



Public Document Pack
**Health in Dacorum
Agenda**

Wednesday 8 December 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 AND ACTIONS** (Pages 4 - 11)
To confirm the minutes from the previous meeting and review the actions.
- 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

To discuss current Ward issues

6. WEST HERTS HOSPITAL TRUST REDEVELOPMENT UPDATES (Pages 12 - 16)

Document for consideration prior to meeting

Q&A

7. COVID-19 UPDATE

Presented by Professor Jim McManus, Director of Public Health

8. COUNTY COUNCIL HEALTH SCRUTINY COMMITTEE REPORT (Page 17)

9. COUNTY COUNCIL ADULT CARE SERVICES REPORT (Page 18)

10. WORK PROGRAMME (Page 19)

To discuss agenda items for future meetings

11. COMMITTEE FOLLOW UP AND DISCUSSION PART 2

Agenda Item 1

HEALTH IN DACORUM COMMITTEE

MINUTES OF THE MEETING HELD ON: 29 September 2021

ATTENDING

Councillors:

Councilor Bhinder (Chairman)
Councilor Beauchamp
Councillor Sinha
Councillor Silwal
Councillor Maddern
Councillor Symington

Councilor Guest
Councillor Pringle
Councillor Durrant
Councillor Tindall
Councillor Hollinghurst
Councillor Stevens

Outside Representatives:

Helen Brown
Louise Halfpenny
Dr T Fernandes
Kevin Minier
Edie Glatter
DBC Officers:

Deputy Chief Executive WHHT
Director of Communications WHHT
Herts Valley Clinical Commissioning Group
Chair, Dacorum Patients Group
Dacorum Patients Group
M Sells, Member Support Officer (Minutes)

The Meeting commenced at 6:30pm.

| No. | AGENDA ITEM |
|-----|---|
| 1 | MINUTES OF THE PREVIOUS MEETING The minutes of the previous meeting were reviewed and agreed. |
| 2 | APOLOGIES FOR ABSENCE Cllr Pringle sent her apologies as her son was in hospital with COVID. |
| 3 | DECLARATIONS OF INTEREST There were no declarations on interest |
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| 4 | <p>PUBLIC PARTICIPATION</p> <p>There was no public participation.</p> |
| 5 | <p>WEST HERTS HOSPITAL TRUST UPDATES</p> <p><i>Health Infrastructure Plan</i></p> <p>Helen Brown presented on the Health Infrastructure Plan (HIP1) which is a government mandate to deliver 48 new hospital facilities by 2030. These 48 are split into 5 cohorts (the Trust is cohort 3), some of them are smaller schemes known as ‘agile schemes’ and there are 8 ‘pathfinders’ and West Hertfordshire Hospital Trust (the “Trust”) is a ‘pathfinder’, which is a major scheme. Being a pathfinder does slow things down a little as there is standardisation across all the schemes that look at things like room ration, best practice design, digital transformation, policy commitment around zero carbon and modern methods of construction, all of which should be known by this Autumn, but Helen expects this to extend into Christmas. The Trust’s business case can’t be concluded until this has happened.</p> <p>There is also a new procurement process for construction of hospitals which is awaited. There is then the issue of funding, Helen Brown explained. The original strategic case at 2017 prices required £600-700 million in funding for all the estate issues. The Trust was advised it wouldn’t get all that funding and a revised business case at 2019 prices was made of £250 million. Becoming a pathfinder has led to discussions with NHS England and the Department of Health to readdress this business case and these costings. The Treasury hasn’t yet confirmed if it will meet the funding required now that the Trust is a pathfinder. There is still this debate between the Department of Health and the Treasury.</p> <p>Helen Brown explained that all these issues had so far prevented the business case for the Trust being progressed.</p> <p>Cllr Allen noted that there was a deadline of 2023 for the development in Watford and wanted to know how the 2030 deadline affected this. Helen responded that the initial requirement was for the HIP1 schemes to be substantially complete by 2025. Helen understood that the reason for this question was because one of the key factors in the decision to not look at new hospital site options was the requirement to deliver as quickly as possible. Helen added that the Trust’s board had taken into consideration the investment and current infrastructure required for a new site and the current sub optimal patient experience and risk of critical failure for patients which meant that a new site option wasn’t feasible. Whilst the timeline has changed nationally, the urgency locally hasn’t and it is the Trust’s view that the best option going forwards is the one that delivers facilities fastest.</p> <p>Helen expects construction to start between April 2023 and September 2024 with a build window of 2.5-3 years. Cllr Allen asked whether the extended timeframe did now mean that alternative options could be reviewed. Helen believes that the timescale is an urgent factor and the Trust should only be pursuing options that will deliver as close to 2025 as possible. New site options will take substantially longer, a previous feasibility study in 2017 supported this.</p> |

