special care site.</p> <p>St Albans will be the main site for planned surgical care and planned cancer care, with some urgent care provision.</p> <p>Hemel Hempstead will retain the urgent treatment center and be the main site for planned medical care and long term conditions.</p> <p>There are a few main services which are replicated across all three sites, however, where possible, the aim is to try and not duplicated services.</p> <p>The aim is to consolidate services, it is not viable to deliver all services on all sites.</p> <p>It is hoped that 90% of the funding will be obtained therefore most of the services will be delivered from new purpose built facilities, in particular new inpatient wards with increased single room provision, this is very important, especially after the lessons learned over the past year with COVID.</p> <p>Another important part of the proposal is Diagnostic facilities over all three sites being upgraded. All three hospitals will serve the whole of the West Herts catchment area.</p> <p>Tom Galliford feels by consolidating medical specialties onto one site is the best option for practitioners and patients, he feels the outcomes will be better and the overall experience much more present.</p> <p>This also allows for "Clean Sites" and "Acute Sites" in this day and age it is important to be able to provide this. The majority of medicine should be preventative, therefore keeping those patients</p>

safe out of “Hot” sites should be a priority.

Having bespoke hubs of integrated clinical care away from the acute sites should be the standard and is something everyone should be working towards.

Helen Brown added that Hemel and St Albans will have complimentary service offers, Hemel will become the focus for long term conditions and medical specialties the main focus for St Albans will be surgical specialties and Cancer, this does mean that some of the surgical specialties which are provided at Hemel will relocate to St Albans, this includes outpatient service delivery and also endoscopy facilities.

Gastroenterology outpatients is still under consideration as to which site it will be located on.

The aim is to work towards a one stop shop, streamlining services and ensure diagnosis is provided as quickly as possible.

There is an independent organisation who will analyze the engagement feedback and provide a report.

Helen Brown welcomed questions.

Kevin Minier thanked them for the presentation, he is very interested in the integration side, he would like to know if the Marlows Health Centre will be relocated.

HB confirmed this is not currently part of the plan, at the moment the focus is on West Herts Delivered services and Buildings and investment.

Edie Glatter feels it doesn't make sense to travel around all the different sites, she feels it is very fragmented. She is glad they are reconsidering the gastroenterology relocation and urges them to let it remain on all sites, she enquired if phlebotomy will remain in Hemel.

HB thanked her from her comments and confirm and confirmed that Phlebotomy will also be located on all 3 sites.

Cllr Allen would like to know if the elderly and those who struggle with technology are being considered when it comes to more online and virtual appointments.

HB explained that they are working on a digital inclusion strategy, through Covid there has been a huge uptake in digital appointments and many people have found it better and more convenient, for those who aren't comfortable with the online appointments, face to face ones will still be provided

Kevin Miner asked if there are any beds available outside the Watford Site/ HB confirmed there are planned surgical beds available in St Albans there for inpatient surgery will continues on that site.

Kevin Miner also asked if the new Cancer center is eventually located in west Hertfordshire, would this effect the current plans. HB explains the discussion are in the early stages and these are classed differently therefore it wouldn't change the early part of the pathway which is diagnostic and consultations.

Cllr Allen asked how the committee would be kept informed of how these services are rolled out and delivered between now and 2025. HB confirmed they will be attending the Health Meeting regularly to give updates. There is an extensive programme of co-production and Members are urged to visit the website to look at the documents which list all the services and where they will be moving from and too. The documents are detailed and accessible to everyone, WHHT are also very happy to come and meet with group within the community, the contact details are on the website.

