



Public Document Pack  
**Health in Dacorum  
Agenda**

**Wednesday 29 September 2021 at 6.30 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 Allen	Councillor Hollinghurst
Councillor Beauchamp	Councillor Johnson
Councillor Bhinder (Chairman)	Councillor Maddern
Councillor Durrant	Councillor Pringle
Councillor Guest (Vice-Chairman)	Councillor Sinha

Substitute Members:  
Councillors

Outside Representatives:

Contributors:

For further information, please contact Corporate and Democratic Support

## **AGENDA**

- 1. MINUTES** (Pages 3 - 8)  
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**

### **6. WEST HERTS HOSPITAL TRUST (Pages 9 - 34)**

Redevelopment Update

### **7. COUNTY COUNCIL HEALTH SCRUTINY COMMITTEE REPORT (Page 35)**

### **8. COUNTY COUNCIL ADULT CARE SERVICES REPORT (Pages 36 - 37)**

### **9. WORK PROGRAMME (Page 38)**

## HEALTH IN DACORUM COMMITTEE

MINUTES OF THE MEETING HELD ON:

### ATTENDING

#### **Councillors:**

Councilor Bhinder ( Chairman)	Councilor Guest
Councilor Beauchamp	Councillor Pringle
Councillor Sinha	Councillor Durrant
Councillor Silwal	Councillor Tindall
Councillor Maddern	Councillor Hollinghurst
Councillor Symington	Councillor Stevens

#### **Outside Representatives:**

Helen Brown	Deputy Chief Executive WHHT
Louise Halfpenny	Director of Communications WHHT
Dr T Fernandes	Herts Valley Clinical Commissioning Group
Kate Ewer	Head of Communications WHHT
Kevin Minier	Chair, Dacorum Patients Group
Edie Glatter	Dacorum Patients Group
DBC Officers:	M Sells, Member Support Officer (Minutes)

The Meeting commenced at 6:30pm.

No.	AGENDA ITEM
1	<p><b>MINUTES OF THE PREVIOUS MEETING</b></p> <p>The minutes of the previous meeting were reviewed and agreed.</p>
2	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Cllr Johnson Cllr Durrant Cllr Allan</p> <p>Cllr Timmis is Substituting.</p>

3	<p><b>DECLARATIONS OF INTEREST</b></p> <p>There were no declarations on interest</p>
4	<p><b>PUBLIC PARTICIPATION</b></p> <p>There were 4 members of the public attending the meeting.</p> <p>There was one request to speak</p>
5	<p><b>WEST HERTS HOSPITAL TRUST UPDATES</b></p> <p><b>Public Engagement Programme, Your Care, Your Views - Next Steps</b></p> <p>Presented by Helen Brown</p> <p>The first stage of engagement was undertaken earlier this year before the local elections, this presentation summaries some of the feedback received and provides some more detail around what is being proposed from each site.</p> <p>Each hospital will have a distinct role but they will all work together to provide a comprehensive range of services for West Hertfordshire.</p> <p>Watford is the main emergency specialist and complex care site</p> <p>St Albans is a planned surgical and cancer care site along with some urgent care.</p> <p>A full list of services for each site are listed in the presentation.</p> <p>Hemel Hempstead will retain the urgent treatment centre along with some planned medical care and complex long term medical conditions. MRI is a key part of the model care and will be provided at Hemel Hempstead.</p> <p>All three hospitals will have an element of urgent care and some outpatient services.</p> <p>Access to diagnostics and having more streamlined one stop clinics were highlighted as concerns in the first stage of engagement along with improved access to the sites.</p> <p>Conditions and suitability of the existing buildings is an ongoing concern.</p> <p>Case studies will be ongoing to reassure people and show how the services will work.</p> <p>Post Covid virtual appointments will be offered, but people will be able to request face to face appointments if they prefer.</p> <p>WHHT will continue to reach out to the community to ensure a cross section of those who will be using the services have an opportunity to take part in the engagement process.</p>

Cllr Guest would like Helen to comment on the proposals for the high rise building on the Watford site, she would like to know if such a building would meet Watford Brought councils planning requirements and would it have room to expand along with the housing growth in the south west of Hertfordshire will.