Cllr Beauchamp noted that there were substantial issues at the moment in terms of sourcing labour and materials and asked how confident the Trust were that the project could be delivered to budget. Helen explained that an easy square metre basis cost of a new hospital can be carried out but this won't look at abnormalities and infrastructure costs. The Trust has responded last year to the proposal that an alternative site in Bricketwood could be used, noting that traffic infrastructure wasn't suitable for this site, and neither was the utility infrastructure (e.g. electricity pylons would have to be undergrounded). All of this presupposes that obtaining planning for such a new site is possible.

The Trust will however look at reusing and retaining current retained estate. The decision that has been made wasn't based on cost, but it was based on time and deliverability risk, albeit it was decided in 2017 when the cost/benefit analysis against a new site was carried out.

Financially the Trust doesn't yet know how much it will get as it's a pathfinder under HIP1. Helen accepted that many of the counsellors present were active local campaigners for a new site model and were frustrated with the Trust's approach. Helen noted there was a fundamental difference of opinion on this. The Trust believes there are significant improvements that can be made to their existing buildings and significant risks of failure in not doing this. The most important thing for the Trust is to secure the funding.

Eddie queried what funding was required under HIP1. There has been figures of £400 million, £600-700 million and £900 million mentioned. Helen explained that the figure of £600-700 million was part of the 2017 strategic outline case, which is without inflation. £400 million was the figure from 2019, as part of the new hospital campaign. Helen feels £900 million is the more accurate figure. Eddie felt strongly that it was necessary to redevelop the Hemel Hempstead site as best as possible so all the services are under 1 site. Helen made it clear she can't wave a magic wand in respect of the development. She is unaware of what funding will be provided and the Trust will have to work with what they're given. Choices will have to be made and the Trust will be asking for substantially more than £400 million.

Eddie was keen to stress the importance of the size of the footprint for the future hospitals being sufficient to allow for future development. Helen explained that future flexibility will be considered but the Trust isn't able to hold onto land and the business case will not get through the approvals process without a land sale following the development. This is necessary for the business case but also for housing policy. Cllr Bhinder also questioned why this was required and Helen explained this was simply national government policy. Not every bit of land will be sold, there will be some flexibility for future planning. Cllr Bhinder asked whether it had been considered to have 'several campuses' as part of the hospital. Helen explained there were pros and cons and it was a discussion of looking at the benefits of community primary care models versus the benefits of having everything together.

Local Issues

Cllr Beauchamp is concerned that services are being stripped from Hemel Hempstead Hospital with no assurance that there will be additional services under the new scheme. Cllr Beauchamp questioned whether it would be sensible to leave the current services in Hemel Hempstead Hospital until the confirmed dates for the new facilities are known. Helen explained that there are risks in the programme and deliverability and timeline feature as part of these risks. Helen doesn't believe services are being stripped out of Hemel Hempstead. The vision and clinical strategy across the current 3 sites requires investment

and a balance of services across the sites to make services and the workforce more sustainable to deliver the best care. This plan will ultimately increase the number of appointments for residents and travel time will be less on average across the 3 sites. Cllr Beauchamp added that this only worked where there was effective public transport infrastructure for residents which wasn't the case as hospital transportation wasn't available and the cost of taxis was expensive. Helen explained that as part of the survey 'Your Care, Your Views' the Trust were investing but she did accept that travel and access was a concern.