	<p>Cllr Guest does feel that retaining some of the current services and having some new specialities on the Hemel site is a positive, however the bulk of the funding will be spent on the Watford site, to rebuild buildings which are not fit for purpose, will there be sufficient funding the Hemel and St Albans sites.</p> <p>HB explains they need to focus of the future service model and allocate the funding as required, the Watford site is in the greatest need of investment, the final figures aren't know but the 80/20 split is still the target, the architects and design teams are still working on the different options. She is confident the current service model can be delivered.</p> <p>Cllr Guest requested West Herts Hospital trust Clinical Strategy be added as an item on a future meeting that is convenient.</p> <p>HB informed the committee that the document is on the website and she would encourage members to go online and feedback any views.</p> <p>Edie Glatter would like to know what Helen Brown is basing the 80/20 split between the sites on as it doesn't seem to fit in with the figures she has seen. HB apologised from not being more specific, the slit is based on funding spent again the Watford (80%) and Hemel and St Albans (20%) sites combined.</p>
7	<p><b>COUNTY COUNCIL HEALTH SCRUTINY COMMITTEE REPORT</b></p> <p>The report was circulated to the committee.</p> <p>Cllr Guest would like it noted that she was unable to attend the meeting of the 18 December 2020, had she been able to attend she would have spoken and voted for the reconfiguration of the WHHT service to be called into the secretary of state because she believes they are a substantial change in services, she feels hospital services.</p> <p>Edie Glatter would like to know if there is a system whereby if you are unable to attend the meeting they can find a substitute to replace you. Cllr Guest explains there is such a system unfortunately the substitute was someone from the east of the county who doesn't understand the needs of the west of the county.</p> <p>Edie glatter notes this is unfortunate and agrees with Cllr Guests point, the trust speak of a transformational redesign of health and hospital services in west Hertfordshire, she feels this cannot be regarded in any other way other than a substantial development of services.</p> <p>Cllr Guest thinks Ron Glatter has done the right thing in written to Ian Mapley, she asks that it be forwarded onto the solicitor for the council Mark Brookes.</p> <p>Edie asked if it is possible for Cllr Guest to write in and make the feelings of Dacorum known. Cllr Guest agrees to do this.</p> <p>Kevin Minier explains to the committee that the topic group could make a request to the independent reconfiguration panel for informal advice, but on the day they chose not to. He would like this explored further. He felt that there was no due respect shown for the witnesses of the public at the topic group.</p>

	<p>Cllr Bhinder did attend the meeting, he felt it was shameful, decision have been made and he feels if this committee are going to continue to fight this they need to regroup and come up with a new strategy.</p> <p>Cllr Guest thinks this is something that DHAGG and the new hospital campaign need to look at outside of this meeting.</p> <p>Cllr Bhinder would like to know if it is possible to invite representatives from DHAGG and the New Hospital campaign. Cllr Guests feels it may be better to look at inviting them at witnesses, she will look into this.</p> <p>Kevin Minier feels that every avenue of appeal has been dismissed, he doesn't feel the public have been listened to.</p> <p>Cllr Beauchamp would like to know if it is possible to submit a statement emphasising the committees' dissatisfaction with the report. Cllr Bhinder thinks this is a good idea.</p> <p>Cllr Guest thinks this is something that can be done in the form of a motion.</p> <p>The Motion:</p> <p>Health in Dacorum, with regard to the Herts CC scrutiny committee report would like it noted that we are unhappy with the lack of reference to the concerns of the people of Dacorum.</p> <p>Proposed by Cllr Beauchamp Seconded by Cllr Bhinder</p> <p><b>The vote was unanimous in favour of the motion.</b></p> <p>Cllr Allen would like to know if costed proposals have been looked at as an option. Cllr Guest explains they have been put forward, however they were dismissed by the trust because they were too expensive and could not be built within the required time frame.</p> <p>Cllr Allen notes that he was aware that initially it was about the time it would take to secure the land that was an issue and weather that was feasible to meet with the deadlines set by the ministry of health, however at that stage he was not aware of any properly costed analysis of the alternatives and he believes the county council audit committee was told it had been costed when it hadn't.</p> <p>Cllr Bhinder suggests this information is requested from County. Cllr Guest agrees, she will gather the information from county and share it with the committee.</p>
8	<p><b>COUNTY COUNCIL ADULT CARE SERVICES REPORT</b></p> <p>Cllr Guest shared the report with the committee.</p>
9	<p><b>WARD ISSUES</b></p>



	<p>Cllr Beauchamp feels he did not receive a clear explanation of the services that will be provided on the Hemel hospital site, as it sits within his ward he feels he needs further explanation. An email will be sent to request a full list of services.</p>
13	<p><b>WORK PROGRAMME</b></p> <ul style="list-style-type: none"> <li>• An update from Jim McManus if he is available.</li> <li>• WHHT update.</li> <li>• The integrated care system update</li> </ul>
	<p>There being no further business the meeting ended at 21:45</p>



Page 10

# Your Care, Your Views

## Redesigning our sites and services



## Aim of this session

- share feedback we received during phase one
- provide further information on issues you have told us are important
- outline which services which are moving and staying
- tell you how you can get involved and share your views
- give you an opportunity to ask questions



## Our vision

New and/or redeveloped hospitals, each with a distinct role, working together to provide a comprehensive range of hospital services for people in west Herts.