Helen Brown explains they are currently going through the planning process with the borough council, the pre planning process and overall feedback so far has been very positive, she does not anticipate there being any major issues. In terms of flexibility for growth, this has been a consideration throughout the whole process, the land adjacent to the development has been kept clear with future development in mind.

Cllr Bhinder refers to the height of the proposed building on the Watford site, he would like to know if there is another 17 story building in Watford?

Helen Brown explains that it is the planning authority's responsibility to approve any proposals put forward, they have provided positive feedback and have indicated that what has been put forward is broadly acceptable from a planning prospective.

Cllr Timmis thinks the plans are impressive and ambitious, would like to know if they anticipate being able to attract the quality of staff required, she would also like to know

HB – workforce has been a real focus, they have come a long way and built the workforce. There are some challenges, there has been an impact from Covid. There is work to do but there has been lots of engagement from clinical staff.

Edie Glatter would like to know how the access issues will be solved.

HB – this is a debate which has been going on for some time, the nature has the service has changed, not everyone can live next to a hospital so access times will vary. The plan is to provide planned care for the local sites.

Edie would also notes that cleanliness has been an issue in the past, how will this be dealt with going forward.

HB – this is being taken seriously, there are expectations and requirements around the hygiene code and they are working very hard to ensure these are met.

Several councillors expressed concern regarding travel times and access, they would like to know how these will be dealt with.

HB accepts there are issues and they are committed to finding ways to improve it but unfortunately not everyone can live next to a hospital and the reality is that some people will have further to travel.

Mr Graham Cartwell (member of the public) has requested to speak.

Mr Cartwell thanks the committee for time. He feels the 3 site option isn't viable, he is concerned about how public option isn't being listened to. There seems to be a fixation on keeping the main hospital in Watford. He feels when the plans were put forward the issue of transport was never discussed and the current development plans will only make the

situation worse. The last time there was an independent survey regarding possible sites it was carried out by Deloitte in 2015, their recommendation was for a site between Hemel Hempstead and St Albans, and this was ignored.

The stakeholder reference group were promised at the outset that they would have an input regarding location, however this didn't happen.

Back in 2019 Watford was one of 6 hospitals nationally with priority treatment for funding, it seems to be stalled and now we are 1 of 48 projects.

He feels what is being faced is alarming and he would like to invite the Councillors to consider what more they can do to stop the project going ahead.

Cllr Griffiths notes there were a large number of people who don't have internet access and so had to ask someone else to respond to the engagement of their behalf. She would like to know if there are any plans for people to be able to write in as part of any future engagement.

Cllr Griffith would also like to note that Hertfordshire has a very good voluntary transport network, Community Action Dacorum being one of them, could there be any provision for these drivers closer to the hospital.

HB explains there are limitations to digital engagement but there are also some real benefits, there has been a wider audience by doing it online. In the second stage of engagement there will be some in-depth phone calls and direct contact. If people would like to take part and don't have internet access they are happy to receive letters.

Helen will pick up with Cllr Griffith after the meeting to discuss the voluntary transport and how they can work together going forward.

Cllr Hollinghurst thinks public authorities and WHHT should consider investing in Buses for the hospitals rather than putting so much focus on cars. He also feels virtual appointments are a very good idea.

Edie Glatter would like to know how much the Watford site will cost and also she would like an explanation regarding the "purpose built hospital" for Hemel Hempstead which is mentioned in the literature

She would also like to know how an over spend will affect the 50m budget for Hemel and St Albans.

Helen Brown explains the cost has not been finalised so she cannot give a definitive answer. As for the over spend, the priority has to be on getting the clinical model right, there is a commitment to invest in both Hemel and St Albans to enable them to deliver the model of care and improve their estate.

"Purpose Built" could be misinterpreted as new build however this isn't what was meant, there will be a reconfiguration of the existing buildings with specific services in mind.

Cllr Bhinder would like to know if there is a time scale for the final costings.

