

**HERTFORDSHIRE COUNTY COUNCIL**

**HEALTH SCRUTINY COMMITTEE**

**ANNUAL SCRUTINY OF HEALTH ORGANISATIONS 2017/18  
(INCORPORATING THE QUALITY ACCOUNTS) 16 MARCH 2017**

*Report of the Head of Scrutiny*

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**1. Purpose of Report**

- 1.1 This is the report of the whole committee scrutiny of health organisations 2017/18 (incorporating the quality accounts). The Committee challenged the following six health organisations:
- 1.1.1 Hertfordshire Partnership University Foundation Trust (HPFT)
  - 1.1.2 East and North Herts Trust (ENHT)
  - 1.1.3 Hertfordshire Community Trust (HCT)
  - 1.1.4 East of England Ambulance Service Trust (EEAST)
  - 1.1.5 Herts Urgent Care (HUC)
  - 1.1.6 West Hertfordshire Hospitals Trust (WHHT)
- 1.2 The Committee addressed the following questions:
- 1.2.1 What were the key priorities in the quality accounts for 2016/17 and what progress have you made to date?
  - 1.2.2 What changes have been necessary to 'run the business' whilst delivering efficiencies and improvement i.e. Cash Releasing Efficiency Schemes (CRES)?
  - 1.2.3 How has the organisation reviewed its effectiveness and value for money in delivering the quality improvements and efficiencies during this Quality Account period? Has anything changed as a result of this?
  - 1.2.4 How were the 2016/17 priorities informed by patient experience? How did you engage with Healthwatch Herts and patient groups to inform priorities?
  - 1.2.5 In review, were there any decisions that had to be made which were not anticipated at the start of the year 2016/17?

- 1.2.6 What are the five key pressures and challenges facing your organisation for 2017/18 and what are you doing to deal with these?
- 1.2.7 How were the priorities 2017/18 informed by patient experience? How did you engage with Healthwatch Herts and patient groups to inform priorities?
- 1.2.8 What are the key projects/programmes that the organisation will deliver to achieve the Quality Account period 2017/18?
- 1.2.9 What are the key risks in delivering the quality improvement and efficiencies in the 2017/18 Quality Account reporting period, and what mitigations are in place? What steps are being taken to ensure resilience?
- 1.2.10 What are the key savings proposals that have been identified to meet the budget gap 2017/18; what additional actions will need to be taken to achieve these, and what are the potential impacts?

## **2. Recommendations**

### **NHS England**

- 2.1. The Committee believe there is value in the Health and Wellbeing Board exploring the potential of a single commissioning authority for all health and social care services

### **2.2. All Organisations**

- 2.3. That all providers increase their efforts to pursue partnership working including the data sharing initiative across the Sustainability Transformation Plan (STP) footprint for greater integration and an improved patient experience, patient focus and promote holistic working when co-operating with partners regarding delayed transfers of care.
- 2.4. That all organisations should review ways of being able to transfer and share patient information so that patients can be treated quickly and effectively whichever service they access.
- 2.5. For all to educate and engage patients, sharing a consistent message with the public on the benefits of the 111 service.

### **Hertfordshire Partnership University Foundation Trust**

- 2.6. That the trust refreshes the range of service users and groups that are engaged; and expands the engagement methods to ensure its consultation remains current and reflects changing needs.
- 2.7. Given the increase in referrals from primary care and the significant discrepancies between projected and recorded referrals, the methodology used to project future referrals should be reviewed.

### **East of England Ambulance Service Trust & Herts Urgent Care**

- 2.8. We recommend that further work is undertaken to improve collaboration of the Hear and Treat function of EEAST and the 111 service, in order to ensure duplication is not occurring.

### **Herts Urgent Care**

- 2.9. That it should undertake further patient engagement and advertise its work to raise awareness of its services, particularly the sensory impaired 111 service.
- 2.10. That quality data, financial information and patient surveys should be made accessible to the public via the HUC website by September 2017. Once this information has been uploaded it is requested that a link to the website is sent to the scrutiny officer for distribution to all members.
- 2.11. Due to financial pressures being experienced that consideration is given to having financially efficient office space out of county where possible.

## **3. Proposed Scrutinies**

The following item is on the work programme; however the detail below helps to develop the scope for this scrutiny.

- 3.1. **Delayed Transfers Of Care** -To examine delayed transfers of care addressing social care discharging issues and any patient pathways of particular concern in relation to WHHT, ENHT, Barnet & Chase Farm and Luton & Dunstable.

The following item is scrutinising a different topic from the item on Child & Adolescent Mental Health Service (CAMHS) already on the work programme.

- 3.2. **CAMHS** –To examine access to CAMHS for children and young people presenting at A&E and the availability of tier 3 beds.

## **4. Comments on Priorities**

### **All Organisations**

- 4.1. That greater collaboration with social care and public health and across health delivery is included as a priority for the 2017/18.

### **West Hertfordshire Hospitals Trust**

- 4.2. Pleased that WHHT is addressing emergency department operational issues remain a priority.
- 4.3. Commend the continued focus on patients and the quality of care they receive.
- 4.4. Welcome the emphasis on the need for continuity of the current leadership.
- 4.5. Pleased there is a continued focus on reducing agency costs.

### **Hertfordshire Partnership University Foundation Trust**

- 4.6. That year-on-year performances and nationwide comparisons should be provided alongside the trust's priorities to demonstrate its progress.

