



Public Document Pack  
**Health in Dacorum  
Agenda**

**Tuesday 1 March 2022 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 4 - 11)

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

Members of the public are reminded to keep their microphones and cameras muted throughout the meeting until they are invited to speak on their specific agenda item(s).

### **5. WARD ISSUES**

For committee members to discuss issues in their wards

### **6. WEST HERTS HOSPITAL TRUST**

Presented by Louise Halfpenny WHHT

Update on latest national New Hospital Programme timeline and local hospital redevelopment plans.

Presentation to be shared at the meeting

### **7. CLINICAL COMMISSIONING GROUP**

- CAMHS update – Presented by Joella Scott
- Primary Healthcare Update – Presented by Michelle Campbell
- Integrated Care System – Presented by David Evans
- Population Health Management in the Primary Care Networks – Presented by Charlotte Mullins

**8. PRESENTATION - HEALTH & SOCIAL CARE SECRETARY MEETING**

Presentations from:

Steve Day – Herts Valleys Hospital

Philip Aylett – New Hospital Campaign

**9. COUNTY COUNCIL HEALTH SCRUTINY COMMITTEE REPORT**

**10. COUNTY COUNCIL ADULT CARE SERVICES REPORT (Page 12)**

**11. WORK PROGRAMME AND ANY OTHER BUSINESS**

# Agenda Item 1

## HEALTH IN DACORUM COMMITTEE

MINUTES OF THE MEETING HELD ON: 08 December 2021

### ATTENDING

#### **Councillors:**

Councilor Bhinder ( Chairman)	Councilor Guest
Councilor Beauchamp	Councillor Pringle
Councillor Sinha	Councillor Durrant
Councillor Silwal	Councillor Allen
Councillor Hollinghurst	Councillor Johnson
Councillor Symington	

#### **Outside Representatives:**

Helen Brown	Deputy Chief Executive WHHT
Dr T Fernandes	Herts Valley Clinical Commissioning Group
Kevin Minier	Chair, Dacorum Patients Group
Edie Glatter	Dacorum Patients Group
DBC Officers:	M Sells, Member Support Officer (Minutes)
Member of the Public	Steve Day

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 with the following amendment:</p> <p>Cllr Allen was not included in the attendees list and needs to be added.</p>
2	<p><b>APOLOGIES FOR ABSENCE</b></p> <p>Marie Sells confirmed that Professor McManus was unable to attend the meeting and Cllr Bhinder confirmed that Cllr Maddern was unable to attend.</p>

3	<p><b>DECLARATIONS OF INTEREST</b></p> <p>Cllr Guest confirmed that she is a practising community pharmacist and is administering flu vaccinations currently.</p>
4	<p><b>PUBLIC PARTICIPATION</b></p> <p>There was some public participation for Part 1 of the meeting only.</p> <p>The public were reminded to mute their microphones and switch off their cameras.</p> <p>Steve Day has registered to speak.</p>
5	<p><b>WEST HERTS HOSPITAL TRUST REDEVELOPMENT UPDATES</b></p> <p>Helen provided an update on the status of the redevelopment currently. West Herts is part of the pathfinder scheme for the new hospital under a national mandate to deliver 48 new hospitals by 2030. Originally the target was 6 new hospitals by 2025 and this has been extended to 48 by 2030. There are 5 cohorts (West Herts is part of cohort 3) as part of this national development as follows:</p> <p>Cohort 1 – live in build schemes including Brighton, Midland Met and Liverpool.</p> <p>Cohort 2 – agile smaller schemes costing circa £100 million which includes Luton and Dunstable.</p> <p>Cohort 3 – the original HIP1 schemes which are the bigger developments that include West Herts as well as Princess Alexandra, Whips Cross, Hillingdon, Epsom, Leicester, Leeds, Manchester. These are also known as ‘pathfinder’ hospitals.</p> <p>Cohort 4 - 20 hospitals announced back when HIP1 was announced to be work in progress proposals.</p> <p>Cohort 5 – the remaining 8 schemes that are in the bidding process. Mount Vernon Cancer Centre has applied to be one of these.</p> <p>Cohorts 1 and 2 should have delivery by 2025. Helen confirmed pathfinder progress has been slower and was officially put on pause in the summer. The current national focus is on the in-build and agile schemes currently and not the pathfinder schemes. The confirmed funding for all 48 schemes is £3.7 billion between now and 2025 and this clearly won’t be enough. The hospital programme is currently putting a case to the Treasury to confirm what additional funding will be required over the lifetime of the Programme. Until this is done things are on ‘pause’. Helen doesn’t know how long this will be for but confirmed that she had needed to stand down all external consultants working on the new hospital programme for the moment as development funding had not yet been confirmed for this financial year and the Trust could no longer fund the programme at risk This issue is not unique to West Herts - all Pathfinder Trusts are in the same position.</p>