Helen Brown has no specific date but they are hoping to complete the business case by Christmas and the cost will be in the public domain ahead of that time line.

Cllr Guest notes that access is a real problem and the current situation doesn't meet the needs of the residents, over the coming months this will be challenged through the critical

	<p>friend approach. The feels the biggest challenge is to deliver services that meet the needs of all West Herts residents now and in the future.</p> <p>Cllr Bhinder thanked WHHT for their presentation.</p>
6	<p><b>COUNTY COUNCIL HEALTH SCRUTINY COMMITTEE REPORT</b></p> <p>The Report was circulated to the committee</p> <p>There were no questions</p>
7	<p><b>COUNTY COUNCIL ADULT CARE SERVICES REPORT</b></p> <p>The Report was circulated to the committee</p> <p>There were no questions</p>
8	<p><b>WARD ISSUES</b></p> <p>Cllr Beauchamp has an elderly resident who recently had an appointment at the eye clinic at Watford, she was provided with hospital transport, however they dropped her off several hundred yards away from where she needed to be as the driver said he couldn't take her to the clinic as he would get a parking ticket. She was made to walk and by the time she arrived was in a great deal of distress, then she had to walk back to meet the driver to take her home again.</p> <p>This is obviously not acceptable and has been reported to the hospital transport system. This just shows that if there is going to be a centralised hospital in Watford it needs to have good access for all residents.</p> <p>Cllr Guest</p> <p>Last year a planning application was passed and an extension built on Park wood Drive Surgery in Warners end. This was to help with the existing and increased demand generated by the LA3 development. Although Cllr Guest herself voted against the LA3 development along with her other ward Cllrs she feels that now the focus needs to be on mitigating the impact and provide the necessary infrastructure for residents both now and in the future.</p> <p>Cllr guest would like to know if any other Members are aware of any other developments to GP surgeries within Dacorum.</p> <p>Cllr Timmis is chair of the patient participation group in Markyate associated with the Rothschild House Group of surgeries. Things have been very busy and progress has been slow, face to face appointments are still an issue but this is something that's is being focused on.</p> <p>All Members agree that this is a problem across all wards even before the pandemic.</p>

	<p>There is a place for online appointments and this can suit many people but those who wish to have face to face appointments must not be forgotten.</p> <p>Dr Fernandes explains that all practises work slightly differently. Some surgeries have been doing telephone triage for over 8 years, telephone appointments, online access and telephone consultations have been standard practice in most cases, and these have been encouraged by NHS England. However the pace of change for some patience has been very fast due to Covid.</p> <p>Part of the issue is that consultation rates have raised from 3 per patient per year 30 years ago to on average 8 per year today, there have been roughly 2million more consultation this year than there were this time last year, the demand and pressure of surgeries and GP is phenomenal and was so before the pandemic. The work force is shrinking, there aren't enough GPs for people to book in with them directly.</p> <p>Each surgery is different and has particular demands so the way they work needs to be tailored to their particular situation.</p> <p>Mental Health is a particular concern, even prior to Covid there was significant wait times for any form of treatment or diagnoses, Covid and isolation have exasperated some of these situations. The initial triage phone service does help to identify those in urgent need.</p> <p>David Evans explains that Mental Health is a priority, one of the areas they are working on over the next 5 years is to ensure every school has access to a link worker around emotional health and wellbeing that will begin to grow accessible services and fast access to the right services.</p>
9	<p><b>WORK PROGRAMME</b></p> <p>Suggested Agenda Items:</p> <ul style="list-style-type: none"> <li>• CAMHS - CCG</li> <li>• Virtual hospital presentation - CCG</li> <li>• Update on primary Healthcare - CCG</li> <li>• Integrated Care System Update – CCG</li> <li>• Population Health Management in the Primary Care Networks.</li> </ul> <p>A forward plan will be put together and used going forward.</p> <p>Ward issues will be moved to agenda item 5.</p>
	<p>There being no further business the meeting ended at 21:45</p>



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for illustrative purposes only

