

MINUTES

HEALTH IN DACORUM COMMITTEE

MONDAY 7 NOVEMBER 2016

Present:

Councillors:

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

Outside Representatives:

David Evans	Programme Director - Your Care, Your Future
David Law	Chief Executive Hertfordshire Community NHS Trust
Helen Brown	Director of Strategy & Corporate Services, West Hertfordshire Hospitals NHS Trust
Dr Trevor Fernandes	Herts Valleys Clinical Commissioning Group
Edie Glatter	Dacorum Patients Group
Betty Harris	Dacorum Hospital Action Group

DBC Officers: J Doyle, Group Manager, Democratic Services

Also attended: Councillors Birnie, Ritchie and Williams.

The meeting began at 7.30 pm

OS/228/16 MINUTES

The minutes of the meeting on 14 September 2016 were confirmed by the members present and then signed by the chairman.

OS/229/16 APOLOGIES FOR ABSENCE

Apologies for lateness were received on behalf of Councillors Cllr Maddern and an apology for absence from R Trigger.

OS/230/16 DECLARATIONS OF INTEREST

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

OS/231/16 MATTERS ARISING

Cllr Taylor gave an update on how the issues that had been identified in Minute No. OS/222/16 had been dealt with and the negotiations that had taken place to bring Health issues forward for consideration at a future meeting of the Council.

OS/232/16 PUBLIC PARTICIPATION

E Glatter, of the Dacorum Patients Group began by drawing attention to what she considers the lack of acute care in HH. She then went through the points raised in the Dacorum She then went on to list suggestions from local people for services they would like to see in HH including more community beds and acute services. She continued that bringing together services on one site is laudable but the money involved could be better spent on further services and towards new hospital in Hemel Hempstead.

David Law, Chief Executive Hertfordshire Community NHS Trust D Laws responded that the proposals include the retention of community beds and this may be in Hemel. He admitted that the increase in money for community services is welcome and he would like to see more as he supports a greater move towards community care. This service involves a restructuring of the current services to allow those involved to work with the other services in the area to provide primary care and community services.

Councillor Guest asked Mr. Law directly:

Is it intended that there will be acute beds in Hemel Hempstead Hospital. In the future; and Will there be MRI and CT scanners on the site.

David Evans (DE), Programme Director for 'Your Care, Your Future' replied that they not looking at beds for planned or acute care but at more flexible beds around Herts sites including Hemel. The Trusts are looking at estates options at the moment and different options for future health provision.

Helen Brown (HB), Director of Strategy & Corporate Services, West Hertfordshire Hospitals NHS Trust added that the other options are not planned for Hemel in the near future. She said that the planned care center being proposed for Hemel will include an MRI scanner but that the HH plans do not involve complex diagnostics.

Councillor Hicks said that the community based approach in Your Care Your Future did not satisfy the bed need and that the people in Tring feel under siege because of reduction in service. In his opinion this approach will not keep people out of hospital.

While DL pointed out that there will be services provided in Tring, Cllr Hicks responded that elderly people will have to travel to Hemel Hempstead to visit their relations. DL was of the opinion that the need to provide safe and resilient staffing triggered the closure of Gossoms End and recent reviews have refocused the funds moving the beds into the social care category.

B Harris countered that she felt community beds and care in your own home are a good idea but district nurses are now under too much strain to support this service and make it viable - there will not be the staff to offer the service. DL then added that the restructure will draw staff from different segments of the staff resources; they are recruiting different people from a broader base of service staff.

Cllr Guest asked if a district nurse need different training from those in a bed-based career. DL responded that this alternative career is attractive to different people with various skills and it is easier to recruit to this field.

OS/233/16 ACUTE HOSPITAL CARE IN WEST HERTFORDSHIRE

D Evans, Programme Director, Your Care Your Future (DE) introduce slides setting out the process they went through to allocate resources to provide the care needed in West Herts

with the aim of providing the most appropriate access to healthcare for young and old of the area. He drew attention to the fact that 2007 saw the consolidation of acute healthcare in west Herts in Watford Hospital. Essential to this was the promotion of more prevention; moving care closer to home; collaboration to provide a more effective approach. This would result in a reduction in the demand for Hospitals – He stressed that demand is not the same as need – backed up by processes such as placed based commissioning.

