Agenda

AGENDA FOR A MEETING OF THE HEALTH SCRUTINY COMMITTEE IN THE COUNCIL CHAMBER, COUNTY HALL, HERTFORD ON THURSDAY 5 OCTOBER 2017 AT 10.00 A.M.

MEMBERS OF THE COMMITTEE (20) - QUORUM 7

COUNTY COUNCILLORS (10)
S Brown; E H Buckmaster; M A Eames-Petersen; F Guest; D Hart; M S Hearn; D J Hewitt; S Quilty *(Chairman);* R G Tindall; C J White *(Vice Chairman);*

DISTRICT/BOROUGH COUNCILLORS (10)
J Birnie (Dacorum); B Gibbard (St Albans); K Hastrick (Watford); J Green (North Herts); D Lambert (Hertsmere); M McKay (Stevenage); G Nicholson (Broxbourne); A Scarth (3 Rivers); N Symonds (East Herts); F Thomson (Welwyn Hatfield)

Meetings of the Scrutiny Committee are open to the public (this includes the press) and attendance is welcomed. However, there may be occasions when the public are excluded from the meeting for particular items of business. Any such items are taken at the end of the public part of the meeting and are listed under "Part II ('closed') agenda".

The Council Chamber is fitted with an audio system to assist those with hearing impairment. Anyone who wishes to use this should contact main (front) reception.

Members are reminded that:

(1) if they consider that they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting they must declare that interest and must not participate in or vote on that matter unless a dispensation has been granted by the Standards Committee;
(2) if they consider that they have a Declarable Interest (as defined in paragraph 5.3 of the Code of Conduct for Members) in any matter to be considered at the meeting they must declare the existence and nature of that interest but they can speak and vote on the matter

PART I (PUBLIC) AGENDA

1. MINUTES [SC.8]

To confirm the Minutes of the meeting held on 19 July 2017.

2. PUBLIC PETITIONS [SC.11]

The opportunity for any member of the public, being resident in Hertfordshire, to present a petition relating to a matter with which the Council is concerned, which is relevant to the remit of this Committee and which contains signatories who are either resident in or who work in Hertfordshire.

Members of the public who are considering raising an issue of concern via a petition are advised to contact their local member of the Council. The Council's criterion and arrangements for the receipt of petitions are set out in Annex 22 - Petitions Scheme of the Constitution.

If you have any queries about the petitions procedure for this meeting please contact Elaine Manzi, by telephone on (01992) 588062 or by e-mail to elaine.manzi@hertfordshire.gov.uk.

At the time of the publication of this agenda no notices of petitions have been received.

3. SUSTAINABILITY & TRANSFORMATION PARTNERSHIP (STP) UPDATE

Report of the Head of Scrutiny

Report of the Chief Executive – Hertfordshire Partnership University NHS Foundation Trust (HPFT) and STP Lead – Hertfordshire and West Essex

4. NATIONAL AMBULANCE RESPONSE PROGRAMME (ARP)

Report of the Head of Scrutiny

Report of the Deputy Director of Service Delivery- East of England Ambulance Service Trust (EEAST)

5. HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

Report of the Head of Scrutiny

a. Proposed Annual Scrutiny of Health Providers Finances 2018/19

b. Proposed Annual Scrutiny of Health Provider Quality Accounts 2017/18 – 2018/19

6. OTHER PART I BUSINESS

Such Part I (public) business which, if the Chairman agrees, is of sufficient urgency to warrant consideration.

7. **ITEMS FOR REPORT TO THE COUNTY COUNCIL (Standing Order SC. 7(2))**

To agree items for inclusion in the Committee's report to County Council. In the absence of a decision, a summary of all items will be reported

PART II ('CLOSED') AGENDA
EXCLUSION OF PRESS AND PUBLIC

There are no items of Part II (Confidential) business on this agenda. If items are notified the Chairman will move:

"That under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph … of Part 1 of Schedule 12A to the said Act and the public interest in maintaining the exemption outweighs the public interest in disclosing the information."

If you require a copy of any of the reports mentioned above or require further information about this agenda please contact Elaine Manzi, Democratic Services Manager, Legal, Democratic and Statutory Services, on telephone no. 01992 588062 or email elaine.manzi@hertfordshire.gov.uk

Agenda documents are also available on the internet at

http://cmis.hertfordshire.gov.uk/hertfordshire/CabinetandCommittees.aspx

KATHRYN PETTITT
CHIEF LEGAL OFFICER

Minutes

To: All Members of the Health Scrutiny Committee, Chief Executive, Chief Officers, All officers named for 'actions'

From: Legal, Democratic & Statutory Services
Ask for: Elaine Manzi
Ext: 28062

HEALTH SCRUTINY COMMITTEE
19 JULY 2017

M I N U T E S

ATTENDANCE

MEMBERS OF THE COMMITTEE (20) - QUORUM 7

COUNTY COUNCILLORS (10)
S Brown; E H Buckmaster; M A Eames-Petersen; F Guest; D Hart;
D J Hewitt; S Quilty *(Chairman);* R G Tindall; C J White *(Vice Chairman)*; W J Wyatt-Lowe *(substituting for M S Hearn)*

DISTRICT COUNCILLORS (10)
A Alder (East Herts) *(substituting for N Symonds)*; J Birnie (Dacorum); B Gibbard (St Albans); K Hastrick (Watford); J Green (North Herts); D Lambert (Hertsmere); M McKay (Stevenage); G Nicholson (Broxbourne);

OTHER MEMBERS IN ATTENDANCE
T C Heritage; G McAndrew; M A Watkin; C B Wyatt-Lowe

DECLARATION OF INTERESTS
Fiona Guest advised that she was an active community pharmacist outside of the county.
Margaret Eames-Petersen advised that she worked in Public Health outside of the county.

PART 1 ('OPEN') BUSINESS

1. MINUTES

1.1 The minutes of the meeting of the 15 June 2017 were agreed and signed by the Chairman.

CHAIRMAN'S INITIALS

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1.2	The Chairman reported that further to point 4.4 of the minutes, he had received a response from Herts Community Trust in response to the Health Scrutiny Committee Annual Scrutiny 2016/17, which he agreed would be shared with Members.	Seamus Quilty
1.3	Natalie Rotherham, Head of Scrutiny, advised that in relation to point 6 of the minutes, the work programme for the Health Scrutiny Committee for 2017/18 continued to be discussed with health providers, officers and Members, and would be brought to the Health Scrutiny Committee during the autumn.	Natalie Rotherham
2.	**PUBLIC PETITIONS**	
2.1	None received by the Health Scrutiny Committee. The Chairman advised Members that a petition had been received regarding the withdrawal of funding to Nascot Lawn at the County Council meeting on 18 July 2017, which had been duly administered under the specific processes for the meeting as laid out in the Council's constitution.	
3.	**CLINICAL COMMISSIONING GROUPS- A HEALTHIER FUTURE** [Officer Contact: Natalie Rotherham, Head of Scrutiny, Hertfordshire County Council (Tel: 01992 588485) Kathryn Magson- Chief Executive Herts Valleys Clincial Commissioning Group (Tel: 01442 898888) Beverley Flowers- Chief Executive East and North Herts Clinical Commissioning Group (Tel: 01707 685000)	
3.1	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.	
3.2	Beverley Flowers, Chief Executive of East & North Herts CCG provided the committee with a brief overview of the decisions and explained that the proposals were structured to make best use of the existing workforce and funding considered how the	

best future ways of working with the NHS. Ms Flowers added that the proposals had been shared with the Sustainability & Transformation Partnership (STP), West Essex and Cambridgeshire CCGs.

3.3 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 that the treatment would go ahead.

3.4 During general discussion, it was established that the ceasing of prescriptions for gluten free products and other over the counter medicines would apply to children as well as adults. Members received assurance that where it was felt the child's health or welfare would be at risk by not providing the prescriptions, then prescriptions would still would be issued, but there would be an increased drive on educating parents about diet, as food products containing gluten were included in those that would not be encouraged as part of a healthy diet.

3.5 Officers from the CCGs accepted the challenge from Members that the feedback form did not specifically ask for other ideas for cost saving measures and only asked for general comments, and agreed to amend this on the website version of the form.

Juliet Rodgers/Nuala Milbourn

3.6 In response to Member concerns expressed that 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 savings 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.

3.7 Members were informed that the consultation sessions on the current consultations with the public had gone well. A number of members of the public had advised that they had not realised the extent of the funding issues regarding prescriptions for gluten free products and over the counter medicines. It was noted that there was going to be an additional national consultation on the prescribing of over the counter medicines starting at the end of the July.

