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Health Scrutiny in Dacorum

Agenda

Wednesday 1 March 2017 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 Brown
Councillor Guest (Chairman)
Councillor Hicks
Councillor Maddern

Councillor Taylor
Councillor Timmis
Councillor W Wyatt-Lowe

For further information, please contact Jim Doyle (228222)

AGENDA

1. MINUTES

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 FROM OTHER COUNCILLORS

Councillors are invited to raise any issues from within their Ward

6. OPENING HOURS OF THE HEMEL HEMPSTEAD URGENT CARE CENTRE,

To consider the implications of recent changes to the opening hours of the Hemel Hempstead Urgent Care Centre,

7. WEST HERTS HOSPITALS TRUST - ACUTE TRANSFORMATION - STRATEGIC OUTLINE CASE (Pages 4 - 5)

West Herts Hospitals Trust - Acute Transformation - Strategic Outline Case

An opportunity for the committee to discuss the document and then formulate a response.

8. HERTS VALLEY CLINICAL COMMISSIONING UPDATE

To provide Members with an update since the last meeting held on Wednesday 7 December 2016.

9. HERTFORDSHIRE COUNTY COUNCIL HEALTH LOCALISM/HEALTH WELLBEING BOARD UPDATE

Councillor W Wyatt-Lowe to provide Members with an update since the last meeting.

10. DBC REPRESENTATIVE ON HERTFORDSHIRE COUNTY COUNCIL HEALTH SCRUTINY COMMITTEE REPORT

11. HEALTH IN DACORUM COMMITTEE - WORK PROGRAMME

To agree a work programme for the Health in Dacorum Committee 2017-18

Briefing note on the redevelopment of WHHT's estate

The Board of West Hertfordshire Hospitals NHS Trust approved an ambitious redevelopment plan at its meeting in public in Thursday 2nd February which it hopes will transform the experience of patients who require hospital treatment.

The '[strategic outline case](#)' details the current poor standard of the trust's buildings and sets out various options ranging from 'do nothing' to a totally new hospital on a new greenfield site. The paper also describes the input of stakeholders into the options appraisal process which started with 14 choices.

The Board approved these options to be worked up in more detail before a decision between the two at the next stage:

- A new hospital on the Watford General Hospital site and a redevelopment of St Albans City Hospital (listed as option 10 in the paper)
- A redeveloped hospital on the Watford site and a redevelopment of St Albans City Hospital (listed as option 12 in the paper)

Both of these options signal that whichever is chosen, the preferred way forward is for the Watford General Hospital site to continue to be the location of emergency and specialist care and for the St Albans City Hospital to be further developed as a planned care centre.

The Board of Herts Valleys Clinical Commissioning Group will consider the trust's strategic outline case (SOC) at its Board meeting on 9 March. If approval is given, the trust will then submit the case for approval by NHS Improvement. Approval by NHS Improvement will essentially give the green light for us to proceed to the next stage of planning – the outline business case (OBC) which includes finalising the preferred option, first stage design work and an outline planning application.

Once the outline business case is approved we move to the final stage – full business case (FBC) – which finalises the detailed design and identifies the final funding route and development partner ready for contract signature. Getting to full business case approval is quite a long and resource intensive process; however getting to strategic outline case approval is a very important first step on the way.

The SOC is part of the *Your Care, Your Future* programme and this paper focuses on the part of WHHT's estate where more specialist elements of acute hospital care are provided which is why Hemel Hempstead General Hospital is not included. The Board repeated its commitment to providing a wide range of health services in Hemel Hempstead, alongside primary and community and mental health services and the Trust is working with Herts Valley CCG to develop a separate SOC for the redevelopment of Hemel Hempstead General Hospital.

The greenfield option was ruled out on affordability and deliverability grounds. The required capital investment is significantly higher than other options and it is unlikely that investment would be financially sustainable in the long term. In terms of timescale, the complex planning and work related to utilities and infrastructure meant that this option would take far longer.

Trust chief executive Katie Fisher explained the preferred options are also more likely to succeed in securing funding. “We need to be pragmatic and recognise that phasing the work will maximise the chances of attracting the investment we need. The sooner we can secure the finance, the sooner we will see new and better buildings.”

Attendees heard that funding is likely to be a mix of private and public investment through a revised Private Finance Initiative (called PF2) and monies from HM Treasury.

The costs are estimated to be £641m for option 10 and £565m for option 12 (using today’s prices). More detailed costs will be produced at OBC stage. The OBC will also provide more detail on the proposed planned care model for St Albans and the activity we plan to provide in community settings ‘closer to home’. The redevelopment of our buildings will go hand-in-hand with a review and redesign of clinical service models. Deputy chief executive and director of strategy, Helen Brown, said: “We don’t want to put old services in new buildings.”

She added: “The state of our buildings at Watford General and the layout should not obscure the potential of the site which is a decent size with good access for a large and growing population which includes our workforce as well as our patients. Planned improvements to our car park will make it easier for patients and visitors to get to and around the site.”

Katie Fisher, who has extensive experience leading a hospital redevelopment at Chase Farm, added: “The biggest opportunity we have is around service transformation, thinking about how we can deliver our services differently to better meet our patients’ needs and make the very best use of our highly skilled workforce.”

At the heart of the *Your Care, Your Future* programme are plans to provide more care closer to home and for patients to be treated without needing to come to a busy hospital site. The trust will use the reconfiguration to consider which services can move to community settings such as other NHS sites, GP practices or patients’ own homes. The project will enable the trust to meet current estates standards like the space between beds and the number of cots in the neonatal intensive care unit. Many of these have come into force after most of the estate was built.

The timescale takes into account the government guidelines for projects of this size and indicates that construction could start in 2020 and continue for up to the following 10 years.

The Board also discussed a five year estates strategy with a £100m essential maintenance and repair programme that would be required whilst the planning for the major redevelopment was taking place. The strategy also sets out the funding to take forward some major projects that the Trust intends to progress over the next four years, including new car parking facilities at Watford General Hospital which was highlighted as a priority.

The complexities of planning for new clinical services and of securing the required investment will mean that it is likely that the housing and business development aspects of Watford Health Campus redevelopment will be completed before the works on the hospital sites.

The trust can confirm that it fully supports this development and that a profit and cost sharing agreement is in place which means all parties are encouraged to make the best use of the land.

Further information on *Your Care, Your Future* programme can be found on this website:-

www.hertsvalleysccg.nhs.uk/your-care-your-future