The outstanding issue is still the provision of specialist care and planned care and DE went through the most recent proposals on how to centralise acute care – if the conditions are favorable.

The various options were considered by various user groups and ‘Panel’s and he went on to outline how these operated and the results produced – specifically the financial elements and the travel time conclusions. The panels considered factors such as the new road networks around the current hospital site in Watford and the possibility of new Underground station links.

The Deliverability Panel had to consider the likelihood of realising the various options. They had to take into account that NHS England will always ask ‘what if you stick with the services you have and do nothing?’

Councillor Maddern arrived at 20:12.

Cllr Taylor stated that the timeframe given suggested that two years ago they started the building of the road and railway links to try to address the serious delays experienced by those trying to access the Watford site. If we factor in the tendering and commissioning processes then this scheme commenced years ago. Consequently those suggesting alternatives feel hoodwinked and that the decision has already been made.

H Brown, Director of Strategy & Corporate Services, West Hertfordshire Hospitals NHS Trust (HB) added that the decision was taken five years ago to redevelop the Watford site. The recent road and rail developments were part of that decision - emergency care would be at Watford. This year the commitment was to relook at a number of options including the further development of the Watford site.

Councillor Taylor stated that in his opinion there has been a great deal of financial aid given towards maintaining and developing the Watford site.

E Glatter, Dacorum Patients Group (EB), asked why Dacorum could not be the site of a planned diagnostic centre. She added that as far as the Community Care approach is concerned the service provision in the east of the county is not as good as it is being made out to be, and she gave two examples to illustrate this.

She then said she is upset about what has been said regarding the proposed green field site which she felt was the better option.

The discussion then moved on to the future of the Watford site, sustainable development and a sustainable financial approach.

D Law, Chief Executive Hertfordshire Community NHS Trust (DL) acknowledged that there is a big financial element at the heart of the sustainability and improvement service plan and he outlined three sustainable work streams:

Health and Well-being

Deliver a different response from primary and community services to manage the demand

Organise acute services - to standardise care.

B Harris, Dacorum Hospital Action Group (BH) was of the opinion that the issues of the polluted roads around the current hospital site and its situation in the busiest routes in Herts are never addressed.

She would like to see the new hospital come to fruition but feels the Trusts have let us down in the past and regularly blame patients' behaviors for the levels of healthcare required.

D Law rejected this claim and pointed out that while it has to be recognised that there are huge social issues involved in health provision but that he does not agree patients are always blamed. He went on to illustrate this with two examples of lifestyle issues that they are tackling in the Trust.

Cllr Richie asked for further explanation of the process and timeline leading to the decision to promote the Watford site. He drew attention to the short period of time between the Amec Foster Wheeler report giving the greenfield site in Kings Langley as its preferred option and then, within six days (4 Oct), a quoted Trust spokesperson announced that they would not be going to a greenfield site and developing the Watford site became the chosen option. He sought clarification on the process adopted which led to the rejection of the consultant's recommendation.

HB responded that the Kings Langley site soon became perceived as the most favorable greenfield site. This was then compared to the Watford site; the process going on from July 16; and then the Your Care Your Future scheme examined how realistic this option might be. She went on to say that few of the proposed sites were located between HH and Watford and that the decision making and working has been shared all along.

She advised that the decision has not been made yet and concluded that the greenfield site may be good for access but not for planning and deliverability.

Cllr Ritchie again stated that he could see no evidence of any stakeholders being involved in the decision to reject AFW report.

HB pointed out that the Amec Foster Wheeler report did not include the Watford site.

The whole process has been overseen by the Herts Health Scrutiny committee.

Cllr Ritchie concluded that Dacorum as a borough will not have a single acute bed at the end of this process.