3.8	Members were invited to contact the CCGs should they wish to have a specific consultation session within the County or District/ Borough Councils. It was acknowledged that due to the extended purdah period preceding the County Council and General Elections, there had been a certain level of restriction around the amount of consultation that could take place previously, although as much effort as practicable had been put into this during the period of purdah.	
3.9	In response to a number of Member questions and challenges regarding specific details about the consultations, Members were directed to complete the feedback form on the consultations available online at www.healthierfuture.org.uk/nhsletstalk.	
3.10	Members were advised that the consultation runs until 14 September 2017 and the outcomes of the consultation would be conveyed at the end of October 2017.	
3.11	It was agreed that Members would be provided with a briefing note mid consultation that would serve to provide as an early indicator of the outcomes of the consultation. It was acknowledged that this would not be detailed, or be able to provide the full picture of the direction of travel.	
3.12	It was established that the consultations had been discussed at and fitted in with the objectives laid out with the STP and Members were reminded that it had always been known 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 and therefore the STP was predicated on the CCGs to make the required savings.	
3.13	**CONCLUSION:** The Committee noted the information provided in the report and agreed that the consultation proposed was sufficient, but requested that a mid-consultation briefing note be provided to the Committee in order to provide them with an early indication as to the outcome of the consultation to ascertain whether any further scrutiny by the committee was necessary.	Juliet Rodgers/Nu ala Milbourn

CHAIRMAN'S INITIALS

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4. NASCOT LAWN RESPITE PROVISION

[Officer Contact: Natalie Rotherham, Head of Scrutiny
Hertfordshire County Council
(Tel: 01992 588485)

David Evans, Director of Programmes and Commissioning, Herts Valleys CCG
(Tel: 01442 898888)

4.1 Members were invited to consider the paper 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 needs, and to decide whether the information provided was sufficient or that Members felt that further scrutiny on the issue was required.

4.2 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.

4.3 The Chairman invited Luis Andrade, Principal Lawyer for Hertfordshire County Council to provide further detail on the outcome of the discussion at the meeting of the County Council on Nascot Lawn.

4.4 Mr Andrade advised that the Executive Member for Children's Services, Teresa Heritage and full Council had been addressed by David Josephs (a parent of one of the affected children) and a petition was presented by Nikki Lancaster another parent of one of the children affected by the decision, and that the Motion tabled to Members at the Health Scrutiny Committee Meeting on the 19 July 2017 had been agreed. The motion which was noted by Members of the Health Scrutiny Committee can be found here:

https://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/612/Committee/12/Default.aspx

The minutes from County Council of the 18 July 2017 can be found here:
http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/519/Committee/4/Default.aspx

4.5 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.

4.6 Mr Evans explained that HVCCG has a deficit of £45 million and as a result of this 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, and that respite services, such as Nascot Lawn, fell into this category.

4.7 Mr Evans continued that the decision had not been made lightly and after a significant amount of discussion and had ultimately been made as a result of challenge from the CCG auditors that legally it was not permitted to fund any provision that was not healthcare.

4.8 Mr Evans acknowledged that parents of the children and young people affected had highlighted the anxiety engendered by the decision to withdraw funding but he provided assurance that the CCG were committed to undertake the necessary healthcare assessments required for the children and young people to enable them to be assessed for alternative respite provision.

4.9 Mr Evans stated that in communication, Hertfordshire County Council had advised that HVCCG 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.

4.10 The Chairman asked Luis Andrade, Principal Lawyer for Hertfordshire County Council to respond to this point.

4.11 Mr Andrade stated 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] indicates that respite provision can be a health need and so provided by a Health Body.

CHAIRMAN'S INITIALS

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4.12 Members noted with interest the fact that Mr Andrade had highlighted the fact that funding could be provided by CCGs for respite care which contradicted the statement made by Mr Evans, and noted the differing interpretations of statutory, legal and non-statutory.

4.13 The Chairman invited Teresa Heritage, Executive Member for Children's Services to comment.

4.14 Cllr Heritage stated that she wished to reiterate her statement made in County Council on 18 July 2017 that the Council were committed to fund Nascot Lawn beyond the proposed withdrawal of funding date by HVCCG on 31 October, until such time that health and social care assessments and appropriate alternative provision for the children and young people was secured. Cllr Heritage added that she hoped that HVCCG would extend its proposed withdrawal date and jointly fund this venture.

4.15 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 were undertaken, assurance was received that the joint assessments were going to 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, those with recent and up to date assessments would not be subjected to a new assessment for the purpose of this exercise.

4.16 During general discussion it was observed that due the nature of the children/young people's disabilities; respite care implied required medical duties for the children/young people throughout the day and night and that medical staff such as nurses were employed as part of the staffing team at Nascot Lawn. Mr Evans acknowledged that the children/young people had medical need, but stressed that medical treatment for which CCGs had responsibility for was undertaken within a clinical setting, such as a hospital not within respite.

4.17 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, who would be placed under increased pressure, which could lead to them having their own health problems. This went against the preventative strategy that everyone was striving to achieve.

CHAIRMAN'S INITIALS

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4.18 Dr Rami Eliad, Herts Valleys Board GP for Watford and Three Rivers stated that as a medical professional he was conscious of these children's needs, but supported Mr Evan's earlier comments that HVCCG had no alternative but to make this decision.

4.19 In response to a number of further questions specifically related to the decision by HVCCG to cease funding at Nascot Lawn from October 2017, the Chairman reminded the Committee that the purpose of the item on Nascot Lawn being on the agenda was not to scrutinise the decision itself but was as follows:

'That the Committee considers the information provided in the report and concludes one of the following that:

i) it is satisfied with the information provided and no further action is required; or

ii) a full scrutiny of the decision by HVCCG to withdraw funding for Nascot Lawn is necessary, including the holding of a special meeting of the committee'

4.20 Cllr Mark Watkin, Liberal Democrat Opposition Spokesman for Children's Services expressed his support for a full scrutiny of the decision.

4.21 The Chairman asked Committee Members to vote on whether it was felt that a full scrutiny of the decision by HVCCG to withdraw funding was needed.

4.22 **CONCLUSION:**
Members UNANIMOUSLY agreed that a full scrutiny of the decision to withdraw funding for Nascot Lawn by HVCCG was required.

4.23 The Chairman noted the decision and stated that this would take the form of a topic group to be held in August 2017, exact date, time and location to be confirmed.

Natalie Rotherham/ Charles Lambert/ Elaine Manzi

5. **OTHER PART I BUSINESS**

Such Part I (public) business which, if the Chairman agrees, is

CHAIRMAN'S INITIALS

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of sufficient urgency to warrant consideration.

No other Part I business was recorded.

6

ITEMS FOR REPORT TO THE COUNTY COUNCIL

(STANDING ORDER SC7(2))

6.1 A summary of these items will be reported to County Council.

KATHRYN PETTITT
CHIEF LEGAL OFFICER

CHAIRMAN…………………………….

CHAIRMAN'S INITIALS

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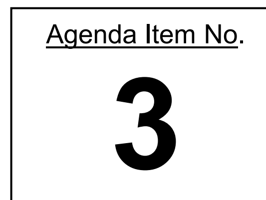


HERTFORDSHIRE COUNTY COUNCIL

HEALTH SCRUTINY COMMITTEE

THURSDAY, 5 OCTOBER 2017 AT 10.00AM

SUSTAINABILITY & TRANSFORMATION PARTNERSHIP (STP) UPDATE

Report of the Head of Scrutiny

Author: Natalie Rotherham, Head of Scrutiny (Tel: 01992 588485)

1. Purpose of report

1.1 To provide members of the Committee with an update on the current position of the west Essex and Hertfordshire Sustainability & Transformation Partnership (STP)

2.0 Summary

2.1 STPs are five-year plans covering all aspects of NHS spending an area. Tom Cahill, Chief Executive of the mental health trust, is the named lead for the STP.

2.2 The scope of STPs is broad. However, NHS guidance advocates a focus on three headline issues:
- improving quality and developing new models of care
- improving health and wellbeing
- improving efficiency of services.

2.3 STP leads and partners have been asked to identify the key priorities needed for the local area to meet these challenges and deliver financial balance for the NHS. The plans needed to cover all aspects of NHS spending, as well as focusing on better integration with social care and other local authority services. The intention is to provide strategic and long term solutions and plans will run from October 2016 to March 2021.

2.4 The west Essex and Hertfordshire STP has recently been assessed in category 3 out of 4 as “making progress”.

3.0 Recommendations

3.1 That the Committee note the report attached as Appendix 1 to this report. Members are invited to ask questions of the STP representatives attending the Committee.