# Redevelopment update

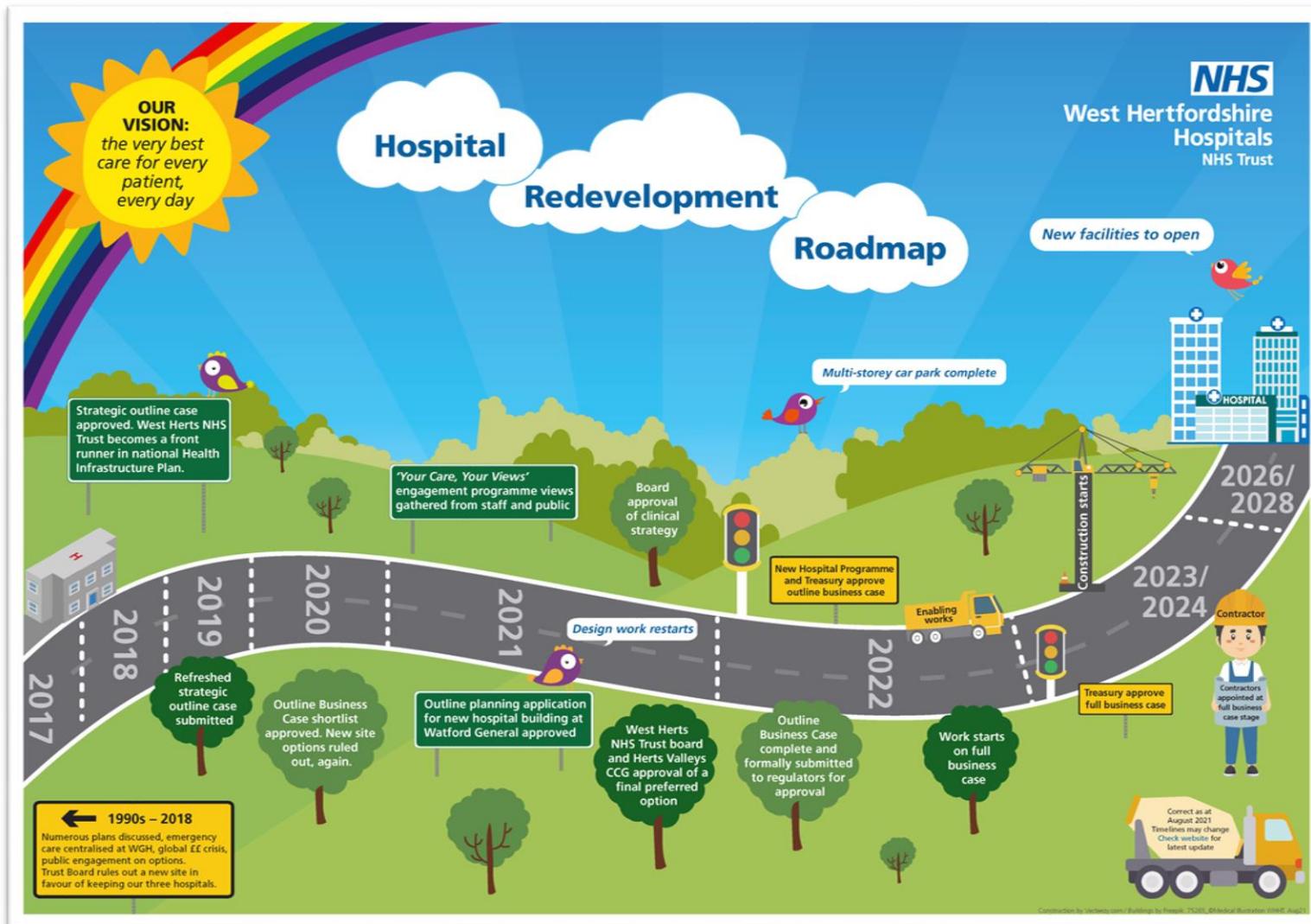
September 2021

Agenda Item 6



## Aim of this session

- provide an update on the redevelopment programme
- feedback from *Your Care, Your Views*
- outline our options
- explain interim submissions
- provide further information on our timeline
- give you an opportunity to ask questions





