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**Health in Dacorum
Agenda**

Tuesday 11 October 2022 at 7.30 pm

Council Chamber, The Forum

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. THE VISION FOR HEMEL HEMPSTEAD HOSPITAL

To discuss the updated Vision for Hemel Hempstead Hospital as compiled by Eddie Glatter.

7. BOOSTER VACCINATION AVAILABILITY

8. COUNTY COUNCIL HEALTH SCRUTINY COMMITTEE REPORT (Pages 9 - 10)

9. COUNTY COUNCIL ADULT CARE SERVICES REPORT (Page 11)

10. WORK PROGRAMME

HEALTH IN DACORUM COMMITTEE

MINUTES OF THE MEETING HELD ON: 08 June 2022

ATTENDING

Councillors:

Councilor Bhinder (Chairman)	Councilor Guest
Councilor Beauchamp	Councillor Durrant
Councillor Hollinghurst	Councillor Allen
Councillor Silwal	
Councillor Maddern	

Outside Representatives:

Edie Glatter	Dacorum Patients Group
DBC Officers:	M Sells, Member Support Officer (Minutes)
DBC Officers:	J Webb, Member Support Officer (Minutes)
Healthy Hub Officer	Tyler Osbourne

The Meeting commenced at 7:30pm.

No.	AGENDA ITEM
1	<p>MINUTES OF THE PREVIOUS MEETING</p> <p>A typo for 'superb' was noted on page 1 of the minutes.</p> <p>Cllr Allen confirmed that he was in attendance at the last meeting.</p> <p>Cllr Allen noted the action regarding the Trust sharing any submission made to the Health Secretary in relation to the hospital and asked that this be logged. Cllr Bhinder suggested this action be carried forward.</p> <p>Cllr Beauchamp asked if the report following the last Hertfordshire Health scrutiny meeting had been included in the minutes. It was noted that this would be clarified and the correct report would be circulated.</p> <p>Cllr Hollinghurst noted the penultimate paragraph on page 10 of the minutes and that he was quoted to have asked if there are any plans to use distributed ledger technology with GPs and that it should have stated that this was to facilitate access to patient records.</p>

2	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies were received from Cllr Sinha</p> <p>It was noted that Kevin Minier was viewing online and could therefore only attend the meeting as a spectator.</p>
3	<p>DECLARATIONS OF INTEREST</p> <p>There were no declarations on interest</p>
4	<p>PUBLIC PARTICIPATION</p> <p>There was no public participation</p>
5	<p>HEALTHY HUB PRESENTATION</p> <p>TOsborne gave the presentation and first provided an overview of the project, noting that it is a public health initiative from Herts County Council. The project was designed to have a physical presence, which was hampered by the pandemic, and is now becoming more physical in the community. Since 2020, £118k has been provided by Public Health to fund the project in Dacorum, including a full-time officer, commissioned services and the day-to-day functioning of the hub.</p> <p>Each healthy hub has a core offer directed by the Public Health team at HCC, and signposting or referrals are offered in areas such as weight management through work with partners such as Weight Watchers and Slimming World. The hub also works closely with the NHS team in regard to providing sexual health testing kits and with partners in drug and alcohol services. There is also a link with the Hertfordshire Health Improvement Service, including the stop smoking service, and it works with the Hertfordshire Mind network for mental health services.</p> <p>With the money from Public Health, a number of partnerships have been created. Mental health was identified as significantly impacting members of the public and the hub worked closely with Hertfordshire Mind network to work out what the need was in terms of how to address early mental health issues, and the service has seen positive take up. The Wellbeing Hub is still running 2 days per week and up to 50–60 people attend each session. The hub also worked with Citizens Advice to fund a support advisor to provide residents with a range of support around debt, housing, citizenship, and relationship issues.</p> <p>Over 2k referrals have been made in total, which are the highest figures in Hertfordshire, and feedback is now being given to other hubs to help replicate the service. The hub is active on social media and has a bimonthly newsletter, and all partners and local organisations in Dacorum are promoted alongside national campaigns.</p> <p>TOsborne confirmed that they have been granted an extension from Public Health to provide the project for another 2 years, and this will include his post and will allow them to</p>

better understand how effective the project is within the community without pandemic restrictions. The extra funding doesn't cover any further commissioning services from the Healthy Hub and they would therefore need to look for external funding for any other projects.