3.2 Members are asked to confirm its future actions. This could include

- a further update on the STP
- a scrutiny of the STP

Background Information

Link to **STP a Healthier Future**

Appendix 1 - Sustainability & Transformation Partnership (STP) Update is attached as a separate document

HERTFORDSHIRE COUNTY COUNCIL

APPENDIX 1

HEALTH SCRUTINY COMMITTEE

THURSDAY, 5 OCTOBER 2017 AT 10.00AM

SUSTAINABILITY & TRANSFORMATION PARTNERSHIP (STP) UPDATE

AUTHOR: TOM CAHILL, STP LEADER Tel: 01707 253900 AND HELEN EDMONDSON, ASSOCIATE PROJECT DIRECTOR, STP

1. PURPOSE OF THE REPORT

1.1 To provide members with an update on the Hertfordshire and west Essex Sustainability Transformation Partnership (STP).

2. BACKGROUND

2.1 STP Aims

2.1.1 The STP brings organisations together to develop plans to support the delivery of the NHS Five Year Forward View. The Partnership will show how local services will evolve, develop and become clinically and financially sustainable over the next three years (to 2020/21). Through the Hertfordshire and west Essex STP the NHS and county councils have embraced the opportunity to work together to improve the health and wellbeing of our population.

2.1.2 The STP overall aims are to:

- Improve health and wellbeing
- Improve the quality of health and care services
- Provide efficient and affordable care

2.2 Challenges

2.2.1 The main challenge the STP face results from the increasing demand for services, particular in the urgent and emergency care system, including mental health, which puts significant pressure on our hospitals and GPs. The population is growing (a 10% increase forecast in the 10 years 2011-2021) and ageing (45% increase in people aged over 85 from 2011 to 2021) and we need to ensure that our health and social care workforce can meet these challenge in ways that make the most of all of the resources available to us.

2.2.2 NHS organisations within the STP footprint have been financially challenged for a number of years with all three acute providers recording deficits in 2014/15. These worsened in aggregate in 2015/16 but improved in 2016/17 through use of non-recurrent measures and receipt of Sustainability and Transformation Fund allocations. On a normalised basis the provider deficits were almost identical in 2015/16 and 2016/17 at £106M and £104M.

2.2.3 The position for commissioners is better than for providers, with 2 of our 3 organisations reporting balanced positions. A third experienced financial difficulties in 2016/17 and are in financial turnaround in 2017/18.

2.2.4 The financial plans for Hertfordshire and west Essex are based on the need to manage the demand on the health and care system and introduce efficiencies to prevent an overspend that, if no action is taken, is calculated to rise to £548M by the end of 2020/21. Of this, £397M is attributed to the NHS, and £151M to social care.

2.3 STP Priorities

In particular our priorities are to

- Reduce **unwarranted variation** in all health and social care settings (clinical pathways).
- Reduce level of **demand/referrals and activity** for secondary care/specialist services, through earlier intervention and by shifting care.
- Deliver priorities of **Five Year Forward View**, Urgent & Emergency care, Primary Care, Mental Health, Cancer and Finance.
- Establish **"Place Based and Integrated Care model"** in community and primary care.
- **Increase capacity** to manage demand and activity in primary and community care.
- Focus on **Prevention** and increase self-care and self-management.
- Reduce provision of or stop treatments of **limited clinical effectiveness.**
- Improve condition of our Hospital and Community **estate and environments.**
- **Finance**, deliver within means and work to a single control total across STP.
- **Commissioning**, reduce number and cost of transactions within the STP.
- **Back office /Productivity**. Reduce costs of back office across the STP and transactions; increase productivity.
- Reduce **workforce** costs, plan and reassign workforce to match demand and needs.
- Establish **new architecture** to support delivery, e.g. ACS, ACO, MCPs.

2.4 STP Dashboard

2.4.1 A league table of national STP performance was published on 21 July 2017. The 44 STPs have been ranked in four categories according to performance across 17 health system indicators. The categories are: **outstanding**; **advanced**, **making progress** and **needs most improvement**. Our STP is ranked as "making progress," an improvement on previous assessments.

2.4.2. The league table undertook the assessment by using metrics that are grouped into three areas: Hospital Performance; Patient focused change and Transformation. Examples of the metrics are: waiting times performance in Accident and Emergency departments; cancer patient experience; early intervention in psychosis; emergency admissions rate and financial position. This means that this assessment of the STP's performance is based on the performance of the individual organisation rather than on what the STP is achieving in its own right.

3. CURRENT POSITION

3.1 Governance

All the health and social care organisations in Hertfordshire and west Essex are members of the STP. The STP has an established governance structure, appendix 1 details this. The structure was set up following the feedback from an external organisation, who was commissioned to review the STP and how it was operating. The new structure provides more rigour and oversight by the Chair Oversight Board and CEO Board.

3.2 Workstreams

The STP has organised its priorities into work streams, these are both transformational and enabling. There are also specific task and finish groups for focused shorter term pieces of work. Appendix 2 details the work streams and task and finish groups. Each work stream has a Senior Responsible Officer, who is either a chief executive or executive director from a member organisation, they also have a clinical lead, director lead, finance and communications lead. The work areas have developed plans that explain what they will achieve, with milestones and identified changes to activity and finance. There is a particular focus on the priority areas, which are aligned to the national priorities as set out the Five Year Forward View.

Examples of the work of the priority workstreams are detailed below:

Urgent and Emergency Care	**Primary Care**
• GP streaming and reductions in A&E demand - right care, right place, right time • Improved clinical pathways to support urgent and emergency care priorities: stroke, chest pain, pneumonia • Improvement against performance targets	• Extending access to GPs • Develop a GP resilience programme and support for vulnerable practices • Implementing new models of joined-up care in our communities
Mental Health	**Cancer**
• Expanding access to mental health services in acute (hospital) settings. • Expert mental health support in GP practices. • Expanding psychological therapies into treatment pathways for people with long term conditions.	• Co-ordinating cancer prevention campaigns • Implementing the 2 week wait standard • Accelerating screening campaigns • Planning expansion of diagnostic centres

• A new treatment pathway for autism	
Planned Care • Reducing or stopping activity which has limited clinical effectiveness • Managing demand for expensive treatments by advising earlier • Improving the efficiency and effectiveness of treatment pathways, reducing variation • Standardising clinical thresholds / eligibility • Improving the sustainability and affordability of fragile services	**Clinical Support Services** • Pharmacy efficiency improvements across the whole system • Medicines waste reduction • Pathology and radiology service improvements
Prevention • Expand social prescribing • Champion cardio vascular disease reduction • Promote self-management of health conditions • Monitor health remotely through 'telecare' • Alcohol and obesity reduction initiatives	**Frailty** • Identifying frail patients and planning their care • Improving care and health in care homes • Develop and trial integrated community frailty service model to support people at home, specific focus on falls

3.3 Current financial position

The headline reporting from organisations at the end of July continues to suggest that the overall financial position is on target to deliver the agreed £40M control total, but this remains a significant risk for the STP for this financial year.

3.4 Hospital development

The STP made submissions to the national team in recent months, this included Strategic Outline Cases for the redevelopment of both Watford General/ St Albans City Hospital (SACH) and Princess Alexandra Hospital NHS Trust. In total, in the region of 300 bids have been submitted nationally and NHSI&E are preparing prioritisation of these against an anticipated release of capital funding via the 2017 Autumn Statement. It is anticipated that the national prioritisation process will take place during the autumn, but the local submissions are progressing positively.

4. Challenges Going Forward

4.1 The STP continues to face a number of challenges to deliver the desired service changes for the residents of Hertfordshire and west Essex. All health and social care organisations are planning for the upcoming winter. The winter months are a particularly busy time for health and social care and all organisations are committed to ensuring that services are responsive and resilient during this time.

