

# 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 5 OCTOBER 2017

### MINUTES

#### ATTENDANCE

#### MEMBERS OF THE COMMITTEE (20) - QUORUM 7

##### COUNTY COUNCILLORS (10)

F Button (*substituting for F Guest*); M A Eames-Petersen; D Hart; D J Hewitt; S Quilty (*Chairman*); R G Tindall; C J White (*Vice Chairman*)

##### DISTRICT COUNCILLORS (10)

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

##### OTHER MEMBERS IN ATTENDANCE

D Andrews; R C Deering; G McAndrew; M B J Mills-Bishop; C B Wyatt-Lowe

Upon consideration of the agenda for the Health Scrutiny Committee meeting on Thursday 5 October 2017 as circulated, copy annexed, conclusions were reached and are recorded below.

*Note: No conflicts of interest were declared by any member of the Committee in relation to the matters on which conclusions were reached at this meeting.*

#### PART 1 ('OPEN') BUSINESS

##### 1. MINUTES

- 1.1 The minutes of the meeting of the 19 July 2017 were agreed and signed by the Chairman.

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- 1.2 The Committee confirmed the receipt of the interim report update from the CCG's on the 'A Healthier Future' consultation.
  - 1.3 The Chairman conveyed his thanks to all Members who participated in the Nascot Lawn Topic Group on the 6 September 2017. Members noted that responses from organisations to the published report were due to be received later in the month, and Committee would receive a full report on the Topic Group at the next meeting of the Health Scrutiny Committee on 12 December 2017. Natalie Rotherham
  - 1.4 The Chairman explained to Members that the situation with the Judicial Review relating Nascot Lawn continued to evolve and as such he would ask the Head of Scrutiny to request an update from Legal Services with regards to the current position, which would be circulated to Members. Natalie Rotherham
  - 1.5 Members expressed concern regarding the fact that staff are leaving or have already left Nascot Lawn due to the risk of closure, and as such this was already having an impact on service delivery within the centre.
- 2. PUBLIC PETITIONS**
- 2.1 None received.
- 3. SUSTAINABILITY & TRANSFORMATION PARTNERSHIP (STP) UPDATE**
- Officer Contact: Natalie Rotherham, Head of Scrutiny,  
Hertfordshire County Council  
(Tel: 01992 588485)
- Tom Cahill (STP Lead) (Tel: 01707 253900)
- 3.1 Tom Cahill, STP Lead for Hertfordshire & west Essex provided the committee with an update of the work of the Sustainability & Transformation Partnership (STP).
  - 3.2 The update detailed for the Committee the aims, challenges and priorities for the STP nationally, as well as explaining the governance structure as outlined in the report.
  - 3.3 It was noted that there are 44 STPS across the country. Hertfordshire & west Essex STP is currently ranked as 'making progress'.
  - 3.4

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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 are 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.

3.5

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 were committed to deliver the changes needed.

3.6

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 would 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.

3.7

The Chairman thanked the STP Lead for his report, and before taking Member questions asked whether Mr Cahill in his other capacity as Chief Executive of the Hertfordshire Partnership Foundation Trust (HPFT), to share his initial thoughts on the Government announcement regarding a review of the Mental Health Act. The Chairman stressed that the Committee would not be permitted to ask further questions on this at this stage.

3.8

The Committee was advised that whilst it was too soon to make any detailed analysis, it had been recognised within mental health services for a considerable time that too many people were being sectioned and that in particular, too many people from black and minority ethnic (BME) backgrounds were being sectioned, therefore a review was welcomed. From a personal perspective, Mr Cahill stated that the review of mental health home care was of particular interest to him.

3.9

The Chairman then invited the Committee to ask questions regarding the STP update.

3.10

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, so it was a

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- logistical decision that the regional STP should also cover this area as challenges overlap geographical boundaries.
- 3.11 Members acknowledged that prevention was also key to achieving the transformation challenges and 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.
- 3.12 It was established that in addition, ongoing 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.
- 3.13 In response to Member questions regarding discharge of care and CAMHS referrals, although it was noted that these were areas that the STP were considering, the Head of Scrutiny assured Members that these were areas that were on the workplan for the Health Scrutiny Committee and that topic groups would be convened in due course to examine these areas in more detail. The CAMHS Topic group scope had been drafted and would be shared with Members as soon as it had been approved.
- 3.14 Further to Member concern regarding the mixed success of the Better Care Fund, Mr Cahill stated that he felt that on balance, the success of the Better Care Fund within the region had been good.
- 3.15 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 initially been drawn up at the start of the directive.
- 3.16 Members received further assurance that consideration was also being given to the balance between social and NHS care need and the STP were very supportive to changes within social care practice and delivery and were working closely with social care colleagues to achieve the common goal of better outcomes.
- 3.17 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

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

3.18

In response to a Member question, it was noted that the review of the back office staff would not include consideration of the executive as the STP does not have that authority

3.19

The Chairman thanked Mr Cahill for his responses and requested that the Committee be kept informed through briefings or further attendance at Committee with any future significant developments to the STP.