## New Hospital Programme

- 48 'new hospital' facilities by 2030
- different cohorts - WHHT are in a group of eight 'pathfinders' – our case has been made and we are in line for significant investment
- 'standardisation' work is underway; room sizes, single room ratios, best practice design and other requirements such as digital integration, net zero carbon and modern methods of construction
- outputs of this work (due in autumn) will provide guidance on what we – and other pathfinders – should incorporate
- NHP leading a national process to procure construction partners
- ongoing discussions with Treasury to secure the **required** funding.



## Our vision

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

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

**St Albans\*** - planned surgical care, planned cancer care

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

Urgent care services and some outpatient services at all sites.

We are committed to our three hospital model and believe it is the quickest route to new facilities. Our plans have the backing and input from our senior clinicians and service managers.

There are **NO PLANS** to reconsider any other site options as this would significantly lengthen the waiting time for new and better facilities.

\*An urgent care service will be provided at SACH – work on defining this is underway.



# Benefits for patients...HHH

## Rheumatology

DEXA scanner to support the development of a rheumatology hub

## Centre of excellence

Great care for patients with long term and/or multiple conditions in a calm environment– in line with leading international healthcare

## Enhanced technology

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

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

## 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

## 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

## '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 surgery
- 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

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- 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

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- 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 surgery
- Gynaecology
- Gynaecology oncology
- Fluoroscopy
- Haematology
- Hepatology
- Medical oncology
- MRI
- Neurophysiology
- Nuclear medicine
- Obstetrics and maternity
- Older people's services
- Ophthalmology and orthoptics
- Oral surgery 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)
- Upper gastrointestinal surgery
- Urgent care
- Urology



## Feedback from ‘*Your Care, Your Views*’

- The first phase of engagement (February to March) set out the rationale for our proposals with a focus on clinical services and not on our buildings or our three-hospital site configuration.

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The second phase of the engagement (May-July) had a stronger focus on what would be provided at each of our three hospitals. This was in response to feedback we heard during phase one which suggested some misunderstandings about proposed changes to the location of services



## Feedback received

The feedback we had from our survey and engagement sessions was that these three issues were deemed to be the most important:

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1. diagnostics incorporated into appointments which we sometimes call 'one stop' clinics
2. good transport and ease of parking
3. quality of the environment.



## Our response to feedback

In response, we will:

Continue our work on the 'one stop' model which reduces the number of journeys for patients and staff. This model enables our staff to reduce travel and work more effectively in specialty-based teams which is also great news for patient care.

Ensure all patients are offered the choice of face to face appointments if this is their preference.

Use co-production approach as we make changes to our outpatient models and to learn from what has worked well and what has worked less well with virtual appointments over the past 18 months.

Work with local authority partners and travel providers to make it easier to get to our hospitals by public transport and car, and improve accessibility and parking.

Press on with our outline business case and our submission for funding so that we can provide care from new and better buildings.



# Shortlist of Options

## Emergency and specialist care options / WGH

1.	2.	3.	4.	5.	6.
BAU	Do Min	2019 SOC preferred option	Retain PMOK max	c.90% new clinical	100% new clinical

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## Planned care - SACH

1.	2.	3.
BAU	2019 SOC preferred option	Enhanced option

## Planned care – Hemel

1.	2.	3.
BAU	2019 SOC preferred option	Enhanced option



## Our recent submission to the NHP

The New Hospital Programme asked all eight pathfinder trusts to submit outline costs for;

- **an option in line with the original 2019 allocation (£400m in our case)**

• **our preferred option**

• **a phased version of our preferred option**

Our preferred option is for as much new build as possible at Watford (option 5) and significant refurbishment at Hemel Hempstead and St Albans (enhanced options).

The submissions are ‘work in progress’ and are not in the public domain.

Final decisions about funding will be made once our fully costed outline business case is submitted (in 2022) and not on the interim submissions.