**Watford** - emergency, specialist and complex care

**St Albans\*** - planned surgical care, planned cancer care and an urgent care service

**Hemel Hempstead** - urgent and planned medical care, long term conditions

Urgent care services and some outpatient services at all sites.

\*Our minor injuries unit at St Albans City Hospital is temporarily closed due to the pandemic. Engagement will take place later this year about the urgent care services that will be offered at this site.



## Feedback from *Your Care, Your Views* phase one

Respondents to the survey said these things that mattered most to them:

- Having diagnostics built into their appointments ('one stop clinics')
- Travel – overall, people in Dacorum and St Albans are happier to travel between our hospitals in those areas than to Watford and residents of Watford and Three Rivers prefer to use Watford General Hospital but if they have to travel to our other sites, it does not matter much to them particularly which one
- The state of our buildings and the need for new buildings
- We also heard some anxiety about healthcare being delivered online

Feedback given in public and community group meetings also echoed concerns about travel and online appointments.



## Our response to your feedback

In response to your feedback we will:

- provide case studies from a patient perspective which provide greater insight into 'one stop' clinics model and the proposed way of managing routine follow-up appointments
- reassure the public that in-person appointments will still be available and that moving to online appointments is not compulsory
- carry out targeted research to determine whether results from a more representative population sample differ from those expressed in the survey
- conduct in-depth research with current/recent patients whose services are set to change location from north/south (HHH and or SACH to WGH) or vice-versa
- continue to broaden and deepen reach through community networks and ensure that opportunities to engage are offered to those with protected characteristics
- A travel and access steering group and a reference group will be established.



# Benefits for patients...HHH

## Centre of excellence

Great care for patients with long term and/or multiple conditions in a calm, purpose-built hospital – in line with leading international healthcare

## Rheumatology

DEXA scanner to support the development of a rheumatology hub

## Enhanced technology

NEW diagnostic facilities and the latest technology will cut the wait for a diagnosis and improve efficiency

Page 15

- Planned medical care
- Enhanced technology
- One stop clinics
- Faster diagnosis
- DEXA, MRI, CT
- Urgent care

## Putting patients in control

Patients will have more autonomy in their care and be encouraged to manage their conditions by using technology to monitor their health and update their clinical teams

## Better spaces for staff

Technologically-enabled meeting rooms so that staff from different medical specialties can work together for the benefit of our patients PLUS better rest areas

## 'One stop' clinics

Patients can have more steps of their treatment covered in one visit thanks to new and improved diagnostic facilities and more and bigger medical specialty teams based on site

## HHH

- Audiology
- Cardiology
- Children's services
- Clinical oncology
- CT
- Dermatology
- DEXA scanning
- Diabetes
- Endocrinology
- Gastroenterology
- General medicine
- Haematology
- MRI
- Neurology
- Neurophysiology
- Obstetrics and maternity
- Older people's services
- Plain film Xray
- Rheumatology
- Respiratory and respiratory physiology
- Stroke
- Ultrasound (obstetric and non-obstetric)
- Urgent care



# Benefits for patients...SACH

## Recover in comfort

The replacement of theatres also includes expanded recovery areas

## More surgery, fewer cancellations!

Expanded range of surgery which will be protected from the peaks in demand in the emergency and medical activity at WGH and larger teams to provide cover

## endoscopy, cystoscopy

New facilities with the latest equipment, co-located where we provide cancer surgery

## SACH

Audiology
Breast
Clinical oncology
CT
Endoscopy
ENT
Fluoroscopy
Gastroenterology
General, colorectal and vascular
Gynaecology
Hepatology
Mammography
Medical oncology
MRI
Obstetrics and maternity
Ophthalmology and orthoptics
Pain management
Plain film Xray
Ultrasound (obstetric and non-obstetric)
Urgent care
Urology

Page 16

- Planned surgical care
- Rapid diagnostics
- One stop clinics
- Cancer support services
- Fluoroscopy, MRI, CT
- Urgent care

## Infection control

Running SACH as a planned care hospital minimises the risk of infection – this helped us greatly during the pandemic to continue to treat patients and keep them safe

## All under one roof

New diagnostic equipment means patients no longer travel for scans and other parts of their treatment as we move to 'one stop' clinics

## Reduced anxiety

Rapid results will deliver peace of mind and also help us plan the next steps of treatment, if any is needed





# Benefits for patients...WGH

## Sustainable and spacious

Our new building will be environmentally friendly and there will be green spaces and also more spacious patient areas

