

MINUTES

HEALTH SCRUTINY IN DACORUM

1 MARCH 2017

Present:

Councillors:

Cllr Guest (Chairman), Cllr Hicks, Cllr Maddern, Cllr Taylor, Cllr Timmis and Cllr W Wyatt-Lowe

Outside Representatives:

Charles Allen	Herts Valleys Clinical Commissioning Group
Helen Brown	Director of Strategy & Corporate Services, West Hertfordshire Hospitals NHS Trust
David Evans	Programme Director - Your Care, Your Future
Dr Trevor Fernandes	Herts Valleys Clinical Commissioning Group – GP Board Member
Cameron Ward	NHS Herts Valleys Interim Accountable Officer
Edie Glatter	Dacorum Patients Group
Kevin Minier	Dacorum Patients Group

DBC Officers: J Doyle, Group Manager, Democratic Services

Also attended: Councillor Mahmood.

The meeting began at 7.30 pm

1 **MINUTES**

The minutes of the meeting on 7 November and 7 December 2016 were confirmed by the members present and then signed by the chairman.

2 **APOLOGIES FOR ABSENCE**

Apologies for absence were received on behalf of Councillor Brown, B Harris, R Trigger, and T Gallagher.

3 **DECLARATIONS OF INTEREST**

Councillor Guest declared a personal interest due to the fact that she is a practicing Community Pharmacist for another Health Authority.

4 **MATTERS ARISING**

All of the matters arising were included in the agenda and formed part of the discussion during the meeting.

5 **PUBLIC PARTICIPATION**

None.

6 **WARD ISSUES FROM OTHER COUNCILLORS**

Councillor Hicks again raised the issue of medical care in and around Tring. He is being continually approached by residents concerned about the closure of Tring facilities. He referred to a quote from Herts County Council implying that there is no demand for places in Tring and countered it with the fact that the day centre, a charity run facility is filled immediately, implying the demand exists. In his opinion the number of doctors available in the Tring area is being reduced. He suggested the continuance of the surgery at the other end of the town.

Dr Fernandes, Herts Valleys Clinical Commissioning Group: GP Board Member said he thought that the reduction may be due to the retirement of a GP at short notice. He believes that this may well be an interim measure which will come to an end and the service will be going out to tender again.

The general view was that Cllr Hicks can reassure residents that there is no intention to close the surgery.

Councillor Timmis asked what progress is being made with provision of in-patients beds in Tring and the fact that there are no step down beds in Berkhamsted and Tring.

David Evans (DE), Programme Director - Your Care, Your Future, responded that there is a re-configuration of services underway with an emphasis on moving to a more home based approach. The team supporting this approach started 1 March 2017. This will free more beds in HH.

Cllr Timmis asked for confirmation of who is considering Gossoms end and DE told her that Herts Community Trust are considering the future of Gossoms End. He added that health services are continuing out of Gossoms End but this is unlikely to be step-down beds. Cllr Timmis felt this will not provide for those who need step-down beds and who are not able to be looked after at home. Charles Allen, (CA), Herts Valleys Clinical Commissioning Group added that particularly elderly people do not react well to being in an intuitional bed. Cllr Timmis then asked if there is adequate resources in the community to care for people at home. DE said the intention could be that the savings on beds should be used to provide the home care and Cllr Timmis retorted that she is sceptical that the provision is there.

Cllr Guest confirmed that the impression being given is that there will be more beds on the Hemel site.

E Glatter (EG) repeated that the impression being given is that there will be extra beds at HH Hospital, increasing the local bed base. She too expressed scepticism that the Care in the community approach will work as she does not believe we have enough provision for care in the community and she cited the example of District Nurses numbers being reduced.

The committee moved on to consider the CQC report at this point which Helen Brown (HB), Director of Strategy & Corporate Services, West Hertfordshire Hospitals NHS Trust led on.

Councillor W Wyatt-Lowe referred to a recent programme put out by the local BBC implying there is no improvement in general in local health services. HB felt that the CQC report on West Herts was balanced and the BBC had been keen to present a negative picture.

Cllr Timmis drew attention to the fact that the inspectors had expressed concern regarding the numbers and length of waiting times - she added that in this case wouldn't that mean it is not a good idea to cut things like Gossoms end. HB responded that the issues faced are profound and there are issues with flow through the hospital.

In Cllr Timmis' opinion the current good points of the service are what the Trust are intending to cut - Outpatients and Diagnostics. HB pointed out that the plan is to develop St Albans as the place for complex diagnostics. At the moment the Trust intend to offer over 90 specialities from HH and she went on to list some examples. Cllr Timmis responded that there are 'good' facilities At HH Hospital - so why move these to St Albans?

The group then discussed the reasons for 'bed-blocking', the impact of maintaining the beds at Gossoms End; a rehabilitation at home approach as opposed to a stay in hospital and the need for acute beds. The health professionals felt that more beds is not the answer.

Cllr Hicks felt that the flaw in this argument is that the problems would simply occur at home. However CA countered that at home patients 'mobilise' on their own and are better off, healing faster.