4.2 The STP and its members are committed to the long term transformation of services, but these are often complex pathways, with the need for meaningful

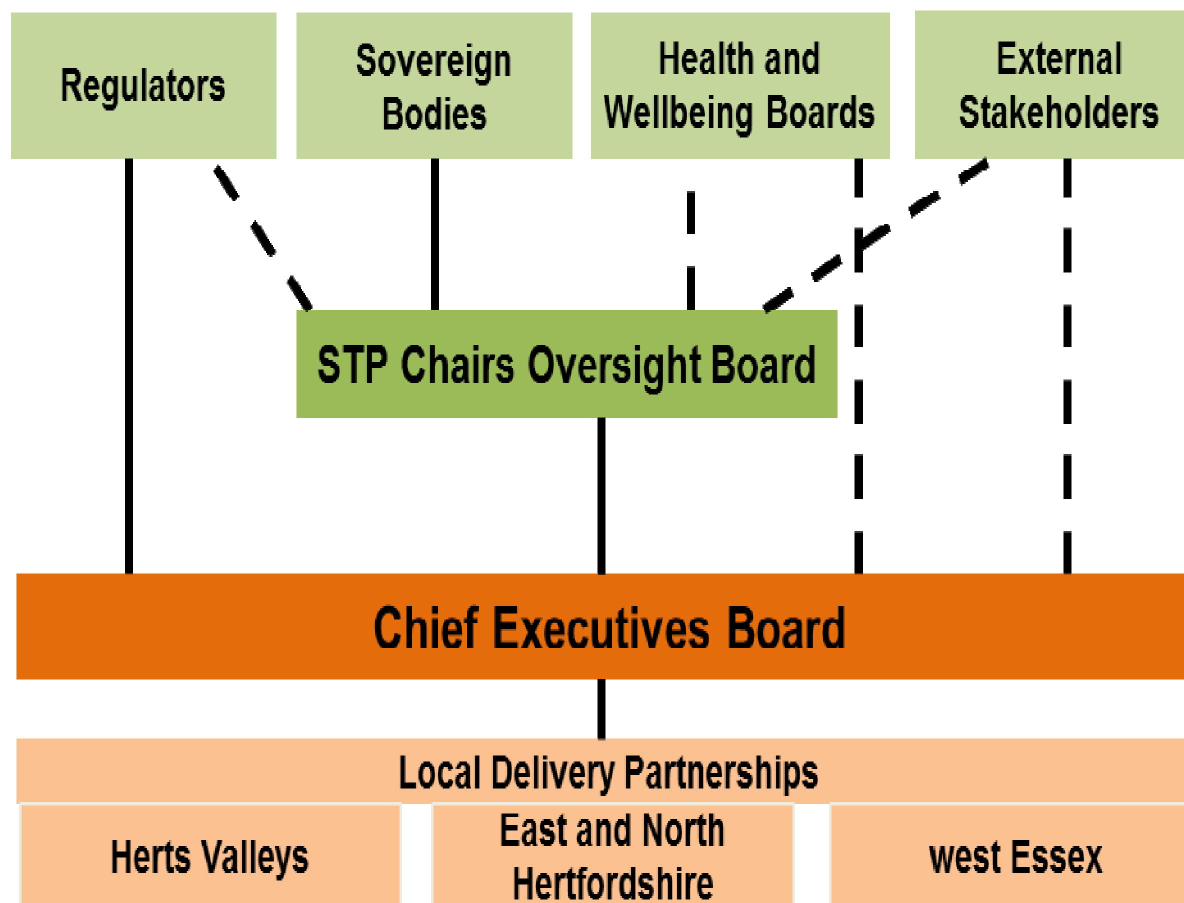
clinical engagement and commitment from multiple organisations, all of which means the changes are not quickly achieved. The STP will continue to push for these work streams to deliver.

4.3 This is against the backdrop of the emerging thinking around developing new architecture for health and social care, for example Accountable Care Systems and Accountable Care Organisations. The STP has started to discuss what this could mean and is scheduling an externally facilitated workshop to explore this further.

5. SUMMARY

5.1 The STP and all its members continue to work collaboratively together to meet the challenges and transform the services provided to residents of Hertfordshire of west Essex.

STP Governance Structure



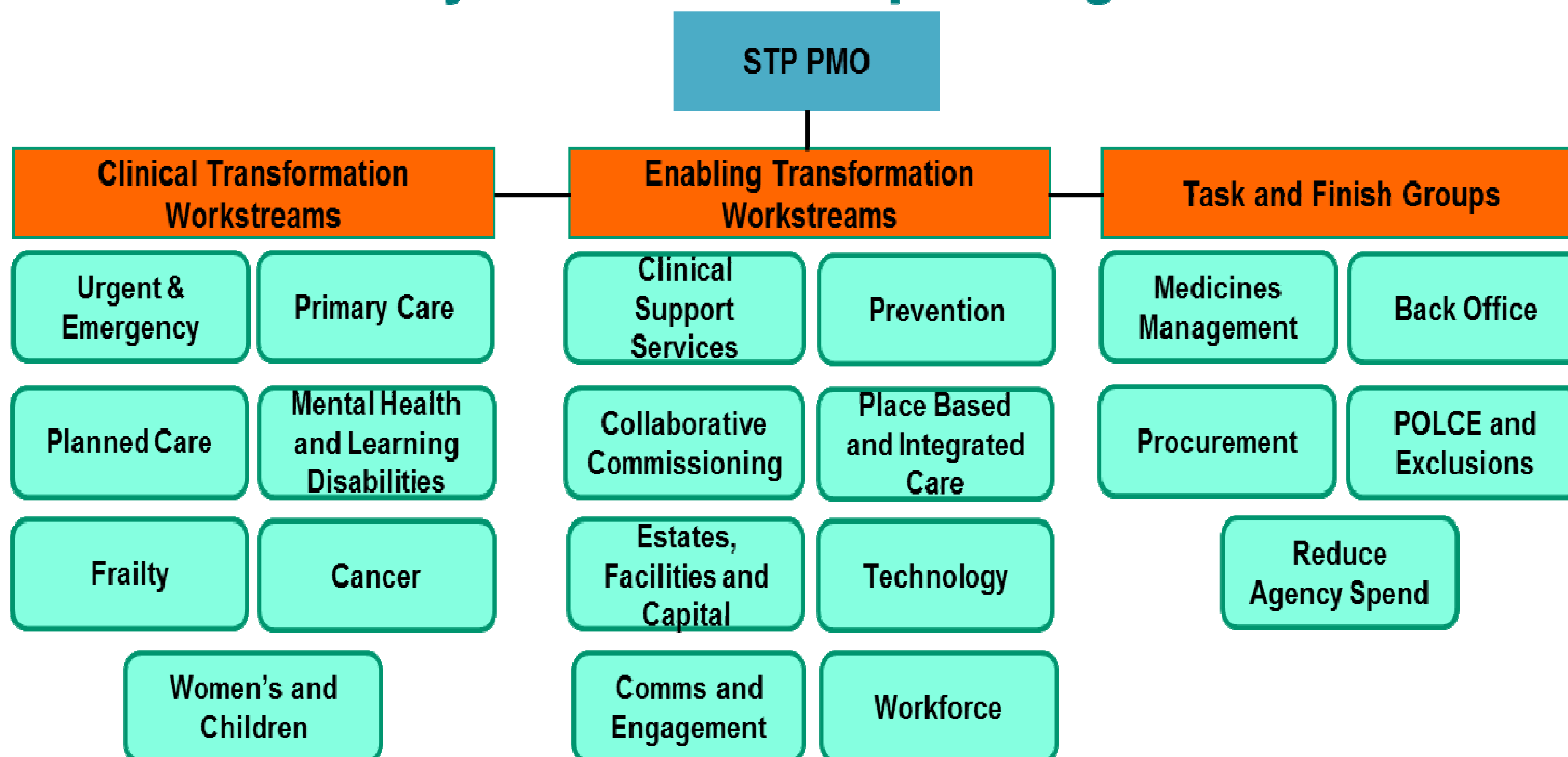
External Stakeholders include:

- *Patient and public engagement forums*
- *Health and Well Being Boards*
- *Health Overview and Scrutiny Committees*
- *Independent and third sector organisations*
- *District Councils*
- *LMC*
- *Healthwatch*
- *GP Federations*

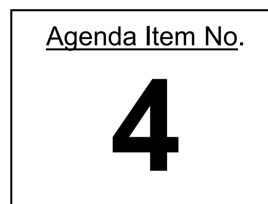
***STP Oversight Board** – to lead on alignment of sovereign bodies with STP vision, to ensure Boards are committed to the transformation and to support in the management of external stakeholders (as appropriate).*

***Chief Executives Board** – strategic direction of the STP and to oversee the delivery of STP through the Programme Board and System/Local Delivery Groups.*

Key:
- - - - Engagement
——— Reporting


STP System Leadership Arrangements
STP PMO
Clinical Transformation Workstreams
Enabling Transformation Workstreams
Task and Finish Groups
Urgent & Emergency
Primary Care
Planned Care
Mental Health and Learning Disabilities
Frailty
Cancer
Women's and Children
Clinical Support Services
Prevention
Collaborative Commissioning
Place Based and Integrated Care
Estates, Facilities and Capital
Technology
Comms and Engagement
Workforce
Medicines Management
Back Office
Procurement
POLCE and Exclusions
Reduce Agency Spend

HERTFORDSHIRE COUNTY COUNCIL



HEALTH SCRUTINY COMMITTEE

THURSDAY, 5 OCTOBER 2017 AT 10.00AM

NATIONAL AMBULANCE RESPONSE PROGRAMME (ARP)

Report of the Head of Scrutiny

Author: Natalie Rotherham, Head of Scrutiny (Tel: 01992 588485)

1. Purpose of report

1.1 To inform the Committee of changes to the East of England Ambulance Service (EEAST) call out times and categories

2. Summary

2.1 This is part of a national programme. The NHS Constitution has been amended to reflect these changes and the addendum is attached as Appendix 2 to this report

3. Recommendation

3.1 That the Committee notes the report attached as Appendix 1 to this report. Members of the Committee are invited to ask questions of the EEAST representatives.