## Boosting birth experience

Our new women and children's building will have specially equipped rooms for antenatal, labour and postnatal care – meaning mum and baby can stay put

## Expanded emergency

Bigger unit, better equipment and more assessment space so that specialists come to patients and not vice-versa

Page 17

- Up to 90% new buildings
- Expanded emergency care
- Technology-enabled site & services
- Complex diagnostics
- Vastly improved patient & staff areas
- Services organised better together

## Fighting infection

A high ratio of single rooms and the latest design and ventilation will be used to keep us all protected from infection

## Family planning

Paediatric services will be in the main building with child-friendly design

## Safe and sensible

We will reorganise how services are located, e.g. all acute services in the same building – making sure the right care is on hand when needed

## WGH

Audiology
Cardiac MRI
Cardiology
Children's services
Clinical oncology
CT
Cystoscopy
Dermatology
Diabetes
Emergency
Endocrinology
Endoscopy (urgent)
ENT
Gastroenterology
General medicine
General colorectal and vascular
Gynaecology
Gynaecology oncology
Fluoroscopy
Haematology
Hepatology
Medical oncology
MRI
Neurophysiology
Nuclear medicine
Obstetrics and maternity
Older people's services
Ophthalmology and orthoptics
Oral and dental
Pain management
Plain film Xray
Rheumatology
Respiratory and respiratory physiology
Stroke
TIA (transient ischaemic attack – or 'mini stroke')
Ultrasound (obstetric and non-obstetric)
Urgent care
Urology



## Recap of main changes and benefits

Our existing configuration of services is largely historical and no longer meets our needs

Specialty clinical care will (mostly) be delivered from two sites – WGH & HHH or WGH & SACH

All three sites will continue to provide a range of outpatient appointments and urgent care

Reorganising our services will:

- support our ambitions for HHH to be a multi-specialty centre for multiple and long term conditions
- reduce the likelihood of cancellations by separating hot and cold and strengthening teams
- enable better training for junior staff and improve teamworking and professional development
- create opportunities for more 'one stop' clinics with diagnostic tests (like MRI and CT scans)
- support rapid diagnostics service at SACH which aligns with the focus on cancer at this site
- enable increased consultant presence at SACH; resulting in a wider and more complex range of surgery and greater support for post-operative care.



## Recap of main changes and benefits

We will create spaces that are welcoming and accessible to people of all ages and genders and that cater for people's specific needs linked to physical and learning disabilities, religion and belief as well as maternity or pregnancy needs. This includes designing spaces that are paediatric friendly and adolescent suitable.

There will be dementia friendly environment throughout and clinical spaces that are compliant with mental health standards.

We will create a calming and healing environment that not only looks after people's physical health but that also promotes good mental health and wellbeing and meets people's spiritual needs. This might include some or all of the following:

- Outdoor green space for staff, visitor & patient use
- Quiet spaces
- Spiritual facilities
- Indoor and outdoor art
- Rest & change facilities for staff and volunteers
- Retail facilities



## West (HHH) to East (SACH) moves

**Services currently at all three sites changing to two sites: WGH and SACH**

- Hepatology

ENT (Ear, nose and throat)

General, colorectal and vascular surgery

Urology surgery

**Services currently at WGH and HHH changing to WGH and SACH**

- Nuclear medicine (along with an upgrade at Watford General Hospital)
- Endoscopy and cystoscopy procedures will move from HHH to SACH, which will support our focus on cancer services and provide an opportunity to expand the endoscopy service. Urgent endoscopy will remain at Watford.



## East (SACH) to West (HHH) moves

**Services currently at all three sites changing to two sites: Watford General Hospital and Hemel Hempstead Hospital**

- Cardiology
- Dermatology
- Diabetes and endocrinology
- Neurology
- Older people's care
- Respiratory and respiratory physiology
- Rheumatology

**Services at St Albans City Hospital changing to Hemel Hempstead Hospital only**

- DEXA (to support development of a rheumatology hub at Hemel Hempstead Hospital)



## North (HHH & SACH) to south (WGH) moves

- Fracture clinic – this service moved from HHH and WGH to SACH, with virtual appointments provided where clinically appropriate (as part of response to Covid-19)

Page 22

The plan is to co-locate the fracture service with the emergency department at WGH and to offer virtual appointments where clinically appropriate

- The move will ensure that orthopaedic trauma patients have access to the full range of clinical staff and facilities
- Planned orthopaedic surgery will take place at St Albans City Hospital, unless it is complex, in which case it will be at Watford



## South (WGH) to North (HHH & SACH) moves

- Orthopaedics and spinal surgery – plans to create a new outpatient hub at SACH (in place of services at all three sites) to support the trust's response to Covid-19. The plan is to retain this as it fits well with the focus of planned surgery at SACH.