Watford Council have produced their 'green travel plan' and Helen has reached out to Dacorum and St Albans to get them to work through hospital access better. Volunteer driving is also being encouraged.

The Trust is supportive of relocating the Mount Vernon Cancer Centre within the Watford acute hospital services site.

Following 'Your Care, Your Views' it was clear that residents weren't clear what services were provided and the Trust needs to provide clear information about this. There is a summary table on the website now. The takeaways are that people support 'one stop' models and modernising outpatient services. There are concerns about virtual appointments and how that works in practice and whether people will have choice, and travel and access are a big concern for people, along with the state of the buildings.

The stakeholder reference group looked at the choice in outpatients, and there is still a lot of scope to improve the delivery model and booking processes and the choice doesn't always work as well as it should.

The feedback from patients, once they've seen clinicians, is very positive. Improving outpatient services is a key priority for the next 3-5 years. Choice is part of that as is reducing and optimising travel.

Helen noted that the £400 million spending on the HIP1 programme that was costed in 2019 would have to be spent differently now to not only reflect the change in prices but also to deal with net carbon, digitalisation and inflation.

Kevin Minier asked what can be done to get delivery of new programmes before 2028. Helen believes there is an opportunity to carry out clinical transformation changes without investment in the buildings that will benefit many. The Hemel and St Albans business cases for upgrades don't fit into the national procurement and are agile schemes of circa £100 million so will be able to push ahead quicker locally. Inevitably with the amount going on there will be some phasing to this project.

Eddie asked why physio is no longer offered at Hemel. It would also be useful to have chiropody at Hemel as part of the diabetes services. Helen proposed having a detailed conversation about the clinical model at future meetings. Helen stated that she and Louise are giving thought on the process and are looking at feedback for the new programme so will look into this. Helen will bring clinicians to a future meeting to discuss the clinical model at Hemel Hempstead hospital.

Kevin queried how long the Marlowes Wellbeing Centre lifespan was, believing there wasn't long left. David explained there is an estates programme related to the care partnership on how best to use the Trust's estate. Helen added that specifically for the

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| | <p>Marlowes Wellbeing Centre there was a lease with a 10-year lifespan and this could be extended in the first instance. Eddie added that she didn't think the building there was very good.</p> <p>Helen was pleased to confirm that the Trust had won the BMJ award for virtual delivery and she commended all of the staff in this achievement.</p> <p>Cllr Guest queried who deals with health infrastructure as the county council isn't responsible for this. David Evans confirmed that the country council are part of the integrated health system. There is a partnership with ICS which is a new partnership but there are expectations at district and county council about how those health infrastructure projects are dealt with. David proposed bringing this to a new meeting to discuss in more detail how health infrastructure was being dealt with. Helen added that NHS money is broadly from the government, or local authorities raising funds, or the planning levy. Helen was clear to add that there was a big infrastructure challenge for Hertfordshire to overcome.</p> <p><i>Actions</i></p> <ul style="list-style-type: none"> • Works programme for delivery of the new hospitals scheme to continue to be updated and circulated among the committee. • Marie to liaise with Louise so that a clinician can come to the next meeting to discuss the clinical model at Hemel Hempstead hospital. • A briefing note is to be prepared to deal with how health infrastructure is funded and dealt with. |
| 6 | <p>COUNTY COUNCIL HEALTH SCRUTINY COMMITTEE REPORT</p> <p>The Report was circulated to the committee</p> <p>Cllr Beauchamp is the new Dacorum representative at the Hertfordshire health scrutiny committee. Cllr Guest prepared the report and asked if there were any questions. Kevin queried how the scrutiny will be done when there is the integrated care system. Cllr Guest explained that the county council's health scrutiny committee does scrutinise the integrated care system but this does include West Essex, so Princess Alexandra Hospital and Harlow.</p> <p>Cllr Maddern added that she is a sub for this committee and can attend if ever Cllr Beauchamp is unavailable.</p> |
| 7 | <p>COUNTY COUNCIL ADULT CARE SERVICES REPORT</p> <p>The Report was circulated to the committee</p> <p>There were no questions</p> |

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WARD ISSUES

Cllr Beauchamp noted that ENT services were being moved from Hemel Hempstead Hospital to St Albans Hospital with the CCG saying that most of those services that have moved can be done by GP surgeries. However this doesn't include micro suction which is required for elderly patients prior to their audiology appointments and means the elderly can't get their hearing tested until the micro suction has been carried out. Cllr Beauchamp has spoken to GP surgeries and they won't be able to carry out the micro suction.