## OBC plan: indicative timeline

Plans	Date
Watford General Hospital planning application approved	July 2021
Enabling works commence	2022
Hemel Hempstead and St Albans City Hospitals submission of outline planning application	January 2022
Submission of outline business case	Summer 2022
Appointment of a contractor by New Hospital Programme and completion of full business case	2023/2024
Construction 'proper' start	2024
New hospital facilities operational	2027/2028



# WGH Outline Planning Application

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# Southern approach





## Southern pick up and drop off



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# Main entrance

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# WGH building heights

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- Key
- ① New hospital
  - ② Main entrance
  - ③ External realm
  - ④ Bridge link from MSCP
  - ⑤ Retail/ Cafe
  - ⑥ Princess Michael of Kent building
  - ⑦ Existing Women's & Children's building
  - ⑧ Existing Renal & Dermatology building
  - ⑨ Sycamore House
  - ⑩ Cherry Tree House
  - ⑪ Watford Football Club
  - ⑫ WFC residential development
  - ⑬ Multi Storey Car Park
  - ⑭ Pick up and drop off (PUDD)
  - ⑮ South entrance
  - ⑯ Existing Administration building (grade II listed)
  - ⑰ Ambulance Deck and Energy Centre



Indicative Hospital Scheme - Site Section AA North East Elevation



## Urban realm and landscape

Good quality public realm and landscape are critical in creating a place that enhances the positive experience of patients and contributes to a healing environment. Public realm will be the thread that connects the proposed development, underlying the importance of an integrated, coherent, safe and accessible environment.

Initial proposals include:

- Enhanced north – south connectivity spine with green spaces
- Resolve challenging site levels by providing sequence of spaces to arrive at key hospital entrances
- Healing courtyards for patients, staff and visitors
- Integrate planting, trees and green spaces within vehicular routes and pedestrian walkways wherever possible.





## Multi Storey Car Park (MSCP)



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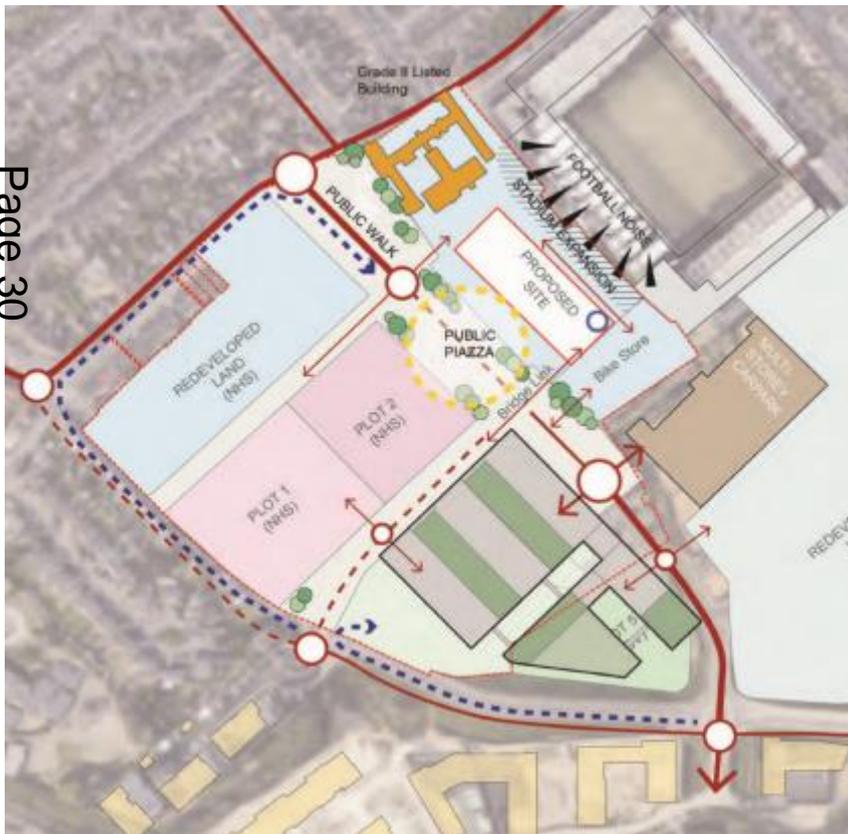
## View from link bridge