Cllr Bhinder asked how else they communicate the project to the wider community. TOSborne explained that they use social prescribers to relay information to the public and the service is promoted in the Dacorum Life magazine. The hub also works with partners such as the Job Centre to relay physical material to those who may not access the service digitally.

Cllr Bhinder noted that some partnerships have come to the end of their term and how this worked with TOSborne's term being extended for another 2 years. TOSborne advised that they would be looking at grant applications for external funding as the budget currently only covers his role, and that he would be particularly looking at how to continue the South Hill Centre.

Cllr Bhinder asked where the hub is based. TOSborne confirmed that the hub is based from the South Hill Centre 2 days a week and then 1 day a week at Dacorum Job Centre providing drop-in or appointment slots. TOSborne noted that they have also looked to provide pop-up events across Dacorum.

Cllr Bhinder noted the high referral figures and asked what this was attributed to. TOSborne suggested this was a mixture of working with the right partners and those who know the existing demographics. There is a monthly drop-in with other Hertfordshire hubs as well as a quarterly meeting to relay all figures and share ideas.

Cllr Allen asked if there is any monitoring on who is taking up referrals and if these people are from particular target groups. TOSborne stated that each quarter they provide Public Health a detailed account of the referrals and a lot of people who access the service come from areas of deprivation. TOSborne confirmed he could provide further details if required.

Cllr Hollinghurst commented that he didn't know if this was a function of a new project that should be set up, adding that he has long advocated that primary care should be integrated with the NHS and that there is a comprehensive system of GPs with most members of the population registered. Cllr Hollinghurst suggested that the Healthy Hub is primarily a signposting service, alongside distributing sexual health testing kits, and that he questioned the rationale behind it. Cllr Hollinghurst added that he did not believe it was an effective use of funds given the GP service and the network of independent pharmacies, and that the council should be providing support on debt and housing.

Cllr Beauchamp stated that he believed there is a place for this facility and that many illnesses are hidden, particularly mental health illnesses, and if there is a tie-up with the Hertfordshire Health Walks programme. TOSborne confirmed that the Never Too Late to Be Active campaign is in partnership with Hertfordshire Health Walks and those who attend drop-ins are informed of the initiatives with good feedback from people.

Edith Glatter noted that the vision for the hub is for it not to be separate and to instead integrate services, adding that it would be good to have it on the site of the hospital. TOSborne noted that part of the initiative at the South Hill Centre is part of the building better opportunities project that looks after people getting into work.

Cllr Hollinghurst asked if they have given up on GP services and pharmacies, and if they have forgotten that councils in unitary authorities have public health organisations funded directly by the state. Cllr Hollinghurst stated that these services could provide 90% of what is being proposed and that he felt the hub was unnecessary and using money needed for the NHS.

Kevin Minier asked to raise a comment and it was noted that virtual attendees could not participate in the meeting. Cllr Bhinder suggested that any concerns or questions be submitted in writing.

Cllr Maddern commented that she felt it was a great service and agreed it was a great idea to put the hub at the hospital to provide a proper base. Cllr Maddern asked if services had stopped due to funding or for any other reasons, and it was confirmed that it was just due to funding. Cllr Maddern noted that funding going forward is just for TOSborne's role and asked if a costing of services could be provided to better understand what they could be. TOSborne confirmed this was provided for the extension and was therefore already available.

Cllr Maddern asked how Dacorum's numbers compare to other areas. TOSborne advised that they have so far referred over 2k people and that other healthy hubs are in the 10s or 100s, adding that some hubs are purely virtual. Cllr Maddern congratulated TOSborne on his hard work.

Cllr Bhinder thanked TOSborne for his time and presentation.