Background Information

Appendix 1- National Ambulance Response Programme Report
Appendix 2- NHS Constitution Addendum

Are attached as separate documents

HERTFORDSHIRE COUNTY COUNCIL

Appendix 1

HEALTH SCRUTINY COMMITTEE

THURSDAY, 5 OCTOBER 2017 AT 10.00AM

NATIONAL AMBULANCE RESPONSE PROGRAMME (ARP)

Author: Dave Fountain Deputy Director of Service Delivery for the West Locality (Bedfordshire, Hertfordshire, Cambridgeshire and West Essex) 07767 342602

1. PURPOSE OF THE REPORT

1.1 To provide the Health Scrutiny Committee (HSC) with an overview of the new National Ambulance Response Programme being introduced within East of England Ambulance Service (EEAST) in October 2017.

2. SUMMARY

2.1 Following the largest clinical ambulance trials in the world, Sir Bruce Keogh former NHS England National Medical Director, has recommended to Jeremy Hunt, Secretary of State, the Ambulance Response Programme. The Programme is based on academic research conducted at Sheffield University. Academics monitored more than 14 million ambulance calls under the trial and found no patient safety incidents. (If you would like to read the Sheffield University's report on the Ambulance Response Programme it can be accessed via this link https://www.england.nhs.uk/publication/arp-evaluation/)

2.2 ARP is to be implemented nationally following the success at the trial Ambulance Trusts. EEAST will commence roll out on the morning of 18 October 2017.

3. BACKGROUND

3.1 The ARP will update a system that has been in operation for many years. It is anticipated that this will future proof the service. Historically ambulance services are allowed up to 60 seconds from receiving a call to sending a vehicle. Currently ambulance services are measured on the time it takes from receiving a 999 call to a vehicle arriving at the patient's location. Life-threatening and emergency calls, at present, should be responded to in eight minutes. However, evidence highlights that most patients do not need this level of response.

3.2 The ARP will entail a number of changes to ensure that the best, high quality, most appropriate response is provided for each patient first time. The ARP will provide call handlers with more time to assess 999 calls that are not immediately life-threatening. This will enable them to identify patients' needs better and send the most appropriate response.

3.3 ARP will see the introduction of four categories of call.

- Category 1 – Calls from people with life-threatening illnesses or injuries https://youtu.be/7YLEgZDT9nY
- Category 2 – Emergency calls https://youtu.be/cu3dad-Fkbk
- Category 3 – Urgent calls https://youtu.be/31uawNJhZvQ
- Category 4 – Less urgent calls https://youtu.be/71LBNIktDSA

3.4 Benefits for patients under the new system will include earlier recognition of life-threatening conditions, particularly cardiac arrest. A new set of pre-triage questions will identify those patients in need of the fastest response.

3.5 It is anticipated that the new targets should also free up more vehicles and staff to respond to emergencies. For a stroke patient this means that the ambulance service will be able to send an ambulance to convey them to hospital, when previously a rapid response vehicle would 'stop the clock' but cannot transport them to A&E. This means that stroke patients will get to hospital or a specialist stroke unit quicker because the most appropriate vehicle can be sent first time.

3.6 The attached presentation at Appendix A includes further detail to assist with the understanding of the principles within the ARP.

3.7 In addition EEAST would like to invite members to visit two stations in Hertfordshire that are part of the new approach.

- 3 November 2017 – West Herts station
- 6 November 2017 – Stevenage station

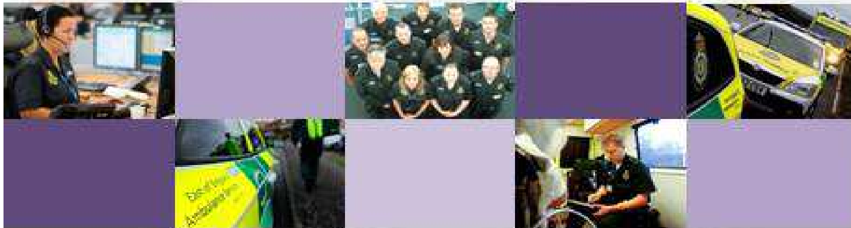
Appendix A

East of England Ambulance Service NHS
NHS Trust

Ambulance Response Programme

New National Standards

25/08/17



1. ARP Introduction
2. What does ARP seek to do
3. Current vs new standards
4. Oversight of new standards

THISISEEAST
Innovative. Responsive. Excellent. Always community focused. Always patient driven.

ARP: An Introduction

Following the largest clinical ambulance trials in the world, NHS England is to implement new ambulance standards across the country.

In a letter to Jeremy Hunt, Secretary of State for Health, Sir Bruce Keogh outlined why the results from the trial demonstrate that changes should be adopted nationally.

The new system will update a decades old system that addresses the issue that most aspects of UK ambulance services have changed beyond recognition:

- a large number of responses now focus on the frail elderly rather than traditional medical emergencies,
- half of all calls are now resolved by paramedics without the need to take patients to hospital,
- for specialist care the focus of the ambulance service is increasingly on getting patients to the *right* hospital rather than simply the nearest.

Over the last four decades, however, the services have had to remain organised around an eight minute response time target.

NHS England

Jeremy Hunt
Secretary of State for Health
By email and hard copy

13 July 2017

Dear Jeremy,

Ambulance Response Programme

Yours sincerely,

Professor Sir Bruce Keogh KBE, MD, DSc, FRCS, FRCP
National Medical Director
NHS England

High quality care for all, now and for future generations

What Does ARP Seek to Do?

Over the last 18 months the ARP has covered over 14 million calls, testing a new operating model and new set of targets. In summary this new system would:

1. Change the **dispatch model** of the ambulance service, giving staff slightly more time to identify patients' needs and allowing quicker identification of urgent conditions.
2. Introduce new target **response times** which cover every single patient, not just those in immediate need. For the most urgent patients we will collect mean response time in addition to the 90th percentile, so every response is counted.
3. Change the **rules around what "stops the clock"**, so targets can only be met by doing the right thing for the patient.

ARP is in 2 phases; phase 1 below relates to EOC process and phase 2 involves the code set changes. In October 2016, EEAST joined a national pilot for phase 1 that aims to give patients a more clinically appropriate response to people who call 999 for help, implementing the following:

- **Dispatch on Disposition** (DOD): Where a maximum clock start of 240 seconds for all calls except predicted or confirmed Red 1s (where we continue to dispatch as soon as possible). The additional time to triage 999 calls (compared to the previous 60 seconds) means they can be more appropriately resourced "first time" as it gives more time to find out the clinical need of the patient. New deployment guidelines were also introduced in line with this change to clock start for Red 2 and Green calls.
- **Changes to the opening call taking process for 999** calls to "predict" Red 1 calls before full coding:
  - New "pre-triage questions" (PTQ) opening the call to assist with immediate identification of patients that are not breathing or have a potential airway problem.
  - Introduction of the **Nature of Call (NoC)** which allow selection of "key words" (for example "choking") based on the initial description of the problem by the caller. These key words cover the most likely conditions to result in a Red 1 and Red 2 coded call.

ARP is endorsed by:

What Does ARP Seek to Do?

Changes to triage questions
The "Nature of Call" system introduces three standardised pre-triage questions to increase the early recognition of cardiac arrest. It has been estimated that up to 250 additional lives will be saved in England every year.

Changes to clinical standards
To ensure the ARP changes drive improved clinical outcomes, we will be introducing a new set of clinical indicators:

For serious **heart attack** patients, who have specific ECG changes, we will measure the proportion of patients that receive definitive treatment (balloon inflation during angioplasty at a specialist heart attack centre) within 150 minutes of making a 999 call. NHSE expect 90% of patients to meet this standard by 2022.

For **stroke patients**, we will measure the proportion of patients that complete their pathway of care (thrombolysis where appropriate, or first CT scan for those where it is not) within 180 minutes of making a 999 call – again with an expectation that 90% of patients will meet this standard by 2022, up from an estimated 75% of stroke patients currently completing their pathway of care within that timeframe.

ARP Barriers
Overall the evidence suggests that ARP is better for patients, systems and acute hospitals. However, since there will likely be a dramatically reduced number of fast response cars operating, hospital delays which consume DSA capacity will have an even more dramatic affect on the success of ARP in EEAST. Already we are modelling pressures in the first year of ARP due to the forecasted delays.

