

**REPORT FROM THE HEALTH SCRUTINY COMMITTEE**

*The Committee met on 19 July 2017*

**1. Clinical Commissioning Groups - A Healthier Future**

- 1.1 Members were asked to consider the proposals from the clinical commissioning groups (CCGs) to revise a number of services that they currently commission, namely, vasectomy, female sterilisation, gluten free food on prescription, over the counter medicines on prescription, being fit for surgery for patients with a high Body Mass Index and/or those who smoke, and IVF.
- 1.2 Dr Nicolas Small, Chair of Herts Valleys CCG and Rachel Joyce, Medical Director for East and North Herts CCG provided detail for Members on each of the proposals highlighted. Excluding IVF, it was made clear that in exceptional circumstances i.e. where treatment or cessation of prescription would result in a risk to the wellbeing of the patient, the treatment would go ahead.
- 1.3 In response to Member concerns about the limited amount of money that was forecast to be saved through these consultations, it was acknowledged that the amount of forecast savings would not balance the deficit of £45m. It was clarified that further consultations on other cost saving measures would be forthcoming. It was noted that any such decisions would be subject to discussion and consultation through the appropriate channels, including Health & Wellbeing Board and the Health Scrutiny Committee.
- 1.4 Members were informed that the current public consultations had gone well. A number of members of the public had advised that they had not realised the extent of the prescriptions for gluten free products and over the counter medicines. It was noted that there was additional national consultation on the prescribing of over the counter medicines starting at the end of the July 2017.
- 1.6 It was established that the consultations had been discussed at Sustainability and Transformation Partnership (STP) meetings and were aligned to the objectives laid out with the STP. Members were reminded that the CCGs had had previously indicated aware that CCG priorities were going to be reviewed and services transformed in order to meet financial targets. It was clarified that the savings targets required by the STP were the same as the targets required by the CCGs.
- 1.7 The Committee noted the information provided in the report and agreed that the consultation proposed was sufficient. A mid-consultation briefing note

indicating the likely outcome of the consultation will be provided to the Committee to enable Members to determine whether any further scrutiny by the Committee is necessary.

## **2. Nascot Lawn Respite Provision**

- 2.1 Members considered a report provided by Herts Valleys CCG (HVCCG) on the decision to withdraw funding from Nascot Lawn, a respite service for children with high level of complex health and social care needs, and to decide whether the information provided was sufficient or whether Members felt that scrutiny on the issue was required.
- 2.2 The Chairman reminded Members that the subject of Nascot Lawn had been discussed at the meeting of the County Council on the 18 July 2017.
- 2.3 The Chairman invited David Evans, Director of Programmes and Commissioning at HVCCG to explain the decision by the organisation to withdraw funding from Nascot Lawn.
- 2.4 The Committee heard that HVCCG has a deficit of £45 million and had been placed in financial turnaround in December 2016. As a result of this, funding for services that were a non-statutory responsibility for the CCG were examined; respite services, such as Nascot Lawn, fell into this category.
- 2.5 It was confirmed that the decision had not been made lightly and followed a significant amount of discussion. CCG auditors had informed HVCCG that it was not legally permitted to fund provision that was not statutory healthcare.
- 2.6 The CCG acknowledged that parents of the children and young people affected had highlighted the anxiety engendered by the decision to withdraw funding. Assurance was provided that the CCG was committed to undertaking the necessary healthcare assessments for the children and young people affected to enable them to access alternative respite provision.
- 2.7 It was stated that in communication from Hertfordshire County Council to the CCG, the CCG had advised that it had a legal responsibility to continue the funding for Nascot Lawn, but to date, clarification had not been received as to where this was stated.
- 2.8 The Chairman asked the Principal Lawyer for Hertfordshire County Council to respond to this point. In response Members heard that it was the County Council's understanding that Section 3(1) of the National Health Service Act 2006 provided sufficient scope for it to provide health related respite provision. <http://www.legislation.gov.uk/ukpga/2006/41/contents>  
In addition the Court of Appeal in the case of R v North and East Devon Health Authority ex p Coughlan [2001] indicated that if a need was primarily a health need then it was the responsibility of the a Health Body to address this need. The case of The Queen on the application of D v Haringey Teaching Primary Care Trust [2005] indicated that respite provision can be a health need and so provided by a Health Body.