Cllr Guest asked how people are referred into the Healthy Hub. TOSborne explained it is a mix of self-referrals and through GPs and that partners can also relay some clients that they are unable to support.

Cllr Guest noted that the support advisor provides advice on housing and that social housing is the responsibility of the borough council and asked what relationship the hub has with DBC and other districts and borough across the county. TOSborne advised that he is funded by the county council but is employed by the borough council, and they work with other communication teams and other departments in relation to the services provided. The hub also works with other councils through their Healthy Hubs.

Cllr Guest thanked TOSborne for his time.

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WARD ISSUES

Cllr Johnson noted Boxmoor Good Neighbours, who support the elderly in Boxmoor and surrounding areas, have been invited to join a group looking at sustainable transport into Watford General Hospital and asked if there was any representation from the council on this. Cllr Johnson confirmed he would forward on any details to Cllr Bhinder.

7	<p>COUNTY COUNCIL HEALTH SCURTINY COMMITTEE REPORT</p> <p>Cllr Beauchamp noted that a meeting was held on 26th April and, since then, he and Cllr Guest have scrutinised various Trusts with each member allocated a particular Trust to scrutinise. Cllr Beauchamp advised that he had scrutinised the Central London Clinical Hospital Trust and they have reported back on raised questions. It was noted the West Hertfordshire Hospital Trust was not included as this was scrutinised on a previous occasion. Cllr Beauchamp highlighted how Central London Clinical Hospital Trust ramped up admin during the pandemic to deal with appointments and he noted the processes in place to contact people whilst waiting for referrals, adding that he felt they had a model that other Trusts should follow.</p> <p>Cllr Bhinder suggested that any good practice witnessed elsewhere should be forwarded onto the Committee.</p> <p>Cllr Beauchamp noted that the report from the March meeting would be circulated.</p> <p>Cllr Guest advised that she had scrutinised the North Hertfordshire Hospital Trust. The Hertfordshire Community Trust was not scrutinised and that the Central London Clinical Hospital Trust provides community services in West Herts.</p>
8	<p>COUNTY COUNCIL ADULT CARE SERVICES REPORT</p> <p>The Committee noted the report</p>
9	<p>WORK PROGRAMME</p> <p>Cllr Bhinder noted the request for examples of good practice from other Trusts to be shared, and Cllr Johnson’s note regarding Boxmoor Good Neighbours looking at sustainable transport to Watford General Hospital.</p> <p>Cllr Maddern noted an issue came up in her ward where an elderly resident of a different authority was being moved into Dacorum to live near her family. She had very complex health issues and the 2 authorities could not communicate with each other. Cllr Maddern stated she would be interested to have Adult Care Services attend a meeting on how they do that.</p> <p>Cllr Guest asked if an item could be brought to the Committee on vaccine uptake in Dacorum and differences across the borough.</p>
10	<p>Any Other Business</p> <p>Cllr Bhinder checked if everyone had received a copy of the letter he had sent to Helen Brown at West Herts Hospital Trust. Cllr Bhinder advised that the letter was to be compiled by the Committee, but it had come to light that a big decision about the hospital was due to be made at a board meeting on 31st May and that he therefore took the initiative to</p>

respond quickly. Cllr Bhinder apologised for responding so quickly and noted that his letter was not included in the presentation to the Board.

Cllr Allen asked if the message went out at the board meeting on 31st May that Dacorum were neutral on the matter of Watford Hospital. Cllr Bhinder stated that his letter was specifically on behalf of the Committee, and it was brought to the attention of the leader of the Council, who responded that within 24 hours that another letter was written to make Dacorum Borough Council's position on the matter clear. Cllr Allen asked if this letter made it time to not be published. Cllr Bhinder stated that he believed there were 2–3 releases of document and that he believed it did make the meeting.

Cllr Allen queried if they should have some thought on how a message from Dacorum Borough Council went to the Trust. Cllr Bhinder confirmed that this is being looked into.