Helen confirmed to Cllr Beauchamp that those employees who work directly for the Trust on the new hospital programme will continue to work on the business case but without the assistance of external consultants.

The Trust needs to present a range of options for their business case to show that they've looked at a range of options, what the cost of those options are, what the benefits of those options are and how long they would take to deliver. The most recent focus for the Trust has been on the Princess Michael of Kent (PMoK) building. The outline case that was presented in 2019 only included £350 million of funding, the majority of which would have been utilised on a new clinical block at WGH, with relatively smaller sum available for improvements to PMoK and planned care services at HHH / SACH. The Trust was always clear that this would not address the fundamental issues within PMoK and that substantially more investment would be required to deliver an appropriate care environment in the longer term.

Helen added that the cost to build a new hospital is significant, but the cost to do the work, the detailed option and design and analysis is also expensive.

Helen confirmed that it would take months if not years to consider building a new hospital on a new site. A desktop costing could be provided for building on a new site by calculating the cost per square metre however the Trust cannot accurately confirm all of the costs for a new site due to site specific discrepancies, like infrastructure, ground works, etc. The example of a site at Bricket Wood was given where the cost of road infrastructure (in context of M1 / M25 junctions etc) and (for e.g.) undergrounding the electricity pylons is unknown.

In 2017 a comparison with the Kings Langley site was done vs. redevelopment of the Trust's existing sites. . In 2019 a new site wasn't considered as the funding was only for £350 million which clearly insufficient funding for a new build on a new site.

The Trust is of the view as well that building a new hospital on a new site will take longer and will be higher risk and the benefit won't be sufficient enough to justify these additional risks. The cost and time to undertake the requisite level of detailed investigation and feasibility study of a new site to do an '@OBC' level cost and delivery timeline estimate is significant. The Trust's view was that it was not a good use of time and resource to do any further work on this issue given the urgency to deliver improved facilities for our patients and staff, hence the decision not to short list any new sites for more detailed appraisal.

Helen hopes that the new funding will be confirmed in the coming weeks and definitely by April 2022 but there is no confirmation of timescales yet.

Cllr Allen felt the benefits for a new hospital on a new site were being under estimated. . Edie added that PMoK is beyond refurbishment and Helen responded saying that the Trust was trying to get the most money possible and the focus is on prioritising emergency and specialist care for the Trust in the future.

Kevin Minier asked when the cost figures would be known to the public. Helen noted that costing is complex and the Trust hasn't been able to finalise their costs as they're waiting for guidance from the new hospital programme, such as what the expectation is for the percentage of single occupation rooms, net zero carbon requirements etc. This needs to be future proofed as well. Helen isn't prepared to make public any costings until she knows they can stand up to scrutiny. The guidance that's awaited will help to determine how the

new development will look. Helen noted that the Watford site would need to provide for taller buildings as there isn't as much room on the site as there could be for a new hospital on a new site, however the outline design demonstrates that the clinical requirements can be met. Any decision around the percentage of single rooms, for example, will apply to a Watford redevelopment as it would to a new hospital on a new site but at Watford non-clinical accommodation can be accommodated within existing buildings, with the potential to (marginally) reduce overall costs.

Helen noted that inflation on building costs is currently at 5% so the costs increase each year by tens of millions. The original calculation of £900 million for the Trust for the redevelopment programme still holds largely good and is likely to be the approximate cost required. The drivers of cost are how much you build, total space, how much of that is new, where you build it and when you build it.

Helen confirmed that in 2019 the refurbishment of PMoK wasn't considered and what is done with PMoK as part of the redevelopment has been part of the main focus recently. The current PMoK building has a lifespan of another 20 years whereas a new build if it was knocked down would have 60 years. The most likely scenario for Helen is that the majority of PMoK is rebuilt with a small part retained. Helen again confirmed when questioned that refurbishment of PMoK couldn't be considered as part of the 2019 redevelopment as there was only £350 million of funding proposed in 2019.