### **East and North Hertfordshire Trust**

- 4.7. Encourage a focus on apprenticeships future year's priorities (staffing priority).

### **Hertfordshire Community Trust**

- 4.8. Future priorities need to be measurable so that it is clear how they can be achieved.
- 4.9. Patient experience should remain a priority on all future Quality Account's.

## **5. Risk and Resilience**

### **West Hertfordshire Hospitals Trust**

- 5.1. Another change in leadership could undermine progress currently being made
- 5.2. The current financial model is unsustainable and can only be resolved by greater efficiencies and significant improvement of the estate, which relies on Strategic Transformation Fund (STF) monies. Budget plans after 2017/18 incorporates funding from NHS Improvement (NHSI);

however this is not guaranteed if NHSI targets are not met. This is a significant risk for the trust.

- 5.3. The trust remains extremely vulnerable to emergency care system pressures.

#### **Hertfordshire Partnership University Foundation Trust**

- 5.4. The £400,000 social care savings requirement for 2017/18 has not yet been met which could lead to service reduction, therefore this could be a significant risk.
- 5.5. The potential impact of service decommissioning as a result of the withdrawal of Herts Valleys Clinical Commissioning Group (HVCCG) funding.
- 5.6. Young people are at risk due to the lack of available CAMHS beds. A better approach with the NHS is needed with regards to who occupies the beds as currently HPFT have no say in this.

#### **East and North Hertfordshire Trust**

- 5.7. Inability physically to expand the Lister hospital despite increasing demand. What futureproofing is in place for increased demography?

#### **Hertfordshire Community Trust**

- 5.8. 2016/17 financial savings targets being deferred to 2017/18 presents a significant challenge.
- 5.9. The sustainability of the service in attracting the numbers of health carers and public engagement required for changes towards increased care at home and self-management.

#### **Herts Urgent Care**

- 5.10. There are significant pressures due to vacancy rates and staff retention issues, numbers of GPs not matching increased demand and pay rates increasing for this smaller pool of GPs; new commissioning standards; geographic expansion; and the planned increase to staff pay.

## **6. Information Requests**

## **East of England Ambulance Trust**

- 6.1. Members request updated information on the cost impact of handover delays, in terms of monetary value and the number of paramedics and vehicles out of action.

## **7. Conclusions**

- 7.1. The Committee identified that there are wider system failures and a significant concern with the apparent fragmentation of the health and social care system. In particular there was disappointment and frustration that the Clinical Commissioning Groups' (CCG) reporting systems differed and felt that nomenclature across the county should be comparable, such as services like Home First and Rapid Response, for improved understanding by residents across Hertfordshire. Members would like a comparative study of the CCGs with other single commissioner models to be undertaken, as was recently conducted by KPMG.
- 7.2. Members were concerned with system failures resulting in Delayed Transfer of Care, attributable to health and social care for people with mental health issues. This is also affected by the poor 'flow' between types of care due to a lack of general needs housing (provision of 50 units is required across the county). Another concern is the inconsistent treatment of children and young people presenting with mental health issues at A&E and the committee would like faster interaction with the CAMHS when cases have been identified.
- 7.3. As in previous years agency spend was highlighted as a particular issue that providers continued to contend with. It is acknowledged that some progress has been made, but this needs to continue to be a high priority for all. Given the proximity to London, the lack of London weighting directly impacts recruitment and retention and members believe that greater measures need to be taken to mitigate that risk.
- 7.4. Members were particularly concerned about the service implications caused by the HVCCG withdrawal of funding.
- 7.5. The quality of the estate at WHHT and its capacity to handle the current level of emergency attendances is a major concern; however the Committee commends WHHT's efforts to resolve its estate issues but that there should be more radical considerations to resolve this. Members also supported the commitment of WHHT to avoid short-term cuts that would have negative long term consequences for patient care.
- 7.6. Members noted the potential benefits of the proposed Section 136 facility at Harlow which will offer care to residents in the east of the county.

- 7.7. The group chairman thanked EEAST for the work they undertake in the community.
- 7.8. The upskilling of staff is a necessity which places additional financial pressure on the service as agency staff are required to cover the front line. To overcome this EEAST has extended the time to complete the paramedic degree. This could be a source of dissatisfaction if staff had not been made aware of the extension when joining the scheme. In addition, recruitment should be targeted at a younger age group to highlight the opportunities within the Trust. While this is happening sporadically around the county a more consistent approach should be developed, such as through career events in year 9.
- 7.9. The Committee supports the expansion of the pilot scheme run jointly by Fire & Rescue and the Ambulance Service.
- 7.10. There was commendation for the educational work that the Ambulance Service is undertaking with care homes in order to recognise cases where hospitalisation is not required or can be avoided. However, there was concern of where future savings could be made as back office functions have already been rationalised and other areas were not readily identifiable to provide such savings.
- 7.11. Members were pleased with ENHT's performance on engagement in particular with young people and would like to see this practice adopted more widely by other health organisations.
- 7.12. Members were concerned about the sustainability of using volunteers at ENHT when discharging patients as this is a high priority.
- 7.13. The Committee was pleased that HUC is investigating the possibility of using video conferencing for treatment of patients and clinician information sharing. It was felt that this example could be used by all organisations to exploit the use of technology where possible.