Cllr Bhinder noted a vision for a health service in Dacorum run from Hemel Hempstead Hospital raised by Edith Glatter and suggested that this be discussed at the next group meeting. Cllr Bhinder recommended they look at this in relation to WHHT. Edith Glatter advised that they are being left with very little given the focus on telephone consultations and that the hospital would have little going on if they don't act.

Cllr Beauchamp commented that he had heard from someone who works in Hemel for the NHS and that they are not giving hospital appointments until 1 month before the appointment is due. This is prolonging issues with people who already have holiday booked and they need to cancel their appointment. Cllr Bhinder asked how they could get more information on this. Cllr Bhinder suggested this be a steering group point.

Edith Glatter shared statistics on the Trust, noting that the information had come from the board papers. The Trust is currently bottom of the table for the region regarding A&E, with 35% of patients being seen within 4 hours, compared to Milton Keynes seeing 70%. The other issue is on the performance of the ambulance trust due to being stuck with patients who can't be seen. On seeing patients within 15 minutes, the Trust is second from the bottom in the region. Cllr Bhinder suggested they bring in WHHT to respond to their own figures. It was agreed that they are invited to every meeting, and it could be added to the forward plan for them to discuss.

Cllr Beauchamp asked if the Committee was aware of the WHHT press release from 1st June regarding the development plans. Cllr Bhinder confirmed that this had not been circulated. Cllr Beauchamp confirmed he would send this to Jenny and Marie.

MSells confirmed that the next steering group is planned for 27th July 2022 at 7:30pm via MS Teams. It was confirmed that all dates would be circulated for approval.

Edith Glatter commented that she has written to the CQC regarding WHHT's results though she was unsure who they were accountable to. Cllr Bhinder noted that they could ask them about this when they next attend the meeting.

There being no further business, Cllr Bhinder closed the meeting.

REPORT OF HERTFORDSHIRE HEALTH SCRUTINY (HSC) TO THE GROUP

July 2022

1. The Hertfordshire Health Scrutiny Committee (HSC) met on the 1 July 2022. The Webcast of this meeting can be found [here](#). At the meeting we welcomed new county, district and borough colleagues joining the committee:
 - Teresa Heritage (Herts County Council)
 - Val Bryant (North Herts)
 - Lynn Cunningham (St Albans)
 - Simon Feldman (Watford)
 - Caron Juggins (Welwyn Hatfield)
 - Stephanie Singer (Three Rivers)
 - Anthony Spencer (Hertsmere)
- 2.1 The Committee considered Long Covid. Members heard from the area's two community providers: Central London Community Health (CLCH) and Herts Community Trust (HCT). Members were informed there is considerable amount of research underway into long covid and the rehabilitation needs. Long-covid services provided by CLCH and HCT were for adults over eighteen; services for children with long-covid were provided by paediatricians at hospitals. Both trusts worked with specialist teams in secondary care and for patients with learning difficulties. The trusts are keen to work with local authorities to educate residents about long covid.
- 2.2 90% of referrals were by GPs and 66% of those referrals were female but it was clarified that becoming unwell with, or dying from covid was higher among men. Patients are referred after 12 weeks if they were experiencing covid symptoms. Diagnosis has become more difficult because fewer people are now testing for covid. The trusts are working with faith groups to ensure information is available diverse minority groups.
- 3 HSC continued its focus on GP access following last year's topic group scrutiny.
 - 3.1 Health organisations were asked to provide an update following the deep dive into GP access and the detailed discussion at the Impact of Scrutiny Advisory Committee. Members were provided an overview of the issues, progress to date and some key messaging that councillors were encouraged to share with their communities. The report was prepared with input from a range of leads across Primary Care Directorate, Communications and Engagement and Digital.
 - 3.2 The committee explored the issues highlighted in the report and agreed that progress was being made; however, it remains concerned at the pace and variability across practices. HSC will return to the issue at future meetings.
- 4 Healthwatch Herts (HwH) had been invited to describe to the committee its work on co-production and its involvement in the Community Assembly.
 - 4.1 Co-production is when service users, carers, and communities work in an equal partnership with professionals, sharing power, influence and responsibility in the development, design, and delivery of services. Effective coproduction involves people who use services being

included and working from the start to the end of any project that affects them. Decisions made are owned by all those involved. Coproduction also embodies the belief that everyone has an important contribution to make to improve the quality of life for people and communities.