Dr Fernandes then spoke pointing out that there have not been any acute beds in Dacorum for a while now. In recent years much has changed, models of care and affordability for instance, and the focus of delivery of healthcare has changed.

He suggested we will not get the large amounts of money we require for a new build and if we demand it then the funds will go elsewhere. In his opinion effective beds are more important than their location. Watford hospital provides great stroke care and reduced mortality rates - the figures speak for themselves and this is the reality we face now.

Councillor W Wyatt-Lowe felt we had glossed over the fact that the option to have a new build at Watford would entail a wait of 10 -12 years.

He stated that he disagrees entirely with the travel times cited in the report.

He maintained that the £100m projection is questionable and suggested that the £800m costs of a new build would be contributed to by the efficiencies savings of a cheaper to run facility.

DE returned to figures in his slides to illustrate the costs of the various options including responses to the challenge from NHS England i.e. "... what will you do if we do not give you anything ...". He concluded with the point that the transition to a new build would entail a cost as well.

DL added that allocations of NHS investment capital are judged on the speed of investment return. The scope to raise capital is very limited. The scope for repayment from investing in new facilities is very tight! His team is aware that investment is needed and Watford Hospital desperately needs more. HB contended that a straight comparison of a Greenfield site to the Watford site would show the costs favor Watford -

Cllr Guest asked if the MP Mike Penning has been approached to lobby the Government for the necessary funds.

It was asserted that Mike Penning will only approach the government for money for the greenfield site - so they have not approached him yet as they are not at that point in the process. NB confirmed that they have asked for MP support to reach a decision and then approach the government regarding funding.

Cllr Hicks returned to the issue of Capital cost and enquired if sale of the Watford site has that been factored in. He was assured that they have factored in the land sale value of it and the other sites.

The meeting then went on to consider travelling times.

Cllr Hicks enquired if what had been considered were 'worst cases' and if these were given more weight in the calculations. NB assured the meeting that Herts valley travel times are well within clinical norms. She pointed out that broadly speaking, ambulance times are not a key determining factor in travel time calculations; the travel analysis is based on visitor travel. These particular the data sets have been re-worked to try and ensure they represent the realistic situation.

She felt this substantiates the view that the benefits of the greenfield site are not sufficient to secure the funding for a new build - as against the redevelopment of the Watford site.

Dr Fernandes added that the high density of people to the south of Watford needs to be factored in to the travel time equations. He informed the meeting that as well as visitor travel times in this area being very low the emergency patients' times are relatively good and at acceptable levels. Because of the locality - RTA trauma are the largest class of incident as far as Emergencies are concerned and these are well within the usual tolerances.

A chorus of members then asked if the figures included match days at Watford? S Brown answered that there is no evidence that blue lights are delayed on the way to Watford during match days.

Cllr Birnie returned to the issue issues of funding options and bemoaned the lack of information on the funding of these proposals. He put forward that the Trusts consider selling all three of the present sites to fund the new greenfield site. Others indicated that as the WHT is a foundation the monies from the sale of sites would go to the treasury. The Health representatives assured the committee that there are some mechanisms that would mean that in practice the funds will come back to the trust.

DE and HB were anxious to assure the group that they will share all of the financial detail as a matter of course and then went on to outline potential values for the current HH site. Cllr Birnie pressed for a date when the figures underlying the proposals would be published and HB gave a commitment to ensuring they had them as early as possible before the decision is made in Feb 17.

E Glatter re-reiterated that in her opinion this process and the decision appear to be a fait accompli. She is in favor of a new build as it will attract staff and will reduce disruption but she believes there is a bias towards retaining the Watford site. In her opinion the move to Care in the community is not working.

DE countered that the health scrutiny committee at HCC has been involved at every step and the health representatives attended tonight because they want the support of Dacorum to move forward. As far as Care in the Community in Dacorum is concerned they have put together strategic proposals to bring systems together to improve services. These days the trend is to move away from competition to collaboration to provide services. However in the current financial climate Money v. Deliverability is the reality.

Cllr Timmis disagreed and asked why, if closer community care is the objective has a decision been made to close the Gossoms End, losing community beds.