### **3.20 CONCLUSION:**

The Committee noted the STP Update Report.

## **4. NATIONAL AMBULANCE RESPONSE PROGRAMME (ARP)**

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

Dave Fountain, Deputy Director of Service  
Delivery for the West Locality (Tel: 07767  
342602)

4.1 Dave Fountain, Deputy Director of Service Delivery for the West Locality for the East of England Ambulance Service (EEAST) introduced the committee to the item on National Ambulance Response Programme (ARP).

4.2 Darren Meads, Head of Performance (EEAST), provided the Committee with the detail to the report, and explained that the programme was being rolled out nationally with the introduction in Hertfordshire's region taking place on 18 October 2017.

4.3 The Committee learnt that the main outcome of the programme, as detailed in the report, was that the number of categories of call was to be reduced from six to four with the introduction of new pre-triage questions.

4.4 It was noted that the main aim of the programme was to reduce the number of vehicles used to respond to non-emergency call outs.

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- 4.5 Members noted and broadly welcomed the programme, but expressed concern regarding delayed transfers of care. The Head of Scrutiny reiterated her earlier point that Delayed Transfers of Care was to be scrutinised through a topic group in due course, of which EEAST would be one of the key organisations involved. EEAST officers acknowledged that delayed Transfers of Care was a concern in the west of the county, but the Lister Hospital in the east had a particularly good system, which considered a discharge plan almost at the point of admission.
- 4.6 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.
- 4.7 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
- 4.8 During discussion, it was noted that at the meeting of the Overview & Scrutiny Committee (OSC) on 29 September 2017, OSC Members had received a paper detailing the use and work of Fire & Rescue Co-Responders. It was agreed that the paper on Fire & Rescue Co-Responders would be circulated to HSC Members. It was noted that although this pilot scheme had initially included collaboration from colleagues from Bedfordshire Fire and Rescue Service, this was now only taking place within Hertfordshire.
- 4.9 Members learnt, that as with every winter, this 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.
- 4.10 In response to a Member question, assurance received that internal monitoring of the ambulance service does take place and incidents of delayed or failed response are investigated.
- 4.11 Members attention was drawn to point 3.7 of the report from EEAST which detailed the invitation for Members to site visits to stations in the east and the west of the county to facilitate a

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greater understanding of the work of the service. Members were advised that the invitation would also be extended to visiting the call centre for the region in Bedfordshire. Full details of the visits would be circulated in due course and Members were encouraged to attend these where possible.

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4.12 The Chairman thanked the EEAST officers for their contribution to the meeting regarding the ARP. He then invited them to provide an update on a development that had occurred earlier in the week with regards to the Private Ambulance Service, a non-emergency transport service contracted within the region, going into liquidation, and the stopping of services occurring with immediate effect.

4.13 Members learnt that since the notification, EEAST had worked with voluntary services such as St John Ambulance and the Red Cross to ensure that any patient who was most in need of the service (i.e. needing to receive a service such as chemotherapy or dialysis) had been transported to their appointment.

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

4.15 It was agreed that updates on the future developments for the non-emergency ambulance service would be brought back/circulated to Committee as applicable.

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4.16 **CONCLUSION:**

The Committee noted the report on the National Ambulance Response Programme (ARP).

**5 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME**

**5a PROPOSED ANNUAL SCRUTINY OF HEALTH PROVIDERS FINANCES 2018/2019**

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

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- 5a.1 The Committee was presented with the proposed outline of the Annual Finance Scrutiny for Health Providers, scheduled to take place at the December meeting of the Health Scrutiny Committee.
  
- 5a.2 The Head of Scrutiny explained that it was proposed to separate the scrutiny of finances and the quality accounts scrutiny, traditionally both held in March, as feedback from both members and health organisations had highlighted the difficulty of satisfactorily scrutinising both at the same event. Undertaking separate scrutinies would enable a more detailed analysis in each area to take place.
  