Kevin wants to ask the CCG if there is capacity in the GP surgeries to carry out all the additional services that are being moved.

Cllr Allen asked for an update from the CCG on the rollout of COVID vaccinations in secondary schools and what was being done to ensure schools were properly ventilated to mitigate the spread of COVID.

Cllr Bhinder spoke about his personal experience of how his seasonal asthma had been poorly dealt with by his GP. FG stated that individual issues couldn't usually be raised due to confidentiality.

Actions:

- Contact to be made with the CCG about where patients will have micro suction carried out, if it can't be carried out in GP surgeries. Helen (in her presentation later) confirmed she would look into this as well.
- CCG to be asked whether GP surgeries have additional capacity to cover the transfer of services required from Hemel Hempstead Hospital.

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GROUP DISCUSSION

Cllr Beauchamp was keen to note that previously they had been told that selling off land from the hospitals was not an option, noting that they could have sold part of the land at Watford to Watford Football Club.

Everyone spoke of their dissatisfaction about the outcome of not using a new greenfield site under the new hospitals programme. Cllr Bhinder was keen that the committee 'scrutinise' decisions and confirmed that they needed to do this. The members don't feel they've had consistency in answers to their queries on this point from the Trust over the years. Cllr Guest explained that previously the committee had come up with motions to put forward. It was agreed that Cllr Allen and Cllr Beauchamp would liaise with each other to come up with a list of concerns to write to a health bureaucrat on this point, as this is a cross party point. Cllr Madden encouraged Cllr Allen and Cllr Beauchamp to liaise with the Dacorum Hospital Action Group and the hospital campaign group as they have obtained a lot of information and expertise on this subject.

Obtaining planning has been said to be one of the main issues of securing a new greenfield site under the new hospital expansion. Therefore it was suggested that the committee liaise with planners to see how big an issue planning could be for a new site.

Issues with 111 need to be reviewed in the next meeting as there have been complaints about the service.

Cllr Maddern queried whether meetings should take place more often than once every 3 months. It was felt that it would be difficult to get the Trust to attend more regularly than this. Instead the members were encouraged to liaise with each other between meetings to ensure that progress continued to be made between meetings and action points didn't slip. It was also hoped that with the new system of noting 'action points' explicitly during the meeting that this would encourage further progress as well.

Eddie is keen to know about the new partnership model, given that the CCG will be dissolved in April and she felt it was difficult to envisage the new ICSs for Hertfordshire and West Essex.

Actions:

- Cllr Beauchamp and Cllr Allen to liaise with each other and come up with a list of concerns regarding a new hospital site and the decision that has been made by the Trust.
- Issues with 111 to be added to the forward plan.

There being no further business the meeting ended at 21:13

ACTION POINT TRACKER – Health in Dacorum

| No | DATE OPENED | ACTION ITEM | OWNER | STATUS |
|----|-------------|--|---|---------------------------------------|
| 1 | 29/09/2021 | Health Infrastructure and funding briefing Note to all committee members | Helen Brown & David Evans | |
| 2 | 29/09/2021 | List of concerns regarding a new hospital site and the decision that has been made by the Trust | Cllrs: Beauchamp & Allen | Complete |
| 3 | 29/09/2021 | Update on whether GP surgeries have additional capacity to cover the transfer of services required from Hemel Hempstead Hospital. | CCG / WHHT – Marie to email and enquire | Email sent |
| 4 | 29/09/2021 | delivery of the new hospitals scheme to continue to be updated and circulated among the committee | Helen Brown | Ongoing |
| 5 | 29/09/2021 | Marie to liaise with Louise so that a clinician can come to the next meeting to discuss the clinical model at Hemel Hempstead hospital | MS/ LH | Postponed (as agreed with the Chair) |
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Agenda Item 6



Welcome to your November edition of Blueprint

We hope this edition finds you well.