DL explained that the CCG took a decision to move from health beds to social care provision as far as this site is concerned. The integration agenda already mentioned aims to address the disjointed services issue and attempts to re-build the close relationship between local

service providers; e.g. the creation of multi-disciplined rapid response teams. All the different local areas now have social care input - to build better integration of services. In his view is the need to reverse the spend on acute care and redirect it to health and well-being and support in the primary and community services.

Cllr Maddern questioned the claim that blue light response and transport is not held up during match days in Watford and gave some examples on the contrary. She went on to say that she 'gate-crashed' the panel discussions and was very disappointed with the process. She felt the participants were divided up and only allowed to discuss one of the options in order to reduce dissenting views. She again made mention of the petition sponsored by the MP, Mike Penning and called for all to sign and support it. She concluded that the Kings Langley option is clearly superior to the Watford site with all its disadvantages – e.g parking, travel times, ease of access, ect! In her opinion the decision to go to Watford was made twelve years ago and everything is being done to try and maintain that as the primary option.

HB again made the point that the Your care Your Future process was started from scratch in July and considered a variety of options. This review was a new process that included earlier info but was objective and open. She addressed the issues raised regarding the Watford site proposals using the slide which showed it could be deliverable with less disruption - and then outlined possible proposals for further developing the site in Watford. She concluded that the three year additional planning delay and 100m additional cost weigh heavily against the greenfield site.

EGlatter responded that the 'patching up' proposed for the Watford site would be disastrously disruptive for patients and cited her experience in the coronary care unit. In her opinion the patching up of the Princess Michael of Kent building is a waste of resources as it is beyond repair and will never provide modern facilities. She disputed the figures presented and asserted that refurbishment will cost more in the long run. In a new build, modern facilities would encourage new patients who will bring more funding and resources. She maintained that currently we are losing 25% of patients that could be contributing to the costs of a new hospital. The site at Watford is contaminated and this remains an issue. She feels that the Health Authority informs the stakeholders but does not engage with them. She stated that at all the meetings organised or attended by the Dacorum Hospital Action Group a greenfield site is the preferred option. She said that St Albans are also supportive of this option. She then said she was reassured by the impression given tonight that the money from the sale of the Hemel site will be spent in Dacorum.

BH asked how the new road, Thomas Sawyer Way, is going to benefit someone visiting from Hemel Hempstead.

HB explained the benefits of the new dual carriageway from the motorway. It will take out traffic from many of the roads around the hospital, improving access and easing congestion on the central Watford roads.

DE commented on the capital issue - he would love to see a higher level of investment in the Trust's buildings. However capital in the NHS is very tight - they need the support of Dacorum to achieve an outcome acceptable to all.

Cllr Williams responded that it is clear that there is a huge challenge in funding and providing healthcare in Herts.

DBC has always opposed the downgrading of the Hemel Hempstead site and we need to reassess the provision of acute services in each town. The provision of acute care in West Herts is now a concern for the Borough Council so we will support the provision of acute

services on the greenfield and we will not support the provision of these services on the Watford site.

He concluded: we will stick to our view that a new facility – one not on the Watford site - is required. While we sympathise and understand the dilemma faced by those responsible for the decisions, we do not believe that these proposals serve the interest of our community and they do not suit the needs of our community.

Councillor Taylor summed up with a thank you to those who had attended; voiced particular praise for Dr Fernandes for his regular attendance; and expressed gratitude to David Law, Helen Brown and David Evans for the information they brought to the attention of the committee. (Cllr Hicks requested that the Health officers attend a future meeting where the specific issue of the Gossoms End decision could be discussed.)

Councillor Taylor, seconded by Councillor Timmis, proposed:

Acute Hospital Care In West Hertfordshire:

That Dacorum Borough Council shows its proactive support of maintaining a hospital presence in West Herts in general and Dacorum in particular in the most appropriate location to give the people of Dacorum the best possible care.

Agreed Unanimously

The meeting ended at 10.10.