Current vs New Standards

Currently over half of all calls are classed as life threatening with an 8 minute response time target to be met in only 75% of cases. The other half of calls are deemed non-urgent with no national response target.

Response times for Green call patients have, unsurprisingly, doubled in some trusts in the last two years alone. Occasionally, the 8 minute target can increase response times; multiple vehicles are often dispatched to the same patient in a race to "stop the clock". When calls where a patient's needs only become known after the one minute has elapsed are factored in, one in four ambulances dispatched are now stood down before they reach the scene. Every year hundreds of thousands of patients fail to get an immediate response because ambulances are dispatched in a potentially illogical manner.

Current Standards

Category	Percentage of calls in this category	National Standard	How long does the ambulance service have to make a decision?	What stops the clock?
Red 1	3%	75% within 8 minutes	The clock starts at the point the call is connected to the ambulance service	The first ambulance service-dispatched emergency responder arriving at the scene of the incident
Red 2	47%	75% within 8 minutes	The earliest of: •The problem being identified •An ambulance being dispatched •60 seconds from the call being connected	The first ambulance service-dispatched emergency responder arriving at the scene of the incident
Green	50%	No national standard	The earliest of: •The problem being identified •An ambulance response being dispatched •60 seconds from the call being connected	The first ambulance service-dispatched emergency responder arriving at the scene of the incident

New Standards

Category	Percentage of calls in this category	National Standard	How long does the ambulance service have to make a decision?	What stops the clock?
Category 1	8%	7 minutes mean response time 15 minutes 90th centile response time	The earliest of: •The problem being identified •An ambulance response being dispatched •30 seconds from the call being connected	The first ambulance service-dispatched emergency responder arriving at the scene of the incident (There is an additional Category 1 transport standard to ensure that these patients also receive early ambulance transportation)
Category 2	48%	18 minutes mean response time 40 minutes 90th centile response time	The earliest of: •The problem being identified •An ambulance response being dispatched •240 seconds from the call being connected	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport, the first ambulance service-dispatched emergency responder arriving at the scene of the incident stops the clock.
Category 3	34%	120 minutes 90th centile response time	The earliest of: •The problem being identified •An ambulance response being dispatched •240 seconds from the call being connected	If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock. If the patient does not need transport the first ambulance, service-dispatched emergency responder arriving at the scene of the incident stops the clock.
Category 4	10%	180 minutes 90th centile response time	The earliest of: •The problem being identified •An ambulance response being dispatched •240 seconds from the call being connected	Category 4T: If a patient is transported by an emergency vehicle, only the arrival of the transporting vehicle stops the clock.

Operational Awareness
Business Intelligence

New Measures

Current standards apply to only half of the patients who dial 999, and are set at 75%; this means that one out of every four patients can miss the time target but meet the standard

ARP will set a standard at 90%, so 9 in 10 patients have to hit the target in order to meet the standard. ARP will also measure the mean average rather than median response times, so every single patient counts towards the time target.

A new set of clinical quality indicators will measure the time between the 999 call and receiving life-saving treatment for heart attack and stroke, as well as cardiac arrest survival. These will be followed by new measures for patients with sepsis, and people who have fallen and are still on the floor.

Call Handling

- Activity for calls and incidents
- Activity by category
- Call pick up
- Time to code C1
- Time to CPR (when cardiac arrest is confirmed)
- Hear & Treat

Operational Response

- C1 – C4 mean response time
- C1 – C4 90th percentile
- C1T – time to the arrival of a transporting vehicle when patient is transported
- Resource allocation rates

Clinical Assessment & Treatment

- Percentage of calls not conveyed to hospital
- STEMI 150 percentage
- STEMI care bundle percentage
- Cardiac arrest ROSC (Utstein) percentage
- Stroke 180 percentage
- Further sepsis targets to be agreed

Transport

- Percentage not transported
- Percentage transported to type 1 or type 2 ED
- Percentage transported to other facilities.

Our Internal Plan

5 key delivery work streams have been developed to sit beneath the over arching Programme Board.

These cover operational changes, EOC process changes & training, IM&T including reporting and intelligence and workforce engagement.

Specific or progressive updates from each of these groups is not possible due to the tight timeframe given by NHSE.

Feeding into the ARP Programme Board is the crucial outputs from the Independent Service Review (ISR) which will be critical to understanding how EEAST can map and use its resource over the coming 18 months.

We are also engaged with other services to gain advice and provide support on their progress.

EEAST will be implementing ARP on Tuesday October 17th.

NHS

Appendix 2

Addendum to the NHS Constitution

THE NHS CONSTITUTION
the NHS belongs to us all

ADDENDUM TO

THE HANDBOOK TO THE NHS CONSTITUTION FOR ENGLAND, PUBLISHED ON 27 JULY 2015

Page 33 of the Handbook relates to the pledge:

> "The NHS commits to provide convenient, easy access to services within the waiting times set out in this Handbook to the NHS Constitution".

It includes the following **explanatory text** that sets out the ambulance waiting times covered by this pledge:

All ambulance trusts to respond to 75 per cent of Category A calls within eight minutes and to respond to 95 per cent of Category A calls within 19 minutes of a request being made for a fully equipped ambulance vehicle (care or ambulance) able to transport the patient in a clinically safe manner.

On 13 July 2017, the Secretary of State for Health accepted NHS England's recommendation to implement new ambulance performance standards. These standards are focused on patients' clinical needs, and will help to ensure consistent, rapid responses to those who genuinely need them, reduce long waits for ambulance responses, and bring all 999 calls under a consistent national framework.

These new standards have already been successfully piloted in three areas of England and clinical experts agree that they will improve patient outcomes. They are now being progressively rolled out across the rest of England so that all patients can benefit from them.

In areas of England where the new standards[1] have been introduced, the following is substituted for the explanatory text highlighted above:

"All ambulance trusts to:

- Respond to Category 1 calls in 7 minutes on average, and respond to 90% of Category 1 calls in 15 minutes.
- Respond to Category 2 calls in 18 minutes on average, and respond to 90% of Category 2 calls in 40 minutes.
- Respond to 90% of Category 3 calls in 120 minutes.
- Respond to 90% of Category 4 calls in 180 minutes."

It is intended that a consolidated version of the Handbook will be published in 2018.

Department of Health
September 2017

[1] Further detail about the standards can be found here: https://www.england.nhs.uk/urgent-emergency-care/arp/

Agenda Item No.

5a

HERTFORDSHIRE COUNTY COUNCIL

HEALTH SCRUTINY COMMITTEE

THURSDAY, 5 OCTOBER 2017 AT 10.00AM

PROPOSED ANNUAL SCRUTINY OF HEALTH PROVIDERS FINANCES 2018/19

Report of the Head of Scrutiny

Author: Natalie Rotherham, Head of Scrutiny (Tel: 01992 588485)

1. Purpose of report

1.1 To provide Members with the finance questions to which provider trusts will respond and the proposed format for the Committee's scrutiny of health trusts finance proposals 2018/19.

2. Summary

2.1 In previous years the Committee has scrutinised patient experience and NHS finances jointly in March. Feedback has highlighted the difficulty of addressing both themes effectively at one meeting. In response, it is proposed that consideration of finances and the Quality Account scrutiny is held at separate meetings of the Committee. If Members agree each trust's finances would be addressed at the December meeting and Quality Accounts at the March meetings (see item 5b).

2.2 On the 12 December 2017 HSC it is envisaged that Members will meet in the Council Chamber over one day. The Committee will scrutinise three providers in the morning followed by a further three providers during the afternoon. The organisations to be scrutinised are

- East & North Herts Hospital Trust (ENHT)
- West Herts Hospital Trust (WHHT)
- Princess Alexandra Hospital (PAH)
- East of England Ambulance Trust (EEAST)
- Herts Partnership Foundation Trust (HPFT)
- Herts Community Trust (HCT)

2.3 It is proposed that for each organisation a small group of six Members under the direction of an identified lead will question the health body. Time will be allocated to each provider. If the Members have covered the areas they wished to raise with the trust other members of HSC will be invited to ask further questions.

2.4 Each trust will provide a written response to questions attached as Appendix 1 in advance of the meeting. The questions have been developed with assistance from a trust finance director, Healthwatch Hertfordshire and NHS England.

2.5 A briefing for Members of the Committee will be held in advance of the meeting.

2.6 The lead member will be expected to liaise with the other members of the group to agree key lines of inquiry etc.

2.7 The outcomes of the finance scrutiny will inform future scrutiny and the Quality Accounts scrutiny to be held March 2018.

