

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>MINUTES OF THE PREVIOUS MEETING</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>APOLOGIES FOR ABSENCE</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>DECLARATIONS OF INTEREST</p> <p>Cllr Guest confirmed that she is a practising community pharmacist and is administering flu vaccinations currently.</p>
4	<p>PUBLIC PARTICIPATION</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>WEST HERTS HOSPITAL TRUST REDEVELOPMENT UPDATES</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.

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.

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.

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.

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.

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.

Action:

- The Trust will consider undertaking a desktop study into the costs of a new build hospital on a new site.
- HB to provide her response to Sir Mike Penning's comments to all.

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COUNTY COUNCIL HEALTH SCRUTINY COMMITTEE REPORT & COUNTY COUNCIL ADULT CARE SERVICES REPORT

The Reports was circulated to the committee

the report on County Council Health Scrutiny

	<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>WARD ISSUES</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>WORK PROGRAMME</p> <p>There were no further discussions on the Work Programme.</p>
	<p>End of Part 1 minutes.</p>