- 2.10 Members noted with interest the fact that funding could be provided by CCGs for respite care which contradicted the statement made by the CCG and noted the differing interpretations of the statutory and non-statutory position.
- 2.11 In response to Member concern that the decision on the date to withdraw funding was made before the assessments of the children and young people had been undertaken, assurance was provided that the joint assessments would be undertaken as soon as possible. It was noted that, in order to ensure as little disruption and distress to the children and young people as possible, those with recent and up to date assessments would not be subjected to a new assessment for the purpose of this exercise.
- 2.12 During general discussion it was observed that due to the nature of the children/young people's disabilities respite care at Nascot Lawn included medical care throughout the day and night and that medical staff were employed as part of the staffing team at the centre.. The CCG acknowledged that the children/young people had medical needs, but stressed that medical treatment for which CCGs had responsibility was undertaken within a clinical setting, such as a hospital not within a respite centre.
- 2.13 Members expressed concern that the withdrawal of funding and consequent closure of Nascot Lawn would have a detrimental effect on the families of the children and young people using the centre which could lead to them having their own health problems; this went against the preventative strategy that all parties were striving to achieve.
- 2.14 Members UNANIMOUSLY agreed that a full scrutiny of the decision to withdraw funding for Nascot Lawn by HVCCG was required.
- 2.15 A Topic Group scrutinised this decision on 6 September 2017. All papers, reports and minutes from that meeting can be found here:

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/790/Committee/125/Default.aspx>

### The Committee met on 5 October 2017

#### **3. Sustainability & Transformation Partnership (STP) Update**

- 3.1 The Committee received an update of the work of the Sustainability & Transformation Partnership (STP) from Tom Cahill, STP Lead for Hertfordshire & west Essex. The update detailed the aims, challenges and priorities for the STP nationally, as well as explaining the proposed governance structure..
- 3.2 It was noted that Hertfordshire & west Essex STP is currently ranked as 'making progress'.
- 3.3 The Committee noted that one of the biggest challenges and risks for the Hertfordshire and west Essex STP was the overall financial position due to a

significant overspend within the NHS (£90m), which would only increase without interventional transformation resolution measures. The STP is expected to deliver an agreed £40m total control. It was noted that, in terms of local challenges within this STP region, both the Princess Alexandra NHS Trust and the West Herts Hospital Trust are both currently in special measures.

- 3.4 The Committee was advised that it was widely acknowledged that transformation of services was a long and complex journey, and that the forthcoming winter would provide its own challenges to the NHS, but the STP was committed to deliver the changes needed.
- 3.5 Members were reminded that part of the transformation was to explore the possibilities of a new architecture for health and social services through Accountable Care Systems and Accountable Care Organisations which could potentially mean a reduction in contractual and commissioning issues, although it was stressed that this was by no means set in stone at this stage.
- 3.6 In response to a Member concern regarding the fact that the STP region did not just cover Hertfordshire but also included west Essex, it was noted that 40% of patients who attend the Princess Alexandra Hospital are from Hertfordshire; it was, therefore, a logistical decision that the regional STP should also cover this area as the challenges overlap geographical boundaries.
- 3.7 Members acknowledged that prevention was also key to achieving the transformation challenges and heard that the Director for Public Health within the Council was leading on this workstream. It was noted that work had already commenced with District Councils to explore how this could be achieved.
- 3.8 Additionally, work was being undertaken to encourage increased public engagement with pharmacies and expanding the use of technology including text reminders for preventative measures such as 'flu jabs.
- 3.9 Members received assurance that although the name of the STP had changed from Sustainability Transformation Plan to Sustainability Transformation Partnership, this did not mean that the level of accountability or monitoring had decreased. The change merely strengthened the emphasis on partnership working which was key to the success of plans that had been drawn up at the start of the STP.
- 3.10 Members received further assurance that consideration was also being given to the balance between social and NHS care need; the STP was very supportive of changes within social care practice and delivery and was working closely with social care colleagues to achieve the common goal of better outcomes.
- 3.11 Members acknowledged that there was currently no specific timeline to the STP developments outlined and that the speed and success of these was fully dependent on the full collaboration of partner organisations. Members learnt