2.8 In advance of the Committee member groups will meet to agree with the lead member the key lines of enquiry, those questions that do not require further consideration and any particular areas of focus. The Committee meeting will start in the Council Chamber. Members will receive an introduction; a summary by the Head of Scrutiny of the format for the Committee's scrutiny; and an oral report from the NHS England representative outlining the context against which trust budgets are prepared.

2.9 The Committee's recommendations will be monitored by the Impact of Scrutiny Sub Committee. The recommendations and observations will be summarised to inform the Quality Accounts scrutiny taking place in March 2018.

3. Recommendations

3.1 That the Committee approves the proposals for its scrutiny of the providers finances 2018/19.

3.2 Members agree the proposed finance questions.

4. Financial Implications

4.1 There are no financial implications associated with this report

Background Information

Francis Report
https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry

Five Year Forward View
https://www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/

Appendix 1- Proposed Questions is attached as a separate document

APPENDIX 1- Proposed Questions

1. Please summarise the Trust's 2017/18 financial plan – i.e. your start position, agreed control total, key elements of the plan including STF (sustainability and transformation funding).
2. Please set out your current 2017/18 forecast position and key risks to delivery.
3. Please identify any significant commissioning / contractual issues not yet reflected into the 2017/18 plan (i.e. differences between commissioner and provider positions)
4. Please summarise your 2017/18 savings plans, current progress and expected impacts / key risks.
5. Please summarise CQUINs that apply to your organisation in 2017/18, financial value and expected outturn position
6. Please set out the longer term financial outlook for your organisation and summarise the key elements of your longer term financial sustainability plan
7. How has the Trust reviewed its effectiveness and value for money in delivering service outcomes?
8. How is your organisation working in partnership to deliver improved system-wide sustainability?

HERTFORDSHIRE COUNTY COUNCIL

Agenda Item No.

5b

HEALTH SCRUTINY COMMITTEE

THURSDAY, 5 OCTOBER 2017 AT 10.00AM

PROPOSED ANNUAL SCRUTINY OF HEALTH PROVIDER QUALITY ACCOUNTS 2017/18 - 2018/19

Report of the Head of Scrutiny

Author: Natalie Rotherham, Head of Scrutiny (Tel: 01992 588485)

1. Purpose of report

1.1 To provide Members with the Quality Accounts questions to which provider trusts will respond and the proposed format for the Committee's scrutiny of health trusts Quality Accounts 2017/18 - 2018/19.

2. Summary

2.1 In previous years the Committee has scrutinised patient experience and NHS finances jointly in March. Feedback has highlighted the difficulty of addressing both themes effectively at one meeting. In response, it is proposed that consideration of finances and the Quality Account scrutiny is held at separate meetings of the Committee. If Members agree each trust's finances would be addressed at the December meeting (see Item 5a) and Quality Accounts at the March meetings.

2.2 On the 15 March and 29 March 2018 it is envisaged that the Committee will scrutinise three providers in the morning followed by a further three providers during the afternoon. The organisations to be scrutinised are

- East & North Herts Hospital Trust (ENHT)
- West Herts Hospital Trust (WHHT)
- Princess Alexandra Hospital (PAH)
- East of England Ambulance Trust (EEAST)
- Herts Partnership Foundation Trust (HPFT)
- Herts Community Trust (HCT)

2.3 It is proposed that for each organisation a small group of six Members under the direction of a chairman and supported by a graduate trainee will gather evidence.

2.4 Each trust will provide a written response to questions attached as Appendix 1 in advance of the meeting. The questions have been

developed with assistance from a Healthwatch Hertfordshire, the Care Quality Commission and partner trusts.

2.5 A briefing for Members of the Committee will be held in advance of the meeting.

2.6 The lead member will be expected to liaise with the other Members of the group to agree key lines of inquiry etc.

2.7 In advance of the Committee member groups will meet to agree with the lead member the key lines of enquiry, those questions that do not require further consideration and any particular areas of focus. At the start of the Committee meeting in the Council Chamber Members will receive an introduction; a summary by the Head of Scrutiny of the format for the Committee's scrutiny.

2.8 Information gathered during the scrutiny will inform the stakeholder statement provider by the Chairman on behalf of the Committee and recorded in the Quality Account for 2018/19.

2.9 The Committee's recommendations will be monitored by the Impact of Scrutiny Sub Committee.

3. Recommendations

3.1 That the Committee approves the proposals for its scrutiny of the Quality Accounts 2017/18 - 2018/19.

3.2 Members agree the proposed Quality Account questions.

4. Financial Implications

4.1 There are no financial implications associated with this report

Background Information

Francis Report:
https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry

Appendix 1- Proposed Questions is attached as a separate document

APPENDIX 1 – Proposed Questions

1. What were the Quality Account priorities for the trust 2017/18?

2. List the key priorities that are being considered for the 2018/19 Quality Account and why? (Specify any that are new and those that are carried forward).

3. How will these positively impact on patient experience and outcomes?

4. How are the appropriate approaches to prevention and demand management supported?

5. How is the trust developing a high performing, engaged, and committed workforce?

6. Which priorities 2018/19 address the 5 domains? Where a domain is not included are these being addressed by other initiatives?
    - Domain 1 - Preventing people from dying prematurely
    - Domain 2 - Enhancing quality of life for people with long-term conditions
    - Domain 3 - Helping people to recover from episodes of ill health or following injury
    - Domain 4 - Ensuring people have a positive experience of care
    - Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm

HERTFORDSHIRE COUNTY COUNCIL JOINT OVERVIEW AND SCRUTINY COMMITTEE AND HEALTH SCRUTINY WORK PROGRAMME 2017- 2018: Updated: 12 September 2017 MD

[Amendments, **new entries & OSC and HSC Meetings** are shown in **bold**]

The Overview and Scrutiny Committee and the Health Scrutiny Committee have responsibility for scrutinising all aspects of County Council and Health Services

OSC MEETINGS AND THEMES

DATE	**THEME**	**LEAD**
29 Sept 2017 *Deadline for papers 13 Sept 2017*	1. Chief Fire Officer 2. Work programme 3. Scrutiny of the Integrated Plan 2018/19 outline	1. Darryl Keen, Chief Fire Officer
15 Nov 2017 *Deadline for papers 27 Oct 2017*		
19 Dec 2017 *Deadline for papers 1 Dec 2018*	Pre IP Preparation 1. Director of Resources IP Briefing 2. Finance seminar	1. Owen Mapley, Director of Resources 2. Steven Pilsworth, Assistant Director (Finance) & Lindsey McLeod Head of Accountancy Services
24 Jan & 1 Feb 2018 *Deadline for papers 8 Jan 2018*	IP Scrutiny	
19 April 2018 Deadline for papers 3 April 2018	Outcomes of IP scrutiny	
19 June 2018 *Deadline for papers 1 June 2018*		

Topic	HSC/ OSC	Type	Date(s)	Scrutiny Lead Officer	DSO Support	Service Lead Officer	Chairman	Member-Ship	Executive Member

HSC MEETINGS AND THEMES

DATE	THEME	NHS LEAD
5 Oct 2017 *Deadline for papers 13 Sep 17*	1. Sustainability & Transformation Partnership 2. Ambulance Response Programme (ARP) 3. Work programme review	1. Tom Cahill (STP lead) 2. Dave Fountain EEAST Deputy Director of Service Delivery
12 Dec 2017 *Deadline for papers 22 Nov 17*	1. Finance scrutiny 2. Concordat	1. ALL providers
18 Jan 2018 *Deadline for papers 18 Dec 17*	1. Health & Wellbeing Board 2. Quality Accounts seminar 3. WHHT CQC update	1. Iain MacBeath ACS Director 2. CQC tbc 3. Helen Brown WHHT deputy CEO
15 & 29 Mar 2018 *Deadline for papers 19 Feb 18 (Part 1)* *20 March 18 (Part 2)*	Quality Account scrutiny	1. ALL providers
9 May 2018 *Deadline for papers 20 April 2018*	Outcomes of Quality Account scrutiny	

Topic	HSC/ OSC	Type	Date(s)	Scrutiny Lead Officer	DSO Support	Service Lead Officer	Chairman	Member-Ship	Executive Member