E Glatter challenged that view that we have enough beds as the statistics prove the Trust do not have enough beds compared to the national average. In her opinion there are too many trusts/bodies trying to provide a fragmented service. DE admitted that they are in the middle of initiatives trying to address the problem of too many providers and rationalise the service to avoid fragmentation. He warned that If we buy more beds we will compromise support services - Partnerships are the best way of dealing with the shortages.

Cllr Mahmood advised that the Trust has adopted the wrong approach in attempting to move services to centres of population; he suggested they stop moving facilities around as it is ineffective; they should develop the sites we already have.

Cameron Ward, NHS Herts Valleys Interim Accountable Officer replied that services are moving out of hospitals and into the home - unless it is a specialist service which need to be concentrated in smaller centres. In his opinion this improves services to the patients: he added patients go a little bit further but they get better care.

Dr F added that the level of service needs to be high for some things and that these are concentrated in centres of excellence. He contest that services are being moved away as x-ray, orthopaedics etc - are better locally.

HB -felt the Trust had addressed many of the issues causing 'special measures' and predicted they would move out of special measures in the next twelve months. CW expressed the support of the CCG for the work being done by WHHT; the CCG will continue to oversee this and check that the changes are embedded and continues to improve.

EG then raised the issue of MRI and CT scanners – saying modern ones are smaller and more compact so continue their use in the smaller HH Hosp and do not move them to St Albans. She felt the concentration of population in Dacorum is the largest in West Herts and would support the service being retained in HH. HB replied that from the trust perspective there is now a range of services at St Albans that require the MRI and CT scanners, so they need to be moved there as is set out in the West Herts strategic outline case.

Cllr Guest asked what has been done to achieve the current improvements?

HB went through the five themes of the Quality improvement plan and the time and effort involved.

- People - well able to recruit at all levels - around the workforce
- Getting the basics right - systematic approach to consistently improving the basics
- Patient Focus -
- Infrastructure - better managing the poor buildings -IT

Well-led - risk management and governance improvements.

8 OPENING HOURS OF THE HEMEL HEMPSTEAD URGENT CARE CENTRE.

HB introduced the item by highlighting the difficulties in finding doctors to work overnight.

CA also questioned the effectiveness of providing a service overnight where they could be dealing with one patient an hour. He quoted Prof Keith Willit's suggestion that one should deploy resources to the patient instead of having it sitting in a building. It was confirmed that the current opening times are 8.00 - 22.00.

Cllr Maddern reminded those present that assurance had been given that this was a temporary measure and she feels that as the service is reducing now they misled the public.

HB said this is one interpretation but it was always a temporary decision until a review was conducted. CA reinforced this view that the temporary move was to allow for consultation on the issues of a scarce workforce; return on investment; and the small number of patients.

K Minier said the public is unclear of what is provided at HH Hospital so they go to Watford.

HB felt this is being considered as they are mapping if HH residents are going to Watford when they could use HH and they are examining the need of the locality.

EG considered this to be 'more bad news on bad news'. She felt HH Hospital was supposed to provide 80% of the needs of Hemel Hempstead but that it was set up and maintained badly so it would fail. The option of a nurse led service is a further downgrading towards closure.

Cllr Taylor went on to outline the involvement of the MP. He then went on to compare the poor HH service with his recent experience of the Luton & Dunstable Hospital. He was Impressed with how the system works there and put the difference down to the fact that they spent the money on improving the service - good example of how and acute centre can work. He agreed that this thing needed to be looked at strategically and the UCC was never set up and resourced properly.

Cllr Mahmood returned to the work of Prof Willit who advocates meeting your urgent care needs as close to home as possible. However in his opinion, in the case of HH

Hosp, the approach here is the classic method used to run a service down - create a problem - then shut it. He expressed his disillusion and disappointment with the outcome.

HB and CCG would continue to update the committee on the various models being considered for out of hours service.

EG sought confirmation on the time and extent of the consultation and was assured she would be kept informed.

9 WEST HERTS STRATEGIC OUTLINE REVIEW OF HEALTH UPDATE

The item was introduced by HB who summarised some of the issues and conclusions that form parts of the discussions, particularly on options for future provision of hospital care in West Herts. She outlined the recommendation that this would predominately be provided from the current Watford and St Albans sites with continued UCC provision at Hemel Hempstead. She pointed out that the recommendations will require formal 'commissioning' support.

There was a fair degree of opposition to this approach expressed by those on the committee who feel HH is not adequately provided for in the new proposals and some who felt that the HH Hospital site is being 'run down' to help finance the review's proposals.

K Minier advanced alternative proposals that disputed the costs being put forward by the health professionals and claimed that the plans for the development of the Watford site and the timescale for the regeneration of the Princess Alexandra wing are untenable.

DE felt that the alternatives did not compare like with like. He advised that the review team are carrying out a rigorous check and challenge process to check the figures. Their aim was not a large scale development but an effort to 'build smaller - build cheaper'.