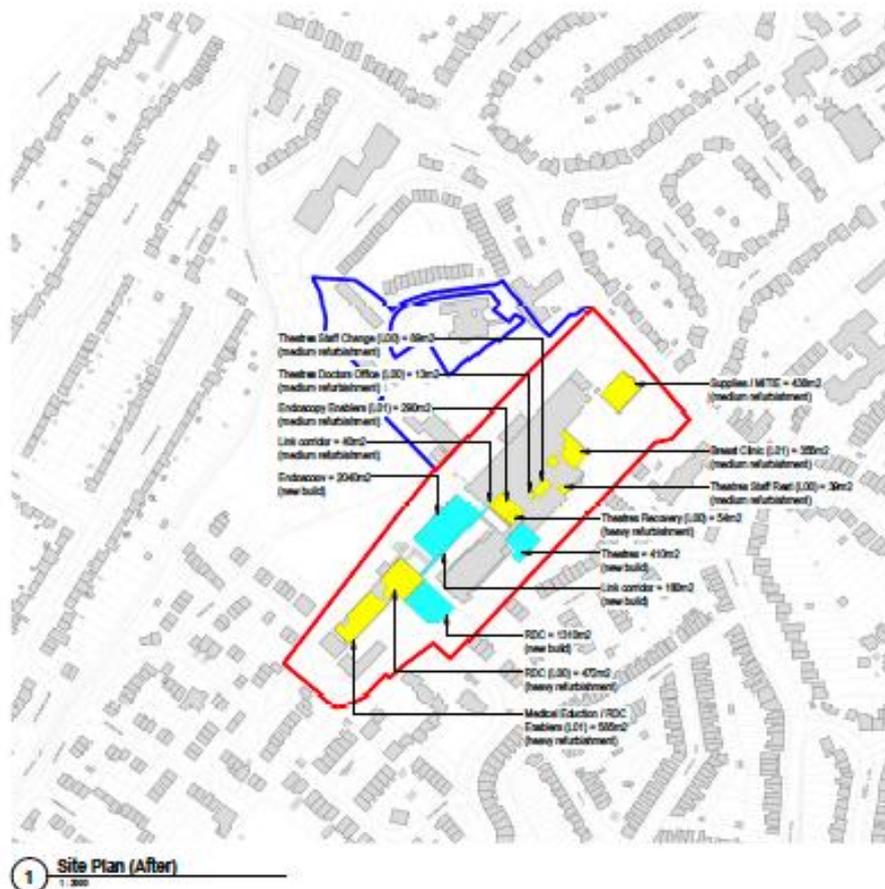




## Potential location of Mount Vernon Cancer Centre

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2 Site Plan (After)  
1 : 200



# Questions



*Thank you*

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

Find us online @WestHertsNHS



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

## **Hertfordshire Health Scrutiny Committee Report for the Health in Dacorum Meeting of 29<sup>th</sup> September 2021**

At its meeting on 07.07.21, Hertfordshire County Council's (HCC's) Health Scrutiny Committee (HSC) conducted its annual patient experience scrutiny. This is HSC's ongoing commitment to the recommendations of the Francis Report of 2013 that outlined the failings at the Mid Staffs. Foundation Trust.

The health trusts scrutinised were Princess Alexandra Hospital (PAH), East of England Ambulance Service Trust (EEAST), Herts. Partnership University Foundation Trust (HPFT) and West Herts. Hospitals Trust (WHHT).

On 07.07.21 HSC divided into 4 groups, each one gathering evidence on one trust. The 2021 scrutiny concentrated on Covid-19's impact on providers' work.

For EEAST, HSC agreed the recommendations that the trust returns to HSC to evidence the measures that are being put into place and actioned at pace. Attendance by EEAST at HSC on 11.10.21 and 12.12.21 to update the committee is expected. HSC was also concerned about the prevailing culture at EEAST.

