

HEALTH IN DACORUM COMMITTEE

MINUTES OF THE MEETING HELD ON: 29 September 2021

ATTENDING

Councillors:

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

Councilor Guest
Councilor Pringle
Councilor Durrant
Councilor Tindall
Councilor Hollinghurst
Councilor 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

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

	<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>

8

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.

9

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