3 July 2018 *Deadline for papers 12 June 2018*		

WORK PROGRAMME

Topic	HSC/ OSC	Type	Date(s)	Scrutiny Lead Officer	DSO Support	Service Lead Officer	Chairman	Member-ship	Executive Member
West Herts Hospital Trust	HSC	On going	2017	Charles Lambert	TBC		TBC	TBC	Colette Wyatt-Lowe (Adult Care & Health)
THE FOLLOWING TOPIC GROUPS WILL BE REVIEWED AT THE OSC MEETING IN SEPTEMBER 2017 AND AT HSC MEETING IN OCTOBER 2017.									
Nascot Lawn Respite Centre Funding COMPLETE	**HSC**	**1 day**	**6 Sept 2017**	**Charles Lambert**	**Michelle Diprose**	**Natalie Rotherham**	**Eric Buckmaster**	**David Lambert (DC), Mark Watkin, Susan Brown, Nigel Bell, Barbara Gibson, Dave Hewitt**	**Teresa Heritage (Children's Services)**
Hertfordshire Safeguarding Children's Board (Annual) HSCB 2017: sexual abuse	OSC	1 Day	9 October 2017	Charles Lambert	Theresa Baker	**Caroline Aitken**	TBC	**Susan Brown; Bob Deering; Nigel Quinton; Lynn Chesterman**	Teresa Heritage (Children's Services)
Hertfordshire Safeguarding Adults Board (HSAB) 2017: self neglect	OSC	1 Day	12 October 2017	Charles Lambert	Elaine Manzi	**Sue Darker**	**TBC**	**Susie Gordon; Tina Howard; Ron Tindall;**	Colette Wyatt-Lowe (Adult Care & Health)

Topic	HSC/ OSC	Type	Date(s)	Scrutiny Lead Officer	DSO Support	Service Lead Officer	Chairman	Member-Ship	Executive Member
								Margaret Eames-Petersen	
To scrutinise Community Protection's preventative work with Public Health, establishing the effects and benefits	OSC	TBC	8 Nov 2017	**Charles Lambert**	Stephanie Tarrant	Steve Holton	TBC	TBC	Terry Hone (Community Safety & Waste Management) Richard Roberts (Public Health, Prevention & Performance)
Attainment Gap and Disadvantaged Pupils: Children's Services	OSC	TBC	**Dec 2017**	**Natalie Rotherham**	Michelle Diprose	TBC	TBC	TBC	Terry Douris (Education, Libraries & Localism)
Crime & Disorder 2017 Domestic Abuse	OSC	TBC	7 Dec 2017	Charles Lambert	Elaine Manzi	TBC	TBC	TBC	Terry Hone (Community Safety & Waste Management)
Children and Adolescent Mental Health (CAMHS)	HSC	1 day	**Dec 2017**	TBC	**Stephanie Tarrant**	**Simon Pattison**	TBC	TBC	Colette Wyatt-Lowe(Adult Care & Health) Teresa Heritage (Children's Services) Richard Roberts (Public Health, Prevention & Performance)
Resilience	OSC	1 day	21 Dec 2017	Natalie Rotherham	Elaine Manzi	Ian Parkhouse Assistant Chief Fire Officer	TBC	TBC	Terry Hone (Community Safety & Waste Management)

Topic	HSC/ OSC	Type	Date(s)	Scrutiny Lead Officer	DSO Support	Service Lead Officer	Chairman	Member-Ship	Executive Member
Delayed Transfers Of Care	HSC	1 day	Jan 2018	Charles Lambert	Theresa Baker	TBC	TBC	TBC	Colette Wyatt-Lowe (Adult Care & Health Richard Roberts (Public Health, Prevention & Performance)
To establish how well the two tiers of planning authorities work together specifically regard to HIPP and CIL.	OSC	TBC	**Jan 2018**	TBC	Michelle Diprose	TBC	TBC	TBC	Derrick Ashley (Environment, Planning & Transport)
To review planning approached to identify and seek damages from individual drivers and organisations causing a hazard or damage to verges and footways in accordance with the Highways Act 1980	OSC	TBC	**2018**	TBC	TBC	TBC	TBC	TBC	Ralph Sangster (Highways)
0 - 25 Services	OSC	TBC	**Apr 2018**	TB C	TBC	TBC	TBC	TBC	**Theresa Heritage (Children's Services)**
Sustainability and Transformation Partnership (STP) to focus on the Prevention strand	HSC	TBC	**2018**	TBC	TBC	TBC	TBC	TBC	**Richard Roberts (Public Health, Prevention & Performance) Terry Hone (Community Safety & Waste Management)**
Local Enterprise Partnership (LEP): An analysis of the wider economic environment the LEP	OSC	TBC	May 2018	TBC	Stephanie Tarrant	TBC	TBC	TBC	David Williams (Resources, Property & The

Topic	HSC/ OSC	Type	Date(s)	Scrutiny Lead Officer	DSO Support	Service Lead Officer	Chairman	Member-Ship	Executive Member
and other agencies (including HCC) are working in. *(to be preceded by a lunchtime seminar prior to scrutiny in May 2018*									Economy)
This Council requests the Highways Cabinet Panel to review the current Highways contracts to ensure they are fit for purpose and to identify changes to improve the performance of the said contractors. (Motion 16A)	OSC	TBC	Autumn 2018	TBC	TBC	TBC	TBC	TBC	Ralph Sangster (Highways)
To undertake a review of the provision of day services – Clarification needed on what is to be scrutinised	OSC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Review the implementation of the Care Act focus to be prevention	HSC	TBC	TBC	TBC	TBC	TBC	TBC	TBC	Colette Wyatt-Lowe (Adult Care & Health) Richard Roberts (Public Health, Prevention & Performance)
Children's Centres **POSTPONED**	OSC	1 DAY	TBC	Natalie Rotherham	TBC	Sally Orr / Simon Newland	TBC	TBC	Teresa Heritage (Children's Services)

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Impact of Scrutiny Sub-Committee

Topic	**HSC/ OSC**	**Type**	**Date(s)**	**Scrutiny Lead Officer**	**DSO Support**	**Service Lead Officer**	**Chairman**	**Member-Ship**	**Executive Member**
OSC / HSC Impact of Scrutiny Sub – Committees (ISSC) Reviewing the implementation of both OSC and HSC topic group recommendations.	ISSC (OSC) ISSC (HSC)	**Meets quarter ly**		Natalie Rotherham	**Michelle Diprose / Elaine Manzi**	N/A	**TBC**	**Kareen Hastrick Joshua Bennett Lovell**	All Executive Members

MEMBER SEMINARS

Topic	**HSC/ OSC**	**Type**	**Date(s)**	**Scrutiny Lead Officer**	**DSO Support**	**Service Lead Officer**	**Executive Member**
Hertfordshire Safeguarding Children Board / Hertfordshire Safeguarding Adult Board **COMPLETE**	OSC	Lunch-time Seminar	7/9/2017	Charles Lambert	Michelle Diprose	Caroline Aitkin	Colette Wyatt-Lowe (Adult Care & Health) Teresa Heritage (Children's Services)
Corporate Parenting	OSC	Lunch-time Seminar	2017	TBC	Michelle Diprose	TBC	Teresa Heritage (Children's Services)
To Outline the work of the Local Enterprise Partnership	OSC	**Lunch-time seminar**	**Jan 2018**	TBC	Michelle Diprose	TBC	David Williams (Resources, Property & The Economy)
Social Services interface with the NHS and options for integration to include input from health bodies	HSC	Lunch-time seminar	TBC	TBC	Elaine Manzi	TBC	Colette Wyatt- Lowe (Adult Care & Health) Richard Roberts (Public Health, Prevention & Performance)

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Members Information Service	OSC	Lunch-time Seminar	2017 after election	TBC	Michelle Diprose	TBC		Chris Hayward (Resources & Performance)	

OSC BULLETINS / CABINET PANEL REPORTS

Topic	HSC/ OSC	Type	Date(s)	Scrutiny Lead Officer	DSO Support	Service Lead Officer	Chairman	Member-Ship	Executive Member
Potential move of Fire & Rescue to the Police & Crime Commissioner (PCC). 'To consider the impact on Hertfordshire County council and Hertfordshire of the move by Fire & rescue to the PCC considering budget implications, service delivery and partnership working'	HSC	Panel Report	TBC	TBC	TBC	TBC	N/A	N/A	Terry Hone (Community, Safety & Waste Management)
Health & Community Services workforce strategy (carer workers etc.)	**COMPLETED**								
Adult Mental Health – how well performing and value for money are adult social care mental health services in Hertfordshire	**COMPLETED**								
The Hertfordshire Care Quality Standard – expectations on quality	**COMPLETED**								

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Information and advice provision for social care self-funders in Hertfordshire, including hospitals	**COMPLETED**

SITE VISITS

CHIEF OFFICER ATTENDANCE

The Chief Fire Officer to outline: 1. The cost and benefits of Rescue Service staff being trained in medical trauma care when responding to ambulance call-outs 2. Day-Crewing Plus initiative	OSC	N/A	**29 Sept 2017**	Natalie Rotherham	Michelle Diprose	Terry Hone (Community Safety & Waste Management)