that as an entity the STP has no authority to force organisations to implement change, but it does work to encourage, support and nurture organisations to transform and be open about the challenges faced.

- 3.12 The review of the back office staff would not include consideration of the executive as the STP does not have that authority.

#### **4. National Ambulance Response Programme (ARP)**

- 4.1 The Committee was provided with a report on the National Ambulance Response Programme (ARP) being rolled out nationally with the introduction in Hertfordshire's region taking place on 18 October 2017.
- 4.2 The Committee learnt that the main outcome of the programme, was that the number of categories of call was to be reduced from six to four, with the introduction of new pre-triage questions with the primary objective being to reduce the number of vehicles used to respond to non-emergency call outs.
- 4.3 In response to Member questions as to how the Committee would receive updates on the success of the programme, it was agreed that EEAST representatives would return to a future meeting to provide this, and would also provide a couple of update briefings in the interim.
- 4.4 Further to Committee concerns regarding the cost and number of private ambulances being utilised, it was acknowledged that at present, due to vacancies, there was still some reliance on the use of private ambulances to cover the shortfall and meet demand; however, this number has declined from 64 to around eight per day across Hertfordshire and Bedfordshire.
- 4.5 Members noted that winter would put extra strain on the Ambulance Service, along with other NHS services. Planning and contingency had been put in place to mitigate the impacts, although there could be no full guarantee that this demand would not affect performance. Members received assurance that internal monitoring of the ambulance service was undertaken and incidents of delayed or failed responses are investigated.

#### **5. Private Ambulance Service**

- 5.1 The Committee received a report from the Deputy Director of Service Delivery for the West Locality for the East of England Ambulance Service (EEAST) on recent developments regarding the Private Ambulance Service, a non-emergency transport service contracted within the region, which had gone into liquidation resulting in private ambulance services ceasing with immediate effect.
- 5.2 Members learnt that since the notification, EEAST had worked with voluntary services such as St John Ambulance and the Red Cross to ensure that patients in most need of the service (e.g. those needing chemotherapy or dialysis treatments) had been transported to their appointments.

5.3 Members expressed their disappointment at the fact that the Private Ambulance Service had provided no indication that its liquidation was likely and thanked EEAST and the voluntary sector for assisting patients at this difficult time.

## **6. Proposed Annual Scrutiny of Health Providers Finances 2018/2019**

6.1 Members were presented with and agreed the proposed outline of the Annual Finance Scrutiny for Health Providers scheduled to take place at the December 2017 meeting of the Committee.

6.2 The Committee agreed to the separation of the scrutinies of finances and quality accounts, traditionally both held in March, following feedback from both members and health organisations which had highlighted the difficulty of satisfactorily scrutinising both at the same event; separating the two scrutinies will enable Members to scrutinise both matters in more detail..

## **7. Proposed Annual Scrutiny of Health Provider Quality Accounts 2017/18-2018/2019**

7.1 Members were presented with and agreed the proposed outline and questions for the Annual Quality Accounts Scrutiny for Health Providers scheduled to take place at the March 2018 meetings of the Committee.

## **8. Other Health Scrutiny Committee Activity**

8.1 The Chairman of the Committee has held a series of meetings with health leaders including the Chief Executive of HVCCG, the Chairman of the East of England Ambulance Service, the Chairman of East & North Herts Acute Trust, and the Chairman of Healthwatch Hertfordshire. Further meetings are scheduled in the future.

**Seamus Quilty**  
**Chairman**  
**November 2017**