For HPFT, HSC heard how the trust had engaged with patients and carers during Covid-19. It requested a detailed update by January 2022 of the structured ways of gathering feedback through formal and anecdotal channels. It also requested a briefing note on drug and alcohol services.

WHHT informed HSC about their Transformation Programme. HSC requested an outline of the programme, key milestones, and what has happened to date prior to the major estate development work due to start around 2023. HSC recommended that WHHT develops a formalised, structured approach to collecting feedback from patients, carers and families to inform service monitoring and development.

At the meeting on 21.07.21, the future of urgent care provision at St. Albans and Harpenden was looked at. The minor injuries unit at St. Albans City Hospital has been closed since last year, and Herts. Valleys Clinical Commissioning Group (HVCCG) said that it wanted to be transparent that it's preferred option was a booked appointment service through the Integrated Urgent Care Hub model.

There was an update on the Mount Vernon Cancer Services Review. There is a plan to move the management of it to a specialist cancer hospital trust, University College London Hospital (UCLH) and to relocate the Cancer Centre to the Watford General Hospital site.

C/Cllr Fiona Guest

# Agenda Item 8

## **Hertfordshire County Council Adult Care Services Report for the Health in Dacorum Meeting of 29<sup>th</sup> September 2021**

At its 23.06.21 meeting, Hertfordshire County Council's (HCC'S) Adult Care, Health and Wellbeing Cabinet Panel looked at the Adult Care Services (ACS) performance report for quarter 3 (October-December 2020). It included the Hertfordshire Care Standard (HCS). As approximately 80% of services commissioned by ACS are provided by external bodies, commissioned services' quality impacts on services that residents receive, so these services are monitored closely by the HCS.

The Panel received a motion that had been referred by full Council on addressing the crisis of funding and sustainability in ACS. The Panel resolved that HCC continue to lobby for social care reform through the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS), and that the Director of ACS and the Executive Member for Adult Care, Health and Wellbeing write to the Prime Minister pointing to the urgency for social care reform as part of the comprehensive review.

At the Panel's 15.07.21 meeting, the Special Educational Needs and Disability (SEND) Strategy 2022-25 was discussed.

There was an update on the ACS capital programme. ACS has a good relationship with the boroughs and districts. 3 years ago, a Supported Housing Strategic Board (SHSB) of HCC and borough and district officers was created.

The Panel looked at the ACS Annual Complaints Report 01.04.20-31.03.21. Performance was likely to be anomalous due to Covid.

At the Panel meeting on 8<sup>th</sup> September 2021, the performance monitor for quarter one of the financial year 2021-22 (April-June 2021) was considered.

The financial and operational costs of social care during Covid were looked at. Covid's financial impact on care providers has been significant and the financial support from HCC has been well-received. However the care market is still fragile and will continue to require support during the current financial year.

As a result of the Covid-19 pandemic, many of Hertfordshire's residents have had their opportunities to thrive reduced. HCC officers have identified a proposed governance structure, themes and approach to supporting and improving residents' life chances over the next 3-5 years, under the title of Building Life Chances.

C/Cllr Fiona Guest



# Agenda Item 9

## HEALTH IN DACORUM WORK PROGRAMME 2021/22

STANDING ITEMS
1. Minutes of the previous meeting
2. Apologies for Absence
3. Declarations of Interest
4. Public Participation
5: Ward Issues
6. West Herts Hospital Trust
7: Clinical Commissioning Group
8. County Council Health Scrutiny Committee Report
9. County Council Adult Care Services Report
10. Work Programme

FUTURE AGENDA ITEMS	REPORTING
CAMHS update	CCG
Virtual Hospital Presentation	CCG
COVID Update	Pf Jim McManus
Primary Healthcare Update	CCG
Integrated Care System	CCG
Population Health Management in the Primary Care Networks	CCG

2021/22 MEETINGS			
MEETING DATE	29-Sep-21	08/12/21	01/03/22
LOCATION	MS TEAMS	MS TEAMS	MS TEAMS
REPORT DEADLINE	20/09/21	29/11/21	21/02/22