Cllr Taylor drew attention to the SOC on the top of page 2 which shows that the Hemel site was left out of the scope of the SOC and consequently discarded and disregarded. The only option considered was for the HH site to be pared back and developed as a local health facility. DE felt this might be viewed more positively as an opportunity for land sale and redevelopment in partnership with the local Council. He has a project group working on the SOC looking at options for Hemel and believes they can create something exciting and innovative.

Cllr Mahmood replied that Dacorum people are not well served by the options on offer and believe that any benefit from the sale of the Hemel site will be used elsewhere.

HB was anxious to reassure the group that any finance from a sale will be used on health education and housing in Dacorum.

EG circulated the key points from the Hemel Action Group paper on the subject which included views mainly opposed and opposite to what the SOC contains. These included the view that it would take four years to build on a greenfield site as opposed to the 10 years redevelopment at Watford. She advised that the Trust will encounter problems during the development and cause unhelpful and unnecessary disruption to the patients. The Greenfield site should be included in the outline business case OBC. Redevelopment of the Watford site is a short term inefficient approach.

Cllr Maddern reported that her impression of the debate at the Herts Scrutiny Group was that in an ideal world they would have supported a greenfield site but went 15-2 for the development of the Watford site. She felt that Herts scrutiny Group rejected the greenfield site on financial grounds and if they had these figures (produced by HAG) then the decision might be different!

Cllr Taylor suggested that this group put together an alternative proposal which would include the list of desirables we wish to see incorporated in any decision taken. By 9 March when this will be going for decision we should have something prepared giving costs and the primary aims and objectives. Cllr Mahmood felt this document should advocate a fairer provision of services for Watford, St Albans and Hemel Hempstead.

DE thanked the committee and agreed that this could be added to his group's own process and checks done on the due diligence of their proposals.

Cllr Taylor was of the opinion that the Health professionals will be well acquainted with the principles that are put in the DBC lists. Cllr WWL expressed surprise at the cost estimates produced by HAG and would like the opportunity to check and verify Robert Scott's suggestions. He thought that the contributions of the two councillors involved with construction on this group would be helpful. In his opinion improvements in health provision will be easier to achieve from a fresh start. Cllr Hicks agreed that the input of a respected, credible building expert to examine SOC would be useful.

HB welcomed any challenge and changes put in writing. CW said he had no reason to believe that the figures in the SOC are inaccurate. As far as a Greenfield project is concerned, it is his experience that it would take about three years to get a project started. This could mean we will miss the available government funds and we may not get any funds towards the HH development proposals.

Cllrs Taylor and Guest agreed to utilise the 14 alternatives on page 8 of the report and use the figures provided by HB to produce an alternative set of proposals which they would circulate to the group and submit to the Health meeting on March 9.

10 HERTS VALLEY CLINICAL COMMISSIONING UPDATE

DE informed the committee of various 'Health Needs Events' being held to help identify the needs of Herts residents and as part of the Prevention agenda. The results will help inform the Locality based plans.

This is linked to the financial position with a view to identifying how best to spend the £750m in social care funds in consultation with the public. There is a role here for the local Authorities involved.

KM suggested that £750m is not enough to meet the needs of the communities involved. The result will be that if there is not enough money in the system then the Trust will make cuts to fit into this budget.

DE went on to identify a range of initiatives and procedures that may save money as there is definitely going to be some further prioritisation and good health prevention measures can have a significant financial impact.

11 **HEALTH & LOCALISM/HEALTH & WELLBEING BOARD UPDATE**

Cllr WWL reported on recent developments in the ways Community Infrastructure Levy monies could be used. It is designed to be spent on infrastructure projects and each district is accumulating a pot of funds. The decision at Dacorum is not to start allocation until the funds reach £2m. He contended that some of this fund could be directed towards health matters. The group agreed that any health care projects that would benefit from CIL monies should be identified and considered. Cllr Taylor agreed to circulate the information on the rules surrounding the use of CIL monies.

12 **HERTS COUNTY COUNCIL HEALTH SCRUTINY UPDATE**

The committee considered the report from Cllr Guest on the HCC Health Scrutiny Meeting held on 8th November 2016. Cllr Maddern reported that the February 17 meeting to scrutinise the withdrawal of £8.5m in funds resulted in agreement to question the decision and the procedure which led to it.

13 **HEALTH IN DACORUM COMMITTEE - WORK PROGRAMME**

The work programme for the committee was considered.

The committee felt that regular updates on the Strategic Outline Case would be beneficial. This could include any improvement work carried out in response to the improvement plan.

That Herts Community Trust be requested to attend a future meeting with a presentation on their current and future position.

It was suggested that more GPs be invited to attend these meetings.

Home care - someone from HCC to be requested to attend to outline the commissioning of Homecare.

It was suggested that it could be useful for someone from East and North Herts Health Trust attend to detail how they arrange integrated discharge.

14 **DATE OF NEXT MEETING**

The date of the next meeting is on 21 June 2017.

The Meeting ended at 10.31 pm