Kevin queried whether £8 million had been spent on the outline business case. Helen confirmed that approximately that amount has been spent to date, with a significant proportion of this being on the detailed 1:200 design undertaken by the architects for the Watford outline planning application.

Cllr Beauchamp raised a concern that the focus will be on Watford and improvements to St Albans and Hemel Hempstead hospitals will be left. Helen explained that the focus wasn't on Watford, but the focus was on the services of emergency and specialist care, and the majority of these services are at Watford. Women's and children's services is also high on the list. The reason for this focus is because (1) these are the sickest patients and (2) the buildings at Watford are the least appropriate. The Trust does also have a clear vision for St Albans and Hemel Hempstead to support its 3 site clinical model. Helen expects the funding for St Albans and Hemel Hempstead to have increased as well as the funding of the new development at WGH.

Cllr Guest provided a summary of the discussion so far and asked that a desktop cost review is carried out for building a new hospital on a new site. Cllr Guest noted the active campaign groups (like Dacorum Hospital Action Group) in the area who were campaigning for the new hospital on the new site. Cllr Guest described this as a once in a generation opportunity and Cllr Bhinder felt this was a once in 2 generation opportunity. Helen confirmed she could carry out a desktop survey for a new hospital on a new site, but this wouldn't include working with external consultants as working with them is on hold as part of the whole programme and that in her view this would have limited value as per her previous comments. Cllr Bhinder asked that patient wellbeing is included in this desktop survey.

Steve Day raised some questions from residents. Steve had emailed Helen and the director of communications for the Trust concerning inaccurate information that was published in the newsletter and was disappointed to have not received a response. Helen asked that this email was resent as she hadn't received it. Helen will also look to see if it's in her junk folder.

	<p>Steve had requested that the 3 hospital proposals that were submitted in August were released to the public and felt not doing this contravened the Freedom of Information Act. Helen confirmed that in the summer a desktop exercise was requested for the new hospital programme and this wouldn't be released to the public as it was not part of the formal decision making process and was indicative only.</p> <p>Steve queried why the timescales for the new hospital programme had slipped back so much. Helen confirmed that it was the government's timeline that had pushed back from 2025 to 2030 for all 48 schemes, with Pathfinders currently expected to complete by 2028. The current timeline is that construction will begin between September 2023 and September 2024 and there will be a c 3 year construction programme.</p> <p>Steve asked why there wasn't a formal consultation period under the Trust's statutory duty to consult and this was an issue that had recently been raised in Whipps Cross. Helen disagreed with this and confirmed that there isn't a requirement to consult on something the Trust doesn't plan to do. Helen was unaware of the situation in Whipps Cross but confirmed engagement is a complex area. In a planning application the Trust will follow the formal expectations and requirements of planning, engaging, consulting through planning. Consultation on service change, where there is a formal change, is governed through a set of legislation, with the HCC scrutiny committee playing a key role in determining whether a full statutory consultation is required. . There is only a requirement to consult where there is a substantive service change and development on the existing sites doesn't constitute substantive service change. HB noted that if they were to build a new hospital on a new site, this would be a substantive service change that would potentially require consultation, subject to the view of the Scrutiny committee.</p> <p>Helen was unable to answer a question on what the plan is for project recovery in the time remaining due to uncertainties within the national programme. She did however confirm that all of the procedures to date had followed the Treasury's green book process as they were expected to do.</p> <p>Helen has provided a response to Sir Mike Penning's comments in Prime Minister's questions recently. She will email this to everyone following this meeting. HB noted that there had been a misquote in the Trust's response and this would be explained in her response that she would provide to everyone.</p> <p><i>Action:</i></p> <ul style="list-style-type: none"> <li>• The Trust will consider undertaking a desktop study into the costs of a new build hospital on a new site.</li> <li>• HB to provide her response to Sir Mike Penning's comments to all.</li> </ul>
6	<p><b>COUNTY COUNCIL HEALTH SCRUTINY COMMITTEE REPORT &amp; COUNTY COUNCIL ADULT CARE SERVICES REPORT</b></p> <p>The Reports was circulated to the committee</p> <p>the report on County Council Health Scrutiny</p>