Page 23

Diabetes (likely to be fewer clinics at WGH to support a bigger hub at HHH)

- Rheumatology (likely to be fewer clinics at WGH to support a bigger hub at HHH)
- Cardiology (likely to be fewer clinics at WGH to support a bigger hub at HHH)
- Respiratory and respiratory physiology (likely to be fewer clinics at WGH to support a bigger hub at HHH)



## Services that will not be moving

**Outpatient & diagnostic services that will continue to be provided at all three hospitals:**

Gastroenterology

Audiology Clinical oncology

Obstetrics and maternity

Plain film X-ray

Ultrasound (obstetrics and non-obstetrics)

**Outpatient & diagnostic services that will continue to be provided at WGH and HHH:**

General medicine

Haematology

Neurophysiology

Stroke

Children's services





## Services that will not be moving

**Outpatient & diagnostic services that will continue to be provided at WGH and SACH:**

Medical oncology

Ophthalmology and orthoptics

Pain management

Upper gastrointestinal surgery

Gynaecology

Page 25

**Outpatient & diagnostic services that will continue to be provided at SACH:**

Breast surgery

Mammography



## Services that will not be moving

### Outpatient & diagnostic services that will continue to be provided at WGH:

TIA (transient ischaemic attack – or ‘mini stroke’)

Oral surgery and dental

Gynaecology oncology

Cardiac MRI

Page  
26

### Our investment in diagnostics will see new facilities and more diagnostic services

MRI – will also be available at SACH (in addition to the current services at HHH & WGH)

CT – will also be available at SACH (in addition to the current services at HHH & WGH)

Fluoroscopy – will also be available at SACH (in addition to the current services at WGH)



## Engagement plan: proposed timeline

Date	Plans
w/c 10 May	Your Care, Your Views engagement phase two launched
7 May – 30 June	Community, staff and stakeholder meetings Feedback form for further views Focused interviews and representative survey
July	Feedback considered by Trust and CCG Boards Clinical brief finalised for Outline Business Case

Page 27



## How you can get involved

- Check out our key documents, fill in the feedback form
  - clinical strategy & clinical brief
  - *Your Care, Your Views* engagement documents
  - *Your Care, Your Views* next steps documents

Deadline for feedback form is **midday 30 June!**

- Invite us to your community/staff meetings and events
- Share our news via your newsletters/bulletins/networks
- Ask us for translations [westherts.redevelopment@nhs.net](mailto:westherts.redevelopment@nhs.net)

Further information is on our website <http://bit.ly/YourCareYourViews>





# Questions

Page 29

- Read our new engagement document : <https://bit.ly/3bzSDuQ>
- Share your views & complete the feedback form: <https://bit.ly/3wfJ3Fj>





# *Thank you*

<http://bit.ly/YourCareYourViews>

[westherts.redevelopment@nhs.net](mailto:westherts.redevelopment@nhs.net)

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[www.westhertshospitals.nhs.uk](http://www.westhertshospitals.nhs.uk)

## **Hertfordshire County Council Health Scrutiny Report for the Health in Dacorum Meeting of 9<sup>th</sup> June 2021**

There was a meeting of Herts. County Council's (HCC's) Health Scrutiny Committee (HSC) on 16<sup>th</sup> March 2021.

HSC received an update on Covid vaccination across the Herts. & West Essex Integrated Care System (ICS). Members heard that the national supply of Covid-19 vaccines had been below capacity in February 2021 but was getting better. There had been a large uptake of the vaccine across the County. There were communication programmes targeting ethnic minority communities to encourage uptake. Hard to reach residents who were known to GPs were contacted and would get home visits.

Uptake of vaccination for people with severe mental illness was lagging due to getting advocates signed up and getting people to the vaccination centres.

Healthwatch Hertfordshire had carried out two surveys, one on the patient experience and the other on why people had not taken up the offer of a vaccine.

HSC received an update from the Herts. Partnership University NHS Foundation Trust (HPFT). HPFT was working with HCC on a number of services to ensure that integrated services were in place. It was working on a business case with HCC to provide integrated teams to visit childrens' homes.