Prime minister pressed for new hospital

Our hospital redevelopment plans are often in the local news as was the case last week when the prime minister pledged that a meeting between Sajid Javid and Sir Mike Penning (MP for Hemel Hempstead) would 'unblock things, one way or another'. Sir Mike had used the prime minister's questions session to press his case for a new hospital in Hemel Hempstead.

In response to media enquiries following this exchange, our deputy chief executive Helen Brown said: "We share Sir Mike's desire to see new hospital facilities for our patients and staff as soon as possible. However, our strongly held view is that the best route to achieving this is major redevelopment at Watford General Hospital and improvements to our hospitals in Hemel Hempstead and St Albans. We are excited about our plans which are fully backed by our clinical staff."

Being part of the national New Hospital Programme (which sets out to deliver 48 new or rebuilt hospitals by 2030) offers the benefit of an agreed approach to design and to engaging contractors. It can also bring frustrations whilst the programme gears up to deliver a transformational renewal of hospital buildings up and down the country.

Our progress to secure funding for new buildings and refurbishments is moving at the same pace as the other seven trusts in the 'pathfinder' priority group. Any pause is related solely to the programme's approvals process and not our plans.

Please be reassured that we are committed to delivering new and better hospital buildings as soon as possible. We will set out a range of costed options in our outline business case for consideration next year by the New Hospital Programme, in line with national guidance from the Treasury.

Transforming hospital care - now

Hospital care is so much more than buildings and beds. Whilst we prepare our outline business case to secure funding for our physical hospital sites, we are continuing to transform how we deliver care.

Our one stop model of care is already being rolled out in many areas, providing prompt diagnosis, appropriate investigations and information to patients in a single (or the fewest possible) appointment/s. We will be able to increase the number of services that work along these lines when we make further investment to our diagnostic facilities.

An example is our fracture service where patients' follow up appointments include seeing the orthopaedic doctor, having their plaster changed or removed as well as repeat radiology and wound checks, if needed. Patients also receive exercise advice and education at the earliest opportunity instead of waiting 10 working days for their initial physiotherapy assessment. The appointment usually takes under an hour.

Another example is allergy clinics for children, who are now reviewed by a senior clinician and, if appropriate, have their allergy testing done on the same day. At the same time their family receives all the information and training needed to manage allergic reactions, use devices and techniques, and administer medications along with any dietary advice and support.

Watch our new film on [redesigning patient services](#) to find out more about how we are working hard to transform the way we deliver care.

Delivering digitally

In the previous edition of Blueprint we told you about the electronic patient record (EPR), which went live last weekend. The EPR provides consistent and instant access to patients' health data, saving staff time looking for information in paper records (or even looking for the records themselves) and avoiding the need for patients to give the same information numerous times.

It's a very different way of recording and managing information and so patients may find that some things, like booking or changing an appointment or checking into a clinic, take a little longer for now whilst we get used to the EPR.

You can find out more about EPR [here](#) and read about other ways in which technology is changing how we deliver care in our [digital vision and strategy](#). You can also watch our [short film](#) explaining digital transformation

Improving travel and access

Improving how people get to and around our hospitals goes hand in hand with our redevelopment and service transformation plans. This month we met with transport planners and the local authorities to further our plans to make travel and access as straightforward as possible. The new Arriva-click 'bus on demand' service in Watford and the 'travelWatford' app (which covers far wider than just Watford) are good steps forward.

We have also been learning more about the voluntary drivers who transport patients to hospital appointments across west Herts. We are keen to spread the word about this fantastic service. More on this in the next edition!