	<p>It was noted in the Health Scrutiny Committee report that anti-vaxxers had been attending vaccination centres to cause disruption. The police were called in these instances. Where the anti-vaxxers are exercising their free speech the police were unable to detain them, however on one occasion the anti-vaxxers started to approach some youngsters and this meant the police could intervene and detain the anti-vaxxers. It was also confirmed that some anti-vaxxers had been found attending schools trying to push their views on the vaccination to children.</p> <p>The concern for the health service in the borough was noted given the current situation with COVID-19 and the lack of resources in the NHS.</p>
7	<p><b>WARD ISSUES</b></p> <p>Cllr Pringle confirmed that there was currently only 1 child psychiatrist serving the whole of the county of Hertfordshire. This means appointments are only offered in Welwyn which could cause issues for those who would struggle to travel there.</p> <p>Cllr Pringle also raised the issue of triaging taking place at GP practices which often means that people don't see their GP in the first instance. Cllr Bhinder asked that the committee is provided with an update on this triaging system. Cllr Pringle is concerned that those who are vulnerable may not be getting the care and treatment they need when they need it. KM added that Health Watch had carried out a survey of GP practices and it would be helpful if Health Watch could present on this to the committee.</p> <p>Many attendees were concerned about the new hospital programme and what it meant for Hemel Hempstead and St Albans as the 'poor relations' to the Watford site and it was agreed this would be something that would be discussed with the Trust in future meetings.</p> <p><i>Action:</i></p> <p>Professor McManus to be invited to a future meeting to provide an update.</p> <p>The Trust are to provide a presentation on the triaging system in GP practices that's taking place. MS to approach the CCG about providing this.</p> <p>Health Watch to provide a presentation on their survey of GP practice and their services.</p>
8	<p><b>WORK PROGRAMME</b></p> <p>There were no further discussions on the Work Programme.</p>
	<p>End of Part 1 minutes.</p>

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# Agenda Item 10

## **Hertfordshire County Council Adult Care Services Report for Health in Dacorum Meeting of 1<sup>st</sup> March 2022**

On 22<sup>nd</sup> February 2022, Hertfordshire County Council (HCC) passed its Integrated Plan (IP) 2022/23-2025/26, which included HCC's 2022/23 Budget.

As well as the general Council Tax increase of £1.99%, HCC added the residual 1% Adult Care Services Precept not taken in 2021/22. This is being used to fund an increase in care workers' wages. Also, Adult Social Care authorities are allowed by the Government to raise Council Tax by a further 1% per year for the next three years until 2024/25. HCC used the new Council Tax limits for social care, adding a further 1% to take the total increase to 3.99%.

£18 million has been invested in care providers to enable care worker wages to rise to £10.30/hour, above the national living wage, with many earning more. This is to help recruitment and retention, and reflect their remarkable efforts throughout the pandemic. Work is being done through the Hertfordshire Association of Care Providers and the application of the Hertfordshire Care Standard to ensure that care workers do receive increased wages.

£22 million has been put in to ensure that there is sufficient funding to support increased numbers of older people and people with disabilities, including responding to the impact of hospital discharge arrangements,

£1 million has been invested in domestic abuse services, working with partners to expand the service. As required by the Domestic Abuse Act 2021, the County Council has been developing a new Domestic Abuse Strategy, scheduled for implementation from 01.04.22. As required by the Act, the focus of the strategy is on safe accommodation.

There is investment in a new model of Adult Social Care, working to strengthen prevention, to reduce preventable admissions to hospital and long-term care.

£15 million is being invested in a new Adult Disability Service Accommodation Strategy, which sets out an ambitious project of redevelopment. It is a 10-year programme to improve the supported living offer in Hertfordshire for working age adults with learning disabilities, autism, sensory and physical disabilities and other support needs, living in the community. The Strategy has three key aims – working with partners, improving options working to provide better housing standards and new housing solutions, and improving HCC's own portfolio of supported living options. It also supports the Special Educational Needs and Disabilities (SEND) Strategy (Preparing for Adulthood) programme.

HCC has a new Carer Strategy 2022-25, approved by HCC, and the county's two clinical commissioning groups. The Strategy covers both adult and young carers.

C/Cllr Fiona Guest