- 5a.3 Members heard that the questions contained within the report had been written in conjunction with health providers, Healthwatch and finance colleagues to ensure that they were as relevant, accurate and contemporary as possible, and would also allow capacity for Members to ask supplementary questions if and when required.
  
- 5a.4 Members learnt that the scrutiny would take place entirely in the Council Chamber, under a timed agenda, thus enabling all Members to hear details from all providers. Members would be split into groups prior to the meeting; each assigned to one health provider, and that the lead member for each group be expected to consult with group members in advance of the meeting to agree what supplementary questions of their allocated provider would be relevant to be asked. Further details on the logistics of the meeting were still being developed and would be circulated to Members in due course.
  
- 5a.5 In response to Member concerns regarding the amount of paperwork this would entail, it was noted that providers would be guided to complete responses to questions on a specific number of pages and this would be checked by Scrutiny and Finance Officers prior to being circulated to Members to ensure that this provided enough detail, but was also succinct.
  
- 5a.6 It was clarified that the Clinical Commissioning Groups (CCGs) were not on the list of health providers to be scrutinised. The CCGs regularly attend Health Scrutiny Committee and had already undergone varying analysis of respective finances during the year, however, it was agreed in principal that they would be called for a full finance scrutiny in 2018.

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- 5a.7 In response to a Member request, it was agreed to add the word outturn to question 2 of the questions, so the question would read as follows:  
  
‘Please set out your current 2017/18 outturn forecast position and any key risks to delivery’.
  - 5a.8 Members were encouraged to read the [‘Glossary for NHS Finance and Governance’](#) to assist them with the Scrutiny.
  - 5a.9 During discussion the question was raised as to whether Members would receive any support from graduate trainees for the Scrutiny of Provider Finances, as it was noted that they had proved to be an invaluable assistance in previous traditional scrutinies. Officers would ask whether this would be a possible.
- CONCLUSION:**
- 5a.10 The Committee agreed to the proposed plan for the Scrutiny of Health Provider Finances.
  - 5a.11 The Committee agreed to the questions to be asked of health providers in the Scrutiny of Health Provider Finances, subject to the minor amendment as outlined in 5a.7.
- 5b PROPOSED ANNUAL SCRUTINY OF HEALTH PROVIDER QUALITY ACCOUNTS 2017/18- 2018/2019**
- Officer Contact: Natalie Rotherham, Head of Scrutiny  
Hertfordshire County Council  
(Tel: 01992 588485)
- 5b.1 The Committee was presented with the proposed outline and questions for the Annual Quality Accounts Scrutiny for Health Providers, scheduled to take place during the March meetings of the Health Scrutiny Committee.
  - 5b.2 Members noted that as discussed in Agenda Item 5a, the Scrutiny would now be separated from the Scrutiny of Health Provider Finances in order to increase clarity and ability to analyse in more detail for Members.
  - 5b.3 The Committee learnt that aside from the separation of finances and quality accounts, the format for the scrutiny would be the same as previous years, with Members being split into groups in break out rooms on Day 1 of the Scrutiny, and assigned to analyse the priorities proposed by an organisation

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for its quality account of one allocated health provider with the view to providing feedback on this to the Committee on Day 2. Further details on this would be provided to Members in due course.

- 5b.4 It was established that the questions contained within the report had been written in conjunction with health providers and Healthwatch colleagues to ensure that they were as relevant, accurate and contemporary, as possible, and would also allow capacity for Members to ask supplementary questions if and when required
- 5b.5 In response to a Member request, it was agreed to incorporate 'lessons learnt' to one of the questions detailed within the report.
- 5b.6 The Committee agreed to the proposed plan for the Scrutiny of Health Provider Quality Accounts.
- 5b.7 The Committee agreed to the questions to be asked of health providers in the Scrutiny of Health Provider Quality Accounts, subject to the minor amendment as outlined in 5b.5

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**6. OTHER PART I BUSINESS**

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

- 6.1 No other Part I business was recorded.

**7 ITEMS FOR REPORT TO THE COUNTY COUNCIL  
(STANDING ORDER SC7(2))**

- 7.1 A summary of these items will be reported to County Council.
- 7.2 Further to a request from the Vice-Chairman, it was agreed that the issue regarding the cancellation of the non-emergency ambulance contract should be a separate item within the report to County Council.

Elaine Manzi

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**KATHRYN PETTITT  
CHIEF LEGAL OFFICER**

**CHAIRMAN.....**

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