Thank you to those who provided lively debate in our travel and access patient reference group earlier this month. This was a valuable session, providing further insight into the issues for patients and visitors travelling to our sites. There were a number of tangible actions we will pursue. We heard about a reliance on car travel but a keenness to try other methods of transport such as train, Arriva-Click and even self-driving cars!

Our new multi-storey car park (at Watford General) will provide much easier access to the hospital with improved drop off and pick-up facilities, more disabled car parking, pay-on-exit technology and lifts so that patients no longer need to negotiate the hill. It is due to open in Spring 2022.

Like all NHS trusts, we are aiming to be carbon neutral by 2045 and so we are exploring ways for staff to get to work without driving and parking (where possible). This will free up spaces for patients and visitors. Our green plan will be developed for discussion early next year.

Fewer people to visit hospital

Reducing the overall visits to hospital in terms of non-emergency, planned attendance remains very much at the heart of our planning.

Ever-advancing models of healthcare enable more care to be delivered in community settings, over the phone or online. This is a constant factor in our planning for the redevelopment. Developing on virtual models of care such as our [award winning covid hospital](#) is an example of how patients receive hospital care whilst [remaining at home](#).

The majority of people's experience of hospital care is – thankfully – via outpatient appointments or for planned surgery. In a pre-Covid year we saw around 150,000 attendances at our urgent and emergency care services across our three hospitals. This is far lower than outpatient attendances which total around half a million. Converting these (where clinically appropriate) to 'one stop' or virtual appointments will dramatically reduce the hospital visits patients need to make.

The number of people attending emergency departments (ED) is increasing nationally at present. But providing more emergency capacity is not necessarily the answer as not everyone who attends our ED requires emergency care. We will continue to highlight NHS111 and the use of urgent care services, GP emergency appointments and advice from a pharmacist.

Please see our [A-Z information pack](#) for an interesting breakdown on which emergency departments are used by patients across west Hertfordshire (under Access on page 3).

Enjoy the festive season!

Thank you for reading our update this month. We hope you all keep healthy and happy this winter. Please do take a moment to read [this guide](#) to staying well and knowing where to go for the right support and medical advice.

Wishing you all a very happy festive season!

Catch up with redevelopment news

Blueprint - You can now read past editions of the Blueprint newsletter on our [website](#) under 'newsletters'. Share the news and get your colleagues and friends to subscribe by emailing westherts.redevelopment@nhs.net

A-Z information sheet - [This document](#) addresses frequently asked questions and the main themes from our engagement and redevelopment programme. It will be updated regularly.

Further information

Please contact us with any questions you may have about the outline business case and hospital redevelopment plans to westherts.redevelopment@nhs.net

Contact us via email on westherts.redevelopment@nhs.net



Hertfordshire Health Scrutiny Committee Report for the Health in Dacorum Meeting of 8th December 2021

At its meeting on 11.10.21, Hertfordshire County Council's (HCC's) Health Scrutiny Committee (HSC) received presentations and held discussions regarding the following subjects:

Winter pressures – Report by the Hertfordshire and West Essex Clinical Commissioning Groups' Deputy Leader

The Committee was informed that pressures on healthcare provision still exists due to shortages in staff and bed availability, resulting from the current and legacy demands of Covid-19 and staff leaving the service. There is also expected to be additional pressures resulting from the lack of exposure to 2020 winter flu, as the public would not have developed normal levels of immunity. Members were therefore reminded to encourage the public to utilise the 111 telephone service rather than GP services, as a first point of contact for minor health matters and to also utilise the expertise of local pharmacies where appropriate. The matter of distribution vaccine of the Pfizer variant at pharmacies was discussed and it was confirmed that it was available to selected pharmacies. However, it was acknowledged that storage was an issue. It was also acknowledged that there is currently a general shortage of the availability of the Astra Zeneca vaccine.

Emergency Mental Health issues were highlighted as being inadequate and putting patients at risk, as they often leave A&E before they can be assessed. The CCG was asked to investigate and report back the measures that could be put in place to mitigate these incidents. The question of patients being summerly discharged from waiting lists for regular hospital appointments was highlighted and the CCG stated that these should not be happening and committed to investigate and report back on why this happened to Hemel Hospital patients.