4.2 The Committee saw this as a significant move forward from previous consultation methods. It was noted a lot of work with BAME groups had been carried out and the Co-production board was also using digital systems to get a broader range of people joining in participation. Co-production workers also have reviewed how carers were involved in the participation groups.

4.3 Members were informed the NHS was undertaking work with young people with learning disabilities around them having a specialised health app on their mobile phones. It was noted that people with learning disabilities have been involved in other streams of work.

5. Scrutiny Work Programme

5.1 Members heard that one of the recommendations from the BAME (Black Asian & Minority Ethnic) Health Inequalities Topic Group was for a scrutiny of the experience and outcomes of maternity services for BAME patients, to take place. It was noted the title for this scrutiny topic group had been changed to Inequalities in Maternity Services scrutiny topic group. This topic group has been scheduled for 12 Sept 2022.

5.2 The Committee noted the Impact of Scrutiny Advisory Committee met on 21 June 2022 to assess progress on the recommendations regarding BAME (Black, Asian & Minority Ethnic) Health Inequalities and GP Access. ISAC signed off all recommendations. ISAC referred several items to HSC to consider adding to the work programme:

- to consider the impact, risk and mitigations relating to medical equipment and/or treatment that is not suitable or as effective for BAME communities
- ensuring all women have agency and a voice in their health and wellbeing matters through the development of a workstream focusing on women, led by the Integrated Care Board.
- to consider scrutiny of all health partners ensuring the focus is the patient/service user when designing, delivering, and communicating health interventions.

6. **Bulletins**

No bulletins have been issued since the last update.

If you have any queries, please get back to me or Natalie Rotherham
natalie.rotherham@hertfordshire.gov.uk

Adult Care Service Report for Health in Dacorum Committee Meeting of 11th October 2022

At its meeting on 17th June 2022, Hertfordshire County Council's (HCC's) Adult Care panel looked at the Adult Social Care Performance Monitor Quarter 4 2021/22 (January-March 2022). Members commented on safeguarding concerns and the reasons for acts of omission. Officers advised that acts of omission eg late or missed medication tended not to be related to staffing.

In response to a question regarding ambulance delays and hospital discharge, officers advised that workforce capacity was the biggest challenge. Some of the people awaiting homecare would be in hospital and Adult Care Services (ACS) was working closely with the NHS to provide as much capacity as possible.

Regarding figures for people with learning disabilities in paid employment, officers agreed to reach out to the top performing authorities in this area. On 1st July 2022 there would be an employment fair on learning disability opportunities.

Members discussed the proportion of adults with learning disabilities living in their own homes/with family, noting the difficulties with families/carers aging. Officers advised that the number of carers contacting the service had increased and plans were being developed for the future.

A Panel meeting was set for 9th September 2022, but was cancelled out of respect for Queen Elizabeth II. The Quarter 1 Adult Care Performance Report was due to come to it, so it was e-mailed to members instead. ACS is projecting an increase in support requests. Waiting lists for assessment are a key area of focus, with operational areas working to apply additional capacity to reduce wait times.

59.5% of new requests were supported with information or signposted to voluntary services.

As a result of increased demand ACS is supporting 10% more adults than pre-Covid levels, including those waiting for assessment. The number of adults receiving homecare is higher than pre-Covid levels.

ACS is projecting a slight increase in new residential admissions for adults aged 18-64 and a decrease in admissions for those over 65. New admissions remain lower than pre-Covid levels.

At the meeting on 10th October 2022, the Adult Social Care Annual Complaints Report 01.04.21-31.03.22 and the Hertfordshire Home Improvement Agency Annual Report are being discussed.

C/Cllr Fiona Guest