Twice-weekly lateral flow testing for Covid-19 was taking place amongst front facing staff.

There was a year on year increase in the number of young people self-harming, which had increased throughout the pandemic. HPFT had seen higher levels of young people overdosing throughout the pandemic.

HPFT had no visiting restrictions but risk assessments had to be carried out. HPFT had introduced ways to enable visiting outside instead of entering the ward.

HSC received an update on the ICS response to Covid to February 2021. The Committee acknowledged the pressures that NHS staff had been under.

The NHS was working on a clinical priority system for the backlog of planned treatment.

There was an update on the Mount Vernon Cancer Centre review. Public consultation webinars were taking place. There was a possibility of a satellite radiotherapy centre. Current provision will continue at the present site in Hillingdon until the new site is operational.

HSC received the report which informed members of the outcome of the West Herts. Hospital Trust (WHHT) Infrastructure (HIP1) scrutiny. The Committee noted the outcome of the scrutiny. I voted against noting the report as did C/Cllr Ron Tindall. The scrutiny concluded that the proposals did not need to be referred to the Secretary of State because they were not a substantial change to health services. I believed that they were substantial because WHHT used the word “transformation” which is a substantial change. Therefore I voted against noting the report.

After the County Council elections on 6<sup>th</sup> May 2021, the former HSC Chairman C/Cllr Seamus Quilty became Chairman of HCC. C/Cllr Dee Hart became HSC Chairman. C/Cllr Chris White retained his role as HSC Vice Chairman.

On 7<sup>th</sup> June 2021, there was an induction to HSC.

C/Cllr Fiona Guest



## **Adult Care Services Report for the Health in Dacorum Meeting of 9<sup>th</sup> June 2021**

There was a meeting of the Adult Care and Health Panel of Hertfordshire County Council (HCC) on 18<sup>th</sup> March 2021.

The Adult Social Care Performance Monitor for Quarter 3 of 2020/21 was looked at. Members noted that it did not show comparative data for Delayed Transfers of Care (DTC). Officers explained that the national DTC indicator had stopped being recorded since Covid-19 began, but a new way of measuring the flow and discharge of patients from hospital was being measured. Once agreed, the new measure would provide comparable data.

Members commented on the disparity between the numbers of carers receiving direct payments across the County. Officers explained that this may be due to the geographical spread of older people and the historical shortage of homecare in west Herts and therefore payments allowed for a wider choice of provision.

Care providers remained confident with regards to recruitment although the wider care sector had been impacted by the overall economic position. Internal staffing in social care had remained stable, although there were challenges in starting new employees virtually. Bespoke recruitment was going on, as well as investment in apprenticeships.

In response to a member question on the accuracy of domestic abuse figures, officers advised that the figures were accurate for reported cases. However it was expected that the figures may increase and therefore work was underway to increase support capacity if required.

The Panel received a Covid update. As of the 18<sup>th</sup> March 2021, 92% of care home residents and 82% of those with learning disabilities had received their first Covid vaccine dose. Processes were in place to catch those who had missed the first round. Approximately 70-75% of the wider Herts social care workforce had received their first dose, increasing to 90% for in-house staff. Staff webinars were being held to alleviate concerns about the vaccines.

Members requested that care home residents with dementia be prioritised for visiting rights going forward. Officer advised that care home visiting had commenced at a steady pace and an interim dementia strategy had been agreed.

In response to a member question regarding the news that the Care Quality Commission (CQC) had raised concerns over “do not resuscitate” orders, officers advised that such orders should be personal. In April 2020 it was made clear by Clinical Commissioning Groups (CCGs) that blanket orders should not be part of practice. Officers advised that in Herts there had been communication issues but

no known blanket orders. Practices over the course of the pandemic would be reviewed.

Members commented on the balance on visiting care homes and human contact. Officers advised that the balance using PPE was appropriate.

Members raised concerns over hospital visiting rights. Officers advised that hospital visiting operated under a separate policy.

Regarding the “Discharge to Assess” funding, discussions were still ongoing. However as of 18.03.21, the funding was due to cease at the end of March 2021. Work between HCC and the CCGs was underway to create a plan should the 6-week free funded home care be removed.

After the County Council elections on May 6<sup>th</sup> 2021, C/Cllr Richard Roberts, the former Executive Member for Adult Care became Council Leader. C/Cllr Stella Nash became the new Executive Member for Adult Care and C/Cllr Tony Kingsbury became Deputy Executive Member.

C/Cllr Fiona Guest