The issue of anti-vaxers disrupting the public vaccination events was also highlighted and it was acknowledged by all, that this is a serious matter and puts staff and the public at risk of injury and intimidation. It was agreed that further consideration needs to be given to resolving this matter.

St Albans and Harpenden Urgent Care Provision – Herts Valleys Clinical Commissioning Group (HVCCG)

Urgent Care provision is a system that will provide a new level of urgent care provided to patients, where-by a telephone call to the 111 service can result in a booked appointment at the minor injuries unit in St Albans, these patients will be seen at an allocated time over and above those that who may have been waiting for a considerable period. It was acknowledged by HVCCG that there needs to be more consideration given to how this new service is implanted and also the process as to how it is communicated, in order to avoid any confusion by members of the public of this third semi emergency service.

East of England Ambulance Service Trust Update – Report of the East of England Ambulance Service Trust - Public Affairs Officer

The Officer gave an account of the pressures that the service is under and presented the statistics indicating its performance, a discussion was held around these issues. The level of abuse and attacks on ambulance staff was also discussed and how body cameras were being used as a preventative measure to help combat these instances and also record abuse if it happens, a question was raised as to whether this might compromise patient confidentiality and the Committee was assured that the cameras were only activated if necessary and used to record an abuser.

Next Hertfordshire Health Scrutiny Committee- Meeting 15th December 2021

Agenda Item 9

Herts. County Council Adult Care Services Report for Health in Dacorum Meeting of Wednesday 8th December 2021

At its' meeting on 13th October 2021, Herts. County Council's (HCC's) Adult Care, Health and Wellbeing Panel looked at proposed changes to the allocation policy for Gypsy and Traveller pitches ie replacement of the current waiting list with a Pitch Licence Application List. This would cover the 206 pitches on HCC's 10 permanent Gypsy and Traveller sites (not the transit site or private sites.)

The policy now included a more comprehensive needs assessment using factors similar to those used by borough/district councils for Council tenancy allocation.

An update was given on Covid-19 vaccination roll-out during 2021 to Hertfordshire's social care staff, care home residents, unpaid carers and people with learning disabilities. Great efforts were made by communications and face-to-face work to encourage vaccine uptake. Myth busting was undertaken by Public Health to counter vaccine hesitancy. However consideration was necessary as to how to counter disinformation on social media. From 11.11.21, it would be mandatory for care home staff to be double vaccinated. (Subsequently 297 unvaccinated care workers across the county have left.)

More venues including community pharmacies were coming on stream to provide Covid-19 booster and flu vaccinations.

At its' meeting on 12th November 2021, the Panel considered the proposed plan for Adult Care Services 2021/22-24/25, which fits in with the 15 Year Direction of Travel for Adult Social Care, agreed on 06.03.18. The Plan is divided into 2 parts:

Year 1 Summer 2021-March 2022 focuses on recovery from Covid-19's impact, learning from the response to the virus and how people's needs have changed. Years 2-4, April 2022-March 2025 builds on this learning and delivers strategies and action plans developed in the first year.

Priorities within the Plan include communication and relationships, maintaining wellbeing, providing care and support, supporting unpaid carers and organisations working together to support people. The Plan refers to promoting independence.

The Panel received the Annual Report for 2020-21 from Herts at Home Ltd, HCC's company set up to respond to care provider failure. The company, which is restricted to trading in Herts, currently provides services for older people.

The Panel has a meeting on the morning of 8th December 2021

C/Cllr Fiona Guest

HEALTH IN DACORUM WORK PROGRAMME 2021/22

STANDING ITEMS

| |
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| 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 |

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 |

FUTURE AGENDA ITEMS

REPORTING

| | |
|-------------------------------|----------------|
| CAMHS update | CCG |
| Virtual Hospital Presentation | CCG |
| COVID Update | Pf Jim McManus |
| Primary Healthcare Update | CCG |
| Integrated Care System | CCG |
| Issues with the 111 service | CCG |